

Improving Child Health

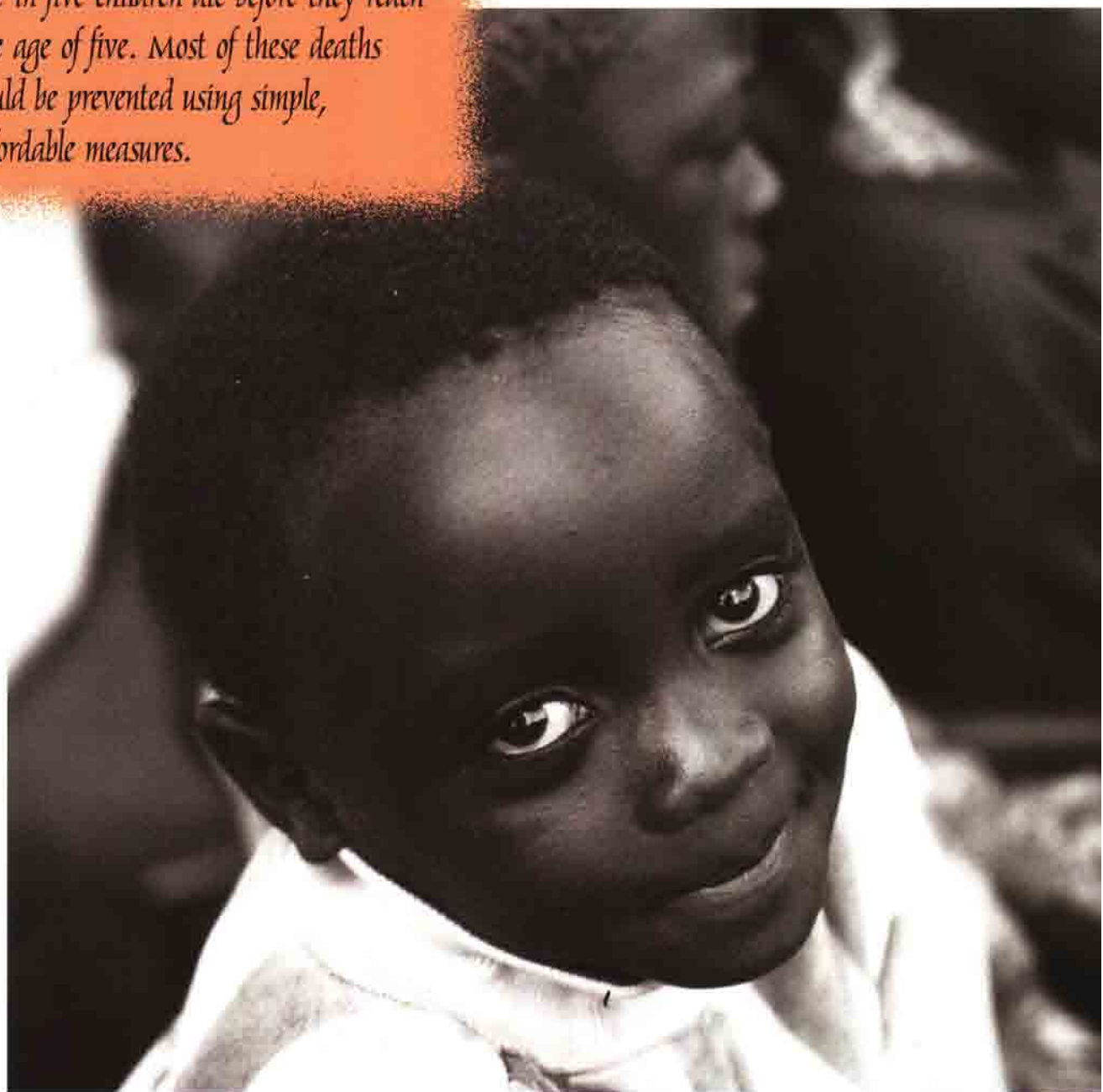


IMCI: the integrated approach



Division of Child Health and Development
World Health Organization

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one in five children die before they reach
the age of five. Most of these deaths
could be prevented using simple,
affordable measures.*



Each year, more than eleven million children die from the effects of disease and inadequate nutrition. In some countries, more than one in five children die before they reach their fifth birthday. Many of the children who do survive are unable to grow and develop to their full potential.

1.

But the toll of human suffering that these figures represent could be vastly reduced. There are just five causes for the deaths of most children under five – pneumonia, diarrhoea, malaria, measles and malnutrition – and it is within our knowledge and capability to prevent or treat all of them.

