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CHD CHILD HEALTH AND DEVELOPMENT

Report of the third meeting of the CHD Technical Advisory Group

30 March to 3 April 1998

DIVISION OF CHILD HEALTH
AND DEVELOPMENT
FAMILY AND REPRODUCTIVE HEALTH
WORLD HEALTH ORGANIZATION

CHD

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Geneva, 30 March to 3 April 1998

This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization

WORLD HEALTH ORGANIZATION

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Dr C. Vallenas	STP
Dr S. von Xylander	Associate Professional Officer
Dr M. Weber	Medical Officer, Research
Ms C. Wolfheim	Technical Officer

Other Divisions

Representatives of various divisions/units attended selected sessions of the meeting.

1. INTRODUCTION

The third meeting of the Technical Advisory Group (TAG) of the WHO Division of Child Health and Development (CHD) was held in Geneva from 30 March to 3 April 1998.

The meeting was opened by Dr J. Tulloch, Director of the Division of Child Health and Development. Dr Tulloch welcomed the meeting participants including the seven new TAG members. He reminded participants that CHD had a broad mandate but was continuing to maintain a strong focus in its activities. Nevertheless, two new areas of work had been added, recognizing the need to consider the Division's work in the broader context. One element of this context is the emphasis in many countries on health sector reform and another is the growing need to link the Division's work to that on children's rights.

Dr Tulloch informed the TAG members that the Chairperson, Professor Linda Richter, was unfortunately unable to attend and that Dr Gelasius Mukasa had agreed to chair the meeting.

2. OVERVIEW OF THE DIVISION'S PROGRESS AND PLANS

Dr Tulloch presented a summary of the work of the Division, divided into six parts:

- ***Introduction***, including a brief summary of the variable rates of progress in child mortality in different regions of the world and an overview of the content of the Integrated Management of Childhood Illness (IMCI) strategy

- ***The development of guidelines and training materials for improving health workers' skills***

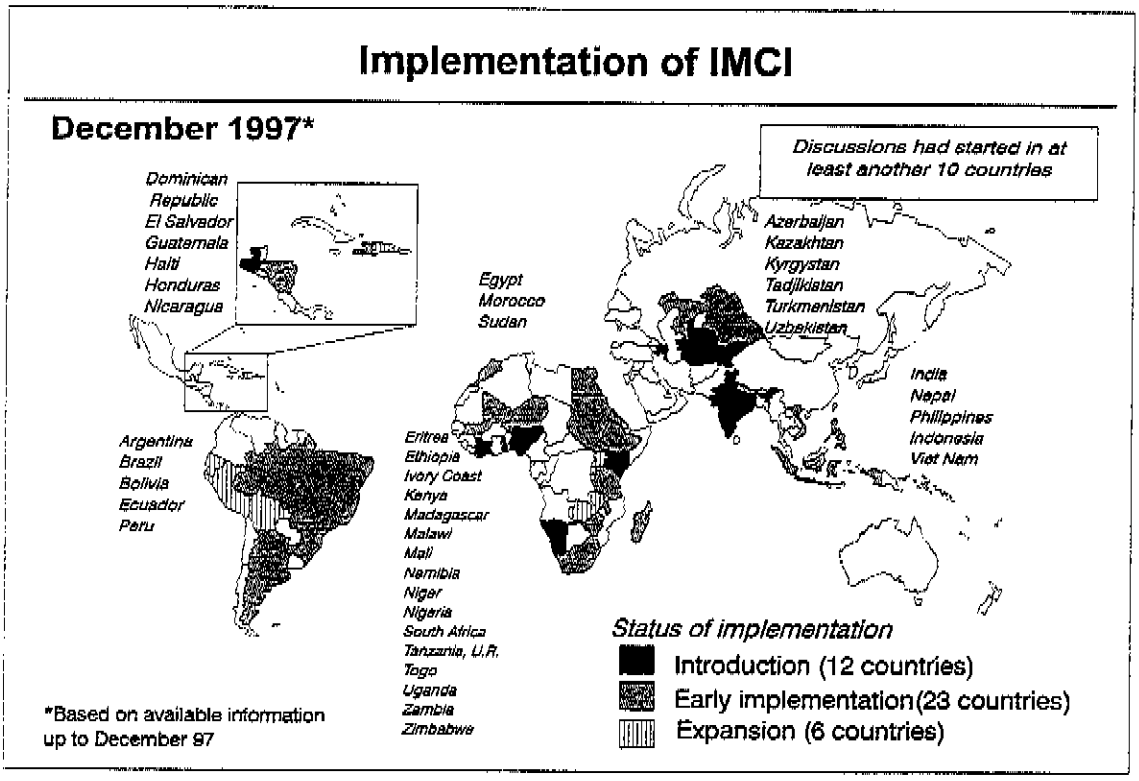
- ***Technical support to countries*** and in particular progress in the implementation of the IMCI strategy (see figure on following page)

