

# 2<sup>nd</sup> Global Forum on **CHILDHOOD PNEUMONIA**



## **Declaration and Commitments**

27 April, 2023

At the [2nd Global Forum on Childhood Pneumonia](#),<sup>1</sup> governments, partners, and civil society came together again determined to protect all children from the leading infectious threat to their survival - pneumonia. This Declaration outlines the new commitments announced at the Forum that will accelerate declines in child pneumonia deaths, strengthen primary health care, and advance progress towards achievement of the child survival Sustainable Development Goal (SDG).

Each year pneumonia is killing 700,000 children - 2,000 every day. Almost all of these deaths are preventable with vaccination and equitable access to quality primary health care, alongside action to tackle other key risk factors such as undernutrition, pollution, and a lack of access to safe water, sanitation and hygiene.

Four of every five child pneumonia deaths are in sub-Saharan Africa and Southern Asia. This is an unjust burden requiring our attention, prioritization, and urgent action. Although many countries are making progress, 54 are not on track to achieve the SDG for child survival by 2030 of less than 25 deaths among children under five per 1,000 live births. Fast action to reduce child pneumonia deaths can make the difference and will impact overall child mortality by strengthening health systems to deliver integrated child health services.

The COVID-19 pandemic has set many countries back. It has fueled the largest sustained backsliding in childhood vaccination in almost three decades. In 2021 alone, 25 million children missed out on the Diphtheria, Tetanus and Pertussis (DTP) vaccine and first-dose measles coverage dropped to 81%, the lowest level since 2008. Just 51% of children receive three doses of the powerful pneumococcal conjugate vaccine (PCV), with 46 countries experiencing recent declines in PCV coverage. Vaccination is one of the critical tools needed to prevent pneumonia, and backsliding is a red alert for child survival.

This is why renewed action now is critical.

We celebrate the 37 commitments announced at the forum that will strengthen the prevention, diagnosis, and treatment of childhood pneumonia in more than 14 countries, including Burkina Faso, Chad, Democratic Republic of Congo, Ethiopia, Guinea, India, Indonesia, Nigeria, Mali, Mozambique, Peru, Somalia, South Sudan, and Sierra Leone.

Commitments will not only help countries regain the ground they lost during the pandemic but will also help countries introduce and scale up new vaccines, diagnostic tools (including pulse oximetry), and treatments (oxygen, antibiotics, therapeutic foods). Central to these efforts is the importance of strengthening primary health care and improving quality of care to reduce child deaths from all causes. Within the commitments, the strong focus on equity and reaching the children most at risk of death - especially “zero-dose” children who don’t receive any vaccines and routinely have no or little access to

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<sup>1</sup> The inaugural Global Forum on Childhood Pneumonia was held in January 2020 at CosmoCaixa, Barcelona and culminated in an historic [Declaration](#) with six actions.

primary health care - means that new investments will save more children's lives. Similarly, the importance of complementary efforts and alignment with action on malaria, nutrition, and water, sanitation and hygiene, were recognized as imperative to tackling child survival and pneumonia deaths.

Underlying discussions at the Forum was a renewed effort for Child Survival Action, with a focus on intensifying commitment and expanding strategic investments in the countries that are not on-track to achieve the child survival SDG. Addressing gaps in pneumonia prevention and care is a key plank of this agenda.

The Forum is an important milestone moment in 2023, building partnerships, renewed commitments and momentum towards the World Health Assembly, Gavi's Mid-Term Review, and the 2nd High-Level Meeting on Universal Health Coverage at the United Nations General Assembly to drive further action.

As we approach the halfway point for the SDGs, now is the time to seize the opportunity and ensure that our efforts mark a turning point in our long journey to end preventable deaths from childhood pneumonia and fulfill our promise to every child - a fifth birthday.

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# **Commitments**

(alphabetical order)

## **GOVERNMENTS**

### **Burkina Faso**

Burkina Faso commits to develop and implement a strategy to ensure the availability of pulse oximeters at health facilities and will accelerate construction of medical oxygen plants in hospitals. We will also improve the availability of essential drugs for the treatment of pneumonia and other respiratory conditions and continue to implement our community health strategy, covering deficit areas by recruiting more community-based health workers. The Ministry will provide strong leadership and advocacy for the mobilization of the resources necessary for the acquisition of medical technical equipment, essential drugs, oxygen production plants, and to fill the gap in the operationalization of community health in particular, and in universal health coverage in general, with the support of technical partners.

