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## The first Global Pneumonia Forum: recommendations in the time of coronavirus



For 3 days in late January, 2020, 350 government, UN and multilateral agencies, companies, non-profit organisations, and academic health leaders from more than 55 countries gathered in Barcelona, Spain, to strategise more effective ways to fight the leading infectious threat to child survival—pneumonia. The inaugural Fighting for Breath Global Forum on Childhood Pneumonia (the Global Forum) culminated in a consensus declaration outlining the steps necessary to end preventable child deaths from pneumonia in every country by 2030. The declaration is now in wider circulation and can be signed by organisations who want to join the fight against pneumonia.<sup>1</sup> Highlights of this declaration, and of actions derived from some of the key points, are summarised in the appendix.

The rationale for organising such an event was the perceived neglect of pneumonia, which is the number one killer of children after the neonatal period, but suffers in terms of visibility, financial investments, and research funding. Indeed, pneumonia kills an estimated 800 000 children under 5 each year, which is more than the combined child mortality from HIV/AIDS, tuberculosis, and malaria.<sup>2</sup> Pneumonia disproportionately affects the poorest and most marginalised children in low-income and middle-income countries because they are all too often denied the nutrition, clean air, immunisation, and health services that everyone is entitled to. Projections presented at the meeting anticipated that an estimated 9 million child deaths could be prevented between 2020 and 2030<sup>3</sup> if efforts to scale up pneumonia prevention, diagnosis, and treatment are accelerated. The Global Forum galvanised unprecedented levels of collaboration in order to reduce pneumonia deaths in childhood to the global target outlined in the Integrated Global Action Plan for Pneumonia and Diarrhoea of less than 3 per 1000 births.<sup>4</sup> Such commitments were also aligned with fulfilling the Sustainable Development Goal (SDG) promise to end all preventable child deaths by 2030.

Rather than arguing for a new vertical, disease-specific response (such as a Global Fund for Pneumonia), the Global Forum advocated for a greater emphasis on achieving universal access to primary health care as

part of national commitments to achieve universal health coverage by 2030. Domestic resources for health should be increased and supplemented where necessary, with international development assistance aligned to national priorities. Because of their anticipated impact, vaccines to prevent pneumonia should be available to all without discrimination, and for this purpose, it was acknowledged that Gavi, the Vaccine Alliance, requires full funding. In addition, efforts to reduce air pollution as part of climate change mitigation should include a focus on improving child health and reducing the risk of pneumonia, and international commitments to improve childhood nutrition need to be further supported.

The Global Forum recommended that high-burden countries develop pneumonia control strategies to reduce child deaths from pneumonia to the relevant global targets. These strategies would expose the most crucial gaps in prevention, diagnosis, and treatment services; identify the populations most at risk of death; and lay out a plan for protecting vulnerable populations. In most countries, this strategy will require greater investments to reduce child malnutrition (especially wasting) and exposure to air pollution (indoor and outdoor), and to increase coverage of the so-called pneumonia-fighting vaccines (*Haemophilus influenzae* type b, pneumococcal conjugate, and measles). To reduce the risk of death for those individuals who do become infected, many countries will need to increase rates of care seeking and improve access to fast, accurate, and affordable diagnosis and treatment at all levels of the health system, including the use of pulse oximetry, medical oxygen, and related respiratory technologies, which are currently unavailable in many settings.

In the context of an emerging viral pneumonia pandemic reaching low-income and middle-income countries, effective implementation of pneumonia control strategies can also serve as pneumonia preparedness efforts, reducing the risk that novel pathogens like coronavirus disease 2019 (COVID-19) will derail health progress, especially on child survival. Importantly, most of the strengthening capacity for COVID-19 care through primary health care and oxygen

See Online for appendix

systems is also what needs to be done for regular pneumonia. It is now clear that all available aid flows provided for pneumonia control through international mechanisms such as the World Bank, Global Fund, Gavi, or bilateral aid need to be maintained or even reinforced. It would be catastrophic if a pneumonia pandemic led to a dramatic increase in child deaths from pneumonia, undoing much of the progress achieved in recent years and threatening the achievement of the SDGs.

Pneumonia has been called a global cause without champions.<sup>5</sup> In these moments of global uncertainty, it is essential that signatories to the declaration are held accountable and report on these commitments in relevant maternal, newborn, and child health, universal health coverage, and immunisation monitoring and evaluation initiatives; as part of future Global Action Plan for Pneumonia and Diarrhoea progress reports; and as part of their efforts to contain the spread of COVID-19. The stakes are high. If the global health community and countries do not change the way they are working, many countries will fail to achieve the global health goals because of slow progress on childhood pneumonia. In the final decade of the SDGs, millions of children are likely to die from pneumonia. Only a focused effort to protect the most vulnerable children can fulfil the global promise: healthy lives for all.

We declare no competing interests.

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- 5 Watkins K, Sridhar D. Pneumonia: a global cause without champions. *Lancet* 2018; **392**: 718–19.