



WORK PLAN 2022

GOAL

Support low- and middle-income countries (LMICs)¹ to reduce pneumonia deaths from all causes across all ages in order to achieve the global child pneumonia target² by 2025 and the Sustainable Development Goals (SDGs) for health by 2030,³ and to reduce the risk and impact of future respiratory pandemics.

OUTCOME 1

LMIC government adoption of integrated, budgeted pneumonia control strategies as part of their national plans to strengthen primary healthcare (PHC), advance universal health coverage (UHC), achieve the SDGs, and prepare for and respond to respiratory pandemics.

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

Indicator/s: % LMICs with pneumonia control strategies with mortality, protection, prevention, diagnosis, and treatment coverage targets; % domestic health budgets referring to pneumonia control; % LMICs on track to achieve GAPPD child pneumonia mortality target, % LMICs with respiratory infection control as part of pandemic preparedness and response.

ACTIVITIES

- Support development and dissemination of country-specific, contextualized pneumonia control strategies in LMICs with the largest numbers of pneumonia deaths
- Engage members to support focal points to work with MoHs to develop pneumonia control strategies
- Promote best practice examples of LMIC pneumonia control strategies
- Advocate for inclusion of key pneumonia control interventions in pandemic preparedness and response mechanisms (e.g., inclusion of oxygen in the proposed Financial Intermediary Fund, the Global Fund pandemic strategy, etc.)
- Continue to hold Global Forum on Childhood Pneumonia Steering Committee members accountable for Global Forum Declaration commitments by publishing LMIC performance to GAPPD targets
- Provide input to WHO/UNICEF update to Integrated Global Action Plan for Pneumonia and Diarrhea (GAPPD) and other emerging child health platforms and initiatives (e.g., Child Health Taskforce, Child Survival Action Plan, etc.)
- Share the results of the “COVID-19 Oxygen Needs Tracker” with LMIC governments

¹ See priority LMICs for different Every Breath Counts outcome areas in the Appendix.

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 The Sustainable Development Goals (SDGs) for health that are relevant for pneumonia include child survival (SDG 3.2), ending infectious disease epidemics (SDG 3.3) UHC (SDG 3.8), air pollution deaths (SDG 3.9), access to medicines (SDG 3b), and reducing global health risks (SDG 3d).

- Highlight LMIC COVID-19 oxygen therapy redeployment strategies
- Continue to promote LMIC leaders advancing pneumonia control
- Distribute “The Missing Piece” report to LMIC government leaders and major health stakeholders
- Document out-of-pocket costs patients are paying for pneumonia vaccines, diagnosis, and treatment at all levels of the health system

OUTCOME 2

Greater inclusion of pneumonia control in major global health policies, programs and initiatives, especially those related to child health, PHC, UHC, the health SDGs, and pandemic response, and deeper engagement of the private sector in pneumonia control (e.g., vaccine, diagnostic tests, oxygen suppliers, etc.).

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 pandemic preparedness and response and the equitable access to medicines agenda.

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; % LMICs with pandemic response plans highlighting pneumonia control; % pharmaceutical, medical device, and oxygen companies with access strategies referencing pneumonia.

ACTIVITIES

- Conduct regular COVID-19 calls and distribute 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
- Produce regular LMIC Oxygen Crisis Risk/Oxygen Plant Find and Fix Maps, LMIC Partner Lists, and other open-source tools
- Support the ACT-Accelerator Oxygen Emergency Response Taskforce to implement an effective oxygen response in LMICs, including by co-chairing the ACT-A Oxygen Advocacy and Communications Working Group
- Support the Access to Medicine Foundation to hold pharmaceutical and oxygen companies accountable for progress increasing access to pneumonia interventions in LMICs
- Contribute to an Oxygen Commission to document the LMIC experience with oxygen during the pandemic and to make recommendations to governments and international health and development agencies
- Participate in annual events to highlight PHC, UHC, child health, pandemic preparedness and response, etc.
- Contribute to the global effort to increase access to other COVID-19 treatments (e.g., dexamethasone, antiviral medications, etc.)

OUTCOME 3

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

Objective/s: Encourage donors to invest more in pneumonia research, innovation, and interventions, including in the context of pandemic preparedness and response, and support LMICs to prioritize pneumonia control in their funding applications to Gavi, Global Fund, the World Bank, and the Global Financing Facility (GFF).

Indicator/s: % Development Assistance for Health (DAH)/Official Development Assistance (ODA) allocated for pneumonia control; % infectious disease research funding allocated to pneumonia, % ACT-Accelerator support to benefit all-cause pneumonia control (e.g., oxygen spending); % LMICs including pneumonia interventions in their applications/investment cases to Gavi, Global Fund, and loans/grants from World Bank; and the GFF.

