Fighting for Breath in DRC
A CALL TO ACTION TO STOP CHILDREN DYING FROM PNEUMONIA

Biggest killer, yet forgotten
Pneumonia is the world’s leading infectious killer of children, claiming the lives of more than 800,000 children under the age of five every year, more than 2,000 every day.

It is a shocking demonstration of pervasive health inequities disproportionately affecting the most deprived and marginalised children in low- and middle-income countries. It represents a violation of children’s right to survival and development, as enshrined in the UN Convention on the Rights of the Child. Yet pneumonia has been largely forgotten on global and national health agendas. We can and must change this.

Poverty and inequality aid and abet pneumonia deaths
Progress to address the number of children dying from pneumonia isn’t fast enough or fair enough. Global, regional, national averages mask huge inequalities in countries. It is the poorest children who are most at risk because of high rates of malnutrition, and lack of access to basic quality health services for vaccinations, and diagnosis and treatment of common childhood illnesses. As a result, the poorest children are almost twice as likely to die before their 5th birthday compared to the richest. Innovations that could save hundreds of thousands of lives each year are not reaching children with the greatest need.

An unprecedented moment to push for action
The COVID-19 crisis is unlike any we have seen before. This pandemic is presenting the world with ever-evolving, unprecedented challenges, and has highlighted the need for building strong and accessible health systems offering free-at-point-of-use health services. The rapid responses from governments have demonstrated that when health is prioritised, it is possible to mobilise much needed resources to protect the health of all citizens. Universal health coverage can no longer be a point of debate. Strengthening health systems now to cope with COVID-19 will also improve services for the prevention, diagnosis and treatment of childhood pneumonia and have a lasting impact on child survival over the long term.

Now is the time to act. There are only ten years left to deliver on the Sustainable Development Goals (SDGs) – which require all countries to reduce child deaths to at least 25 per 1,000 live births – and only five years to achieve the Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) pneumonia target - which requires all countries to reduce child pneumonia deaths to below 3 per 1,000 births. We need concerted action to improve policies, investment, innovations, and scale up of evidence-based interventions, if we are to leave no child behind and to save lives. Not only is combatting pneumonia possible, it is a must – a must for every child to be able to fulfil their right to survive and thrive.

Save the Children
unicef
for every child
Every Breath Counts
Inequality, poverty and lack of access to health services contributes to 117 deaths per 1000 live births among the poorest households compared with just 76 deaths per 1000 live births amongst the richest households in 2013.

In Tshuapa Province where the mortality rate is 161 per 1000 live births, children are almost 2 ½ times more likely to die before the age of five than in Nord Kivu Province where the mortality rate is just 65 per 1000 live births in 2013.

DRC spotlight

**UNDER-FIVE MORTALITY**

**GLOBAL TARGET**

At least as low as 25 per 1000 live births is the SDG target rate for under five mortality by 2030.

**DRC STATUS**

88 per 1000 live births, under-five mortality rate in 2018.

Inequality, poverty and lack of access to health services contributes to 117 deaths per 1000 live births among the poorest households compared with just 76 deaths per 1000 live births amongst the richest households in 2013.

In Tshuapa Province where the mortality rate is 161 per 1000 live births, children are almost 2 ½ times more likely to die before the age of five than in Nord Kivu Province where the mortality rate is just 65 per 1000 live births in 2013.

**HIGHEST RISK FACTORS FOR CHILD PNEUMONIA DEATHS IN DRC, 2017**

- 55% caused by child wasting
- 42% caused by household air pollution from solid fuels
- 18% caused by child stunting

**PNEUMONIA RELATED UNDER-FIVE MORTALITY**

**GLOBAL TARGET**

3 per 1000 live births is the target pneumonia mortality rate for under-fives by 2025, as envisaged under the Global Action Plan for Pneumonia and Diarrhoea (GAPPD).

**DRC STATUS**

11 per 1000 live births, under five mortality rate due to pneumonia in 2018.

13% of child deaths were due to pneumonia in 2018, and it was the second biggest killer of children under-five in 2017.

Pneumonia killed more than 40,000 children under-five in 2018 – more than 5 children every hour.

