



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



26th PAN AMERICAN SANITARY CONFERENCE **54th SESSION OF THE REGIONAL COMMITTEE**

Washington, D.C., USA, 23-27 September 2002

Provisional Agenda Item 4.6

CSP26/11 (Eng.)

11 July 2002

ORIGINAL: SPANISH

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

Integrated management of childhood illness (IMCI) is a strategy developed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Introduced in 1996 as the principal strategy for improving child health, it targets children under 5 years of age, focusing care on their health status rather than the diseases that occasionally strike them. IMCI thus reduces missed opportunities for the early detection and treatment of illnesses that are not the main reason for consulting the health services and can thus escape the notice of health workers, with the consequent risk of worsening and leading to complications. The care provided through IMCI, moreover, has a strong disease prevention and health promotion component, whose benefits include broader vaccination coverage and fostering better knowledge and practices in the care and treatment of children under 5 in the home, thus contributing to healthy growth and development.

Implementing IMCI requires the participation of the health services and community alike, through three components. The first is designed to improve the performance of health workers in the prevention and treatment of childhood illness; the second, to upgrade the health services so that they offer appropriate quality care; and the third, to improve family and community practices in caring for children.

This document summarizes the progress made through IMCI in the Hemisphere, the interagency coordination developed to support the strategy (involving bilateral and international agencies, foundations, and nongovernmental organizations), and the local mobilization achieved with broad community participation. It also discusses the evidence obtained about the benefits of IMCI and the main obstacles to expanding its implementation and ensuring that these benefits reach every child in the Hemisphere. Given the progress made and the obstacles to be overcome, a discussion is proposed to explore and determine the most appropriate mechanisms for strengthening the implementation of IMCI and expanding its coverage throughout the population.

The 130th Session of the Executive Committee examined the document and adopted Resolution CE130.R8 (annexed) on strengthening activities to expand the IMCI strategy in the Region, with a view to submitting it for the consideration of the 26th Pan American Sanitary Conference.

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Implementation of Integrated Management of Childhood Illness in the Americas: Progress and Challenges

1. Introduction

Improving child health requires not only promoting living conditions favorable to children's growth and development, but guaranteeing that all boys and girls benefit from the available prevention and treatment measures—measures that will keep them free of many illnesses and prevent such illnesses from becoming serious when they do strike, thus averting a potentially fatal outcome. Integrated Management of Childhood Illness (IMCI) is a strategy that includes all of these measures. It can be used by health workers and others responsible for the care of children under 5 years of age, including parents. It imparts the necessary knowledge and skills for the sequential, integrated assessment of children's health status and, thus, the detection of the most common illnesses or health problems, as determined by the epidemiological profile in each locality. IMCI provides clear instructions on how to classify the illnesses and health problems discovered in the assessment and outlines the treatment that should be administered for each of them. It also contains indications for monitoring the progress of the treatment, identifying the need for preventive measures, and informing and educating parents about how to prevent disease and promote the health of their children.

In light of this, IMCI is currently considered the most efficient strategy for reducing the burden of disease and disability in the population and contributing to healthy growth and development during the first 5 years of life.

2. Current Situation

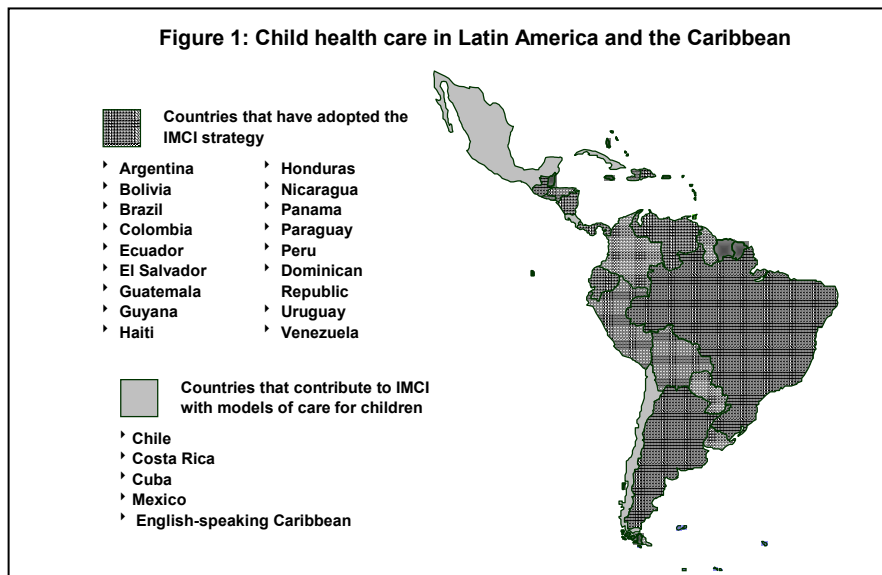
The IMCI strategy was developed jointly by the World Health Organization and the United Nations Children's Fund (UNICEF) and targets a group of infectious diseases that are still responsible for 20% to 30% of mortality in children under 5, and in some countries of the Hemisphere, for as much as 50%. IMCI also includes health promotion contents that are specially designed to improve the care and feeding of children during their first 5 years of life.

