



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

REPORT OF AN INFORMAL CONSULTATION











Technical consensus statement

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 following IMCI 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 appropriate complementary feeding 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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Background

he fourth Millennium Development Goal (MDG), which focuses on child survival, calls for a two thirds reduction in under-five mortality compared to the 1990 baseline. About 10 million children under five years of age die every year. The biggest killers are pneumonia, diarrhoea and neonatal causes. Pneumonia is also responsible for a significant proportion of deaths classified under "neonatal causes". It is estimated that, including neonates, pneumonia may cause up to 2.4 million deaths annually, mostly in the African, South-East Asian and Eastern Mediterranean regions of WHO. This represents 1.5–2 times more child deaths than those from malaria and HIV infection together in these same regions. In sub-Saharan Africa, HIV has resulted in a rapid increase in the incidence of pneumonia morbidity and mortality, and this has led to additional challenges regarding differences in epidemiology and the potential for vaccine strategies in reducing this burden. As of 2005, more than 150 million childhood pneumonia cases are estimated to occur every year in the developing areas of the world, with 73% occurring in just 15 countries. However, the incidence of child pneumonia has increased by 45% in South Africa alone since 1995, owing to the additional disease burden contributed by HIV, so that total global incidence today may be even higher.

Thus pneumonia remains one of the major challenges to child health and survival. This is despite the fact that a range of risk factors have now been identified, leading to the availability of preventive and curative measures of proven efficacy and effectiveness. A focused and integrated approach at country level to implement and scale up the use of interventions of known effectiveness, particularly in some high-burden countries, however, should lead to a dramatic reduction in child morbidity and mortality due to pneumonia. A recent report by UNICEF and WHO¹ highlights the importance of pneumonia and outlines strategies to reduce mortality through such an integrated approach. There is no "magic bullet" for all circumstances but a set of tools that can be applied as indicated by local circumstances that, in combination, can have a major impact. Some of the main tools are related to vaccines, mother and child nutrition, case management and the environment. Only by these means can the ambitious MDG for child health be achieved.

Over the past few years, new data have become available on the impact of a variety of interventions that have the potential to reduce the pneumonia burden. Needed now, however, is a comprehensive assessment of the new information on the potential impact of these interventions, the obstacles and opportunities for scaling up their use, and an integrated approach to delivering them to maximize their impact. The main approaches to pneumonia prevention are to reduce exposure to risk factors and provide protection through vaccination. Risk factors were reviewed in 2004, but an in-depth comparative assessment of risk factors for under-five mortality or pneumonia mortality has not yet been undertaken. Other new data are also becoming available. For example, a recent randomized controlled trial in Guatemala showed that reducing indoor air pollution by providing stoves with a chimney gave an impressive reduction in cases of severe pneumonia. Zinc has been shown to be efficacious in preventing pneumonia, with conflicting results on its role in the case management of pneumonia. Use of co-trimoxazole as prophylaxis in HIV-infected children resulted in a significant reduction in mortality in a study

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¹ United Nations Children's Fund (UNICEF) and World Health Organization. *Pneumonia: the forgotten killer of children*. New York, UNICEF, 2006.

from Zambia. In HIV settings, introduction of highly active antiretroviral treatment (HAART) has also reduced morbidity and mortality from childhood pneumonia. Other preventive strategies that have shown promise are hand washing, breastfeeding and reducing overcrowding. More study of the influence of these risk factors is needed.

Whereas some progress has been made in understanding and addressing risk factors, the main progress to date in the prevention of pneumonia has been achieved through the development of new vaccines. "Older" vaccines against measles and pertussis have resulted in significant reductions in the burden of these diseases where high coverage rates are maintained. In addition, "newer" vaccines against Haemophilus influenzae type b (Hib) and Streptococcus pneumoniae (pneumococcus) have shown high protective efficacy against pneumonia in controlled trials as well as under routine circumstances in some countries. In the case of Hib, the impact of routine immunization on pneumonia is assumed based on the demonstrated impact against invasive disease following vaccine introduction and the impact on pneumonia seen in clinical trials. Direct measurement of the effect of routine Hib immunization on pneumonia is much more difficult to measure, although case-control studies following vaccine introduction have demonstrated a 20–40% efficacy against radiologically confirmed pneumonia. Several pneumococcal vaccine trials have been completed and have shown efficacy against radiologically confirmed pneumonia ranging from 20% to 37%. The Global Alliance for Vaccines and Immunization (GAVI) is providing support to eligible countries for the introduction of Hib vaccine, and from 2008 will support the introduction of pneumococcal conjugate vaccines in eligible countries.

Effective early management of pneumonia in resource-poor developing countries, through the development and continued improvement of a simple case management strategy, has for several years been a cornerstone in the reduction of pneumonia mortality. The mainstay of pneumonia case management is the provision of inexpensive antibiotics by peripheral health workers in the context of the Integrated Management of Childhood Illness (IMCI). There is continued interest in the management of pneumonia by community health workers, and WHO and UNICEF have recommended that community health workers can treat ambulatory (non-severe) pneumonia effectively with oral antibiotics. Some initiatives to promote this practice at community level have been undertaken. This approach is threatened by the potential emergence of common bacteria resistant to the first-line antibiotics and the need to use more expensive alternatives. However, the clinical relevance of in vitro antimicrobial resistance for pneumonia is still unclear. Furthermore, the specificity of the pneumonia diagnosis and over-treatment becomes another important issue, especially with the increasing use of vaccines that will prevent pneumonia caused by common bacterial pathogens. Although standard case management has rationalized the antibiotic use for pneumonia, there is a need to review the initial assessment and therapy failure criteria to further reduce antibiotic use. Case management is also quite challenging in many populations because of cultural, geographical, logistical and seasonal factors (aside from poverty), particularly where pneumonia can proceed from first signs to death within 48 hours. Studies have also chawn that a charter course of antibiotic therapy is equally effective in treating phononia. A

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