

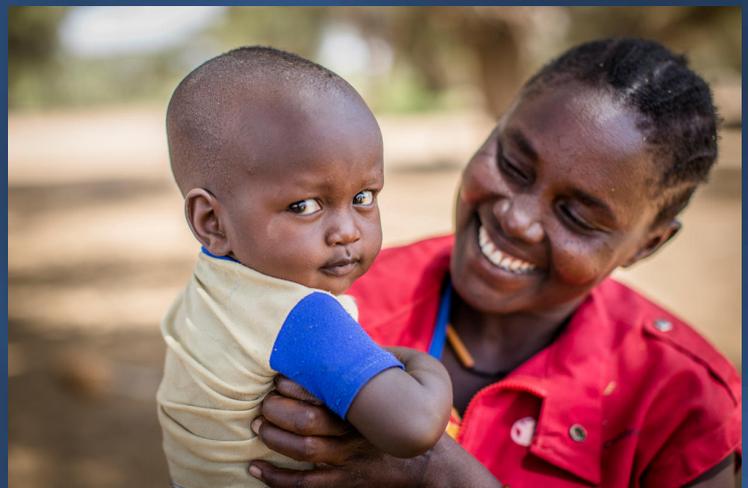
Securing the Future of the Integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD)

The Every Breath Counts Coalition is calling on the World Health Assembly (WHA) to review, update, and extend the Integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD) to 2030 and ensure its full alignment with the Sustainable Development Goals, Targets, and Indicators (SDGs).

In 2013, the World Health Organization (WHO) and UNICEF launched the GAPPD to reduce the massive burden of pneumonia and diarrhea deaths among children.(1) At the time, pneumonia and diarrhea caused an estimated 1.65 million deaths among children under five. One in every four child deaths was caused by pneumonia and diarrhea.(2)

The GAPPD was the first global policy to set national pneumonia and diarrhea mortality targets. By 2025 all countries were to have reduced child pneumonia deaths to less than three for every 1,000 babies born and diarrhea deaths to less than two for every 1,000 babies born.

Targets were also set for the major prevention, diagnosis, and treatment services, including 90% coverage of pneumonia-fighting vaccines (with 80% coverage in every district); 90% access to recommended treatments (with 80% coverage in every district); at least 50% coverage of exclusive breastfeeding during the first six months of life; and more.(3)



In the eight years since the GAPPD was launched, child pneumonia and diarrhea deaths have fallen by 27% to 1.2 million.(4) Despite this progress, pneumonia and diarrhea remain the largest killers of children beyond the neonatal period and together are still responsible for 24% of all deaths among children under five.

Further, the GAPPD service coverage targets have not been reached in most countries. More than half (52%) of the world's children do not receive all of the pneumonia-fighting vaccines and 60% do not receive the rotavirus vaccine, 30% of children with pneumonia symptoms are not taken for care, and access to treatments for pneumonia (antibiotics and oxygen) and diarrhea (ORS and zinc) are far below 90% in most countries. Exclusive breastfeeding rates are also well below 50% in many LMICs.(5)

SECURING THE FUTURE OF GAPPD C'TD...

Every Breath Counts estimates that at the current rate of progress 30 low- and middle-income countries (LMICs), with the highest numbers of child pneumonia deaths, will not achieve the GAPPD pneumonia mortality target by 2030, compromising their achievement of the SDG for child survival.(6)

Of great concern, 80% of all child pneumonia deaths occur in these 30 countries, with 50% in Nigeria, India, Pakistan, Ethiopia, and Niger alone.

To ensure these countries maintain a strong focus on reducing child pneumonia and diarrhea deaths in the countdown to the SDG 2030 deadline, with support from international health and development agencies as needed, Every Breath Counts is calling on the World Health Assembly to:

1. Review and publish national progress to all of the GAPPD targets and invite Health Ministers to present results at the 2022 World Health Assembly;
2. Revise and update all of the GAPPD mortality and service coverage targets to 2030 (e.g., two pneumonia deaths per 1,000 live births);
3. Strengthen targets for the major risk factors of pneumonia and diarrhea deaths (e.g., wasting, low birth weight, preterm birth, air pollution etc.) and major diagnostic tools and treatments (e.g., pulse oximetry, oxygen, ORS/zinc etc); and
4. Extend the GAPPD deadline from 2025 to 2030, fully aligning with the Sustainable Development Goals.

