

Child health and survival in the SDG Era

Institutionalizing Integrated Community Case
Management (iCCM) to End Preventable Child Deaths
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**World Health
Organization**

Outline

- Global trends in child and adolescent health
- SDGs, Global Strategy and shifts in child health agenda
- The care continuum – home, community and facility
- Basic packages for continuity of care
- Bringing child care close to home in the context of PHC
- Why iCCM

Global progress in reducing child mortality (2000- 2017)



Levels & Trends in
Child Mortality

Report 2018

Estimates developed by the
UN Inter-agency Group for
Child Mortality Estimation



unicef

UNICEF, WHO, World Bank,
UN-DESA Population Division.
Levels and trends in child mortality
report 2018 Estimates Developed by
the UN Inter-agency Group for Child
Mortality Estimation.

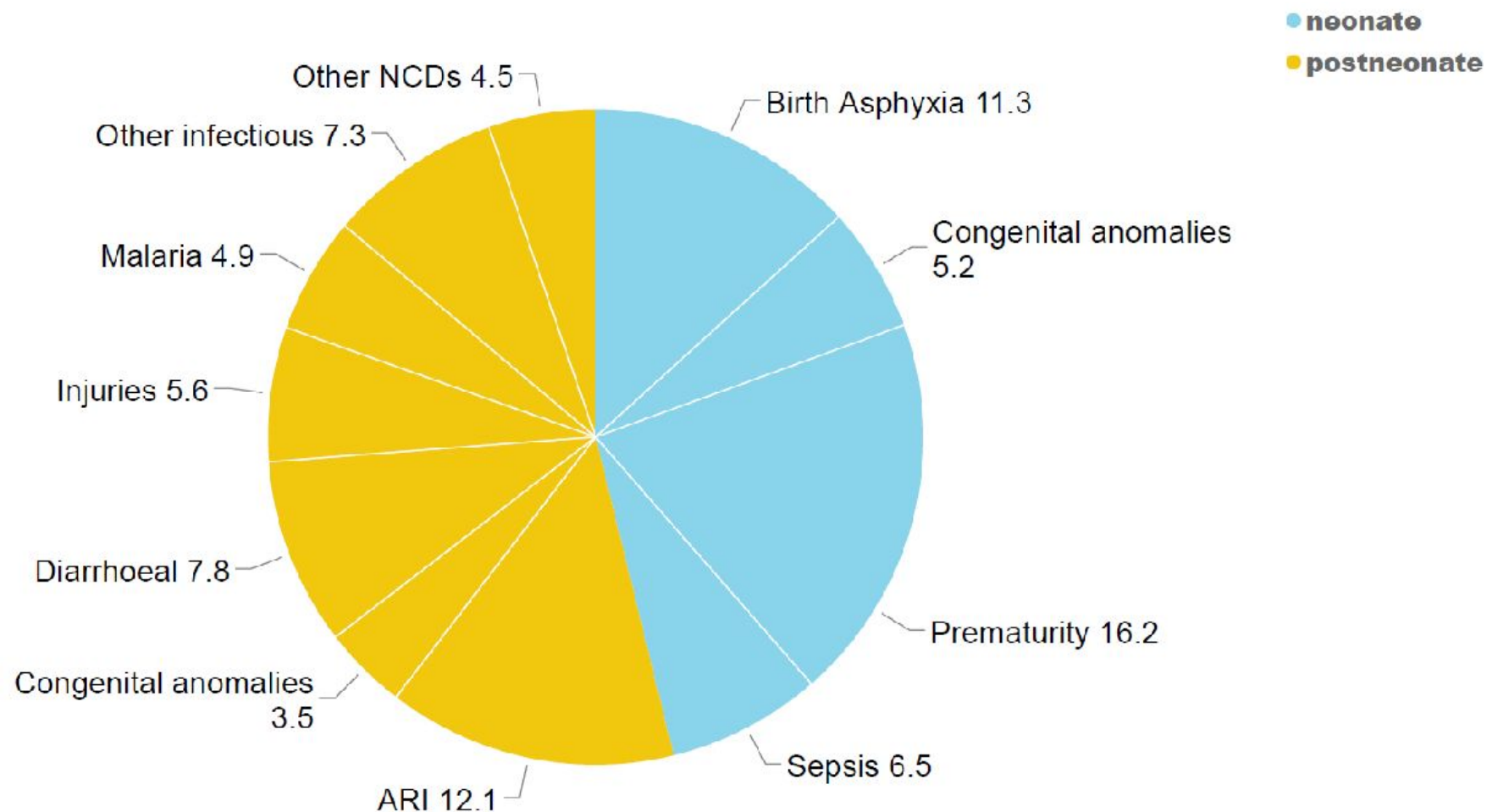


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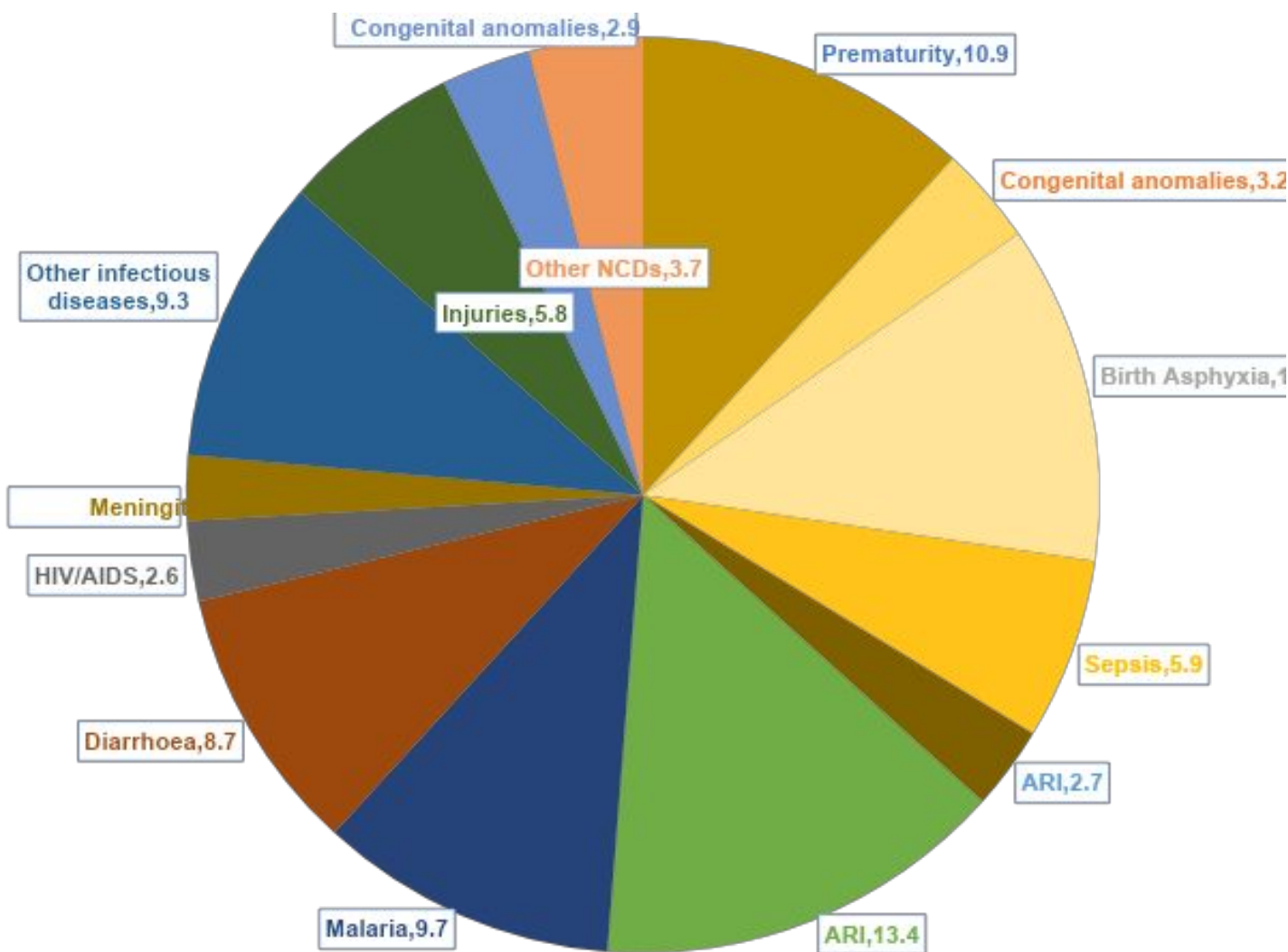
Global Child (0-14 years) Mortality Trends and Numbers 1990-2017 (> 50% decline)



