

# PEDIATRICIAN IMMUNIZATION PLEDGE

**31st IPA Congress  
Mexico City  
May 2025**



## Protecting All Children with Lifesaving Vaccines

As pediatricians, we dedicate our professional lives to the health of children. No matter where we practice, our duty to protect children from the leading threats to their health and survival is our life's mission. Prevention is powerful, and as pediatricians we play a special role in helping families understand the importance of vaccinating their children and advocating to governments and other stakeholders for vaccines that are safe, affordable, and accessible.

Vaccine-preventable infections~ are responsible for 54% of all 2.5 million deaths among children aged 1 to 59 months globally. Pneumonia, malaria, and diarrhea alone are responsible for 1 million deaths among children in this age-group each year. Meningitis, tuberculosis, measles, pertussis, and typhoid kill another 270,000 1-59 month old children each year.

***If every country protected at least 90% of their children with the vaccines targeting these infections, child deaths would plummet.***

But global coverage of each of these vaccines is below the 90% target. And in many of the countries with the heaviest burdens of child deaths, coverage is extremely low or non-existent as vaccines that became available decades ago, still have not been introduced. The largest numbers of children most exposed to vaccine-preventable infections are in a sub-set of countries in **Africa and Asia** with low rates of vaccination.

Further, sixty percent of the 21 million children who did not receive their first doses of DTP in 2023 - including so-called "zero-dose" children, **live in just 10 countries:** Afghanistan,\* Angola, the Democratic Republic of the Congo,\* Ethiopia,\* India, Indonesia, Nigeria,\* Pakistan\*, Sudan\*, and Yemen.\*

Sustained high coverage of the vaccines targeting the leading killers of children has the power to close the wide gaps preventing achievement of the child survival Sustainable Development Goal – a child mortality rate of at least 25 deaths per 1,000 births by 2030. **Recent estimates** show that at full coverage, pneumonia and diarrhea vaccines alone can close more than half of the gap in many countries.

Malaria and meningitis vaccines will save even more lives in endemic countries. And getting DTP and measles coverage back on track after the pandemic will prevent the emergence of **deadly outbreaks**, which are occurring more frequently.

To finance full coverage of childhood vaccines, Gavi, the Vaccine Alliance will need to continue its vital work helping the lowest income countries finance their vaccination systems and, increasingly, with middle-income countries that are home to large numbers of under-vaccinated children.

Without Gavi, global vaccine targets cannot be reached and all of the progress of the last two decades is at risk.

***We support the full replenishment of Gavi at its Global Summit in June.***

We welcome the new strategies that are emerging to help governments reduce the costs of childhood vaccination programs, including the recent WHO **recommendation** that two PCV doses are as effective as three.

This gives the green light for countries with a strong track record of PCV coverage to **explore switching** to a 1+1 PCV schedule. More countries also need to evaluate switching to more affordable vaccines like the **30% more affordable PCV** – only seven have done so to date.



And Pan-American Health Organization (PAHO) Member States should take advantage of the lower Gavi PCV price recently secured by the organization.

We also applaud the recent **Call to Action for Fair Vaccine Prices** from the World Society for Pediatric Infectious Diseases (WSPID) and its concrete recommendations for governments, industry, global health agencies, and research institutions.

Reducing the costs of vaccine programs will free up more resources to introduce new vaccines, including for respiratory syncytial virus (RSV), a **leading cause** of hospitalization among young children and other emerging vaccines (e.g., Group B streptococcus), a leading cause of sepsis.

There are also new opportunities to increase the cost-effectiveness of childhood vaccination programs by delivering vaccination alongside other child survival services, especially nutrition. We note the strong body of **research** that shows that integrating vaccination and nutrition services can increase vaccine coverage and improve child nutrition, increasing the **cost-effectiveness of investments**.

We encourage more governments to take advantage of the benefits of integration which were front and center at the recent **Nutrition for Growth Summit** and its flagship Global Compact on Nutrition Integration.

