



Kick-off Meeting

Childhood Vaccination Sub-group
of the Child Health Taskforce

10 October 2023

Agenda

- Introductions
- Welcome from Child Health Taskforce
- Overview of Child Survival Action
- Genesis of the Childhood Vaccination Subgroup
- Presentation of draft [Terms of Reference](#)
- Discussion
- Call for Nominations of Co-chairs
- Other business

Welcome

- Why is the Child Health Taskforce starting a sub-group on childhood vaccination?



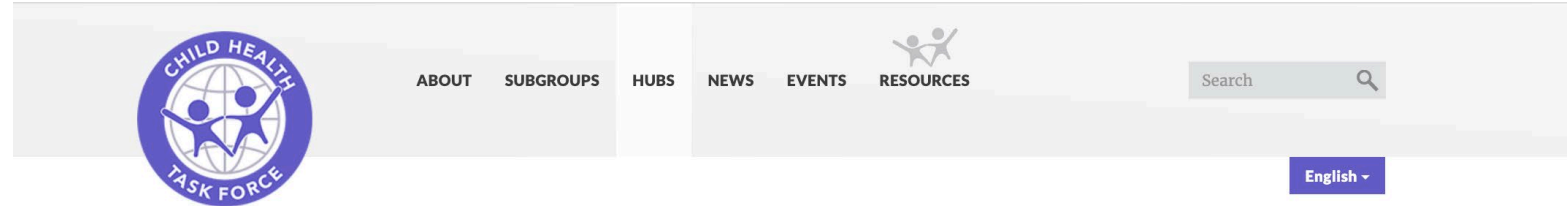
Childhood Vaccination

Childhood vaccination is essential to reducing child deaths and achieving the Sustainable Development Goal for child survival (SDG 3.2). But currently, coverage of the most life saving vaccines for children - targeting pneumonia/meningitis, diarrhea, measles, and whooping cough/pertussis - are well below the Immunisation Agenda 2030 (IA2030) target of 90% global coverage.

The Childhood Vaccination subgroup is guided by the principles of vaccine equity, accessibility, and affordability. This subgroup supports increases in coverage of the most lifesaving childhood vaccines that will impact SDG 3.2 achievement and improvements in coordination among the major global and regional childhood vaccine initiatives underway and planned. Critically, the subgroup deepens linkages between vaccine groups and groups focused on other prevention, diagnosis, and treatment interventions relating to the leading child killers and risk factors. The goal is that greater alignment across these groups and initiatives at the global level will signal and strengthen similar collaboration at the country level.

Child Survival Action

- What is the Child Survival Action agenda and what does it mean for vaccination efforts?



Child Survival Action

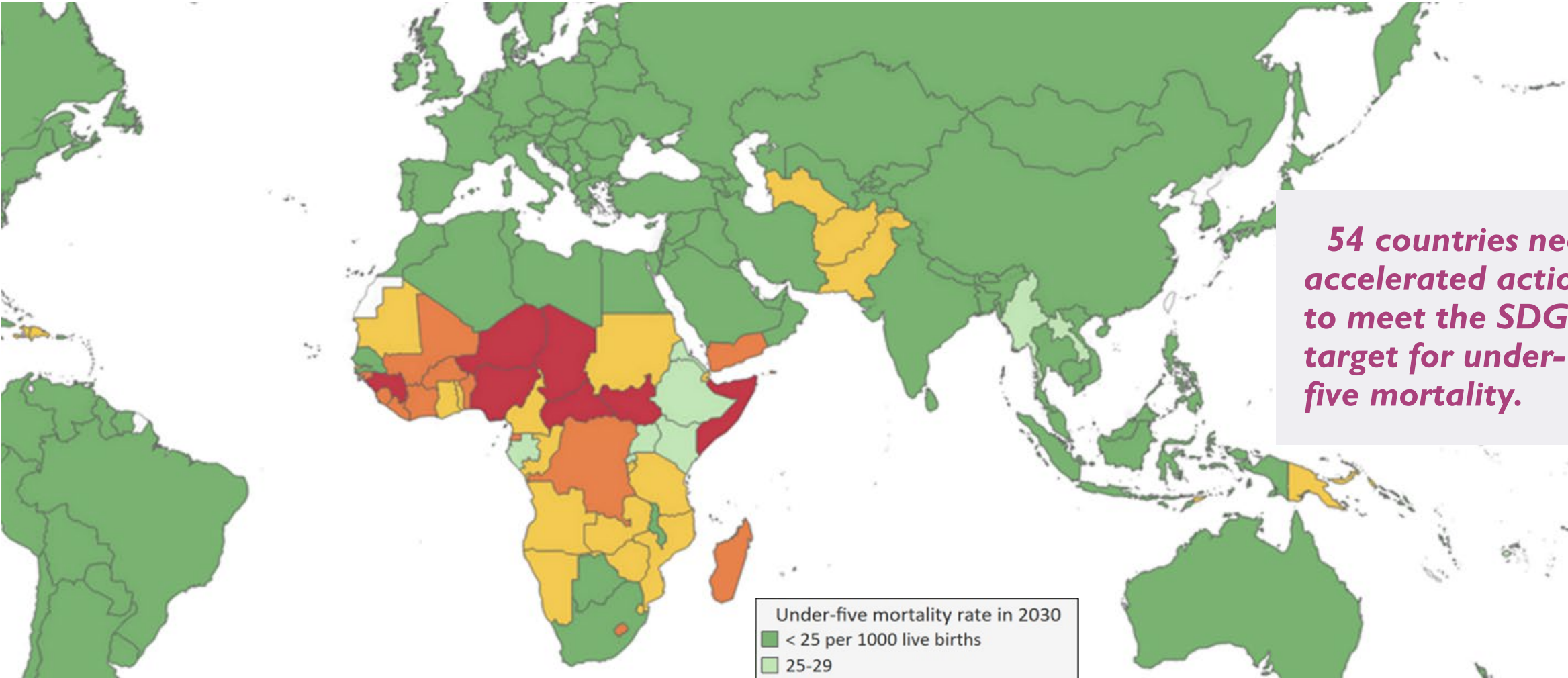
“Think of the baby born in Sierra Leone today, does that baby have a voice of its own? The voiceless need to be defended”

