REACH Network annual meeting

Abu Dhabi, United Arab Emirates

8 & 9 December 2025

Meeting report

REACH

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Executive Summary

The 2025 REACH Network Annual Regional Meeting was held in Abu Dhabi on 8 & 9 December 2025, bringing together health ministers and their representatives, national programme teams, researchers, technical experts, and global partners from across Africa and beyond. Convened during a period of significant fiscal constraint, humanitarian pressure, and operational complexity, the meeting reaffirmed the strength, maturity, and continued relevance of the REACH Network as a country-led platform for advancing child survival.

The REACH Network consists of six national teams - Burkina Faso, Côte d'Ivoire, Mali, Niger, Nigeria and Sierra Leone - four of whom (Burkina Faso, Mali, Niger and Nigeria) are currently implementing national mass drug administration of azithromycin.

In 2025, REACH Network country teams distributed azithromycin for child survival to some 17 million of the most vulnerable children in high-mortality settings across sub-Saharan Africa.

The REACH Network, and its annual, face-to-face gathering in particular, is a key forum for the exploration of issues central to the child survival field. These include the question of antimicrobial resistance and the stewardship of medicines both now and in the future, the criteria for beginning and stopping mass drug administration, and questions of ethical and equitable allocation of drug supplies.

The REACH Network's Annual Meeting addressed many of these challenges, including as it did this year a dedicated Independent AMR Advisory Panel (see "AMR Overview and Stewardship Considerations" below) and the second meeting of the Advisory Panel on Azithromycin for Child Survival (see "Supply chain, logistics and the Advisory Panel on Azithromycin for Child Survival" below).

Building on the commitments set out in the Abuja Declaration of 2024, the 2025 REACH Network Annual Meeting focused on three interlinked priorities: strengthening and interpreting evidence, translating evidence into responsible and sustainable action, and reinforcing national ownership and systems as REACH moves from momentum to scale.

The meeting was attended in person by 102 delegates, and by a further 59 online, for a total of 161 meeting participants. Delegates included high-level representatives of all six REACH Network countries, ministerial delegations from Burkina Faso, Nigeria, and Mali, and representatives of the Network's core partners, funders and collaborators, including senior director-level representation from the Gates Foundation, the International Trachoma Initiative, the Partnership for Supply Chain Management, and Pfizer.

Across sessions, countries demonstrated clear political leadership, technical sophistication, and a shared determination to protect children in some of the most vulnerable settings.

Day 1 overview

Day 1 focused on science, systems, and shared evidence. Opening remarks from the Co-chairs and partners set a clear tone, emphasising humility, accountability, and the primacy of communities in all REACH activities. Countries engaged in detailed discussions on mortality measurement and morbidity monitoring, recognising both the importance of robust data and the practical challenges of generating high-quality mortality signals at scale. There was strong consensus that morbidity indicators can play a complementary role in supporting stewardship and operational decision-making, provided they are carefully selected and do not overburden frontline systems.

Antimicrobial resistance (AMR) stewardship featured prominently, with an overview informed by an Independent AMR Advisory Panel convened prior to the meeting. Discussions reinforced that AMR is a shared responsibility that must be addressed through transparent governance, independent review, and country-led decision-making. Participants emphasised the need to balance AMR risks with the demonstrated mortality benefits of azithromycin in high-burden settings, using proportional, evidence-based judgement.

The meeting also recognised the leadership of women across the Network through the Women in REACH session, celebrating contributions at community, district, and national levels. This recognition underscored the Network's commitment to equity, inclusive leadership, and the central role of frontline actors in achieving impact.

An informal but substantive discussion on operational criteria explored emerging thinking on how countries may consider initiation, continuation or cessation decisions as mortality declines. Drawing on modelling inputs and country reflections, particularly from Niger, participants agreed that such decisions cannot be driven solely by models. Equity, feasibility, AMR risk, sustainability, and ethical considerations must all be weighed within nationally-led processes. A more structured session on operational criteria will be convened in 2026.

Costing and sustainability discussions highlighted REACH's strong value for money, while also stressing the importance of harmonised costing approaches that capture both financial and in-kind contributions. Countries and donors emphasised that costing should support national planning and stewardship, not impose external thresholds, and must be communicated clearly and actionably to sustain confidence and investment.

Day 2 overview

Day 2 focused on leadership, commitments, and practical action. Country Roundtables provided a forum for facilitated dialogue, enabling countries to share real-world implementation experience, including progress, challenges, and adaptive solutions. Strong themes emerged around integration, community engagement, and the realities of implementation in fragile and conflict-affected settings. Countries were clear that integration must be country-driven and that the meaning of country ownership varies across contexts and must be explicitly defined. Participants emphasised the importance of keeping lessons learned alive through the Network, recognising peer learning as critical to REACH's success.

The Integration and Innovation Panel explored how REACH can be embedded within broader child survival platforms, drawing on experiences from nutrition, polio, malaria, and vector control. Presentations highlighted both opportunity and complexity, reinforcing that integration should strengthen existing systems rather than create parallel ones, and must be guided by national priorities, clear governance, and ethical safeguards.

