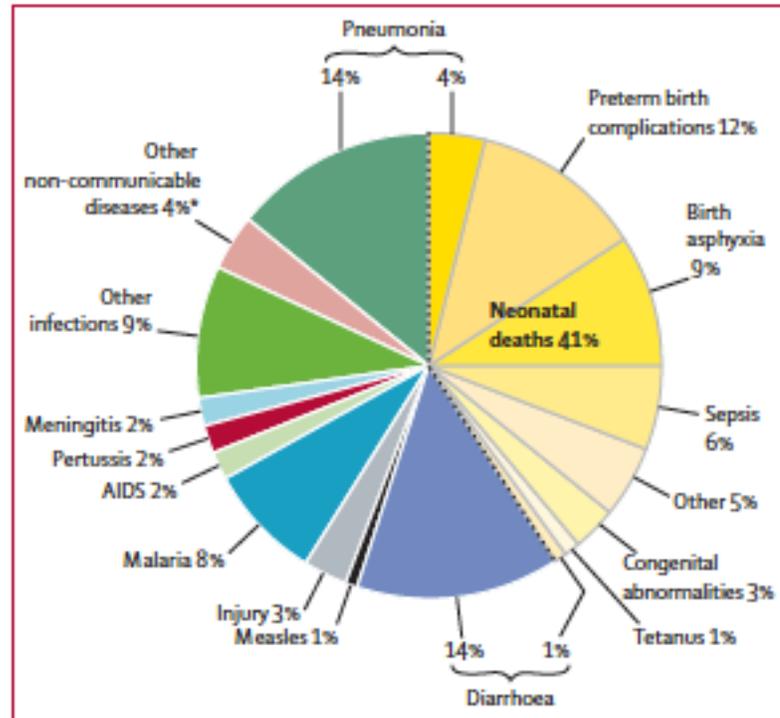


Pneumonia: Solutions for a Deadly Disease

Globally, pneumonia kills more children each year than HIV, measles and malaria combined. Every 20 seconds, pneumonia kills another child. That's 4,300 child deaths every day, and a staggering 1.5 million child deaths annually from a preventable, treatable disease.¹

And yet solutions *do* exist, and with political will and investments targeted to proven interventions in the world's poorest nations, we can help millions more children reach their 5th birthday. That means healthier kids, more children able to attend school and ultimately, live productive and healthy adult lives.



Global causes of child death in children younger than 5 years of age. Neonatal deaths are those occurring in the first 28 days after birth. (Taken from Black et al. *Lancet*, 2010)

Pneumonia is a problem with solutions

- More than ever before, we now know how to protect and prevent children from catching pneumonia, and how to treat those suffering with this illness.
- In November 2009, UNICEF and the WHO launched the Global action plan for the prevention and control of pneumonia (GAPP), outlining three health interventions that could prevent 1 million child deaths from pneumonia every year through prevention, protection and treatment.
- Now is the time to put knowledge into action to deliver these solutions to all children around the world.

Preventing pneumonia through immunisation is key

- Vaccines are a safe and effective tool for preventing pneumonia *before* it occurs.
- Vaccines against two of the main causes of life-threatening pneumonia – pneumococcus (*Streptococcus pneumoniae*) and Hib (*Haemophilus influenzae b*)⁷— are used throughout the developed world.
- However, millions of children in developing countries still lack access to these life-saving vaccines.



- Measles and pertussis (whooping cough) vaccines can prevent infections that can lead to pneumonia as a complication.⁸

The GAVI Alliance, with support from partners such as WHO, UNICEF and developing country governments, has funded vaccination for more than 60 million children in some 60 countries against Hib and plans to introduce new vaccines against pneumococcal disease in more than 40 low-income countries by 2015.

We can protect against pneumonia

- Exclusive breastfeeding during the first six months of life is an important and easy way to help protect children from pneumonia and many other diseases.²
- Other strategies, like good nutrition for older children³, hand-washing⁴, and reducing indoor air pollution from cook stoves⁵, and tobacco smoke⁶, can also help protect children from pneumonia.

