Fighting for Breath in India

A CALL TO ACTION TO STOP CHILDREN DYING FROM PNEUMONIA

Biggest killer,[1] yet forgotten

Pneumonia is the world's leading infectious killer of children, claiming the lives of more than 800,000 children under the age of five every year, more than 2,000 every day.

It is a shocking demonstration of pervasive health inequities disproportionately affecting the most deprived and marginalised children in low- and middle-income countries. It represents a violation of children's right to survival and development, as enshrined in the UN Convention on the Rights of the Child. Yet pneumonia has been largely forgotten on global and national health agendas. We can and must change this.

It is possible to combat pneumonia

It is possible to deliver the necessary solutions to combat pneumonia to all children. It is possible through Universal Health Coverage (UHC) and equitable access to quality primary health care to prevent, diagnose and treat pneumonia. It is possible through better immunisation coverage to protect children from some of the leading causes of pneumonia. It is possible through good nutrition to help their bodies to fight off infections and respond to treatment, as well as to prevent underlying causes of pneumonia. It is possible through improved water, hygiene and sanitation, and reductions in air pollution to help address risk factors that can cause pneumonia. It is possible through ensuring access to integrated service delivery and life-saving low cost antibiotics at the community level and strengthening the availability and quality of referral level care, to combat pneumonia and save lives.

Poverty and inequality aid and abet pneumonia deaths

Progress to address the number of children dying from pneumonia isn't fast enough or fair enough. Global, regional, national averages mask huge inequalities in countries. It is the poorest children who are most at risk because of high rates of malnutrition, and lack of access to basic quality health services for vaccinations, and diagnosis and treatment of common childhood illnesses. As a result, the poorest children are almost twice as likely to die before their 5th birthday compared to the richest. Innovations that could save hundreds of thousands of lives each year are not reaching children with the greatest need.

An unprecedented moment to push for action

The COVID-19 crisis is unlike any we have seen before. This pandemic is presenting the world with ever-evolving, unprecedented challenges, and has highlighted the need for building strong and accessible health systems offering free-at-point-of-use health services. The rapid responses from governments have demonstrated that when health is prioritised, it is possible to mobilise much needed resources to protect the health of all citizens. Universal health coverage can no longer be a point of debate. Strengthening health systems now to cope with COVID-19 will also improve services for the prevention, diagnosis and treatment of childhood pneumonia and have a lasting impact on child survival over the long term.

Now is the time to act. There are only ten years left to deliver on the Sustainable Development Goals (SDGs) - which require all countries to reduce child deaths to at least 25 per 1,000 live births – and only five years to achieve the Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) pneumonia target - which requires all countries to reduce child pneumonia deaths to below 3 per 1,000 births. We need concerted action to improve policies, investment, innovations, and scale up of evidence-based interventions, if we are to leave no child behind and to save lives. Not only is combatting pneumonia possible, it is a must – a must for every child to be able to fulfil their right to survive and thrive.

Save the Children

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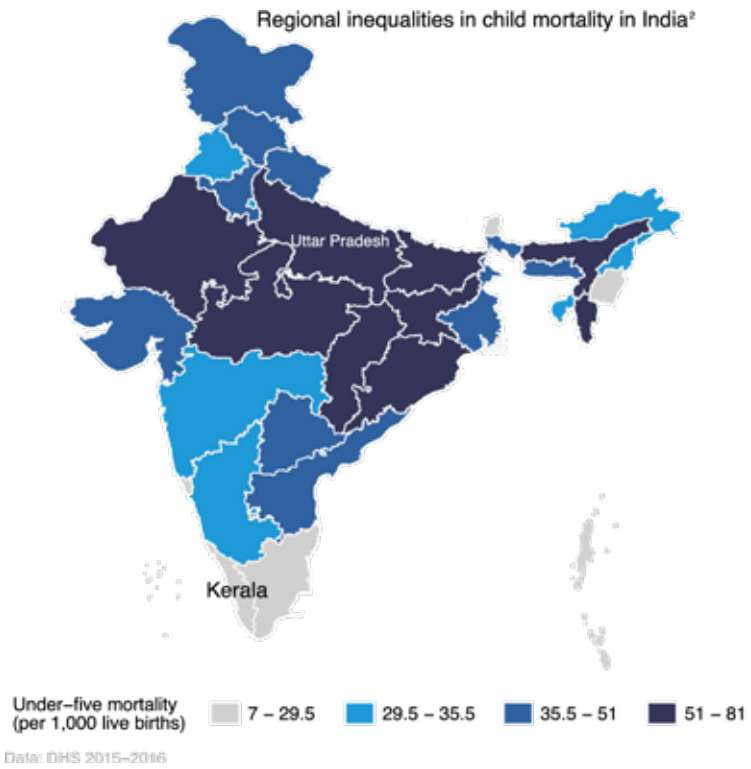
EVERY BREATH COUNTS

