Fighting for Breath in Indonesia

A CALL TO ACTION TO STOP CHILDREN DYING FROM PNEUMONIA

Biggest killer,[1] yet forgotten

Pneumonia is the world's leading infectious killer of children, claiming the lives of more than 800,000 children under the age of five every year, more than 2,000 every day.

It is a shocking demonstration of pervasive health inequities disproportionately affecting the most deprived and marginalised children in low- and middle-income countries. It represents a violation of children's right to survival and development, as enshrined in the UN Convention on the Rights of the Child. Yet pneumonia has been largely forgotten on global and national health agendas. We can and must change this.

It is possible to combat pneumonia

It is possible to deliver the necessary solutions to combat pneumonia to all children. It is possible through Universal Health Coverage (UHC) and equitable access to quality primary health care to prevent, diagnose and treat pneumonia. It is possible through better immunisation coverage to protect children from some of the leading causes of pneumonia. It is possible through good nutrition to help their bodies to fight off infections and respond to treatment, as well as to prevent underlying causes of pneumonia. It is possible through improved water, hygiene and sanitation, and reductions in air pollution to help address risk factors that can cause pneumonia. It is possible through ensuring access to integrated service delivery and life-saving low cost antibiotics at the community level and strengthening the availability and quality of referral level care, to combat pneumonia and save lives.

Poverty and inequality aid and abet pneumonia deaths

Progress to address the number of children dying from pneumonia isn't fast enough or fair enough. Global, regional, national averages mask huge inequalities in countries. It is the poorest children who are most at risk because of high rates of malnutrition, and lack of access to basic quality health services for vaccinations, and diagnosis and treatment of common childhood illnesses. As a result, the poorest children are almost twice as likely to die before their 5th birthday compared to the richest. Innovations that could save hundreds of thousands of lives each year are not reaching children with the greatest need.

An unprecedented moment to push for action

The COVID-19 crisis is unlike any we have seen before. This pandemic is presenting the world with ever-evolving, unprecedented challenges, and has highlighted the need for building strong and accessible health systems offering free-at-point-of-use health services. The rapid responses from governments have demonstrated that when health is prioritised, it is possible to mobilise much needed resources to protect the health of all citizens. Universal health coverage can no longer be a point of debate. Strengthening health systems now to cope with COVID-19 will also improve services for the prevention, diagnosis and treatment of childhood pneumonia and have a lasting impact on child survival over the long term.

Now is the time to act. There are only ten years left to deliver on the Sustainable Development Goals (SDGs) - which require all countries to reduce child deaths to at least 25 per 1,000 live births – and only five years to achieve the Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) pneumonia target - which requires all countries to reduce child pneumonia deaths to below 3 per 1,000 births. We need concerted action to improve policies, investment, innovations, and scale up of evidence-based interventions, if we are to leave no child behind and to save lives. Not only is combatting pneumonia possible, it is a must – a must for every child to be able to fulfil their right to survive and thrive.

Save the Children

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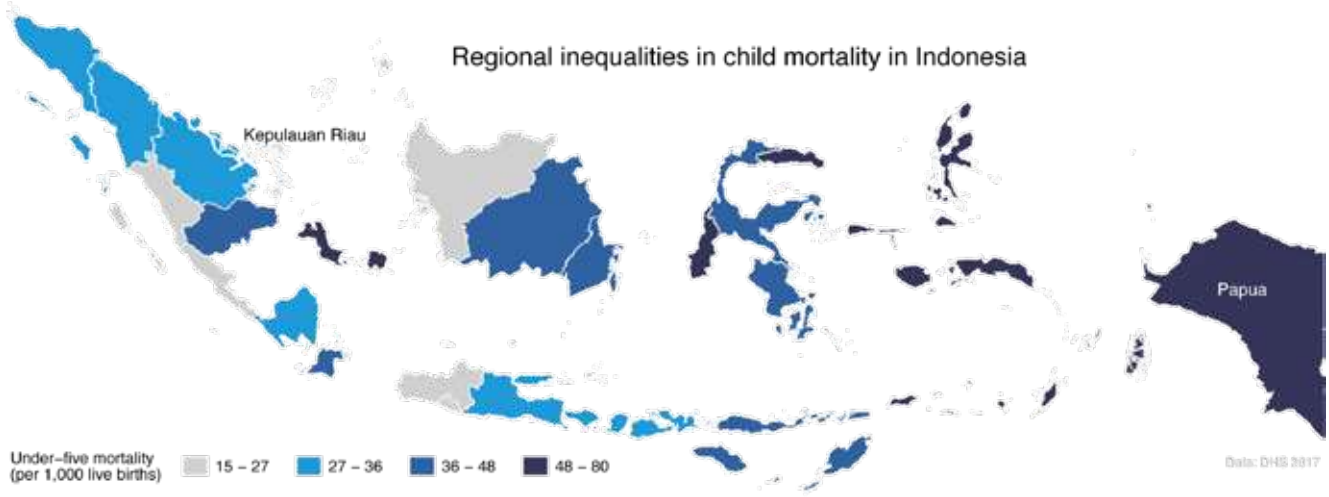
EVERY BREATH COUNTS

