



REACH Network annual meeting

Abuja, Nigeria
29–31 October 2024

Meeting report

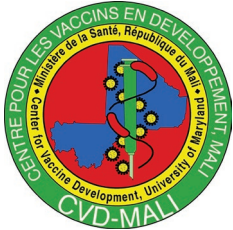


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The role of REACH Network Secretariat is currently being
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Introduction

As Co-chairs of the REACH Network, we are delighted to present this report summarizing the deliberations and outcomes of the REACH Network's Annual Regional Meeting, held from October 29–31, 2024, in Abuja, Nigeria.

This gathering brought together participants from across Africa and beyond, both in person and virtually, all united by a shared commitment to ensuring that every child on the African continent has the opportunity to survive and to thrive.

The undoubted highlight of the meeting was the signing of the Abuja Declaration on REACH for Child Survival. This pivotal text reflects our collective resolve to lead the charge in reducing child mortality across Africa. Grounded in equity, sustainability, and scalability, the declaration embodies our shared responsibility and ambition to make a tangible difference in the lives of children. It serves as both an acknowledgment of the work we have accomplished to date and a call to action to redouble our efforts in the years ahead.

The REACH Network has its core the dedication, expertise, and talents of its members. It is through this collaborative spirit that we continue to innovate, to align strategies, and to scale up interventions to ensure every child has an equitable chance at health and survival. This report captures the progress we have made together, as well as the commitments and strategies that will shape the Network's path forward.

Looking ahead, our focus remains on expanding the reach and impact of the REACH Network while ensuring it is firmly rooted in country-led and country-driven initiatives. By integrating REACH into broader health interventions, we aim to build a sustainable and scalable model for improving child survival, prioritizing those most in need and fostering regional collaboration to ensure no one is left behind.

With our gratitude and appreciation,



Minister Muhammad Ali Pate
Co-chair, REACH Network



Professor Samba Sow
Co-chair, REACH Network

We extend our heartfelt thanks to all of you for your partnership, passion, and unwavering commitment to this shared mission.

Together, we are building a resilient and effective network to empower the children of Africa to reach their full potential.

It is a privilege to work alongside each and every one of you as we strive to make this vision a reality.

Context

The Third Annual Regional Meeting of the Resiliency through Azithromycin for Child Survival (REACH) Network of studies and programmes was held from 29–31 October 2024 in Abuja, Nigeria. **Continuing its focus on political will and partnership, and hosted for the first time ever in a REACH country, the Network meeting achieved new levels of engagement and commitment.**

The REACH Annual Meeting provides a dedicated forum for political leaders, health decision-makers, researchers, and practitioners to collaborate effectively and share critical evidence and operational insights across and within countries. This collaborative effort aims to optimize REACH-related research and to promote the integration and expansion of a potentially transformative intervention within national health systems, ultimately enhancing healthcare outcomes.

The REACH Abuja meeting aimed to provide a platform to address the following key objectives:

- To provide updates from country programmes, including key results and their implications
- To share key decision points, timelines, priorities, and plans across REACH countries
- To discuss approaches, challenges, and lessons learned in scaling up azithromycin distribution in the West African region
- To advance knowledge, skills, and the Network's shared vision in specific key technical areas, in particular antimicrobial resistance (AMR), health costing, mortality surveillance, implementation, the child survival policy landscape, and communication and advocacy
- To discuss the evolution of the REACH Network, including the support that members may mandate the Network to provide.

The REACH Abuja meeting brought together a diverse group of stakeholders, with some 120 participants attending in person and a further 96 members joining the meeting online. In-person attendees included national government officials and Ministry of Health technical teams from Burkina Faso, Côte d'Ivoire, Mali, Niger, Nigeria, and Sierra Leone, as well as REACH Network researchers, representatives of the Gates Foundation (donor), the Institut Pasteur, and other subject-matter experts. Online participants further expanded the reach and inclusivity of the meeting, allowing for engagement from additional partners, technical advisors, and global health advocates who contributed valuable insights to the discussions.



