



Institutionalizing integrated community case management (iCCM) to end preventable child deaths

**A technical consultation and country action planning
22–26 July 2019, Addis Ababa**



**World Health
Organization**

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for every child



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Acronyms and abbreviations

CHW	Community health worker
DHIS	District health information system
DRC	Democratic Republic of the Congo
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility
HBHI	High burden high impact
iCCM	Integrated community case management
IMCI	Integrated management of childhood illness
PHC	Primary health care
PMI	President's Malaria Initiative
SDG	Sustainable Development Goal
UHC	Universal health coverage
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Summary

With the aim of institutionalizing integrated community case management (iCCM) in the context of primary health care (PHC) and comprehensive child health programming, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) co-hosted a meeting on 22–26 July 2019. The meeting was organized in two parts: (i) institutionalizing iCCM to end preventable child deaths and (ii) implementation of “high burden to high impact” (HBHI) approaches and iCCM to accelerate reduction of child mortality from malaria.

The meeting was a dedicated attempt to break down silos between national malaria control programmes and maternal and child health programmes to address challenges to the institutionalizing iCCM. It was attended by government officials representing primary health care, maternal and child health and malaria programmes as well as community systems from 14 African countries with high rates of mortality of children under 5 years and a high malaria burden. The meeting was also attended by experts and partners representing 17 technical and funding agencies and WHO and UNICEF staff members from headquarters, regional offices and country offices.

Common challenges were found:

- The absence of national ownership of iCCM compromises the sustainability of implementation and reduces the potential of community interventions to reduce childhood morbidity and mortality in areas where most children are ill or dying.
- Parallel, uncoordinated funding is provided for different components of iCCM, including commodities, systems strengthening and human resources, which hampers implementation, outcomes and impact.
- When community human resources are not part of formal health systems, supported with incentives, or provided mentorship and supervision to sustain motivation, difficulties arise in the delivery of efficient, high-quality services.
- Inadequate supply chain management leads to inconsistent availability and accessibility of diagnostics, medicines, equipment and other essential supplies for use by health workers in communities.

The means for resolving these challenges include the following.

- Funding organizations, including the Global Financing Facility (GFF), the World Bank Group and the President's Malaria Initiative (PMI), are recognizing the importance of strong community platforms for delivering PHC, laying a foundation for investment in integrated service delivery and iCCM.
- National governments are taking greater ownership and accountability to provide services to the poorest and hardest-to-reach populations, including by harmonizing and coordinating relevant programmes and increasing domestic resource allocations.
- Initiatives such as the HBHI malaria response are tailoring their guidance to the context of each country to improve the use of data for decision-making and for targeting scarce resources to areas in greatest need.

The participants agreed to 10 recommendations to advance institutionalization of iCCM (box) and to strengthen the four response elements of the Malaria HBHI initiative.

Recommendations

1. Integrated community case management (iCCM) delivered at scale should be part of the primary health care service package for children. It will support progress towards universal health coverage and ensure a continuum of care, from the community to higher-level facilities through a strong, well-functioning referral system.
2. As an extension of integrated management of childhood illness in facilities, iCCM is relevant for hard-to-reach communities with limited access to health services.
3. iCCM should be fully incorporated into national health policies and health sector development plans, and the strategies and plans of programmes for malaria, child health, community health and others should be used as entry points for harmonized, coordinated activities, as appropriate for the context.
4. Implementation of community health service packages should be overseen by the national community health strategy or sector-specific plan, including, as per WHO's guidelines on community health workers (CHWs) : a written contract specifying their roles and responsibilities, working conditions and remuneration; remuneration commensurate with their roles, responsibilities and job requirements; and pre- and in-service training with career development opportunities.
5. The ministry of health should have full responsibility for planning, implementing, monitoring and evaluating iCCM by ensuring coordination among community health, child health and malaria control programmes, including by creating a designated cross-sectoral unit, as appropriate.
6. Resource allocations for the full package necessary to deliver high-quality iCCM should be included in annual national and sub-national health sector budgets. Domestic and external funding should cover all components of iCCM.
7. The supply chain for the full iCCM package should be fully integrated into the national supply management system, with medicines, diagnostics and logistics for community services integrated into the health facility supply management and logistics information system.
8. Interventions to improve quality, including supportive supervision and mentoring of CHWs in designated health facilities, are essential to ensure high-quality iCCM and should be budgeted for and included in district plans.
9. Community engagement is essential for institutionalizing iCCM. Community voices and requirements are central to all stages of effective planning and decision-making, selection of CHWs, implementation, oversight, demand and uptake of iCCM. Targeted outreach should be included from the inception of iCCM programme design.

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