In its review, we encourage the WHA to focus on the gaps in service coverage that are contributing to the continued high death toll from pneumonia, including:

- slow rollout of the pneumococcal conjugate vaccine (PCV), which only 48% of children under five currently receive
- lack of progress reducing the major risk factors for pneumonia deaths (e.g., child wasting, low birth weight, preterm birth, and air pollution)
- potential for new pneumonia-fighting vaccines (e.g., Respiratory syncytial virus/RSV, influenza, COVID-19) to further accelerate declines in child pneumonia deaths
- lack of a rapid diagnostic test for pneumonia to improve the speed and accuracy of diagnosis and treatment and reduce antimicrobial resistance
- limited financing for the recommended pneumonia antibiotics (e.g., amoxicillin dispersible tablets), frequent stock-outs, and limited distribution by community health workers
- lack of access to pulse oximetry and oxygen as critical tools to prevent child pneumonia deaths

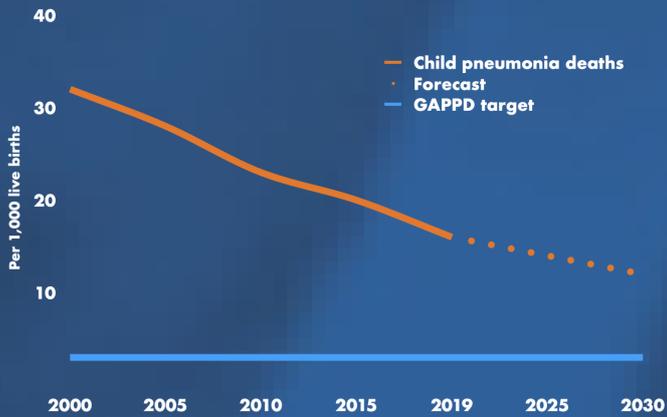
Many of these gaps were highlighted as urgent priorities for action by LMIC health leaders and their international health and development partners participating in the Global Forum on Childhood Pneumonia.

Their comments are summarized in two reports released by Every Breath Counts for the Global Forum on Childhood Pneumonia Steering Committee,(8) including The Global Forum on Childhood Pneumonia Global Progress Report 2020 and Fighting for Breath: the Global Forum on Childhood Pneumonia One Year Later.(9)

The Every Breath Counts Coalition is a public-private partnership including United Nations and multilateral 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://stopppneumonia.org>.

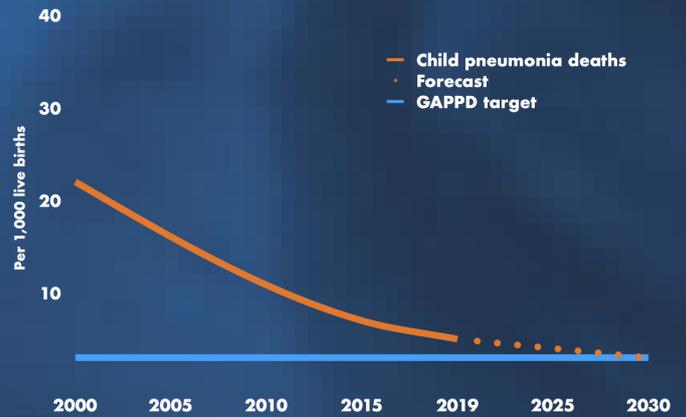
COUNTRIES "OFF-TRACK" TO GAPPD PNEUMONIA MORTALITY TARGET

Nigeria is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



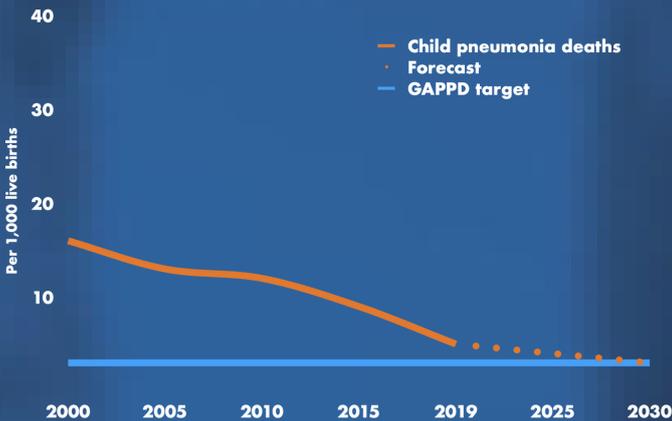
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Ethiopia is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



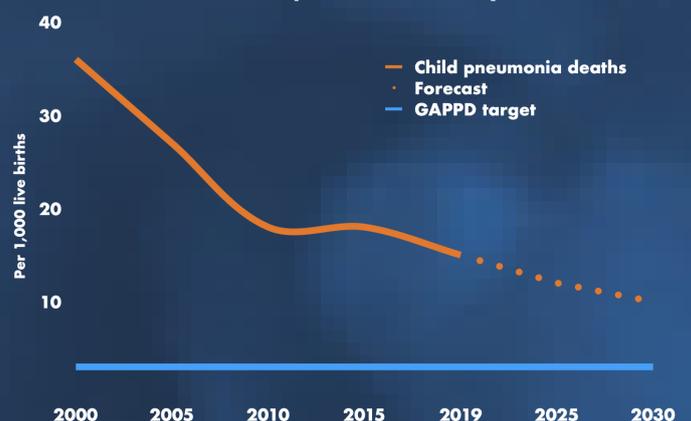
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

