# WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

# UNITED NATIONS CHILDREN'S FUND

PACIFIC OFFICE

**REPORT**

## JOINT WHO/UNICEF ORIENTATION MEETING ON THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI) IN THE PACIFIC

Suva, Fiji
31 January-2 February 2001

Manila, Philippines
March 2001

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# REPORT

# JOINT WHO/UNICEF ORIENTATION MEETING ON THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI) IN THE PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC
AND
UNITED NATIONS CHILDREN'S FUND
PACIFIC OFFICE

Suva, Fiji
31 January-2 February 2001

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**NOTE**

The views expressed in this report are those of the participants in the Joint WHO/UNICEF Orientation Meeting on the Integrated Management of Childhood Illness (IMCI) in the Pacific and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Joint WHO/UNICEF Orientation Meeting on the Integrated Management of Childhood Illness (IMCI) in the Pacific, held in Suva, Fiji, from 31 January-2 February 2001.

CONTENTS



Key words:

Child health services / Child welfare / Disease management / Delivery of health care, Integrated / Fiji

## SUMMARY

Six common preventable or easily treatable childhood illnesses, acute respiratory infections (mostly pneumonia), diarrhoea, measles, malaria, dengue haemorrhagic fever and malnutrition, account for some 70% of deaths of children under five years of age and 75% of episodes of childhood illnesses in most developing countries in the Western Pacific Region. The Integrated Management of Childhood Illness (IMCI) strategy aims to reduce childhood mortality and morbidity and contribute to healthy growth and development of children, focusing on the most common childhood conditions. Improvements are sought in case management skills of health workers, the health system and family and community practices.

IMCI has been adopted by more than 60 countries worldwide, including eight in the Western Pacific Region. So far, none of the countries in the Pacific group of countries has adopted IMCI, although several have expressed interest.

The first joint WHO/UNICEF Orientation Meeting on IMCI in the Pacific was organized in Suva, Fiji, from 31 January to 2 February 2001, to share information on the IMCI strategy, discuss its implications to the health systems of the countries in the Pacific and strengthen partnerships in child health. The participants were national decision-makers and technical staff from Fiji, Kiribati, Solomon Islands and Vanuatu, with responsibilities in child health, including staff from the Schools of Medicine and/or Nursing.

In addition to technical sessions on IMCI, countries had prepared background presentations highlighting the status of child health and current health services in their respective settings. This information was further put into practice during group discussions, exploring the implications for the existing health systems of introducing IMCI and outlining next steps in the process.

The participating countries saw IMCI as a good opportunity to strengthen many aspects of child health care, and proposed to move towards national orientation and training of key personnel prior to proceeding with informed planning and adaptation of the strategy. In this process, a network of bilateral and international organizations is available in the Pacific, in addition to the ministries, institutions and nongovernmental bodies which are already involved in the field of child health.

# 1. INTRODUCTION

This first joint WHO/UNICEF orientation meeting on IMCI in the Pacific was an opportunity to share information on the IMCI strategy, discuss its implications to the health systems of the countries of the Pacific and strengthen partnerships in child health. The meeting was also intended to prepare the participating countries and their partners in health to take part in decisions on the future direction of child health in the Pacific.

## 1.1 Objectives

The objectives of the meeting were to:

1. provide information on the concepts and practical principles of the IMCI strategy, its advantages and implications for the health care system;
2. discuss the need and options for an organizational structure for the coordination and implementation of the IMCI strategy;
3. strengthen collaboration and partnerships in child health among related programmes and departments within the Ministries of Health and partner agencies in health; and
4. outline action points on the next steps in child health in the Pacific.

The meeting was held from 31 January to 2 February 2001 at the Centra Hotel in Suva, Fiji.

## 1.2 Participants

Participants were national decision-makers and technical health staff with responsibilities in child health, including staff from the schools of medicine and/or nursing in their respective countries/areas. The full list of participants, consultant, temporary advisers, observers and secretariat is attached as Annex 1.

