**What mothers say about pneumonia careseeking...**

- **Mother, Loreto region, Peru**
  “My child had a fever for about a week and I was giving him paracetamol. He had a fever, diarrhoea, and his chest ‘looked stretched’. I was bathing him in a local herb and giving him metamizol and paracetamol.”

- **Mother, Cross River State, Nigeria**
  “I went to the health centre but they wouldn’t help because I didn’t have money. I went five times. After two weeks I found some money and bought malaria drugs and blood tonic syrup from the chemist.”

- **Mother, Kilimanjaro region, Tanzania**
  “We would generally try something at home first before going to the hospital, especially if there is no money available.”

- **Mother, Dangme West, Ghana**
  “I don’t know any medicines for any illness and since my parents are older than I am and they know what is wrong with the child they make the decision on what medicine to give to the child.”

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**Definition and measurement**

**Definition**
% of children under age five with symptoms of pneumonia (short, rapid breaths and/or problem in the chest or blocked or running nose) at any time in the two weeks preceding the survey for whom advice or treatment was sought.

**Numerator:** Number of living children under age five with symptoms of pneumonia in the two weeks preceding the survey for whom treatment was sought excluding advice or treatment from a traditional practitioner.

**Denominator:** Number of children under five with symptoms of pneumonia in the two weeks preceding the survey.

**Collection:** Demographic Health Surveys (DHS) and Multi-indicator Cluster Surveys (MICS) based on the mother’s perceptions of her child.

**Scorecard 2019**

**What proportion of children with symptoms of pneumonia are taken to an appropriate healthcare provider?**

This is a question critical for the achievement of the Sustainable Development Goal for child survival (SDG 3.2) and progress towards Universal Health Coverage (UHC).

Pneumonia is the leading cause of death among children under five years in most countries. Increasing the proportion of children who seek care when they are sick will be an essential tool to increase treatment rates and drive child pneumonia deaths to below 3 per 1,000 live births (the GAPPD target) and overall child deaths to below 25 per 1,000 live births (the SDG 3.2 target). Careseeking for a child exhibiting the symptoms of pneumonia is now the official indicator for “child treatment” in the UHC Service Coverage Index developed by the World Health Organization (WHO) and the World Bank. This means that countries seeking to achieve UHC must ensure that more than 90% of children with pneumonia symptoms are taken to an appropriate healthcare provider.

**How well are countries performing?**

This scorecard lists rates of pneumonia careseeking in each of the 60 countries where more than 1,000 children died from pneumonia in 2017. Together, these countries account for 97% of all child pneumonia deaths. The scorecard uses the latest UNICEF estimates of pneumonia careseeking together with the 2017 Global Burden of Disease estimates of national child pneumonia mortality.

The results are alarming. Just 55% of children with pneumonia symptoms across the 60 countries are taken to an appropriate healthcare provider. No country has achieved the 90% target and only three countries (South Africa, Nepal, Viet Nam) have rates above 80%. Of great concern, more than one third (21) of the 60 countries have rates below 50%. This includes many of the countries with the largest numbers of child pneumonia deaths - Nigeria, Democratic Republic of Congo, Ethiopia, Bangladesh and Chad.

There is not a significant difference across the 60 countries in the proportion of boys and girls with pneumonia symptoms who are taken to see a healthcare provider (55% versus 53%), although there are significant gender gaps in several countries in both directions. For example, many more boys than girls are taken for care in the Democratic Republic of Congo, Cote d’Ivoire, Uzbekistan, Zambia, Burundi, Yemen, Senegal, Rwanda, Viet Nam, Iraq and Liberia, while more girls than boys are taken for care in Bangladesh, Nepal, Viet Nam and Sri Lanka.
Tanzania, Zimbabwe, Brazil, Ghana, Mexico, Cambodia and Azerbaijan.

There are wide gaps in pneumonia careseeking across the 60 countries depending on where children live. Children in urban settings are much more likely to be taken for care (61%) compared to children in rural areas (52%). In some countries pneumonia careseeking for children in rural areas is more than 10 percentage points below urban areas: including in Pakistan, Ethiopia, Bangladesh, Tanzania, Niger, Chad, Burkina Faso, Madagascar, South Sudan, Angola, Somalia, Mozambique, Zimbabwe, Zambia, Senegal, Central African Republic, Eritrea and Togo.

The widest gaps in pneumonia careseeking are between children living in the poorest households and those living in the wealthiest - 60% versus 45% across the 60 countries. In a subset of countries, the gap is greater than 20 percentage points, including in Pakistan, Bangladesh, Tanzania, Niger, Chad, Madagascar, South Sudan, Guinea, Sudan, Mozambique, Central African Republic and Eritrea.

Although there has been a modest increase in the rate of pneumonia careseeking since 1990 across the 60 countries, from 47% to 55%, the rate in several countries has fallen sharply, including in Nigeria, Tanzania, Guinea, Cameroon, Uzbekistan, Sudan, Benin, Central African Republic, Papua New Guinea, Iran and Liberia.

Without a major boost to increase pneumonia careseeking in all 60 high-burden countries, most will struggle to achieve SDG 3.2 and UHC. Particularly vulnerable are the countries with large populations of children living in rural poverty. Efforts to target new investments to these children will deliver the greatest health benefits.

### CALL TO ACTION

Every Breath Counts is calling on all 60 governments to set an official national target of 90% pneumonia careseeking by 2030, to publish progress to this target annually and to introduce new measures to achieve the target including by:

1. Increasing parent and caregiver awareness of the signs and symptoms of pneumonia infection in children and the importance of seeking care quickly (within 24 hours) at appropriate health facilities;
2. Introducing policies and programs that significantly reduce or remove the barriers that prevent families from seeking timely care (e.g. financial, distance, socio-cultural and gender dynamics, knowledge and health facility deterrents); and
3. Ensuring that the children most at risk of pneumonia death receive priority attention including by identifying sub-national geographic “pneumonia hotspots” and targeting careseeking support to them.