

# Update

## WHO Technical Consultation on Institutionalizing integrated community case management (iCCM) to end preventable child deaths



RBM CMWG Meeting, ASTM&H  
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Dr Salim Sadruddin

Team Leader

Rapid Access Expansion (RAcE) iCCM Programme

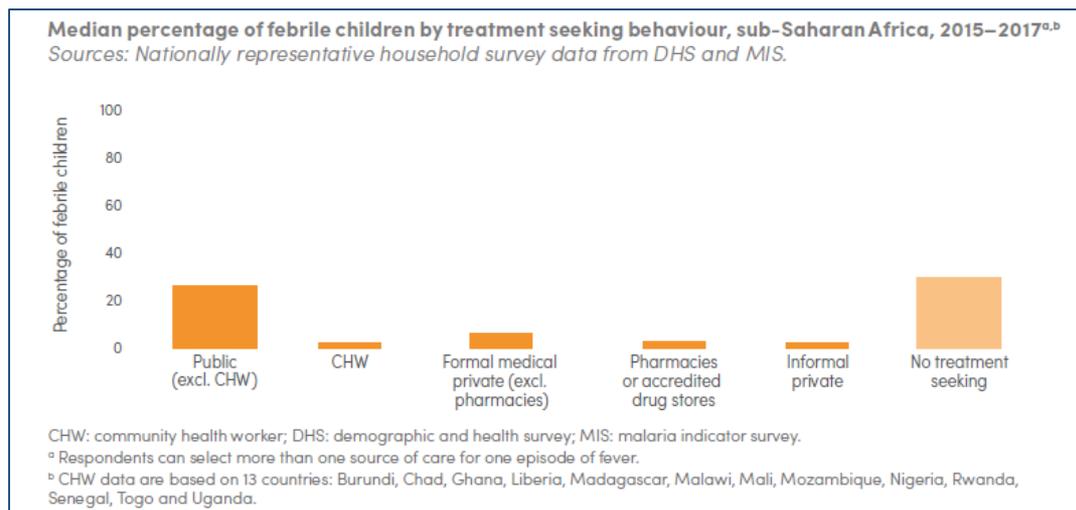
Global **Malaria** Programme



**World Health  
Organization**



- Globally, 5.4 million children <5 years of age died in 2017<sup>1</sup>, with estimated 266,000 deaths from malaria<sup>2</sup>
- Nearly half of U5 deaths occurred in sub-Saharan Africa
- Pneumonia, diarrhea and malaria remain the main causes of the deaths in children 2-59 months of age
- Coverage of life saving interventions, especially in sub-Saharan Africa is still low due to inaccessible or poor quality of care



1. Levels & Trends in Child Mortality. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. Report 2018. <https://www.un.org/en/development/desa/population/publications/mortality/child-mortality-report-2018.asp>
2. World Malaria Report, 2018 <https://www.who.int/malaria/publications/world-malaria-report-2018/en/>

# U5 mortality in the 10 high burden African countries



Countries	Number of U-5 deaths <sup>1</sup>	Number and % of U-5 deaths - malaria <sup>2</sup>	Number and % of U-5 deaths - pneumonia <sup>2</sup>	Number and % of U-5 deaths - diarrhoea <sup>2</sup>	Number and % of U-5 deaths due to all 3 conditions <sup>2</sup>
Nigeria	869,879	92,699 (10.7)	140,520 ( <b>16.2</b> )	74,785 (8.6)	<b>308,004</b> (35.5)
DRC	303,618	39,001 (12.8)	39,718 (13.1)	32,902 (10.8)	111,621 (36.7)
Tanzania	110,330	6,416 (5.8)	17,624 ( <b>16</b> )	9,441 (8.6)	33,481 (30.4)
Niger	84,058	14,399 (17.1)	16,132 ( <b>19.2</b> )	7,995 (9.5)	38,526 ( <b>45.8</b> )
Mozambique	80,907	9,442 (11.7)	10,833 (13.4)	5,742 (7.2)	26,017 (32.3)
Uganda	79,481	5,992 (7.5)	14,578 ( <b>18.3</b> )	6,997 (8.8)	27,567 (34.7)
Mali	78,212	20,044 ( <b>25.6</b> )	11,026 (14)	7,052 (9)	38,122 ( <b>48.6</b> )
Cameroon	70,028	6,678 (9.5)	10,448 ( <b>15</b> )	6,884 (9.8)	24,010 (34.3)
Burkina Faso	58,525	14,641 ( <b>25</b> )	7,527 (13)	4,593 (7.8)	26,761 ( <b>45.8</b> )
Ghana	44,338	5,607 (12)	6,038 (13.6)	3,249 (7.3)	14,894 (33.6)

