

The latest data provided by the Federal Ministry of Health of Pakistan indicate that IMCI implementation accelerated in the country in 2009. Although formally endorsed by the Ministry of Health at the end of 1998, it was not until 2006 that the IMCI strategy started being implemented at a faster pace in the country. In the 4-year period from 2006 to 2009, the percentage of health facilities with staff trained in IMCI increased to 16.5% (2009) from 2% (2006), while the total number of health providers trained in IMCI reached 2542 by the end of 2009 from 385 (end of 2005), a 560% increase. While the proportion of PHC facilities implementing IMCI remains low and more efforts are required to provide access of the child health population to IMCI quality care, this trend is an encouraging development. An average of 14 IMCI training courses per year were conducted from 2005 to 2008, while the number of courses reported in 2009 went up to 51 during the year. Improved availability of funds provided by the Government and contributions by partners and initiatives to IMCI (GAVI-Health Systems Strengthening, USAID-funded Pakistan Initiative for Mothers and Newborns or PAIMAN, Save the Children US, etc.), strengthened institutional capacity in the provinces to conduct IMCI training and the strong interest and advocacy by senior paediatricians, the Pakistan Paediatric Association and teaching institutions are likely to have contributed to the increased implementation in 2009. One third of [under-five deaths](#) in the Eastern Mediterranean Region are estimated to occur in Pakistan and over one third of all [under-five deaths in Pakistan](#) are due to largely preventable causes such as diarrhoeal diseases, pneumonia and measles occurring in the post-neonatal period, which are well addressed in the IMCI strategy. Accelerated efforts are needed in the country to be able to get closer to the Millennium Development Goal #4 on reduction of under-five mortality by two thirds in 2015 compared with the 1990 levels.

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