Opening and Summary of Statements

The REACH Abuja meeting began with inspiring and enthusiastic opening remarks from the Network's Co-chairs, Honourable Minister Muhammad Ali Pate of Nigeria and Professor Samba Sow of the Center for Vaccine Development-Mali (CVD-Mali). Their statements underscored key themes central to the Network's mission: the importance of local ownership, prioritizing child survival, integrating interventions for maximum impact, and fostering collaboration among countries. Both Co-chairs reaffirmed their commitment to leadership within the Network, emphasizing the collective responsibility to drive meaningful and sustainable progress.

Representatives from each REACH country followed with powerful statements, highlighting shared priorities and commitments:

- **Child Survival as a National Priority:** Participating Ministries of Health universally recognized child survival as a critical priority, emphasizing the need for collective action to optimize the life-saving intervention embodied by REACH.
- **Research and Political Will:** Country representatives stressed the importance of addressing critical research questions, particularly around antimicrobial resistance (AMR) and decisions relating to the transition from intervention to national scale-up/adoption and, ultimately, cessation.
- **Shifting to Implementation:** While acknowledging the value of answering key research questions, representatives emphasized the urgency of moving from research to large-scale implementation, involving new partners and objectives.
- **Strengthening the REACH Network:** There was widespread recognition of the Network's value, with countries reaffirming their commitment to actively engage and collaborate with, and to leverage the platform for sustained impact.

The opening session set a strong tone for the meeting, anchoring discussions in the shared vision of improving child survival through unified, country-led efforts.



Meeting Outline

Day 1

The opening day of the REACH Abuja meeting focused on country teams, including government officials and research experts, who shared critical updates and learnings from their child survival studies and scale-up efforts. This collaborative exchange fostered a deeper understanding of common challenges and successes, strengthening collective strategies across the Network to address high under-five mortality rates and to scale up REACH interventions effectively and efficiently.

Child Survival Country Context

Country teams presented an overview of the burden of under-five child mortality in their respective nations, highlighting current priorities and approaches with regard to improving rates of child survival. While all REACH Network countries face high rates of child mortality, sub-national disparities remain significant, underscoring the importance of localized and data-driven planning.

Discussions emphasized the critical role of political will and the effective leveraging of existing health systems to ensure successful scale-up. Many countries already have established child survival strategies into which REACH interventions can seamlessly integrate:

- **Burkina Faso** has set the ambitious goal of integrating azithromycin with the Vitamin A Plus platform and to expand this intervention to all districts by 2028, prioritizing equity and health system resilience.
- **Côte d'Ivoire** reported early successes in the piloting of integrated mass drug administration (MDA), with a focus on improving the quality of data systems in order to sustainably monitor intervention outcomes and potential scale-up.
- **Mali** shared its experience of leveraging lessons from the LAKANA and SANTÉ trials to inform its national azithromycin scale-up strategy while also focussing on the integration of MDAs with broader health platforms.
- **Niger** outlined plans to reach 3.3 million children through azithromycin MDA by 2026, reinforcing its commitment to mortality surveillance and sustainable AMR monitoring.
- **Nigeria** highlighted the transition from the SARMAAN I trial, which treated over one million children, to SARMAAN II, with its focus on expanding target age groups and further integrating interventions for greater reach and efficiency.
- **Sierra Leone** showcased its progress via the ICARIA project, emphasizing its contributions to understanding the safety and effectiveness of azithromycin when combined with malaria chemoprevention strategies.

Research Updates and Lessons Learned

Country teams also gave updates on ongoing research studies, offering insights into their progress, challenges, and practical implications for child survival strategies. These presentations provided a comprehensive overview of study designs, preliminary results where available, and recommendations for advancing the practical application of key findings.

Recurring themes across the research updates from the various countries included:

- **Security Challenges:** Several countries reported difficulties in accessing certain regions due to conflict or instability, which hindered the implementation of MDAs and data collection efforts.
- **Sustainability:** Countries emphasized the need for sustainable funding and integration of REACH activities into existing health systems to ensure long-term success.
- **Health System Readiness:** Presentations highlighted the importance of strengthening health systems, including staff training and infrastructure, to ensure readiness for program expansion.

By sharing their experiences and expertise, country teams reinforced the value of the REACH Network as a platform for collaboration and mutual learning. These discussions laid the groundwork for the focused sessions that followed, driving the Network closer to its shared goal of reducing child mortality across Africa.