1. UN Inter-agency Group for Child Mortality Estimation (2016)

2. Estimates generated by the WHO and Maternal and Child Epidemiology Estimation Group (MCEE)

**In 2016 649,003 deaths in under-five deaths were due to the three conditions in these 10 African countries: 47% (308,004) of deaths were in Nigeria alone and 65% (419,625) in DRC and Nigeria combined.**

# Integrated Community Case Management (iCCM)

- iCCM is a proven strategy for improving access to care, and reducing inequities and mortality from malaria, pneumonia and diarrhea<sup>1</sup>
- Over 30 countries have implemented iCCM with development partner support, especially Global Fund
- Many countries struggle to maintain an acceptable level of quality of care and coverage despite recommendations from the 2014 Accra iCCM Evidence Review Symposium and the 2016 Scaling up iCCM meeting in Nairobi
- Adequate planning, budgeting and resource mobilization for all iCCM components remain a major challenge, as well as proper integration of iCCM in PHC
- 2016 IMCI strategic review also showed lack of prioritization of the community component

1. Young M, Wolfheim C, Marsh DR, Hammamy D. World Health Organization/United Nations Children's Fund joint statement on integrated community case management: an equity-focused strategy to improve access to essential treatment services for children. *Am J Trop Med Hyg* **2012**; 87:6–10.



## Objectives of the meeting:

1. Review recent lessons drawn from the implementation of primary health care at the community level, particularly related to integrated community case management of childhood illness (iCCM), taking into account the new WHO guidelines on community health workers;
2. Develop recommendations for embedding iCCM within community health systems as the core of the PHC system;
3. Identify needs and gaps for sustainable financing of iCCM;
4. Review progress, key bottlenecks and priorities to inform national iCCM implementation plans to guide the malaria High Burden to High Impact response and broader child health programming and inform Global Fund applications and other resource mobilization efforts.



The meeting brought together over 140 participants:

- Country delegations with WHO, UNICEF staff and Ministry officials from maternal and child health (MCH) and malaria programs (NMCP) as well as community systems from 14 African countries with high under five mortality, including high malaria burden.
- Technical experts and partners representing 17 technical and funding agencies.
- First global iCCM meeting that purposely brought together representatives from both NMCP and MCH programs of all participating countries as well representatives of agencies engaged in both malaria and MCH.

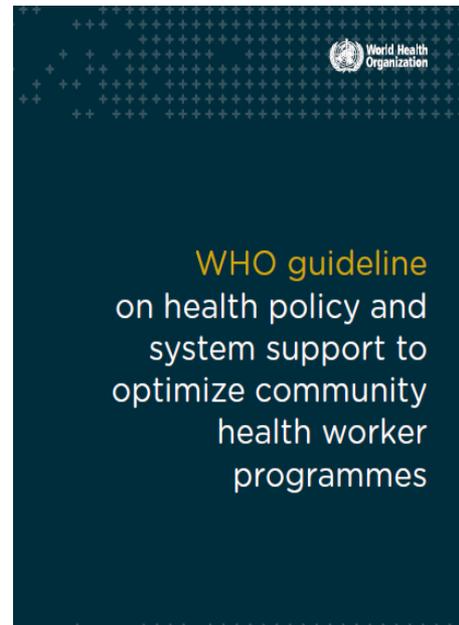


- WHO guideline on health policy and system support to optimize community health worker programmes
- WHO/UNICEF Planning Handbook for Programme Managers and Planners: Caring for newborns and children in the community
- Implementation research results and programme learning from WHO/GMP Rapid Access Expansion (RAcE) Programme implemented in 5 sub-Saharan African countries
- The Global Fund 18-country thematic review of iCCM as part of their portfolio supporting malaria programmes as well as health system strengthening



