

## 5. CONCLUSIONS AND RECOMMENDATIONS

This survey provided useful quantitative and qualitative information on the quality of outpatient primary child health care services provided to under-5 children at health centres in Morocco. It helps to highlight strengths and to identify issues on a number of health system elements influencing the quality of care which need to be addressed to improve child care services at this level.

The results relative to indicators for clinical and communication skills indicate that health providers, trained in IMCI, have the skills to conduct a systematic assessment of the child, including the assessment of feeding problems. Some of the signs of severe conditions (e.g. checking for general danger signs and signs of severe malnutrition) tend to be overlooked. This may partly be due to the fact that most children currently seen at health centres are mild cases. Basic nursing tasks, such as correctly taking the temperature and weighing the child—which are not included in IMCI training—also had low performance. IMCI-trained providers' performance was excellent in screening children for the identification of missed immunization opportunities and taking action, i.e. administering the vaccine or advising when to come back for the related scheduled immunization session at the facility. This represents a clear added value of IMCI training, as it is one of the essential elements of the guidelines. The doctors usually prescribed antibiotics when indicated, based on their classification of the child's illness, and selected antibiotics recommended by IMCI, thus showing good compliance with the national list of essential medicines. While providers gave advice on antibiotic treatment in most cases, they often tended to miss instructions on its duration, a weak area commonly found in surveys in many other countries. Similarly, the advice on ORS treatment focused on the amount of water to prepare the solution correctly, but often tended to be incomplete in the instructions on administration. The findings suggest the need to improve health providers' communication skills, especially on messages on care-seeking, check maternal health as per the IMCI guidelines and systematically distribute selected tasks between doctors and nurses to deliver the full scope of IMCI. Suggestions on tasks and skills to be emphasized during future training courses and follow-up visits, together with the evidence from this survey, are provided in detail separately and form part of the recommendations (Annex 1).

The findings related to health system support, which affect a child's right to quality health care are important. The issues raised relate to the use of (and access to) primary child health care services, policy to support child health, availability of essential medicines, lack of supportive and clinical supervision and functionality and reliability of the health information system.

The recommendations given below, together with a brief rationale, address these issues and serve as the basis for policy decisions and to develop a plan to strengthen the quality of primary child health care services and reduce inequities.

### 5.1 UTILIZATION OF PRIMARY HEALTH CARE SERVICES: COLLECTING INFORMATION FOR POLICY DECISIONS

One of the critical prerequisites to further reduce under-5 mortality and improve child health is to ensure equitable access of the child population to quality promotive, preventive and curative primary child health care services and promote their effective utilization. The findings of this survey, including qualitative information, suggest sub-optimal utilization of child care services at primary health care level (health centres) for the conditions which would most require them and also raise issues on the accessibility to these services and on current approaches (i.e. '*équipe mobile*') to reaching out to underserved populations.

**Recommendation 1.** A study should be conducted on the utilization of primary health care services, including care-seeking practices, and on the coverage, efficiency and effectiveness of existing interventions to provide curative child health care services to the underserved populations

(*équipe mobile*), to provide information for evidence-based policy decisions. Meanwhile, alternative community-based approaches should be encouraged.

## 5.2 EQUITABLE ACCESS TO MEDICINES FOR CHILDREN: IMPROVING POLICY ON MEDICINES

Equitable access to quality child health services implies also access to treatment. Availability of essential medicines for the most common and life-threatening child conditions at health facilities is an indicator of quality of service from both the provider and client satisfaction perspectives. The proportion of the child health population covered by health insurance is currently low and the system is based on reimbursement, requiring the family to advance the amount of money needed to purchase medicines if these are not available at the health facility.

**Recommendation 2.** As a policy on medicines, consideration should be given to the following:

- increasing budget allocation to medicines for key under-5 illnesses (paediatric formulations);
- applying the national essential list of medicines for children in medicine procurement;
- establishing a central medicine management system with a monitoring system for distribution of medicines to the health facility.

## 5.3 COMMITMENT TO MILLENNIUM DEVELOPMENT GOAL 4: DEVELOPING A NATIONAL CHILD HEALTH POLICY AND SCALING UP IMCI

Political commitment to reaching the Millennium Development Goal no. 4 on reduction of child mortality at this stage requires a comprehensive, supportive action-oriented child health policy to scale up IMCI, identify priorities, including the human and financial resources necessary for achieving and sustaining its objectives. IMCI training coverage is low and the process of strengthening and supporting health providers' IMCI skills through follow-up and supervisory visits is incomplete, with inadequate resources allocated to it; child health information is often incomplete and unreliable.

**Recommendation 3.** An evidence-based national child health policy should be developed, promoting IMCI as the primary child health care strategy (for under-5s), setting clear priorities and allocating the necessary resources to achieve its objectives, also by prioritizing child health in the Moroccan 'Vision 2020'.

**Recommendation 4.** Plans for scaling up IMCI should include not only training but also follow-up visits after training and health system strengthening, and allocation of the necessary resources to it; the efficiency and effectiveness of the current supervisory system should be carefully reviewed and the information system should be improved to provide reliable information for use for planning at all levels.

**Recommendation 5.** Efforts should be accelerated to introduce the child public health approach (IMCI) into pre-service education, as a sustainable long-term approach benefiting public health, and outcomes of this approach should be evaluated.