UNICEF support for *Integrated* Community Case Management (iCCM)

RBM Case Management working group meeting

12 June 2012

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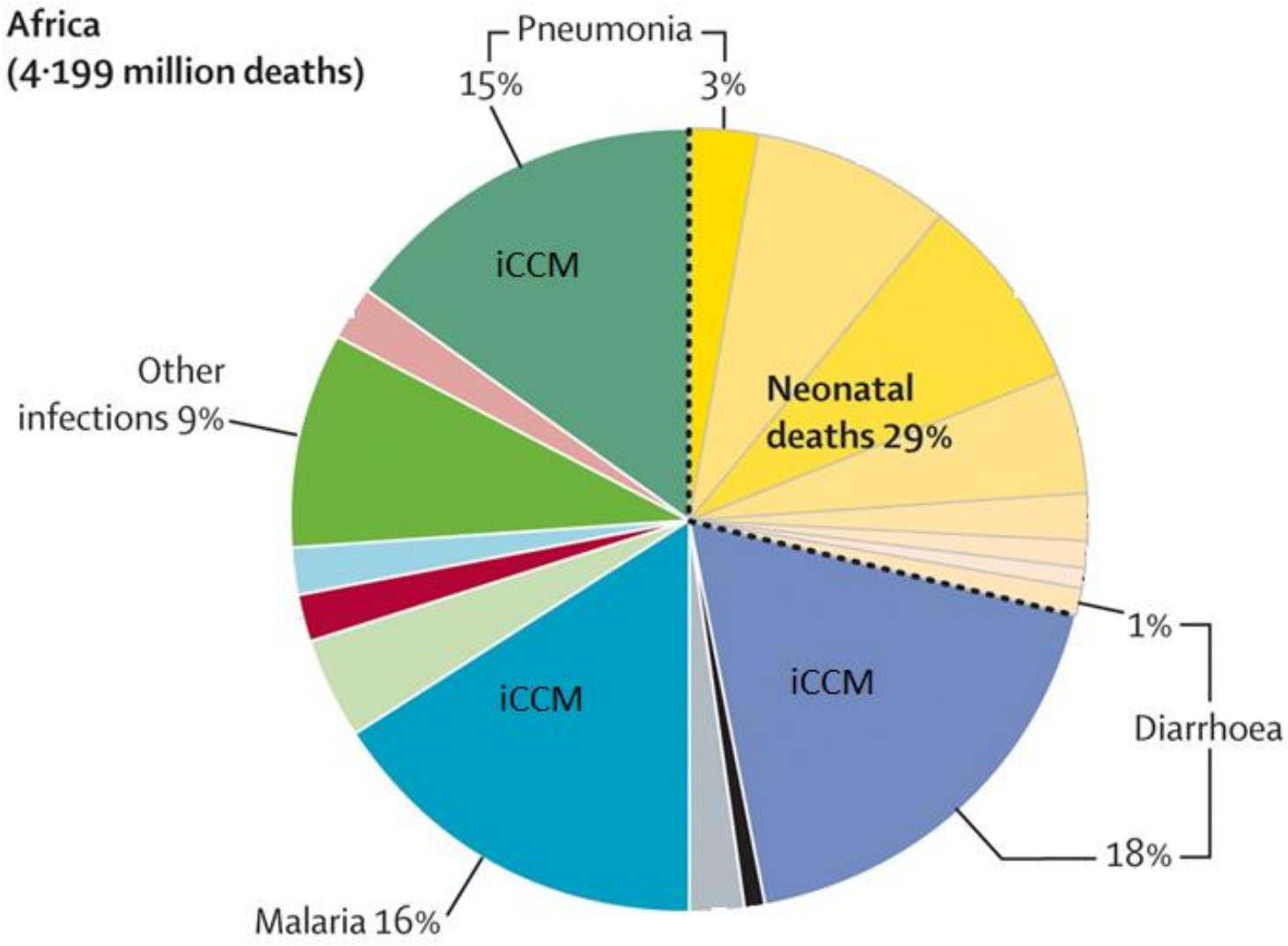
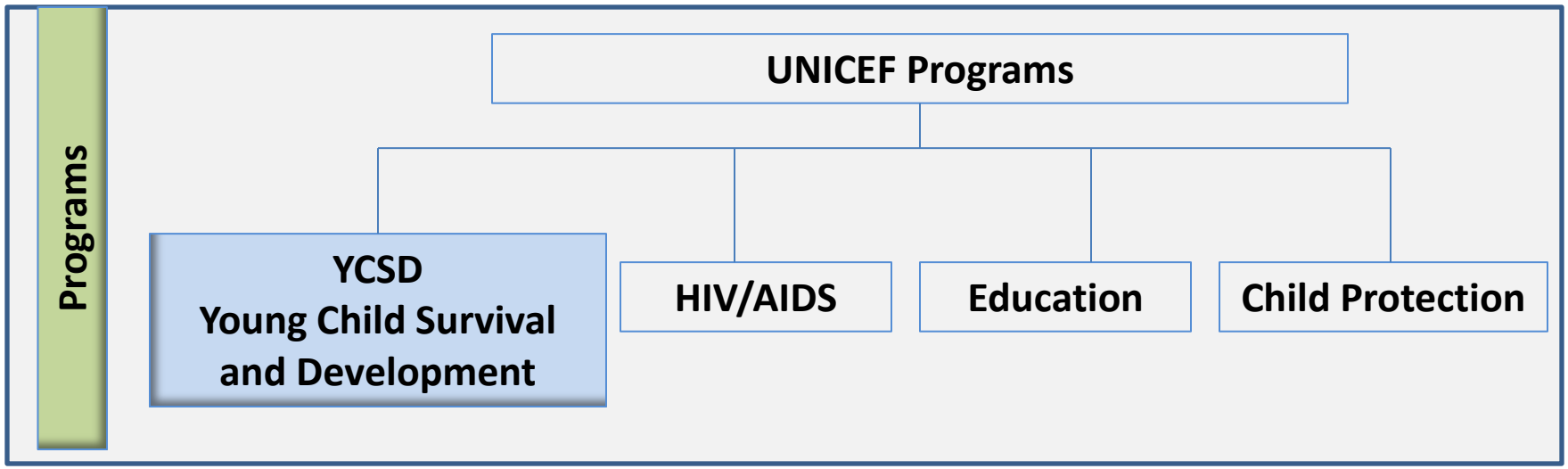
UNICEF/ESARO - Nairobi

