



Tackling pneumonia and diarrhea together

A mapping brief of global strategies for pneumonia and diarrheal disease

This brief provides an overview of policies and initiatives driving global action to reduce the impacts of childhood pneumonia and diarrheal disease—two dire but often under-resourced global health issues—in the context of broader priorities for global child health. This landscape analysis is designed to help donors and global advocates better understand and engage in implementation of the Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD) in the context of related policies and initiatives. Released in April 2013, the GAPPD does not call on governments to develop new strategies to combat diarrhea and pneumonia, but rather it identifies the specific interventions that must be prioritized and funded under existing child health strategies to improve mortality rates.

The list of policies and initiatives addressed here is not exhaustive. The brief was developed to complement the GAPPD and, therefore, does not include specific strategies to address preterm birth complications—now the second-leading cause of childhood death—or malaria, another major cause of death among children under five years old.

INTRODUCTION

The number of deaths among children less than five years old worldwide has decreased from nearly 12 million in 1990 to less than 7 million in 2011, and the rate of decline continues to accelerate, with more children being saved today than ever before. Despite this progress, the vast majority of childhood deaths that still occur can be prevented. From birth to age five, the leading causes of death are pneumonia and diarrheal disease, which together kill 2 million children each year.

Many global policies and initiatives exist to further decrease morbidity and mortality among children under five years old and respond to epidemiological trends and bottlenecks. Global initiatives can be powerful tools that provide evidence and best practices to support governments end preventable childhood deaths. But alignment and coordination among these initiatives is critical to driving the greatest impact.

For example, when donors align funding opportunities with global policies it helps to eliminate unnecessary burdens for policymakers and program implementers by incentivizing countries to integrate best practices into their strategies, rather than develop something new. On the other hand, lack of coordination can cause confusion and inefficient use of resources.

Recognizing that pneumonia and diarrhea can be prevented with similar and overlapping interventions, the release of the GAPPD offers an important opportunity for the global community to address these leading causes of child deaths in an integrated and coordinated fashion. By understanding the landscape of

global child health initiatives and how they support and relate to the GAPPD, global donors and policymakers—alongside advocates and national decision-makers—can maximize their investments and help ensure every child has the opportunity to secure a prosperous future.

COMMON THEMES

The policies and initiatives related to pneumonia and diarrheal disease outlined in this brief address a number of common themes, including:

Treating communities, not diseases: The health and well-being of children, women, and families are interrelated. A community case management approach helps address health issues throughout a community.

Integrating approaches to improve child health: Integrated delivery of services and interventions for women and children across health sectors will effectively address pneumonia, diarrhea, and malaria.

Strengthening health systems and human resources: Stronger health workforces with national health plans that include strategies to train, retain, and deploy health workers will bolster primary health systems and increase the impact of child health interventions.

Increasing focus on equity: As the GAPPD report notes, “pneumonia and diarrhea deaths are...concentrated among the least-resourced countries and the poorest populations within those countries.” Many of the initiatives and strategies presented here focus on reaching children who are dying because they lack access to high-quality health care.

Child health action plans: alignment with key pneumonia and diarrheal disease interventions

	Breast-feeding exclusively for 6 months	Adequate nutrition and/or vitamin A supplementation	Vaccinations against pertussis, measles, Hib, pneumonia, and/or rotavirus	Water and sanitation	Using amoxicillin and/or oxygen to treat pneumonia	Using oral rehydration solution and zinc to treat diarrhea
Global Action Plan for Pneumonia and Diarrhea (GAPPD)	✓	✓	✓	✓	✓	✓
UN Commission on Life-Saving Commodities					✓	✓
Essential Medicines Initiative					✓	✓
Integrated Management of Childhood Illness					✓	✓
Decade of Vaccines/ Global Vaccine Action Plan			✓			
Guidelines for Developing a Comprehensive Multi-Year Plan			✓			
Sanitation and Water for All				✓		
Scaling Up Nutrition	✓	✓		✓		

Not all global child health strategies address or include all interventions related to pneumonia and diarrhea. The GAPPD, for the first time, does just that. Beyond integration across diseases, the GAPPD is an opportunity to meld global and local agendas, giving national governments a comprehensive tool to determine the specific plans, investments, and partners needed to address the unique needs of their countries and achieve the greatest health impact for their citizens.

