**Benefits of Integrating Malaria Case Management and iCCM**

**Integrated community case management (iCCM)** is an equity-based strategy to increase access to effective case management for young children suffering from malaria, pneumonia, and diarrhea, especially in hard-to-reach areas and amongst vulnerable populations. Through iCCM, community healthcare workers (CHWs) are equipped, trained, supported, and supervised to deliver life-saving treatments to improve outcomes for children in communities that lack access to health facilities.

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**Increased treatment rate**

According to an analysis of iCCM programs, malaria treatment rate was higher among programs treating malaria + 2 other illnesses.

**Malaria Treatment Rate**

*Per 1000 children/year (median)*

<table>
<thead>
<tr>
<th>Programs treating malaria + 1 other illness</th>
<th>Programs treating malaria + 2 other illness</th>
<th>+112%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.3</td>
<td>0.6</td>
<td></td>
</tr>
</tbody>
</table>

**Increased care seeking**

A recent evaluation in Uganda found that districts with iCCM experienced increased care seeking for fever vs. districts without iCCM.

**Care seeking for fever**

*Percentage*

<table>
<thead>
<tr>
<th>Non-iCCM</th>
<th>ICCM</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>92</td>
</tr>
</tbody>
</table>

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**Reduced likelihood of antimicrobial resistance**

iCCM provided by trained, equipped, and supervised CHWs can improve use of antimalarials and antibiotics for pneumonia by increasing the proportion of cases appropriately treated, thereby reducing the likelihood of development of resistance in malaria parasites and bacteria.

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**Lowered cost of care**

**Cost of Malaria Treatment**

*$ per case by care setting*

<table>
<thead>
<tr>
<th>Facility</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.12</td>
<td>4.22</td>
</tr>
</tbody>
</table>

-31%

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**Reduced ACT wastage**

A trial in Uganda, Burkina Faso, and Ghana found that iCCM reduced overuse of antimalarial drugs (ACTs).

If iCCM is implemented globally, up to **28 MILLION ACT COURSES** could be saved to treat confirmed cases.

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**Increased care for co-morbidities**

Young children often present with multiple conditions – in some cases, pneumonia and malaria are both present. Up to 16% of febrile children in Uganda and 9% of febrile children in Zambia were diagnosed with both diseases.

Where iCCM is delivered, children receive care for both illnesses, improving fever clearance. And if one illness is not present, children can be treated for other likely causes, all while allowing parents to make a single stop.
Research highlight: iCCM approach reduces ACT overuse in three countries

A multi-country, cluster, randomized trial conducted in Uganda, Burkina Faso, and Ghana found that iCCM of fever in children under 5 delivered by trained CHWs limited overuse of ACTs. In the three countries, 4,216 febrile children aged 4-59 months were enrolled in 2009-2010. In the control group, all febrile children received ACTs based on a presumptive diagnosis of malaria (based upon IMCI guidelines at the time); in the intervention group, CHWs assessed children with acute febrile illness for malaria by using RDTs and for pneumonia by using respiratory rate timers. In the intervention clusters, only 4.9% of RDT-negative children were prescribed an ACT. In the control clusters, ACTs were given to all children in all countries, leading to a potential unnecessary prescription of ACTs in 25.6%, 15.8%, and 12.1% of cases in Burkina Faso, Ghana, and Uganda, respectively. Inappropriate use of ACTs can lead to the development of antimicrobial resistance and is cause for concern.

Notes and sources:
1. UNICEF HQ, personal communication
2. Evaluation of iCCM in Uganda (2014), draft
5. Extrapolation from World Malaria Report 2014: (conservative ACT savings of 7.2% applied to 392 million total ACT courses procured)
9. Rasanathan K et al. (2014) Community case management of childhood illness in sub-Saharan Africa – findings from a cross-sectional survey on policy and implementation

For further detail, please review the UNICEF - WHO Overview and Latest Update on Integrated Community Case Management (February 2015)