In 1996, PAHO officially introduced the IMCI strategy to the countries of the Hemisphere and promoted its implementation, in view of its potential for reducing mortality and morbidity in children under 5 and the contribution it could make to ensuring adequate health care for children, not only in the health services but in the home and community as well.

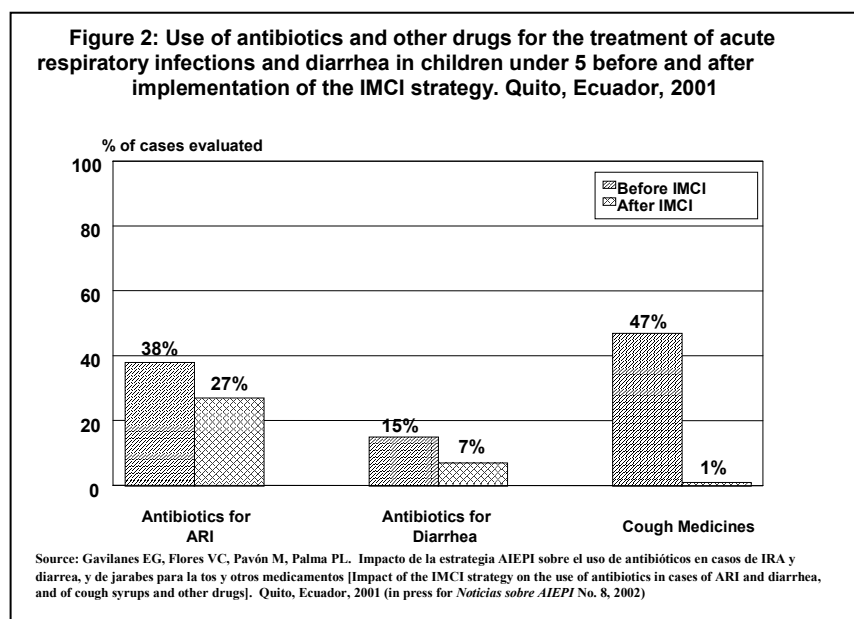
In subsequent years, the IMCI strategy was gradually introduced into maternal and child health activities in numerous countries. Its content and the process itself were enriched with the experience gained in the countries of the Region during the implementation of other control strategies for the illnesses that strike infants and children, and with the design and application of integrated care modalities in first level services.

In 1999, the 41st Directing Council of PAHO adopted Resolution CD41.R5, urging the Member States to adopt and expand implementation of the strategy and requesting the active participation of the Director in this process. Late that year, PAHO launched the Healthy Children: Goal 2002 Initiative, aimed at preventing 100,000 deaths in children under 5 during the period 1999-2002 and offering the entire population access to the IMCI strategy, especially the most vulnerable groups.

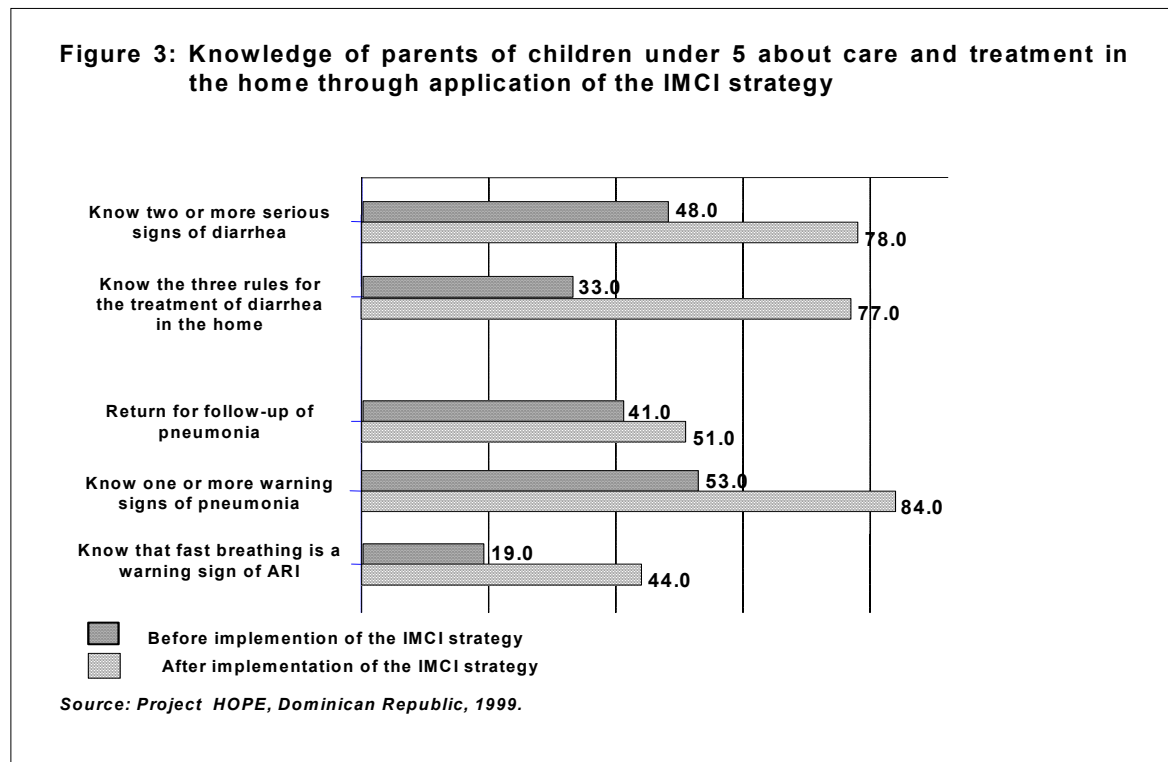
By late 2001, 17 Latin American and Caribbean countries had adopted and implemented the IMCI strategy. Other countries also participated in this process, contributing models of care that were already in execution (Figure 1). Since 2001, as part of the design and addition of new components, work has been under way with the rest of the countries of the Region to learn what contribution IMCI can make to existing activities for the care and treatment of infants and children.



