

ASSISTING GOVERNMENTS IN DEVELOPING NATIONAL CHILD HEALTH POLICIES

Introduction

As many as 17 countries in the Region have to date introduced the Integrated Management of Childhood Health (IMCI) strategy to address key public child health issues. Formal policies may already exist in some of these countries relating to some aspects of child care, e.g., exclusive breastfeeding, control of diarrhoeal diseases, control of acute respiratory infections, primary health care, reproductive health, etc. However, the word "policy" is often used informally to refer to guidelines developed by national programmes, for example the IMCI clinical guidelines, which have been adapted to the national context but tend to be contained only in the related training course materials. These guidelines therefore can not be considered formal policies unless they have been incorporated in formal documents, endorsed by the Ministry of Health as long-term policies on standard operating procedures for health care. Also, many other aspects of child care, related to child feeding, health systems support and the community, may or may not be reflected in other key policy documents, such as national health plans, other major formal policy and planning documents, or even child-related laws, that state priorities, targets, strategies and interventions to achieve, monitor and evaluate health outcomes. These documents are a good reference for all partners, including also donors.

The need for a policy

The strong need has in recent years been recognized to develop national child health policies in

countries, to complement and bring together in one document all the main elements and issues related to child care, including both illness and health. In an ever-increasing competing environment, policies provide clear long-term directions and commitments, for example setting priorities for health systems and community approaches, public and private sector, collaboration with partners, resource allocation, etc. Policies go beyond the appointment terms of individuals and help guide partners in identifying areas requiring their assistance: the institutionalization of existing strategies and interventions through a national child health policy is recognised a requirement for long-term sustainability.

Voice from the field

The development of a national child health policy, including also child feeding, has been one of the main recommendations made by participants of many countries during the recent Regional Workshop on Infant and Young Child Feeding, held in Casablanca, 28-31 July 2003, and the IMCI Inter-country Meeting held in Tunisia, 1-4 September 2003.

Millennium Development Goals (MDGs): a commitment and moral imperative

Member States have committed to achieving the MDGs. Many of these goals concern directly or indirectly child health. The development of national child health policies is seen as an important activity to guide and support work in countries to attain the Millennium Development Goals.

Child health policy: an informed, evidence-based process

The Child and Adolescent Health and Development unit (CAH) of the WHO Eastern Mediterranean Regional Office is taking a leading role in assisting countries in developing a national child health policy. The process which is being proposed and which will be adapted to reflect the experience gained in this area, consist of the following steps:

1. A small Task Force is formally established at national level to *coordinate* the policy development efforts. To be functional, the Task Force should have a limited number of members (about 5-6, less than 10). In fact, many programme managers, partners and key informants may be identified by the Task Force to serve as resource persons in the process, rather than be permanent members of the Task Force itself. This gives the Task Force more flexibility and chances of succeeding in its coordination tasks and meeting periodically. Members of the Task Force should be staff with long experience in different areas related to child health -including child feeding-, and health systems. They should officially be appointed by position (e.g.,

“director of...”). The Task Force should be chaired by a senior official of the Ministry of Health (MOH) with decision-making authority (e.g., under-secretary, director-general).

2. The next step will be for the Task Force to assign the task of collecting relevant information to conduct a comprehensive, critical situation analysis on child care, including existing legislation, policies, formal declarations on child health, resources, strategies, health services, interventions, studies and evaluations of key child health indicators, community child care practices, etc. This is because public health policies must be informed, evidence-based.

3. When all the documentation has been collected, a workshop could take place to review the child health status in the country, identify information gaps and priorities to be addressed by the policy and plan for the next steps. The workshop will bring together among others members of the Task Force members, other key programme managers, representatives from teaching medical institutions and professional societies or associations, health insurance, key national and international partners.

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