## 1.3 Organization of the workshop

In outline, the agenda covered the following:

1. Opening
2. Adoption of meeting objectives and agenda
3. Presentations and discussions
   - IMCI strategy, rationale and content
   - Global and regional experiences
4. Country presentations
5. Group demonstration of the IMCI guidelines

6. Presentations and discussions
   - Improving the health system
   - Essential drugs supplies
   - Referral
   - Health sector reform
   - Monitoring
   - Improving health workers' skills
     - IMCI in-service training
     - IMCI pre-service training
   - Improving family and community practices
   - Viet Nam: an example
   - Planning for IMCI implementation

7. Country group work and plenary - Considerations for IMCI implementation and the next steps

8. Presentation and discussion
   - Strengthening partnerships in child health in the Pacific

9. Summary of action points on next steps in child health in the Pacific

10. Closing

The final timetable is attached as Annex 2.

1.4 Opening ceremony

Dr Lepani Waqatakirewa, Acting Director of Primary and Preventive Health Services, Fiji Ministry of Health, addressed the meeting in the opening session, expressing his ministry's interest in IMCI as an approach for child health in Fiji. Dr Li Shichuo, WHO Representative and Ms Nancy Terreri, UNICEF Pacific Representative, spoke of the commitment of their two organizations to IMCI as a strategy for strengthening and rationalising child health care.

Representatives of UNFPA, AusAID, NZODA, JICA and International Committee of the Red Cross (ICRC) also attended the opening and the first session.

## 2. PROCEEDINGS

### 2.1 Country presentations

Each of the countries represented had been asked to prepare presentations on child health and health services and on the health worker training available in the country. The organizers had suggested a standard content describing the present child health status, the structure of the child health system, the existing policies and standards relevant to child health, the major constraints to the health system, and the status of community programmes and activities as they relate to child health.

The reports presented to the meeting by all countries were concise, to the point and of high quality. The full reports are available with WHO/WPRO and UNICEF Pacific.

## 2.2 Technical sessions

The technical presentations, including the demonstration of the IMCI clinical guidelines, were well received and it was evident from the discussions and from the quality of the debate in the group sessions that not only had they created interest but also the participants had a good grasp of the essentials of the strategy and its implementation. The handout sheets and diskettes for all presentations are available in WHO/WPRO and UNICEF Pacific.

The agenda included a group demonstration of the IMCI charts. This consisted of an interactive run-through of the process of the IMCI case management algorithm, using examples from the training modules, followed by a video case demonstration. This short demonstration proved to be a useful introduction and gave a good base for later discussion on adaptation and training.

A presentation was made of the development of IMCI in Viet Nam, including the experience of pre-service training in that country. The participants found it very valuable to have a view of how a country has really managed IMCI.

## 2.3 Group discussions

For the last part of the second day and the first half of the third, the participants worked in four country groups with resource persons from WHO and UNICEF Pacific. The objectives of the group work were:

1. to explore the implications for the existing national health system of introducing IMCI (What are the likely constraints and opportunities?); and

2. to define the steps to be taken over the next six months in introducing IMCI.

The groups were asked to discuss and make short presentations on these objectives. The following guidance notes were provided to the groups:

Objective 1

- What conditions and health interventions would need to be covered by the IMCI guidelines in your country? Consider particularly the local epidemiology and the local health service priorities and capacity. Who should be involved in the adaptation process?

- What action will need to be considered to ensure the availability of the essential IMCI drugs through the existing essential drugs supply system?

- How can the necessary health worker skills be achieved? Take account of the existing pre-service and in-service training systems and their capacity to provide clinical training and on the job support to health workers.

- What action is needed to ensure effective referral care of severely ill children?

- What is the potential for strengthening community action for child health?

Objective 2

What steps should be taken to introduce IMCI in your country in the next six months? Consider the need for orientation, initial planning and adaptation. Who should be involved and how can full collaboration be achieved and maintained?

The proposals for the next steps in each country are attached as Annex 3.

## 3. CONCLUSIONS

Summary of country proposals for next steps

Dr Linda Milan, Director, Building Healthy Communities and Populations, WHO/WPRO, presented a synthesis of the country proposals for next steps.

The aim of the orientation had been to enable the participants to think about IMCI and where they wanted to go with it. The country presentations had showed how systematically and well the countries had thought about their present child health needs and what their health systems could offer and the discussion, both at the presentations and in the groups, had shown a real appreciation of IMCI as a strategy that could be applied to the needs of their countries.

