

**Integrated Community Case Management Task Force Operations Research Group**, September 4, 2013, 10:00-10:50

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

Topic	Main Points	Decisions, Next Steps
Introductions	<ul style="list-style-type: none"> <li>Welcome back, Dyness (MCHIP), joining us for the first time!</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
"CHNRI Update" (Salim by email)	<ul style="list-style-type: none"> <li>77 of 127 contacted experts submitted 366 questions that Advisory Group prioritized to 61; received scores from 75/134 (56%) experts; conducted preliminary analysis and top ten have surprises; research feasible within 2-3 years, which should influence donors, programmer's and researchers.</li> <li>Saul notes Foundation's interest in early results as they are doing budget planning now</li> </ul>	<ul style="list-style-type: none"> <li>Kerry to follow up with Salim</li> </ul>
Evidence Review (Kerry)	<ul style="list-style-type: none"> <li>Monthly meetings on-going (one today); thematic groups progressing; smaller group to decide country delegations; will inform CCM TF; web-site coming</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
ASTMH (Mark by email)	<ul style="list-style-type: none"> <li>Washington, DC, Sunday, Nov 17, 0800-0945; presenters have been notified</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
CSIH (Franco)	<ul style="list-style-type: none"> <li>Ottawa, Sunday, Oct 27, 1:30-3:00 with repeat for CIDA (DFATD) on Monday, Oct 28, 12-1:30.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
MIM (Stefan, Karin and Valerie)	<ul style="list-style-type: none"> <li>Stefan regretted that the panel that he and David H organized received late acceptance, would have cost 20,000 ZAR (=USD 1977), and had two drop-outs, so the panel was withdrawn.</li> <li>Karin noted an accepted MC "Sustainable Innovations" panel: mHealth, community engagement, supervision and supply chain management</li> <li>Valerie is part of a "Fever Mgmt at Referral Level" panel: Causes of fever in low resource settings, Cost-effectiveness of malaria diagnosis, ADDOs in Tanzania, RDT</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Updates from Pneumonia Innovation Team (Karin)	<ul style="list-style-type: none"> <li>Lots going on in open group arising from UNICEF/Copenhagen TAG and Best Practices for Pneumonia NY mtg: (1) draft mission statement, (2) resource mobilization, (3) BMGF-MC partnership to characterize/evaluate timers, pulse oxymetry, (under review) to inform, (4) reviewing technology production pipeline and profiles with UNICEF; (5) identifying manufacturers in Afr/Asia; (6) advocacy; (7) web-site</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
CCM supplement to <i>Ethiopian Medical Journal</i> (David)	<ul style="list-style-type: none"> <li>UNICEF/Ethiopia engaged DM, Rory Nefdt (UNICEF/ESARO) and Elizabeth Hazel (JHU IIP) to guest edit a supplement of ~20 papers. Scope: (1) build scientific writing skills and (2) produce publishable manuscripts with local scientists and MOH with findings from nationally prioritized research.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Fever Algorithms for Drug Sellers (Victor)	<ul style="list-style-type: none"> <li>PSI to train drug sellers in Kenya, Tz and Madagascar in next 3 mos – then up to 7 more countries; developed case mgmt. algorithm with input from Saul and Valerie.</li> <li>Discussion: (1) how to characterize RDT+ ("uncomplicated malaria" vs. "fever of possible malaria origin"), pros/cons of technical accuracy vs. programmatic practicality; (2) fever in last 48 h vs. 7 d; and (3) selection of pre-referral antibiotic</li> <li>Saul noted (1) Victor found that at least 4 country algorithms stop at RDT+ noting that this will cost lives and (2) Foundation's recent effort at modeling outcome of various approaches to management of fever (slides and model available).</li> </ul>	<ul style="list-style-type: none"> <li>Valerie to ask Qazi about recommended pre-referral Antibiotic</li> <li>Karin to suggest adding the "Don't STOP at RDT+" message to Pneumonia Innovation Team's advocacy group</li> <li>All to contact Saul for slides and/or model</li> </ul>
Next meeting	<ul style="list-style-type: none"> <li>We're on an every other month schedule, first Wednesday.</li> </ul>	<ul style="list-style-type: none"> <li>Nov 6 @ 10-11 EST</li> </ul>