ACTIVITIES

- 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
- Directly engage major infectious disease research donors on the Pneumonia Research Prioritization Survey (e.g., NIH, BMGF, Wellcome Trust, EU Commission, MRC, Merieux Foundation, la Caixa Foundation etc.)
- Support the Every Breath Counts Research group’s next-gen pneumonia researchers to spotlight emerging research, especially from LMICs through the Every Breath Counts PhD Student Network
- Convene a quarterly meeting of the Every Breath Counts Research Group Steering Committee to support and plan for future activities
- Conduct an annual Every Breath Counts symposium at an international conference such as ASTMH or an event hosted by an academic institute in support of World Pneumonia Day
- Lead a publication or commentary in support of World Pneumonia Day
- Distribute a monthly Every Breath Counts Research Newsletter and a presentation quarterly (subject to an additional team member)

OUTCOME 4

Increased targeting of initiatives to reduce risk and increase coverage of pneumonia-fighting 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: % coverage of vaccines (COVID-19 and PCV), amoxicillin and other recommended antibiotics for pneumonia, pulse oximetry, and oxygen in LMICs with greatest numbers of all-cause pneumonia deaths, including from COVID-19.

ACTIVITIES

- Contribute to the Global Pneumonia Forum PCV Working Group by advocating for Gavi and non-Gavi LMICs to introduce PCV and for low-coverage countries to increase coverage beyond 90% by 2025
- Engage LMICs with high burdens of child pneumonia to submit applications to Gavi in 2022 and introduce PCV before 2025, especially Somalia, Guinea, South Sudan, and Chad
- Advocate for the development and introduction of new pneumonia-fighting vaccines, especially RSV
- Increase awareness that pulse oximetry and oxygen are now included in the Lives Saved Tool (LiST) and encourage its utilization to demonstrate potential mortality reductions due to increased coverage of pulse oximetry, oxygen, and amoxicillin
- Develop best practices for measuring increased coverage of pulse oximetry and oxygen and encourage their adoption by LMIC governments and global health agencies providing oxygen support (e.g., WHO, UNICEF, Global Fund, Unitaid, World Bank, etc.)
- Contribute to improved global tracking of progress on oxygen access

- Continue to advocate for, and support, the inclusion of pulse oximetry and oxygen questions into national HMIS systems and international health facility (e.g., SPA, SARA), and population (e.g., MICS, DHS) survey instruments
- 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 the Institute for Health Metrics and Evaluation (IHME) in regular estimates of hypoxemia-related cases and deaths by cause and by country, as part of the Global Burden of Disease
- Ensure the most cost-effective pneumonia-fighting interventions are included in broader child health campaigns and efforts to reduce both communicable and non-communicable disease deaths

OUTCOME 5

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

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

Indicator/s: % of children with pneumonia who are wasted or underweight, pneumonia deaths attributable to wasting and low birth weight/short gestation) and exposure to air pollution (household and outdoor); uptake of annual scorecards for wasting and air pollution.

ACTIVITIES

- Advocate for clean air as a basic human right
- Annual update and distribution of Every Breath Counts “National Scorecard on Air Pollution & Pneumonia”
- Support the Climate and Clean Air Coalition (CCAC) and UNEP Community of Practice for Air Pollution in Southern Africa (Angola, Botswana, DRC, Eswatini, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe) and equivalent initiatives in other regions
- Continue to support national air pollution and respiratory health campaigns in select LMICs in partnership with the Clean Air Catalyst, INSPIRE Coalition, national professional societies, and medical student organizations
- Establish an Every Breath Counts Wasting and Pneumonia Working Group
- Annual update and distribution of Every Breath Counts “National Scorecard on Wasting & Pneumonia”
- Support broader efforts to increase financing and more effective service delivery models for wasting prevention, diagnosis, and treatment services (e.g., Nourish the Future, SUN/Gavi integrated service delivery, etc.)
- Host “deep-dive” sessions into the major pneumonia risk factors by region (e.g., Africa, Asia, Latin America, etc.)

OUTCOME 6

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

Objective/s: Increase the visibility of pneumonia and Every Breath Counts; grow the reach and representation of the Coalition; support Champions to advocate for Every Breath Counts at the highest levels of government and global health; ensure effective working groups on advocacy and

communications, research, indicators, air pollution, and wasting; and maintain an effective website (www.stoppneumonia.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; number mainstream media mentions of Every Breath Counts Coalition.