India is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



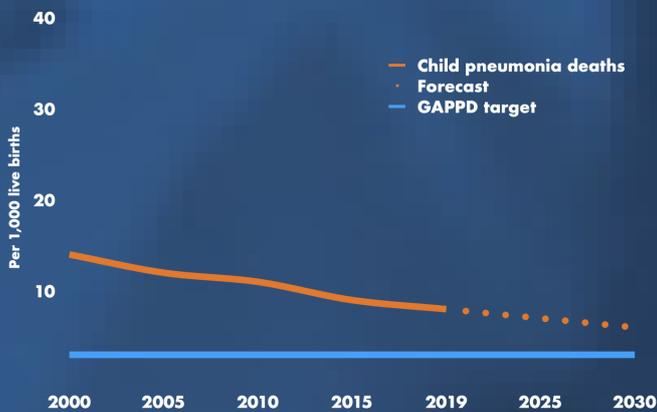
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Niger is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



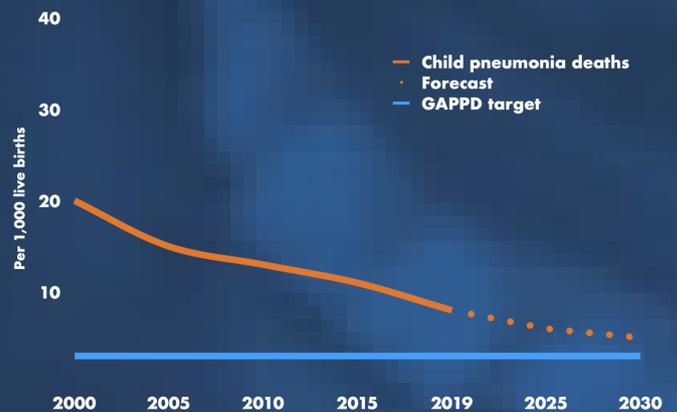
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Pakistan is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

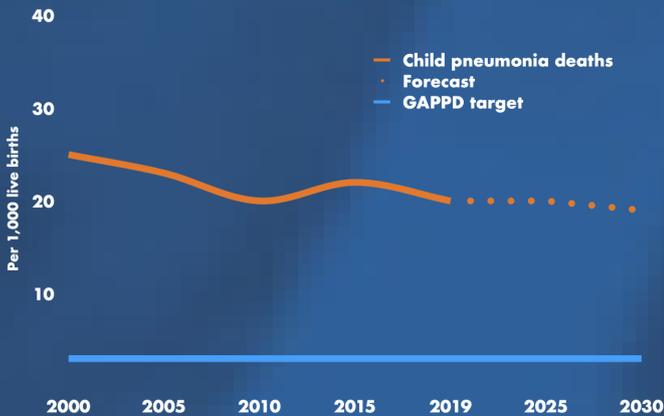
Tanzania is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

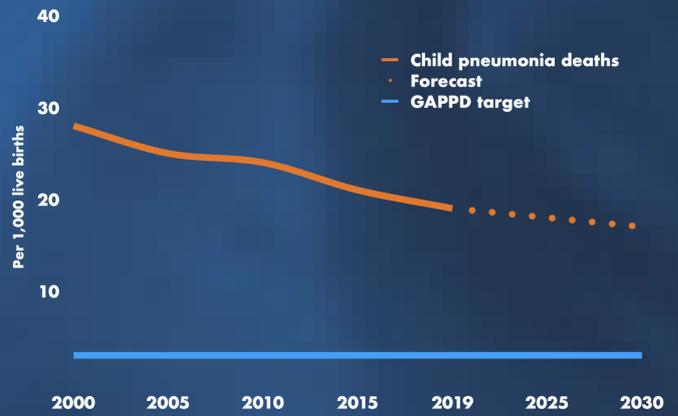
COUNTRIES "OFF-TRACK" TO GAPPD PNEUMONIA MORTALITY TARGET

Burkina Faso is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



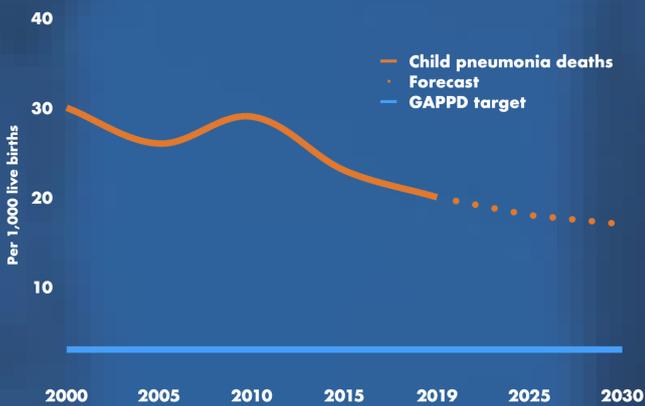
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Chad is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