- ***Research to improve case management and preventive interventions*** including clinical and vaccine-related research

- ***Research and development to improve family and community practices***

- ***Research and development to improve health systems and IMCI planning and management***, with a particular emphasis on progress in methods for monitoring and evaluation of IMCI.

Dr Tulloch's presentation was drawn from the CHD 1996-1997 Report which covers those topics in greater detail. It is available from CHD, Geneva, on request. The discussion of this presentation identified a number of issues that were taken up in greater detail in the group discussions on the second, third and fourth days of the meeting. The conclusions of these discussions and the recommendations emanating from them are recorded in section 6.



3. SPECIAL PROGRESS REPORTS

3.1 Describing an overall strategy for CHD

Dr Tulloch made a presentation entitled "Elements of a comprehensive strategy for CHD" which outlined the Division's objectives, the child health problems addressed, the relative emphases of the Division's work in the three components of IMCI and the research and development emphases.

The TAG members provided many useful comments on the ideas presented. Much of the discussion focused on the relationship of CHD's primary objectives of mortality and morbidity reduction to the broader mandate of the Division in child health. It was pointed out that while recognizing the broad mandate CHD should not lose its focus, felt to be one of the key factors in the Division's successes to date. The TAG welcomed the Division's recent attention to developing the children's rights perspective of its work. It felt that it was important to ensure that this concept extends to include the right to a social environment, including responsive parenting, that favours healthy psychosocial, as well as physical, development.

3.2 Referral-level care of childhood illnesses

Dr Harry Campbell (Department of Public Health Sciences, University of Edinburgh, and consultant to CHD) gave a progress report on the Division's work to improve referral-level care for sick children.

He started by outlining some of the evidence for the importance of this activity. Around 75 percent of hospital deaths among children are caused by conditions covered by IMCI. Case fatality rates in hospitals typically range from 5 to 15 percent, and 40 to 80 percent of deaths occur in the first 24 hours. While in rural areas only 5 to 15 percent of all deaths occur in hospitals, in urban areas the proportion is 40 to 60 percent.

Dr Campbell then reviewed the status of the manual, *Management of the Child with Serious Infection or Severe Malnutrition – Guidelines for care at the first referral level in developing countries*, under development by CHD. It has been reviewed by almost 50 paediatricians and other health workers worldwide. The review was overwhelmingly positive but many suggestions were made for improving the manual. These are now being incorporated.

A seven-country study has been conducted to describe the care of sick children in referral hospitals with a focus on initial triage, emergency treatment, diagnosis, inpatient treatment and monitoring. The aim was to identify preventable problems in care that lead to increased morbidity or mortality. A wide range of such problems were identified and the Division was in the process of developing a workplan to address those of highest priority.

The TAG expressed its appreciation that its earlier recommendations had led to a significant reorientation of this project and for the progress made since its last meeting.

3.3 Progress in the implementation of IMCI

Dr Gottfried Hirnschall presented this topic starting with an explanation of the rationale for a strong focus on technical support to countries in CHD's work. He emphasized that IMCI is being promoted as a strategy rather than a programme and that systematic and phased implementation in countries allowed early experience to guide expansion. Often this is being undertaken in the context of health sector reform, including decentralization.

