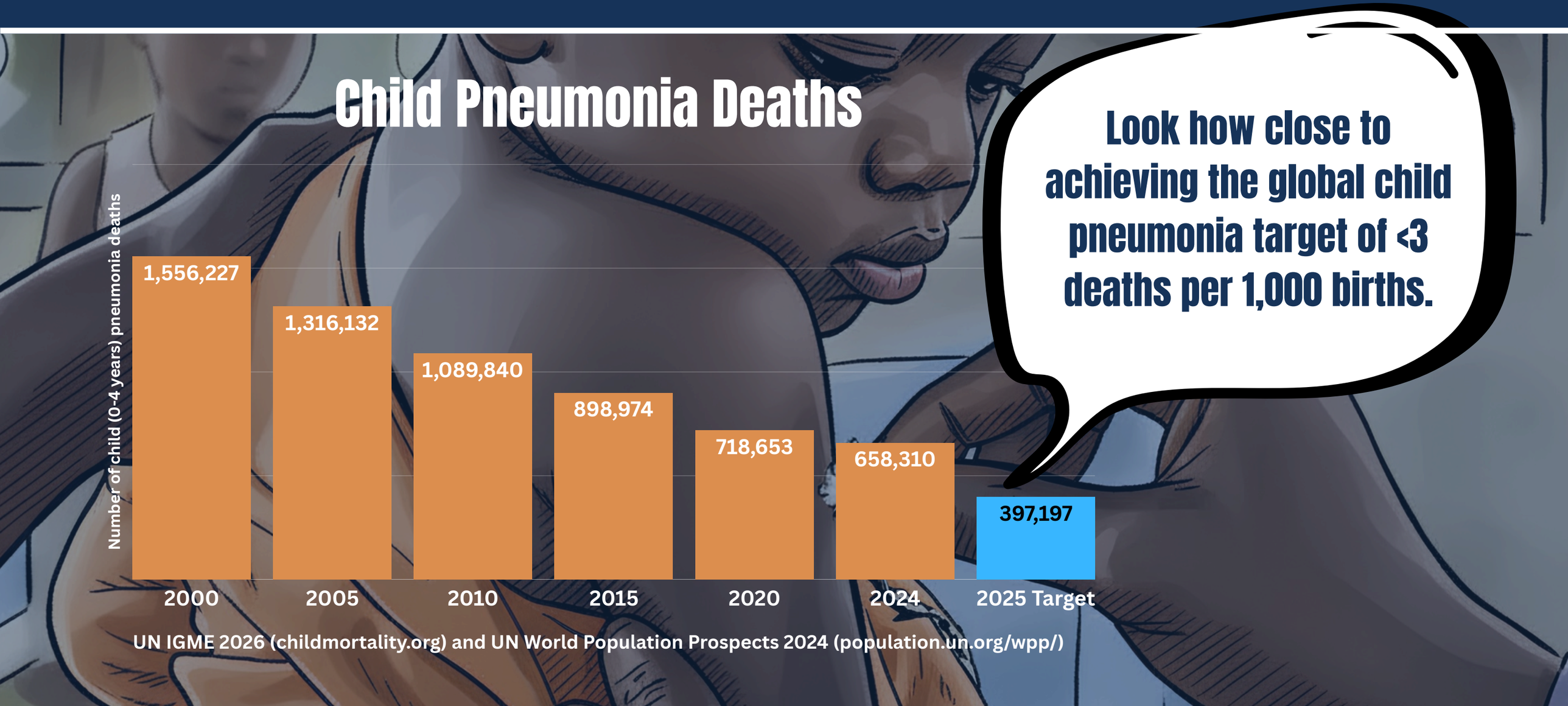
a new era of pneumonia control



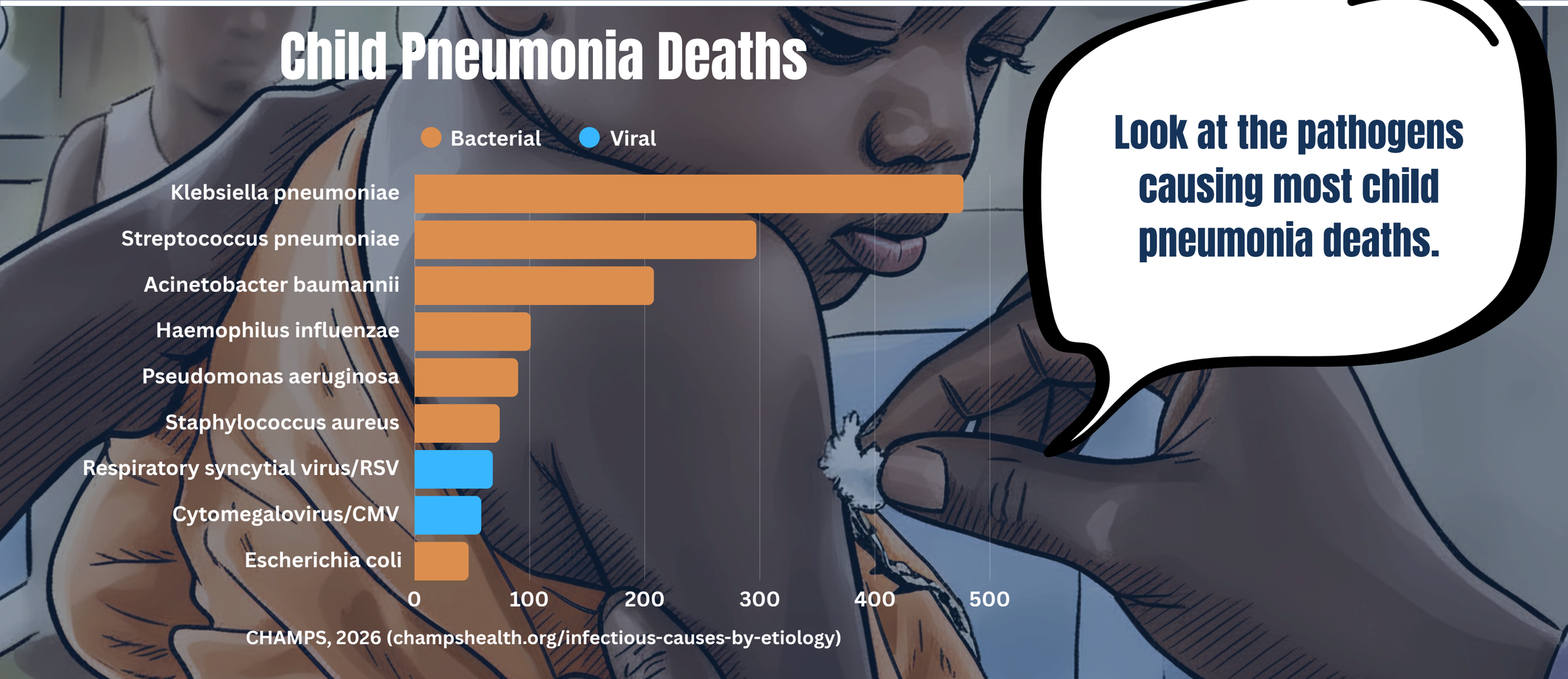
Leith Greenslade | Coordinator | Every Breath Counts Coalition | 11 November 2026