All countries had seen IMCI as an opportunity to strengthen many aspects of the child health system and the existing facilities and tools - not just as an isolated intervention, and although local circumstances would dictate the time frame, and some countries were already well advanced with their thinking about IMCI, all countries saw the next steps in much the same way. The focus of the next six months in all countries would be on orientation and increasing the capacity to plan and prepare for IMCI.

The need for orientation varied among countries. Some proposed a formal process of orientation while others felt that the aim could be achieved through less formal internal discussions.

A task force already exists in Fiji, and the other countries all planned to establish such a group to assist orientation and undertake the early planning and adaptation. An important first task of these groups will be a review of the existing national child health plans to see the place of IMCI. In the similar vein, all countries expressed the intention of including in the implementation process a review and updating of existing guidelines, standard treatment books and training courses that related to child health. This reflects the broad view of IMCI that was taken by the meeting as a whole.

Although two staff members from both Solomon Islands and Fiji had taken part in IMCI case management training courses, all countries thought it would be useful to have a core of trained Task Force members to assist in planning and adaptation. The proposal was made for an intercountry training course to take place in the next few months before the countries started in earnest on their adaptations. Fiji, Solomon Islands and Vanuatu envisaged work on adaptation and detailed planning in the next six months.

All countries recognized the need for technical support during the preparatory period, and Dr Milan confirmed that the partner organizations were ready to help as needed.

Strengthening partnerships in child health in the Pacific

Ms Nancy Terreri, UNICEF Pacific Representative, outlined the broad range of partnerships that is available to the countries of the Pacific. In addition to the ministries, institutions and nongovernmental agencies and organizations within each country that can be called on to collaborate in child health and development, there is a network of bilateral and international organizations which are already deeply involved in the countries. These countries may have different priorities, geographical coverage, administrative systems and ways of working, but there is good collaboration among them, and well-developed national health plans can expect effective coordinated support.

Ms Catherine Pierce, Director, UNFPA Sub-regional Office, Suva, concurred with Ms Terreri. UNFPA was particularly concerned with the coordination of the inputs of the various UN Agencies in the region. She recognized the difficulties that countries sometimes experienced in dealing with UN agencies, but expressed the hope that the improvement which was already visible would continue.

Mr Ravindra Deo, Senior Program Officer, Development Cooperation of the Australian High Commission, confirmed AusAID's commitment to child health and development in the Region.

Closing

The meeting was closed jointly by Ms Nancy Terreri and Dr Li Shichuo.

ANNEX 1

LIST OF PARTICIPANTS,
CONSULTANT, TEMPORARY ADVISER,
OBSERVERS AND SECRETARIAT

## 1. PARTICIPANTS

**FIJI**
**(WHO-funded)**

**Dr Losevati Alefaio**
Divisional Medical Officer Central & Eastern
P.O. Box 30
Suva
Tel: (679) 315 633
Fax: (679) 315 568

**Dr Ami Chandra**
Divisional Medical Officer
Northern Division
P.O. Box 104
Labasa
Tel.: (679) 812 522
Fax: (679) 814 080
email: amichandra@is.com.fj

**Dr Elizabeth Rodgers**
Senior Lecturer (Paediatrics)
Fiji School of Medicine
Private Mail Bag
Suva
Tel.: (679) 311 700 (ext. 1916/1917)
Fax: (679) 308 122
Email: elizabeth@fsm.ac.fj

**Dr Rosalina Sa'aga**
Paediatrician
CWM Hospital
Waimanu Road
P.O. Box 14640
Suva
Tel.: (679) 313 444
Fax: (679) 303 232

**Sr Haemarie Taito**
Tutor
C/o Fiji School of Nursing
Tamavua
Tel.: (679) 321 499
Fax: (679) 321 013

**Dr Lisi Tikoduadua**
Consultant Paediatrician
Head, Department of Paediatrics
CWM Hospital
Suva
Tel.(679) 313 444
Fax:(679) 303 232

**Dr Timaima Tuiketei**
Divisional Medical Officer Western
P.O. Box 45
Lautoka
Tel.(679) 660 411/934 092
Fax: (679)663 929

**Dr Setareki Vatucawaqa**
Sub-divisional Medical Officer Rewa
P.O. Box 7
Nausori Health Centre
Nausori
Tel.: (679) 4777 444
Fax: (679) 479 255
Email: alpha@is.com.fj

