



EXECUTIVE SUMMARY

Ending Preventable Child Deaths from Pneumonia and Diarrhoea by 2025

The integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD)

© World Health Organization/The United Nations Children's Fund (UNICEF) 2013

All rights reserved. Publications of the World Health Organization are available on the WHO web site (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization and UNICEF to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or UNICEF be liable for damages arising from its use.

Photo credits: Shutterstock (Cover); WVI (p4); WHO /Rod Curtis (p5); WHO /Christopher Black (p6); WHO/Anita Khemkha (p9); WVI/Lucy Murunga (p10); WHO/Fid Thompson (p11); Dr. Shamim Qazi (p12); PAHO (p14); iStockPhoto (p15)

Design and layout by: www.paprika-annecy.com

Printed in France

Acknowledgements

This action plan was developed largely by WHO and UNICEF staff with contributions from a wide group of partners and stakeholders.

We would like to thank the following organizations and governments for their valuable contributions throughout the process of development of the action plan (listed in alphabetical order):

The Aga Khan University
The Bill & Melinda Gates Foundation
Boston University School of Public Health
Clinton Health Access Initiative
Colorado School of Public Health
The GAVI Alliance
Instituto Nacional de Salud del Niño
International Pediatric Association
Johns Hopkins Bloomberg School of Public Health
John Snow Inc.
The London School of Hygiene and Tropical Medicine
Management Sciences for Health
Maternal and Child Health Integrated Program
MDG Health Alliance
Ministry of Public Health and Sanitation (Government of Kenya)
One Million Community Health Workers Campaign: The Earth Institute at Columbia University
The Partnership for Maternal, Newborn & Child Health
PATH
Population Services International
Program for Global Pediatric Research, Hospital for Sick Children, Toronto
Save the Children
Tearfund
United States Agency for International Development (USAID)
Universidad Nacional Mayor de San Marcos
Universidad Peruana Cayetano Heredia
University of Edinburgh
University of Khartoum
University of Liverpool
UN Millennium Project
WaterAid
Water Supply and Sanitation Collaborative Council
World Vision International

Special thanks go to Dr Peggy Henderson (main writer).

A photograph showing a woman in a blue shirt holding a sleeping baby in a pink shirt. A healthcare worker in a white coat is examining the baby's hand. The background is a textured wall. A semi-transparent dark green banner is overlaid on the right side of the image.

Ending two major preventable
causes of child death

Ending two major preventable causes of child death

Stopping the loss of millions of young lives from pneumonia and diarrhoea is a goal within our grasp. The *integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD)* proposes a cohesive approach to ending preventable pneumonia and diarrhoea deaths. It brings together critical services and interventions to create healthy environments, promotes practices known to protect children from disease and ensures that every child has access to proven and appropriate preventive and treatment measures.

The goal is ambitious but achievable: to end preventable childhood deaths due to pneumonia and diarrhoea by 2025.

The momentum needed to achieve this goal exists already. The world has achieved substantial gains in child survival over the past 20 years and extensive work has been done to not only meet the Millennium Development Goal for 2015 on child survival, but also go beyond. The United Nations *Global Strategy for Women's and Children's Health*, launched in 2010,

calls for a "continuum of care" approach to services, aiming to save 16 million lives. With the Every Woman Every Child movement, efforts have continued. In 2012, the call to action *Committing to Child Survival: A Promise Renewed* challenged the global community to reduce child mortality to 20 or fewer child deaths per 1000 live births in every country by 2035.

Other contributing initiatives include the *Global Vaccine Action Plan*, which sets out a strategy for preventing childhood disease through vaccination; the comprehensive implementation plan to improve maternal, infant and young child nutrition endorsed by WHO Member States; and the United Nations *Sustainable Energy For All* initiative which is a public-private commitment to universal access to modern energy services by 2030. Moreover, the United Nations *Commission on Life-Saving Commodities* made important recommendations to strengthen access to and use of life-saving commodities including treatment for pneumonia and diarrhoea, while the United Nations *Commission on Information and Accountability* paved the way for improved monitoring of programmes to protect women's and children's health.