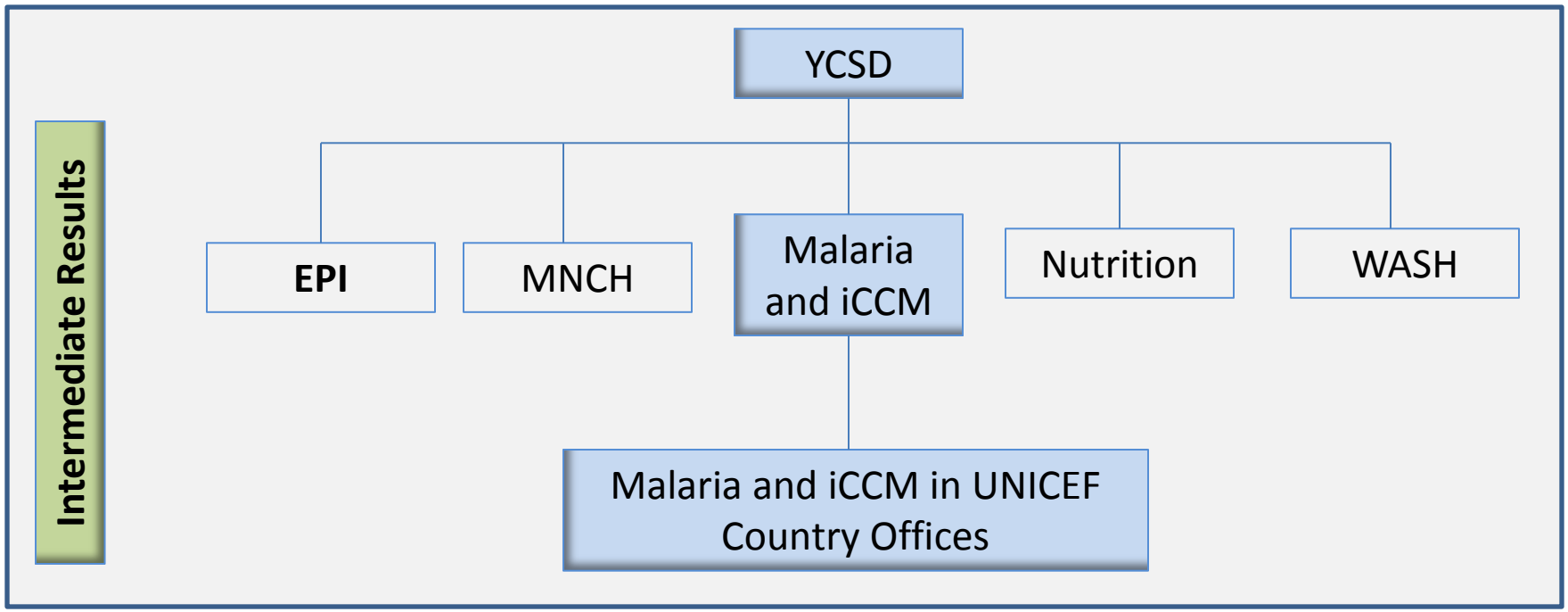
In 2012 UNICEF is prioritizing iCCM in Africa – Why?

iCCM focuses on the main causes of under-5 mortality

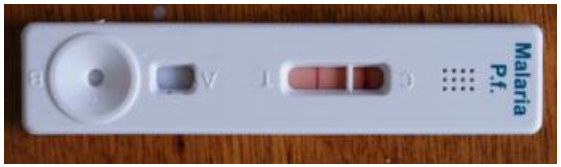


In 2012 UNICEF has raised iCCM as a priority in its programming



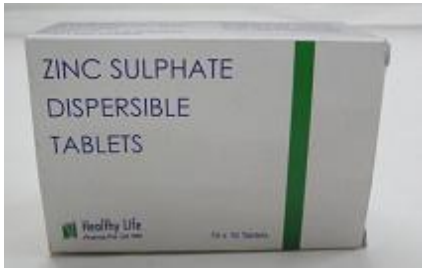


UNICEF support for identification and procurement of commodities for implementing iCCM



RDT for fever diagnosis

TREATMENT IN COMMUNITIES



Zinc for diarrhea

ACT malaria drug

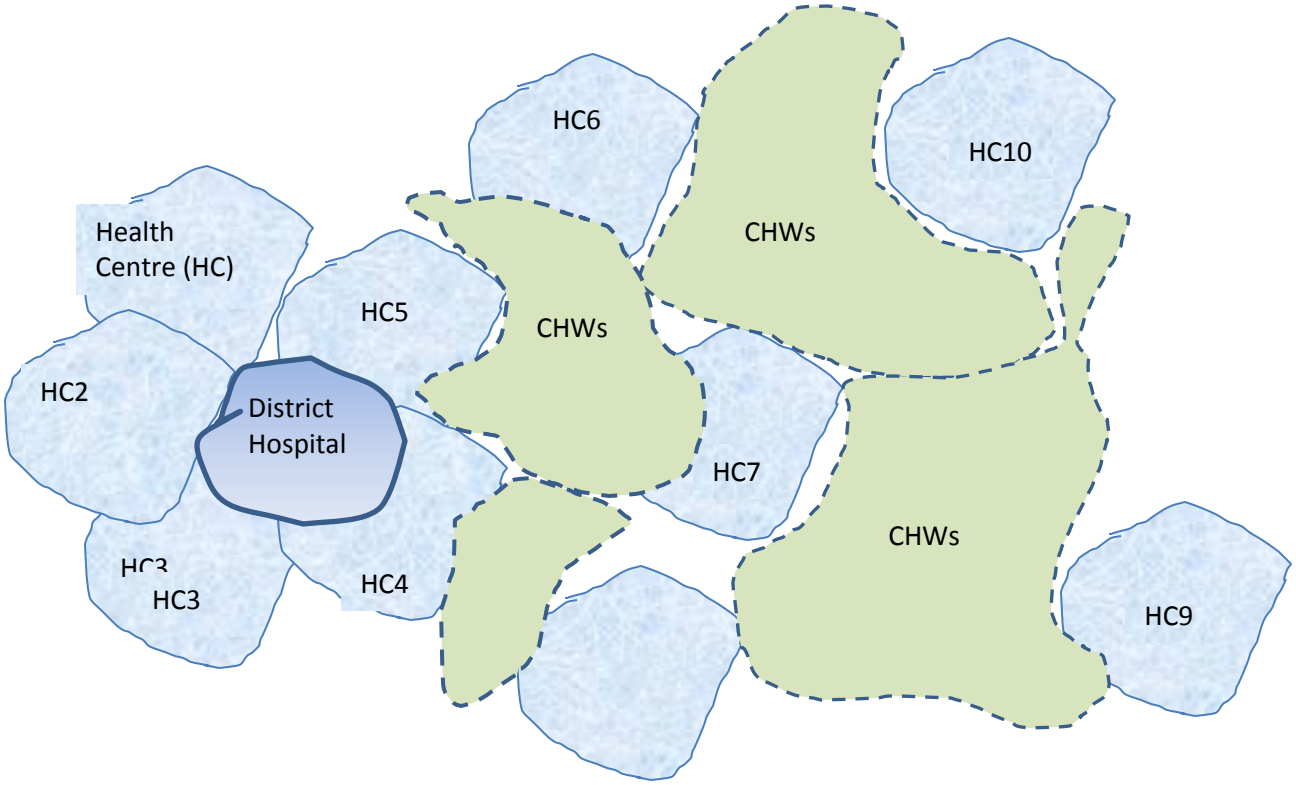
ORS for diarrhea

Antibiotics for pneumonia

Timer for pneumonia

RUTF for SAM

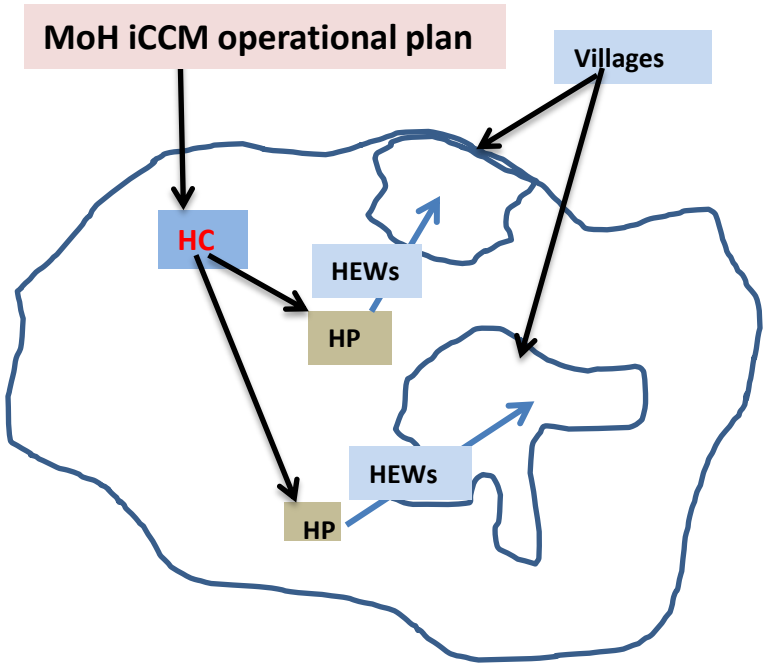
iCCM expands health services to hard to reach communities