The evaluations conducted have revealed significant improvements in the quality of care provided to children under 5 by staff trained in the IMCI strategy (Figure 2), especially in terms of reducing the unnecessary use of antibiotics and using firstline antibiotics—practices that help to rationalize the use of these drugs and contain bacterial resistance. A reduction has also been observed in the use of cough medicines for the treatment of childhood respiratory illnesses—drugs that are unnecessary and potentially harmful.

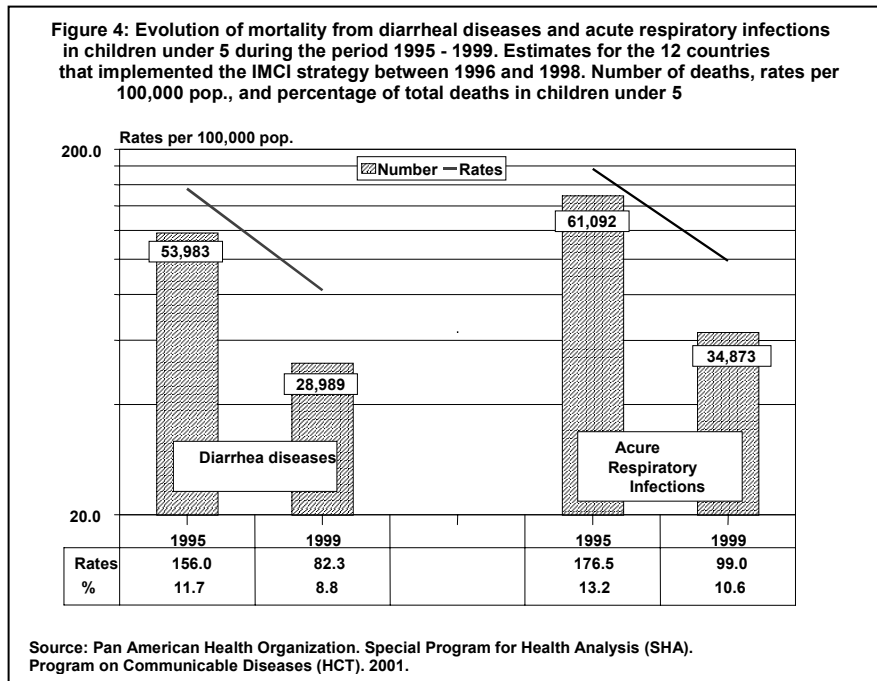


These evaluations have also shown that the IMCI strategy is effective in improving the knowledge and practices of parents and families to promote disease prevention and health promotion, early consultation when illness strikes, and compliance with the treatments prescribed (Figure 3).



Evaluation of the mortality figures in children under 5 has also revealed a significant impact in the form of a sharp decline in the number of deaths in that age group, and among such deaths, those from the causes targeted by the IMCI strategy. In the first year of the Healthy Children: Goal 2002 Initiative, the number of deaths in children under 5 fell by more than 30,000, a decline of more than 6% annually. Most of this decline was attributable to the sharp drop in mortality from the causes targeted by the IMCI strategy, which fell by more than 15% annually.

Monitoring of the mortality from diarrheal diseases and pneumonia, which are responsible for most of the deaths from the illnesses targeted by the IMCI strategy, has also revealed a decline in the number, rate, and proportion of deaths from these causes in children under 5. In the 12 countries that implemented IMCI between 1996 and 1998, which account for two-thirds of the under-5 population in Latin America and the Caribbean, mortality from diarrhea dropped by 47% between 1995 and 1999, and mortality from ARI by 44% (Figure 4). Both declines were steeper than the regional decline, which was 39% in each case.



