iCCM Financing Task Team Update – Pneumonia/Diarrhea working group

August 21, 2014

ICCM FINANCING TASK TEAM DRIVING INTEGRATION WORK

Leadership

UNICEF	Red Cross
1MCHW Campaign	CHAI
USAID	MDGHA
Save the Children	MCHIP

- **UNICEF leading the team**
- **Funding support from BMGF and USAID**

Core activities

iCCM gap analyses

- Get TA requests from countries (for iCCM gap analyses)
- Ensure all TA is in place to support countries
- Maintain country dashboard

Co-investments

- Analyze co-financing opportunities
- Engage donors

Coordination

- Coordinate with the HWG, GF teams, RMNCH STC etc

- **Primary objective:** facilitate integrated funding ("GF+") for integrated delivery in countries that want to scale up
- The team now also increasingly involved on implementation (aligning PSM plans etc)

WHERE WE ARE: PROCESS UPDATE (1/2)

August 2014 status update

Country work

- **7 countries** have submitted concept notes that contain significant iCCM components: **Zambia, Uganda, DRC, Ethiopia, Nigeria, South Sudan, and Ghana**
- 6 additional countries have consultants working in country/TA being organized and are preparing concept notes: Malawi, Kenya*, Burundi, CiV, **BF,** Niger

People and tools

- ~20 consultants have been trained; ~13 have been 'deployed' in various contexts
- Now receiving support from a supply chain expert; additional PSM consultants will be brought on board
- Team has built iCCM gap analysis tool, concept note review tool, summary sheets, **list of top indicators, and process for mapping status of supply plans**
- **Further refinement to GA table and review tools**

Global coordination

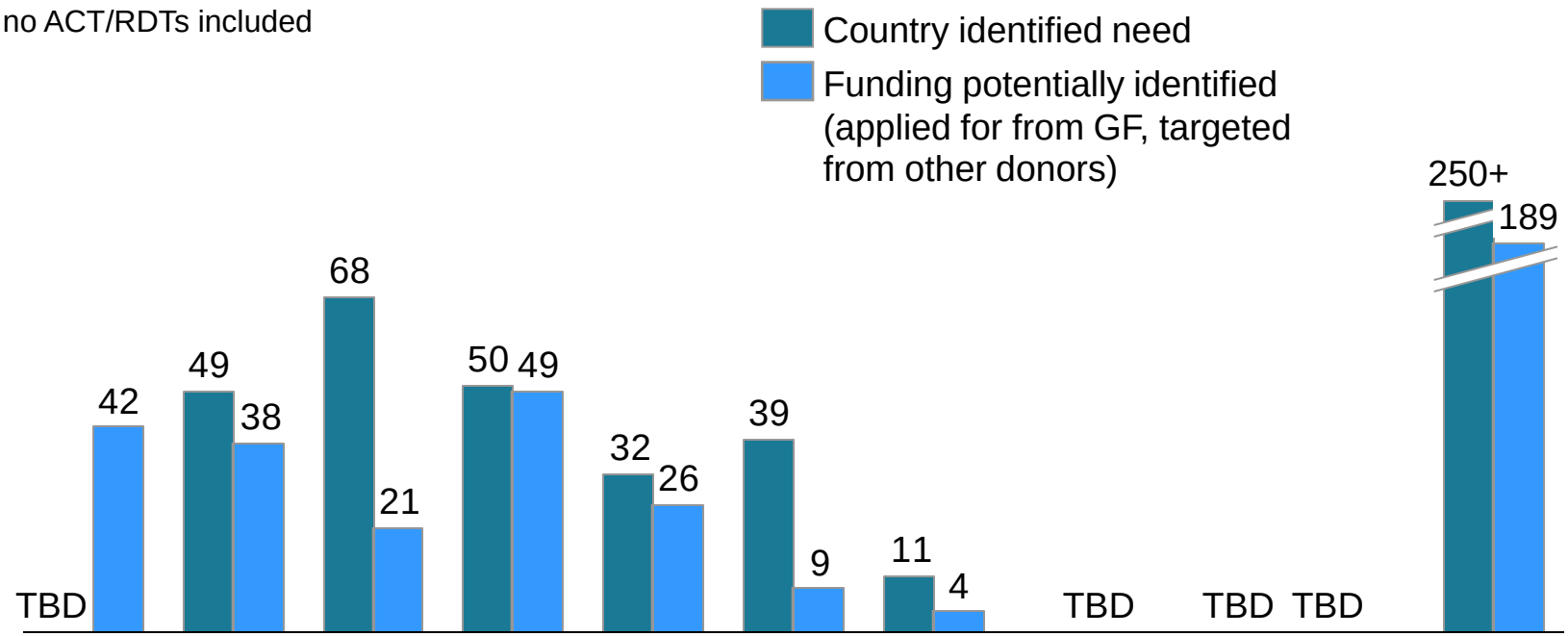
- Weekly iCCM Financing TT calls held, notes routinely distributed
- On-going coordination discussions with consultants
- Weekly call with RMNCH, GF, and USAID on TA
- Country specific coordination discussions: e.g. Nigeria, Burkina, **South Sudan**

