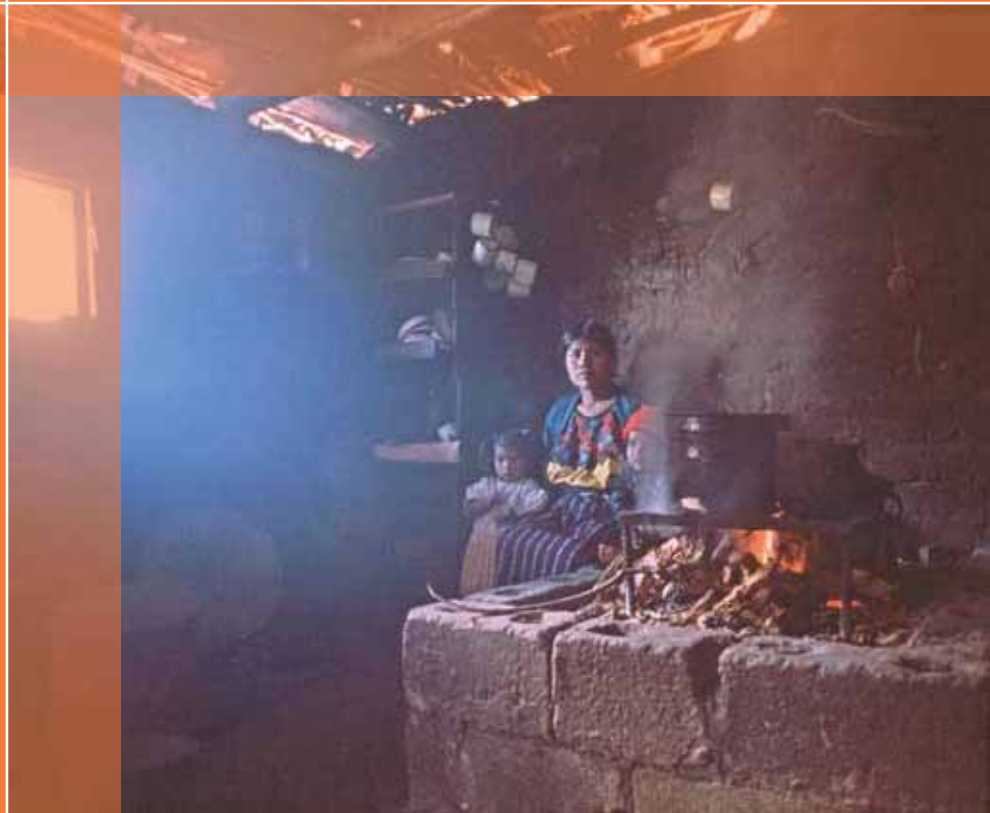
Development of a Global Action Plan for the Prevention and Control of Pneumonia (GAPP)

REPORT OF
AN INFORMAL
CONSULTATION



World Health Organization

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Technical Consensus Statement -– Update February 2008

The following consensus statement was agreed on, and should be used widely for advocacy purposes and to help promote the global action plan.

- Pneumonia kills more children than any other illness in the world. pneumonia is a significant problem in communities with a high rate of under-five mortality, and places a huge burden on families and the health system. Pneumonia control is therefore a priority and is essential in achieving the fourth MDG.
- In the context of child survival strategies, countries should develop plans for controlling pneumonia. The key strategies for pneumonia control are:

  — case management with IMCI at all levels
  — vaccination
  — improvement of nutrition/low birth weight
  — control of indoor air pollution
  — prevention and management of HIV infection.
- Priority should be given to applying the strategies first in those countries with the highest current rates of child pneumonia and highest mortality.
- These interventions, if implemented, have the potential to reduce pneumonia mortality and morbidity by more than half.
- Effective case management at the community and health facility levels is an essential part of pneumonia control. Countries with significant rates of under-five mortality should adopt plans to expand adequate case management of pneumonia at hospital, health facility and community levels to achieve 90% coverage within a predetermined time frame.
- All countries should take steps to achieve Global immunization Vision and strategy (GIVs) targets for measles and pertussis containing vaccines; countries that have not yet done so should add Hib and conjugate pneumococcal vaccines to their national immunization programmes, especially if they have high child mortality.
- Promotion of exclusive breastfeeding and zinc supplementation are an important element of pneumonia prevention. Strategies to reduce rates of low birth weight and malnutrition will prevent pneumonia and should be encouraged.
- Indoor air pollution increases the risk of pneumonia. new technologies can reduce indoor air pollution, and additional research is needed to demonstrate the health benefits of these interventions. Strategies to reduce indoor air pollution may prevent pneumonia and should be encouraged.
- Strategies to prevent mother-to-child transmission of HIV and to improve the management of HIV infection and *P. jiroveci* (previously *P. carinii*) pneumonia prophylaxis in children should be promoted in countries where HIV is prevalent.
- Other preventive strategies, such as encouraging hand washing, should be promoted.
- Pneumonia is a common and serious consequence of pandemic influenza. Preparedness for pandemic influenza should include prevention and control of pneumonia and adds urgency to community case management.