Translating global plans to national action: National governments can often benefit from support—including technical assistance and reliable, sustainable financial commitments—to sharpen existing national strategies that reinforce both broader global health initiatives as well as the specific health needs of their countries.

Establishing accountability, monitoring, and evaluation targets: Clear and time-bound objectives, as well as monitoring mechanisms at the national and global levels, will help track and inform progress.

Elevating the importance of good data, data collection, and recording: Clear guidance on which indicators to

measure, as well as ways to strengthen data collection and utilization, are key to meaningful monitoring and evaluation.

KEY GLOBAL STRATEGIES AND INITIATIVES

Overarching child health strategies and initiatives

The Global Strategy for Women’s and Children’s Health (2010) presents a roadmap on how to enhance financing, strengthen policy, and improve service on the ground for the most vulnerable women and children. The strategy was developed under the auspices of the UN

Secretary-General with support and facilitation by the Partnership for Maternal, Newborn & Child Health. The strategy called on the global community to work together to save 16 million lives by 2015 by increasing access to and appropriate use of essential medicines, medical devices, and health supplies that effectively address leading avoidable causes of death during pregnancy, childbirth, and childhood. The strategy's health targets are aligned with MDGs, including MDG 4 (a two-thirds reduction in mortality among children under five years old) and MDG 5 (a three-quarters reduction in maternal mortality and universal access to reproductive health). The strategy acknowledges that women's and children's health is a fundamental human right, and it concludes with a call to action that recommends targets for governments and policymakers, donor countries, philanthropic institutions, multilateral organizations, civil society, the business community, health workers and their professional associations, and academic and research institutions. More than 260 global, regional, and national commitments have been made in support of the Global Strategy since 2010. For more information, visit www.who.int/pmnch/activities/jointactionplan/en/.

The Every Woman Every Child (2010) movement was launched by United Nations (UN) Secretary-General Ban Ki-moon during the UN Millennium Development Goals (MDG) Summit. Every Woman Every Child aims to save the lives of 16 million women and children by 2015. It strives to mobilize and intensify international and national action by governments, multilaterals, the private sector, and civil society to address the major health challenges facing women and children around the world. The effort puts into action the Global Strategy for Women's and Children's Health. For more information, visit www.everywomaneverychild.org

The Commission on Information and Accountability for Women's and Children's Health (COIA) (2010) was created by the World Health Organization (WHO) in response to the Global Strategy's effort to determine the most effective international institutional arrangements for ensuring global reporting, oversight, and accountability on women's and children's health. COIA created a system to track whether donations for women's and children's health are made on time, resources are spent wisely and transparently, and whether the desired results are achieved. COIA released a report (2011) with recommendations in three areas: improved data through enhanced data collection efforts; better tracking of resources for children's and women's health; and better oversight of results and resources. In 2011, Countdown 2015 assumed responsibility for the monitoring efforts of the Global Strategy and Every Woman Every Child, including annual reporting

and analysis of country-specific information on key indicators of coverage and its determinants. For more information, visit www.countdown2015mnch.org/about-countdown/accountability.

