

diseases. Fourth, the paediatric cancer community has been very responsive to the evidence linking treatment exposures to late effects, including second primary cancers, and has adapted treatment to reduce these risks to a minimum in a timely manner. These efforts notwithstanding, an ongoing effort will be needed to balance cure while the long-term morbidity associated with treatment is kept to a minimum.

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We declare that we have no conflicts of interest.

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Time for renewed global action against childhood pneumonia

Whether a political leader or a physician, one of the cruel ironies we face is that we are losing children we know how to save. The heart-breaking truth is that financial barriers—not medical or scientific ones—are preventing 9 million children every year from reaching the age of 5 years.¹

Take, for example, pneumonia, labelled as the forgotten killer of children by WHO and UNICEF.² It surprises most people to learn that pneumonia kills more children than any other disease, taking more than 2 million young lives annually.³ Nearly half of these deaths could be prevented with existing vaccines⁴ and most cases could be treated with inexpensive antibiotics.⁵ Yet, lives continue to be lost from this preventable and treatable disease, and, until recently, there was little outcry.

There are growing signs that the global community is ready to take action to fight childhood pneumonia. The recently formed Global Coalition against Pneumonia, nearly 100 members strong and counting, is an international network of organisations dedicated to fighting childhood pneumonia.⁶ On Nov 2, 2009,

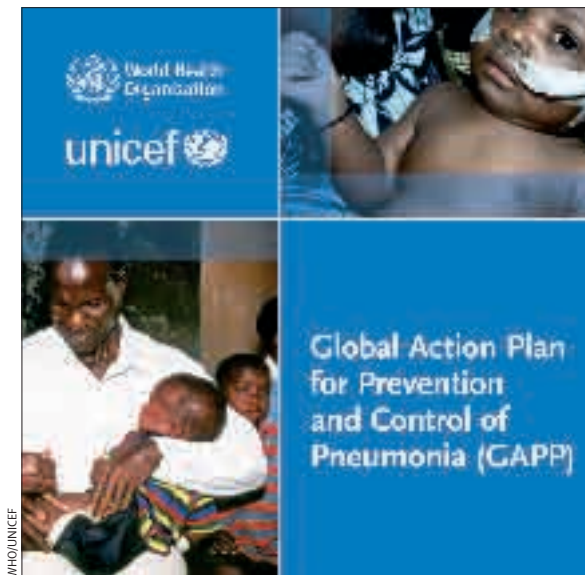
advocates from around the world will commemorate the first-ever World Pneumonia Day to raise awareness and mobilise efforts to fight this disease. The enthusiasm of this diverse group from dozens of countries gives hope that this deadly disease is finally going to get the attention it deserves.

On Nov 2, WHO and UNICEF will release a road map, the Global Action Plan for Prevention and Control of Pneumonia (GAPP), which represents a turning point in our global approach to fighting childhood pneumonia.⁷ GAPP outlines a 6-year plan for the worldwide scale-up of a comprehensive set of interventions to control pneumonia. These interventions fall under a three-pronged framework: protect children by providing an environment where they are at low risk of pneumonia; prevent children from developing the disease; and treat children who become ill. Key interventions include exclusive breastfeeding during the first 6 months of life, use of pneumococcal and *Haemophilus influenzae* type b vaccines, and management of illness in clinics and importantly at the community level.

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D-09-07454

S0140-6736(09)61880-8



These recommended interventions are based on rigorous scientific evidence, accumulated over the past 20 years, which shows efficacy in controlling pneumonia. This evidence was reviewed in 2008,⁸⁻¹⁰ and specific estimates of the projected benefits of implementing these interventions are available.¹¹ These advances have helped the global community reach a unique point where we now know which interventions will have the most benefit in controlling pneumonia. Each of these interventions is safe and available now. GAPP's projections are that, by 2015, the scale-up of existing interventions can substantially decrease mortality from pneumonia in children.⁷ This dramatic decline is not only a substantial contribution, but a critical step towards meeting Millennium Development Goal 4.

Although meeting the costs of fully implementing GAPP will be a challenge, the good news is that many countries are already beginning to implement recommended interventions. For example, in April of this year, Rwanda was the first developing country to launch a national immunisation programme against the pneumococcus,¹² a major cause of severe pneumonia. The GAVI Alliance, a global health partnership that helped Rwanda introduce these vaccines, plans to do the same in a total of 42 low-income countries by 2015.¹³ This addition to the national immunisation programmes is crucial; whilst infant mortality is dropping in Rwanda, further decreases depend on addressing pneumonia, which is responsible for one in four deaths of children under 5 years of age.¹⁴

We live in a world with infinite possibilities. Hearts are transplanted, DNA is decoded, and new medical discoveries are made every day. Yet we continue to be stymied by how best to reach those in resource-poor settings with the most basic care and medicines that we take for granted. What could break through this conundrum? The answer is a committed community in both donor and developing countries to make the health of children a priority, combined with a simple package of interventions that address the greatest challenges to survival. Resources and political will are standing between children and their futures. With the right tools, we should not fail the next generation of leaders and doctors.

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