

Global Forum on Childhood Pneumonia Global Progress Report 2020

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Acknowledgments

This Progress Report was prepared by the Every Breath Counts Coalition, a public-private partnership of 50 organizations including United Nations and multilateral health and development agencies, companies, foundations, NGOs, and academic institutions united in their efforts to support low- and middle-income countries (LMICs) to reduce deaths from pneumonia. Learn more at <https://stoppneumonia.org>.



The Global Forum on Childhood Pneumonia, Barcelona, Spain 2020

The Global Forum on Childhood Pneumonia

From 29 to 31 January 2020, governments, United Nations (UN) and multilateral health and development agencies, companies, philanthropic foundations, NGOs, and academic institutions met in Barcelona, Spain to strategize more effective ways to reduce child deaths from pneumonia, the leading cause of death among children under five.

A Declaration was endorsed committing signees to six actions to reduce child pneumonia deaths. One year after the Global Forum, and in the context of a pandemic that has required every country to rapidly mobilize to prevent, diagnose, and treat the respiratory virus SARS-CoV-2, this report offers an assessment of the progress made in implementing the Declaration by seven members of the Steering Committee that co-hosted the Global Forum.

The report assesses organizational performance against 18 indicators, three for each of the six Declaration commitments, and highlights best practice initiatives in 2020. It is intended to encourage other signees to undertake similar assessments, to inspire the spread of best practices, and to spur further action in the areas where progress lags.



Declaration

1. Develop and implement Pneumonia Control Strategies

If they have not done so already, national governments should develop and implement their own strategies 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. Prioritize 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 \$US105.7 billion international development assistance allocated to HIV/AIDS, malaria and pneumonia, 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.

5. Track progress with transparency, accountability, and inclusiveness

To measure progress towards the pneumonia control target established in the Global Action Plan for Pneumonia and Diarrhoea (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.

To view the Global Forum
Declaration visit
<https://stoppneumonia.org/latest/global-forum/>

Methodology

To assess progress in implementing the six Global Forum Declaration commitments, 18 indicators have been developed (three per commitment), and are described below. Seven* Global Forum Steering Committee members who signed the Declaration have been scored for performance on each indicator and assigned a color code designating whether the organization has made strong progress (green), some progress (yellow), or scant progress (red) on each commitment. Only publicly available information from organizational websites, reports, blogs, and social media published after January 2020 has been used to assess performance, in the interests of advancing public accountability to the Global Forum Declaration.

Support pneumonia control

1. Organization publicly endorsed the Global Action Plan for Pneumonia and Diarrhea (GAPPD) target to reduce childhood pneumonia deaths to <3 per 1,000 births (20 points)
2. Head of organization and/or senior leadership publicly committed to pneumonia control (10 points)
3. Organization advocated for pneumonia control in the context of Universal Health Coverage (UHC) and Sustainable Development Goal (SDG) achievement (10 points)

Prioritize vulnerable populations

4. Organization has an explicit policy to prioritize pneumonia control efforts to the most vulnerable children (10 points)
5. Organization defines most vulnerable children (e.g., by location, race, ethnicity, gender, household income, parental characteristics, co-morbidities, environmental factors, disabilities, etc.) (10 points)
6. Organization has increased childhood pneumonia prevention, diagnosis, and/or treatment services to vulnerable populations (10 points)

Finance pneumonia control

7. Organization has increased spending on childhood pneumonia (e.g., vaccines, nutrition, air pollution, diagnosis, and/or treatment) in 2020 (20 points)
8. Organization has reduced out-of-pocket healthcare costs or advocated for their reduction (e.g., by asking for the removal of user fees on child health services) (10 points)
9. Organization has increased careseeking for children with pneumonia symptoms or argued for more support to increase careseeking (10 points)

*The United Nations Children's Fund (UNICEF) refers readers to the UNICEF Annual Report for an update on how they are addressing the six Global Forum Declaration commitments.

Accelerate Innovations

10. Organization has increased spending on new ways to prevent, diagnose, and/or treat pneumonia in 2020 (10 points)
11. Organization has partnered with an organization to advance the development and/or uptake of a childhood pneumonia innovation/s (10 points)
12. Organization has co-authored a paper or report published in 2020 focused on a pneumonia innovation/s (10 points)

Track Progress

13. Organization regularly and publicly reports progress to the GAPPD target of <3 child deaths per 1,000 births (10 points)
14. Organization publishes an evaluation/s of its pneumonia program/s (10 points)
15. Organization has contributed to the development of new indicators to measure coverage of pulse oximetry, oxygen, and/or antibiotic access, or contributed to their inclusion in the Lives Saved Tool (LiST) (10 points)

Strengthen Partnerships

16. Organization is a member of the Every Breath Counts Coalition or national-level equivalent (10 points)
17. Organization is currently engaged in partnerships on childhood pneumonia with at least two other organizations (10 points)
18. Organization has forged a new partnership as a result of the Global Forum on Childhood Pneumonia (10 points)

Strong progress

Some progress

Scant progress



Signing the Declaration at the Global Forum on Childhood Pneumonia, Barcelona, Spain, 2020

