

# FIGHTING FOR BREATH

## The Global Forum on Childhood Pneumonia One Year Later...



### REPORT

19 April 2021

One year after the first Global Forum on Childhood Pneumonia was held in Barcelona, the Global Forum Steering Committee<sup>1</sup> hosted a series of three virtual roundtables to listen to health ministers and leading health officials from low- and middle-income countries (LMICs) share successes and challenges implementing the [Global Pneumonia Forum Declaration](#) during a pandemic. This is a report of what they said...

#### **ROUNDTABLE 1, 16 March 2021**

Topic: Financing and Innovation

Host: Kevin Watkins, Save the Children UK

Moderator: Gi Soon Song, Asian Development Bank

Countries featured: China, Uganda, Malawi, Senegal, Rwanda

#### **ROUNDTABLE 2, 23 March 2021**

Topic: Progress and Partnerships

Host: Robert Matiru, Unitaid

Moderator: Minister Awa Marie Coll-Seck, Senegal

Countries featured: Burkina Faso, Mali, Afghanistan, Côte d'Ivoire, India

#### **ROUNDTABLE 3, 6 April 2021**

Topic: Pneumonia Control and Vulnerable Populations

Host: Dr Aboubacar Kampo, UNICEF

Moderator: Dr Githinji Gitahi, AMREF, Kenya

Countries featured: Bangladesh, Ethiopia, Kenya, Nigeria, Somalia, Ghana

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<sup>1</sup>Global Forum Steering Committee members include "la Caixa" Foundation, ISGlobal, Save the Children, UNICEF, Every Breath Counts, Clinton Health Access Initiative (CHAI), PATH, Bill & Melinda Gates Foundation, USAID, Unitaid, and Gavi, the Vaccine Alliance

## Overview

How to make progress reducing child deaths from pneumonia during a global pandemic that has exponentially increased respiratory infection deaths among adults? This was the central question that brought together Health Ministers and officials from 16 low- and middle-income countries (LMICs) in a series of three virtual roundtables on 16 and 21 March and 6 April 2021, one year after they met in Barcelona at the inaugural [Global Forum on Childhood Pneumonia](#).

The roundtables were hosted by the Global Forum Steering Committee to provide LMIC health leaders with an opportunity to discuss their respective successes and challenges implementing the six strategic actions outlined in the Global Forum Declaration. Guided by expert moderators, Gi Soon Song (Asian Development Bank), Minister Awa Marie Coll-Seck (Government of Senegal), and Dr Githinji Gitahi (AMREF), participants provided updates on their efforts to improve pneumonia control and protect vulnerable populations, increase financing and accelerate innovation, and improve monitoring and strengthen partnerships.

Despite the enormous challenges, LMIC health leaders reported achievements in several areas including increasing financing - both domestic and international, improving access to oxygen and pulse oximetry, strengthening data collection and surveillance, and expanding partnerships, especially with other government ministries and international health and development agencies. This progress is a testament to the deep commitment to child survival shared by Health Ministers and their teams.

However, significant barriers remain to achieving the ambition of the Global Forum and realizing the Sustainable Development Goal vision of ending preventable child deaths by 2030. Wide pneumococcal conjugate vaccine (PCV) coverage gaps, inadequate financing for a paid community health workforce, fragmented procurement of essential childhood medicines, especially child-friendly amoxicillin in dispersible table form, and low careseeking by vulnerable families are all holding back further reductions in child pneumonia and other preventable deaths.

Below is a brief summary of the major successes and challenges from the perspective of LMIC health ministers and officials, along with their inspiring plans to double down on the Global Forum Declaration commitments as their countries emerge from the pandemic.

