

PROGRESS ON CHILDHOOD PNEUMONIA 2017–2021



Save the Children



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FOREWORD

Childhood pneumonia is arguably the world's single most neglected disease. Every year, the illness claims the lives of some 800,000 children, making it the single biggest killer of children. That shocking figure – a life lost every 39 seconds – is falling more slowly than for other major killers, and too slowly for the world to achieve the Sustainable Development Goal (SDG) of an end to preventable childhood deaths. Despite the death toll and the slow pace of progress, pneumonia has received insufficient attention from the international community and – sadly – from the governments of countries in which pneumonia is a major cause of childhood mortality.

What makes the record on pneumonia so disturbing is that almost all of the deaths it causes are preventable. Effective vaccines can avert most cases. With early and accurate diagnosis, simple antibiotics costing \$0.70 can treat childhood pneumonia. More severe cases can be managed with medical oxygen – a treatment that is universally available to citizens in rich countries.

These realities are symptoms of the deeper causes of pneumonia deaths among children – inequity and health system failures. Childhood pneumonia has rightly been called a 'disease of the poor'. Linked closely to malnutrition and poverty, it is the poorest children who are most vulnerable to the illness, the last in line for vaccination, and the least likely either to be taken to a health clinic or, if they are taken, to receive an accurate diagnosis and antibiotic and oxygen treatment.

Medical oxygen is either unavailable or unaffordable to the parents of children needing treatment. Ultimately, the fight against pneumonia is a battle for equity and rights, and against injustice in health. COVID-19 has intensified that battle by placing already overstretched health systems under enormous pressure, with budgets, health workers and – critically – oxygen supplies diverted to COVID-19 wards in major hospitals.

Save the Children marked its centenary year by taking up pneumonia as a child rights issue. This report documents some of what has been achieved.

There have been some remarkable successes led by country programmes working to extend access to vaccines, community healthcare, and oxygen. Our colleagues in Nigeria worked with the government to draft the country's first anti-pneumonia strategy. Through our partnership with the Every Breath Counts Coalition, UNICEF, ISGlobal, Gavi, the Vaccine Alliance, and others we co-convened the world's first Global Pneumonia Forum, bringing together health ministers, researchers, and aid agencies committed to accelerating progress.

Faced with global challenges in an era of weakened multilateralism, it is easy to lose sight of what is at stake – and of what is possible. In my programme visits with Save the Children I've spoken with doctors who have told me about the distressing decisions they have to make on which child should get access to a clinic's limited oxygen supply. I've spoken to parents who have lost children to a disease which could have been prevented or cured.

And I've seen children left literally gasping for breath, their lives hanging in the balance because of our collective failure to stop the neglect of pneumonia.

For the millions of children around the world who today face the deadly threat of pneumonia, the stakes could not be higher. I hope – and believe – that Save the Children's work on pneumonia has demonstrated that, even in an era marked by grinding under-ambition in international cooperation, change is possible when we combine our resources and work together.



KEVIN WATKINS
CHIEF EXECUTIVE
SAVE THE CHILDREN UK (2016–2021)



FOREWORD

“Pneumonia has always been deadly to the world’s most vulnerable children but the pandemic has revealed just how catastrophic a new viral cause of pneumonia can be for the entire world. Every country needs a health system that can fully protect children and adults with all of the pneumonia-fighting vaccines, and diagnose and treat any cause of pneumonia with the right medicines and oxygen. This will not only reduce the massive burden of death from pneumonia – an estimated 4 million in 2020 alone – but the risk that the next respiratory pandemic will kill millions more.”



LEITH GREENSLADE
COORDINATOR
EVERY BREATH COUNTS COALITION

“Although COVID-19 has demanded the world’s attention, we cannot forget that pneumonia is still the single biggest killer of children in low-income countries. The pandemic will end, but pneumonia will still be with us. As a global community, we must harness the same urgency, innovation and determination with which the world has fought COVID-19 to fight pneumonia, and save lives from this preventable and treatable disease.”



DR TEDROS ADHANOM GHEBREYESUS
WORLD HEALTH ORGANIZATION
DIRECTOR-GENERAL

“UNICEF greatly values our partnership with Save the Children. Our country teams are working shoulder-to-shoulder to align our priorities and actions to support children around the world. This close collaboration extends to our advocacy. Having one voice and one message is the best way to achieve even more progress and results for children, and we look forward to strengthening this work in the years ahead.”



HENRIETTA FORE
UNICEF EXECUTIVE DIRECTOR



SECTION:

01

INTRODUCTION

In 2017, in the lead-up to its 100th anniversary, Save the Children launched its centenary commitment on fighting childhood pneumonia.¹

This report captures the achievements and learnings from our work to address childhood pneumonia, the biggest infectious killer of children, over the past four years.

It addresses the challenges and opportunities for pneumonia that have resulted from the outbreak of the COVID-19 pandemic in 2020, disrupting our programmes and shining a global spotlight on associated issues relating to vaccination and oxygen access.

Critically, it provides a perspective on the essential action that needs to continue if we and our partners are to deliver on our ambition of ending preventable childhood pneumonia deaths by 2030.



OUR COMMITMENT

In 2017, Save the Children made a bold commitment to tackle the burden of childhood pneumonia² – not to create a new vertical strand of funding and activity, but as a vital strategy to address the systemic failings that are contributing to a slower decline in childhood pneumonia deaths compared to other infectious diseases. Each year, pneumonia kills more children than malaria, measles, and HIV/AIDS combined.^{3,4}

GLOBAL PROGRESS TOWARDS THE END OF CHILDHOOD PNEUMONIA

2017

November

Save the Children publishes a major report, **Fighting for Breath**, to mark the launch of its global campaign against pneumonia.⁵
Save the Children joins forces with the Every Breath Counts Coalition to form a multi-sector collaboration to tackle childhood pneumonia in high-burden countries.

2018

December

Save the Children works with partners to strengthen pneumonia control in nine 'Beacon' high-burden countries.
[Click to read more](#)

2019

June

Save the Children and UNICEF formalise their partnership to specifically tackle pneumonia at the global and national level.
Save the Children hosts the Every Breath Counts Coalition advocacy focal point and formalises partnerships with key governments and partners to release the **Fighting for Breath Call to Action**.
[Click to read more](#)

2020

January

Save the Children and UNICEF, in partnership with others, host world leaders at the Global Forum on Childhood Pneumonia in Spain – the first major global forum on pneumonia.⁶
[Click to read more](#)

March

The COVID-19 pandemic is announced; country programming on childhood pneumonia pivots to tackle COVID-19 responses.
[Click to read more](#)

2021

January

A new multi-disciplinary Pneumonia Support Hub is established to ensure Save the Children's progress on pneumonia is sustained and scaled in high-burden countries.

March

A year on from the Global Forum, Every Breath Counts Coalition partners host three Low and Middle-Income Country (LMIC) Government Roundtables – to review progress against their pneumonia commitments in the context of the COVID-19 pandemic.⁷
[Click to read more](#)

September

Save the Children calls for continued momentum to transition COVID-19 response into long-term reduction of childhood pneumonia deaths.
[Click to read more](#)

Photo credit: Hanna Adcock Save the Children

Photo credit: Jonathan Hyams Save the Children

Photo credit: Sacha Myers Save the Children

Photo credit: Charlie Forgham-Bailey Save the Children



WHY PNEUMONIA?

Pneumonia illuminates inequalities of health service provision and access to essential medicines in LMICs. The global health community knows how to prevent and treat it. And yet it remains the world’s deadliest infectious killer of children, killing more than 800,000 children under five in 2019.⁸

Health systems hold the key to unlocking progress in combatting pneumonia. Through immunisation programmes they can provide the armoury that protects children left vulnerable by poverty, malnutrition, and environmental risk factors.⁹

By providing diagnosis and treatment they can limit the harm caused by pneumonia, creating the conditions for recovery. That is why Universal Health Coverage (UHC) is the defining condition for accelerated progress.¹⁰



WHAT IS UNIVERSAL HEALTH COVERAGE?

UHC is about ensuring that all citizens have access to care regardless of their wealth, ethnicity, gender or location. That care has to include access to health providers able to accurately diagnose and effectively treat pneumonia. Pneumonia cannot be treated in isolation.¹¹

WHAT NEEDS TO BE DONE

The good news is that most pneumonia-related deaths are preventable, and pneumonia is treatable.

Save the Children commissioned research carried out by Johns Hopkins University School of Medicine to identify seven interventions to reduce pneumonia mortality with proven high-impact, and with the potential to significantly reduce deaths (see Table 1). Taken together, on a cumulative basis to 2030, these interventions could prevent 3.2 million pneumonia deaths and an additional 5.8 million lives could be saved from co-benefits in areas including nutrition, newborn interventions, and antibiotic treatments.¹²

Table 1

Intervention	Maternal and child health intervention
1. Nutrition	Balanced energy supplementation, Calcium supplementation, Change in stunting prevalence, Change in wasting prevalence, Micronutrient supplementation (iron and multiple micronutrients), Vitamin A supplementation, Zinc supplementation
2. Vaccination	Haemophilus influenzae type b (Hib) vaccine, Pneumonia Conjugate Vaccine (PCV), Rotavirus vaccine
3. Newborn	Case management of neonatal sepsis/pneumonia
4. Breastfeeding	Early initiation of breastfeeding, Age-appropriate breastfeeding practices
5. Water and sanitation	Hand washing with soap, Improved water source and improved sanitation, Water connection in the home
6. Malaria prevention	IPTp – Intermittent preventive treatment of malaria during pregnancy, Insecticide Treated Nets (ITN)/Indoor Residual Spraying (IRS) – Households protected from malaria
7. Antibiotics	Oral antibiotics for pneumonia

Key
Protect **Diagnose & Treat**
Prevent

The number of lives that could be saved is potentially far higher as the modelling did not take into account other key factors, including:



Oxygen

At primary and secondary health facilities



Reducing air pollution

A proven key intervention to reducing pneumonia mortality



WORKING IN PARTNERSHIP WITH UNICEF



In 2019, Save the Children and UNICEF announced a new partnership to catalyse action to end preventable child deaths from pneumonia during the SDGs era and beyond.

