



Childhood Vaccination Subgroup

Terms of Reference

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www.childhealthtaskforce.org

Background

Childhood vaccination remains one of the most effective ways to reduce child deaths and accelerate achievement of the [Sustainable Development Goal](#) for child survival (SDG 3.2). But currently coverage of the most lifesaving 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.

In 2022, full coverage of the pneumococcal conjugate vaccine (PCV) among one-year-olds was just 60%, rotavirus vaccine was 51%, measles was 74%, and pertussis/whooping cough was 84%, according to the [World Health Organization \(WHO\) and UNICEF](#). Of great concern, [25 million children missed](#) out on their diphtheria, tetanus, and pertussis (DTP) vaccine in 2021, there were 21 large and disruptive [measles outbreaks](#), and the number of completely unvaccinated “zero-dose” children increased by five million, according to WHO and UNICEF. Further, in 2023 there have been [large measles outbreaks](#) in Pakistan, Somalia, Cameroon, Ethiopia, Democratic Republic of Congo, Afghanistan, and Gabon.

Countries can make significant progress towards achievement of SDG 3.2 by increasing coverage of these vaccines, as pneumonia, diarrhea, meningitis, measles, and pertussis/whooping cough account for 1.5 million, or 30%, of all five million child deaths, according to the [Global Burden of Disease](#). This is especially critical for the 54 countries that are not on-track to achieve SDG 3.2, according to the [Child Survival Action](#) initiative led by WHO, UNICEF, USAID, the Global Financing Facility (GFF), and Save the Children and coordinated by the Secretariat of the Child Health Task Force. The majority of child deaths occur in the post-neonatal period (1-59 months) in 73% of these off-track countries, and 83% of African off-track countries. This makes vaccination a particularly powerful intervention to reduce child mortality as it has its greatest impact on children in this age range.

In the 54 off-track countries, six of the top 10 causes of death among children aged between 1 and 59 months are vaccine-preventable (Table 1). Yet among this group of off-track countries, eight have yet to introduce the PCV, 11 have yet to introduce rotavirus vaccine, and second dose measles coverage is below 60% in 32 countries (Table 2). It is important to note that behind these national vaccine coverage averages are often deep geographic disparities with specific populations of children within national borders experiencing much lower coverage and often zero-coverage. It is vital that efforts to close vaccine access gaps identify these large populations of under vaccinated children and prioritize support to them.

Further, two other vaccines are highly relevant for child survival - the two new malaria vaccines (RTS,S and R21) and the vaccine for respiratory syncytial virus (RSV). Malaria is a leading cause of child death in 34 of the 54 off-track countries and the RSV vaccine targets the leading cause of viral pneumonia among children. While the RSV vaccine is [estimated to prevent many child deaths](#), the impact of the RTS,S vaccine is [currently being assessed](#) in Ghana, Tanzania, and Kenya, and [early results are promising](#) but [not without controversy](#). New vaccines targeting childhood meningitis and Group B Streptococcus (GBS) are also on the horizon.

TABLE 1: Leading causes of death among children 1-59 months in the 54 countries off-track to achieve SDG 3.2

Top 10 causes of child death (1-59 months)	Number of child deaths (1-59 months)	Vaccine-preventable
Diarrhea	372,000	Rotavirus
Pneumonia	323,000	PCV, Hib, measles, COVID-19
Malaria	322,000	RTS,S, R21
Congenital Defects	136,000	
Meningitis	81,000	PCV
Pertussis	78,000	DTP
Malnutrition	75,000	
Measles	59,000	MCV
Invasive nontyphoidal <i>Salmonella</i> (iNTS)	47,000	
Neonatal Disorders	45,000	

Source: Global Burden of Disease, 2019

As the world emerges from the pandemic with one in five children unvaccinated and under-vaccinated according to [UNICEF](#), and just seven years left to the SDG 2030 deadline, it is vital that a diverse set of child survival actors can come together regularly to strategize effective ways to support governments to increase coverage of the most lifesaving childhood vaccines with a specific focus on the 54 off-track countries, as this is where vaccine coverage increases have the potential to accelerate national child survival goals and save the most lives.