Dr Hirnschall explained the different functions of the three levels of WHO in relation to IMCI implementation and outlined criteria for selecting countries in which Headquarters staff, in collaboration with the Regional Offices, will be directly involved in technical support – 14 countries in 1998/1999.

In summarizing achievements to date it was pointed out that IMCI had now been introduced in all WHO regions and that in two, the African Region and the Region of the Americas, substantial capacity had been developed to provide technical input. Plans to expand capacity in three more regions have been developed. Experience in certain activities had been well documented and used and attention would now turn to documenting other aspects of the implementation process. This presentation culminated with an overview of the number of

countries achieving each of eight milestones that the Division is using to track progress globally.

3.4 Monitoring and evaluation of IMCI implementation

At the request of the TAG members a session on monitoring and evaluation of IMCI was added to the meeting agenda. Dr Thierry Lambrechts informed the TAG of progress to date involving consultation with a number of partners. The emphasis of the approach is at the district level building on existing supervision and monitoring systems where they exist. The monitoring and evaluation process will aim to cover the three components of IMCI and will include measures of process, access and coverage, quality of care and impact. Additional measures will be used for more in-depth evaluation and operational research. A set of 19 core indicators for monitoring and evaluation have been developed.

The TAG appreciated the progress that has been made in this area in line with recommendations made at the 1997 meeting.

4. BUDGET AND FINANCE

Ms C. Wolfheim presented three budget-related items: the Financial Report of the Biennium 1996-1997, a summary of Income and Financial Status at the end of the biennium, and a Revised Programme Budget for 1998-1999. Obligations for 1996-1997 amounted to US$ 26.5 million; an adequate carryover was maintained to begin the 1998-1999 financial period, including US$ 2 million for previously-unbudgeted Programme Support Costs (PSC). The Revised Programme Budget for 1998-1999 is US$ 32 million.

The full financial report for 1996-1997 and the revised programme budget for 1998-1999 are available from WHO/CHD, Geneva, on request.

5. CONCLUSIONS AND RECOMMENDATIONS

Preamble

The TAG notes with great satisfaction the leadership role the Division (and the Programmes that preceded it) have played in child health over almost two decades. It notes that the Division has accomplished this through a progressive broadening of its focus from the appropriate management of diarrhoeal diseases, to the promotion of breastfeeding, nutrition, and control of acute respiratory infections, to integrated management of childhood illness (IMCI). Under the direction of CHD, IMCI has become a strategy to address the major health problems of childhood. It incorporates both curative and preventive activities, as well as promotion of responsive caregiving and enhancement of growth. The TAG attributes this success to two basic Divisional commitments: direction of research and development activities to meet programme needs; and implementing sound national programmes based on

scientific evidence. The programme's research and development agenda is guided by its experience in programme implementation. The TAG believes that given adequate support, CHD can maintain and further broaden this leadership role in child health within WHO and among international partners.

The TAG reviewed last year's recommendations and noted with satisfaction that the Division had taken appropriate action on the large majority of recommendations made.

GENERAL ISSUES

Scope of CHD activities

1. The TAG recognizes that CHD has primary responsibility for child health within WHO, and that its mission therefore encompasses a broad range of issues and activities. Given resource limitations, however, the setting of priorities within major areas of work is essential. ***The TAG endorses the broad scope of the Division's activities, and strongly supports the Division's efforts to set priorities based on public health evidence regarding the importance of the health problems and the availability of effective and feasible interventions.***

2. The TAG finds that the areas of research, development and implementation work within the Division are increasingly converging. This leads to high quality work in support of child health activities and should serve as a model for other public health programmes. ***The Division is encouraged to retain an active work programme in all three areas of work and to continue to find successful mechanisms that ensure that these activities inform and reinforce one another.***

3. The TAG welcomes CHD's initiative to describe its overall strategy. It endorses the general outline of the strategy and notes with satisfaction the broad context in which the Division's work is situated. The TAG supports efforts to play an active role in the area of children's rights, and to work within the context of health sector reform efforts. ***It suggests that it would be useful to state more explicitly aspects of the strategy related to sustainability, community involvement, pre-service training and referral care.***

