

iCCM TA and GF-NFM

Update for Diarrhea & Pneumonia Working Group meeting

May 8th, 2014

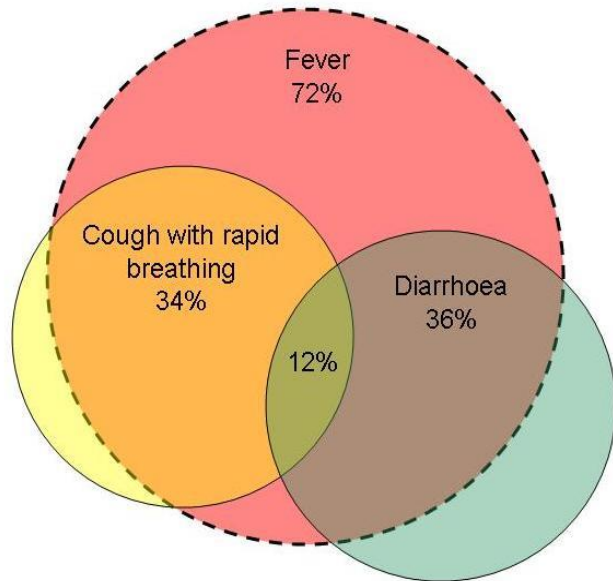
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Overall message: iCCM key for MDG 4, unique opportunity for GF & other donors

- **There are still almost 2.5 million children under five dying from pneumonia, diarrhea and malaria per year**
- **Children are still dying at 'last mile' – iCCM provides a path forward**
 - Children under five far from health facilities are almost two times more likely to die than children in cities
 - Integrated Community Case Management enables community health workers to provide care to populations most in need
- **iCCM demanded by countries**
 - More and more countries want to take community-based care systems to scale
 - Need financing to develop and increase size of programs, train CHWs, and improve supply chains to reach last mile
- **Unique moment to support further investment in iCCM**
 - Unique moment for Global Fund to work with other donors to invest in frontline delivery
 - iCCM Financing Task Team working with HWG, RMNCH, and others to support this process
- **FPMs can support coordination and catalyze co-investments**

Improving the current diagnosis and management of Malaria at the community level is core to iCCM

Symptoms for Malaria, pneumonia and even diarrhea overlapping



Addressing potential risks of Malaria diagnosis and treatment through iCCM

- Treatment of all fever cases with ACTs leading to
 - ACT wastage
 - Drug pressure on malaria parasites
 - Lower return rates of mothers (because ACT treatment doesn't work)

The Global Fund recognizes the importance of scaling up integrated approaches to improve the linkage between RMNCH and its current investments

*“Exploring options to maximize synergies with maternal and child health, the Board **strongly encourages Country Coordinating Mechanisms (CCMs)** to identify opportunities to scale up an **integrated health response** that includes maternal and child health in their applications for HIV/AIDS, TB, malaria and health systems strengthening.”*

GFATM Board Recommendation 2010

NFM is a key opportunity for driving increased integration including iCCM scale-up

