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. 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 breastfeeding, safe drinking water, toilet use, hand washing, and sanitation.
### Key Pneumonia Facts for Myanmar

**7,516** children under five died of Pneumonia and acute respiratory infections in 2015 — more than 20 children per day.

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

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

### UHC to Combat Pneumonia

**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).

### Health Outcomes

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.

### Nutrition

- **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.

### 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).
- **90%** Hib (Haemophilus influenzae type B) vaccine and **PCV** included in the national immunisation programme.

- **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.

### 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.

- **$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.