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Report of an informal consultation
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Writing team

Dr. Antonio Pio, Argentina
Dr. Shamim Qazi, CAH/FCH, WHO HQ Geneva
Dr. Martin Weber, WHO Office Indonesia
Dr. Thomas Cherian, IVB/FCH, WHO HQ Geneva

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Background

Various international agencies are committed to efforts to achieve global child survival targets. These targets have merged through an international consensus process directed at reaching the fourth Millennium Development Goal (MDG-4) of the United Nations Millennium Declaration adopted in September 2000. The MDG-4 calls for a reduction by 2015 of two thirds in under-five mortality compared to the 1990 baseline. Although remarkable progress has been achieved in child survival over the last 18 years, the estimated under-five mortality rate was 74 per 1000 in 2005, which represented only a 21% reduction compared with the 1990 rate.

Several independent interventions exist to reduce the morbidity and mortality burden of pneumonia in children, involving a broad range of independent programmes. The use of simple standardized guidelines for identifying and treating pneumonia, within the Integrated Management of Childhood Illness (IMCI), at primary health care units and in the community can substantially reduce the case fatality of childhood pneumonia.

The effectiveness of vaccines against *Streptococcus pneumoniae* (pneumococcus) and *Haemophilus influenzae* type b (Hib), the two most frequent bacterial agents for childhood pneumonia, has been well established. Through expanded immunization programmes, immunization against measles and pertussis substantially reduces the burden of pneumonia in children. General preventive interventions to promote appropriate breastfeeding of infants, reduce the prevalence of low birth weight, increase zinc intake in young children, and reduce indoor air pollution have been shown to significantly reduce the incidence of childhood pneumonia. The incidence of pneumonia associated with HIV infection will be reduced by preventing mother-to-child vertical transmission, expanding paediatric antiretroviral therapies and administering prophylactic co-trimoxazole to HIV-infected and HIV-exposed children.

Nevertheless, a determined collaborative effort to ensure that interventions are implemented with universal coverage has been missing. The lack of a coordinated effort to prevent and manage pneumonia in developing countries is one of the main obstacles to the achievement of MDG-4. The achievement of this goal requires coordination of all programmes concerned at country level and the coordinated support of international cooperation agencies, governments, nongovernmental organizations, academic institutions and community-based organizations.

The Fifth International Symposium on Pneumonia and Pneumococcal Diseases, held in Alice Springs, Australia, in April 2006, proposed the establishment of a Global Action Plan for Pneumonia (GAPP) prevention and management. As leading agencies in child survival efforts within the United Nations system, WHO and UNICEF, with the participation of the Hib Initiative of the GAVI Alliance[1] (http://www.hibaction.org) and the Pneumococcal vaccine Accelerated Development and Introduction Plan (PneumoADIP) (http://www.preventpneumo.org/), convened an informal consultation on the prevention and management of pneumonia in children at La Mainaz, Gex, France in March 2007.[2] The meeting reaffirmed the need to develop the GAPP as a key to achieving the MDG-4, issued a technical consensus statement to be widely used for promoting

[1] Formerly the Global Alliance for Vaccines and Immunization.

[2] *Global Action Plan for the Prevention and Control of Pneumonia (GAPP). Report of an informal consultation, La Mainaz, Gex, France, 5–7 March 2007.* Geneva, World Health Organization, 2008.

the Plan at national and international levels, and recommended the preparation of comprehensive reviews on the magnitude of the childhood pneumonia problem as well as on the technical and programmatic situation of the most effective and feasible management interventions.

This report refers to the second consultation on the Global Action Plan for Pneumonia Prevention and Management, convened in Chavannes de Bogis, Geneva, Switzerland, on 25–27 February 2008. The Programme of the meeting is presented in Annex 1 and the List of Participants in Annex 2.

Scope and objectives of the meeting

In the opening session, Dr Elizabeth Mason, Director of the WHO Department of Child and Adolescent Health and Development, welcomed the participants. She set out the need to develop GAPP for the prevention and management of pneumonia, the most frequent killer of young children in the world, highlighted what had been accomplished since the first meeting in 2007, and explained the objectives of the current meeting.

Dr Jean-Marie Okwo-Bele, Director of the WHO Department of Immunization, Vaccines and Biologicals, pointed out the progress made in the immunization programmes, their contribution to the prevention of childhood pneumonia and the lessons learned in collaborating with other interventions that can be translated into a successful development of GAPP.

Dr Renée Van de Weerdt, Chief of the UNICEF Maternal, Newborn and Child Health Section, referred to the excellent work done so far in GAPP development and reaffirmed UNICEF's commitment to promote the issue of childhood pneumonia on the international public health agenda.

The objectives of the meeting were to:

- present findings from comprehensive reviews on the epidemiology, prevention and management of pneumonia in children and discuss their implications for pneumonia management programmes at the country level;
- develop a consensus on the draft strategy for a GAPP; and
- agree on the next steps towards country implementation.

It was expected that the these objectives would be achieved through discussion of the findings of the comprehensive reviews, an agreement on the managerial requirements for implementing the interventions, and the development of an advanced draft of the GAPP with specification of the initial steps for country implementation.

Professor Brian Greenwood, London School of Hygiene and Tropical Medicine, University of London, was elected Chair of the meeting.