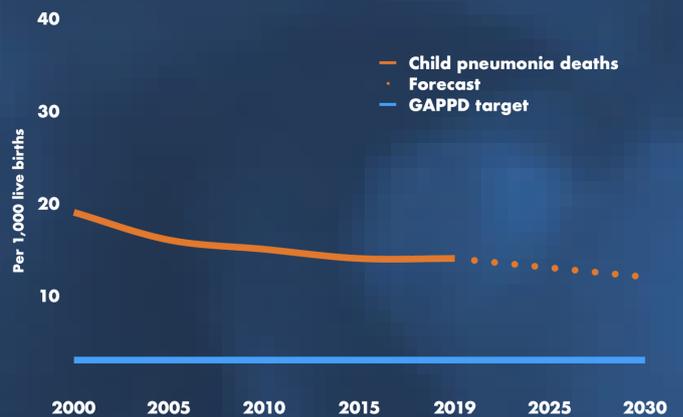
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Somalia is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



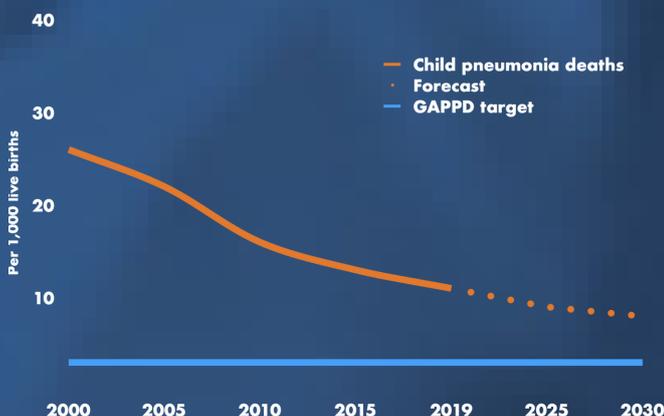
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Mali is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



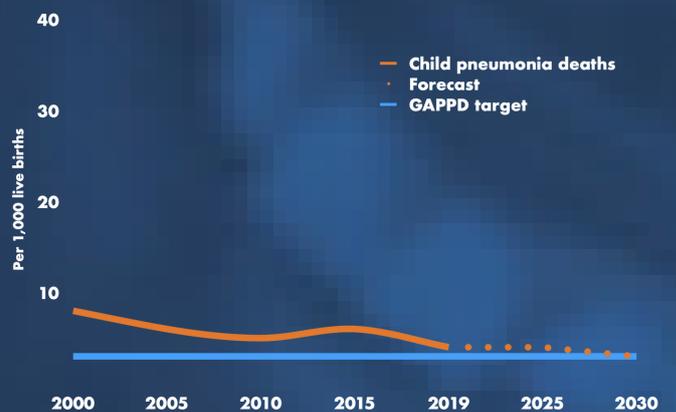
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Afghanistan is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

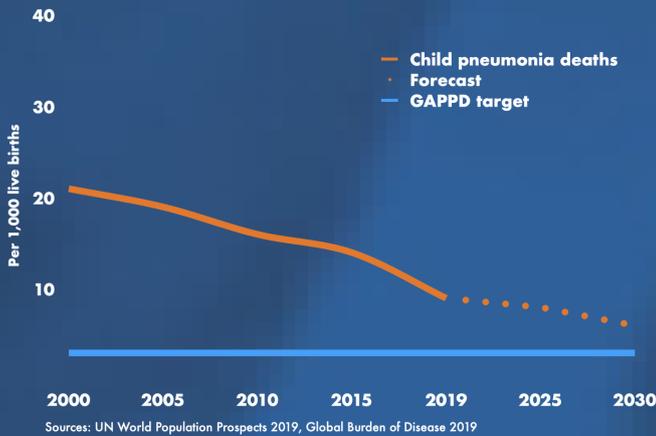
Philippines is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