Most children in the developed world have ready access to the simple and affordable care that keeps them healthy and able to reach their full potential. Most children in the developing world do not. WHO's Division of Child Health and Development (CHD), is at the forefront of a renewed effort to improve the health prospects of *all* the world's children.

Over the past five years, CHD and its international partners have been devising and testing new strategies, new approaches, to redress the imbalance of health equity. The result is a strategy known as Integrated Management of Childhood Illness (IMCI) and it is this strategy that is explained in the following pages.

The IMCI strategy is an active move to give effect to the articles of the United Nations Convention on the Rights of the Child that deal with the right to health and health care. The strategy recognizes that children, whether healthy or sick, should not be considered in isolation from their social context. It emphasizes, therefore, the importance of improving relevant family and community practices, as well as care provided through the health system, to give more children the chance to grow into healthy, productive adults.

The time is right to ensure quality health care for our most vulnerable children and their families, wherever they may live. We must apply what we know with energy and commitment.



A New Approach to Treating Sick Children

2.

Seven out of ten childhood deaths in developing countries can be attributed to just five main causes, or often some combination of them. And around the world, three out of every four children who seek health care are suffering from at least one of these conditions:

Pneumonia – Children all over the world suffer from frequent coughs and colds but in developing countries these are often associated with life-threatening pneumonia, the leading cause of death in children under five.

Diarrhoea – Diarrhoea is extremely common and may be life-threatening because of the dehydration and malnutrition it causes if it goes untreated. Diarrhoea is the second most common cause of death in children.

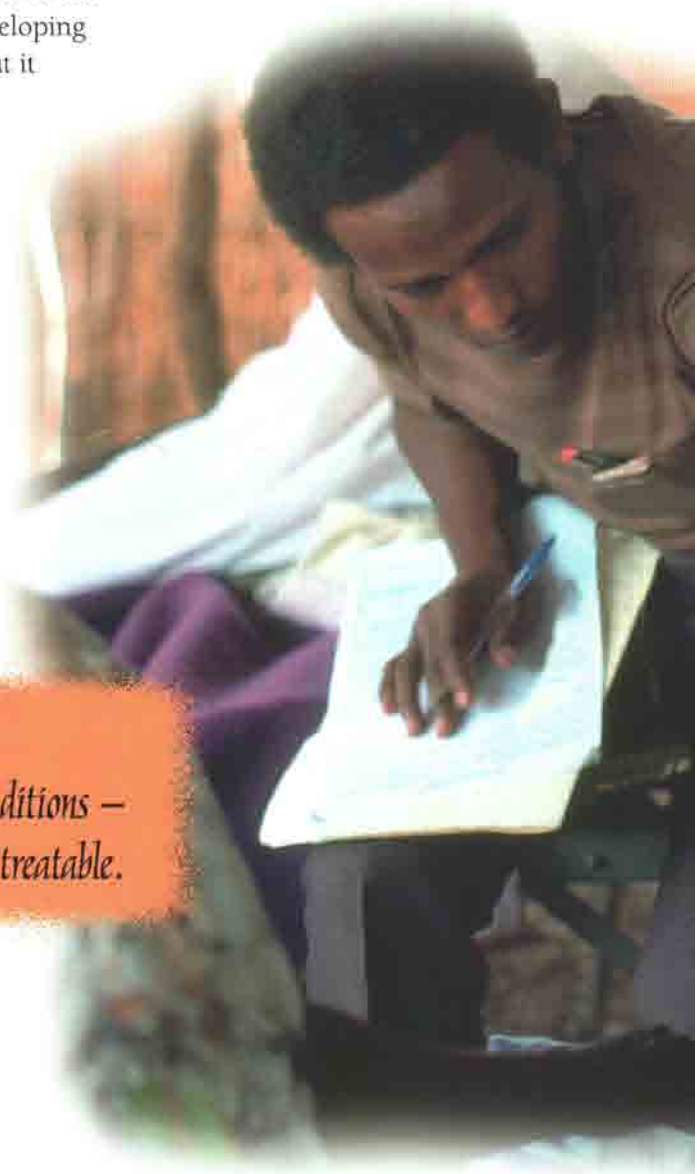
Malaria – Most of the deaths due to this widespread disease occur among African children.

Measles – Vaccines have made this disease rare in the industrialized world. Its occurrence in developing countries has also been rapidly reduced but it still claims the lives of 800,000 children each year.