### **Chad**

The Chad Ministry of Health will apply to Gavi in 2023 for introduction of the PCV and rotavirus vaccines in 2024. To increase access to pulse oximetry and oxygen, the Ministry will ensure all relevant child health policies, guidelines, and essential medicines lists include pulse oximetry and oxygen and that health facilities and pediatric wards are equipped with pulse oximeters and oxygen and trained staff to diagnose and treat sick children. To finance these efforts, the Ministry calls for time-limited relief from the Gavi co-financing requirement as a fragile country, and will apply for pulse oximetry, oxygen support, and child-friendly amoxicillin from The Global Fund as part of the C19RM and RSSH programs. These investments will increase the impact of the National Pneumonia Control Strategy and the Ministry invites other partners to support its full implementation.

### **Democratic Republic of Congo**

To rapidly accelerate the decline in child mortality and progress towards SDG 3.2, the DRC Ministry of Health will aim to reduce the number of zero-dose children by 30% in 11 provinces by 2025 in partnership with Gavi. The Ministry has decided to increase national resources to bring vaccination coverage of pentavalent, measles, and PCV vaccines to record levels. To strengthen access to pulse oximetry diagnosis and oxygen treatment, the Ministry will ensure that all applicable child health policies, guidelines and essential medication lists include pulse oximetry and oxygen and that health facilities and pediatric wards are equipped with pulse and oxygen oximeters and trained staff to diagnose

and treat sick children. The ministry will also improve access to amoxicillin dispersible tablets to treat pneumonia by purchasing energy intakes in new national estimates. To help fund these efforts, the ministry is requesting pulse oximetry, oxygen support, and child-friendly amoxicillin from the Global Fund under the C19RM and RSSH programs, and acknowledged working with the World Bank to strengthen the system.

## **Ethiopia**

Ethiopia intends to achieve SDG 3.2 by 2030 with an ambitious plan to reduce child pneumonia and other deaths by restoring PCV, pentavalent, rotavirus, and measles coverage to pre-pandemic levels of above 90%, by increasing the supply of vaccines and antibiotics through local manufacturing, and by increasing access to pulse oximetry and oxygen therapies for newborns and children. The Ministry will target additional support to the children at greatest risk of death, including the estimated 1.1 million zero-dose children, and work with partners to reach those living far from health services to address the currently very low rates of care seeking for children with pneumonia symptoms. The Ministry will ensure that COVID-19 pulse oximetry and oxygen supplies are redeployed to benefit sick children. To help finance these efforts, the Ministry will apply for pulse oximetry, oxygen support, and amoxicillin dispersible tablets from The Global Fund as part of the C19RM and RSSH programs.

## **Guinea**

The Guinea Ministry of Health reaffirms its commitment to achieve SDG 3.2 and will rapidly accelerate declines in child mortality by finalizing its National Immunization Strategy and by integrating PCV and rotavirus vaccines into the routine schedule by 2024. The Ministry will work with PATH and other partners to complete the Gavi application. The Ministry also commits to reducing by 50% the estimated 192,000 zero-dose children in Guinea. To strengthen the capacity of health care workers to diagnose pneumonia, especially in remote areas, the Ministry will increase training and supplies of the WHO-recommended antibiotics to treat children. Special efforts will also be made to ensure that mothers understand the risks of pneumonia and can seek quality healthcare quickly for a sick child. To finance these efforts, the Ministry calls for time-limited relief from the Gavi co-financing requirement as a fragile country (OECD, 2022), and will apply for pulse oximetry, oxygen support, and child-friendly amoxicillin from The Global Fund as part of the C19RM and RSSH programs

## **India**

India is on track to achieve SDG 3.2 and will continue to prevent child deaths by improving child health services and by increasing coverage of the PCV to 90% in every district by 2030 and by restoring DTP, measles and rubella vaccine coverage to pre-pandemic levels of above 90%. India will continue to strengthen newborn and paediatric care services at district and sub-district levels to treat children with pneumonia and other health conditions. The flagship Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) campaign from November to February each year will continue to deepen its engagement with caregivers and healthcare professionals to increase community understanding of the links between child malnutrition, exposure to air pollution, and pneumonia death. All relevant child health policies, programs and guidelines (including immunization) will be implemented universally to reach each and every child to achieve the SDG agenda of survive, thrive, and transform of each child. The Ministry has already established a National Task Force to review various maternal and child health programs, which includes representatives from various divisions, development partners, domain and technical experts, academicians and representatives from professional bodies.

