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CONTRIBUTION OF INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES (IMCI) TO THE ATTAINMENT OF THE MILLENNIUM DEVELOPMENT GOALS

Infant mortality has fallen in the Americas, chiefly due to the decline in mortality from infectious diseases. Although these diseases are still responsible for 28% of deaths in children under 5, perinatal causes associated with gestation, birth, and first weeks of life account for 38%. The decline observed, moreover, has not been uniform; gaps between countries and population groups persist, reflecting the lack of equity in access to prevention and control measures.

Within this context, achieving a two-thirds reduction in mortality in children under 5 by 2015 to meet the Millennium Development Goals requires the prevention and treatment of both infectious diseases and perinatal disorders, which together are responsible for 76% of infant mortality in the Hemisphere.

Equitably attaining these goals will require targeting the countries and population groups with the highest infant mortality. An integrated approach to managing infectious diseases and the causes of perinatal mortality will reduce mortality; bridging the gap between countries and reaching the neediest among them.

The Integrated Management of Childhood Illness strategy (IMCI) is responsible in part for the lower deaths from infectious diseases. This strategy, in conjunction with a neonatal component for the prevention and early treatment of perinatal problems and an approach that targets areas with the highest mortality, will permit progress toward equitable attainment of the Millennium Development Goals in order to reach the most vulnerable populations.

This document is presented to the Executive Committee for the purpose of: a) obtaining recommendations for the Bureau and the countries to accelerate the setting of national and subnational goals to meet the Millennium Development Goals equitably and to adopt the Expanded IMCI strategy as the main instrument for doing so; and b) to identify mechanisms that PAHO and the countries can employ at the local level to effectively implement the strategy, universally benefit children (especially the most vulnerable), and mobilize resources to help meet the Millennium Development Goals for child health in the Americas.

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Equitable Attainment of the Millennium Development Goals for Child Health in the Americas to Reach the Most Vulnerable Groups: Strengthening and Expanding the Coverage of the Expanded IMCI Strategy

Introduction

1. In the closing decades of the 20th century, infant mortality declined in the Region of the Americas, and in the 1990s in particular, most of the subregions met the 10-year goal of reducing infant mortality by one-third over 1990 values. The drop in mortality in children under 5 contributed to a 5.5 year gain in life expectancy, on average, between 1990 and 2000, double the figure for the previous decade. The greatest contributor (60%) to this gain was the decline in mortality from infectious diseases in children under 5 and, to a lesser extent (25%), the decline in mortality from disorders originating in the perinatal period (associated with gestation, birth, and the first weeks of life). Although perinatal disorders constitute the leading cause of mortality, infectious diseases continue to account for 28% of the deaths in children under 5 in the Hemisphere. Thus, their prevention and control would result in a significant gain in the average life expectancy of the population, especially in several countries where the proportion of deaths from these causes is higher than the regional average.

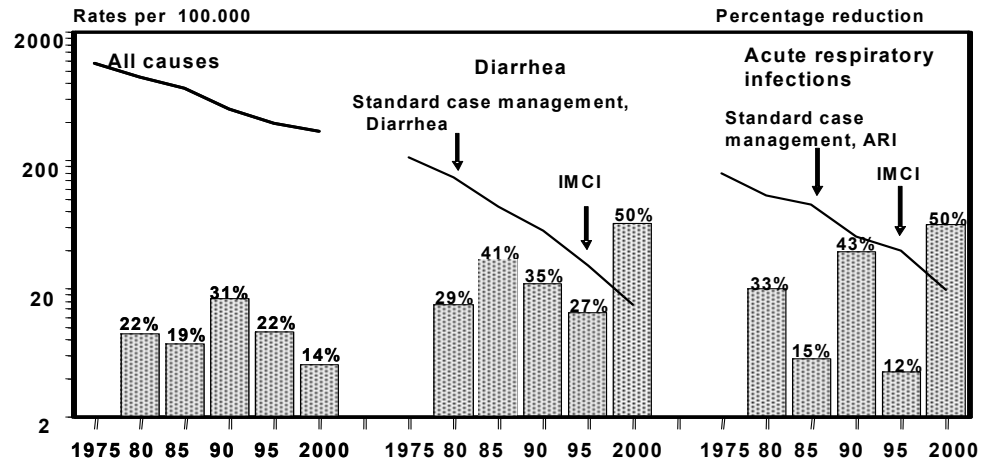
2. Within this context, a further decline in infant mortality, such as the one proposed for 2015 in the Millennium Development Goals, will require a mixed approach that combines the prevention and treatment of infectious diseases with attention to perinatal disorders, the latter through better care and treatment of infants at birth and during the first weeks of life (neonatal care). Thus, the two groups of causes responsible for more than two-thirds of mortality in children under 5 will be addressed.

