



National workshop
on strengthening health system support for
improving child health and nutrition

Tashkent, 17-18 March 2009

ABSTRACT

The integrated management of childhood illness (IMCI) strategy to reduce child mortality and morbidity and to promote healthy growth and development was first introduced in Uzbekistan in 2000. However the efficient and long-term implementation of the strategy was impeded by various legislative, supervision and monitoring factors, and in October 2006 a workshop was held in Tashkent on strengthening the health system to improve child health and nutrition, with the aim of identifying these major barriers in the health system and making progress with the scaling up of the IMCI strategy. Participants discussed feasible solutions, and developed resolutions and recommendations for strategies to strengthen the health system's delivery of good quality child care.

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I. Background

“Health systems’ constraints are also impeding the implementation of major global initiatives for health and the attainment of the Millennium Development Goals.” Lancet, 2004, 364:997–1003

Health systems are defined as comprising all the actors, institutions and resources that are devoted to producing action where the primary aim is to improve, maintain or restore health. In recent years, there has been a growing understanding of health systems' contribution to health.

Uzbekistan is engaged in a complex process to reform its health care system and an important challenge is how to balance using available resources to maximize immediate health impact while also investing to modernize clinical training and health care facilities.

IMCI strategy in Uzbekistan

The WHO Regional Office for Europe initiative offers the integrated management of childhood illness (IMCI) strategy to reduce child mortality and morbidity and to promote healthy growth and development. The IMCI strategy is increasingly being accepted by the countries in the WHO European region since it was first introduced in 1997.

The IMCI clinical guidelines, which offer simple and effective methods for prevention and control of the main causes of serious illnesses and deaths of young children, have been adapted to local conditions. The IMCI strategy has been implemented in Uzbekistan since 2000 and IMCI implementation started in selected pilot sites covering 28 out of 162 (17.3%) districts. In 2002-2003 IMCI was introduced and adapted in medical universities in GP pre-service training curricula. The IMCI programme was implemented focusing on both in-service and pre-service training of health workers, follow-up visits, improvements of the health system and improvements on the community-based child care practices. In November 2003, the Ministry of Health (MoH) approved the National IMCI Policy and Strategy with the Prikaz 484.

Although in Uzbekistan as well in the whole European region the links between changes in health systems and IMCI have been emphasized from the very beginning. However, some of the existing legislation, epidemiological rules and procedures and the lack of systematic supervision and programme monitoring interfere with the efficient and long-term implementation of the strategy.

In October 2006 a workshop on strengthening health system support for improving child health took place in Tashkent with the aims of identifying the major barriers in the health system for the sustainable implementation and scaling up of IMCI strategy, discussing feasible solutions, and developing respective recommendations for strategies to strengthen the health system's delivery of good quality child care.

One of the main recommendations of the workshop's Resolution stated:

- To carry out the IMCI evaluation, including legislation, quality of the training, quality of care at primary health care settings, drug supplies, monitoring and community IMCI.

From November 22 to December 5, 2008, WHO and its local partners conducted a comprehensive survey to identify barriers in the health system to the implementation of IMCI.

The goals were to review enabling legislation including that on inter-sectoral collaboration, supervision (quality assurance), monitoring, drug and essential equipment supplies, and epidemiological norms and procedures. To prevent conflicts of interest, interviewers from Fergana were used in Syrdarya oblast. The information obtained on case management practices, training, supervision, and barriers to public health will be used to prioritize and plan improvements in outpatient health facilities in primary health care, including staffing, clinic organization, equipment requirement, drug and material supplies, and communication.

It will also be used to improve or develop planning, implementation, monitoring and assessment of IMCI/pre-service and in-service training for health care workers in PHC settings; and to develop a strategy for supportive supervising and systematic monitoring of health care workers performance.

Feeding practices of infants and young children

Optimal nutrition and good feeding of infants and young children are the most important determinants of health, growth and development of children. Good feeding practices prevent malnutrition and early growth retardation, and play a role in preventing the development of some chronic noncommunicable diseases in adults. Deficiencies of micronutrients such as iron and zinc in the diet of children are a contributing factor in the development of anaemia and stunting, particularly in children under 5 years of age. Deficiencies of Iodine and Vitamin A are also major concerns in Uzbekistan. Current approaches to preventing micronutrient deficiencies include the provision of iron and folate supplements and the use of fortified wheat flour. Supplementation is an expensive and human resource-intensive action that does not seem cost-effective, due to poor compliance. The most sustainable solution approach would be to improve dietary intake through complementary feeding recommendations based on available and affordable foods.