Building on close ties between the two organisations to end preventable child deaths, the partnership strengthened the relationship in the nine beacon countries (Bangladesh, DRC, Ethiopia, India, Indonesia, Kenya, Nigeria, Somalia and South Sudan) to specifically address pneumonia.

With a particular focus on the need to strengthen primary healthcare (PHC) at the community level, Save the Children and UNICEF agreed on the following priority areas of cooperation:

“ The remarkable partnership between Save the Children, Clinton Health Access Initiative and UNICEF supported the Ministry of Health and Family Welfare in the landmark decisions for India to change the first line of treatment for childhood pneumonia to amoxicillin dispersible tablets, and to roll-out national childhood pneumonia control guidelines through a campaign known as ‘SAANS’. The campaign takes place in winter when half of childhood respiratory illness occur in the country, and focuses on creating awareness in public and strengthening health systems. ”

LUIGI D'AQUINO
CHIEF OF HEALTH, UNICEF, INDIA

01

Raising the profile of childhood pneumonia at the global and country level, bringing systemic change through advocacy, for PHC and UHC, improved and increased national government health spending and multi-sector engagement.



02

Public education and engagement of national and local governments, community leaders and civil society to raise the profile of pneumonia and promote dialogue geared towards practical action under the PHC umbrella.



03

Strengthening health systems, with a particular focus on quality of care and integrated management of childhood illness at community (iCCM - Integrated Community Case Management) and PHC facility level (IMNCI – Integrated Management of Newborn and Childhood Illness), as well as ensuring availability of vital commodities such as oxygen and amoxicillin dispersible tablets.



04

Strengthening data collection, quality and use to inform effectiveness and coverage – including equity gaps – of health interventions and investments targeting pneumonia.



05

Promoting innovation and learning through the development and deployment of new diagnostics tools and technologies, and innovative programme approaches.



06

Resource mobilisation.





“ We have less than 10 years left to deliver on the SDGs, and only four to meet the targets of the Global Action Plan for Pneumonia and Diarrhoea (GAPPD). Our progress towards ending preventable childhood deaths needs to be faster and fairer. In Bangladesh, pneumonia is responsible for the deaths of 24,000 children under the age of five annually, even today. We have the potential to save many more lives through ensuring availability and safe use of oxygen for medical treatment as well as improving air quality and children’s nutrition to reduce the major risk factors for pneumonia. This requires a multisectoral and coordinated approach that encompasses health and nutrition, Water, Sanitation and Hygiene (WASH), air pollution control and access to life-saving medical equipment. UNICEF, along with Save the Children and other partners, will continue to support the Government of Bangladesh to end preventable deaths from pneumonia and improve childhood development and growth. ”

TOMOO HOZUMI
UNICEF REPRESENTATIVE IN BANGLADESH



Photo credit:
Marieke van der Velden
Save the Children



SECTION:

02

COUNTRY PROGRESS

In 2017, Save the Children committed to tackle high levels of mortality and morbidity in nine high-burden countries.¹³

Referred to as ‘Beacon Countries’, Save the Children sets out to apply learnings from global evidence around the seven interventions in each of these high-burden pneumonia countries, working closely with national stakeholders to shape programmes that are relevant to the specific contexts, recognising that national and sub-national contexts vary substantially.



OUR AMBITION: BY 2030

By 2030, Save the Children will have contributed to building a global political commitment to end preventable deaths from pneumonia in children under five years, helping to save the lives of more than 5.3 million children globally.¹⁴

IN-COUNTRY PROGRESS TO DATE: TOP ACHIEVEMENTS



NIGERIA
Testing innovative and scalable approaches to tackle pneumonia through the unique INSPIRING Programme.

[Click to read more](#)



DEMOCRATIC REPUBLIC OF CONGO

Implementing a flagship programme with a comprehensive package of pneumonia control.

[Click to read more](#)



SOUTH SUDAN
Advocating for including PCV into routine vaccination services.

[Click to read more](#)



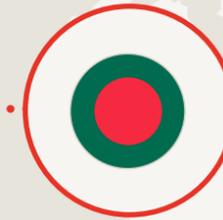
ETHIOPIA
Contextualising iCCM for underserved pastoralist areas.

[Click to read more](#)



INDIA
Working hand in hand with the government to deliver the national SAANS campaign.

[Click to read more](#)



BANGLADESH
Leading advocacy efforts to bring pneumonia to the forefront of the child health agenda.

[Click to read more](#)



INDONESIA
Raising the profile of pneumonia through the STOP Pneumonia campaign and successfully advocating for PCV introduction.

[Click to read more](#)



SOMALIA
Conducting research on the optimal use of PCV for humanitarian crisis settings.

[Click to read more](#)



KENYA
Allowing community health volunteers to treat childhood pneumonia by prescribing amoxicillin dispersible tablets.

[Click to read more](#)

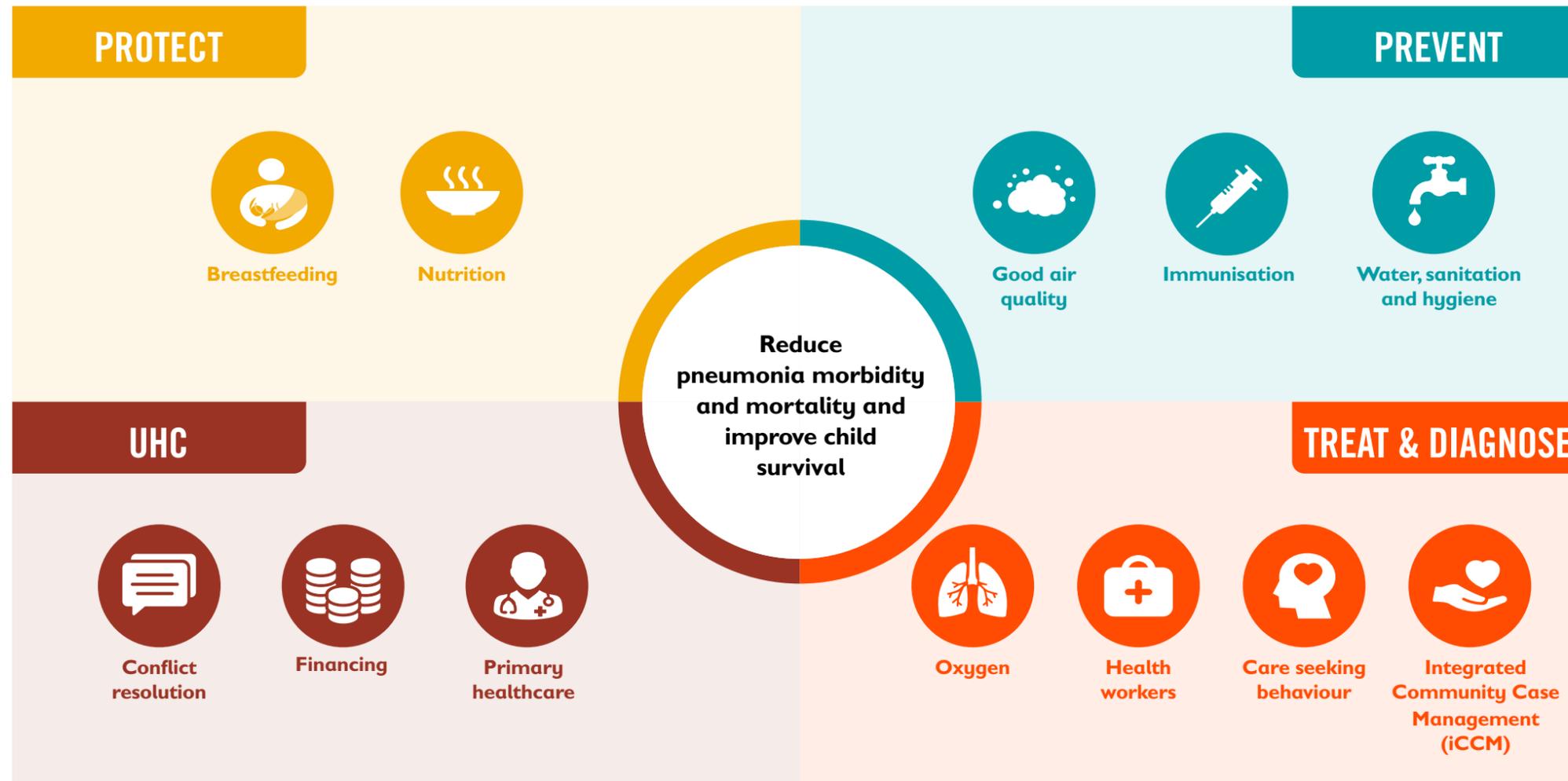
CASE STUDIES:
 Attia
 Nanni, Abdul and their newborn baby
 Dr Siyad Hassan



AN INTEGRATED APPROACH THAT STRENGTHENS THE HEALTH SYSTEM

Countries are undertaking a number of protective, preventive, diagnostic and treatment, and system-strengthening measures that are appropriate to their unique contexts.

All of these are integrated into their strategies to achieve UHC and improve child survival. Across the full spectrum of interventions, policies and multisector action are needed to reduce pneumonia morbidity and mortality and improve child survival. Since the start of the Pneumonia Centenary Commitment, Save the Children Beacon Country offices have made great strides in areas most relevant to their contexts. These key achievements are built on relevant needs and gaps relating to the Protect, Prevent and Treat Framework:¹⁵



Protect, Prevent and Treat Framework

THE IMPACT OF COVID-19

The work set out in the nine beacon countries remains as important and relevant – even more so – in light of COVID-19.