This progress was the fruit of a major effort and broad coordination at the regional, subregional, and country levels. Efficient coordination was achieved in the countries between the ministries of health and other governmental and nongovernmental entities working to improve child health; this made it possible to promote implementation of the IMCI strategy through the health services and other public and private institutions, NGOs, and community organizations.

Despite this progress, however, the demonstrable benefits of the IMCI strategy in preventing disease and promoting healthy lifestyles have yet to reach a significant proportion of children under 5 in the Americas. Many families are still without access to trained personnel and health services in a position to apply the strategy and do not receive the information offered by IMCI to improve growth and development during the initial years of life.

Overcoming the lack of equity posed by this situation in terms of access to knowledge and practices critical for healthy child growth and development requires a united effort to ensure effective implementation and expansion of the strategy in all the countries of the Region. PAHO can play a decisive role here by assisting the countries in successfully implementing IMCI and setting up mechanisms to facilitate mobilization of the available resources at the regional and national levels to guarantee universal access to the strategy.

2.1 *Adoption of the IMCI Strategy and Progress of the Healthy Children: Goal 2002 Initiative*

By late 2001, 17 Latin American and Caribbean countries had adopted the IMCI strategy. These countries have 52% of the under-5 population of the Hemisphere but account for 75% of the annual deaths in this age group.

Countries that have adopted IMCI have not only done so because of the high mortality from infectious diseases in children under 5, which is currently the basic focus of the strategy. Some have adopted IMCI because of its capacity to improve the quality of care (i.e., fewer missed opportunities for detecting and treating health problems and instituting preventive measures), to ensure better utilization of resources and diagnostic and treatment technologies, and to offer parents more and better information on the care and treatment of their children.

All of the countries adopted the Healthy Children: Goal 2002 Initiative, and 10 of them launched the initiative with national and local events to encourage institutional and community participation and thereby accelerate the decline in mortality through the implementation of the IMCI strategy.

Bringing IMCI to the rest of the countries can be an important step toward improving the quality of health care for children, especially if the strategy is employed by personnel and health services that attend to population groups with no health coverage or whose access to health care is limited.

Implementation of IMCI in all the countries can also help to strengthen and improve the knowledge and key practices promoted by WHO and UNICEF for healthy growth and development during infancy and childhood (Table 1). These practices, geared to parents and others responsible for the health care of children under 5 (workers in day-care centers and community kitchens, teachers, mother surrogates), will better enable families to foster the healthier growth and development of their children during the first years of life.

**Table 1: 16 Key Family Practices for Healthy Growth and Development.
WHO and UNICEF**

For physical growth and mental development
1. Breast-feed infants exclusively for six months. (Mothers who are HIV+ should be counseled on other options for feeding their babies, taking into account WHO/UNICEF/UNAIDS policy and recommendations on HIV and infant feeding).
2. Starting at 6 months, feed children freshly prepared, energy and nutrient-rich complementary foods, while continuing to breast-feed for up to two years or longer.
3. Provide children with adequate amounts of micronutrients (vitamin A and iron, in particular), either in their diet or through supplements.
4. Promote children's mental and social development by being responsive to their need for care, and providing stimulation by talking to them, playing with them, and other appropriate physical and emotional interactions.
For disease prevention
5. On the scheduled dates, take children for the full course of immunizations (BCG, DPT, OPV and measles) before their first birthday.
6. Dispose of fecal matter (including that of children) safely, and wash hands with soap and water after defecation and before preparing meals and feeding children.
7. In areas endemic for malaria, protect children by ensuring that they sleep under recommended insecticide-treated mosquito nets.
8. Adopt and maintain appropriate behavior for prevention and the care of people with HIV/AIDS, especially orphans.
For appropriate home care
9. Continue to feed and offer fluids to children, especially breast-milk, when they are sick.
10. Administer the appropriate home care to sick children for the treatment of infections.
11. Prevent and provide appropriate treatment for children's injuries.
12. Prevent child abuse and neglect and take appropriate action when they occur.
13. Ensure that men actively participate in the care of children and that they are involved in activities related to the reproductive health of the family.
For seeking care
14. Recognize when sick children need care outside the home and take them to the appropriate providers for treatment.
15. Follow health workers' recommendations regarding treatment, follow-up, and referral.
16. Ensure that every pregnant woman receives adequate prenatal care, which consists of a minimum of four prenatal visits to an appropriate health service provider and the recommended doses of tetanus toxoid. Mothers need family and community support in seeking appropriate care, especially at the time of delivery and during the postpartum/nursing period.

Furthermore, the gradual addition of new contents in prevention, treatment, and health promotion is making the strategy increasingly compatible with the epidemiological situation of countries with lower mortality figures. For this reason, since 2001 work has been under way with the rest of the countries of the Hemisphere to determine what benefits adapting IMCI and its new components can offer to guarantee that all children, particularly the most vulnerable groups, have access to efficient, adequate quality health care, thereby helping to reduce morbidity and mortality in infants and children.

