Institutionalizing iCCM Subgroup Meeting May 31, 2018

Participants: Alfonso Rosales (WVI) [co-chair], Salim Sadruddin (WHO) [co-chair], Stella Abwao (SAVE), Ridwan Akorede (SAVE), Madeleine Beebe (Muso), Jane Briggs (MSH), Helen Counihan (Malaria Consortium), Anne Detjen (UNICEF), Ciro Franco (Consultant), Dominique Laura Freire (Consultant), Agnes Guyon (JSI), Emmanuel d'Harcourt (Consultant), Elizabeth Hourani (MCSP/JSI), Peter Kaddu (Living Goods), Karin Kallander (Malaria Consortium), Dyness Kasungami (MCSP/JSI), Mariam Kone (Canadian Red Cross), Daniel Lopez de Romana (Nutrition International), Jennifer Martin (Medicines for Humanity), Judith Moore (Abt Assciates), Debra Prosnitz (ICF), Shamim Qazi, Dolores Rio (UNICEF), Rashed Shah (SAVE), Eric Swedberg (SAVE), Ifeanyi Ume (JSI/Nigeria), Sonia Walia, Jennifer Winestock Luna (Consultant)

Recording link: https://mcsprogram.adobeconnect.com/plbwbr9v6bfs/

Meeting Notes:

- Dyness Kasungami (MCSP/JSI) introduced the chairs of the subgroup who then spoke about why they believe iCCM is relevant and why they are passionate about it.
 - <u>Alfonso Rosales</u>: World Vision US MCH Senior Advisor since 2012. Prior to this move, he worked at field level in African, Asian and Latin American countries, as well as headquarters positions with several international organizations in the areas of development, humanitarian, and emergency response to epidemics. His work has gravitated around strengthening community health platforms to deliver maternal and neonatal interventions for hard to reach communities in rural settings and in fragile state contexts. He was a member of the technical writing/editing group of CORE/MCHIP's Community Case Management Essentials: A Guide for Program Managers. His current interest with iCCM is to improve governance-related gaps at global and national level as well as harmonization and standardization of operational approaches among field implementers.
 - <u>Salim Sadruddin</u>: Currently the head of the "Rapid Access Expansion" (RACE) iCCM Programme, Global Malaria Programme at WHO Geneva. RACE supported Ministries of Health in Nigeria, Niger, Democratic Republic of Congo, Malawi, and Mozambique to implement iCCM. Before joining WHO, Salim worked with Save the Children USA as Technical Advisor for Child Health for nine years. Salim is passionate about iCCM as currently around 30% of under-five deaths in high-burden African countries is due to malaria, pneumonia, and diarrhea. Care seeking and treatment coverage for the three conditions is still very low in these settings. iCCM is the only strategy through which communities living in remote and inaccessible settings can be provided, simple, effective, and lifesaving interventions for under-five children living in these communities and prevent thousands of deaths. In the global and country context: the SDG 3.8 target and the WHO 13th GPW target, cannot be achieved without scaling up iCCM in hard to reach areas of all high-burden countries.
- Comments on objectives of TOR:
 - <u>Emmanuel d'Harcourt</u>: What is the group's influence approach? If MOHs, and more generally governments, are the key players how will this group interact with them?

- <u>Eric Swedberg:</u> The focus of the group is ambitious, but that's good. The objectives need to include how we will work with MOHs to incorporate iCCM within their child health strategies and within their budgeting. We could discuss the strategies in order to do this and the challenges that we've had.
- <u>Sonia Walia:</u> iCCM is also being implemented in humanitarian emergencies and this is coordinated through the health cluster approach in which the MOH sits on. Will there be any discussion on iCCM in humanitarian settings within this group?
- <u>Madeline Beebe:</u> How will the group respond to the evolution in the recommendations for iCCM? (WHO coming out with new recommendations.)
 - Salim is updated on the guideline development process. The finalized guidelines would be available by September 2018.
- o Daniel Lopez de Romana: Is this approach too horizontal? How will this group engage MOHs across countries?
 - We could encourage MOH participation in this group. We hope that the TF will evolve to have more representation from MOHs. Another option is working with the country iCCM TWG as it may be difficult to decide who from the MOH should be involved in the TF.
 - Another suggestion would be to find groups that the MOH already engages with, rather than asking them to join another group. The MOHs have limited bandwidth and are overburdened with all the people who want to push their agenda, particularly in smaller African countries with small central MOH staff.
 - A starting point could be to include 2-3 countries that have more experience with iCCM such as Ethiopia, Malawi, etc.
 - The CH TF is a broad membership organization that includes global and country level, including MOHs. The Secretariat is
 in the process of connecting with national child health TWGs as a mechanism of ongoing engagement and getting
 feedback on how best the TF can support countries across all subgroups
- <u>Anne Detjen</u>: Another point on alignment with other ongoing efforts how can we build on/link with broader effort in institutionalizing community health, building on the ICH conference in Johannesburg last year? Also, we need to link with child health re-design efforts to ensure this includes the community component, which will support institutionalization.
- <u>Karin Kallander</u>: Because of the expansion of the subgroups, the Implementation Science subgroup will be taking on the role of creating tools. It may be useful to have this group identify the gaps in research that has the need of implementation science.
 - The subgroup members decided a separate objective regarding this point would be best.
- Meeting schedule:
 - Subgroup members decided on a monthly meeting schedule.
- Next steps:
 - Subgroup members to review TOR and provide comments to the chairs to incorporate into a new draft TOR.
 - Subgroup members to suggest specific activities for the subgroup to the chairs.
 - Salim to share 10 high priority countries.
 - Potential survey to be developed (Survey Monkey) on the scope of in-country engagement in country from subgroup member organizations.

 \circ $\;$ Next meeting to be scheduled in a month's time.