CASE MANAGEMEN	CASE MANAGEMENT WORKING GROUP WORK PLAN 2013			
WS	Title of proposed activity	GMAP Area *See table below		
Expanding Access	 Integrated Community Case Management (iCCM) - GMAP Area: Disease Control: Promoting iCCM 			
to Treatment	approach where health facilities are not available as a means to expand access, promoting the ownership			
	of the beneficiaries, and address issues of equity, human rights, and social determinants of health.			
	1.1 Work with partners to define what policy environment information is needed/useful and work with			
	WHO, UNICEF, and global iCCM Task Force to harmonise information and its collection.			
	1.2 Advocacy on funding for integrated programming - dialogue with GF, WB, PMI;			
	1.3 Develop case studies, but rather than develop standard case studies based on capitalization of			
	advanced implementation, run a country level, multi-partner workshop to address iCCM and related			
	program and funding bottlenecks and barriers in bridging the gap between policy and practice that			
	would not only catalyze scale-up, but also overall partner coordination and communication. Select from			
	the highest burden/ lowest access countries that reflect defined contextual environments such as DRC,			
	Malawi, Niger, Mozambique, or Nigeria.			
	2. Support adoption and roll out of WHO T3 initiative with focus on treatment guidance - GMAP Area:			
	Disease Control: Promote adoption of T3 (Test, Treat, Track) with strong emphasis on the importance of			
	surveillance for malaria program management.			
	2.1 Support dissemination of WHO global guidance documents by preparing presentation for WS			
	members to present at relevant fora to disseminate guidance documents/tools			
	2.2 Collaborate with partners to identify and share experiences and challenges implementing and			
	seeding up WHO severe malaria treatment recommendations, IV and rectal artesunate and advocate to			
	address bottlenecks such as pre-qualification of rectal artesunate.			

*GMAP Areas, ECSC Priority Outputs and Output Ranking value

	GMAP Area	ECSC Priority Outputs	Ranking**
Į,		Promoting iCCM approach where health facilities are not available as a means to expand access, promoting the ownership of the beneficiaries, and address issues of equity, human rights, and social determinants of health.	2
		Promote adoption of T3 (Test, Treat, Track) with strong emphasis on the importance of surveillance for malaria program management.	3



- 1. Integrated Community Case Management (iCCM) GMAP Area: Disease Control: Promoting iCCM approach where health facilities are not available as a means to expand access, promoting the ownership of the beneficiaries, and address issues of equity, human rights, and social determinants of health.
- **1.1** Work with partners to define what **policy environment** information is needed/useful and work with WHO, UNICEF, and global iCCM Task Force to harmonise information and its collection.



UNICEF

Community case management of diarrhea, malaria and pneumonia

Tracking science to policy and practice in sub-Saharan Africa

Asha George, Mark Young, Rory Nefdt, Roshni Basu, Mariame Sylla, Marika Yip Bannicq, Theresa Diaz



1.2 Advocacy on funding for integrated programming - dialogue with GF, WB, PMI;

PMI

MalariaCare – PATH, MCDI, PSI, Save the Children - New partnership led by PATH that offers comprehensive technical support to USAID Missions and national governments to expand high- quality diagnosis and treatment for malaria and other childhood illnesses and infectious diseases. The partnership also provides global leadership to advance worldwide malaria control efforts by identifying and sharing innovations and best practices in malaria diagnosis and treatment.

Gates Foundation

CIDA RAcE 2015



1.3 Develop case studies, but rather than develop standard case studies based on capitalization of advanced implementation, run a country level, multi-partner workshop to address iCCM and related program and funding bottlenecks and barriers in bridging the gap between policy and practice that would not only catalyze scale-up, but also overall partner coordination and communication. Select from the highest burden/lowest access countries that reflect defined contextual environments such as DRC, Malawi, Niger, Mozambique, or Nigeria.



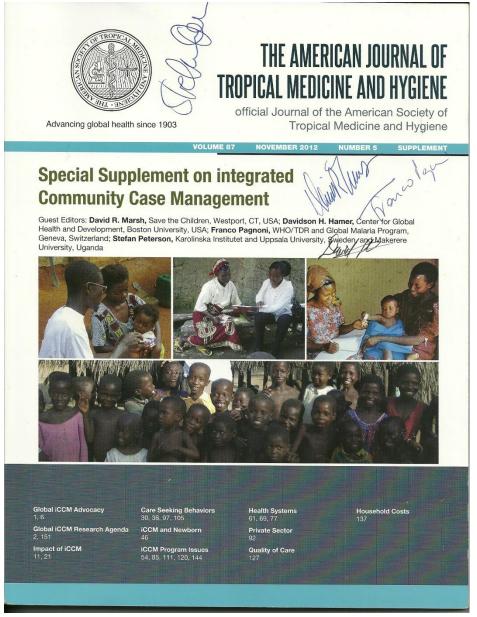
UNICEF

Qualitative study to identify solutions to local barriers to care-seeking and treatment for diarrhoea, malaria and pneumonia in select high burden countries

Report on findings from Kenya (1 of 3 country reports)

Also for Niger, Nigeria







- **2. Support adoption and roll out of WHO T3** initiative with focus on treatment guidance GMAP Area: Disease Control: Promote adoption of T3 (Test, Treat, Track) with strong emphasis on the importance of surveillance for malaria program management.
- 2.1 Support dissemination of WHO global guidance documents by preparing presentation for WS members to present at relevant fora to disseminate guidance documents/tools
- 2.2 Collaborate with partners to identify and share experiences and challenges implementing and scaling up WHO severe malaria treatment recommendations, IV and rectal artesunate and advocate to address bottlenecks such as prequalification of rectal artesunate.





Pre-referral artesunate treatment of childhood malaria in the community

Training Manual for community health workers to assess danger signs, provide emergency pre-referral treatment and refer treated children to a health facility.

Drafted: Martin de Smet ARTESUNATE INJECTIONS: Q & A Questions from front line practitioners on the use of injectable artesunate (AS) in the management of severe malaria



Promote adoption of T3 (Test. Treat. Track.)

vii. Collaborate with partners to identify and share experiences and challenges implementing WHO severe malaria treatment recommendations, IV and rectal artesunate and bottlenecks such as pre-qualification of rectal artesunate.

Promoting iCCM approach where health facilities are not available

i. Work with partners to define what **policy environment** information is needed and would be useful, and engage with WHO, UNICEF and the global iCCM Task Force in efforts to harmonise information and its collection.

ii. **Engage in dialogue with** the Global Fund, World Bank, PMI and other major **funders** to advocate for new integrated funding mechanism.