Countdown 2015: Maternal, Newborn and Child Survival gathers and synthesizes data annually on coverage of lifesaving interventions across the continuum of care from pre-pregnancy to childbirth through the age of five, highlighting progress and opportunities for continued improvements. The most recent report is *Building a Future for Women and Children* (2012). Countdown also tracks key determinants of coverage in countries, including equity patterns across population groups; health system functionality and capacity; supportive health policies, and financial resources for maternal, newborn, and child health. Countdown is a collaboration of more than 70 individuals and institutions—from academia, governments, multilateral agencies, donors, and nongovernmental organizations. It tracks progress in the 75 countries where more than 95 percent of all maternal and child deaths occur and produces country profiles and reports—internationally and at the country level—to advocate for action on reproductive, maternal, newborn, and child health. Countdown aims to work closely with country-level partners to leverage available programmatic and policy data to more effectively improve health outcomes in high-burden countries. A Country Countdown provides a practical way for countries to follow through on commitments to the Global Strategy and Every Woman Every Child and pledges to end preventable maternal and child deaths through A Promise Renewed. It helps countries to take stock, review recent progress, identify remaining challenges and actions required to accelerate progress, and ensure accountability. For more information, visit www.countdown2015mnch.org.

The UN Commission on Life-Saving Commodities for Women and Children, Commissioner's Report (UNCoLSC) (2012) provides ten recommendations that focus on global and national market shaping, improving the supply of and demand for critical commodities, and strengthening the regulatory system to ensure that high-quality products are reaching all women and children. The UNCoLSC is part of the Every Woman Every Child movement and was formed in 2011 to:

1. Define a priority list of 13 overlooked, lifesaving commodities for women and children.
2. Identify key barriers preventing access to and use of these commodities.
3. Recommend innovative actions to rapidly increase both access and use.



PATH/Lesley Reed

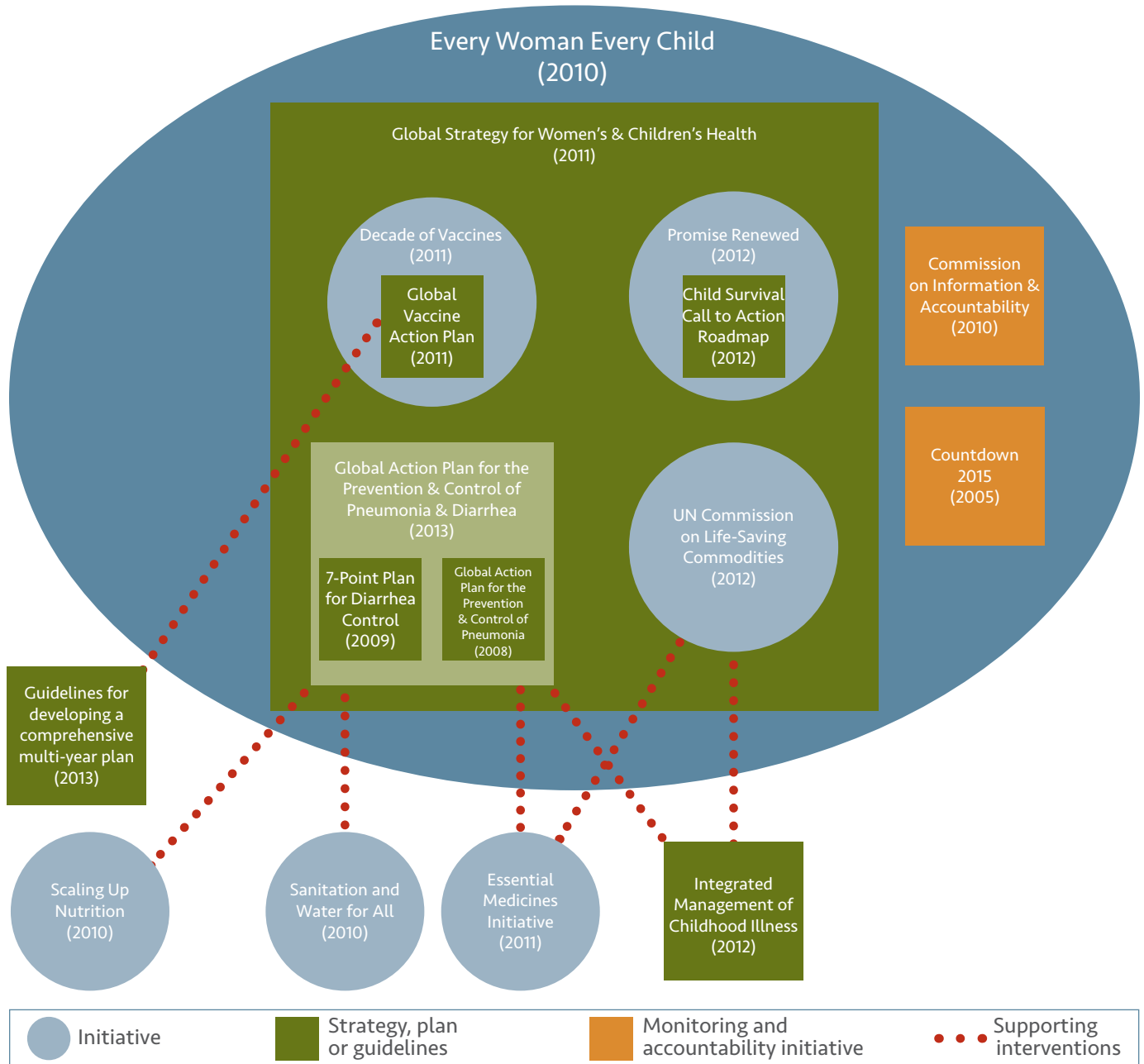
UNCoLSC estimated that making the 13 commodities widely available in about five years would cost less than \$2.6 billion and would cumulatively save more than 6 million lives, including 230,000 maternal deaths averted through increased access to family planning, by 2015. Two of the commodities (oral rehydration solution (ORS) and zinc) are for the treatment of diarrheal disease and one (amoxicillin) is for pneumonia. In October 2012, ministers of health from an initial group of eight “pathfinder” countries (Democratic Republic of Congo, Ethiopia, Nigeria, Senegal, Sierra Leone, Tanzania, and Uganda) signed a Ministerial Communique to implement and make progress on all 13 of the commodities. For more information, visit www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities.