2.2 Incorporating the IMCI Strategy into the Basic Health Measures Accessible to All the Population

The way and extent to which the IMCI strategy is incorporated varies from country to country. In some countries, the strategy was adopted by a resolution making it the official health care policy for children. In others, it was added to the existing maternal and child programs, thus superseding strategies for the control of specific illnesses, such as acute diarrheal diseases or acute respiratory infections in children.

While some countries are moving forward with the implementation of IMCI through the social security system and its integration into health sector reform, these are generally special initiatives, not an organic plan to guarantee that the strategy actually becomes a basic health service for all children under 5.

2.3 Planning and Setting Goals to Achieve Universal Access to IMCI through the Health Services and in the Community

All the countries that adopted the IMCI strategy drew up plans to target its implementation to the most vulnerable areas and population groups, using infant mortality levels as the criterion. As part of these plans, they set goals consistent with the Healthy Children: Goal 2002 Initiative, making a commitment to accelerate the decline in mortality in children under 5 from the causes targeted by IMCI and reduce the number of deaths, pursuant to the goals established in the initiative.

In implementing the plans, significant progress was made in training health services personnel to employ the procedures outlined for the care of children under 5. The number of trained staff was increased, thanks to a regional, national, and local training mechanism that has already trained more than 40,000 people in the application of IMCI. However, neither the rate of this training nor the existing human resources—especially nurses and, to a lesser extent, physicians—are sufficient for rapid achievement of universal access to the strategy. This makes it necessary to expand training alternatives to strengthen the mechanisms for coordinating with the human resources areas of the ministries of health to support adjustments in the distribution and number of health workers and more actively promote the training of local community personnel.

Although mechanisms are in place to monitor the progress and results of implementing IMCI, some countries are still experiencing difficulties in providing information that is timely and extensive enough to gauge the impact of the strategy. This is particularly important with regard to mortality in children under 5, since a reduction in this area is the primary objective of the strategy.

Monitoring of the Healthy Children: Goal 2002 Initiative revealed significant potential for improving this situation, together with a willingness to set up efficient coordination mechanisms among the different sectors involved in the generation, collection, and analysis of the pertinent mortality data. However, concerted, coordinated action between the countries and PAHO will be necessary to guarantee that the various sectors involved in the generation, consolidation, and analysis of information heighten their efforts and achieve continuous improvement in the quality, coverage, and timeliness of the data to ensure better monitoring and evaluation.

In the past two years, PAHO/WHO and UNICEF, for their part, have proposed a series of 16 key family practices for healthy growth and development as the core of the community component of the IMCI strategy (Table 1). The promotion of these practices and their adoption by families and communities can lead to a significant reduction in current incidence and mortality rates while helping children to grow healthily and receive the stimulation they need for better development.

For this reason, work is under way to design materials and mobilize the mass media to expand the use of IMCI throughout the Hemisphere. A social communicator is also being added to the regional IMCI team, who will help to multiply and diversify these efforts and mobilize resources for greater dissemination and promotion of the 16 key family practices for child growth and development.

These actions can serve as backing for the significant community mobilization taking place in the countries with respect to the IMCI strategy through projects targeting the community component of IMCI—for example, PAHO's projects with the American Red Cross (ARC) and the United Nations Foundation (UNF). These projects have fostered close coordination among communities, government health services, and nongovernmental organizations operating in the local sphere, encouraging them to work together in the preparation, implementation, monitoring, and evaluation of plans to make the IMCI strategy accessible to the most vulnerable groups and thus prevent disease, promote health, and facilitate access to adequate quality care.

2.4 *Economic Support and Mobilization of Resources for IMCI*

The launch of the Healthy Children: Goal 2002 Initiative permitted the mobilization of resources to support IMCI activities at the regional level, particularly those of the community component, designed to improve knowledge and practices for the care of children in the home. At the country level, there was better coordination with nongovernmental organizations and agencies to promote the implementation of the IMCI strategy.

Projects are currently being undertaken with support from the U.S. Agency for International Development (USAID), Basic Support for Institutionalizing Child Survival (BASICS II), ARC, the UNF, the Government of the Netherlands, and numerous nongovernmental organizations, especially in the countries. Some projects are far along in the approval process—for example, the joint PAHO/Canadian International Development Agency (CIDA) proposal, scheduled to begin in 2002.

Notwithstanding, the mobilization achieved is not yet sufficient to expand the strategy's implementation fast enough to guarantee universal access by the most disadvantaged population groups or to support and sustain monitoring and evaluation mechanisms that will ensure effective implementation of IMCI and measure its results. This is especially true since some of the projects, such as the one with USAID and BASICS are about to conclude (though they may be extended), or have already concluded—for example, the project supported by the Spanish Agency for International Cooperation (AECI).

In order to achieve this, greater regional and national resources will be needed, as well as external financing to ensure the continuity of existing projects and to continue to strengthen and expand the implementation of IMCI.

