

Table S1: Timeline of the evolution of CDD-related programs in WHO, 1978 – 2015

Date	Organizational event	Milestones	Objectives
1978	Program for the Control of Diarrheal Diseases (CDD) established		To reduce under-five mortality due to diarrhea
1980		-Training tool to help establish national CDD programmes -ORS standards	
1981		-Guidelines for planning and evaluating CDD national programme activities	
1983		-Tool to strengthen supervision of health facilities and case management	
1985		-Guidance for countries to become self-sufficient in the production of ORS	
1988		-Case management of ARI added to supervisory skills training tool, compatible with CDD	
1989		-Major CDD programme components and strategies adopted by the ARI Programme to allow greater collaboration	
1990	CDD and ARI merged to form the Division of Diarrhoea and Acute Respiratory Disease Control (CDR)		To reduce under-five mortality due to diarrhea and acute respiratory infections
1991		-Materials revised to support joint CDD and ARI programme management training	

1992		-Introduction of a package of materials for medical schools: <i>Strengthening the teaching of diarrhoeal diseases in medical schools</i>	
1993		-Introduction of distance learning material for CDD and ARI: <i>Clinical skills: a self-instructional course</i> -Development of a <i>Guide for improving treatment practices of pharmacists and other drug sellers</i>	
1994		-Introduction of training materials for nursing schools	
1992-1996	WHO and UNICEF develop IMCI to address major causes of child mortality	-11-day clinical training course on IMCI	To address more effectively the five main causes of under five deaths: diarrhoea, acute respiratory infections, malaria, measles and malnutrition
1996	CDR becomes a new Division named Division of Child Health and Development (CHD)		To address child morbidity, mortality and development
1997		-Official launch of IMCI in Santo Domingo (WHO and UNICEF)	
1998		-Drug supply management course -IMCI follow up after training course -UN interagency working group on household and community IMCI, with UNICEF leadership	
1999	Health and development of adolescents are added to the responsibilities of CHD, to create the Department of Child and Adolescent Health and Development (CAH)		Objectives added to reduce mortality and morbidity and improve development of adolescents

2000		-Management of children with severe infection and severe malnutrition -IMCI planning guide	
2002		-IMCI Adaptation guide	
2003		-Health facility survey for quality of care	
2005		-Pocket book of hospital care for children -Community IMCI briefing package -Guide for educating health care providers	
2006		-Systematic review of effectiveness of shortening IMCI training -IMCI complementary course on HIV/AIDS -Maternal and child health delivery channel survey	
2008		-IMCI computerized adaptation and training tool (ICATT) -Establishment of interagency iCCM task force	
2009		-Managing programme to improve child health -WHO/UNICEF joint statement on home visits for newborn care	
2011	Maternal and newborn health are added to the responsibilities of CAH to create the Department of Maternal, Newborn, Child and Adolescent Health	-Global Action Plan for Pneumonia and Diarrhoea (GAPP-D)	Objective added: To reduce maternal mortality

	(MCA)		
2012		-IMCI generic online training course -WHO/UNICEF joint statement on iCCM	
2014		-IMCI chart booklet technical update -IMCI distance learning course -Caring for newborn and children in the community, adaptation for HIV and TB	
2015		-E-pocket book for hospital care for children	