Indonesia spotlight

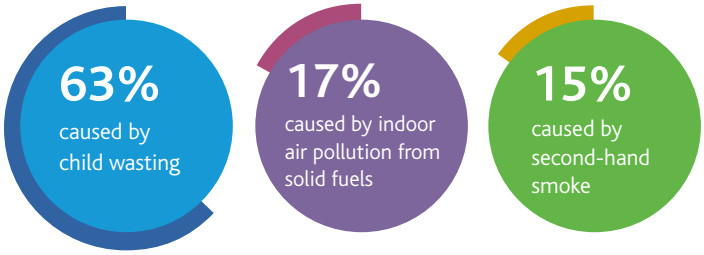


UNDER-FIVE MORTALITY[2]

GLOBAL TARGET

At least as low as
25 per 1000 live births is the SDG target rate for under five mortality by 2030.

HIGHEST RISK FACTORS FOR CHILD PNEUMONIA DEATHS IN INDONESIA, 2017[3]



INDONESIA STATUS

25 per 1000 live births, under-five mortality rate in 2018.

Inequality, poverty and lack of access to health services contributes to
53 deaths per 1000 live births among the poorest households compared with
24 deaths per 1000 live births amongst the richest households in 2017.

In Papua where the mortality rate is
80 per 1000 live births, children are almost **5 times** more likely to die before the age of five than children in Riau Islands where the mortality rate is
15 per 1000 live births in 2017.

PNEUMONIA RELATED UNDER-FIVE MORTALITY[4]

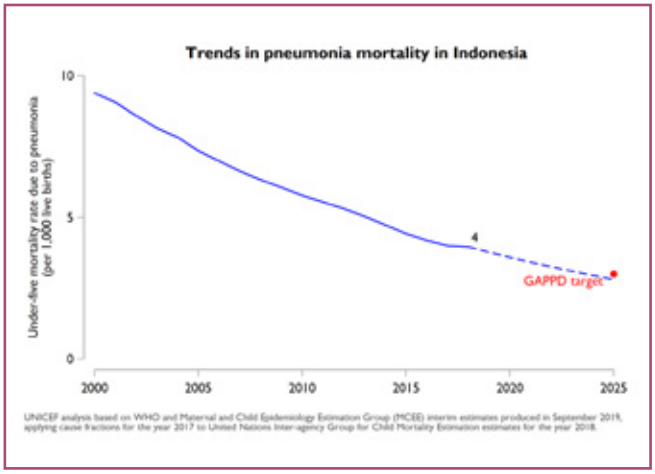
GLOBAL TARGET

3 per 1000 live births is the target pneumonia mortality rate for under-fives by 2025, as envisaged under the Global Action Plan for Pneumonia and Diarrhoea (GAPPD).

INDONESIA STATUS

4 per 1000 live births, under five mortality rate due to pneumonia in 2018.

16% of child deaths were due to pneumonia in 2018, and it was the **second biggest killer** of children under-five in 2017.