The meeting concluded with closing remarks from the Co-chairs, reaffirming the Network's shared values of equity, African leadership, national ownership, and evidence-based action. Participants left Abu Dhabi with a renewed sense of collective responsibility and optimism, recognising a historic opportunity to accelerate progress in child survival through disciplined stewardship, shared learning, and sustained partnership.

As REACH moves into 2026, the REACH Network stands as a mature, trusted platform through which countries can translate evidence into action, strengthen systems, and deliver measurable impact for children and families across Africa.

Introduction

As Co-chairs of the REACH Network, we are pleased to present this report summarising the deliberations and outcomes of the 2025 Annual Regional Meeting, held on 8 & 9 December in Abu Dhabi, United Arab Emirates. The meeting brought together health ministers and their representatives, national programme teams, researchers, technical experts, and global partners – both in person and virtually – to reflect on progress made in 2025 and to shape the strategic direction of the Network for 2026 and beyond.

This year's gathering took place during a challenging operational environment. Still, the strong presence and engagement of country delegations reaffirmed the depth of commitment to reducing child mortality through African leadership, rigorous evidence, and collective action. Building on the commitments made under the Abuja Declaration of 2024, the meeting focused on generating and interpreting scientific evidence, strengthening systems, and translating this evidence into sustainable policy and programme decisions.

Minister Muhammad Ali Pate
Co-chair, REACH Network

Professor Samba Sow
Co-chair, REACH Network

Meeting Summary by Day

DAY 1 – SCIENCE, SYSTEMS & SHARED EVIDENCE

Opening & Welcome Remarks

The 2025 REACH Network Annual Meeting opened in Abu Dhabi with a strong sense of purpose and shared resolve. Bringing together high level Ministerial representation, country teams, researchers, and partners from across Africa and globally, the meeting served both as a moment to reflect on progress and a call to accelerate collective action for child survival.

In welcoming participants, the moderator, Anne-Marie Dias Borges, highlighted the significance of the gathering not only in its scale and representation but in the commitment it demonstrated. Delegates had travelled across continents and joined both in person and virtually, reaffirming the political leadership, scientific credibility, and partnerships that define the REACH Network. Set in Abu Dhabi, described as a global crossroads for diplomacy, innovation, and partnership, the meeting convened under the theme of sustaining momentum, scaling impact, and advancing child survival through country leadership and strategic partnerships.

In his opening remarks, Professor Samba Sow, Co-chair of the REACH Network and Director General of CVD-Mali, spoke with candour and humility, acknowledging the operational challenges surrounding the meeting while refocusing attention on the Network's shared mission. Offering a personal apology for logistical difficulties, he stressed that such challenges must never distract from the lives and communities at the heart of the work, noting, "At the end of the day, it's one plan, one programme, one budget, one goal, one direction, to save lives: Children and mothers."

Professor Sow framed REACH and the REACH Network as a unique opportunity that brings together country leadership, science, and partnership at a time when communities face compounded fragility. He emphasised that meaningful progress in child survival cannot be achieved through fragmented or episodic interventions, but requires sustained presence and integration at the community level. He challenged participants to move decisively from evidence generation to action, positioning REACH not as a single intervention, but as a platform capable of deploying multiple life-saving tools, guided by country ownership and community realities.

Building on this framing, Dr Katey Owen, Director, Vaccine Development and Director, Neglected Tropical Diseases at the Gates Foundation, reinforced the importance of REACH as a country-led, evidence-driven platform amid increasing fiscal constraints and competing global priorities. She emphasised stewardship, integration, and the disciplined use of resources, underscoring the need to translate strong evidence into sustainable policy and programme decisions at scale.

The opening session concluded with remarks from Dr Muhammad Ali Pate, Coordinating Minister of Health and Social Welfare of Nigeria and Co-chair of the REACH Network, who reinforced the political, strategic, and operational importance of REACH at a critical moment for child survival across Africa. He emphasised that the value of REACH lies not in any single intervention, but in its ability to bring together evidence, country leadership, financing, and implementation into a coherent platform for action. As he noted, "What REACH offers is a way of moving faster from evidence to action, by bringing countries, partners, and science together around a shared purpose and shared accountability."

Minister Pate echoed earlier calls for integration, stressing that child survival gains will only be sustained if REACH is embedded within national primary health care systems and aligned with broader maternal, newborn, and child health priorities. He highlighted the importance of networks such as REACH in creating space for collective problem-solving, peer learning, and context-specific decision-making. In closing, he thanked country delegations and partners for their perseverance and commitment, encouraging participants to focus on practical decisions that would strengthen implementation, sharpen governance, and accelerate progress toward measurable impact in 2026 and beyond.

Together, the opening remarks set a clear tone for the meeting, grounded in humility, centred on communities, and oriented toward practical action. Participants were invited to engage over the two days not only as technical experts and decision-makers, but as stewards of a shared commitment to move from momentum to scale, and from scale to lasting impact for children and families across REACH countries.