Global causes of death for under fives

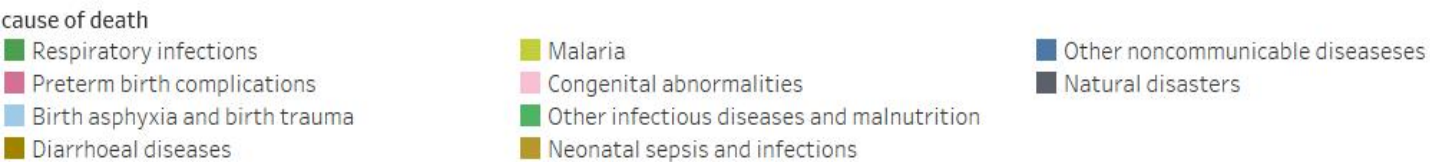


AFRO under 5 causes of death (%) 2017

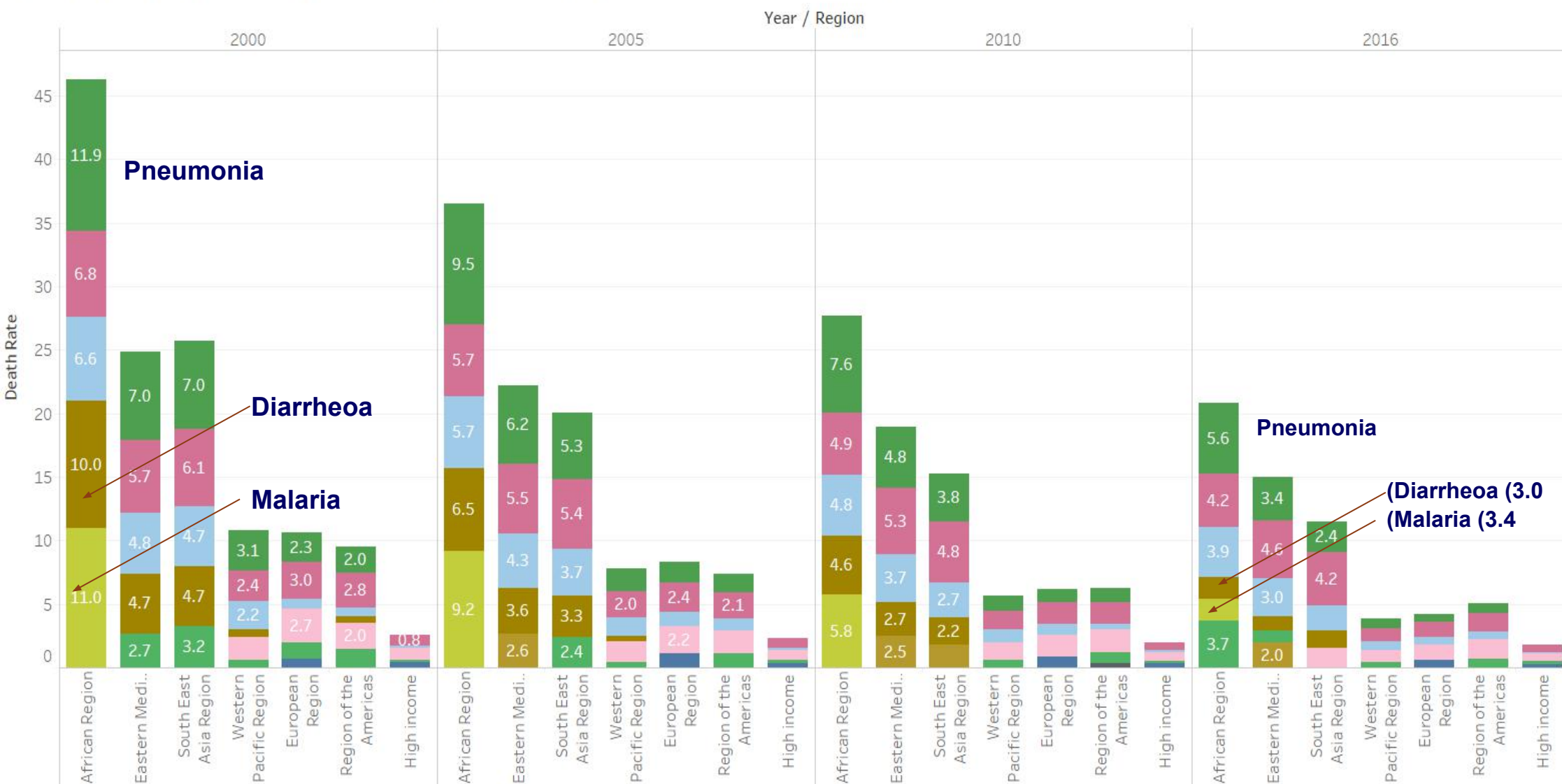


Top 5 Infectious causes of death

- Pneumonia
- Malaria
- Diarrhoea
- Sepsis
- HIV/AIDS