In October 2008 after a series of consultations with MoH and other stakeholders, WHO conducted an assessment in three regions of Uzbekistan. The specific objectives of the assessment were to assess current feeding practices and the knowledge in health workers and attitudes of caretakers related to complementary feeding; to identify barriers and opportunities to optimizing complementary feeding and to develop draft recommendations on feeding.

The main findings of the assessment were that complementary feeding is not timely and often not adequate, which was also reflected in inadequate intakes of certain micronutrients (particularly iron and zinc). The knowledge of health workers on breastfeeding was good, but their understanding of initiation, quantities, and frequencies of complementary feeding was poor. Current feeding recommendations needed to be revised and alternative approaches should be discussed to address and correct micronutrient gaps. Based on the collected information on dietary intake and availability of foods, specific feeding recommendations have been developed. The results of the assessment and the draft feeding recommendations will be presented and discussed with national experts and stakeholders.

II. The workshop

In order to assist in strengthening health system's support to improve child health and feeding practices of infants and young children in Uzbekistan, on the basis of a two-year cooperation agreement between WHO and the Ministry of Health, the WHO Country Office conducted a

national workshop on strengthening health system support for improving child health and development, with the focus on the IMCI strategy, and infant and young child feeding.

The aim of the meeting was to review the situation in the field of child care and nutrition in Uzbekistan and develop recommendations for national comprehensive policies, strategies and plans for scaling up programmes towards universal access to effective interventions throughout the life course.

Objectives

- ❖ Present and discuss with stakeholders the report on the survey on health system barriers in IMCI implementation
- ❖ Present and discuss community activities in the field of child health and nutrition conducted by MoH and international organizations.
 - Present and discuss the results of baseline assessment on complementary feeding
 - Develop feeding recommendations for infants and young children
 - Set up a technical working group on infant feeding
 - Identify options to improve complementary feeding in children and develop an action plan
- ❖ Develop recommendations on improving an overall policy/strategy for maternal and child health in a health systems framework

Participants

National, regional and district health staff, MoH staff, key specialists from the national level (universities, state level facilities) other interested parties (UNICEF, United Nations Population Fund (UNFPA), USAID, bilateral aid organizations, and nongovernmental organizations).

WHO facilitators:

1. A. Kuttumuratova, IMCI Technical Officer, WHO Regional Office for Europe
2. F. Nizamov, Health Systems national professional officer, Uzbekistan WHO Country Office.
3. U. Truebswasser, Nutrition Technical Officer, Tajikistan WHO Country Office
4. Z. Atadjanova, Nutrition and Food safety national professional officer, Uzbekistan WHO Country Office.

Expected outcomes

- recommendations and plans of the action required to improve the quality of care for children in outpatient health facilities at all levels, including policy and regulations, staffing, clinic organization, equipment requirement, drug and material supplies, and communication;
- recommendations on improving IMCI pre-service and in-service training for health care workers in primary health care settings;
- recommendations on improving a strategy for supportive supervision and systematic monitoring of health care workers' performance;
- draft recommendations on complementary feeding;
- recommendations for alternative options to address micronutrient deficiencies
- further action on improving nutritional status to be identified by national stakeholders and submitted to the MoH.

The workshop proceedings

The workshop lasted two days (see Annex 1). The working language of the workshop was Russian. The meeting was opened by Deputy Minister, Dr Kamilov, who emphasized the critical role played by integrated child health approach in improving child health in Uzbekistan and clearly stated his support for further expansion and implementation of IMCI as an effective strategy for better growth and development of the country's young population.

The first day was dedicated to presentations from assessments and further discussions and comments (see Annex 1).

On the second day, three groups were formed focusing on the following areas:

- stewardship and resource generation - policy and regulations, staffing, clinic organization, pre-service and in-service training on child health and feeding;
- service delivery and financing - monitoring of health care workers performance, equipment requirement, drug and material supplies; and
- child health and nutrition in families and communities – key messages on child health and feeding.