Fighting and mitigating the impacts of COVID-19 requires strengthening health systems, including increasing investment and addressing inequities to reach the most marginalised and vulnerable populations. Therefore, the ongoing global and national efforts advocating for UHC support progress towards both COVID-19 and childhood pneumonia ambitions.¹⁶

As part of our Pneumonia Centenary Commitment, Save the Children is focusing on efforts to accelerate access to life-saving oxygen, with partners such as the Every Breath Counts Coalition and UNICEF. Save the Children is also part of the newly formed ACT-Accelerator COVID-19 Oxygen Emergency Taskforce, which is working to assess oxygen demand and secure oxygen supplies and technical support for the worst-affected countries.¹⁷

THE OXYGEN CRISIS EXPOSED

Every year, 4.2 million children suffering from severe pneumonia in LMICs urgently need medical oxygen to survive.¹⁸

Like other causes of pneumonia, COVID-19 can result in hypoxemia – a potentially fatal oxygen deficiency in the blood. Medical oxygen can be the difference between life and death. However, it is often unavailable to children and newborns suffering from severe pneumonia or other causes of hypoxemia, whose lives are at greatest risk. Where it is available, it is often unaffordable for the poorest and most vulnerable.

Together with partners UNICEF, CHAI and the Murdoch Children's Research Institute we collaborated on a global and country-level estimation of children with severe pneumonia who need medical oxygen. This data was shared in a global [press release](#), calling on donors and governments to invest in strengthening oxygen systems, alongside national press releases and advocacy activities in beacon countries to help raise awareness and drive commitment in national settings.



IN-COUNTRY PROGRESS AND ACHIEVEMENTS TO DATE

For full details, please see references 31–58

Through partnerships and with Save the Children Beacon Country support, countries have been able to make significant progress on the implementation of the Protect, Prevent and Treat Framework in nine Beacon Countries (2017–2021).

PROTECT

Two countries are on track to end all forms of malnutrition and achieve international targets to reduce stunting rates.

Somalia

On track to reduce stunting rates to

14% by 2025



South Sudan

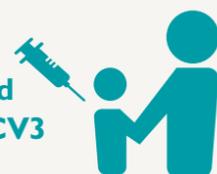
On track to reduce stunting rates to

17% by 2025



PREVENT

Six countries have achieved high coverage of essential child vaccines and/or introduced PCV3 (DTP3 and Hib3).



Ethiopia (in 2019)

69% DTP3 **68%** Hib3 **63%** PCV3

DRC (in 2018)

81% DTP3, Hib3 and PCV3

Bangladesh (in 2019)

98% DTP3 and Hib3 **97%** PCV3

Indonesia (in 2019)

85% of DTP3 and Hib3 and introduced PCV3 in 2020

Kenya (in 2019)

92% DTP3, Hib3 and PCV3

India (in 2019)

91% DTP3, Hib3 coverage

TREAT & DIAGNOSE

Seven countries have implemented iCCM strategies to improve pneumonia case management within PHC.



India:

IMNCI strategy in **29 states** and **7 Union Territories**.

DRC:

National IMCI and iCCM guidelines in **26 provinces**; Training for community health workers to dispense amoxicillin dispersible tablets.

Ethiopia:

iCCM guidelines incorporated into National Community Based Newborn Care protocol; community health workers trained to dispense amoxicillin dispersible tablets and Gentamicin injections.

Kenya:

IMNCI policy introduced in 2018; community health volunteers now allowed to dispense amoxicillin dispersible tablets.

South Sudan:

Amoxicillin dispersible tablets are available in all **10 states**. **49%** of facilities had amoxicillin dispersible tablets, with stock levels at **46%** of required amount.

Nigeria:

IMNCI and iCCM guidelines in **37 states**; amoxicillin dispersible tablets is on essential medicines list with training for community health volunteers to dispense.

Bangladesh:

Integrated Management of Childhood Illness (IMCI) strategy now followed by all **8 divisions**.

Somalia:

Save the Children has rolled out iCCM and is supporting the Ministry of Health to scale up iCCM across Somalia/Somaliland.

UHC

Four countries are on track to implement a National Strategy for Pneumonia Control.



Nigeria co-created a National Pneumonia Control Strategy with the endorsement of the Federal Ministry of Health in **January 2020**.

Indonesia's National Action Plan of the Prevention and Control of Pneumonia and Diarrhoea-NAPPD is **90% finalised**.

India now has childhood pneumonia management guidelines as well as a national strategy through the SAANS campaign.

Ethiopia's child health strategy includes pneumonia.

Save the Children is also supporting authorities to develop pneumonia control strategies as part of their child health strategies in **Kenya, Somalia, and Bangladesh**.

GLOBAL ACTION AND NATIONAL PROGRESS TOWARDS PNEUMONIA CONTROL IN THE WAKE OF THE COVID-19 PANDEMIC OUTBREAK



Government commitment:

The Ministries of Health present at the first Global Forum on Pneumonia committed to introduce and implement six commitments to reduce child deaths.



Oxygen:

Ethiopia and Nigeria have optimised and increased oxygen supply consistent with their roadmaps including by providing liquid oxygen piped to bedside in some COVID-19 treatment facilities.



SECTION:

03

GLOBAL ACTION

The international community has a critical role to play in the fight against childhood pneumonia.

Political leaders, private companies, aid donors and UN agencies, the World Bank and civil society need to work together to address the systemic barriers that are hindering equitable access to all essential healthcare and achieving UHC.

Combating childhood pneumonia is a responsibility for every government that has embraced the SDGs pledge to end preventable child deaths – and for the companies, non-governmental organisations and financial institutions that have endorsed the SDGs.



THE FIRST GLOBAL FORUM ON CHILDHOOD PNEUMONIA

In January 2020, Save the Children partnered with UNICEF, ISGlobal, the Every Breath Counts Coalition, the Bill & Melinda Gates Foundation, "la Caixa" Foundation, USAID, Unitaid and Gavi, the Vaccine Alliance to host the *Fighting for Breath: Global Forum on Childhood Pneumonia*.¹⁹

Over 350 attendees gathered in Barcelona, Spain, to stimulate action and strategise effective partnerships that would strengthen health systems and increase essential healthcare to make a sustainable and transformational impact on childhood pneumonia.

What was clear at the Global Forum is that pneumonia cannot be treated in isolation. It is linked to a range of factors including poverty, malnutrition, air pollution, inequalities in healthcare, as well as children's rights and female literacy. **The Pneumonia Wheel** was highlighted as an effective tool – with the three pillars of PHC.

We also used the Global Forum to prompt a number of specific commitments. These included:

01

The Nigerian State Minister for Health announced the introduction of a first-of-its-kind, national "**Pneumonia Control Strategy**". Developed with our support; this is one of the first integrated strategies and a model that could have far wider application.

02

Gavi decided to provide PCV to Indonesia, a country not previously eligible. Gavi also announced new rules that make it easier for fragile countries to introduce PCV.

03

Youth representatives at the Global Forum released the world's first 'Youth Call to Action on Pneumonia' demanding action on pneumonia from world health leaders.²⁰

The Global Forum culminated in a consensus **Declaration and a Call to Action**, outlining what is needed to accelerate action on pneumonia. Following the Forum, more than 200 people pledged their shared commitment to achieve the unprecedented levels of collaboration necessary to reduce childhood pneumonia deaths to the global target outlined in the WHO's Integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD) of less than 3 per 1,000 births, and to fulfilling the SDGs promise to end all preventable child deaths by 2030.²¹

The Declaration has been shared widely amongst governments and global and national actors, and published in *The Lancet* – summarising the critical actions required at national and global levels. Among these, there was a collective agreement that vaccines to prevent pneumonia should be available to all without discrimination, and ensuring Gavi, the Vaccine Alliance, is fully funded.²²

THE DECLARATION

The Global Forum released a declaration committing signatories to six key actions to reduce pneumonia deaths:

01

Develop and implement Pneumonia Control Strategies

02

Finance pneumonia control and treatment adequately

03

Accelerate breakthrough innovations

04

Track progress with transparency, accountability and inclusiveness

05

Strengthen partnerships

06

Prioritise vulnerable populations



GLOBAL ACTION

ONE YEAR ON

A year after the first Global Forum on Childhood Pneumonia was held in Barcelona, the Global Forum Steering Committee hosted a series of three virtual roundtables to listen to health ministers and leading health officials from LMICs share successes and challenges implementing the Global Pneumonia Forum Declaration during a pandemic.²³

Despite challenges during the pandemic, including disruptions in immunisation and reduced care-seeking, LMIC health leaders reported achievements in several areas such as increasing domestic and international financing; improving access to oxygen and pulse oximetry; strengthening data collection and surveillance; and expanding partnerships, especially with other government ministries and international health and development agencies.²⁴

The full summary of the Government Roundtables is available to download [here](#).



In 2017, we helped launch the **'Humanitarian Mechanism'**, developed alongside WHO, UNICEF, and Médecins Sans Frontières, to facilitate access to vaccines for humanitarian organisations working in countries affected by emergencies, where access and prices have otherwise been a bottleneck. The **Mechanism** was first set up to help operationalise commitments from GSK and Pfizer to make their pneumococcal vaccines available for use in humanitarian emergencies at their lowest available global prices. It has now expanded to include **GSK's rotavirus vaccine** and we hope to have further commitments from other manufacturers soon.

ACT-ACCELERATOR COVID-19 OXYGEN EMERGENCY TASKFORCE

In February 2021, Save the Children joined the **ACT-Accelerator COVID-19 Oxygen Emergency Taskforce**. Led by Unitaid and Wellcome, the taskforce brings together key organisations that are dedicated to improving access to medical oxygen. These partners are working to get oxygen to where it is needed most, help LMICs secure funding to buy the oxygen equipment they need, and crucially, negotiate with industry to make the market work better for the poorest countries.²⁵

In June 2021, **landmark agreements**, negotiated under the umbrella of the ACT-Accelerator Oxygen Emergency Taskforce, commit the world's two largest liquid oxygen suppliers – Air Liquide and Linde – to an unprecedented level of collaboration with taskforce members to help LMIC governments meet their rising needs for oxygen to treat the surge in COVID-19 patients.²⁶

“As the world races to scale up oxygen supply, to save lives from both COVID-19 and pneumonia, it must get to the hardest to reach, be free for everyone and be sustainable. If we focus only on short term fixes, we risk missing a pivotal opportunity to save millions of lives for generations to come.”

KEVIN WATKINS

CHIEF EXECUTIVE SAVE THE CHILDREN UK (2016–2021)



Photo credit: Sacha Myers / Save the Children



SECTION:

04

LOOKING TO THE FUTURE

Save the Children and its partners are continuing to adapt and evolve to ensure they can collectively address the growing challenges as a result of COVID-19, climate change, and conflict.