4. ***The TAG recommends that Integrated Management of Childhood Illness (IMCI) remain the cornerstone of CHD's strategy, as it can lead to improved child health and care in homes, communities and health facilities, and strengthen health systems.***

5. The TAG noted CHD's continued effort to seek preventive interventions with potential for promoting child health and development. ***The Division should continue to examine potential preventive and promotive interventions, and to stimulate the research needed to determine their efficacy and feasibility.***

Collaboration within and outside WHO

6. The TAG finds that the Division has played a strong leadership role in gaining commitment to IMCI among international agencies and other partners within and outside WHO, and believes that this effort will yield important benefits for child health in developing countries. The TAG welcomes the Division's efforts to coordinate with UNICEF, the World Bank and multi- and bilateral agencies and encourages CHD to continue and expand these contacts at all levels (global, regional and country). ***The TAG recommends that CHD continue to seek collaboration with and commitment from those working in child health and recognizes the extensive staff time needed to accomplish this.***

7. Bilateral funding can make an important contribution both to the resources available and to the continuity of support to IMCI in countries. ***The TAG recommends that the Division continue to encourage donors to include IMCI in plans for bilateral support to countries, in collaboration with the Regional Offices.***

8. ***The TAG also recommends that the Division involve NGOs in all stages of IMCI planning and implementation at all levels. It emphasises particularly their importance in districts, including their potential role in training and follow-up.***

Advocacy for child health and IMCI

9. The TAG acknowledges the importance of advocacy for its work and, in particular, for IMCI as a new and important strategy, but cautions against large and costly global events. ***It suggests that CHD consider regional coordination and advocacy meetings as being more likely to create interest and support for the IMCI strategy.***

10. The Convention on the Rights of the Child provides an excellent platform for advocating for IMCI as a way of realising the child's right to health and health care. ***The TAG recommends CHD intensifies its activities in relation to the Convention on the Rights of the Child, and uses the opportunity to work closely with UNICEF and with governments.***

RESEARCH AND DEVELOPMENT

Research and development on improving health worker skills

1. The priorities reflected in the workplan for this component of IMCI were endorsed by the TAG. The lessons learned from early implementation of IMCI have been used appropriately to guide the development of this workplan.

2. Within this component of IMCI, establishing standard guidelines is a critical first step. ***The TAG recommends that CHD continue its strong programme of clinical research, especially in areas where treatment standards need further definition or improvement,***

where case management tools need fine tuning, or where emerging antimicrobial resistance may threaten treatment efficacy.

3. The TAG believes that improving and maintaining health worker skills will require a variety of inputs including but not limited to in-service training workshops. ***The TAG commends CHD for work to date on pre-service training and training follow-up, and recommends that the Division actively investigate the potential of other types of interventions in this area (e.g., on-the-job training, the insertion of IMCI content into paediatric textbooks). The TAG recommends that CHD continue its efforts in the development of options for pre-service training in IMCI.***

4. The TAG acknowledges the good progress made in the project designed to improve the quality of care for children at first-level referral facilities. Among the many aspects of care at referral level, promoting better triage and emergency care may be particularly important in reducing mortality. The TAG was pleased by the response of the project group to their suggestion that alternatives to workshop-based training be investigated as approaches to improving care quality at this level. The approaching completion of the manual presenting the treatment standards is highly appreciated. ***The TAG recommends the rapid publication and dissemination of these guidelines, and monitoring of their use.***

Research and development on improving health systems to deliver IMCI

5. The TAG endorses the decision by CHD to address issues in this area through pro-active work with other groups whose responsibilities include broader systems issues (e.g. availability of drugs, district-level planning and management of health services, health information systems). The TAG welcomes the decision by CHD to emphasize the availability of essential drugs and equipment needed for IMCI and to work in close collaboration with the WHO Drug Action Programme (DAP). ***The TAG encourages CHD to move forward in its collaboration with DAP, and to seek out additional opportunities to work closely with WHO programmes (e.g., GPV) or other partners in the health system areas where concrete interventions can be introduced to improve delivery of IMCI.***

Research and development on improving family and community practices related to child health

