MSF PAEDIATRICS DAYS

KEY MESSAGES FROM APRIL 15th-16th 2021

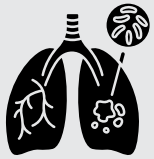
More information at paediatrics.msf.org
#PaediatricDays2021

MEDECINS SANS FRONTIERES

MSF PAEDIATRICS DAYS 2021
KEY MESSAGES

TOPIC	KEY MESSAGES	WHY IS IT IMPORTANT?	CURRENT CHALLENGES	RECOMMENDATIONS
 **NEWBORN CARE: BACK TO BASICS**	**Breastfeeding (BF) is an intervention that saves lives, improves health and development of newborns, as well as maternal well-being. BF should be universally and practically achieved with dedicated support in all MSF contexts.**	Newborn mortality and morbidities remain high across MSF projects. Essential evidence-based interventions shown to decrease newborn mortality such as exclusive and early breastfeeding should be supported and scaled-up to saves lives across MSF. Breastfeeding is natural, instinctive, ready-made and vastly available. However, many women face different challenges to establish and sustain BF. To overcome those challenges a coordinated and multidisciplinary support should be available for every woman and their baby.	- BF is believed to be intuitive and easy for women. This is globally recognised as a harmful assumption. - Essential, evidence-based aspects of BF, such as to starting within the first hour of life and exclusive BF for 6 months, are not always considered. - BF is not always recognized as an intervention and therefore there are no allocated resources for breastfeeding support. - Suboptimal training and preparation lead to varying and even contradictory messages given to the mother and family within MSF projects.	**FIELD:** - Consider BF as an intervention to reduce newborn mortality and allocate space, time and resources in planning for it. - Promote BF and essential newborn care champions or focal points. - Support and promote early and exclusive breastfeeding, including where it seems not easy for newborn or mother. - Promote multidisciplinary (midwife, nutritionist, nurses, doctors, logistician) work to support BF, increase awareness and discuss responsibilities and division of tasks. **OPERATIONS:** - Include essential newborn care interventions (such as BF and KMC) into the main/strategic interventions to decrease neonatal mortality at project level and coordinate resources to support it. - Promote partnership with other actors involved in essential newborn care, especially at local level. **HQ:** - Ensure BF policies and guidance are available and harmonised across MSF. - Support and encourage access to lactation consultants in telemedicine or other platforms to support field teams. - Ensure that training on essential newborn care including breastfeeding are available in different languages for frontline staff.
	A family centred approach, which includes an understanding of the community and the context, is needed to ensure successful breastfeeding.	To effectively support mothers, we need to understand the barriers and enablers related to a specific context. The mother-baby dyad is at the centre of the process, but all the family and community need to participate, support, encourage.	- There is often little understanding about how BF is perceived in different contexts and what are the barriers and enablers in different settings, including the influence of other family members.	**FIELD:** - Include families, caretakers, community health workers in understanding the local influences to support the promotion of BF. **OPERATIONS:** - Essential newborn care (including BF understanding and support) should be factored into community level programmes. **RESEARCH:** - If BF levels low or poorly understood, consider qualitative studies in different contexts on barriers and enablers for breastfeeding. Include male views.

