

DEATHS OF ONE MILLION CHILDREN COULD BE PREVENTED BY TREATING PNEUMONIA AND DIARRHEA: CLOSING 30% OF THE MILLENNIUM DEVELOPMENT GOAL 4 ACHIEVEMENT GAP

September 30th, New York -- With less than 830 days left to prevent the deaths of 3.5 million children and achieve Millennium Development Goal (MDG) 4¹, leading stakeholders in child survival released “Financing Diarrhea and Pneumonia Treatment Gaps” - concrete plans to prevent the deaths of one million children by treating pneumonia with amoxicillin and diarrhea with oral rehydration salts (ORS) and zinc.

Pneumonia and diarrhea kill 1.7 million children annually - causing 26 percent of all under 5 deaths - with the majority concentrated in a handful of countries including India, Nigeria, Democratic Republic of Congo, Pakistan and Ethiopia.

Despite the availability of proven, cost effective interventions to treat pneumonia and diarrhea, only 30 percent of children with suspected pneumonia in the least developed countries receive antibiotics, 40 percent of children with diarrhea receive oral rehydration salts (ORS), and less than 5 percent receive the full recommended treatment - ORS plus zinc.

If these simple treatments were widely available and used for most episodes of diarrhea and pneumonia, the deaths of one million children could be prevented in the next two years, accelerating achievement of MDG4.

“Financing Diarrhea and Pneumonia Treatment Gaps” identifies ten countries for accelerated action - India, Nigeria, Democratic Republic of Congo, Pakistan, Ethiopia, Bangladesh, Uganda, Tanzania, Kenya and Niger - and highlights specific investment opportunities based on the National Scale-Up Plans for Essential Medicines for Children, which have been developed in partnership with national governments.

The Plans set country targets for scale-up and present comprehensive costed strategies to achieve large-scale coverage of ORS, zinc and the WHO recommended antibiotic for pneumonia treatment – amoxicillin dispersible tablets – 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 plans were developed by country governments working in partnership with UNICEF, the Clinton Health Access Initiative (CHAI) and a team of more than 20 stakeholders including non-

¹ Millennium Development Goal 4 requires a two-thirds reduction in the 1990 Child Mortality Rate by 2015.



government organizations, donors and the private sector.² They support the Declaration on Scaling Up Treatment of Pneumonia and Diarrhea launched by USAID at the [A Promise Renewed Call to Action for Child Survival](#), the recommendations of the [UN Commission on Life-Saving Commodities for Women and Children](#), and the first Integrated [Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea](#) released by WHO.

Several donors are already responding to the need for more investments in pneumonia and diarrhea treatment.

The Canadian Government is investing \$20 million for the use of effective treatments for diarrhea and pneumonia in four sub-Saharan African countries. The Norwegian Government is spending \$9 million to shape the local diarrhea treatment market in Nigeria and is investing millions more to increase access and use of zinc, ORS, and amoxicillin across 8 sub-Saharan African countries as part of the UN Commission on Life-Saving Commodities for Women and Children.

In India, through a combined \$24 million commitment, the Bill & Melinda Gates Foundation, IKEA Foundation, and the International Zinc Association are jointly supporting efforts to ensure children in three high burden states suffering from diarrhea receive the right treatment. The IKEA Foundation is also investing \$10 million in Kenya and their total \$25 million commitment in two countries represents the single largest investment from the private sector targeted to diarrhea.

The mining industry is stepping up as champions for zinc and ORS treatment with Canada's Teck Resources announcing a new \$5 million partnership under the Zinc Alliance for Child Health in India on top of the original \$20 million which is focused in four sub-Saharan African countries. In addition, Lundin Mining announced this week a \$1 million investment in diarrhea treatment in Democratic Republic of Congo. These initiatives are part of the *Mining Compact for Child Health*, which seeks to increase the contribution of the international mining sector to child survival.

Leading pharmaceutical company, GlaxoSmithKline recently announced a multi-million commitment to the children of Democratic Republic of Congo and Kenya, which includes a special focus on pneumonia treatment by increasing access to amoxicillin.

But critical gaps remain and the investment opportunities outlined in "Financing Diarrhea and Pneumonia Treatment Gaps" offer donors seeking to close the MDG achievement gap a set of very concrete, cost-effective, high impact opportunities ready for implementation.

This global push to increase the number of children with pneumonia and diarrhea in developing countries who receive the proper treatments is in support of [A Promise Renewed: Committing to Child Survival](#) and the UN Secretary General's [Every Woman, Every Child](#) movement.

Attachments: Financing Diarrhea & Pneumonia Treatment Gaps, Declaration on Scaling Up Treatment of Pneumonia and Diarrhea

Contacts:

Mark Young, UNICEF, myoung@unicef.org
Nancy Goh, Clinton Health Access Initiative, ngoh@clintonhealthaccess.org
Leith Greenslade, MDG Health Alliance, leith.greenslade@mdgha.org

² UNICEF and CHAI co-chair the Diarrhea and Pneumonia Working Group, which provides technical assistance, resource mobilization and monitoring and evaluation support to governments and organizations in the ten countries with the highest numbers of child deaths to support treatment scale-up efforts.