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STRATEGY AND PLAN OF ACTION FOR INTEGRATED CHILD HEALTH: FINAL REPORT

Background

1. The Member States of the Pan American Health Organization (PAHO) approved the 2012-2017 Strategy and Plan of Action for Integrated Child Health during the 28th Pan American Sanitary Conference, held in Washington, D.C., in September 2012 (Resolution CSP28.R20) *(1).* The Strategy and Plan of Action proposed a framework for promoting an effective multisectoral, life-course, and equity-driven approach to child health. It was aimed at contributing to the achievement of Millennium Development Goal 4—namely, reduce child mortality by two-thirds from 1990 to 2015—and supporting countries to advance child health and well-being.

2. This Final Report reviews progress toward meeting the objectives and indicators set forth in the Strategy and Plan of Action and also provides a general overview of progress in the health status of children.

Analysis of Progress Achieved

3. Overall, the Region has made progress in the implementation of the Strategy and Plan of Action on multiple fronts, starting with a strong policy environment in support of child survival and development. In particular, Member States have implemented guidelines and technical tools to support health care providers; improved data availability on coverage of interventions and mortality in under-5 children; increased access to care by enlisting community health workers or home visitors as part of primary health care services; and established multisectoral mechanisms to address various child health priorities. Furthermore, it is noteworthy that the Region is gradually applying a renewed child health agenda that speaks about development, learning, and health as an indivisible outcome.

4. During the period of the Strategy and Plan of Action, the Region continued to make progress in child survival. Between 1990 and 2016, under-5 mortality fell 68% overall, from 44 to 14 per 1,000 live births *(2).* From 2000-2015, the countries in the lowest income

quintile had a 40% reduction in under-5 mortality, while those in the highest income quintile had a 52% reduction *(3)*. These declines reflect primarily decreases in diarrhea, pneumonia, undernutrition, and vaccine-preventable diseases as causes of mortality in the post-neonatal period. In 2000, 7.9% of under-5 deaths were due to diarrheal diseases and 13.6% to lower respiratory infections, and by 2016 these percentages were 3.6% and 10.3%, respectively *(6)*. In 2016, 53% of under-5 deaths occurred during the neonatal period *(2)*. Child survival, especially in this period, remains a matter for urgent action in the Region.

5. The Strategy and Plan of Action placed a special focus on equity, but the progress in terms of the burden of disease and the coverage of interventions remains unevenly distributed with large differences between countries. For example, while the regional prevalence of stunting decreased from 11.0% in 2000 to 6.9% in 2015, the lowest country value was 1.8% and the highest was 48% *(4)*. Overweight in under-5 children was 7.1% for the Region as a whole, but the individual country values ranged from 3.6% to 12.2% *(5)*. In another example, the median for exclusive breastfeeding was 33%, while at the country level the range was 4.7% to 69.8% *(4)*. The lowest level of the composite coverage index[1] was 52.7% and the highest was 86.4% *(6)*. A similar picture can be seen within countries. For example, in 2015 the proportion of under-5 children taken to a health facility for symptoms of pneumonia was 68% among the richest quintile and 46% among the poorest in Guatemala, 73% and 61% in Haiti; and 81% and 71% in the Dominican Republic *(6)*. Eliminating inequalities within and among countries remains a priority for the Region.

6. In order to reduce inequalities, having a strong information system to measure the effects of public health actions on groups of vulnerable children is essential. The health information on children from indigenous communities, Roma, Afro-descendants, migrants, those living with disabilities, survivors of violence, and those whose parents have mental health or substance abuse problems, is still limited. Greater effort on strengthening information for monitoring is required.

7. Building competencies in the health workforce to integrate gender considerations into the provision of services for children was included as a strategic area. Gender mainstreaming into child health policies, strategies, services and training of the workforce remain limited. PAHO technical guidance and tools on this specific area is needed.

8. Children are also the subject of a diverse group of strategies addressing diseases or health-related problems such as neglected diseases, HIV, tuberculosis, and injuries and violence, among others. For example, the 2016 coverage of preventive treatment against soil-transmitted helminthiases among school-aged children was 51%, with a range among countries of 43.8% to 100% *(7)*. The number of children living with HIV in Latin America

[1] WHO Indicator Metadata Registry: The composite coverage index is a weighted score reflecting coverage of eight reproductive, maternal, newborn, and child health interventions along the continuum of care: family planning, antenatal care, skilled birth attendance, BCG vaccination, DTP3 vaccination, measles vaccination, diarrhea receiving oral rehydration therapy and continued feeding, and children with pneumonia symptoms taken to a health facility. The values are based on data from 12 countries, period 2006-2015.

and the Caribbean (LAC) is decreasing, but now the main challenges are to ensure treatment retention and adherence and successful virological outcomes *(8)*. At least 40% of young children (12-23 months and 2-4 years of age) have experienced some form of violent discipline, but only 10 countries have outlawed all forms of corporal punishment at home and in schools and child care centers *(9)*. A more coordinated action is needed and PAHO is working to increase the internal coordination across the technical units whose subject areas have a direct impact on children.