Results

Bill & Melinda Gates Foundation (BMGF)

Support Pneumonia Control

The Bill & Melinda Gates Foundation (BMGF) clearly acknowledges support for the GAPPD target to reduce childhood pneumonia deaths to <3 per 1,000 births on their website (20 points). However, the Co-chairs and senior leaders have not publicly committed to pneumonia control following the Global Forum (0 points). The Goalkeepers 2020 report does highlight the critical role of pneumonia control in the achievement of the Sustainable Development Goals (SDGs), but not in the context of Universal Health Coverage (UHC) (10 points). Score 30/40

Prioritize Vulnerable Populations

The BMGF has an explicit policy to prioritize child survival efforts to the most vulnerable children (10 points), defined by location with a strong focus on the countries where most child pneumonia deaths occur (10 points). Since the Global Forum, the BMGF has increased support for childhood pneumonia vaccinations and also for access to medical oxygen in the context of COVID-19, which should benefit children with pneumonia living in many pandemic-affected LMIC populations (10 points). Score 30/30

Finance Pneumonia Control

The BMGF has increased spending on childhood pneumonia and COVID-19 vaccines and therapies in 2020, providing \$US1.6 billion for Gavi, much of which will be spent on the pneumococcal conjugate vaccine (PCV), and increased support to both the governments of India and Indonesia to scale up the PCV (20 points). While, the BMGF has not specifically funded initiatives that reduce the high out-of-pocket healthcare costs (0 points) or increased support for careseeking for children with pneumonia symptoms, their Health Systems team does work to address these issues (5 points). Score 25/40

Accelerate Innovations

The BMGF has increased spending on new ways to prevent pneumonia from several causes including COVID-19 and other pathogens (e.g., respiratory syncytial virus, or RSV, and Klebsiella pneumoniae) (10 points). The Foundation has partnered with several organizations to advance access to new vaccines for COVID-19, RSV (clinical trials), and PCV (reduced dosage). The BMGF has supported the Serum Institute of India to develop and obtain licensure for Pneumosil®, a lower priced PCV, that will make PCV vaccines more accessible to the most vulnerable (10 points). The BMGF continues to finance many of the studies that are advancing the field of pneumonia innovations, including solar-powered oxygen and how to prevent Klebsiella pneumoniae infection among neonates (10 points). Score 30/30

Track Progress

While the BMGF has supported the annual GAPPD progress reports published by the International Vaccine Access Center (IVAC) (10 points), it has stopped short of publishing an evaluation of its own pneumonia program (0 points). Similarly, while the BMGF has funded the Lives Saved Tool (LiST), it has not supported the development of new indicators to measure coverage of pulse oximetry, oxygen and/or antibiotic access, or contributed to their inclusion in the LiST tool (5 points). Score 15/30

Strengthen Partnerships

A member of the Every Breath Counts Coalition (10 points), the BMGF is currently engaged in partnerships on childhood pneumonia with many organizations, including Save the Children, UNICEF, JSI, and IVAC (10 points). In 2020, the BMGF forged an important new partnership to increase access to medical oxygen with PATH, the Clinton Health Access Initiative (CHAI) and the Every Breath Counts Coalition, which will also benefit children with pneumonia (10 points). Score 30/30

2020 Highlights

2020 Goalkeepers Report

The BMGF releases the 2020 Goalkeepers report which underscores the importance of continued reductions in childhood pneumonia deaths to under-five mortality rates and applauds the Serum Institute of India's more affordable pneumococcal conjugate vaccine (PCV) which costs \$US6.00 instead of \$US9.00 for a full dose. The BMGF acknowledges that thanks to increased investment due to COVID-19, more healthcare facilities are providing access to oxygen and this will help save the lives of many children with pneumonia. Learn more at <https://www.gatesfoundation.org/goalkeepers/report/2020-report/>

Bill Gates's Heroes in the Field, Dr Bernard Olayo

Bill Gates names Kenyan doctor Bernard Olayo a "Hero in the Field" for founding Hewatele, an innovative oxygen supply company, to help alleviate the shortage of medical oxygen across Africa and for playing a critical role in the treatment of Kenya's growing number of COVID-19 patients. Learn more at <https://gatesnot.es/2YJ7Vaz>

Gargee Ghosh, President, Global Policy and Advocacy, BMGF

Gargee Ghosh announces that oxygen has always been an essential medicine but that COVID-19 is teaching the world just how essential. On World Pneumonia Day, she calls on all stakeholders to agree to work more effectively together to increase access to medical oxygen. Listen to more at <https://stopppneumonia.org/latest/world-pneumonia-day/>

Results

Gavi, the Vaccine Alliance (Gavi)

Support Pneumonia Control

Gavi, the Vaccine Alliance (Gavi) references the GAPPD target to reduce childhood pneumonia deaths to <3 per 1,000 births on their website in the context of delivery of the pneumococcal conjugate vaccine (PCV) alongside other interventions (e.g., nutrition services, oral rehydration and zinc therapy, clean water, sanitation, and hygiene) in Gavi-eligible countries (20 points). While the Gavi CEO did publicly commit to pneumonia control following the Global Forum by co-authoring the Lancet World Pneumonia Day Comment and in Gavi's 2019 Progress Report (10 points), pneumonia control has not been central to Gavi's vaccine advocacy in the context of Universal Health Coverage (UHC) and/or the achievement of the Sustainable Development Goals (SDGs) (0 points). Score 30/40

