



Save the Children

# FIGHTING FOR BREATH IN LAGOS STATE

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 LAGOS STATE

- The Lagos State Health Strategic Plan should be strengthened, setting out guidelines for the prevention and treatment of pneumonia.
- Increase the State expenditure on health to strengthen primary health care and facility based paediatric services by investing in life-saving commodities, infrastructure, equipment, skilled health personnel and addressing supply chain gaps.
- Ensure that community health workers are trained and equipped to diagnose and treat pneumonia.
- Increase State investment in improving immunisation infrastructure to expand the reach and quality of services, with a sharpened focus on equity.
- Expand and improve DHIS data collection to capture pneumonia specific data.
- Reduce vulnerability to pneumonia by promoting the importance of healthy nutrition practices, breast feeding, clean cooking fuels, toilet use, hand washing, safe drinking water, and sanitation.

# KEY PNEUMONIA FACTS FOR LAGOS STATE<sup>1</sup>

Pneumonia killed

## 33,120

children under five in 2016 –  
about 90 children every day.

## August 2016

was when Lagos State  
introduced PCV.

## 334,440

children under one are still not  
immunised with PCV in Lagos  
State as of December 2016.

## 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 LAGOS STATE<sup>2</sup>

**50** per 1000 live births, under five mortality rate in Lagos State in 2016.

**9** per 1000 live births, under five mortality rate in Lagos State due to pneumonia in 2016.

**11%** stunting rate in 2016. To remain on track to achieve SDG 2 in 2030, Lagos State needs to reduce stunting rates to **7%** by 2025.

**11%** wasting prevalence in children under five in 2016.

**52%** exclusive breastfeeding rate in 2016.

**82%** Penta3 (DTP3) coverage rate among children under two in 2016.

**32%** PCV vaccine coverage among 1 year olds as of December 2016.

**\$8** per person approved by the Lagos government to be spent on health in the 2016 budget.

**9.6%** of the Lagos government's budget allocated for health in 2016.

**0.2%** of Lagos State GDP spent on health in 2016.

<sup>1</sup> **Key facts:** Estimates based on the 18% pneumonia mortality rate for Nigeria in 2015 from <http://data.unicef.org>; DVD-MT (District Vaccines and Devices Monitoring Tool), 2016; [www.nigerianstat.gov.ng](http://www.nigerianstat.gov.ng); Multiple Indicator Cluster Survey (MICS) 2016-17

<sup>2</sup> **Health Outcomes:** Multiple Indicator Cluster Survey (MICS) 2016-17; <http://www.dhis2nigeria.org.ng>; **Nutrition & Immunisation:** Multiple Indicator Cluster Survey (MICS) 2016-17; DVD-MT (District Vaccines and Devices Monitoring Tool), 2016 **Paying for healthcare:** Lagos state health budget score card 2015, [www.mamaye.org.ng](http://www.mamaye.org.ng); <http://mepb.lagosstate.gov.ng/lbs-publication/> (2016 Health Budget in USD 176, 446, 703 / GDP in USD 91Billion / Population 23 Million)