CHILD SURVIVAL ACTION

Statement in support of World Immunization Week

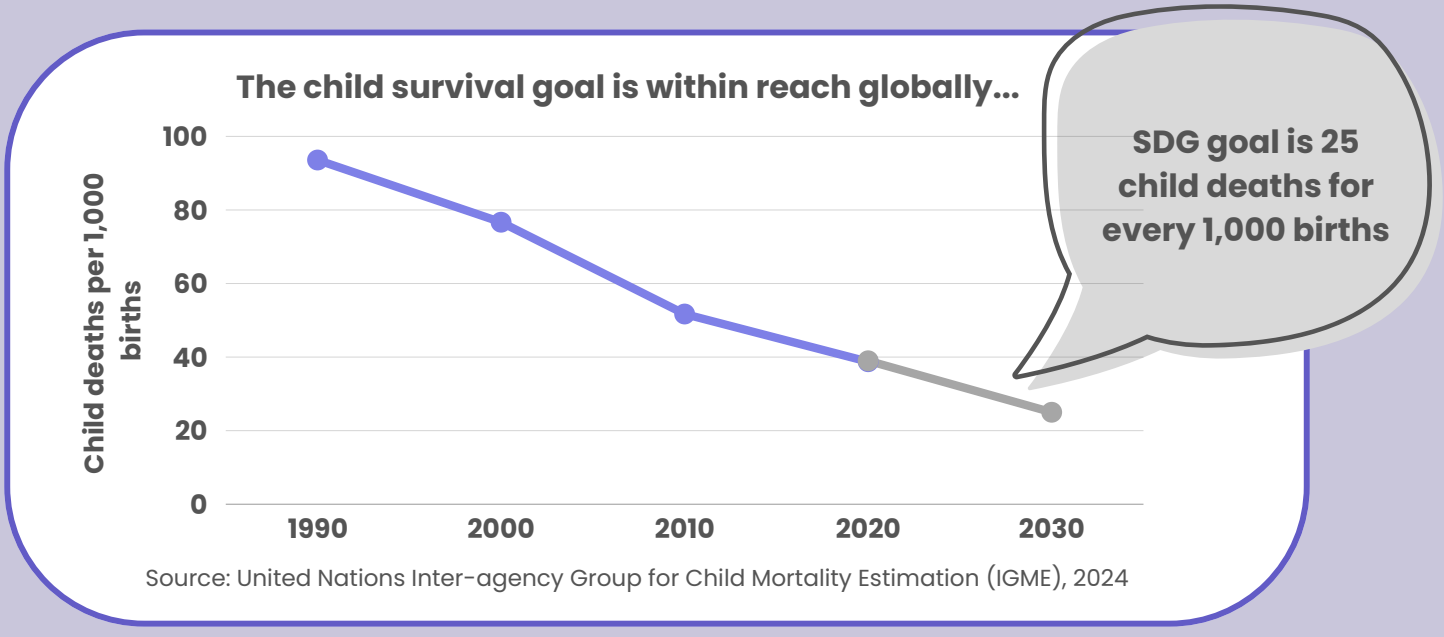
Vaccination is key to achieving the child survival goal by 2030

24 April 2025

In 1990, the **World Summit for Children** ended with a breathtaking goal - to reduce by one third the 12 million children who died before they turned five. Ten years later, the **Millennium Development Goals** set an even bigger target - a two-thirds reduction in the rate at which 10 million children were still dying each year. And in 2015, the **Sustainable Development Goals** (SDG) made every nation subject to an historic goal - to drive child deaths down to at least 25 for every 1,000 children born by 2030 (SDG 3.2).

Fast forward to 2025, and we are much closer to ending the long march to a new reality - global achievement of the SDG for child survival and a world where the death of a child is a rare event everywhere.

To achieve the goal, the number of children who die before they turn five must fall from 4.8 million in 2023 to under 3.3 million in 2030. This means 250,000 additional children's lives need to be saved each year for the next five years to deliver on our promise.(1)



Source: United Nations Inter-agency Group for Child Mortality Estimation (IGME), 2024

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> ***Gavi must have adequate resources to help countries achieve 90% coverage of vaccines that target the leading killers of children.***

Increases in childhood vaccination are one of the most effective ways to save these lives. This is because we have vaccines targeting infections that cause more than half (54%) of all child deaths among children aged 1-59 months. This includes vaccines that protect against pneumonia, malaria, diarrhea, meningitis, tuberculosis, measles, pertussis, typhoid, tetanus, and diphtheria.(2)

Coverage of these vaccines, however, is well below the **Immunization Agenda 2030** target of 90% in the **60 countries that are off-track** to achieve SDG 3.2. This is a major opportunity for Gavi, the Vaccine Alliance to step up its efforts, as 47 of the 60 off-track countries are eligible for Gavi-support and 75% of child deaths occur in **Gavi-eligible countries**.