EVERY BREATH COUNTS

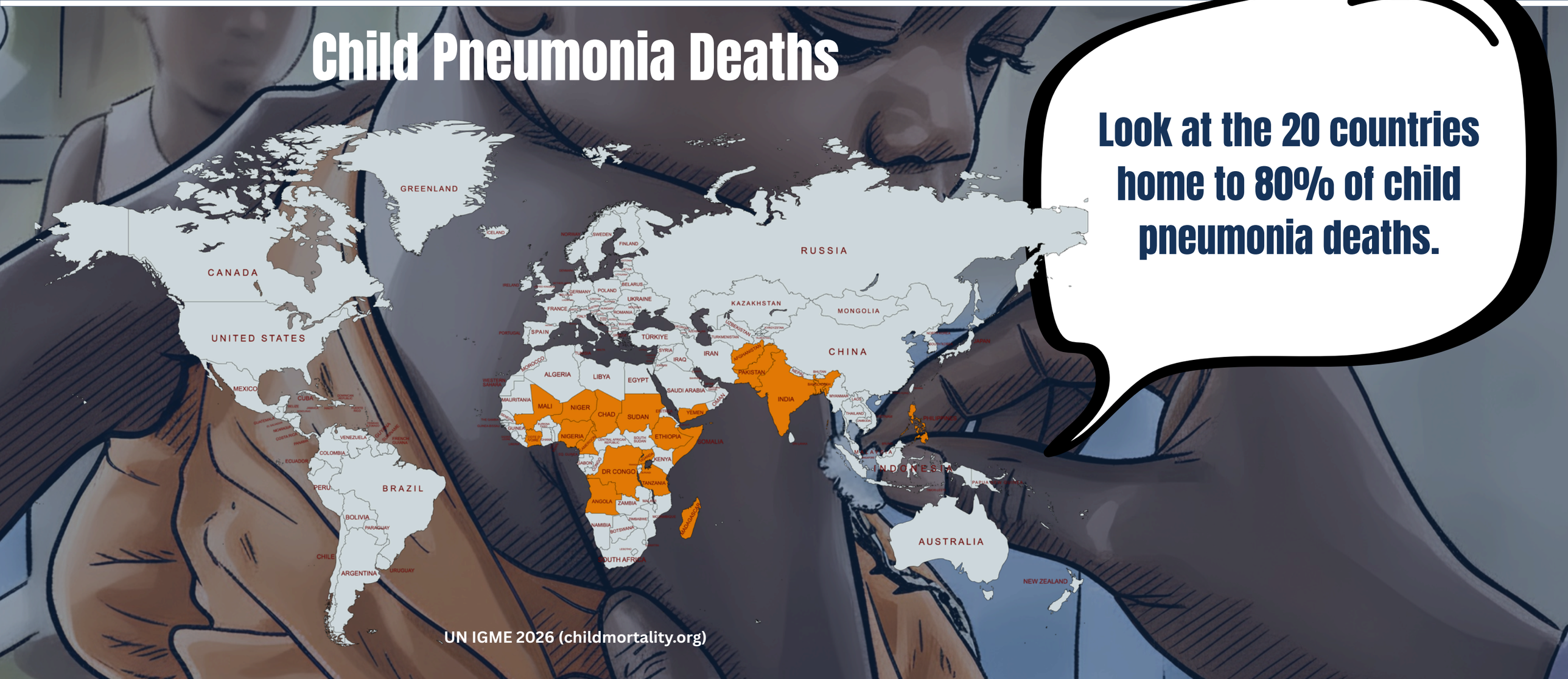
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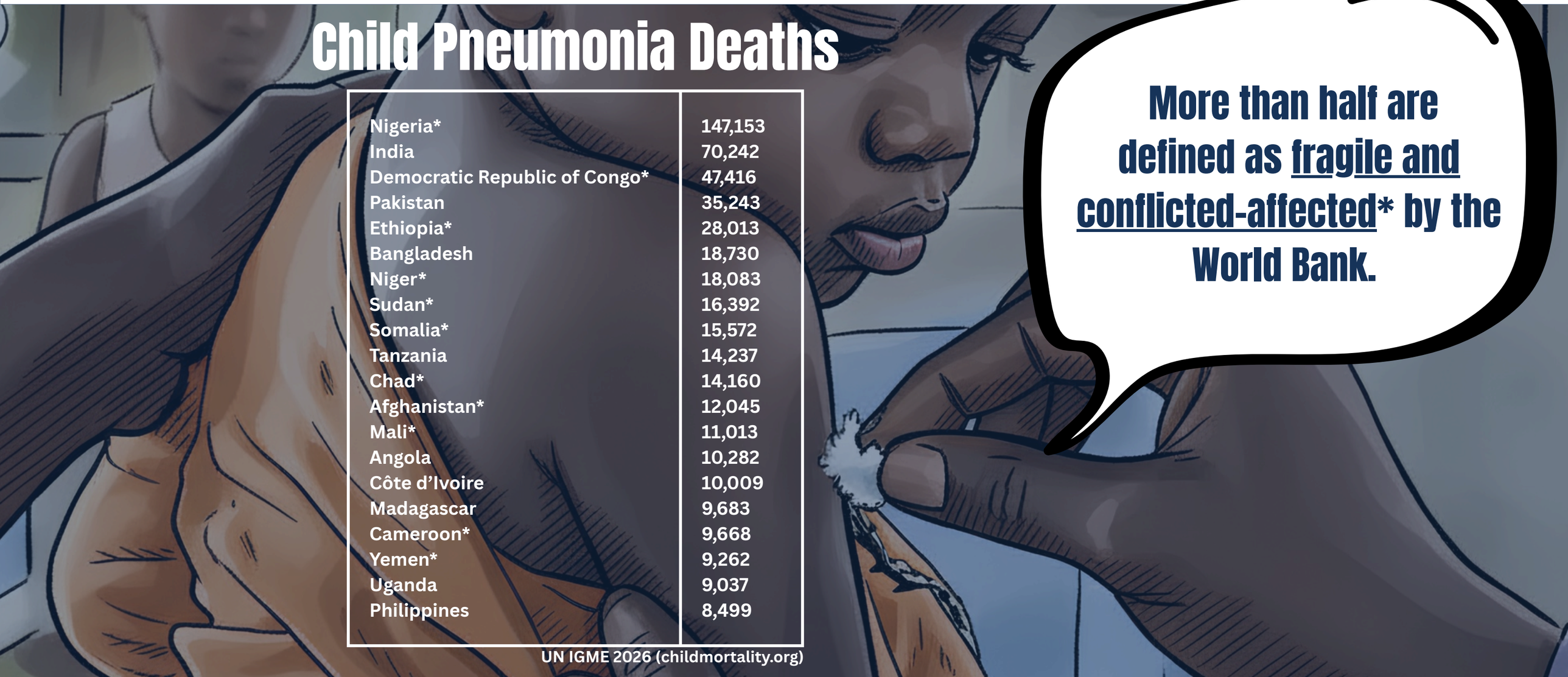
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a new era of pneumonia control



