

MORTALITY

In 2016, just under

809,000

under-fives died of an acute respiratory infection^[1]



of child deaths caused by pneumonia occur in low- and middle-income countries^[1]

Childhood pneumonia kills more under fives than any other infection



Childhood pneumonia deaths are declining more slowly than malaria, HIV/AIDS, measles and diarrhoea deaths^[1]

Based on current trends

735,000

under-fives will die from pneumonia in 2030, and high-burden countries risk missing SDG 3.2^[2]



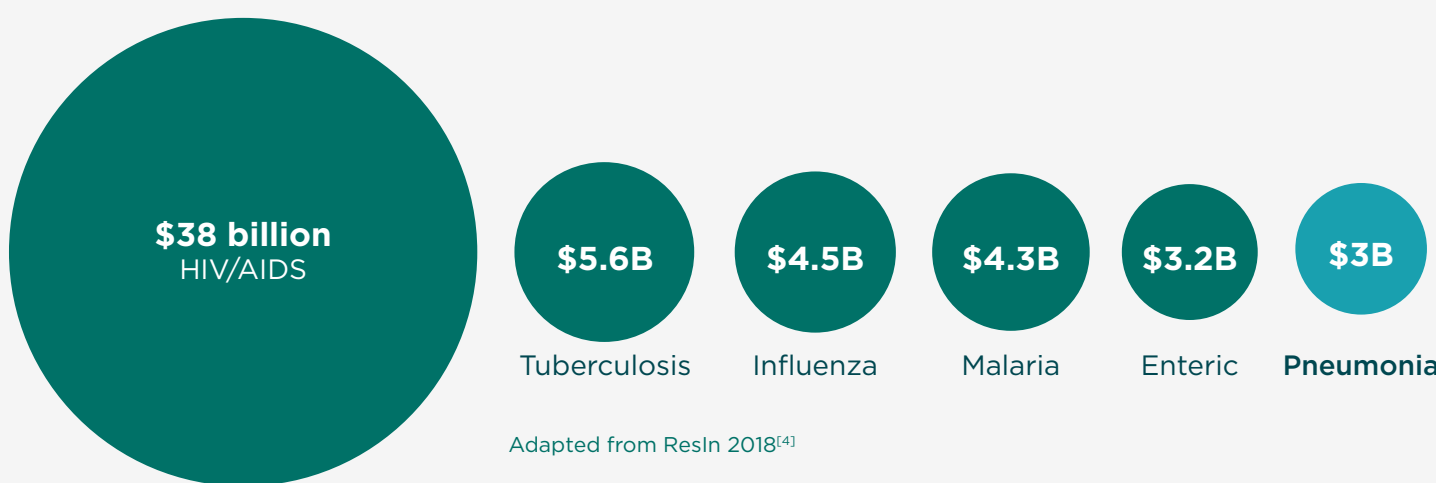
Scaling up proven interventions to lower the pneumonia death rate to 3 per 1,000 live births by 2030 could save

5.3 million

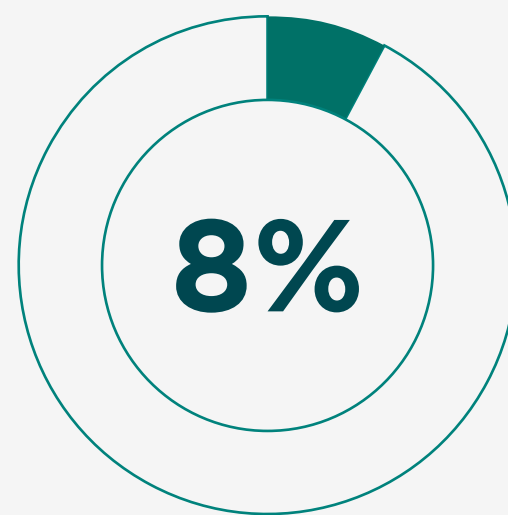
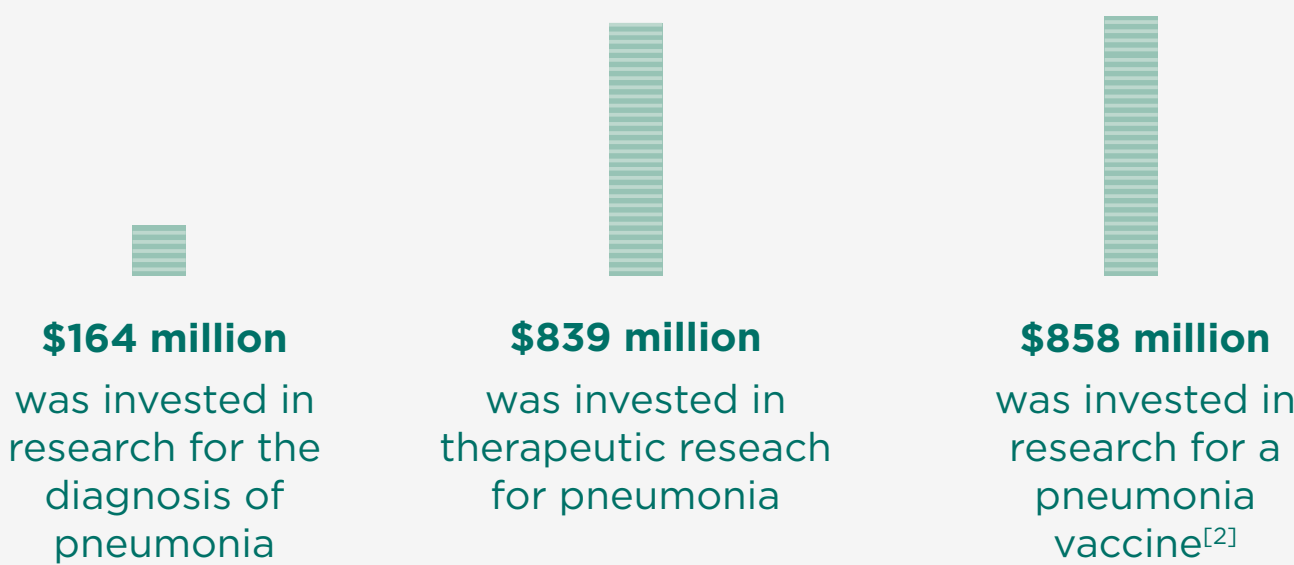
young lives^[2]