Pneumonia killed more than **19,000** children under-five in 2018 – more than **2** children every hour.

5% is the average annual rate of reduction in pneumonia mortality between 2000–2018, and at the same rate, Indonesia is expected to reach the **2025 GAPPD target in 2024.**

Health system strengthening to deliver strong primary health care and UHC to combat pneumonia[5]

The UHC Service Coverage Index is a measure of SDG indicator 3.8.1, which is a composite of essential health services. Countries should strive towards achieving 100% coverage to ensure health care for all citizens. To progress towards UHC, coverage of quality essential health services needs to be expanded with an emphasis on reducing inequities and strengthening health care facilities, to improve the quality of primary health care services. In Indonesia, the coverage of essential health services was **57%** in 2017. In addition, the proportion of children with pneumonia symptoms who are taken for healthcare is the indicator for 'child treatment' under the UHC Service Coverage Index. In Indonesia it was **75%** in 2012.

To build strong health systems, increase coverage and deliver UHC, Indonesia needs to increase domestic public health expenditure towards a target of 5% of GDP, prioritising spending at the primary health care level. It would be ideal for Indonesia to raise revenue for health systems in an equitable way through progressive taxation and remove out-of-pocket payments to accessing health and nutrition services, such as user fees, at least for vulnerable populations and priority services. The more Indonesia continues to rely heavily on out-of-pocket payments, the harder it will be to achieve UHC.

Strong and equitable health systems are needed to adequately prevent, diagnose and treat pneumonia, and provide children with their basic human right to good-quality healthcare. UHC – where all children and their family have access to health and nutrition services, vaccinations and the medicines they need, without facing financial hardship – represents that right in action.

GLOBAL TARGETS ON HEALTH FINANCING

$86 is the minimum recommended government spend/person/year to provide essential health services as per WHO recommendations.

5% is the minimum recommended government spend on health as % of GDP as per WHO recommendations.

57% of government health expenditure should be on primary-level healthcare services as per WHO recommendations, as 90% of all health needs can be met at the primary health care level.

The SDG targets for large out of pocket (OOP) expenditure should not be more than **10%** and to avert catastrophic OOP expenditure it should not be more than **25%** of total household expenditure or income.

INDONESIA STATUS[6]

