## Integrated Community Case Management Task Force Operations Research Group, April 23, 2013, 10:00-11:00

**Participants**: Kerry Ross, Jennifer Melgaard, Soo Kim (MCHIP), Mark Young (UNICEF), Karin Kallander (Malaria Consortium), Salim Sadruddin (Save the Children), Valerie D'Acremont (Swiss TPHI), Franco Pagnoni (WHO/GMP), Stefan Peterson (UU/KI), David Marsh - facilitator (Save the Children); regrets: David Hamer (BU); Jennifer Callaghan (JHSPH), Victor Lara (PSI), Tanya Doherty (MRC), Shamim Qazi (WHO/CAHD, Amy Ginsburg (PATH), Saul Morris (BMGF)

| Торіс  | Main Points   | Decisions, Next Steps   |
|--|---|---|
| Introductions  | Valerie D'Acremont from Swiss TPHI and formerly WHO/GMP   | •   |
| CHNRI Update (Salim)   | <ul> <li>We sent out invitations to 137 people and have received research questions from 76 people in 28 countries. Of those invited, 4 were unable to participate and 14 never responded. The remainder (119) indicated that they would participate, and a couple indicated they would only be able to participate in scoring the research questions.</li> <li>Received 322 questions from 76 experts (not a lot of new ideas from the January list of 154). Currently, the 8 of the core panel are each to select 15 priority questions (along with second choice questions which they think are important) before next week. These will be merged into a list of 50 for ranking by international experts.</li> <li>Kerry notes some feedback questioning the openness of the "pre-prioritization" by the core group. The reply is that this approach compares favorably with the diarrhea exercise, which divided the questions among sub-groups. Moreover, it is impractical to circulate 300+ questions, many of which are redundant.</li> </ul> | <ul> <li>Mark has reserved a room at UNICEF.</li> <li>Salim will send specific agenda shortly.</li> </ul> |
| Summary of "Informal<br>Consultation: Fever<br>Management in<br>Peripheral Health Care<br>Settings: Global Review<br>of Evidence and<br>Practice" WHO/GMP,<br>Jan 2013 (Valerie) | <ul> <li>Valerie guided us through 24 slides summarizing the 7 recommendations: (1) more studies on fever etiology, (2) malaria case management must be part of the integrated management of fever, (3) apply evidence (e.g., from AJTMH) when scaling up iCCM, (4) do not modify the core iCCM algorithm, (5) implement iCCM along with strengthening health facilities, (6) subsidized antimalarials and RDTs in private sector should be accompanied by approaches to diagnose and treat non-malarial fever, and (7) clinical outcomes should guide research into new case management</li> <li>Several questioned the apparent guidance to treat danger signs with an antibiotic, which in part is a reflection of the confusion over the term "danger sign."</li> <li>Karin noted that BMGF just closed a procurement to test pOx and RR timers</li> </ul>  | Send comments to Valerie.   |
| ASTMH (Mark)   | Decision due in May   | •   |
| MIM (Stefan)   | Panel about to be submitted. Deadline 30 April.   | •   |
| Evidence Review (Mark)   | <ul> <li>Leads for thematic areas have emerged. Theresa has proposed formats for various kinds of<br/>documentation. One-on-one meetings with leads to commence. December meeting proposed,<br/>perhaps in Nairobi.</li> </ul>  | •   |
| "Introducing iCCM in<br>Drug Shops in Uganda"<br>(Stefan)  | <ul> <li>We ran out of time, so Stefan didn't present, but he did note that private sector iCCM studies would<br/>benefit from the remaining AMFm time this year. Yet the proposed UNITAID-linked studies have been<br/>delayed for months. What other opportunities can be found? Mark noted that UNICEF just received<br/>two years of support for diarrhea and pneumonia control in Kenya, Tanzania, Ethiopia and Niger, and<br/>that private sector could be a focus. Theresa Diaz is exploring where/how to accommodate evidence<br/>from the private sector in the Global iCCM Evidence Review.</li> </ul>  | Stefan to present next time   |
| Next meeting   | •   | • Wed, May 22 at 10:00 EST.   |