3% is the average annual rate of reduction in pneumonia mortality between 2000–2018, and at the same rate, DRC is expected to reach the 2025 GAPPD target later than 2050.
Health system strengthening to deliver strong primary health care and UHC to combat pneumonia

The UHC Service Coverage Index is a measure of SDG indicator 3.8.1, which is a composite of essential health services. Countries should strive towards achieving 100% coverage to ensure health care for all citizens. To progress towards UHC, coverage of quality essential health services needs to be expanded with an emphasis on reducing inequities and strengthening health care facilities, to improve the quality of primary health care services. In DRC, the coverage of essential health services was just 41% in 2017. In addition, the proportion of children with pneumonia symptoms who are taken for healthcare is the indicator for ‘child treatment’ under the UHC Service Coverage Index. In DRC it was as low as 24% in 2013.

To build strong health systems, increase coverage and deliver UHC, DRC needs to increase domestic public health expenditure towards a target of 5% of GDP, prioritising spending at the primary health care level. It would be ideal for DRC to raise revenue for health systems in an equitable way through progressive taxation and remove out-of-pocket payments to accessing health and nutrition services, such as user fees, at least for vulnerable populations and priority services. The more DRC continues to rely heavily on out-of-pocket payments, the harder it will be to achieve UHC.

Strong and equitable health systems are needed to adequately prevent, diagnose and treat pneumonia, and provide children with their basic human right to good-quality healthcare. UHC – where all children and their family have access to health and nutrition services, vaccinations and the medicines they need, without facing financial hardship – represents that right in action.

GLOBAL TARGETS ON HEALTH FINANCING

$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.

57% of government health expenditure should be on primary-level healthcare services as per WHO recommendations, as 90% of all health needs can be met at the primary health care level.

The SDG targets for large out of pocket (OOP) expenditure should not be more than 10% and to avert catastrophic OOP expenditure it should not be more than 25% of total household expenditure or income.

DRC STATUS

$3 spent by the government on health per person in 2015.

4% of the government’s budget spent on health in 2016.

0.5% of GDP spent on health by the government in 2016.

46% of the government’s budget spent on primary health care in 2016.

37% of total health expenditure was out-of-pocket in 2016.
PROTECT children by establishing good health practices from birth

**SDG 2.2:** By 2030, end all forms of malnutrition, including achieving by 2025, the internationally agreed targets on wasting and stunting in children under-five.

Reduce and maintain childhood wasting (weight for age) in under-five children to less than 5% & ensure 40% reduction in stunting (height for age) in under-five children as per the 2025 targets set in the 2012 World Health Assembly Resolution.

**DRC Status**
- **Wasting**: 8% is the wasting rate for under-five children in 2013.
- **Stunting**: 43% is the stunting rate in 2013.

**Sub-national Status**
- **Wasting**: 9% is the wasting rate for under-five children in the poorest households in 2013.
- **Stunting**: 49% is the stunting rate among under-five children in the poorest households in 2013.

To remain on track to achieve SDG 2 in 2030, DRC needs to reduce stunting rates to 27% by 2025.

**50% rate of exclusive breastfeeding for the first 6 months as per the 2025 targets set in the 2012 World Health Assembly Resolution.**

**DRC Status**
- **Breastfeeding**: 47% is the exclusive breastfeeding rate in 2013.

**Sub-national Status**
- **Breastfeeding**: 47% is the exclusive breastfeeding rate among babies in the poorest households in 2013.
- **Breastfeeding**: 38% is the exclusive breastfeeding rate among babies in the richest households in 2013.
PREVENT pneumonia in children by addressing underlying causes

**SDG 3.2:** End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce under-5 mortality to at least as low as 25 per 1,000 live births by 2030. 90% national and at least 80% district or equivalent administrative unit coverage for vaccination by 2020 as per the Global Vaccine Action Plan (GVAP)

Penta3 (Pentavalent vaccine) and PCV3 (Pneumococcal Conjugate) vaccines included in the national immunisation programme.

**DRC Status**
- **81%** Pentavalent vaccine coverage among 1-year-olds in 2018.

**Sub-national Status**
- **90%** in North Kivu
- **17%** in Mongala & **12%** in Maniema, 40% in rural areas compared to **58%** in urban areas.

