



Advocating for the prevention and control of childhood pneumonia and diarrhea

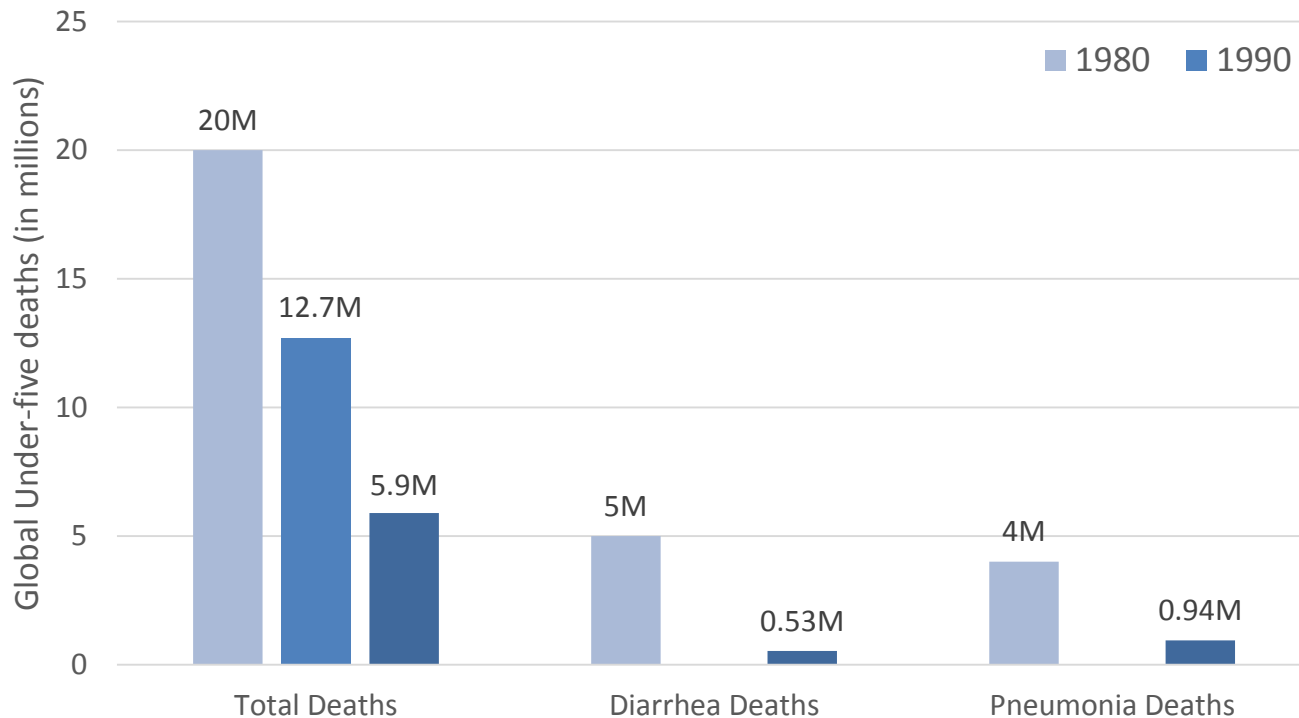
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We have made significant progress in reducing under-5 deaths...



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

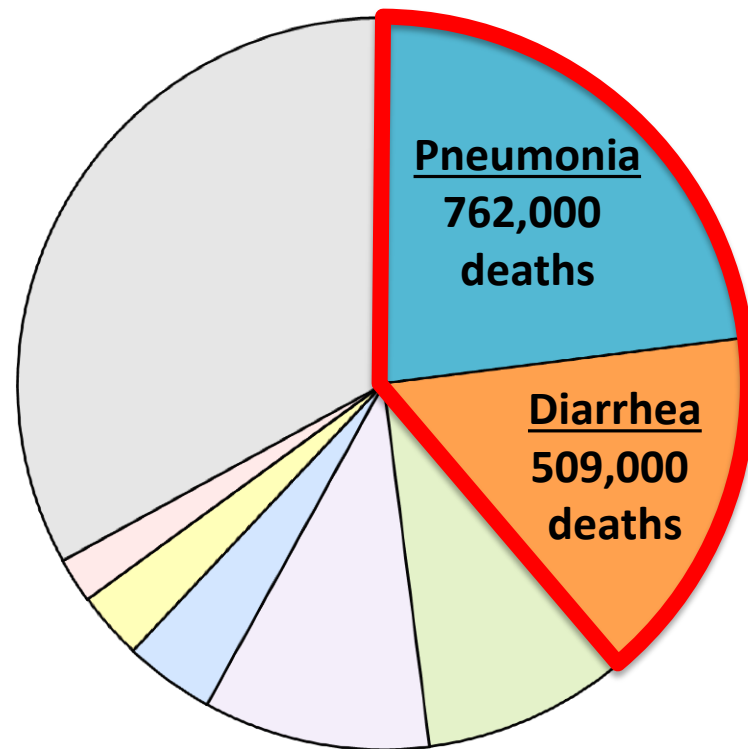
8,800

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

Leading causes of death for children aged 1-59 months, globally (2015)*



* Excludes neonatal deaths

Liu, Oza, Hogan et al., Global, regional, and national causes of under-5 mortality in 2000–15, Lancet 2016.

