

**Integrated Community Case Management Task Force Operations Research Group**, June 13, 2013, 10:00-11:00

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

Topic	Main Points	Decisions, Next Steps
Introductions	<ul style="list-style-type: none"> <li>Welcome to Victor Lara (PSI), joining us for the first time!</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
“Case Mgmt thru Private Sector” Stefan Peterson, (Presentation -of-the-Month)	<ul style="list-style-type: none"> <li>Stefan reviewed colleague, Phyllis Awor’s, slides “Introducing iCCM of Malaria, Pneumonia and Diarrhea in Drug Shops in Uganda,” (AJTMH supplement), acknowledging Karin Kallander’s role and PSI’s role in branding and social marketing. 44 registered drug shop teams trained in iCCM were compared to 40 counterparts who treated fever presumptively by exit interviews and HH surveys after 8 months. Correct treatment of all 3 diseases increased from <math>\leq 16\%</math> or lower to <math>\geq 74\%</math> in iCCM shops. Drug shop use increased (30-52%) at expense of private clinics, not government facilities.</li> <li>Karin queries sustainability of free care. Stefan notes Jessica Cohen’s willingness to pay research and need for more research which on-going CCM CHNRI may highlight.</li> <li>Karin noted UNITAID partnership with PSI and MC in Uganda where RDTs are the entry point for improving case management of malaria and non-malaria febrile illnesses, like pneumonia and diarrhea.</li> <li>Saul queries value – and even risk – of applying “iCCM” (a specific strategy for CHWs) to private sector</li> <li>Kerry proposes a “Private Sector Working Group” for the larger CCM Task Force. Stefan notes that the December CCM Evidence Review has a private sector panel which could launch such a group.</li> </ul>	<ul style="list-style-type: none"> <li>Kerry to explore interest in Private Sector Working Group in CCM TF</li> </ul>
CHNRI Update (Kerry)	<ul style="list-style-type: none"> <li>Advisors met in New York to pre-prioritize 300+ questions to a manageable number, clarifying language and removing duplicates and to develop scoring criteria. As of today, questions have gone out to all English speakers with requests for responses by 30 June. French language translation is pending. Preliminary results expected in August. PGPR’s Kerri Wazni may contact individuals for 1-on-1 follow-up of lagging informants.</li> </ul>	<ul style="list-style-type: none"> <li>Informants note 30 June deadline</li> </ul>
Evaluation of RR Timers and pOx (Karin Kallander)	<ul style="list-style-type: none"> <li>Based on a favorable review of a concept note, BMGF invited Malaria Consortium to submit a proposal to landscape, prioritize and evaluate RR timers and pOx’s in 4 countries over 2 years, starting in November. Technology categories: (1) counting aids (beads, abacus), (2) accelerometers (detect chest movement), (3) mobile phone – Java or android, (4) multiparametric (e.g., counter plus Rx algorithm), (5) pulse oximeters, (6) UNICEF timer. Evaluation: validity against reliable pOx and RR sensor, feasibility, acceptability (user and client). Users = CHWs and FLHWs in facilities.</li> <li>Franco queried partnership possibilities, i.e., within RAcE’s OR.</li> <li>Mark noted UN Commodity Commission’s amoxicillin WG’s overlapping interest and need to coordinate</li> <li>Saul noted BMGF’s coming work in prognostic algorithm (to clarify role of pOx)</li> </ul>	<ul style="list-style-type: none"> <li>Karin to report again if/when proposal is successful</li> </ul>
ASTMH (Mark)	<ul style="list-style-type: none"> <li>Panel of 5 impact studies accepted for DC meeting, 13-17 November; day not known yet.</li> </ul>	<ul style="list-style-type: none"> <li>Mark to notify panelists of date</li> </ul>
MIM (Stefan)	<ul style="list-style-type: none"> <li>Panel submitted for Durban meeting, 7-11 October; decision pending</li> </ul>	<ul style="list-style-type: none"> <li>Stefan to track</li> </ul>
CSIH (Franco)	<ul style="list-style-type: none"> <li>Panel accepted for Ottawa meeting, 27-29 October (Sunday 27<sup>th</sup>), moderated by FP and DM</li> </ul>	<ul style="list-style-type: none"> <li>Salim Sohani (CRC) to manage</li> </ul>
Publications (David)	<ul style="list-style-type: none"> <li>Jennifer Bryce hopes to present highlights of PLoS Medicine’s “Measurement” supplement next time</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Evidence Review (Mark)	<ul style="list-style-type: none"> <li>Thematic work underway. Lots of interest. Likely in Nairobi, December 4-6. Preparatory meetings link with DC ASTMH (12 Nov) and Ottawa CSIH (30 Oct) meetings. Commitment from U Edinburgh’s (Rudan, Campbell) <i>Journal of Global Health</i> for supplement. UNICEF is repeating its CCM survey.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Next meeting	<ul style="list-style-type: none"> <li>Scheduling this meeting was a bit challenging, with MCHIP’s repeated Doodle surveys.</li> </ul>	<ul style="list-style-type: none"> <li>DM to survey re: meeting options</li> </ul>