## **Indonesia**

The pandemic didn't stop us from ensuring the right of every child in Indonesia to survive and thrive. We even grew stronger by achieving SDG 3.2. Despite the challenges, the Indonesian Government has accelerated its nationwide introduction of PCV vaccines from 2024 to 2022. The Indonesian Government will continue to work together to reduce child deaths by driving PCV, DTP, and measles coverage rates to above 90% in every region. This commitment was stated in the Strategic Plan of the Ministry of Health 2020 – 2024 and will be released in the National Action Plan for Pneumonia and Diarrhea (NAPPD) in 2023 to Reduce Child Deaths from Pneumonia and Diarrhea. In addition to immunization, the Government of Indonesia has conducted several interventions to control the etiology and risk factors for childhood pneumonia. These interventions include the promotion of exclusive breastfeeding, the reduction of low birth weight, the improvement of child nutritional status, controlling indoor pollution and improving housing, health-seeking behaviour, and health access to achieve Universal Health Coverage. We will also improve the quality and coverage of pneumonia case management in all health facilities and ensure the availability of pulse oximetry and an adequate supplies of medical oxygen in every primary healthcare center and financial sustainability for pneumonia prevention and control. Since 2022. The Indonesian government is committed to implementing Health System Reforms and is making special efforts to reach the large populations of zero-dose children. Furthermore, the Indonesian Government is committed to increasing domestic production of affordable childhood vaccines. Every child deserves a healthy, productive and happy life.

## **Mali**

To rapidly accelerate declines in child mortality and progress to SDG 3.2, the Mali Ministry of Health renews its commitment to the SDG 3.2 target and to further expansion of the rapid access to healthcare model pioneered in partnership with NGO Muso. This model has the power to halve the child mortality rate by supporting community health workers to find, treat and refer sick children quickly, no matter the cause of their illness. The Ministry calls on Gavi and other vaccine partners to integrate the delivery of nutrition services with vaccination, including as part of the

ZIP program. The Ministry will continue to expand access to pulse oximetry and ensure health policies, guidelines, and essential medicines lists include pulse oximetry and oxygen and that health facilities and pediatric wards are equipped with pulse oximeters and oxygen and trained staff to diagnose and treat sick children. To help finance these efforts, the Ministry will apply for pulse oximetry, oxygen support, and child-friendly amoxicillin from The Global Fund as part of the C19RM and RSSH programs, and work with the Global Financing Facility and the Community Health Roadmap Catalytic Fund to expand the rapid access to healthcare model.

## **Mozambique**

The Ministry of Health will continue to increase the coverage of PCV, DTP, and measles vaccines to over 90% by 2030 to accelerate progress towards SDG 3.2. It will continue to implement actions to raise community awareness about the risk of pneumonia in children, together with other causes of child morbidity and mortality, especially malaria and HIV/AIDS. The Ministry will continue to work with its partners to ensure a regular and equitable supply of vaccines against pneumonia, including for the approximately 330,000 children currently estimated to have zero-dose, as well as other actions to reduce all vaccine-preventable diseases. For this purpose, starting in 2023, the Ministry of Health will implement its Vaccine Recovery Plan and include pulse oximetry in the IMCI guidelines. To improve diagnosis and treatment access, the Ministry of Health will work with its partners to ensure the availability of pulse oximetry and oxygen in health facilities in accordance with the national plan and continue to work to ensure a regular and equitable supply of medicines for the management of non-severe pneumonia at the community, through community health workers. The Ministry will continue strengthening the Committee of Experts for Immunization to carry out its role with impartiality, transparency, and quality. Finally, the Ministry of Health will remain alert to all opportunities to mobilize resources for actions that contribute to improving child survival.

## **Nigeria**

As the seventh most populous nation globally with > 40 million under-five children, Nigeria is committed to reduce the under-five mortality rate, by rapidly increasing coverage of pneumococcal (PCV), measles, and diphtheria, tetanus and pertussis (DTP) vaccines to above 90% and will lead efforts to reduce number of “zero-dose” children by 30% with vaccinations, nutrition, and other interventions within ongoing initiatives. The Ministry will also increase the pneumonia care seeking rate to above the current rate of 40% by increasing community awareness. To improve survival rates for sick children, the Ministry will build capacity of frontline health workers on IMCI, strengthen access to diagnostic tools including pulse oximeters, and ensure steady supply of amoxicillin dispersible tablets to treat non-severe pneumonia at community and first level facilities. To ensure that health facilities are equipped with medical oxygen, the Ministry will revise and strengthen the [National Oxygen Strategy](#), ensure a robust Child Survival Action Agenda forms part of Nigeria’s Third Health Sector Strategy Plan (2023-27) and support execution of the [National Pneumonia Control Strategy and Implementation Plan](#). To finance this agenda, the Ministry will apply for pulse oximetry, oxygen support, capacity building and child-friendly amoxicillin from The Global Fund as part of the C19RM and RSSH programs, and work with the Global Financing Facility and other funders to ensure national child health priorities are adequately supported.