We know the solutions for the leading causes of child mortality—and many are the same



Diarrhoea



Vitamin A supplementation



Vaccination : rotavirus



Safe water & improved sanitation



Low-osmolarity ORS, zinc & continued feeding

Protect



Breastfeeding promotion & support



Adequate complementary feeding

Prevent



Measles Vaccination



Handwashing with soap



Prevention of HIV

Treat



Improved care seeking behaviour and referral



Improved case management at community and health facility levels



Continued feeding

Pneumonia



Vaccination (PCV, Hib, pertussis)



Reduced household air pollution

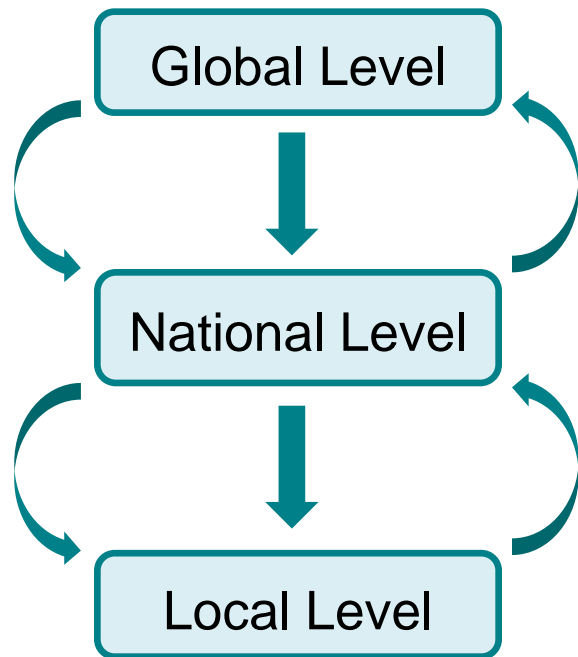


Antibiotics for pneumonia



Oxygen therapy (where indicated)