District town	HCs	Hard to reach areas around Health Centre catchment areas

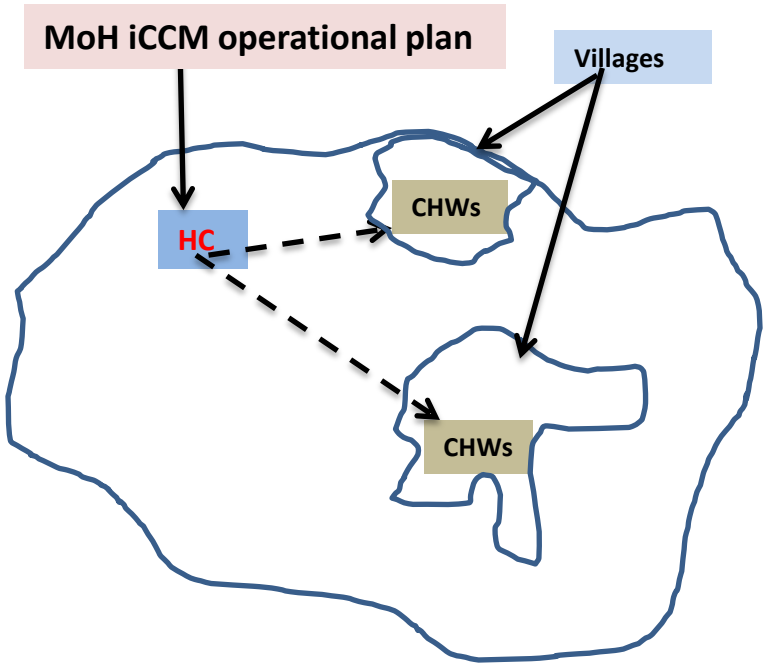
Increasing inequity

HEALTH EXTENSION PROGRAMS
Zambia, Ethiopia, Mozambique, Namibia



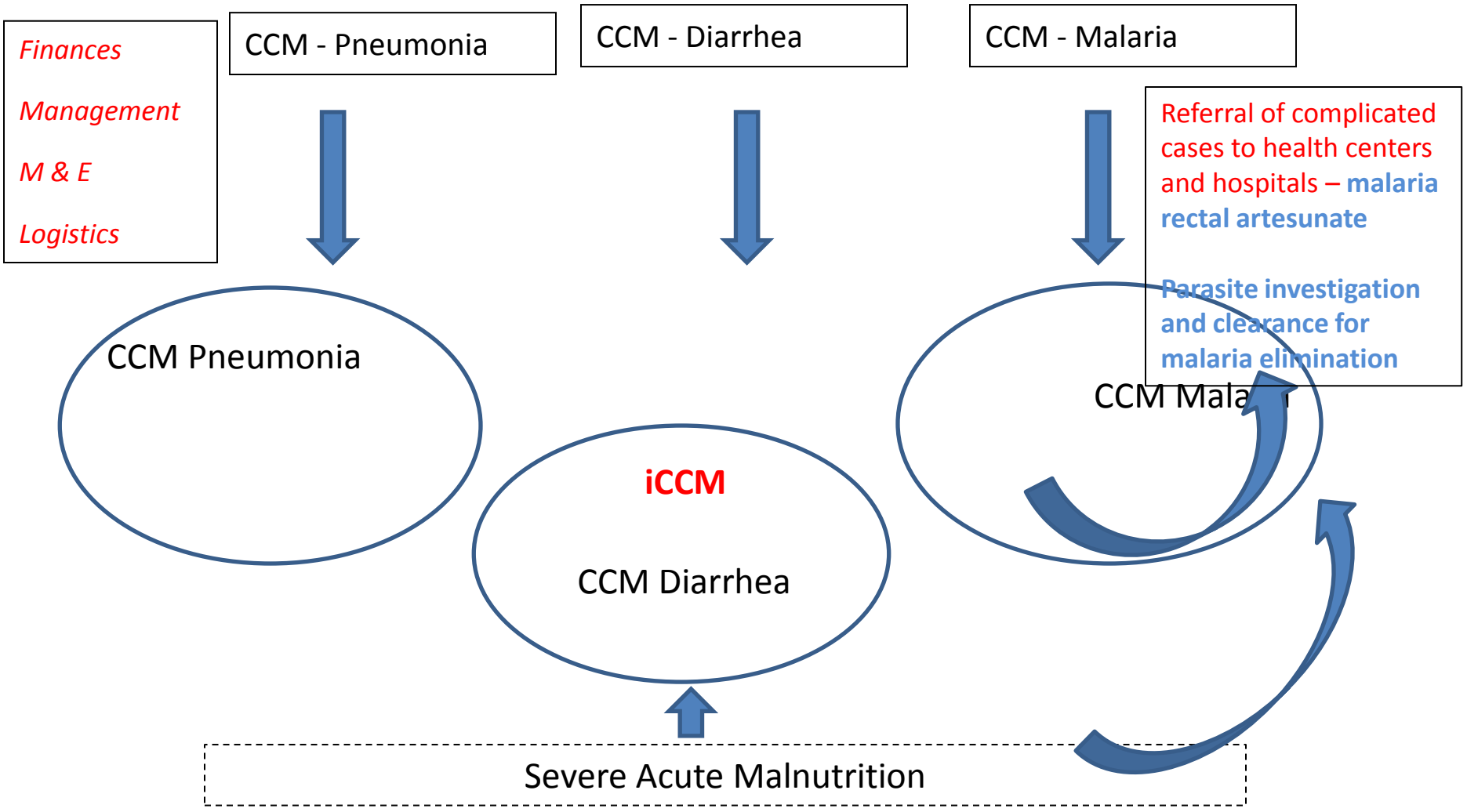
- HEWs – formal MoHs staff, paid salaries
- Up to 12 months training
- Provide a wider range of health care
- Have career path in MoHs

VOLUNTEER COMMUNITY HEALTH WORKERS
Zambia, Uganda, Kenya, South Sudan



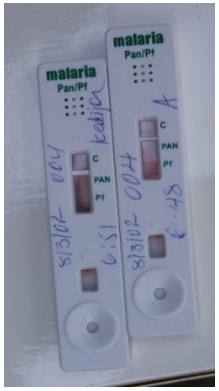
- CHWs mostly volunteers, other incentives
- Often supported by NGOs
- Training usually a few weeks

