EVERY CHILD'S RIGHT TO SURVIVE: AN AGENDA TO END PNEUMONIA DEATHS

Save the Children

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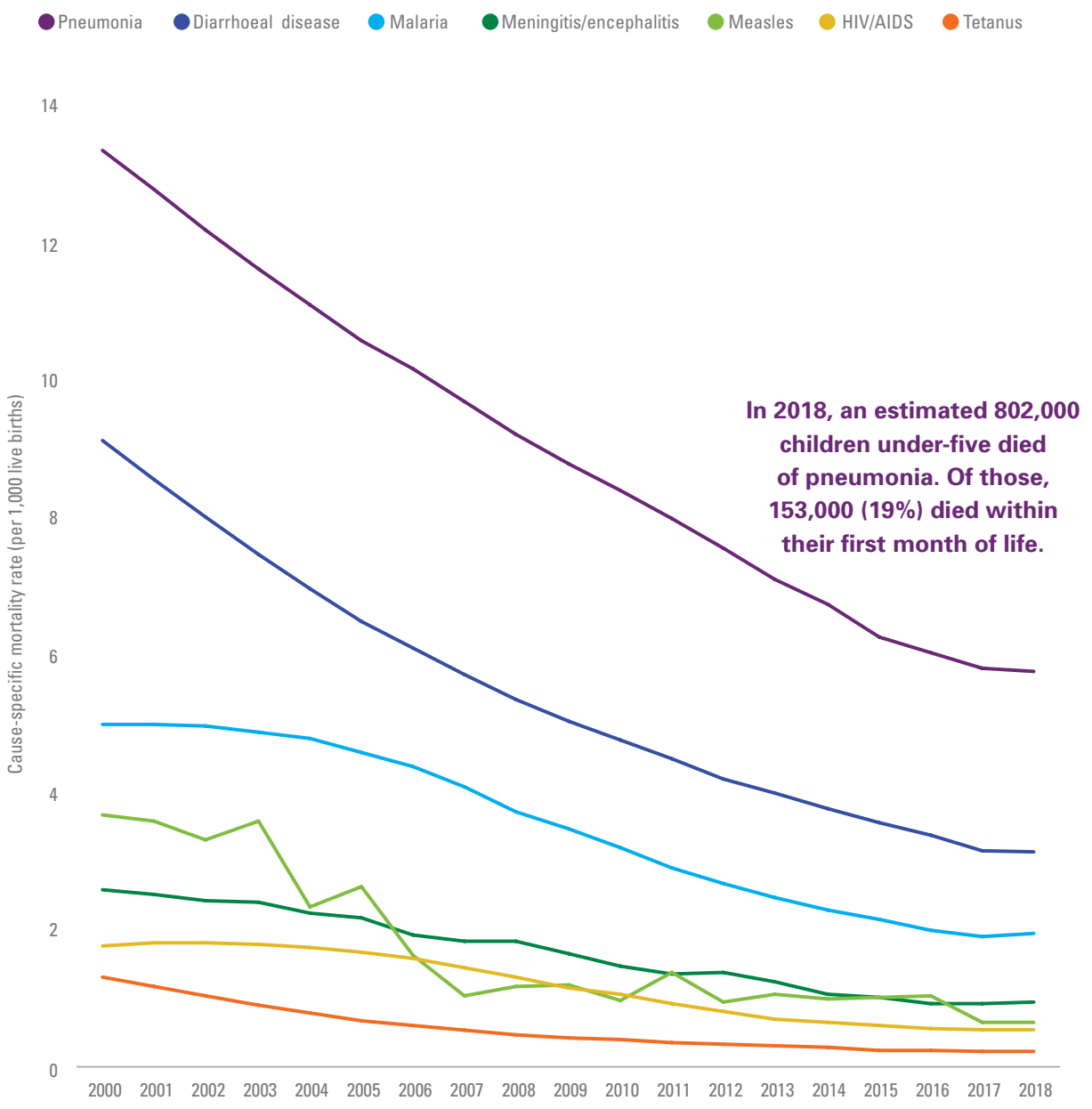
EVERY BREATH COUNTS

