Integrated Management of Neonatal and Childhood Illness (IMNCI) in South-East Asia

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Plan of the presentations

1. Child health situation in SEAR: Mortality, Nutrition status and coverage
2. IMCI – IMNCI Strategy
3. Strategic Review of IMNCI
4. Future directions
Child Health Situation in South-East Asia Region
Moving from MDGs to SDGs

**SDG 3 Ensure Healthy Lives and promote wellbeing for all at all ages**

**Targets**

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

**MDG 4**
Reduce child mortality by two-thirds

**MDG 5**
Reduce maternal mortality by three-fourths
Child Mortality in SEAR

- Since 1990: 3 million children saved
- 63.5% decline in U5MR in SEAR (> 52.7% decline globally)

MDG 4 NOT ACHIEVED (Dec 2015)

### SEAR: Progress in MDG 4 & 5A

#### 7 Countries achieved MDG 4
- Bangladesh
- Bhutan
- Indonesia
- Maldives
- Nepal
- Thailand
- Timor-Leste

#### 3 Countries achieved MDG 5A
- Bhutan
- Maldives
- Timor-Leste

<table>
<thead>
<tr>
<th>Country</th>
<th>Under five mortality rate (USMR) per 1000 live births</th>
<th>Number of under 5 child deaths (thousands)</th>
<th>Lives of children under 5 saved 1990-2015 (thousands)</th>
<th>Annual rate of reduction in U5MR (ARR) 1990–2015 (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timor Leste</td>
<td>176</td>
<td>53</td>
<td>69.89</td>
<td>5</td>
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<td>528</td>
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<td>3</td>
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<td>395</td>
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<td>41.86</td>
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</table>

Source: Levels & Trends in Child mortality - Report 2015: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation

Green – Achieved MDG 4 target of 2/3rd reduction in U5MR by 2015
Blue – Achieved SDG target of U5MR fewer than 25 per 1000 live births by 2030
Disparity among SEAR countries


SDG 3 Achieved in (DPRK), MAV, SRL, THA
Wide disparities within the countries
Inter-country; Inter-state; Rural–Urban; Male-Female, Mother’s education; Mother’s age

Child mortality-
Wealth Quintiles
Causes of U5 Mortality: NMR is 55%
1 in 4 children dies due to pneumonia or diarrhoea

**U5MR**
- 16% Prematurity
- 16% Pneumonia
- 14% Sepsis
- 11% Intra-partum complication
- 9% Diarrhoea

**Nutritional Status of Children in SEAR**

**Stunting: >30% in 6 countries**

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timor Leste</td>
<td>57.7%</td>
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<tr>
<td>Thailand</td>
<td>40.5%</td>
</tr>
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<td>Sri Lanka</td>
<td>35.1%</td>
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<td>Nepal</td>
<td>36.4%</td>
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<td>Myanmar</td>
<td>33.6%</td>
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<td>38.7%</td>
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<td>Indonesia</td>
<td>27.9%</td>
</tr>
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<td>DPR Korea</td>
<td>20.3%</td>
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<tr>
<td>Bhutan</td>
<td>14.7%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>16.3%</td>
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</table>

Source: WHS 2015

> 15% in 3 countries: Wasting

<table>
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<tr>
<th>Country</th>
<th>Percentage</th>
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</thead>
<tbody>
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<td>Timor Leste</td>
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<tr>
<td>Thailand</td>
<td>21.4%</td>
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<tr>
<td>Sri Lanka</td>
<td>18.1%</td>
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<tr>
<td>Nepal</td>
<td>13.5%</td>
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<tr>
<td>Myanmar</td>
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<td>Maldives</td>
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<td>Indonesia</td>
<td>4.0%</td>
</tr>
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<td>DPR Korea</td>
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<td>5.9%</td>
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<tr>
<td>Bangladesh</td>
<td>13.5%</td>
</tr>
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</table>

Source: WHS 2015

17/5/2017
High immunization cover <1 years (%)

