



EVERY BREATH COUNTS

PNEUMONIA CARE SEEKING SCORECARD

MAIN FINDINGS

Globally **38%** of children with pneumonia symptoms are NOT taken for care

In a subset of 28 countries, **more than 50%** of children with pneumonia symptoms are NOT taken for care

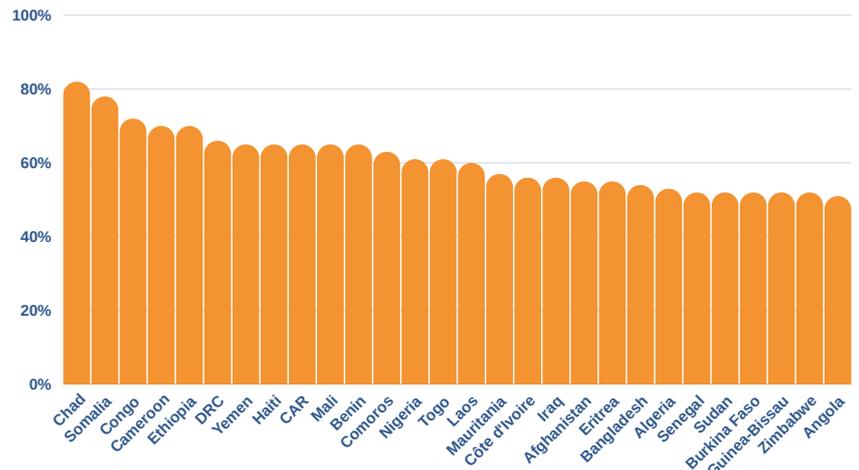
These 28 countries are home to **252,000 child pneumonia deaths**, 40% of the global total

Child pneumonia deaths in these 28 countries **declined by just 24%** between 2010 and 2023, compared to the global average of 35%

Visit:

[www.stoppneumonia.org/
everybreathcounts](http://www.stoppneumonia.org/everybreathcounts)

Countries where more than 50% of children with suspected pneumonia are NOT taken for care



Source: UNICEF, 2010-2023

There is a crisis in care seeking for children with pneumonia symptoms, with almost 4 in 10 NOT being taken for care and no progress in the last decade.

In a subset of 28 countries, the situation is even worse - more than 50% of children are not being taken for care. These countries are home to 252,000 child pneumonia deaths, 40% of the global total according to the **Global Burden of Disease 2023**.

Countries seeking to achieve the child survival **Sustainable Development Goal (SDG 3.2)** must ensure that all children with pneumonia symptoms are taken to an appropriate health provider.

This will also accelerate achievement of **SDG 3.8**, as pneumonia care seeking is an indicator in the **UHC Service Coverage Index** tracked by the WHO and the World Bank.

PNEUMONIA CARE SEEKING SCORECARD

CALL TO ACTION

Governments should:

Set an official national target of at least **90%** pneumonia care seeking by 2030;

Publish progress to the target at least annually; and

Introduce new measures to achieve the target including by:

1. increasing parent and caregiver awareness of the signs and symptoms of pneumonia and the importance of seeking care quickly (within 24 hours) at appropriate health facilities
2. introducing policies to remove the barriers that prevent families from seeking timely care (e.g. financial, distance, socio-cultural and gender dynamics, knowledge and low-quality healthcare deterrents, etc.)
3. prioritizing the children most at risk of pneumonia death by identifying geographic “pneumonia hotspots” and targeting care seeking support to them

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Photo by Malaria Consortium

LISTEN TO MOTHERS

“I might want to take the child to the health centre, but the doctor will want money and I don't have it. So there is nothing else I can do to help the baby. I just sit and wait for the child to get better.”

Mother, Homa Bay, Kenya (1)

“I went to the health centre, but they wouldn't help because I didn't have money. I went five times. After two weeks I found some money and brought malaria drugs and blood tonic syrup from the chemist.”

Mother, Cross River State, Nigeria (2)

“If we cannot afford, then we take the child to the doctor after 8 to 10 days.”

Mother, Sindh Province, Pakistan (3)

“We feel that [the Unani doctor] is cheaper... We also think that he is a person of our own home; he will give good medicine.”

Mother, Uttar Pradesh, India (4)

“We would generally try something at home first before going to the hospital, especially if there is no money available.”

Mother, Kilimanjaro region, Tanzania (5)

Sources: (1) and (2) Bedford KJA and Sharkey AB, 2014 (3) Aftab W et al, 2018 (4) Brunie A et al, 2017 (5) Muro F et al, 2017

DEFINING PNEUMONIA CARE SEEKING

DEFINITION: % of children under five years of age with suspected pneumonia (cough and difficult breathing not due to a problem in the chest and a blocked nose) in the two weeks preceding the survey taken to an appropriate* health provider.

NUMERATOR: Number of children with suspected pneumonia in the two weeks preceding the survey taken to an appropriate* health provider.

DENOMINATOR: Number of children with suspected pneumonia in the two weeks preceding the survey.

DATA: Demographic Health Surveys (DHS) and Multi-indicator Cluster Surveys (MICS) based on the mother's perceptions of her child.

*Note the definition of “appropriate” health provider varies between countries.

Source: UHC Global Monitoring Report 2023, WHO

PNEUMONIA CARE SEEKING SCORECARD

COUNTRY	% CHILDREN NOT TAKEN FOR CARE	NUMBER CHILD PNEUMONIA DEATHS	% CHANGE CHILD PNEUMONIA DEATHS 2010-23
CHAD	82%	12,300	+27%
SOMALIA	78%	7,200	+4%
CONGO	72%	750	-39%
CAMEROON	70%	8,600	-26%
ETHIOPIA	70%	14,300	-38%
DRC	66%	24,000	-33%
YEMEN	65%	3,600	-47%
HAITI	65%	3,600	-18%
CAR	65%	4,400	+9%
MALI	65%	6,400	+2%
BENIN	65%	3,600	-19%
COMOROS	63%	150	+5%
NIGERIA	61%	100,800	-21%
TOGO	61%	1,500	-32%
LAO PDR	60%	1,500	-42%
MAURITANIA	57%	700	-29%
CÔTE D'IVOIRE	56%	9,500	+2%
IRAQ	56%	1,300	-63%
AFGHANISTAN	55%	9,700	-13%
ERITREA	55%	1,900	-15%
BANGLADESH	54%	13,500	-48%
ALGERIA	53%	800	-51%
SENEGAL	52%	1,600	-37%
SUDAN	52%	2,000	-70%
BURKINA FASO	52%	6,600	-6%
GUINEA-BISSAU	52%	500	-32%
ZIMBABWE	52%	3,100	-6%
ANGOLA	51%	8,000	-29%
SUB TOTAL/ AVERAGE	61%	252,000	-24%
GLOBAL TOTAL/AVERAGE	38%	610,000	-35%
% OF GLOBAL		41%	

Sources: Care seeking data is the latest available from **UNICEF**, and only countries with data after 2010 are included. Mortality data is from the **Global Burden of Disease**, 2023.