Integration of pneumonia, malaria, diarrhea and SAM at community level

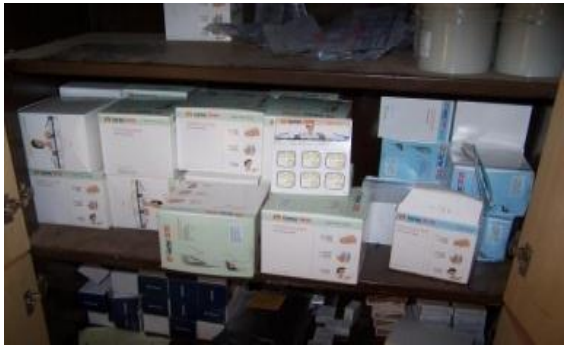


Combining malaria prevention and iCCM further reduce mortality

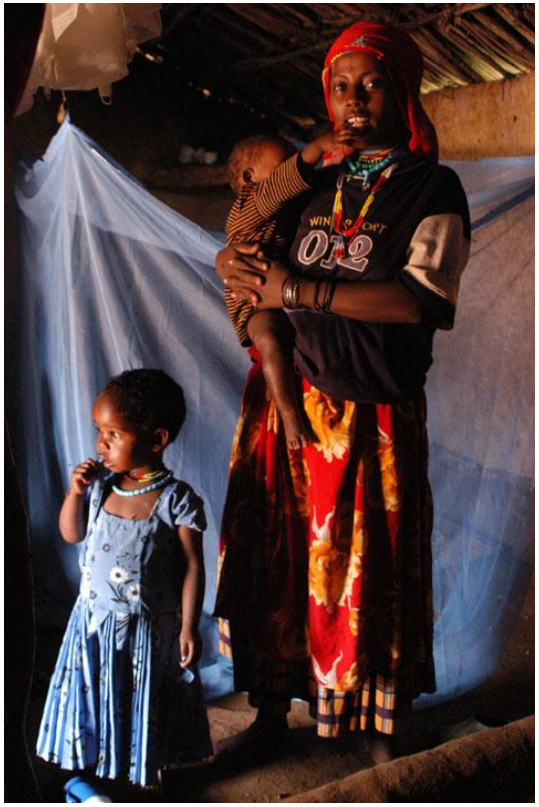
Child with fever



Tested with RDT



Cured with ACT



Re-infection prevented by sleeping under an LLIN and/or in a house sprayed with insecticide

Integrated Health system

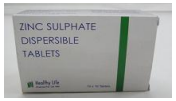
2011
2010
2009
2008
2007
2006
2005
2004


Resuscitation


Pneumococcal


18m LLINs replacement


Cotrim



Zinc


ORS

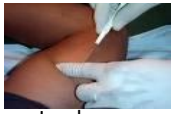

RDTs

ICCM


MUAC


RUTF


ACT & CQ


Implanon


Clean delivery MgSO


Pentavalent


VCT


MNTE


Vit A/vaccinations

Breastfeeding


20m LLINs


IRS


ORS


ACT & CQ


RDTs

Condoms
Implanon

MNTE
IEC/BCC
Referral

Delivery
Rescuscitation
Newborn care

Immunizat
ion

Vitamin A
Deworming
Comm based Nutrition

Zinc, Cotrim
ACTs, Chloroquine, RDTs
Long lasting insecticide Nets
Indoor Residual Spraying

Pre -Pregnancy | Pregnancy | Birth | Post natal | Infancy | Childhood

UNICEF's strategy to support iCCM policy development

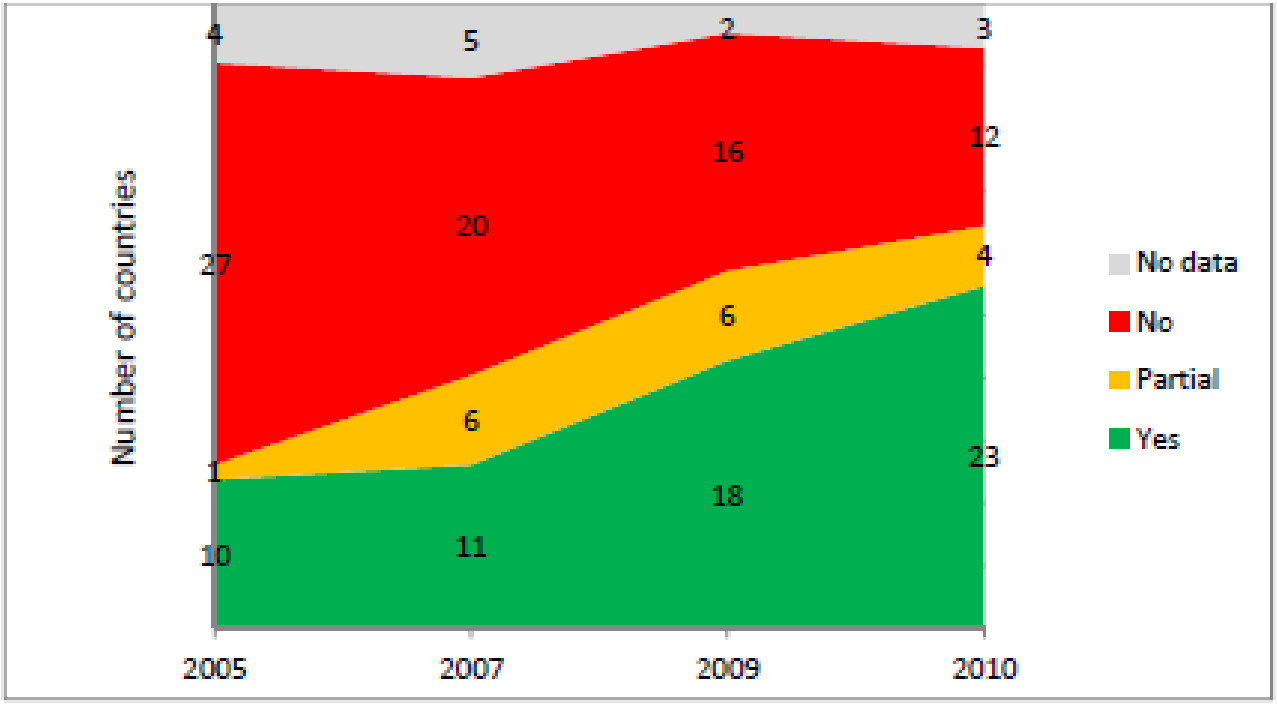
- 2008 to present: Sharing of evidence to convince MoHs that iCCM (especially pneumonia) will contribute to reduction in under-5 mortality

- Introduction of RDTs showed majority of suspected malaria fever cases were actually malaria negative, and significant proportion of pneumonia cases incorrectly treated with ACTs. These experiences contributed policy changes to allow use of antibiotics in iCCM

- Supporting use of tools to leverage iCCM policy change (e.g. training CHWs on pneumonia treatment in Kenya)

- Leveraging funding through the GFATM ($84m in Round 8) and others specifically to support components of CCM, including the full iCCM approach.

