

Playing our part to save children's lives



The number of children dying from preventable causes has fallen dramatically during the past two decades. In 2011, fewer than 7 million children younger than 5 years died from preventable causes; 20 years ago that number was 12 million.¹ This progress is testament to what happens when leaders, governments, organisations, and civil society work together to save the lives of children around the world.

But we still have a long way to go. Every child lost is a tragedy for their family, their community, and their country. At a global level this loss is staggering. Every year, pneumonia and diarrhoea alone account for the deaths of 2 million children under the age of 5 years.¹ In 2011, diarrhoea caused the deaths of 700 000 children and pneumonia killed 1·3 million children.² Most of the children who die from pneumonia and diarrhoea live in families with the lowest incomes who are under-served by health-care services and are from remote and rural areas.³

Solutions are known and cost effective. Yet fewer than a third of children with suspected pneumonia receive life-saving antibiotics, most high-burden countries do not have comprehensive coverage of rotavirus and pneumococcal vaccines, and about 2·5 billion people still have no access to improved sanitation facilities.⁴ That is why we need to recommit to tackling these causes of child mortality, comprehensively and consistently.

This *Lancet Series*^{2,5-7} renews a sense of urgency for action to make widely available and affordable the proven interventions that prevent and treat pneumonia and diarrhoea. If we commit to ensuring that 80% of the world's children have access to these interventions, and if we immunise 90% of children, we will almost eliminate deaths from diarrhoea, and eliminate two thirds of all deaths from pneumonia by 2025.⁵ Some of the steps that need to be taken to tackle childhood pneumonia and diarrhoea are shown in the panel.

Leadership, commitment, and coordination are needed above all else. We know that more is achieved when we work together. Since 2010, when the United Nations Secretary-General launched the *Every Woman Every Child* initiative for women's and children's health, a global movement has grown of individuals, governments, and organisations that

is committed to ending the preventable deaths of children. Our involvement in the *UN Commission on Life-Saving Commodities for Women and Children* and the *UN Commission on Information and Accountability for Women's and Children's Health* is starting to see real, tangible outcomes as a result of everyone working together.⁸ The international community now has firm recommendations about giving people access to life-saving commodities. We have common targets and approaches to accountability and transparency, improved tracking of our resources, and better measurement of results. Through the *Every Woman Every Child* movement we are implementing these recommendations as a global community.

The new WHO/UNICEF *Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea*⁹ will guide international efforts to prevent children dying from these two major killers. Our efforts will require strong national political backing, the setting of clear priorities, and long-term financial investment. The results we can achieve will repay the effort. We will seek to draw in new partners to implement the integrated global action plan and to work with all those involved so that, within a generation, we can celebrate a world where no child dies from the most easily preventable of diseases.

Published Online
April 12, 2013
[http://dx.doi.org/10.1016/S0140-6736\(13\)60719-9](http://dx.doi.org/10.1016/S0140-6736(13)60719-9)

Panel: Tackling childhood pneumonia and diarrhoea—reaching all children

- Ensure all children have access to life-saving vaccines and essential treatments such as amoxicillin for pneumonia and oral rehydration solution and zinc for diarrhoea
- Identify the poorest and hardest-to-reach communities and target them better with accessible health care
- Promote awareness and accelerate action to address the social and environmental determinants of health, for example by reducing harmful indoor air pollution produced by burning firewood
- Increase demand from families and communities for quality health services
- Strengthen partnerships between public and private actors to encourage innovations in, and expand the reach of, health services
- Build a workforce of front-line health workers who are better trained and supported to deliver quality services to communities, including the management of pneumonia and diarrhoea in the home and community
- Ensure that women and children know their rights to quality health care and are empowered to hold their leaders to account for any failure to deliver on their commitments
- Measure the results of tackling diarrhoea and pneumonia and compare the progress to the promises that have been made
- Continue to lobby governments and other stakeholders to ensure improved services and better health for the world's poorest children

Jakaya Kikwete, *Kevin Jenkins, Jasmine Whitbread
 President's Office, Dar es Salaam, Tanzania (JK); World
 Vision International, Stockley Park, Uxbridge UB11 1FG, UK
 (KJ); and Save the Children International, London, UK (JW)
 kevin_jenkins@wvi.org

JK is the President of the United Republic of Tanzania. KJ is President and Chief Executive Officer of World Vision International. JW is Chief Executive Officer for Save the Children International. We declare that we have no conflicts of interest.

- 1 UNICEF, WHO, World Bank, UN. Levels and trends in child mortality: report 2012. New York: United Nations Children's Fund, 2012.
- 2 Fischer Walker CL, Rudan I, Liu L, et al. Global burden of childhood pneumonia and diarrhoea. *Lancet* 2013; published online April 12. [http://dx.doi.org/10.1016/S0140-6736\(13\)60222-6](http://dx.doi.org/10.1016/S0140-6736(13)60222-6).
- 3 UNICEF. Committing to child survival: a promise renewed, progress report 2012. New York: United Nations Children's Fund, 2012.
- 4 WHO, UNICEF. Countdown to 2015, building a future for women and children, the 2012 report. Geneva: World Health Organization, 2012.
- 5 Bhutta ZA, Das JK, Walker N, et al, for *The Lancet* Diarrhoea and Pneumonia Interventions Study Group. Interventions to address deaths from childhood pneumonia and diarrhoea equitably: what works and at what cost? *Lancet* 2013; published online April 12. [http://dx.doi.org/10.1016/S0140-6736\(13\)60648-0](http://dx.doi.org/10.1016/S0140-6736(13)60648-0).
- 6 Gill CJ, Young M, Schroder K, et al. Bottlenecks, barriers, and solutions: results from multicountry consultations focused on reduction of childhood pneumonia and diarrhoea deaths. *Lancet* 2013; published online April 12. [http://dx.doi.org/10.1016/S0140-6736\(13\)60314-1](http://dx.doi.org/10.1016/S0140-6736(13)60314-1).
- 7 Chopra M, Mason E, Borrazzo J, et al. Ending of preventable deaths from pneumonia and diarrhoea: an achievable goal. *Lancet* 2013; published online April 12. [http://dx.doi.org/10.1016/S0140-6736\(13\)60319-0](http://dx.doi.org/10.1016/S0140-6736(13)60319-0).
- 8 Jonathan G, Stoltenberg J. A tipping point for change: saving millions of additional lives in 2013 and beyond. *Lancet* 2013; **381**: 350-52.
- 9 WHO, UNICEF. Integrated global action plan for the prevention and control of pneumonia and diarrhoea. Geneva: World Health Organization/ New York: United Nations Children's Fund, 2013.