Day 2

The second day of the REACH Abuja meeting focused on core technical aspects, including considerations for successful implementation, drug stewardship and a new partnership in supply chain management. It also facilitated group discussions on key technical areas, namely: antimicrobial resistance, costing, mortality surveillance, communications, logistics, and the policy landscape for child survival.

Session: REACH implementation – What would success look like?

The day opened with a panel discussion facilitated by Dr David Addiss of the Task Force for Global Health, which raised the complicated question of what might or could constitute success for the REACH azithromycin intervention.



The session generated a healthy debate about priorities, and the sharing of experiences, and culminated in a jointly-agreed set of recommendations:

- It will be important to have a shared definition of success, including stopping criteria, relating to the REACH intervention. There should be a clear endgame.
- There is a need for standardization, in terms of program milestones, the data needed for decision-making, and the indicators related to equitable implementation.
- Recommendation that a Leave No One Behind (LNOB) strategy be developed. Collectively, the REACH Network should have a common language to describe and interpret vulnerability.
- Success means integration with existing health systems.
- Ensure the continuance and evolution of a strong platform for exchange (the REACH Network).

Issues relating to the implementation of the REACH azithromycin intervention continued with a presentation from Nigeria on their experiences with different delivery platforms during the SARMAAN project. The team recounted its experience of working in conjunction with the following platforms: trachoma MDA, seasonal malaria chemoprevention (SMC), polio, and routine immunization. The meeting heard learnings relating to each platform, and relating to recommended adaptations before, during, and post MDA. On the issue of LNOB, it was recommended that specific assessments be made, which would be embedded into microplanning to ensure vulnerable populations, often those most in need of child survival interventions, are reached.

Technical Workshops

Two rounds of workshops supported discussion of priority technical issues for the REACH Network of partners. The workshops solicited technical input from various stakeholders, to support agenda-setting, recommendations, and milestones for the Network and its technical sub-groups. This included consideration for the need to set up new thematic sub-groups.

The main discussions, decisions and recommendations are summarized below. Further information, including read-outs from each workshop session may be accessed at <https://reach.cvd-mali.org/abuja-2024/> (website membership required).

Communications

The REACH Network can advance its goals and impact through enhancing communication and advocacy to build awareness, prioritization, and its positioning within national health systems and global public health initiatives. A presentation by Global Health Strategies (GHS), a global communications organisation, generated Network discussion around communication strategies and tools for achieving the stated goals while maintaining a focus on positively influencing health policy. A toolkit was shared for development and adaptation for use (see website, address above).

Costing

The discussion on costing the REACH intervention shared insights from the dedicated costing sub-group's work thus far which has focused on examining the cost drivers of REACH interventions, national and sub-national cost variables, and other drivers of cost likely to have an influence on policy-making. Distribution is the largest cost driver and sub-national variation is larger than that seen between country programs. Further examination of these variations will allow the Network to identify risk and the determinants of cost, efficiencies, and support for cross-country harmonization.

One key conclusion thus far is that REACH programs are highly cost-effective and provide excellent value for money. Work on costing can and should go hand in hand with the work of the communications group, as there are important messages to be communicated both to governments and the public about the effectiveness and efficiency of the REACH intervention; this in turn can contribute to building the intervention's capacity.

The Network's costing sub-group is building a costing tool to support country-level decision-making in favour of REACH scale-up. This tool will be piloted by the sub-group and further refined during the coming year.



Antimicrobial Resistance

Building on the AMR sub-group's work in 2024, the discussion at the Abuja workshop centred around refining the harmonisation and standardisation of AMR monitoring, the need for a 'REACH Quality Assurance lab' to support quality assurance, and capacity building. The workshop also discussed the integration of approaches to AMR within national health systems in order to build on existing capacity. Community-based and clinical monitoring were discussed, both in terms of need and the scope of the various methods, as were AMR methodologies and the minimum requirements for an effective and meaningful AMR monitoring component in REACH interventions. The AMR sub-group will define its agenda for the coming year to support guidelines in these respects, and to support country actions.

