

In the Name of God, the Compassionate, the Merciful

Message from

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**WHO/UNICEF INTERCOUNTRY MEETING
OF NATIONAL COORDINATORS FOR INTEGRATED MANAGEMENT
OF CHILDHOOD ILLNESS**

Damascus, Syria, 11-15 July 1999

Your Excellency, Distinguished Participants, Dear Colleagues,

I am pleased to send this message to you on the occasion of the Intercountry Meeting for national co-ordinators of Integrated Management of Childhood Illness (IMCI) and national managers of Acute Respiratory Infections and Diarrhoeal Diseases Control programmes. I am sorry that I cannot be present personally because of previous compelling commitments. I would like to extend our gratitude and thanks to the Government of Syria, for having kindly agreed to host this meeting and to the Ministry of Public Health for the

excellent arrangements made. Special gratitude are due to H.E. Dr Eyad El Chatty, Minister of Health for his kind agreement to inaugurate this meeting.

I wish also to welcome representatives of other international and external cooperation agencies and UNICEF and WHO staff.

Dear Colleagues

I am pleased to note that during the decade of the 1990s, Member-States of the WHO Eastern Mediterranean Region continued to deploy active efforts to further improve and accelerate the implementation of Acute Respiratory Infections (ARI) and Diarrhoeal Disease control (CDD) activities aiming to achieve the decade's goals of reduction of mortality and morbidity from these diseases among children below five years of age.

In pursuing these goals it has been realized that more efficient implementation could be achieved through a better coordination and integration of CDD and ARI activities. The first step in this direction has been the combined implementation of the activities. In this context national CDD and ARI programmes in collaboration with the WHO Regional office conducted in recent years many combined CDD/ARI training and communication activities, surveys and programme reviews. At the same time the quality of CDD and ARI clinical training have improved considerably as evidenced by the high levels of compliance of this training with WHO training quality criteria in most countries in the Region.

Dear Colleagues

As many of you already know the achievements and lessons learned from CDD and ARI programmes served as a good basis for introduction the new initiative proposed by WHO and UNICEF and called Integrated Management of Childhood Illness or the IMCI strategy. This approach aims to significantly reduce morbidity and mortality from the most common diseases of the children below five years through improving the quality of child care. What is equally important is that IMCI addresses both curative and preventive aspects of the child health and may, therefore, significantly contribute to the promotion of healthy growth and development of the children.

Bearing in mind all these advantages, the concept and approaches of IMCI were first introduced and adopted at the joint Inter-country Meeting of national CDD/ARI programme managers organised by WHO and UNICEF in Cairo, Egypt in June 1996 and in which many of you have participated.

Soon after that meeting, some countries in the Region started the process of gradual introduction of IMCI strategy in their national health systems. WHO, UNICEF and some other international partners provided support to this process through IMCI orientation and planning meetings and workshops.

To examine the initial Regional and global IMCI experience, the first Regional IMCI Consultation was successfully organized jointly by WHO and UNICEF in Rabat, Morocco in October 1998. It was attended by over 60 participants from major development agencies (World Bank, USAID, BASICs, European Union, Save the Children Fund UK, Humanitarian Commission (Sudan), UNICEF and WHO) together with public health programme managers, paediatricians and other health specialists from 12 countries. The main conclusion of the meeting was that IMCI strategy is a practical and feasible approach which has a solid scientific base and looks promising to reduce the burden of the disease and improve quality of child health care in an efficient and cost-effective way and would allow previous achievements of separate child health programmes to be maintained at a high level and more efficient. To strengthen and accelerate IMCI introduction in the Region, the meeting participants prepared the Rabat Call for Action for enhanced cooperation of partners and mobilization of resources in support of IMCI.

I am pleased to inform you that presently the IMCI strategy is being introduced in seven EMR countries. Three of these countries (Egypt, Morocco and Sudan) have finalized the process of local adaptation of IMCI material and started training activities, and the other four countries (Pakistan, Iran, Iraq and Yemen) are in various stages of preparatory work.

Judging from this initial experience, there are certain requirements for ensuring success and sustainability of IMCI in our Region. These include four main points:

The first being the establishment of a broad base of support for IMCI through creation of partnership of the concerned national programmes and external agencies, like WHO, UNICEF, World Bank, USAID and others.

Secondly to utilize the chance of the ongoing Health Sector Reform in many countries in the Region to link IMCI with it. In this respect the initial experience from Egypt, Pakistan and some other countries may be an interesting subject for discussion during this week.

The third aspect is to work towards building National capacity for IMCI. For this purpose, the WHO Regional office is willing to organize briefing sessions and training courses in IMCI.

Lastly building and maintaining National consensus in support of IMCI, especially during country adaptation of the IMCI generic guidelines. I think you will agree with me that all necessary time should be given to this challenging process in order to assure that IMCI approaches are effectively used by various categories of health workers.

I would like to take this opportunity to refer to the Regional IMCI Strategy document prepared by WHO and UNICEF Regional Offices for the purpose of technical orientation of national and international partners and with view to enhancing their cooperation in support of IMCI in the Region. It must however be mentioned that IMCI should not be viewed as just an integrated training package to improve skills of health staff, but as a comprehensive strategy which requires equal attention to improving health systems and family and community practices in relation to child health. You will have a chance to discuss this document in detail during the meeting and I am confident that during these discussions practical suggestions will be made to finalize it taking into account the specific regional situation with its various epidemiologic patterns, existing health care systems and on-going health sector reforms.

In conclusion, I should like to thank you all for participating in this important meeting and I look forward to your recommendations for further strengthening integration of CDD and ARI control programmes and for accelerated introduction and implementation of IMCI in the Member-States of the Region.

I wish you success and a pleasant stay in the beautiful and hospitable city of Damascus.