a new era of pneumonia control



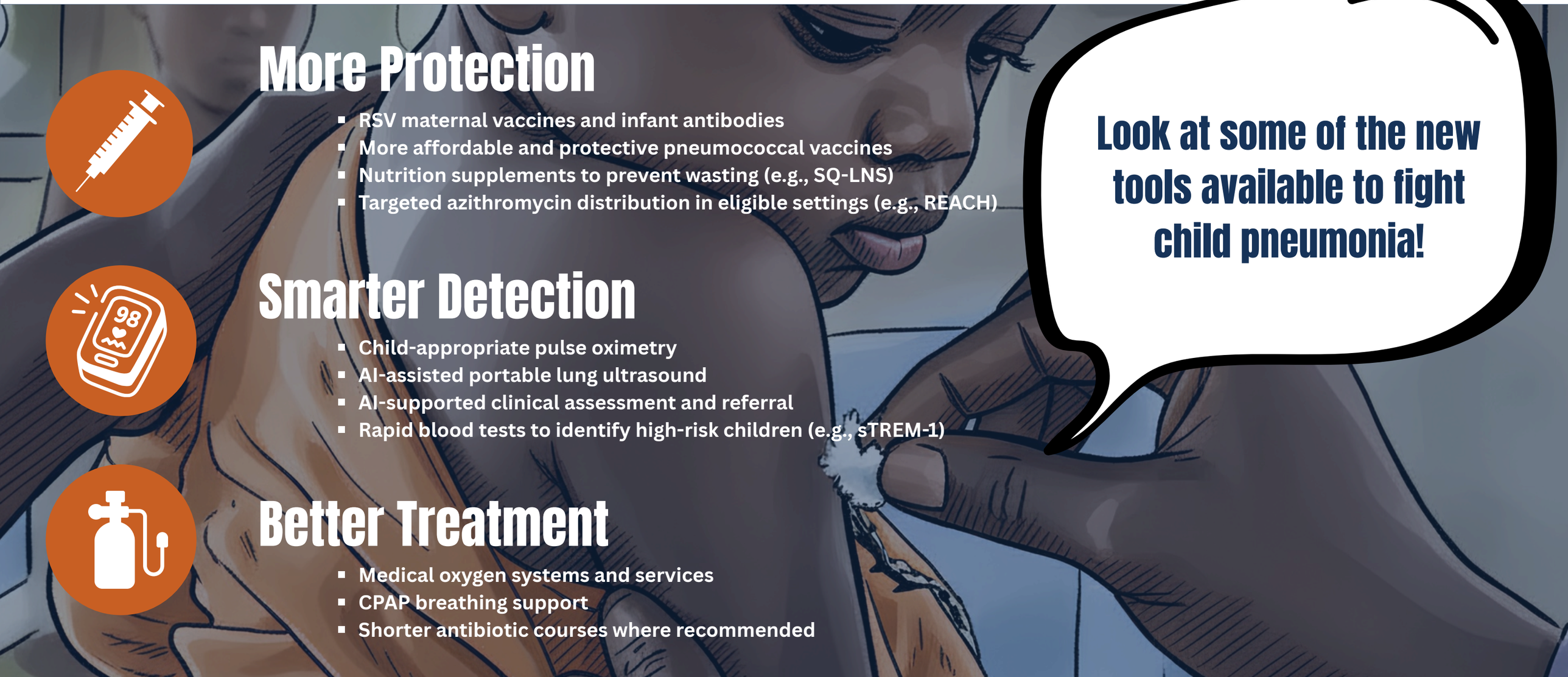
Child Pneumonia Deaths

Nigeria*	147,153
India	70,242
Democratic Republic of Congo*	47,416
Pakistan	35,243
Ethiopia*	28,013
Bangladesh	18,730
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Uganda	9,037
Philippines	8,499

UN IGME 2026 (childmortality.org)

More than half are defined as fragile and conflicted-affected* by the World Bank.