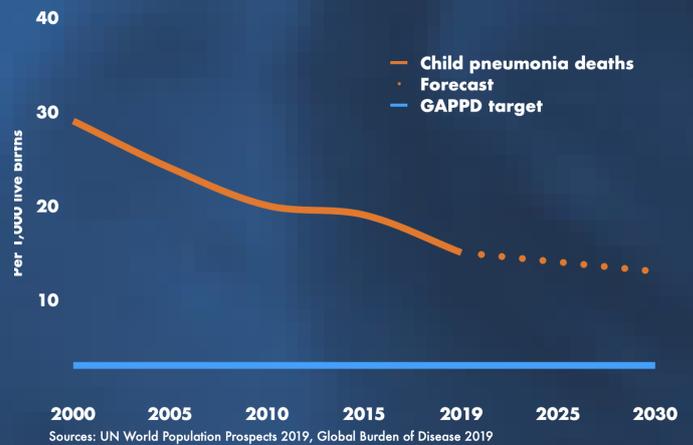
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

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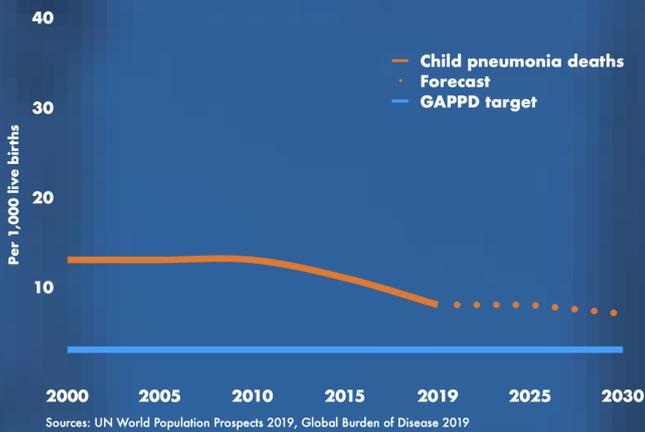
Côte d'Ivoire is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



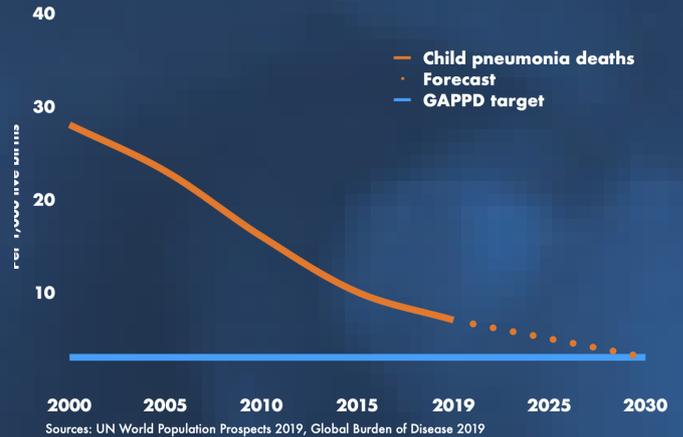
Guinea is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



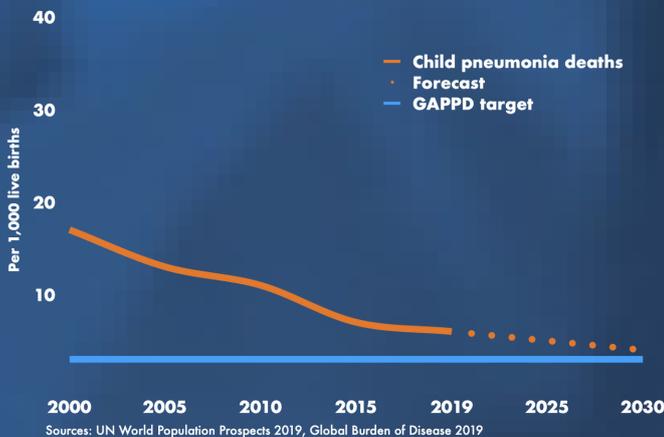
Cameroon is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



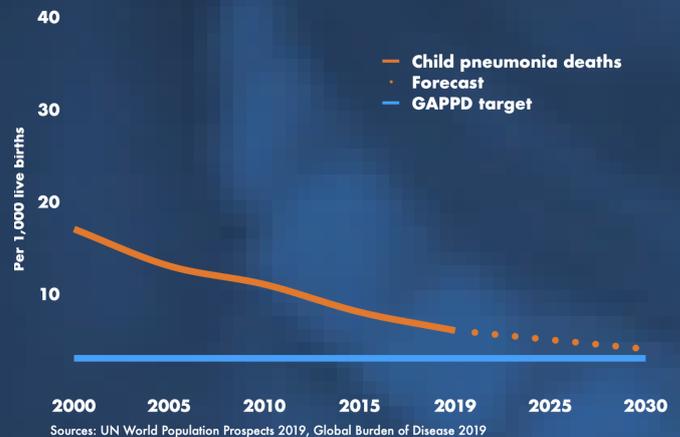
Myanmar is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



