

Maputo, Mozambique, 22-24 July 2025

## A United Call to Action: End Preventable Child Deaths



With just five years to achieve the 2030 Sustainable Development Goals, we are at a defining moment for child survival. Escalating conflicts, climate shocks, and unprecedented global funding cuts threaten to reverse years of hard-won progress and place children's lives at risk. While Sub-Saharan Africa carries the heaviest burden of child mortality, the need spans across countries in other regions – making urgent, coordinated action essential to our cause. In the face of a challenging health landscape and shrinking resources, prioritizing child survival demands bold, focused, and integrated action – this is no time for business as usual. We must complement innovation with patient-centered services that deliver a continuum of care and meet children's needs across the life cycle.

Drawing from a body of major health declarations including Agenda 2063, the Lusaka Agenda (2023), the Declaration of Astana (2018), and the Addis Declaration on Immunization (2016), resolutions including the World Health Assembly Accelerate Progress Towards Reducing Maternal, Newborn and Child Mortality (2024), Call to Action: Eliminate Cholera in Africa (2025), country commitments including at the Nutrition for Growth Summits (2013, 2017, 2021, 2025) and Global Childhood Pneumonia Forums (2020, 2023), and the goals and targets of the Every Woman, Every Newborn Everywhere (EWENE) and Child Survival Action (CSA) movements, the Child Survival Forum calls on all stakeholders to strengthen our resolve to achieve SDG 3.2 by 2030: ending preventable deaths of children under five.

## We call on all stakeholders to join us to:

- **Strengthen regional leadership:** Foster partnerships between national and regional health organizations including the African Union and its flagship Campaign on Accelerated Reduction of Maternal Mortality in Africa Plus (CARMMA Plus), Africa Centres for Disease Control and Prevention (Africa CDC), West African Health Organization (WAHO), East, Central and Southern Africa Health Community (ECSA-HC), and other stakeholders with capacity to contribute to child survival.
- **Establish robust accountability:** Ensure governments, partners, and civil society are held accountable for their child survival commitments at national, regional, and global levels, and report progress regularly.
- **Address inequities:** Focus on the most vulnerable children, particularly in Sub-Saharan Africa and South Asia, by removing barriers to care, improving maternal education, and addressing risk factors such as malnutrition, lack of access to safe water, sanitation, and hygiene, and air pollution, especially household.
- **Mobilize sustainable financing:** Increase domestic and international funding for child survival, prioritizing cost-effective interventions and life-saving commodities that strengthen health systems, including the health workforce, exploring innovative financing models such as the Child Nutrition Fund, and securing sustainable financing solutions for reaching the most vulnerable groups, including in fragile and conflict affected states. Ensure these resources are flexible, to reduce fragmentation and direct funds where and when they're needed most.
- **Invest in Primary Health Care (PHC):** Increase domestic investment in resilient PHC systems, including at the community level. This includes securing continuum of care, appropriate referral systems, and quality of care at primary and referral level. Equip health facilities with diagnostic tools (e.g., pulse oximeters, rapid malaria tests, etc) and essential medicines for pneumonia, (child-friendly amoxicillin and medical oxygen), malaria, and diarrhea (Oral Rehydration Salts and zinc tablets), while strengthening multi-sectoral partnerships and training health workers to promptly diagnose and treat childhood infections and malnutrition. Critically, these facilities must be equipped with sustainable energy sources and internet connection to support diagnostics, therapeutics, and data sharing.
- **Invest decisively in prevention, preparedness, and response to public health emergencies, especially cholera, as a strategic priority.** This includes strengthening multi-sectoral coordination, domestic financing, WASH infrastructure, critical supplies, community engagement, and humanitarian access. Without such investment, routine health services will remain vulnerable to repeated and severe disruptions.





## We call on all stakeholders to join us to:

- **Accelerate vaccine coverage:** Achieve and sustain >90% coverage of life-saving vaccines, including pneumococcal conjugate vaccine (PCV), diphtheria, tetanus, and pertussis (TP), measles, rotavirus, malaria, meningitis, and typhoid vaccines prioritizing zero-dose children and integrating vaccine delivery with nutrition and other high-impact child health services, with partnerships facilitating cross-sectoral collaboration to reach the most vulnerable.
- **Integrate the delivery of child survival services to improve access, acceptability, and cost-effectiveness:** Explore opportunities to deliver child survival interventions and innovations through existing community-based platforms, and identify where continuous care can occur across maternal, newborn and child health care provisions.
- **Enhance surveillance and innovation:** Leverage data from initiatives like the Child Health and Mortality Prevention Surveillance (CHAMPS) Network to anticipate and respond to epidemiological trends, inform targeted interventions and accelerate the development and deployment of new tools. This includes higher-valent PCVs and new maternal vaccines and monoclonal antibodies for respiratory syncytial virus (RSV), and improved diagnostics like multi-modal pulse oximeters and point-of-care lung ultrasound.