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More Protection

- RSV maternal vaccines and infant antibodies
- More affordable and protective pneumococcal vaccines
- Nutrition supplements to prevent wasting (e.g., SQ-LNS)
- Targeted azithromycin distribution in eligible settings (e.g., REACH)

Smarter Detection

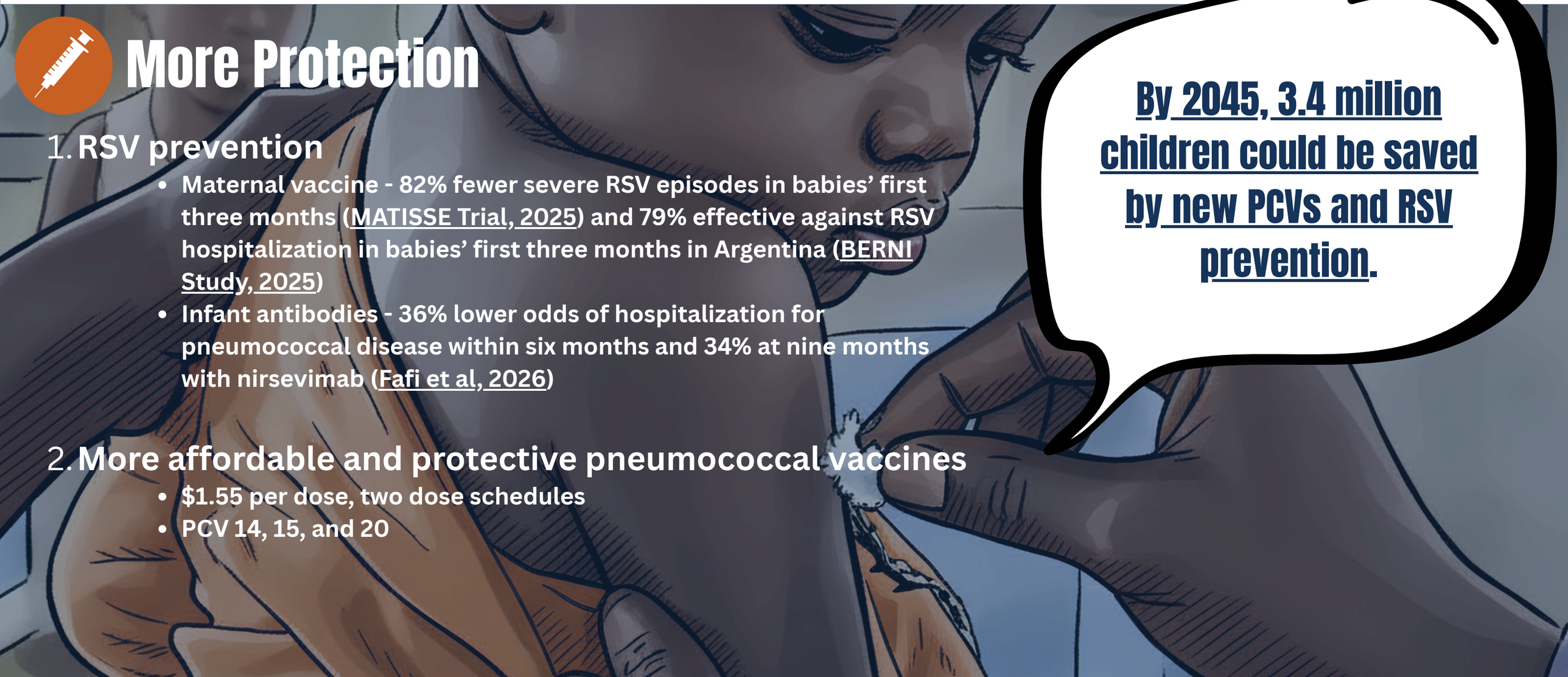
- Child-appropriate pulse oximetry
- AI-assisted portable lung ultrasound
- AI-supported clinical assessment and referral
- Rapid blood tests to identify high-risk children (e.g., sTREM-1)

Better Treatment

- Medical oxygen systems and services
- CPAP breathing support
- Shorter antibiotic courses where recommended

Look at some of the new tools available to fight child pneumonia!