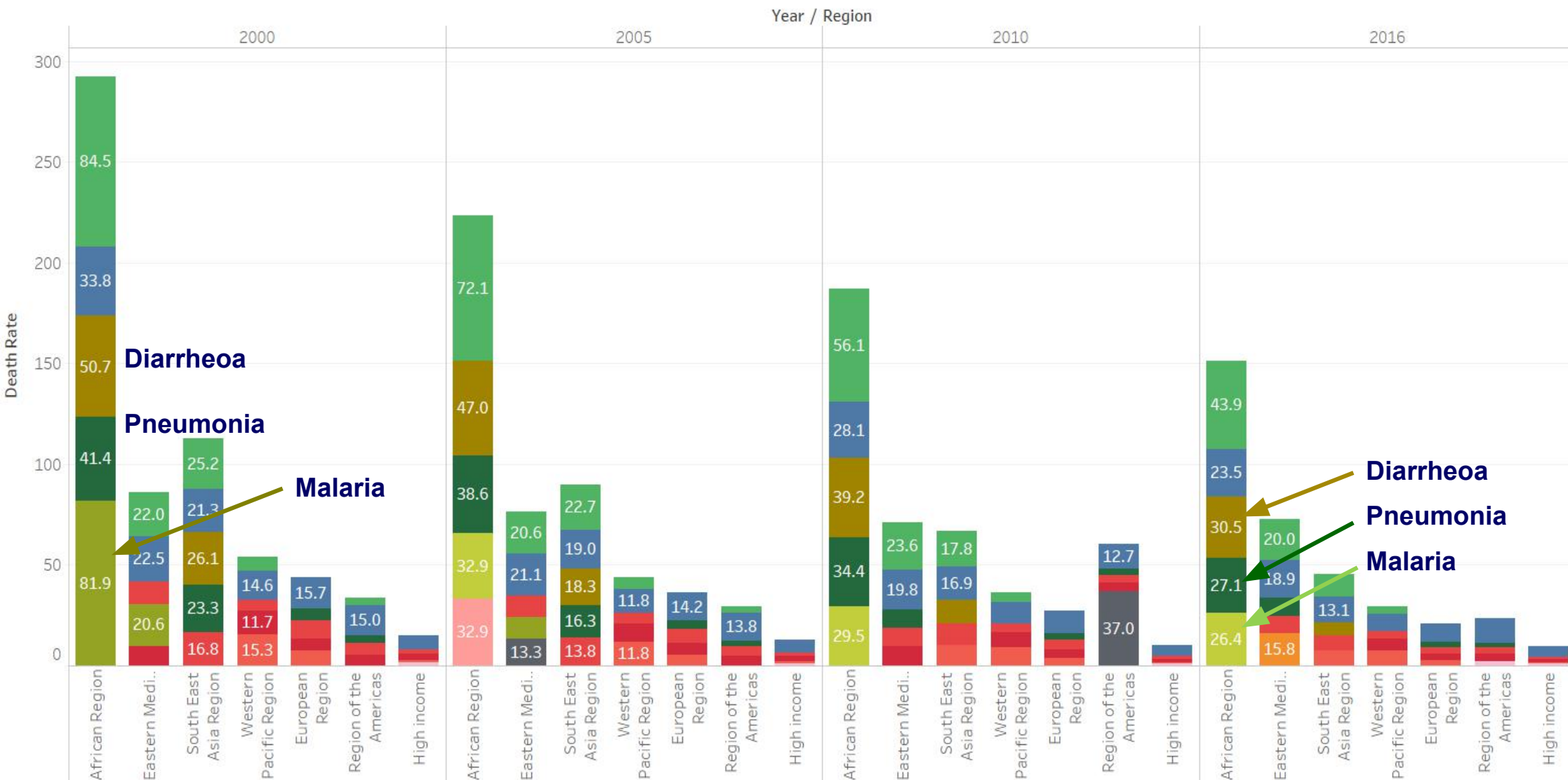
Mortality rates per 1000 for under-5 year olds by year and modified WHO region



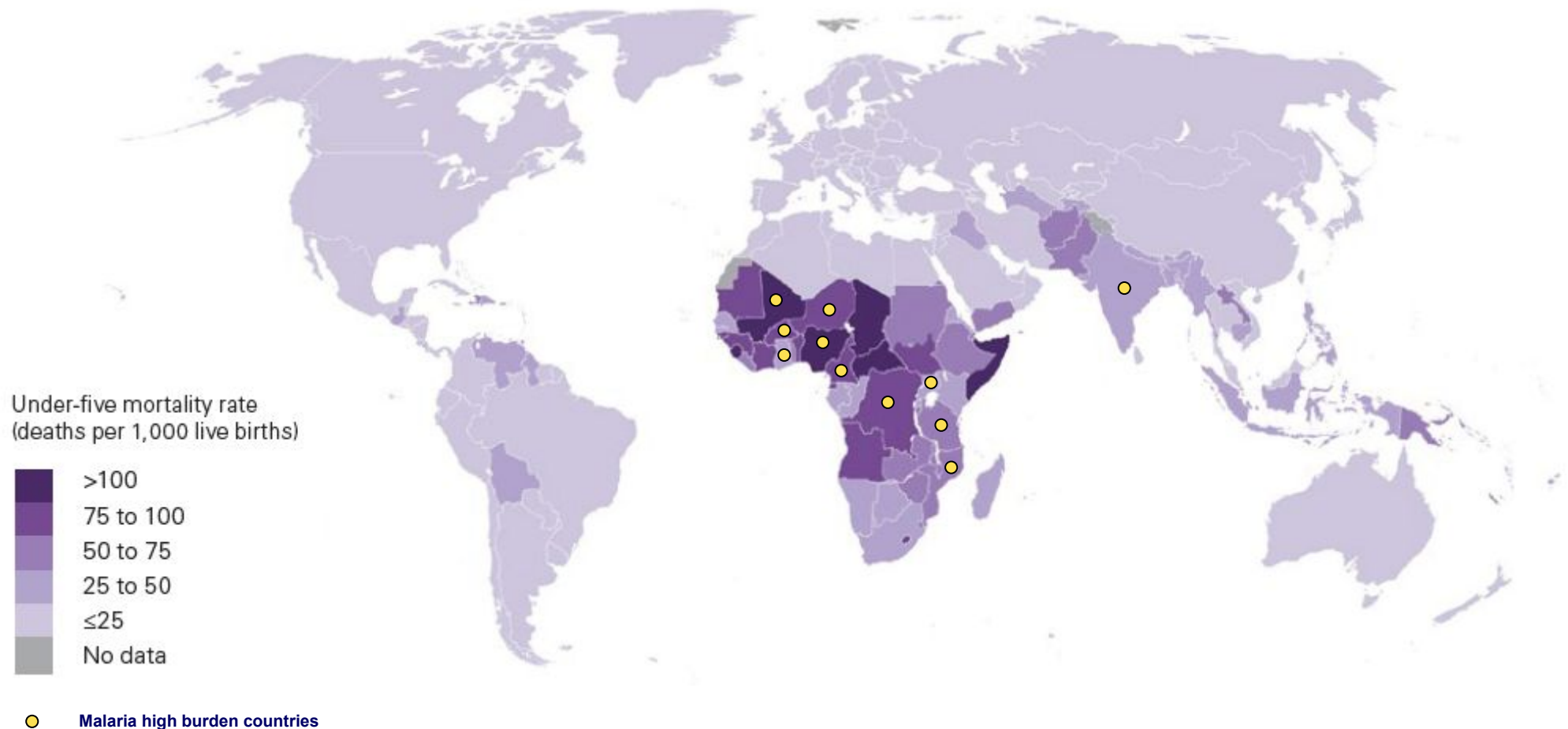
- Other infectious diseases and malnutrition
- Other noncommunicable diseases
- Diarrhoeal diseases
- Respiratory infections

