

One is too many

Ending Child Deaths from Pneumonia and Diarrhoea

Key Findings 2016



ENDING PNEUMONIA AND DIARRHOEA DEATHS IS WITHIN OUR GRASP

Pneumonia and diarrhoea are responsible for the unnecessary loss of 1.4 million young lives each year and are a threat to sustainable development for the world's poorest nations.

But we have the knowledge and the tools to do better. Child deaths due to diarrhoea and pneumonia are largely preventable - even one death is too many.

The fact that children continue to die from these diseases is a reflection of deep inequalities. UNICEF's global report, One is too many: Ending Child Deaths from Pneumonia and Diarrhoea, makes the case for renewed efforts to tackle an age-old problem.

The report provides an overview of the coverage of high impact protective, preventive and treatment interventions, illustrating the startling divide between those being reached and those children being left behind. The report also looks forward to project the potential lives saved by scaling up effective interventions in the context of the 2030 development agenda, and provides recommendations to guide policy action at the national level.

Read the full report at: uni.cf/oneistoomany

1 out of 6 childhood deaths

were due to pneumonia in 2015 This







childhood deaths per



childhood deaths per day



childhood deaths per hour



childhood death per 35 seconds

1 out of 10 childhood deaths were due to diarrhoea in 2015



translates



childhood deaths per vear



childhood deaths per day



childhood deaths per hour



childhood death per 60 seconds

Pneumonia and diarrhoea deaths disproportionately concentrated among the poor

Low and lowermiddle income countries are home to 62 percent of the world's under-5 population, but account for more than 90 percent of global pneumonia and diarrhoea deaths.

Percentage of children under 5 represented in each income group		Percentage of diarrhoea deaths	Percentage of pneumonia deaths
High-income	10%	• <1%	• <1%
Upper-middle-income	28%	9%	10%
Lower-middle-income	47%	60%	59%
Low-income	15%	32%	31%

Percentage distribution of population of children under age 5 and distribution of deaths

attributed to diarrhoea and pneumonia by income levels Source: Population of children under age five: United Nations Population Division WPP 2015 Rev.; Cause of death: WHO and

Maternal and Child Epidemiology Estimation Group (MCEE) estimates 2015; Income levels: World Bank Income classification 2016



among children under 5 is caused by either pneumonia or diarrhoea

NO CHILD NEEDS TO DIE FROM PNEUMONIA AND DIARRHOEA

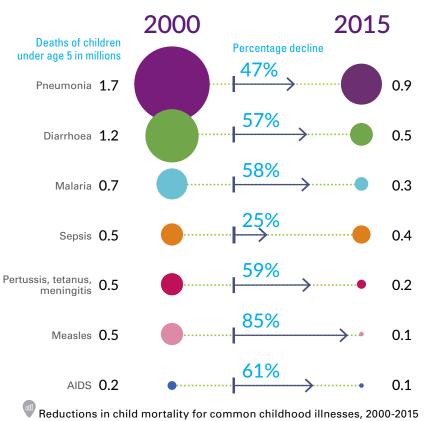
Pneumonia and diarrhoea deaths are dropping – but not quickly enough

Deaths from these two diseases declined by nearly half between 2000 and 2015, from 2.9 million deaths to the current 1.4 million. But this rate is still low compared with declines in other common childhood illnesses during this time.

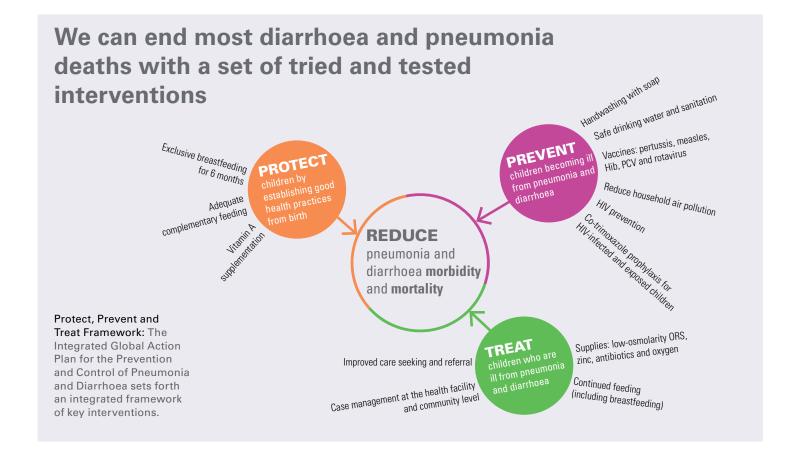


Around half of childhood pneumonia deaths are associated with air pollution. The effects of indoor air pollution kill more children globally than outdoor air pollution. At the same time, around 2 billion children 0-17 live in areas where outdoor air pollution exceeds international guideline limits.