2.5 *Introduction of IMCI in the Training of Health Personnel*

The IMCI strategy is already part of pediatrics teaching in approximately 100 of the 350 medical schools in Latin America and the Caribbean. It is also being used in the Region's nursing schools, which already number about 60. Contributing to this has been the coordination provided by the regional level to involve these institutions in the adaptation of the strategy and the training of facilitators.

The experience in many countries indicates that effectively incorporating IMCI into academic programs could help to ensure that all students in medicine, nursing, and other health professions graduate with the ability to apply the IMCI strategy in health care delivery. It will also ensure that the thousands of students performing their compulsory social service in the final year of their program bring the benefits of the

strategy to the populations they serve for the prevention and treatment of illness and for improving knowledge and encouraging more appropriate practices to promote child health.

Notwithstanding, most medical and nursing schools and other academic institutions involved in the training of health workers do not guarantee that their graduates will be able to apply the IMCI strategy in the care of children under 5. This issue is especially important with respect to students beginning their compulsory social service, as they work in health services covering at-risk populations that could benefit from the potential impact of the strategy on mortality, morbidity, and the quality of care.

2.6 Adapting the IMCI Strategy to Different Epidemiological and Operational Realities

Adapting the IMCI strategy was part of the implementation process not only to fine-tune the basic contents but to introduce additional contents for the prevention and treatment of other prevalent illnesses in the epidemiological profile of the country and the Region. The development and introduction of these contents took place within the countries, between countries, and at the regional level.

As a result of this process, components were added for the control of dengue, respiratory ailments (illnesses of the throat, chronic obstructive pulmonary diseases), and abuse. The design of contents to control oral health problems and neonatal disorders and promote early stimulation and development is in its final stages.

These new contents boost IMCI's potential for improving the health status of children—on the one hand, by reducing mortality and morbidity with the inclusion of other common causes of death before the age of 5, such as perinatal disorders and accidents; and on the other, by improving the conditions for growth and development, thanks to its content in areas such as early stimulation, the promotion of oral health, and the prevention of accidents and abuse.

The addition of these new contents reveals the potential for expanding IMCI, using it as the gateway for detection and adequate treatment of the health problems not only of children but of the family as well. Strengthening the tie between IMCI and other treatment, disease prevention, and health promotion interventions can lead to a marked increase in the coverage of populations that have access to its benefits.

Particular mention should be made of IMCI's potential for increasing the coverage of adequate prenatal care, taking advantage of the greater frequency of infants' and children's visits to the health services to reach pregnant women who are not being monitored or who are at high risk, thus preventing maternal and child morbidity and mortality.

Furthermore, adapting the strategy to the different operational realities of the countries has made it possible to identify problems in the quality of health care, not only at the first level but at first referral hospitals as well—problems that are often due to inappropriate and inefficient diagnostic and treatment practices for childhood illness. The contribution that IMCI can make to standardizing hospital procedures for the care of children is therefore important, leading to improvements in quality, lower hospital morbidity and mortality, and more efficient use of the available resources.

3. Proposed Actions

The progress made and the results obtained reveal the IMCI strategy's potential for improving the health status of children and serving as a gateway for increasing the coverage of prevention and treatment interventions for the illnesses and health problems that affect the family. However, IMCI is not accessible to all the countries' populations. This inequality is particularly serious in the case of highly vulnerable groups that could benefit from the strategy's potential to reduce mortality and morbidity and improve growth and development in infants and children.

The actions described below can help to overcome this problem and ensure that all children under 5 in the Region of the Americas can enjoy the benefits of the IMCI strategy in terms of better health care.

- *Effective incorporation of the IMCI strategy into the regulatory frameworks of the countries and systems for monitoring its implementation* is fundamental for it to become the universal basic service for children's health care. This decision will enable the countries to make progress toward guaranteeing access to the benefits of IMCI to all children under 5. This can be accomplished by making IMCI's contents the minimum standard of care provided in the public health, social security, and private health services by institutional and community health workers, not only at the first level of care but in referral hospitals as well.
- *Revising human resources strategies and plans in the field of health to improve the distribution of personnel and the ratio between physicians, nurses, and community health workers* will contribute to the greatest health care coverage for the population, increasing the number of staff and improving the training of those most frequently in contact with children under 5 and their families.

