

IMCI

information

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

DEPARTMENT
OF CHILD AND
ADOLESCENT
HEALTH AND
DEVELOPMENT
(CAH)

HEALTH SYSTEMS
AND COMMUNITY
HEALTH (CHS)

Building partnerships for child health

Introduction

The Integrated Management of Childhood Illness (IMCI) strategy gives priority to the management of conditions that cause death and the greatest burden of ill health in children, especially among low-income populations. The WHO Department of Child and Adolescent Health and Development (CAH) and UNICEF have taken the lead in developing the strategy, formulating guidelines and implementing country activities. Many partners within WHO and in other agencies and institutions have joined forces in the effort.

Partners within WHO

IMCI case management guidelines for first-level health facilities were developed by CAH in collaboration with eleven other WHO programmes and UNICEF who together form the IMCI Task Force. The Task Force (see Box 1) continues to provide inputs to the development of technical guidelines, in addition to reviewing relevant sections of the *IMCI Adaptation Guide* used to develop national guidelines and training materials.

More recently, a smaller group has been developing IMCI guidelines for referral-level care. In addition to staff from CAH, the group includes representatives from UNAIDS and four WHO programmes: Control of Tropical Diseases (Malaria and Applied Field Research), Expanded Programme on Immunization, Nutrition, and Maternal and Newborn Health and Safe Motherhood.

Collaboration on common issues across WHO units is increasingly important (Table 1). For example, CAH chairs the interprogrammatic **Technical Working Group on Breastfeeding**, also made up of members of the Nutrition Programme, the Special Programme of Research, Development and Research Training in Human Reproduction, and the Division of Reproductive Health. This group is concerned with the progress of the Baby Friendly Hospital Initiative, expansion of training in breastfeeding counselling, promotion of the implementation of the International Code of Marketing of Breastmilk Substitutes, the breastfeeding databank, economic aspects of breastfeeding, and the development of technical documents on specific aspects of breastfeeding.



WORLD HEALTH
ORGANIZATION



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BOX 1

WHO participants in the IMCI Task Force*

- Office of HIV/AIDS and Sexually Transmitted Diseases (ASD)
- Division of Child Health and Development (CHD)
- Division of Control of Tropical Diseases (CTD)
- Action Programme on Essential Drugs (DAP)
- Division of Emerging and other Communicable Diseases Surveillance and Control (EMC)
- Global Programme for Vaccines and Immunization (GPV)
- Global Tuberculosis Programme (GTB)
- Maternal and Newborn Health/Safe Motherhood (MSM)
- Programme of Nutrition (NUT)
- Oral Health (ORH)
- Programme for the Prevention of Blindness and Deafness (PBD)
- Special Programme for Research and Training in Tropical Diseases (TDR)

* Please note that the names of programmes and divisions reflect the structure of WHO at the time IMCI was developed. In the process of change at WHO they may alter their names or may be reorganized.

A sub-group, with representatives from WHO's Office of HIV/AIDS and Sexually Transmitted Diseases, UNAIDS and UNICEF, is developing guidelines for policymakers and health workers on HIV and infant feeding. CAH has been asked to prepare a training module on infant feeding for health workers who counsel mothers living with HIV.

International partners

The Department of Child and Adolescent Health and Development (CAH) has worked closely with UNICEF on IMCI, and UNICEF takes the lead globally on the implementation of approaches to support the family and community component of IMCI. UNICEF is also a key member of the working group to plan the monitoring and evaluation of the IMCI strategy.

CAH also collaborates with the **World Bank**, one of the largest funders of child health programmes

TABLE 1

Collaborating on IMCI with other technical programmes

Programme	What IMCI offers	What IMCI needs
CDD/ARI	<ul style="list-style-type: none"> • More effective case management • Greater emphasis on nutritional aspects of diarrhoea case management 	<ul style="list-style-type: none"> • CDD and ARI case management policies compatible with IMCI
Malaria	<ul style="list-style-type: none"> • Improved case management for children • Promotion of bednets 	<ul style="list-style-type: none"> • Policy on antimalarial drugs compatible with IMCI
EPI	<ul style="list-style-type: none"> • Case management of measles • Avoidance of missed opportunities • Encouragement of routine vaccination 	<ul style="list-style-type: none"> • Vaccine availability • Vaccination policies compatible with IMCI
Nutrition	<ul style="list-style-type: none"> • Opportunity to improve practical child feeding advice • Counselling on breastfeeding and complementary feeding • Treatment of malnourished children • Vitamin A, iron supplementation • Treatment of helminths 	<ul style="list-style-type: none"> • Collaboration in developing feeding advice • Micronutrient, breastfeeding and complementary feeding policies compatible with IMCI
Maternal and perinatal health	<ul style="list-style-type: none"> • Breastfeeding counselling • Case management for sick young infants • Opportunity to enquire about the mother's health and provide services 	<ul style="list-style-type: none"> • Guidelines for illness in first week of life compatible with IMCI • Clear guidance on available maternal health services
Essential drugs	<ul style="list-style-type: none"> • Clear policy on drugs for childhood illness • Rationalization of drug use (including decreased use of antibiotics) 	<ul style="list-style-type: none"> • Availability of essential drugs for IMCI (including pre-referral injectable drugs) • Drug use policies compatible with IMCI

