



EVERY BREATH COUNTS

MALNUTRITION AND CHILD PNEUMONIA SCORECARD

MAIN FINDINGS

Malnutrition contributed to 83% (418,600) of all child pneumonia deaths in 2021, making it the leading risk factor for child pneumonia death by a very wide margin

Globally, 298,000 (71%) of malnutrition-related child pneumonia deaths are caused by child growth failure (underweight, stunting, and wasting), and 112,800 (27%) by low birth weight

70% (293,000) of malnutrition-related pneumonia deaths are among children under one year; 40% of those are among newborns in the first month of life

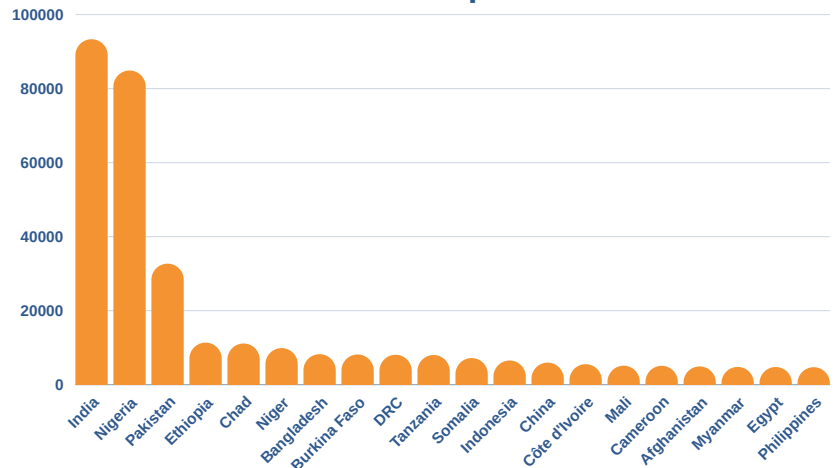
20 countries are home to 80% (330,500) of all malnutrition-related pneumonia deaths; 12 in Africa and 8 in Asia

Nationally, the relative impact of the major causes of malnutrition-related child pneumonia deaths differ, requiring bespoke strategies that target the local factors driving deaths

Visit:

<https://stopppneumonia.org/issues/prevent/>

20 countries with the largest numbers of malnutrition-related child pneumonia deaths



Source: Global Burden of Disease 2021

Malnutrition is the major risk factor for child death from pneumonia by a wide margin, with child growth failure (underweight, stunting, and wasting) and low birth weight driving the most deaths, according to the 2021 Global Burden of Disease.

Malnutrition-related child pneumonia deaths are concentrated among children under one year of age, including a sizeable proportion among newborns.

Most malnutrition-related child pneumonia deaths are concentrated in 20 countries; 12 in Africa and 8 in Asia. The relative impact of the major drivers of these deaths differs across countries.

It is critical that these governments prioritize the major factors driving child malnutrition and integrate nutrition prevention, diagnosis, and treatment with pneumonia services, especially at the point of vaccination.

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CALL TO ACTION

Governments should:

1. Prioritize national nutrition targets to reduce the major drivers of child malnutrition in their borders (e.g., stunting, low birth weight, wasting, etc.) by 2030

2. Introduce new measures to achieve the targets including by:

1. Assessing all pregnant women at risk of a low birth weight (LBW) baby and supplementing pregnancy diets and diets of LBW babies in the first months of life

2. Integrating the provision of malnutrition prevention, diagnosis, treatment, and referral at the point of vaccination, including by weighing and measuring the mid-upper arm circumference (MUAC) of all children and by offering breastfeeding support to women at the point of vaccination

3. Increasing local manufacturing and availability of quality, affordable therapeutic foods and supplements to treat maternal and child malnutrition

3. Publish national and sub-national progress to malnutrition targets using the latest data on local burden of disease

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Photo by UNICEF

RELEVANT GLOBAL CHILD NUTRITION TARGETS

BY 2030:



Reduce number of stunted children under-5 by 40% (from 2012)



Reduce % of children born with low birth weight (<2,500 grams/5.5 pounds) by 30% (from 2012)



Increase % of babies under-6 months exclusively breastfed to 70%



Reduce % of wasted children under-5 to <3% of all children

DEFINITIONS

STUNTING

Stunting is low height-for-age - two standard deviations below the WHO Child Growth Standards median. Stunting is associated with poor cognition and educational performance, low adult wages, lost productivity and, when accompanied by excessive weight gain later in childhood, an increased risk of nutrition-related chronic diseases in adult life.