Malnutrition – One in four children in the developing world suffers from malnutrition. As well as the misery of constant hunger, malnourished children are far more likely to succumb to infections.

All five of these conditions can be treated or prevented. Despite this fact, 23,000 children die from them each day.

*70% of childhood deaths
are caused by just five conditions –
all of them preventable or treatable.*



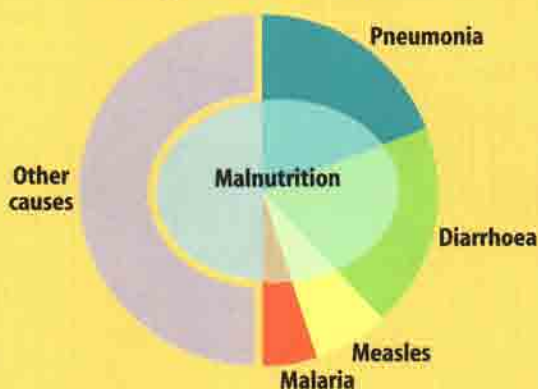
A need for change

These serious threats to children's health have been difficult to control for a number of reasons. Inadequate living conditions, including poor water supply, hygiene, and overcrowding, promote the rapid spread of disease. And when children are sick, they face further problems. Parents may not recognize that their children are dangerously ill or take them for appropriate treatment. Even when treatment is sought at a health care facility, it may fall short of what is required. Health workers may lack training or the right drugs and equipment to provide good care. And health workers frequently do not recognize that a child may have more than one condition in need of treatment.

Harmful practices compound the problem. Certain traditional treatments may be dangerous or inappropriate. Drugs are regularly used excessively and in dangerous combinations. Poor feeding practices and the use of breastmilk substitutes heighten the risk of infection and death in babies and young children.

During the past 15 years, much has been learned from WHO's individual disease control programmes. However, addressing more effectively the combination of factors that threaten child health required innovation and change. The WHO's Division of Child Health and Development is coordinating a new initiative, drawing on the skills and experience of ten other WHO programmes and UNICEF. The result of this collaboration has been a revolutionary new strategy that focuses on the child as a whole rather than on a single disease or condition. This strategy, known as Integrated Management of Childhood Illness (IMCI), is at the core of WHO/CHD's efforts to reduce childhood mortality and significantly improve children's health in the developing world.

Causes of 11.6 million deaths among children under five, 1995



Four infectious diseases – pneumonia, diarrhoea, malaria and measles – cause one half of all deaths of children under five. Many of these children also suffer from malnutrition, a causative or contributory factor in an estimated 54% of child deaths, bringing the total deaths due to these five conditions to 70%.

Focusing on the Whole Child

Why an integrated approach?

Children brought for medical treatment in the developing world are often suffering from more than one condition, making a single diagnosis impossible. Such children often need combined therapy for successful treatment. Furthermore, they may be put at further risk because parents often fail to recognize when their children are seriously ill and do not seek urgent medical attention.

An integrated strategy takes into account the variety of factors that put children at serious risk. It ensures the combined treatment of the major childhood illnesses, it speeds urgent treatment of seriously ill children, it involves parents in the effective care of their children at home wherever possible, and it emphasizes prevention of disease through immunization, improved nutrition and exclusive breastfeeding.

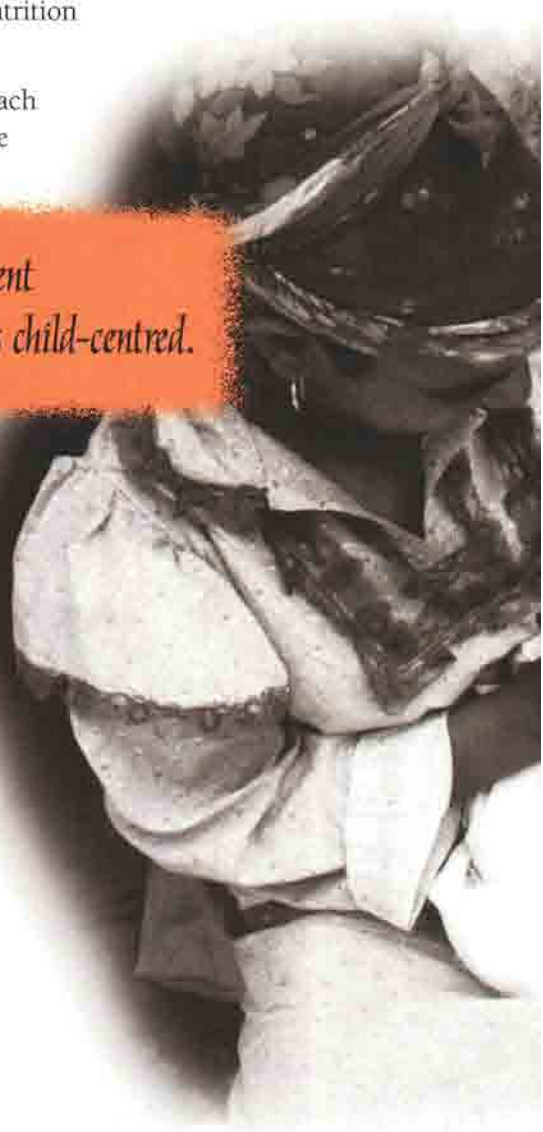
Such an integrated strategy is a highly cost-effective approach to the management of childhood illness. It reduces wastage of resources by identifying and promoting the most appropriate medicines and treatments and it avoids the duplication of effort that may occur in a series of separate disease control programmes.

