FIGHTING FOR BREATH IN ZIMBABWE
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. 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.

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 ZIMBABWE

- Fully implement the National Health Strategy and the National Child Survival Strategy (2016-2020) and adequately resource the Essential Health Benefits Package to ensure that pneumonia diagnosis and treatment is accessible.

- Develop and implement guidelines to ensure that community health workers are trained and equipped to diagnose and treat pneumonia.

- Finalise the National Health Financing strategy which will commit to universal health coverage and provide financial protection through a national health insurance scheme which will ensure free at point of use health care.

- Fully fund the Essential Health Benefits Package based on governments costings of $76 per capita at the district level and $16 at the rural health centre level.

- Mobilise support for strengthening health systems and universal health coverage.

- Reduce vulnerability to pneumonia by promoting the importance of healthy nutrition practices, breastfeeding, clean cooking fuels, toilet use, hand washing, safe drinking water, and sanitation.
**KEY PNEUMONIA FACTS FOR ZIMBABWE**

**Pneumonia**
- Killed 5,500 children in 2015 – more than 1 child every hour.
- 106,265 children under two are not immunised with PCV in 2016.
- If current trends continue, 4,035 children will die from pneumonia in 2030.

**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.

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1. **Key facts:** [http://www.who.int/gho/en/; Zimbabwe Demographic and Health Survey 2015; 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.](http://www.who.int/gho/en/)