THE RAPID ACCESS EXPANSION PROGRAMME

Scaling up community health services to save the lives of children in hard-to-reach areas

JUNE 2016

1.35

MILLION
CHILDREN IN

5

COUNTRIES
ACCESSING
COMMUNITY
HEALTH SERVICES

International efforts to reduce child deaths have yielded impressive results: the global under-five mortality rate has dropped by 53% since 2000. But the world can and must do better: 2.9 million children died in Africa in 2015, and one third of these deaths, which were due to pneumonia, diarrhoea, and malaria, could have been prevented by improving access to efficacious and affordable treatment.

One solution is to train community health workers living in areas beyond the reach of the national health system to manage childhood cases of diarrhoea, malaria, and pneumonia, and other underlying conditions like malnutrition. This approach, known as the integrated community case management of childhood diseases (iCCM), has been gaining recognition across sub-Saharan Africa as an effective strategy for child survival.

The World Health Organization (WHO), the leading technical agency for health and a global advocate for universal health coverage, has been exploring options to bring health services closer to the children who need them. In 2012, WHO and UNICEF recommended iCCM as an equity-focused strategy that can improve access to essential treatment services for children who live in hard-to-reach areas. In 2015, WHO's Global Technical Strategy on Malaria recommended that national malaria programmes expand integrated community case management of malaria, diarrhoea, and pneumonia programmes, with a focus on children under five, as a way to accelerate progress towards universal access to diagnosis and treatment.

A COST-EFFECTIVE INTERVENTION

Evidence shows that the integrated diagnosis, treatment, and referral of sick children with fever improves:

- the promptness and frequency of care-seeking behaviour for fever,
- the number of children who obtain timely and appropriate treatment for malaria, and
- the quality of care for children who have different illnesses with overlapping symptoms.

World Health Organization

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In addition, compared to simple malaria case management at the community level, iCCM reduces:

- the workload of health centres,
- the unnecessary use of artemisinin-based combination therapy, and
- the cost of malaria care.

iCCM programmes treat more children, save more lives and are more cost-effective than malaria-only community services.

AN IMPORTANT ROLE FOR WHO

More and more countries are adopting iCCM policies and programmes, and new funding mechanisms are emerging to meet the health needs of children in remote and underprivileged communities. Countries now need technical support, operational guidance, and stronger monitoring and evaluation systems to make well-informed funding, policy, and programme decisions. As the United Nations technical agency for health, WHO has a clear role to promote iCCM scale-up in sub-Saharan Africa.

In 2012, in alignment with the Muskoka Initiative on Maternal, Newborn and Child Health, and as a contribution to the United Nations Secretary General's Every Woman, Every Child movement, Canada awarded a grant to the WHO Global Malaria Programme to manage an iCCM project known as the Rapid Access Expansion programme (RAcE). The grant, for a 5 year action plan, has been supporting ministries of health to initiate or expand iCCM programmes in five countries: the Democratic Republic of the Congo, Malawi, Mozambique, Niger, and Nigeria. A panel of external public health experts assembled by WHO provide strategic guidance to the programme once a year. Another external group of technical experts, the project review panel, reviews grant applications and renewal requests by nongovernmental organizations (NGOs).

In this framework, WHO has awarded sub-grants to NGOs to work with ministries of health and WHO on iCCM programmes in the designated countries. Indeed, the implementation of an integrated community treatment strategy is complex: it requires policy support, the creation of community demand, as well as training, supervision, performance monitoring, and the regular supply of commodities. These varied tasks necessitate the sustained and harmonized efforts of many different actors.

The establishment of RAcE partnerships have enabled countries to benefit from government coordination and leadership, the implementation support of NGOs, the participation of beneficiary communities, the expertise of ICF International and the Swiss Tropical and Public Health Institute, and WHO's technical, financial, and programmatic stewardship.

In Niger, the RAcE programme led to a policy shift, and for the first time the relais communautaires started treating sick children. Now, children who live in RAcE-supported areas don't risk death just because they have fallen ill with diarrhoea, malaria or pneumonia. Niger will work with its partners to implement policies and secure the necessary funding so we can keep the momentum and continue saving children's lives.

Dr Mahamadou Idrissa Maïga, Secrétaire général du Ministère de la Santé Publique, Niger

THE RACE PROGRAMME: RESULTS

With its commitment to evidence-based policy options, innovative partnerships, and country leadership, WHO is uniquely placed to coordinate an iCCM project and offer malaria-endemic countries the policy and operational guidance needed for iCCM scale-up.