Source: Clean the air for children, UNICEF, 2016

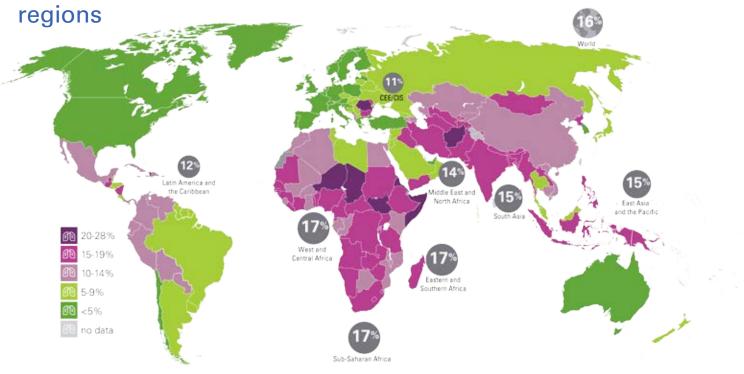


Source: WHO and Maternal and Child Epidemiology Estimation Group (MCEE) estimates 2015



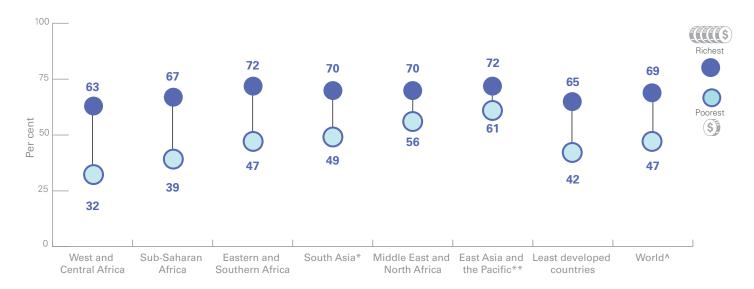
FOCUS ON PNEUMONIA



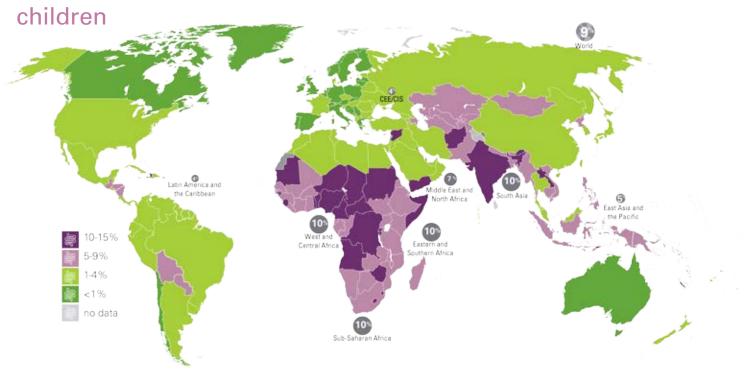


Percentage of deaths among children under age 5 attributable to pneumonia, 2015
Source: WHO and Maternal and Child Epidemiology Estimation Group (MCEE) provisional estimates 2015

Globally, children in the richest households are most likely to be taken for care for their pneumonia symptoms

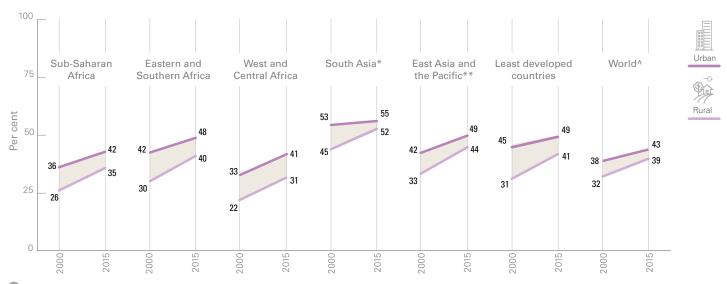


Diarrhoea claims the lives of the world's most vulnerable



Percentage of deaths among children under age 5 attributable to diarrhoea, 2015 Source: WHO and Maternal and Child Epidemiology Estimation Group (MCEE) provisional estimates 2015

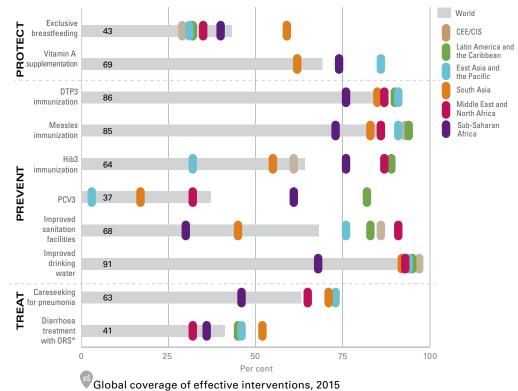
Diarrhoea treatment with ORS is becoming more equal between urban and rural households – but coverage levels are still unacceptably low across almost all regions