**PCV3 coverage among 1-year-olds in 2018**
- **90%** in North Kivu, **15%** in Mongala & **10%** in Maniema, 23% in rural areas compared to **57%** in urban areas.

**SDG 6.1:** Achieve universal and equitable access to safe and affordable drinking water for all by 2030.

**SDG 6.2:** Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women, girls and those in vulnerable situations by 2030.

**DRC Status**
- **20%** People using safely managed drinking water services in 2017.

**Sub-national Status**
- **16%** rural & **25%** urban people using safely managed drinking water services in 2017.

**Water, sanitation and hygiene**
- **20%** People using basic sanitation services in 2017.
- **4%** People with basic hand washing facilities at home in 2017.
- **12%** People practicing open defecation in 2017.

**Sub-national Status**
- **18%** rural & **23%** urban people using basic sanitation services in 2017.
- **2%** rural & **7%** urban people with basic hand washing facilities at home in 2017.
- **19%** rural & **4%** urban people practicing open defecation in 2017.

**SDG 7:** 100% access to affordable, reliable, sustainable and modern energy for all by 2030.

**SDG 3.9:** Substantially reduce the number of deaths and illnesses from hazardous chemicals; air, water and soil pollution and contamination by 2030.

10 Micro grams per cubic metre of air (µg/m3) should be the mean annual exposure to Fine Particulate Matter ($PM_{2.5}$) as per WHO Air Quality Guidelines.

**DRC Status**
- **<5%** people with primary reliance on clean fuels and technologies in 2017.

**Sub-national Status**
- Data not available

**Air Pollution**
- **45** micro grams per cubic metre of air (µg/m) is the mean annual exposure to $PM_{2.5}$ pollution in urban settings in 2017.

**Sub-national Status**
- Data not available
Oxygen levels in children should be monitored by trained CHWs (community health workers) who can refer them in time to primary and secondary health facilities which have oxygen supply.

**Global Targets & Standards**

**Oxygen**

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<tr>
<th>Global Targets &amp; Standards</th>
<th>DRC Status</th>
<th>Sub-national Status</th>
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<tbody>
<tr>
<td><strong>1</strong> doctor per 10,000 people &amp; 5 nurses and midwives per 10,000 people in 2013.</td>
<td>Data not available</td>
<td>Data not available</td>
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<tr>
<td><strong>15,500</strong> community health workers in 7,746 ICCM sites in 26 Provinces in 2018.</td>
<td>Data not available</td>
<td>Data not available</td>
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<tr>
<td><strong>YES</strong> – DRC has a Task-Shifting Policy.</td>
<td><strong>YES</strong> – all 26 Provinces have adopted the task shifting policy 2018.</td>
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<tr>
<td><strong>YES</strong> – The task shifting policy mandates CHWs to dispense Amoxycillin dispersible tablets 250 mg.</td>
<td><strong>YES</strong> – the Task-Shifting Policy mandates CHWs to dispense Amoxycillin dispersible tablets 250 mg in all 26 Provinces.</td>
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**ICCM (Universal Integrated Community Case Management)**

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<tr>
<td><strong>YES</strong> – DRC has ICCM Guidelines from 2018.</td>
<td><strong>YES</strong> – All 26 Provinces follow the ICCM Guidelines.</td>
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<tr>
<td><strong>YES</strong> – Amoxycillin dispersible tablets 250 mg is on the Essential Medicines List 2013.</td>
<td><strong>YES</strong> – All 26 Provinces have trained CHWs to dispense Amoxycillin dispersible tablets 250 mg as per the ICCM Guidelines.</td>
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**Care seeking behaviour**

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<tr>
<td><strong>90%</strong> pneumonia care seeking behaviour by 2025 as per the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD). All children with pneumonia symptoms should be taken promptly to an appropriate health facility.</td>
<td><strong>37%</strong> of children under-five with pneumonia symptoms, from the poorest households, were taken to a health facility in 2013.</td>
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<td>Only 42% children with pneumonia symptoms were taken to a health facility in 2016.</td>
<td><strong>44%</strong> of children under-five with pneumonia symptoms, from the richest households, were taken to a health facility in 2013.</td>
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A Global Call to Action on Childhood Pneumonia

1. **Develop pneumonia control strategies** as part of wider plans for universal health coverage and commit to reducing child pneumonia deaths to fewer than three per 1,000 live births, the target set by the Integrated Global Action Plan Pneumonia and Diarrhoea (GAPPD).