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



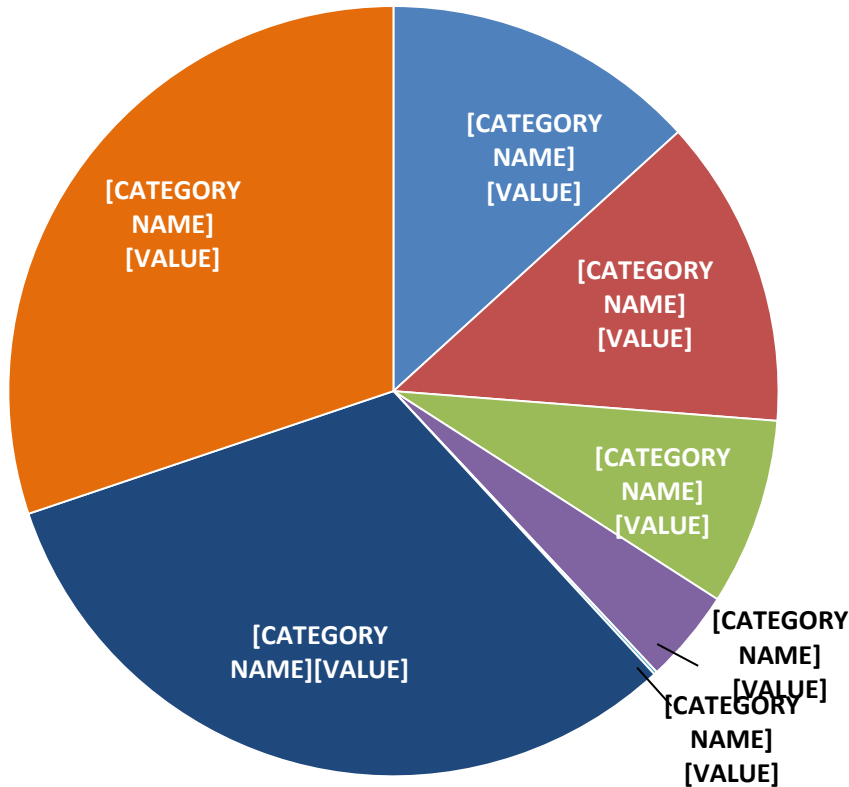
ADVOCATING FOR THE PREVENTION AND CONTROL
OF CHILDHOOD PNEUMONIA AND DIARRHEA

Spotlight on advocacy for immunization

Many under-5 deaths are vaccine preventable



Global deaths from VPDs, 2008



1.5 million

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

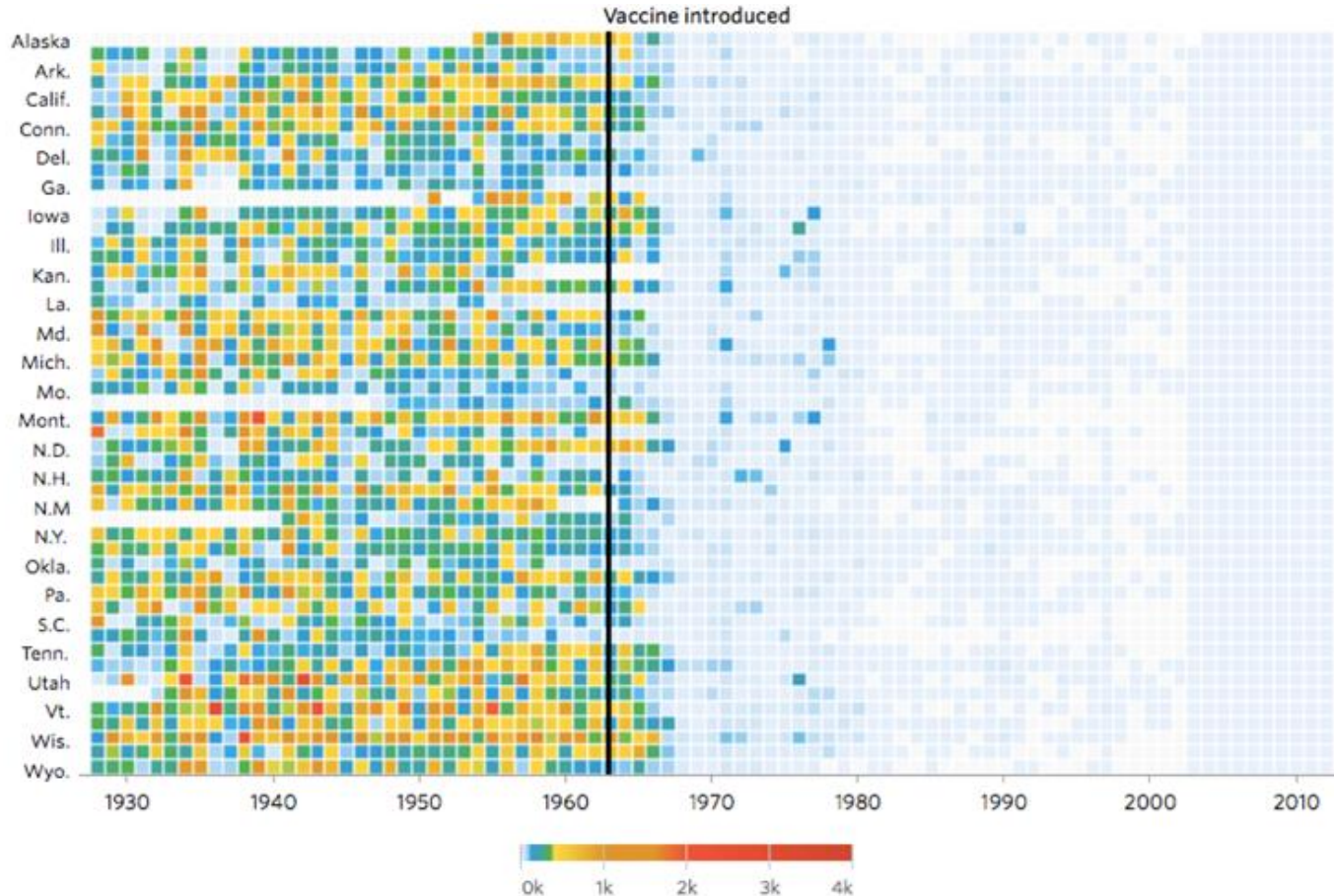
4,110

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.

