FIGHTING FOR BREATH:

The Global Forum on Childhood Pneumonia

29-31 January 2020, Barcelona, Spain at CosmoCaixa

DECLARATION

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We, the parties in attendance at the inaugural *Fighting for Breath*: Global Forum on Childhood Pneumonia convened in Barcelona from 29 to 31 January 2020, are alarmed that the deaths of children around the world from pneumonia receive so little attention. Pneumonia kills 800,000 children under five each year, more than the combined child mortality from HIV, TB and malaria. It disproportionately affects the poorest and most marginalised children in low and middle-income countries because they are all too often denied the nutrition, clean air, immunisation and health services that everyone is entitled to.

If we do not accelerate our efforts to tackle childhood pneumonia, nearly 9 million children will die unnecessarily from the disease between 2020 and 2030. That is unacceptable.

We are committed to achieving unprecedented levels of collaboration in order to reduce childhood pneumonia deaths to the global target outlined in the **Integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD)** of less than 3 per 1,000 births. And we are committed to fulfilling the Sustainable Development Goal (SDG) promise to end all preventable child deaths by 2030.

We emphasize that, in order to end child pneumonia deaths, national governments need to ensure universal access to primary health care as part of their commitment to universal health coverage. Domestic resources should increase and be supplemented, where necessary, by international development assistance, aligned with national priorities. Vaccines to prevent pneumonia should be available to all without discrimination. For this we need to ensure that Gavi, the Vaccine Alliance, is fully funded. The Nutrition for Growth Summit needs to see a renewed commitment to childhood nutrition. In addition, efforts to reduce air pollution as part of climate change mitigation must include a focus on improving child health and reducing the risk of pneumonia.

We therefore commit to unprecedented levels of collaboration in order to bring about the following actions:

1. Develop and implement Pneumonia Control Strategies

If they have not done so already, national governments should develop and implement their own strategy to end pneumonia deaths, as part of wider child survival strategies and plans to strengthen primary health care and achieve universal health coverage. Annual targets for reductions in child pneumonia mortality should include clear coverage goals for prevention, diagnostic and treatment services, which must be delivered at household, community and hospital levels, including as part of the integrated management of childhood illnesses and of community case management. Pneumonia control efforts must be multisectoral, engaging the sectors of nutrition; air quality; social welfare; water, sanitation and hygiene; and education. This must take place at the community, national, regional and international levels.

2. Prioritise vulnerable populations

Governments must identify the children being left behind. Efforts should concentrate on reducing their exposure to poverty, malnutrition, air pollution and conflict, and on increasing their access to good-quality local health services, close to home. As two out of every three child pneumonia deaths now occurs in a fragile setting,

humanitarian agencies and their partners must play their part to ensure that pneumonia prevention, diagnosis and treatment are part of the support they provide to children. As the burden of care for children with pneumonia falls disproportionately on women – in families and in healthcare settings – efforts to improve women's education, agency, skills and resources will help save children's lives and buffer families from the economic shocks of pneumonia and other life-threatening diseases.

3. Finance pneumonia control and treatment adequately

Governments must guarantee adequate domestic health spending. Given that out-of-pocket costs are a major barrier to care-seeking for children with pneumonia or other deadly diseases, the removal of user fees for these health services is critical. A minimum target must be that at least 90% of children with suspected pneumonia visit good-quality healthcare services and can access vaccines, diagnostic tools, antibiotics, and oxygen, as necessary. Development assistance should increase where domestic resources and universal health coverage efforts alone cannot cover the costs. International partners must collaborate effectively to increase access to good-quality preventive and curative health services, including availability of pneumonia-fighting vaccines, antibiotics and oxygen and increase the affordability of vaccines. Of $105.7 billion international development assistance allocated to HIV/AIDS, malaria and pneumonia,[1] only 6% was for pneumonia. Aid must be increased and aligned with domestic priorities.

4. Accelerate breakthrough innovations

Governments and international development partners must work together to end the insufficient level of investment in pneumonia-related research and development, targeting breakthroughs in the areas where cost-effective technologies and systems increase efficiencies and prevent the most pneumonia deaths. There is an urgent need for vaccines targeting the leading viral causes of pneumonia as well as simple, affordable tools to help healthcare workers diagnose pneumonia, which will contribute to the more responsible use of antibiotics and reduce antimicrobial resistance. New tools are also needed to reduce the major risk factors for pneumonia: malnutrition, exposure to air pollution and preterm birth/low birth-weight. The very low proportion of infectious disease research spending allocated to pneumonia (3%) must be increased.[2]

5. Track progress with transparency, accountability and inclusiveness

To measure progress towards the pneumonia control target established in the GAPPD, it is vital that governments have easy access to good-quality and timely data that measure the numbers and rates of child pneumonia cases, deaths, major risk factors, care-seeking behavior, quality of care and healthcare service coverage at national and sub-national levels. Governments should report national progress on child mortality, including on the pneumonia target, and global progress should be analysed and published annually.

6. Strengthen partnerships

The tragedy of child pneumonia can only be successfully tackled with coordinated actions at all levels. Governments must ensure that all relevant ministries and agencies are engaged in pneumonia control efforts and help mobilise local coalitions from the public and private sectors to drive progress. Government donor agencies, UN and multilateral health agencies, NGOs, companies and foundations engaged in infectious disease control, immunisation, and maternal, newborn and child health must align more closely with the nutrition, air quality, anti-tobacco and education actors to better coordinate regional and international efforts.

Pneumonia has been called "a global cause without champions".[3] We, the parties to this Declaration, commit to be held accountable and to report on these commitments in relevant maternal, newborn and child health, universal health coverage, and immunisation monitoring and evaluation initiatives, and as part of future GAPPD progress reports. The stakes are high. If we do not change the way we work, many countries will fail to achieve the global health goals because of slow progress on childhood pneumonia. And in the final decade of the SDGs, millions of children will die from pneumonia. Only a focused effort to protect the most vulnerable children can fulfil the global promise: healthy lives for all.

[1] Development Initiatives analysis based on OECD Common Reporting Standards (CRS), 2020.
[2] Research Investments in Global Health (ResIn) Study, *Sizing Up Pneumonia Research: Assessing global investments in pneumonia research 2000–2015,* 2018.
[3] See Watkins, K and Sridhar, D. Pneumonia: a global cause without champions. Lancet 392 (2018) p.718-719.