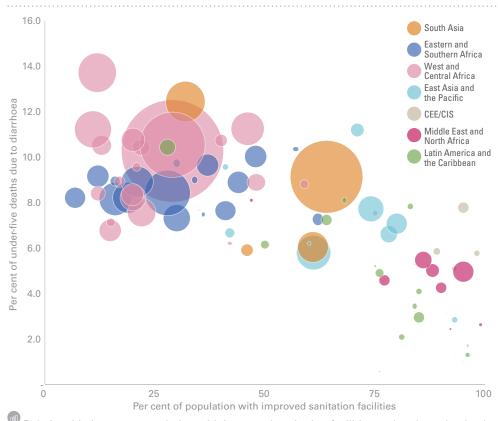
Percentage of children under 5 with diarrhoea receiving oral rehydration salt solution, by residence. 2000 and 2015

WE KNOW WHAT WORKS: PROTECT, PREVENT AND TREAT

Yet, too few children are benefiting from the key protective, preventative and treatment interventions that save lives



Source: UNICEF global databases 2016, WHO/UNICEF estimates of immunization coverage 2015, WHO/UNICEF JMP estimates 2015



Countries
with improved
sanitation
facilities have
fewer childhood
diarrhoea-related
deaths

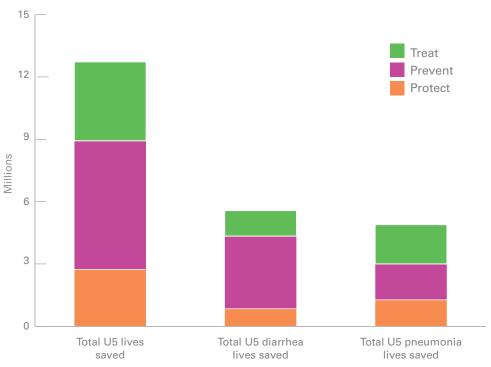
Relationship between population with improved sanitation facilities and under-5 deaths due to diarrhoea

About the graph

[•] The size of each bubble represents the number of deaths caused by diarrhoea annually among children under 5 in the given country or area in 2015. The horizontal axis shows the percentage of population using improved facilities. The vertical axis shows the percentage of under-five deaths caused by diarrhoea in the given country.

THERE IS GREAT POTENTIAL TO SAVE LIVES WITH HIGH COVERAGE OF THE MOST EFFECTIVE INTERVENTIONS

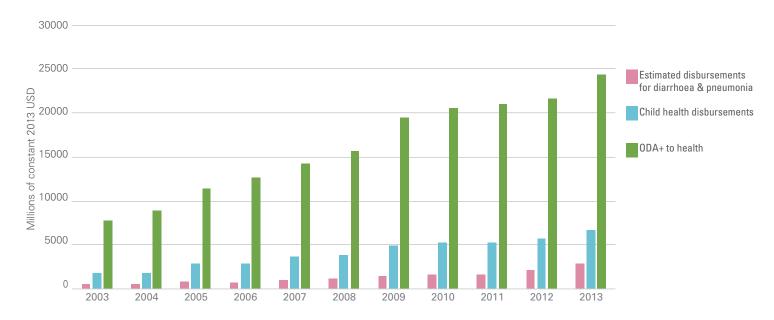
Over 12 million children's lives could be saved by 2030 by scaling up protect, prevent and treat interventions to 90 percent



Estimated lives saved (2015 to 2030) from scaling up protect, prevent and treat interventions

Source: Johns Hopkins University, Lives saved estimates using the Lives Saved Tool (LiST), October 2016

We need greater targeted financial investments to make this happen; yet pneumonia and diarrhoea continue to receive only a fraction of global health investments



Trends in disbursements targeting diarrhoea and pneumonia relative to child health disbursements

TOWARDS A WORLD WHERE NO CHILD DIES OF PNEUMONIA AND DIARRHOEA

We need coordinated efforts to:

Implement protect, prevent and treat interventions and allocate targeted national and donor financing.

Invest in front line health services, including community management, to reach vulnerable populations and ensure rapid assessment and treatment.

Improve household survey data collection, health management information systems

and vital registration to better estimate the burden of diarrhoea and pneumonia and monitor treatment.

Guarantee access to essential commodities - such as ORS and zinc for diarrhoea; and medical oxygen and Amoxicillin dispersible tablets for pneumonia.

Leverage tools and innovations to increase coverage in hard to reach places.





3 GOOD HEALTH Faster progress to end pneumonia and diarrhoea deaths is critical to achieving the Sustainable **Development Goals**

- Healthy children are the foundation of robust economies and thriving communities and nations; they are the lifeblood of sustainable development. But without greater investments from governments and partners, two of the most preventable and easily treatable childhood illnesses will thwart the achievement of the SDGs, particularly Goal 3 on ending preventable child deaths and reducing mortality.
- Targeted funding to scale up effective in-country programme implementation will be critical in driving progress towards the 2030 SDG agenda.



This brochure was prepared by UNICEF's Data & Analytics Section, Division of Data, Research, and Policy in collaboration with Health Section, Programme Division.

© 2016 United Nations Children's Fund (UNICEF) data@unicef.org | www.unicef.org

For the full report including references, indicators and definitions, please visit: uni.cf/oneistoomany