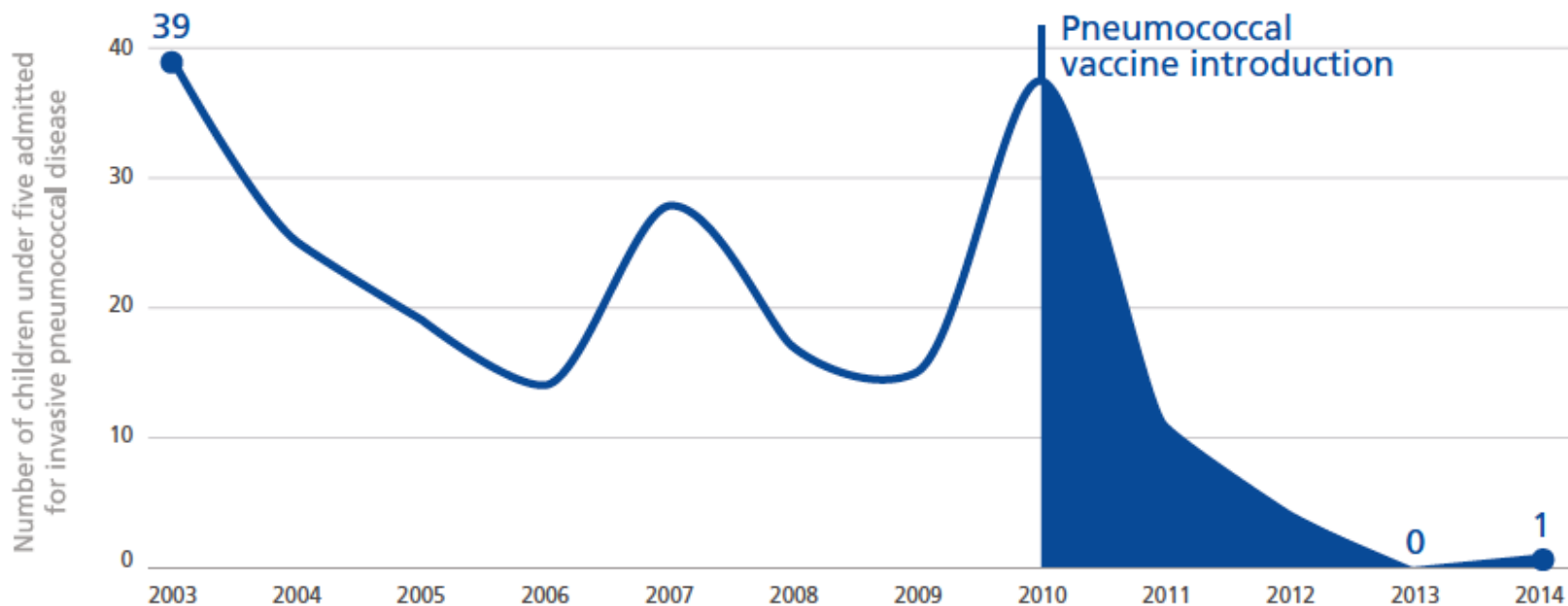


Note: CDC data from 2003-2012 comes from its Summary of Notifiable Diseases, which publishes yearly rather than weekly and counts confirmed cases as opposed to provisional ones.