## Child mortality is more than a challenge – it is a crisis demanding urgent action, and the time to act is now.

With a looming deadline to achieve SDG 3.2 by 2030, and 60 countries off-track to achieving the child survival goal, we must act decisively to close gaps in child survival. Supported by Ministries of Health, the Global Financing Facility (GFF), Global Fund, Gavi, Gates Foundation, UNICEF, WHO and partnerships such as EWENE and Child Survival Action, we can transform health systems, save millions of lives, and ensure every child reaches their fifth birthday. Together, let us seize this moment to deliver on our promise to every child.



## GOVERNMENT COMMITMENTS

### Government of Burkina Faso

Vaccination remains one of the most effective public health interventions for preventing avoidable diseases and reducing child mortality. In this context, Burkina Faso is committed to strengthening national efforts by maintaining the performance of the Expanded Program on Immunization and introducing new antigens. The country will continue to reinforce the integration of vaccination services into child health, nutrition, and community health programs. Our country will implement ambitious reforms to ensure equitable access to quality care while maintaining free healthcare for children under five years of age.

### Government of Central African Republic

To rapidly reduce child mortality and move toward SDG 3.2, the Central African Government has established ten Presidential Priority Areas for Universal Health Coverage and a Community Engagement Policy. Additionally, the Government has adopted the National Vaccination Strategy covering the period 2024–2028.

The Ministry of Health and Population will strive to reduce the number of zero-dose children by 50% by 2025, focusing on integrated interventions and scaling up community-based activities.

The Ministry will work with PATH and all other stakeholders to submit its application to Gavi for the introduction of the cervical cancer vaccine by the end of 2025.

To reduce the risk associated with malaria—which still has a high mortality rate in the Central African Republic, around 30% among children under five—the Government, through the Ministry of Health and Population, has implemented a targeted free healthcare policy for children under five, pregnant women, and breastfeeding mothers. The Ministry will strengthen the capacity of community health workers to diagnose and treat simple malaria cases at home and refer severe cases to health facilities for free care.

In terms of malaria prevention, the country has already introduced the malaria vaccine into routine immunization and is committed to intensifying awareness among mothers and caregivers to increase demand for vaccination services in general, and the malaria vaccine in particular.

### Government of Chad

Like other countries in the sub-region, Chad has made the fight against neonatal and child mortality a top priority. The Government of Chad, together with its partners, reaffirms its commitment and determination to achieve SDG 3.2 by 2030: ending preventable deaths of children under five.



**1. Chad reaffirms its determination to accelerate the introduction and optimal use of essential vaccines to sustainably reduce preventable child mortality and morbidity. In this regard, the Ministry of Public Health and Prevention commits to:**

- Introducing the hexavalent vaccine to provide integrated protection against six major childhood diseases;
- Introducing the hepatitis B birth dose vaccine to prevent mother-to-child transmission;
- Expanding malaria vaccination nationwide, prioritizing high-burden areas;
- Introducing the new Men5 meningitis vaccine, which covers a broader range of strains and strengthens protection against recurring epidemics;
- Transitioning from 10-dose to 5-dose vials for the measles vaccine to reduce wastage, improve stock management, and increase availability for hard-to-reach children;
- Expanding vaccination and civil registration to other provinces and remote areas to ensure every child is protected by vaccines and officially registered at birth.

These commitments will be accompanied by updates to national guidelines, capacity building for health workers, and the mobilization of sustainable resources to ensure that every child, wherever they live, benefits from these life-saving vaccine innovations.

**2. The Ministry of Public Health and Prevention (MSPP) has initiated the development of a new joint EWENE-CSA plan to accelerate the reduction of preventable mortality. This plan, aligned with the global 'Every Woman, Every Newborn, Everywhere' framework, aims to strengthen cross-sectoral synergies and optimize the implementation of high-impact interventions, including:**

- Improving the quality of care in health facilities, supported by a quality improvement plan at both local and national levels;
- Expanding care for sick and low birth weight newborns through the creation of neonatal and kangaroo mother care units in the provinces, and strengthening existing neonatal care units;
- Increasing access to pulse oximeters to improve pneumonia diagnosis and guide treatment, thereby reducing pneumonia-related mortality."

