



FIGHTING FOR BREATH IN JIGAWA 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 JIGAWA STATE

- Encourage the state government to approve and implement the state health insurance act.
- 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.
- Expand and improve DHIS data collection to capture pneumonia specific data.
- 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 JIGAWA STATE¹

Pneumonia killed

40,753

children under five in 2017 – about 112 children every day.

More than

191,610

children aged 12-23 months were not immunised with PCV in 2016.

Only

39%

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.

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 JIGAWA STATE²

192 per 1000 live births, under five mortality rate in Jigawa State in 2016.

35 per 1000 live births, under five mortality rate in Jigawa State due to pneumonia in 2016.

66% stunting rate in 2016. As per 2011 baseline, to remain on track to achieve SDG 2 in 2030, Jigawa State needs to at least reduce stunting rates to **35%** by 2025.

14% wasting prevalence in children under five in 2016.

16% exclusive breastfeeding rate in 2016.

94% Jigawa State rate in 2017 based on Penta 3 (DTP3 + Hib) coverage.

95% PCV vaccine coverage among 1 year olds in 2017 in Jigawa State.

\$4 per person approved by the Jigawa State government to be spent on health in the 2017 budget.

8% of the Jigawa State government's budget approved to be spent on health in the 2017 budget

2% of GDP spent on health by the Jigawa State government in 2015.

60-70% of total health expenditure was out-of-pocket in 2015.

¹ Key facts: National Bureau of Statistics 2016 population estimates via www.nigeria.opendataforafrica.org; Data from Jigawa State Ministry of Health

² Health outcomes: Multiple Indicator Cluster Survey (MICS) 2016-17; Data from Jigawa state ministry of health Nutrition: Multiple Indicator Cluster Survey (MICS) 2016-17; MICS survey 2011 Immunisation: WHO State Data on Immunization in Jigawa State, 2016; Multiple Indicator Cluster Survey (MICS) 2016-17.; <http://www.dhis2nigeria.org.ng>;

Paying for health care: Jigawa State 2017 Budget of Sustainability; Jigawa state Ministry of Budget and Economic Planning; Health financing in Nigeria www.perlnigeria.net