

**WORLD HEALTH ORGANIZATION**  
Regional Office for the Eastern Mediterranean  
**ORGANISATION MONDIALE DE LA SANTE**  
Bureau régional de la Méditerranée orientale



مَنْظَرَةُ الصَّحَّةِ الْعَالَمِيَّةِ  
المكتب الإقليمي شرق المتوسط

*In the Name of God, the Compassionate, the Merciful*

**Address by**

**DR HUSSEIN A. GEZAIRY**

**REGIONAL DIRECTOR**

**WHO EASTERN MEDITERRANEAN REGION**

**to the**

**REGIONAL IMCI COORDINATORS MEETING**

**Amman, Jordan, 2–6 September 2007**

Your Excellency, Distinguished Participants, Dear Colleagues,

I am pleased to inaugurate this meeting of regional IMCI coordinators, in which we aim to review 10 years of efforts in promoting child health in the Eastern Mediterranean Region through the Integrated Management of Child Health strategy, or IMCI. It is an important task for all of us as we strive to ensure that all children are given the opportunity to develop to their full potential, a basic right to which all of us have an obligation and all countries in the Region have committed.

I would like to express my gratitude to the Government of Jordan, for having kindly agreed to host this meeting, and to His Excellency Dr (to add the name of HE once confirmed), Minister of Health of Jordan, for the excellent arrangements made by the Ministry of Health.

I wish also to welcome representatives of UNICEF, USAID, Medicus Mundi, Aga Khan, WHO staff and other partners.

Dear Colleagues,

IMCI has been introduced in 17 countries in the Region. The achievements made in the implementation of IMCI in the Region are impressive, despite the fact that some countries have introduced IMCI only recently. I myself witnessed what IMCI is on the ground, during visits to IMCI-implementing facilities, teaching institutions and communities in Egypt and Sudan. The figures speak for themselves: close to 80 000 health providers at primary health care level have been trained in IMCI since the strategy was introduced in the Region. In the 11 countries which are implementing IMCI in the field, some 20 000 outpatient health facilities (60% of all those targeted in those countries) have staff trained in IMCI. Some countries have been moving steadily and are close to reaching universal coverage, showing a clear commitment to child health. Other countries, after an initial enthusiastic start, have slowed down implementation or even shown no more progress, undermining the value of initial investments. This underlines the importance of maintaining long-term political commitment and translating it into action. A few more countries, which are lagging behind, are plagued by conflict, emergencies and other difficult circumstances; this poses a continuous challenge to the health of their children.

It is to child survival that one of the Millennium Development Goals, to which each country in the Region has committed, is fully dedicated. This is not by chance: as I have had the occasion to say in other events, investing in children means investing in the development of our nations.

Why are we celebrating 10 years of IMCI in the Region? Evidence has shown that IMCI, when properly implemented, can make a difference. A plausible effect of IMCI on all-cause under-five mortality has been demonstrated. Moreover, IMCI can result in improvement of health providers' clinical and communication skills, more rational use of medicines—especially antibiotics—and improvement in the quality of outpatient child health services, with no extra costs. It brings added value even to such well established programmes as EPI, by reducing missed opportunities for immunization through standardizing the approach followed during each encounter of the child with the health facility, irrespective of the reason of the visit. These results are accompanied by a good level of caretaker appreciation of the services given, which has led to an increased utilization of facility-based outpatient child health services. We are increasingly paying attention to collecting

information on outcome indicators, to ensure that activities are bringing the desired outcomes, as will be discussed in this meeting.

IMCI has evolved in our Region from the initial focus on survival to the more comprehensive one of health and development, in accordance with its original conceptual framework. This framework, in line with primary health care principles, emphasizes not only curative care but also preventive care and health promotion. This is, in fact, what IMCI is: primary child health care. IMCI is essential, integrated child care at primary health care level to address the main issues of children under five. It relies on scientifically sound methods, affordable technology and cost-effective interventions. It is flexible and dynamic in order to adapt and respond to different needs. It advocates for community leadership through its community component. The Regional Office has dedicated to it three theme-focused regional workshops to build country capacity and has developed a framework and planning guide to further support country work, in addition to field visits.

Within this rationale, some countries, supported by the Regional Office, have also set up and implemented an integrated “healthy child” component, to help protect and promote child health, including family involvement in the stimulation of their children’s psychosocial development since birth (“care for development”). Countries have introduced IMCI as a comprehensive strategy. Others have restricted it to a training intervention, often funded from outside, thus substantially limiting its potential impact and long-term sustainability. A trained health provider without medicines and adequate supervision is seriously constrained in his/her performance, no matter how good training has been.