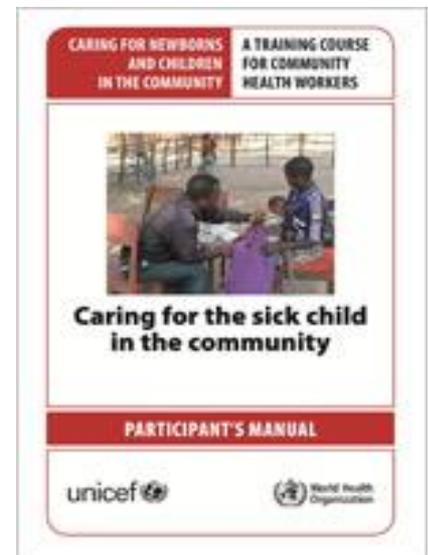
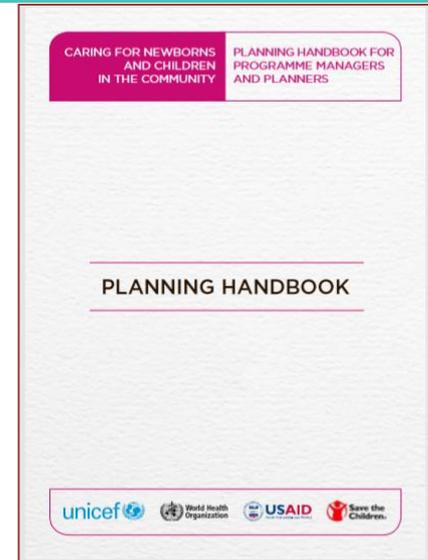
The WHO guidelines support institutionalization of iCCM with three strong recommendations:

- **remunerating CHWs for their work** with a financial package commensurate with the job demands, complexity, number of hours, training and roles that they undertake;
- providing paid CHWs with a **written agreement specifying role and responsibilities**, working conditions, remuneration and workers' rights;
- adopting the following **community engagement strategies** in the context of CHW programs: pre-program consultation with community leaders; community participation in CHW selection; monitoring of CHWs; selection and priority setting of CHW activities; support to community-based structures; involvement of community representatives in decision-making, problem solving, planning and budgeting processes.





- **Inform** managers and planners about the three community-based packages, their benefits and requirements, for caring for newborns and children in the community:
  1. Caring for Newborn at Home
  2. Caring for the Child's Healthy Growth and Development
  3. **Caring for the Sick Child in the Community**
- Guide managers in **selecting** the best mix of community-based interventions and packages to expand or add in their country
- Guide managers through key issues and decisions in planning and implementing the packages in the context of current country activities



# RAcE achievement and key lessons learned



- RAcE iCCM project implemented on large scale in DRC, Malawi, Mozambique, Niger and Nigeria in 2013-2017, with over 8'500 CHWs providing care to 1.5 million children
- Major impact on child mortality in DRC, Niger and Nigeria in RAcE supported districts and provinces
- Lessons learnt:
  - iCCM relies on availability of a trained, supplied and supervised CHW in the village when a child falls ill
  - Community engagement is key for quality implementation and sustainability
  - Community and health facility quantification for medicines and diagnostics should be combined to avoid stock-outs
  - Parallel supply management system by partners are disruptive
  - Supervision from the nearest health facility contributes to quality of care, reporting, CHW motivation, connecting the CHWs to the health system
  - Functional referral to inpatient facilities is essential to manage severely ill children seeking care in the community
  - CHW data flow should be integrated in the health facility health management information system





## Scaling up integrated Community Case Management

Lessons from the Rapid Access Expansion (RACE) Programme in 5 sub-Saharan African countries

Edited by  
Salim Sadruddin



1. Evidence of Impact: iCCM as a strategy to save lives of children aged under five
2. Integrated community case management: Planning for sustainability in five African countries
3. Effect of community-based interventions on improving access to treatment for sick under-five children in Niger State, Nigeria
4. Improving access to appropriate case management for common childhood illnesses in hard-to-reach areas of Abia State, Nigeria
5. Community engagement and mobilization of local resources to support integrated community case management of childhood illnesses in Niger State, Nigeria
6. iCCM Data Quality: An approach to assessing iCCM reporting systems and data quality in 5 African countries
7. Data Quality Assessments stimulate improvements in Health Management Information Systems: Evidence from five African countries
8. Achievements and challenges of implementation in a mature iCCM program: Malawi Case Study
9. Home visits by community health workers for pregnant mothers and newborns: coverage plateau in Malawi
10. Barriers on the pathway to survival for children dying from treatable illnesses in Inhambane province, Mozambique
11. Testing a simplified tool and training package to improve integrated community case management in Tanganyika province, Democratic Republic of The Congo
12. A mixed-methods quasi-experimental evaluation of a mobile health application and quality of care in the integrated community case management program in Malawi
13. Clinical evaluation of the use of an mHealth intervention on quality of care provided by community health workers in southwest Niger

<http://www.jogh.org/current.htm>





Review of experiences of iCCM implementation in 18 countries supported by the Global Fund to rollout iCCM in sub-Saharan Africa