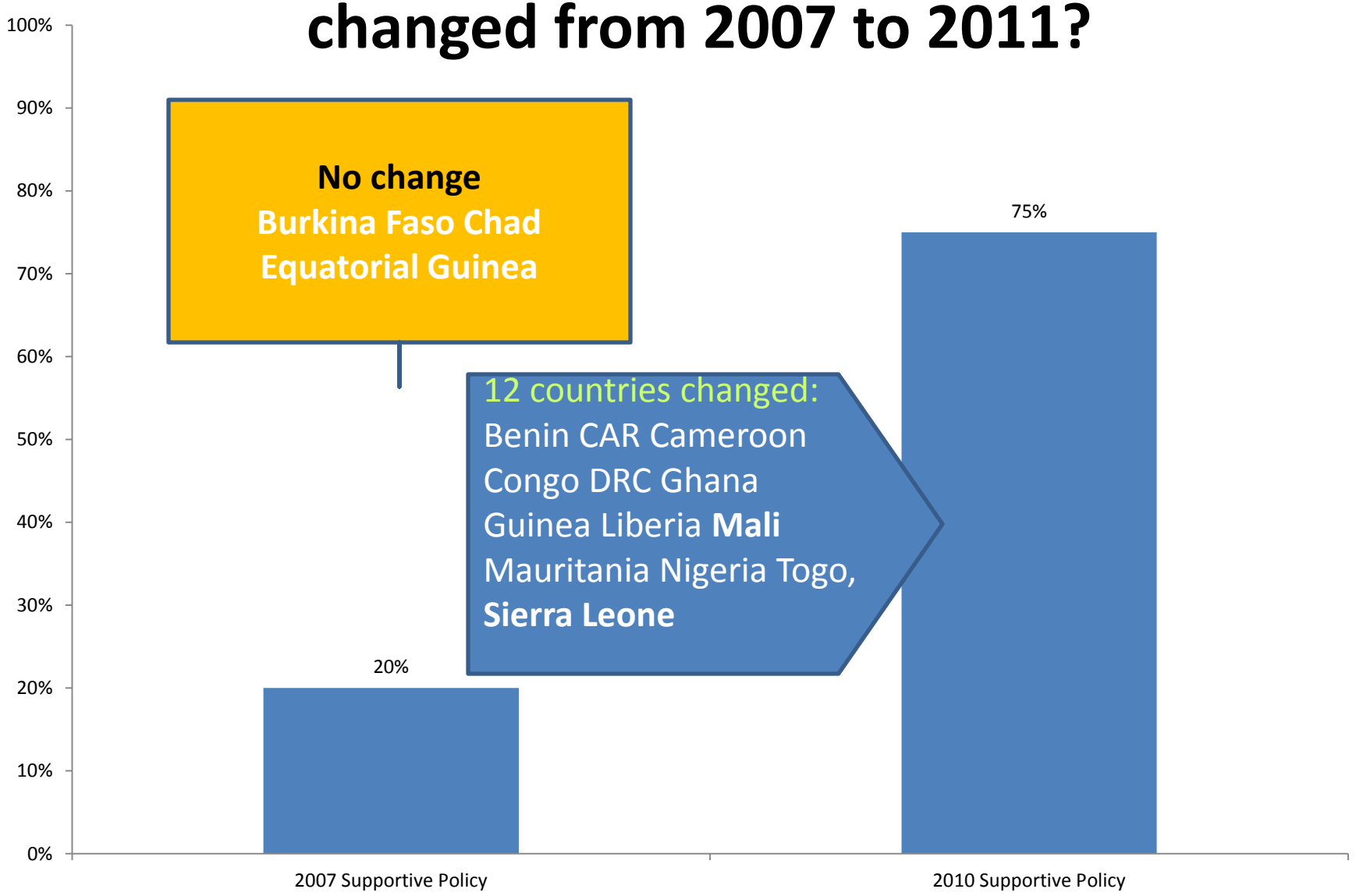
Comparing country offices reporting CCM pneumonia policy and any implementation from 2005-2010 based on CCM survey data and Countdown 2005, 2009 & 2007 data in Sub-Sahara Africa (n=42)



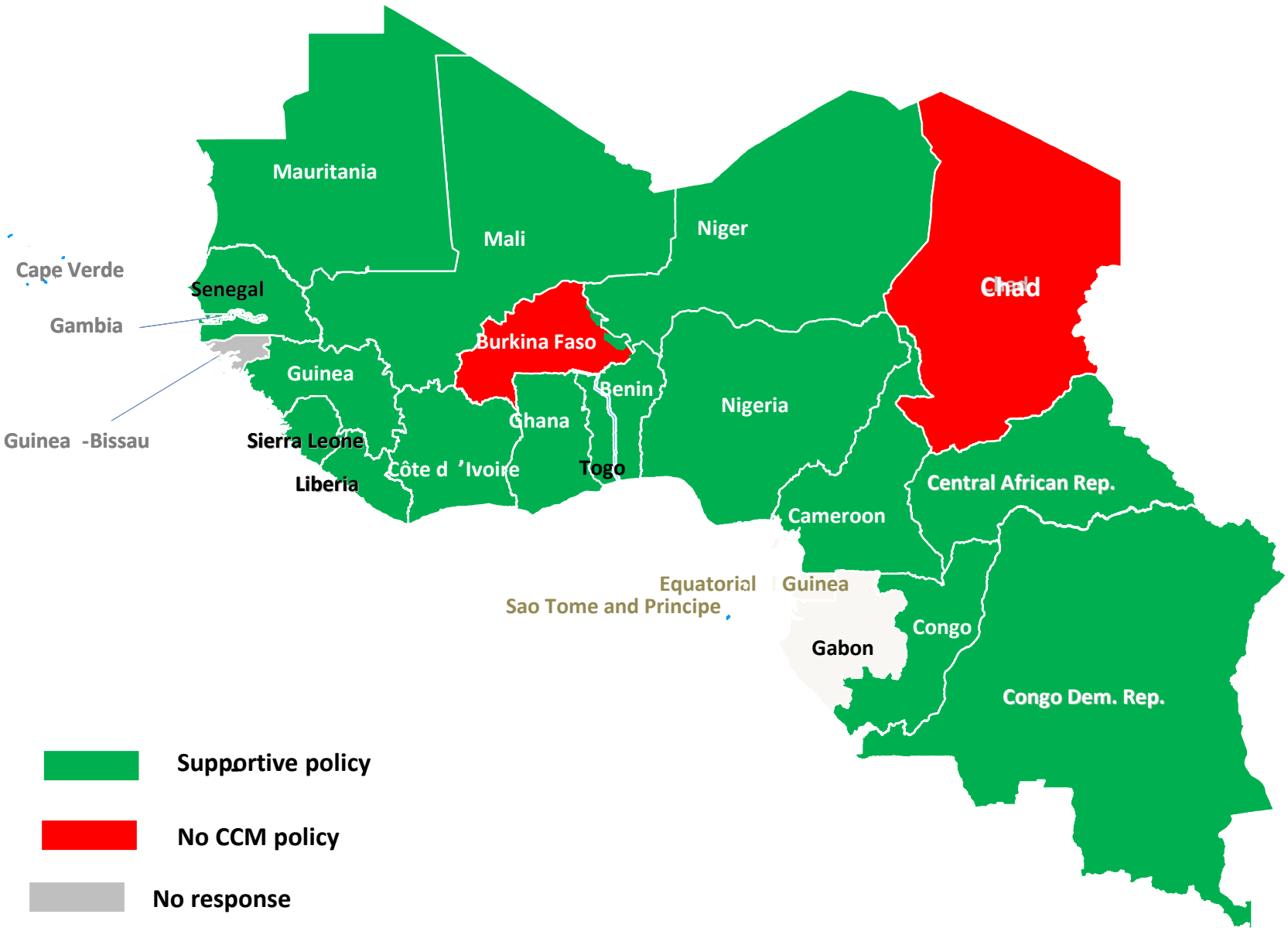
Yes: Policy authorising CHWs to treat pneumonia with antibiotics, Partial: No policy but implementation exists (permissive); No: No policy nor implementation

