Save the Children

FIGHTING FOR BREATH IN MYANMAR

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 MYANMAR

- **Strengthen the implementation of the National Strategic Plan for Newborn and Child Health Development (2015-18) which includes strategies for prevention and treatment of pneumonia.**
- **Resource the efficient implementation of integrated Management of Neonatal and Childhood illness (IMNCI) at the community level and strengthen the capacity of volunteer health workers to deliver services.**
- **Accelerate PCV coverage and invest in immunisation infrastructure with improved service delivery and sharpened focus on equity to reduce the current pneumonia mortality rate in children.**
- **Implement the National Health Plan which commits to strengthening the health system and progressing towards universal health coverage.**
- **Develop a health financing policy which will support an adequate package of services with focus on the most marginalised.**
- **Reduce vulnerability to pneumonia by promoting the importance of clean cooking fuels, healthy nutrition practices such as breast feeding, safe drinking water, toilet use, hand washing, and sanitation.**

KEY PNEUMONIA FACTS FOR MYANMAR[1]

7516 children under five died of Pneumonia and acute respiratory infections in 2015 – more than 20 children per day.

Close to **200,000** children under two immunised with PCV3 in 2016.

2,843 children will die from pneumonia in 2030 if PCV3 coverage remains the same and current trends continue.

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 MYANMAR[2]

51 per 1000 live births, under five mortality rate in Myanmar in 2016.

8 per 1000 live births, under five mortality rate in Myanmar due to pneumonia in 2015.

16% of all under five mortality is due to pneumonia in 2015.

29% stunting rate in 2015-16.
To remain on track to achieve SDG 2 in 2030, Myanmar needs to reduce stunting rates to **17%** by 2025.

7% wasting prevalence in children under five in 2015-16.

51% exclusive breastfeeding rate in 2015-16.

90% national rate in 2016 based on DTP3 coverage.
88% of the townships have more than **80%** coverage.

90% Hib vaccine coverage among 1 year olds in 2016.

14% PCV3 coverage among 1 year olds in 2016. Myanmar introduced PCV on 1st July 2016.

$15 spent by the government on health per person in 2017-18.

5% of the government's budget spent on health in 2017-18.

1.2% of GDP spent on health by the government in 2017-18.

51% 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:** http://mohs.gov.mm/cat/MDHS%20(2015-16); **Immunisation:** WHO/UNICEF estimates of national immunization coverage (updated on 15 July 2016) & https://tinyurl.com/yaev4pn4; **Paying for health care:** http://www.mof.gov.mm/en/node/759 & http://apps.who.int/nha/database/ViewData/Indicators/en