Notes: Kenya -awaiting request for further TA

WHERE WE ARE: PROCESS UPDATE (2/2)

Need and funding identified, $m

2015-2017, no ACT/RDTs included



Minimum gap, $m 2015-2017	DRC	Ethiopia	Uganda	Zambia	Nigeria	Ssudan	Ghana	Kenya	Malawi	Niger	Total
	TBD	11	47	1	6	30	7	TBD	TBD	TBD	>60M+

Additional countries continuing gap analyses and concept note drafting: Burundi, Cote D'Ivoire, Burkina Faso

Note: Financing identified includes above allocation/incentive funding applied for from GF; depending on GF decision, country and total gaps could be much larger – likely $50M - $250M

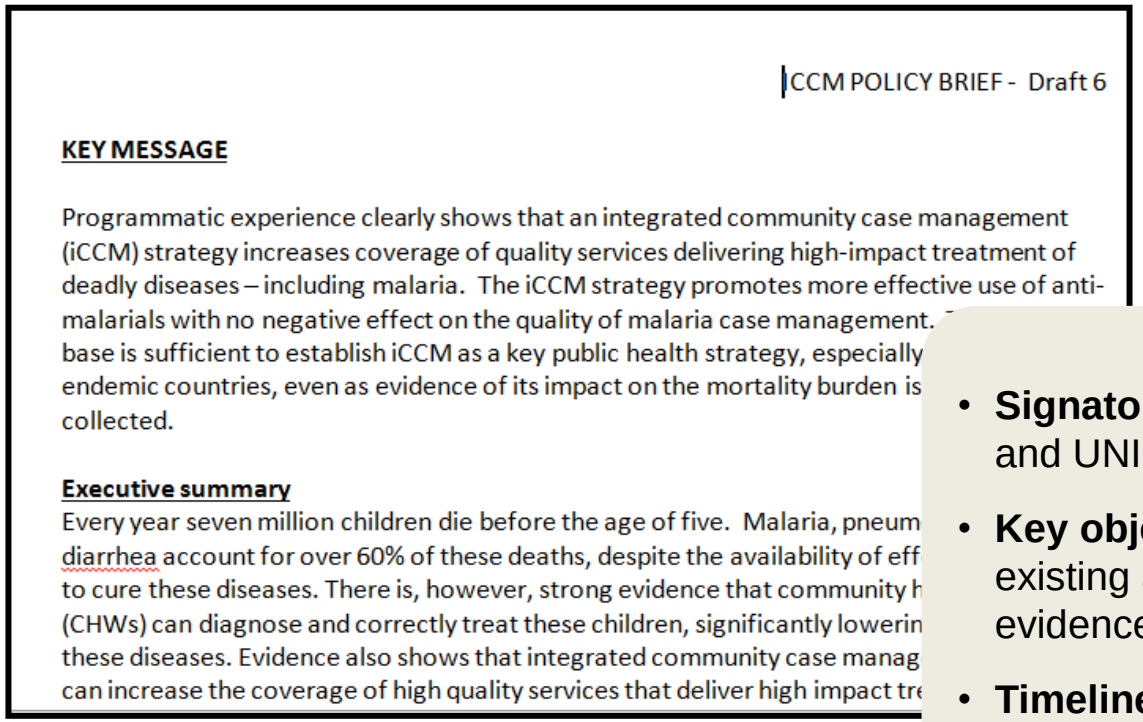
Source: iCCM Financing Task Team Consultants, June 2014. All numbers draft.