ACTIVITIES

- Regularly update @Stop_Pneumonia Twitter, LinkedIn, Youtube, and the Every Breath Counts website
- Grow reach and impact of Every Breath Counts Advocacy and Communications Working Group, with a special focus on engaging youth advocates
- Participate in other respiratory infection and child health alliances and partnerships (e.g., Child Health Taskforce, ACT-A Oxygen Emergency Response, etc.)
- Lead annual World Pneumonia Day mobilization
- Contribute to Every Breath Counts member advocacy campaigns (e.g., World Immunization Week, Clean Cooking Week, World Prematurity Day, World Antimicrobial Awareness Week, Digital Health Week, Universal Health Coverage Day, etc.)
- Appoint and provide opportunities for Every Breath Counts Champions to advance Coalition objectives
- Engage quality journalists to publish Every Breath Counts analysis
- Publish and distribute 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 Every Breath Counts network
- Conduct quarterly meetings of Every Breath Counts Champions and Working Group Co-chairs to report progress on work plans

APPENDIX

Priority Every Breath Counts low- and middle-income countries (LMICs) by population group - the top 20 LMICs in each category according to the Global Burden of Disease 2019 and COVID-19 mortality reported to WHO.

Child Pneumonia (0-4 years, Global Burden of Disease, 2019)

Top 20 LMICs	Number of Child Pneumonia Deaths, 2019	Top 20 LMICs	Number of Child Pneumonia Deaths, 2019
Nigeria	129,400	Afghanistan	13,800
India	128,500	Chad	13,800
Pakistan	46,600	Bangladesh	12,300
Ethiopia	19,600	Mali	11,700
Niger	17,400	Philippines	9,600
Tanzania	17,000	Indonesia	9,000
Burkina Faso	16,500	Côte d'Ivoire	8,900
China	14,700	Cameroon	7,800
Somalia	14,200	Mozambique	7,400
DRC	14,000	Guinea	7,300

Child Pneumonia (5-14 years, Global Burden of Disease, 2019)

Top 20 LMICs	Number of Child Pneumonia Deaths, 2019	Top 20 LMICs	Number of Child Pneumonia Deaths, 2019
India	8,900	Somalia	680
Pakistan	3,200	Chad	580
Nigeria	2,400	Niger	580
Bangladesh	1,700	Burkina Faso	570
DRC	1,600	Cameroon	500
Ethiopia	1,400	Mozambique	500
Philippines	1,400	Indonesia	500
China	1,100	Côte d'Ivoire	400
Tanzania	1,000	Guinea	400
Afghanistan	800	Mali	300

Adult pneumonia (15+ years, Global Burden of Disease, 2019)

Top 20 LMICs	Number of Adult Pneumonia Deaths, 2019	Top 20 LMICs	Number of Adult Pneumonia Deaths, 2019
India	296,200	DR Congo	29,000
China	169,400	Ethiopia	25,300
Brazil	83,300	South Africa	24,600
Philippines	47,400	Mexico	19,700
Nigeria	41,000	Pakistan	18,300
Argentina	35,700	Peru	16,900
Indonesia	34,800	Tanzania	15,000
Russia	31,700	Turkey	14,200
Bangladesh	30,800	Egypt	14,100
Thailand	30,600	Iran	9,500

COVID-19 (WHO COVID-19 Dashboard, 2020-21)

Top 20 LMICs	Number of COVID-19 Deaths, 2020-21	Top 20 LMICs	Number of COVID-19 Deaths, 2020-21
Brazil	611,900	Ukraine	80,200
India	465,100	Turkey	74,400
Mexico	291,600	Philippines	46,400
Russia	261,600	Ecuador	33,100
Peru	200,700	Malaysia	29,900
Indonesia	143,700	Pakistan	28,600
Iran	128,500	Bangladesh	27,900
Colombia	127,900	Bulgaria	27,000
Argentina	116,300	Tunisia	25,300
South Africa	89,600	Iraq	23,600

Air Pollution-related Pneumonia (all ages, Global Burden of Disease, 2019)

Top 20 LMICs	Number of COVID-19 Deaths, 2020-21	Top 20 LMICs	Number of COVID-19 Deaths, 2020-21
India	186,200	Burkina Faso	13,600
Nigeria	86,100	Somalia	12,800
China	47,400	Chad	11,000
Pakistan	27,300	Afghanistan	8,700
Ethiopia	24,800	Mali	8,600
DRC	22,400	Kenya	8,300
Bangladesh	16,300	Mozambique	8,300
Tanzania	15,700	Uganda	8,200
Niger	14,100	Côte d'Ivoire	8,000
Philippines	13,700	Indonesia	7,500

Wasting-related Pneumonia (0-4 yrs, Global Burden of Disease, 2019)

Top 20 LMICs	Number of COVID-19 Deaths, 2020-21	Top 20 LMICs	Number of COVID-19 Deaths, 2020-21
Nigeria	75,500	Afghanistan	7,800
India	61,400	DRC	7,200
Pakistan	25,400	China	6,400
Niger	11,400	Philippines	5,900
Burkina Faso	11,200	Indonesia	5,700
Ethiopia	10,700	Bangladesh	5,700
Somalia	9,200	Guinea	4,400
Tanzania	9,200	Côte d'Ivoire	4,300
Chad	9,000	Cameroon	4,100
Mali	8,000	Mozambique	4,100