Mortality Surveillance

The Mortality Surveillance sub-group discussed implementation realities, challenges, and the potential for solutions to the difficult question of ensuring proper and adequate data on community-level child mortality based on a presentation of Nigeria's experience. The session covered issues and mitigations relating to data collection in insecure areas, and social behavioural approaches to ensure respectful and culturally-sensitive data collection methods. This included discussion of options and modalities around asking women for full birth histories, and issues relating to recall bias, the trade-offs associated with the different methodologies, and the most appropriate ways of updating existing data collection tools. Recommendations and guidelines taking into account the above issues will be further developed by the Mortality Surveillance sub-group in 2025.

Implementation

As the REACH program has begun to transition from clinical studies into national implementation of azithromycin for child survival, this key technical area will be supported by the creation of an implementation technical sub-group within the REACH Network. To support the development of this group, the Abuja workshop explored key areas for deliberation, including: equity and ethics, integration, microplanning, community/stakeholder involvement, supervision, identification of needs and absorption of additional children into the intervention, integration and adaptation by local/national context, and the best uses of technology to aid implementation.

Supply Chain Management and Logistics

As an essential component in attaining the REACH program's goals, the Network of partners countries and organizations identified a need to clarify and build capacity for effective, efficient and sustained supplies of azithromycin for child survival programs. The International Trachoma Initiative of the Task Force for Global Health (ITI) has vast expertise and experience in stewardship of azithromycin for MDA in the course of its work over many years on trachoma. As such, it has introduced core concepts, requirements, and tools for the successful managing of azithromycin supply chains, and took the opportunity at the Abuja introduction to introduce the organisation as a potential support partner for REACH. Following discussions at the meeting itself, during which countries were able to raise issues relating to their own experience of national supply chain challenges, developing strategies for building a resilient supply chain is a key next step, and a platform to manage further developments will be created, either by means of a standalone thematic sub-group of the REACH Network or a group embedded within the Implementation sub-group.



The Policy Landscape for Child Survival

As REACH moves increasingly from the clinical trial model into public health implementation, engagement and contribution to global and national health policies is becoming paramount. The Abuja workshop on policy facilitated multi-stakeholder engagement on policy processes and how the Network can best support policy development. The importance of alignment between technical findings and policy engagement, to ensure the longevity and effectiveness of REACH initiatives, was emphasised.

Countries have multi-layered policy systems, and numerous opportunities were identified to integrate azithromycin MDA with existing health strategies, particularly by means of updates to expiring policies.

Leveraging Vitamin A and immunization platforms could support the integration of the REACH intervention with routine child survival initiatives. Variability between countries, in terms of the policy context, and existing work in integrating REACH with national strategies highlighted the need for country-specific understanding and knowledge-sharing, and for the development of advocacy and policy roadmaps. The Network will support this via the establishment of a thematic sub-group dedicated to public health policy.

Day 3

Following plenary sessions during which the various workshop groupings fed back their findings to the meeting as a whole, the final day of the REACH Abuja meeting was marked by a historic and transformative moment: the signing of the Abuja Declaration on REACH for Child Survival.

The REACH Network Co-chairs, the Honourable Minister Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare of the Republic of Nigeria, and Professor Samba Sow, former Minister of Health of the Republic of Mali, stood together to formally sign this ground-breaking pledge. The Abuja Declaration embodies a unified vision to ensure health and opportunity for every child in Africa, and signals an unwavering commitment to addressing the pressing challenges of high child mortality rates across the continent.

This milestone represents not only a symbolic alignment of leadership but also a tangible commitment to collective action, equity, and sustainability. It underscores the REACH Network's resolve to harness the power of collaboration and evidence-based interventions to save lives and build a healthier future for all of Africa's children.



Abuja Declaration on REACH for child survival

We, Minister Muhammad Pate and Professor Samba Sow, as Co-chairs of the REACH Network, together with all partners represented at the REACH Annual Meeting in Abuja, reaffirm our collective vision: that every child in Africa has the right to health and the opportunity to thrive.

REACH, or 'Resiliency through Azithromycin for Child Survival', is an initiative aimed at reducing child mortality by distributing biannual azithromycin through mass drug administration (MDA) in high-mortality regions across six African countries—Burkina Faso, Côte d'Ivoire, Mali, Niger, Nigeria, and Sierra Leone.