'Community Case Management of Diarrhoea, Malaria, Pneumonia of Sick Children for Sub-Saharan Africa in 2010: Data Report of a Desk-Based Survey of UNICEF Country Offices', UNICEF HQ/ESARO/WCARO, NewYork,

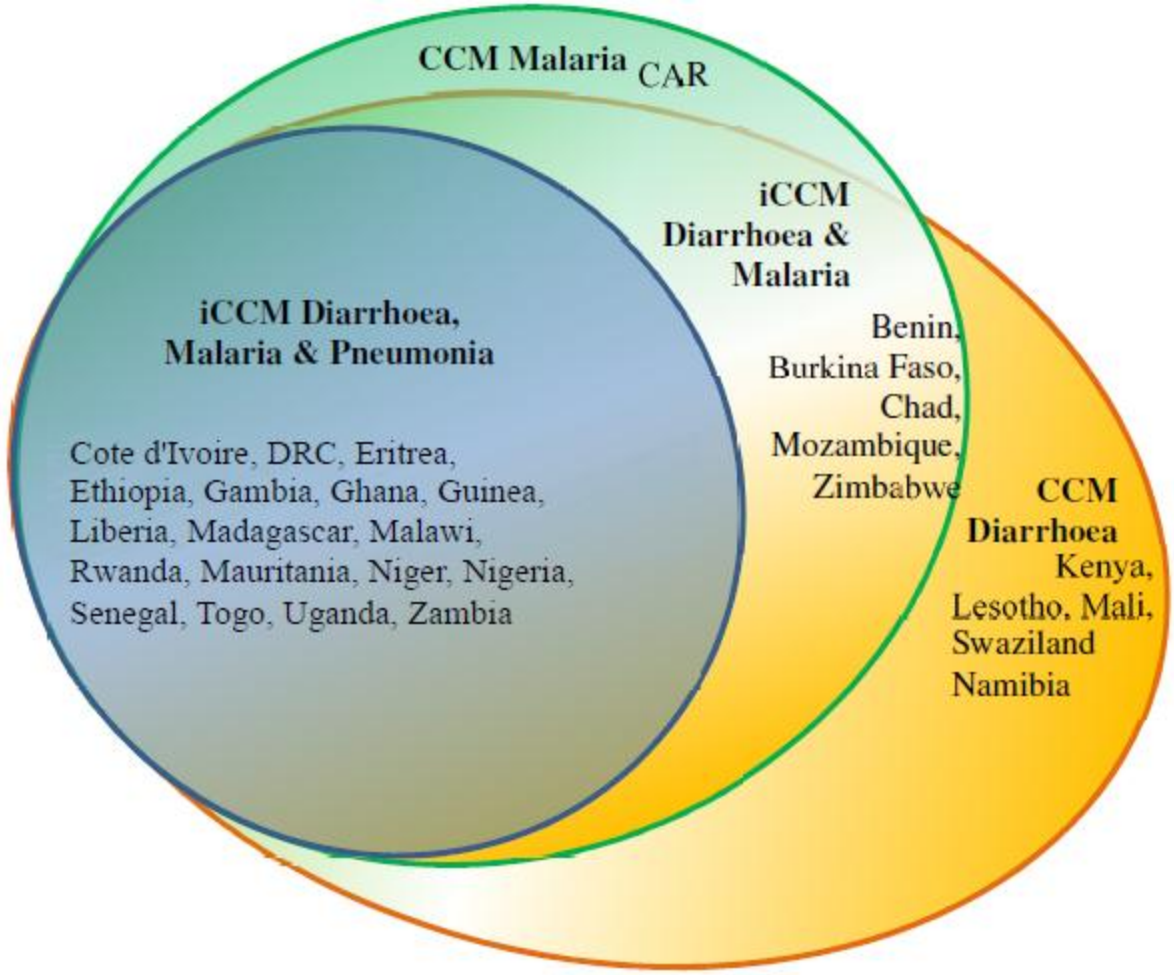
Has supportive policy for Pneumonia changed from 2007 to 2011?



Supportive policy pneumonia



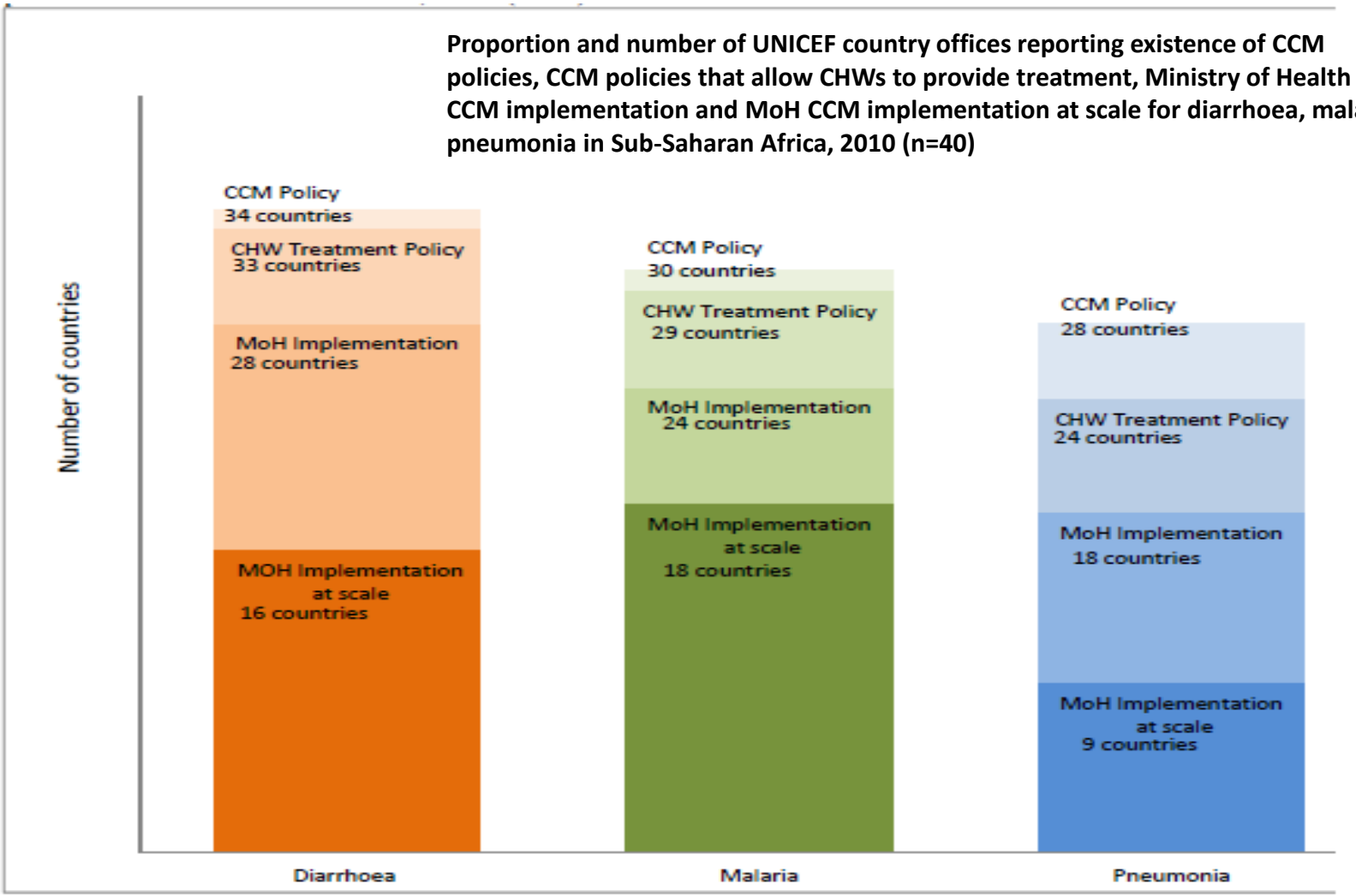
Venn diagram illustrating integrated implementation of government CCM in sub-Saharan Africa, 2010 (n=29)



