PRINCIPLES OF IMCI (1)

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PRINCIPLES OF IMCI (1): OUTLINE

- Morbidity and mortality.
- Status of health provision.
- Initiatives for intervention.
- Justification for IMCI Initiative.
- The Components of IMCI.
Under fives in low to middle income countries are 10 times more likely to die than those in industrialised countries.

Over 10 million under fives die yearly in most developing countries.

Over 70% of these are due to completely treatable or preventable conditions acting singly or in combination, namely acute respiratory infections (esp. pneumonia), diarrhoea, measles, malaria and malnutrition.
Distribution of 11.6 million deaths among children less than 5 years old in all developing countries, 2000

Deaths associated with undernutrition: 60%

- Pneumonia: 20%
- Diarrhoea: 12%
- Malaria: 8%
- Measles: 5%
- HIV/AIDS: 4%
- Perinatal: 22%
- Other: 29%

Sources:
For cause-specific mortality: EIP/WHO.
Most of the population is rural.
Most rural areas access small rural health facilities.
Most peripheral health facilities are poorly equipped and poorly supplied.
Most peripheral health facilities are staffed with most junior least qualified health professionals.
Most developing countries have poor economies and they seem to be unable to adequately fund their medical services from their national budget.

Transportation and access to most peripheral health facilities is poor because of lack of transport, poor roads, and long distances.

A significant proportion of the population in many African countries seek alternative health care in forms of medicine-men and witch doctors.
Many of the more qualified health personnel tend to stay in urban centers or seek employment in private areas for the sake of getting more income for themselves and having more facilities.

Most developing countries do not provide adequate resources for adequate training of their health professionals.

Most developing countries do not provide enough support for research.
Cost sharing has been introduced as a solution in the areas of health care and training.
The role of the private sector has been recognised in health care and research.
Simplified approaches in identifying major disease entities that did not require much training and equipment were formulated by WHO and UNICEF, arising from relevant research.

They also addressed the areas of logistics and organisation and management.

However, each initiative targeted a single disease entity.

Each initiative required specific retraining of health workers for a specific period.
A health worker needed to train in all the various programs in order to be able to adequately manage such patients (synchronising what he/she has learnt).

The training would in the end take a lot of time for the health worker.

The programs operated vertically and independent of each other.

This tended to increase duplication and wastage of resources.
Effective antibiotics have saved millions of children with pneumonia.

Prompt treatment of malaria has allowed more children to recover and to lead healthy lives.

Improvement in breastfeeding, even if modest, has reduced childhood deaths.
Accumulating evidence suggests that more integrated approach to managing sick children is needed to achieve better outcomes.

Many presenting symptoms and signs overlap for many disease conditions, and this presents a problem especially to peripheral health workers.
PRINCIPLES OF IMCI (1):
Justification of IMCI Initiative

- It is more efficient and cost-effective to integrate the operation of the various programs than running them singly.
- It is kinder to integrate the skills for the health worker at one training than require him or her to do it for themselves when seeing a patient.
- It is cheaper and faster to have one integrated training than separate ones.
IMCI integrates many well-known preventive and treatment strategies which have been proven effective in saving many lives.

Childhood vaccinations have successfully reduced deaths due to measles.

Oral rehydration therapy has contributed to a major reduction in diarrhoea deaths.
PRINCIPLES OF IMCI (1):
Components of IMCI

- Improvement of Family Practice.
- Improvement of the Health Systems.
- Improvement of the skills of the health worker.
PRINCIPLES OF IMCI (1): Improving of Family Practice

- Promoting breastfeeding.
- Training on appropriate weaning foods.
- Promoting and providing micronutrients, for example vitamin A, iron and iodine.
- Promoting safe disposal of waste and also promoting hygiene.
- Promoting complete immunisation.
PRINCIPLES OF IMCI (1):
Improving of Family Practice

- Promoting the use of insect-treated bed-nets in affected areas for malaria prevention.
- Promoting mental and social development of children.
- Promoting continuing to feed and offer fluids to children and breastfeeding them when sick.
- Giving children appropriate home treatment for infections.
PRINCIPLES OF IMCI (1):
Improving of Family Practice

- Promoting recognition of when to seek treatment outside the home.
- Promoting compliance, follow up and referral.
- Promoting adequate antenatal care for pregnant women.
PRINCIPLES OF IMCI (1):
Improving of Health Systems

- Improving drug and other supplies.
- Improving the organisation and the function of the health facility.
- Improving the facilities.