India spotlight



UNDER-FIVE MORTALITY[2]

GLOBAL TARGET

At least as low as

25 per 1000 live births is the SDG target rate for under five mortality by 2030.

INDIA STATUS

37 per 1000 live births, under-five mortality rate in 2018.

Inequality, poverty and lack of access to health services contributes to

72 deaths per 1000 live births among the poorest households compared with just

23 deaths per 1000 live births amongst the richest households in 2015-16.

In Uttar Pradesh State where the mortality rate is

78 per 1000 live births, children are almost **12 times** more likely to die before the age of five than children in Kerala State where the mortality rate is

7 per 1000 live births in 2015-16.

HIGHEST RISK FACTORS FOR CHILD PNEUMONIA DEATHS IN INDIA, 2017[3]

53% caused by child wasting

27% caused by outdoor air pollution

22% caused by indoor air pollution from solid fuels

PNEUMONIA RELATED UNDER-FIVE MORTALITY[4]

GLOBAL TARGET

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

INDIA STATUS

5 per 1000 live births, under five mortality rate due to pneumonia in 2018.

14% of child deaths were due to pneumonia in 2017, and it was the **second biggest killer** of children under-five in 2017.

Pneumonia killed more than **1,27,000** children under-five in 2018 – more than **14** children every hour.

7% is the average annual rate of reduction in pneumonia mortality between 2000–2018, and at the same rate, India is expected to reach the **2025 GAPPD target in 2026.**

Health system strengthening to deliver strong primary health care and UHC to combat pneumonia[5]

The UHC Service Coverage Index is a measure of SDG indicator 3.8.1, which is a composite of essential health services. Countries should strive towards achieving 100% coverage to ensure health care for all citizens. To progress towards UHC, coverage of quality essential health services needs to be expanded with an emphasis on reducing inequities and strengthening health care facilities, to improve the quality of primary health care services. In India, the coverage of essential health services was just **55%** in 2017. In addition, the proportion of children with pneumonia symptoms who are taken for healthcare is the indicator for 'child treatment' under the UHC Service Coverage Index. In India it was **78%** in 2015.

To build strong health systems, increase coverage and deliver UHC, India needs to increase domestic public health expenditure towards a target of 5% of GDP, prioritising spending at the primary health care level. It would be ideal for India to raise revenue for health systems in an equitable way through progressive taxation and remove out-of-pocket payments to accessing health and nutrition services, such as user fees, at least for vulnerable populations and priority services. The more India continues to rely heavily on out-of-pocket payments, the harder it will be to achieve UHC. The National Health Policy, 2017, aims to address this by committing to increase government spending on health from 1.15% of GDP to 2.5% by 2025.

Strong and equitable health systems are needed to adequately prevent, diagnose and treat pneumonia, and provide children with their basic human right to good-quality healthcare. UHC – where all children and their family have access to health and nutrition services, vaccinations and the medicines they need, without facing financial hardship – represents that right in action.

GLOBAL TARGETS ON HEALTH FINANCING

$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.

57% of government health expenditure should be on primary-level healthcare services as per WHO recommendations, as 90% of all health needs can be met at the primary health care level.

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.

INDIA STATUS[6]

