Editorial

Pneumonia: A Threat to our Children

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Pakistan is one of the 15 countries, with the greatest number of deaths from pneumonia and diarrhea in children under the age of five years.

Compared to 2013 (6.4 million), there has been a decrease in child deaths in 2017, nevertheless pneumonia and diarrhea have steadily contributed (pneumonia 16 per cent) to those deaths over these years.

In 2012, Pakistan became the first South Asian country to roll out Pneumococcal Conjugate Vaccine (PCV 10) with support from Gavi, the Vaccine Alliance, when it had already helped children in many other countries avoid pneumonia.

"The vaccine has the potential to save thousands of lives in Pakistan's under-five children. Proved prohibitively expensive to an average Pakistani family, (around Rs12000 in open market) it is available free of cost in the government's immunization programme."

Routine childhood immunisation is a set of scheduled inoculations, free of cost, given from birth to 15 months to protect the child from diseases like diphtheria, pertussis (whooping cough), measles, pneumonia, tetanus, meningitis, polio, tuberculosis, and hepatitis B. Booster doses are later required for some vaccines.

Although the vaccines are available for the entire cohort (6 million a year) of Pakistani children, due to the low immunisation coverage almost half the children remain unimmunised and vulnerable to pneumonia.

The last Pakistan Demographic and Health Survey (PDHS 2012-13) shows country's immunisation coverage around 54 per cent which means almost half the children are not receiving the vaccine. If the vaccines are available in the country, why don't they reach those in need?

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EPI vaccines, by the grace of God, are being provided for children absolutely free of cost. Even if a child belongs to the poorest of households in a community.

This was done to make the caregivers, health providers and heads of learning institutions of children, responsible

to ensure that a child is fully protected against all diseases being covered under the country's immunisation programme.

In Pakistan, a large number of children die of diseases that can be prevented through vaccination. Access to immunisation is the right of every child and duty of the state to ensure the services reach every child. Any hindrance caused to provision of immunisation services causes grievous harm to a child and exposes him or her to highly infectious diseases that cause death or disability.

Mortality due to childhood pneumonia is strongly linked to poverty-related factors such as malnutrition. This must be addressed where disease burden is still high and access to care is insufficient. Other factors include lack of safe water and sanitation, indoor air pollution and inadequate access to healthcare.

As a result children have a weakened immune system and therefore when faced with an infectious threat their system is poorly equipped to respond and defend the body. A vicious cycle of a vulnerable immune system and severe illness commences increasing the risk of mortality.

The smoke and pollution also proves to be a risk and a cause for children being infected with pneumonia. Then, smoking inside the house is synonymous to making the children smoke as well. This can lead to countless health issues for children regarding breathing and pneumonia as well.

Immunisation saves lives and offers children a better chance of a healthier and more economically productive future. It is one of the most successful and cost-effective health interventions and can help give each child a chance of survival beyond their fifth birthday.

There is no second opinion that improvements in immunisation coverage contributes to reduced child deaths. In order to improve equitable coverage, it is crucial to strengthen the supply side but at the same time we need to work on demand generation as well as too few parents know that the vaccine is necessary for child health, free-of-cost and available at immunization centers nationally.