PNEUMONIA IS A LEADING CAUSE OF DEATH AMONG CHILDREN UNDER THE AGE OF FIVE

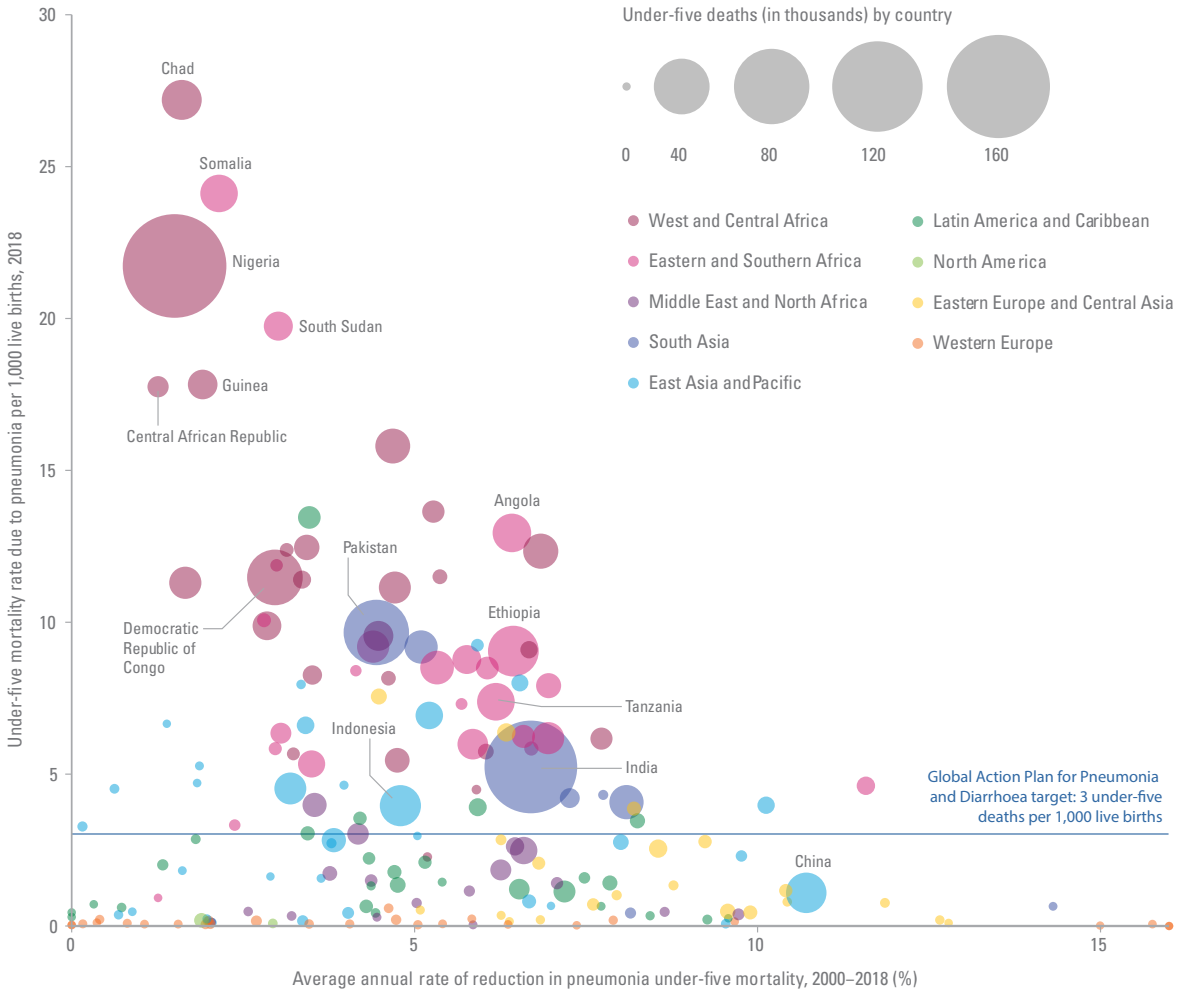
The number of deaths among children under the age of five has reduced by half since 1990. Yet over 5 million children are still dying every year from mostly preventable causes. **Pneumonia is responsible for nearly 20% of these deaths and is the leading infectious cause of death in this age group.**[1] The rate of progress in reducing pneumonia-related mortality has been slower than for other leading causes of child deaths, including for malaria and other vaccine preventable diseases. Efforts to reduce childhood pneumonia must be accelerated to ensure childrens' right to survive. **If the current pace continues, 53 countries will not achieve the SDG3 target to end preventable child deaths.**[2]