Prioritize Vulnerable Populations

Gavi has an explicit policy to prioritize vaccination efforts to the most vulnerable children (10 points) and defines vulnerability by age (<2 years) and by location, measured by countries with average Gross National Income (GNI) per capita of less than or equal to \$US1,630 over the past three years (10 points). An increasing focus on sub-national populations of children who have not received any vaccinations ("zero-dose" children) is further sharpening Gavi's equity impact. Since the Global Forum, Gavi has increased their focus on vulnerable populations by supporting PCV introduction in Indonesia and other high-burden pneumonia countries (10 points). Score 30/30

Finance Pneumonia Control

Gavi has increased spending on childhood pneumonia vaccines in 2020 by successfully mobilizing more than \$US8 billion for vaccination, much of which will be spent on pneumonia-fighting vaccines (20 points). Gavi continues to increase the affordability of vaccines by supporting eligible countries to provide vaccines free-of-charge (10 points), and by providing \$US75 million to the Serum Institute of India to supply a 30% more affordable PCV. Gavi has also funded studies that assess the catastrophic costs of pneumonia treatment for households with unvaccinated children in Nepal (10 points). Further, Gavi has emerged as a leader in the effort to help LMICs mitigate the impact of COVID-19, both by increasing access to COVID-19 vaccines through the COVAX Facility and by enabling Gavi-eligible countries to spend a portion of their Gavi funds on pandemic infection control, testing, and treatment. Score 40/40

Accelerate Innovations

Gavi does not mention pneumonia in its Innovation Catalogue but has increased spending to finance new COVID-19 vaccines (10 points). Gavi has also provided an innovation grant through its Innovation for Uptake, Scale and Equity in Immunisation (INFUSE) program to ZMQ Development to use technology in new ways to boost pneumonia immunization in the slums of New Delhi (10 points) and has financed studies that quantify the costs and benefits of pneumonia vaccination (10 points). Score 30/30

Track Progress

Gavi does not measure the impact of its support on the GAPPD pneumonia mortality target (0 points), but does provide regular estimates of Gavi pneumonia vaccine spending and vaccine coverage (10 points). As an organization focused on vaccines, Gavi has not contributed to the development of new indicators to measure coverage of pulse oximetry, oxygen, and/or antibiotic access, or contributed to their inclusion in the LiST tool (Not scored). Score 10/20

Strengthen Partnerships

A member of the Every Breath Counts Coalition (10 points), Gavi is currently engaged in partnerships on pneumonia vaccination with the BMGF, the CDC, the Clinton Health Access Initiative (CHAI), IVAC, PATH, and UNICEF (10 points). Following the Global Forum, Gavi expanded its partnership with the Serum Institute of India - see Highlights below (10 points). Score 30/30

2020 Highlights

Introduction of the pneumococcal conjugate vaccine (PCV) in Indonesia

With support from Gavi, the Indonesian Government announces that four million children will receive three doses of the PCV in the first year of life as part of routine immunization. Learn more at <https://rb.gy/ppvuvv>

The COVAX Facility

Gavi and partners establish the COVAX Facility, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, a global risk-sharing mechanism for pooled procurement and equitable distribution of COVID-19 vaccines. Learn more at <https://www.gavi.org/covax-facility>

Pneumosil[®], the Serum Institute of India (SII)

Gavi's Advanced Market Commitment (AMC) supports SII to make their PCV vaccine (Pneumosil[®]) available for \$US2.00 per dose in Gavi-eligible countries, a 30% reduction on current PCV prices. Learn more at <https://rb.gy/lbwrc7>

Results

Instituto de Salud Global Barcelona (ISGlobal)

Support Pneumonia Control

The Instituto de Salud Global Barcelona (ISGlobal) cite the GAPPD target to reduce childhood pneumonia deaths to <3 per 1,000 births and host the Global Forum Declaration on their website (20 points). Senior leaders co-authored two Lancet comments on pneumonia which both mention the GAPPD target in 2020 (10 points). However, pneumonia is not mentioned in the 2019 ISGlobal Strategic Plan and has not been central to ISGlobal's advocacy in the context of Universal Health Coverage (UHC) or achievement of the Sustainable Development Goals (SDGs) (0 points). Score 30/40

Prioritize Vulnerable Populations

ISGlobal is committed to global health equity and their Strategic Plan explicitly states the special attention it pays to poor and vulnerable populations and settings (10 points). However, there are no specific criteria offered for how ISGlobal defines the most vulnerable children (0 points). Despite this, ISGlobal continues to support pneumonia programs in some of the countries with the largest numbers of child pneumonia deaths including Bangladesh, Ethiopia, Mali, Mozambique, and Kenya (10 points). Score 20/30

