



Pneumonia: the forgotten killer of children in Bangladesh

Pneumonia is often said to be the “forgotten killer” of children under five, because historically, it has received very little attention despite its fatal role. In 2016, it claimed the lives of an estimated 880,000^{*} children – more than for malaria and diarrhea combined. Most of them were less than two years old. The vast majority of those killed by pneumonia are poor and living in low and middle income countries. Pneumonia is a form of acute respiratory infection that affects the lungs caused by some infectious agents - bacteria, viruses, fungi etc. Almost all pneumonia deaths can be prevented through vaccination or early diagnosis and treatment with antibiotics. The major risk factors of pneumonia are malnutrition or undernourishment, especially in infants who are not exclusively breastfed; environmental factors such as indoor air pollution, preexisting illness such as symptomatic HIV infections and Measles.

Written By: Tahrim Ariba Chaudhury
Reviewed By: Dr. Sabbir Ahmed
Designed By: Aritra Ankan Mitra
Photos: Save the Children/Bangladesh

* Save the Children, Fighting for breath in Bangladesh, 2nd Edition, November 2018

The burden of Pneumonia in Bangladesh

Pneumonia is one of the leading killers of children under 5 in Bangladesh. Although the overall child death (under 5 years) rate has declined steeply over the last xx years, the reduction in pneumonia deaths has not had a similar result. The deadly disease took the lives of over 16,000 children under the age of 5 in 2016- that is close to two deaths every hour.

Bangladesh has a well-structured Integrated Management of Childhood Illnesses (IMCI) program in the existing public health care delivery system and good immunization coverage. The PCV vaccine – which can help protect children against leading causes of pneumonia – has been introduced in the routine immunization program and coverage is high. However, there is a gap in preparedness for IMCI service delivery including availability of IMCI trained providers (54%), availability of medicine such as Amoxicillin DT, care seeking behavior of the community for Pneumonia (46%), and some geographical inequalities in immunization coverage.

In order to achieve Universal Health Coverage (UHC) and reach the ‘3 per 1000 live births target of death rates under 5 by 2025’, as envisaged under the Global Action Plan for Pneumonia & Diarrhoea (GAPPD), we cannot have children be left behind.



How is Save the Children tackling pneumonia in Bangladesh?

As a part of a 100 years of the organization in 2019, Save the Children is committed to ending preventable deaths of under-fives from pneumonia and other causes by 2030. In Bangladesh, we will convene a movement within the global health community to tackle childhood pneumonia by supporting national advocacy and campaigning, and providing technical support for innovation of new pneumonia treatments and techniques so that Every Last Child in Bangladesh is protected, prevented and treated from pneumonia, no matter where they are.

Over the past decade, Save the Children has been advocating for Community Case Management (CCM) of Pneumonia approach by implementing community based interventions in sub-districts of Bangladesh by training Community Health Care Providers from the public sector. Through this process we were able to set a standard of case management of pneumonia. The CCM approach is unique in that it recognizes the role of informal health care providers at the community level and provides a sustainable and decentralized approach to managing caseloads. On the other hand, Enhanced Management of Pneumonia in Community (EMPIC) is a research study which aims to rigorously assess the benefits of an enhanced approach to community case management for pneumonia, contributing to the evidence base for revision of WHO and UNICEF integrated community case management (iCCM) tool and its harmonization with the integrated management of childhood illness (IMCI) tool, by using lessons learned during implementation to help accelerate subsequent program scale-up.

In collaboration with UNICEF and WHO, we have invested in research and will continue to advocate for demonstration proven service delivery. Save the Children is also advocating for gradual Government budget increases to mitigate the transitional withdrawal of GAVI support for vaccine procurement and strengthen multi-sectoral coordination.

Save the Children is also collaborating with the Ministry of Health and Family Welfare to activate a coalition of stakeholders such as UN agencies, research institutes and academics, professional organizations, national and international NGOs and media, towards the reduction of child mortality and morbidity from pneumonia. This coalition is expected to provide technical assistance and managerial support for the overall improvements in access to services for pneumonia management including vaccine, ensuring the availability of essential commodities and more efficient management of the existing supply chain, improving appropriate referral and management of severe pneumonia cases and above all multi sectoral engagement for protect, prevent and treat for pneumonia of children.

Kaniz Fatema: recovered from pneumonia

Rubaya Begum is a primary school teacher in Bakerganj, a remote village in Bangladesh. Her daughter was only 2 months old when she was suffering from cold and fever. She took the baby Kaniz to the nearest Community Clinic (CC). A CC is a static facility in rural community, developed to provide limited curative care for approximately 6000 populations, staffed with a designated health care provider, Community Health Care Provider (CHCP). Nupur Datta, CHCP of the CC was trained on Integrated Management of Childhood Illness (IMCI) provided by the Government and is supported by Save the Children. The training has capacitated Nupur to diagnose Kaniz's pneumonia and treat her according the national protocol. Rubaya followed the instructions given by CHCP which ultimately led to Kaniz's recovery. Rubaya expressed her gratitude to Nupur, Save the Children and the Government for taking initiatives for better medical care and services in the community.

In absence of IMCI trained provider at CC, community have to travel to sub district level facility for proper management of pneumonia cases. The cost to commute to sub district facility and avail treatment for admitted cases, is a huge financial burden for the poor family. It also delays in initiation of appropriate treatment and endangering the life of patient. Save the children support to MOHFW to make available trained service provider for the management of children suffering from Pneumonia, at community level is contributing to reduce morbidity and mortality of Pneumonia of children.

