



WORKPLAN 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.

ACTIVITIES

- Publish Global Pneumonia Forum Progress Report holding Steering Committee organizations accountable for Global Forum Declaration commitments
- Support Global Pneumonia Forum Virtual LMIC Roundtables sharing country progress to Global Forum Declaration commitments
- Support LMIC leaders to co-host World Health Assembly (WHA) pneumonia/GAPPD event
- Support distribution of existing pneumonia control strategies (e.g., Nigeria, Ethiopia, Kenya, India)
- Promote best practice examples of LMIC government pulse oximetry/diagnostics/oxygen plans and policies
- Share the results of the “COVID-19 Oxygen Needs Tracker” with LMIC Health Ministers and Heads of State
- Highlight LMIC COVID-19 oxygen therapy redeployment strategies as best practice

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.

- Continue to promote LMIC pneumonia/oxygen leaders (e.g., “Every Step Counts” video profiles)
 - Conduct national advocacy campaigns for pneumonia control in 15 LMICs (pending funding)
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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.

ACTIVITIES

- Conduct weekly COVID-19 calls and distribute weekly Partner Actions newsletters to rally the Every Breath Counts Coalition to support the COVID-19 response in LMICs in ways that strengthen health system capacity to reduce all-cause pneumonia mortality, especially among children
 - Advocate that WHA Executive Board update the GAPPD pneumonia target (2/1,000) and extend to 2030
 - Engage ACT-Accelerator leaders (e.g., Global Fund, World Bank, WHO, Unitaid, Wellcome Trust, etc.) on the need to invest in oxygen, related technologies to diagnose hypoxemia, and the training needed to safely administer and maintain oxygen in LMICs
 - Distribute Pneumonia Careseeking Scorecard 2020 to LMICs as part of continued UHC advocacy
 - Publish an update to “The Missing Piece” addressing how the global pandemic is an inflection point for pneumonia control
 - Track COVID-19 cases in “double-burden” pneumonia/COVID-19 countries regularly
 - Continue to develop the COVID-19 Oxygen Needs Tracker 2.0 (e.g., costing) in partnership with PATH and CHAI
 - Continued implementation of Every Breath Counts Oxygen Strategy
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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.

ACTIVITIES

- Support medical oxygen companies, investors and global health agencies to support national governments to increase oxygen access, in partnership with the Access to Medicine Foundation

- Engage major donors represented on the major global health multilateral agency boards (e.g., Gavi, Global Fund, Unitaid and GFF) to increase their support for pneumonia control
- Produce “Every Breath Counts Pneumonia Financing Guidance” for LMICs to include pneumonia control in their funding applications to Gavi, Global Fund and the GFF
- Spotlight countries that have successfully utilized global health funds to finance major gaps in pneumonia control
- Complete the Pneumonia Research Prioritization Survey, publish the results, and share findings with leading research funders (e.g., MRC, Wellcome Trust, NIH, BMGF, EU Commission, etc.)
- Support the Every Breath Counts Research group to select next-gen pneumonia researchers to spotlight emerging research, especially from LMICs

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.

ACTIVITIES

- Update and distribute “The Critical Role of Pneumonia-Fighting Vaccines” and “Zero-dose PCV Children” reports for World Immunization Week
- Continue to advocate for Gavi and non-Gavi LMICs to introduce PCV and for low-coverage countries to increase coverage beyond 90%
- Support the Every Breath Counts Indicators Working Group to secure inclusion of pulse oximetry and oxygen in LiST, and the inclusion of pulse oximetry and oxygen questions into national HMIS systems and global surveys (e.g., SPA, SARA)
- Improve the collection of data on availability and utilization of amoxicillin dispersible tablets at all levels of the health system in national and global surveys
- Engage IHME in estimating hypoxemia-related deaths by cause and by country

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: % 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; the launch of new pneumonia/air pollution initiative at COP26 in Glasgow.

ACTIVITIES

- Establish Every Breath Counts Wasting Working Group with high-profile co-chairs
- Publish “National Scorecard on Wasting & Pneumonia” in the double-burden pneumonia LMICs
- Support double-burden pneumonia LMICs to make the case for wasting reduction at the Tokyo Nutrition for Growth Summit
- Publish “National Scorecard on Air Pollution & Respiratory Health” in the double-burden pneumonia countries
- Mobilize for World Pneumonia Day 2021 with the theme “Pneumonia, Air Pollution and Climate Change”
- Support double-burden pneumonia LMICs to make the case for air pollution reduction at COP26 2021
- Support national air pollution and respiratory health campaigns in select countries including by publishing a communications tool for clinicians in partnership with the INSPIRE Coalition, national professional societies and medical student organizations

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.

ACTIVITIES

- Regularly update @Stop_Pneumonia Twitter, LinkedIn and the Every Breath Counts website
- Grow reach and impact of Every Breath Counts advocacy and communications working group
- Lead World Pneumonia Day mobilization
- Engage quality journalists to publish Every Breath Counts analysis
- Publish an annual calendar of events
- Ensure effective communications and collaboration among Every Breath Counts working groups (advocacy and communications, research, indicators, air pollution and wasting) as well as with the COVID-19 network
- Conduct twice-yearly meetings of Every Breath Counts leadership and working group chairs to approve work plans



CALENDAR OF EVENTS 2021

Date	Event
January	World Health Assembly Board, 18-26 January
February	34 th African Union Summit, 6-7 February
March	Africa Health Agenda International Conference, 8-10 March Consortium of Universities for Global Health, 12-14 March
April	World Health Day, 7 April (on Climate Change, Air Pollution and Health) World Bank Spring Meetings, 9-11 April World Immunisation Week, 20-25 April Earth Day, 22 April Anniversary of the ACT-Accelerator, 24 April
May	G20 Global Health Summit (Rome), 21 May 74 th World Health Assembly, 24 May - 1 June
June	G7 Health Ministers, 3-4 June G7 Finance Ministers, 4-5 June World Environment Day, 5 June G7 Leaders' Summit, UK, 11-13 June World Health Summit (Uganda), 27-30 June
July	UN High-Level Political Forum, 6-15 July GoalKeepers Tokyo and Tokyo Olympics, 23 July
August	
September	International Clean Air Day for Blue Skies, 7 September Air Pollution 2021 Conference, 7-8 September UN General Assembly, 14-30 September UN Food Systems Summit, TBD
October	World Bank Annual Meetings, 15-17 October World Food Day, 16 October International Conference on Environmental Pollution, Treatment and Protection, 24-26 October World Cities Day, 31 October G20 Summit, Italy, 30-31 October
November	UN Climate Change Conference - COP26, 1-12 November World Pneumonia Day, 12 November World Prematurity Day, 17 November World Children's Day, 20 November

	C40 World Mayors' Summit, TBD
December	UHC Day, 12 December Nutrition for Growth Summit, 17-18 December