9. The health of children age 5 to 9 years has received less attention than that of children under 5 years old. In the Region, their probability of dying is low (3 per 1,000 children age 5) *(2)*. Available estimates for the Region show that road injuries are one of the main causes of death in this age group *(10)*. In 2015, 22 countries had legislation mandating the use of child restraints, although only three of these countries rated their enforcement as good *(11)*. Strategic actions for this age group addressing unintentional injuries, mental health problems, environmental risks, disability, developmental difficulties, hearing loss, and visual impairment are still limited.

10. The Strategy and Plan of Action placed emphasis on the need to develop a harmonized and integrated intersectoral approach to child health. The progress in this strategic area is shown by the 19 countries with policies or strategies aimed at promoting optimal child development. These policies align the actions in the areas of health, nutrition, education, and social protection, among others, and they are designed to support young children and their families—especially those that are most vulnerable—from pregnancy through the first four or five years of life. Common features of these efforts are strong political leadership, decisions informed by evidence, increased financial investment, and a coordinating multisectoral mechanism. The evidence shows that a child needs not only health and nutrition but also responsive caregiving and safe learning opportunities *(12)*. As countries acquire more experience, their strategies become more comprehensive. Examples of such strategies include *Primeros Años* [Early Years] in Argentina, *Criança Feliz* [Happy Child] in Brazil, *Chile Crece Contigo* [Chile is Growing with You] in Chile, *De Cero a Siempre* [From Zero to Always] in Colombia, the National Strategic Plan for Early Childhood Development in Jamaica, *Amor por los más Chiquitos y Chiquitas* [Love for the Littlest Children] in Nicaragua, and *Uruguay Crece Contigo* [Uruguay is Growing with You] in Uruguay. This rich experience has informed the Nurturing Care Framework, developed by WHO, UNICEF, and others and launched during the World Health Assembly in 2018 *(12)*.

Strategic Line of Action 1: Developing harmonized intersectoral, and interprogrammatic policies, national plans, and laws to protect and enhance children's health, rights, and development		
Specific objective	**Indicator, baseline, and target**	**Status**
1.1 Create an enabling environment for advocacy, coordination, and development of intersectoral and interprogrammatic policies and programs for integrated child health (ICH) consistent with human rights instruments of the United Nations and the Organization of American States.	**1.1.1** Number of countries that have established a national ICH policy, strategy, or plan consistent with their legal frameworks and regulations. Baseline: 0 Target: 12 countries	23 countries have policies or strategies on child health. Nineteen countries have multisectoral policies or strategies on early childhood development; 18 have policies or strategies on food security and nutrition, including some specifically for children.
	1.1.2 Number of countries with an ICH program that have a medium- to long-term plan of action, with resources allocated and a focal person assigned. Baseline: 0 Target: 12 countries	All elements of the indicator were not available to assess progress. All countries have a wide range of policies and strategies addressing various child health priorities. Traditional vertical child health programs are being replaced by integrated strategies. It was not possible to categorize plans as having a medium or long-term scope.

Strategic Line of Action 2: Strengthening integrated health systems and services and community interventions through alternative service delivery strategies, especially in marginalized areas		
Specific objective	**Indicator, baseline, and target**	**Status**
2.1 Develop and strengthen health system capacity for the management, planning, and implementation of ICH strategies, with emphasis on primary health care.	**2.1.1** Number of countries that have a national policy, strategy, or plan for strengthening the capacity of the health system to scale up effective ICH interventions. Baseline: 0 Target: 12 countries	All elements of the indicator were not available to assess progress. The methodologies for this measurement are currently being strengthened.

Specific objective	Indicator, baseline, and target	Status
	2.1.2 Number of countries with ICH programs that have developed technical guidelines and norms based on PAHO models. Baseline: 0 Target: 12 countries	All countries have developed technical guidelines either as part of a family and child health manual or as guidelines for specific diseases. For example, 16 countries have developed guidelines on the management of pneumonia and 12 on diarrhea and the use of zinc.