– *Sierra Leone Minister of Health*



Fifty-four countries need accelerated action to reach the under-five mortality target of the Sustainable Development Goals (SDGs): SDG 3.2.1. A “business as usual” approach to planning and implementing health services for children without considering inequities will result in countries not meeting their SDG commitment to end preventable child deaths.

What brings us together?



54 countries need accelerated action to meet the SDG target for under-five mortality.

Source: UN IGME Report 2022

Genesis of the Childhood Vaccination Sub-group


- Where did the idea for a Childhood Vaccination Sub-group come from?

INTRODUCING PCV AND ROTAVIRUS VACCINE

Ministries of Health from Chad, Guinea, Somalia, and South Sudan, UN and global health agencies, development banks, donors, and NGOs will meet in a three-day workshop to accelerate the introduction of the pneumococcal conjugate vaccine (PCV) and rotavirus vaccine.

They are among the last remaining African countries to protect their children with these powerful vaccines.

African countries without PCV and rotavirus vaccines

- 
- No PCV, rotavirus
Gavi-eligible
 - No PCV, rotavirus
Not Gavi-eligible

Source: WHO/UNICEF, 2022



**13-15
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Draft Terms of Reference

- What will the Childhood Vaccination Sub-group do?

Goal

To accelerate high coverage (>90%) of the most lifesaving childhood vaccines, especially in the 54 countries off-track to achieve SDG 3.2 which are the focus of the [Child Survival Action](#) initiative.

Objectives

- mobilize support for off-track countries to introduce PCV and rotavirus vaccines before 2025
- support national vaccine prioritization exercises that enable governments to assess the relative impact of the PCV, rotavirus, measles, DTP, and malaria (where relevant) vaccines, and the likely impact of the RSV vaccine
- conduct independent analyses of PCV, rotavirus, measles, and DTP vaccine coverage in the off-track countries, and where relevant RSV and RTS,S vaccines, and publish progress reports with recommendations each year
- convene childhood vaccination stakeholders to discuss strategies to better integrate delivery of child survival vaccines in off-track countries
- leverage other vaccine initiatives active in off-track countries (e.g., ZIP, Global Polio Eradication Initiative, Global Taskforce on Cholera Control, National Child Health Technical Working Groups, NITAGS, Immunization Agenda 2030, Measles and Rubella Partnership, Defeat Diarrhea, Malaria Vaccine Initiative, Meningitis Research Foundation, etc.
- execute campaigns that build support for increases in coverage of the most lifesaving childhood vaccines (e.g., calls for industry to reduce prices)
- engage industry to announce plans to accelerate access to childhood vaccines
- deepen linkages between vaccine groups and groups focused on other prevention, diagnosis, and treatment interventions relating to the leading child killers and risk factors
- leverage investments in health systems strengthening and Universal Health Coverage (UHC) for improvements in coverage of lifesaving childhood vaccines
- disseminate the work of the Subgroup and its members to critical decision-making audiences, including by building a strong social media presence and contributing to broader vaccine advocacy and communications efforts

- Draft Terms of Reference, Annex I

Full vaccine coverage in the 54 countries off-track to achieve SDG 3.2 by 2030						
Countries (in order of number of child deaths)	Number of child deaths, 1-59 months (2019)	PCV (2022)	Rotavirus (2022)	Measles (2022)	DTP (2022)	Malaria (only in countries where malaria is a top 3 child killer)
Nigeria	496,000	60%	12%	38%	62%	0%
Pakistan	167,000	85%	88%	79%	85%	
DRC	104,000	64%	59%	0%	65%	1 of 12 countries to receive first 18M doses
Ethiopia	92,000	61%	65%	48%	65%	0%
Niger	90,000	84%	86%	42%	84%	1 of 12 countries to receive first 18M doses
Mali	72,000	77%	70%	44%	77%	0%
Tanzania	68,000	83%	67%	76%	88%	RTS,S pilot
Chad	60,000	0%	0%	2%	60%	0%
Burkina Faso	72,000	91%	85%	71%	91%	1 of 12 countries to receive first 18M doses

Discussion

In what ways could the draft ToR be improved?

- Goals?
- Objectives?
- Alignment with other vaccine initiatives?
- Other?

Call for Nominations of Co-chairs

- Roles & responsibilities
- Up to 3 co-chairs
- At least two from individual currently working in one or more of the 54 off-track countries
- How to submit interest: email nomination to childhealthtaskforce@jsi.com
- Process for decision
- Timeline: nominations due in 2 weeks (October 24)

Other Business

- WSPID Call to Action on Vaccine Inequity, November 2023

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The banner features a vibrant orange background with a stylized graphic of a traditional African beaded hat in various colors (red, green, yellow, black) and patterns. The text is in white and black, with the event name in a large, bold font. Two red buttons with white text are positioned at the bottom left. The date and location are prominently displayed in the bottom right corner.



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