## **Peru**

Despite having achieved SDG 3.2, the Peruvian Ministry of Health will continue to reduce child deaths by driving PCV, DTP, and measles coverage rates to above 85% in every region. The Ministry will also focus on the social determinants of poor child health, especially malnutrition and air pollution in specific sub-populations of children in the colder and more rural Andean region. The Ministry will strengthen nutrition services to these populations by increasing growth monitoring and treating wasting and anemia. The Ministry will improve the diagnosis and treatment of pneumonia in these and other populations by improving access to pulse oximetry and medical oxygen, and by ensuring that new COVID-19 supplies are redeployed to NICUs, pediatric wards, and child health services.

## **Sierra Leone**

The Sierra Leone Ministry of Health and Sanitation has released a renewed Child Survival Action agenda with 21 specific actions focused on protecting the children at greatest risk of death from pneumonia, malaria, diarrhea, and malnutrition. The Ministry will rally all of the relevant government stakeholders, national, regional, and international partners to integrate the financing and quality delivery of the highest-impact child survival interventions, including vaccination, nutrition services, and the integrated case management of sick children in the community and facilities. To strengthen the governance of child survival, the Ministry will create a new, overarching child health program and reactivate the Child Survival Technical Working Group that includes several government ministries. Further, the Ministry of Health and Sanitation will ensure that all relevant child health policies, guidelines, and essential medicines lists include pulse oximetry and oxygen and that health facilities and pediatric hospital wards are equipped with pulse oximeters and oxygen and trained staff to diagnose and treat sick children. To help finance these efforts, the Ministry will apply for pulse oximetry, oxygen support, and child-friendly amoxicillin from The Global Fund as part of the C19RM and RSSH programs, and work with the Global Financing Facility and other funders to invest in the renewed Child Survival Action agenda.

## **Somalia**

To rapidly accelerate declines in child mortality and progress to SDG 3.2, the Ministry of Health of the Federal Government of Somalia commits to implement different interventions to end preventable deaths of newborns and children below the age of five years. This will be achieved through the rigorous implementation of the Community Health Strategy, Health Sector Strategic Plan, and Essential Package of Health Services Strategy and a strong focus on reducing wasting among children. Capacitated community health workers and health workers will promptly diagnose and treat pneumonia in the community as well as in health facilities and the availability of oxygen will be expanded to more health facilities/centers. Community screening for pneumonia will also be strengthened and severe cases will be promptly referred for appropriate treatment. Essential supplies like amoxicillin and pulse oximeters will be made readily available through the support of different partners such as the Global Fund C19RM program. With the support of UNICEF, WHO, and Save the Children, the government will apply to Gavi to introduce PCV, rotavirus, and measles-rubella vaccines into routine childhood vaccination in 2023. To realize this objective, the government requests a waiver for the co-financing of these vaccines that are critical to the reduction of the pneumonia burden in Somalia.

## **South Sudan**

The South Sudan Ministry of Health will apply to Gavi in 2023 for introduction of the PCV and rotavirus vaccines in 2024. The Ministry will work with many partners to operationalize the delivery of these vaccines (e.g., the BOMA Health Initiative, ZIP program), and expand successful approaches (e.g., the 2013 PCV catch-up campaign in Yida Camp Unity State with MSF). Nutrition services will be integrated with vaccine delivery, as outlined in the government's Nutrition for Growth Commitment (Tokyo, 2021), which includes a 10% increase in the national nutrition budget. The Ministry will continue to strengthen pneumonia treatment by increasing access to pulse oximetry, oxygen, and antibiotics. To finance these efforts, the Ministry calls for time-limited relief from the Gavi co-financing requirement as a fragile country, and will apply for pulse oximetry, oxygen support, and child-friendly amoxicillin from The Global Fund as part of the C19RM and RSSH programs.

## **CO-HOSTS**

### **Bill & Melinda Gates Foundation**

The Bill & Melinda Gates Foundation remains steadfast in our commitment to preventing pneumonia through investments in the research and development of new and improved pneumonia-preventing vaccines, helping to ensure vaccines are accessible and affordable, and supporting the delivery of those vaccines in low- and middle-income countries. These include Pneumococcal Conjugate Vaccines (PCV) and Respiratory Syncytial Virus (RSV) vaccines. We're proud to support Gavi, the Vaccine Alliance in its ongoing work to expand access to vaccines and will support technical assistance for countries to fulfill their commitments to introduce PCV. We are also committed to building and strengthening partnerships with non-governmental organizations, countries and the private sector to end preventable deaths from childhood pneumonia. Finally, we are excited to announce over the next 18 months we will award an additional \$US200 million in grant funding to support the development and delivery of vaccines to prevent pneumonia, meningitis and neonatal sepsis.

