



EVERY BREATH COUNTS

PNEUMONIA CARE SEEKING SCORECARD

MAIN FINDINGS

In the 40 countries with 90% of child pneumonia deaths, 40% of children with pneumonia symptoms are NOT taken for care

In 16 countries, more than 50% of children with pneumonia symptoms are NOT taken for care

In 16 countries, 30 to 50% of children with pneumonia symptoms are NOT taken for care

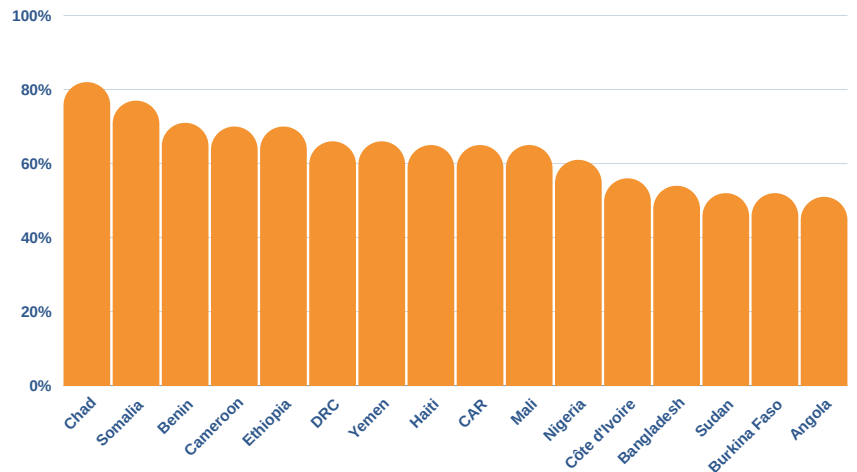
In eight countries, less than 30% of children with pneumonia symptoms are NOT taken for care

Children from poor households are least likely to be taken for care, by wide margins in most countries

Visit:

[www.stoppneumonia.org/
everybreathcounts](http://www.stoppneumonia.org/everybreathcounts)

Countries where more than 50% of children with suspected pneumonia are NOT taken for care



Source: UNICEF, 2010-2022

Countries seeking to achieve Universal Health Coverage (UHC) must ensure that all children with pneumonia symptoms are taken to an appropriate health provider.

Pneumonia care seeking is the official indicator for “child treatment” in the UHC Service Coverage Index developed by the World Health Organization (WHO) and the World Bank.

Currently, almost half (46%) of all children with pneumonia symptoms are NOT taken for care in the 40 countries where 90% of child pneumonia deaths occur.

Of greatest concern are the countries where more than 50% of children with pneumonia symptoms are NOT taken for care (see chart).

PNEUMONIA CARE SEEKING SCORECARD

CALL TO ACTION

Governments should:

Set an official national target of at least 90% pneumonia care seeking by 2030;

Publish progress to the target annually; and

Introduce new measures to achieve the target including by:

1. increasing parent and caregiver awareness of the signs and symptoms of pneumonia and the importance of seeking care quickly (within 24 hours) at appropriate health facilities
2. introducing policies to remove the barriers that prevent families from seeking timely care (e.g. financial, distance, socio-cultural and gender dynamics, knowledge and low-quality healthcare deterrents, etc.)
3. prioritizing the children most at risk of pneumonia death by identifying geographic “pneumonia hotspots” and targeting care seeking support to them

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Photo by Peter Casamento for FREQ2

LISTEN TO MOTHERS

“I might want to take the child to the health centre, but the doctor will want money and I don't have it. So there is nothing else I can do to help the baby. I just sit and wait for the child to get better.”

Mother, Homa Bay, Kenya (1)

“I went to the health centre, but they wouldn't help because I didn't have money. I went five times. After two weeks I found some money and brought malaria drugs and blood tonic syrup from the chemist.”