Despite considerable progress, especially in the face of a global pandemic, childhood pneumonia remains today what it was a year ago, which is the biggest single infectious killer of children.

It is vital that lessons learnt through the COVID-19 pandemic are applied to the future of childhood pneumonia management. The extraordinary and accelerated commitments and subsequent impacts made by governments, and national and international actors across all sectors, should support and strengthen health systems and be redeployed to provide long-term care to benefit children with respiratory conditions.



LEARNINGS AND RECOMMENDATIONS

01 THE IMPORTANCE OF COMMUNITY-LEVEL PHC

The pandemic has alerted all governments and communities to the importance of PHC in controlling the spread of respiratory infections. Routine paediatric health services need to be maintained during and after the COVID-19 pandemic.

RECOMMENDATIONS

- Work together to ensure health facilities everywhere are equipped with the basics such as water, electricity, human resources, and essential drugs and supplies.²⁷
- All actors nationally and globally must support the adaptation of iCCM guidelines in the COVID-19 context – to maintain equitable, quality iCCM for all childhood illnesses while minimising the risk of COVID-19 transmission.
- Strengthen health systems by drawing down global resources for COVID-19 and identifying sources of supply for vital equipment and commodities, to ensure the continuity of essential health services for women and children.

02 REACHING EVERY LAST CHILD WITH ESSENTIAL IMMUNISATION SERVICES

Many pneumonia deaths are preventable with routine immunisations, yet these critical interventions continue to remain out of reach to many of the children and families who need them most.

Initial data from a variety of sources is already showing that the COVID-19 pandemic has led to alarming disruptions to routine health services, especially immunisation.

Drops in coverage of the pertussis, Hib, PCV, and measles vaccines, which all offer protection against pneumonia, are putting millions of children at risk of severe and potentially fatal infections.²⁸

RECOMMENDATIONS

- We are calling for the introduction of PCV in Gavi-eligible countries (Vietnam, Chad, Somalia, Guinea, Syria, South Sudan, Tajikistan, North Korea) and rapid coverage increases in low-dose Gavi-eligible countries (India, Nigeria, DRC, Haiti, Papua New Guinea, Lao People's Democratic Republic, Central African Republic).

03 SHINING A LIGHT ON MEDICAL OXYGEN INEQUALITIES

Poorer countries faced a huge lack of oxygen systems and supplies even before the onset of COVID-19. But surging needs due to the pandemic have exacerbated these shortages.

Following the onset of the pandemic, worsening shortages and rising prices of oxygen have been reported in countries with some of the highest numbers of child pneumonia deaths, such as India, Bangladesh, and Nigeria. According to the WHO, the poorest countries may currently have just 5% to less than 20% of the medical oxygen they need, overall.²⁹

RECOMMENDATIONS

- Distribute pulse oximeters and oxygen equipment, together with additional support to front-line healthcare services, to close the gap in access to these essential diagnostic and treatment tools for hypoxaemia.³⁰
- Invest in training of healthcare staff to operate and maintain such equipment and safely administer oxygen to patients.
- Develop COVID-19 respiratory care redeployment strategies to make sure all the new technologies that have been introduced to support the pandemic response are able to benefit children needing respiratory care in the long-term.



LEARNINGS AND RECOMMENDATIONS (CONTINUED)

04 ACCELERATING HEALTH SYSTEM FINANCING

As the WHO has repeatedly emphasised, it is imperative that all countries are supported to prevent and contain the spread of COVID-19. We also see significant resources being made available for responses from the World Bank, Global Fund, Gavi and bilateral donors, that can also strengthen and keep health services going.

RECOMMENDATIONS

- Ensure that LMICs have effective national child survival governance structures in place to connect them to major sources of external financing.
- Ensure sustainable sources and supply of amoxicillin dispersible tablets are included in national health budgets and for policies that enable frontline health workers to dispense it at community and primary care levels to all women and children that need it.

05 INNOVATION

Illness and deaths from pneumonia are often caused by the harsh living conditions endured by children experiencing extreme poverty. Besides improving access to life-saving interventions such as vaccinations and antibiotics, new approaches to deliver these interventions must be developed.

RECOMMENDATIONS

- The COVID-19 response provides opportunities to increase diagnostic and treatment services for respiratory infections. Those countries that ensure innovations and new technologies provided for COVID-19 respiratory care also meet the health needs of children during and after the pandemic are likely to make rapid progress in reducing child pneumonia deaths. Oxygen supplies can be redeployed to newborn and paediatric wards in health facilities, and hospitals and pulse oximeters can be made widely available at primary healthcare facilities, where their routine use could improve the diagnosis and treatment of a range of conditions.

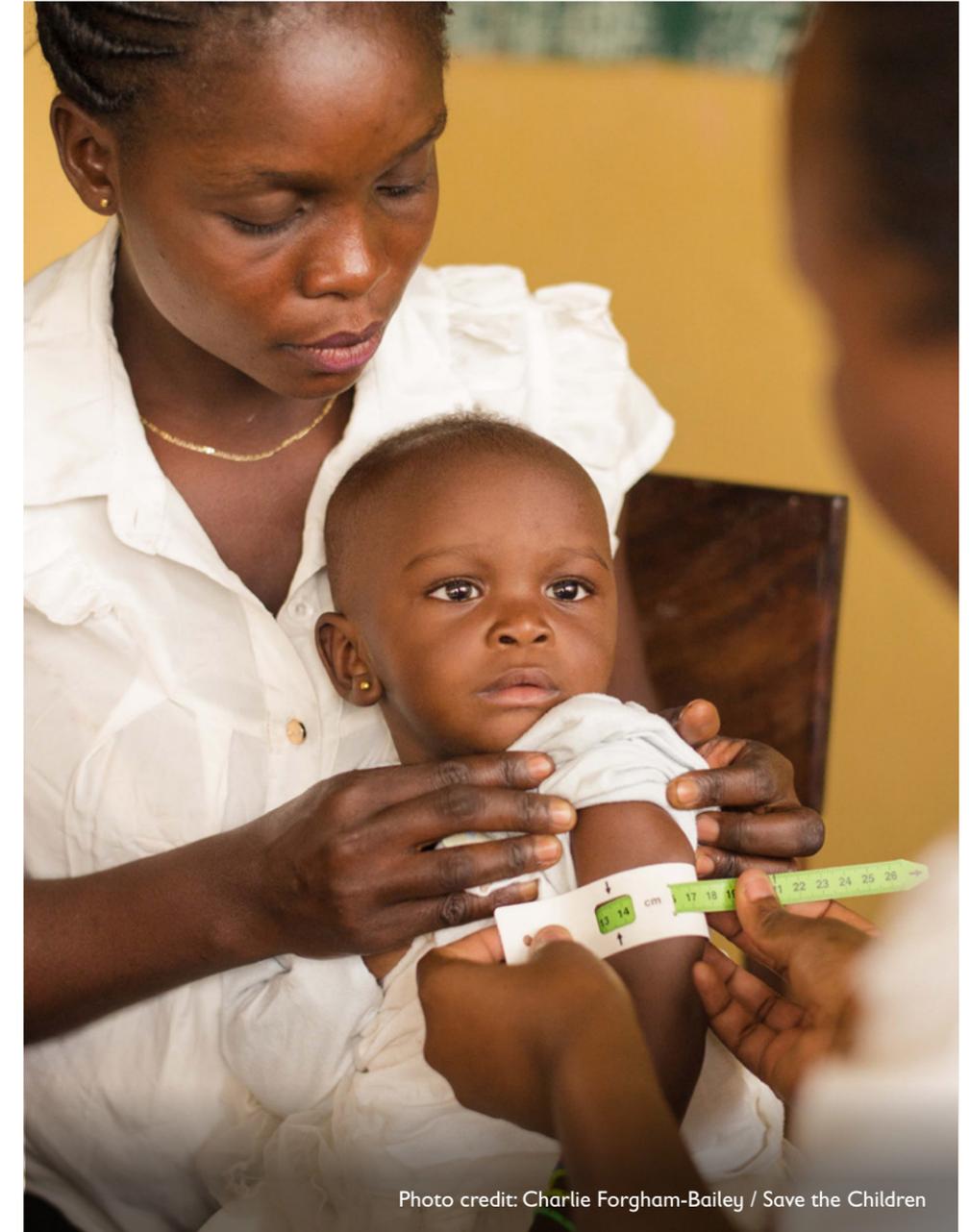


Photo credit: Charlie Forgham-Bailey / Save the Children



JOIN THE FIGHT

In this final decade of the **SDGs** there is a renewed sense of urgency to improve the health and well-being of people around the world. There are clear actions that governments and those of us in the global health community can and must take to improve child survival.

We must continue to be a strong voice for children and keep our promise to accelerate the achievement of the **SDGs** target for child survival. We call on our partners to join us in an effort to use the investments made and lessons learned in the **COVID-19** response to make sure everyone benefits, especially children.

Now is the time for continued and increased action.

“ Save the Children has made tremendous progress on our ambition to tackle childhood pneumonia. We have increased vaccinations, trained community health workers, and supported governments to implement pneumonia control strategies. Responding to the impacts of **COVID-19** and the additional needs for oxygen in many countries, our staff worked tirelessly to adapt and find new ways to reach children who need us the most, including sustaining child health interventions through remote support.

The ongoing pandemic highlights the importance of continuing our commitment to save the lives of over 5.3 million children around the world by 2030.

Whatever the challenges, we will do whatever it takes to continue the fight against pneumonia. ”

KATHRYN BOLLES
HEALTH AND NUTRITION GLOBAL DIRECTOR, SAVE THE CHILDREN INTERNATIONAL





SECTION:

05

APPENDIX: COUNTRY PROFILES AND CASE STUDIES

The Beacon Country programmes take an integrated approach that includes pneumonia prevention and case management within wider child health strategies, properly financed and coordinated across government agencies.

Protocols such as the IMCI and the iCCM are a central pillar of Save the Children's approach, to ensure that childhood diseases can be managed effectively at the community level.