From its outset, the IMCI approach has been a joint WHO/UNICEF initiative ... IMCI is already receiving the financial support of a number of governments through their developmental assistance agencies, both for global activities and in individual countries. At country level ... essential and productive partnerships have been established involving government departments, universities, NGOs, community-based organizations and development agencies, as well as WHO and UNICEF.

From the Integrated management of childhood illness, a joint WHO/UNICEF initiative, 1997.

in developing countries. In the Bank's *World Development Report 1993*, integrated management of childhood illness was identified as potentially one of the most cost-effective public health and clinical interventions. The IMCI approach is now included in the World Bank's *Health, Nutrition, and Population Sector Strategy*.

Research and development partners

The Department has had strong ties with scientists in developing and developed countries, beginning with diarrhoeal diseases research in the 1980s. The following are some examples of IMCI-related research and development partnerships (Box 2).

The activities of a number of designated WHO collaborating centres focus on aspects of child health that are relevant to IMCI. The **WHO Collaborating Centre for Epidemiological and Environmental Aspects of Diarrhoeal Diseases** was established in 1982 at the London School of Hygiene and Tropical Medicine. It supports and conducts research on a wide range of child health topics in collaboration with overseas partners, and with field projects in Africa, Asia and Latin America. Areas of current research include vitamin A deficiency and child health, health provider performance, promotion of improved health seeking behaviours, promotion of breastfeeding, and the prevention of malaria. The Centre also develops tools to facilitate high quality research and interventions in child health, including research on the measurement of cause-specific child mortality.

A new **WHO Collaborating Centre for the Control of Diarrhoeal Diseases, Childhood Acute Respiratory Infections and the Integrated Management of Childhood Illness** was established in 1996 at the Escuela Nacional de Sanidad in Madrid. The Centre provides technical assistance for the adaptation of IMCI guidelines and the training of trainers in Spanish-speaking countries. It also conducts research on childhood illnesses and provides training in breastfeeding counselling.

The **Child Health Research Project (CHR)**, established and supported by the United States Agency for International Development (USAID), conducts applied research on diarrhoeal and respiratory diseases, malaria, measles and malnutrition, and identifies new technologies for improving their case management and prevention. WHO/CAH collaborates with three CHR partners, each with complementary roles:

- *Harvard University: Applied Research on Child Health (ARCH) Project* strengthens the capacity of individuals and institutions in developing countries to use research to answer policy questions in child health. ARCH provides technical assistance in identifying problems, developing research proposals, implementing studies, analysing data, and disseminating research results.

- *ICDDR,B: Centre for Health and Population Research, Bangladesh* trains scientists from around the world in addition to providing essential medical services for thousands of Bangladeshis. Among its many achievements are the development of oral rehydration therapy (ORT), the characterization of the new cholera strain O139, and the development of successful family planning programmes and other health services.
- *Johns Hopkins University: Family Health and Child Survival Project* improves the use and effectiveness of child survival technologies through

BOX 2

Institutions collaborating in research and development activities in WHO regions

AFRICAN REGION

- Centre Muraz, Bobo Dioulasso, Burkina Faso
- Health Research Unit, Ministry of Health, Accra, Ghana
- Noguchi Memorial Institute for Medical Research, Accra, Ghana
- Medical Research Council, Banjul, Gambia
- Ethio-Swedish Children's Hospital, Addis Ababa, Ethiopia
- Department of Paediatrics, The College of Medicine, Blantyre, Malawi
- Paediatrics and Child Health Department, Faculty of Medicine, University of Natal, Congella, South Africa
- Department of Paediatrics and Child Health, University of Cape Town, South Africa
- Department of Microbiology, The South African Institute for Medical Research, University of Witwatersrand, Johannesburg, South Africa
- Ifakara Health Research and Development Centre, Ifakara, Tanzania
- Tanzania Essential Health Interventions Project (TEHIP), Dar es Salaam, Tanzania
- Clinical Epidemiology Unit, University of Zimbabwe, Harare, Zimbabwe

