



Save the Children

FIGHTING FOR BREATH IN INDONESIA

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 INDONESIA

- Raise awareness and strengthen capacity to improve understanding of the early signs of pneumonia amongst caregivers and communities.
- Protect children from the leading causes of pneumonia by ensuring mandatory under-5 vaccination, including fully rolling out PCV across the country and addressing inequalities in coverage.
- Reduce vulnerabilities to pneumonia by addressing low birth weight in newborns, undernutrition in children under five, and indoor air pollution.
- Improve access to appropriate pneumonia diagnostics and treatment, and strengthen the collection of quality childhood pneumonia-related data, especially through fully resourced and implemented Integrated Management of Childhood Illness (IMCI) both at the community and facility levels, as a first step towards strengthening primary healthcare.
- Promote equity in health through the withdrawal of user-charges, ensuring public health insurance (Jaminan Kesehatan Nasional) covers the most vulnerable, and strengthening governance arrangements that make providers more accountable to disadvantaged communities.

KEY PNEUMONIA FACTS FOR INDONESIA¹

Pneumonia killed

20,084

children under five in 2016

– more than 2 children every hour.

PCV

has not been introduced in Indonesia.

75%

children with pneumonia symptoms were taken to a health facility in 2012.

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.



The SDG targets for large out of pocket (OOP) expenditure should not be more than

10% and to avert catastrophic OOP expenditure it should not be more than

25% of total household expenditure or income.

SPOTLIGHT ON INDONESIA²

25 per 1000 live births, under five mortality rate in Indonesia in 2017. Poor children are **3 times** more likely to die before the age of five than wealthy children.

4 per 1000 live births, under five mortality rate in Indonesia due to pneumonia in 2016.

16% of all under five mortality is due to pneumonia in 2016.

36% stunting rate in 2013. To remain on track to achieve SDG 2 in 2030, Indonesia needs to reduce stunting rates to **22%** by 2025.

14% wasting prevalence in children under five in 2013.

42% exclusive breastfeeding rate in 2016.

79% national rate in 2017 based on DTP3 coverage. **38%** coverage in Banten district compared to **94%** in Yogyakarta district.

79% Hib vaccine coverage among 1 year olds in 2017.

2 districts saw the introduction of PCV in October 2017

\$43 spent by the government on health per person in 2015.

7% of the government's budget spent on health in 2015.

1.3% of GDP spent on health by the government in 2015.

48% of total health expenditure was out-of-pocket in 2015.

¹ Key facts: WHO Global Health observatory

² Health outcomes: UN Inter-agency Group for Child Mortality Estimation/recent household survey via GRID; WHO Global Health observatory Nutrition: WHO/UNICEF/World Bank Joint Malnutrition Estimates; WHO Tracking Tool for Global Targets 2025; UNICEF Data on infant and young child feeding (breastfeeding) Immunisation: WHO/UNICEF estimates of national immunization coverage Paying for health care: WHO Global Health Expenditure database