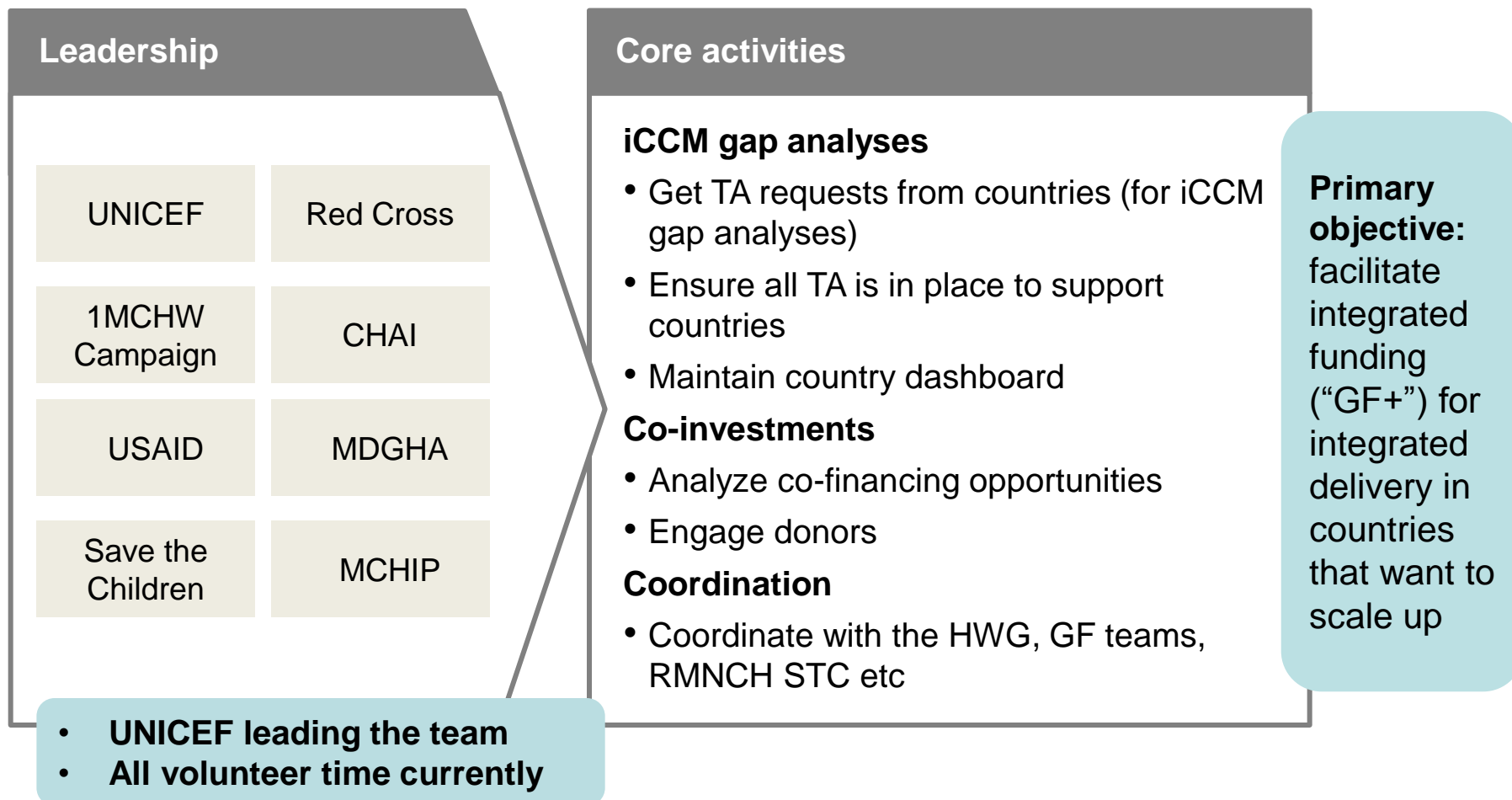
Essential ingredients of iCCM and eligibility for Global Fund support

| Essential iCCM Components | Global Fund Supported |
|--|---|
| Training and salary costs for community health workers | Yes, provided that these community health workers are also directly involved in malaria management |
| RDTs for malaria diagnosis | Yes |
| ACTs for malaria treatment | Yes |
| Respiratory timers for pneumonia diagnosis | No* |
| Antibiotics for pneumonia treatment and ORS and zinc for diarrhoea treatment | No* |
| Supportive supervision | Yes |
| Supply chain system strengthening | Yes |
| Health information system strengthening | Yes |

* Commodities not funded by the Global Fund provide a co-funding opportunity for governments or other development partners to invest into the iCCM platform

Source: 2013 RBM HWG Country Briefing Note

An 'iCCM Financing Task Team' has been established to coordinate Technical Assistance (TA) efforts



TA for iCCM has been made available to support countries in incorporating iCCM into the GF NFM concept notes (1/2)

Overview of TA Needs by Country

| Country | GF NFM CN submission | iCCM TA requests | | | TA Funding Source |
|---------------|-------------------------|------------------|--------------------------------|-------------|------------------------------|
| | | Gap analysis | Concept note & health strategy | Fundraising | |
| Burkina Faso | TBD | TBD | TBD | TBD | |
| Burundi | October | TBD | | | TBD (likely UNICEF (BMGF)) |
| Cameroun | TBD | Yes | Yes | | |
| Comoros | October | TBD | | | |
| Cote d'Ivoire | May (?) | TBD | | | UNICEF(BMGF) |
| DRC | May | Yes | Yes | Yes | RBM/France/ UNICEF |
| Ghana | August | Yes | Yes | Yes | USAID (MCHIP) w/ RBM & 1MCHW |
| Ethiopia | June | Yes | Yes | Yes | UNICEF (BMGF) |
| Kenya | September | Yes | Yes | Yes | USAID (MCHIP) |
| Madagascar | June | Yes | Yes | Yes | |
| Malawi | August | Yes | Yes | Yes | UNICEF (BMGF) & RMNCH |

