



EXECUTIVE SUMMARY

Ending Preventable Child Deaths from Pneumonia and Diarrhoea by 2025

The integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD)

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Special thanks go to Dr Peggy Henderson (main writer).

A photograph showing a woman in a blue shirt holding a baby. A healthcare worker in a white coat is examining the baby's hand. The woman is smiling and looking down at the baby. The background is a textured wall. The text "Ending two major preventable causes of child death" is overlaid on the image.

Ending two major preventable causes of child death

Ending two major preventable causes of child death

Stopping the loss of millions of young lives from pneumonia and diarrhoea is a goal within our grasp. The *integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD)* proposes a cohesive approach to ending preventable pneumonia and diarrhoea deaths. It brings together critical services and interventions to create healthy environments, promotes practices known to protect children from disease and ensures that every child has access to proven and appropriate preventive and treatment measures.

The goal is ambitious but achievable: to end preventable childhood deaths due to pneumonia and diarrhoea by 2025.

The momentum needed to achieve this goal exists already. The world has achieved substantial gains in child survival over the past 20 years and extensive work has been done to not only meet the Millennium Development Goal for 2015 on child survival, but also go beyond. The United Nations *Global Strategy for Women's and Children's Health*, launched in 2010,

calls for a "continuum of care" approach to services, aiming to save 16 million lives. With the Every Woman Every Child movement, efforts have continued. In 2012, the call to action *Committing to Child Survival: A Promise Renewed* challenged the global community to reduce child mortality to 20 or fewer child deaths per 1000 live births in every country by 2035.

Other contributing initiatives include the *Global Vaccine Action Plan*, which sets out a strategy for preventing childhood disease through vaccination; the comprehensive implementation plan to improve maternal, infant and young child nutrition endorsed by WHO Member States; and the United Nations *Sustainable Energy For All* initiative which is a public-private commitment to universal access to modern energy services by 2030. Moreover, the United Nations *Commission on Life-Saving Commodities* made important recommendations to strengthen access to and use of life-saving commodities including treatment for pneumonia and diarrhoea, while the United Nations *Commission on Information and Accountability* paved the way for improved monitoring of programmes to protect women's and children's health.

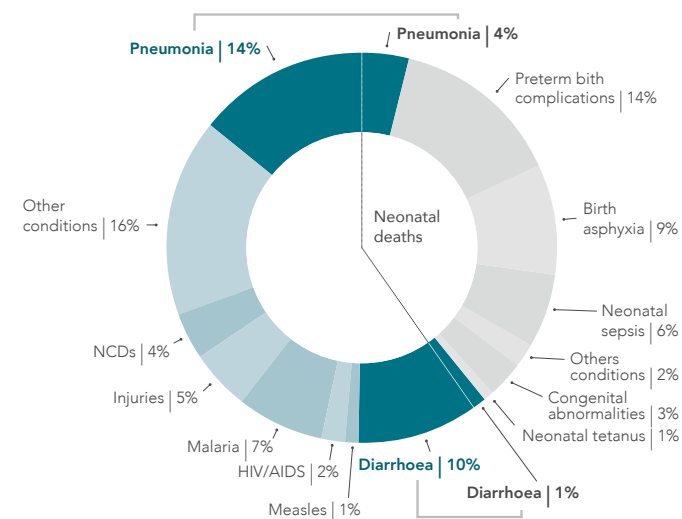




Closing the gap: reaching
all children with existing
interventions

Closing the gap: reaching all children with existing interventions

Pneumonia and diarrhoea remain major killers of young children. Together, these diseases account for 29% of all deaths of children less than 5 years of age and result in the loss of 2 million young lives each year.