Mozambique is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025

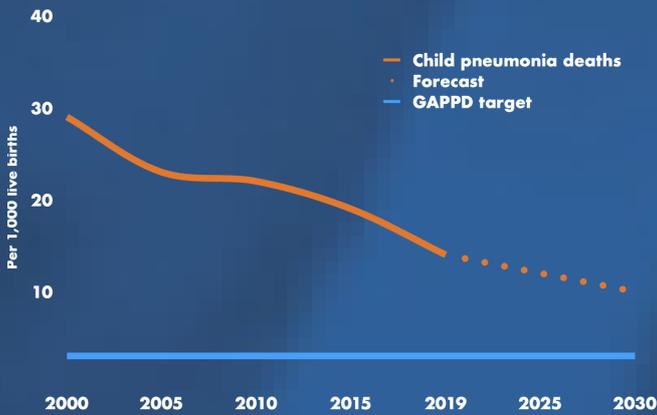


Madagascar is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



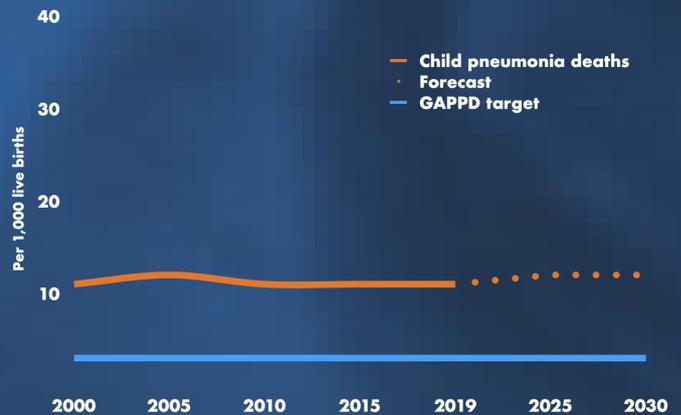
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South Sudan is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



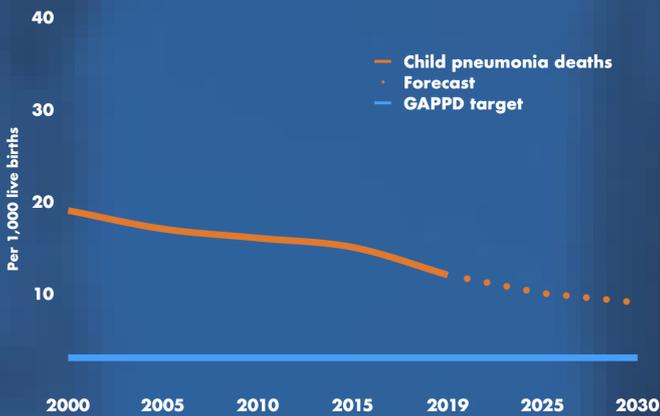
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Zimbabwe is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



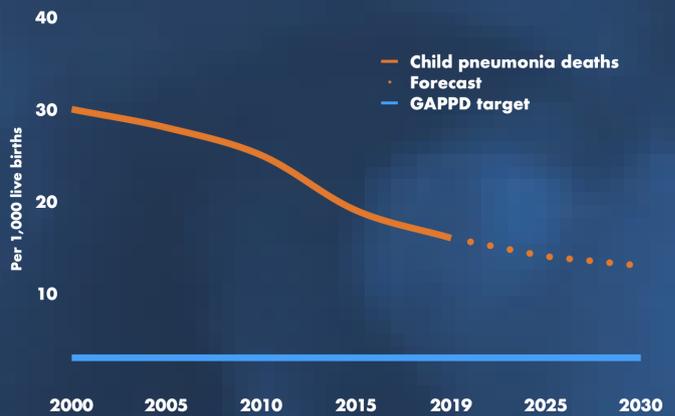
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Benin is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



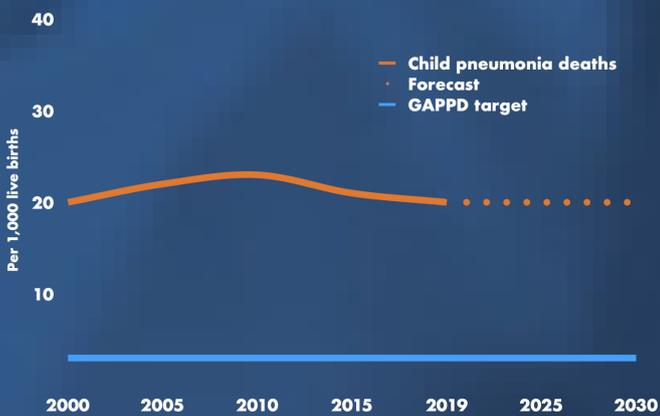
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Sierra Leone is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