Strategic Line of Action 3: Building competencies in the health workforce, academic institutions, and families and communities using a rights-based approach that prioritizes primary health care and takes into account gender and ethnicity		
Specific objectives	**Indicator, baseline, and target**	**Status**
3.1 Support the development and strengthening of human resource training programs for ICH.	**3.1.1** Number of countries with an established and operational human resource and management training program for ICH. Baseline: 0 Target: 12 countries	All elements of the indicator were not available to assess progress. The indicator on the human resource assessments will be worked upon in 2019.
	3.1.2 Number of countries implementing ICH evidenced-based interventions using PAHO tools and materials. Baseline: 0 Target: 12 countries	All countries are implementing a wide range of evidence-based interventions. The challenge is the monitoring of the implementation.
3.2 Promote social mobilization and community participation for the implementation and expansion of effective interventions to improve integrated child health and the well-being of children.	**3.2.1** Number of countries with established mechanisms and/or strategies for promoting community participation for the implementation of intervention-based ICH programs. Baseline: 0 Target: 12 countries	No data available on the number of countries with established mechanism or strategy for promoting community participation. 15 countries have community health workers or home visitors as part of primary care services. The scope of their work may include activities with local actors and families.

Specific objectives	Indicator, baseline, and target	Status
	3.2.2 Number of countries that have an operational plan to scale up and extend to new districts the community and family component, which promotes parenting skills, social mobilization, and community participation in ICH. Baseline: 0 Target: 12 countries	All elements of the indicator were not available to assess progress. Available information shows that 19 countries have early childhood development strategies that include actions designed to improve parenting skills.

Strategic Line of Action 4: Strengthening the health information system and improving the knowledge base on the effectiveness of interventions		
Specific objective	**Indicator, baseline, and target**	**Status**
4.1 Strengthen country information systems and monitoring capacity in the ICH framework and strengthen the capacity of information and vital statistics systems to generate and use quality information disaggregated by sex, age, ethnicity, and socioeconomic level.	**4.1.1** Number of countries with a national information system that delivers annual information on ICH indicators and data. Baseline: 0 Target: 12 countries	All countries produce annual health indicators on mortality and coverage of various interventions for under-5 children as part of the PAHO publication on basic indicators. Limited data are available on violence against children and children with disabilities. The health of 5-9 year-old children does not receive enough attention.

Strategic Line of Action 5: Mobilizing resources, strategic alliances, and partnerships		
Objective	**Indicator, baseline, and target**	**Status**
5.1 Engage in advocacy to establish and strengthen intersectoral alliances with strategic partners and mobilize international and national funds to sustain implementation and expansion of ICH activities.	**5.1.1** Number of countries that have established an intersectoral coordinating committee for ICH. Baseline: 0 Target: 12 countries	All elements of the indicator were not available to assess progress. 16 countries have at least one intersectoral mechanism addressing a child health priority. Children also benefit from mechanisms addressing the priorities of wider age groups, such as violence prevention and food security.

Action Necessary to Improve the Situation

11. In light of the achievements and challenges described in this report, the following actions are presented for consideration by the Member States:

a) Accelerate the reduction of preventable child mortality and morbidity by making a priority to end deaths due to communicable diseases and undernutrition. The significant progress made so far shows that it is feasible to achieve this ambitious goal.

b) Link child survival actions to those that increase opportunities for every child to grow and develop. Experience in the Region has shown that this integration is achievable. Having integrated policies or strategies are necessary to guide these efforts.

c) Expand strategic actions on child health and include children 5 to 9 years old and vulnerable groups such as children from indigenous, Afro-descendant, or Roma communities, as well as those living with disabilities or other challenges that are relevant in the particular country. Areas still in need of attention include mental health, prevention of violence, and prevention or mitigation of ill health due to environmental risks.

d) Increase coordination within the health sector and with other sectors to ensure that children and families have access to a continuum of services and an integrated system of support. Coordination with education is particularly important. Health gains in early childhood must be enhanced during the school years, and in case of developmental difficulties they must be identified and addressed as early as possible.

e) Improve the monitoring of inequalities and increase the quality, level of disaggregation and coverage of data, at national and subnational level. Incorporate gender and ethnicity approaches into child health policies and services. Monitor the health and development of young children—the period when inequalities start.

f) Consider the strategic lines of action and activities included in the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 (Document CE162/14). This plan aims to support countries to address the gaps in implementation described in this report.

Action by the Executive Committee

12. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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