Each of the nine programmes acknowledged from the start that achieving universal coverage of the pneumonia fighting vaccines such as PCV and ensuring that every child has access to high-quality diagnosis and treatment for pneumonia requires an effective and equitable health system.



DEMOCRATIC REPUBLIC OF THE CONGO (DRC)



Population:
84.07 million

Pneumonia child death (2018):
40,000

Pneumonia under five mortality rate (2018):
11 per 1,000 live births

Country overview^{31,32}

Number of pneumonia deaths (2018)
40,000

Pneumonia contribution to under-5 deaths (2018)
13%

Vaccination coverage (DTP3, Hib3 and PCV3) (2019)
81% DTP3, Hib3 and PCV3

National pneumonia control strategy
None

Deaths per 1,000 live births among poorest household compared to richest household (2018)
2.2

Essential universal health coverage (2017)
41%

IMPLEMENTING A FLAGSHIP FIVE-YEAR CHILD HEALTH PROGRAMME

The Signature programme has been implemented in three provinces, Kasai Oriental, Lomami and Kinshasa, supporting an integrated package of essential services at community (iCCM – integrated community case management), facility, and provincial level.³³

PROGRESS TO DATE



Supported the Ministry of Health with improving routine immunisation (PCV), training community health workers (CHWs) to promote vaccinations, as well as support with logistics, transport, and improvement of cold chain since 2018.



Supported the organisation of a quantification of essential drugs meeting which helped to address the huge need for healthcare commodities, including regular amoxicillin dispersible tablets, in the 26 provinces, and led to the commitment of the government to increase the budget line for commodities across the entire country.



Initiated a multisectoral committee of pneumonia which set up an advocacy national strategic plan on the availability of oxygen endorsed by the Ministry of Health.



Led an advocacy drive during World Pneumonia Day which contributed to the country benefitting from the World Bank fund to establish eight medical oxygen plants in different provinces of DRC and fifty oxygen concentrators from USAID.



Carried out a media and social media campaign to raise awareness on avoiding pneumonia in DRC in collaboration with the Ministry of Health.

NEXT STEPS

- Developing a national strategic plan for mobilising financial resources.
- Disseminating national technical guidelines for pneumonia control.
- Building capacity of care providers in targeted facilities for the correct management of pneumonia.
- Increasing community-level interventions and continue to build capacity of the CHWs on improving diagnostic skills to treat and refer children with pneumonia.

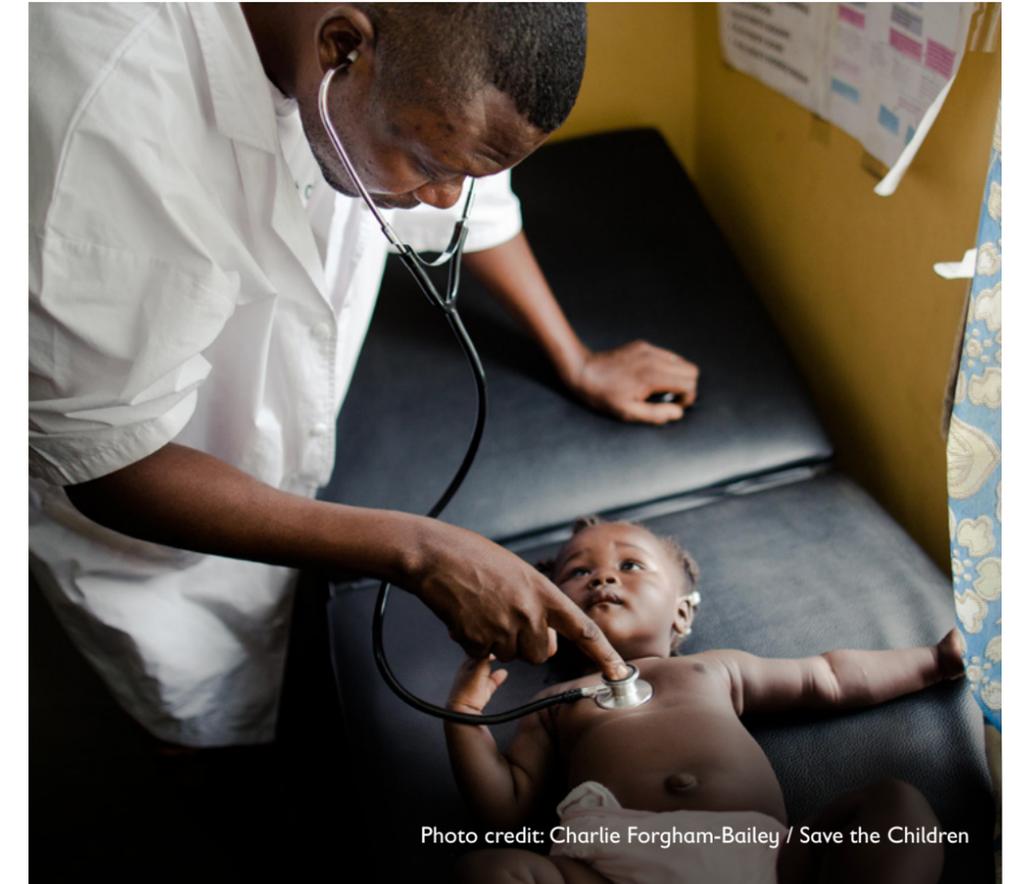


Photo credit: Charlie Forgham-Bailey / Save the Children

“ There is more focus on pneumonia thanks to the advocacy work at national and provincial level. But there is lot of remaining work to do in terms of availability of medical oxygen, amoxicillin dispersibles, oximeters and the improvement of the quality of care. ”

DR PAPA CHIMÈRE DIAW
CHIEF OF PARTY, SIGNATURE-PROGRAM,
SAVE THE CHILDREN, DRC



SOMALIA



Population:
15.01 million

Pneumonia child death (2018):
15,165

Pneumonia under five mortality rate (2018):
24 per 1,000 live births

Country overview^{34,35}

Number of pneumonia deaths (2018)
15,165

Pneumonia contribution to under-5 deaths (2018)
21%

Vaccination coverage (DTP3, Hib3 and PCV3) (2019)
42% DTP3 and Hib3; PCV3 has not yet been introduced in Somalia

National pneumonia control strategy
In development

Essential universal health coverage (2017)
25%

DEVELOPING A NATIONAL PNEUMONIA CONTROL STRATEGY

The Federal Ministry of Health is committed to addressing pneumonia and has reached out to Save the Children and partners to support in the development of a National Pneumonia Control Strategy and implementation plan that is aligned with existing strategies to promote an integrated approach to pneumonia control through multi-sectoral action.

PROGRESS TO DATE



Conducting a pilot nasopharyngeal carriage and social contact survey in Digaale internally displaced person camp in partnership with the London School of Hygiene and Tropical Medicine to establish an evidence base for the optimal use of PCV for humanitarian crisis settings.



Conducting an innovative SPRING (Strengthening Programs to Reach Immunisation Goals) project in Puntland.



Led advocacy breakthrough with Gavi on the introduction of PCV in Somalia as Gavi accepted removing the 70% coverage for routine immunisation threshold for Somalia to qualify for PCV. These advocacy efforts are still ongoing.



Rolled out Integrated Community Case Management (iCCM) common approach to scale up access to treatment for pneumonia and other common childhood illness. Since the beginning of 2019, we have reached 300 villages with 395 trained and active community health workers reaching 363,098 beneficiaries in 2020 alone.



Started a pilot on the integration of management of SAM (Severe Acute Malnutrition) into iCCM as iCCM+ to leverage on iCCM to scale up access to treatment for malnutrition.



Led successful advocacy for oxygen availability in Somalia. All major towns now have government-established oxygen plants.



Trained and partnered with media houses and journalists on reporting of pneumonia to bring the stories of pneumonia in the limelight.

Supported World Pneumonia Day and Child Health Week since 2019 to raise awareness among the community and strategic stakeholders.

NEXT STEPS

- Continuing research into severe/moderate acute malnutrition treatment at the community level, into the aim of integrating treatment of acute malnutrition with iCCM.
- Continuing to build the capacity of community health workers to diagnose and treat pneumonia and institutionalise iCCM in the national strategies.
- Continuing advocacy on the introduction of PCV.
- Delivering campaigns to raise awareness of symptoms, care, and treatment of pneumonia and to promote the importance of routine immunisation.
- Supporting the establishment of the National Newborn and Child Health Technical Working group for the first time in 30 years.



Photo credit: Sacha Myers / Save the Children

“ Somalia is currently working on a Pneumonia Control Strategy to focus on multisectoral approach...we want to strengthen the nexus between humanitarian and development partners and prioritise pneumonia control in vulnerable populations. ”

DR NUR ALI
MINISTRY OF HEALTH, SOMALIA



SOUTH SUDAN



Population:
10.98 million

Pneumonia child death (2018):
8,508

Pneumonia under five mortality rate (2018):
20 per 1,000 live births

Country overview^{36,37}

Number of pneumonia deaths (2019)
8,508

Pneumonia contribution to under-5 deaths (2019)
20%

Vaccination coverage (DTP3, Hib3 and PCV3) (2019)
49% of DTP3 and Hib3. PCV3 has not yet been introduced in South Sudan

National pneumonia control strategy
None

Essential universal health coverage (2018)
46%

INTRODUCING PCV3 IN SOUTH SUDAN

Save the Children has been supporting the Ministry of Health and Gavi to ensure that the introduction of the PCV vaccine goes beyond one-off vaccination and advocating for increased public health expenditure so that PCV vaccines can be integrated into Expanded Programme on Immunisation (EPI) services.³⁸ The government committed to introduce PCV vaccine in 2023 starting with a first cohort of 600,000 children.³⁹

PROGRESS TO DATE



Updated national Integrated Management of Newborn and Childhood Illness (IMNCI) guidelines and nutrition guidelines to incorporate new WHO recommendations on pneumonia and roll-out associated training at national and state level. Save the Children also conducted a Training of Trainers (TOT) and have a team of trainers who support this training in 2020.



Developed a child survival strategy and costed plan to implement key child survival interventions in four counties in Eastern Equatorial.