The Diarrhea and Pneumonia Working Group (2011) is coordinating the development of country plans in ten high-burden countries for scale-up of child health commodities relating to diarrhea and pneumonia (ORS, zinc, and amoxicillin), and in some cases, for malaria (artemisinin-based combination therapy). When the

UN Commission on Life-Saving Commodities formed in 2012, the Diarrhea and Pneumonia Working Group took on the global work around the diarrhea and pneumonia commodities for the Commission. United Nations Children’s Fund (UNICEF) and the Clinton Health Access Initiative cochair the working group; other development partners, including donors and some private-sector companies, are also involved as core members. Several of the Pneumonia and Diarrhea Working Group focus countries, including Nigeria, Democratic Republic of Congo, Ethiopia, Uganda, and Tanzania, overlap with the UN Commission on Life-Saving Commodities “pathfinder” countries.

Committing to Child Survival: A Promise Renewed (2012) is an initiative launched by UNICEF, the U.S. Agency for International Development (USAID), and the governments of Ethiopia and India to revitalize global commitment to child survival as part of the wider effort behind Every Woman Every Child. It has three priority actions: encourage the development of evidenced-based national action plans to scale up successful interventions; promote transparency and mutual

Child health strategies and initiatives



During the last two decades, increased attention to pneumonia and diarrheal disease has resulted in many new initiatives, strategies, action plans, and guidelines aimed at ending preventable deaths related to these two diseases. This graph demonstrates how each individual initiative fits within the larger picture of global policies to tackle pneumonia and diarrhea together. Often, new initiatives are launched to directly augment an existing intervention. Other times, separate initiatives are created that complement or support existing interventions.

accountability through progress reports prepared by governments and partners through the UN Commission on Information and Accountability for Women's and Children's Health; and mobilize broad-based social and political support to end preventable child deaths, including through small-scale innovations that

show strong potential for large-scale results. Partners supporting A Promise Renewed will periodically convene regional and global forums to assess progress and refine strategies in the lead-up to 2015. In September of each year, a child mortality progress report will be released under the banner of A Promise Renewed with

country profiles that track progress at the national and subnational levels. UNICEF serves as the secretariat of A Promise Renewed. For more information, visit www.apromiserenewed.org/A_Promise_Renewed.html.