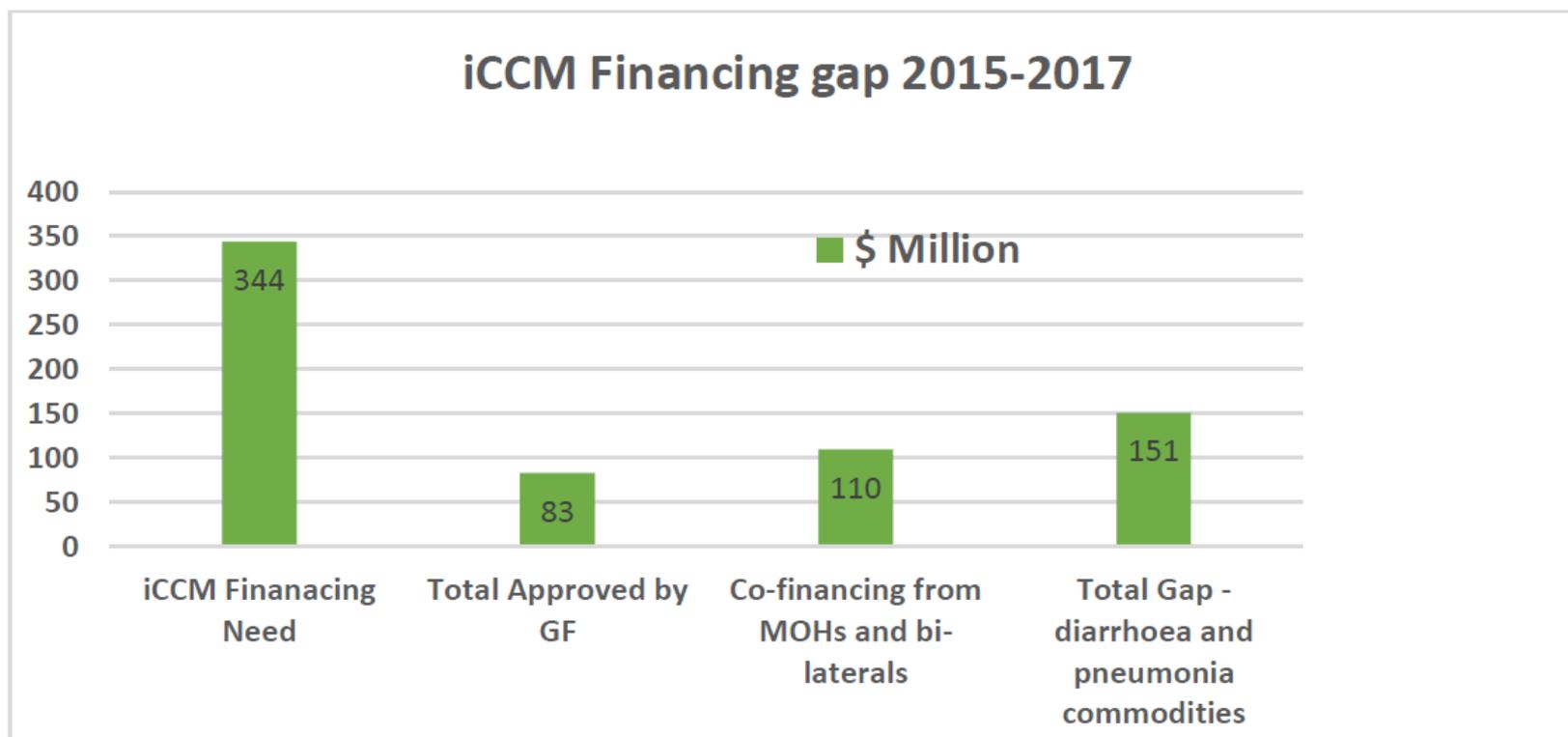
## Major challenges in scale-up

- Weaknesses in sustainable financing and integration of iCCM into national health system
- Lack of an program/institution in charge of iCCM coordination
- In few countries CHWs are institutionalized and part of the healthcare system and many countries have unpaid or volunteer CHWs
- Poor supervision due to shortage of staff at health facilities, weak links between CHWs and health facilities and limited dedicated funds
- Non-integrated iCCM supply chain, poor data on iCCM commodity consumption, and inadequate funding for pneumonia and diarrhea commodities
- Parallel community information systems supported by partners

# Global Fund funding of iCCM in Africa



Malaria intervention Areas	NFM	NFM2	Grand Total
Integrated community case management (iCCM)	149,633,261	134,325,000	283,958,261
Case management	1,058,024,343	801,745,645	1,859,769,988
<b>Total (Malaria)</b>	<b>3,597,205,727</b>	<b>3,040,556,810</b>	<b>6,637,762,537</b>
iCCM by Case Management	14%	17%	
iCCM by total Malaria Portfolio	4%	4%	