**KIRIBATI**
**(WHO-funded)**

**Ms Luisa Cati**
Nursing Officer Grade I
c/o Ministry of Health
P.O. Box 268
Bikenibeu
Tarawa
Tel.: 686 28100
Fax: 686 28152

Annex 1

**Ms Terenga Itibita**
Principal Nursing Officer (Nursing School)
c/o Ministry of Health
P.O. Box 268
Bikenibeu
Tarawa
Tel.: 686 28100 Ext. 264 & 265
Fax: 686 28152

**Ms Rina Tabai**
Principal Nursing Officer (Hospital)
c/o Ministry of Health
Bikenibeu
Tarawa
Tel.: 686 28100
Fax: 686 28152

**Dr Baua Tebau**
Director, Hospital Services
c/o Ministry of Health
P.O. Box 268
Bikenibeu
Tarawa
Tel.: 686 28100
Fax: 686 28152

**SOLOMON ISLANDS**
**(UNICEF-funded)**

**Dr Dennie Iniakwala**
Undersecretary for Health Improvement
Ministry of Health & Medical Services
P.O. Box 349
Honiara
Tel.: (677) 23404
Fax: (677) 20085
Email: dennie@solomon.com.sb

**Mr William Manepolo**
Head of School of Nursing
Solomon Islands College of Higher Education
P.O. Box R113
Honiara
Tel.: (677) 38078

**Dr Junilyn Pikacha**
Director for Reproductive Health Division
Ministry of Health & Medical Services
P.O. Box 349
Honiara
Tel: (677) 20295
Fax: (677) 20085

**VANUATU**
**(UNICEF-funded)**

**Mrs Nerry Isom**
RH/MCH Supervisor, SHEFA
Ministry of Health
PMB 009, Port Vila
Tel: (678) 22 512
Fax: (678) 26 204

**Ms Marina Laklotal**
Family Health Manager, Public Health
Ministry of Health
PMB 009, Port Vila
Tel.: (678) 22 512
Fax.: (678) 26 204

**Mrs Ruth Lerr**
Nurse Educator, VCNE
Ministry of Health
PMB 009, Port Vila
Tel.: (678) 22 512
Fax.: (678) 26 204

**Mr Len Tarivonda**
ARI/CDD Coordinator, Public Health
Ministry of Health
PMB 009, Port Vila
Tel.: (678) 22 512
Fax.: (678) 26 204

Annex 1

## 2. CONSULTANT

**Dr David Robinson**
Top Flat, Riverdene
1 Higher Street, Kingswear
Devon TQ6 OAG
United Kingdom
Tel.: (44)1803 752 775
Fax: (44) 1803 752 922
email: robinsond99@yahoo.co.uk

## 3. TEMPORARY ADVISER

**Dr Hoang Trong Kim**
Professor and Chairman
Department of Paediatrics
University of Medicine and Pharmacy
217 An Duong Vuong, Dist. 5,
Ho Chi Minh City, Viet Nam
Tel.: 848 834 6152
Fax: 848 855 2304
e-mail: kimht@hcm.vnn.vn

## 4. OBSERVERS

**AUSTRALIAN AGENCY FOR INTERNATIONAL DEVELOPMENT (AUSAID)**

**Mr Ravindra Deo**
Senior Program Officer
Development Cooperation
Australian High Commission
P.O. Box 214
Suva, Fiji
Fax: (679) 382 695
Email: ravindra.deo@dfat.gov.au

**NEW ZEALAND OFFICIAL DEVELOPMENT ASSISTANCE (NZODA)**

**Ms Nicky McDonald**
First Secretary
New Zealand High
Commission in Suva
Suva, Fiji
Tel.: (679) 311 531
Fax.: (679) 300 842

**Mrs Valerie Moore**
Administrative Support Officer
New Zealand High
Commission in Suva
Suva, Fiji
Tel.: (679) 311 531
Fax.: (679) 300 842

**UNITED NATIONS POPULATION FUND (UNFPA)**

**Dr Salesi Katoanga**
CST Specialist on RH/FP Programme
UNFPA Sub-Regional Office
Private Mail Bag
Suva, Fiji
Tel.: (679) 308 022
Fax: (679) 312-785
email: registry@unfpa.org.fj