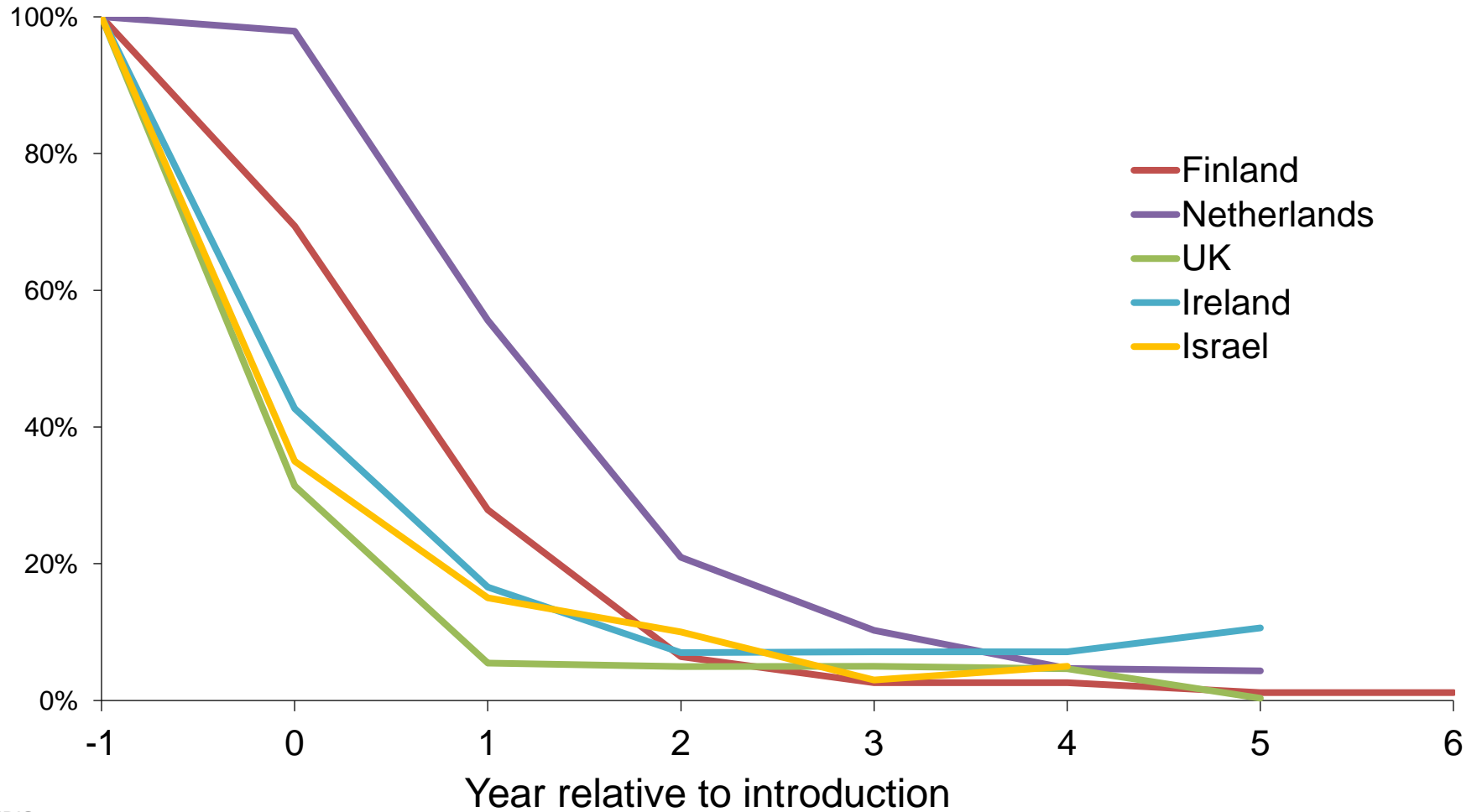


Impact of PCV on IPD in Kilifi, Kenya

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



Hib vaccine: Decline in Hib disease post-introduction



Advocacy successes: Pneumonia and meningitis



the **Hib** initiative

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

**Strategic
Communication**

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

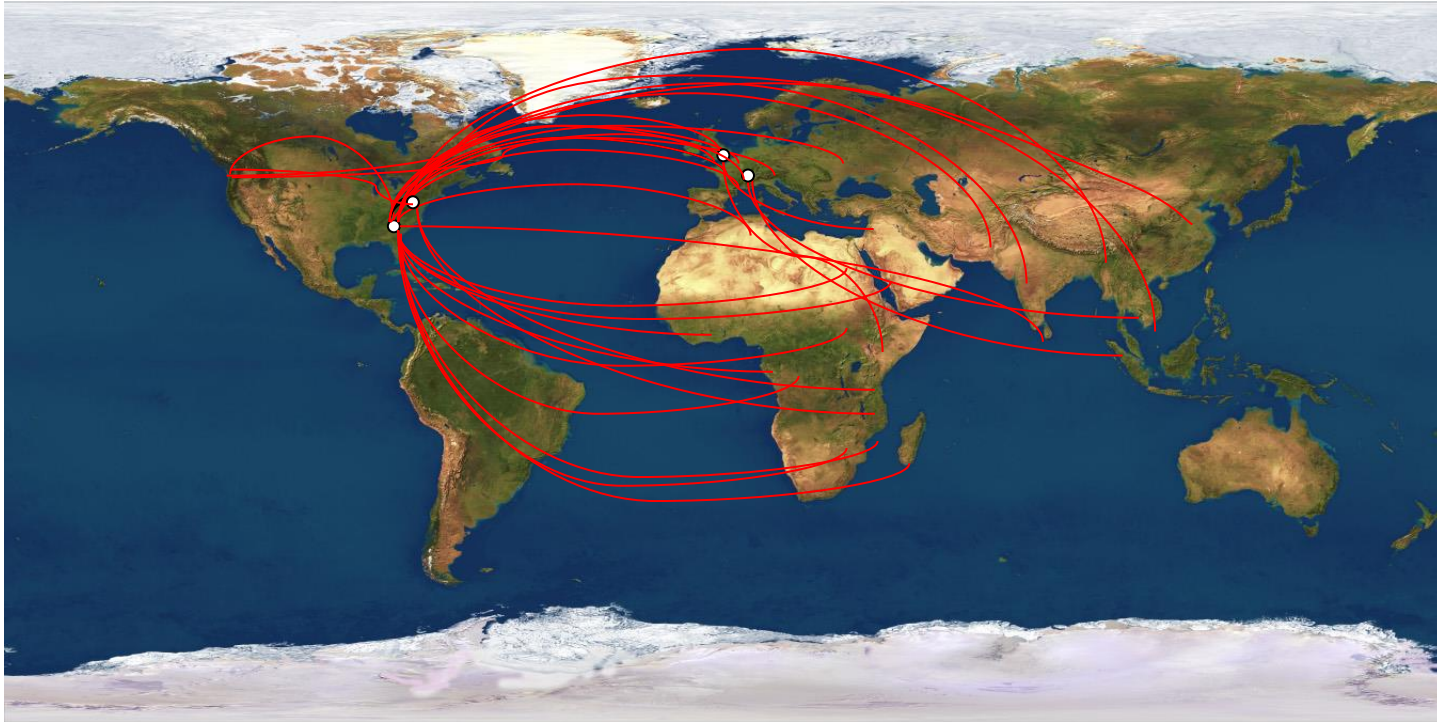
**Evidence-informed
Decisions**

**Strategic Research
and Surveillance**

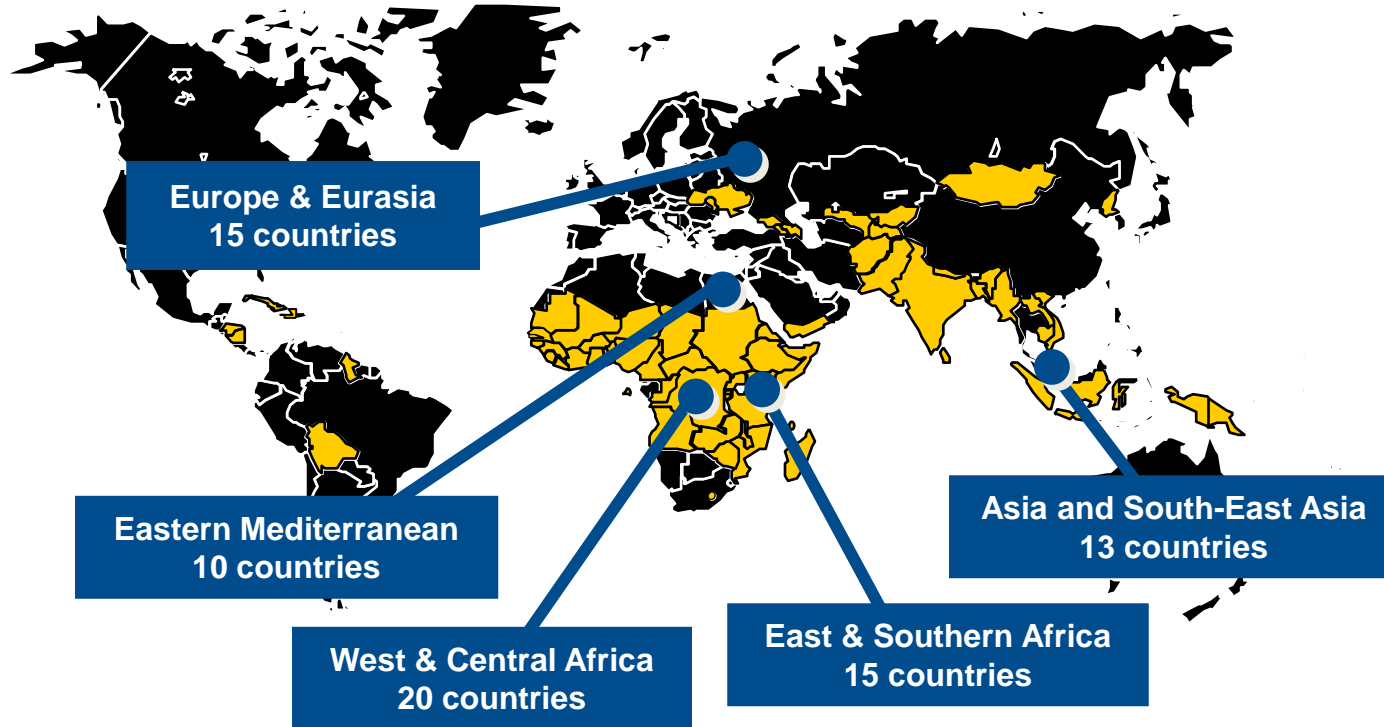
**Strategic
Coordination**

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

Importance of “face to face” communication