Mortality Measurement and Morbidity Monitoring

Following the opening session, the meeting moved into a substantive set of presentations and discussion focused on mortality measurement and the complementary role of morbidity monitoring within the REACH Network. This session underscored the centrality of high-quality data to REACH's mandate – both in demonstrating impact and in informing responsible, evidence-based decision-making.

Presentations reaffirmed that while mortality reduction remains the ultimate objective of REACH, measuring mortality with sufficient precision, frequency, and geographic granularity continues to present significant operational and methodological challenges. Countries highlighted persistent difficulties related to population enumeration, migration and displacement, insecurity, and the practical realities of conducting repeated household visits in hard-to-reach settings. These challenges are further compounded by limited human resources, competing surveillance demands, and the need to sustain quality over multi-year periods.

Speakers emphasised that mortality signals are often slow to emerge and difficult to interpret in real time, particularly as programmes scale up. As a result, mortality data alone can be insufficient to guide timely programme adaptation or to detect early warning signs related to implementation quality or unintended consequences. In this context, the session explored the increasing value of morbidity indicators as complementary measures that can provide more immediate and operationally relevant insights.

In Niger, for example, AVENIR II plans to conduct enteric pathogen surveillance, with a population-based component coupled with surveillance at CSIs ("integrated health centres"). The population-based sampling will select 120 communities and include 20 children aged 1-59 months per community for a total enrollment of 2,400 children. Meanwhile, facility sampling will see 40 CSIs participating, and rectal swab samples collected from 20 children aged 1-59 months per CSI. Hospital based morbidity monitoring will also be carried out, alongside pathogen seroprevalence studies and microbiome analysis.

REACH Mali, meanwhile, is using three distinct strategies to monitor the impact of the program on child morbidity (fever, respiratory, and diarrheal illnesses). The first strategy consists in collecting administrative health data with DHIS2, the second in measuring the two-week period prevalence of fever, diarrhea and respiratory illness data (integrated with AMR household surveys of randomly selected cross-sectional samples of children) while the third, is continuous facility-based surveillance for illness visits.

More details about all of the above may be consulted at **https://reachnetwork.africa/en/resources-for-network-members/**

A readout from the recent London workshop on mortality surveillance highlighted common themes across countries, including the tension between methodological rigour and operational feasibility. Participants discussed the difficulty of maintaining statistically robust sample sizes while minimising burden on frontline teams and communities, as well as the challenge of aligning mortality surveillance approaches with routine health information systems without compromising data integrity. The importance of consistency, transparency, and shared standards across REACH countries was emphasised as being essential to preserving credibility and comparability.

Country presentations from Mali, Niger, and Nigeria provided concrete examples of how mortality and morbidity data are being collected, analysed, and increasingly triangulated to support future decision-making. Presenters described early experiences with integrating morbidity indicators – such as illness patterns and care-seeking behaviours – alongside mortality surveillance to generate more actionable insights. These data were considered particularly valuable for strengthening stewardship, informing discussions on programme continuation or adaptation, and contextualising findings on antimicrobial resistance.

Across presentations, countries highlighted several shared challenges. These included the risk of overburdening community-based teams with additional data requirements, the lack of clear guidance on which morbidity indicators are most meaningful, and the risk of creating parallel data systems that could undermine national ownership. Participants also noted that morbidity data must be interpreted carefully, recognising contextual factors such as seasonality, access to services, and concurrent health interventions.

The discussion reinforced that morbidity monitoring should not replace mortality measurement, but rather serve as a complementary tool within a broader evidence framework. Participants stressed the need for REACH to continue providing technical support, convening space, and shared learning to help countries refine their approaches and navigate these trade-offs collectively.

Overall, the session highlighted the REACH Network's unique role as a platform for joint evidence interpretation – bringing countries and partners together to move beyond data generation alone, and toward deliberate, transparent decisions on how evidence should inform policy, programme design, and long-term sustainability.

AMR Overview and Stewardship Considerations

The AMR technical session opened with an overview presented by Professor Stephen Obaro, who set out the current antimicrobial resistance landscape within the context of REACH and the broader child survival agenda. His presentation emphasised the importance of approaching AMR not as a standalone technical risk, but as a stewardship challenge that must be addressed alongside mortality reduction, equity, and health system strengthening.

Professor Obaro began by referring to the Independent AMR Expert Panel meeting convened in the days immediately preceding the Annual Meeting, which brought together scientists, clinicians, microbiologists, and public health professionals with expertise in antimicrobial resistance surveillance and with no direct role in REACH implementation. He explained that the panel had been deliberately constituted to provide objective, external scrutiny of the AMR evidence generated through REACH-supported surveillance activities.

The panel was convened as part of REACH's commitment to strong governance and scientific independence. During the meeting, the independent panel reviewed available AMR data, discussed methodological strengths and limitations, examined emerging resistance signals, and considered the implications of these findings for programme stewardship and future decision-making.