Under the aegis of the Global Pneumonia Forum Steering Committee, the PCV Sub-group is a strong example of a forum which successfully advocated for a greater focus on PCV (and rotavirus vaccines) in no- and low-coverage countries. The group not only steered key policy wins on PCV prioritization by governments - including a change in Gavi co-financing eligibility requirements that will enable PCV introduction in a subset of the most fragile countries - but also mobilized ambitious new PCV and rotavirus vaccine commitments from governments and engaged new organizations in the long struggle to protect children from pneumococcal and rotavirus disease.

Building on this successful model, the Childhood Vaccination Subgroup of the Child Health Task Force (the Subgroup) will embed the successful features of the PCV Working Group into a broader childhood vaccine group underpinned by common principles of vaccine equity, accessibility, and affordability and closely aligned with the Child Survival Action initiative. This Subgroup can more effectively support the increases in coverage of the most lifesaving childhood vaccines that will impact SDG 3.2 achievement and improve coordination among the major global and regional childhood vaccine initiatives underway and planned.

Critically, the Subgroup will deepen linkages between childhood 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. Reduced fragmentation across child survival initiatives and greater alignment across programs - including those addressed by other Child Health Task Force Subgroups - will accelerate efforts to reach the most vulnerable children.

Roles and Responsibilities

Define specific objectives, tasks and deliverables for the Subgroup in relation to the broader Child Health Task Force agenda and the Child Survival Action initiative

Provide technical leadership and facilitate advocacy, coordination, communications, and activities that will advance child vaccination programs in the Child Survival Action countries

Develop and disseminate tools to assist childhood vaccination program managers and their partners (especially NITAGS) to increase program performance (reaching >90% of children), cost-effectiveness, and quality (including reducing vaccine wastage) through analysis, reporting, and use of data

Goal

To accelerate high coverage (>90%) of the most lifesaving childhood vaccines, especially in the 54 countries off-track to achieve SDG 3.2 to maximize impact on child lives saved

Objectives

Childhood Vaccination Subgroup will:

- mobilize support for off-track countries (see Table 2) to introduce PCV and rotavirus vaccines before 2025, including by assisting with Gavi applications, generating lives-saved impact data, costs of introduction, analyzing cost-benefits (including treatment cost reductions) of various introduction options (e.g., catchup campaigns, vaccine product choice, dosing schedules, etc.), and by strategizing solutions to high coverage barriers (e.g., vaccine price, cold chain, workforce, etc.)
- support national vaccine prioritization exercises that enable governments to assess the relative impact on child deaths of the PCV, rotavirus, measles, DTP, malaria (where relevant), and other vaccines, and the likely impact of the RSV vaccine, including by advocating for country-based and country-led research on new and emerging childhood vaccines
- conduct independent analyses of PCV, rotavirus, measles, and DTP vaccine coverage in the 54 off-track countries (national and sub-national analyses), and where relevant RSV and RTS,S, R21 vaccines, and publish progress reports with recommendations during World Immunization Week (April) each year
- convene leading childhood vaccination stakeholders to discuss strategies to better integrate the delivery of critical child survival vaccines in the 54 off-track countries (e.g., National Child Health Technical Working Groups or equivalent, National Immunization Technical Advisory Groups/NITAGS, Immunization Agenda 2030, Measles and Rubella Partnership, Defeat Diarrhea, Malaria Vaccine Initiative, Meningitis Research Foundation, etc.)
- leverage and join forces with the work of other vaccine initiatives that are active in the 54 off-track countries, including zero-dose vaccine programs (e.g., ZIP program), the Global Polio Eradication Initiative, Global Taskforce on Cholera Control, HPV campaigns, and outbreak response efforts
- execute campaigns that raise awareness, including among caregivers, and build support for increases in coverage of the most lifesaving childhood vaccines (e.g., calls for industry to reduce prices, community mobilization and awareness), with a special focus on vaccinating vulnerable children (e.g., migrant, displaced, and conflict-affected, pastoral and remote communities, small communities affected by “vaccine quorum” rules)
- engage industry to announce plans to accelerate access to childhood vaccines by addressing supply constraints, local manufacturing initiatives, the relatively high prices of the PCV, rotavirus, and measles vaccines, and the RTS,S, R21, and RSV vaccines where relevant
- deepen linkages between vaccine groups and groups focused on other prevention, diagnosis, and treatment interventions relating to the leading child killers and risk factors (e.g., pneumonia, diarrhea, and malaria, malnutrition, air pollution, lack of access to hand washing with soap, unsafe water), as well as maternal education and agency
- leverage investments in primary health systems strengthening and Universal Health Coverage (UHC) for improvements in coverage of the most lifesaving childhood vaccines, especially focused on adequate numbers of trained, paid vaccinators

