

One is too many

Ending child deaths from
pneumonia and diarrhoea



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children

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November 2016

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ISBN: 978-92-806-4859-1

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For the latest data, please visit:

<http://data.unicef.org/topic/child-health/pneumonia/>

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Policy and communication advice and support were provided by Justin Forsyth, Deputy Executive Director; Maria Calivis, Deputy Executive Director; Fatoumata Ndiaye Deputy Executive Director; Ted Chaiban, **Director, Programme Division**; Jeffrey O'Malley, Director; **Division of Data, Research, and Policy**; Paloma Escudero, Director, Division of Communication; Stefan Swartling Peterson, Associate Director Health, Health Section, UNICEF NYHQ.

Additional support was provided by the **Division of Data, Research, and Policy**: Attila Hancioglu, Priscilla Idele, Emily Garin, Melinda Murray and Khin Wityee Oo.

Key sectoral inputs were provided by Robert Bain, Anne Detjen, Mamadou Diallo, Lucia Hug, Julia Krasevec, Richard Kumapley, Tom Slaymaker, Danzhen You.

UNICEF Supply Division: Jonathan Howard-Brand, David Muhia

Johns Hopkins University: Yvonne Tam, Angela Stegmuller, Neff Walker for estimating the lives saved analysis for this report.

Leonardo Arregoces, and Christopher Grollman for contributing the financing analysis for this report, using the Countdown to 2015 financing databases.

The Clinton Health Access Initiative, Inc: Nancy Goh.

Research for Development, Inc.: Cammie Lee.

Center for Public Health and Development: Director, Dr. Bernard Olayo

JustActions: Leith Greenslade

Special thanks to UNICEF's core and thematic donors and to supporters of UNICEF's data analysis work, including the United States Agency for International Development, and the Bill and Melinda Gates Foundation, which supported the production of this report.

Foreword

For most children around the world, pneumonia and diarrhoea are easily prevented and managed illnesses with simple and effective interventions and rarely life threatening. However, not all children are so fortunate.

Shockingly, in many parts of the world a child dies every 35 seconds of pneumonia; every 60 seconds, another child dies of diarrhoea. Of the nearly 6 million children who do not live beyond the age of 5, nearly one quarter die from these illnesses.

The reality is that pneumonia and diarrhoea are diseases of poverty, concentrated within the poorest populations around the globe. Moreover, childhood deaths from pneumonia and diarrhoea are largely preventable. How have we allowed such profound inequality to continue? More importantly, how can we foster a more equitable future for the world's most vulnerable children?

We know what needs to be done in order to reduce the deleterious effects that these twin scourges have on all children. And we know that we need to focus primarily on those living in the most impoverished situations to reduce pneumonia and diarrhoea as a major cause of death for children under 5.

Based on research and evidence, this report lays out a series of steps that must be taken to reduce death by pneumonia and diarrhoea in children. Protective interventions such as exclusive breastfeeding, adequate complementary feeding and Vitamin A supplementation provide the foundations for keeping children healthy and free of disease, while preventative interventions such as the provision of necessary immunizations, safe drinking water, sanitation and hygiene, and reduced household air pollution prevent children from becoming ill. Proven cost-effective interventions like antibiotics for pneumonia and oral rehydration salts to prevent dehydration from diarrhoea should be scaled-up to reach the most vulnerable and prevent unnecessary deaths.

Improving data collection systems including the expansion of household surveys, strengthening health management information systems and vital registration to better estimate the burden of pneumonia and diarrhoea and to monitor treatment is essential in order to take action based on evidence.

This report describes the face of current pneumonia and diarrhoea-related mortality and illustrates the startling divide between those being reached and the abundant number of children left behind, a divide which threatens sustainable development for the world's poorest nations. By developing key protective, preventative and treatment interventions, collectively we now have the knowledge and the tools to achieve better results for children.

Healthy children are the foundation of robust economies and thriving communities; they are the lifeblood of sustainable development. With greater investment from governments and partners, pneumonia and diarrhoea – two preventable and treatable childhood illnesses – can be overcome, contributing to the achievement of the Sustainable Development Goals, specifically to the Goal 3 target of ending preventable child deaths.

Child deaths due to pneumonia and diarrhoea can be stopped. Let us act to achieve this goal.



Jeff O'Malley
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Executive summary



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The stakes are high. Pneumonia and diarrhoea are responsible for the unnecessary loss of 1.4 million young lives each year and are a threat to sustainable development for the world's poorest nations.

We have the knowledge and the tools to do better. Child deaths due to diarrhoea and pneumonia are largely preventable – even one death is too many. The fact that children continue to die from these diseases is a reflection of deep inequalities.

Pneumonia and diarrhoea are most deadly for the youngest and the poorest children.

Within countries, deaths due to pneumonia and diarrhoea continue to be concentrated within the poorest populations.