3. In addition, given the tremendous gaps in infant mortality, it will be necessary to strategically target these activities to the most vulnerable geographical areas and population groups to ensure a steeper decline in mortality and thereby contribute to greater equity.

Current Situation

4. As the millennium opened, a little over half a million girls and boys under the age of 5 were dying annually in the Region of the Americas, and the risk of dying in infancy ranged from 6.6 per 1,000 births in Canada to 108.2 per 1,000 in Haiti, representing a relative risk of 16.3. Approximately 28% of these deaths were from easily preventable infectious diseases and respiratory illnesses that could have been managed with low-cost measures, as demonstrated in the analysis of the trends observed in recent decades (Figure 1).

Figure 1: Mortality Trends in Children under 5 in 18 Countries of the Hemisphere, 1975-2000. Rates per 100,000 and five-year percentage reduction



Note: Lines represent rates per 100,000 and bars represent percentage reduction during each five-year period.

Source: Program on Communicable Diseases (HCT), IMCI Regional Unit; with data from the Special Program for Health Analysis (SHA). Pan American Health Organization (PAHO)/ World Health Organization (WHO). 2002

5. The implementation of specific, and then integrated, control measures to reduce mortality from diarrhea and acute respiratory infections (the reduction in this latter resulting in a significant impact in terms of increased life expectancy in the countries of the Region), can be considered one of the factors that contributed to the results in Figure 1. In the five-year period following implementation of the standard case management strategy, mortality from diarrhea declined by 41%, more than double the figure for the previous 5-year period (19%), and mortality from acute respiratory infections (ARI), by 43%, almost three times the figure for the previous 5-year period (15%).

6. The Integrated Management of Childhood Illness strategy (IMCI), adopted in 1999 by the Directing Council of PAHO through Resolution CD41.R5, contributed to a further decline in mortality from these two causes. In the 5-year period following its implementation, mortality from both diarrhea and ARI was cut in half. This reduction was among the expected results of the *Healthy Children: Goal 2002 Initiative*, aimed at reducing the number of deaths in children under 5 by 100,000 during the period 1999-2002, primarily by means of the IMCI strategy. The mid-term evaluation indicated that 43% of the goal (more than 43,000 fewer deaths in children under 5) had been met

during the first two years of the Initiative, while coverage of the IMCI strategy was expanding in the countries. More than 80% of this reduction (that is, more than 36,000 fewer deaths) were attributable to the decline in mortality from the causes targeted by the strategy.

7. These results were but one more example of the strategy's potential for reducing mortality, buttressing research findings that indicated its other benefits, such as better quality of care in the health services and the home.

8. The major regional and national support provided for the implementation of the strategy was critical to the broad mobilization that facilitated this progress—support that included resolution CSP26.R10 of the Pan American Sanitary Conference in 2002, which stressed the importance of strengthening effective implementation of IMCI in the countries of the Region to improve the health status of children. This was indispensable for strengthening the regional role to support the strategy's implementation in the countries, and it helped to accelerate its expansion and increase access to it. Furthermore, it reinforced an approach that emphasized children's *health* over the treatment of disease, resulting in better quality care in the health services and the family, home, and community.

9. As to the process, a vast mobilization effort, both region- and nationwide, facilitated adaptation of IMCI to the situation in each locality and spurred the rapid training of health workers in its application, especially in first-level services. More recent successes include the active participation of medical and nursing schools, as well as other academic institutions, which are rapidly including IMCI in their undergraduate programs, pursuant to the recommendations contained in Resolutions CE124.R4 and CSP26.R10 of 1999 and 2002, respectively.

10. As a complement to these efforts, the *key family practices for healthy child growth and development,* recommended by WHO/UNICEF, were promoted to strengthen the community component of the strategy. Specifically targeted were the most vulnerable groups, such as indigenous populations, displaced persons, and pockets of poverty on the periphery of major cities, where access to health services and health workers is either limited or nil.