'Community Case Management of Diarrhoea, Malaria, Pneumonia of Sick Children for Sub-Saharan Africa in 2010: Data Report of a Desk-Based Survey of UNICEF Country Offices', UNICEF HQ/ESARO/WCARO, NewYork,

Government policies on CCM in Sub-Sahara Africa in 2010

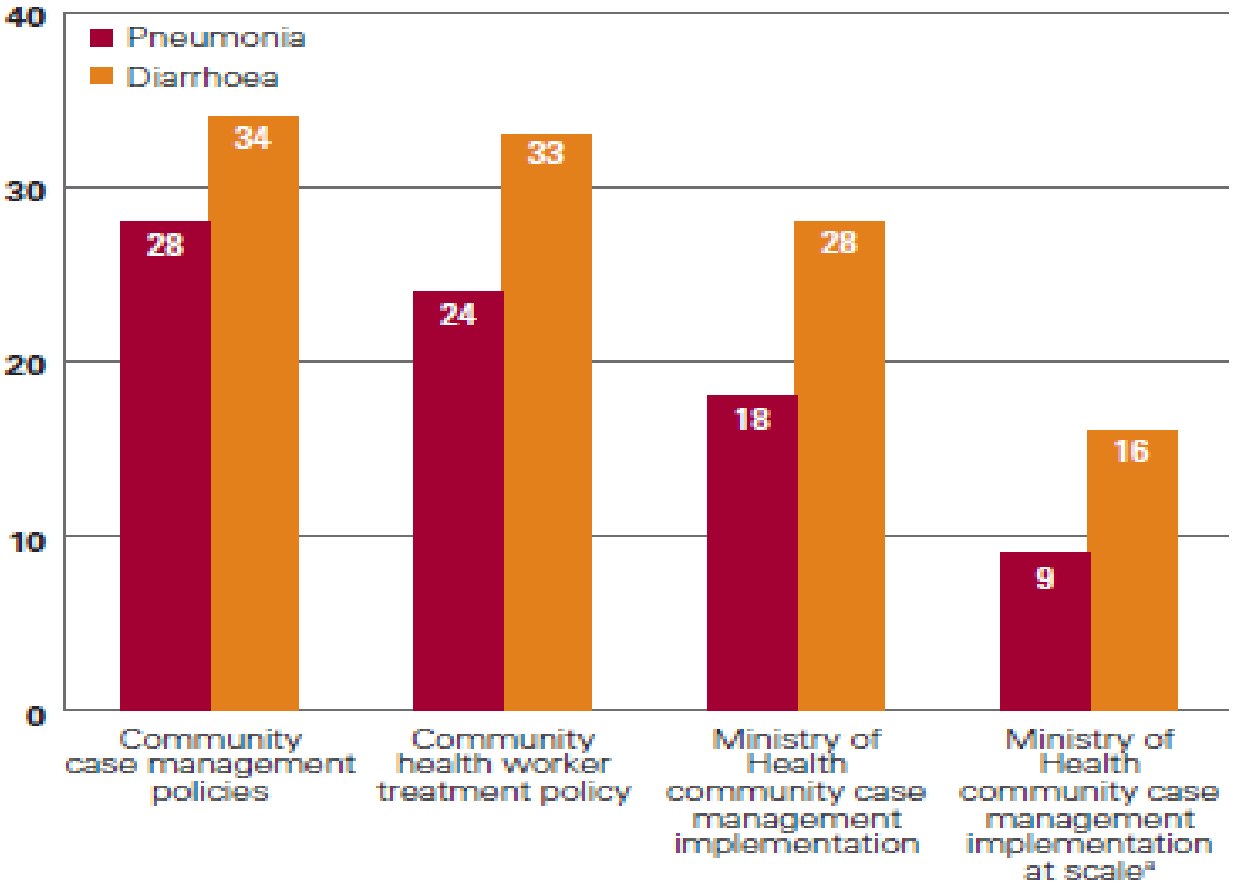
Proportion and number of UNICEF country offices reporting existence of CCM policies, CCM policies that allow CHWs to provide treatment, Ministry of Health (MoH) CCM implementation and MoH CCM implementation at scale for diarrhoea, malaria or pneumonia in Sub-Saharan Africa, 2010 (n=40)



Implementation at scale defined as greater than 49% of the country

'Community Case Management of Diarrhoea, Malaria, Pneumonia of Sick Children for Sub-Saharan Africa in 2010: Data Report of a Desk-Based Survey of UNICEF Country Offices', UNICEF HQ/ESARO/WCARO, NewYork,

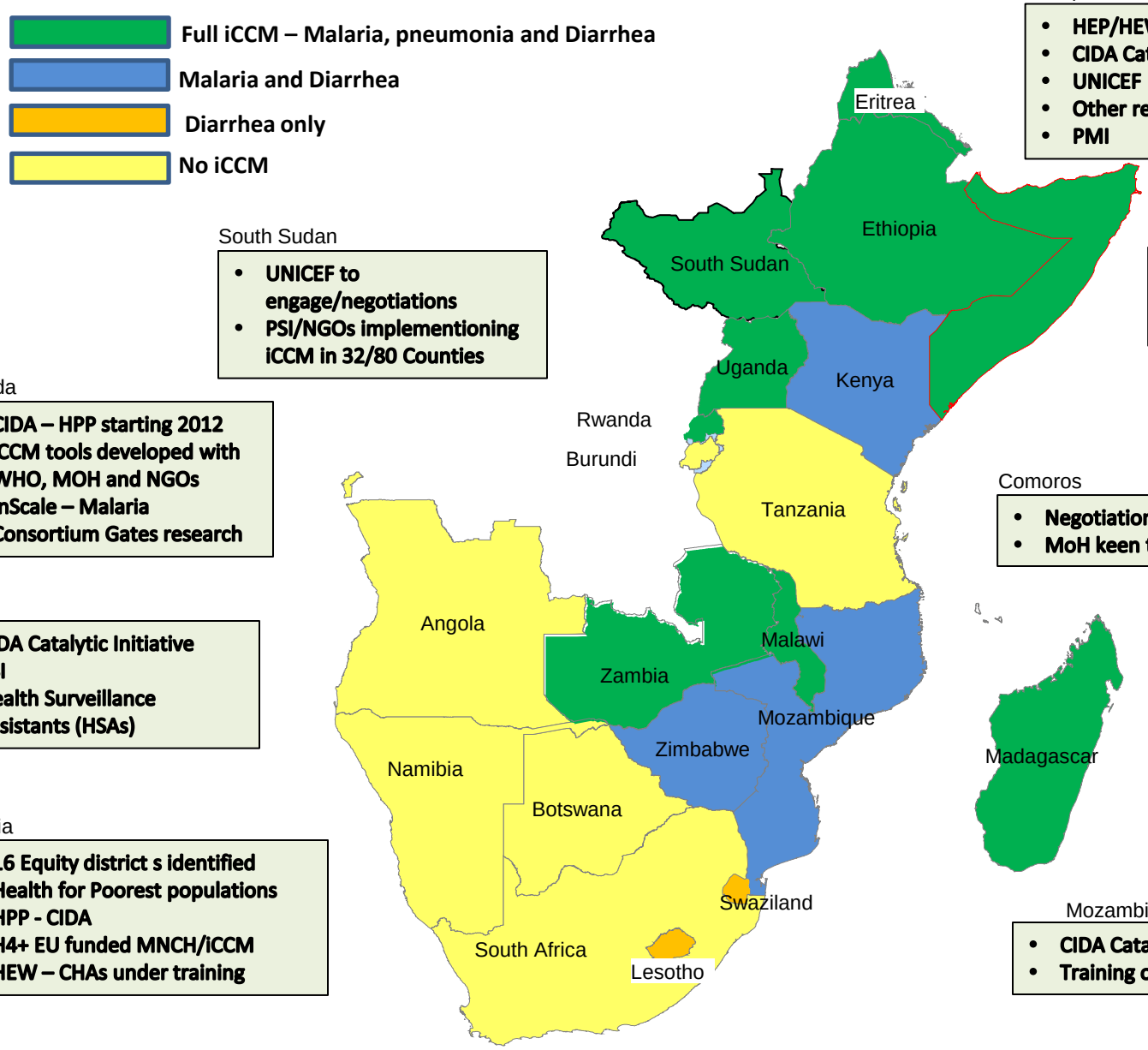
Most African countries have CCM policies, but fewer implement programs on a scale to reach children most in need