Finance Pneumonia Control

ISGlobal has increased spending on pneumonia in 2020 in response to the COVID-19 pandemic with new programs such as CORSAIR and continues to implement other pneumonia-related programs including the Child Health and Mortality Prevention Surveillance (CHAMPS) Network, and several related to air pollution (20 points). ISGlobal was also instrumental in the commitment of the Spanish Government to provide additional funds to Gavi, including for pneumonia vaccines. While ISGlobal has published an important study of pneumonia in Mozambique ("Pneumonia, Story of a Mortal Struggle") in 2020, it did not specifically call for reduced out-of-pocket costs for healthcare (5 points), nor new initiatives to increase careseeking for children with pneumonia symptoms (5 points). Score 30/40

Accelerate Innovations

ISGlobal has increased its support for pneumonia innovations in 2020 by launching the new Improving Care through Azithromycin Research for Infants in Africa (ICARIA) project, which will evaluate the administration of the antibiotic azithromycin during routine vaccination visits in Sierra Leone (10 points). ISGlobal has partnered with the BMGF and "la Caixa" Foundation on this project (10 points). ISGlobal researchers have co-authored several papers on pneumonia innovations in 2020, including assessments of Minimally Invasive Tissue Sampling (MITS) to estimate child mortality and the use of lung ultrasound to diagnose pneumonia (10 points). Score 30/30

Track Progress

ISGlobal does not monitor or publish progress to the GAPPD target (0 points), nor publish evaluations of its pneumonia programs (0 points). While ISGlobal is not directly supporting the development of new indicators to measure coverage of pulse oximetry, oxygen, and/or antibiotic access, or contributing to their inclusion in the Lives Saved Tool (LiST), their research is informing understanding of the causes of pneumonia death and which interventions are likely to be most life-saving (10 points) Score 10/30.

Strengthen Partnerships

A member of the Every Breath Counts Coalition (10 points), ISGlobal is currently engaged in partnerships on childhood pneumonia with at least two other organizations including UNICEF Spain and the Manhica Health Research Centre (CISM) in Mozambique (10 points). ISGlobal forged a new partnership as a result of the Global Forum on Childhood Pneumonia with the organizers of the Global Conference for World Pneumonia Day and the PneumoLight campaign (10 points). Score 30/30

2020 Highlights

Global Conference for World Pneumonia Day (WPD)

ISGlobal co-hosts scientific experts and global pneumonia leaders to commemorate WPD and launch a global awareness campaign, PneumoLight, with landmarks in more than 50 countries lighting up in blue. Learn more at <https://rb.gy/uk6plj>

La otra pandemia: España y la lucha global contra la neumonía infantil (The Other Pandemic: Spain and the Global Fight Against Childhood Pneumonia)

ISGlobal and UNICEF Spain raise awareness about the role Spanish Cooperation has played in the fight against pneumonia, the leading cause of death among children under five years of age, by publishing this important report. Learn more at <https://rb.gy/sawqks>

Neumonía, La mayor asesina de niños

El País publishes a landmark series of articles about childhood pneumonia in Planeta Futuro with ISGlobal support. Learn more at <https://rb.gy/kredz8>

Results

“la Caixa” Foundation

Support Pneumonia Control

Although “la Caixa” Foundation does not cite the GAPPD target to reduce childhood pneumonia deaths to <3 per 1,000 births on their website, they do include a section, “la Caixa” against pneumonia, and clearly outline their investments in the prevention, diagnosis, and treatment of pneumonia (15 points). The leadership of “la Caixa” Foundation endorsed the Lancet World Pneumonia Day Comment (10 points) and pneumonia is central to their advocacy in the context of both Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) (10 points). Score 35/40

Prioritize Vulnerable Populations

“la Caixa” Foundation clearly states its priority to focus on the most vulnerable children (10 points), defined by location and household income as outlined in the “Generation Future” and “Beats of Life” videos hosted on their website (10 points). Since the Global Forum, “la Caixa” Foundation has continued to support programs that will benefit the children most vulnerable to pneumonia in Bolivia, Ethiopia, Mozambique, Nepal, Sierra Leone, and Zimbabwe and many other Gavi-eligible countries (10 points). Score 30/30

Finance Pneumonia Control

“la Caixa” Foundation has increased spending on pneumonia in 2020 in response to the COVID-19 pandemic and continues to fund child pneumonia vaccinations through Gavi, with one of the largest private contributions totaling \$US31 million between 2008 and 2020 (20 points). Further, these funds were matched by the Bill & Melinda Gates Foundation through the Gavi Matching Fund initiative. However, the Foundation has not advocated for reduced out-of-pocket spending for pneumonia diagnosis and/or treatment (0 points), nor supported new initiatives to increase careseeking for children with pneumonia symptoms (0 points). Score 20/40

Accelerate Innovations

“la Caixa” Foundation finances several innovative pneumonia programs including the Acute Respiratory Infection Diagnostic Aid (ARIDA), which have accelerated the development of new technologies that automatically count children’s breaths per minute and measure blood oxygen, improving both diagnosis and access to antibiotic and oxygen treatments (10 points). The Foundation has partnered with UNICEF on the ARIDA project (10 points) which has generated several published papers on how to improve pneumonia diagnosis and treatment (10 points). Score 30/30