**Ms Jiko Luveni**
UNFPA Programme Management Officer
UNFPA Sub-Regional Office
Private Mail Bag
Suva, Fiji
Tel.: (679) 308 022
Fax: (679) 312-785
Email: registry@unfpa.org.fj

Annex 1

## 5. SECRETARIAT

### UNICEF

**Dr Arnold Calo-oy**
Immunization Officer
UNICEF-Pacific
3rd Floor, Fiji Development Bank Building
360 Victoria Parade
Private Mail Bag
Suva, Fiji
Tel.: 679 300 439
Fax: 679 301 667
Email: acalooy@unicef.org

**Ms Dorothy McGoon**
Programme Assistant
UNICEF-Pacific
3rd Floor, Fiji Development Bank Building
360 Victoria Parade
Private Mail Bag
Suva, Fiji
Tel.: 679 300 439
Fax: 679 301 667

**Ms Maria Coady**
UNICEF Vanuatu Coordinator
P.O. Box 926
Port Vila, Vanuatu
Tel.: 678 246 55
Fax: 678 246 557
Email: unicef@vanuatu.com.vu

**Mr Gyanendra Ghale**
UNICEF-Solomon Islands Coordinator
P.O. Box 1786
CBSI Building
Honiara, Solomon Islands
Tel.: 677 26 561/27 549
Fax: 677 26 458
Email: unicef@solomon.com.sb

**Dr Sarita Neupane**
Health and Nutrition Officer
UNICEF-Pacific
Private Mail Bag
3rd Floor
Fiji Development Bank Building
360 Victoria Parade
Suva, Fiji
Tel.: 679 300 439
Fax: 379 301 667
Email: sneupane@unicef.org

**Dr Philayrath Phongsavan**
Nutrition Officer
UNICEF-Pacific
Private Mail Bag
3rd Floor
Fiji Development Bank Building
360 Victoria Parade
Suva, Fiji
Tel.: 679 300 439
Fax: 379 301 667
Email:pphongsavan@unicef.org

**Ms Nancy Terreri**
UNICEF-Pacific Representative
Private Mail Bag
3rd Floor Fiji Development Bank Building
360 Victoria Parade
Suva, Fiji
Tel.: 679 300 439
Fax: 379 301 667
Email: nterreri@unicef.org

### WHO

**Ms Elizabeth Downes**
Nurse Practitioner Educator (STP)
World Health Organization
Level 4, Provident Plaza One
Downtown Blvd, Ellery Street
Suva, Fiji
Tel.: (679) 304 600
Fax: (679) 300 462
Email: downese@fij.wpro.who.int

Annex 1

**Ms Lorraine Kerse**
Regional Adviser in Human Resources for Health
World Health Organization
Level 4, Provident Plaza One
Downtown Blvd, Ellery Street
Suva, Fiji
Tel.: (679) 304 600
Fax: (679) 300 462
Email: kersel@fij.wpro.who.int

**Dr Linda Milan**
Director, Building Healthy Communities and Populations
World Health Organization
Western Pacific Regional Office
P.O. Box 2932
United Nations Avenue
1000, Manila, Philippines
Tel: 632 528 8001 Ext. 9981
Fax: 632 521 1036
Email: milanl@wpro.who.int

**Dr Michael O'Leary**
Medical Officer
World Health Organization
Level 4, Provident Plaza One
Downtown Blvd, Ellery Street
Suva, Fiji
Tel.: (679) 304 600
Fax: (679) 300 462
Email: olearym@fij.wpro.who.int

**Dr Yves Renault**
Country Liaison Officer
World Health Organization
George Pompidou Building
Port Vila, Vanuatu
Tel.: (678) 27 683
Fax: (678) 22 691
Email: renaulty@who.org.vu

**Dr George Slama**
Country Liaison Officer
World Health Organization
Bikenibeu, Tarawa
Kiribati
Tel.: (686) 28231
Fax: (686) 28188
Email: slamag@kir.wpro.who.int

**Dr Nhu Nguyen Tran Minh**
Associate Professional Officer
Child and Adolescent Health and Development
World Health Organization
Western Pacific Regional Office
P.O. Box 2932
United Nations Avenue
1000, Manila, Philippines
Tel: 632 528 8001 Ext. 9866
Fax: 632 526 0279
Email: tranminhn@wpro.who.int

