GENEVA/ WASHINGTON, DC¦ 12 April 2013 – A new Global Action Plan launched today by the World Health Organization (WHO) and UNICEF has the potential to **save up** to **2 million children every year from deaths caused by pneumonia and diarrhoea**, some of the leading killers of children under five globally.

The *Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea* calls for closer integration of efforts to prevent and treat these two diseases and sets ambitious targets to reduce mortality rates and raise levels of children's access to life-saving interventions.

"Too often, strategies to tackle pneumonia and diarrhoea run in parallel," says Dr Elizabeth Mason, Director of Maternal, Newborn, Child and Adolescent Health at WHO. "But as countries like Bangladesh, Cambodia, Ethiopia, Malawi, Pakistan and Tanzania are already showing, it makes good health sense and good economic sense to integrate those strategies more closely."

Many factors contribute to these two conditions, so no single intervention can effectively prevent, treat or control either pneumonia or diarrhoea. However, as richer countries have demonstrated, a number of elements are key to reducing infections and deaths from both diseases. For example, good nutrition and a clean environment help protect children from both pneumonia and diarrhoea. New vaccines are being introduced to protect children from these diseases. Good access to health services and the right medicines can ensure they get the treatment they need. But many existing efforts to address pneumonia and diarrhoea in low- and middle-income countries have yet to capitalize on these common elements.

"This is a question of equity. Poor children in low-income countries are most at risk of death from pneumonia or diarrhoea but much less likely to get the interventions they need," said Dr Mickey Chopra, global head of UNICEF's health programmes.

"We know what to do. If, in the 75 countries with the highest death rates, we apply to the entire population the same coverage of essential interventions enjoyed by the richest 20 per cent of households, we can prevent the deaths of 2 million children even as soon as 2015, the deadline for the Millennium Development Goals."

The new WHO/UNICEF Action Plan sets clear goals for the world to achieve by 2025: a 75 per cent reduction in incidence of severe pneumonia and diarrhoea from 2010 levels among children under five, and the virtual elimination of deaths from both diseases in the same age-group. It also aims for a 40 per cent reduction in the global number of children under five who are stunted.

The Action Plan's targets are significantly higher than current levels. For example, it calls for 90 per cent of all children to have access to antibiotics for pneumonia and oral rehydration salts for diarrhoea, up from current levels of 31 and 35 per cent respectively. As an interim target, at least half of all children under six months should be exclusively breastfed, against 2012 levels of 39 per cent. All children should have access to improved sanitation and safe drinking water, from 63 and 89 per cent respectively; and building on the good progress already made in some countries in introducing new vaccines against pneumococcal bacteria and rotavirus, it aims for 90 per cent coverage by the target date.

The Action Plan calls on governments and other stakeholders to prioritize investment in the population groups with the poorest access to services to prevent and treat pneumonia and diarrhoea. Nearly 90 per cent of pneumonia and diarrhoea deaths in children currently occur in sub-Saharan Africa and South Asia.

The Action Plan comes at a time when the global community has strengthened its commitment towards the health MDGs, including towards reducing child mortality. These include the United Nations Secretary-General's *Every Woman Every Child* initiative and within it, "Committing to Child Survival: A Promise Renewed", a global movement spearheaded by UNICEF through which more than 170 countries have committed to ending all preventable child deaths by 2035.

In scaling up and refining existing efforts to protect children from diarrhoea and pneumonia and treat them appropriately when affected, improved coordination between existing programmes and a wide range of actors, including the community and the private sector, will be key. Efforts must also be sustainable over the longer term.