Hib Initiative: Regional forums



73 GAVI and non-GAVI countries participated in regional forums

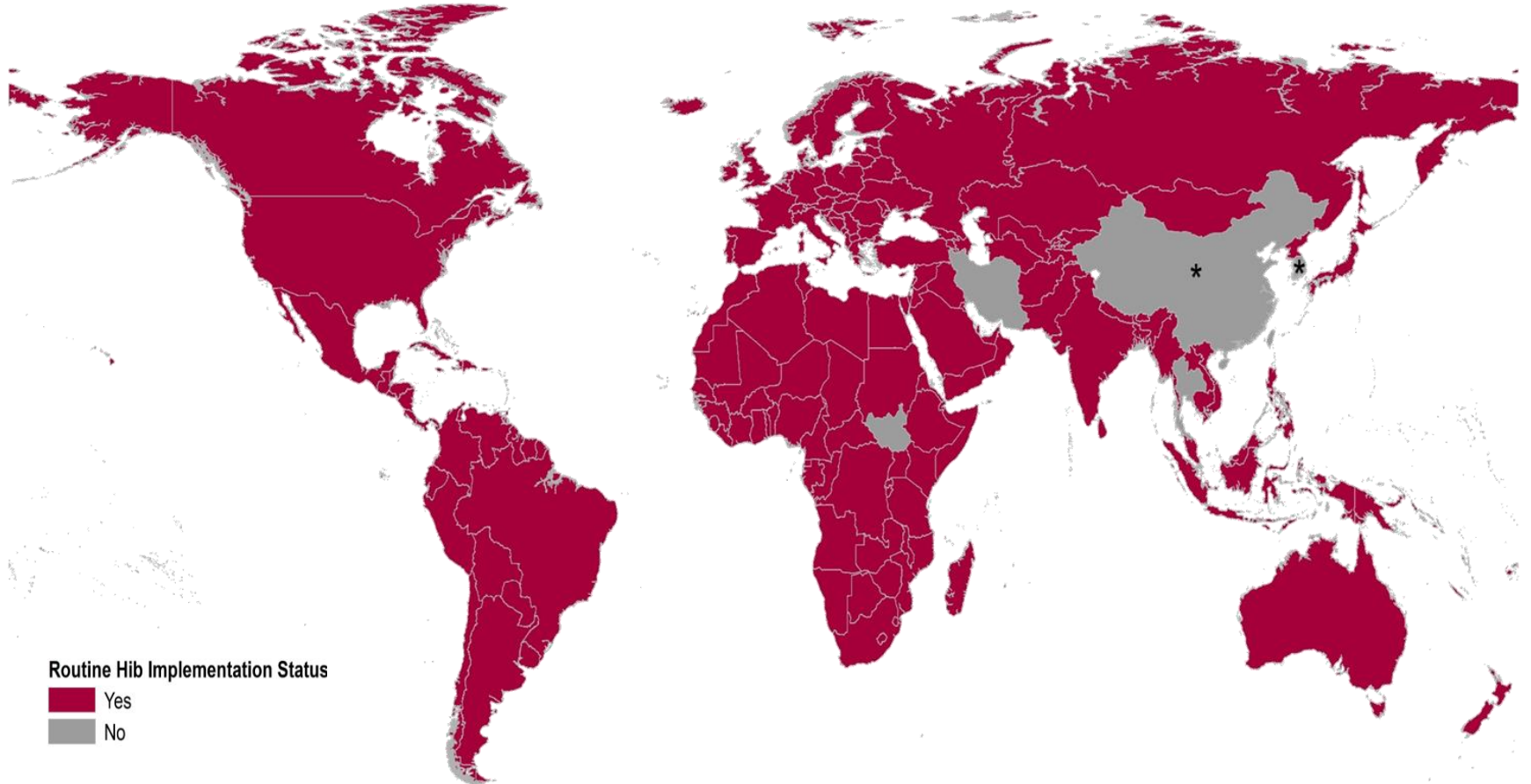
 **GAVI countries**

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



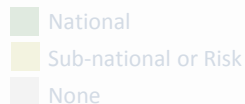
Countries using Hib vaccine in their national immunization program, 2017



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



pneumoADIP

Global Serotype Project (GSP) to estimate regional distribution of pneumococcal serotypes

Surveillance networks in >50 countries

Global Disease Burden (GDB) estimates for pneumococcal and Hib disease

AMC Communications Support

Country Advocacy Trainings

