

# IMCI strategy for children under five—a systematic review

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An international review team has published a *Cochrane Systematic Review* that assessed the effects of programmes that use the World Health Organization's (WHO) integrated management of childhood illness (IMCI) strategy.

The [review](#) has already been used by a team who performed a strategic review of integrated management of neonatal and childhood illnesses commissioned by the WHO, and will be used at the WHO strategic review meeting on 7-8 July in Annecy.

The Cochrane review, which was carried out by a team in India led by Professor Harshpal Sachdev, was funded by UK Aid through the LSTM-based Effective Health Care Research Consortium (EHCRC). It found that use of the IMCI strategy may lead to slightly fewer deaths among children under five years of age, but the effects on other issues, such as illness and quality of care, were mixed.

More than 7.5 million children globally die each year before the age of five years; most of whom live in some of the world's poorest countries. Children in these countries are more likely to suffer from malnutrition and from infections such as measles, diarrhoea, malaria, and pneumonia. While effective treatments are available to prevent illness and to treat children, they do not always reach these children. This is because these children are too far away from treatment, the treatment is too expensive, or health facilities in these settings lack supplies and trained staff. Another problem is that often these children suffer from multiple health

problems at the same time, which can complicate diagnosis and treatment.

To address these issues the WHO developed the IMCI in the 1990s to help prevent death and disease while improving the quality of care for ill children up to the age of five years. While illnesses that are prioritised and the way services are delivered may vary from country to country, the review's aim was to assess the effect that the strategy has had on the health of the under-fives.

The team searched the available literature up to 30 June 2015 and four trials fulfilled the inclusion criteria. These studies were conducted in Tanzania, Bangladesh, and India. The implementation of the IMCI varied in each of the settings. Overall, the review authors found that while IMCI use may lead to fewer deaths of children between birth and five years old, it may have little or no effect on the number of children who suffer from stunting or from wasting, and have little or no impact on the number of children being vaccinated against measles. The IMCI led to mixed results on the number of parents who sought care for their [children](#) when unwell. However, as the certainty of the evidence was very low, the review authors could not determine any effect on the way healthcare workers treated common illnesses or the numbers of mothers who exclusively breastfed their child.

The lead author of the Cochrane review, Professor Sachdev, said, "IMCI strategy may be of some value in addressing child mortality in certain settings but it is unlikely to result in large improvements in child survival or quality of care; the cost effectiveness of this approach merits close scrutiny." Sarah Dalglish, who is managing the strategic review report on IMCI for the WHO, commented, "This Cochrane review was helpful for us in formulating our draft report, and will help inform the discussions around the report with the WHO and other child health stakeholders, including UNICEF, the Bill and Melinda Gates Foundation, USAID,

academics, and country policymakers, in Annecy this week".

**More information:** Gera T, Shah D, Garner P, Richardson M, Sachdev HS. Integrated management of childhood illness (IMCI) strategy for children under five. *Cochrane Database of Systematic Reviews* 2016, Issue 6. Art. No.: CD010123. [DOI: 10.1002/14651858.CD010123.pub2](https://doi.org/10.1002/14651858.CD010123.pub2)

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