2. **Strengthen quality primary health care and action on pneumonia** as part of national multi-sectoral plans and through integrated strategies (including nutrition, water, sanitation and hygiene, and air pollution), including at community level, focusing on the most deprived and marginalised children.

3. **Increase domestic government investment in health and nutrition** (to at least 5% of GDP on health) and ensure that increased spending improves access to child health and nutrition services, including by removing user fees, addressing non-financial barriers to accessing care, and prioritising primary health services.

4. **Improve health governance** by ensuring accountability, transparency and inclusiveness in planning, budgeting and expenditure monitoring, including for pneumonia control strategies.

5. **Accelerate vaccination coverage** by supporting Gavi’s 2020 replenishment and ensuring the investment drives more equitable vaccination coverage and improves vaccine affordability.

6. **Enhance overseas development assistance** by increasing allocations to child health services and advancing the achievement of universal health coverage (aligned with national priorities and plans), including through pledges as part of Gavi replenishment and Nutrition for Growth.

7. **Engage the private sector to improve access** to affordable, quality vaccines, diagnostic tools, new antibiotics, medicines and medical oxygen, especially for the most deprived and marginalised children.

8. **Measure and report progress in achieving universal health coverage** to build stronger health systems which deliver quality primary health care and reduce child deaths, including from pneumonia, as well as against SDG child survival and GAPPD targets.

9. **Prioritise research, development and innovation** to improve access to the most affordable and cost-effective pneumonia prevention, diagnosis, referral and treatment technologies and services.

10. **Champion multi-sectoral partnerships** between the child health and nutrition communities and the broader infection control, clean air, water, sanitation and hygiene, and development financing communities.
The partnership to combat pneumonia

Save the Children, UNICEF and Every Breath Counts Coalition are working in partnership to fight one of the greatest – and gravest – health challenges facing children around the world – childhood pneumonia. The partnership will galvanise support to put pneumonia on the global health agenda; stimulate national action; and mobilise the donor community to ensure that we achieve the SDG goal on child survival and the Global Action Plan for Pneumonia and Diarrhoea (GAPPD) target of three child pneumonia deaths per 1,000 live births by 2030.

References:

2. Under-Five Mortality: United Nations Inter-Agency Group for Child Mortality Estimation (IGME) (2019); Save the Children’s Child Inequality Tracker; DRC Demographic and Health Survey 2013-14
3. Risk Factors for Pneumonia: The Institute for Health Metrics and Evaluation (IHME) - Global Burden of Disease 2017
5. Health Systems Strengthening: WHO/World Bank UHC Coverage Index; DRC Demographic and Health Survey 2013-14
6. Health Financing: WHO Global Health Expenditure database
7. Sub-national Status: GRID, Save the Children’s Child Inequality Tracker; Poorest (richest) refers to poorest (richest) 20% of households as defined by most recent household survey
9. Breastfeeding: DRC Demographic Health Survey (DHS) 2013-14
10. Immunisation: WHO/UNICEF estimates of national immunization coverage (WUENIC); DRC Demographic and Health Survey 2013-14; GRID, Save the Children’s Child Inequality Tracker; Multiple Indicator Cluster Surveys (MICS) 2017
12. Air Pollution: WHO Global Health Observatory - SDG 7.1; World Development Indicators (based on Brauer, M. et al. 2017), World Bank
14. ICCM: DRC National Essential Medicines List 2013; National strategic plan of integrated child case management 2017-2021; Annual report for ICCM sites 2018; DRC Strategic plan of health community, 2018
15. Oxygen: Evaluation des prestations des services des soins de santé (EPSS) 2017-2018; Ministry of Health, DRC
16. Care Seeking Behaviour: Multiple Indicator Cluster Surveys (MICS) 2017; Save the Children’s Child Inequality Tracker

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Photo credit: Save the Children
Ntanga with baby Mushiya, 1 year old, Democratic Republic of Congo.

May 2020