

# Transforming Diarrhea and Pneumonia Treatment

## A cost-effective opportunity to reduce child mortality

### The opportunity

The global health community has made great progress toward improving the health of children in developing countries. Thanks to investments from national governments, bilateral programs, multilateral organizations, foundations, and the private sector, child deaths have dropped by 70 percent worldwide in the last 50 years - a remarkable accomplishment largely due to high-impact solutions like effective treatments, new and low-cost vaccines, and improved health services.

But more investment is needed with fewer than three years left to reduce child mortality and meet Millennium Development Goal 4. Over 2 million children under 5 years still die each year from diarrhea and pneumonia despite the availability of simple and affordable treatments. More than 60 percent of these deaths occur in just ten countries: **Bangladesh, Democratic Republic of Congo, Ethiopia, India, Kenya, Niger, Nigeria, Pakistan, Tanzania, and Uganda.**

Donors can have significant impact by investing in programs that ensure greater access to treatments for child pneumonia and diarrhea in these high-burden countries.

### We know what works

The treatments for diarrhea and pneumonia are highly effective, low-cost measures that have been proven to save children's lives. **Oral rehydration solution (ORS)** and **zinc**, together, can prevent more than 90 percent of deaths from diarrhea.<sup>1</sup> **Amoxicillin**, with appropriate case management, can reduce deaths from pneumonia by 36 percent to 42 percent. Each treatment course costs less than 50 cents per child.

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**No child should die when simple solutions are available**

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<sup>1</sup> ORS prevents deadly dehydration from diarrhea and can avert 93 percent of deaths from diarrhea. Zinc shortens the episode of diarrhea and reduces death rates by 23 percent.



PATH/Heng Chivoan

### The Working Group

The Diarrhea and Pneumonia Working Group is a global coordinating body focused on accelerating access to these treatments. Together, the members of the Working Group (see back page) aim to achieve between 60 percent and 80 percent diarrhea and pneumonia treatment coverage by:

- Ensuring wide availability of **high-quality, affordable** treatments in both the public and private sectors.
- Securing a conducive and supportive **policy** and **regulatory** environment for treatment.
- Ensuring **harmonization of efforts** across partners to maximize impact of individual investments.
- Generating **demand** for ORS, zinc, and amoxicillin, and **teaching** caregivers when/where to seek treatment.
- Improving **knowledge and skills** of health providers to promote and deliver **appropriate treatment** and care.

The Working Group provides technical assistance, resource mobilization, and monitoring and evaluation support to organizations and governments working in the ten countries.

## The time is right

Global and national leaders have demonstrated unprecedented leadership around this high-impact opportunity. The ten countries have developed national scale-up plans for children's essential medicines, which specify national coverage targets and concrete areas for action during the next three years. These plans directly support recommendations of the United Nations [Commission](#) on Life-Saving Commodities for Women and Children, the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea ([GAPD](#)), [A Promise Renewed](#), and the United Nations Secretary-General's [Every Woman, Every Child](#) movement.

## Why invest?

- Without sustained and increased investment, we risk **losing our progress** on improving the health of children in developing countries toward reducing preventable deaths from diarrhea and pneumonia.
- Implementation of the national scale-up plans in ten countries has potential to **save 1 million lives**<sup>2</sup> by 2015 if 80% coverage is achieved.
- Sustained investment in child health is needed to establish a cycle of **health and prosperity**.
- As child health improves, so do **local economies** and ultimately international commerce and trade.

## Contact us

For more on how you can contribute to this global effort, please contact the United Nations Children's Fund (Mark Young at [myoung@unicef.org](mailto:myoung@unicef.org)) or Clinton Health Access Initiative (Nancy Goh at [ngoh@clintonhealthaccess.org](mailto:ngoh@clintonhealthaccess.org)).

<sup>2</sup> Estimates calculated using the Lives Saved Tool, Johns Hopkins Bloomberg School of Public Health, March 2013.



UNICEF

Amoxicillin is recommended by the World Health Organization for treatment of childhood pneumonia.



UNICEF

Oral rehydration salts and zinc are recommended by the World Health Organization for treatment of childhood diarrhea.



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