Proportion of infants with breastfeeding initiated within one hour of birth

< 50% in 6 countries

Proportion of infants less than 6 months exclusively breastfed

< 50% in 7 countries

Source: WHS 2015
Management of pneumonia and diarrhoea

- Children aged < 5 years with ARI symptoms taken to a health facility (%)
- Children aged < 5 years with suspected pneumonia receiving antibiotics (%)
- Children aged < 5 years with diarrhoea receiving ORT (ORS and/or RHF) (%)

Coverage is low and uneven

Water and Sanitation
Important determinant of child health

Proportion of population using improved drinking-water sources (%)
Proportion of population using improved sanitation (%)
Inequality in coverage of health services, South-East Asia Region, 2010–2015

By Income
- Contraceptive Met Needs
- ANC - 4 visits
- Improved Source of Drinking Water
- Antibiotic Treatment - Under 5
- DTP3 coverage
- PNC(with in 2 days)

By Education
- Contraceptive Met Needs
- ANC - 4 visits
- Antibiotic Treatment - Under 5
- DTP3 coverage
- PNC(with in 2 days)

Geography
- Contraceptive Met Needs
- ANC - 4 visits
- Improved Source of Drinking Water
- Antibiotic Treatment - Under 5
- DTP3 coverage
- PNC(with in 2 days)

Richest
Poorest
Higher Secondary
No Education
No data
Urban
Rural

IMNCI Strategy
IMCI Strategy

- OBJECTIVES
  - To reduce significantly global mortality and morbidity associated with the major causes of disease in children
  - To contribute to healthy growth and development of children
- Recommended for countries with U5MR > 40
- Integrated approach to promotion, prevention and treatment:
  - Management of sick child and focusing on the top killers
  - Address malnutrition: Assess nutrition status and anemia; Counsel for breastfeeding and complementary feeding; Treat; Refer for higher level care
  - Assess immunization and complete the schedule
**IMNCI components and intervention areas**

**Improve health worker skills**
- Case management standards & guidelines
- Training of facility-based public health care providers
- IMNCI roles for private providers
- Maintenance of competence among trained health workers

**Improve health systems**
- District planning and management
- Availability of IMNCI drugs
- Quality improvement supervision at health facilities
- Referral pathways and services
- Health information system

**Improve family & community practices**
- Appropriate careseeking
- Nutrition
- Home case management & adherence to recommended treatment
- Community involvement in health services planning & monitoring

17/5/2017
IMCI Strategy: Addresses major causes of mortality and morbidity in under-five children

Young infant: Up to 2 months
- Sepsis and serious disease
- Local infections
- Diarrhoea
- Feeding problem
- Immunization
- Additions: Jaundice

Child: 2 months up to 5 years
- Severe illness
- Pneumonia
- Diarrhoea
- Measles, Malaria
- Middle ear infection
- Anemia and undernutrition
- Additions: Dengue, Asthma, Pharyngitis, UTI, HIV

Prevention:
- Nutrition: Breastfeeding, complementary feeding
- Immunization
- WASH advise
- Seeking treatment and Referral
NCH: Referral pathways and services

Now: IMNCI at all levels of care
Evidence: IMCI implementation improves child health care

Better quality care in Tanzania

Less expensive drugs in Morocco

More competent mothers in Bolivia

A 2016 Cochrane review found that IMNCI was associated with a 15% reduction in child mortality when activities were implemented in health facilities and communities.
• Implemented in > 100 countries
• Introduced in South-East Asia Region: 1997
  – Nepal and Indonesia: Early implementers
  – Presently implemented in all countries in SEAR (except Thailand)
• Newborn component strengthened
• IMNCI introduced at community level
• IMNCI introduced at referral care level
IMCI Strategic Review 2016
Implementation in SEAR
# IMPLEMENTATION