FIGURE 1. Global trends in top causes of child deaths, cause-specific child mortality rates, 2000–2018



Source: WHO and Maternal and Child Epidemiology Estimation Group (MCEE) interim estimates, applying cause fractions for the year 2017 to UN IGME estimates for the year 2018.

FIGURE 2. Child pneumonia mortality rate and average annual rate of reduction, 2000–2018



Source: UNICEF analysis based on WHO and Maternal and Child Epidemiology Estimation Group interim estimates produced in September 2019, applying cause fractions for the year 2017 to United Nations Inter-agency Group for Child Mortality Estimation estimates for the year 2018.

Actions must also target the most vulnerable children. In low- and middle-income countries, **children from the poorest households are almost twice as likely to die** before the age of five years compared to children from the wealthiest households.[4] Children living in fragile and humanitarian settings where health systems are weak, and children living in hard-to-reach areas with limited access to quality, integrated health services are also particularly vulnerable to dying from diseases like pneumonia.

PNEUMONIA IS A SIGN OF INEQUALITY

Pneumonia is a disease of poverty and a marker of inequities and multiple deprivations. Disparities are large, both within and between countries. Today, **84% of child deaths from pneumonia occur in just 30 countries, mostly in Sub-Saharan Africa and Asia.**[3] More must be done to ensure all children living within these high mortality countries have access to protective, preventive and curative services.

WHY CHILDREN CONTINUE TO DIE FROM PNEUMONIA

Illness and deaths from pneumonia are often the result of children's **exposure to multiple deprivations**. Children who are malnourished, lack access to clean water and basic sanitation facilities, experience other infections such as HIV, and who are exposed to overcrowded conditions and environmental contaminants like indoor and outdoor air pollution are at an elevated risk of pneumonia. Often, these are the same children who **miss out on essential health care services** such as pneumonia-fighting vaccines, and antibiotics and oxygen therapy when needed. In 2018, an estimated 53% (71 million) of the world's infants did not receive Pneumococcal Conjugate Vaccine (PCV).[5] These infants were not vaccinated for one of two reasons; either they live in one of the 44 countries that has not yet introduced PCV (nearly 27 million children), or they were not reached by routine immunization services.

Children living in the 30 pneumonia high mortality countries are breathing air that is polluted with twice as much fine particulate matter as other low- and middle-income countries and four times higher than high-income countries. This is six times the World Health Organization (WHO) threshold for good air quality and twice as high as what WHO considers acceptable.