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More Protection

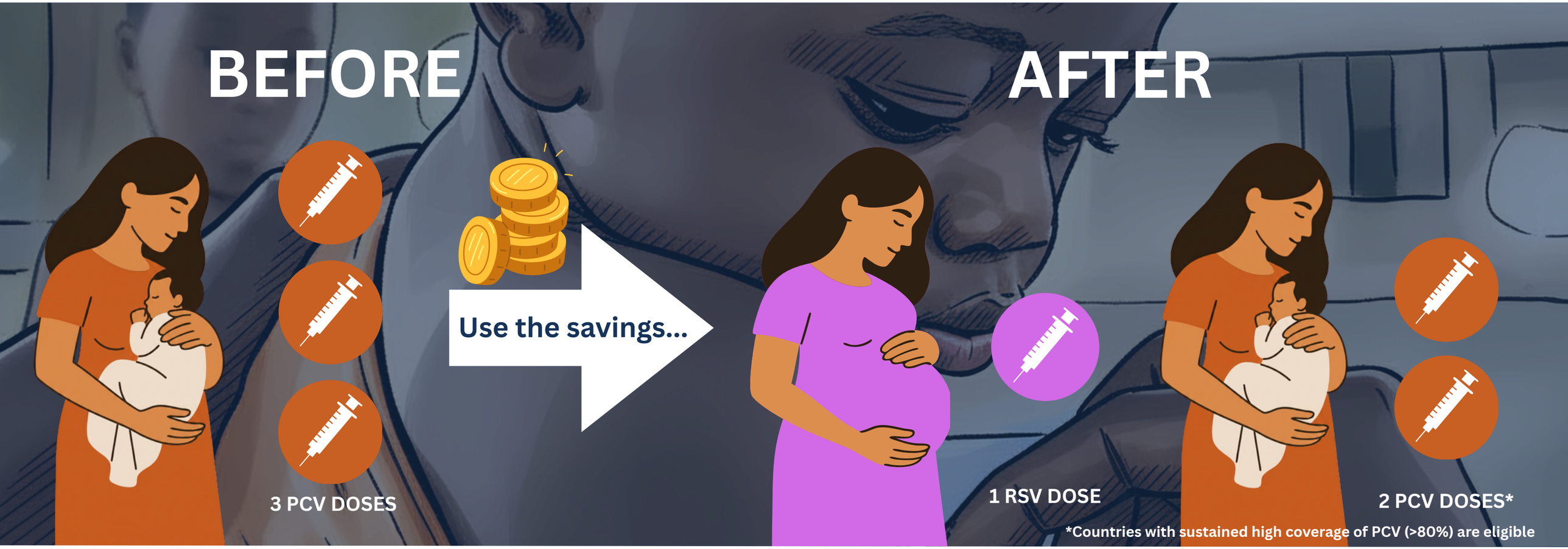
1. **RSV prevention**
   - Maternal vaccine - 82% fewer severe RSV episodes in babies' first three months (MATISSE Trial, 2025) and 79% effective against RSV hospitalization in babies' first three months in Argentina (BERNI Study, 2025)
   - Infant antibodies - 36% lower odds of hospitalization for pneumococcal disease within six months and 34% at nine months with nirsevimab (Fafi et al, 2026)

2. **More affordable and protective pneumococcal vaccines**
   - $1.55 per dose, two dose schedules
   - PCV 14, 15, and 20

By 2045, 3.4 million children could be saved by new PCVs and RSV prevention.

BETTER TOGETHER

Smarter PCV spending. More protection against RSV.



STOP RSV

SECURE PCV

EVERY BREATH COUNTS

www.stoppneumonia.org

BETTER TOGETHER

Smarter PCV spending. More protection against RSV.

27

Only 27 countries have national programs offering both PCV and maternal RSV vaccination:

