Advocating for the prevention and control of childhood pneumonia and diarrhea

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We have made significant progress in reducing under-5 deaths...

Global Deaths from 1980 to 2015

From 1980-2015: 70% ↓ 90% ↓ 80% ↓
...but substantial burden remains

5.9 million
Approximate number of deaths among children less than 5 years of age

→ 3.2 million deaths occur among children 1-59 months of age each year

8,800
Approximate number of deaths among children under 5 occurring each day

About 40%
Percent of deaths among children 1-59 months that are caused by pneumonia or diarrhea—nearly 1.3 million deaths each year

* Excludes neonatal deaths
We know the solutions for the leading causes of child mortality—and many are the same
Commitment and coordination across all levels is critical

- Clear WHO policy
- Clear strategies
- International funding and support

- Clear national policies
- Political commitment
- Appropriate funding
- Improved management

- Strong supply procurement
- Health worker training
- Monitoring and evaluation

Communication and feedback between global, national, and local levels is necessary to ensure support and ownership across all partners
The importance of advocates

The power of advocacy is in its use as a tool for...

- accelerating decisions
- increasing funding
- building support
- improving program performance
- addressing barriers

Individuals and organizations can be effective and powerful advocates to achieve change

Slide courtesy of Molly Sauer, JHU IVAC
Spotlight on advocacy for immunization
Many under-5 deaths are vaccine preventable

1.5 million
Approximate number of deaths among children under 5 due to vaccine-preventable diseases occurring each year

4,110
Approximate number of deaths among children under 5 due to vaccine-preventable diseases occurring each day

29%
Percent of deaths among children 1-59 months of age that are vaccine preventable
Impact of measles vaccine in the U.S.

Note: CDC data from 2003-2012 comes from its Summary of Notifiable Diseases, which publishes yearly rather than weekly and counts confirmed cases as opposed to provisional ones.

Slide courtesy of Lois Privor-Dumm
Impact of PCV on IPD in Kilifi, Kenya

Admissions of children under five years with invasive pneumococcal disease, Kilifi District Hospital, 2003–2014

Source: Anthony Scott, KEMRI-Wellcome Trust Research Programme, Kilifi, Kenya.
Hib vaccine: Decline in Hib disease post-introduction

Year relative to introduction

-1  0  1  2  3  4  5  6

Finland  Netherlands  UK  Ireland  Israel
Countries using Hib vaccine in their national immunization program, 2005

Advocacy successes: Pneumonia and meningitis

Hib introduced into all GAVI countries by 2014

- Established need for quality surveillance, modeled estimates
- Added clarity to Asia disease burden estimates
- Hib impact evaluations

- RAised awareness of disease and cost of delay
- Trained & equipped advocates in Asia and Africa

- Supply vs. capacity analysis to support market shaping & decisions
- Introduction processes strengthened, lessons learned shared
- Support for strengthened WHO position paper

Strategic Communication

Evidence-informed Decisions

Strategic Research and Surveillance

Strategic Coordination
Importance of “face to face” communication
Hib Initiative: Regional forums

- **Europe & Eurasia**: 15 countries
- **Eastern Mediterranean**: 10 countries
- **Asia and South-East Asia**: 13 countries
- **West & Central Africa**: 20 countries
- **East & Southern Africa**: 15 countries

73 GAVI and non-GAVI countries participated in regional forums
Hib Initiative: Lessons learnt

• Expect major opposition
• Understand the local hierarchy
• Identify champions
• Appropriate packaging of available data – critical
• Need to get buy in from all stake holders – scientific community, professional organizations, NGOs
• Need to get all stake holders around the table – get agreement on key messages
• May be necessary to exert political pressure
Countries using Hib vaccine in their national immunization program, 2014

Routine Hib Implementation Status
- Yes
- No


*Widespread coverage through the private market (≥50%)
4 countries have not introduced Hib vaccines nationally as of December 2017

- Belarus, China, Russia, Thailand -
Why did Hib vaccine advocacy work?

- Global commitment to introduction in low-income countries
- Shared vision and shared goals
- Presence of disease
- Focus on regional issues
- Unified voices
- Continued efforts
Reaching the right stakeholders with the right messages

- Understanding needs and perceptions
- Improving awareness of disease burden
- Working with stakeholders to see the common vision, understand strategies to achieve a solution
- Building political will to prioritize prevention and vaccine introduction, identifying and training champions
- Communicating a clear policy from WHO and partners

Slide courtesy of Lois Privor-Dumm, JHU/IVAC
More than 140 countries have introduced PCV.

However, 66 million children still lack access to the vaccine.
“You will have much opposition to encounter but great works do not prosper without great opposition.”

- Florence Nightingale, 1864
Shifting the environment for immunization in India

WHO plugs for Hib vaccine in India, critics say it is expensive and unnecessary
September 2007

Vaccines: Policy for public good or private profit?
January 2008
Hib/pentavalent vaccine introduction and scale-up in India, 2011-2016

Hib/pentavalent vaccine introduced in all states and Union Territories by the end of 2016

Health Minister of India – Mr. Nadda
Vaccines work: Spotlight on India

Since 2012, India has...

- been certified as polio-free (2014)
- eliminated maternal-neonatal tetanus (2015)
- introduced new vaccines, including:
  - Hib/pentavalent vaccine (2011)
  - IPV (2015)
  - rotavirus vaccine (2016)
  - PCV (2017)
  - measles-rubella vaccine (2017)
Communicating the broad value of interventions

Interventions for pneumonia and diarrhea have broad, cross-cutting impacts—communicating these can help make the case for investment

- Saves lives and prevents disease
- Reduces antibiotic resistance
- Improves child health, growth and development
- Improves education, quality of life
- Cost effective, high return on investment
- Improves equity

Vaccination carries important benefits across the lifespan and for individuals, societies, and communities
Summary

THE PROBLEM
Child mortality has fallen substantially, thanks to improvements in breastfeeding, vaccination, WASH, appropriate antibiotic use, ORS, and case management...

...but millions of children continue to die before reaching their 5th birthday, with pneumonia and diarrhea the leading infectious causes.

THE SOLUTION
We know how to prevent deaths and illnesses from pneumonia and diarrhea, and need to increase access to interventions in the places they are needed most.

RAISING OUR VOICES
Critical role of advocates – raise awareness of barriers/opportunities, support evidence-based decisions to prevent and control pneumonia and diarrhea.

Communicate about the broader impacts of interventions for pneumonia and diarrhea prevention and control.
Thank you