*Integrated Management
of Childhood Illness is child-centred.*

A single diagnosis may be inappropriate for many sick children

Presenting complaint	Possible cause or associated condition
Cough and/or fast breathing	Pneumonia Severe anaemia <i>P. falciparum</i> malaria
Lethargy or unconsciousness	Cerebral malaria Meningitis Severe dehydration Very severe pneumonia
Measles rash	Pneumonia Diarrhoea Ear infection
"Very sick" young infant	Pneumonia Meningitis Sepsis

IMCI teaches health workers to respond to the child's condition in all its complexity. For example, a child with measles may also have diarrhoea or pneumonia, compounded by dehydration and malnutrition.



Integrated Management of Childhood Illness is an effective, low-cost strategy for improving child health, highly appropriate to developing country contexts. It promotes :

- ▶ *Prompt recognition and treatment of all co-existing conditions*
- ▶ *Rapid and effective treatment through standard case management*
- ▶ *Prevention of illness, through improved nutrition including breastfeeding, and vaccination*

5.

How it works in practice

At the heart of WHO/CHD's new integrated strategy is the treatment, or case management, of the five most common causes of childhood death. New integrated standard treatment guidelines have been devised to enable health

workers to assess sick children by observing easily recognizable signs. The health worker uses a colour-coded triage system to classify the condition of the child according to whether she needs urgent referral for more specialized assessment and care, medical treatment on the spot, or whether advice on home management should be given. Parents are also advised to watch for danger signs that mean they should return for further treatment, and the health worker checks on immunization and nutritional status and provides counselling on feeding.

In parallel with improved treatment of sick children, WHO/CHD's new approach stresses prevention and the vital role the home environment plays in child health. A number of interventions have been devised to educate and inform parents and the wider community, and to help create the conditions that will give children a better chance of growing to healthy adulthood.

Investing in health

This new integrated approach to the management of childhood illness does not mean that health workers cease to treat individual diseases. Rather, they must broaden their approach to consider and respond to the condition of the whole child, to the number of *different* factors that could be contributing to her sickness. To make this new approach work demands a degree of innovation and flexibility throughout existing child health services, but the 1993 World Bank Development Report, *Investing in Health*, estimates that this new strategy has the potential for the greatest impact on the global burden of disease. The same World Bank Report ranks the strategy among the ten most cost-effective health interventions in both low and middle income countries.



Pneumonia: The greatest challenge

6. **A**cute respiratory infections (ARI) kill over two million children under five annually. Up to 40% of all children seen in health clinics are suffering from them and many deaths attributed to other causes are, in fact, 'hidden' ARI deaths.

Pneumonia is the most serious of these common infections and the worst danger, therefore, to childhood health. One in three hospital admissions of children in developing countries is due to pneumonia which places an intolerable burden on already stretched outpatient and hospital services.

The correct management of pneumonia could save over a million lives per year.

With correct management, pneumonia need not be such a serious threat to children's lives. WHO/CHD's approach enables health workers to make rapid, accurate and life-saving

decisions. Using standard case management techniques, 70% of lives currently being lost to acute respiratory infections could be saved.

In most cases, pneumonia can be effectively treated with low-cost oral antibiotics. The problem is that children die very quickly from the infection and need treatment urgently. Health workers following the WHO/CHD approach learn the importance of classifying the severity of respiratory infections by observing the child for two key signs of



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