TOPIC	KEY MESSAGES	WHY IS IT IMPORTANT?	CURRENT CHALLENGES	RECOMMENDATIONS
 **COMMUNITY MODELS OF CARE IN PAEDIATRICS**	**Community models of care are effective in delivering a range of preventive, promotive and curative health services for children and neonates, and they can contribute to reducing inequities in access to care.**	In humanitarian and fragile settings when access to health facilities is limited, care at community level can bridge important health gaps for mothers, newborns and children. The community-based activities are an essential part of the health system, contributing to build skills and confidence to empower people with knowledge, tools and understanding referral needs.	- Community activities suffer from lack of anchorage with the existing health system and tend to be implemented as a parallel system. - Monitoring and evaluation (M&E) of the service delivered are hampered by the lack of clear and simple core indicators. - Community health workers are given more and more responsibilities, their skills and workload not always match.	**FIELD:** - Community models of care should be rooted in understanding of the context, social realities and values of the communities we are working with and designed in a participatory manner. - Simplified core indicators of implementation, quality of care and utilization of services, should be implemented to allow M&E, along with qualitative data to understand important barriers and enablers. - Involve communities in M&E of programs, at a minimum through assuring context appropriate feedback mechanisms are in place. - Ensure realistic workload of the Community Health Workers (CHW) and enhance their motivation through social recognition of their work, an appropriate reward system, regular supervision, feedback, exchanges, sense of belonging to a larger network. **OPERATIONS:** - Community activities should be built upon existing capacity, avoiding the implementation of a parallel system. **HQ:** - Provide a framework for assessing / training CHWs and a catalogue of relevant expectations of CHW dependant on achievable and most relevant competencies.
	Community models of care in emergency response are most effective if the model is implemented in advance with contextual emergency preparedness (EPREP) strategies.	Empowering the community in delivering health care increases resilience during crises when access to the health facilities maybe further limited.	- Planning and preparation are essential to deliver effective emergency response, but there is still little investment in EPREP at community level.	**FIELD/OPERATIONS:** - integrate paediatric and neonatal community activities in the EPREP strategy. **HQ:** - Further simplify tools, M&E indicators and a framework for prioritisation for community activities during emergency response.

TOPIC	KEY MESSAGES	WHY IS IT IMPORTANT?	CURRENT CHALLENGES	RECOMMENDATIONS
 **PAEDIATRIC TUBERCULOSIS (TB)**	**Underdiagnosis and under-treatment of paediatric TB lead to preventable deaths. Microbiological confirmation is rarely available in children, therefore at present, a clinical diagnosis should be used to start presumptive treatment without delay.**	TB remains a major, unrecognised killer in children. MSF has a possibility to make a difference now, by increasing the knowledge of field teams who meet children or their caretakers. Presumptive and empiric TB treatment is safe, well tolerated and effective. Starting treatment based on clinical suspicion (not microbiology confirmation) will bridge the gap of underdiagnosis and undertreatment of TB in children in MSF projects.	- Paediatric Tuberculosis is a "silent disease" frequently under-diagnosed, under-treated and under-reported. - MSF staff are not always familiar with the different clinical presentations of TB in children and there is a gap in capacity building on this topic. - Confirmatory TB diagnosis is often hard to access in and can be difficult in children. - Delays of starting treatment based on a microbiological diagnosis, perpetuate TB under-treatment in children who may die, through these unnecessary delays.	**FIELD:** - Know the local burden of paediatric TB. - Support medical field teams on how to recognise TB in children as part of their daily work. - While caring for adults with TB, consider the children exposed. - Treat TB based on clinical suspicion. **OPERATIONS:** - Integrate TB activities in paediatric care. - Monitor program data and investigate if under diagnoses is suspected depending on the local prevalence of TB. - Promote capacity building and facilitate access to learning opportunities on paediatric TB including the online free course. **HQ/RESEARCH:** - Advocate for the integration of TB in all paediatric projects. - Provide support and guidance on clinical algorithm for the diagnosis and treatment of TB in paediatric projects.
	Tracing the contacts of patients with tuberculosis with the offer of Tuberculosis Preventive Treatment (TPT) should be pursued as an effective strategy to save lives in MSF projects.	Contact tracing of TB patients is an effective way to identify those who have active TB but also those who maybe harbouring latent (sleeping) TB. More lives can be save by improving access to timely treatment or TPT. New shorter drug regimens for TPT are showing promising results on acceptance, effectivity, safety and adherence to treatment.	- Contact tracing requires resources, which is often a barrier to its roll out in communities, especially if it is in addition to other community activities. - Standard TPT strategy Is currently well established, but shorten regimens that show promising results have not been fully validated for MSF programs.	**FIELD:** - Contact tracing should be performed whenever a TB case is identified. - Assure systematic follow up of children under TPT in the community. **OPERATIONS:** - Innovate and pilot TPT programs in settings where the need is clear and share experiences with the whole MSF movement to improve future efforts. - Seek partnership for TPT with community and other non-governmental organisations to reduce the resource burden and optimize program reach. **HQ/WORKING GROUPS:** - Determine where TPT will be most beneficial to reduce paediatric TB burden and implement and learn from those MSF sites.

