

Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea: Frequently Asked Questions Document for Media

What is the GAPPD?

It is clear pneumonia and diarrhoea must be addressed together and the new *Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD)* is a plan to help countries do just that. Released by the World Health Organization and the United Nations Children's Fund (UNICEF), the GAPPD provides a framework for simultaneously tackling the two leading killers of children, underpinned by the latest strategies and evidence needed to reduce child death and illness. The plan provides a roadmap for scaling up interventions to protect children, prevent disease, and treat children who do become sick. The GAPPD is designed to inform country policies and practices and national governments are expected to take the lead on implementation.

How is the new GAPPD different from the previous plans focused on addressing pneumonia and diarrhoea? What is new about this plan?

The previous plans—the Global Action Plan for Pneumonia (GAPP); and Diarrhoea: Why Children Are Still Dying and What Can Be Done—were two separate plans that focused on addressing each disease independently. A major development since these plans were launched in 2009 is the recognition that pneumonia and diarrhoea should be addressed together. Both diseases are caused by multiple factors and no single intervention can address the entirety of either problem. The solutions included in the GAPPD are not new. They are time tested and have been shown to save children's lives. What is new is the integrated approach proposed in the GAPPD, which will be far more effective and efficient than single disease-focused approaches because many of the solutions needed to fight pneumonia and diarrhoea are complementary.

What is the integrated approach outlined in the GAPPD?

The GAPPD provides a framework to protect children, prevent disease, and treat children who become sick using proven interventions that have already contributed to major reductions in child deaths:

- Children can be protected through improved nutrition.
- Disease can be prevented with vaccines and access to safe water, sanitation, and better household air quality.
- Children can be treated with integrated case management, and by providing oral rehydration and zinc for diarrhoea, and amoxicillin and oxygen for pneumonia.

The various causes of child deaths are linked—diarrhoea prevents children from absorbing nutrients, leading to malnutrition; malnourished children are more susceptible to diseases, leading to pneumonia and diarrhoea infections—so we must tackle these diseases through a comprehensive approach, not one intervention at a time. A comprehensive approach to pneumonia and diarrhoea control includes all interventions proven to be effective; these interventions are best captured through the protect, prevent and treat framework.

What is the GAPPD trying to accomplish? What are the goals?

The GAPPD lays out a roadmap for countries and their partners to end preventable child deaths from pneumonia and diarrhoea by 2025. The plan aims to help countries achieve impact by analysing local data, acting on the results and monitoring their progress towards clear, achievable goals:

- Reduce mortality from pneumonia in children less than five years of age to fewer than 3 per 1,000 live births

- Reduce mortality from diarrhoea in children less than five years of age to fewer than 1 per 1,000 live births
- Reduce the incidence of severe pneumonia by 75 percent in children less than five years of age compared to 2010 levels
- Reduce the incidence of severe diarrhoea by 75 percent in children less than five years of age compared to 2010 levels
- Globally, reduce by 40 percent the number of children less than five years of age who are stunted compared to 2010 levels

Are the goals proposed in the GAPPD realistic?

The goals are ambitious, but yes, they are realistic. Achieving them will require significant political will and the mobilisation of additional resources. National governments will need to prioritise the fight against pneumonia and diarrhoea, take the lead on implementation, and use the GAPPD to determine what specific plans, investments and partners are needed to address the unique needs of their countries and achieve the greatest health impact. The goals can only be reached through an intensified and integrated effort, and achieving maximum impact will require coordination amongst governments, experts, civil society organisations (CSOs), nongovernmental organisations (NGOs), donors, multilateral institutions and the private sector.

What are the GAPPD coverage targets?

The coverage targets proposed in the GAPPD are:

- 90 percent full-dose coverage of each relevant vaccine (80 percent coverage in every district)
- 90 percent access to appropriate pneumonia and diarrhoea case management (80 percent coverage in every district)
- 50 percent (at least) coverage of exclusive breastfeeding during the first six months of life
- Virtual elimination of pediatric HIV
- Universal access to and use of basic drinking water and adequate sanitation
- Universal access to and use of hand-washing facilities at critical times in all health facilities and homes
- Safe drinking water in households and health facilities
- Access to modern energy in the great majority of homes and health facilities

Where do the GAPPD targets come from?

GAPPD goals and targets were developed based on a consensus of experts, and data drawn from the 2010 United Nations (UN) Global Strategy for Women's and Children's Health, which calls for a continuum of care approach to services with a goal to save 16 million lives, and the 2012 UNICEF and US Agency for International Development's (USAID) Committing to Child Survival: A Promise Renewed, which challenged the world to reduce child mortality to 20 or fewer child deaths per 1,000 live births in every country by 2035.

Targets are already being monitored through a variety of processes and progress will be measured through national health information systems, demographic and health surveys, multiple indicator cluster surveys, research efforts and/or modelling of mortality and morbidity estimates.

The original Millennium Development Goals (MDG) for a reduction in child mortality due to diseases including pneumonia and diarrhoea (MDG 4), and ensuring environmental sustainability, including access

to clean water and sanitation (MDG 7) as well as the coverage targets to achieve those goals, were set for 2015. It is now necessary to look beyond the MDG deadline of 2015, with revised targets focused on maintaining those goals that have been achieved, and continuing to aim for those that have not.

How does the GAPPD fit with existing strategies and initiatives at a global level?