### **Clinton Health Access Initiative (CHAI)**

CHAI through support from our generous donors will continue to work to bring the price of oxygen down and also increase access to oxygen services for severe pediatric pneumonia patients by prioritizing pediatric and MCH wards in health facilities for medical piping, oxygen supply, oxygen delivery equipment, and training. We aim to sustainably support MOHs to increase access to medical oxygen in ~1,600 facilities across the 25 countries where we work including Democratic Republic of Congo, Ethiopia, India, Indonesia, Mozambique, Nigeria, and Sierra Leone.

### **Gavi, the Vaccine Alliance**

Gavi reaffirms its commitment to supporting countries to introduce, finance, and equitably scale up coverage of pneumonia fighting vaccines, including the Pneumococcal Conjugate Vaccine (PCV), and to work with manufacturers to support equitable and sustainable PCV supply. Between 2009 and 2021, Gavi's supported PCV programmes reached approximately 316 million children and helped avert 940,000 deaths. Gavi's support for PCV is one of the organization's largest by cost and impact.

More specifically, Gavi commits to:

- Providing technical assistance, flexible funding to support one-off vaccine introduction costs, and vaccine catalytic financing among other tools to drive sustainable and equitable introduction of PCV in both former- and never-Gavi eligible countries.
- Working with Alliance partners, countries, and private sector to foster sustainable, healthy markets and raise awareness on new vaccine options, so countries can make informed decisions to continue benefiting from innovations in pneumonia fighting vaccines at affordable prices offered through Gavi support.
- Working with key partners, including civil society, to build political will and strengthen countries' prioritization of pneumonia-fighting vaccines appropriate to their contexts, to ensure the sustainable and equitable introduction and scale up of PCV as part of national routine immunisation programmes.

- In exceptional circumstances, considering annual co-financing waivers for PCV introduction, upon a country's formal request at the time of application. In line with the recently approved Board decision and criteria on co-financing flexibilities, temporary waivers will be considered only for fragile and conflict-affected countries that have been experiencing large-scale humanitarian crises for at least 4 consecutive years, and to the extent that the crises profoundly hampers the government's ability to meet the co-financing requirements. The annual waivers will be subject to an assessment, undertaken with relevant partners, of the exceptionality and severity of circumstances, its impact on the country's ability to co-finance, and its capacity to efficiently launch and sustainably roll out the new vaccine programme.

## **Global Financing Facility**

The Global Financing Facility for Women, Children and Adolescents (the GFF) recognizes the importance of pneumonia as the leading cause of preventable childhood deaths globally. The mandate of the GFF is to ensure that women, children and adolescents in the most disadvantaged communities both survive and thrive. In this context we fully endorse the Child Survival Action initiative (CSA) and share the vision of ending preventable childhood mortality through country leadership, prioritization of primary health care, and alignment of domestic and international resources to deliver on the vision. The GFF Partnership will work with governments, local partners, civil society, the private sector, regional and global organizations to catalyse more and better financing, and support countries to prioritize and implement health system and financial reforms.

## **ISGlobal**

ISGlobal stands firmly in the trenches of science to end the silent emergency of child pneumonia deaths. In a world that has faced the terrible reality of a pneumonia pandemic, we find the disproportion between the magnitude of this challenge for children and the resources invested in it unacceptable. That is why we are committed to continuing research into the root causes of childhood pneumonia in low- and middle-income countries, and to ensuring that our research derives more effective prevention and treatment strategies. We will be part of the scientific vanguard that brings the next generation of vaccines, diagnostics, and treatments for childhood pneumonia to the world, and we are committed to open research, guiding the efforts of new evidence-based policy recommendations. Our commitment is to do this by joining forces with the friends, colleagues and allies present at this forum, with whom we share one of the noblest aspirations of our time.

## **"la Caixa Foundation"**

The Foundation will continue to support Gavi to prevent pneumonia with PCV vaccination, especially in Mozambique and Ethiopia, and mobilize support from Private Banking customers, employees of CaixaBank Group, individuals, and Spanish companies as part of the Business Alliance for Child Vaccination. Funds raised will continue to be matched by the Bill & Melinda Gates Foundation through the Gavi Matching Fund Initiative, quadrupling the impact. From 2019 to 2021 "la Caixa" Foundation and the matching fund annually sponsored 100% of the disbursements of Pneumo-Mozambique programs and 44% of the Pneumo-Ethiopia programs in 2021. Further, the foundation will continue to include the fight against pneumonia as a priority in global health programs, supporting vulnerable countries in Africa, Asia and Latin America. We will also include pneumonia in our annual call for projects as well as in any other calls we may promote in the countries where we implement projects.