\* Nigeria, DRC, Zambia, Uganda, Ethiopia, Ghana, S. Sudan, Burkina Faso, Malawi and Cote D'Ivoire

# Group work for developing recommendations to institutionalize iCCM in Primary Health Care System



## Nine working groups (modified iCCM health systems benchmark matrix)

1. Coordination and policy setting
2. Costing and Financing
3. Human Resources
4. Supply Chain Management
5. Service Delivery and Referral
6. Community Engagement (**communication and social mobilization**)
7. Supervision
8. Quality of Care
9. Monitoring and Evaluation and Health Management Information Systems

*Group work (step 1): discussion on bottlenecks / challenges pertaining to the specific system component based on country experiences*

*Group work (step 2): develop recommendations for institutionalizing iCCM in relation to the above health system component*



1. iCCM should be fully incorporated into national health policies and national health sector development and strategic plans –using sector specific plans (e.g. malaria, child health, community health) as an entry point, as appropriate.
2. The implementation of the community-based health service package should be governed by the National Community Health Strategy (or sector specific plan), including, as per WHO Community Health Worker (CHW) guidelines : i) a written contract specifying CHWs' roles and responsibilities, working conditions and remuneration; ii) remuneration commensurate to CHW, roles, responsibilities and job requirements; and iii) pre- and in-service training with career development opportunities for CHWs.
3. A designated cross-sectoral unit within Ministry of Health should be responsible for planning, implementation, monitoring and evaluation of iCCM with close coordination between all relevant units to align planning, budgeting, implementation and monitoring and evaluation.
4. Resource allocations for the full package necessary to delivery high quality iCCM should be included in the annual national and sub-national health sector budgets and all initiatives and funding from international and national partners should be coordinated by the Ministry of Health.



5. The supply chain for iCCM should be fully integrated in the existing national supply management system, with medicines, diagnostics and logistics data for community services integrated in the health facility supply management and logistics information system.

6. Quality improvement including supportive supervision of CHWs from the designated health facilities are core to quality iCCM and should be budgeted and included in district implementation plans.

7. Community engagement is key to institutionalization of iCCM as targeted communities are central in all stages of effective planning and decision making, selection of CHWs, implementation, oversight, demand and up-take of quality iCCM.

8. Community data resulting from iCCM implementation should be integrated into the health facility information system with the option of disaggregated analysis and inclusion of feedback loops to community health workers should be included. Data should be used to guide decisions and action at all levels, ensuring accountability and sustained improvement of iCCM programming.



- **The high-burden malaria countries contribute** an estimated 151 million cases of malaria and **266,000 under-five deaths**, 10 in Africa (Burkina Faso, Cameroon, DRC, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and Tanzania) and India. Of particular concern is the increase of malaria with 3.5 million more cases in 2017 compared to previous year, among the 10 highest burden African countries
- These countries are also amongst the highest contributors to U5MR and **also have some of the highest rates of pneumonia, and diarrhea deaths**
- iCCM provides simplified guidance and tools for management of febrile illness that may be due to pneumonia and diarrhea in children where malaria has been excluded or those with co-morbidities
- iCCM allows identification and referral of children with severe illness with broader potential impact on child mortality

# Prioritization exercise for HBHI response



- NMCP, MCH, WHO, UNICEF representatives from 10 African HBHI countries plus Angola, Chad, Ethiopia and Sierra Leone, and representatives from additional 17 technical and funding agencies working in 14 country teams
- After presentation and discussion of HBHI response, each country team discussed priority areas for scaling-up iCCM to accelerate reduction in malaria mortality based on the following 4 HBHI Pillars:
  - Pillar 1: Political will to reduce malaria deaths
  - Pillar 2: Strategic information to drive impact
  - Pillar 3: Better guidance, policies and strategies
  - Pillar 4: A coordinated national response
- Developed recommendations for identified priority areas for Ministry of Health, funding agencies and implementing partners



**VISION**

**IMPLEMENTING iCCM TO SAVE CHILDREN'S LIVES**

**AND GET OFF THE 10+1 LIST!**

A photograph showing two women and a baby in a rural setting. The woman on the left is wearing a yellow long-sleeved shirt and a patterned skirt with orange and blue designs. She is looking down at a white cloth she is holding. The woman on the right is wearing a purple short-sleeved shirt and is holding a baby. The baby is wearing a pink and yellow patterned dress and has several white beaded bracelets on its wrist. The background is a simple, textured wall. The text "Many thanks for your kind attention" is overlaid in the center of the image in a white, sans-serif font.

Many thanks  
for your kind  
attention