Supported the Child Health Department to raise child health concerns in relevant ministries and NGO technical working groups and international fora, including the Global Forum on Childhood Pneumonia in January 2020 (see page 14).



Led advocacy to ensure the inclusion of oxygen systems in humanitarian responses in line with South Sudan clinical guidelines.

NEXT STEPS

- Supporting the Child Health Department with salaries and administrative costs, including specialist officers in health and nutrition.
- Facilitating increased accessibility to child immunisation services in hard-to-reach/gap areas, supporting the introduction of PCV.
- Supporting the roll-out of new pneumonia guidelines within IMNCI and training of health workers.
- Engaging the Ministry of Environment, Ministry of Child and Child Rights, Ministry of Finance, Ministry of Agriculture and Food Security, Ministry of Land and Housing on the importance of addressing indoor pollution and access to safe water and sanitation.
- Engaging the national parliament to advocate for the enactment/review of the Child Right bill, as well as increasing government expenditures on health.



Photo credit: Martin Kharumwa / Save the Children

“ The Gavi support document for South Sudan continues development with support for greater civil society engagement and a commitment to introduce PCV vaccine in 2023 with a first cohort of 600,000 children. ”

ELIZABETH BERRYMAN
HEALTH TECHNICAL SPECIALIST
SAVE THE CHILDREN, SOUTH SUDAN



BANGLADESH



Population:
161.4 million

Pneumonia child death (2018):
12,000

Pneumonia under five mortality rate (2018):
4 per 1,000 live births

Country overview^{40,41}

Number of pneumonia deaths (2018)
12,000

Pneumonia contribution to under-5 deaths (2019)
13%

Vaccination coverage (DTP3, Hib3 and PCV3) (2019)
98% DTP3 and Hib3 and 97% PCV3

National pneumonia control strategy
A national pneumonia control strategy guideline in development

Deaths per 1,000 live births among poorest household compared to richest household (2019)
1.8

Essential universal health coverage (2018)
50%

INTRODUCING THE PCV VACCINE THROUGH STRATEGIC ADVOCACY

Save the Children along with key stakeholders has revitalised the Integrated Management of Childhood Illness (IMCI) working group, which acts as Bangladesh's National Pneumonia Coalition. This led to a watershed moment in 2015, whereby the Ministry of Health announced the introduction of PCV – a huge step forward in combating pneumonia across Bangladesh. Between 2015 and 2020, when PCV was first included in the government's routine Expanded Program of Immunisation (EPI), 48 million vaccinations have been provided to children.⁴²

PROGRESS TO DATE



Led successful advocacy drive to bring pneumonia at the forefront of the child health agenda in Bangladesh. This resulted in the development of a national pneumonia control strategy guideline under the broader national Child Health Strategy of Bangladesh led by the Ministry of Health.



Implemented Integrated Management of Newborn and Childhood Illness (iCCM), newborn health and nutrition programmes, each of which is contributing to reducing significant child deaths from pneumonia – through community health workers and Integrated Management of Newborn and Childhood Illness (IMNCI) initiatives, maternal and newborn health interventions, and good nutrition and feeding for newborn children up to two years old.



Started implementing in 2020 a project in six sub-districts in a southern district of the country, to improve vaccination coverage, provide breastfeeding counselling, and ensure quality of care for under five children suffering from pneumonia.



Since the COVID-19 outbreak, Save the Children and UNICEF have been actively involved in the development of a national guideline for IMCI operation in the COVID-19 context, including pilot introduction of pulse oximetry and continuation of routine essential services throughout the country during the pandemic.

NEXT STEPS

- Working with Government, development partners, professional bodies, and private companies to develop a costed action plan allocating adequate resources for pneumonia control.
- Improving capacity and quality of service delivery to increase access to IMCI at facility and community level, increasing in-country production, availability and use of essential medicines and commodities, and use of health technology for triaging/screening sick children, particularly for the most vulnerable.
- Increasing demand and improving care seeking from appropriately trained health providers and community members.
- Facilitating increased accessibility and availability of child immunisation services in hard-to-reach areas, including use of technology for tracking of dropout children.



Photo credit: Allison Joyce / Save the Children

“ Bangladesh wants to integrate pneumonia in the national child health strategy and develop a costed action plan which includes providing quality inpatient care of children, better monitoring, improved coordination, and social and behavior change communication to increase care seeking. ”

DR MOHAMMAD SHAMSUL HAQUE
DIRECTORATE GENERAL OF HEALTH SERVICES, BANGLADESH



NIGERIA



Population:

201 million

Pneumonia child death (2018):

162,000

Pneumonia under five mortality rate (2018):

22 per 1,000 live births

Country overview^{43,44}

Number of pneumonia deaths (2018)

162,000

Pneumonia contribution to under-5 deaths (2018)

19%

Vaccination coverage (DTP3, Hib3 and PCV3) (2019)

57% DTP3, Hib3 and PCV3

National pneumonia control strategy

Launched in 2020

Deaths per 1,000 live births among poorest household compared to richest household (2018)

3.3

Essential universal health coverage (2018)

42%

EVIDENCE-BASED SYSTEM STRENGTHENING

The INSPIRING programme, a £7.5m project funded by GSK and developed in collaboration with University College London, was launched in 2018 with a bold ambition to provide directly applicable evidence of what works to reduce the burden of childhood pneumonia in Lagos (a busy urban area) and Jigawa (a rural state in the North).⁴⁵

Through the INSPIRING programme, Save the Children implements an integrated approach aimed at tackling pneumonia. This includes community-level interventions to increase health seeking behaviour through gender specific groups or community dialogue, support to essential services, and training health workers and community health workers on Integrated Management of Childhood Illness (IMCI) and Integrated Community Case Management (iCCM). This programme aims to generate evidence of the impact of the INSPIRING integrated approach, including its cost effectiveness. The evidence will be disseminated widely to help inform future work to tackle pneumonia and possible scale up across Nigeria.

PROGRESS TO DATE



Advocated for access to oxygen and installed life-saving oxygen systems at secondary and tertiary healthcare facilities in supported states. Also installed dozens of oxygen concentrators and pulse oximeters coupled with training for health workers and the establishment of an oxygen desk in Jigawa to ensure sustainability in oxygen supply.



Nigeria is the first country where the Every Breath Counts Coalition has come to life. Alongside its Every Breath Counts Coalition partners, Save the Children supported the Federal Ministry of Health in developing and costing the first ever national Pneumonia Control Strategy, a key milestone in elevating the status of childhood pneumonia as a key public health challenge.



Worked with University College London to publish a series of peer reviewed academic papers and a **special issue on Paediatric Pneumonia** in Nigeria in the *Journal of Pediatric Pulmonology*, showcasing evidence and raising awareness at state, national and international levels.

NEXT STEPS

- Increasing DTP3, Hib3 and PCV3 vaccine coverage to reach 90%.
- Costing, dissemination and implementation of the National Pneumonia Control Strategy.
- Increasing the availability and use of technology for diagnosis and treatment of childhood pneumonia and establishing sustainable oxygen supply systems.
- Addressing gaps in infrastructure, instruments, equipment and training at primary healthcare levels.
- Establishing community engagement and outreach structures to improve health seeking behaviour.



Photo credit: Kunle Olowojin

“We now have enough expertise to advise others and scale up our services in Nigeria once funding becomes available.”

DR ADAMU ISAH
CHIEF OF PARTY,
SAVE THE CHILDREN, NIGERIA



KENYA



Population:
51.39 million

Pneumonia child death (2018):
9,000

Pneumonia under five mortality rate (2018):
6 per 1,000 live births

Country overview^{46,47}

Number of pneumonia deaths (2018)
9,000

Pneumonia contribution to under-5 deaths (2018)
15%

Vaccination coverage (DTP3, Hib3 and PCV3) (2019)
92% DTP3, Hib3 and PCV3

National pneumonia control strategy
In development

Deaths per 1,000 live births among poorest household compared to richest household (2014)
1.2

Essential universal health coverage (2017)
55%

A WATERSHED MOMENT IN COMMUNITY CASE MANAGEMENT

Previously, whilst the policy framework in Kenya allowed community health volunteers (CHVs) to screen and treat malaria and diarrhoea at the community level, CHVs were not able to treat children for pneumonia. Save the Children provided technical assistance to the Ministry of Health in the process of reviewing the protocol and recommendations by the Child Health Panel of Experts on use of first-line oral antibiotic (amoxicillin dispersible tablets) for treatment of pneumonia at the community level. These recommendations have been approved and signed by the Panel of Experts and the Director General of the Ministry of Health.⁴⁸

PROGRESS TO DATE



In 2021, Save the Children partnered with **Novartis** to launch a child survival project whose goal is to accelerate the reduction in childhood mortality and morbidity in Kenya's Kibera and Mathare slums. The project aims to increase the effective coverage of prevention, diagnosis and treatment for Malaria, Pneumonia, Diarrhoea and Malnutrition by strengthening the Integrated Community Case Management (iCCM) platform.



Partnered with private donors, Pathways Foundation, Hyundai and the Pfizer Foundation to implement pneumonia-sensitive programmes including the Integrated Child Survival Program and Pneumonia in Urban Slums of Nairobi, to support children with disabilities through community health workers (CHWs) and reducing infectious disease in children under five in Kenya respectively.



Conducted operational research in Turkana showing that treatment for acute malnutrition delivered by CHWs (known as community management of acute malnutrition – CMAM) can be as effective as treatment delivered at the health facility level.



Seconded a technical advisor within the Ministry of Health to assist during the process of pneumonia-related policy change. Save the Children is continuing to advocate for, and assist in securing the development of a national pneumonia control strategy through the revision of the Kenya Action Plan for Pneumonia and Diarrhoea 2012 (KAPPD) to prioritise pneumonia plans at the National and County level.



Supported the Ministry of Health adaptation in 2020 due to COVID-19 and provided door-to-door child immunisation services in collaboration with Nairobi County's Ministry of Health and local partners.



The Global Pneumonia Forum in Spain catalysed the Pneumonia Immediate Call for Action by the Ministry of Health which led to the development of the Kenya Pneumonia Declaration, signed by the Cabinet Secretary on 11th November 2020.