**Government of the Democratic Republic of Congo**

Two areas of commitment based on the national context: (1) in terms of introducing new vaccines and (2) in terms of protecting funding.

**DRC's Commitment to Protecting Funding for Child Survival:**

In response to the declining vaccination coverage in Africa, worsened by delays and fluctuations in public funding, it is essential to adopt an ambitious and coherent strategy to restore the performance of the immunization program.



Vaccination is one of the most impactful public health interventions for reducing maternal and child mortality and is a major indicator of overall health system performance. The health of our children is a fundamental issue for the future of our countries. It reflects our collective responsibility and our commitments to present and future generations. Protecting their lives, growth, and development must be at the core of our actions.

This initiative cannot succeed without a shared effort. That is why we are calling for an unprecedented mobilization of public and private stakeholders, provincial authorities, health workers, international and national partners, and all communities. Everyone must fully assume their responsibilities. The success of this vaccination policy also relies on the personal commitment of every citizen, on solidarity, and on collective determination.

We must strengthen our health systems, improve access to vaccination services, and mobilize all our resources to reach every corner of our territory. Vaccination must become a given—an ingrained daily practice.

The reliance on donors, such as Gavi, highlights the need for our country to plan for a sustainable long-term transition to financial autonomy. Additionally, Gavi's limited or unclear contribution to the purchase of injection equipment raises concerns about the full coverage of logistical and material costs.

The relative stability of the government's contribution, combined with Gavi's substantial support, provides a solid foundation for the continued implementation of vaccination activities, while underscoring the importance of a strategy aimed at strengthening national capacity to finance these efforts. The DRC is committed to maintaining—or even increasing—the mobilization of domestic resources to at least one US dollar per targeted child to be vaccinated, both at the national and provincial levels. This commitment was reaffirmed by the country's highest authority during the last national forum on vaccination and polio eradication, held in March of this year.

### **DRC's Commitment to the Introduction of New Vaccines:**

As part of the implementation of the Forum on Innovation and Action for Child Vaccination and Survival, held in Maputo from July 22 to 24, 2025, the DRC is committed to accelerating the reduction of child and juvenile mortality through the introduction of new vaccines, prioritized according to its strategic plan—the 2025–2030 National Vaccination Strategy—based on recommendations from the National Immunization Technical Advisory Group (GTCV). These include:

- Continuing the introduction of the malaria vaccine (R21-Matrix-M): As of now, 9 out of 26 provinces have introduced it, with full national rollout planned by November 2025. The aim is to reduce child morbidity and mortality due to malaria, contributing to the achievement of the Sustainable Development Goals (SDGs). The malaria vaccine also presents an opportunity for the Expanded Programme on Immunization (EPI/DRC) to enhance its performance through additional contact points created by this new vaccine.
- Accelerating the replacement of the Rotasil® vaccine with Rotarix® in the routine immunization schedule by August 2025, without compromising the supply or demand for the rotavirus vaccine.



- Introducing the Measles-Rubella (MR) vaccine in routine immunization through catch-up campaigns to accelerate the elimination of measles and rubella in the country by November 2025.
- Introducing the HPV vaccine in the routine immunization schedule: The plan targets the full vaccination of at least 65% of girls aged 9 to 14 against the Human Papillomavirus (HPV) by October 2026.

## Government of Egypt

The Government of Egypt commits to the introduction of Pneumococcal Conjugate Vaccine in parallel to the localization of vaccine manufacturing in Egypt in the upcoming 5 years.

## Government of Ethiopia

The Government of Ethiopia is making two commitments to accelerate action on child survival. We will focus on two key areas.

### 1. Decrease pneumonia deaths and neonatal mortality.

- Develop a new strategy for Newborn and Child Survival with a focus on holistic development.
- Scale up of iKMC, KMC plus and reinforce an integrated clinical NICU mentorship approach.
- Develop blended training materials to support integration.
- Strengthen partnerships, collaboration with universities, and the Saving Little Lives 360 (SLL360) project.