## **PATH**

In the next three years, PATH will support increased access to medical oxygen in Burkina Faso, the Democratic Republic of the Congo, India, and Indonesia, as part of the \$US22.5 million investment from the Bill & Melinda Gates Foundation and The ELMA Foundation to build strong and sustainable systems for oxygen and respiratory care access across ten countries. Further, over the next 15 months and with funding from Unitaid, PATH's Tools for Integrated Management of Childhood Illness project will partner with the Open Oximetry project at the University of California San Francisco Hypoxia Lab and Center for Health Equity in Surgery and Anesthesia to improve the safety and precision of pulse oximeters in all populations, as these devices have been found to be less accurate in people with darker skin tone.

## **Save the Children**

Save the Children and MAP International will provide 200,000 treatments of 250mg amoxicillin dispersible tablets (20 tabs per child) and oral rehydration solution (4 sachets per child) to treat children in Somalia diagnosed with pneumonia and/or diarrhea. This intentional gift-in-kind will be channeled to Save the Children's Integrated Community Case Management (ICCM) of Childhood Illnesses Programme, which will provide MAP donated medicines at no cost. This programme works with a network of 326 Community Health Workers (CHWs) and has a strong focus on women and education. CHWs work with communities - particularly mothers and other caregivers of children - to seek care and promote optimum Infant and Young Child Feeding (IYCF) practices, hand washing and other good hygiene practices, and the benefits of immunization. The CHWs are trained to diagnose and treat pneumonia, diarrhea, and malaria and refer children with danger signs for immediate referral to a health facility. To further improve the diagnosis and treatment of child pneumonia and other common childhood diseases, Save the Children has partnered with THINKMD to provide a digital tool based on WHO's IMCI guidelines that, via machine learning, improves the accuracy of clinical assessments. Finally, Save the Children fully supports the Child Survival Action initiative and will work at the country, regional and global levels with partners in this renewed effort to intensify

commitment and expand strategic priority investments in child survival, particularly in countries and sub-populations where children are most vulnerable and denied a healthy start in life.

## **UNICEF**

UNICEF fully endorses the Child Survival Action initiative and will provide global, regional and country leadership, and catalytic support to governments who endorse this agenda nationally, with a strong focus on West and Central Africa. We will intensify support to governments to strengthen primary health care by ensuring comprehensive integrated preventive, promotive and curative health and nutrition services, especially at the community level. We are committed to co-investing with governments and partners to build a resilient health workforce. On vaccination, our commitment strengthens our approach to equity so that every child receives all essential vaccines. UNICEF is intensifying efforts to support countries with the highest number of zero-dose children to catch-up on unvaccinated children, restore services, and boost essential immunization coverage rates of all vaccines, including pneumonia-fighting vaccines. We will build political will and provide technical support in the remaining countries preparing to introduce PCV, rotavirus and other new life-saving vaccines. All our efforts will include a comprehensive, multi-sectoral approach, with a focus on strengthening primary health care. UNICEF's Immunization Roadmap to 2030, the State of the World's Children Report, and immunization recovery efforts go hand in hand with everything this forum seeks to achieve. On sustaining and scaling oxygen access, in 2023 and 2024 UNICEF will provide continued end-to-end support to governments in low- and middle-income countries to sustain and further scale oxygen systems and ensure access to pulse oximetry and oxygen therapy for children.

## **Unitaid**

Unitaid will maintain the momentum on improving access to medical oxygen by co-chairing the new Global Oxygen Alliance (GO<sub>2</sub>AL), which will continue to coordinate the efforts of global health agencies, regional health bodies, and national governments to ensure sustainable and equitable access to high quality medical oxygen in low- and middle-income countries, especially for newborns and children. GO<sub>2</sub>AL will focus on investment consolidation and sustainability - translating current investments into lives saved, robust country roadmaps and planning, impactful procurement, supply and market shaping, advocacy, and demand generation. The Alliance will work with many partners to increase access to medical oxygen to strengthen health systems now and to prepare for a future pandemic where large quantities of medical oxygen are again urgently needed. GO<sub>2</sub>AL will be the largest global platform where governments, donors, industry, civil society, and the academic community can join forces to increase access to medical oxygen. The Alliance will work closely with related initiatives, including The Lancet Global Health Commission on Medical Oxygen Security, the World Bank Pandemic Fund, and more.

## **USAID**

USAID envisions "A world where all women, newborns and children survive, are healthy, and are able to develop and reach their full potential, contributing to the development of their communities and countries." A renewed effort for child survival action is needed to accelerate progress to reach the 2030 Sustainable Development Goal targets for reductions in child mortality. Addressing gaps in pneumonia prevention and care is central to this effort. USAID is proud to have recently launched Preventing Child and Maternal Deaths: A Framework for Action in a Changing World. Continuing our long-standing commitment to promoting maternal and child survival, health, and well-being, USAID supports country-led programs to measurably improve health outcomes for women and children through an intensified focus on coverage, quality, and equity. To reinvigorate momentum and accelerate progress on child survival, USAID's work will:

1. Anchor our response in primary health care systems to optimize health outcomes.
2. Reach the hardest-to-reach mothers and children.
3. Catalyze country commitment and mutual accountability.
4. Invest in the health workforce as the foundation of health systems.
5. Identify bottlenecks and tailor solutions through locally-led development.
6. Generate and use data, evidence, and learning for decision-making.