Dear Colleagues,

Under IMCI, attention has been paid to strengthening selected elements of health systems, especially the supportive supervision, organization of work at health facilities, rational use of medicines and recording of information. The Regional Office has over the years launched other initiatives within the IMCI framework, to respond to country needs and promote the key and essential principle of equity, to provide all children with access to quality primary health care services.

Through the Child Health Policy Initiative, the Regional Office has been assisting countries in developing national child health policies, the first of which was formally

launched by the Minister of Public Health of Tunisia just last December, serving as an example of strong commitment to child health. Three intercountry workshops were conducted and guidelines were developed in this area. In other countries, after a promising start, policy development has received less support and work has slowed down remarkably. This once more shows the importance of long-term commitment.

The Regional Office has also spearheaded an initiative on IMCI pre-service education, which has pioneered global efforts in this area. Its aim is to guide and support medical and paramedical schools to introduce IMCI as a public health approach into the paediatrics and family and community medicine teaching programmes and enhance the overall teaching of child health, as an approach towards sustainability. Two theme-focused intercountry workshops and many orientations for individual schools in countries have been conducted. To date, 26 medical schools and 200 paramedical schools in 7 countries have introduced IMCI, with scores more expressing interest in doing so. Neonatal health is also being re-emphasized as an integral part of IMCI rather than a separate vertical approach, based on a new body of evidence on cost-effective interventions.

Dear Colleagues,

Despite these initiatives and our joint intensive work, there is no room for complacency. 1.5 million children under five are still dying in our Region every year. The rates of exclusive breastfeeding remain unacceptably low in countries in the Region, regardless of their development status and despite initiatives in the past which have shown not to be sustainable in the long term. Improving breastfeeding practices and indicators has been selected at regional level and by countries as a priority to protect and promote child health and development. Through two regional events this year and with active participation of ministries of health, the Regional Office has stepped up efforts to involve key leaders, religious leaders and academia, to advance breastfeeding promotion in communities. It has also developed a training package on “counselling on infant and young child feeding” to strengthen the supporting role of health professionals in breastfeeding and has provided support to building national capacity for conducting this type of training. Much more needs to be done, particularly on regulatory measures and their implementation, to safeguard breastfeeding, a gift from God.

Over the past 10 years, the Regional Office has worked very closely with countries in the field and provided all possible technical support to IMCI implementation to build the capacity of national and district teams in programme management, clinical management, supervision, and monitoring and evaluation of IMCI implementation, just to mention a few areas. It has developed, and coordinated research on, guidelines and programme tools. It has assisted countries in advocating for child health and IMCI, by supporting national activities, helping mobilize resources for IMCI implementation and strengthening partnerships with other organizations. A special atmosphere, often referred to as the “child health” family, has been created over all these years with those involved in child health—an atmosphere that we hope to maintain even as “the child health family” grows larger and larger.

Given its crucial role in promoting the health and development of children and its ability to respond to evolving needs, I am pleased to announce today that IMCI is adopted by the Regional Office as the primary child health care strategy, offering a wide range of interventions under its overall umbrella. I invite countries to see IMCI within this vision, and not as a vertical training programme, and to commit increased resources for it to achieve the child mortality-related Millennium Development Goal no. 4. I am also reiterating today our firm commitment to improve child health in the Region and to the implementation of the IMCI strategy, through continued close collaboration and provision of all necessary technical support to Member States.

There is no doubt that, in a highly competitive environment such as the one of today, advocacy needs to be conducted at all levels and with the partners concerned to mobilize support and resources. This is an area where much needs to be done. I am encouraged by the strong interest in children’s welfare shown by prominent figures, such as Her Majesty Queen Rania who visited with WHO, UNICEF and Ministry of Health staff one of the health facilities implementing IMCI in January 2007.

The establishment of effective partnerships, including also those between the public and private sectors, provides a valid mechanism to maximize efforts, substantially expand the reach of interventions, promote child health, generate resources and increase the potential for impact.

Dear Colleagues,

There is a need to scale up IMCI implementation, ensure its institutionalization as a primary child health care strategy rather than an externally funded short-lived project, and measure outcomes. I trust that your deliberations will be realistic and action-orientated to achieve the targets that will keep the promise to our children.

I wish you a fruitful meeting and a pleasant stay in the hospitable city of Amman.