Professor Obaro underscored that the role of the Independent Panel is not to make operational decisions, but to advise and inform, providing countries and the Network with clear, evidence-based perspectives that support responsible judgment. He highlighted that this process is central to maintaining credibility and trust, particularly given the scale of azithromycin use and the legitimate concerns surrounding antimicrobial resistance.

The overview made clear that AMR patterns observed to date are complex and highly context-specific, shaped by baseline antibiotic exposure, local disease epidemiology, laboratory capacity, and broader health system factors. Professor Obaro cautioned against drawing simplistic conclusions or cross-country comparisons, stressing the importance of longitudinal analysis and careful triangulation with clinical, microbiological, and programme data, an approach reinforced by the panel's deliberations.

A further theme was the importance of active stewardship. Professor Obaro emphasised that stewardship must be country-led and embedded within national systems, supported by laboratory strengthening, data interpretation capacity, and clear governance pathways. The Independent Panel, he noted, plays a critical supporting role within this architecture, helping to ensure that difficult questions are addressed openly and that AMR data are used proportionately and transparently.

Operational challenges were also acknowledged, including uneven laboratory capacity across countries, logistical constraints around specimen collection and transport, and the inherent time lag between data generation and actionable insight. Rather than weakening the surveillance effort, these challenges were framed as justification for continued investment in harmonisation, quality assurance, and shared learning across the Network.

Professor Obaro concluded by reinforcing that AMR stewardship must always be considered alongside the demonstrated mortality benefits of azithromycin in high-burden settings. Decisions, he emphasised, require balanced judgement, grounded in evidence, equity, and the realities faced by communities with persistently high child mortality and limited access to care.

The session closed with a reaffirmation that the REACH Network's structured approach, linking independent expert review, country leadership, and transparent governance, remains fundamental to responsible scale-up, scientific integrity, and public trust as the Network continues to evolve.

REACH Network Independent AMR Advisory Panel

Held on 6 & 7 December 2025 in Dubai, United Arab Emirates, the REACH Network's first dedicated AMR Independent Advisory Panel (IAP), to review AMR data from all participating country teams, signalled the importance accorded by the Network to responsible stewardship of effective treatments both now and in the future. The panel was held to directly address one of the key tenets of the Abuja Declaration of 2024.

The IAP brought together world-renowned experts on antimicrobial resistance patterns and development from the Gambia, Ghana, Kenya, Nigeria, Pakistan, Spain, the United Kingdom and the United States.

Key Information, summary and headline recommendations

The eight-member Independent Advisory Panel was convened by the REACH Network and its AMR leads, Dr Dagmar Alber, of University College London, and Prof Stephen Obaro, of the University of Alabama at Birmingham.

Prior to the independent panel's meeting, delegates heard from representatives of REACH country teams, key local and international stakeholders.

The two-day gathering culminated in a set of evidence-based, actionable recommendations to strengthen AMR monitoring efforts and ensure the long-term sustainability of surveillance systems in participating countries.

The panel's headline recommendations included integrating AMR and mortality surveillance, standardizing operation procedures for conducting cross-sectional surveys, the establishment of minimum datasets for reporting AMR surveillance, the identification of key pathogens for AMR phenotypic surveillance and recommendations around genomic analysis.

A complete report on the proceedings of the REACH Network's Independent Advisory Panel on AMR may be consulted in a separate publication ('REACH Network antimicrobial resistance (AMR) data review meeting report: Advancing AMR stewardship'; please see **https://reachnetwork.africa/en/resources-amr-sub-group/**).

Supply chain, logistics and the Advisory Panel on Azithromycin for Child Survival

The Advisory Panel on Azithromycin for Child Survival (APACS) brings together leading national, regional, and global experts to ensure that the use of azithromycin for child survival is safe, equitable, and grounded in the best available evidence, based on the principles of the Abuja Declaration, which the co-chairs of the REACH Network signed in 2024.

Following a first meeting of the panel in August 2025, the second APACS meeting was held immediately after the REACH Network's Annual Meeting, in Dubai, United Arab Emirates, on 10 & 11 December 2025.

The panel examined key scientific, programmatic, and operational considerations related to azithromycin mass drug administration implementation for child survival. A joint initiative of the REACH Network and the International Trachoma Initiative (ITI), APACS provides independent expert guidance on the safe, effective, and equitable allocation of donated azithromycin to reduce child mortality.

This second convening centred around azithromycin requests from Mali, Burkina Faso and Nigeria, updates from partners, and technical discussions led by associated working groups. Members reviewed progress in program implementation, procurement planning, and supply forecasting, and explored emerging questions related to eligibility criteria, mortality measurement, dosing strategies, antimicrobial resistance monitoring (AMR), and yield optimization.

ITI presented 2025 supply chain updates for Mali, Niger, and Nigeria. A total of 28,174,456 treatments were shipped in 2025.

Forecasts for 2026 included the shipping of 4.47 million treatments for Burkina Faso, 7 million for Niger, 8.6 million for Mali and 35.9 million for Nigeria, for a total of 56,122,949 treatments during the year.