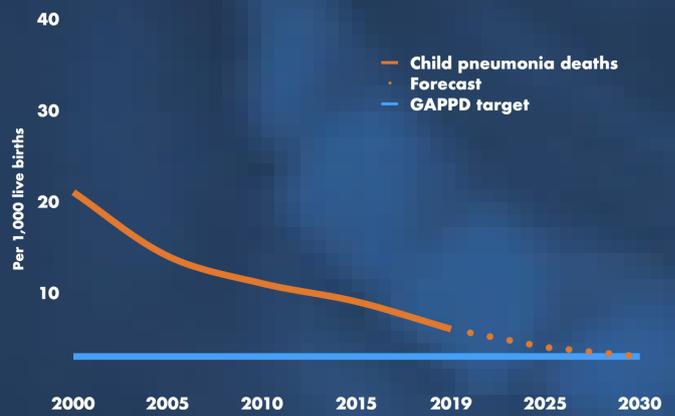
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

Papua New Guinea is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

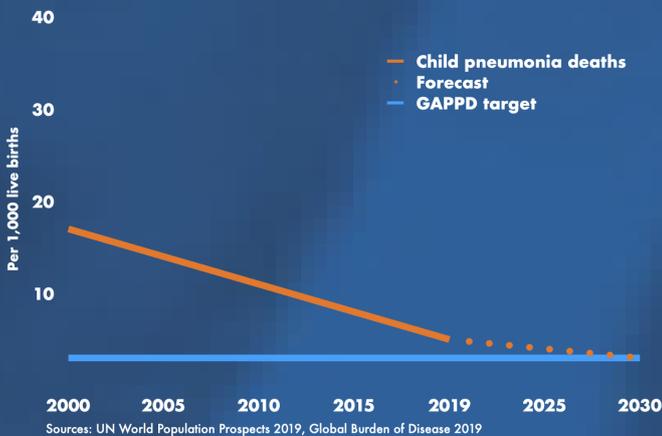
Malawi is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



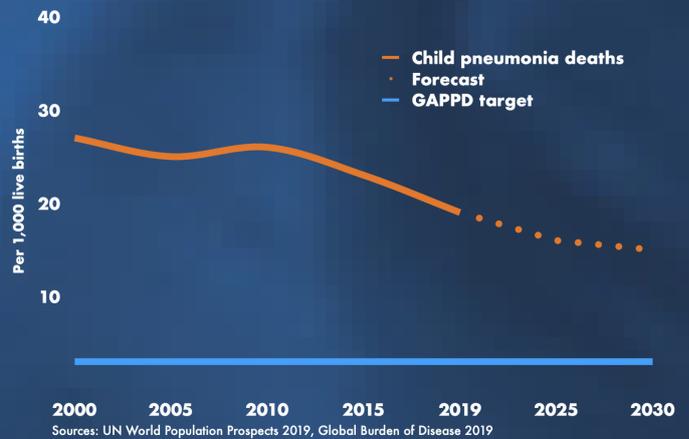
Sources: UN World Population Prospects 2019, Global Burden of Disease 2019

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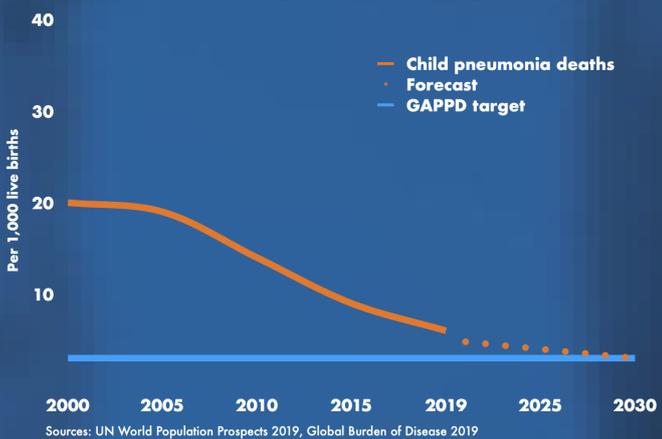
Zambia is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



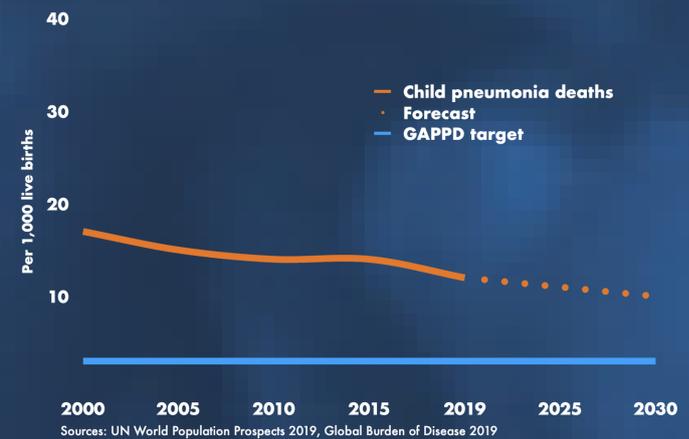
CAR is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