The GAPPD was designed as a framework to complement and strengthen existing efforts to improve women's and children's health, such as:

- MDGs 4 (reduce child mortality) and 7 (improve access to safe drinking water and improved sanitation)
- The UN Global Strategy for Women's and Children's Health
- The UN Commission on Life-Saving Commodities for Women and Children
- UNICEF and USAID's call to action, Committing to Child Survival: A Promise Renewed
- 2012 Declaration on Scaling Up Treatment of Diarrhoea and Pneumonia
- World Health Assembly Resolution 63.24
- UN 2005 – 2015 International Decade for Action "Water for Life" and Sustainable Sanitation: the Five-Year-Drive to 2015
- UN Commission on Information and Accountability
- Global Vaccine Action Plan (GVAP)
- The Rio+20 Conference on Sustainable Development in 2012

For more information on these global efforts, please see pages 8-9 of the [GAPPD](#).

Can MDG 4—a two-thirds reduction in child deaths—be achieved by 2015?

Prioritising the fight against pneumonia and diarrhoea—two of the leading killers of children today—is essential to achieving MDG 4. With accelerated action and the implementation of key solutions outlined in the GAPPD, each year the number of child deaths could drop substantially. This reduction could translate into millions of lives saved and put the global community on the path to successfully achieving MDG 4.

What is being done to ensure that the most vulnerable populations are reached?

The toll of pneumonia and diarrhoea is greatest amongst the poor and these children are least likely to have access to the lifesaving interventions and care they need. The GAPPD stresses that governments should focus on reducing inequalities and reaching those of greatest need, as this will have the dual benefit of maximising health impact and improving equity. Recognising that different countries have different needs, the GAPPD protect, prevent, and treat framework helps governments and partners to prioritise and tailor their policies and programmes to promote equity and maximise impact.

Who is responsible for implementing the GAPPD?

National governments and their partners will take the lead on turning the plan into action at the country level and are expected to be accountable for progress. Achieving maximum impact will require coordination amongst:

- Governments
- Experts
- CSOs
- NGOs
- Donors
- Multilateral institutions

- Private sector

Why is it important to fight pneumonia and diarrhoea?

Pneumonia and diarrhoea are two of the top killers of children, responsible for nearly one-third of deaths in children under age five. Together they account for almost 2 million child deaths each year.

Where are the most deaths from pneumonia and diarrhoea found?

Whilst ranked amongst the top killers of children worldwide, nearly 90 percent of child deaths from pneumonia and diarrhoea occur in sub-Saharan Africa and Southeast Asia. Children who are poor, malnourished, and living in remote areas are the most likely victims.

Which countries have the greatest number of child deaths due to pneumonia and diarrhoea?

The countries with the greatest number of pneumonia and diarrhoea-related deaths amongst children under five include: ¹

- | | | |
|-------------------------------------|----------------|---------------------------------|
| 1. India | 6. Afghanistan | 11. Uganda |
| 2. Nigeria | 7. China | 12. Burkina Faso |
| 3. Democratic Republic of the Congo | 8. Sudan | 13. Niger |
| 4. Pakistan | 9. Mali | 14. Kenya |
| 5. Ethiopia | 10. Angola | 15. United Republic of Tanzania |

How can we stop pneumonia and diarrhoea deaths amongst children?

The good news is that the solutions needed to protect children and prevent and treat pneumonia and diarrhoea are not new and don't require major advances in technology. Proven solutions already exist. For example, children can be protected from both diseases with interventions that include exclusive breastfeeding, good nutrition, safe drinking water, basic sanitation, hand-washing with soap and vaccines. In addition, pneumonia can be treated with oxygen and appropriate antibiotics and diarrhoea can be treated with oral rehydration solution and zinc supplements. What's needed is an integrated approach to fighting these diseases, which will help improve access to proven interventions, and the political will to prioritise efforts to reach the poorest and most marginalised children.

If proven solutions already exist to protect children from pneumonia and diarrhoea, why are these diseases leading killers of children?

Children are dying from these preventable, treatable diseases because they are not being reached with the care they need and intervention use remains low. For example, only 39 percent of infants are exclusively breastfed for the first six months of life—which boosts immunity and helps protect children from both pneumonia and diarrhoea. Only 31 percent of children with pneumonia receive appropriate antibiotics and only 35 percent of children with diarrhoea receive oral rehydration therapy (ORT). Whilst solutions exist, they have not always been promoted equitably or together to achieve the maximum impact.

What are the solutions needed to prevent pneumonia and diarrhoea deaths amongst children?

Children can be protected with good health practices from birth:

- Breastfeed exclusively for first six months of life

¹ UNICEF. Pneumonia and diarrhoea: Tackling the deadliest diseases for the world's poorest children. -June 2012. Available at: http://www.unicef.org/media/files/UNICEF_P_D_complete_0604.pdf

- Provide adequate complementary feeding
- Supplement with nutrients like vitamin A

We can prevent illness:

- Vaccinate against pertussis, measles, Hib, pneumococcal disease and rotavirus diarrhoea
- Wash hands with soap
- Improve access to safe drinking water and sanitation
- Reduce household air pollution
- Prevent HIV
- Provide cotrimoxazole prophylaxis for HIV-infected and exposed children

We can treat illness:

- Improve care-seeking behaviour and referral to health facilities
- Leverage case management at the health facility and community levels
- Use amoxicillin and oxygen to treat pneumonia; ORT and zinc to treat diarrhoea
- Continue appropriate feeding (including breastfeeding)