Supply chains as a basis for sustained investment

Ensuring an efficient and predictable drug supply, including oversight of procurement and supply chain management, is becoming increasingly important for the REACH Network of partners, particularly as participating countries expand towards widespread national scale-up.

APACS plays an essential coordination role amid multiple funding sources, investors, and implementing partners operating within a complex landscape.

Transparency is central to its mandate, including clarity on criteria for azithromycin allocation and serving as a forum for reporting on monitoring, evaluation, and safety. During the second APACS meeting in Dubai, a clear, data-driven approach was emphasized as being a foundational component of expanded partnerships and sustained investment.

Women in REACH

This celebratory session served to acknowledge women leaders who are driving significant impact across REACH countries. The event formally recognized women from Burkina Faso, Côte d'Ivoire, Mali, Niger, Nigeria, and Sierra Leone who have demonstrated exceptional commitment and capacity in their roles in the implementation of the REACH programme for the integrated distribution of azithromycin for child survival.

All recognised individuals were commended by Dr Katey Owen from the Gates Foundation and the Co-chairs of the REACH Network, the Honourable Minister Muhammad Ali Pate and Professor Samba Sow.

The event convened women representing the community, district, and national levels of the REACH Network's operations in each country. The women honoured included field workers (community drug distributors and supervisors), scientists, managers, and coordinators at the central level, all possessing diverse professional backgrounds and experiences. They were, however, **united by a single, fervent commitment: to profoundly improve the life chances of children residing in some of the most vulnerable, underprivileged, and underserved communities globally**.

The awardees were:

BURKINA FASO:

Mimi Martine Hien
Community Health Worker in the Djoro region.

Karidia Son
Registered Nurse at the Health and Social Promotion Center of Matourkou, in the Guirogo region.

CÔTE D'IVOIRE:

Amoin Marie Laurence Dje
Medical Doctor, Technical Officer responsible for communication and public relations at the National Neglected Tropical Diseases Program.

Oulaïlé Helene Yoho
Registered Nurse, supervisor of the REACH Mass Drug Administration (MDA) campaigns in Boundiali, a district located in northern Côte d'Ivoire.

Bahou Debora Constante Guehi
Community Health Worker in Boundiali.

MALI:

Oumou Diakite
Community Health Worker ('Relais de santé communautaire') affiliated with the REACH LAKANA project, Kita district, in the Kayes region.

Sali Bouare
Community Health Worker ('Relais de santé communautaire') affiliated with the SANTÉ project, Koutiala district, in the Sikasso region.

Fadima Cheick Haidara
Chief Operations Officer of CVD-Mali, and a highly experienced public health official with decades of field and operations experience and a long track record of academic publications.

NIGER:

Aïchatou Bawa Issa
Registered Nurse, supervisor on the AVENIR Project since 2020.

Karamatou Hamadou
Human Resources Manager, a key contributor to the planning and coordination of community-level activities since AVENIR I.

Mariama Tiemogo
Assistant Nurse, actively involved in the community-level activities implemented by the AVENIR project since 2016.

NIGERIA:

Hannatu Abdullahi Lere
Supervisor of Community Drug Distributors in Kaduna for the Malaria Consortium.

Rukkaya Muhammed Bagudo
Registered Nurse and Midwife, community drug distributor on the SARMAAN II project in Kebbi State.

SIERRA LEONE:

Lynda Farma-Grant
Medical Doctor, Coordinator of the Child Health / Expanded Program on Immunization in Sierra Leone, serving as the REACH Country Focal Point for the past three years.

Beautifully crafted awards were presented to all nominees; those in attendance received them immediately from the REACH Network Co-chairs and Dr Katey Owen, and arrangements were made for the distribution of their awards to those who were unable to attend the meeting in person.

The Women in REACH event underscored a fundamental principle of the Network: **successful public health programmes are based on diverse expertise, equitable representation, and the dedicated leadership of those closest to the populations receiving the interventions**.

By formally recognising the invaluable contributions of these women, the REACH Network unequivocally affirms its commitment to gender equity as an essential element for fostering stronger systems, enhancing decision-making processes, and achieving improved health outcomes for children.


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Operational Criteria Discussion

The session on operational criteria was originally planned as a formal, structured discussion. However, due to logistical constraints and time pressures during the meeting, it was instead held as an informal but substantive exchange, allowing for focused reflection and dialogue among countries and partners. Despite the adapted format, the discussion addressed several critical issues that will shape future Network guidance and decision-making.

The discussion drew in part on modelling inputs presented by the Gates Foundation's Institute for Disease Modeling (IDM), which explored how the mortality impact of azithromycin mass drug administration may evolve as baseline under-five mortality declines. The modelling approach, drawing on extensive randomised trial data and spatial risk estimation, illustrated that the mortality benefit of azithromycin is greatest in higher-risk settings and diminishes as baseline mortality falls. This raised important questions about how and when continuation or cessation decisions should be considered. Participants noted that, unlike more established MDA programmes, azithromycin for child survival lacks long-term programmatic surveillance data linking scale-up to mortality trends, requiring careful interpretation of modelled thresholds.