Track Progress

While “la Caixa” Foundation does not measure its impact on the GAPPD target (0 points), it has published an evaluation of the ARIDA project (10 points) which has informed the development of new indicators to measure coverage of pulse oximetry and antibiotic access, and contributed to the inclusion of pulse oximetry on the Lives Saved Tool (LiST) (10 points). Score 20/30

Strengthen Partnerships

A member of the Every Breath Counts Coalition (10 points), “la Caixa” Foundation is currently engaged in partnerships on childhood pneumonia vaccination with Gavi and on childhood pneumonia diagnosis and treatment with UNICEF (10 points). “la Caixa” Foundation has forged a new partnership with ISGlobal on the Improving Care through Azithromycin Research for Infants in Africa (ICARIA) project, which will evaluate the administration of the antibiotic azithromycin during routine vaccination visits in Sierra Leone (10 points). Score 30/30

2020

Highlights

Acute Respiratory Infection Diagnostic Aid (ARIDA) Project

The “la Caixa” Foundation-supported ARIDA project informs improvements in access to automated respiratory rate timers, pulse oximeters, and child-friendly antibiotics to reduce child pneumonia deaths in low-resource settings. Learn more at <https://fundacionlacaixa.org/en/arida-project-childhood-pneumonia>

Business Alliance for Child Vaccination

The “la Caixa” Foundation engages more than 3,900 Spanish companies and more than 9,000 private banking clients as Gavi-supporters, mobilizing \$US13 million to vaccinate 6.8 million children, including with pneumonia-fighting vaccines. Learn more at <https://fundacionlacaixa.org/en/programas-sociales/cooperacion-internacional/salud-global/vacunacion-infantil/que-hacemos>

Global Forum on Childhood Pneumonia

The “la Caixa” Foundation co-hosts the Global Forum on Childhood Pneumonia at Cosmo Caixa in Barcelona, Spain from 29 to 31 January, bringing together 400 people from 60 countries to reboot the global fight against child pneumonia. Following the Global Forum, Spain commits €50 million of new funding to Gavi. Learn more at <https://fundacionlacaixa.org/en/global-forum-childhood-pneumonia>

Results

Save the Children (StC)

Support Pneumonia Control

Although Save the Children (StC) does not cite the GAPPD target to reduce childhood pneumonia deaths to <3 per 1,000 births on their websites (UK, USA, and international), the target features strongly in StC's Fighting for Breath Report and Pneumonia Country Spotlights (10 points). The CEO of StC UK is one of the strongest global advocates for pneumonia control publishing articles, blogs, and social media posts on pneumonia regularly and rallying the entire Save the Children global family (10 points). Pneumonia is central to StC's child survival advocacy for progress to Universal Health Coverage (UHC) and Sustainable Development Goals (SDG) achievement (10 points). Score 30/40

Prioritize Vulnerable Populations

StC has a strong focus on health equity and on serving the most vulnerable children (10 points). Their pneumonia work focuses on preventing 500,000 child pneumonia deaths in nine beacon countries* by 2021 (10 points), and includes six of the countries with the largest numbers of child pneumonia deaths. In 2020, StC has increased its support to the children most vulnerable to pneumonia, including those living in humanitarian settings and continued to support government efforts to strengthen pneumonia control in the beacon countries (10 points). *Bangladesh, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Nigeria, Somalia, and South Sudan. Score 30/30

Finance Pneumonia Control

StC has increased spending on pneumonia in 2020 in response to the COVID-19 pandemic and as part of several flagship pneumonia programs in the beacon countries, including the Integrated Sustainable Childhood Pneumonia and Infectious Disease Reduction in Nigeria (INSPIRING) project, funded by a £7.5 million grant from GSK, and the STOP Pneumonia Campaign in Indonesia (20 points). StC is also a strong advocate for more spending on vaccination and child nutrition and for reducing out-of-pocket healthcare costs (10 points). StC also advocates for increased pneumonia careseeking for children with pneumonia symptoms in some of the beacon countries (5 points). Score 35/40

Accelerate Innovations

StC has increased spending on pneumonia innovations, especially on access to pulse oximetry and oxygen in the context of COVID-19 (10 points), and has forged a new partnership with oxygen innovator FREQ2 (10 points). StC published the GSK-sponsored series "Pediatric Pneumonia in Nigeria," in the Journal of Pediatric Pulmonology in collaboration with University College London, the Clinton Health Access Initiative (CHAI), the Murdoch Children's Research Institute, and others (10 points). In 2020, StC US also published several papers from the Enhanced Management of Pneumonia in Communities (EMPIC) trials in Bangladesh and Malawi, and the Innovative Treatments in Pneumonia (ITIP) trial in Malawi (10 points). Score 30/30

Track Progress

Although StC does not measure the impact of its own programs on the GAPPD target (0 points), it is planning to evaluate the nine pneumonia "beacon" country programs and has collaborated with GSK on an evaluation of its partnership to increase pneumonia treatments in Kenya and the Democratic Republic of Congo (10 points). While not directly involved in the development of new indicators to measure coverage of pulse oximetry, oxygen and/or antibiotic access, or their inclusion in the Lives Saved Tool (LiST), StC will ensure that relevant lessons learned from the INSPIRING project will inform both (5 points). Score 15/30

