



Save the Children

FIGHTING FOR BREATH IN DRC

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, 52 million children suffer from wasting, and they face grave health risks.
- Pneumococcal vaccines (PCVs) could prevent most bacterial pneumonia cases, but 170 million children under two in developing countries are unimmunised.
- 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.

920,000 children under five died of pneumonia in 2015. That's 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 DRC

- Improve community case management by building the capacity of community health workers and improve access to essential medicines such as Amoxicillin.
- National investment in health and immunisation infrastructure to expand the reach and quality of health system delivery, with a sharpened focus on equity.
- Measures to promote equity in health with the withdrawal of user fees and governance arrangements that make providers more accountable to disadvantaged communities.
- Mobilising support for universal health coverage and integrated health systems by strengthening civil society organisations to hold policy maker to account.

KEY PNEUMONIA FACTS FOR DRC¹

In DRC pneumonia killed
45,812
children in 2015 – more than
5 children every hour.

669,557
children under two are not
immunised with PCV in 2016.

If current trends continue,
42,055 children will
die from pneumonia in 2030.

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 DRC²

94 per 1000 live births, under five mortality rate in DRC in 2016. Poor children are **1.5 times** more likely to die before the age of five than wealthy children.

15 per 1000 live births, under five mortality rate in DRC due to pneumonia in 2015.

15% of all under five mortality is due to pneumonia in 2015.

43% stunting rate in 2014. To remain on track to achieve SDG 2 in 2030, DRC needs to reduce stunting rates to **26%** by 2025.

8% wasting prevalence in children under five in 2013.

48% exclusive breastfeeding rate in 2013-14.

79% national rate in 2016 based on DTP3 coverage.

79% Hib vaccine coverage among 1 year olds in 2016.

77% PCV vaccine coverage among 1 year olds in 2016.

\$7 spent by the government on health per person in 2014.

11% of the government's budget spent on health in 2014.

2% of GDP spent on health by the government in 2014.

39% of total health expenditure is out-of-pocket.

¹ **Key facts:** <http://www.who.int/gho/en/>; The number of deaths in 2030 "if current trends continue" is the annual rate of change between 2000 and 2015, applied to the next 15 years. This does not take into account the introduction of PCV3.

² **Health outcomes:** <http://data.unicef.org> & <http://apps.who.int/gho/data/node.home>; **Nutrition:** <https://data.worldbank.org/>; **Immunisation:** WHO/UNICEF estimates of national immunization coverage (updated on 15 July 2016); **Paying for health care:** <http://datatopics.worldbank.org/health/> & <http://apps.who.int/nha/database/ViewData/Indicators/en>