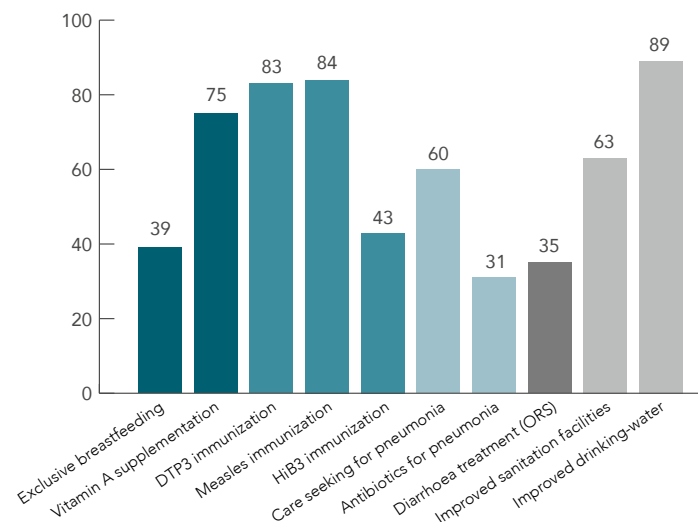


Thirty-five percent of deaths in children less than five years of age are associated with malnutrition.'

Sources: WHO Global Health Observatory (http://www.who.int/gho/child_health/en/index.html) and 'Black R et al. *Lancet*, 2008, 371:243-260

Children who are poor, hungry and living in remote areas are most likely to be visited by these "forgotten killers" and the burden placed by pneumonia and diarrhoea on families and health systems aggravates existing inequalities.

The solutions to tackling pneumonia and diarrhoea do not require major advances in technology. Proven interventions



Source: UNICEF's State of the World's Children 2013

exist. Children are dying because services are provided piecemeal and those most at risk are not being reached. Use of effective interventions remains too low; for instance, only 39% of infants less than 6 months are exclusively breastfed while only 60% of children with suspected pneumonia access appropriate care. Moreover, children are not receiving life-saving treatment; only 31% of children with suspected pneumonia receive antibiotics and only 35% of children with diarrhoea receive oral rehydration therapy.

Identifying those children at greatest risk, hardest to reach and most neglected, and targeting them with interventions of proven efficacy will enable us to close the gap, ultimately ending the heavy toll of preventable child deaths.

Using interventions that work

Research shows that these interventions and activities work:

- Exclusive breastfeeding for six months and continued breastfeeding with appropriate complementary feeding reduces the onset and severity of diarrhoea and pneumonia.
- Use of vaccines against *Streptococcus pneumoniae* and *Haemophilus influenzae* type b, the two most common bacterial causes of childhood pneumonia, and against rotavirus, the most common cause of childhood diarrhoea deaths, substantially reduces the disease burden and deaths caused by these infectious agents. In response, an increasing number of countries are introducing these vaccines.
- Use of vaccines against measles and pertussis substantially reduces pneumonia illness and death in children.
- Use of simple, standardized guidelines for the identification and treatment of pneumonia and diarrhoea in the community, at first-level health facilities and at referral hospitals, such as those for integrated management of childhood illness (IMCI), substantially reduces child deaths.
- Oral rehydration salts (ORS), and particularly the low-osmolarity formula, are a proven life-saving commodity for the treatment of children with diarrhoea.
- Innovative demand creation activities are important for achieving behaviour change and sustaining long-term preventive practices.
- Water, sanitation and hygiene interventions, including access to and use of safe drinking-water and sanitation, as well as promotion of key hygiene practices provide health, economic and social benefits.
- Reduction of household air pollution with improved stoves has been shown to reduce severe pneumonia. Safer and more efficient energy in the home prevents burns, saves time and fuel costs, and contributes to better development opportunities.

A young girl with dark hair, wearing a pink floral shirt, is smiling and washing her hands at a public water station. She is leaning over a blue sink. In the background, there is a white tiled wall, a blue bucket, and a large white water container. The text "An integrated approach for saving lives" is overlaid on the image in white font on a teal background.

An integrated approach
for saving lives

An integrated approach for saving lives

The GAPPD provides an integrated framework of key interventions proven to effectively prevent and treat childhood pneumonia and diarrhoea. Although effective interventions have been well established, they are not always promoted together to achieve maximum benefit. It is now clear that pneumonia and diarrhoea must be addressed in a coordinated manner. The determinants are often the same, hence preventive strategies and delivery platforms via health care facilities, families, communities and schools are similar.

