



STRATEGY 2019-2021

GOAL

Support “double burden” low- and middle-income countries (LMICs)¹ to reduce pneumonia deaths, including from COVID-19, in order to accelerate the achievement of the global child pneumonia (GAPPD)² target and the Sustainable Development Goals (SDGs),³ and to strengthen health systems.

OUTCOME 1

LMIC government adoption of integrated and budgeted pneumonia control strategies as part of national primary healthcare (PHC), universal health coverage (UHC) and SDG achievement efforts.

Objective/s: Support the development and implementation of LMIC policies and plans for pneumonia control (prevention, surveillance, diagnosis and treatment) in the context of COVID-19 and beyond, and share best practices widely.

Indicator/s: % LMICs with pneumonia control strategies with mortality, prevention, diagnosis, and treatment coverage targets they are tracking; % domestic health budgets referring to pneumonia control; % LMICs on track to achieve GAPPD pneumonia mortality target.

OUTCOME 2

Greater inclusion of pneumonia control in major global health policies, programs and initiatives, especially those related to PHC, UHC, the health SDGs and the COVID-19 response.

Objective/s: Increase global awareness that reducing pneumonia deaths is an indicator of progress to PHC, UHC and the SDGs, and a critical element of the COVID-19 response.

Indicator/s: % children with pneumonia symptoms taken for care; % LMICs on track to achieve SDG 3.2; % LMICs with COVID-19 technology redeployment plans to benefit all-cause pneumonia.

¹ Defined as countries with more than 3,000 confirmed COVID-19 cases according to the WHO and more than 3,000 child pneumonia deaths according to the Global Burden of Disease 2019. As of January 2021, they include, in order of confirmed COVID-19 cases: India, Brazil, South Africa, Indonesia, Bangladesh, Pakistan, Philippines, Nepal, Egypt, Myanmar, Ethiopia, Nigeria, Kenya, China, Uzbekistan, Ghana, Afghanistan, Uganda, Zambia, Cameroon, Zimbabwe, Mozambique, Sudan, Côte d'Ivoire, the Democratic Republic of Congo, Angola, Madagascar, Guinea, Malawi, Haiti, Burkina Faso, Mali, Central African Republic, Somalia, Niger, South Sudan and Benin.

² The Integrated Global Action Plan for the Prevention and Control of Pneumonia (GAPPD) set a target of less than three child pneumonia deaths per 1,000 live births by 2025.

³ SDG 3.2 requires all countries to reduce newborn deaths to at least 12 per 1,000 live births and child deaths (under five years) to at least 25 deaths per 1,000 live births by 2030.

OUTCOME 3

Increased proportion of global health funding allocated to pneumonia-related research, innovation and interventions.

Objective/s: Encourage multilateral and bilateral donors to invest more in pneumonia research, innovation and interventions, including in the context of COVID-19, and support LMICs to prioritize pneumonia control in their funding applications to Gavi, Global Fund and the Global Financing Facility (GFF).

Indicator/s: % DAH/ODA allocated for pneumonia control; % ACT-Accelerator support to benefit all-cause pneumonia control; % LMICs including pneumonia interventions in their applications/investment cases to Gavi, Global Fund and the GFF.

OUTCOME 4

Increased targeting of initiatives to reduce risk and increase coverage of pneumonia-related vaccines, diagnostic tools, and medicines to the most vulnerable populations, especially children.

Objective/s: Encourage governments and global health donors and agencies to identify and prioritize the populations at greatest risk of death from pneumonia, including from COVID-19.

Indicator/s: % vaccine (COVID-19 and PCV), % pulse oximetry, % oxygen coverage among vulnerable populations in "double-burden" LMICs with greatest number child pneumonia deaths and COVID-19 cases.

OUTCOME 5

Reduced proportion of pneumonia deaths attributable to leading risk factors - child growth failure (wasting and low birth weight/short gestation) and exposure to air pollution (household and outdoor), with special attention to children with comorbidities.

Objective/s: Ensure that leading child pneumonia risk factors (wasting/low birth weight/short gestation and air pollution), and children with comorbidities, are a priority for the nutrition, health and air pollution/climate communities, in partnership with other organizations/alliances.

Indicator/s: % child pneumonia deaths attributable to wasting and low birth weight/short gestation) and exposure to air pollution (household and outdoor); launch of new pneumonia/wasting/low birth weight initiative at Nutrition for Growth Summit in Tokyo; launch of new pneumonia/air pollution initiative at COP26 in Glasgow.

OUTCOME 6

Raised profile of pneumonia through a stronger Every Breath Counts Coalition and brand.

Objective/s: Increase the visibility of pneumonia and the Every Breath Counts brand, grow the reach and representation of the Coalition, ensure effective working groups on advocacy and communications, research, indicators, air pollution and wasting, and maintain an effective website (www.stopppneumonia.org) and social media presence (Twitter and LinkedIn).

Indicator/s: Size and growth of Every Breath Counts Coalition network; size and growth of social media followers (Twitter and LinkedIn); number unique monthly website visitors.

Policies

1. Membership

Membership in the Every Breath Counts Coalition is by written invitation from the Coordinator of the Coalition. Members must submit a written commitment outlining how they will advance the goal and objectives of the Coalition outlined in this strategy. There are no fees for membership and members are asked to review and renew their commitment annually.

2. Governance

The Coalition has no legal structure and relies on paid and volunteer work funded by its members. The Co-chairs of the various Every Breath Counts Working Groups meet at least twice yearly to approve the annual work plan and to later review progress. A strategy is refreshed every three years.

3. Disputes

Disputes between members of the Coalition are resolved by the Coordinator with the counsel of the Working Group Co-chairs, if necessary. Members can leave the Coalition at any time of their own choosing. The Coordinator, with the agreement of the Co-chairs, can ask any member to leave the Coalition if that member shows consistent disregard to implement the commitment made.