## Successes

### 1. Financing

#### **Dr Stella Nwosu, Ministry of Health, Nigeria**

*"The Government of Nigeria has made available \$US3 million annually for the procurement of RUTFs for children with malnutrition...and has also committed \$US15 million to set up 38 pressure swing adsorption (PSA) oxygen plants in tertiary facilities in different parts of the country."*  
LMIC Pneumonia Roundtable #3, 6 April, 2021

While all countries expressed the need to mobilize more domestic and international resources for pneumonia control, progress was made to secure funding from both national health budgets and multilateral health and development agencies including the Global Fund, the World Bank, and the Global Financing Facility for Women and Children (GFF) in the last year.

Bangladesh increased domestic spending on pneumonia with \$US75 million to co-finance the PCV vaccine with Gavi and \$US2.8 million to procure pulse oximeters, respiratory rate timers, amoxicillin dispersible tablets, and gentamicin, as well as to train staff and conduct behavior change campaigns. Nigeria increased domestic resources for pneumonia control through the [Basic Health Care Provision Fund](#) (BHCPF), which provides pre-paid financing subsidies to provide malaria, pneumonia, diarrhea, and malnutrition services for children. Senegal is exploring innovative ways to raise financing for health by increasing taxation.

Uganda mobilized more international financing support by securing \$US4.8 million from the GFF for amoxicillin dispersible tablets which was matched with a government loan, and \$US1.6 million in performance-based financing. Their new RMNCAH<sup>2</sup> “Sharpened” Plan will include an even greater focus on pneumonia. Uganda is also currently negotiating with the Global Fund to sustain funding from the UK Government for integrated Community Case Management (iCCM) services in 61 districts and is working on an iCCM Investment Case to mobilize resources in partnership with USAID, Save the Children International, and UNICEF.

Malawi and Somalia are both planning to engage the GFF in ways that will support pneumonia control. Malawi is planning a redesign of its Integrated Management of Childhood Illness (IMCI) program and Somalia is developing a GFF Investment Case with multi-year financing and engaging with the World Bank to improve the government’s capacity as a purchaser of health services.

Several countries secured support for infection control as well as respiratory care equipment (e.g., pulse oximeters, oxygen systems, etc.) as part of the COVID-19 support offered by the World Bank and other development banks, the Global Fund, Gavi and others and acknowledged that these investments would also help reduce child pneumonia deaths during and beyond the pandemic.

## 2. Oxygen

**Dr Ernest Asiedu, Ministry of Health, Ghana**

*“Ghana is developing a national strategy and roadmap for medical oxygen therapy scale-up across the entire country which will also benefit childhood pneumonia.”*

LMIC Pneumonia Roundtable #3, 6 April, 2021

All countries acknowledged that COVID-19 has provided a major opportunity to address access to oxygen. For the countries that already had national oxygen roadmaps prior to the pandemic (e.g., Nigeria, Uganda, and Ethiopia), COVID-19 enabled them to move quickly to utilize the new support for oxygen concentrators and other oxygen sources including pressure swing adsorption (PSA) plants and liquid oxygen, pulse oximeters, ventilators and more from WHO, UNICEF, World Bank, Global Fund, USAID, and other donors. For the countries without oxygen roadmaps, COVID-19 accelerated their plans to develop and prioritize oxygen policies and programs.

Ethiopia and Nigeria both optimized and increased oxygen supply consistent with their roadmaps including by providing liquid oxygen piped to bedside in some COVID-19 treatment facilities. However even with the additional support only five of the 13 oxygen plants Ethiopia needs are functional due to limited financing for procurement. Similarly although Nigeria was able identify the oxygen needs gap in 15 States, including the functionality of all existing PSA oxygen plants in the country, and the government has pledged to construct 38 **oxygen plants** across the country, support is still required to pipe hospitals, secure a reliable power supply, procure more oxygen cylinders, improve oxygen distribution, build data systems for tracking oxygen, and train healthcare workers.

Malawi is currently developing a national oxygen roadmap at the same time that it is rapidly installing oxygen plants at tertiary health facilities in Lilongwe and Blantyre - with plans for three more - and has plans to make oxygen concentrators widely available at primary health care facilities. Afghanistan also wants to make oxygen concentrators available in primary health care facilities. Bangladesh has invested \$US12.28 million to install liquid medical oxygen systems at all secondary and tertiary level hospitals covering all 64 districts in partnership with UNICEF, and has expanded access to pulse oximeters and oxygen concentrators and is training staff to use the new tools safely and rationally.