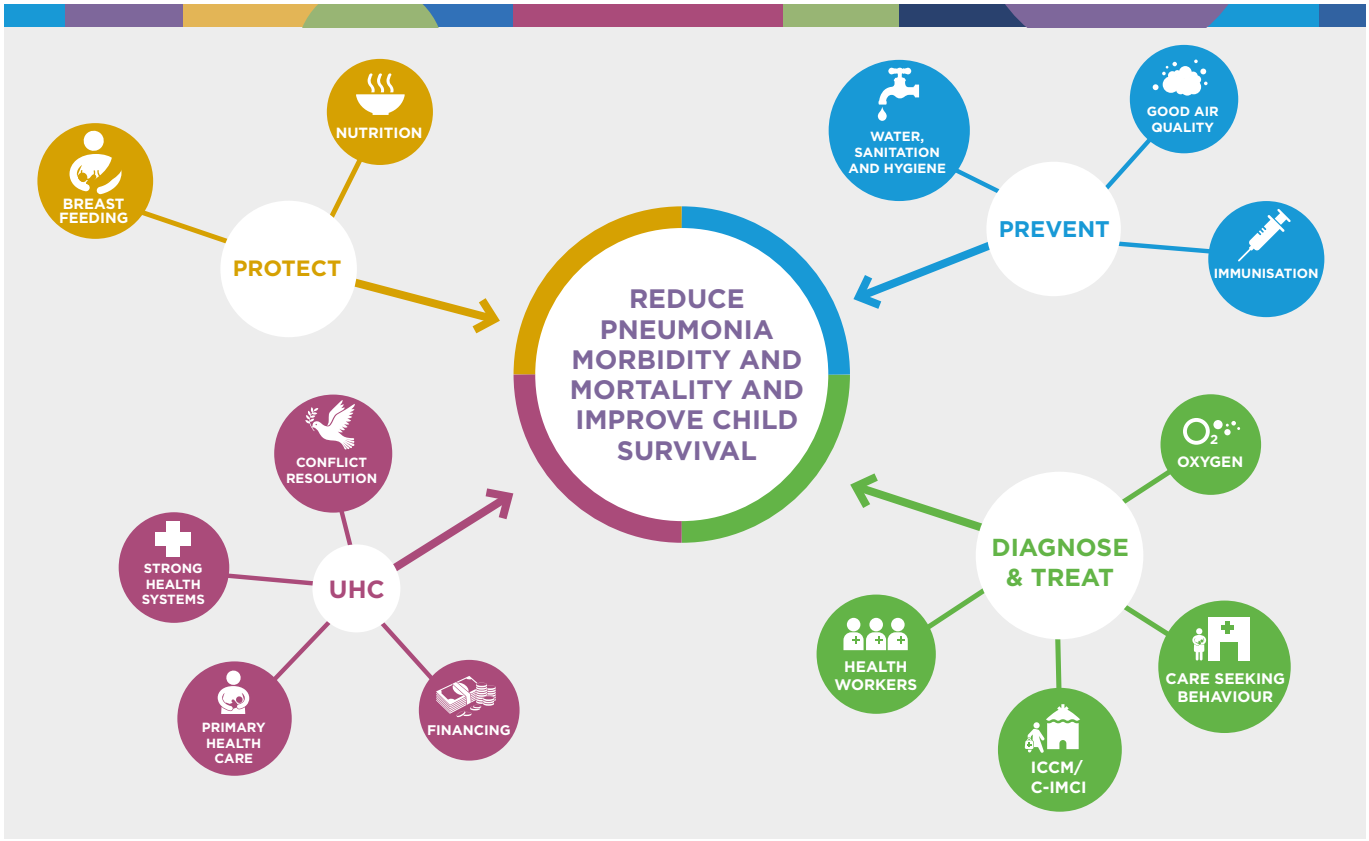
$50 spent by the government on health per person in 2016.

8% of the government's budget spent on health in 2016.

1.4% of GDP spent on health by the government in 2016.

..% of the government's budget spent on primary health care in 2016. ***No data available***

37% of total health expenditure was out-of-pocket in 2016.



PROTECT children by establishing good health practices from birth

Nutrition[8]

Global Targets & Standards

SDG 2.2: By 2030, end all forms of malnutrition, including achieving by 2025, the internationally agreed targets on wasting and stunting in children under-five.

Reduce and maintain childhood wasting (weight for age) in under-five children to less than **5%** & ensure **40%** reduction in stunting (height for age) in under-five children as per the 2025 targets set in the 2012 World Health Assembly Resolution.

2 ZERO HUNGER

Indonesia Status

Wasting

14% is the wasting rate for under-five children in 2018.

Stunting

31% is the stunting rate in 2018.

To remain on track to achieve SDG 2 in 2030, Indonesia needs to reduce stunting rates to 17% by 2025.

Sub-national Status[7]

Wasting

14% is the wasting rate for under-five children in the poorest households in 2015.

11% is the wasting rate for under-five children in the richest households in 2015.

Stunting

43% is the stunting rate among under-five children in the poorest households in 2018.

21% is the stunting rate among under-five children in the richest households in 2018.

The stunting rate among children in the poorest households is **2 times** higher than among children in the richest households.

Breast feeding[9]

Global Targets & Standards

50% rate of exclusive breastfeeding for the first 6 months as per the 2025 targets set in the 2012 World Health Assembly Resolution.

Indonesia Status

52% is the exclusive breastfeeding rate in 2017.

Sub-national Status

42% is the exclusive breastfeeding rate among babies in the poorest households in 2012.

46% is the exclusive breastfeeding rate among babies in the richest households in 2012.

PREVENT pneumonia in children by addressing underlying causes

Immunisation[10]

Global Targets & Standards

SDG 3.2: End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce under-5 mortality to at least as low as **25** per 1,000 live births by 2030.