**Dr Marianna V. Trias**
Medical Officer
Child and Adolescent Health and Development
World Health Organization
Western Pacific Regional Office
P.O. Box 2932
United Nations Avenue
1000, Manila, Philippines
Tel: 632 528 8001 Ext. 9868
Fax: 632 521 1036
Email: triasm@wpro.who.int

**Dr Raman Velayudhan**
Country Liaison Officer
World Health Organization
Solomon Islands
Ministry of Health Bldg.
Chinatown
Honiara, Solomon Islands
Tel.: (677) 23406 (direct line)
(677) 20830 ext. 311, 312, 313
Fax: (677) 21344 (CLO direct)
Email: closol@who.org.sb
**Currently based in Fiji:**
c/o Office of the WHO Representative, South Pacific
World Health Organization
Level 4, Provident Plaza One
Downtown Blvd, Ellery Street
Suva, Fiji
Tel.: (679) 304 600
Fax: (679) 300 462
Email: velayudhanr@fij.wpro.who.int

**JOINT WHO/UNICEF ORIENTATION MEETING**
**Suva, Fiji, 31 January-2 February 2001**

## TIMETABLE

| TIME | Wednesday, 31 January 2001 | TIME | Thursday, 1 February 2001 | TIME | Friday, 2 February 2001 |
|---|---|---|---|---|---|
| 0800 | Registration | 0830 | 7. Improving the health system<br>(a) Drugs<br>(b) Referral<br>(c) Health sector reform<br>(d) Monitoring | 0830 | Group work (continued) |
| 0830 | 1. Opening | | | | |
| 0845 | 2. Adoption of meeting objectives and agenda | | | | |
| 0900 | 3. IMCI strategy: rationale and content | 0930 | Discussion | | |
| 1000 | **GROUP PHOTO and COFFEE** | 1000 | **COFFEE** | 1000 | **COFFEE** |
| 1030 | 4. Global and Regional experiences | 1015 | 8. Improving health workers' skills<br>(a) IMCI in-service training<br>(b) IMCI pre-service training | 1015 | Group work (continued) |
| 1115 | 5. Country presentations<br>• Fiji x 3 (MOH, FSM, FSN)<br>• Kiribati x 2 (MOH, Nursing School) | 1100 | Discussion | | |
| | | 1130 | 9. Improving family and community practices | | |
| | | 1200 | Discussion | | |
| 1230 | **LUNCH** | 1230 | **LUNCH** | 1200 | **LUNCH** |
| 1330 | Country presentations (continued):<br>• Solomon Islands x 2 (MHMS, Nursing School)<br>• Vanuatu x 2 (MOH, Nursing School) | 1330 | 10. Viet Nam: an example | 1300 | Extended lunch (for preparation of group presentations, meeting of training institution representatives, meeting of Secretariat for preparation of draft action points) |
| 1430 | 6. (a) IMCI case management | 1430 | 11. Planning for IMCI implementation | 1345 | Group presentations and discussion |
| 1500 | **COFFEE** | 1500 | **COFFEE** | 1500 | **COFFEE** |
| 1515 | (b) Case management: practice in groups | 1515 | 12. Group work: Considerations for IMCI implementation and next steps (Four country groups) | 1515 | 13. Strengthening partnerships in child health in the Pacific |
| 1600 | Discussion | | | 1530 | 14. Summary of action points on next steps in child health in the Pacific<br>15. Closing |
| 1630 | End of day<br>Meeting of resource persons | 1630 | End of day<br>Meeting of resource persons | 1600 | Meeting of resource persons |

ANNEX 3

COUNTRY PROPOSALS

**FIJI**

Steps to take in next 6/12 months

*Where we were*

1. 1992 Fiji adopted ARI/CDD protocols

2. 1994 2 studies were done: to evaluate the ARI/CDD Programme
Comparative study of ARI rates on morbidity, case presentation, mortality, hospital admissions and referral pattern.
Showed a decrease in all rates

3. 1994-1998 Most common diseases reported were ARI, influenza and diarrhoea

4. 1998-2000 Increase in ARI and CDD morbidity and mortality.