Rwanda optimized and expanded the oxygen plant of a major tertiary hospital in Kigali and the plant is now able to provide oxygen to lower level hospitals. Additional equipment has been procured or donated including pulse oximeters, nasal oxygen cannula with prongs for children and adults, oxygen masks, concentrators, ventilators, and x-ray machines. The Democratic Republic of Congo worked with the World Bank to install oxygen plants in major hospitals and they will also serve district hospitals. Côte d’Ivoire has worked effectively with local NGO

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<sup>2</sup> Reproductive, Maternal, Newborn, Child, and Adolescent Health

AGIS to install oxygen in Abidjan health facilities and with the Raymond Poincaré Hospital in France to procure non-invasive ventilation devices that are more affordable and easier for staff to use.

Countries are keen to leverage these COVID-19 oxygen investments so that they benefit newborns and children. Kenya is advocating for the availability of oxygen at all levels of the health system where children are seen and is distributing pulse oximeters for pediatric patients so that health facility staff are able to make decisions on whether a child requires oxygen. They expect to see an increase in the number of children able to access oxygen at the facility level. India and Senegal are also rapidly increasing access to pulse oximetry. India is providing pulse oximeters in all health facilities, including a special provision so that the one million frontline Accredited Social Health Activist (ASHA) workers can use them to refer hypoxic children to facilities quickly. Senegal is providing oximetry at primary healthcare level as part of the [Scaling Pneumonia Response INnovaTions](#) (SPRINT) program with UNICEF and the [Tools for Integrated Management of Childhood Illness](#) (TIMCI) project with PATH.

### 3. Data

**Dr Dan Wu, Center for Disease Control and Prevention, China**

*"The most important thing is strengthening the epidemiological surveillance and monitoring through surveillance to obtain the epidemiological characteristics of pneumonia in children and cost-benefit analyses of pneumococcal conjugate vaccine."*

LMIC Pneumonia Roundtable #1, 16 March, 2021

Several countries made real progress updating their Health Management Information Systems (HMIS) to include pneumonia indicators. Uganda developed a dashboard to track the availability of pneumonia services and is hoping this will be a strong advocacy tool. Rwanda has real-time reporting of pneumonia in their HMIS to trigger timely remedial actions. India has introduced an additional pneumonia field into their HMIS for confirmed pneumonia cases so that they can measure the actual magnitude of childhood pneumonia and improve performance monitoring, data analysis, and evidence generation for pneumonia control. The new system should help refine the current estimate of 30 million annual pneumonia cases among children under five years. Ethiopia cited the lack of resources to generate evidence on the actual incidence of childhood pneumonia among children under five as very detrimental to policy and program development and resource allocation.

Kenya also reviewed their HMIS to include two indicators for childhood pneumonia - one for the number of children with severe pneumonia who are managed with oxygen and the second for the number of children diagnosed with pneumonia treated with amoxicillin dispersible tablets, and is currently helping counties to report on these indicators to monitor how well children under five who are diagnosed with pneumonia are managed. Ghana is also developing and incorporating childhood pneumonia monitoring indicators into the HMIS and Bangladesh has integrated oxygen monitoring indicators in their HMIS.

Several countries were also planning to strengthen the surveillance of pneumonia as part of COVID-19 surveillance improvements. Burkina Faso is exploring how to add surveillance of pneumococcal meningitis to their well-established weekly disease surveillance system and Kenya is working with the Poisons and Pharmacy Board on sub-national pharmacovigilance to monitor the impact of wider access to amoxicillin on antibiotic resistance.