- 20 High-income
- 7 Upper-middle
- 0 Lower-middle
- 0 Low-income

VIEW-hub by IVAC and national health authorities, World Bank



STOP RSV

SECURE PCV

EVERY BREATH COUNTS

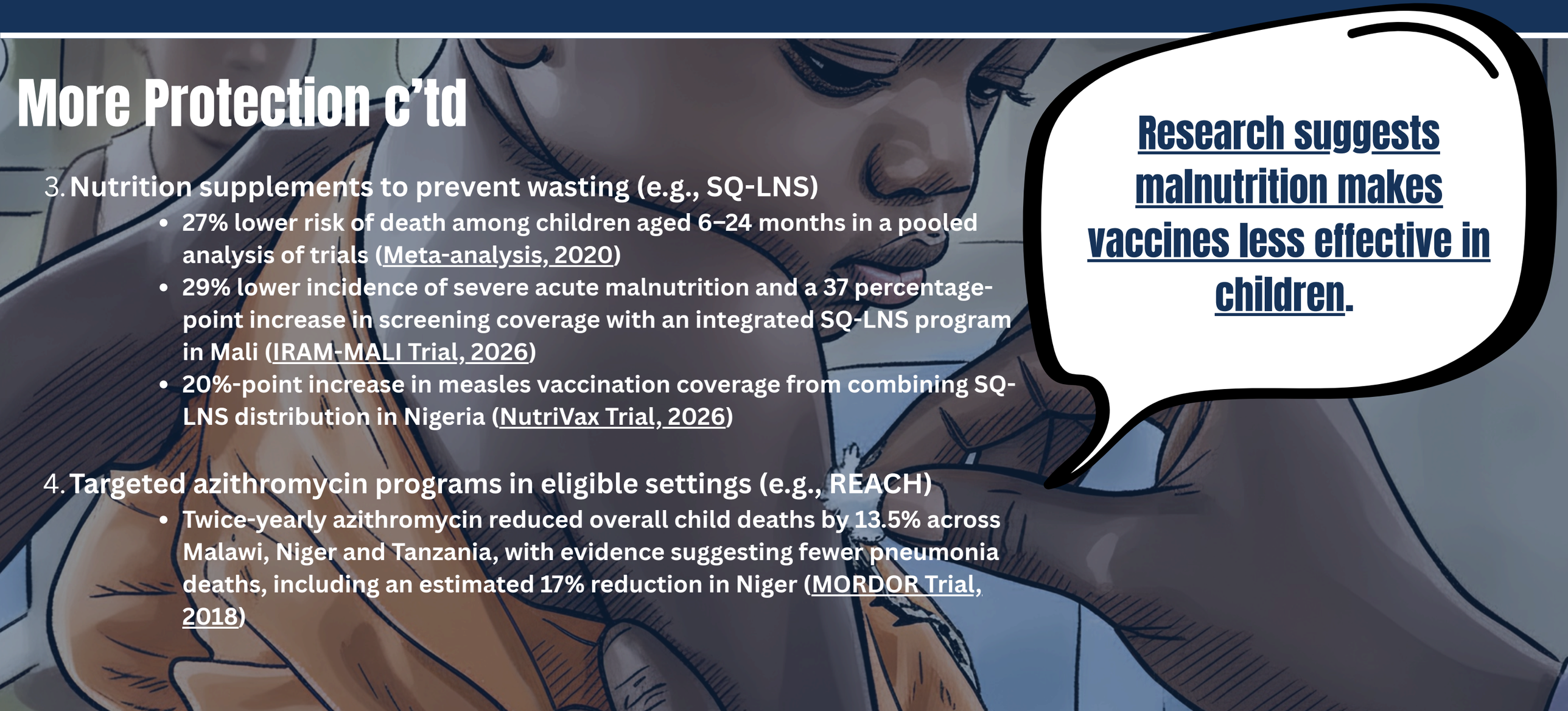
www.stoppneumonia.org

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More Protection c'td

3. **Nutrition supplements to prevent wasting (e.g., SQ-LNS)**
   - 27% lower risk of death among children aged 6–24 months in a pooled analysis of trials (Meta-analysis, 2020)
   - 29% lower incidence of severe acute malnutrition and a 37 percentage-point increase in screening coverage with an integrated SQ-LNS program in Mali (IRAM-MALI Trial, 2026)
   - 20%-point increase in measles vaccination coverage from combining SQ-LNS distribution in Nigeria (NutriVax Trial, 2026)

4. **Targeted azithromycin programs in eligible settings (e.g., REACH)**
   - Twice-yearly azithromycin reduced overall child deaths by 13.5% across Malawi, Niger and Tanzania, with evidence suggesting fewer pneumonia deaths, including an estimated 17% reduction in Niger (MORDOR Trial, 2018)



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Smarter Detection

1. **Child-appropriate pulse oximetry**
   - 10X higher risk of dying for infants with suspected pneumonia and oxygen saturation <90% (Bangladesh
   - Clinical guidelines alone identified only 25% of infants who subsequently died as needing referral; adding an oxygen reading <90% increased to 42% (Bangladesh
   - WHO clinical guidelines (2014) would have missed nearly seven in ten children with pneumonia and dangerously low oxygen who needed hospital referral (Malawi, 2020)

2. **AI-assisted portable lung ultrasound**
   - Detected 89% of X-ray-confirmed pneumonia in children (Nepal, 2023)
   - Ruled out bacterial pneumonia in 85% vs 41% with X-ray (Spain, 2021)
   - Reduced chest X-ray use by 39%, with no missed pneumonia cases (US,2016)

Children with hypoxemic pneumonia face up to 10 times higher risk of death.

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Smarter Detection c'td

3. AI-supported clinical assessment and referral
   - 67% reduction in antibiotic prescribing with ePOCT+, rapid tests and mentorship (Tanzania, 2024)
   - 20% higher caregiver-reported recovery at seven days with ALMANACH (Nigeria, 2022)
   - 63% reduction in false-positive pneumonia diagnoses with IeDA compared with expert assessment (Burkina Faso, 2021)
   - 80% of the time, CARPE DIEM ranked a child with X-ray-confirmed pneumonia as higher risk than a child without it (US, 2022)

Digital tools can cut inappropriate antibiotic prescribing by two-thirds.

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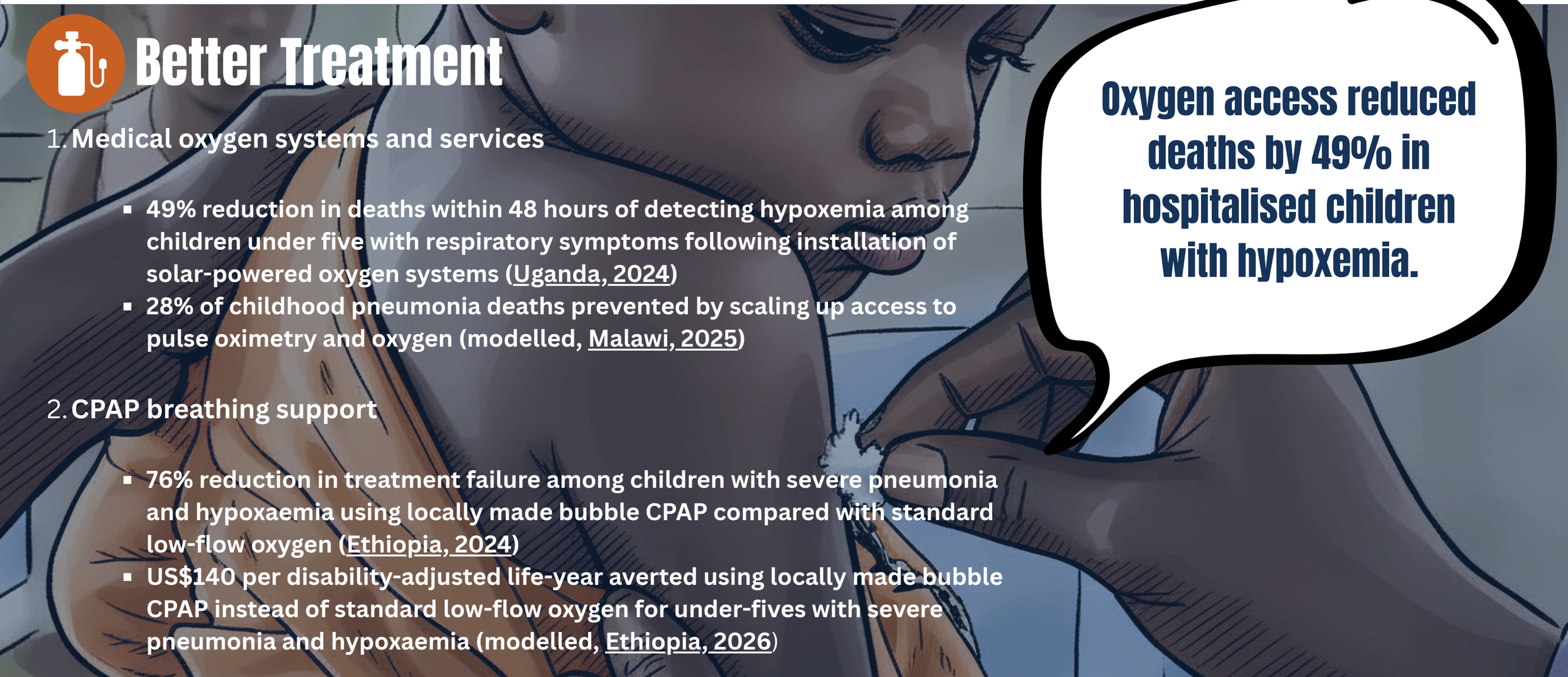
Smarter Detection c'td