Country reflections formed a central part of the discussion. In particular, representatives from Niger shared perspectives on the epidemiological and ethical dimensions of defining starting and stopping thresholds. These interventions underscored that decisions around continuation or cessation cannot be driven by modelling outputs alone. Participants emphasised the need to consider local mortality patterns, population vulnerability, health system access, and the ethical implications of withdrawing an intervention in contexts where preventable child deaths remain high. Concerns were also raised about equity, particularly for hard-to-reach and marginalised communities who may not benefit fully from broader system improvements but in which the need for improvement is greatest.

Across the discussion, there was broad agreement that any future operational criteria must balance scientific evidence, stewardship responsibilities, and sustainability considerations. Participants highlighted the importance of proportionality, ensuring that decisions are informed by mortality benefit, AMR risk, feasibility, and cost-effectiveness, while remaining firmly grounded in country leadership and contextual realities. The discussion also reinforced the value of REACH as a platform for collective interpretation, enabling countries to engage with complex evidence alongside peers and independent experts rather than in isolation.

While the informal nature of the session limited the ability to reach definitive conclusions, it was widely recognised as a valuable first step in framing the questions that the Network must address collectively. Participants agreed that further, more structured engagement will be required to develop clear, transparent, and country-appropriate guidance.

It was therefore agreed that a full, formal session on operational criteria will need to be rescheduled in 2026, allowing additional time for preparation, deeper country consultation, and integration of evolving evidence, including AMR data and real-world implementation experience.

Costing and Sustainability

The session on costing and sustainability provided an overview of the REACH Network's health economics work to date, focusing on what current cost data indicate for scale-up, sustainability, and long-term financing decisions. The discussion underscored the importance of presenting robust, transparent costing evidence that can support both national decision-making and constructive engagement with donors.

Presentations reviewed progress in harmonising costing methodologies across REACH countries, with the objective of accurately capturing the full financial resources mobilised for azithromycin mass drug administration. This includes not only direct financial expenditures, but also the substantial in-kind contributions made by governments and partners, which are critical to programme delivery and sustainability. Speakers emphasised that recognising and valuing these contributions is essential to presenting a realistic picture of programme costs and national ownership.

Preliminary field cost data from Mali and Niger illustrated several important trends. First, costs per delivery tend to decrease over time as programmes mature and operational experience increases. Second, variation within countries was shown to be greater than variation between countries, reflecting differences in geography, security context, delivery platforms, and integration with existing health services. These findings reinforced the importance of avoiding overly simplistic cross-country comparisons and instead focusing on context-specific drivers of cost and efficiency.

The analysis also highlighted REACH's strong value-for-money proposition. Estimates presented showed substantial numbers of lives saved and years of life gained at full scale-up in high-burden settings, placing REACH favourably when compared with other child survival interventions in cost-effectiveness analyses. Participants noted that such results are particularly important in the current global financing environment, where donors and governments face increasing pressure to prioritise interventions that demonstrate clear and measurable impact.

From a policy and financing perspective, the discussion focused on how costing data are interpreted and used by different audiences. Country representatives emphasised the need for costing outputs that are directly relevant to national planning processes, including budgeting cycles, medium-term expenditure frameworks, and broader primary health care strategies. Donor perspectives highlighted the importance of clarity, consistency, and comparability in costing narratives, alongside a clear articulation of how costs evolve with scale and integration.

A recurring theme was the need to balance national priorities with donor expectations. Participants stressed that costing should support country-led decisions rather than drive externally imposed thresholds or timelines. At the same time, there was recognition that presenting costing data in a compelling and actionable format is essential for sustaining donor confidence and mobilising resources for scale-up.

The session concluded with agreement that the REACH Network has a critical role to play in translating complex health economics analyses into practical tools for decision-making. By continuing to refine costing approaches, strengthening communication of value for money, and situating REACH within broader health system financing discussions, the Network can support countries and partners to make informed, sustainable choices as REACH moves from momentum to scale.

DAY 2 – LEADERSHIP, COMMITMENTS & PRACTICAL ACTION

Country Roundtables: Research to Scale-Up

The Country Roundtables provided a central forum for open, facilitated dialogue among REACH countries, enabling participants to reflect candidly on their implementation experience and to collectively examine what it takes to move from research into sustained scale-up. The discussion was deliberately grounded in country experience, with facilitators encouraging practical exchange rather than formal presentation.

Across countries, participants described progress in expanding implementation while strengthening alignment with national systems. Countries highlighted how scale-up has been shaped by existing delivery platforms, community structures, and national governance arrangements, reinforcing the importance of building on what already works rather than introducing parallel systems. Experiences from Burkina Faso, Mali, Niger, Nigeria, and others illustrated that progress is often incremental and adaptive, requiring flexibility, strong leadership, and continuous learning.