- Other injuries
- Measles
- Road injury
- Malaria

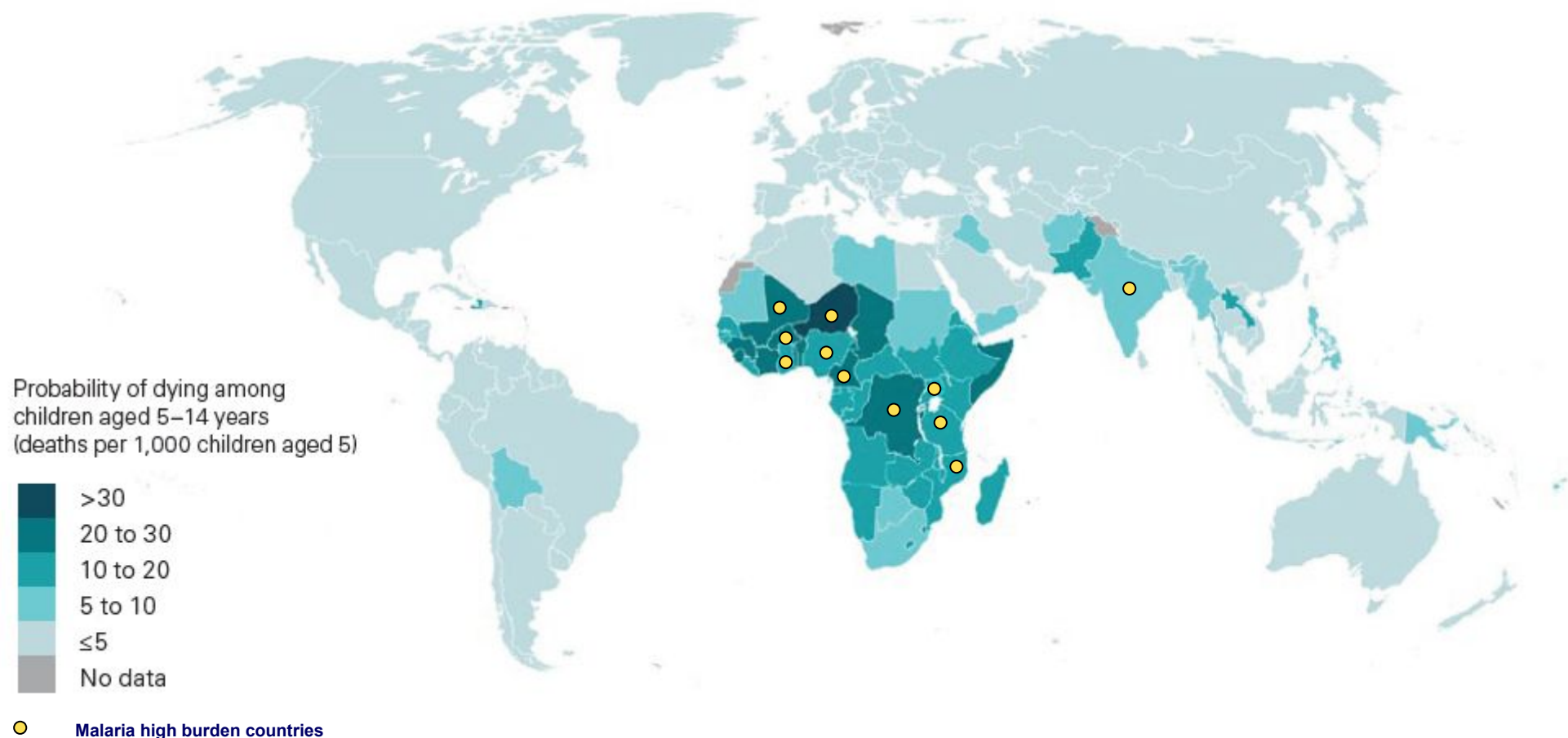
- Drowning
- Natural disasters
- HIV/AIDS
- Collective violence and legal intervention



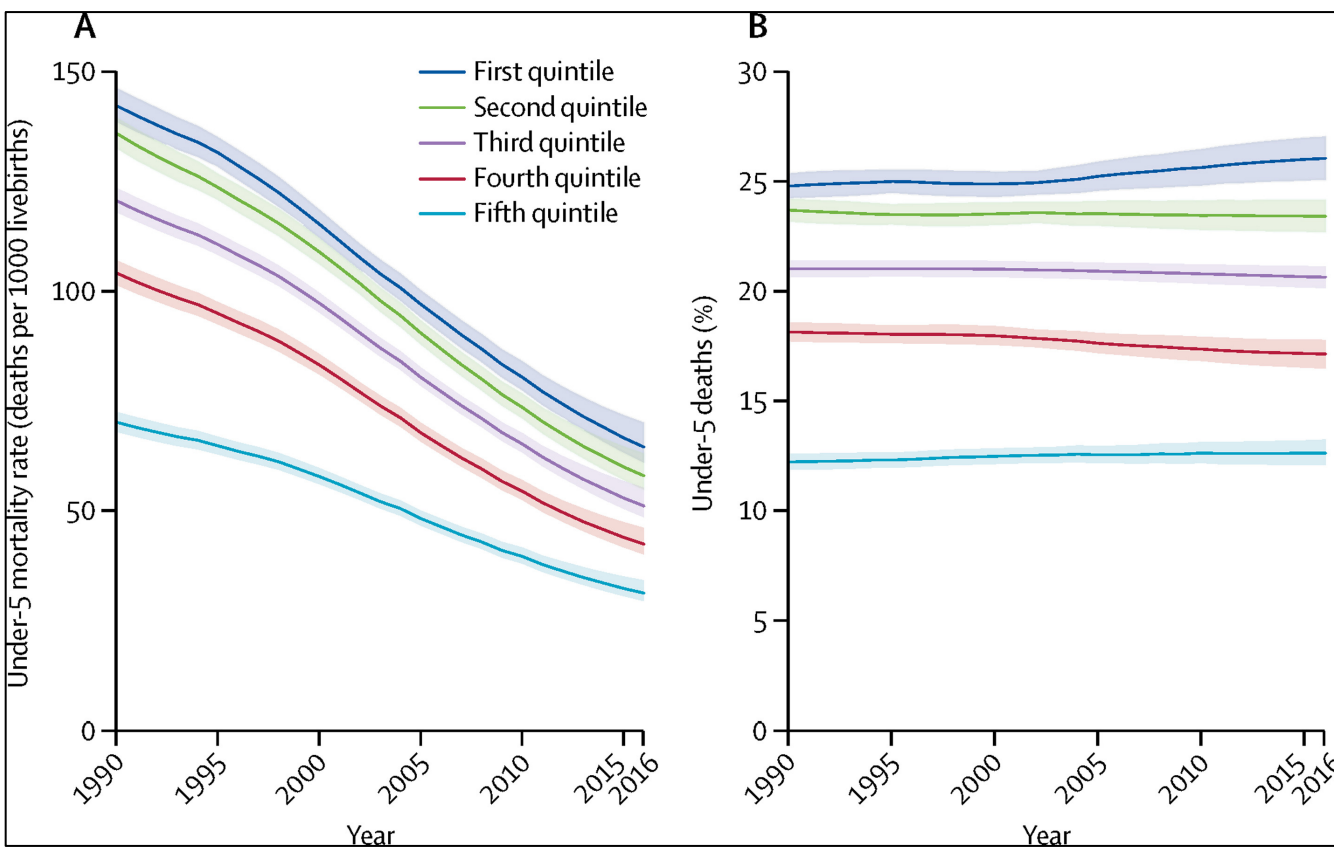
Under-five mortality rate (deaths per 1,000 live births) by country, 2017