Donors must fully replenish Gavi so that it can seize the opportunity

There are many opportunities for Gavi to save more children's lives by increasing coverage of the vaccines that target the leading causes of child death because current levels are too low. (see Table 1)

Only four Gavi countries have achieved more than 90% coverage of both PCV and rotavirus vaccines - Eritrea, Malawi, Mauritania, and Rwanda - and ten are yet to introduce one or both vaccines - Somalia, South Sudan, Guinea, Central African Republic, Syria, Cambodia, Comoros, Bangladesh, Papua New Guinea, and Lao PDR.(3)

A further 24 Gavi countries have rates of coverage below 60% of either or both vaccines. Full coverage of pneumonia and diarrhea vaccines can prevent more than 450,000 child deaths between 2025 and 2030, according to a recent **Every Breath Counts** report.

Increasing coverage of measles vaccines is another urgent Gavi priority. Only three in 10 Gavi countries are protecting more than 90% of their children with one dose of measles vaccine, and even fewer with the recommended two doses. This is one of the reasons for the **large measles outbreaks** in several Gavi countries in 2024, including in Pakistan, Yemen, Ethiopia, and Afghanistan.(4)

Gavi has only just started to support countries to introduce new vaccines for malaria, meningitis, and typhoid. Despite rapid rollout of malaria vaccines to 19 Gavi countries, there are eight more where malaria is a major child killer.

All 26 countries in the "meningitis-belt" are Gavi-eligible but **meningitis vaccine coverage** across them is only 30%, and 11 of them still don't offer the vaccine. **Nigeria** and **Niger** have successfully introduced the new meningitis vaccine that targets five strains (A, C, W, X, and Y), but many more countries would benefit from it.

Similarly, only five Gavi countries have introduced the typhoid conjugate vaccine (TCV) - Liberia, Malawi, Nepal, Pakistan, and Zimbabwe.

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> ***There is significant lifesaving power in the new vaccine pipeline for Gavi to propel the next wave of child survival gains.***

In addition to increasing coverage of existing vaccines, donors need to support Gavi to accelerate uptake of the most lifesaving new vaccines for children. First and foremost are vaccines to prevent respiratory syncytial virus (RSV), a leading cause of pneumonia hospitalization among children.(5) They have the power to **prevent many child deaths**, but are still only available in high-income countries.

Vaccines to prevent Group B Streptococcus (GBS), klebsiella pneumoniae, tuberculosis, and shigella are also on the horizon. Recent **data** has revealed that klebsiella pneumonia is a major, but hidden, killer of children.

Gavi-cofinancing builds cost-effective vaccination systems

With an increasing number of vaccines, **high and rising vaccine prices,** and limited domestic and global health financing, Gavi must be resourced to help countries build the most cost-effective national vaccination programs from the many vaccines included in Gavi's latest **Investment Strategy.**

On the cost side, donors must ensure that Gavi is able to negotiate the lowest prices from manufacturers for the most lifesaving vaccines for children, and incentivize companies to develop access strategies prioritizing the countries with the greatest disease burdens and lowest vaccine coverage.

Gavi also needs to be able to advise governments on how to reduce costs without compromising health outcomes, including by switching to less costly vaccines, by **reducing dose schedules** (e.g., 1+1 PCV), by bundling vaccines for dual- and triple-introductions, by prioritizing zero-dose and low-dose subnational populations of children for catch-up campaigns, and more.(6)

Gavi also needs to do more to help countries reduce the costs of accessing Gavi financing, by supporting the generation of local vaccine impact evidence, by strengthening the functioning of independent immunization advisory groups (i.e., NITAGs), and by supporting Gavi application processes and the use of the many tools available but often underutilized due to their complexity (e.g.,, **vaccine cost calculators**).

On the impact side, Gavi must be able to advise governments on which vaccines will prevent the most deaths in their local contexts, the best options for vaccine prioritization (e.g., sequencing introductions for lives saved impact), and delivery strategies with the power to increase vaccine coverage (e.g., **integration with nutrition interventions**, and more).(6)

And much greater efforts are needed to ensure that communities are well-informed about vaccines, especially new vaccines, and that the vaccination experience is a positive one for families. Gavi has a bigger role to play in partnership with the many civil society organizations who already have the trust of the local communities they represent.

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> ***Gavi stands ready to make a singular contribution to child survival in the years remaining to 2030.***

To achieve its mission, Gavi needs at least US$9 billion in new donor funding to protect 500 million more children and save over 8 million lives between 2026 and 2030. This is not only an investment in SDG achievement but in the healthiest generations of children who have ever been born.

The impacts are intergenerational. Fully-vaccinated children grow up to benefit their countries, their regions, and the entire world.

Accordingly, we call on donors to fully replenish Gavi so that it can continue its essential role in saving children's lives.

Learn more

This Statement was prepared by the Advocacy Team at **Child Survival Action**, an initiative of the Child Health Task Force. Learn more **here**.