Strategic Media

GAVI Business Case

Target Product Profile (TPP) for the AMC

AMC Investment Case

Strategic Demand Forecast (SDF)



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



Countries using PCV in their national immunization program, 2017



However
More than **140 countries**
66 million children
have introduced PCV
still lack access to the vaccine

Routine PCV
introduction status

- National/universal
- Sub-national
- Risk
- None



“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

IJMR Indian Journal of Medical Research

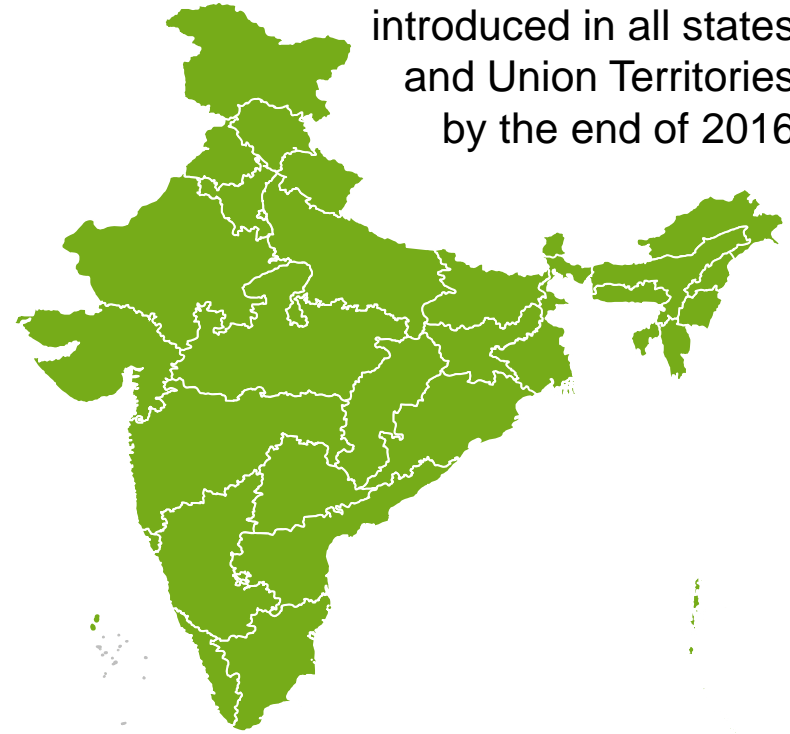
Vaccines: Policy for public good or private profit?
January 2008

