

Integrated action for the prevention and control of pneumonia and diarrhoea



Some 19 000 children under the age of 5 years die each and every day, with 5500 of these deaths caused by pneumonia and diarrhoea.¹ These are not mere statistics. 2 million young lives are lost each year from these two eminently preventable causes of death.² This situation is completely unacceptable. Despite the fact that the basic elements needed to reduce childhood deaths from pneumonia and diarrhoea are well known and of low cost, current coverage is appallingly low.

We welcome the *Lancet Series on Childhood Pneumonia and Diarrhoea*.¹⁻⁴ The Series provides the evidence base to make the case that ending preventable child deaths from pneumonia and diarrhoea within the next 12 years is ambitious but achievable and necessary. Momentum to reduce child mortality continues to build, and it is imperative for the world's children that we take advantage of this opportunity.

As we approach the 1000-day mark before the Millennium Development Goal deadline, a raft of interconnected initiatives provides a platform to accelerate progress. The UN Secretary-General's widely endorsed *Global Strategy for Women's and Children's Health* aims to save 16 million lives through a "continuum of care" approach; a *Global Vaccine Action Plan* is working towards universal access to immunisation by 2020; more than 170 countries have signed on to *A Promise Renewed*, the call to action spearheaded by the Governments of Ethiopia and India, UNICEF, and USAID to end all preventable child deaths by 2035; and the *UN Commission on Life-Saving Commodities for Women and Children* is helping to improve access to priority medicines.

In this context, it is critical to intensify efforts to tackle pneumonia and diarrhoea—the two biggest killers of children younger than 5 years after the newborn period, which account for about 29% of all under-5 deaths.¹ A new WHO/UNICEF *Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea*⁵ aims to help countries meet this goal by establishing healthy environments to protect children from pneumonia and diarrhoea and by increasing access to cost-effective interventions for both prevention and treatment. The *Integrated Plan* builds upon two previous plans from 2009: the *Global Action Plan for the Prevention and Control*

*of Pneumonia*⁶ and *Why Children are Still Dying and What Can be Done*,⁷ a seven-point plan for comprehensive diarrhoea control. We have encouraged the use of cost-effective prevention—eg, exclusive breastfeeding, vaccines, and access to clean water—and treatment with simple, inexpensive antibiotics, oral rehydration salts, and zinc. Now we must help countries unplug the bottlenecks that are keeping these services from the children who need them.

Children who are poor, hungry, and living in remote areas are most likely to suffer from these "forgotten killers", and the burden that pneumonia and diarrhoea places on their families and on health systems aggravates existing inequalities. Identifying the children at greatest risk, who are the hardest to reach and the most neglected, and targeting them with interventions that are proven to work will close the gap and end these entirely preventable deaths.

Better coordination and integration are key to tackling pneumonia and diarrhoea. The determinants that underlie these diseases are often the same. The children at risk of diarrhoea are the same ones at risk of pneumonia. The strategies for prevention are similar, and the places where systems need strengthening to deliver services in communities, clinics, and hospitals are also common to both diseases. The *Integrated Plan* makes a strong case for more efficient integration and identifies key steps to be taken. It will help countries to analyse local data, act on the results, and monitor progress towards clear, achievable goals. This requires a concerted effort to use a systematic approach of sharpening evidence-based planning and implementation at all levels, and ensuring effective systems of monitoring and accountability for results, within existing frameworks such as the *Commission on Information and Accountability for Women's and Children's Health and Countdown to 2015*.

We must also build on lessons learned and the good practices and innovations that some countries have been applying, which include strengthening primary care; removing financial barriers to access; expanding the role of non-governmental providers; establishing public-private partnerships; and making use of new mobile technologies to achieve sustainable, quality services.



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This is not a job for the health sector alone. Successful implementation of the *Integrated Plan* requires engagement of families, health-care providers, and key actors in water and sanitation. There must also be strong cooperation among UN agencies, national governments, and the private sector. And it must begin today.

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