- disseminate the work of the Subgroup and its members to critical decision-making audiences, especially vaccine stakeholders in the off-track countries, including by building a strong social media presence and contributing to broader vaccine advocacy and communications efforts (e.g., Immunization Partners, ONE Campaign, Global Citizen, etc.)

Expected Results and Performance Indicators

Increased awareness of childhood vaccination gaps and improvement towards full vaccine coverage (PCV, rotavirus, measles, and DTP) in the 54 off-track countries, based on annual WUENIC data. Indicators include:

- Full vaccine coverage (PCV, rotavirus, measles, and DTP) in the 54 off-track countries, based on annual WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) data (updated July each year)
- Number of off-track countries yet to introduce PCV and rotavirus vaccines, based on WUENIC data
- Number of off-track countries with childhood vaccine prioritization analysis (e.g., Vaccine Impact Modelling Consortium, Lives Saved Tool, etc.)
- Number of Subgroup members
- Number of monthly call attendees, and % from off-track countries
- Number of special initiatives hosted (e.g., webinars, etc.)
- Number of childhood vaccination advocacy and/or communications efforts led by Subgroup members
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Membership

The Child Survival Action partners will be encouraged to join the Subgroup (i.e., Sierra Leone MOH, USAID, UNICEF, WHO, GFF, Save the Children) along with other major vaccine organizations (Gavi, Sabin, IVAC, PATH, MSF, BMGF, PAHO, MCRI, JSI, Mériex Foundation, CDC, Results) and coalitions or alliances working in childhood vaccination (e.g., IA 2030 network, Every Breath Counts, African Rotavirus Network (AfrRN), Defeat Diarrhea, Measles and Rubella Partnership, Global Polio Eradication Initiative, Respiratory Syncytial Virus Foundation (ReSViNet), Malaria Vaccine Initiative, Meningitis Research Foundation, Shot@Life/UN Foundation, New Incentives etc). Special efforts will be made to involve local vaccine advocacy organizations as part of the Gavi CSO network hosted by Amref and beyond.

Leadership

- The Subgroup will have no more than three co-chairs, at least two based in two of the 54 off-track countries and one representing a major global vaccine partner
- Co-chairs will be responsible for implementing the activities outlined in this document, including by scheduling regular Subgroup meetings, sharing relevant information, and ensuring that members are collaborating effectively. Co-chairs are also expected to attend quarterly meetings with the Secretariat and other responsibilities outlined in the Subgroup co-chair terms of reference
- The Subgroup is accountable to the Child Health Task Force Secretariat (JSI) and Steering Committee and will report on key performance indicators quarterly

Meeting Schedule

TBD, at least quarterly

TABLE 2: Post-neonatal (1-59 months) Child Deaths and Vaccine coverage among the 54 off-track countries