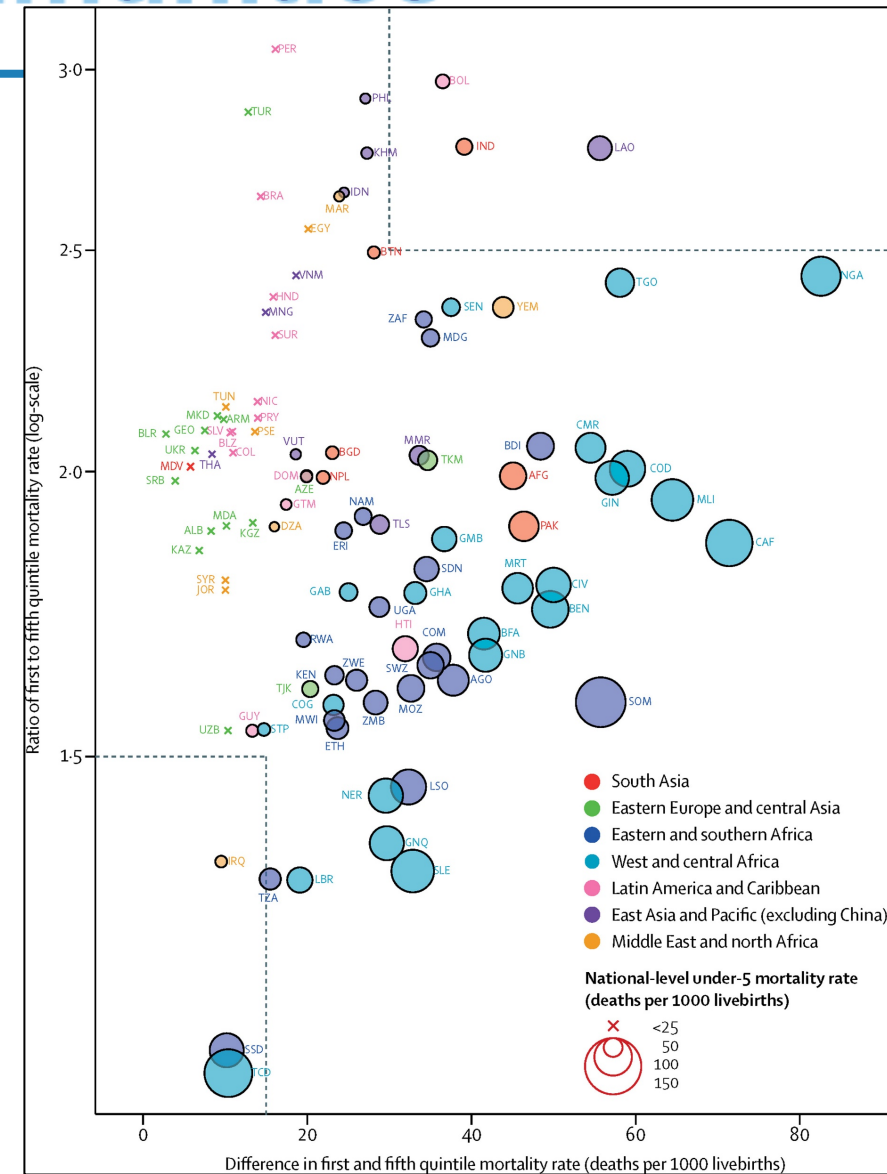
Probability of dying among children aged 5–14 (deaths per 1,000 children aged 5) in 2017, by country



Inequities in impoverished families or marginalized communities



(The Lancet Global Health 2018 6, e535-e547 DOI: (10.1016/S2214-109X(18)30059-7



CHILD HEALTH IN SDG ERA



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GLOBAL STRATEGY

Objectives

1. SURVIVE

End preventable deaths



2. THRIVE

Ensure health and well-being



3. TRANSFORM

Expand enabling environments

Targets—aligned with the SDGs

SURVIVE

End preventable deaths

- Reduce global **maternal** mortality to less than 70 per 100,000 live births
- Reduce **newborn** mortality to at least as low as 12 per 1000 live births in every country
- Reduce **under-5 mortality** to at least as low as 25 per 1000 live births in every country
- End epidemics of **HIV, tuberculosis, malaria**, neglected tropical diseases and other communicable diseases
- Reduce by 1/3 premature mortality from **NCDs** and promote mental health and well-being

THRIVE

Ensure health and well-being

- End all forms of **malnutrition**, and address the nutritional needs of adolescent girls, pregnant and lactating women and children
- Ensure **universal access to sexual and reproductive health-care** services (including for family planning) and rights
- Ensure that all girls and boys have access to good quality **early childhood development**
- Substantially reduce **pollution-related deaths and illnesses**
- Achieve **universal health coverage**, including financial risk protection, and access to **quality essential services**, medicines and vaccines

TRANSFORM

Expand enabling environments

- Eradicate **extreme poverty**
- Ensure that all girls and boys complete free, equitable and good quality **secondary education**
- Eliminate all harmful practices and all **discrimination and violence** against women and girls
- Achieve universal and equitable access to safe and affordable drinking **water** and to adequate **sanitation and hygiene**
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including **birth registration**
- Enhance the global partnership for sustainable development


Global Strategy: What are the implications?

- **Universality and equity:** For all children and leaving no one behind –including most vulnerable, marginalized and hard to reach.
- **Life-course approach:** Health and well-being are interconnected at every stage of life, and across generations
- **Broader child health agenda:** “Survive – Thrive – Transform”
- **Integrated and multi-sectoral approach:** actions across core sectors to address health determinants e.g. nutrition, education, WASH, environment, infrastructure, etc.



Strategic shifts in child health programming

1. **Expanded focus from predominantly under-five child survival to 0-19 life course** programming for the first two decades of life across health, nutrition, psychosocial and supportive environment.
2. **Expand and refocus the survive agenda** to target age specific high mortality burden with greater emphasis on quality, high coverage and equity for vulnerable populations.
3. **Increase emphasis on thrive agenda to build children's resilience** through nurturing care, early learning and promoting optimal health, growth and development, and by addressing the high morbidity burden along the life course.
4. **Adopt a multi-sectoral delivery of comprehensive** family, child and adolescent-centered care, services and actions across all health programs and health related sectors.




