Key lessons learnt over the two decades since the implementation of the Integrated Management of Childhood Illness (IMCI) platform (1) have highlighted difficulties faced by regional governments and partners in engaging the private sector in the implementation of the platform. Currently, there has been a focus on training of health care providers only, while investment in supervision has been inadequate and limited emphasis has been placed on community care. Country level health systems have not been responsive to integrated management of childhood illness implementation needs (1).

In order to address these shortcomings, a consultative meeting on redesigning the integrated approach to child health in line with the United Nations Sustainable Development Goals and other related global initiatives was held in Cairo, Egypt, from 24 to 26 September 2017. A total of 28 participants from ministries of health, the academic community, regional and global experts from the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF), attended the meeting (2).

This consultative meeting aimed to discuss and agree on future directions and a clear framework for action for newborn, child and adolescent health in the Region. The objectives of the meeting were to analyse the implications of the findings of the IMCI global strategic review in countries of the Region. Thus, determine necessary action to be included in the draft of the proposed regional framework for child and adolescent health and development 2018–2025. In addition, there was a review of the draft regional framework for child and adolescent health and development, taking into account emerging newborn and child health issues, and propose mechanisms of alignment with existing platforms, including the IMCI; propose concrete guidance on child health programming in humanitarian contexts; and suggest practical steps to operationalize the guidance (2).
The inaugural speech of the late Dr Mahmoud Fikri, Regional Director, WHO Regional Office for the Eastern Mediterranean (WHO/EMRO), was presented on his behalf by Dr Maha Eladawy, Director, Health Protection and Promotion (WHO/EMRO). In his opening remarks, Dr Fikri stated that the proposed regional framework for child and adolescent health and development 2018–2025 represented a unique platform to bring together all related programmes and concerned sectors along with United Nations agencies and nongovernmental organizations. In addition, Dr Anirban Chatterjee, Regional Adviser, Health and Nutrition, UNICEF Middle East and North Africa Regional Office (MENARO) reiterated UNICEF’s commitment to advancing the issues of child and adolescent health in coordination with WHO and other partners.

**Summary of discussions**

Global and regional overviews of the current status of child and adolescent health were presented by WHO headquarters and EMRO representatives, respectively, followed by presentations on the outcomes of the WHO global child survival and health strategic review and implications for the Region.

To address the highlighted issues during the consultation’s deliberations, participants proposed the following priority actions (2):

- advocating for the redesigned package of child health services within the regional framework;

- identifying the package of services for children under 5 years to be included in the pre- and in-service training of health providers;

- agreeing on the multisectoral scope and roles of stakeholders;

- revitalizing/establishing national child health steering committees;

- including the IMCI platform as part of country-level mandatory continuous professional development and care-provider re-licensing;
engaging professional associations in IMCI training courses/evaluation/curricula updates;

including the IMCI platform in national health insurance packages; and

using integrated supervisory checklists at country level.

In light of the draft WHO global conceptual framework to redesign child health in line with the United Nations Sustainable Development Goals 2, participants also discussed the proposed regional framework for child and adolescent health and development 2018–2025, along with regional child and adolescent health goals, targets and milestones with respect to the Sustainable Development Goals, the United Nations Global Strategy for Women’s, Children’s and Adolescent Health 2016–2030, and the Roadmap of WHO’s work for the Eastern Mediterranean Region 2017–2021 (3).

Discussions also addressed the current gaps in maternal, newborn, child and adolescent health in humanitarian crisis settings, and the role of the Regional Office in these settings, and concluded that health programme integration is vital in emergency settings (2). The following recommendations were put forward:

an essential package of services should be defined for maternal, newborn child and adolescent health, and health kits should be developed for emergency settings;

an inter-agency working group is needed to support partnership and alignment, with an initial global group leading the establishment of regional groups;

child and adolescent health indicators must classify information according to age and sex, and this should also be applied to all existing assessment tools;
during emergencies, countries should make every attempt to maintain existing health systems, but if this is not possible, then they should simplify the health indicators; and

build upon the successful experience of the nutrition cluster in relation to emergency situations, and the WHO Expanded Programme on Immunization (4) experience of developing a decision-makers’ tool and programme implementation guidelines.

References


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