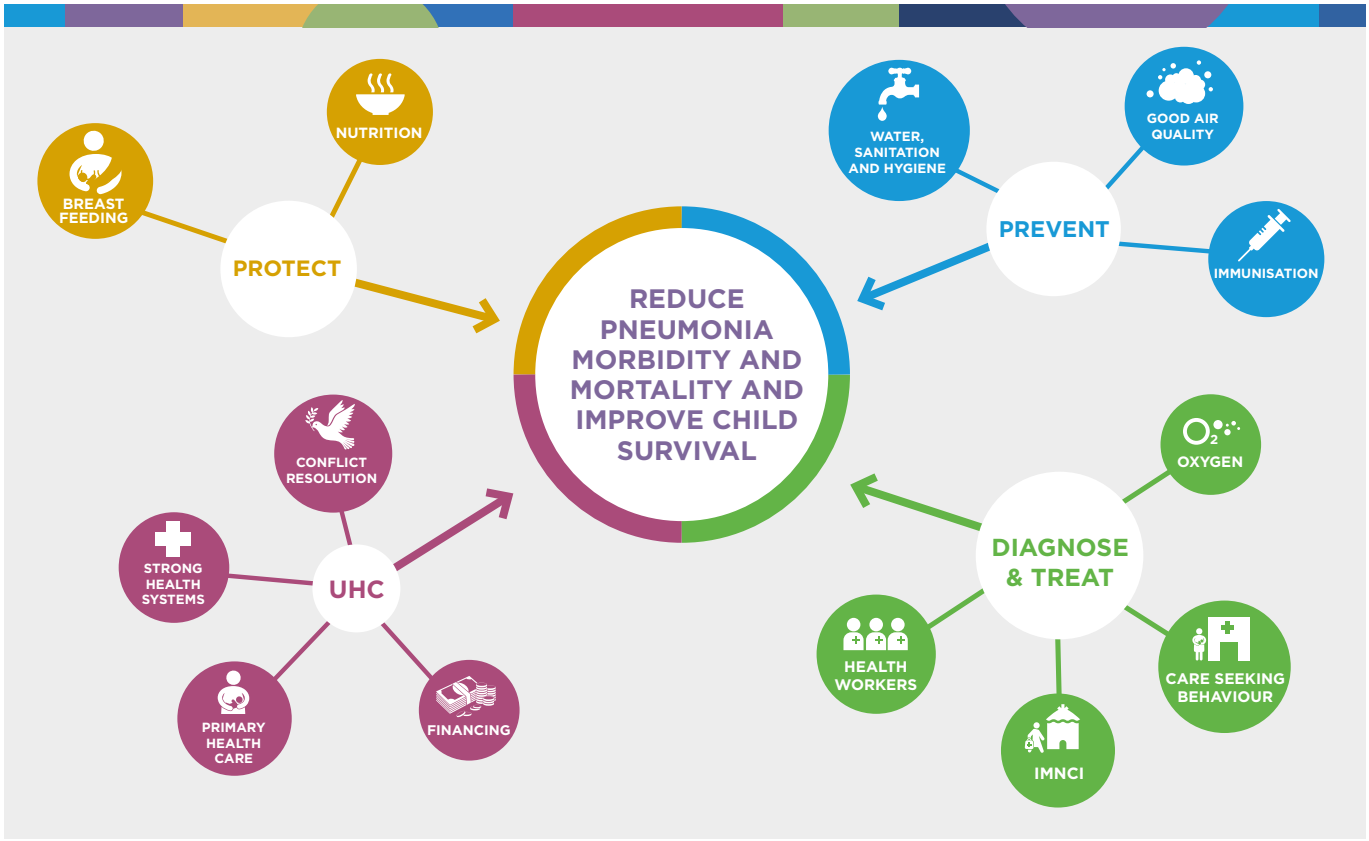
$16 spent by the government on health per person in 2016.

3% of the government's budget spent on health in 2016.

0.9% of GDP spent on health by the government in 2016.

58% of the government's budget spent on primary health care in 2016.

65% of total health expenditure was out-of-pocket in 2016.



PROTECT children by establishing good health practices from birth

Global Targets & Standards

SDG 2.2: By 2030, end all forms of malnutrition, including achieving by 2025, the internationally agreed targets on wasting and stunting in children under-five.

Reduce and maintain childhood wasting (weight for age) in under-five children to less than **5%** & ensure **40%** reduction in stunting (height for age) in under-five children as per the 2025 targets set in the 2012 World Health Assembly Resolution.

2 ZERO HUNGER

Nutrition[8]

India Status

Wasting

21%% is the wasting rate for under-five children in 2015.

Stunting

38% is the stunting rate in 2015.

To remain on track to achieve SDG 2 in 2030, India needs to reduce stunting rates to **25%** by 2025.

Sub-national Status[7]

Wasting

24% is the wasting rate for under-five children in the poorest households in 2015.

18% is the wasting rate for under-five children in the richest households in 2015

Stunting

51% is the stunting rate among under-five children in the poorest households in 2015.

22% is the stunting rate among under-five children in the richest households in 2015.