4. Rapid blood tests to identify high-risk children (e.g., CRP, sTREM-1)

- 94% reduction in antibiotic prescribing with CRP-guided clinical assessment among children with fever and cough (Tanzania, 2019)
- 25 percentage-point reduction in antibiotic use with a CRP-informed community health worker algorithm (Uganda, 2024)
- 67% reduction in antibiotic prescribing with ePOCT+, CRP and other rapid tests (Tanzania, 2024)
- Better prediction of serious complications with sTREM-1 than CRP or procalcitonin in 118 children with pneumonia (Bhutan, 2022)
- Better prediction of death with sTREM-1 than CRP, procalcitonin or oxygen saturation in 472 children hospitalized with pneumonia (Mozambique, 2023)

sTREM-1 predicted child pneumonia death better than CRP, procalcitonin or oxygen levels.

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Better Treatment

1. **Medical oxygen systems and services**

- 49% reduction in deaths within 48 hours of detecting hypoxemia among children under five with respiratory symptoms following installation of solar-powered oxygen systems (Uganda, 2024)
- 28% of childhood pneumonia deaths prevented by scaling up access to pulse oximetry and oxygen (modelled, Malawi, 2025)

2. **CPAP breathing support**

- 76% reduction in treatment failure among children with severe pneumonia and hypoxaemia using locally made bubble CPAP compared with standard low-flow oxygen (Ethiopia, 2024)
- US$140 per disability-adjusted life-year averted using locally made bubble CPAP instead of standard low-flow oxygen for under-fives with severe pneumonia and hypoxaemia (modelled, Ethiopia, 2026)

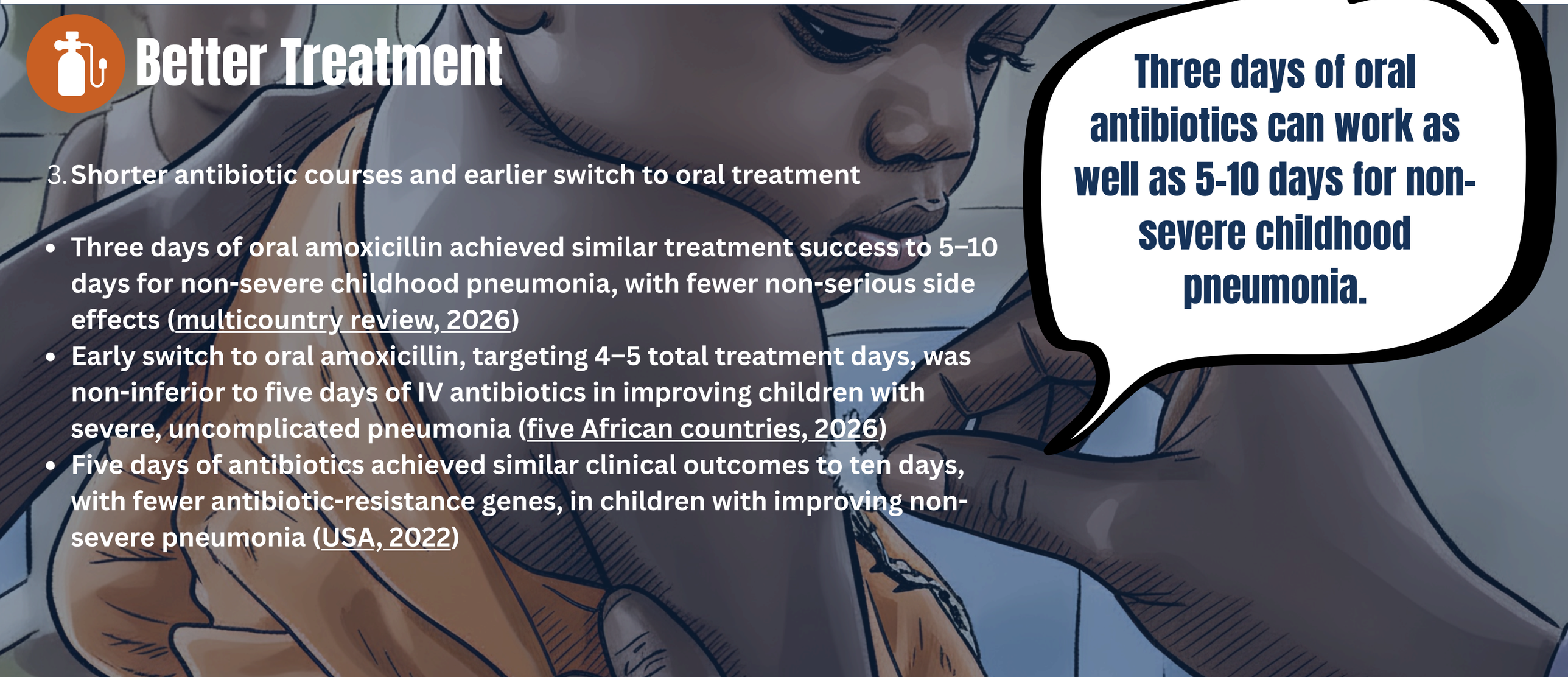
Oxygen access reduced deaths by 49% in hospitalised children with hypoxemia.