## **WORLD HEALTH ORGANIZATION (WHO)**

WHO commits to generate evidence, drive forward innovation, and enhance programme operationalization through the development of guidelines and policy, and provision of strategy optimization, training, data monitoring and insights to strengthen the prevention and management of pneumonia. WHO will support Member States to translate this state-of-the art evidence into national policies, norms and tools and build capacities for implementation, as part of health system strengthening and primary health care.

## **SPANISH GOVERNMENT**

Spain reiterates its firm commitment to continue working to advance the reduction of preventable child mortality, to strengthen partnerships, and renew commitments to promote new measures that will promote the next wave of progress in child survival. All of our global health efforts are focused on strengthening health systems, with a One Health approach aimed at providing a robust model for prevention, preparedness and response to health threats. Our country joins global efforts to strengthen global and local capacities to recover the levels of childhood immunization that have saved millions of lives in recent decades. We will continue to work hand in hand with the

Ministries and health systems of the Spanish Cooperation partner countries, while at the same time we will strengthen strategic support to multilateral initiatives such as Gavi that combine the efforts of the international community in immunization with the active involvement of UNICEF and the Bill & Melinda Gates Foundation, the development of the EU Latin America and Caribbean Health initiative for the transfer of knowledge and the strengthening of health systems as a whole through Spanish Cooperation, with support for initiatives that combat misinformation about vaccines and contribute to raising public awareness, with special interest in increasing Universal Health Coverage in child vaccination.

## **PARTNERS**

### **Air Liquide**

Air Liquide will continue to share its know-how in the design and operation of suitable oxygen solutions to develop reliable, affordable, and sustainable access to oxygen for populations living in low- and middle-income countries. Our Access Oxygen™ program is an oxygen-servicing solution including equipment (concentrators, cylinders, pulse oximeters, consumables), maintenance, and training currently reaching more than 220 primary health care facilities and serving a population of 1.8 million people across Senegal, South Africa, and Kenya. Air Liquide is considering further projects in Mali, Philippines, Argentina, Togo, Benin, Gabon, Cameroon, Côte d'Ivoire, Malawi, and Burundi and is looking for local entrepreneurs who wish to benefit from support to provide oxygen as a service and financial partners who wish to support these local entrepreneurs setting up their projects

### **The Australasian Society for Infectious Diseases (ASID)**

ASID pledges to contribute to the prevention and treatment of childhood pneumonia worldwide by advocating for the need for free universal health care for all children; equitable access and uptake of preventative health services including affordable vaccines (including pneumococcal conjugate vaccine, other routine vaccines, and RSV vaccine when it becomes available) and nutrition services, and WASH; and quality health care including access to affordable essential medicines and oxygen; and research into better prevention, treatment and care. We will ensure that educational and mentoring opportunities for the next generation of researchers on childhood pneumonia in the global context are provided for ASID members and trainees.

### **Hewatele**

Hewatele will increase its medical oxygen production tenfold in Kenya and Eastern Africa through the construction of a 20 tonnes per day liquid oxygen plant and Pressure Swing Absorption (PSA) facilities. This is expected to enable Hewatele to boost production of medical oxygen by at least 20 tons per day and reduce the cost to rural and urban healthcare customers by up to 30%. To finance this expansion, Hewatele has secured a \$US10 million loan from the United States International Development Finance Corporation (pending signing of legal agreement), and is seeking additional investment from the Soros Economic Development Fund, Finnish Fund for Industrial Cooperation, UBS Optimus Foundation and Grand Challenges Canada. This project will have a significant developmental impact on Kenya's healthcare sector. According to Kenya's Ministry of Health, demand for oxygen has increased significantly since the pandemic, from 410 tons per month to 880 tons per month. As a result, Kenyan hospitals frequently experience unpredictable deliveries, higher prices, and expensive transportation costs for medical oxygen. Due to these factors, medicinal oxygen is typically eight to ten times more expensive in sub-Saharan Africa than it is in Europe and North America.

### **International Union Against Tuberculosis and Lung Disease**

The International Union is creating the first Childhood Pneumonia Working Group under the leadership of the Adult and Child Lung Health Section to strengthen pneumonia research capacity building and child pneumonia advocacy. More information about the group is available at <https://theunion.org/childhood-pneumonia>.