The stunting rate among children in the poorest households is **2 times** higher than among children in the richest households.

Global Targets & Standards

50% rate of exclusive breastfeeding for the first 6 months as per the 2025 targets set in the 2012 World Health Assembly Resolution.

Breast feeding[9]

India Status

55% is the exclusive breastfeeding rate in 2015.

Sub-national Status

55% is the exclusive breastfeeding rate among babies in the poorest households in 2015.

52% is the exclusive breastfeeding rate among babies in the richest households in 2015.

PREVENT pneumonia in children by addressing underlying causes

Immunisation[10]

Global Targets & Standards

SDG 3.2: End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce under-5 mortality to at least as low as **25** per 1,000 live births by 2030.

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

Penta3 (Pentavalent vaccine) and **PCV3** (Pneumococcal Conjugate) vaccines included in the national immunisation programme.

3 GOOD HEALTH AND WELL-BEING

India Status	Sub-national Status
89% Penta3 vaccine coverage among 1-year-olds in 2018.	Pentavalent vaccine (Penta3) coverage among 1-year-olds in 2019 **77%** in the State of Rajasthan, **97%** in the State of Kerala.
6% PCV3 coverage among 1-year-olds in 2019.	PCV3 coverage among 1-year-olds in 2019 **26%** in the State of Rajasthan, **58%** in Madhya Pradesh. PCV3 is yet to be rolled out in most other States.

Water, sanitation and hygiene[11]

Global Targets & Standards

SDG 6.1: Achieve universal and equitable access to safe and affordable drinking water for all by 2030.

SDG 6.2: Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women, girls and those in vulnerable situations by 2030.

6 CLEAN WATER AND SANITATION

India Status	Sub-national Status
93% People using basic drinking water services in 2017.	**91%** rural & **96%** urban people using basic drinking water services in 2017.
60% People using basic sanitation services in 2017.	**53%** rural & **72%** urban people using basic sanitation services in 2017.
60% People with basic hand washing facilities at home in 2017.	**49%** rural & **80%** urban people with basic hand washing facilities at home in 2017.
26% People practicing open defecation in 2017.	**36%** rural & **5%** urban people practicing open defecation in 2017.

Air Pollution[12]

Global Targets & Standards

SDG 7: 100% access to affordable, reliable, sustainable and modern energy for all by 2030.

SDG 3.9: Substantially reduce the number of deaths and illnesses from hazardous chemicals; air, water and soil pollution and contamination by 2030.

10 Micro grams per cubic metre of air (µg/m3) should be the mean annual exposure to Fine Particulate Matter ($PM_{2.5}$) as per WHO Air Quality Guidelines.

7 AFFORDABLE AND CLEAN ENERGY

3 GOOD HEALTH AND WELL-BEING

India Status	Sub-national Status
45% people with primary reliance on clean fuels and technologies in 2015.	People with primary reliance on clean fuels and technologies in 2015 **20%** in Odisha, **23%** in Chhattisgarh and **98%** in Delhi.
91 micro grams per cubic metre of air (µg/m^3) is the mean annual exposure to $PM_{2.5}$ pollution in urban settings in 2017.	**124, 101 & 32** micro grams per cubic metre of air (µg/m^3) is the mean annual exposure to $PM_{2.5}$ pollution in the cities of Agra, Delhi and Chennai respectively in 2017.

DIAGNOSE & TREAT children who become ill with pneumonia

Global Targets & Standards

SDG 3.12: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

44.5 per 10,000 people is the minimum number of skilled health workers required to deliver quality health services as per WHO recommendations. The estimated shortage of health workers is 18 million by 2030.

3 GOOD HEALTH AND WELL-BEING

Health workers[13]

India Status	Sub-national Status
8 doctors per 10,000 people & **10** nurses and midwives per 10,000 people in 2017.	*Data not available*
9,39,978 Accredited Social Health Activists (ASHAs) in 2017.	*Data not available*
NO – India does not have a National Task-Shifting Policy.	**NO** – The 29 States and 7 Union Territories do not have task-shifting Policies.
YES – 'The National Pneumonia Guidelines' were launched in November 2019, and mandate ASHAs to dispense Amoxycillin dispersible tablets 250 mg.	**YES** – All the 29 States and 7 Union Territories have rolled out 'The National Pneumonia Guidelines' and have mandated ASHAs to dispense Amoxycillin dispersible tablets 250 mg.