The Child Survival Call to Action Roadmap: Ending preventable child deaths (2012) report presents the latest knowledge about child mortality and widely accepted child survival interventions. The report, spearheaded by USAID, projects the current rates of progress in the fight against preventable child deaths and potential shortcomings. It proposes targets for governments, civil society, private-sector partners, and donors, and highlights the most recently available data and analyses on child survival trends and the impact of the latest interventions. For more information, visit 5thbday.usaid.gov/pages/ResponseSub/roadmap.pdf.

Integrated Management of Childhood Illness (IMCI) (2012) is a strategy to address the most common causes of morbidity and mortality among children under the age of five—pneumonia, diarrheal disease, and malaria, with malnutrition being an underlying cause. It was developed by the WHO and UNICEF in 1995 and continues to be updated regularly. IMCI does not focus the majority of available resources on one health issue and instead approaches child health holistically to include multiple disease prevention and treatment interventions. IMCI includes strategies for integrating case management at the facility level, improving overall health systems, and improving family and community health practices. In 2012, an Integrated Community Case Management (iCCM) Joint Statement recognizes that community-based health workers—when adequately trained and equipped with medicines and equipment—can successfully treat children for pneumonia, diarrheal disease, and malaria. The iCCM Task Force maintains a website for nongovernmental organizations and implementing partners that offers centralized resources, including examples of best practices and tools. For more information, visit www.who.int/maternal_child_adolescent/topics/child/imci/en/.

Pneumonia and diarrheal disease strategies and initiatives

The Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD) (2013) is a merger of the Global Action Plan for the Prevention and Control of Pneumonia (GAPP) and a Seven-Point Plan for Comprehensive Diarrhea Control. It provides a framework for action to protect, prevent, and treat pneumonia and diarrheal disease in children. The plan incorporates the experiences gained in the promotion and implementation of both plans as well as the

potential of public-private partnerships, community leadership, and the use of information technology to eliminate preventable deaths from pneumonia and diarrheal disease. Though the GAPPD is primarily intended as a guidance tool for national governments and their partners, it is also meant for global agencies, donors, and other actors working on pneumonia and diarrheal disease to frame programs and strategies.

- The objectives of the Global Action Plan for the Prevention and Control of Pneumonia (GAPP) (2009) were to reduce mortality from pneumonia in children less than five years of age by 65 percent by 2015 compared to 2000 levels and to reduce the incidence of severe pneumonia by 25 percent in children less than five years of age by 2015 compared to 2000 levels.
- A Seven-Point Plan for Comprehensive Diarrhea Control (2009) is a ten-page plan embedded in the report, *Diarrhoea: Why Children are Still Dying and What Can be Done About it*. The plan sets out a seven-point plan that includes a treatment package to reduce childhood diarrheal deaths, as well as a prevention package to make a lasting reduction in the diarrheal burden. For more information, visit: www.who.int/maternal_child_adolescent/documents/9789241596336/en/.

Vaccine-related strategies and initiatives

The Global Vaccine Action Plan (GVAP) (2011) builds on the Global Immunization Vision and Strategy, (2006–2015), which was the first, ten-year strategic framework to maximize the potential impact of immunization for child health. The 2011–2020 GVAP is the result of a global, consultative effort coordinated by the Decade of Vaccines Collaboration initiative. By 2020, coverage of target populations should reach 90 percent national coverage and 80 percent coverage in all districts for all vaccines in national immunization programs, unless alternative targets exist. The GVAP calls for vaccine introductions to be monitored, with the goal of at least 90 percent in low- or middle-income countries introducing one or more appropriate new or under-utilized vaccines by 2015, and all low- and middle-income countries by 2020. The GVAP notes that immunization is part of a package of complementary interventions to control pneumonia, diarrhea, and other diseases. For more information, visit apps.who.int/gb/ebwha/pdf_files/WHA65/A65_22-en.pdf.