### 2. Strengthen immunization to reach every child. This includes a focus on:

- Build on recent coverage improvements, reduce the number of zero dose children.
- Improve routine immunization through broader PHC.
- Introduce, scale up and optimize new vaccines.
- Improve sustainable immunization financing and meet Gavi's cofinancing requirements.

## Government of Republic of Guinea

Guinea's Commitments to Accelerate Progress Toward SDG 3.2 and End Preventable Child Deaths. Guinea reaffirms its commitment to:

1. Continue efforts to improve the availability of vaccines and vaccination supplies through the Vaccine Independence Initiative and the integration of new vaccines (PCV13, Rotavirus, RTS,S, HPV) into the routine immunization schedule;
2. Sustain efforts in the detection, reporting, and investigation of vaccine-preventable diseases;
3. Strengthen the integration of maternal, neonatal, child health, nutrition, and immunization services within health facilities and at the community level;
4. Finalize and implement the 2026–2028 operational action plan to accelerate progress toward the SDGs for child survival.

To implement these commitments, the Ministry of Health and Public Hygiene (MSHP) will work with all its partners, including Gavi, WHO, UNICEF, the Global Fund, the World Bank, GFF, the Gates Foundation, civil society, and the private sector.



## Government of Republic of Mali

Mali's Commitment to the Common Agenda for Action: Ending Preventable Child Deaths  
The Government of Mali endorses the Common Commitment for Action to end preventable child deaths and commits to:

1. Support the implementation of the National Acceleration Plan for Child Survival (2025–2027).
2. Scale up the delivery of the integrated service package for Family Planning, Maternal, Newborn, and Child Health, and Nutrition (FP/MNCH/Nutrition) in health facilities— from 25% coverage to 80% by the end of 2027.
3. Scale up and monitor mass treatment with azithromycin as part of the REACH initiative.

## Government of Mozambique

As a country, we renew our commitment to reach around 6 million children under 1 year of age vaccinated (an annual average of 1.2 million) over the next 5 years.

## Government of Nigeria

The Coordinating Minister of Health and Social Welfare, on behalf of the Government of Nigeria, has reaffirmed a strong commitment to increasing financial investments in child health policies made. He emphasized the government's dedication to developing targeted programs and promoting integrated service delivery at both national and subnational levels. The Federal Government remains fully committed to ensuring that every Nigerian child not only survives but thrives.

## Government of Sierra Leone

The Government of Sierra Leone makes the following commitments:

1. Scale up the full implementation of Sierra Leone's Child Survival Action Plan to all 16 districts of the country.
2. Move quickly to translate all research findings into programmatic actions.
3. Prioritize the introduction of new vaccines and optimize routine vaccination.

## Government of Somalia

The federal Government of Somalia, through the Ministry of Health, reaffirms its strong and unwavering commitment to ending preventable deaths among newborns and children under five. In alignment with Sustainable Development Goal 3.2, the Resolution on Accelerating MNCAH and Somalia National Transformation Plan 2025–2029.

Somalia is developing a Child Survival Action Plan. This plan focuses on high-impact, low-cost, evidence-based interventions to address the leading causes of child mortality: pneumonia, diarrhoea, measles, and malnutrition.





To achieve this goal, the Ministry of Health will implement the following strategic actions:

### **1. Expansion of the Essential Package of Health Services (EPHS) Framework for Integrated Child Survival Interventions.**

- Rationalize and integrate health and nutrition services to increase utilization of primary health care facilities for delivering integrated, high-impact interventions.
- Enhance the implementation of the Essential Package of Health Services (EPHS 2020), the Community Health Strategy, and the RMNCAH Strategy.
- Conduct a comprehensive mapping of the health workforce to guide recruitment, training, deployment, harmonized remuneration, and retention of skilled health workers.

### **2. Strengthen Community Health Platforms**

- Finalize and operationalize the revised Community Health Strategy in at least two states within the next two years to enhance primary health service delivery at the community level.

### **3. Enhance Routine Immunization Coverage**

- Increase the proportion of health facilities offering routine immunization from 46% to 70% within two years.
- Engage the private sector to expand access to routine immunization services.

### **4. Leverage Digital Systems for Evidence-Based Planning and Monitoring**

- Scale up electronic immunization registries (EIR) interoperable with DHIS2 at the facility level to improve availability of accurate reporting and real-time reporting.
- Roll out the electronic Logistics Management Information System (eLMIS) to improve visibility and tracking of key health commodities, including vaccines, to the last mile.
- Build the capacity of district health management teams in priority districts to use data for planning and coordination.

