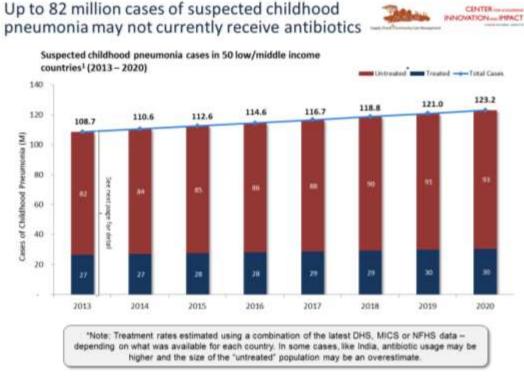


## The Childhood Pneumonia Treatment Challenge opportunities for meaningful supplier engagement

An estimated 82 million children in 50 low and middle income countries (see Figure 1) with suspected pneumonia do not receive treatment with an antibiotic and the vast majority of these children (67 million) are in just 11 countries (5 Asian and 6 African – see Figures 2 and 3). This pool of untreated cases of suspected childhood pneumonia is estimated to grow to around 93 million by 2020 and is one of the reasons pneumonia kills more children than any other disease – an estimated <u>1.3 million children</u> under 5 in 2011. It is important to note that these estimates are based on a combination of data from the most recent Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and National Family Health Survey (NFHS) (depending on the data available for each country), which rely on caregiver recall and may not capture the full extent of antibiotic use by children. As a result, the size of the pool of "untreated children" may be an overestimate in some cases. More analysis is needed to get a more accurate picture of treatment coverage for children with suspected pneumonia.

Led by the <u>United Nations Commission on Life-Saving Commodities for Women and Children</u>, the global community is now mobilizing to increase access to the antibiotic treatment recommended by <u>WHO</u> as ideal for children with pneumonia – amoxicillin in dispersible tablet form. A supportive environment is being created for companies who can, (a) manufacturer quality, affordable amoxicillin dispersible tablets, (b) work with African and/or Asian manufacturers to increase local production, (c) reach the largest concentrations of untreated children, (d) train public and private health workers to better manage pneumonia, (e) invest in better packaging of amoxicillin and patient information about how to use the product, (f) finance marketing campaigns to increase consumer demand for amoxicillin dispersible tablets, (g) lobby governments for policy changes that support community-based treatment of children with suspected pneumonia with antibiotics, and (h) partner with NGOs to scale up access to amoxicillin dispersible tablets in the high burden countries.

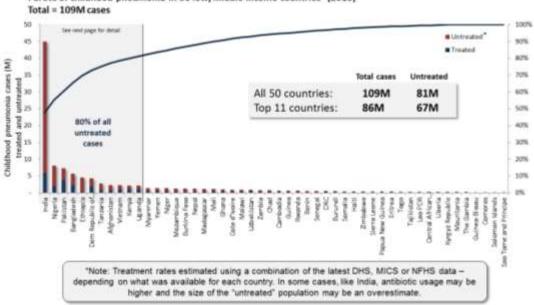
## Figure 1



Notes: 1) Estimates by John Snow, Inc for the 49 UNICEF Every Woman, Every Child countries + India

## 11 countries account for 80% of all untreated suspected childhood pneumonia cases





Pareto of childhood pneumonia in 50 low/middle income countries<sup>1</sup> (2013)

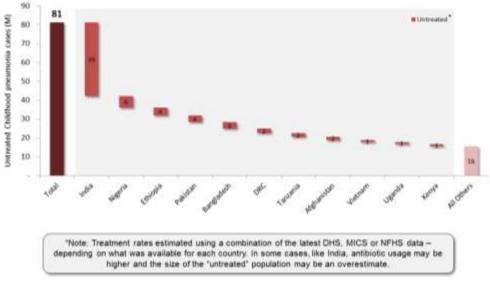
Notes: 1) Estimates by John Snow, Inc for the 49 UNICEF Every Woman, Every Child countries + India

Figure 3





Suspected childhood pneumonia cases in top 11 countries that are not treated with antibiotics1 (2013)



Notes: 1) Estimates by John Snow, Inc for the 49 UNICEF Every Woman, Every Child countries + India

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