a. Implementation at scale is defined as more than 49 per cent of the country.

Source: Pneumonia and diarrhoea. Tackling the deadliest diseases for the world's poorest children, UNICEF, 2012

iCCM status and UNICEF engagement in ESAR



Ethiopia

- HEP/HEWs
- CIDA Catalytic Initiative – 6 NGOs
- UNICEF regular resources
- Other resources
- PMI

South Sudan

- UNICEF to engage/negotiations
- PSI/NGOs implementioning iCCM in 32/80 Counties

Somalia

- GFATM – UNICEF=PR
- Emergency funds
- Emergency iCCM/Malaria

Uganda

- CIDA – HPP starting 2012
- iCCM tools developed with WHO, MOH and NGOs
- InScale – Malaria Consortium Gates research

Comoros

- Negotiations underway
- MoH keen to start iCCM

Kenya

- UNICEF supported training CHWs to use antibiotics - but not policy yet

Malawi

- CIDA Catalytic Initiative
- PSI
- Health Surveillance Assistants (HSAs)

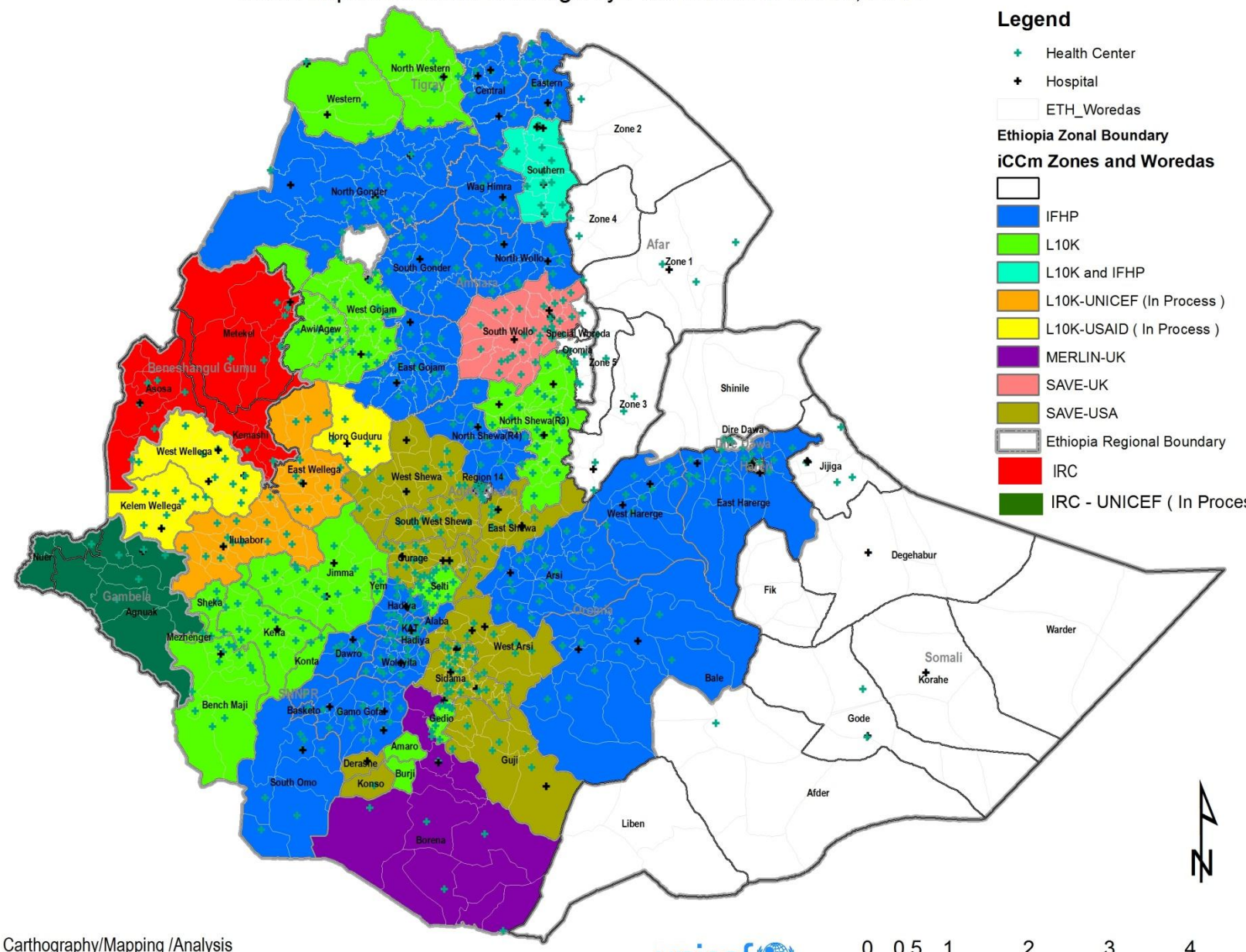
Zambia

- 16 Equity district s identified
- Health for Poorest populations HPP - CIDA
- H4+ EU funded MNCH/iCCM
- HEW – CHAs under training

Mozambique

- CIDA Catalytic Initiative
- Training of HEW - APES

iCCM Implementation coverage by Partners as of March, 2012



Federal Democratic Republic of Ethiopia
Ministry of Health

Carthography/Mapping /Analysis
UNICEF Health Section - iCCM M&E, Data Management and GIS

unicef

Way forward

- UNICEF is increasingly prioritizing iCCM in countries with low access to treatment, especially for marginalized rural communities
- Rwanda and Ethiopia include newborn care and CMAM, with Mozambique using screening with APEs – UNICEF to explore this for more countries
- Support country comprehensive iCCM implementation plans and gap analysis
- Support essential supplies for iCCM – gap analyses/needs, logistics and supply systems and global strategies on essential commodities
- Strengthen M&E, especially linking data collection/analysis from CHWs/HEWs/APEs with HMIS
- Work with partners on operational research to compile further evidence for the benefits of iCCM and to improve overall implementation

Thank you