### **5. Strengthen Governance and Coordination**

- Adopt the Child Survival Action Plan as a national framework to accelerate implementation and monitor progress.
- Reinforce key coordination mechanisms, including the Inter-Agency Coordinating Committee (ICC) and health sector coordination platforms.
- Sustain high-level advocacy, with the Prime Minister continuing to chair the Somali Immunization and Polio Eradication (SIPE) Task Force.
- Establish a Child Survival Forum chaired by the Prime Minister by 2027.

### **6. Mobilize Sustainable Financing**

- Increase domestic health financing, including contributions to vaccine procurement and co-financing obligations.
- Conduct evidence-based advocacy to maintain and expand donor support for health service delivery and health system strengthening.
- Collaborate with donors and development partners to mobilize resources for the Child Survival Action Plan and the MNCH Acceleration Plan.
- Develop and implement at least two Public-Private Partnerships (PPPs) to support key child survival initiatives.



## Government of the Republic of South Sudan

The Government of the Republic of South Sudan is committed to reducing preventable child deaths by strengthening primary healthcare as well as integrating health, nutrition, and maternal and child health services. This incorporates improving routine immunization including during humanitarian crisis in refugee, displaced and returnee settings. South Sudan has also added new vaccines like malaria, MCV2, rotavirus and pneumococcal (PCV) into routine immunization system to reduce child morbidity and mortality.

The country is working on strengthening disease surveillance and emergency preparedness through reporting and multi-sectoral collaboration. Efforts are in place to increase and sustain skilled human resources for health at all levels of intervention through a continuum of care that runs from the community level through the Boma Health Initiative (BHI), which is blended into the primary health care and referral systems. These initiatives are bolstered by strong political support at both national and subnational levels and will be executed through the Health Sector Transformation Plan (HSTP) aimed at building a resilient and responsive health system.

To properly implement the above-stated programs and achieve improved indicators of child survival, the government is committed to collaborating with partners and donors in line with international instruments and agreements to ensure accountability at all levels of engagement and services delivery.

## DONOR AND PARTNER COMMITMENTS

### Gates Foundation

The Gates Foundation remains steadfast in our commitment to reducing childhood deaths from preventable infectious diseases through investments in the research and development of new and improved vaccines, helping to ensure vaccines are accessible and affordable, and supporting the delivery of those vaccines in low- and middle- income countries. Since the Global Forum on Childhood Pneumonia in Madrid in 2023, we have spent over \$200 million in grant funding to support the development and delivery of vaccines to prevent pneumonia, meningitis and neonatal sepsis. And this work continues – on Pneumococcal Conjugate Vaccines (PCV), Respiratory Syncytial Virus (RSV) vaccines, Meningococcal vaccines, Rotavirus vaccines, Typhoid Conjugates Vaccines, Oral Cholera Vaccine, and HPV vaccines as well as on vaccines that in the future will prevent neonatal sepsis, such as Group B Strep and *Klebsiella pneumoniae*, and *Shigella*.

We are proud to support Gavi, the Vaccine Alliance in its critical work to expand access to vaccines to all children, with a commitment of \$1.6 billion for 2026–2030. In June 2025, Rotary and the Gates Foundation renewed their longstanding partnership to end polio, announcing a joint commitment of up to US\$450 million for the next three years to support the global polio eradication effort. We have also renewed our commitment for new funding to support CHAMPS (Child Health and Mortality Prevention Surveillance) in its mission to generate definitive cause of death data in under-five children for the areas of the world with highest childhood mortality.



This investment underscores the foundation's continued priority to strengthen data-driven approaches in global health and accelerate progress toward reducing child mortality.

We are committed to building and strengthening partnerships with non-governmental organizations, countries, and the private sector as we work to end preventable deaths of moms and babies, ensure the next generation grows up without having to suffer from deadly infectious diseases and lift millions of people out of poverty. Our commitment to spend \$200 billion dollars over the next 20 years, the majority of which will go to tackling challenges in Africa, is an acceleration of this work and a renewed commitment to the health and wellbeing of all children.

