

Healthy Children: Goal 2002

In order to reduce these deaths, the Pan American Health Organization and the World Health Organization, in collaboration with other national and international agencies, ministries of health and nongovernmental organizations (NGOs), have proposed the goal to prevent 100,000 deaths in children under five years of age in the Americas by 2002 using this effective, low-cost strategy.

In order to reach this goal, it will be necessary to strengthen the commitment of governments and international agencies to forge strategic alliances with all sectors of society.



Organizations that promote and support the IMCI strategy

- World Health Organization (WHO)
- Pan American Health Organization (PAHO)
- United Nations Children's Fund (UNICEF)
- U.S. Agency for International Development (USAID)
- Dutch Cooperation
- Spanish Cooperation
- World Bank
- Inter-American Development Bank (IDB)
- CORE Group (Association of 32 non-governmental organizations)
- American Red Cross
- Save the Children
- Plan International
- CARE
- World Vision
- Catholic Relief Services
- Project HOPE

Other participants

Universities and scientific societies, Latin American Association of Pediatrics (ALAPE), Baylor College of Medicine, George Mason University Miami Children's Hospital, Texas Children's Hospital, Latin American Association of Nursing Schools (ALADEFE), Pan American Federation of Medical Faculties and Schools (FEPAFEM), and many others.

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HEALTHY CHILDREN: *Goal 2002*



Prevent 100,000 deaths in children under 5 years of age in the Americas through the Integrated Management of Childhood Illness (IMCI)



Pan American
Health
Organization
Regional Office of the
World Health Organization

The problem

Every year in the Americas, more than 250,000 children less than 5 years of age die from illnesses that can be easily prevented or treated. Acute respiratory infections, diarrheal diseases, and malnutrition are the three leading causes of illness and death in this age group. These diseases and others, such as those caused by vaccine-preventable diseases and malaria, are the primary reasons for medical consultation and hospitalization in these countries. It is estimated that these diseases cause 60 to 80% of the pediatric consultations in health services, and 40 to 50% of hospitalizations of children under 5

This overwhelming burden of suffering and death occurs in all the countries of Latin America and the Caribbean, but is more serious in countries where the infant mortality rates exceed 40 deaths per 1,000 live births.



Why do these deaths occur?

There are many reasons. One is that the population does not have access to appropriate preventive information or to health services because of geographical, social, economic, and cultural barriers. A parent's lack of knowledge of the early danger signs or appropriate preventive measures also limit the possibility to seek timely assistance to prevent their child's death.

- ▼ Control efforts in recent years have been geared mainly toward the implementation of specific strategies that have been implemented and applied individually. Vertical treatment approaches have been associated with missed opportunities for vaccination and with lack of early detection and treatment of diseases that are not the principal reason for a consultation. These methods also do not typically educate parents on providing better care for the child through breastfeeding, nutrition practices, and preventive measures such as vaccination and the promotion of child health through hygiene and stimulation.
- ▼ Health workers are often not trained to identify early danger signs of diseases or do not have the knowledge and abilities to diagnose and provide effective treatment. As a result, the child's health situation can become worse and death may occur.
- ▼ Antibiotics are often prescribed in excess and many health workers recommend other unnecessary drugs such as cough syrups and anti-diarrheals. Many countries still use inappropriate laboratory services and results are not always utilized for the diagnosis or treatment of the disease. Moreover, many of the hospitalizations are unnecessary for treating some cases of pneumonia and diarrhea.



The solution

The Integrated Management of Childhood Illness (IMCI) strategy promotes three main components: improving the case management skills of health professionals, improving the quality of the health system required for effective management of childhood illness, and improving family and community practices.

The IMCI strategy allows the health professional to take advantage of the child's visit to a health facility to assess his or her overall health status and identify any problems or disorders.

- ▼ It identifies critically sick children who require hospital treatment and improves referral practices.
- ▼ It focuses attention on the child's integrated care, beyond the original reason for the consultation.
- ▼ It evaluates the nutritional status, vaccination record, and growth and development of the child and preventive practices utilized in the home.
- ▼ It improves the quality and utilization of care in the health services and in the community.

IMCI also optimizes the use of community resources because:

- ▼ It identifies and explains healthy practices in the home, focuses on improving family and community practices important to the child and provides preventive information to the parents and community
- ▼ It actively involves the participation of the community so that preventive actions to support the well-being of the child are taken.
- ▼ It adapts to the reality of local health conditions and the operational capacity and cultural realities of each country.