Strengthen Partnerships

An active member of the Every Breath Counts Coalition, (10 points), StC is currently engaged in a strategic alliance with UNICEF to reduce childhood pneumonia deaths, with GSK to reduce pneumonia deaths in Nigeria, and with Philips to bring high-quality pneumonia care to approximately 90,000 children in Rajasthan and Uttar Pradesh with the Project VISHWAS (Breath of Hope) (10 points). Since the Global Forum, StC US has forged a new partnership with the Pfizer Foundation to increase pneumonia immunization coverage by 30% among semi-nomadic and nomadic pastoralists in Mandera and Wajir counties and in the Kibera urban slum of Nairobi County, reaching more than 430,000 children under five in Kenya (10 points). Score 30/30

2020 Highlights

BMJ Opinion on COVID-19 and Oxygen—a stark health inequity

Kevin Watkins and Dr Adamu Isah call on global health leaders to invest in medical oxygen to save lives from COVID-19 and other causes in LMICs. Learn more at <https://blogs.bmj.com/bmj/2020/12/11/covid-19-has-turned-the-spotlight-on-the-uneven-provision-of-oxygen-a-stark-health-inequity/>

Pneumonia Country Spotlights

StC publishes 15 LMIC factsheets that summarize the information needed for governments and their partners to make informed decisions about how to accelerate pneumonia control. Learn more at <https://stoppneumonia.org/advocate-resources/library/>

Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)

StC supports the Government of India's flagship campaign to reduce child pneumonia deaths by increasing awareness among parents and caregivers and improving health services, in partnership with UNICEF and CHAI. Learn more at <https://nhm.gov.in/index1.php?lang=1&level=4&sublinkid=1336&lid=716>

Results

Unitaid

Support Pneumonia Control

Although Unitaid does not cite the GAPPD target to reduce childhood pneumonia deaths to <3 per 1,000 births on their website, they have actively supported recent efforts to improve the diagnosis and treatment of pneumonia by expanding access to pulse oximetry, medical oxygen, and child-friendly antibiotics (10 points). While the Unitaid Executive Director and senior leaders continue to advocate publicly for pneumonia control, including by co-authoring the Lancet World Pneumonia Day Comment (10 points), they have not advocated for action in the context of Universal Health Coverage (UHC) or Sustainable Development Goal (SDG) achievement (0 points) Score 20/40

Prioritize Vulnerable Populations

Unitaid has a strong focus on improving diagnosis and treatment for the children most vulnerable to infectious disease deaths (10 points) and funds pneumonia projects in nine high-burden pneumonia countries including Kenya, Myanmar, Senegal, Tanzania, India (Uttar Pradesh), Burkina Faso, Guinea, Mali, and Niger (10 points). Since the Global Forum, Unitaid has increased support to vulnerable populations as part of the COVID-19 response and with new programs targeting oxygen access among newborns and children in Kenya and Tanzania (10 points). Score 30/30

Finance Pneumonia Control

Unitaid has increased spending on pneumonia in 2020 in response to the COVID-19 pandemic, including as part of its role as co-convenor of the Access to COVID-19 Tools (ACT) Accelerator Therapeutic Partnership and with two new UnitaidExplore grants (20 points). Unitaid also continues to support the Tools for Integrated Management of Childhood Illness (TIMCI) and Améliorer l'Identification des détresses Respiratoires chez l'Enfant (AIRE) projects in nine countries in Africa and Asia to expand access to pulse oximetry during COVID-19 and beyond. While Unitaid has not advocated for reduced out-of-pocket spending on healthcare (0 points), the TIMCI and AIRE projects are engaging local civil society organizations to promote careseeking for children with pneumonia symptoms (10 points). Score 30/40

Accelerate Innovations

Unitaid is at the forefront of advancing pneumonia diagnostic and treatment innovations by increasing spending on medical oxygen and child-friendly medicines through the UnitaidExplore grants and the new call for innovative formulations and delivery solutions for children's medicines in low-resource settings (10 points). Unitaid has partnered with Vayu Global Health Innovations and EssentialTech to advance access to innovative medical oxygen solutions (10 points) and continues to publish reports that advance understanding of the landscape for both pneumonia diagnosis and therapeutics (10 points). 30/30

Track Progress

Although Unitaid does not measure its impact on the GAPPD target (0 points), it does have several evaluations of its pneumonia programs in development that will be published and is monitoring oxygen access during the pandemic (10 points). Unitaid's investments in pulse oximetry and oxygen are informing the development of new indicators to measure coverage of pulse oximetry and oxygen (and could also inform antibiotic access) and will also contribute to the inclusion of improved indicators for use in the Lives Saved Tool (LiST) (10 points). Score 20/30

