MEMO

To: CCM Task Force Members

From: the Steering Committee

Date: 22 June 2016

Subject: Update on CCM TF functions and way forward

The CCM TF Steering Committee (SC) members held their biannual meeting in Washington DC on 19-20th May, 2016. The current context for child health and iCCM has changed significantly from when the TF was first created in 2009. Over the past years, many countries have started or expanded their iCCM programs, and we've made progress in developing tools and approaches countries can use to successfully implement iCCM. That being said, there are also many continuing challenges that iCCM programs face. The global health development space is also changing with the start of the Sustainable Development Goals (SDGs) and the roll out of the Global Financing Facility (GFF), as just a few examples. As such, much of the SC meeting focused on how the iCCM TF could or should engage with this evolving landscape. The SC recognizes that we are at the end of the second phase of rolling out iCCM as a strategy, which started after the iCCM Evidence review symposium held in Ghana in 2014.

Increasingly, our learning as the iCCM TF shows that iCCM implementation at scale is stronger when aligned to a functioning health system to ensure that clinical mentoring and supportive supervision are conducted, drugs and supplies are available, the referral system from community to facilities and back is working, and communities are engaged and demand is generated. In addition, donors seem increasingly interested in funding integrated community health or primary health platforms, as opposed to funding iCCM (now that we are past the early implementation phase when standalone programs could be justified for the purpose of learning.)

With the launch of the global strategy for Women's, Children's and Adolescents' Health and the SDGs, there is a shift to strengthen the community health platform to deliver a comprehensive package of services across the RMNCH continuum, including health promotion and prevention as well as curative services-- with emphasis on linking community services to first level facilities and to other higher level facilities to support the continuum of care. New funding mechanisms for health services, like the GFF, will emphasize the continuum of care and development of integrated investment plans, not stand alone strategies. As a community, the SC feels that we need to take advantage of this evolving global architecture for funding health services.

Based on the foregoing, it's clear that we are in time of transition. As part of repositioning child health, the SC took stock of the current landscape of actors in (global) health in general and child health specifically. As of May 2016, leader organizations in child health are in the process of conducting reviews that will influence how the child health community positions itself to take advantage of the momentum started under the millennium development goals to reduce preventable child deaths to the target of at least less than 25 per 1000 live births by 2030. Results from these reviews are expected by

end of July 2016 and are expected to influence how the Task Force functions including, the Mapping Global Leadership in Child Health by USAID/MCSP, the strategic review of IMCI by WHO and the IMCI and health systems review by UNICEF.

In view of all these changes and the evolving context, the SC feels there is need to reposition iCCM to support the primary objective of increasing access to and timely utilization of effective high impact interventions for the leading causes of preventable child deaths. While decisions about the future of the TF will occur after the findings of the reviews are disseminated and discussed, the Steering Committee resolves that the following can be undertaken now:

1. iCCM Task Force and sub committees should increasing look for and exploit opportunities for 'program integration' and to work within the broader frame work of child health. At country level, this means deliberately linking the national iCCM task force or technical working to the child health technical working group.

2. iCCM TF member organizations should commit to supporting country planning for iCCM scale-up in the context of or clearly linked to community health and facility based care (i.e. community health strategy and IMCI strategy)

3. The Task Force will use the next 6-9 months to try several approaches to strengthen engagement with countries including – doing joint missions of HQ technical advisers to countries and scheduling country focused teleconferences/webinars on a regular basis where country leads, MOH program managers or CCM TF sub group members will share experiences in supporting particular countries, progress in scaling up service coverage and issues for cross-country learning.

Lastly, in addition to the short-term changes listed above, the Steering Committee agreed to meet again in Fall 2016 to begin discussing how the findings of the ongoing reviews should impact the TF in the long-term. The SC will ensure that a forum for public comment and discussion is held so that all TF members can participate in the process of thinking how we can best structure ourselves within this new environment to end preventable child death.

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For Steering Committee