### 4. Partnerships

**Dr Sumita Ghosh, Ministry of Health and Family Welfare, India**

*"The Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS) initiative was launched by the Honorable Union Minister of India in November 2019 to prevent and control child pneumonia by awareness generation, early identification and demand from the community for seeking treatment, which is a major challenge in India."*

LMIC Pneumonia Roundtable #2, 23 March, 2021

All countries underscored the critical role of partnerships to making progress on pneumonia control. The [Social Awareness and Action to Neutralize Pneumonia Successfully](#) (SAANS) program in India exemplified the highest level of partnering for impact on pneumonia. SAANS not only engages all level of government in India but also different ministries including the Ministry of Women and Child Development, the Ministry of Petroleum, the

Ministry of Panchayati Raj (rural administration), the Ministry of Rural Development, and the Ministry of Jal Shakti (WASH), and works in close synergy with international partners UNICEF, Save the Children, the Clinton Health Access Initiative (CHAI), and USAID.

Other countries also pursued extremely productive partnerships to close pneumonia control gaps in 2020 including Côte d'Ivoire with local oxygen NGO AGIS and French hospital Raymond Poincaré, Nigeria with pharmaceutical company GSK and international NGO Save the Children, Uganda with the GFF and the Global Fund, Ethiopia with the Clinton Health Access Initiative (CHAI), Mali with UNICEF, and Senegal with PATH.

## Challenges

Despite progress in these four areas, major challenges remain.

### 1. Vaccination

**Honorable Dr Charlemagne Ragnag-Néwénde Ouedraogo, Minister of Health, Burkina Faso**

*"Since the pneumococcal conjugate vaccine (PCV) was introduced in Burkina Faso, coverage with three doses has risen from 89% in 2014 and 98% in 2020 and a recent study found pneumonia hospitalization of children under five has fallen by 34%."*

LMIC Pneumonia Roundtable #2, 23 March, 2021

The introduction and sustained high coverage of the pneumococcal conjugate vaccine (PCV) remains a major challenge in several countries. China and Somalia have not yet introduced the vaccine, and coverage in India (15%), Nigeria (57%), Ethiopia (63%), Afghanistan (65%), and Mali (74%) is too low for countries collectively losing 304,000 children under five to pneumonia each year.<sup>3</sup> Success is possible, as other countries have managed to achieve high coverage rates in relatively short periods of time, including Rwanda (98%), Bangladesh (97%), Ghana (97%), Senegal (92%), Kenya (92%), Uganda (92%), Burkina Faso (91%), and Côte d'Ivoire (84%). Chad is another high burden pneumonia country yet to introduce the PCV.

China outlined three major barriers to introduction of the PCV, including the need for more national and sub-national data on childhood pneumonia prevalence and incidence (pneumonia is not currently a notifiable disease and there is no systematic or continuous surveillance), the high price of PCV, and the limited number of manufacturers (Pfizer and Walvax) given China's large birth cohort of 15 million babies. In contrast, Somalia recently updated its National Immunisation Strategy 2021-25 and has taken advantage of the cold chain equipment optimization platform (CCEOP) to prepare for PCV introduction and they are now seeking financial support so they can accelerate introduction in partnership with Gavi.

While India has introduced PCV in seven states and plans to rollout the vaccine in others, coverage is still very low at just 15%. Nigeria's PCV coverage is better (57%) but masks very low rates among children in the northern states where the prevalence of child malnutrition, low care seeking, and lack of access to health services puts children at a high risk of death from pneumonia. Even countries with high national coverage experience vaccine challenges among vulnerable populations. Bangladesh cited PCV coverage rates among the 1.1 million Rohingya children at just 66% and Burkina Faso said that insecurity impacts vaccine coverage in 25 out of 70 health districts where coverage is below 90%.

Further, despite high PCV coverage, Kenya (92%) reported that COVID-19 has resulted in a huge drop in the number of children who are vaccinated against common childhood illnesses, including pneumonia. As many other countries have experienced similar reductions in childhood vaccinations, there may be falls in PCV coverage rates that will need to be addressed after the pandemic. Rwanda has even suggested that as pneumonia vaccines are so important for children and coverage of the PCV is among the lowest coverage of all the childhood vaccines, COVAX was seen as a possible model to dramatically increase coverage. Such an effort would identify all of the countries where PCV coverage is low and mobilize different partners to come together to get the vaccine everywhere it is needed in record time.