- *Making training in the IMCI strategy part of undergraduate and graduate programs in the health professions will guarantee that investments in the education of this staff meet the health needs of the population.* This will also lead to more efficient use of resources, for it will keep ministries of health from having to invest in graduate training further down the line to ensure that professionals meet the performance standards set for them in the health services. Making IMCI part of undergraduate education will also enable students fulfilling their compulsory social service requirement in the health services during their final year of training to extend the benefits of IMCI, in terms of improving child health, to the people they serve.
- *Drafting and implementing special plans to promote the 16 key family practices for healthy growth and development proposed under the community component of the IMCI strategy through all communication channels.* In addition, this set of key practices would be utilized in intersectoral coordination on behalf of children, particularly at the local level and within the framework of community-based projects for implementation of the IMCI strategy. This will make it possible to take advantage of all areas involved in social development to ensure their active participation in the improvement of families' and communities' ability to provide better care for children at the local, intermediate, and national levels; it will also ensure more efficient use of the resources available for health and development.
- *The establishment of active, coordinated mechanisms to ensure timely and sufficiently extensive information on deaths in children under 5, since this is the principal measure of the strategy's impact.* These mechanisms should be strengthened in the ministries of health, using existing resources, in order to ensure more timely access to better indicators in terms of coverage and quality—indicators that application of the IMCI strategy can help to improve. This will make it possible to improve the use of information as a tool for recognizing progress, identifying problems, and setting priorities at the local and national level within each country and at the regional level as well.
- *The rapid addition of new contents for the prevention and control of other illnesses and health problems in children under 5, consistent with the epidemiological profile of the Region of the Americas; improving coordination with other interventions and strategies whose coverage can be augmented, using the IMCI strategy as the gateway.* Specifically, these contents include the control of problems linked with the prenatal period, the cause of one-third of all deaths in children under 1 year; the prevention and control of accidents, the leading cause of mortality in children over 1 year; and the prevention and control of obstructive pulmonary disorders, abuse, violence, and developmental problems in children

through early stimulation, the detection of developmental delays, and the promotion of oral health. Among the interventions whose coverage can be augmented with the application of IMCI are the initiative for the reduction of maternal mortality, micronutrient supplementation, vaccination, prenatal care, and the prevention of noncommunicable diseases, as well as the initiatives and processes under way to improve the organization and operation of health systems and mechanisms for the generation, collection, and analysis of data.

- *The mobilization of extrabudgetary resources for PAHO/WHO to continue supporting the expansion of the IMCI strategy in terms of population coverage, the simultaneous strengthening of its three components (health workers, health services, and the community), and its contents in the areas of prevention, treatment, and health promotion in children.* It is especially necessary to ensure the continuity of external resources for special projects financed by bilateral cooperation agencies (such as those with USAID or the Spanish Agency for International Cooperation), which have facilitated the rapid expansion of the strategy and progress toward meeting the established goal, in addition to accelerating the decline in mortality among children under 5. It is also essential to increase the participation of other agencies to add their efforts to the expansion of the IMCI strategy, as has been the case with CIDA-Canada. This experience could potentially be expanded to the bilateral external cooperation agencies of other countries throughout the world.

4. Financial Consequences

The regional IMCI unit has regular and over-the-ceiling funds totaling US\$ 350.000 annually. It has also received extrabudgetary resources from WHO and the bilateral agencies of the Governments of the United States (USAID), Spain (AECI), and the Netherlands, which finance special plans and activities at the regional and country levels. In 2001, funds were obtained for a joint project with the ARC to strengthen the community component for regional activities in 10 countries. In 2002, funds are expected from CIDA and the UNF for specific projects to expand and strengthen implementation of IMCI.

Nevertheless, there will be significant reductions in the available extrabudgetary resources in 2002 as a result of cutbacks in WHO funding, the conclusion of the five-year project with USAID, and the end of the support from AECI.

In order to continue expanding and strengthening the implementation of the IMCI strategy, contributing to a reduction in mortality, and improving the health status of children, it will be necessary to redouble efforts to maintain the current resources from WHO and the USAID and AECI projects, support the approval of projects submitted to CIDA and the UNF, and search for potential new sources of financing.

5. Key Areas for Deliberation

IMCI has enjoyed vast acceptance since its launch in 1996, chiefly due to the change it promotes in the approach to care for children under 5, focusing on their health status instead of the illnesses that occasionally strike them. IMCI has proven an effective tool for the early detection and treatment of illness, and this has had an impact on serious morbidity and mortality. IMCI has also made it possible to take advantage of all the opportunities for disease prevention and health promotion, contributing to better quality care in the health services and the home.

The addition of new components to prevent and control childhood illness, resulting in lower infant mortality and the strengthening of health promotion contents have boosted IMCI's potential for guaranteeing a basic standard of care to which all children in the Region of the Americas should have access. Strengthening the ties between IMCI and other health interventions targeting not only children but their families as well can help to improve the strategy's coverage and increase the number of people who benefit from it.

However, the potential benefits of IMCI have yet to reach all sectors of the population. Thus, other steps must be taken to expand and improve the access of all children to the strategy, especially those in the most vulnerable groups.

The following areas are therefore proposed for discussion and deliberation.

5.1 *Incorporation of IMCI as a Universal Basic Health Service for Children and as Basic Content in Undergraduate and Graduate Training Programs*

IMCI brings together the most up-to-date knowledge in pediatrics to guarantee proper assessment and treatment of the most common childhood illnesses and health problems. It includes, moreover, the basic measures for disease prevention that should protect all boys and girls during their first 5 years of life and provides the most important knowledge and information on practices that parents should employ to safeguard the healthy growth and development of their children. Thus, IMCI constitutes a basic standard of care that should be accessible to all children under 5 and to which other measures can be added, based on the epidemiological situation or operating capacity of the health services, families, and the community.