Global Targets & Standards

ICCM (Universal Integrated Community Case Management) to prioritise the most deprived and marginalised, removing financial and non-financial barriers to access.

ICCM[14]

India Status	Sub-national Status
YES – India has an Integrated Management of Newborn and Childhood Illnesses (IMNCI) Strategy, 2003.	**YES** – The 29 States and 7 Union Territories follow the IMNCI Strategy.
NO – Amoxycillin dispersible tablets 250 mg are not, but 250 mg capsule and Syrup 250 mg/5ml are on the National List of Essential Medicines 2015.	**NO** – ASHAs in the 29 States and 7 Union Territories do not dispense Amoxycillin dispersible tablets 250 mg.

Global Targets & Standards

Oxygen levels in children should be monitored by trained CHWs (community health workers) who can refer them in time to primary and secondary health facilities which have oxygen supply.

Oxygen[15]

India Status	Sub-national Status
NO – ASHAs are not mandated to use pulse oximeters.	**NO** – None of the 29 States and 7 Union Territories are yet to mandate ASHAs to use pulse oximeters.
YES – Primary healthcare centres, community health centres and district level hospitals should have medical oxygen as per the F-IMNCI guidelines 2009.	**YES** – In all 29 States and 7 Union Territories, primary healthcare centres, community health centres and district level hospitals should have medical oxygen, but many do not, due to supply issues.

Global Targets & Standards

90% pneumonia care seeking behaviour by 2025 as per the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD). All children with pneumonia symptoms should be taken promptly to an appropriate health facility.

Care seeking behaviour[16]

India Status

78% children with pneumonia symptoms were taken to a health facility in 2015.

Sub-national Status

Children under-five with pneumonia symptoms taken to a health facility in 2015

69% from the poorest and **90%** from the richest households

46% in Manipur and **92%** in Punjab in 2015.

Fighting for Breath: The Global Forum on Childhood Pneumonia, January 2020

Pneumonia is the world's deadliest infectious killer of children and the ultimate disease of poverty.

Each year 800,000 of the world's poorest and most vulnerable children die from the disease – more than 2000 every day. The overwhelming majority of these deaths are preventable. Yet fatalities are declining slowly – far too slowly for the world to deliver on the Sustainable Development Goal pledge to 'end preventable child deaths by 2030'. Changing this picture will require more than a reaffirmation of the SDG promise. The children whose lives are at stake need a bold agenda backed by urgent action.

On 29-31 January 2020 in Barcelona, Spain, over 350 participants from 55 countries – including ministers and senior planners from high-burden countries, major development donors, UN and multilateral agencies, non-government organisations, corporate and philanthropic leaders and the pneumonia research community – come together for the first-ever Global Forum on Childhood Pneumonia as part of an effort to build that agenda and galvanise national and international action.

The Declaration which was endorsed at the Global Forum can be found here:
stoppneumonia.org/latest/global-forum/

A Global Call to Action on Childhood Pneumonia

1. **Develop pneumonia control strategies** as part of wider plans for universal health coverage and commit to reducing child pneumonia deaths to fewer than three per 1,000 live births, the target set by the Integrated Global Action Plan Pneumonia and Diarrhoea (GAPPD).
2. **Strengthen quality primary health care and action on pneumonia** as part of national multi-sectoral plans and through integrated strategies (including nutrition, water, sanitation and hygiene, and air pollution), including at community level, focusing on the most deprived and marginalised children.
3. **Increase domestic government investment in health and nutrition** (to at least 5% of GDP on health) and ensure that increased spending improves access to child health and nutrition services, including by removing user fees, addressing non-financial barriers to accessing care, and prioritising primary health services.
4. **Improve health governance** by ensuring accountability, transparency and inclusiveness in planning, budgeting and expenditure monitoring, including for pneumonia control strategies.
5. **Accelerate vaccination coverage** by supporting Gavi's 2020 replenishment and ensuring the investment drives more equitable vaccination coverage and improves vaccine affordability.
6. **Enhance overseas development assistance** by increasing allocations to child health services and advancing the achievement of universal health coverage (aligned with national priorities and plans), including through pledges as part of Gavi replenishment and Nutrition for Growth.
7. **Engage the private sector to improve access** to affordable, quality vaccines, diagnostic tools, new antibiotics, medicines and medical oxygen, especially for the most deprived and marginalised children.
8. **Measure and report progress in achieving universal health coverage** to build stronger health systems which deliver quality primary health care and reduce child deaths, including from pneumonia, as well as against SDG child survival and GAPPD targets.
9. **Prioritise research, development and innovation** to improve access to the most affordable and cost-effective pneumonia prevention, diagnosis, referral and treatment technologies and services.
10. **Champion multi-sectoral partnerships** between the child health and nutrition communities and the broader infection control, clean air, water, sanitation and hygiene, and development financing communities.