REGION OF THE AMERICAS

- Maternal and Child Health Unit, Instituto de Saude, Sao Paulo, Brazil
- Universidade Federal de Pelotas, Pelotas, Brazil
- Hospital Martagao Gerteira, Salvador, Brazil
- Instituto Materno Infantil de Pernambuco, Recife, Brazil
- Instituto de Nutrición de Centro América y Panamá (INCAP), Guatemala City, Guatemala
- Division of Epidemiology and Health Services Research, Instituto Mexicano del Seguro Social, Mexico DF, Mexico
- Instituto de Investigación Nutricional, Lima, Peru
- Division of Nutritional Sciences, Cornell University, Ithaca, USA
- Center for International Community Health Studies, University of Connecticut, Farmington, USA
- Department of International Health, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, USA
- Center for Immunization Research, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, USA
- Department of Epidemiology and Public Health, Yale University School of Medicine, New Haven, USA
- Center for Occupational and Environmental Health, University of California, Berkeley, USA
- California Polytechnic State University, San Luis Obispo, USA

- Child Survival Activity, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, USA
- Rollins School of Public Health, Emory University, Atlanta, USA
- Instituto de Biomedicina, Caracas, Venezuela

EASTERN MEDITERRANEAN REGION

- Gastroenterology Unit, Cairo University, Cairo, Egypt
- Pediatric Department, Alazhar University, Cairo, Egypt
- Pakistan Institute of Medical Sciences, Islamabad, Pakistan

EUROPEAN REGION

- Departamento de Salud Internacional, Escuela Nacional de Sanidad, Instituto de Salud Carlos III, Madrid, Spain
- Institute of Child Health, University of Istanbul, Turkey
- Department of Public Health Sciences, University of Edinburgh Medical School, Edinburgh, Scotland
- Centre for Human Nutrition, London School of Hygiene and Tropical Medicine, London, UK
- Department of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, London, UK
- Department of Public Health, The University of Liverpool, Liverpool, UK
- Instituto per l'Infanzia, Bureau for International Cooperation, Trieste, Italy

SOUTH-EAST ASIA REGION

- ICDDR,B, Dhaka, Bangladesh
- National Institute of Health Research and Development, Jakarta, Indonesia
- Infectious Diseases Hospital, Jakarta, Indonesia
- All India Institute of Medical Sciences, New Delhi, India
- Centre for Intersectoral Community Health Studies, Kandy, Sri Lanka

WESTERN PACIFIC REGION

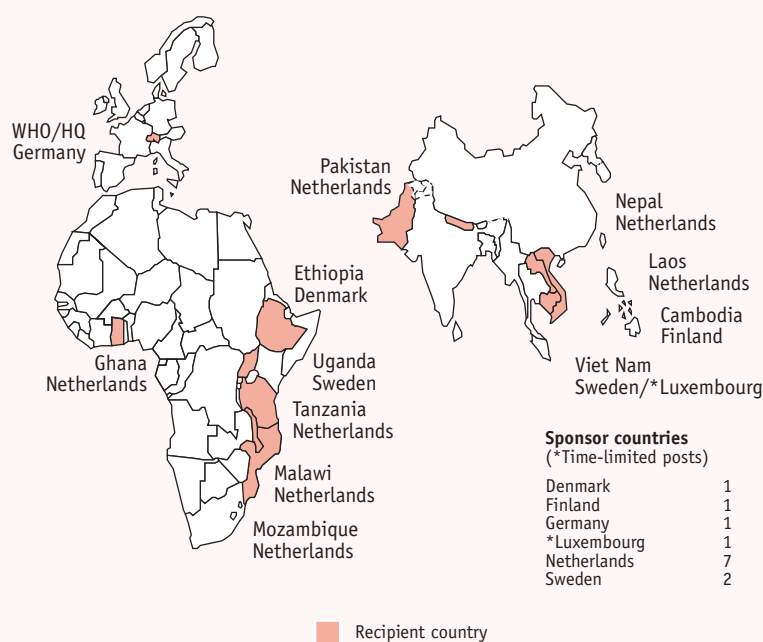
- Royal Children's Hospital Research Foundation, Victoria, Australia
- Capital Institute of Pediatrics, Beijing, China
- Shanghai First Maternity & Infant Health Hospital, Shanghai, China
- Institute of Medical Research, Goroka, Papua New Guinea
- College of Public Health, University of The Philippines, Manila, Philippines
- Research Institute for Tropical Medicine, Manila, Philippines
- Children's Hospital No. 1, Ho Chi Minh City, Viet Nam