A recurring theme was the importance of integration, and the clear consensus that integration must be driven by countries themselves. Participants emphasised that country ownership is not a single, fixed concept. Its meaning can vary between ministries, technical teams, partners, and communities, and therefore needs to be clearly defined, articulated, and respected. Countries stressed that integration decisions must sit within national priorities and planning processes, and that REACH should adapt to national contexts rather than the opposite.

In Burkina Faso, for example, Azithromycin Inventory Management will be conducted with the aid of existing health system structures and the CAMEG central purchasing agency for essential generic medicines and medical consumables. The annual work plan improves planning and integration with existing platforms, while the development of national implementation guidelines will harmonize implementation at all levels with all stakeholders.

Dialogue also highlighted the critical role of community engagement in sustaining implementation at scale. Countries shared how community-based platforms have enabled reach into remote and marginalised communities, particularly when delivery is led by trusted local actors. Experiences from Niger and Mali demonstrated how digital tools, strengthened supervision, and systematic feedback to communities can improve coverage, data quality, and trust.

The Niger team, for example, confirmed finalisation of the implementation phases of AVENIR II (mortality, AMR, morbidity), noting that they had strengthened implementation in the districts of Maradi, Tahoua and Zinder. Gradual scale-up of MDA is progressing, to schedule, in the Zinder and Agadez regions, while significant improvements have been seen in the completeness of in DHIS2 data (>90% in several districts).

Participants agreed that learning from these approaches across the Network is essential to improving performance collectively.

Implementation in conflict-affected and insecure areas emerged as a sensitive but important area of discussion. Countries spoke openly about the operational and ethical challenges of working in contexts affected by insecurity, population movement, and restricted access. There was shared recognition that all REACH countries may face such contexts to varying degrees, and that many of the most vulnerable children live in these areas. Participants stressed the importance of honest dialogue on these realities, including what is feasible, what adaptations are required, and how to maintain regular access and credible measurement of impact despite constraints. Community-led delivery, local knowledge, and flexible operational approaches were highlighted as critical enablers in these settings.

The discussion also underscored the value of triangulating data across mortality, morbidity, and AMR to inform decisions and adapt implementation. Countries noted that improved data completeness and integration with national systems such as DHIS2 have strengthened their ability to monitor progress and identify gaps. At the same time, participants acknowledged ongoing challenges related to logistics, workforce capacity, misinformation, and infrastructure limitations, particularly in remote areas.

Throughout the roundtables, participants consistently emphasised the importance of keeping these lessons and themes alive beyond the REACH Network Annual Meeting. There was strong agreement that the Network plays a vital role in enabling countries to learn from one another, to share both successes and challenges, and to collectively address complex operational issues. This peer learning was seen as being critical to the success of REACH, particularly as countries move further into scale-up and face increasingly diverse and demanding implementation contexts.

The session concluded with a shared commitment to continue using the Network as a space for sustained dialogue, mutual learning, and problem-solving, ensuring that country experience remains at the centre of REACH's evolution and impact.

Integration and Innovation Panel

The Integration and Innovation Panel examined how REACH can be positioned within broader child survival platforms, with a strong focus on practical pathways for integration and the implications for operations, ethics, regulation, and country ownership. The session moved beyond conceptual discussion and centred on real implementation experience, highlighting both opportunities and constraints as countries consider integration at scale.

Presentations illustrated a range of integration models already underway or under active consideration. The **Guardian Spatial Repellent** team outlined the potential for integrating spatial repellent technology alongside REACH delivery, with particular reference to Mali's planned pilot beginning in 2026. The presentation focused on how spatial repellents could complement existing child survival interventions, while also raising questions around delivery feasibility, regulatory approval, and the importance of robust evidence generation prior to wider adoption.

SC Johnson is a global family-owned company with a long-standing commitment to public health, and the Guardian Spatial Repellent is a mosquito control tool designed to reduce mosquito presence in living spaces by creating a protective area that helps lower the risk of mosquito-borne disease transmission.

Edesia presented on nutrition interventions, highlighting opportunities to align REACH with nutrition platforms to address overlapping vulnerabilities among children. The discussion emphasised the potential efficiency gains of shared delivery platforms, while also noting the need to ensure that integration does not dilute accountability or overwhelm frontline workers.

Edesia is a nonprofit social enterprise that produces ready-to-use nutritional foods to prevent and treat malnutrition, supporting child survival through scalable, evidence-based nutrition interventions.

Nigeria shared experience linking REACH implementation with polio platforms, demonstrating how established infrastructure, trained workforces, and trusted community delivery systems can support efficient scale-up. This example underscored the value of leveraging mature platforms where governance, supervision, and logistics are already in place, while also acknowledging the operational effort required to align timelines, reporting, and responsibilities across programmes.

REACH teams in Nigeria enumerated over 17 million children aged 1-59 months in 2025, across 10 states, collaborating with the National Primary Health Care Development Agency on enumeration in three of those 10 states (Kebbi, Jigawa, Katsina). They also conducted coverage evaluation surveys across seven implementing states.

REACH's SARMAAN II teams in Nigeria reached over 11.9 million children, achieving an average coverage of 85.6%.