Strengthen Partnerships

An active member of the Every Breath Counts Coalition (10 points), Unitaid is currently engaged in several partnerships to reduce childhood pneumonia deaths with PATH and the Swiss Tropical and Public Health Institute (Swiss TPH) on TIMCI and with the Alliance for International Medical Action (ALIMA), Solthis, Terre des hommes, and the French National Institute for Health and Medical Research (Inserm) on AIRE (10 points). Since the Global Forum, Unitaid has forged new partnerships with Vayu Global Health Innovations and EssentialTech to advance access to oxygen therapies for newborns and children in low-resource settings (10 points). Score 30/30

2020 Highlights

ACT-Accelerator (ACT-A) Therapeutics Partnership

Unitaid co-convenes the third ACT-A "pillar" with The Wellcome Trust which expands access to dexamethasone in LMICs and ensures equitable access to other therapeutics in the COVID-19 response. Learn more at <https://unitaid.org/covid-19/act-accelerator/#en>

UnitaidExplore

Vayu Global Health Innovations wins the first UnitaidExplore grant of \$US1.4 million to develop a Bubble CPAP (continuous positive airway pressure) non-invasive way of ventilating newborns in LMICs who are struggling to breathe. Learn more at <https://unitaid.org/news-blog/life-saving-infant-oxygen-device-awarded-unitaid-funding/#en>

UnitaidExplore

The EssentialTech Centre at the Swiss Federal Institute of Technology (EPFL) receives the second UnitaidExplore grant of \$US1.6 million to develop a new, affordable oxygen concentrator designed for use in remote health centers, as well as an integrated oxygen delivery service. Learn more at <https://unitaid.org/news-blog/unitaidexplore-invests-in-second-award-to-improve-oxygen-access/#en>

Results

World Health Organization (WHO)

Support Pneumonia Control

The World Health Organization (WHO) cites the GAPPD target to reduce childhood pneumonia deaths to <3 per 1,000 births and hosts the GAPPD report on its website on a dedicated pneumonia page. The Thirteenth General Programme of Work (2019-2023) also commits WHO to continue efforts to improve the treatment of pneumonia as a key cause of child mortality (20 points). The WHO Director-General co-authored the Lancet World Pneumonia Day Comment and is a strong global advocate for access to medical oxygen (10 points). Although improving pneumonia care-seeking features strongly in WHO's 2019 Monitoring Report of Universal Health Coverage (UHC), the agency has not directly advocated for pneumonia control as part of UHC and Sustainable Development Goal (SDG) achievement (5 points). Score 35/40

Prioritize Vulnerable Populations

WHO has a strong focus on health equity and on serving the most vulnerable populations, including children (10 points), but does not specifically define vulnerable children or the populations where pneumonia control efforts could save the most lives (0 points). Since the Global Forum, WHO has increased support for COVID-19 in ways that will benefit children at risk of, or infected with, pneumonia, including by strengthening infection control, and improving access to pulse oximetry and medical oxygen (10 points). Score 20/30

Finance Pneumonia Control

WHO has increased spending on infection control and respiratory care to help many LMICs respond to COVID-19 and continues to play an important role in expanding coverage of the pneumonia-fighting vaccines. While the pulse oximeters and medical oxygen support that WHO has provided to LMICs as part of the COVID-19 response should also help reduce pneumonia among children, pneumonia control is not a major part of the WHO budget (10 points). WHO continues to champion the removal of user fees as a critical part of UHC (10 points) and advocates for initiatives to increase care-seeking for children with pneumonia symptoms (10 points). Score 30/40

Accelerate Innovations

WHO introduced a new COVID-19 innovations pipeline in 2020 which is accelerating development and uptake of new respiratory diagnosis and care technologies (10 points) and has partnered with many organizations to advance access to pneumonia vaccines, diagnostic tools, and treatments (10 points). WHO has co-authored papers on new ways to reduce pneumonia deaths as part of the Enhanced Management of Pneumonia in the Community (EMPIC) study in Malawi, Bangladesh, Ethiopia, and India, the Pneumonia REsearch Partnership to Assess WHO REcommendations (PREPARE) study on the optimal use of clinical signs for diagnosis and prognosis of childhood pneumonia, and the Possible Serious Bacterial Infection (PSBI) study in the Democratic Republic of Congo, Ethiopia, India, Nigeria, and Pakistan (10 points). Score 30/30

Track Progress

While WHO tracks progress to the GAPPD target via its online GAPPD Monitoring Visualization Tool (10 points), it does not publish an evaluation of the impact of its own pneumonia programs (0 points). WHO-sponsored research continues to contribute to the development of new indicators to measure coverage of pulse oximetry, oxygen, and antibiotic access, and their inclusion in the Lives Saved Tool (LiST) tool (10 points), but there is much more that needs to be done to accelerate the adoption of new indicators by UN agencies and LMIC governments. The WHO will also need to take the lead on the future of the GAPPD pneumonia mortality target as it sunsets in 2025. Score 20/30

Strengthen Partnerships

While not an official member of the Every Breath Counts Coalition (0 points), WHO is engaged in partnerships to reduce childhood pneumonia deaths with Gavi, UNICEF, and many academic institutions and NGOs (10 points). Although WHO has forged new partnerships to increase access to pulse oximetry and oxygen during the pandemic, more could be done to engage LMIC governments to implement pneumonia control as part of their GAPPD commitment (5 points). Score 15/30