## IMCI training

<table>
<thead>
<tr>
<th>Country</th>
<th>Year of first national IMCI training</th>
<th>% districts initiating IMCI training</th>
<th>% of health facilities with at least 2 health workers trained</th>
<th>% of first level facilities 60% health workers trained in IMCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>2000</td>
<td>75% or more</td>
<td>75% or more</td>
<td>75% or more</td>
</tr>
<tr>
<td>Bhutan</td>
<td>2000</td>
<td>75% or more</td>
<td>75% or more</td>
<td>75% or more</td>
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<td>India</td>
<td>2000</td>
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<tr>
<td>Indonesia</td>
<td>1997</td>
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<td>Unknown</td>
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<td>Maldives</td>
<td>2012</td>
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<td>&lt;25%</td>
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<tr>
<td>Myanmar</td>
<td>2004</td>
<td>3- 50 to 74%</td>
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<tr>
<td>Nepal</td>
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<td>25 to 49%</td>
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<td>75% or more</td>
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<td>2004</td>
<td>50 to 74%</td>
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### IMPLEMENTATION

#### Quality of care in referral level health facilities

<table>
<thead>
<tr>
<th>Country</th>
<th>Adapted pocket book for hospital care (213)</th>
<th>Last update of paediatric care guidelines (214)</th>
<th>Prop. of hospitals introducing ETAT (215)</th>
<th>Assessment of quality of paediatric care (216)</th>
<th>Yes, 216 conducted (217)</th>
<th>MoH has paediatric Oof C improvemnt program (218)</th>
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<td>Yes</td>
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<td>Bhutan</td>
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<td>2015</td>
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<td>2012</td>
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<td>India</td>
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</table>
### Quality of care in community health services

<table>
<thead>
<tr>
<th>Country</th>
<th>% districts implementing iCCM for childhood illness (219)</th>
<th>% districts implementing home visits for newborn health (220)</th>
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<tbody>
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<td>Bangladesh</td>
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<td>75% or more</td>
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<tr>
<td>Bhutan</td>
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</table>
## IMPLEMENTATION

Major strengths IMCI has brought to child health programme

<table>
<thead>
<tr>
<th>Country</th>
<th>Quality of health services</th>
<th>Efficiency in programming</th>
<th>Efficiency in service provision</th>
<th>Cost-savings</th>
<th>Rational use of medicines</th>
<th>Holistic approach to the child</th>
<th>Equity in access and coverage of interventions</th>
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<tbody>
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<td>Yes</td>
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<tr>
<td>Maldives</td>
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<tr>
<td>No. reporting &quot;Yes&quot; out of nine participating countries in region</td>
<td>6</td>
<td>5</td>
<td>4</td>
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<td>7</td>
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17/5/2017
## IMPLEMENTATION

### Barriers to implementing IMCI at national level

<table>
<thead>
<tr>
<th>Country</th>
<th>Strategic planning</th>
<th>Programme management</th>
<th>Budget for training</th>
<th>Medicine procurement &amp; supply chain management</th>
<th>Mentorship and supervision</th>
<th>Political support and ownership</th>
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<tbody>
<tr>
<td>Bangladesh</td>
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<td>No</td>
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<tr>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>India</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Myanmar</td>
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<td>No</td>
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<td>Yes</td>
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<td>Timor-Leste</td>
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<td>Yes</td>
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### No. reporting "Yes" out of nine participating countries in region

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<th></th>
<th>Bangladeshi</th>
<th>Bhutan</th>
<th>India</th>
<th>Indonesia</th>
<th>Maldives</th>
<th>Myanmar</th>
<th>Nepal</th>
<th>Sri Lanka</th>
<th>Timor-Leste</th>
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<td>8</td>
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### IMPLEMENTATION

#### Barriers to implementing IMCI at national level Contd...

<table>
<thead>
<tr>
<th>Country</th>
<th>Availability of dedicated budget line in health sector plan</th>
<th>Cost of programme / sustainability</th>
<th>Adaptation to new guidelines</th>
<th>Scaling up in-service training</th>
<th>Coordination and collaboration with other child health related programmes</th>
<th>Others</th>
</tr>
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<tbody>
<tr>
<td>Bangladesh</td>
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<td>No</td>
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<td>No</td>
<td>Yes</td>
</tr>
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</tr>
<tr>
<td>Indonesia</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maldives</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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</tr>
<tr>
<td>Myanmar</td>
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<td>Nepal</td>
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<td>Timor-Leste</td>
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</tbody>
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No. reporting "Yes" out of nine participating countries in region: 2, 5, 2, 4, 4, 3