Participants were asked to discuss barriers and opportunities for each domain, and develop actions for improvement. The results of group work were presented and discussed. (See annex 3) The final session was devoted to discussing recommendations and a plan of action on further IMCI and child feeding improvement which became the basis of the meeting Resolution. (See annex 4).

Annex 1. Provisional programme

Tuesday, 17 march	
08.30-9.00	Registration of participants
09.00-09.20	Opening MoH – Deputy minister Prof Kamilov WHO – HCO Michel Tailhades
09.20-09.30	Participants' introduction
09.30 – 09:50	Introduction of agenda and objectives of the workshop Tallinn charter “Health systems for wealth and health” Aigul Kuttumuratova, WHO Regional Office for Europe
09:50 – 10.00	“IMCI barriers survey – goals, objectives, methodology” Presentation, Abdullaev Nosir, WHO consultant
10:00-10:40	“IMCI barriers survey – findings, conclusions and recommendations” Presentation, Djubatova Roza, Director, Institute of Paediatrics
10:00-10:40	“IMCI barriers survey – findings, conclusions and recommendations” Presentation, Djubatova Roza, Director, Institute of Paediatrics
10:40 – 11:10	Discussion
11:10-11:40	Break
11:40 – 12:30	“Assessment of complementary feeding practices in Uzbekistan - ” Presentation, Ursula Truebswasser/Zulfia Atadjanova
12:30 – 13:00	Discussion
13:00 – 14:00	Lunch
14:00 – 14:30	“Prevalence of vitamin D deficiency in Samarkand” Presentation, Alisher Rasulov/Samarkand Children Hospital
14:30 – 14:50	“Community activities in field of child health and nutrition in Uzbekistan” Presentation, Ishniyazova Nadira, Institute of Paediatrics
14:50 – 15:10	“ Follow-up on recommendations of the national workshop “Strengthening health system support for improving child health/IMCI”, Presentation, Salikhova Kamola, Institute of Paediatrics
15:10 – 15:30	Discussion
15:30-16:00	Break
16.00-17:00	Feed back, discussions
Wednesday, 18 March	
09.00 – 09.10	Summary of previous day
09.10 - 09.30	Introduction to working groups – objectives and expected results. <ol style="list-style-type: none">1. Stewardship and resource generation2. Service delivery and financing3. Child health and nutrition in families and communities
09.30 – 13:00	Working groups
13.00-14:00	Lunch
14:00 – 15:00	Presentation and discussion of working groups
15.00-15.30	Final comments and closure

Annex 2. List of participants

№	Full name	Occupation
MINISTRY OF HEALTH		
1.	Kamilov A.I.	Deputy Minister
2.	Jubatova R.S.	Director, Paediatrics Research Institute
3.	Salikhova, K.Sh.	Deputy Director, Paediatrics Research Institute
4.	Mutalova Z.J.	Director, Institute of Health
5.	Usmanova, M.S.	Lead expert, Main Department of Maternal and Child Health
6.	Khasanova D	Lead expert, Main Department of Maternal and Child Health
7.	Matkarimov B.D.	Head of epidemiological department, SES
8.	Hudayberganov A.S.	Chef nutrition specialists, MoH
9.	Ibragimova M. Y.	Head of drug policy department, MoH
10.	Tukhnasinova	Centre of education development
11.	Umarnazarova, Z.S.	Director, IMCI Center
12.	Tolipov	MoH
13.	Eshniyazova N.	Paediatric Research Institute
14.	Akhmedova I.M.	Paediatric Research Institute
15.	Utepova G.B.	Paediatric Research Institute
16.	Kim O.V.	Paediatric Research Institute
17.	Kamilova O.T.	Paediatric Research Institute
18.	Ismoilova Sh	Paediatric Research Institute
UNIVERSITIES		
19.	Iskandarov A.	Deputy rector of Tashkent Paediatrics Medical Institute
20.	Daminov, T.O.	Chair of Department, Tashkent Medical Academy
21.	Menlikulov P. R.	Tashkent Institute for Post-Diploma Training, Department Chair
22.	Diveeva A. S.	Tashkent Institute for Post-Diploma Training
23.	Mukhamedova, Kh.T.	Tashkent Institute for Post-Diploma Training
24.	Sultanov A. T.	Tashkent Institute for Post-Diploma Training, Department Chair
25.	Kasimov Sh. Z.	Tashkent Institute for Post-Diploma Training,
26.	Karimjanov I.A.	Tashkent Medical Academy, Department Chair
27.	Sagatova Sh. Sh.	Tashkent Medical Academy
28.	Nurmukhamedova N. A.	Tashkent Medical Academy
29.	Khudaykulova G.	Tashkent Medical Academy
30.	Dadabaeva R.K.	Tashkent Medical Academy