*Where we are now: Feb 2001*

| | |
|---|---|
| Oct 1999 | Introduction of IMCI concept by WHO/UNICEF |
| Jan 2000 | Two doctors participated in the IMCI case management training in Philippines |
| March 2000 | IMCI report & recommendations presented to DPPHS & Senior Staff of MOH H/Q - adopted & agreed in principle |
| March 2000 | IMCI Steering Committee set up |
| Dec 2000 | Committee met. National IMCI awareness to Subdivisional and Divisional Programme Managers |
| Jan 2001 | Regional IMCI Meeting |

*Where we will be in July 2001*

- Committee to meet again & refine plan
- Conduct "unadapted" training course to train Committee members
- Conduct National Awareness Meeting for MOH & other Major IMCI stakeholders
- Work on Adaptation
- Create IMCI awareness at Divisional and Subdivisional levels

Annex 3

*From Aug 2001 - 2003*

- Work on adaptations
- Fiji School of Medicine and Fiji School of Nursing work on curriculum and conduct training for their own trainers
- Adopt Fiji IMCI Algorithms & Charts
- Conduct TOT at all levels
- Commence IMCI in two Subdivisions
- Review after 12 months
- Modify if need be and nationalise

**SOLOMON ISLANDS**

*IMCI will be a collaborative programme between Reproductive Health Unit of the Solomon Islands Ministry of Health and Medical Services (MHMS), UNICEF and WHO*

Steps to be taken

1. To inform the Executive Committee of MHMS;
2. To organize an introductory training course for selected medical and nursing staff
3. Adaptation of IMCI materials will involve:
    - Paediatricians
    - School of nursing (family health division)
    - Division responsible for each disease
    - Obstetrician
    - Pharmacy
    - UNICEF
    - WHO
4. Diseases to be covered by IMCI in Solomon Islands
    - Malaria
    - CDD/ARI (pneumonia & asthma)
    - Immunization
    - Nutrition (malnutrition)
    - Skin diseases (including yaws)
    - Meningitis
    - Rheumatic fever
    - Complications of childbirth - birth trauma, asphyxia and septicaemia.

5. Review essential drug list, treatment protocols, procurement and supplies, legislative issues on treatment, management and health staff

6. Planning of pre-service training by:

   - Courses during vacation period;
   - Integrate the course into the existing 3 year course (Diploma programme)

7. Planning of in-service courses:

   - Integrate into in-service training
   - Distance education programme;

8. Plan to strengthen health centres and hospitals:

   - to improve facilities and infrastructure and address the obstacles to referral system

9. Community action for child health will be done through:

   - Churches (women's group)
   - Competition between villages;
   - Radio talk back program;
   - Social research to assess community perception

10. Project Area - Western Province. Population of 63,185

**KIRIBATI**

Activities over the next six months

1. Meeting of those people who have attended the orientation meeting

2. Debriefing of the MoH Technical Task Force and proposal to go ahead with the introductory phase

3. If accepted, formation of an IMCI Working Group and Focal Point

4. One day orientation in the MoH for Working Group and other senior staff

5. Working Group drafts a plan of action

6. Some members of IMCI Working Group participate in 11 day IMCI training

7. Working Group starts adaptation – with technical support

Annex 3

**VANUATU**

*Table of proposed activities for February to June 2001*

| ACTIVITY | RESPONSIBLE | TIME FRAME |
|---|---|---|
| Prepare Orientation paper for MoH Executive | ARI/CDD Coordinator<br>IMCI Meeting participants | 5 to 9 February |
| Brief MoH Executive on IMCI orientation meeting | IMCI Meeting participants | 14 February |
| Prepare Submission Paper for IMCI implementation for MoH endorsement | ARI/CDD Coordinator<br>IMCI Meeting participants | 15 to 26 February |
| Present Submission Paper to MOH Executive | Director of Public Health<br>ARI/CDD Coordinator<br>Manager, Family Health | 28 February |
| Establish National IMCI Steering Committee | ARI/CDD Coordinator<br>IMCI Meeting participants | 5 March |
| Develop 2001 work plan for implementation of IMCI | IMCI Steering Committee | March |
| Write Project Proposal for national IMCI orientation meeting | IMCI Steering Committee | April |
| National IMCI orientation meeting | IMCI Steering Committee | May-June |
| Write project proposal for participation in IMCI 11- day training | IMCI Steering Committee | June-July |