EFFECTIVE INTERVENTIONS EXIST



ESSENTIAL INTERVENTIONS, COMMODITIES AND GUIDELINES
for Reproductive, Maternal, Newborn and Child Health

A GLOBAL REVIEW OF THE KEY INTERVENTIONS RELATED TO REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH (RMNCH)

Intervention	Referral level	1 st level	Community
Postnatal (newborn)			
Immediate thermal care	✓	✓	✓
Initiation of exclusive breastfeeding (within first hour)	✓	✓	✓
Hygienic cord and skin care	✓	✓	✓
Neonatal resuscitation with bag and mask (professional health worker)	✓	✓	-
Case management of neonatal sepsis, meningitis and pneumonia	✓	✓	-
Kangaroo mother care for preterm and for less than 2000g babies	✓	✓	-
Management of newborns with jaundice	✓	✓	-
Surfactant to prevent respiratory distress syndrome in preterm babies	✓	-	-
Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	✓	-	-
Extra support for feeding small and preterm babies	✓	✓	-
Presumptive antibiotic therapy for newborns at risk of bacterial infections	✓	-	-
Infancy and Childhood			
Exclusive breastfeeding for 6 months	✓	✓	✓
Continued breastfeeding and complementary feeding from 6 months	✓	✓	✓
Prevention and case management of childhood malaria	✓	✓	✓
Vitamin A supplementation from 6 months of age	✓	✓	✓
Comprehensive care of children infected with or exposed to HIV	✓	✓	-
Routine immunization and <i>H. influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	✓	✓	✓
Management of severe acute malnutrition	✓	✓	-
Case management of childhood pneumonia	✓	✓	✓
Case management of diarrhoea	✓	✓	✓
Cross-cutting community strategies			
Home visits for women and children across the continuum of care	-	-	✓

Continuum of Care



Community
& outreach

MATERNAL HEALTH

INFANCY CHILDHOOD

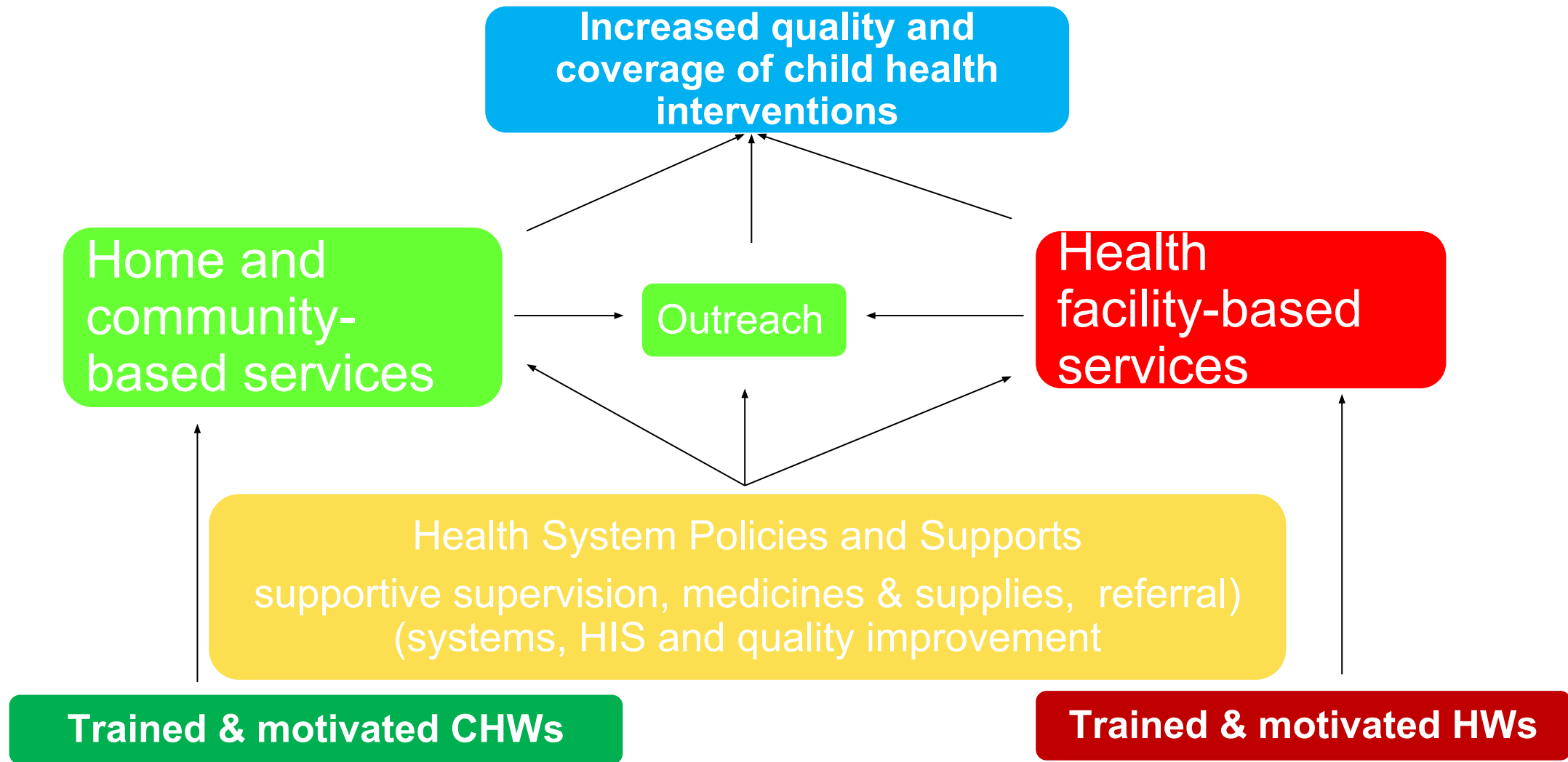
Health facilities

Household

ADOLESCENCE
BEFORE PREGN.



Health system linkages to support continuum of care



IMPROVING QUALITY OF CARE AT HEALTH FACILITIES

ALL SICK CHILDREN are encouraged to seek prompt care in health facilities but we should be ready to provide **HIGH QUALITY CARE** for better health outcomes

- **EFFECTIVE AND SAFE PROVISION OF CARE:**

At the health facility children need to receive appropriate and timely evidence based care with seamless continuity of care.

- **GOOD EXPERIENCE OF CARE**

Care provided with effective communication, participation, respect and fulfillment of children's rights with educational, emotional and psychological support.