TOPIC	KEY MESSAGES	WHY IS IT IMPORTANT?	CURRENT CHALLENGES	RECOMMENDATIONS
 **ANTIMICROBIAL RESISTANCE AND ANTIMICROBIAL STEWARDSHIP IN NEONATAL AND PAEDIATRIC CARE**	**Patients, and especially newborns and children are harmed by and even die because of antimicrobial resistance (AMR) in MSF projects. The problem is escalating in front of us like an invisible tsunami, with limited visibility on its burden and consequences.** **It is critical for MSF to systematically implement the available tools to reduce AMR, especially where microbiology is not available: Infection prevention and control (IPC), and antibiotic stewardship.**	Antimicrobial resistance (AMR) is a reality in humanitarian settings and newborn and children are particularly exposed. Multidrug resistant bacterial sepsis particularly affects the most fragile patients, as shown by the increase in the reports of outbreaks in neonatal units in low resource settings. IPC and antibiotic stewardship are crucial and effective strategies against AMR, particularly in contexts where microbiology is unavailable.	- There is lack of awareness on the Increasing paediatric and neonatal morbidity and mortality because of AMR in humanitarian settings. - There is a false perception that AMR does not affect low-resource settings and limited available data to accurately define the extent of the problem. - Misconception that without microbiology, it is not possible to tackle AMR. - There are gaps on access to microbiological tools.	**FIELD:** - Strengthen awareness and training on IPC interventions, and scale up use of IPC quality improvement tools. - Create multidisciplinary AMR project committee including all the relevant health workers (nurses, doctors, pharmacists, IPC focal points, cleaners), and identify focal points and champions. - Scale up use of audits of antimicrobial use. **OPERATIONS:** - Integrate AMR and antibiotic stewardship as part of quality improvement initiatives. - Formalise AMR and IPC focal point roles in job descriptions. - Increase access to microbiological tools available to the field, including exploring partnerships with national and regional laboratories. **RESEARCH/HQ:** - Adapt IPC assessment tools to address specific challenges in neonatal and paediatric care. - Update guidelines in accordance with evidence on AMR in different infection syndromes. - Explore alternative metrics/indicators for antibiotic use in children to guide antibiotic stewardship.
 **COLLATERAL DAMAGE OF COVID-19 ON CHILD HEALTH**	**Children have disproportionally been affected by the COVID-19 pandemic, with low direct mortality, but high morbidity and- mortality due to the multiple collateral effects of the health crisis.** **This unprecedented crisis offers an opportunity to change our ways of thinking, deploy and maintain our activities, rethink support models and define future preparedness and responses.**	The pandemic has impacted child health through increases in poverty, loss of education, food insecurity, violence as well as increased strain on health systems and reduction in access to health services. These collateral effects of the pandemic have been most striking in resource-limited settings where increases in child mortality is a major concern. Preventive services like vaccination and nutrition programmes have been affected most by suspension or delay. The tremendous detrimental effects of the pandemic on child health are still unfolding and our concern as MSF should be high.	- The focus on the direct impact of COVID-19 has had a huge and overlooked negative impact on children through the reduction and suspension of essential health care services. - The risk of weakening essential services continues through resurgence of the pandemic. There is a potential extra burden related to vaccination programmes in poorly resourced health systems, where healthcare workers and resources will be repurposed to deliver those vaccines at the expense of critical childhood services.	**FIELD:** - Adapt and innovate to maintain routine services, such as continuum of nutritional screening and vaccination. - Witness, document and report collateral effects of the pandemic on children, real time and in retrospect. **OPERATIONS:** - Maintain the preventive and curative paediatric regular services to limit an increase in child morbidity and mortality. - Boost the community health care activities in MSF strategies, as an essential piece of the continuum of care and as an efficient way of assuring health access. - Be flexible and innovative in order to adjust our health care activities according to the situation and to provide proper technical medical support to the field teams. **HQ:** - Consider COVID-19 pandemic as a transformative opportunity to develop new approaches and implement new and practical tools needed in the field reality. - Advocate at national and international level for the continuity of routine preventive and curative paediatric and neonatal activities in this pandemic.

MSFPaedsDays Médecins Sans Frontières

Useful resources on these topics are available on the MSF Paediatric Days website paediatrics.msf.org

MEDECINS SANS FRONTIERES