

Costing and Financing Task Force Subgroup

3/9/2015, 9-10am EST

Agenda and notes:

1) Individual and organizational updates

- a. New members: **James Bonney** works with US Fund for UNICEF – supports through resource mobilization to identify, obtain, and manage grant awards from large, U.S.-based, institutional foundations . Holds iCCM grants from Gates Foundation and looking for other resource mobilization opportunities. **Gunther Baugh** works for WHO’s Global Malaria Program, serving as Project Manager for Rapid Access Expansion (RAcE) 2015. He is,working with governments to fund subgrantees for iCCM programs in five countries and then transition programs over to governments.
- b. Guests: **Phyllis Heydt** and **Daniel Brown** work with MDG Health Alliance, very interested in community-based health systems to support MDGs.

2) Update from iCCM Task Force Meeting on 2/12/15 (Colin)

- a. CORE Group Meeting will be held in Alexandria, VA. There is an April 14th iCCM Task Force panel (details forthcoming). Early bird registration ends this week:
<http://www.coregroup.org/get-involved/attend-event/spring-2015-global-health-practitioner-conference>
- b. Subgroup workplan: The subgroup workplan is due soon. Colin will be reaching out to members to get input on what we hope to accomplish this year.
- c. Send any web updates to Anna Bryant (anna_bryant@jsi.com) for posting to CCMCentral.
- d. MDG Health Envoy through Gates Foundation is looking at cost of iCCM activities
 - i. Some through UNICEF in Uganda. Subgroup members will send additional information.

3) iCCM investment case presentation and discussion (Phyllis Heydt and Daniel Brown of MDG Health Envoy)

- Taking advantage of Global Fund’s NFM. iCCM financing task team is determining if there is room to incorporate Community Case Management in malaria “gaps.” Many countries took advantage of this offer and included these components into their proposal. Group is in the process of finding donors to include in programmatic gaps. Learning how the malaria and child health communities can work together and integrate into a fuller program. Mark Young is the

leader of this. There are monthly in-person meetings where everyone gets together to review the program. Questions came up about context of iCCM in programs.

- MCHIP consultant interviewed iCCM stakeholders to determine malaria and child health
- Overall iCCM Financing Task team strategic communication strategy: See attached list of potential communications ideas that the Financing Task Team has considered pursuing (dates can be disregarded). Several objectives emerge from report:
 - Summarizing evidence: critical to enabling strategic communication around iCCM.
 - Establishing a case for integration targeted towards malaria community: including clear summary of the evidence
 - Establishing a general case for integration
 - Address concerns around implementation of iCCM
- Will produce report including summary of evidence with a look at current financing directed towards iCCM (will address at next call as well)
 - Recommendations for the report: integration case is towards malaria in particular. Model in place to address the malaria burden – can make a similar case for iCCM. Potential for putting into a Global Fund context.
 - Figuring out distribution path and events is critical in this case.
 - Ministers of Health and Finance to ensure there is sustainable financing for these delivery platforms.
 - Opportunities for cross-promotion
 - MSH created country investment cases for investing in iCCM in Burkina Faso and Nigeria.
 - Feedback thus far: would be a constructive exercise to review bullet points (below) and gauge interest from respective organizations. Reach out to Daniel and Phyllis if you know of any work that is similar to this. They will send 2-pager related to program around in next couple days.
- Specific input on development of a report on iCCM effectiveness and financing. Last year, the Task Team assessed gaps in materials around iCCM, and one idea that filtered out was the development of a clear summary of the evidence for iCCM and a perspective on existing and needed financing. IHME proposed to support this along the following lines:
 - *Estimate development assistance for health (DAH) for iCCM*: IHME's development assistance for health database will also be deployed to develop a lower-bound estimate

of the international funding for iCCM from 2000 to 2012. Special search terms will be developed with the MDG Health Alliance to uncover donor funding for this area of work. Time trends, maps, and other figures will be provided to visualize these funding flows. The DAH for iCCM will also be compared to other maternal and child health financing as well as malaria funding.

- *Policy report on iCCM effectiveness and financing:* IHME will develop a policy report summarizing the findings developed through its review of the literature and analysis. This authoritative report will aim to harness the evidence surrounding iCCM, such that stakeholders can determine financial need and potential for impact in iCCM implementation. This report will be tailored to global health stakeholders across the malaria, pneumonia and diarrhea constituencies, as well as major current and potential donors. A key consideration in developing the policy report will be ease-of-use and understanding of a wide range of stakeholders, including ministries of health, NGOs, and others.