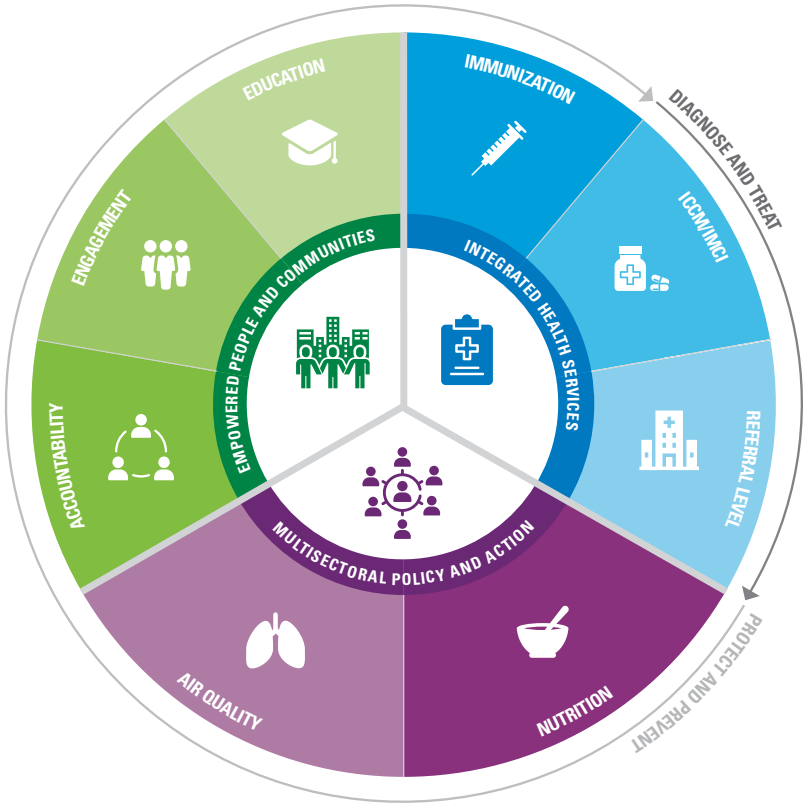
The likelihood of children being exposed to multiple deprivations and having poor access to health services is much higher in low- and middle-income countries than in high-income countries and for the poorest children in these countries.

Children are about **60 times more likely** to get sick with pneumonia and die from it in the 30 high mortality countries compared to high-income countries.

AN AGENDA TO END PNEUMONIA DEATHS

Primary health care (PHC) is the most efficient and effective way to achieve health for all, which is the global goal of universal health coverage. Resting on three pillars - integrated health services, multisectoral policy and action, and empowered people and communities - it provides a comprehensive approach to deliver preventive, protective and curative care for pneumonia.

FIGURE 3. The Pneumonia Wheel: The three pillars of PHC as the foundation for ending preventable child deaths from pneumonia