TABLE 2

**World Bank collaboration on IMCI
(24 countries as of May 1999)**

Country	Project
Argentina	Maternal and Child Health, and Nutrition
Bangladesh	Health and Population Five
Bolivia	Health Sector Reform
Brazil	Health Sector Reform
China	Health IX
Dominican Republic	Health Sector Reform
Egypt	Health Sector Reform
Gambia	Participatory Health, Population, and Nutrition
India	Reproductive and Child Health
Indonesia	Community Health and Nutrition
Kazakhstan	Health
Madagascar	Health and Nutrition
Mali	Sector Investment
Mauritania	Health Reform
Paraguay	Health Sector Reform
Peru	Training
Philippines	Early Child Development
Uganda	District Health Systems and Early Child Development
United Republic of Tanzania	District Health Systems
Venezuela	Health Sector Reforms
Yemen	Early Child Development

FIGURE 1

Active CAH Associate Professional Officers and Time-limited Posts, 1998–1999

operational and policy research. This research, conducted in collaboration with institutions in developing countries, focuses on diarrhoeal and acute respiratory diseases and other serious childhood illnesses, on micronutrient supplementation, on improving methodologies for measuring child mortality and morbidity, and on improving the delivery of child survival interventions.

Partners in implementation

CAH collaborators in implementing IMCI activities in countries include ministries of health and their partners, bilateral agencies and non-governmental organizations.

UNICEF, a partner in developing the global IMCI strategy, is also a major collaborator in IMCI implementation in countries, supporting the training of health workers and community-based activities to promote child health. UNICEF country offices play an important role in the implementation of IMCI, for example, in El Salvador, Peru, Indonesia, the Philippines, Uganda and Tanzania, and IMCI is included in UNICEF plans for long-term support for these and other countries.

The inclusion of IMCI within **World Bank** country projects provides an opportunity for the strategy to be part of broader health and development efforts. A CAH staff member seconded to the Human Development Department of the World Bank in Washington has been able to provide valuable input into Bank projects in a number of countries. IMCI has been introduced in 24 countries receiving Bank support

BOX 3

CALL TO ACTION

We, the participants of the *First Global Review and Coordination Meeting on Integrated Management of Childhood Illness*, held in Santo Domingo, 9-12 September 1997:

Call upon international, multi- and bilateral governmental agencies, national and local leaders, governmental and non-governmental organizations concerned with health and development, members of the health community at all levels (including private health practitioners), community organizations and members, in summary, all those with an interest in improving child health:

- To acknowledge the major contribution that can be made by the IMCI Strategy to improving child health and to promote its application;
- To provide the political commitment, financial and other support necessary for the full potential of the Strategy to be realized;
- To take advantage of the potential contribution of different partners, taking into account their respective expertise and experience, in order to support the implementation of IMCI with the greatest possible efficiency;
- To work actively towards the implementation of the full recommendations of this *First Global Review and Coordination Meeting on Integrated Management of Childhood Illness*.

For the complete *Call for Action*, see the report of the meeting (WHO/CHD/97.11).

(see Table 2), with WHO technical input to ministries of health and, in some instances, directly to Bank projects.

The **USAID** BASICS Project supports IMCI implementation activities in Latin America, Africa and South-East Asia, and collaborates on the development of training, evaluation, and other IMCI tools. The UK Department for International Development (**DFID**), the German Gesellschaft für Technische Zusammenarbeit (**GTZ**), and the Canadian Tanzania Essential Interventions Project (**TEHIP**) project support country activities in Africa. The Australian Agency for International Development (**AusAID**) provides support for IMCI activities in Asia.

Support for national planning and implementation of IMCI and other CAH activities is also strengthened through placement of WHO staff in countries. Currently six countries sponsor **Associate Professional Officers (APOs)** and **time-limited posts**: Denmark, Finland, Germany, Luxembourg, Netherlands and Sweden (see Figure 1). Working closely with national programmes under the guidance of the Office of the WHO Representative, Professional Of-

ficers are in a valuable position to bring timely attention to national needs and to match these needs with technical and other resources available from WHO and its partners. Since the early 1980s, 75 APOs have been placed in over 30 countries.

Bringing the IMCI partners together

The *First Global Review and Coordination Meeting on Integrated Management of Childhood Illness* was held in Santo Domingo, Dominican Republic, in September 1997. Around 130 public health practitioners, paediatricians and researchers from 26 countries, international and bilateral agencies, and non-governmental organizations participated.

The purpose of the meeting was to give an opportunity to those working on the IMCI strategy – in both implementation, and in research and development – to review and learn from what had happened so far, and provide a basis for coordinating activities and defining areas of collaboration. The meeting resulted in agreement on *The Santo Domingo Call for Action on Integrated Management of Childhood Illness* (see Box 3). ■

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