Engaging all sectors and actors

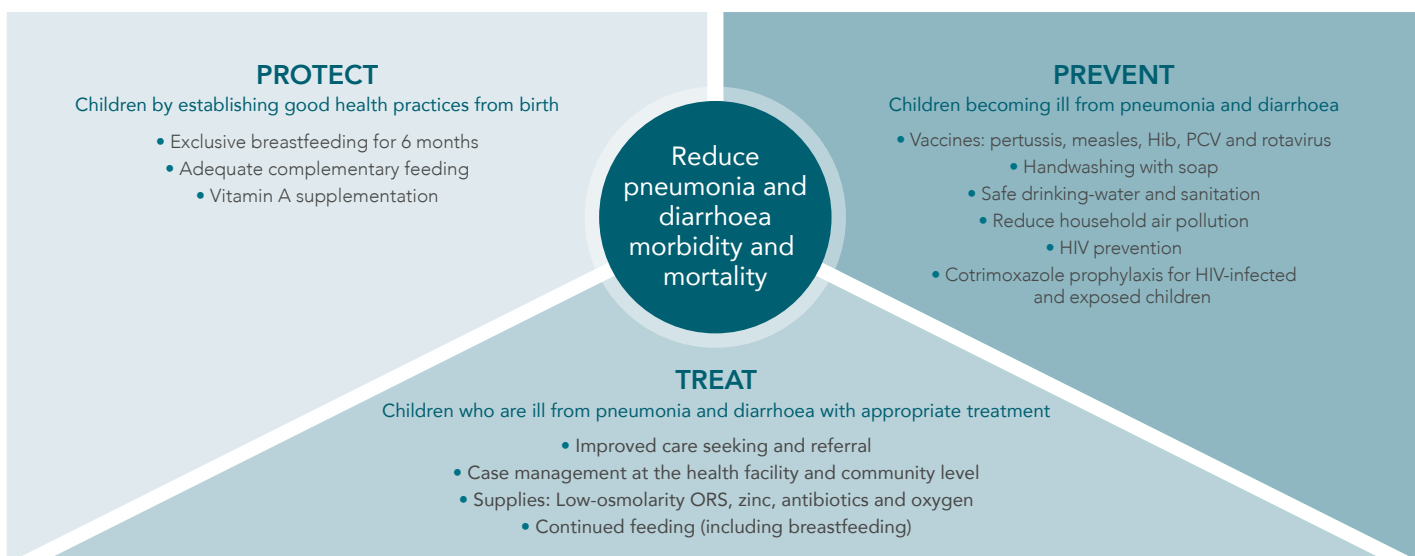
The GAPPD provides a roadmap for national governments and their partners to plan and implement integrated approaches for the prevention and control of pneumonia and diarrhoea. It recognizes that for successful implementation, the effective engagement of all relevant stakeholders is key, and it pays special tribute to front-line health care providers, especially those at the most peripheral levels, as well as communities.

The strategy at a glance

The GAPPD identifies opportunities to better integrate activities as well as capture synergies and efficiencies.

It envisions the various interventions for controlling pneumonia and diarrhoea in children less than five years of age as:

- *protecting* children by establishing and promoting good health practices;
- *preventing* children from becoming ill from pneumonia and diarrhoea by ensuring universal coverage of immunization, HIV prevention and healthy environments;
- *treating* children who are ill from pneumonia and diarrhoea with appropriate treatment.



A close-up photograph of a woman with a vibrant, multi-layered beaded necklace in shades of red, blue, yellow, and white. She is wearing a purple garment and is smiling as she feeds a baby. The baby, wrapped in a white cloth, has some food on its chin. The woman is holding a bright orange plastic cup. The background is a plain, light-colored wall.

A focus on
country impact

A focus on country impact

The Integrated Global Action Plan aims to help countries achieve impact by analysing local data, acting on the results and monitoring their progress towards clear, achievable goals.

Goals by 2025:

- reduce mortality from pneumonia in children less than 5 years of age to fewer than 3 per 1000 live births;
- reduce mortality from diarrhoea in children less than 5 years of age to fewer than 1 per 1000 live births;
- reduce the incidence of severe pneumonia by 75% in children less than 5 years of age compared to 2010 levels;
- reduce the incidence of severe diarrhoea by 75% in children less than 5 years of age compared to 2010 levels;
- reduce by 40% the global number of children less than 5 years of age who are stunted compared to 2010 levels.