INVESTMENT

Pneumonia research and development receives less funding than other infectious diseases

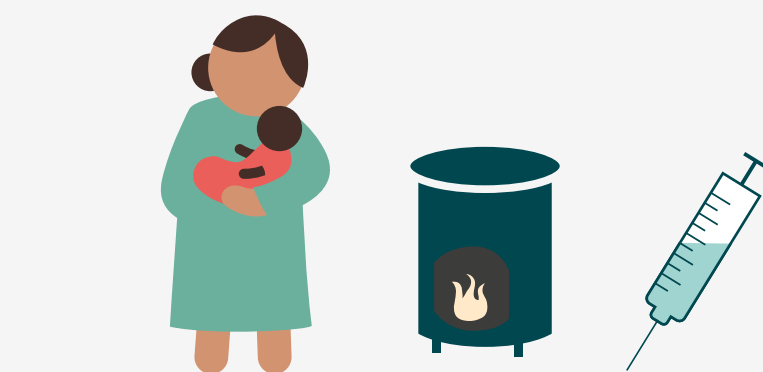


Between 2000-2015,



of funding for pneumonia research rests with low-income countries, despite them having 80% of the disease burden^[2]

APPROACHES



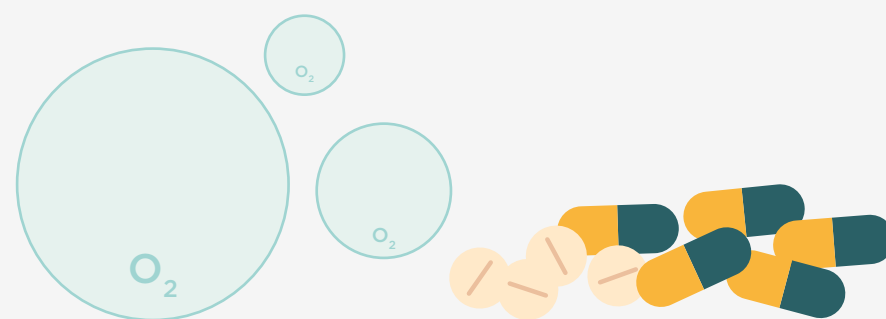
PREVENT

Vaccination, child nutrition, and reduction of air pollution



DIAGNOSE

Improved care-seeking behaviour and referrals, and improved diagnostic tools and aids (including pulse oximetry)



TREAT

Child-friendly antibiotics and oxygen

NEXT STEPS

Every Breath Count's priorities include, but are not limited to, the following:

- developing national child pneumonia control strategies based on local cause-of-death and risk data, and local gaps in coverage of the highest impact interventions;
- increasing the proportion of domestic health resources and international development assistance allocated to child health and pneumonia-related interventions;
- supporting countries, efforts to prioritise child pneumonia in their investment cases for funding from the Global Financing Facility in support of Every Woman, Every Child;
- accelerating the introduction of the PCV vaccine in countries with no coverage and increasing efforts to lift coverage to above 80% in low coverage countries;
- advancing Universal Health Coverage that prioritises full coverage of pneumonia vaccines, diagnostic, and treatment services;
- including critical pneumonia diagnostic and treatment tools in World Health Organization's guidance to national governments, including Essential Medicines and related lists;
- increasing investments in innovations that improve the cost-effectiveness of pneumonia prevention, diagnosis, and treatment, with a special focus on supporting local entrepreneurs with sustainable business models;
- introducing global and national advocacy campaigns to increase the investments needed to end preventable child pneumonia deaths by 2030;
- providing more technical assistance from international development agencies to assist Ministries of Health to accelerate reductions in child pneumonia deaths;
- including a more robust set of pneumonia prevention, diagnosis, and treatment indicators in official health surveys (e.g. MICs, DHS) and health impact tools;
- coordinating efforts by humanitarian agencies to reduce child pneumonia mortality and to test new approaches to pneumonia prevention, diagnosis, and treatment in specific conflict settings; and
- increasing research to identify the predictors of development of severe pneumonia and the children who require urgent referral or hospitalisation.

Every Breath Count's focus countries:

1. Chad; 2. Nigeria; 3. Angola; 4. Niger; 5. Somalia; 6. Mali; 7. Democratic Republic of the Congo; 8. Afghanistan; 9. Pakistan; and 10. Ethiopia.

1. JustActions. The Missing Piece: Why Continued Neglect of Pneumonia Threatens the Achievement of Health Goals. Report. New York: JustActions; 2018.
2. Save the Children. Fighting for breath: A call to action on childhood pneumonia. London: Save the Children; 2017.
3. Research Investments in Global Health Study (ResIn). Sizing up Pneumonia Research: Assessing Global Investments in Pneumonia Research 2000-2015. Report. Southampton: ResIn; 2018.