11. In terms of results, the strategy contributed to more efficient care at the first level, with some better quality services, and helped to improve the knowledge and practices of families, strengthening their capacity to care for children and prevent deaths, chiefly from infectious diseases such as diarrhea and pneumonia.

12. There are many obstacles to implementing and expanding coverage of the strategy, however, which have been discussed by the Governing Bodies of PAHO and are addressed in the recommendations adopted in the aforementioned resolutions. In order to meet the challenge posed by the Millennium Development Goals, it is considered essential to complement these resolutions with other actions to deal with some of the key problems that may slow the progress of regional, national, and local activities to meet these goals.

13. Attaining the Millennium Development Goals will require an approach that focuses simultaneously on diverse epidemiological mortality profiles, characterized by a mix of communicable and noncommunicable diseases, and on a strategic approach to implementation, targeting activities to the areas and population groups with the highest mortality indexes to achieve greater equity. Concrete action must therefore be taken that will make it possible, on the one hand, to furnish countries with key instruments and strategies to intensify and accelerate the decline in child mortality and morbidity and, on the other, to set up monitoring mechanisms that will make it possible to deliver the benefits of these strategies to the most vulnerable groups. The Expanded IMCI, which includes a neonatal component, is considered the best strategy for meeting this challenge, since it contains specific prevention and treatment measures as part of a more integrated approach to care. Specifically, it focuses on the health status of children instead of the diseases that affect them, thus helping to prevent death and disease and foster healthier growth and development.

14. Expanding coverage of the IMCI strategy, especially with the neonatal component, will make it possible to address the leading causes of death in children under 5 in the Region of the Americas (Figure 2).

15. Training health workers in effective implementation of the strategy will help to improve their practical knowledge about caring for newborns at birth and during the initial days of life. This will result in a reduction in neonatal mortality (Figure 3), since in some countries of the Hemisphere, less than 50% of births are attended by trained personnel.

Figure 2: Causes of more than half a million deaths annually in children under 5 in the Region of the Americas in the late 20th century

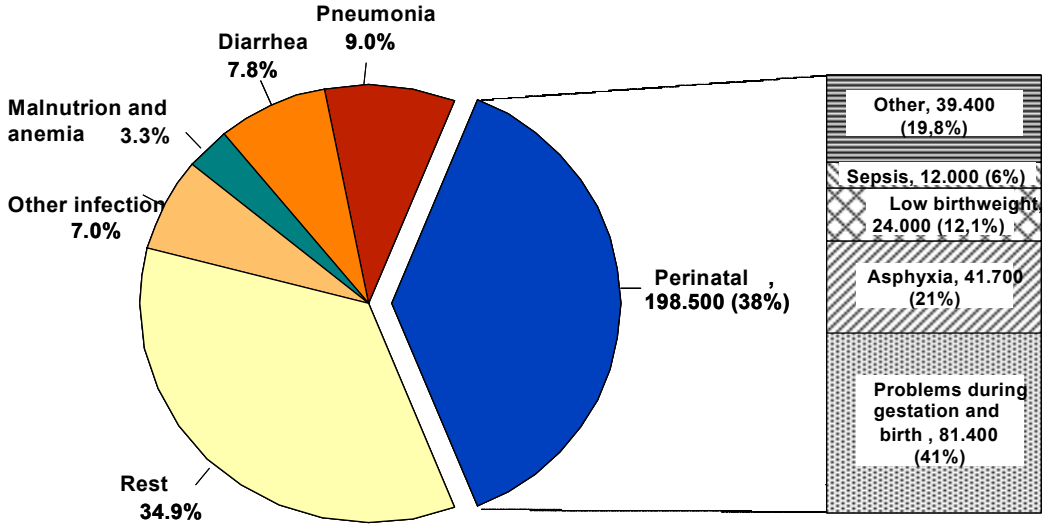
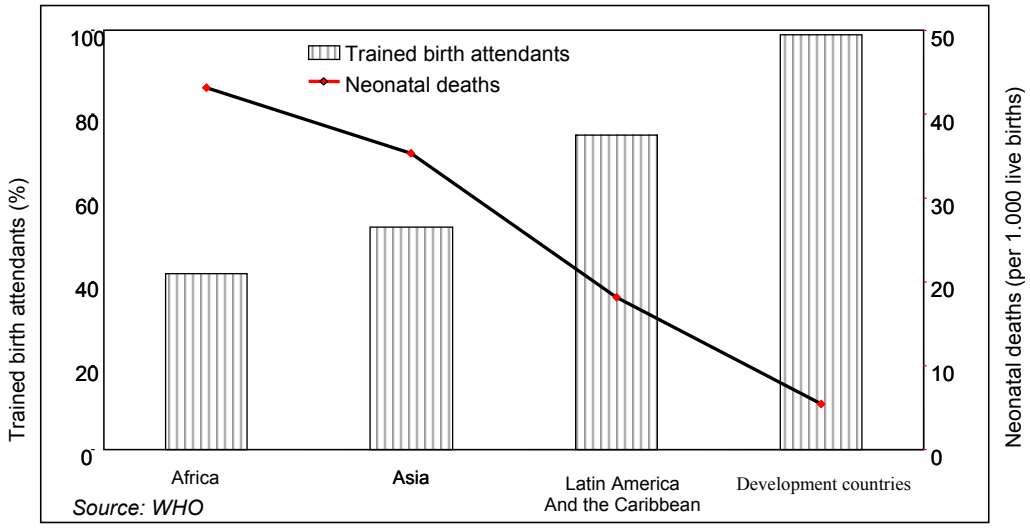