(1): Based on TA surveys completed by country teams in Nairobi; does not include all countries. Additional detail on TA needs generated through discussions with country offices/programs
 Notes: Yes = Confirmed by Regional Office; (Yes*) = TA needs confirmed by iCCM workshop but not yet by Regional Office. (Yes**) = confirmed by HWG but not yet by RO

TA for iCCM has been made available to support countries in incorporating iCCM into the GF NFM concept notes (2/2)

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|--------------|-------------------------|------------------|-----------------------------------|-------------|---|
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| Mali | April 2015 | TBD | | | |
| Mauritania | TBD | TBD | | | UNICEF (BMGF) |
| Mozambique | TBD | Yes | Yes | Yes | |
| Niger | May/June? | TBD | | | |
| Nigeria | June | Yes | Yes | Yes | USAID (TRACTION), UNICEF (BMGF) & HWG |
| Rwanda | May | Yes | Yes | Yes | |
| Senegal | May(?) | TBD | | | France-5% Initiative |
| Sierra Leone | TBD | TBD | | | |
| South Sudan | June/July | Yes | Yes | Yes | |
| Sudan | May | Yes | Yes | | |
| Uganda | May | Yes | Yes | Yes | USAID (MCHIP) & UNICEF (BMGF) |
| Zambia | June | Yes | Yes | Yes | UNICEF (BMGF) and USAID (MCHIP) |

Aligning with the HWG malaria process, a clear articulation of iCCM needs will be required; countries are encouraged to prioritize gaps in their NFM submissions

iCCM Standard Summary Gap Table

| iCCM Commodity Costs | Need | Financed | Gap |
|--|------|----------|-----|
| ACTs | | | |
| RDTs | | | |
| ORS | | | |
| Zinc | | | |
| Amoxicillin | | | |
| Respiratory Rate Timers | | | |
| Additional iCCM commodities | | | |
| iCCM Delivery Costs | | | |
| CHW Platform Costs | | | |
| CHW Tools & Enablers | | | |
| CHW Recruiting, Training, Data, and Program Management | | | |

Advocating for an integrated approach in country:



In addition to ‘indicative funding’ (malaria and/or HSS), a well articulated and presented “integrated” plan could increase the likelihood of support from additional funding sources – GF ‘Incentive Funding Stream’ or other non-GF sources

Current estimates of financing gap from country gap analyses??

| Country | Likely GF Malaria CN Submission | Estimated iCCM gap 2015-2017 (excluding ACTS/RDTs) | Estimated pneumo & diarrhea drugs 2014-2017 | Districts targeted for iCCM |
|-----------------|--|---|--|--|
| Nigeria | June 2014 | TBD | TBD | TBC – likely Abia, Niger, Adamawa, Kebbi (4/36 states) |
| DRC | May 2014 | TBD | TBD | TBD |
| Ethiopia | June 2014 | \$44M | \$25M | 100% by 2017 |
| Kenya | September 2014 | \$84M | \$2M | 60% by 2017 |
| Uganda | May 2014 | \$68M | \$2M | 100% by 2017 |
| Malawi | Aug 2014 | \$34M | \$2M | 100% by 2017 |
| Zambia | June 2014 | \$53M | \$9M | TBD |
| Ghana | Aug 2014 | TBD | TBD | TBD |

Partners are putting building blocks in place to comprehensively address iCCM scale up financing

| | | |
|---|---|--|
| 1 | GF/ UNICEF MoU | <ul style="list-style-type: none">• Memorandum of Understanding to work jointly on child health, i.e. PMTCT and iCCM• Commits partners to support joint programs |
| 2 | iCCM Financing Task Team | <ul style="list-style-type: none">• Cross-partner collaboration which developed TA process for iCCM alongside Malaria gap analyses• Aiming to identify co-investors to invest alongside GF• Current support to 8 countries |
| 3 | RMNCH STC | <ul style="list-style-type: none">• Issues joint statement with GF and UNICEF on encouraging iCCM TA and co-funding support• Linking TA for iCCM to RMNCH STC country engagement process |

GF – UNICEF MOU commits each to support iCCM and use ‘best efforts’ to fill funding gaps