90% national and at least **80%** district or equivalent administrative unit coverage for vaccination by 2020 as per the Global Vaccine Action Plan (GVAP)

Penta3 (Pentavalent vaccine) and **PCV3** (Pneumococcal Conjugate) vaccines included in the national immunisation programme.

3 GOOD HEALTH AND WELL-BEING

Indonesia Status	Sub-national Status
79% Penta3 vaccine coverage among 1-year-olds in 2018.	Pentavalent vaccine (Penta3) coverage among 1-year-olds in 2017 **46%** in Aceh and **82%** in Central Java, **67%** among poorest and **82%** among richest households.
8% PCV3 coverage among 1-year-olds in 2018 as it is not yet part of the national immunisation programme.	*No data available*

Water, sanitation and hygiene[11]

Global Targets & Standards

SDG 6.1: Achieve universal and equitable access to safe and affordable drinking water for all by 2030.

SDG 6.2: Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women, girls and those in vulnerable situations by 2030.

6 CLEAN WATER AND SANITATION

Indonesia Status	Sub-national Status
89% People using safely managed drinking water services in 2017.	**82%** rural & **95%** urban people using safely managed drinking water services in 2017.
73% People using safely managed sanitation services in 2017.	**65%** rural & **80%** urban people using safely managed sanitation services in 2017.
64% People with basic hand washing facilities at home in 2017.	**55%** rural & **72%** urban people with basic hand washing facilities at home in 2017.
10% People practicing open defecation in 2017.	**17%** rural & **4%** urban people practicing open defecation in 2017.

Air Pollution[12]

Global Targets & Standards

SDG 7: 100% access to affordable, reliable, sustainable and modern energy for all by 2030.

SDG 3.9: Substantially reduce the number of deaths and illnesses from hazardous chemicals; air, water and soil pollution and contamination by 2030.

10 Micro grams per cubic metre of air (µg/m3) should be the mean annual exposure to Fine Particulate Matter ($PM_{2.5}$) as per WHO Air Quality Guidelines.

7 AFFORDABLE AND CLEAN ENERGY

3 GOOD HEALTH AND WELL-BEING

Indonesia Status	Sub-national Status
65% people with primary reliance on clean fuels and technologies in 2017.	*Data not available*
17 micro grams per cubic metre of air (µg/m^3) is the mean annual exposure to $PM_{2.5}$ pollution in urban settings in 2017.	**111, 69, 43, 11** micro grams per cubic metre of air(µg/m^3) is the mean annual exposure to $PM_{2.5}$ pollution in the cities of pollution in the cities of Medan, Surabaya, Jakarta and Pekanbaru respectively in 2008.

DIAGNOSE & TREAT children who become ill with pneumonia

Health workers[13]

Global Targets & Standards

SDG 3.12: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

44.5 per 10,000 people is the minimum number of skilled health workers required to deliver quality health services as per WHO recommendations. The estimated shortage of health workers is 18 million by 2030.

3 GOOD HEALTH AND WELL-BEING

Indonesia Status	Sub-national Status
4 doctors per 10,000 people & **24** nurses and midwives per 10,000 people in 2018.	**14** doctors and **35** nurses and midwives per 10,000 people in Jakarta in 2018. **2** doctors and **26** nurses and midwives per 10,000 people in East Nusa Tenggara in 2018.
868,750 active Community Health Workers (CHWs) in 2018.	**5** CHWs (posyandu cadres) per community health post. Indonesia has a total of **173,750** active community health posts.
YES – trained CHWs can dispense antibiotic syrup as part of C-IMCI in villages with limited access to health workers or health facilites.	**YES** – trained CHWs have been mandated in all 34 Provinces to dispense antibiotic syrup as part of C-IMCI in villages with limited access to health workers or health facilites.

ICCM[14]

Global Targets & Standards

ICCM (Universal Integrated Community Case Management) to prioritise the most deprived and marginalised, removing financial and non-financial barriers to access.

