

# Pneumococcal disease

Every year, pneumococcal disease takes the lives of more than half a million children before their fifth birthday. The vast majority of these deaths occur in developing countries.

## Quick facts

- The bacterium responsible for the disease – the pneumococcus – has more than 90 strains or serotypes and can cause life-threatening infections like pneumonia, meningitis or sepsis (serious blood infection).
- People who have a weakened immune system due to malnutrition, HIV/AIDS or sickle cell anaemia are at greater risk of contracting severe pneumococcal infections.
- Pneumonia is the most common form of serious pneumococcal disease and accounts for 18% of child deaths in developing countries, making it one of the two leading causes of death among young children.

## Prevention strategies

In 2013, the World Health Organization (WHO) and UNICEF launched the Global Action Plan for Prevention and Control of Pneumonia and Diarrhoea (GAPPD). One of the aims of the GAPPD is to accelerate pneumonia control with a combination of interventions to protect, prevent and treat pneumonia in children. This includes promoting breastfeeding, hand washing and reduced indoor air pollution, preventing illness through immunisation and ensuring access to the right kind of treatment.

The most effective prevention is to ensure that all children have access to safe, affordable and appropriate vaccines. This was recognised in the 2007 WHO recommendation that pneumococcal vaccines be introduced into all national immunisation programmes, particularly in countries with high child mortality.

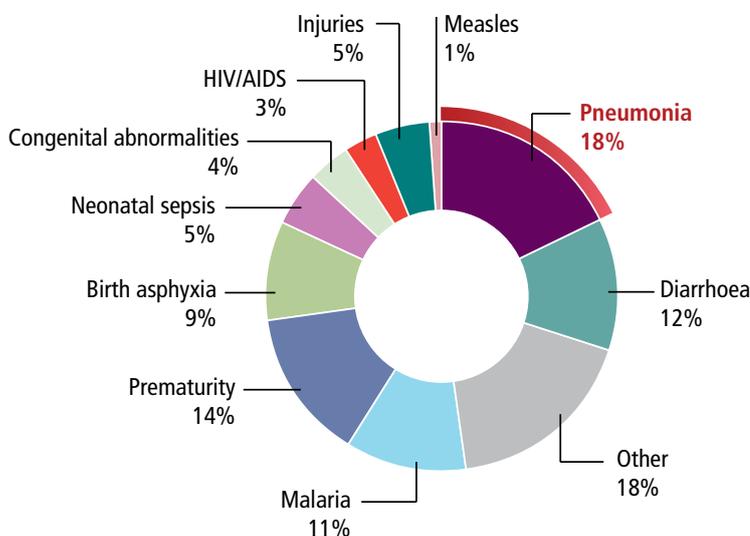
The GAVI Alliance has committed to support the introduction of pneumococcal vaccines in 45 developing countries in the coming years and plans to roll them out in more than 50 countries by 2015.

Africa and Asia account for more deaths from pneumococcal disease than anywhere else in the world and so are key targets for accelerating access.

## New vaccines against pneumococcal disease

A first vaccine against pneumococcal disease was made available in the United States in 2001 but only contained the serotypes prevalent in industrialised countries, not serotypes more prevalent in developing countries. New and sophisticated vaccines that protect against more serotypes are now available. 10- and 13-valent vaccines protect children against the serotypes most prevalent in developing countries and can prevent more than 70% of childhood pneumococcal disease in Africa.

## Causes of under-five child deaths in low-income countries



## Rolling out in developing countries

The global introduction of pneumococcal vaccination marks an historic milestone in global health as these new vaccines have been made accessible in record time to children in the world's poorest countries. Today, GAVI-eligible countries are introducing pneumococcal vaccines faster than ever before.

These vaccines offer the world an unprecedented opportunity to significantly reduce child mortality: by rapidly scaling up roll-out to more than 50 countries, GAVI and its partners could avert over 500,000 deaths by 2015 and up to 1.5 million deaths by 2020.

These preventive efforts are critical in countries with limited access to health care facilities, especially when a child born in one of these countries is 15 times more likely to die before reaching the age of five when compared with a child from a high-income country.

Nicaragua, Guyana, Sierra Leone, Yemen, Kenya, Mali, the Democratic Republic of the Congo, Honduras, Central African Republic, Benin, and Cameroon were among the first GAVI-eligible countries to introduce pneumococcal vaccines as part of their national routine immunisation programmes. More recently, Ethiopia, Malawi, Ghana and Pakistan have introduced pneumococcal vaccines.

## Ghana rolls out pneumococcal vaccine



A Ghanaian child prepares to receive the pneumococcal vaccine which will protect her against potentially deadly pneumococcal disease. Ghana took the historic step of introducing pneumococcal and rotavirus vaccine simultaneously in April 2012. The first vaccine was administered by Ghanaian First Lady H.E. Dr Ernestina Naadu Mills.

The roll-out of the pneumococcal vaccine has become a reality across the world, allowing developing country governments to reduce deaths and enable millions of children to grow up healthy.



Information current as of June 2013

**Every child must be reached,  
because every child counts**

Dagfinn Høybråten,  
Chair of the GAVI Alliance Board

### A wise investment

Immunisation is one of the most cost-effective investments to decrease poverty and prevent longer term economic and social costs.

With the contributions it receives from governments, foundations and other philanthropists – and with the help of innovative finance mechanisms such as the Advance Market Commitment – the GAVI Alliance is making these new pneumococcal vaccines available for children in the world's poorest countries at a fraction of the price charged in industrialised countries. The long-term price of US\$ 3.50 is more than 90% lower than the cost of the same vaccines being sold in Europe and the United States.



2 Chemin des Mines  
1202 Geneva  
Switzerland

Tel. +41 22 909 65 00  
Fax +41 22 909 65 55

[www.gavialliance.org](http://www.gavialliance.org)  
[info@gavialliance.org](mailto:info@gavialliance.org)