Countries (in order of number of post-neonatal deaths)	Number of post-neonatal deaths (2019)	PCV3 (2022)	Rotavirus (2022)	MCV1 (2022)	MCV2 (2022)	DTP3 (2022)	Malaria (only in countries where malaria is a top 3 child killer)
Nigeria	496,000	60%	12%	60%	38%	62%	0%
Pakistan	167,000	85%	88%	82%	79%	85%	
DRC	104,000	64%	59%	56%	0%	65%	"1 of 12 countries to receive first 18M doses"
Ethiopia	92,000	61%	65%	56%	48%	65%	0%
Niger	90,000	84%	86%	65%	42%	84%	1 of 12 countries to receive first 18M doses
Burkina Faso	72,000	91%	85%	88%	71%	91%	1 of 12 countries to receive first 18M doses
Mali	72,000	77%	70%	70%	44%	77%	0%
Tanzania	68,000	83%	67%	86%	76%	88%	RTS,S pilot
Chad	60,000	0%	0%	56%	2%	60%	0%
Somalia	54,000	0%	0%	46%	8%	42%	
Uganda	51,000	90%	84%	90%	49%	89%	1 of 12 countries to receive first 18M doses
Mozambique	47,000	70%	73%	84%	70%	61%	0%
Afghanistan	44,000	67%	63%	68%	49%	69%	
Cameroon	42,000	67%	61%	65%	44%	68%	1 of 12 countries to receive first 18M doses
Angola	35,000	24%	37%	37%	25%	42%	0%
Cote d'Ivoire	34,000	61%	65%	65%	20%	76%	0%
Guinea	31,000	0%	0%	47%	3%	47%	0%
Madagascar	28,000	57%	53%	44%	32%	57%	
Kenya	28,000	91%	23%	90%	56%	90%	RTS,S pilot
Benin	27,000	73%	76%	68%	0%	76%	1 of 12 countries to receive first 18M doses
Sudan	25,000	85%	84%	81%	63%	84%	
Ghana	24,000	99%	94%	95%	84%	99%	RTS,S pilot
Yemen	23,000	74%	76%	73%	56%	74%	
South Sudan	21,000	0%	0%	72%	0%	73%	0%
Myanmar	21,000	57%	58%	75%	64%	71%	
Sierra Leone	20,000	93%	88%	90%	73%	91%	1 of 12 countries to receive first 18M doses
Burundi	18,000	91%	91%	89%	85%	91%	1 of 12 countries to receive first 18M doses
Zambia	18,000	78%	32%	90%	81%	82%	0%
CAR	16,000	40%	0%	41%	0%	42%	0%
Zimbabwe	13,000	90%	55%	90%	77%	90%	0%
Haiti	13,000	51%	48%	65%	41%	51%	
PNG	11,000	35%	0%	44%	25%	36%	
Togo	9,000	82%	79%	71%	57%	82%	0%
Rwanda	9,000	98%	98%	96%	82%	98%	0%
Eritrea	6,000	95%	96%	93%	85%	95%	

Liberia	5,000	74%	73%	79%	59%	78%	1 of 12 countries to receive first 18M doses
LaoPDR	4,000	78%	0%	76%	55%	80%	0%
Congo	3,000	76%	45%	65%	34%	78%	0%
Lesotho	2,000	87%	87%	81%	75%	87%	
Guinea-Bissau	2,000	74%	76%	75%	1%	74%	0%
Dominican Republic	2,000	73%	86%	91%	59%	88%	
Mauritania	2,000	73%	72%	72%	0%	76%	0%
Turkmenistan	1,000	98%	98%	98%	99%	98%	
The Gambia	1,000	75%	82%	74%	52%	79%	0%
Eswatini	900	96%	99%	83%	77%	97%	
Djibouti	900	59%	66%	50%	48%	59%	
Equatorial Guinea	800	0%	0%	53%	13%	53%	0%
Timor Leste	600	80%	80%	79%	78%	86%	
Gabon	600	0%	0%	52%	0%	60%	0%
Namibia	500	85%	55%	91%	79%	84%	0%
Comoros	400	0%	0%	86%	79%	88%	
Fiji	200	99%	99%	99%	78%	99%	
Kiribati	60	99%	94%	85%	68%	91%	
Dominica	9	0%	0%	83%	89%	92%	

Sources: Global Burden of Disease 2019, and WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2023

Note the following countries have not introduced PCV but are not among the 54 off-track countries:

- Tajikistan launched PCV in 2022 and will have a catch-up campaign in 2023
- Vietnam has achieved SDG 3.2 and will target PCV inclusion in 2025-2030 national vaccine plan
- North Korea has achieved SDG 3.2 with no PCV plans
- Syria has achieved SDG 3.2 with no PCV plans
- Egypt has achieved SDG 3.2 with no PCV plans
- China has achieved SDG 3.2 with no PCV plans
- Venezuela has achieved SDG 3.2 with no PCV plans
- Iraq has achieved SDG 3.2 with no PCV plans
- Iran has achieved SDG 3.2 with no PCV plans