31.	Shaykhova G.I.	Tashkent Medical Academy
32.	Tuychiev L.N.	Tashkent Medical Academy
33.	Alladova L.U.	Tashkent Medical Academy
34.	Fayziyev, Kh. N.	Tashkent Paediatrics Medical Institute
35.	Gulamov	Tashkent Paediatrics Medical Institute.
36.	Israilov A.	Tashkent Paediatrics Medical Institute
37.	Shomansurova E.A.	Tashkent Paediatrics Medical Institute
38.	Ismailova M.A.	Tashkent Paediatrics Medical Institute
39.	Madaninov M	Andijan Medical Institute
40.	Ganieva M.G.	Andijan Medical Institute
41.	Olimjonov I	Andijan Medical Institute
42.	Navruzova, Sh.R.	Paediatrics Department, Bukhara Medical Institute
43.	Saidova L.	GP Centre, Bukhara Medical Institute
44.	Sharipov R.Kh	Samarkand Medical Institute
45.	Rustamov M.R.	Samarkand Medical Institute
46.	Dilmuradova K.R.	Samarkand Medical Institute
47.	Abdullaeva M.	Samarkand Medical Institute
48.	Jalekeeva P.	Nukus branch of Tashkent Paediatrics Medical Institute
49.	Mambetov J.	Nukus branch of Tashkent Paediatrics Medical Institute
50.	Alimukhammedova M.R.	Urgench branch of Tashkent Medical Academy
51.	Nazarov K.D.	Urgench branch of Tashkent Medical Academy
OBLASTS REPRESENTATIVES		
52.	Utepova I	Chief paediatrician, RK
53.	Kuchkarov, S.B.	Ferghana Oblast Health Department
54.	Kabilova D.K.	Ferghana Oblast Health Department
55.	Olmosov, G.	Kashkadarya Oblast Health Department
56.	Mirzakulov, Ch.	Surkhandarya Oblast Health Department
57.	Suvonov, U.	Samarkand Oblast Health Department
58.	Sobirova G. U.	Khorezm Oblast Health Department
59.	Ruzieva Yu. S.	Surkhandarya Oblast Health Department
60.	Mirzakhanov, A.	Syrdarya Oblast Health Department
61.	Yakubov F.S.	Samarkand Oblast Health Department
62.	Azizov M.K.	Samarkand Oblast Health Department
63.	Rasulov A.	Samarkand Oblast Health Department
64.	Mamatkulov	Samarkand Oblast Health Department
65.	Rakhmanov A.	Namangan Oblast Health Department
66.	Rustamov V.	Syrdarya Oblast Health Department
67.	Dosanov S.M	Jizzakh Oblast Health Department
68.	Ykhshiboev O.	Jizzakh Oblast Health Department
69.	Atokhadjaev	Andijan Oblast Health Department
70.	Namazova	Navoi Oblast Health Department
71.	Sidikov N.J.	Navoi Oblast Health Department
72.	Abdurasulova	Tashkent Oblast Health Department

73.	Mukhamedova N.A.	Tashkent city Health Department
74.	Sharipov Z.	Bukhara Oblast Health Department
DONOR ORGANIZATIONS AND NGOs		
75.	Fuzaylova N.	UNICEF
76.	Banscota H	UNICEF
77.	Makhdi	UNICEF
78.	Sobitova R.	UNICEF
79.	Urunova D.	Joint Project Implementation Unit
80.	Fuzaylov F.	Health 2 project
81.	Salikhova F.	World Bank
82.	Rakhimov B	JICA
83.	Umarova B.	Health Prom
84.	Tsoy E.	ZdravPlus project
85.	Azimova N.	ZdravPlus project
MASS MEDIA		
86.	Khamdamova	“Mothers school” TV programme
WHO		
87.	Tailhades Michel	Head, WHO Country Office, Uzbekistan
88.	Truebswasser Ursula	WHO Regional Office for Europe
89.	Kuttumuratova Aigul	WHO/ WHO Regional Office for Europe
90.	Atajanova Zulfia	WHO Country Office, Uzbekistan
91.	Nizamov Fakhridin	WHO Country Office, Uzbekistan
92.	Abdullaev Nosir	WHO Country Office, consultant