In alignment with the 77th World Health Assembly resolution on maternal and child health, we recognize that achieving this vision requires a unified, Africa-led approach grounded in the unique needs of our diverse nations. Together, we are committed to forging consensus across the continent and advancing African-driven solutions to address the critical health challenges facing our children and communities.

To implement REACH effectively, we uphold evidence and data as the foundations of our decision-making alongside compassion and solidarity. This approach includes rigorous monitoring and evaluation to ensure transparency, accountability, and adaptability. Integral to this commitment is the vigilant monitoring of antimicrobial resistance (AMR), balancing the benefits of child survival with the risks of resistance. In alignment with the recent United Nations General Assembly declaration on AMR, we will work to incorporate AMR surveillance to protect the sustainability and effectiveness of our program. This approach allows REACH to adapt responsibly, ensuring decisions that safeguard present and future generations.

We recognize that the true impact of REACH is felt in the most vulnerable and hardest-to-reach communities across the continent. For this reason, we are unwavering in our commitment to equity. In the face of limited resources, our guiding principle is to prioritize those most at risk, ensuring that no child is left behind.

The REACH Network is unique in its country-led and country-owned approach. Each participating nation plays a leadership role, shaping the program to fit its specific context, leveraging existing systems and strengthening cross-continental collaboration. This commitment to national ownership within a shared, pan-African framework ensures a resilient network that enhances health outcomes across our continent.

Finally, maintaining and expanding this network across Africa is essential. The strength of our network is our collective voice and impact; it enables innovation, resource-sharing, and mutual support that transcend individual borders.

Today, we renew our commitment to a future where African children are healthy, resilient, and able to reach their full potential. Through national ownership, African-driven solutions, and a unified approach, we can fulfil this vision and ensure that Africa's next generation thrives.

This is our shared responsibility, and together, we will work tirelessly to achieve it.



Professor Muhammad Ali Pate

REACH Network Co-chair
Coordinating Minister of Health and Social Welfare,
Federal Republic of Nigeria

Professor Samba O. Sow

REACH Network Co-chair
Former Minister of Health of the Republic of Mali



To view and download pictures from the REACH 2024 Annual Meeting, please visit <https://reach.cvd-mali.org/abuja-2024>

Recommendations to the REACH Network

Building on the foundational vision of the Abuja Declaration, the REACH Annual Meeting concluded with a decisive set of recommendations to accelerate progress toward reducing child mortality throughout the African continent. Built on the twin pillars of a solid evidence base and the need to ensure equity, these recommendations reflect a commitment to leave no one behind, while ensuring that critical challenges like antimicrobial resistance (AMR) are addressed thoroughly and responsibly.

Central to the outcomes is the revitalization and expansion of the Network's coordination mechanisms. This includes empowering a new Implementation working group and establishing specialized working groups focused on supply chain optimization, policy development, and strategic communications. These new groups will ensure that interventions are operationally sound, well-supported, and effectively communicated to all stakeholders.

The meeting reaffirmed the urgency of addressing AMR as a cornerstone of REACH's strategy. Recommendations included scaling up surveillance systems to monitor AMR trends, strengthening data collection processes, and enhancing transparency to guide decision-making at both national and regional levels. These measures are critical to safeguarding the effectiveness of azithromycin interventions while promoting responsible antibiotic use.

A renewed focus on equity emphasized identifying and targeting the most vulnerable populations to ensure that REACH's interventions reach those who have the greatest need for them. Country-led leadership was prioritized, recognizing that sustainable progress hinges on local ownership and the integration of REACH programs into broader health systems.

To enhance operational efficiency and impact, the meeting called for an expansion of the Network. Simultaneously, the Network will amplify its visibility and community engagement through enhanced digital platforms, including a revitalized website and a more dynamic social media presence.

These recommendations, grounded in evidence and equity, provide a clear road map for advancing the shared vision set out in the Abuja Declaration. As the Network looks ahead, these actions will ensure that REACH not only delivers measurable outcomes but also establishes a sustainable framework for child survival across the African continent.

