In the Name of God, the Compassionate, the Merciful

Message from

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to the

WHO REGIONAL CONSULTATION ON DEVELOPMENT OF REGIONAL MODEL COURSE FOR TRAINING IN IMCI DIRECTORSHIP AND FACILITATION SKILLS

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Distinguished participants, Dear Colleagues, Ladies and Gentlemen,

I am pleased to send this message to you on the occasion of the Regional Consultation on Development of a Regional Model Course for Training in Integrated Management of Childhood Illness (IMCI), Directorship and Facilitation Skills. I am sorry that I cannot be present personally due to previous commitments. I would like to extend my deepest thanks to Al Azhar University for its kind agreement of hosting this consultation. The role of this University in supporting IMCI activities and its introduction in the teaching curriculum is a matter that makes it a model of success in the Region.

I wish also to welcome the senior Paediatric Faculty and Ministry of Health representatives of 5 IMCI countries of the Eastern Mediterranean Region and representatives of other international and external cooperation agencies and UNICEF staff.
Dear Colleagues,

The Strategy of Integrated Management of Childhood Illness (IMCI) was first introduced in the Eastern Mediterranean Region in 1996 and it is my great pleasure to note that there is an increasing trend and clear commitment among EM countries to adopt the Strategy of Integrated Management of Childhood Illness (IMCI) strategy. The strategy has been introduced now into thirteen countries of the Eastern Mediterranean Region, and it is also with great pleasure that I acknowledge the pioneering role of some countries of the Region, including Egypt, in IMCI implementation.

Dear Colleagues,

What is particularly important and innovative in the IMCI strategy is that it gives attention to both the curative and preventive aspects of child health, reducing death, decreasing the frequency and severity of illness and disability, contributing to the growth and development of the child. In addition, IMCI is giving high priority to the community involvement and empowerment to play an active role in improving child health, health seeking behavior and care at home, through its third component: improvement family and community practices.

It is worth mentioning that, when first introduced into the Region, the strategy was mainly concerned with Childhood Illness, now – and despite it keeps the same acronym IMCI – we are addressing the child health care through the implementation of the three components of this Strategy.

The increasing introduction of the Strategy of Integrated Management of Childhood Illness (IMCI) is not only limited to the increasing number of countries that are adopting it, but also to the introduction and implementation of new IMCI developmental areas.

In this connection, I would like to take this opportunity to refer to the new developmental areas of IMCI that aim at widening the scope of its impact like the Care for Development of the child which enable the parents to play an active role in the psychomotor development of their children.
IMCI Operational Research is another important area to test the efficacy of the different components of IMCI. In EMRO two researches have been conducted in Egypt and Sudan. The first to find training alternatives and the second to check for the factors affecting compliance of families. It is my pleasure to tell you that the preliminary results of these researches are very promising and that decisions in regards to planning and training have been taken at the global level based on the results of these two researches.

IMCI introduction into the teaching curriculum of medical and nursing schools (IMCI Preservice Training), is considered one important area for sustainability as it aims at broadening health system coverage by IMCI trained health providers in a sustainable manner, it influences practices of health providers in both public and private sectors and it prepares students to support and follow the national guidelines and to work within the national health system. I would like to mention here that IMCI has been introduced in the teaching curriculum in two countries (five universities) in EM Region.

Dear Colleagues,

It is worth mentioning that the Eastern Mediterranean Region played a pioneering role in introducing and implementing new IMCI developmental areas; the Care for Development of the Child has been first introduced at the global level in Syria since the first stages of IMCI introduction.

The Eastern Mediterranean Region is giving a good example at the global level of introducing the Integrated Management of childhood Illness into the teaching curriculum of the medical and nursing schools.

The Eastern Mediterranean Region is also giving great emphasis to the National and Regional Capacity Building as an important tool for successful implementation and sustainability of the strategy. Your important consultation is a good example of this tool.
You will be contributing to the development of an important training material that aims at developing managerial, organizational, analytical and planning skills in addition to the technical competence of the directors of IMCI activities. This training course has been developed by the Eastern Mediterranean Region. During your meeting, you will be reviewing the material and methodology of this model course and you will be able to gain all those skills to transfer them in the future to your countries and other countries of the Region.

In conclusion, I would like to thank you all for your participation in this important meeting and I am confident that in your Consultation you will be able to develop practical recommendations to ensure the development of a comprehensive and useful tool. I am looking forward for the successful results of your Consultation and I am sure that your rich, varied and valuable experiences will, no doubt, enrich the deliberation of this Consultation.

I wish you success and pleasant stay in the glorious city of Cairo, and the ancient historical place of Al Azhar.