### **Mérieux Foundation, Save the Children, International Vaccine Access Center (IVAC), and Every Breath Counts**

To enable Somalia, South Sudan, Chad, and Guinea to secure the support they need to submit their PCV applications to Gavi in 2023, the Mérieux Foundation and partners will bring together national, regional, and international stakeholders to troubleshoot remaining barriers and explore solutions to introduction and scale-up in a three-day PCV Workshop in N'Djamena, Chad in September 2023. The workshop will enable the four health ministries to present their plans for PCV introduction, address costs and sources of financing, vaccine infrastructure and healthcare workforce capacity, vaccine-related public health messaging and vaccine safety monitoring, caregiver attitudes and behaviors, and other relevant issues related to successful PCV introduction and sustainable high coverage. This is part of collaborative cross-sectoral effort to respond to the capacity gaps and limitations faced by these countries for the introduction of this life saving vaccine and create opportunities for partners to gain a deeper understanding of systemic challenges in these countries and tailor strategies which are more responsive and sustainable. While focused on PCV, this workshop will have a positive influence on the general strengthening of the immunization systems in these countries.



## **Masimo**

Masimo commits to setting the benchmark for pulse oximetry performance in all settings and will continue to increase access to quality, highly durable devices that are accurate in challenging conditions and across all skin tones. We will continue to improve the Rad-G, handheld pulse oximeter, which has been specifically designed for low-resource settings, by integrating non-invasive hemoglobin screening, by enhancing training and support, and by adding QR codes to connect end-users to support. We are also delighted to announce the launch of the 100% reusable wrap for neonatal pulse oximetry screening, which we hope will increase the use of pulse oximetry among this critical patient population. Masimo is committed to providing unprecedented support to large-scale pulse oximetry scale-up\* and will provide at no cost: 1) onsite training and 2) upgraded 2-year device protection warranties that cover user-related damage issues. *\*All Global Health entities committing to 5,000 units and greater for a single site are eligible.*

## **Murdoch Children's Research Institute**

The Centre of Research Excellence for Pneumococcal Disease Control in the Asia-Pacific will address outstanding research gaps for PCV use in the Asia-Pacific region and increase the support it provides to governments in the region to help them translate research findings into immunisation policy. The Centre's research will focus on PCV product selection, reduced-dose PCV schedules, the monitoring of disease control following vaccine introduction and schedule changes, and understanding pneumococcal serotype replacement following vaccine introduction. The Centre will prioritize capacity building of next generation researchers to use this data to inform immunisation decision making and mobilize a network of partners and emerging leaders through training opportunities and collaboration. This network will advocate for equitable access to vaccines (PCV and RSV), including lower vaccine prices.

## **Oxygen CoLab/Brink**

The Oxygen CoLab, with support from the UK Foreign, Commonwealth and Development Office (FCDO), will continue to champion oxygen concentrators as a sustainable option for providing accessible and affordable oxygen in the right place, at the right time, for the right people in low-resource settings. With our partners we will experiment with Oxygen-as-a-Service business models to find the most affordable and sustainable way to purchase oxygen across different contexts, accelerate progress to an affordable, next-generation oxygen concentrator suited to low resource settings, and mobilize stakeholders across silos to drive faster progress. The Oxygen CoLab will provide the evidence required for Ministries of Health to better understand how to incorporate oxygen concentrators into their national oxygen roadmaps, make informed decisions about which concentrators and services to buy, and secure financing mechanisms for the procurement of next-generation devices.

## **Serum Institute of India**

Serum Institute of India, a leading vaccine manufacturer with an annual capacity of 4 billion vaccine doses, stands committed to providing affordable access to all its 25 WHO prequalified vaccines, including pneumococcal conjugate vaccine PNEUMOSIL, by all countries present during the 2<sup>nd</sup> Global Forum on Childhood Pneumonia (including the Gavi-eligible countries not present). With a cumulative estimated birth cohort of 26.4 million children (excluding India), if the countries attending the forum introduced or switched to a more affordable, comparable coverage PCV, millions of dollars could be saved. Serum Institute of India is committed to engage with participant countries to collaborate and provide the requisite information and data needed to increase access to a more affordable PCV, and also other vaccines in its portfolio of WHO prequalified vaccines.

## **World Society of Pediatric Infectious Diseases (WSPID)**

WSPID will strengthen its contribution to the prevention and treatment of childhood pneumonia by advocating for: (a) the need for universal health care for all children, (b) increased access to quality preventative health services including affordable pneumonia-fighting vaccines (e.g., PCV, pertussis, Hib, and measles) and nutrition services, (c) improvements in the quality of child health care including essential medicines such as oxygen, rapid access to diagnosis and treatment with antibiotics as part of strong primary health care systems, and by fighting antimicrobial resistance to maintain equitable access to effective antibiotics.