WHO and UNICEF's joint guidelines for developing a comprehensive multi-year plan (cMYP) (2005; 2013 version is pending) and annual immunization plan outline a series of steps needed to create a national immunization plan. An Excel-based spreadsheet tool

and instruction manual accompany these guidelines. In developing national plans, countries are encouraged to consolidate existing immunization plans into a single document that addresses global, national, and subnational immunization objectives and strategies, and that also evaluates the costs and financing. The planning process should be seen as an iterative process for the national immunization program and its partners to prioritize activities based on current realities, national objectives, the health-sector environment, and resource constraints. An updated version of these guidelines is expected to be released in 2013; the new version will be aligned with the GVAP's goals and strategic objectives. The updated guidance will set out how the different elements of health systems can be used to ensure that multiyear immunization plans align better with broader national health sector plans. Guidance for countries to develop national monitoring, evaluation, and accountability processes that align with the corresponding regional and global processes will also be included in the update. For more information, visit whqlibdoc.who.int/hq/2005/WHO_IVB_05.20_eng.pdf.

Nutrition, water, sanitation, and hygiene policies

Sanitation and Water for All (SWA) (2010) is a partnership of governments, donors, civil society, and multilateral organizations that aims to ensure that all people have access to basic sanitation and safe drinking water. It focuses on those countries that are “off-track” in reaching the water and sanitation MDG targets. SWA aims to address critical barriers to achieving universal and sustainable sanitation and drinking water. These barriers include insufficient political prioritization; weak sector capacity to develop and implement effective plans and strategies; and uncoordinated and inadequate investments. SWA provides a framework for partners to work together in a coordinated way. SWA's National Planning for Results Initiative supports national planning processes. For more information, visit www.sanitationandwaterforall.org/

Scaling up Nutrition (SUN) (2010) is a movement founded on the principle that all people have a right to food and good nutrition. SUN encourages national leaders to prioritize effective sustainable solutions to address malnutrition and to mobilize resources

to effectively scale up nutrition. SUN's approach is to address both the direct and underlying causes of malnutrition by developing multistakeholder platform to achieve global targets of improved nutrition. SUN emphasizes developing country-specific targets to track nutrition goals in the areas of: increased access to affordable, nutritious food, clean water, sanitation, health care, and social protection; optimal growth of children; improved micronutrient status, especially in women and children; and increased adoption of practices that contribute to good nutrition (e.g., exclusive breastfeeding in the first six months of life). SUN places a core focus on empowering women since they often play a key role in their family's health. For more information, visit scalingupnutrition.org/

CONCLUSION

Pneumonia and diarrhea do not occur in a vacuum. Rather, they are often linked in a vicious cycle that exploits weakened immune systems struggling to overcome multiple infections and threatened by basic environmental hazards. The good news is that many of the solutions needed to fight pneumonia and diarrhea are complementary and the GAPPD, in support of many other global initiatives, can help global policymakers and local stakeholders tackle these deadly diseases in a coordinated manner.

Global prioritization can only make a difference if it spurs complementary urgency among national governments where diarrhea and pneumonia still claim far too many lives. Engagement among national officials, health ministers, civil society, the private sector, donor agencies, and multilateral institutions is critical to realizing the potential of comprehensive and integrated approaches like the GAPPD.

As the global community rallies behind broad calls to end preventable child deaths, it is essential that we draw upon existing strategies and initiatives to ensure alignment across sectors and all levels of government. Together, and through coordinated global approaches, it is possible to end preventable childhood deaths from pneumonia and diarrhea, giving children everywhere the chance to one day raise healthy families of their own.

Cover photo: PATH/Gabe Bieniczky



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