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<sup>3</sup> Global Burden of Disease 2019

## 2. Antibiotics

### **Dr Jesca Nsungwa Sabiiti, Ministry of Health, Uganda**

*“We’ve been able to mobilize a cumulative total of about \$US6.35 million for amoxicillin dispersible tablets... This has seen us increase volumes of amoxicillin procured gradually over the last three years with figures ranging from 6.5 million doses in 2017 to 37 million doses in 2020 which we think is a great improvement from previous years.”*

LMIC Pneumonia Roundtable #1, 16 March, 2021

Access to reliable supplies of the WHO-recommended antibiotic for the treatment of childhood pneumonia - amoxicillin in dispersible tablet form - were a constant challenge for most countries. Stockouts were common at both the health facility level and for community health workers, although not all countries allowed frontline health workers to prescribe antibiotics. For example Afghanistan does not include amoxicillin dispersible tablets in community health worker kits and the Ministry of Public Health does not have the resources to do so. Even though community health workers can prescribe amoxicillin in Burkina Faso, there are still major challenges with availability and the government wants to integrate amoxicillin into the national supply chain to ensure sustainable funding and reduce stockouts.

Several countries highlighted challenges with accurately quantifying the need for amoxicillin, communicating that to fragmented procurement processes, and then monitoring the results. When Uganda studied their own procurement with international NGO Results for Development, they found major disparities between the “quantified” and the “procured” volumes of amoxicillin dispersible tablets leaving 19% of health facilities without adequate stocks. They realized they needed much greater coordination across the Essential Medicines Supplies Team at the Ministry of Health, the Pharmacy Division which guides procurement by donors, and the Central Medical Stores which also quantifies medicines using credit lines to allocate medicines to districts.

At the national level Kenya has recently adopted a policy change to treat non-severe pneumonia in the community with the use of amoxicillin dispersible tablets by community health workers, however it does not have adequate resources to procure the tablets for 47 counties. Moving forward Kenya wants amoxicillin dispersible tablets to be included a part of the strategic commodities that are procured directly by the Government Treasury through the Ministry of Health and then distributed to the counties. They remain concerned by the limited capacity at the sub-national level to conduct forecasting and quantification for child health medicines, including for pneumonia.

Even where countries have made great progress incorporating amoxicillin dispersible tablets into national policies and programs, challenges remain. In Ghana amoxicillin dispersible tablets are registered by the Food and Drugs Authority, included in the Essential Medicines List and Standard Treatment Guidelines, and listed as an Essential Medicine by the National Health Insurance Authority (NHIA), but supply could still be improved by local manufacturing if it increased the shelf-life of the medicine and reduced the cost.

## 3. Integrated Community Case Management (iCCM)

### **Peter Baffoe, Ghana**

*“We all acknowledge the role of a strong community health system in preventing pneumonia related deaths among children. Therefore, a well motivated and fairly treated community health worker is critical. Unfortunately CHWs have been treated as perpetual volunteers.”*

LMIC Pneumonia Roundtable #1, 16 March, 2021

A consistent concern expressed by all countries was how to strengthen the integrated community case management of pneumonia, especially how to finance adequate numbers of well-trained healthcare workers and the tools and medicines they need to effectively prevent, diagnose, and treat pneumonia – as part of fully institutionalized primary health care at community level. Although some countries have been able to pay

community health workers (e.g., Uganda), most countries are struggling and stated that without proper pay and conditions there would always be participation, quality of care, and dropout problems.

While Malawi, Mali, Burkina Faso, and Côte d'Ivoire have made real progress increasing the numbers of community healthcare workers, there are constant challenges financing this cadre. Mali cited "political validation" of the status of community health workers as a reason for the low levels of government funding and the instability of community health programs, while Burkina Faso said that although their 18,000 community health workers are partially paid from the national budget (75% of their annual salary) they are dependent on external partners, and especially on the Global Fund for the gap, and they still need to find a long-term solution.