Low and lower-middle income countries are home to 62 per cent of the world's under 5 population, but account for more than 90 per cent of global pneumonia and diarrhoea deaths. The very poorest countries carry a disproportionate share of the burden of death: more than 30 per cent of all pneumonia and diarrhoea deaths are concentrated in low-income countries, yet these countries are home to only 15 per cent of the world's under 5 population.

Pneumonia and diarrhoea mortality disproportionately affect the youngest children: around 80 per cent of deaths associated with pneumonia and approximately 70 per cent of deaths associated with diarrhoea occur during the first two years of life.¹

Pneumonia and diarrhoea deaths are dropping – but not quickly enough.

There has already been substantial progress to reduce pneumonia- and diarrhoea-related mortality since 2000: deaths from these two diseases declined by nearly half

between 2000 and 2015, from 2.9 million deaths to the current 1.4 million.

Diarrhoea deaths have dropped more significantly since 2000, falling from 1.2 million to 526,000 in 2015 – a decline of 57 per cent. Deaths due to pneumonia declined at a slower rate during this period, falling from 1.7 million in 2000 to 920,000 in 2015. Indeed, pneumonia mortality rates have declined at a significantly slower rate than those of other common childhood diseases, such as malaria, measles and HIV.

We can end most pneumonia and diarrhoea deaths with a set of tried and tested interventions.

As outlined in the Global Action Plan for Pneumonia and Diarrhoea (GAPPD):

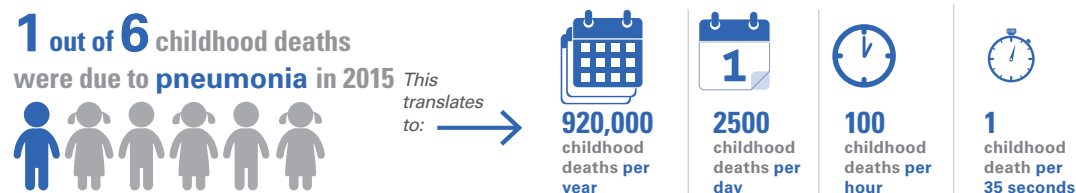
Protecting children with good health practices means:

- Promoting exclusive breastfeeding for the first 6 months of life;
- Facilitating continued breastfeeding until age 2 or longer, with appropriate complementary foods;
- Providing vitamin A supplementation.

Preventing pneumonia and diarrhoea in the first place involves:

- Delivering vaccines – including those for pertussis, measles, Hib, PCV and rotavirus;

No child needs to die from pneumonia or diarrhoea; ending preventable child deaths from these diseases is within our grasp



- Promoting good hygiene, including handwashing with soap;
- Ensuring safe drinking water and sanitation;
- Reducing household air pollution;
- Preventing HIV infection;
- Protecting HIV-infected and exposed children with Co-trimoxazole.

Treating pneumonia and diarrhoea effectively includes:

- Improving care seeking and referral;
- Ensuring appropriate and timely diagnosis and treatment at the community level;
- Ensuring access to medicine and supplies – antibiotics (Amoxicillin DT) and oxygen (for pneumonia) and low osmolarity oral rehydration solution (ORS) and zinc (for diarrhoea);
- Providing nutritious complementary foods and/or breast milk.

An increasing number of innovative technologies and strategies exist with proven potential to accelerate progress on prevention, diagnosis, and treatment of pneumonia and diarrhoea.

More children under 5 are already benefitting from effective interventions than ever before – but progress is too slow and challenges remain in ensuring that key interventions reach all children in need.

Exclusive breastfeeding – despite the benefits of exclusive breastfeeding for survival and lifelong health, in 2015 just over 40 per cent infants aged 0-5 months were exclusively breastfed.²

Adequate complementary feeding – globally, only a shocking one in every six children under 5 is receiving a minimally acceptable diet.²

Vitamin A supplementation – almost 70 per cent of children in priority countries were fully protected with two high-dose vitamin A supplements, in 2014.³

Vaccines – coverage of key pneumonia-related vaccines is increasing and progress in sub-Saharan Africa is improving faster than the global average. Yet despite recent progress, in 2015 just over 60 per cent of children globally received the recommended three doses of Hib vaccine and just over 30 per cent received the

Water, sanitation and hygiene – preventative measures to improve access to clean drinking water, sanitation and hygiene are translating into fewer diarrhoea-related deaths in a number of countries.

Air pollution – around half of childhood pneumonia deaths are associated with air pollution. The effects of indoor air pollution kill more children globally than outdoor air pollution. At the same time, around 2 billion children live in areas where outdoor air pollution exceeds international guideline limits.⁴

Care seeking – since 2000, the rate of care seeking for symptoms of pneumonia has increased by only 8 percentage points – from 55 per cent in 2000 to 63 per cent in 2015. Within countries, there are still significant disparities in care seeking for symptoms of pneumonia between the richest and poorest households, across all regions. However, there has been important progress to close the urban/rural gap in care seeking during this time.

ORS and zinc treatment – ORS coverage levels are still unacceptably low across almost all regions, in rich and poor households alike: only two in ten children have access to this essential treatment globally. The gaps in

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