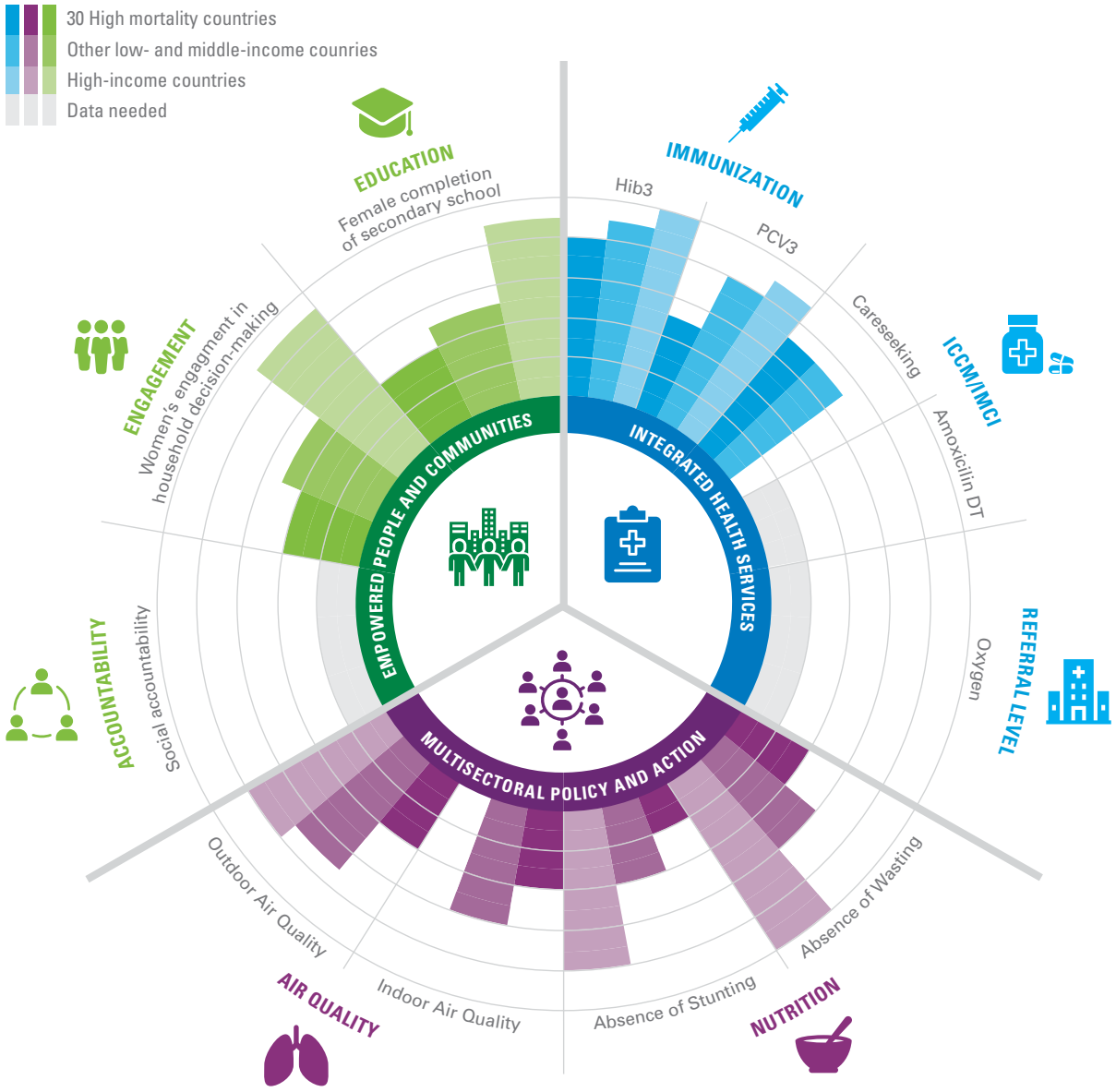


The health system must provide **quality health services in an integrated manner** through delivering preventive vaccines, diagnostic services and effective antibiotics at the community level and in frontline health facilities. Treatment services for severely ill children at referral hospitals, including oxygen and other therapeutic measures.

Multisectoral policies and actions are needed to ensure children have sufficient and nutritious foods to eat, clean air to breathe, optimal living conditions including adequate housing, and access to quality health care, safe water, sanitation and hygiene.

Empowered people and communities have an important role to play in sustainably improving child health. Communities that are engaged in decision making about the health care system are able to ensure available care is responsive to and addresses their needs. A key dimension of community engagement in improving health services is women's empowerment given their role in care seeking and child care.

FIGURE 4. Indicators across components of the Pneumonia Wheel for a) 30 pneumonia high mortality countries, b) other low- and middle-income countries and c) high-income countries



Source: UNICEF global databases, The DHS Program via STATcompiler, UNESCO Institute for Statistics via UIS.Stat, Institute for Health Metrics and Evaluation Global Burden of Disease Program, Organisation for Economic Co-operation and Development. Notes: Data have been adjusted to reflect a harmonized scale and directionality to enable comparisons in progress across the three pillars. Population weighted averages have been rounded to the nearest 10 for the purposes of visualization. *For more details, see the Technical Note on page 12.*