Mother, Cross River State, Nigeria (2)

“If we cannot afford, then we take the child to the doctor after 8 to 10 days.”

Mother, Sindh Province, Pakistan (3)

“We feel that [the Unani doctor] is cheaper... We also think that he is a person of our own home; he will give good medicine.”

Mother, Uttar Pradesh, India (4)

“We would generally try something at home first before going to the hospital, especially if there is no money available.”

Mother, Kilimanjaro region, Tanzania (5)

Sources: (1) and (2) Bedford KJA and Sharkey AB, 2014 (3) Aftab W et al, 2018 (4) Brunie A et al, 2017 (5) Muro F et al, 2017

DEFINING PNEUMONIA CARESEEKING

DEFINITION: % of children under five years of age with suspected pneumonia (cough and difficult breathing not due to a problem in the chest and a blocked nose) in the two weeks preceding the survey taken to an appropriate* health provider.

NUMERATOR: Number of children with suspected pneumonia in the two weeks preceding the survey taken to an appropriate* health provider.

DENOMINATOR: Number of children with suspected pneumonia in the two weeks preceding the survey.

DATA: Demographic Health Surveys (DHS) and Multi-indicator Cluster Surveys (MICS) based on the mother's perceptions of her child.

*Note the definition of “appropriate” health provider varies between countries.

Source: [UHC Global Monitoring Report 2019](#), WHO

PNEUMONIA CARE SEEKING SCORECARD

COUNTRY	% CHILDREN NOT TAKEN FOR CARE	% POOREST CHILDREN NOT TAKEN FOR CARE	NUMBER CHILD PNEUMONIA DEATHS	% CHANGE 2000-19
CHAD	82%	88%	13,750	5%
SOMALIA	77%	91%	14,168	3%
BENIN	71%	77%	5,196	-13%
CAMEROON	70%	NA	7,792	-14%
ETHIOPIA	70%	75%	19,592	-70%
DRC	66%	77%	14,046	-65%
YEMEN	66%	69%	2,887	-60%
HAITI	65%	75%	3,183	-31%
CAR	65%	66%	3,270	-23%
MALI	65%	59%	11,744	8%
NIGERIA	61%	62%	129,444	-29%
COTE D'IVOIRE	56%	NA	8,922	-40%
BANGLADESH	54%	69%	12,316	-81%
SUDAN	52%	73%	2,912	-73%
BURKINA FASO	52%	56%	16,513	15%
ANGOLA	51%	75%	5,577	-68%
ZIMBABWE	49%	NA	4,590	37%
MADAGASCAR	49%	73%	5,732	-50%
TANZANIA	48%	65%	16,979	-43%
GHANA	45%	53%	3,601	-36%
MOZAMBIQUE	44%	51%	7,372	-49%
INDIA	44%	49%	128,512	-66%
MYANMAR	41%	54%	6,606	-79%
NIGER	40%	NA	17,390	-26%
EGYPT	38%	NA	6,247	-70%
PAPUA NEW GUINEA	37%	52%	4,798	15%
KENYA	34%	37%	6,307	-46%
PHILIPPINES	34%	44%	9,617	-49%
SOUTH AFRICA	34%	NA	6,886	-47%
AFGHANISTAN	32%	39%	13,770	-50%
CAMBODIA	31%	32%	3,347	-75%
GUINEA	31%	31%	7,290	-33%
SOUTH SUDAN	25%	NA	5,373	-34%
PAKISTAN	29%	37%	46,646	-33%
MALAWI	29%	33%	4,104	-62%
UGANDA	29%	27%	3,441	-78%
INDONESIA	25%	32%	3,952	-56%
ZAMBIA	25%	31%	3,559	-58%
SIERRA LEONE	24%	16%	4,200	-36%
NEPAL	18%	22%	9,016	-75%

Sources: Care seeking data is the latest available from UNICEF, and only countries with data after 2010 are included. Mortality data is from the [Global Burden of Disease, 2019](#).