6. The TAG supports the joint decision to have UNICEF play a leadership role within this component of IMCI, and believes that this will create new opportunities for collaboration in developing strong activities at the community level in selected countries. The TAG notes the significant progress made in defining and carrying out important research and development activities for the promotion of improved family and community practices. ***The TAG recommends that CHD should maintain an active work programme in research and development related to family and community practices, and should continue to be linked to country activities.***

7. The TAG endorses the identification of nutrition, including breastfeeding, and careseeking as the highest priorities for CHD work in the family and community component of IMCI. The TAG considers responsive caregiving to be an integral part of these activities. CHD efforts to address infectious diseases in childhood and to improve child nutrition are also expected to make important contributions to the growth and development of children. ***The TAG encourages CHD to identify other effective and feasible means for promoting child growth and development.***

8. The TAG commends CHD for incorporating behavioral sciences into all aspects of their work, and for its outstanding accomplishments to date. ***The TAG urges the Division to ensure the continued availability of appropriate behavioral science expertise among its staff.***

IMCI monitoring, evaluation and operations research

9. The TAG recognizes CHD's longstanding commitment to the importance of evaluation. ***The TAG recommends that CHD continue its efforts to develop and apply standardized indicators, measures and criteria to the evaluation of the interventions it supports and their implementation at country level. The TAG also recommends that CHD undertake evaluations of IMCI activities during the early stages of implementation, and use the results to further improve IMCI interventions.***

10. The TAG commends the Division for the development of IMCI milestones and indicators in collaboration with UNICEF and other partners, and for progress in defining an approach to IMCI monitoring and evaluation at district and country levels. ***The TAG encourages the Division to move quickly in promoting and supporting the use of the indicators for monitoring and evaluating IMCI at district, country and global levels.***

11. The TAG recognizes the efforts of the Division over the past year to promote operations research in IMCI, both directly and indirectly through coordination with other partners. The TAG believes that this is a high priority area, and that CHD should provide technical leadership. Plans for mounting a set of studies on IMCI efficacy and effectiveness are also high priority. ***The Division is urged to identify additional staff and financial resources to support an increased level of effort in the area of IMCI operations research, including IMCI effectiveness and impact studies.***

TECHNICAL SUPPORT TO COUNTRIES

Rationale

1. The TAG endorses CHD's three reasons for giving substantial emphasis to technical support to countries, i.e. to build capacity for sustainable IMCI implementation at regional and country levels, to introduce new tools and gain experience with their application, and to identify priorities for research and development. The TAG also notes with satisfaction the substantial expansion of IMCI that has occurred on a global scale since the last meeting, and

the timely and adequate response of CHD to countries and regions. ***In that context the TAG agrees with CHD giving high priority to building capacity, particularly at country and regional levels to keep up with the rapidly increasing demands from countries for technical support. The TAG endorses the efforts to increasingly involve staff from partner organisations in capacity building activities in order to ensure consistent technical input into countries and a broad base of support for IMCI.***

2. ***In view of these demands, the TAG endorses the Division's decision to allocate considerable financial and human resources to technical support to countries and considers that an appropriate balance in allocations to research and development and technical support to countries has been achieved.***

Sustainability of IMCI implementation

3. The TAG recognizes the importance of finding sustainable ways of implementing IMCI in countries. WHO's role in this regard is primarily focused on providing technical support to initiate new activities and to follow-up once activities are underway. Resources for sustained implementation need to be identified among the various partners who contribute to child health in each country. ***The TAG recommends that CHD encourage governments to actively contribute human and financial resources to IMCI from the start. It should also emphasise the importance of broad participation of all sectors and partners in planning and implementation, including paediatric societies, the academic community, private practitioners and donor agencies from the onset of activity, in order to sustain progress.***

4. The TAG recognizes the importance of IMCI being developed in the context of health sector reforms. This promises to ensure that IMCI is embedded in sustainable decentralised health services. ***CHD should continue to collaborate closely with the World Bank and other multi- and bilateral partners in order to reach a common understanding about the role of IMCI in health sector reforms. At the same time, CHD should support governments to include IMCI in their planning for health sector reforms.***

5. The TAG notes that while the IMCI strategy is designed, primarily, to address child health problems in countries with high child mortality rates, an increasing number of other countries are becoming interested in the approach.