See also:

- **The Lifesaving Power of Pneumonia and Diarrhea Vaccines**, Every Breath Counts
- **"No Vaccination without Nutrition"** campaign, Every Breath Counts
- Lanscape Review Eleanor Crook Foundation and Gavi, 2023
- **Call to Action for Fair Vaccine Prices,** World Society for Pediatric Infectious Diseases (WSPID)

End Notes

1. Calculations based on the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2024) and United Nations, Department of Economic and Social Affairs World Population Prospects 2024.
2. Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2021 (GBD 2021). Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2024.
3. WHO and UNICEF Estimates of National Immunization Coverage (WUENIC), 2024.
4. See also WHO Global Update Measles and Rubella, April, 2025.
5. See also Li, Y et al. Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in children younger than 5 years in 2019: a systematic analysis, The Lancet, 2022.
6. See also the Strategic Advisory Group of Experts on Immunization (SAGE) record of meeting, March 2025.

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Legend: Vaccine coverage
No vaccine
1-59%
60-89%
>90%
Low disease burden

Table 1: Child deaths and vaccine coverage in 54 Gavi countries

Countries	1-59 month child deaths (2023)	PCV	Rotavirus	Measles (2 doses)	DTP	Meningitis	Typhoid	Malaria
Nigeria	515,608	60%	49%	38%	62%	55%		Introduced
DRCongo	195,835	59%	52%	18%	60%			Introduced
Pakistan	138,737	86%	90%	80%	86%		introduced	
Niger	82,817	85%	88%	68%	85%	80%		Introduced
Ethiopia	74,918	69%	70%	53%	72%			
Chad	53,255	introduced	introduced	35%	67%	63%		Introduced
Mali	52,826	77%	63%	59%	77%	67%		
Somalia	51,363			13%	42%			
Mozambique	43,660	55%	60%	44%	70%			Introduced
Bangladesh	42,916	99%		93%	98%			
Sudan	40,869	52%	39%	38%	51%	51%		Introduced
Tanzania	40,841	92%	84%	78%	93%			
Madagascar	39,574	73%	62%	47%	65%			
Cameroon	38,924	75%	72%	45%	75%			Introduced
Côte d'Ivoire	37,686	79%	77%	43%	79%	68%		Introduced
Burkina Faso	37,540	92%	86%	71%	94%	71%		Introduced
Uganda	34,485	91%	86%	21%	91%			Introduced
Guinea	30,572			26%	47%	34%		
Afghanistan	30,156	58%	61%	42$	60%			
Kenya	26,785	91%	71%	76%	93%			Introduced
Yemen	23,539	45%	47%	45%	46%			

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Countries	1-59 month child deaths (2023)	PCV	Rotavirus	Measles (2 doses)	DTP	Meningitis	Typhoid	Malaria
Benin	23,018	69%	69%		69%	52%		Introduced
South Sudan	18,245				73%			Introduced
Sierra Leone	16,424	93%	88%	73%	91%			Introduced
Myanmar	16,397	78%	69%	65%	76%			
Zambia	14,901	78%	40%	75%	80%			
Ghana	13,723	96%	64%	78%	95%	76%		Introduced
Burundi	13,309	88%	89%	80%	89%			Introduced
CAR	12,815	40%			42%	41%		Introduced
Malawi	12,433	91%	91%	65%	91%		Introduced	Introduced
Zimbabwe	10,645	90%	55%	77%	90%			
Togo	9,874	85%	83%	58%	85%	60%		
Rwanda	8,537	94%	94%	88%	94%			
Haiti	8,206	51%	48%	41%	51%			
Senegal	8,135	80%	83%	64%	83%			
Liberia	7,091	80%	82%	60%	82%		Introduced	Introduced
Nepal	5,759	88%	92%	89%	94%		Introduced	
PNG	5,026	29%		41%	35%			
Syria	4,925			64%	66%			
Congo	4,176	76%	45%	34%	78%			
Cambodia	4,051	82%		64%	85%			
Lao PDR	3,085	81%		68%	84%			
North Korea	2,901			16%	16%			
Mauritania	2,692	90%	91%	24%	90%			

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Table 1: Malnutrition-related child deaths in 59 countries off-track to SDG 3.2: distance from 2030 nutrition targets								
Countries	**1-59 month child deaths (2023)**	**PCV**	**Rotavirus**	**Measles (2 doses)**	**DTP**	**Meningitis**	**Typhoid**	**Malaria**
Tajikistan	2,824	31%	97%	96%	96%			
Guinea-Bissau	2,293	74%	76%	36%	74%	40%		
Eritrea	1,816	95%	96%	85%	95%	90%		
Lesotho	1,659	87%	83%	82%	87%			
The Gambia	1,613	80%	83%	73%	84%	86%		
Kyrgyzstan	939	91%	87%	96%	93%			
Djibouti	524	72%	75%	64%	72%			
Comoros	412			79%	75%			
Solomon Islands	258	81%	81%	48%	84%			
Sao Tome and Principe	45	86%	51%	90%	86%			
Sub-total	1,871,657							
All 1-59 month child deaths	2,492,609							
%	75%							

Sources: UN Inter-agency Group for Child Mortality Estimation (UN IGME), 2024 and WHO and UNICEF Estimates of National Immunization Coverage (WUENIC), 2023.