

Cost-effective measures could stop child pneumonia deaths

June 1 2009

Implementing measures to improve nutrition, indoor air pollution, immunization coverage and the management of pneumonia cases could be cost-effective and significantly reduce child mortality from pneumonia, according to a study led by the Johns Hopkins Bloomberg School of Public Health. Researchers found that these strategies combined could reduce total child mortality by 17 percent and could reduce pneumonia deaths by more than 90 percent.

Pneumonia is a leading cause of death of infants in many developing countries, resulting in 2.2 million deaths each year. The study is published in the June 2009 issue of the *Bulletin of the World Health Organization*.

The study, conducted in collaboration with the [World Health Organization](#) (WHO) and other [public health](#) schools, assessed economic aspects of existing child interventions and identified the most efficient pneumonia control strategies. Programs to promote better community-based treatment of pneumonia, promotion of exclusive breastfeeding, zinc supplementation and vaccination for Hib and S. pneumoniae were found to be the most cost-effective interventions. The burning of solid fuels like wood, for cooking and heating, was found to contribute at least 20 percent to the burden of childhood [pneumonia](#).

"The interventions we examined already exist, but are not fully implemented in the developing world. In addition, implementation of these interventions do not require a great deal of new infrastructure to

carry out," said Louis Niessen, MD, PhD, lead author of the study and associate professor in the Bloomberg School's Department of International Health. "Fully funding and implementing these interventions could bring us a big step closer towards reaching the U.N. Millennium Development Goals."

"The next step is to assess how donors and countries currently deliver these interventions and want to progress in the coming years," said Majid Ezzati, PhD, co-investigator of the study and associate professor at the Harvard School of Public Health.

Source: Johns Hopkins University Bloomberg School of Public Health
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Citation: Cost-effective measures could stop child pneumonia deaths (2009, June 1) retrieved 2 May 2024 from <https://medicalxpress.com/news/2009-06-cost-effective-child-pneumonia-deaths.html>

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