2020 Highlights

COVID-19 Partners Platform and Supply Portal

The WHO releases an online portal to help LMICs and partners procure the COVID-19 supplies they need, including pulse oximeters, oxygen concentrators, and more that will benefit all populations needing diagnosis and care for respiratory infections. Learn more at <https://covid19partnersplatform.who.int/>

Access to Medical Oxygen

The WHO Director-General alerts the world to the COVID-19 medical oxygen shortage calling for urgent action to close gaps. Learn more at <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---23-october-2020>

ACT-Accelerator Economic Investment Case

The WHO calls for \$US9 billion to help LMICs finance the costs of oxygen, personal protective equipment (PPE), and health system strengthening as part of the ACT-Accelerator. Learn more at <https://www.who.int/publications/i/item/an-economic-investment-case-financing-requirements>

Reflections

Support Pneumonia Control

While there has been real progress since the Global Forum on Childhood Pneumonia to keep the focus on childhood pneumonia, Global Forum Steering Committee members could do more to publicly endorse the importance of the GAPPD target to reduce childhood pneumonia deaths to <3 per 1,000 births by 2025. As the leading cause of child death, pneumonia could feature more prominently on the websites, in the strategies, plans, reports, and social media of each member and more support could be offered to low- and middle-income country (LMIC) governments to develop pneumonia control strategies as part of wider child survival efforts, to strengthen primary health care, and to achieve Universal Health Coverage (UHC). Organizational leaders could be more vocal in their public support for pneumonia control as central to the achievement of the Sustainable Development Goals (SDGs) relating to child survival.

Prioritize Vulnerable Populations

Organizations are to be applauded for their efforts to prioritize pneumonia control to the world's most vulnerable children, but could be more precise in the way they define vulnerability by going beyond geographic location alone (i.e., countries with the largest numbers and/or rates of child pneumonia deaths) to take into account other factors including age (e.g., <1 year), risk exposure (e.g. wasting, air pollution, low birth weight, etc.), parental vulnerability (e.g., income, age of mother, education of mother, etc.), comorbidities, exposure to conflict, etc. More attention needs to be paid to women as both primary caregivers of sick children and healthcare workers, and organizations could invest more in improving women's education, agency, and incomes as part of child survival efforts. Organizations could be more transparent in exactly how they select countries and sub-national populations as recipients of support for pneumonia control.

Finance Pneumonia Control

While most organizations have increased spending on childhood pneumonia in 2020, especially for vaccinations and in response to COVID-19, other aspects of pneumonia control remain underfunded, especially improved diagnosis and treatment, and reductions in malnutrition and air pollution. Organizations could be more vocal in calling on LMIC governments to increase their domestic health spending to reduce the high out-of-pocket costs too many families pay when a child becomes sick with pneumonia, and to adopt a target of at least 90% of children with suspected pneumonia taken for care as part of UHC. Global Forum Steering Committee members could also play a stronger role supporting implementation of the Global Action Plan for Healthy Lives and Wellbeing so that it addresses major gaps in pneumonia control, and advocating for increased resources from the Access to COVID-19 Tools (ACT) Accelerator so that it provides support for infection control, pulse oximetry, and oxygen in such a way that all-cause pneumonia mortality is reduced over the long-term.

Accelerate Innovations

Organizations have struck many new partnerships to advance the development and uptake of innovations that can improve the prevention, diagnosis, and treatment of pneumonia in 2020. While funding for new and improved vaccines has increased dramatically, there is also progress in advancing the uptake of diagnostic tools like pulse oximetry and lung ultrasound to help healthcare workers identify children with hypoxemia and pneumonia, as well as increasing access to new medical oxygen technologies - a vital therapy for COVID-19 but also for childhood pneumonia. Despite progress in these areas, new tools are still needed to reduce the major risk factors for pneumonia, especially to prevent child wasting, reduce exposure to air pollution, and reduce rates of low birth-weight. The publication of research either funded or undertaken by Global Forum Steering Committee organizations continues to accelerate the pace of pneumonia innovations.

Track Progress

Organizations can do more to monitor national progress to the GAPPD target and to measure the impact of their own pneumonia programs on national LMIC progress to the target, and publish these results. Organizations should hold themselves accountable and be more self-critical of their own performance in the pursuit of the six Global Forum Declaration commitments in the pursuit of greater impact. Most could also offer more support to develop indicators to measure coverage of pulse oximetry, oxygen, and the recommended antibiotics for childhood pneumonia and ensure their wide adoption in relevant surveys and widely-used impact measurement tools such as the Lives Saved Tool (LiST). Without these indicators, progress in pneumonia diagnosis and treatment simply cannot be properly monitored.

Strengthen Partnerships

Organizations are working very effectively together to advance the Global Forum Declaration and continue to reach out and engage new stakeholders from the public and private sectors. But more could be done to go beyond the infectious disease actors to include non-communicable disease advocates and experts, nutrition, air pollution, and maternal/newborn health communities, and networks that link prevention, diagnosis, and treatment. The most effective partnerships will be designed to meet the needs of LMIC governments and healthcare systems and will involve a majority of partners that are led by LMIC-based leaders.