Save the Children

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EVERY BREATH COUNTS

The partnership to combat pneumonia

Save the Children, UNICEF and Every Breath Counts Coalition are working in partnership to fight one of the greatest – and gravest – health challenges facing children around the world – childhood pneumonia. The partnership will galvanise support to put pneumonia on the global health agenda; stimulate national action; and mobilise the donor community to ensure that we achieve the SDG goal on child survival and the Global Action Plan for Pneumonia and Diarrhoea (GAPPD) target of three child pneumonia deaths per 1,000 live births by 2030.

References:

1. **Biggest killer:** UNICEF analysis based on WHO and Maternal and Child Epidemiology Estimation Group interim estimates produced in September 2019, applying cause fractions for the year 2017 to United Nations Inter-Agency Group for Child Mortality Estimation estimates for the year 2018; Convention on the Rights of the Child
2. **Under-Five Mortality:** United Nations Inter-Agency Group for Child Mortality Estimation (IGME) (2019); Save the Children's Child Inequality Tracker; National Family Health Survey-4 (NFHS-4) 2015-16 Mortality rates are calculated for the 10-year-period preceding the DHS survey; **Disclaimer on Map:** This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties.
3. **Risk Factors for Pneumonia:** The Institute for Health Metrics and Evaluation (IHME) - Global Burden of Disease 2017
4. **Pneumonia Related Under-Five Mortality:** UNICEF analysis based on WHO Maternal and Child Epidemiology Estimation Group (MCEE) interim estimates produced in September 2019, applying cause fractions for the year 2017 to United Nations Inter-agency Group for Child Mortality Estimation estimates for the year 2018; WHO Global Health Observatory – Causes of Child Death 2017
5. **Health Systems Strengthening:** WHO/World Bank UHC Coverage Index; National Family Health Survey-4 (NFHS-4) 2015-16; National Health Policy, 2017, Government of India
6. **Health Financing:** WHO Global Health Expenditure database
7. **Sub-national Status:** GRID, Save the Children's Child Inequality Tracker; Poorest (richest) refers to poorest (richest) 20% of households as defined by most recent household survey.
8. **Nutrition:** 2025 target calculated based on WHO methodology; National Family Health Survey-4 (NFHS-4) 2015-16
9. **Breastfeeding:** National Family Health Survey-4 (NFHS-4) 2015-16
10. **Immunisation:** WHO/UNICEF estimates of national immunization coverage (WUENIC); HMIS Coverage data as of 20th September 2019
11. **WASH:** WHO/UNICEF JMP (2019) Progress on household drinking water, sanitation and hygiene 2000-2017
12. **Air Pollution:** National Family Health Survey-4 (NFHS-4) 2015-16; World Development Indicators (based on Brauer, M. et al. 2017), World Bank; ENVIS Centre on Control of Pollution Water, Air and Noise, sponsored by Ministry of Environment and Forests, Govt of India; National Ambient Air Quality Monitoring NAAQMS, Central Pollution Control Board India, Ministry of Environment & Forests, 2011-2012
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14. **ICCM:** Integrated Management of Newborn and Childhood Illnesses (IMNCI) Strategy 2003; IMNCI training module for workers, Govt. of India, 2003; National List of Essential Medicine (NLEM) 2015
15. **Oxygen:** Operational Guidelines for Facility Based Integrated Management of Neonatal and Childhood Illness (F-IMNCI), Ministry of Health and Family Welfare Government of India, 2009; Home Based care for Young Child (HBYC)-Operational guidelines, April 2018; Assessment of Quality of care for children in District hospitals in India, Government of India, 2014 W
16. **Care Seeking Behaviour:** National Family Health Survey-4 (NFHS-4) 2015-16

Photo credit: Save the Children
Rekha, 30, lives in Sanjay Camp, Dakshinpuri, India, along with her husband and children Perna, 11, Abishiek, 10 and Rishabh, 1.5

May 2020

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