Today, at the 31st International Pediatric Association (IPA) Congress, we pledge our commitment to protecting all children with these lifesaving vaccines by 2030. We will elevate our voices and work with unprecedented levels of collaboration to increase coverage of the vaccines targeting the leading infectious killers of children to above 90% by 2030. We will work to ensure that families understand the power of vaccines to prevent hospitalization and death among children.

***We have entered an exciting new era of prevention with a set of tools that have the power to prevent most causes of death in young children.***

As trusted sources of health advice for families, pediatricians can play a major role in increasing uptake of vaccines, especially among children living in the countries where child deaths are concentrated. We pledge to play our part to protect all children with vaccines in the countdown to 2030.

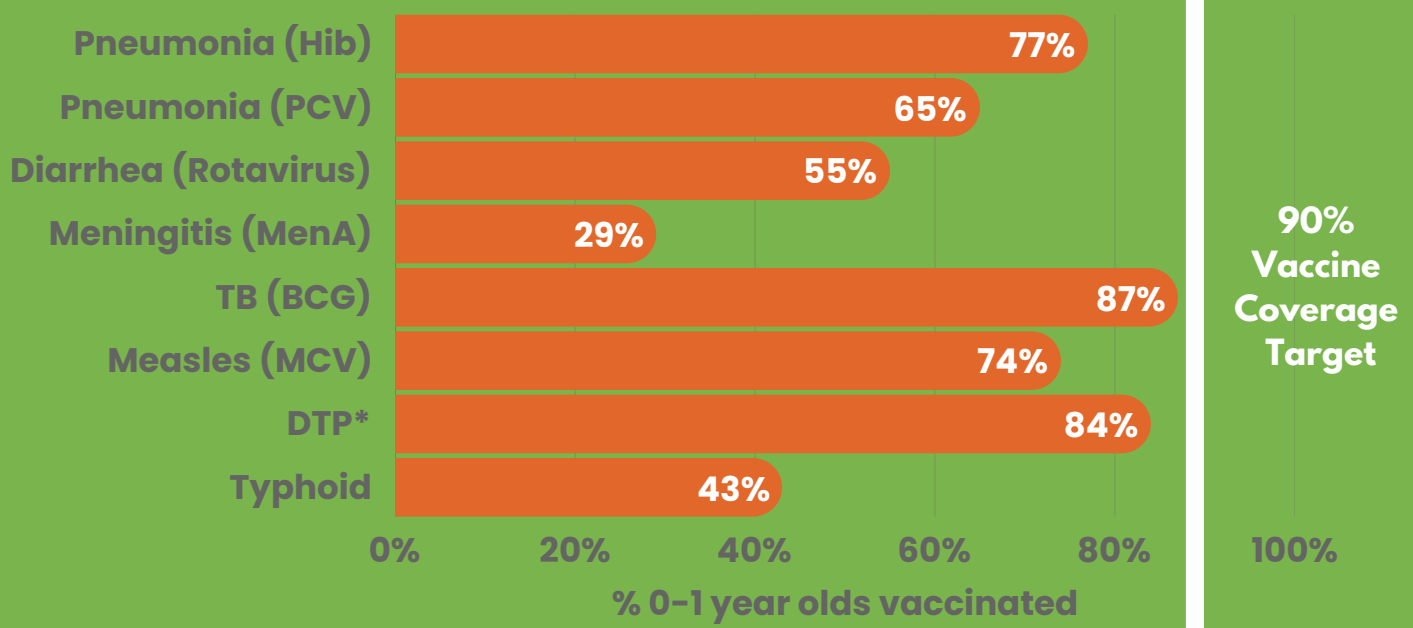
**\*Eligible** for support from Gavi, the Vaccine Alliance

**Sign the Pledge**

**CLICK HERE!**



## No childhood vaccine has yet reached the global coverage target



Listed in order of number of child deaths

\*Diphtheria, tetanus, and pertussis

Source: UNICEF, WHO, 2024