Photo credit: Jonathan Hyams / Save the Children

“ There has also been remarkable expansion in funding for pneumonia programming in the country that has seen scale up of our iCCM and immunisation programs in the country. ”

DR LINDA MISIKO
CHILD HEALTH TECHNICAL ADVISOR,
SAVE THE CHILDREN, KENYA

NEXT STEPS

- Operationalising the new Integrated Management of Newborn and Childhood Illnesses (IMNCI) guidelines, including dissemination and capacity building of health workers countrywide. The country intends to incorporate this policy change in the planned revision of the iCCM guidelines.
- Strengthening the supply of basic oxygen delivery equipment for management of severe pneumonia and diagnosis of hypoxemia at health facilities at the county level.
- Accelerating efforts to increase immunisation coverage in hard-to-reach counties in Kenya.



INDONESIA



Population:
267.7 million

Pneumonia child death (2018):
19,000

Pneumonia under five mortality rate (2018):
4 per 1,000 live births

Country overview^{49,50}

Number of pneumonia deaths (2018)
19,000

Pneumonia contribution to under-5 deaths (2018)
16%

Vaccination coverage (DTP3, Hib3 and PCV3) (2019)
85% of DTP3 and Hib3 and 3% PCV3

National pneumonia control strategy
Being finalised

Deaths per 1,000 live births among poorest household compared to richest household (2017)
2:2

Essential universal health coverage (2017)
57%

PREPARING FOR THE LAUNCH OF INDONESIA'S NATIONAL ACTION PLAN AGAINST PNEUMONIA

Indonesia's National Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (NAPPD) is 90% finalised. Save the Children Indonesia have demonstrated effective collaboration with the Government of Indonesia to assist children 0–5 years old to fulfill their rights through the provision of quality basic services in health and nutrition, education, and protection and improving child development through a holistic and unique integrated approach.⁵¹

PROGRESS TO DATE



Launched the **STOP Pneumonia campaign programme** in 2019, joining forces with the wife of the Vice-President, the Minister of Health, the Minister of Women's Empowerment and Child Protection, and three governors' wives. Media activities have reached an audience of over 11 million in total.



Implemented newborn and nutrition programmes in two provinces.



Scaled up Integrated Management of Childhood Illness (IMCI) into 62 public healthcare facilities by the Department of Health Office in Bandung district in West Java province.



Trained 200 doctors, midwives, community health workers (CHWs) and local civil society organisations on childhood pneumonia treatment, how to support mothers when suspecting pneumonia and planning and budgeting for basic village health services.



Developed Village Fund Guidelines to support child health interventions in West Sumba District in the Nusa Tenggara Timur Province.



Supported crash course immunisation programmes in 100 villages for 2,100 children living in hard-to-reach areas or missed due to COVID-19.



Distributed critical equipment (respiration rate diagnostic tool, masks, hand sanitisers, breastfeeding counseling kit, immunisation card sticker) and installed hand washing facilities in 105 community integrated services posts.



Contributed to one of the key successes: the government decision to introduce PCV vaccination. Thanks to the continuous efforts to advocate and campaign for the need to address childhood pneumonia, Save the Children Indonesia is considered as one of the most important contributors in making this breakthrough happen, which should give millions of children access to a life-saving PCV immunisation.



Photo credit: Save the Children

“ It gives me great pleasure today to announce that the Government of Indonesia is committed to proceeding with the special mechanism for PCV procurement through the Gavi Advance Market Commitment. ”

SUHARSO MONARFA
INDONESIA'S MINISTER FOR NATIONAL DEVELOPMENT PLANNING

NEXT STEPS

- Ensuring NAPPD sign-off and dissemination to sub-national level.
- Increasing social behaviour changes communication at the village level, empowering CHWs and community champions, and increasing the level of acceptance to immunisation champions and increase level of acceptance to immunisation.
- Facilitating increased accessibility to child immunisation services.
- Conducting the STOP Pneumonia campaign with immunisation-focused messages supported by Pfizer to drive progress in policy and social behavioural change.



INDIA



Population:
1.35 billion

Pneumonia child death (2018):
127,000

Pneumonia under five mortality rate (2018):
37 per 1,000 live births

Country overview^{52,53}

Number of pneumonia deaths (2017)
127,000

Pneumonia contribution to under-5 deaths (2018)
14%

Vaccination coverage (DTP3, Hib3 and PCV3) (2019)
91% of DTP3, Hib3 in 2018 and 15% PCV3

National pneumonia control strategy
Social Action Against Neutralising Pneumonia Successfully (SAANS), including childhood pneumonia management guidelines, launched in November 2019

Deaths per 1,000 live births among poorest household compared to richest household (2015)
3.0

Essential universal health coverage (2017)
55%

SCALING UP PCV

In 2017, the Ministry of Health and Family Welfare of India allocated national funding to offer PCV, with prioritised roll-out to the states with the highest pneumonia burden.⁵⁴ India has reached the 90% vaccine coverage international target with 91% DTP3 and Hib3; PCV3 vaccine coverage was at 15% in 2019. A key priority now is to improve access to childhood immunisation at the community level.

PROGRESS TO DATE



Conducted a comprehensive situational analysis in five high-burden states of the country (Bihar, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh) which collectively contribute 60% of total pneumonia deaths. The findings expedited the formulation of national guidelines and a national campaign against pneumonia.



Facilitated the development and delivery of the National Pneumonia Campaign Strategy Social Action Against Neutralising Pneumonia Successfully (SAANS) alongside the government. Launched in November 2019 to promote care-seeking behaviours among the public, it was supported by a social media campaign which reached 30 million viewers in 2019-2020. While COVID-19 has restricted implementation at the ground level, activities have been sustained through digital channels.



Played a lead role in developing and rolling out the National Childhood Pneumonia Management Guidelines and first Training of Master Trainers at the national level.



Set up a skill lab on Maternal, Newborn Child to run health training sessions including pneumonia management. This lab will now be run using State Government resources.



Launched a two-year project on childhood pneumonia “Project Vishwaas” in Uttar Pradesh and Rajasthan to implement the government-approved national pneumonia management guidelines.



Advocated for nearly all State governments to budget for training sessions on pneumonia and pulse oximeter purchasing in their Annual budgets 2020-21 (aka Programme Implementation Plans).

NEXT STEPS

- Calling for and delivering change to promote access to a set of proven essential interventions with the potential to dramatically reduce the burden of under-five pneumonia deaths in the five high-burden states of India.
- Improving access to, and quality of, management at health facilities using innovations, and facilitating cross sectoral collaboration at national and state level.



Photo credit: Rajan Zaveri / Save the Children

“The Social Awareness and Action to Neutralise Pneumonia Successfully (SAANS) initiative was launched by the Honorable Union Minister of India in November 2019 to prevent and control child pneumonia by awareness generation, early identification and demand from the community for seeking treatment, which is a major challenge in India.”

DR SUMITA GHOSH

MINISTRY OF HEALTH AND FAMILY WELFARE, INDIA



ETHIOPIA



Population:
109.2 million

Pneumonia child death (2018):
32,000

Pneumonia under five mortality rate (2018):
9 per 1,000 live births

Country overview^{55,56}

Number of pneumonia deaths (2018)
32,000

Pneumonia contribution to under-5 deaths (2018)
17%

Vaccination coverage (DTP3, Hib3 and PCV3) (2019)
69% DTP3; 68% Hib3; and 63% PCV3

National pneumonia control strategy
Pneumonia has been integrated into Ethiopia's Child Survival Strategy

Deaths per 1,000 live births among poorest household compared to richest household (2016)
1.3

Essential universal health coverage (2017)
39%

PRIORITISATION THROUGH POLICY AND ADVOCACY

Save the Children has influenced the government of Ethiopia to amend its first ever food and nutrition policy. Ongoing work is taking place to influence the federal and regional state to increase their investment in health, particularly in child health strategies to drive a survive and thrive mandate.⁵⁷

Support has been provided to the Ministry of Health to revise the pastoralist Integrated Community Case Management (iCCM)/community-based nutrition component (CBNC) implementation model, to ensure the pastoral areas which are underserved have access to childhood services and improved access to pneumonia services including chosen antibiotic treatments.⁵⁸

PROGRESS TO DATE



Identified and tested five high-impact newborn care practices through the Community-Based Newborn Health programme which is currently reaching around one-third of the country. The programme has significantly impacted newborn survival by incorporating care practices into the health extension system.



Incorporated a comprehensive national nutrition plan on maternal, infant and young child feeding strategies into the health system, and included nutrition-sensitive livelihoods into the agricultural extension programmes in nearly 120 districts.



Successfully advocated for the Ethiopian Government to develop its first ever Food and Nutrition Policy and Food and Nutrition Implementation Strategy.



Established the Growth through Nutrition (GtN) and INSPIRE programmes which focus on preventing undernutrition during the first 1,000 days, through delivering nutrition sensitive livelihoods and agriculture interventions; social and behaviour change communication (SBCC) on nutrition, WASH and agriculture-related behaviours; improved utilisation of quality nutrition services; increased access to safe water and utilisation of WASH products and services; and strengthened multi-sector coordination and capacity to implement the National Nutrition Program (NNP) and One WASH National Program (OWNP).



In 2020, following the reduced uptake of many essential health services due to COVID-19, Save the Children supported the government and adapted programmes to sustain delivery of life-saving interventions, including via TV broadcasts on child pneumonia prevention and treatment, and health worker training.



Photo credit: Sacha Myers / Save the Children

“ Strong and equitable health systems are needed to adequately prevent, diagnose and treat pneumonia, and provide children with their basic human right to good-quality healthcare. Save the Children has been supporting health system strengthening, advocating and supporting for development of supportive strategies to improve delivery of child health interventions. ”

MIRAFE SOLOMON
HEALTH & NUTRITION SPECIALIST,
SAVE THE CHILDREN, ETHIOPIA

NEXT STEPS

- Improving quality of healthcare for sick newborns and children under five across the continuum of care from household to hospital levels in seven districts of four major regions (Amhara, Oromia, Tigray and Southern Nations, Nationalities and Peoples (SNNP)). This will be followed by efforts to strengthen the planning, monitoring and evaluation system of the child health services in Afar and Somali regions.
- Influencing country multi-year plans for immunisation and child health and Ethiopia's transformation plan to prioritise on prevention, promotion and treatment of pneumonia and iCCM strategies.
- Operationalising the Oxygen Roadmap to ensure medical oxygen implementation at primary and secondary level health facilities.