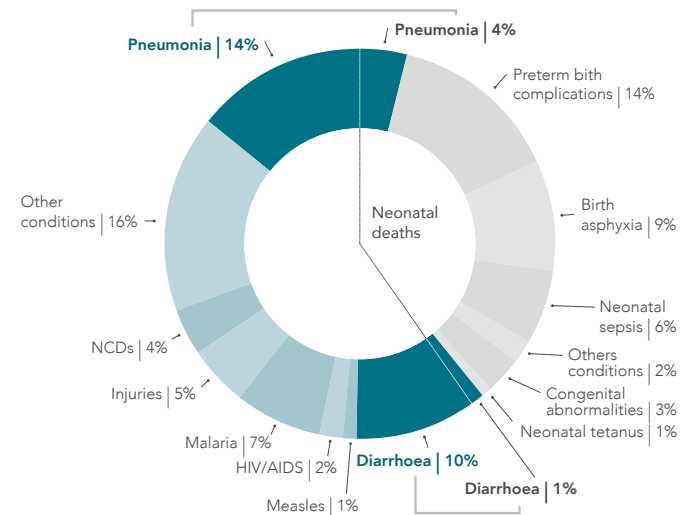




Closing the gap: reaching
all children with existing
interventions

Closing the gap: reaching all children with existing interventions

Pneumonia and diarrhoea remain major killers of young children. Together, these diseases account for 29% of all deaths of children less than 5 years of age and result in the loss of 2 million young lives each year.

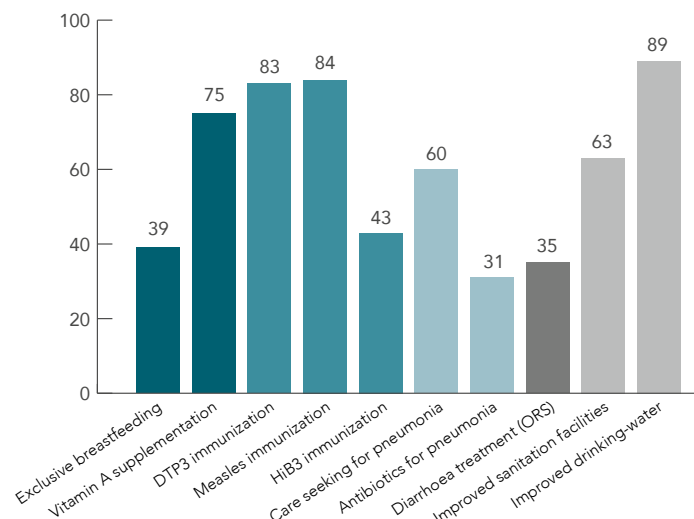


Thirty-five percent of deaths in children less than five years of age are associated with malnutrition.'

Sources: WHO Global Health Observatory (http://www.who.int/gho/child_health/en/index.html) and 'Black R et al. *Lancet*, 2008, 371:243-260

Children who are poor, hungry and living in remote areas are most likely to be visited by these "forgotten killers" and the burden placed by pneumonia and diarrhoea on families and health systems aggravates existing inequalities.

The solutions to tackling pneumonia and diarrhoea do not require major advances in technology. Proven interventions



Source: UNICEF's State of the World's Children 2013

exist. Children are dying because services are provided piecemeal and those most at risk are not being reached. Use of effective interventions remains too low; for instance, only 39% of infants less than 6 months are exclusively breastfed while only 60% of children with suspected pneumonia access appropriate care. Moreover, children are not receiving life-saving treatment; only 31% of children with suspected pneumonia receive antibiotics and only 35% of children with diarrhoea receive oral rehydration therapy.

Identifying those children at greatest risk, hardest to reach and most neglected, and targeting them with interventions of proven efficacy will enable us to close the gap, ultimately ending the heavy toll of preventable child deaths.

Using interventions that work

Research shows that these interventions and activities work:

- Exclusive breastfeeding for six months and continued breastfeeding with appropriate complementary feeding reduces the onset and severity of diarrhoea and pneumonia.
- Use of vaccines against *Streptococcus pneumoniae* and *Haemophilus influenzae* type b, the two most common bacterial causes of childhood pneumonia, and against rotavirus, the most common cause of childhood diarrhoea deaths, substantially reduces the disease burden and deaths caused by these infectious agents. In response, an increasing number of countries are introducing these vaccines.
- Use of vaccines against measles and pertussis substantially reduces pneumonia illness and death in children.
- Use of simple, standardized guidelines for the identification and treatment of pneumonia and diarrhoea in the community, at first-level health facilities and at referral hospitals, such as those for integrated management of childhood illness (IMCI), substantially reduces child deaths.
- Oral rehydration salts (ORS), and particularly the low-osmolality formula, are a proven life-saving commodity for the treatment of children with diarrhoea.
- Innovative demand creation activities are important for achieving behaviour change and sustaining long-term preventive practices.
- Water, sanitation and hygiene interventions, including access to and use of safe drinking-water and sanitation, as well as promotion of key hygiene practices provide health, economic and social benefits.
- Reduction of household air pollution with improved stoves has been shown to reduce severe pneumonia. Safer and more efficient energy in the home prevents burns, saves time and fuel costs, and contributes to better development opportunities.



An integrated approach
for saving lives

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_28275