Afghanistan cited major challenges with the poor knowledge and skills of community health workers, especially in pneumonia diagnosis and treatment where they have problems with counting breaths and recognizing chest in-drawing, high-turnover, and poor referral practices especially in insecure and remote areas. Kenya was concerned that inadequate human resources at community levels mean that there is a very huge workload for available staff and they have to focus their attention more on the children who are acutely ill leaving others to fall through the cracks. Kenya is rolling out an Implementation Framework for iCCM that includes updated training guidelines, and digitization tools to train health workers remotely, to address these issues.

## 4. Careseeking

### **Himanshu Pandey, India**

*"In certain LMICs such as India, care seeking is also dependent on the informal (unregulated) private sector (i.e. Rural Medical Practitioners). Often RMPs refer children to the nearest primary healthcare center and although efforts have been made to encourage mothers to use public healthcare this process might take significant time."*LMIC Pneumonia Roundtable #2, 23 March, 2021

Educating and motivating families to seek appropriate healthcare for a child with pneumonia symptoms was raised by several countries as a persistent challenge. India's SAANS initiative has a special focus on improving family awareness and demand for care, which is a major challenge in India. SAANS includes TV, audio, radio, print, and social media messages across India's 28 states and 8 union territories and has reached 30 million people to date. While no other country had executed a pneumonia awareness program of this scale, Nigeria launched the **Community Health Influencers, Promoters, and Services (CHIPS)** program in seven states to help communities have a say in their own healthcare and this also has the potential to increase care seeking rates.

## 5. Governance

### **Dr Mohammad Shamsul Haque, Directorate General of Health Services, Bangladesh**

*"Bangladesh wants to integrate pneumonia in the national child health strategy and develop a costed action plan which includes providing quality inpatient care of children, better monitoring, improved coordination, and social and behavior change communication to increase care seeking."*

LMIC Pneumonia Roundtable #3, 6 April, 2021

Countries also raised challenges with sustaining strong governance for national and sub-national child survival efforts. In 2020, Nigeria reactivated both the Child Health Technical Working Group (CHTWG) under the RMNCAH+ nutrition multi-stakeholder platform and the United for Oxygen Coordination Platform to coordinate oxygen programs in the country and implement the national oxygen roadmap. Ghana also rebooted its National Child Health Coordination Committee as meetings had lapsed prior to the pandemic due to lack of funding. COVID-19 demonstrated to the health ministry that it was possible to meet virtually at no cost and the group was revived with support from the **Quality of Care Network**, a multi-partner, multi-country effort to halve maternal and newborn deaths and stillbirths in health facilities in five years in nine countries.

## 6. Other

### **Yared Tadesse, Ethiopia**

*“In the effort to improve access to medical oxygen and pulse oximetry, increased investment through private and/or public-private partnerships investment and robust financial and technical support from donors and non-profit Implementing partners will be critical.”*  
LMIC Pneumonia Roundtable #2, 23 March, 2021

The lack of simple, effective tools to diagnose children with pneumonia remains a major barrier to timely and effective treatment. Rwanda called for better diagnostic techniques, including blood culture and imaging, to diagnose severe childhood pneumonia cases, stating that the inability to correctly diagnose pneumonia impacts the accuracy of pneumonia cases reported.

Several countries noted the need to increase collaboration with the private health sector, as both a point of service delivery for sick children and as a donor. Nigeria outlined their engagement with the informal private health sector to expand access to, and improve the quality of, pneumonia management at the community level and highlighted their collaboration with pharmaceutical company GSK on the **Integrated and Sustained Childhood Pneumonia and Infectious Disease Reduction in Nigeria** (INSPIRING) program in Jigawa and Lagos States. Somalia argued for more engagement between the government and the large number of unregulated private health service providers and Ghana underscored the need to strengthen public-private partnerships in child survival and especially pneumonia control.