They also contributed to capacity building with the training of more than 86,000 community drug distributors to support MDA delivery, data collection, and commodity management, and provided economic empowerment for households in low-income communities.

This work in Nigeria leveraged existing child health platforms (NTD and Polio) and integrated with the polio platform in Katsina and Sokoto states.

Mali highlighted opportunities to leverage the 'Semaines d'Intensification des Activités de Nutrition' (SIAN) nutrition platform, noting the strong overlap in target populations, delivery timing, and community engagement mechanisms. The presentation emphasised that while SIAN has long been able to reach the last kilometre through established community-based delivery, it is underfunded in many areas. REACH therefore provided an opportunity not only to use an existing platform, but to strengthen SIAN's operational capacity and reinvigorate community engagement. Mali's experience demonstrated how integration can be designed around existing community realities and trusted platforms, allowing interventions to be delivered at scale while reinforcing national systems, rather than creating parallel approaches.

The subsequent discussion focused heavily on the operational questions raised by integration. Participants explored coordination across programmes, workforce capacity, supply chain management, and the cumulative burden placed on community health workers. Questions were raised about how to sequence multiple interventions,

how to manage supervision and reporting, and how to ensure that integration adds value rather than complexity. Several participants stressed the importance of clear regulatory pathways and ethical guidance, particularly when introducing new tools or combining interventions within a single delivery encounter.

A recurring theme throughout the discussion was that integration must be country-led. Participants emphasised that integration cannot be imposed externally and must reflect national priorities, system capacity, and local context. Country ownership was described as a concept that can mean different things to different stakeholders, including ministries, technical teams, partners, and communities. There was broad agreement that, for integration to succeed, expectations around country ownership need to be clearly defined and shared, with decision-making authority resting firmly at national level.

The panel also addressed questions related to equity and access, particularly in fragile and conflict-affected settings. Participants noted that integrated platforms may offer one of the few viable ways to reach children living in insecure or hard-to-access areas, but only if integration is designed with flexibility and sensitivity to local conditions. The importance of maintaining regular contact, safeguarding staff and communities, and continuing to measure impact in these contexts was emphasised.

The session concluded with consensus that integration represents a significant opportunity to amplify REACH's impact, provided it is approached carefully and grounded in strong governance, clear accountability, and sustained community engagement. Participants agreed that integration should be treated as an evolving process rather than a fixed model, with continued learning shared through the REACH Network. These discussions will inform further analytical and operational work as countries explore integration options in 2026 and beyond.

Closing Remarks from the Co-chairs

The full closing remarks, delivered on behalf of the Co-chairs, are reproduced below.

As we close this year's REACH Annual Network Meeting, we wish to extend our most profound appreciation to all Ministers, country delegations, technical teams, partners, and colleagues who have contributed to the richness and depth of our discussions over these past days. Your presence, your candour, and your shared commitment have made this gathering not only productive but truly inspiring.

We are especially grateful to the Mohamed bin Zayed Foundation for Humanity for their leadership, hospitality, and unwavering partnership in hosting us here in Abu Dhabi. Their support has enabled us to meet in a place that embodies innovation, collaboration, and humanitarian purpose – values that sit at the heart of the REACH Network.

The conversations we have held here reflect the maturity and momentum of this Network. Countries have spoken with clarity and confidence about the realities they face – economic pressures, climate-related shocks, humanitarian and security challenges, and the ongoing inequities that shape the lives of mothers and children across our continent. You have also shared examples of resilience, innovation, and determination that remind us why this work matters.

Throughout our time together, we have reaffirmed the values that unite us: a commitment to equity; a belief that every child deserves the chance to survive and thrive; and a recognition that national ownership, African leadership, and locally grounded institutions must guide all that we do. These principles lie at the heart of REACH and will continue to shape its evolution.

We leave Abu Dhabi with a renewed sense of shared purpose. The integration efforts presented by countries – bringing together nutrition, immunisation, maternal and newborn care, malaria prevention, community systems, and where appropriate, azithromycin – demonstrate what practical, system-strengthening collaboration can look like in real time. This is the path toward sustainable child-survival gains, and it is a path countries are leading with vision and courage.

We also recognise the vital importance of robust monitoring, evaluation, and AMR surveillance systems in guiding responsible implementation, transparency, and stewardship – an area where our collective work must continue to deepen. The commitments made this week to strengthening national data systems and operational capacities are essential for progress.

Finally, we extend heartfelt thanks to our partners across institutions and organisations who have walked alongside this Network with respect and dedication. Your support is invaluable, and we look forward to continuing this collaboration in ways that remain aligned with national priorities and grounded in country experience.

As we conclude, we recognise the promise of this moment. We have a historic opportunity to change the trajectory of child survival across Africa – through trust, shared learning, evidence-based action, and a deep commitment to the children and families we serve. Let us leave here with a sense of optimism, responsibility, and solidarity as we carry this work forward together.

On behalf of the Co-chairs, thank you for your dedication, your partnership, and your leadership. We look forward to continuing this journey with all of you.