## The Government of Spain

Spain reaffirms its commitment to global health, multilateral and bilateral resources, and alliances with local and multilateral actors to save millions of lives, particularly those that are preventable during childhood. Our commitment and political leadership are in line with the current debate on reforming the global health architecture, as expressed at the IV Conference on Financing for Development held recently in June 2025 in Seville, increasing and making more efficient both international and domestic financing that supports effective and equitable public policies and building relevant alliances such as those that AECID maintains with the Ministries of Health of partner countries and multilateral actors. The President of Spain, Pedro Sánchez, pledged to Global Health €315 million for the 2025-2027 period, including an increase in our country's contribution to the Global Fund to Fight AIDS, Malaria, and Tuberculosis; a reinforcement of Spain's contribution to the Gavi Alliance, reaching €130 million in the new period; and the multi-year contribution to the WHO of €60 million. In the years 2023-2024, AECID dedicated more than €220 million to the health sector, provided 10% to R&D and access to vaccines and medicines, more than 40% to communicable diseases, and more than 20% to maternal and child health and sexual and reproductive health.

When it comes to child's health, Spain reaffirms its role as a bridge between multilateralism and effective local action: a strategic approach to transforming global commitments into tangible results in sub-Saharan Africa, and particularly in those priority countries for the Spanish cooperation on the continent. Mozambique constitutes the country that received the most health sector funding from AECID in 2024 and has established itself as a hub of research excellence and generator of scientific evidence that informs global health policies and actions. In Mozambique, Spain collaborates with diverse key partners such as the Ministry of Health, the National Institute of Health, NGOs, the Manhica Foundation, ISGlobal, and La Caixa Foundation.

## "la Caixa" Foundation

Since its founding in 1904, the Foundation has played a key role in improving child survival and health in vulnerable regions, supporting programs that address the main causes of child mortality—such as malnutrition, infectious diseases, and lack of access to healthcare—while promoting international cooperation in contexts of poverty, conflict, and fragile health systems. The new Child Survival call for proposals launched in 2024 supports innovative projects in sub-Saharan Africa to reduce child mortality. The projects selected are strengthening health systems and improving maternal and neonatal care in Sierra Leone, Uganda, Tanzania, and Mali.





Project MOM, launched with UNHCR in 2017, combats malnutrition in Ethiopian refugee camps through nutrition support, education, and sustainable food production. It has benefited over one million children and mothers, reducing child malnutrition by 42% in targeted areas. Since 2008, "la Caixa" Foundation has partnered with Gavi and the Gates Foundation to expand vaccination in underserved regions, raising over €100 million and vaccinating more than 11.5 million children, mainly in Africa. The "la Caixa" Foundation reaffirms its commitment to child survival in vulnerable regions through continued investment in the Child Survival Call in sub-Saharan Africa, a €500,000 pledge to combat malnutrition in Ethiopian refugee camps with UNHCR, and a €9 million contribution to Gavi over the next three years to expand immunization. These efforts reflect its dedication to improving health systems, reducing child mortality, and advancing Sustainable Development Goal 3.2.

## UNICEF

We recognize that change for children happens, not at events, not in documents, but delivered through multi-sectorial action at national level, sub-national, and community level.

Through our presence and partnerships around the world UNICEF remains committed to working with governments, communities, and civil society to ensure every child has access to quality primary health care, including essential health, nutrition and immunization services.

UNICEF will continue to prioritize country level action, focused on delivering at the last mile, in fragile and humanitarian context, and where children are most vulnerable. We are committed to being an accountable partner and providing technical assistance to help build and strengthen health infrastructure, health workforce capacity, community engagement and demand, and service delivery platforms, through coordinated action across sectors; ensuring they work coherently together to accelerate improvements in child mortality.

UNICEF is committed to supporting governments to prioritize and optimize immunization programmes to ensure every child can access all essential vaccines, in line with the country commitments in this Outcome Document.

UNICEF is committed to the target that, by 2035 and subject to demand from African countries, 20 per cent of the supply of eight vaccines in Africa will be purchased from Africa-based WHO-prequalified manufacturers, bringing us closer to our common goal of regional vaccine equity and resilience.

As a part of the Gavi Alliance, and in support of Gavi 6.0, UNICEF will continue to support countries to procure vaccines, while continuing to shape markets, ensuring vaccine quality, and driving down the costs. With partners, we are committed to leveraging innovative financing mechanisms, including the Child Nutrition Fund and the Maternal Neonatal and Child Health (MNCH) Accelerator, to ensure more children have access to life-saving tools and interventions. And as a core partner of the Global Polio Eradication Initiative (GPEI), we are determined to end polio. We will leverage our role across partnerships and funding initiatives to enhance integration as a way to maximize impact.