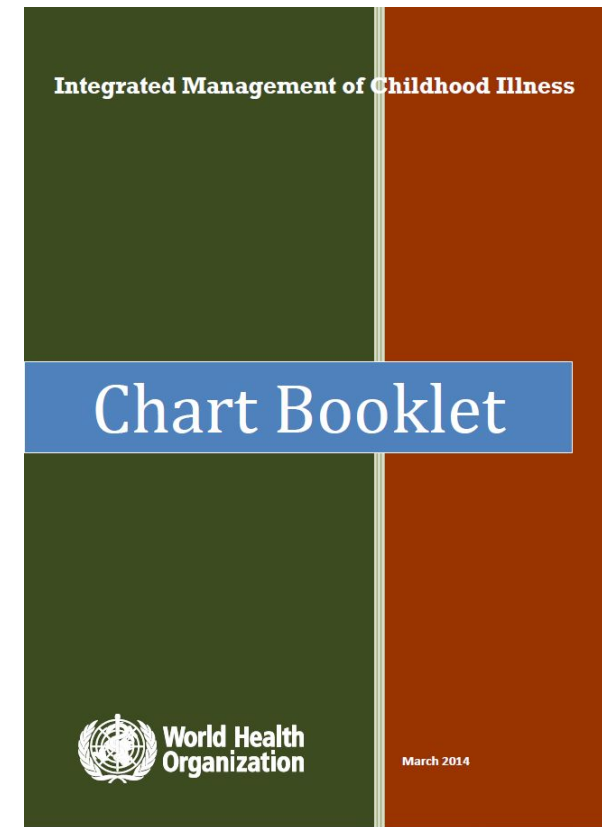
- **APPROPRIATE HUMAN RESOURCES, ENVIRONMENT, MEDICINES AND SUPPLIES**

Care provided with competent empathetic staff in a child and family friendly environment with age appropriate equipment, medicines and supplies.



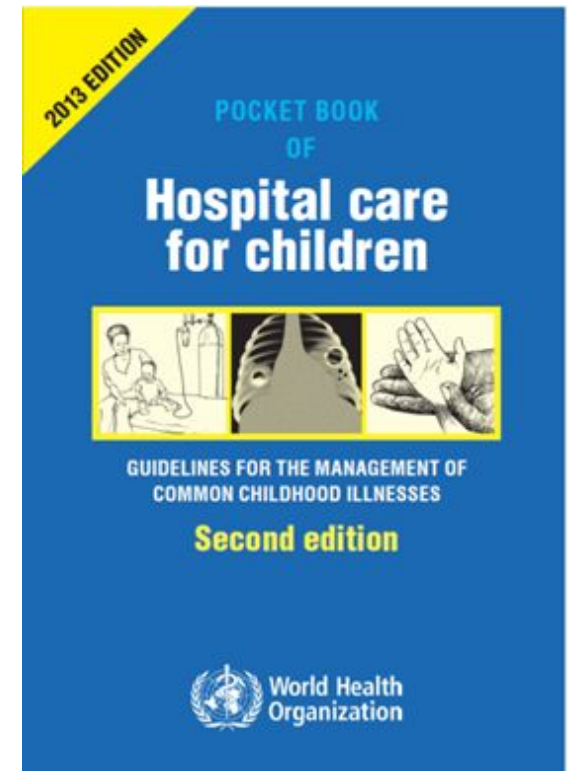
IMNCI FOR OUTPATIENT CARE AT PRIMARY LEVEL FACILITIES

- aims to reduce death, illness and disability, and to promote improved growth and development
- focuses on the whole child on both curative & prevention of disease.
- uses a systematic integrated approach to common childhood illnesses
- improves case management skills of health-care staff and the health systems support
- improves family and community health practices.



1ST LEVEL REFERRAL HOSPITAL CARE

- focuses on the management of severely ill children referred from primary level facilities
- focuses on common childhood illnesses including some surgical conditions that are major cause of mortality.
- addresses emergency triage, assessment and treatment of common emergency conditions in children.
- uses a systematic approach to assessment, diagnosis, treatment and supportive care for severely ill children in the context of small hospitals



BRINGING CARE CLOSER TO FAMILIES

Sick child and their families should be able to universally access quality services as close to their homes as possible



- **HOME:** to promote health, growth and development through individual and family empowerment in generation of health, parenting and home care, prevention of disease and risk of factors and care seeking.
- **COMMUNITY:** to increase quality, coverage and equity of essential health services to reduce deaths and illnesses and lower disease burdens.

Caring for the Newborn and Child in the Community: 3 Generic Packages



Care for the newborn at home

- Promotion of ANC and skilled care at birth
- Promotion of good care for the mother
- Care for newborn in the first week of life
- Recognition and referral for danger signs
- Special care for Low-birth-weight babies

Healthy Growth and Development

- Promotion of key family practices at home and in the community
- Care-giving skills and support for child development
- Infant and young child feeding
- Family response to child's illness
- Prevention of illness

Sick Child

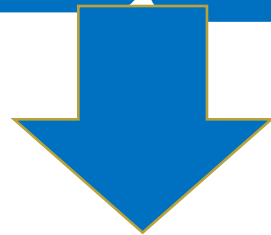
- Recognition and referral of children with danger signs
- Recognition, assessment and treatment of common childhood illness in the community
 - Diarrhoea
 - Fever (malaria)
 - Pneumonia
 - Feeding problems/malnutrition
 - HIV/TB screening
- Advice on home care and prevention

iCCM ADDRESSES COMMON CAUSES CHILD MORTALITY

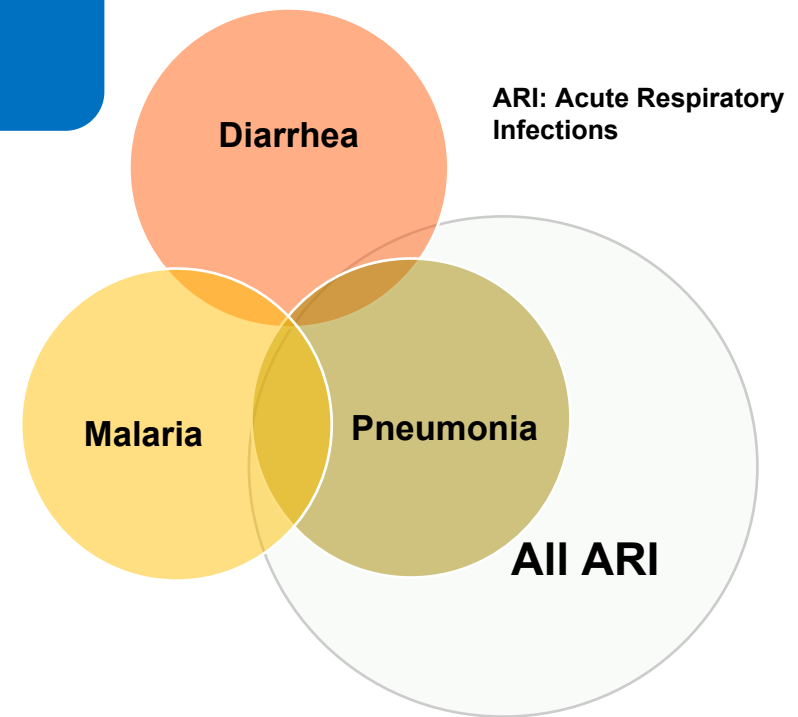
Malaria, Diarrhoea, and Pneumonia are three major causes of post-neonatal, under-5 deaths

Overlap of clinical presentation of malaria and pneumonia

Decreasing burden of malaria in many settings



Issue of how to manage non-malaria febrile cases, many of which are due to pneumonia