17/5/2017
IMNCI Strategic Review 2016
Implementation Challenges

• Uneven implementation between and within countries
• Insufficient attention to improvements in health systems and family and community practices.
• Countries and donors failed to agree on sustainable funding
• Fragmentation of support by global partners
• Little attention was paid to programme monitoring, targets and operational research
• Absence of an explicit emphasis on equity, community engagement and linkages to other sectors – e.g. education, WASH
• IMCI tools were not used optimally. Underused tools:
  – Essential drug list course
  – Follow-up after training
  – IMCI Health Facility Tool
  – IMCI HH Survey
  – Management course
• Multitude of Global Frameworks: GAPPD, ENAP
Nepal - IMNCI Implementation

- IMCI → IMNCI
- Improved Quality of care
- Community health workers are well trained.
- Mothers improved their confidence in health services
- Decline in harmful practices at community level
- Most cost effective program in promoting child’s health
Nepal - IMNCI Implementation Strengths

- Child mortality
- Improved community level care seeking and early referral
- Increased coverage of immunization, nutrition and sanitation
- Increase in institutional delivery
- Improve in case management skill of health workers
- Adition of IMCI training management guideline was helpful
Nepal - IMNCI Implementation weakness

- Program issues – Budget, HR, rapid expansion
- Supply of essential drugs
- Not all physicians are trained in IMCI-continuity of IMCI care?
- Lack of supervision and monitoring
- Training orientated not program oriented
- Funding Gap is a major issue.
Challenges related to the training and health worker performance

- Major emphasis on training of the staff rather than implementation, and monitoring implementation

- Challenges in Training:
  - Long duration of training of Medical Officers
  - Clinical practice: Need of Training Venues with adequate case load and Facilitators – Implications on Quality of training
  - Lack of refresher trainings
  - Inadequate training on supportive supervision
  - Frequent transfer and retirement of trained staffs
Challenges related to Health System

- Programme management:
  - Lack of prioritization of IMNCI program at National and sub-national levels
  - Limited budget for implementing IMCI activities
  - Weak data system HMIS, Poor programme monitoring
- Essential commodities: Weak logistics- Frequent shortages/stock-outs
- Inadequate referral linkages, transport and infrastructure at Referral Units
- Large number of children seek care in private hospitals
Challenges related to Family and Community practices

- Community IMNCI (CHW Package) was started much after first level IMNCI
- Counselling component in IMNCI practice remained weak
- IEC/BCC component was neither strategic nor comprehensive
Way Forward
Way Forward

Achieving the SDGs for child health

Promote health, growth and development
- Nurturing care at home
- Infant and young child feeding, nutrition
- Care-seeking for illness
- Stimulation and care for child development

Prevent illness
- Immunization
- Water and sanitation, reduced indoor air pollution, safe and clean environment
- HIV prevention
- Malaria control

NEWBORNS AND CHILDREN SURVIVE AND THRIVE

Treat sick newborns and children
- IMCI and iCCM jointly implemented (Primary Health Care)
- Referral level care

Community engagement
Leadership, decision-making, participation

Effective health systems
Leadership and governance, financing, skilled health workers, information systems and essential commodities
Way Forward

Making it Happen

Country-led programme implementation

Who
- Global advisory group of experts
- WHO/UNICEF: global leadership for partner coordination and accountability
- Global Financing Facility, Global Fund

What
- Innovation and research (discovery, development and delivery)
- Norms and guidance
- Learning platforms

- Children and families at the centre
- Targets and indicators
- Funded plan
- Harmonized implementation of promotion, prevention and treatment
- Multiple actors, public and private
- Monitoring and programme review
- Accountability mechanism
Summary

• Significant progress in child health in the Region.... But more needs to be done
• IMCI – IMNCI strategy has been one of the main strategies and has contributed to improved health and survival of children
• There have been implementation challenges ... Have to make adjustments for the future
• Integrated approach remains relevant and the preferred way – IMNCI ‘brand’ to stay