Indonesia Status	Sub-national Status
YES – Indonesia has a Community-based Integrated Management of Childhood Illnesses (C-IMCI) Framework, 2013.	**YES** – the C-IMCI Framework has been rolled out in all 34 Provinces.
NO – Amoxycillin dispersible tablets 250 mg are not on the National Essentail Drug List nor on the National Drug Formulary for Primary Health Care and Hospitals.	**NO** – CHWs are not trained to dispense any prescribed medicine, including Amoxycillin dispersible tablets 250 mg in any of the 34 Provinces.

Oxygen[15]

Global Targets & Standards

Oxygen levels in children should be monitored by trained CHWs (community health workers) who can refer them in time to primary and secondary health facilities which have oxygen supply.

Indonesia Status	Sub-national Status
NO – CHWs are not mandated to use pulse oximeters.	**NO** – None of the 34 Provinces are yet to mandate CHWs to use pulse oximeters.
YES – Primary Health Centres and hospitals (both publicly and privately owned) should have medical oxygen and pulse oximetry available as per existing regulation.	**YES** – all 34 Provinces have medical oxygen and pulse oximetry available in publicly owned Primary Health Centres.

Care seeking behaviour[16]

Global Targets & Standards

90% pneumonia care seeking behaviour by 2025 as per the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD). All children with pneumonia symptoms should be taken promptly to an appropriate health facility.

Indonesia Status	Sub-national Status
92% children with pneumonia symptoms were taken to a health facility in 2017.	Children under-five with pneumonia symptoms taken to a health facility in 2017 **89%** from the poorest and **92%** from the richest households **81%** five in South-East Sulawesi Province and **100%** in East Java Province.

Fighting for Breath: The Global Forum on Childhood Pneumonia, January 2020

Pneumonia is the world's deadliest infectious killer of children and the ultimate disease of poverty.

Each year 800,000 of the world's poorest and most vulnerable children die from the disease – more than 2000 every day. The overwhelming majority of these deaths are preventable. Yet fatalities are declining slowly – far too slowly for the world to deliver on the Sustainable Development Goal pledge to 'end preventable child deaths by 2030'. Changing this picture will require more than a reaffirmation of the SDG promise. The children whose lives are at stake need a bold agenda backed by urgent action.

On 29-31 January 2020 in Barcelona, Spain, over 350 participants from 55 countries – including ministers and senior planners from high-burden countries, major development donors, UN and multilateral agencies, non-government organisations, corporate and philanthropic leaders and the pneumonia research community – come together for the first-ever Global Forum on Childhood Pneumonia as part of an effort to build that agenda and galvanise national and international action.

The Declaration which was endorsed at the Global Forum can be found here:
stoppneumonia.org/latest/global-forum/

A Global Call to Action on Childhood Pneumonia

1. **Develop pneumonia control strategies** as part of wider plans for universal health coverage and commit to reducing child pneumonia deaths to fewer than three per 1,000 live births, the target set by the Integrated Global Action Plan Pneumonia and Diarrhoea (GAPPD).
2. **Strengthen quality primary health care and action on pneumonia** as part of national multi-sectoral plans and through integrated strategies (including nutrition, water, sanitation and hygiene, and air pollution), including at community level, focusing on the most deprived and marginalised children.
3. **Increase domestic government investment in health and nutrition** (to at least 5% of GDP on health) and ensure that increased spending improves access to child health and nutrition services, including by removing user fees, addressing non-financial barriers to accessing care, and prioritising primary health services.
4. **Improve health governance** by ensuring accountability, transparency and inclusiveness in planning, budgeting and expenditure monitoring, including for pneumonia control strategies.
5. **Accelerate vaccination coverage** by supporting Gavi's 2020 replenishment and ensuring the investment drives more equitable vaccination coverage and improves vaccine affordability.
6. **Enhance overseas development assistance** by increasing allocations to child health services and advancing the achievement of universal health coverage (aligned with national priorities and plans), including through pledges as part of Gavi replenishment and Nutrition for Growth.
7. **Engage the private sector to improve access** to affordable, quality vaccines, diagnostic tools, new antibiotics, medicines and medical oxygen, especially for the most deprived and marginalised children.
8. **Measure and report progress in achieving universal health coverage** to build stronger health systems which deliver quality primary health care and reduce child deaths, including from pneumonia, as well as against SDG child survival and GAPPD targets.
9. **Prioritise research, development and innovation** to improve access to the most affordable and cost-effective pneumonia prevention, diagnosis, referral and treatment technologies and services.
10. **Champion multi-sectoral partnerships** between the child health and nutrition communities and the broader infection control, clean air, water, sanitation and hygiene, and development financing communities.