FOCUS OF THE ICCM FINANCING TT GOING FORWARD

- **Country support:** Provide continued support to countries that are currently preparing gap analyses (Burundi, Burkina Faso, Cote d'Ivoire, Malawi) and identify further countries that want support
- **Indicator and implementation:** Identify how performance indicators for iCCM can be aligned/integrated across different donors (but the same PR)
- **PSM:** Work with partners and GF to assess and work through how PSM plans can include non-GF iCCM commodities
- **Co-financing:** Identify co-investors for the remaining gaps for country plans
- **iCCM advocacy:** Strengthen the case for iCCM to different stakeholders, including Malaria community

More details on next page – we need your help!

AN ICCM POLICY BRIEF IS BEING DEVELOPED AND THE ICCM JOINT STATEMENT WILL LIKELY BE UPDATED TO REFLECT NEW EVIDENCE



ICCM POLICY BRIEF - Draft 6

KEY MESSAGE

Programmatic experience clearly shows that an integrated community case management (iCCM) strategy increases coverage of quality services delivering high-impact treatment of deadly diseases – including malaria. The iCCM strategy promotes more effective use of anti-malarials with no negative effect on the quality of malaria case management. [illegible] base is sufficient to establish iCCM as a key public health strategy, especially [illegible] endemic countries, even as evidence of its impact on the mortality burden is [illegible] collected.

Executive summary

Every year seven million children die before the age of five. Malaria, pneum[illegible] diarrhea account for over 60% of these deaths, despite the availability of eff[illegible] to cure these diseases. There is, however, strong evidence that community h[illegible] (CHWs) can diagnose and correctly treat these children, significantly lowerin[illegible] these diseases. Evidence also shows that integrated community case manag[illegible] can increase the coverage of high quality services that deliver high impact tr[illegible]

- **Signatories:** USAID, WHO and UNICEF
- **Key objective:** highlight all existing and most recent evidence for iCCM
- **Timeline:** ASAP

FURTHER SUPPORT NEEDED FOR ICCM ADVOCACY

Key target audiences	Key messages	Ideas
Malaria community (technical advisors, RBM/HWG etc) **and National Malaria Control programs**	• Growing body of evidence on reduced all-cause mortality • Malaria benefits from integration (higher utilization rates for all 3 diseases, more rational use of drugs) • Integration leads to more sustainable long-term health system benefits (better program performance)	• "Elevator" pitches • "Snappy" presentations • Leaflets • Partnering with advocacy groups (e.g. MNM, Speak up Africa)
Donors (other than GF)	• Significant leverage ("value for money") opportunity (investing along-side GF) • Group of countries ready for scale-up and institutionalization • Importance of strengthening community health systems (for all diseases, e.g. also referring to Ebola outbreak)	• High-level meetings • CHW+ SC communication
Ministers of Health, PS, DG	• Opportunity for funding of integrated program right now • Requires strong government leadership to bring different disease teams (in particular Malaria and Child Health) together	• High-level in-country meetings • 1:1 meetings

- **What ideas do you have for advocacy?**
- **Could one of you help to create an advocacy document for the Malaria community – given GAPPD expertise and connections?**