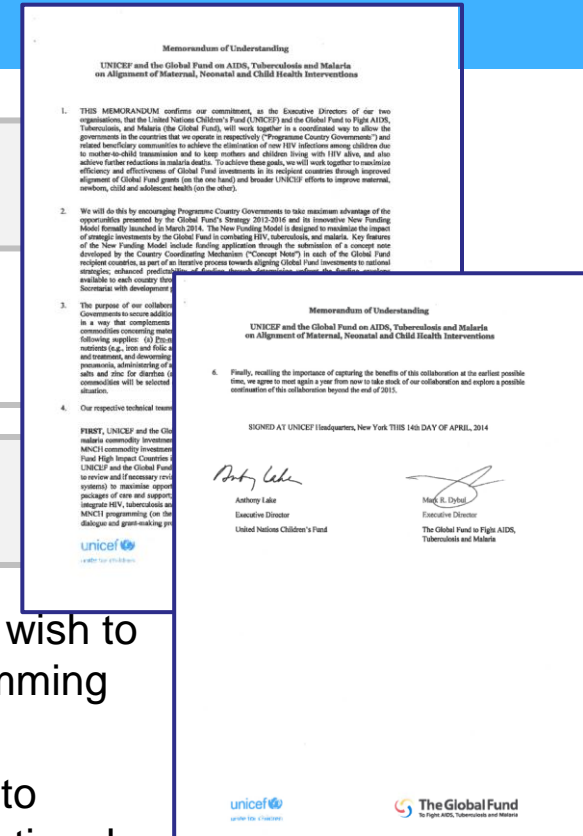
UNICEF and GF will...

- **Targeting of countries:** Jointly work on support for countries where integration makes sense

UNICEF will...


- **Technical assistance and support:** Be available to gvts. that wish to develop Concept Notes which align and integrate ATM programming MNCH programming (e.g. iCCM or PMTCT)
- **Funding:** “Use its best efforts” to mobilize the funding needed to purchase MNCH health supplies and equipment identified in national strategies and Concept Notes developed;
- **Commodities:** Continue to assist to make MNCH commodities available to relevant beneficiaries

Scope will is child health, i.e. pediatric AIDS and ICCM



Illustrative example of making use of complementary resources – financing and technical – to address the febrile child

ILLUSTRATIVE

| | | |
|--|---|---|
| Global Fund: CHW training on iCCM and malaria drugs |  | World Bank HRITF: RBF for referral facilities & CHW stipends |
| UNICEF: Purchase Amox, ORS, Zinc | | Domestic: Essential medicines supply chain, staff, facilities |
| USAID: Supply chain strengthening, quality of care, etc. | | RMNCH Trust fund : Local manufacturing efforts; demand-generation |

Early 'successes' of the work by iCCM Financing TT in close support with partners

Examples

Countries prioritizing iCCM

- Countries across WCARO and ESARO requesting TA for iCCM; consultants deployed to 8 countries
- Ghana, Nigeria, and Kenya pushing for iCCM as a key part of their malaria strategies (included in NSP)

Capacity in place

- iCCM Financing Task Team has a pool of 20 consultants to support gap analysis;
- Has developed roll for dedicated 'back stopper' to support quality control of gap analysis

Coordination among teams at country level

- **Nigeria:** iCCM Task Force convenes a cross-ministry costing sub-team to support costing and concept note development

Coordination between global partners

- **Malawi:** RMNCH SCT and iCCM Task Force utilizing pair of consultants to work jointly on gap analysis and strategy
- **DRC:** collaboration between GF, UNICEF (HQ, RO, CO), RMNCH TF, and WB HRITF to drive iCCM scale up

Despite progress, financing challenges persist:

- **Resources:** consultants suggest that it is difficult to identify 'untapped' pools of fresh capital for co-financing
- **Data:** Difficult to identify existing resources at country level and go from 'need' to gap
- **Sequencing:** iCCM strategy development and iCCM gap analysis running in parallel

What is needed to accelerate the country process on co-financing for iCCM – how can partners help

- Technical support for development of technically sound/evidence-based iCCM strategy and comprehensive iCCM gap analysis
- Work with other key stakeholders (donors) along with MOH/MOF – identification/mapping of existing and potential sources of financing, to go from the overall ‘need’ to a clear ‘gap’ that co-financing can fill
- Where possible - alignment of ORS, zinc and amoxicillin supplies where/when needed to complement GF malaria inputs

THANK YOU!

Link to Press release and UNICEF-GF MOU

http://www.unicef.org/media/media_73153.html