

30 October 2017 – Pakistan, together with all other countries in the world, is committed to achieving the targets of the Sustainable Development Goals (SDGs) which are ambitious and demand fast track accelerated actions. There is a dire need for urgency and commitment at all levels to achieve the goals.

SDG 3 has defined targets for key newborn and child health indicators and countries need strategic focus and an accelerated pace of actions to be able to achieve them. Integrated Management of Newborn and Childhood Illnesses (IMNCI) is a proven global strategy that contributes significantly in reducing child mortality and morbidity. Pakistan was a pioneer in adapting and implementing IMNCI strategy in the late 90' and early 2000's. However, this strategy has not been able to be implemented at the required scale and hence has not positively impacted the child health indicators. One major barrier in this regard is the long training duration (11 days). There are experiences from other countries where different approaches have been applied to manage this barrier including distance learning courses etc.

A National Child Health Forum was organized by Ministry of National Health Services, Regulation and Coordination in Karachi on 19-20 September 2017. The event was attended by a diverse group of child health experts and stakeholders including Pakistan Pediatric Association, Provincial/Area Health Departments, nongovernmental organizations, UN partners, academia, researchers and clinicians. Experts from WHO headquarters were also present. Stakeholders were informed that Pakistan has recently field-tested a locally adapted abridged course (6 days) incorporating the management of infants with possible serious bacterial infections (PSBI) where referral is not possible. Inclusion of PSBI component into IMNCI has been based on evidence generated through scientific research conducted in Thatta and Sajawal districts of Sindh with technical support from WHO Geneva.

An abridged course is expected to accelerate scale-up of IMNCI across the country but it does require to be complemented by skill reinforcement, clinical mentoring, supportive supervision and an enabling environment (medicines and supplies etc.) so that the trained health care providers can effectively continue to practice IMNCI. Innovative and technology based methods need to be adopted for efficient reporting and monitoring. There is surely the need for bringing the private sector providers into the network by building their capacity and engaging them in post-training support, reporting and monitoring. For this purpose, focusing on pre-service IMNCI is seen as the most convenient method to ensure that all providers (public or private) receive the necessary pre deployment trainings before starting their professional careers. More specifically, IMNCI practice can be made mandatory for all graduates during their rotations before professional certification (house-jobs).

With the current focus on family practice approach for integrated health care service delivery, a potential opportunity presents itself to incorporate IMNCI in the teaching module for family practice approach (6-months course). It is important to note that today's IMNCI has a much broader agenda than it was 20 years ago, with focus on children' health to ensure that they survive, thrive and transform and that no one is left behind.

The closing session was chaired by Dr Assad Hafeez, Federal Director General Health and co-chaired by Dr. Muhammad Akhlaque, Director General, Department of Health, Govt. of Sindh. The group presented key highlights from the 2-day event and also shared summary of the brainstorming sessions on main challenges and their solutions for scaling up IMNCI in Pakistan. Both the dignitaries shared their views and committed full support to the IMNCI agenda. It was jointly agreed that all stakeholders need to work together, using the abridged IMNCI course as an opportunity to improve coverage and quality of care for child health throughout the country.

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