Case study:

ATTIA

Musumi (22 years) and her husband Salaam Hawlader (27 years) became first-time parents as their baby girl, Attia Akter was born on 24 June 2020. They reside in a remote village in Babugonj sub-district of Barishal district of southern Bangladesh. Salaam works as a peon in a small company and Musumi is a housewife.

After receiving antenatal care and counseling sessions, the couple broke traditional norms of birthing at home and were the first in their family to deliver at Babugonj Upazila Health Complex.

Musumi had no complications during birth and delivered a baby girl, Attia. However, just a few hours after birth, Attia developed breathing difficulties and developed a fever. Musumi and her husband got worried and immediately informed Dr Tilottama, the doctor on duty at the health complex.

A pulse oximeter is a simple device for the assessment of oxygen saturation of patients suffering from respiratory conditions such as pneumonia, and can guide clinical providers on the timely treatment and/or referral of critical cases. Save the Children's Tackling Pneumonia in Bangladesh project provided pulse oximeters to the Upazila Health Complexes in the project area through the district Civil Surgeon's office to help improve case management of childhood pneumonia. The project also provided virtual orientation on the use of pulse oximeters.

Using the pulse oximeter, Dr Tilottama and her team immediately started monitoring the baby Attia's condition, and provided critical treatment with oxygen and injectable antibiotics. The pulse oximeter was used the entire time to monitor any changes in the baby's oxygen levels. Gradually, the child stabilised. Dr Tilottama carefully monitored the progress and referred the baby for further management to a higher-level medical facility.

“ Previously we did not have the opportunity of measuring oxygen saturation because we did not have pulse oximeters. However now, after receiving the pulse oximeter from Save the Children, we can measure the oxygen saturation which helps us to manage pneumonia cases and timely referral. This is a simple device but very useful to save many more children like Attia to get better treatment. ”

DR TILLOTAMA

DOCTOR AT BABUGONJ UPAZILA HEALTH COMPLEX



Photo credit: Save the Children



Case study:

NANNI, ABDUL AND THEIR NEWBORN BABY

Nanni (30 years) is the mother of six children, living with her family in the Gang Wada village of Sawai Madhopur district of Rajasthan, India. Both she and her husband, Abdul Majeed (32 years), work as daily wage labourers.

On 13th May 2021, as the entire country continued the battle with the COVID-19 pandemic, her labour pains erupted, and she was admitted to the Maternal and Child Healthcare Centre in Tonk district. Nanni was blessed with a boy on the same day. The delivery process was a bit complicated, due to prolonged labour, and the baby aspirated amniotic fluid which led to breathing difficulties, as well as risk of serious infections, such as pneumonia.

The birth attendant at the Centre swung into action immediately and conducted an intensive check-up of the newborn's heart rate, muscle tone, and other vitals to ensure if extra medical care or emergency care was needed. To make matters worse, the baby wasn't crying, which is abnormal for newborns. It was decided that the baby would be moved to the Special Newborn Care Unit (SNCU) and much to the parents' horror, it was found that it had developed birth asphyxia, a condition of deficient supply of oxygen to the body that leads to abnormal breathing.

The situation had turned alarming as the child was now in immediate need of oxygen support. But to make this happen, medical oxygen was required, something which had emerged as a scarce resource in the country due to the ongoing COVID-19 situation. With oxygen mostly diverted to COVID-19 Care Units, other medical facilities had been badly affected by the shortage.

A ray of hope emerged for Nanni, Abdul and their child in the form of an intervention Save the Children had made at this Centre about a week beforehand, as part of our programme on childhood pneumonia management supported by Philips Foundation and Philips India – Project Vishwaas. We had provided a dual flow 5-litre oxygen concentrator to the SNCU on 7th May and the doctors used that to provide oxygen to the newborn. In the absence of the critical life-saver oxygen concentrator, the baby may not have survived.

Nanni's son is not the only baby who received support. So far, around 15 babies have been provided oxygen support using the oxygen concentrator provided by Save the Children. Before the COVID-19 pandemic, oxygen cylinders were easily available, but there is now a major crunch as the supply is disrupted. Thanks to the support from Save the Children, health centres are able to attend to newborns with critical, life-saving care.

“ We were able to save the life of the child only and only because Save the Children provided us oxygen concentrators. ”

TRILOK CHANDRA VERMA
SNCU IN-CHARGE

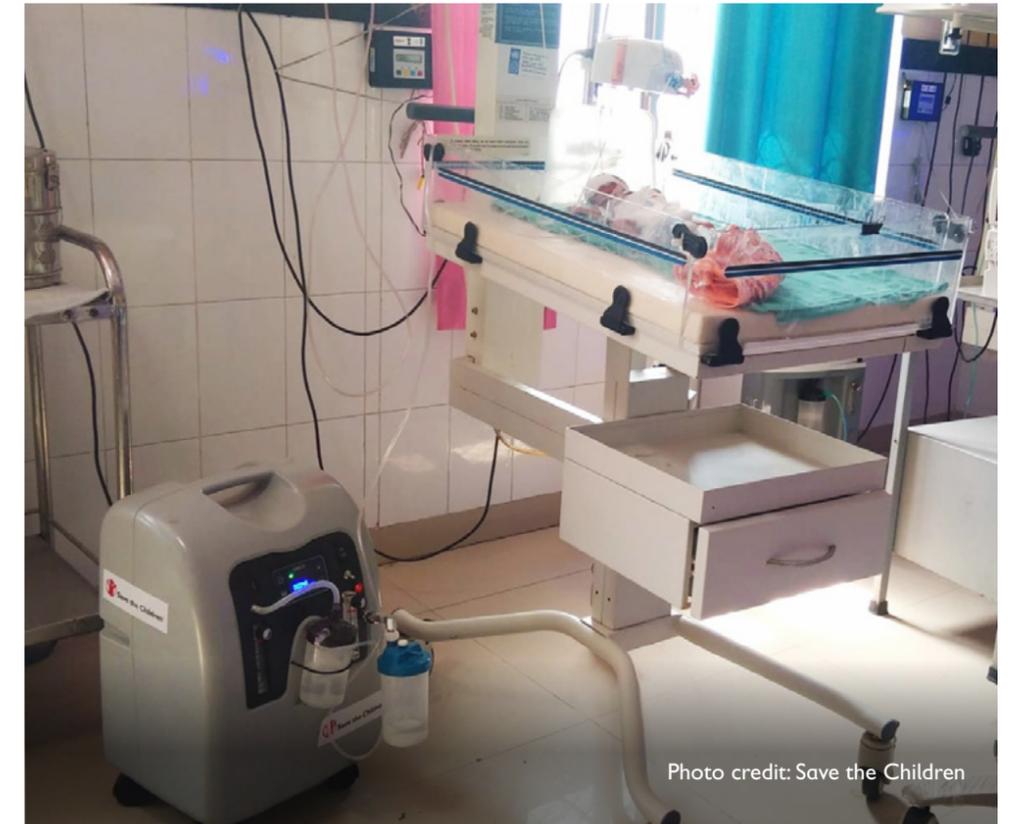


Photo credit: Save the Children

“ Because of you people my son is alive. ”

ABDUL THANKING SAVE THE CHILDREN, THE SNCU STAFF AND DOCTORS FOR SAVING HIS CHILD



Case study:

DR SIYAD HASSAN

Dr Siyad (24 years) is a qualified General Practitioner (GP). He works at Griftu sub county public hospital in Kenya, which is supported by Save the Children. Dr Siyad spends most of his time looking after children and women on the combined paediatric and female ward. He undertook Integrated Management of Childhood Illnesses (IMCI) training in June 2017. Save the Children facilitated the county Ministry of Health team to hold the training which included training on how to diagnose and treat pneumonia in children. He says the training has greatly improved his work and is helping him to save more lives.

Suleka (3 months) is one of the children that Dr Siyad has diagnosed and treated. Suleka was born underweight and had persistent diarrhoea from birth. When she started refusing breastmilk, Halima (28 years), her mother, gave her cow's milk, not realising this would make her more sick. However, when Halima arrived with Suleka at Griftu hospital, it was Dr Siyad who was the first person to see them. He took immediate action and diagnosed Suleka with severe pneumonia and severe acute malnutrition. He gave her oxygen and antibiotics for treatment. In just a few days, Suleka improved markedly.

Save the Children is continuing to support doctors like Dr Siyad to diagnose and treat pneumonia. For example, the stabilisation centre in the paediatric ward in which Dr Siyad works has been equipped by Save the Children. Most of the children he treats for severe pneumonia, are also malnourished, so the stabilisation centre equipment is vital in helping to feed those children. In addition, many of the children Dr Siyad treats for pneumonia have been referred by the community health volunteers who are also supported by Save the Children.

“ Save the Children have been here for a long time. They are doing very good work, they are supporting us, they're funding us very well. As we're educating, they're assisting us to educate the community about pneumonia, and also educating on malnutrition and other things, supply of the drugs to the outskirts. So, they are doing a very good job in supporting us in terms of patient management, in terms of resources, and in terms of motivation and encouragement so that we can do our job very well. So, we are very happy, and we are very grateful. ”

DR SIYAD HASSAN
GENERAL PRACTITIONER AT GRIFTU HOSPITAL,
KENYA



Photo credit: Jonathan Hyams / Save the Children

“ I felt frightened when I was told it was pneumonia, but I kept telling myself my baby will be ok. I was praying to God that my baby will be ok. The doctor reassured me so I felt better. ”

HALIMA EXPLAINING HOW SHE FELT WHEN SULEKA WAS DIAGNOSED WITH PNEUMONIA.



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Cover: Dr Moses Lobur checks Ekeno, one month, for symptoms of Pneumonia at an outpatient's clinic at Save the Children supported Turkwel Health Centre, Turkana county, Kenya. Photo: Jonathan Hyams/Save the Children

Some names in this report have been changed to protect identities

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