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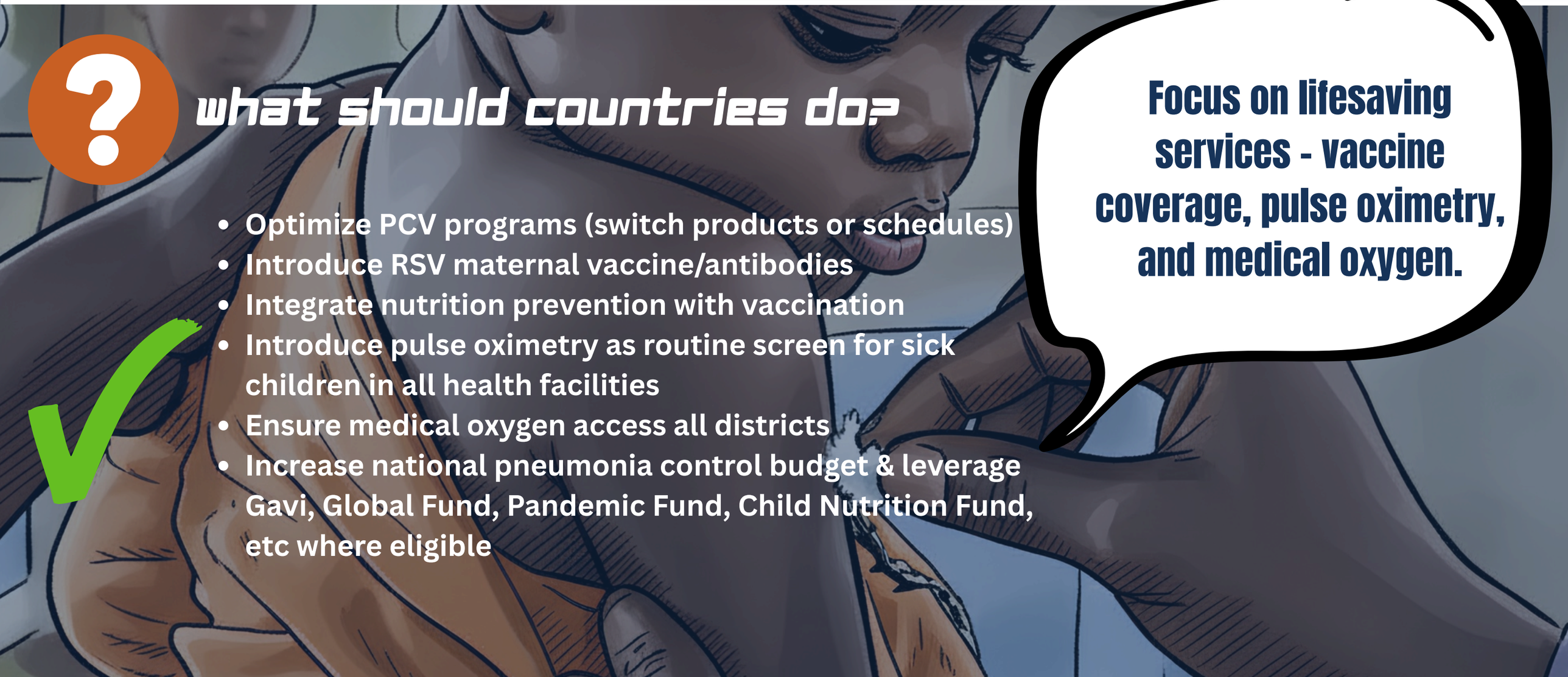
Better Treatment

3. **Shorter antibiotic courses and earlier switch to oral treatment**

- **Three days of oral amoxicillin achieved similar treatment success to 5–10 days for non-severe childhood pneumonia, with fewer non-serious side effects (multicountry review, 2026)**
- **Early switch to oral amoxicillin, targeting 4–5 total treatment days, was non-inferior to five days of IV antibiotics in improving children with severe, uncomplicated pneumonia (five African countries, 2026)**
- **Five days of antibiotics achieved similar clinical outcomes to ten days, with fewer antibiotic-resistance genes, in children with improving non-severe pneumonia (USA, 2022)**



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what should countries do?

- Optimize PCV programs (switch products or schedules)
- Introduce RSV maternal vaccine/antibodies
- Integrate nutrition prevention with vaccination
- Introduce pulse oximetry as routine screen for sick children in all health facilities
- Ensure medical oxygen access all districts
- Increase national pneumonia control budget & leverage Gavi, Global Fund, Pandemic Fund, Child Nutrition Fund, etc where eligible

Focus on lifesaving services - vaccine coverage, pulse oximetry, and medical oxygen.

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What should global health do?

- Increase affordability of PCV and RSV vaccines and support switches
- Accelerate development of new vaccines (i.e., klebsiella) and antibiotics for resistant Gram-negative infections (e.g., Acinetobacter)
- Incentivize integration of nutrition prevention with vaccination
- Update guidelines to encourage pulse oximetry as routine screen in all health facilities
- Co-finance medical oxygen access with eligible countries
- Continue to finance global goods - research, open access data, technologies

Focus on global goods - affordable vaccines, clinical guidelines, co-financing options.

a new era of pneumonia control

Ten countries account for enough child pneumonia deaths that a roughly two-thirds reduction within them could close the current global mortality gap.

Nigeria	147,153
India	70,242
DRC	47,416
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Uganda	9,037
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Rapid deployment of these tools in 10 countries could save 260,000 children each year.

Reduction needed to prevent 260,000 deaths:

- Top 5: 79%
- Top 10: 63%
- Top 20: 51%

2026

WORLD PNEUMONIA DAY
12 NOVEMBER

welcome to a new era of pneumonia control

stoppneumonia.org

#worldpneumoniaday