RAcE partnerships, initiated and facilitated by WHO, have been providing:

- **Support for iCCM scale-up.** RAcE partners have given logistical, technical and financial support to implementing countries, resulting in a total of 3.8 million cases of diarrhoea, malaria, and pneumonia among children under five diagnosed and treated at all implementation sites since the launch of the project. Many countries have updated their national policies to facilitate iCCM scale-up, introducing, for example, the use of rapid diagnostic tests for malaria and dispersible amoxicillin at the community level.

- **Solid evidence from a range of countries.** RAcE partners will generate evidence on iCCM programme implementation through research on topics that include supervision, community health worker motivation, quality of care, supply chain management, and the use of innovative tools such as mobile telephone applications. The Swiss Tropical Institute is assessing how different programme choices affect iCCM coverage, quality of care, and rates of use in complex health systems. WHO has been sharing lessons learned in the RAcE project to a wide audience including ministries of health and NGOs.

- **Stronger monitoring and evaluation systems.** RAcE partners are working with governments to strengthen in-country systems for monitoring and evaluating iCCM. In RAcE programme areas, ICF International is supporting grantees' and countries' iCCM monitoring and evaluation efforts.

- **Strategies to promote country ownership and sustainability.** The success of the RAcE programme encouraged the Democratic Republic of the Congo and Nigeria to plan to expand these programmes nationally. WHO, international NGOs and ICF International are also facilitating plans to hand over the programme to governments, to minimize the risk that iCCM services are interrupted once project funding ends. Defined by the vision of the ministry of health, the transition plan will promote the integration of iCCM within the national health system.

As a result of RAcE programmes, approximately 7800 community health workers have been supported to work in iCCM, and 1.35 million children in the five countries will have access to essential health services by 2017. Furthermore, ministries of health will have evidence-based policy solutions, operational guidance, and technical support for iCCM scale-up as well

The RAcE programme in the Democratic Republic of the Congo provides the Government with comprehensive and coordinated technical support, covering all aspects of iCCM programme implementation. RAcE-supported health zones are often perceived as "centres of excellence" for iCCM service provision, and integrated approaches are now seen as effective options for child health. The Ministry has recently requested that malaria-specific approaches in the Democratic Republic of the Congo be expanded into integrated solutions that will help to improve child survival.

Dr Bakary Sambou, a technical officer at the WHO Country Office in the Democratic Republic of the Congo

as better systems for measuring the performance of their iCCM programmes. Thus, the RAcE programme will lead to favourable conditions for iCCM scale-up, and better iCCM services, which, in turn, may help governments seize additional funding opportunities for child health. Finally, WHO's assessment and wide dissemination of information may catalyse the scale-up of iCCM in other malaria-endemic countries.

Global mortality rates among children under 5 have decreased more rapidly in the past 15 years than at any other time in history. All children should benefit from this progress. The RAcE project is demonstrating that iCCM programmes – combined with country leadership, innovative partnerships, technological advances, and sufficient, sustained funding – can help to end needless deaths and suffering.

For further information, please contact:

Dr Salim Sadruddin, Team Leader, RAcE • WHO Global Malaria Programme •
Tel: +41 22 791 4743 • Email: sadruddins@who.int

KEY FACTS ABOUT THE RACE PROJECT

- Grant awarded in 2012 by the Government of Canada
- Five project countries: the Democratic Republic of the Congo, Malawi, Mozambique, Niger and Nigeria
- Sub-grantees: The International Rescue Committee in the Democratic Republic of the Congo; Save the Children in Malawi; Save the Children and the Malaria Consortium in Mozambique; World Vision in Niger; and the Malaria Consortium and Society for Family Health in Nigeria

Target population (2–59 months) accessing iCCM services in each country by the end of the project

- Democratic Republic of the Congo: 150 000 children
- Malawi: 315 003 children
- Mozambique: 252 047 children
- Niger: 230 000 children
- Abia State, Nigeria: 245 084 children
- Niger State, Nigeria: 161 973 children

Targets for operational community health workers by the end of the project

- Democratic Republic of the Congo: 1740 relais communautaires
- Malawi: 1366 health surveillance agents
- Mozambique: 1344 agentes polivalentes elementares
- Niger: 1539 relais communautaires
- Abia State, Nigeria: 1350 community-oriented resource persons
- Niger State, Nigeria: 1794 community-oriented resource persons

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Generously funded by the Government of Canada, the Rapid Access Expansion Programme (RAcE) increases coverage of health services for major childhood diseases in hard-to-reach areas in five countries of sub-Saharan Africa. RAcE relies on the technical, programmatic, and financial stewardship of the World Health Organization, the leadership of ministries of health, the participation of beneficiary communities, the implementation support of international NGOs, the monitoring and evaluation expertise of ICF International, and programmatic research carried out by NGOs and the Swiss Tropical and Public Health Institute.