



Save the Children

# FIGHTING FOR BREATH IN SOMALIA

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 SOMALIA

- The Community Health Strategy which sets out the plan for prevention and treatment of pneumonia within the Essential Package for Health Services (EPHS) must be better resourced and pneumonia treatment should be prioritised.
- Finalise the Integrated Community Case Management (ICCM) policy and allocate adequate funding for the roll out.
- Build the capacity of community health workers (CHWs) and female health workers (FHWs) to diagnose and treat pneumonia.
- Introduce PCV and increase investment in immunisation infrastructure to expand the reach and quality of routine immunisation, with a sharpened focus on equity.
- Develop measures to promote equity in health through the withdrawal of user-charges and governance arrangements that make providers more accountable to disadvantaged communities.
- Reduce vulnerability to pneumonia by promoting the importance of healthy nutrition practices, breast feeding, clean cooking fuels, toilet use, hand washing, safe drinking water, sanitation, and proper ventilation in homes.

# KEY PNEUMONIA FACTS FOR SOMALIA<sup>1</sup>

Pneumonia killed

**14,561**

children in 2015 – more than 2 children every hour.

PCV has not yet been introduced in Somalia.

If current trends continue,

**22,399**

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 SOMALIA<sup>2</sup>

**133** per 1000 live births, under five mortality rate in Somalia in 2016.

**33** per 1000 live births, under five mortality rate in Somalia due to pneumonia in 2015.

**24%** of all under five mortality is due to pneumonia in 2015.

**25%** stunting rate in 2009.

To remain on track to achieve SDG 2 in 2030, Somalia needs to reduce stunting rates to **15%** by 2025.

**15%** wasting prevalence in children under five in 2009.

**5%** exclusive breastfeeding rate in 2009.

**42%** national rate in 2016 based on Penta3 (DTP3 +) coverage.

**64%** is the Penta3 (DTP3 +) coverage rate in Puntland in 2016.

**42%** DTP3 + coverage among 1 year olds in 2016 which also includes Hib.

**PCV** has not yet been introduced in Somalia.

**\$12** spent by the government on health per person in 2015.

**2.4%** of the government's budget spent on health in 2016.

**0.03%** of GDP spent on health by the government in 2016.

**80%** of total health expenditure is out-of-pocket in Puntland in 2016-17.

<sup>1</sup> **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.

<sup>2</sup> **Health outcomes:** <http://data.unicef.org> & <http://apps.who.int/gho/data/node.home>; **Nutrition:** <https://data.worldbank.org/>; <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>; **Immunisation:** WHO/UNICEF estimates of national immunization coverage (updated on 15 July 2016); <http://www.mopic.gov.so/DNS-Metadata-en-v4.2/index.php/catalog/7>; MOH EPI Review Meeting Presentation, Feb 2017. Ministry of Puntland; **Paying for healthcare:** Second Phase Health Sector Strategic Plan 2017 – 2021, Pgs.9&16; <https://data.worldbank.org/country/somalia>; <http://www.mohpuntland.com/wp-content/uploads/2016/03/Health-Financing-Strategic-Plan-Draft.pdf>, Foreword; Government allocation to the health sector: 2012-2016, MOF budget books