ANNEX 3. STEWARDSHIP AND RESOURCE GENERATION

№	Barriers	Strengthening actions
1.	Lack of uniform approaches and mechanisms to improve the quality of paediatric care on the level of outpatient care	Supervision <ul style="list-style-type: none"> • Develop a statute on supportive supervision in paediatric service (volume, functions, level, instruments, etc.) • Capacity building for supervisors (training). Monitoring and evaluation: conduct analysis and improvement of instruments for evaluation and monitoring of IMCI implementation.
2.	Collection, analysis, and utilization of health statistics	Improve current health statistics form taking into account modern government policy on child health
3.	Lack of executive document defining IMCI as a standard of child care in PHC	Finalize development and approve policies defining IMCI as a standard for PHC
4.	Inconsistency of IMCI classification and diagnoses	Develop and widely disseminate IMCI classification and International Classification of Diseases (ICD)-10 transfer table in PHC Approve transfer table in the framework of the prikaze under development on PHC (prikaze # 537) as a document regulating health records
5.	Maintaining dual records (Form 112 and recording form)	In the framework of prikaze on PHC, optimize description of examination of a sick child according to IMCI standards (Form 112)
6.	Inadequate support by local managers	Conduct orientation meetings for managers of all levels on IMCI strategy and conduct short training courses for managers to the extent possible
7.	Inadequate local management potential	Recommend conducting training for chief paediatricians on basics of the management of child health programmes (WHO Guidelines on Child Health Programme Management, 2008)
9.	Inadequate quality control coordination system	<ul style="list-style-type: none"> • Develop a statute on coordinator of IMCI/child health on oblast and rayon level (part of new prikaze) • Include IMCI standards into attestation and licensing PHC workers, paediatricians, and management personnel • Include IMCI standards into attestation and licensing PHC workers, paediatricians, and management personnel
10.	Inadequate information link between medical education and practical healthcare	Ensure awareness of medical universities and colleges about changes in the healthy policies in timely manner
11.	Incomplete financing for SVPs through the line “medical drugs” and irrational use of finances	Determine the amount of financing for procurement of medications on SVP level according to the approved list of drug supply standards. Their procurement should be according to the approved list of medications essential to provide health services to children in the framework of PHC prikaze under development
12.	Inflexible system for utilizing funds	Take measures for flexible and rational utilization of funds at PHC institutions
13.	Lack of incentives depending on the quality of services	Link a system of incentives with the quality of healthcare (quality standards)

ANNEX 4. RESOLUTION

The participants of the workshop on strengthening the health system support for improving child health and nutrition in Uzbekistan resolved that:

Considering this workshop to be timely and relevant, and reaffirming the significance of child nutrition as well as the implementation of integrated management of child illnesses (IMCI) in Uzbekistan as the prioritized strategy of basic child care on primary level of healthcare included in the government programmes of Uzbekistan,

Having conducted a review of the findings of the studies for assessment of the health system barriers in implementation of the IMCI, assessment of the infant feeding practices, and assessment of community activities, **Being aware of the importance of improving** the awareness of the managers of healthcare system, the representatives of higher educational institutions, managers of programmes and partners on main issues related to child nutrition, management and quality of health services for children under 5 and community work relations,

Having identified the main barriers to providing health services for children and infant feeding practices, including quality improvement, enhancement of systematic control, monitoring, assessment, and utilization of the findings for making informed decisions by managers of different levels, drug supply, etc,

Having reached the agreement on the barriers influencing the implementation of integrated programs for improved child health and nutrition in Uzbekistan,

The workshop participants:

1. Recommend that the Ministry of Health and local authorities:

1. Finalize the development of, approve, and implement national standards for providing health services to children under 5 (based on the IMCI strategy) on outpatient level. Include the following issues in the document:
 - Transfer table of IMCI classifications into the ICD 10;
 - Revision of records for examination of a sick child according to the IMCI standards (Form 112);
 - Unified indicators and mechanisms of assessment of the quality of health services for children;
 - List of essential medications (according to the IMCI clinical standards) for providing health services at outpatient level;
 - Standards of admissions of children before they are seen by a doctor (content of work to be conducted by nurses).
2. Conduct analysis and improvement of the monitoring tools of IMCI implementation. Conduct regular monitoring, analysis of the data received and discussion of the findings with all stakeholders.

3. Develop a statute on supportive supervision of the paediatric services (content, functions, level, tools, etc.)
4. Review the relevant policy and regulations involving key SES specialists to determine the provisions which are contradicting with evidence-based medicine.
5. Provide training for chief paediatricians/specialists responsible for management of child care, on the management foundations of child health and development programmes, using the WHO Guidelines on Managing Programmes to Improve Child Health, 2008 as the basis.
6. Include IMCI standards and nutrition of children of early age into attestation and licensing of primary healthcare workers, paediatricians, and management staff.
7. Determine the funding required for procurement of medications according to the supply standards of medications to provide health services for the children at the level of outpatient health services. Train/inform managers of outpatient health services about the importance and significance of the supply of drugs recommended by national IMCI policy.
8. Optimize the system of financial incentives of health workers by introducing indicators of the quality of health services.
9. Introduce an updated standard curriculum for pre-service training of health workers for all medical universities including modern standards of care for children. Introduce unified methods of monitoring and assessment of the quality of teaching at all universities nationwide.
10. Train the faculties of universities in the programmes on child health and nutrition. Provide universities with an adequate supply of updated learning materials
11. Conduct assessment of the quality of training for general practitioners and based on the assessment develop the programme to improve training standards.
12. Conduct assessment of the training for mid-level health workers on nutrition and health services for child population. Based on the findings of the assessment, prepare a plan of activities focused on implementation of modern technologies of child health services into pre- and post-diploma education of mid-level health workers.
13. Ensure that medical universities and colleges are informed in a timely manner about the changes in healthcare policies.
14. As soon as possible set up a working group under MoH for development and pilot-testing of national recommendations on complementary feeding. The key specialists from the Paediatric Institute, departments of nutrition, hygiene and department of paediatrics of Tashkent Medical Academy, Tashkent Paediatric Medical Institute, Tashkent Institute of Postgraduate Education, Sanitary Epidemiological Service, Institute of Health, international organizations and nongovernmental organizations to be included in the working group. The following objectives should be set for the working group:
 - Development and testing of national recommendations on complementary feeding of infants and young children based on WHO recommendations;

- Include the feeding recommendations of infants and young children based on WHO recommendations into the prikaz # 145;
 - Development of draft domestic food fortification programme (sprinkles) for infants and young children based on the review of experience of other countries;
 - Development of information and educational materials (guidelines, booklets, banners, video-clips) based on rational nutrition of infants and children in early age;
 - Regularly update feeding recommendations for infants and young children incorporating new international data based on the principles of evidence-based medicine;
 - Coordinate and submit the issues of nutrition of infants and children in early age to the Steering Committee on Nutrition under the Cabinet of Ministers;
15. Ban the advertisement of commercial baby food products by health workers; conduct monitoring of child feeding corners at child care facilities;
 16. Spearhead the issue of marketing and promotion of commercial complementary food for infants and young children to the Steering Committee on Nutrition under the Cabinet of Ministers;
 17. Promote active involvement of the health centres, nongovernmental organizations, communities, local authorities, and the media in the efforts on feeding and improving the health of children in families and communities utilizing inter-sectoral approach with the involvement of health, educational, cultural, and information sectors.

2. Appeal to the Ministry of Health, based on the recommendations of the workshop, to draft and send an appropriate report to the workshop participants, stakeholders, and organizations, informing them of the decisions of this workshop to develop a detailed plan for integration of IMCI strategy at all levels by prioritized areas, envisaging strengthening of the critical aspects of the health system.

Tashkent, 18 March 2009.