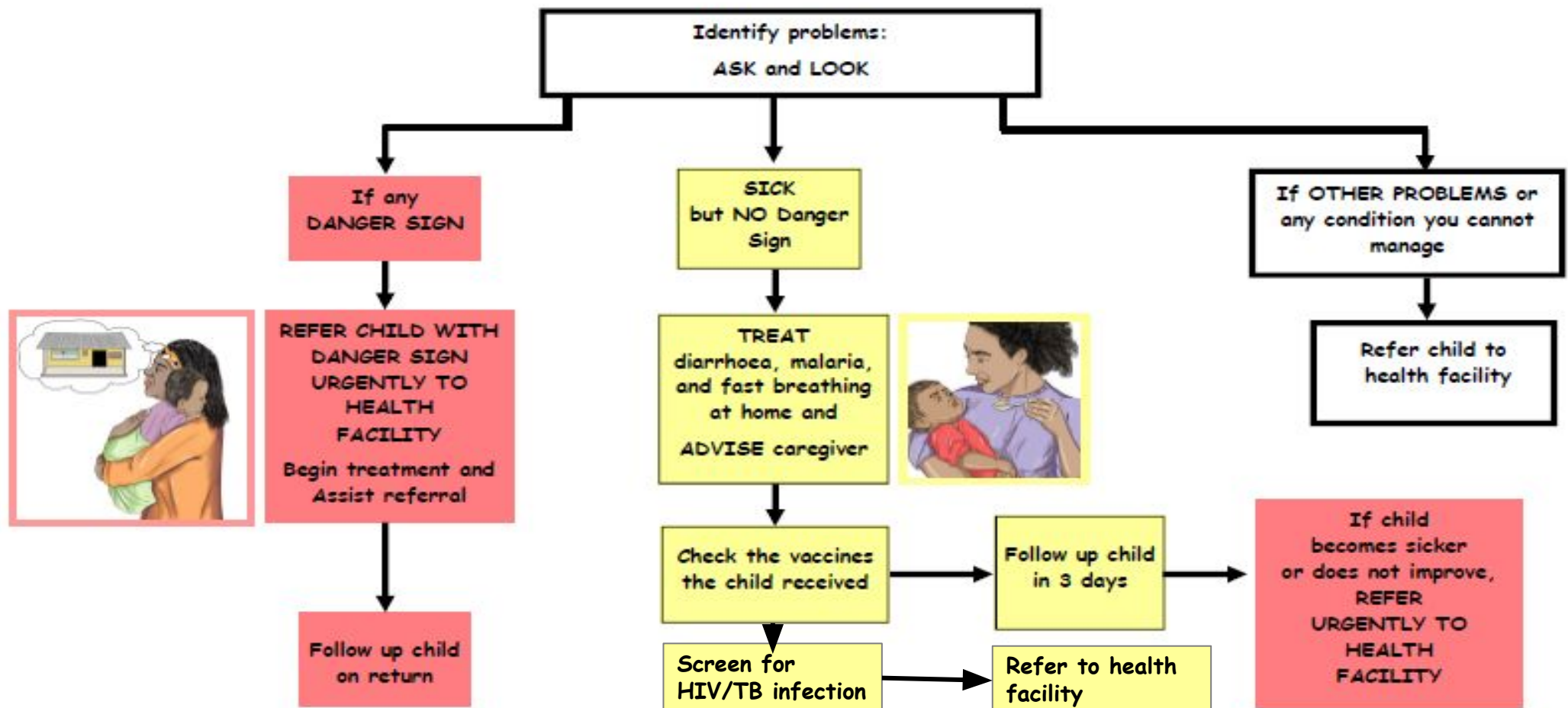
Caring for the Sick Child



- **Identify signs of illness**
 - Fever
 - Diarrhoea
 - Fast breathing
 - Chest indrawing
 - Severe malnutrition
 - HIV/TB screening
- **Refer child with danger signs (or other problems) and begin treatment**
- **Treat the sick child**
 - Diarrhoea at home (ORT and zinc)
 - Treat fever (antimalarial), and
 - Fast breathing (antibiotic) at home

Overall approach

OVERVIEW: CARING FOR THE SICK CHILD IN THE COMMUNITY (child age 2 months up to 5 years)



Training Materials

- CHW Chart booklet
- CHW Manual
- Facilitator notes
- Counseling cards
- Inpatient instructor guide
- Outpatient guide
- Job aids
- **Photo booklet**
- **iCCM videos**



Sick Child Reporting Form			
(For community based treatment of child age 2 months up to 15 years in high-HIV or TB settings)			
AGE:	Gender:	First Name:	Family:
DATE:	Age:	Age: Year / Month / Day	
CHILDS name:	Relationship:	Mother / Father / Other:	
Address:	Community:		
1. Identify problems			
ASK AND LOOK FOR: Ask: What are the child's problems? If not reported, then ask to be told. YES, danger signs? NO, danger signs? <input checked="" type="radio"/>		ANY DANGER SIGNS?	
YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> Caught 2 wks. for fever lasting > 2 wks. Diarrhoea for 2 wks or more stools a day in 2 wks? WELL, for how long? NO, danger signs? Based on table? Fever (reported or found)? Wts. checked? BMI checked? Conscious? Difficulty drinking or feeding? NO, TB or not able to drink or feed anything? NO, TB or not able to drink or feed anything? NO, TB or not able to drink or feed anything? 		SEEN but NO danger signs? <ul style="list-style-type: none"> Caught for 14 days or more? Diarrhoea for 14 days or more? Based on table? Fever for last 7 days? Wts. checked? Conscious? Not able to drink or feed anything? NO, TB or not able to drink or feed anything? NO, TB or not able to drink or feed anything? NO, TB or not able to drink or feed anything? 	
YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> At risk of HIV infection One or both parents have HIV and child has been exposed to HIV? Parent not current with HIV test is conclusive? 		YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> At risk of HIV infection One or both parents have HIV and child has been exposed to HIV? Parent not current with HIV test is conclusive? 	
YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> Lived in household with someone who is on TB treatment? 		YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> Lived with someone on TB treatment? 	
Chart information (fill in ALL): CHN, CHD, CHD-2 CHD-2: CHD-2, chart, one or more in 2 months - incentive per month (500)		Chart information	
Fast (breastfeeding) Age 2 months up to 12 months: 50 ml per meal, 4-6 meals a day Age 12 months up to 2 years: 400 ml per meal, 3-4 meals a day		Fast (breastfeeding)	
YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> Usually sleepy or unconscious? 		YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> Usually sleepy or unconscious? 	
YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> For child 4 months up to 15 years, MUAC strip colour: red, yellow, green. 		YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> For child 4 months up to 15 years, MUAC strip colour: red, yellow, green. 	
Swelling of both feet		Swelling of both feet	
YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> Swelling: Redder or worse than child's feet 			
YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> At 2 wks longer Sign, Year or more than 15 years in health facility 			
YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> At 2 wks longer Sign, Year or more than 15 years in health facility 			



WHY iCCM

- addresses the top causes of child mortality
- increases access, quality, coverage and equity enhancing program effectiveness and efficiency
- promotes timely care seeking and appropriate treatment leading to improved health outcomes
- operationalizes primary health care as a vehicle to achieving universal health coverage for all.

iCCM offers the best platform to increase malaria treatment access, .quality, coverage and equity in the context of PHC & UHC

Thank you