Coverage targets: to achieve these goals, the following targets will need to be maintained or reached by the end of 2025:

- 90% full-dose coverage of each relevant vaccine (with 80% coverage in every district);
- 90% access to appropriate pneumonia and diarrhoea case management (with 80% coverage in every district);
- at least 50% coverage of exclusive breastfeeding during the first 6 months of life;
- virtual elimination of paediatric HIV.

By the end of 2030:

- universal access to basic drinking-water in health care facilities and homes;
- universal access to adequate sanitation in health care facilities by 2030 and in homes by 2040;
- universal access to handwashing facilities (water and soap) in health care facilities and homes;
- universal access to clean and safe energy technologies in health care facilities and homes.



A close-up photograph of a woman with dark skin and braided hair, wearing a bright green top, looking down at a sleeping baby. The baby is wrapped in a patterned blanket and a grey hooded garment. The text "A focus on country impact" is overlaid on the right side of the image.

A focus on
country impact

Action at country level

In order to reach the goals, the GAPPD recommends that governments and partners:

Develop a clear country-level strategy and work plan, with key responsibilities assigned:

- generate political will;
- develop/update a situation analysis for pneumonia and diarrhoea;
- prioritize interventions;
- develop/update a costed plan for accelerated action;
- identify areas of harmonization and collaboration between programmes and sectors, including the private sector, academia and civil society;
- use data to identify groups at greater risk or missed by services and develop targeted approaches to reach them;
- develop a set of common indicators for tracking progress.

Coordinate implementation of interventions:

- designate a national working group for pneumonia and diarrhoea prevention and control or review membership of an appropriate existing group;

- mobilize resources;
- apply lessons from other integrated disease prevention and control efforts;
- track execution and progress;
- take and/or assign accountability for action.

Engage and embed critical partners in the overall work plan/approach:

- involve other programmes and sectors;
- involve the private sector and nongovernmental organizations;
- engage the United Nations agencies and development partners.

Other actions:

- promote innovations, especially for overcoming barriers to service delivery;
- generate demand and ensure supply;
- focus on implementation research and identify optimal modes of delivery of existing interventions in order to reach those most in need.

Conclusion

The targets in the *integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea* will not be achieved without urgent action in the areas listed above from national governments as well as supporting partners at the global level. Focused, coordinated and integrated international, national and sub-national action on pneumonia and diarrhoea control is needed to continue sustaining and increasing the gains in the reduction of child mortality. This document calls on all concerned groups to demonstrate their commitment, allocate the required resources, and work together to make preventable child deaths due to pneumonia and diarrhoea a tragedy of the past.

A photograph of a woman with dark hair, wearing a white blouse with colorful floral embroidery and a dark blue shawl. She is holding a baby who is wearing a blue hat and a light green shirt. The woman is looking down at the baby with a gentle expression. The background is a plain, light-colored wall. A dark green horizontal bar is overlaid on the right side of the image, containing the text 'GAPPD Key Messages'.

GAPPD Key Messages

GAPPD Key Messages

1. Working together, we can end preventable deaths of young children around the world from two of the leading child killers, pneumonia and diarrhoea.
2. The *integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD)* from WHO and UNICEF goes to the heart of the challenge: recognizing that prevention and control of pneumonia and diarrhoea cannot be adequately dealt with separately but only through integrated programmes.
3. Without these urgent accelerated and coordinated efforts, each year more than two million of the world's most vulnerable children will continue to die from these two diseases. We must close this equity gap.
4. Successfully reducing pneumonia and diarrhoea deaths requires engagement by a wide range of actors and sectors, and first and foremost, it requires national political will.
5. These diseases must be addressed if we are to move the needle significantly in achieving the Millennium Development Goal to save the lives of children under the age of five (MDG4), as well as successful implementation of the UN Global Strategy for Women's and Children's Health, and the Promise Renewed commitment to child survival.





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