6. ***The TAG recommends that CHD take the opportunities presented by countries with middle income and moderate childhood mortality levels to explore and document the potential benefits of the IMCI strategy and alternatives for its implementation.*** This will be important to broaden the scope of guidance that can be given to countries in different circumstances.

7. The TAG commends CHD on the progress that has been made in developing and implementing procedures for the follow-up to training. ***It stresses the importance of finding practical ways of sustaining follow-up as part of routine monitoring and supervision carried out by the district health team.*** Options might include the strengthening of horizontal supervision. Health Sector Reforms provide opportunities for developing such mechanisms.

Development of guidelines for IMCI planning and implementation

8. ***The TAG urges CHD to expedite the development of the guidelines for IMCI planning and implementation at national level and at district level, and to make them available to countries as soon as possible. The best ways to introduce the guidelines need to be explored and the TAG requests a progress report on this issue next year.***

9. The TAG highlights the role of the community in planning and problem solving for IMCI, particularly within the district. ***The TAG recommends that ways to involve the community as active partners at various stages of IMCI planning and implementation be made explicit in the guidelines for planning.***

Involvement of universities and pre-service training

10. The TAG stresses the importance of involving academic institutions in countries in all stages of IMCI implementation. This is necessary to ensure acceptance and sustainability of the strategy. ***In particular CHD should explore ways to include academic institutions in research and development, as well as in pre-service and in-service training in countries. The role of these institutions in follow-up after training should be explored.***

11. The TAG commends CHD for the activities undertaken to develop an approach for IMCI pre-service training in both medical and paramedical institutions. In order to accelerate the developmental effort in this area, ***the TAG recommends that CHD should closely monitor and support ongoing efforts in countries to include IMCI in pre-service training and use the lessons learned to develop generic recommendations for planning and implementation and share them widely.***

12. ***The TAG also recommends that CHD should explore options for making the IMCI concept and practices accessible through medical text books and other learning materials commonly used by medical and para-medical students and their faculty.***

13. ***The TAG requests an update on progress in the area of pre-service training at its 1999 meeting.***

Support for ARI and CDD activities

14. The TAG recognizes the importance of effective ARI and CDD programmes as building blocks for IMCI. ***The TAG therefore recommends that, in countries and areas which have not yet initiated IMCI, the WHO regional offices should continue to provide technical support to CDD and ARI activities that can pave the way for the introduction of IMCI. This should include pre-service training, and community interventions (including continued activities to promote oral rehydration therapy in the community).***

Breastfeeding

15. The TAG notes with satisfaction the establishment of the Technical Working Group on Breastfeeding. It also commends CHD for clearly laying out the breastfeeding aspects of the IMCI strategy. The TAG recommends that CHD continue to provide strong support to the full range of breastfeeding activities, including continued development of technical guidelines and materials.

16. The TAG recognizes the importance of CHD's role in the development of guidelines for the management of infant feeding among HIV positive mothers, and ***recommends strengthening of efforts to support breastfeeding to prevent the spread of artificial feeding to mothers who are uninfected or of unknown status.***

BUDGETARY MATTERS

1. The TAG congratulates the Division on the careful financial management during the 1996-1997 biennium that allowed for a sufficient carryover to support activities in the first half of 1998 and to meet the newly-imposed Programme Support Costs (PSC) for 1998-1999.

2. The TAG endorses the revised 1998-1999 budget of US$ 32.2 million. However the TAG is concerned about the additional funds that will be needed to meet PSC costs on a regular basis, and ***recommends that actions be taken to gain increased regular budget support in the form of finance or additional posts.***

6. OTHER MATTERS

In the past, full meetings of the TAG have, during certain periods, alternated with smaller meetings of a subgroup of members as laid out in the terms of reference of the Group. It was tentatively agreed by the TAG that, in view of the transition taking place at WHO, it was important to keep open the option of a full TAG meeting in 1999.

It is tentatively planned that the next meeting of the TAG will take place from 22 to 26 March 1999.