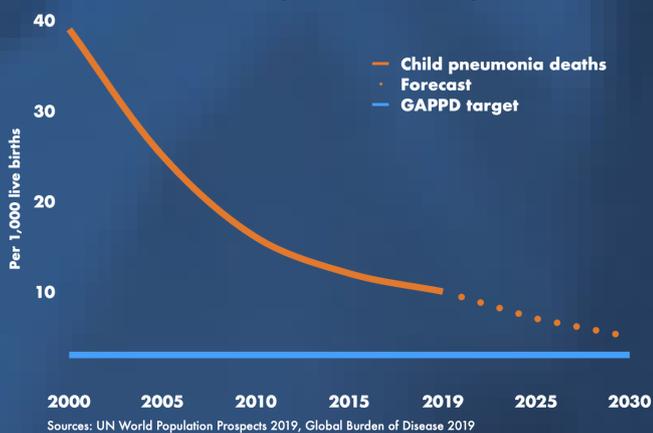
Nepal is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



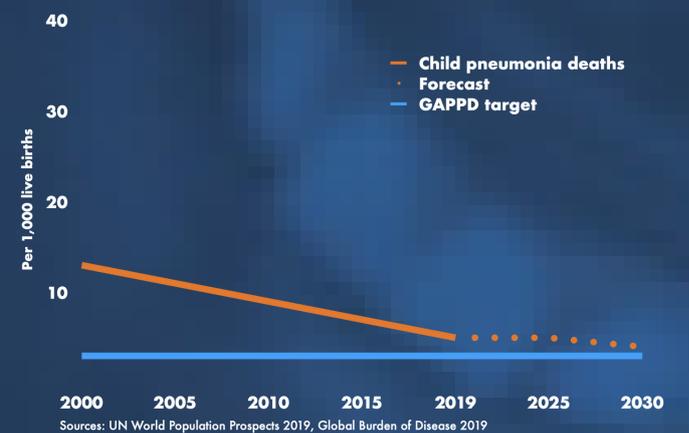
Haiti is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



Cambodia is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



Burundi is not on track to reduce child pneumonia deaths to 3 per 1,000 births by 2025



ENDNOTES

- (1) The Integrated Global Action Plan for Pneumonia and Diarrhoea 2013, WHO and UNICEF. Available at: https://www.who.int/maternal_child_adolescent/documents/global_action_plan_pneumonia_diarrhoea/en/
- (2) Global Burden of Disease (GBD) 2019. Available at: <http://www.healthdata.org/data-visualization/gbd-compare>
- (3) GAPPD vaccines include pertussis, measles, Haemophilus influenzae type B (Hib), pneumococcal conjugate vaccine (PCV), and rotavirus vaccine.
- (4) In comparison measles deaths among children under five have fallen by 53%, HIV/AIDS deaths by 47%, tuberculosis deaths by 37%, and meningitis deaths by 30%, according to the GBD.
- (5) WHO and UNICEF Estimates of National Immunization Coverage (WUENIC) data. Available at: https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveredtp3.html
- (6) At least 25 child deaths per 1,000 live births by 2030. Available at: <https://sdgs.un.org/goals/goal3>
- (7) See Every Breath Counts, “The critical role of pneumonia-fighting vaccines in an era of respiratory pandemics”, April 2021. Available at: <https://stoppneumonia.org/the-critical-role-of-pneumonia-fighting-vaccines-in-an-era-of-respiratory-pandemics/>
- (8) Global Forum on Childhood Pneumonia Steering Committee members include WHO, UNICEF, Gavi, “la Caixa” Foundation, ISGlobal, Bill & Melinda Gates Foundation, Unitaid, USAID, the Clinton Health Access Initiative (CHAI), PATH, and Every Breath Counts.
- (9) The Global Forum on Childhood Pneumonia Global Progress Report 2020, Every Breath Counts, 2021. Available at <https://stoppneumonia.org/wp-content/uploads/2021/02/Global-Forum-Childhood-Pneumonia-Progress-Report-2020.pdf>
- (10) Fighting for Breath: the Global Forum on Childhood Pneumonia One Year Later, Every Breath Counts, 2021. Available at <https://stoppneumonia.org/assessing-progress-one-year-after-the-global-forum-on-childhood-pneumonia/>

This report was written by Leith Greenslade, Coordinator of the Every Breath Counts Coalition. GAPPD forecasts are based on population projections from the UN World Population Prospects 2019 Revision and pneumonia mortality estimates from the Global Burden of Disease 2019.