In this regard, it is necessary to strengthen activities so that IMCI's contents are effectively applied in the health services, at both the first level and referral hospitals, and included as basic content in the undergraduate and graduate education of personnel.

5.2 *Promotion of the Key Family Practices for Healthy Growth and Development Proposed in the IMCI Strategy*

A basic set of knowledge and practices for application by those responsible for providing care to children will ensure that youngsters grow and develop in a healthy manner, do not get sick, and receive timely and effective care when they do. These practices do not require sophisticated technologies or resources beyond the reach of most families. Nevertheless, many families lack the necessary information about them and do not receive help in acquiring the skills for their effective application in the home. IMCI brings together all the key knowledge and practices required for healthy growth and development. However, this information must reach all families—first and foremost those belonging to the most vulnerable population groups.

For this reason, progress must be made to ensure the broadest and speediest dissemination and promotion of the 16 key family practices for the healthy growth and development of children, also promoting specific activities for the continuous updating and complementation of these practices.

5.3 *Expansion and Monitoring of the IMCI Strategy*

The varied epidemiological situation in the countries of the Hemisphere and IMCI's potential as the gateway for improving the health status of children, and by extension their families, have created the need to broaden the basic contents of the strategy to include activities for the prevention and treatment of other health problems. However, moving forward with this process demands a clear determination of the magnitude of the new problems to be addressed and adequate monitoring of IMCI's impact on child mortality and morbidity, as well as increased coverage in the application of the interventions. Nevertheless, the information needed for monitoring and evaluation, especially mortality data, is not always timely, nor does it include the appropriate coverage.

Within this context, it is essential to optimize the use of the available resources to improve the breadth and timeliness of the key information for monitoring IMCI, especially the mortality data. PAHO and the countries must strengthen their coordination to ensure that the local, national, and regional authorities have timelier figures with better coverage to permit continuous monitoring and evaluation of mortality. This will enable them to set priorities and program activities to meet the control objectives for the

illnesses targeted by IMCI. Acceptable and appropriate mechanisms should be set up to monitor and evaluate the implementation of IMCI and its results in terms of morbidity and the quality of child health care.

Accelerating the incorporation of new contents for the prevention and care of other illnesses is essential for heightening the impact of IMCI on child mortality and morbidity and strengthening the links between IMCI and other prevention, treatment, and health promotion interventions geared not only to children but families as well.

5.4 *Economic Support and Mobilization of Resources for IMCI*

Strengthening the implementation of IMCI, expanding its coverage, upgrading impact assessment mechanisms, and broadening the contents of the strategy have been identified as priority lines of action for sustaining and accelerating the decrease in mortality and morbidity and contributing to healthy children. However, the resources available for this at the regional and country level are limited. Hence, greater efforts must be made to mobilize existing regional and country resources in support of IMCI.

6. Action by the Pan American Sanitary Conference

The Pan American Sanitary Conference is requested to examine the present document and consider the annexed resolution (CE130.R8), recommended by the Executive Committee to strengthen and expand implementation of the IMCI strategy in the Region of the Americas to make it the basic standard of health care for children.

Annex



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



130th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 24-28 June 2002

Annex

RESOLUTION

CE130.R8

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

THE 130th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed Document CE130/13, "Integrated Management of Childhood Illness (IMCI),"

RESOLVES:

To recommend that the Pan American Sanitary Conference adopt a resolution along the following lines:

THE 26th PAN AMERICAN SANITARY CONFERENCE,

Having considered Document CSP26/11 and the findings presented on the progress made in the implementation of the Integrated Management of Childhood Illness (IMCI) strategy in the Region of the Americas; and

Bearing in mind the progress made in the Healthy Children: Goal 2002 Initiative, which has helped to sustain and accelerate the reduction in child mortality, particularly from the causes targeted by the IMCI strategy,

RESOLVES:

1. To adopt the approach and operationalization contained in Document CSP26/11 for the implementation of the IMCI strategy.

2. To underscore the importance of expanding the IMCI strategy by incorporating new components that will make it possible to improve the problem-solving capability of health workers at the first level of care.
3. To urge the Member States to:
 - (a) continue to strengthen support for the IMCI strategy and its expansion and coordination with other programs and actors in health, with a view to sustaining and accelerating the reduction in child mortality, and to advance toward universal access by the population to the basic quality of care standard offered by the strategy;
 - (b) hasten effective integration of the IMCI strategy into undergraduate and graduate programs in the health disciplines and its application by graduates;
 - (c) strengthen and promote effective mechanisms for the collection, consolidation, and analysis of data that will permit the monitoring and evaluation of health actions targeting infants and children;
 - (d) strengthen the number and diversity of human health resources to deal effectively with ill children and the causes of illness.
4. To request the Director to continue supporting implementation of the IMCI strategy in terms of expanding it to other countries and increasing coverage in the countries that have already adopted it.