## Next Steps

### **Honorable Awa Marie Coll-Seck, Minister of State to the President of Senegal**

*“This is a discussion that should continue and the relationships that have been forged today must be continued because we all have to learn from each other.”*  
LMIC Pneumonia Roundtable #2, 23 March, 2021

The Global Pneumonia Forum Steering Committee is discussing the issues raised by LMIC health leaders and will be responding with suggested areas for collaboration to both increase awareness and uptake of successful initiatives and to tackle the areas where more progress is needed, especially increased coverage of the pneumococcal vaccine, adequate financing for integrated community case management, especially community health workers and lifesaving commodities such as amoxicillin dispersible tablets, increased family awareness and timely careseeking, and strong national child survival governance structures with links to relevant regional and international bodies.

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*Prepared by the Every Breath Counts Coalition for the Global Forum on Childhood Pneumonia Steering Committee*  
*Updated 14 April 2021*

## ANNEX 1: Other Speaker and Audience Quotes

### **Kevin Watkins, Save the Children, UK**

*"Childhood pneumonia remains today what it was a year ago, which is the biggest single infectious killer of children. We know that countless lives are being lost for want of very basic interventions like the pneumococcal vaccine, antibiotics, and access to medical oxygen."*

LMIC Pneumonia Roundtable #1, 16 March, 2021

### **Gi Soon Song, Asian Development Bank, Philippines**

*"From my experience financing and innovation are two sides of one coin called prioritization. We all witnessed how countries around the world mobilized and applied unprecedented amounts of resources - both financial and intellectual - to address COVID-19."*

LMIC Pneumonia Roundtable #1, 16 March, 2021

### **Dr Humphreys Nsona, Ministry of Health, Malawi**

*"CPAP machines have worked wonders in the referral facilities where there has been tremendous progress in the reduction of mortality among newborns. One of the key priorities for Malawi in dealing with neonatal health is to increase the supply of CPAP machines including by local manufacturing."*

LMIC Pneumonia Roundtable #1, 16 March, 2021

### **Prof Md Shahidullah, COVID-19 Technical Advisory Committee, Ministry of Health, Bangladesh**

*"We had in Bangladesh the Health Facility Preparedness and Readiness Assessment for COVID-19 Response conducted in June and July 2020 and that exercise also helped us to... directly address the other pneumonia cases in hospitals."*

LMIC Pneumonia Roundtable #1, 16 March, 2021

### **Dr Lisine Tuyisenge, Kigali Teaching Hospital, Rwanda**

*"The Ministry of Health, in partnership with the Clinton Health Access Initiative (CHAI), completed an assessment for respiratory care capacity in Rwanda and now has a good plan to mobilize funds for increasing oxygen production capacity in the country."*

LMIC Pneumonia Roundtable #1, 16 March, 2021

### **Honorable Dr Fanta Siby, Minister for Health and Social Development, Mali**

*"68 of 75 health districts across Mali's five regions have 3,249 agents de santé communautaire (ASC) with 150 supervisors."*

LMIC Pneumonia Roundtable #2, 23 March, 2021

### **Dr Noorulhaq Yousufzai, Indira Gandhi Children's Hospital, Afghanistan**

*"38 regional and provincial hospitals are now equipped with central oxygen systems, 90 district hospitals have oxygen concentrators, and 3,543 primary health facilities have trained IMCI and can treat with amoxicillin, 30,000 CHWs can treat pneumonia."*

LMIC Pneumonia Roundtable #2, 23 March, 2021

### **Prof. Madeleine Amorissani-Folquet, Cocody University Hospital, Côte d'Ivoire**

*"The challenge is to increase the budget allocated to essential drugs for killer diseases like pneumonia, diarrhea and malaria, to avoid being dependent on partners and to mobilize domestic resources including from local governments and mayors to take ownership of everything related to the health of the mother and child."*