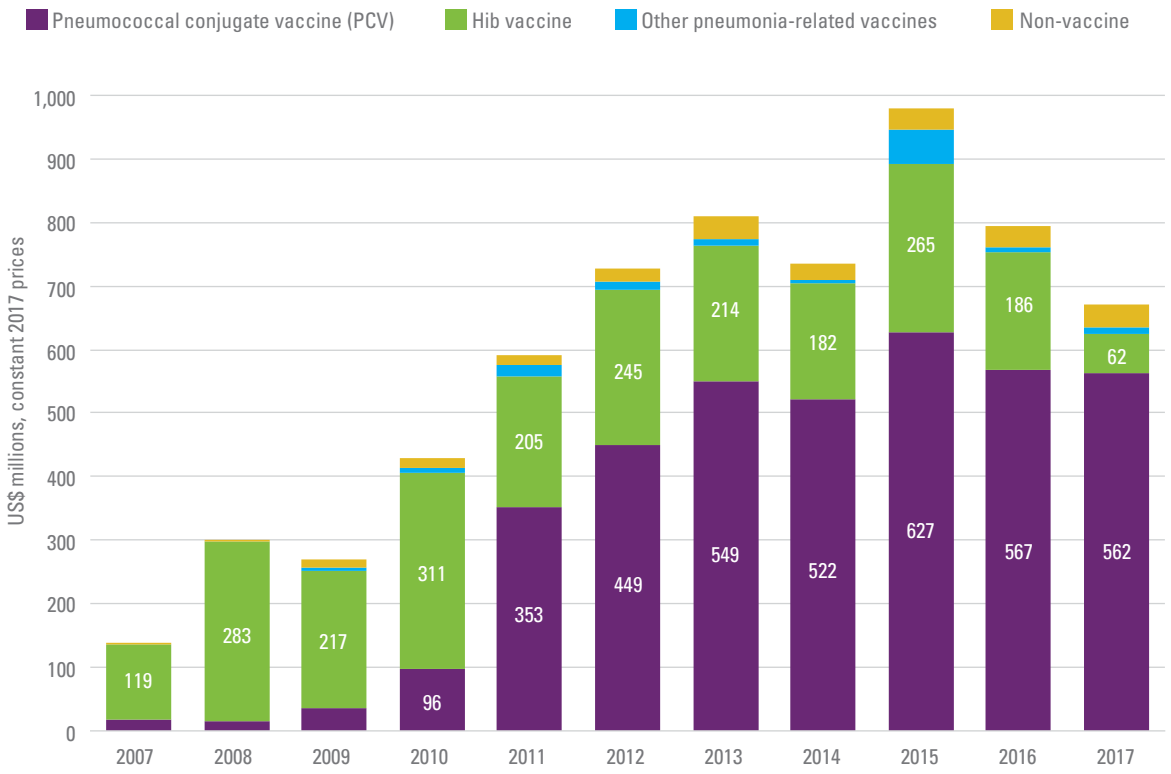
There are stark differences in the coverage of effective interventions, mortality and risk factors for pneumonia between the 30 high pneumonia mortality countries, other low- and middle-income countries and high-income countries.

Directing resources, domestic and international, and increasing leadership, including amongst communities, for inclusive primary health care will contribute to dramatic reductions in the number of children getting sick and dying from pneumonia. Health services should be free at the point of use, funded by fair taxation and supplemented, for the poorest countries, with donor assistance.

RESOURCES ARE NEEDED

Between 2000 and 2015, international development assistance for pneumonia increased sevenfold from $140 million to $980 million (US dollars). However, this assistance has fallen each consecutive year since 2015 with an overall decline of more than 30% to $670 million (US dollars) in 2017. This is a concerning downward trend in a time

FIGURE 5. International development assistance (in US dollars) allocated for pneumonia, 2007–2017



Source: Development Initiatives analysis based on OECD Common Reporting Standards (CRS). Note: Data is gross disbursements of official development assistance and private development assistance reported in the Organisation for Economic Co-operation and Development's (OECD) Creditor Reporting System (CRS). Categories of pneumonia expenditure were classified using descriptive information on aid activities within the OECD CRS. *For more details, see the Technical Note on page 12.*