Severe pneumonia leaves 4.2 million children desperate for oxygen each year



in nursery at 22 May

Severe pneumonia leaves an estimated 4.2 million children under the age of five in 124 low- and middle-income countries with critically low oxygen levels each year, new analysis from UNICEF, Clinton Health Access Initiative (CHAI), Save the Children and Murdoch Children's Research Institute (MCRI) has revealed.

The agencies say the COVID-19 pandemic-related disruptions to health services threaten to be a further blow in the battle against the world's biggest infectious killer of children, which already claims the lives of over 800,000 children under the age of five each year.

Pneumonia is caused by bacteria, viruses or fungi, and leaves children fighting for breath as their lungs fill with pus and fluid. Severe pneumonia affects more than 22 million young children in lowand middle-income countries each year and kills more than malaria, measles and diarrhoea combined.

"COVID-19 has infected millions of people and rendered difficult global conditions for children even worse," said Henrietta Fore, UNICEF Executive Director. "While the world grapples with the pandemic and the severe consequences it poses for the most vulnerable, we must not lose sight of the fact that pneumonia continues to claim more than 2,000 young lives every day. Medical oxygen can help save some of these lives."

Medical oxygen could save the lives of many children

Medical oxygen could save the lives of many children with severe pneumonia, coupled with antibiotics. But in many places, oxygen to treat a child with severe pneumonia over 3-4 days can cost at least £30-45.

For the poorest families, that bill represents a huge barrier to treatment – if the child is able to get to a health facility with functioning oxygen and trained health workers at all, which are often scarce in poorer countries.

Poorer countries faced a huge lack of oxygen systems and supplies even before the onset of COVID-19. But surging needs due to the pandemic have given these shortages prominence. The good news is, oxygen can be produced locally at affordable cost.

Save the Children UK CEO Kevin Watkins said, "The pandemic has exposed a devastating oxygen shortage in the poorest countries. Each year millions of children reach health facilities in developing countries needing oxygen support. In much of Africa fewer than one-in-five get the treatment they need. Many die from exhaustion – their fragile bodies starved of the oxygen they need to recover.

"It doesn't have to be this way. As the world races to scale up oxygen supply, to save lives from both COVID-19 and pneumonia it must get to the hardest to reach, be free for everyone and be sustainable. If we focus only on short term fixes, we risk missing a pivotal opportunity to save millions of lives for generations to come."

Helping countries establish resilient systems to provide oxygen will save lives

Dr. Iain Barton, CHAI CEO said, "Helping countries establish resilient systems to provide oxygen reliably and efficiently will save lives during this pandemic and treat patients sustainably in the future."

Modelling from Johns Hopkins has shown that disruption to new born care, access to antibiotics and the delivery of pneumonia-fighting vaccines mean a combination of pneumonia and neonatal sepsis could be taking more than 25,000 additional children's lives every month.

In many countries, analysis of data from routine health information systems separately carried out by Save the Children and UNICEF shows that the numbers of children receiving immunization, diagnosis and treatment have fallen.

Following the onset of the pandemic, worsening shortages and rising prices of oxygen have been reported in countries with some of highest numbers of child pneumonia deaths, such as India, Bangladesh and Nigeria.

According to the World Health Organisation (WHO), the poorest countries may currently have just five to 20% of the medical oxygen they need, overall.

But the COVID-19 pandemic has sparked global efforts to improve oxygen supply systems. In just one sign of the scale of efforts to increase supply, the WHO and partners have distributed 30,000 oxygen concentrators to countries across the world. UNICEF alone has delivered over 15,000 concentrators to over 90 countries.

In a <u>commentary published in the Lancet</u> on World Pneumonia Day, 12 November, global health agencies including Save the Children and UNICEF call for governments and donors to build on the investment and efforts made to respond to COVID-19 to strengthen health systems that can tackle childhood pneumonia.

Save the Children, CHAI and UNICEF are calling on donors and governments to:

 Invest in oxygen systems in lower- and middle- income countries, including in Africa and South Asia, to provide a sustainable supply of oxygen, closer to the children who need them.
Maintain and strengthen essential routine health services critical for child survival during the COVID-19 outbreak and beyond, with a free to use basic health services package that includes oxygen therapy, including for children.

3)Generate better data to monitor the pandemic and its effects on the health care system including coverage of pulse oximetry for diagnosis, oxygen and the recommended first line antibiotics for child pneumonia - amoxicillin in dispersible tablet form and injectable antibiotics for severe pneumonia.

Across the world, Save the Children, UNICEF and CHAI are scaling up programmes on the ground and joining forces with partners to get life-saving diagnosis and treatment to children. For example:

In Nigeria, Save the Children has partnered with GSK to ensure every bed in the paediatric ward in Dutse General Hospital in Nigeria has a reliable supply of oxygen.

In Ghana and Senegal, UNICEF procured oxygen supplies for the COVID-19 response while building on and expanding efforts to support government to improve access to essential treatment for children with pneumonia. In Sierra Leone, UNICEF supported the installation of three Pressure Swing Adsorption (PSA) oxygen plants across the country and in Bangladesh , UNICEF established a liquid medical oxygen plant for the Special Care Newborn Unit in Cox's Bazar Sadar District Hospital to service Rohingya refugees. In Ethiopia, Kenya, Nigeria, India, and Uganda—five countries that represent a third of global deaths from low-blood oxygen—CHAI has been working since 2016 to increase access to diagnosis and treatment. As finalists in the MacArthur Foundation's 100&Change competition, CHAI and MCRI are seeking to save tens of thousands of lives each year by sustainably scaling up oxygen therapy and diagnosis in these five high-burden countries. CHAI is also working in partnership with PATH and the Every Breath Counts (EBC) Coalition on a **COVID-19 Respiratory Care Response Coordination** project to support countries in the development and execution respiratory care plan to meet the demands of COVID-19. -**UNICEF, London, New York, November 11, 2020**