Figure 3: Link between care in childbirth and neonatal mortality in different regions of the world



Proposed Actions

16. In order to equitable attain the Millennium Development Goals for child health in the Americas to reach the most vulnerable groups, the following actions are proposed:

(a) *Establish strategic priorities for attaining the Millennium Development Goals to reduce infant mortality*, targeting the most affected countries, areas, and population groups to reduce inequity with respect to infant mortality. Identifying the geographic areas and population groups with the highest mortality will enable the countries to gear activities to rapid implementation of the Expanded IMCI strategy in these areas. This will be accomplished through extensive mobilization aimed at facilitating optimal use of all available resources to benefit the most vulnerable groups.

Estimates of the strategy's potential impact indicate that its implementation would result in an overall drop in mortality in children under 5 and a reduction in the relative risk among countries from 17.7 in 2000 to less than 10 in 2008 and less than 7 in 2015.

(b) *Adopting the Expanded IMCI Strategy to improve the quality of health care for children and promote healthy growth and development* is fundamental to providing an instrument that covers not only infectious diseases, but the leading causes and risks associated with birth and the first weeks of life (neonatal component).

Adapting and implementing the Expanded IMCI as basic content in all areas of care for children under 5 will, moreover, strengthen the integrated approach to health care, complementing specific interventions for prevention, treatment, and health promotion and encouraging health workers to take advantage of all opportunities for contact with children under 5 to improve their health.

(c) *Mobilizing political will and resources to ensure the sustainability of child health interventions* is the only way to guarantee that not only the children of today but the children of tomorrow will have more equitable access to the knowledge and basic technologies of the Expanded IMCI strategy, enabling them to grow and develop in a healthy manner and reach their full potential. This implies raising awareness to encourage all the countries to make the decisions and issue the necessary government regulations to meet the Millennium Development Goals in child health, within the framework of equity in practical terms. This effort should include sectoral commitments to include effective training in the Expanded IMCI strategy as part of health workers' education to reduce and progressively eliminate the burden of training on the ministries of health; specific resolutions to

make training in the Expanded IMCI a requirement for the certification of physicians and health workers; and intersectoral coordination, resource mobilization, and complementary efforts between the public sector, social security, private health services, NGOs, and international and bilateral agencies, linking the projects that they finance at the national and local levels.

(d) *Integrating the Expanded IMCI strategy in areas where children and their families live, play, learn, and spend their time* will make it possible to achieve not only survival but healthy child growth and development. This means that effective implementation and access to the strategy must be a requisite for healthy settings, thus providing practical information for the effective implementation of an approach that promotes the sustainable health and development of populations, protecting children so that they reach their full potential. Incorporating the approaches of the Expanded IMCI in healthy settings means adopting them in the home as well as the municipality or town, covering all the institutions in which children live, spend their time, play, and learn.

(e) *Empowering the population* by strengthening and promoting the key practices for healthy growth and development will prevent disease, discourage unhealthy behaviors, and promote behaviors that foster health and development. The 26th Pan American Sanitary Conference, held in 2002, underscored the importance of mass communication and community health education. These strategies can strengthen community capacity to create better health conditions for girls and boys, ensuring that they grow up to be healthy, productive adults who promote sustainable local development. Promoting intersectoral partnerships and local participation by the population and all its representative organizations will make it possible to build networks that will be useful in creating an integrated, healthy environment for children under 5 and their families.