Children should have access to effective and affordable treatment

- The treatment for most types of serious pneumonia is usually antibiotics, which typically cost less than one dollar per dose.⁹
- Tragically, only an estimated 1 of every 5 children with pneumonia receives antibiotics.¹⁰
- Effective “case management” strategies can help to ensure that children receive the right treatment for pneumonia quickly, even in the poorest communities.¹¹

In May 2010, at the World Health Assembly in Geneva, governments of the world came together in a common commitment to combat the world’s biggest killer of children under five. Adopting a new resolution by consensus, they undertook to implement the three health interventions outlined in the GAPP.

Only by intensifying efforts to address pneumonia can the world hope to make significant progress on reaching Millennium Development Goal 4 – to reduce child mortality by two-thirds by 2015.

Funding is a particular challenge in efforts to tackle pneumonia. The greatest number of pneumonia deaths, 98.5 per cent, are in developing countries. Yet, of the world’s poorest countries, only two so far – Rwanda and Gambia – have been able to introduce pneumococcal vaccines into their national vaccination programmes.

The GAVI Alliance’s Advanced Market Commitment, which is designed to accelerate development and manufacture of new vaccines tailored for developing countries, will facilitate further introductions of pneumococcal vaccines, but full implementation will depend on funding.

GAVI is working to raise an additional US\$4.3 billion in order to introduce pneumococcal vaccines, as well as new vaccines against rotavirus, one of the leading causes of the most severe forms of infant diarrhoea.



Now is the time to take action to deliver these life-saving solutions to all children and give children a chance for a better life.

Despite its devastating impact, pneumonia had until recently garnered little public attention. Few people are aware it is the leading killer of children under five. The Global Coalition against Child Pneumonia was formed to raise awareness about this killer disease and in November 2009 it launched World Pneumonia Day. The first World Pneumonia Day was celebrated in 36 countries on six continents and the movement to combat pneumonia is gaining momentum.

World Pneumonia Day, 12 November, is an opportunity to raise awareness about this silent killer of children and to call for action to defeat this largely preventable and treatable disease.

¹ Black R, Cousens S, Johnson H, *et al.* Global, regional, and national causes of child mortality in 2008: a systematic analysis. *Lancet.* 2010; 375:1969-87.

⁷ O'Brien K, Wolfson L, Watt J, *et al.*. Burden of Disease caused by *Streptococcus pneumoniae* in children younger than 5 years: global estimates. *Lancet.* 2009; 374:893-902.

⁸ Mahdi SA, Levine OS, Hajjeh R, Mansoor OD, Cherian T. Vaccines to prevent pneumonia and improve child survival. *Bull World Health Organ.* 2008; 86:365-72.

² Roth DE, Caulfield LE, Ezzati M, Black RE. Acute lower respiratory tract infections in childhood: opportunities for reducing the global burden through nutritional interventions. *Bull World Health Organ* 2008; 86:356-64.

³ Roth DE, Caulfield LE, Ezzati M, Black RE. Acute lower respiratory tract infections in childhood: opportunities for reducing the global burden through nutritional interventions. *Bull World Health Organ* 2008; 86:356-64.

⁴ Luby SP, Agboatwalla M, Freikin DR, Painter J, Billhimer W, Altaf A, Hockstra RM. Effect of handwashing on child health: a randomized controlled trial. *Lancet.* 2005; 366:225-233.

⁵ Smith KR, Sarnet JM, Romieu I, Bruce N. Indoor air pollution in developing countries and acute lower respiratory infections in children. *Thorax.* 2000; 55:518-32.

⁶ U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.

<http://www.surgeongeneral.gov/library/secondhandsmoke/report/index.html>. Accessed September 7, 2009.

⁹ Sazawal S, Black RE, Pneumonia Case Management Trials Group. Effect of pneumonia case management on mortality in neonates, infants, and pre-school children: a meta-analysis of community based trials. *Lancet Infect Dis.* 2003; 3:547-56.

¹⁰ Figure based on multiple Demographic and Health Surveys (DHS), cited in Wardlaw T, Johansson EW, Hodge M. Pneumonia: the forgotten killer of children. New York: UNICEF, The World Bank; 2006.

¹¹ Sazawal S, Black RE, Pneumonia Case Management Trials Group. Effect of pneumonia case management on mortality in neonates, infants, and pre-school children: a meta-analysis of community based trials. *Lancet Infect Dis.* 2003; 3:547-56.