LMIC Pneumonia Roundtable #2, 23 March, 2021

### **Robert Matiru, Unitaid, Switzerland**

*"I would like to encourage everybody to continue this level of collaboration, transparency, and sharing on challenges and opportunities. Unitaid as a development financing agency committed to innovation and game-changing solutions, stands ready with all the other partners in this Forum to build on the significant investments and efforts to date in fever management and the global response to COVID-19 including more recently oxygen access to move forward and address these challenges together."*

LMIC Pneumonia Roundtable #2, 23 March, 2021

### **Dr Aboubakar Kampo, UNICEF, USA**

*"12 months ago we committed to accelerating actions towards achieving the child survival SDGs and ending preventable child deaths from pneumonia. We didn't know then that we would be operating in a changed world with COVID-19...However progress was made in many ways and COVID-19 has even provided some opportunities that will impact child health in the long run."*

LMIC Pneumonia Roundtable #3, 6 April, 2021

**Dr Githinji Gitahi, AMREF, Kenya**

*"The multisectoral "pneumonia wheel" is a framework to integrate pneumonia control with PHC and UHC, by integrating health services (immunization, iCCM/IMCI, referral hospitals), advancing multisectoral policy and action (nutrition and air quality), and empowering people and communities (accountability, engagement, and education especially of women)."*

*"There is an opportunity to integrate COVID-19 prevention and treatment with pneumonia control so that we can leapfrog some of the challenges we have had for pneumonia - e.g., oxygen, multi-sectoral approaches."*

*"COVID-19 has also increased our demand for oxygen and oxygen systems, so it's a really critical area to invest in. If we had invested in this for pneumonia way before [we] would have had money to assist us for the current pandemic."*  
LMIC Pneumonia Roundtable #3, 6 April, 2021

**Dr Nur Ali, Ministry of Health, Somalia**

*"Somalia is currently working on a Pneumonia Control Strategy to focus on multi-sectoral approach...we want to strengthen the nexus between humanitarian and development partners and prioritize pneumonia control in vulnerable populations."*

LMIC Pneumonia Roundtable #3, 6 April, 2021

**Honorable Dr Dereje Duguma, State Minister for Health, Ethiopia**

*"In Ethiopia child survival is still at the core of the second health sector transformation plan (2020-25) and the second generation Health Extension program (HEP) redesign is underway to improve access to quality newborn and child health services including for childhood pneumonia."*

LMIC Pneumonia Roundtable #3, 6 April, 2021

**Dr Laura Angwenyi, Ministry of Health, Kenya**

*"Looking ahead the Kenya Ministry of Health is developing a costed pneumonia control implementation plan which will be easy for the Government of Kenya and our partners to adopt and support."*

LMIC Pneumonia Roundtable #3, 6 April, 2021

**HRH the Infanta Cristina of Spain, "La Caixa" Foundation, Spain**

*"Partnerships and collaboration are so critical. We need to build bridges between public administrations, the private sector, and the third sector because these huge challenges can only be met if we join forces and work closely together. Together we are stronger and our voices can reach further."*

LMIC Pneumonia Roundtable #3, 6 April, 2021

**Jean Claude Mubalama, Burkina Faso**

*"How to get the Global Fund to agree to allocate funds for the fight against pneumonia even if they cannot buy the commodities (amoxicillin), but can support operational costs including community health worker supervision, training, monitoring, incentives etc.?"*

LMIC Pneumonia Roundtable #1, 16 March, 2021

**Adamu Isah, Nigeria**

*"We hope to commence the dissemination of the National Pneumonia Strategy at the sub-national levels in Nigeria and the INSPIRING Project at Save the Children and the Nigeria EBC Coalition will be glad to support the Federal Ministry of Health in the dissemination."*

LMIC Pneumonia Roundtable #3, 6 April, 2021

**Lydia Karimurio, Kenya**

*"Great presentations and responses to questions by all the panelists. It was quite a good opportunity for countries to learn from each other. This needs to happen more often!"*

LMIC Pneumonia Roundtable #3, 6 April, 2021