17. These actions are compatible with and linked to the new international approaches to child health, which include the child and adolescent health strategy that WHO is currently drafting; the recommendations and basic documents of the United Nations Special Session on Children, held in 2002; the life cycle approach, based on the current implementation of strategies for integrated care in adolescence, adulthood, and pregnancy; and the Global Strategy of WHO for Infant and Young Child Feeding. They are also based on PAHO resolutions on the IMCI strategy and take the recommendations of the Technical Advisory Group on IMCI (TAG-IMCI) into account; this independent group of experts, called together by the senior management at PAHO, recognized the importance of expanding the IMCI strategy to accelerate the decline in child mortality and morbidity and foster healthy growth and development.

Financial Implications

18. The creation of the new Child and Adolescent Health Unit (CA) under the Family and Community Health Area (FCH) has strengthened the integrated management of childhood illness and life cycle approach, providing a continuum for action to promote child and adolescent health. For specific activities to improve child health, the Unit has regular and extrabudgetary funds totaling US$ 1,350,000 for the current biennium, with provisions for an increase in the biennium 2004-2005, when the proposed activities will be developed and adapted and their execution and expansion in the countries begun. However, these provisions were affected by cutbacks in 2002-2003, when the programmed funds from the Global Program of WHO, which come from extrabudgetary resources, did not materialize.

19. Equitable attainment of the Millennium Development Goals to reach the most vulnerable populations will require buttressing actions to sustain current funding levels, restore the extrabudgetary support from the Global Program of WHO, and mobilize additional resources for specific local plans and activities adopted as proposed in this document.

Key Areas for Deliberation

20. The following areas are suggested for discussion and deliberation.

(a) *Establishing strategic priorities for action.* What mechanisms could be proposed to encourage better coordination and guarantee the most up-to-date information with the best quality and coverage, thereby enabling the countries to identify priority groups and areas? How can the resources and capacities of PAHO, the ministries of health, and other institutions that generate information be optimized to achieve a participatory process during this activity that empowers the countries to appropriate the results and utilize them as national and local planning tools?

(b) *Adopting the Expanded IMCI strategy.* What action can the governments take to consider the contents of the Expanded IMCI strategy as a health policy instrument to ensure health care for children and thus establish regulatory frameworks that incorporate the strategy into the standards of care, delivery systems, and quality assurance programs? What role can PAHO play in promoting these activities?

(c) *Mobilizing political will and resources to guarantee the sustainability of child health interventions.* What mechanisms can be employed to guarantee that the Expanded IMCI strategy is sustainably incorporated into its three areas of application: health services and personnel, family, and community? What mechanisms can PAHO and the ministries of health employ to ensure that

governmental, nongovernmental, and community sectors participate in the implementation and support of the strategy? Specifically, how can one guarantee that training in the Expanded IMCI strategy for all health personnel during their undergraduate and graduate education? How can child health interventions be included in policies and activities in the areas outside the home in which children live, play, spend their time, and learn?

(d) *Empowering the population, promoting the key practices for healthy child growth and development*. What can be done to accelerate the dissemination and transfer of knowledge about the basic practices for healthy growth and development proposed by the Expanded IMCI to ensure their adoption at the local and community level?

Action by the Executive Committee

21. In light of the information presented above, the Executive Committee is requested to:

(a) analyze the proposed approach for stratifying the Millennium Development Goals with respect to child mortality, within a framework of equity, in order to reach the most vulnerable groups, and make recommendations on how PAHO and the countries can perform this task;

(b) discuss the need and importance of rapidly incorporating the neonatal component as key to expanding the strategy, and make recommendations to the Secretariat to launch and effectively implement it in the countries to ensure steady progress toward attaining the Millennium Development Goals for children;

(c) propose that the Secretariat adopt the Expanded IMCI as the principal intervention for attaining the Millennium Development Goals for children, improving the health status of children, and promoting sustainable development in the Hemisphere, and to recommend that the countries effectively incorporate the strategy into their regulatory frameworks and health policies for children;

(d) suggest mechanisms to the Secretariat for monitoring progress toward the attainment of the Millennium Development Goals for children, with special emphasis on securing greater equity and guaranteeing the access of the most vulnerable groups to the interventions.

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