LOW BIRTH WEIGHT

Low birth weight is a weight of less than 2,500 grams irrespective of the gestational age. Low birth weight may be subdivided into very low birth weight (less than 1,500 grams) and extremely low birth weight (less than 1,000 grams). For live births, birth weight should ideally be measured within the first hour of life before significant postnatal weight loss occurs

WASTING

Wasting is low weight-for-height. It often indicates recent and severe weight loss, although it can also persist for a long time. It usually occurs when a person has not had food of adequate quality and quantity and/or they have had frequent or prolonged illnesses. Wasting in children is associated with a higher risk of death if not treated properly

PNEUMONIA

Global Burden of Disease uses clinician-diagnosed pneumonia or bronchiolitis as the case definition for Lower Respiratory Infection (LRI) with major causes *Streptococcus pneumoniae*, *Haemophilus influenzae* type b, respiratory syncytial virus (RSV) and influenza

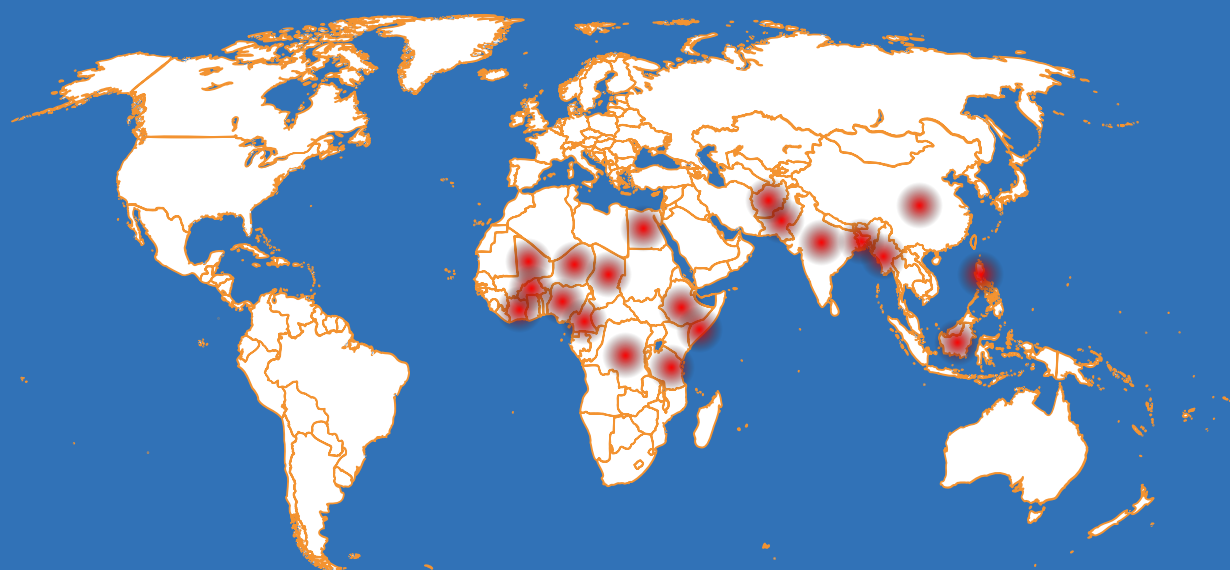
THERAPEUTIC FOODS AND SUPPLEMENTS

Ready-to-Use Therapeutic Foods (RUTF) and Ready-to-Use Supplementary Foods (RUSF) are energy-dense, micronutrient-enriched pastes, which are collectively known as Lipid Nutrient Supplements (LNS). Typically made from peanut-based paste, oil, sugar and powdered milk, with added vitamins and minerals, they are used to treat malnutrition in children. Under the supervision of community health workers, many families can safely and effectively treat children at home with these foods and supplements

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COUNTRY	NUMBER MALNUTRITION-RELATED CHILD PNEUMONIA DEATHS	% CHANGE IN DEATHS (2010-2021)	% CHILD PNEUMONIA DEATHS ATTRIBUTABLE TO MALNUTRITION	% CHILDREN WASTED (2030 TARGET <3%)
INDIA	93,400	-59%	89%	18.7%
NIGERIA	84,900	-37%	85%	6.5%
PAKISTAN	32,700	-40%	87%	7.1%
ETHIOPIA	11,400	-53%	84%	6.8%
CHAD	11,100	-8%	86%	7.8%
NIGER	9,900	-17%	89%	10.9%
BANGLADESH	8,200	-73%	87%	11%
BURKINA FASO	8,200	-28%	83%	10.3%
DRC	8,100	-63%	79%	6.4%
TANZANIA	8,000	-52%	80%	3.1%
SOMALIA	7,200	-35%	87%	14.3%
INDONESIA	6,500	-60%	81%	10.2%
CHINA	6,000	-67%	59%	1.9%
CÔTE D'IVOIRE	5,500	-45%	81%	8.1%
MALI	5,100	-39%	84%	10.6%
CAMEROON	5,100	-48%	77%	4.3%
AFGHANISTAN	4,900	-51%	88%	3.6%
MYANMAR	4,800	-63%	77%	7.4%
EGYPT	4,800	-68%	78%	9.5%
PHILIPPINES	4,700	-56%	83%	5.4%

20 HOTSPOTS FOR MALNUTRITION-RELATED CHILD PNEUMONIA DEATHS



Sources: [Global Burden of Disease, 2021](#), [UNICEF](#), [WHO](#), [World Bank: Joint child Malnutrition Estimates \(JME\)](#), 2023.