Hib/pentavalent vaccine introduction and scale-up in India, 2011-2016



Health Minister of India – Mr. Nadda

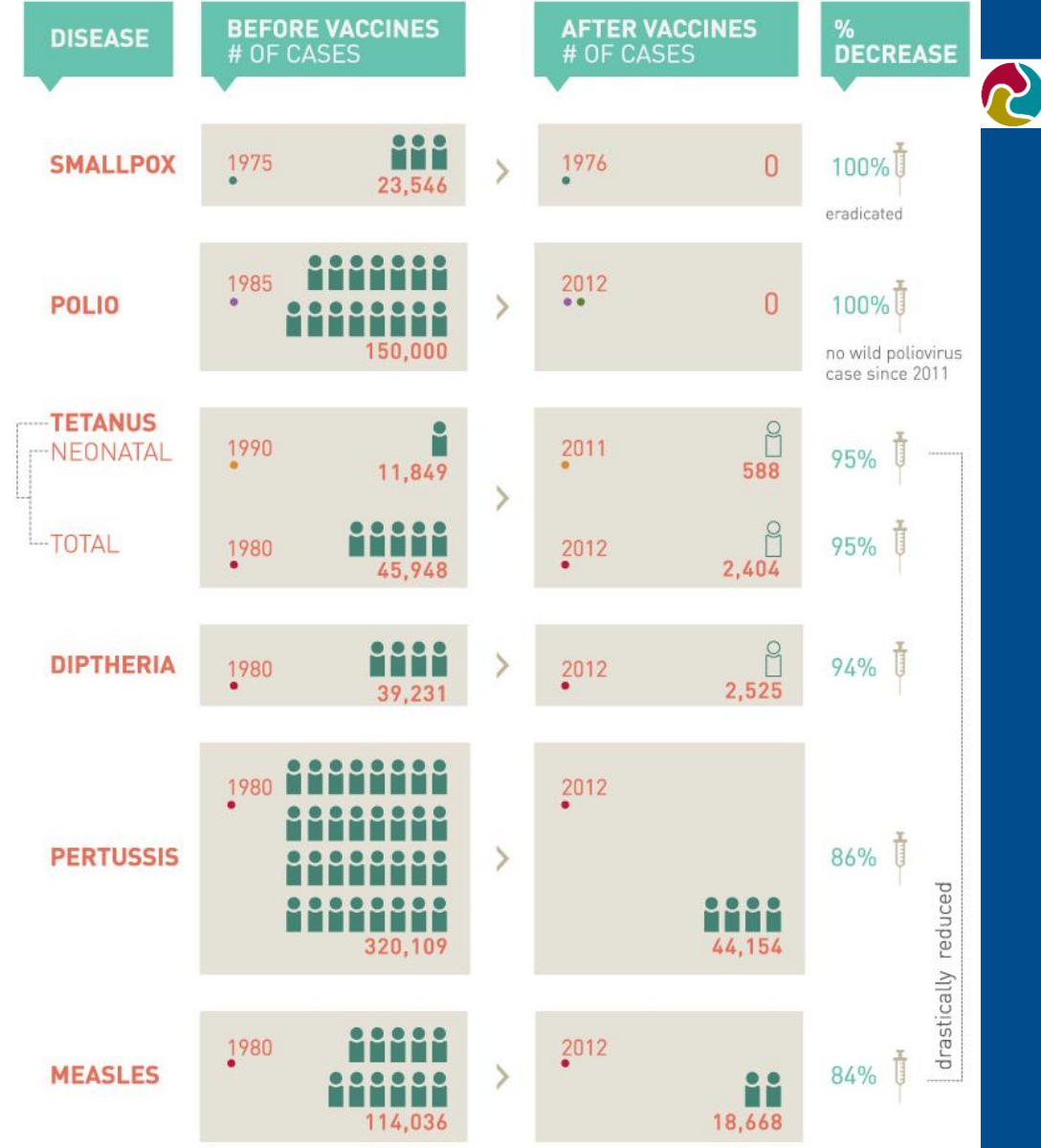
Hib/pentavalent vaccine introduced in all states and Union Territories by the end of 2016



Vaccines work: Spotlight on India

Since 2012, India has...

- been certified as polio-free (2014)
- launched Mission Indradhanush (2014) and Intensified Mission Indradhanush (2017)
- 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

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



- ✓ 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

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