Save the Children

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EVERY BREATH COUNTS

The partnership to combat pneumonia

Save the Children, UNICEF and Every Breath Counts Coalition are working in partnership to fight one of the greatest – and gravest – health challenges facing children around the world – childhood pneumonia. The partnership will galvanise support to put pneumonia on the global health agenda; stimulate national action; and mobilise the donor community to ensure that we achieve the SDG goal on child survival and the Global Action Plan for Pneumonia and Diarrhoea (GAPPD) target of three child pneumonia deaths per 1,000 live births by 2030.

References:

1. **Biggest killer:** UNICEF analysis based on WHO and Maternal and Child Epidemiology Estimation Group interim estimates produced in September 2019, applying cause fractions for the year 2017 to United Nations Inter-Agency Group for Child Mortality Estimation estimates for the year 2018; Convention on the Rights of the Child
2. **Under-Five Mortality:** United Nations Inter-Agency Group for Child Mortality Estimation (IGME) (2019); Indonesia Demographic and Health Survey 2017; Mortality rates are calculated for the 10-year-period preceding the DHS survey
3. **Risk Factors for Pneumonia:** The Institute for Health Metrics and Evaluation (IHME) - Global Burden of Disease
4. **Pneumonia Related Under-Five Mortality:** UNICEF analysis based on WHO Maternal and Child Epidemiology Estimation Group (MCEE) interim estimates produced in September 2019, applying cause fractions for the year 2017 to United Nations Inter-agency Group for Child Mortality Estimation estimates for the year 2018; WHO Global Health Observatory – Causes of Child Death 2017
5. **Health Systems Strengthening:** WHO/World Bank UHC Coverage Index; Indonesia Demographic and Health Survey 2012
6. **Health Financing:** WHO Global Health Expenditure database
7. **Sub-national Status:** GRID, Save the Children's Child Inequality Tracker; Poorest (richest) refers to poorest (richest) 20% of households as defined by most recent household survey
8. **Nutrition:** 2025 target calculated based on WHO methodology; Indonesia Basic Health Research 2018, Agency for Health Research and Development (Indonesia)
9. **Breastfeeding:** Indonesia Demographic and Health Survey 2017
10. **Immunisation:** WHO/UNICEF estimates of national immunization coverage (WUENIC); Indonesia Demographic and Health Survey 2017
11. **WASH:** WHO/UNICEF JMP (2019) Progress on household drinking water, sanitation and hygiene 2000-2017
12. **Air Pollution:** WHO Global Health Observatory - SDG 7.1; World Development Indicators (based on Brauer, M. et al. 2017), World Bank; WHO Outdoor Air Pollution in Cities Database - Indonesia Country Profile: Focus on smaller cities, Clean Air Initiative for Asian Cities Centre, 2010
13. **Health Workers:** National Health Workers Agency (NHWA) data platform, October 2019; PMK No 70/2013 tentang Penyelenggaraan MTBS-M (C-IMCI); Data and Information Indonesia Health Profile 2018 (table 2.21)
14. **ICCM:** PMK No 70/2013 tentang Penyelenggaraan MTBS-M (C-IMCI); Kepmenkes No. 659/2017 on National Drug Formulary 2017
15. **Oxygen:** PMK No 70/2013 tentang Penyelenggaraan MTBS-M (C-IMCI); PMK No 75/2015 on publicly owned PHC (Puskesmas), PMK No 30/2019 on hospital
16. **Care Seeking Behaviour:** Indonesia Demographic and Health Survey 2017

Photo credit: Save the Children
Maryati, 37 and her daughter Anaya, 6 months old, in Balaroa Evacuation Camp, Palu, Indonesia.

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