



# FIGHTING FOR BREATH IN GOMBE STATE

A call to action on  
childhood pneumonia

## WHY ARE CHILDREN DYING OF PNEUMONIA AROUND THE WORLD?

- A child who is severely malnourished is four times more likely to die from pneumonia. Globally, 51 million children suffered from wasting, and they face grave health risks (2017).
- Pneumococcal vaccines (PCVs) could prevent most bacterial pneumonia cases. Globally, 76 million children aged 12-23 months are unimmunised (2017).
- One-third of children with pneumonia-like symptoms do not seek appropriate care.
- Antibiotics which could prevent 70% of all pneumonia deaths, costing just \$0.50 on average, are frequently not accessible and often unavailable.
- Poor children are most at risk from pneumonia but health systems disproportionately provide for wealthier children.

**Pneumonia claims the lives of more children around the world than any other infectious disease. The vast majority of those killed by pneumonia are poor and living in low and middle income countries.**

880,000 children under five died of pneumonia in 2016. That's almost two fatalities every minute of every day - more than diarrhoea, malaria and measles combined. Most of the deaths happen in South Asia and sub-Saharan Africa. Over 80% occur among children under two, many of them in the first weeks of life. This is a disease that leaves children gasping for breath and fighting for life.

### Strengthening Primary Health Care (PHC)

Every nation should make it a priority to ensure strong, accessible primary health care systems for all communities. For effective prevention, early diagnosis, and treatment of pneumonia, health care systems must be free for patients. They must have trained community health workers; adequately supplied facilities; cold chain and transport for vaccines so everyone can have access to immunisation; and referral systems must be swift for children with severe

pneumonia. Health plans should also include interventions to improve the overall health of children. Their vulnerability to pneumonia can be reduced by combating undernutrition, by protecting, promoting, and supporting exclusive breastfeeding, and by encouraging care seeking behaviour.

### Progressing towards Universal Health Coverage (UHC) to combat pneumonia

Pneumonia cannot be treated in isolation. Tackling pneumonia requires a strong and accessible health system that reaches the most disadvantaged children. Governments need to make quality primary health care for every community the foundation and priority for progressing towards UHC. All countries, irrespective of income level, can and should make progress towards UHC; expanding reach, services, and the extent of financial protection for the poorest people/families. The path countries take will differ but all must ensure equitable access without discrimination. Pneumonia prevention, management and treatment should be part of an integrated maternal and child health continuum of care which can be delivered by a strong PHC system that should be the foundation and priority for UHC.

## RECOMMENDATIONS FOR GOMBE STATE

- The Gombe State Health Strategic Plan should be strengthened, setting out guidelines for the prevention and treatment of pneumonia.
- Increase the State expenditure on health to strengthen primary health care and facility based paediatric services by investing in life-saving commodities, infrastructure, equipment, skilled health personnel and addressing supply chain gaps.
- Ensure that community health workers are trained and equipped to diagnose and treat pneumonia.
- Increase State investment in improving immunisation infrastructure to expand the reach and quality of services, with a sharpened focus on equity.
- Mobilise support for the strengthening of health systems and universal health coverage.
- Reduce vulnerability to pneumonia by promoting the importance of healthy nutrition practices, breast feeding, clean cooking fuels, toilet use, hand washing, safe drinking water, and sanitation.

# KEY PNEUMONIA FACTS FOR GOMBE STATE<sup>1</sup>

Pneumonia killed  
**18,995**  
children under five  
in 2016 – about 52  
children every day.

More than  
**19,305**  
children aged 0-11 months  
were not immunised with  
PCV in 2017.

Only  
**16%** mothers/caretakers of children  
aged 0-59 months could recognise at  
least one of the two danger signs of  
pneumonia in children.

## UHC TO COMBAT PNEUMONIA

### HEALTH OUTCOMES

**25** per 1000 live births is the Sustainable Development Goals (SDG) target rate for under five deaths by 2030.



**3** per 1000 live births is the target pneumonia death rate for under fives by 2025, as envisaged under the Global Action Plan for Pneumonia and Diarrhoea (GAPPD).



### NUTRITION

As per the 2025 targets set in the 2012 World Health Assembly Resolution, the vital steps towards ending malnutrition by 2030 are:



**40%** reduction in stunting in children under five.



**5%** or less wasting prevalence in children under five.

**50%** exclusive breastfeeding rate for the first 6 months.

### IMMUNISATION

**90%** national and at least **80%** district or equivalent administrative unit coverage for vaccination by 2020 as per the Global Vaccine Action Plan (GVAP).



**Hib** (Haemophilus influenzae type B) vaccine and **PCV** included in the national immunisation programme.



### PAYING FOR HEALTHCARE

**\$86** is the minimum recommended government spend/person/year to provide essential health services as per WHO recommendations.



**5%** is the minimum recommended government spend on health as % of GDP as per WHO recommendations.



## SPOTLIGHT ON GOMBE STATE<sup>2</sup>

**162** per 1000 live births, under five mortality rate in Gombe State in 2016.

**29** per 1000 live births, under five mortality rate in Gombe State due to pneumonia in 2016.

**54%** stunting rate in 2017. As per 2011 baseline, to remain on track to achieve SDG 2 in 2030, Gombe State needs to at least reduce stunting rates to **34%** by 2025.

**13%** wasting prevalence in children under five in 2017.

**25%** exclusive breastfeeding rate in 2017.

**90%** Gombe State rate in 2017 based on Penta 3 (DTP3 + Hib) coverage.

**86%** PCV vaccine coverage among 1 year olds in 2017 in Gombe State.

**\$3** per person approved by the Gombe State government to be spent on health in the 2017 budget.

**8%** of the Gombe government's budget approved to be spent on health in the 2017 budget.

**0.3%** of Gombe State GDP spent on health by the government in 2015.

<sup>1</sup> **Key Facts:** Estimates based on the 18% pneumonia mortality rate for Nigeria in 2015 from <http://data.unicef.org/>; <https://www.dhis2nigeria.org.ng/dhis/dhis-web-pivot/>; National Bureau of Statistics via [www.nigerianstat.gov.ng/](http://www.nigerianstat.gov.ng/); UNICEF Multiple Indicator Cluster Survey (MICS) 2016-17

<sup>2</sup> **Health outcomes:** UNICEF MICS 2016-17; [www.nigerianstat.gov.ng/](http://www.nigerianstat.gov.ng/) **Nutrition:** Multiple Indicator Cluster Survey (MICS) 2016-17; <http://www.dhis2nigeria.org.ng/>; Gombe State Maternal & New born Health Scorecard 2016. Produced by GOSAM **Immunisation:** WHO State Data on Immunization in Gombe State. 2016; <http://www.dhis2nigeria.org.ng/>; MICS survey 2011 **Paying for health care:** Gombe State 2017 Budget of Sustainability; Gombe State 2015 Budget; Gombe state Ministry of Budget and Economic Planning