

# **Policy Analysis of Integrated Community Case Management of Childhood Illnesses: A Six-Country Case Study**

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# \*iCCM Policy Study Team

Team	Institutional Partner	Core team members
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<b>Mozambique</b>	<i>Universidade Eduardo Mondlane</i>	Baltazar Chilundo, Alda Mariano, Julie Cliff
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# iCCM 2014

**Integrated Community Case Management (iCCM):  
Evidence Review Symposium**  
3–5 March 2014, Accra, Ghana

# Outline

- Study Description
- Findings
- 5 Key Issues for Scale-Up and Sustainability

# STUDY DESCRIPTION\*

\*FOR MORE INFORMATION SEE: BENNETT S. GEORGE A. RODRIGUEZ D. ET AL (2013) *POLICY CHALLENGES FACING INTEGRATED COMMUNITY CASE MANAGEMENT IN SUB-SAHARAN AFRICA*. TROP MED INTL HEAL (MANUSCRIPT UNDER REVIEW)

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# Qualitative Retrospective Country Case Studies Varying by

- policy status
- nature of CHW cadre
- sub-regions

Mali  
Burkina Faso  
Niger

Kenya  
Malawi  
Mozambique

# Data Collection

	Range	Total
Number of documents reviewed	41-113	380+
<i>Interviews completed by category</i>		
Government officials, incl. MoH and other government ministries	5-18	70
Multilateral agencies, e.g. UNICEF, WHO	3-8	30
Donors and Bilateral agencies, e.g. USAID, CIDA	0-3	10
NGOs, incl. national and international	0-9	24
Other actors, incl. civil society, researchers, professional associations, etc.	1-4	11
Total respondents interviewed/approached		145/203

# FINDINGS

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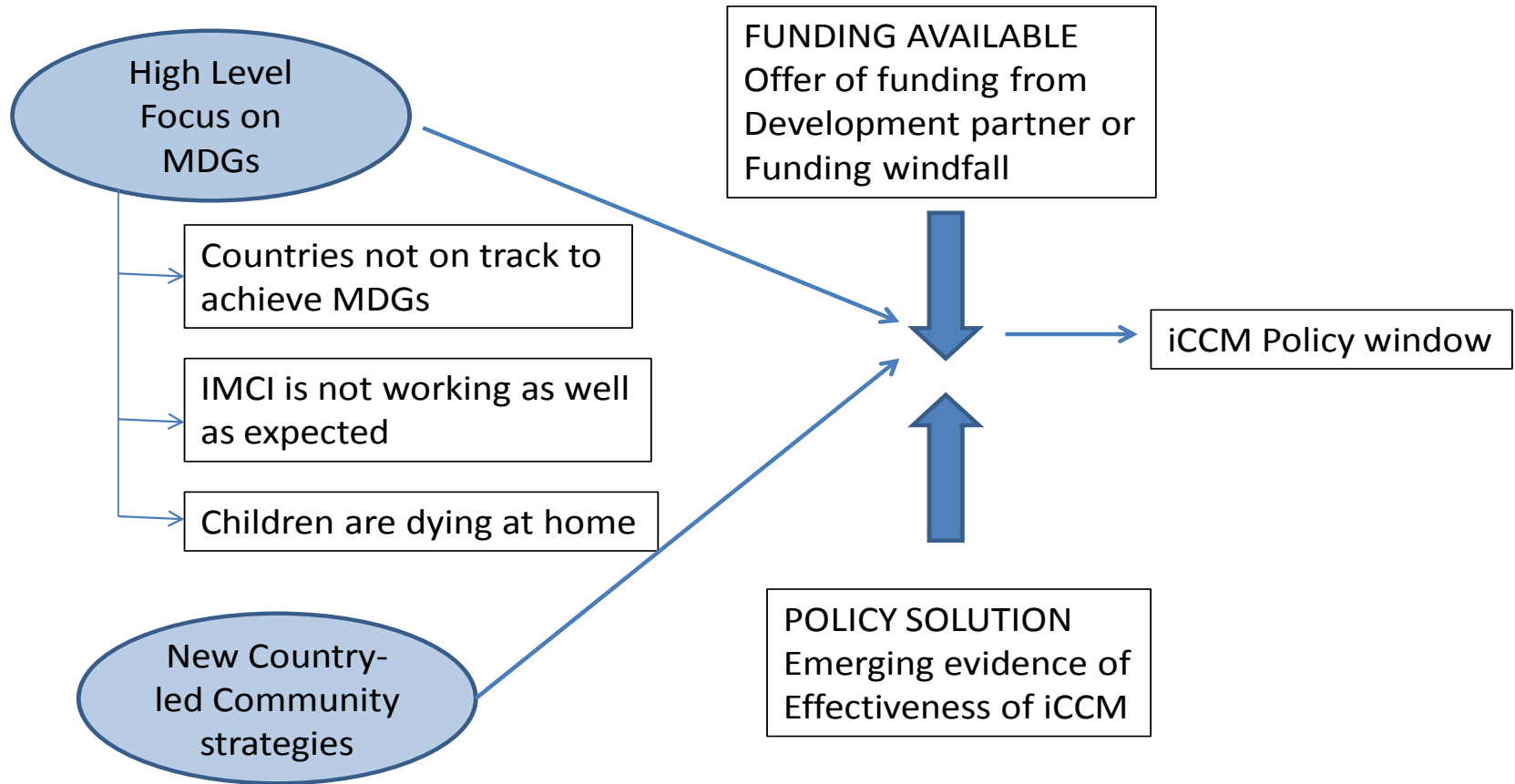


# Content of iCCM Policy

- iCCM was not a stand-alone policy
  - Often viewed as the community component of IMCI with treatment services targeted at hard to reach areas.
- CHW profiles varied substantially.
  - In some places, iCCM is part of an upgrading of community services (Niger, Mali, Mozambique, Malawi) while in others it aims to build on a foundation of volunteers (Burkina Faso, Kenya)



# Policy Process



# Policy Context, Actors and Process

- The history of primary health care and community health worker programs in each country had a substantial impact on policy development
- Availability of funding to support drugs and scale up and training of a paid CHW cadre influenced successful policy formulation across all countries.
- Despite the centrality of funding issues, Ministries of Finance were not brought into policy discussions

# 5 KEY ISSUES FOR SCALE-UP AND SUSTAINABILITY

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# 1. Engagement

- Policy development led by MoH technocrats, with resistance from senior officials who were medically trained
- Interactions between MoH officials, multi/bilateral agencies and NGOs → little involvement at higher levels of government
- Engage higher level policy bodies (e.g. Sector wide coordination bodies) as well as child health coordinating mechanisms (ICCs and TWGs)

## 2. Framing and Fit

- The “fit” of iCCM within the health system: existing CHW cadres, infrastructure, drug policy
  - Differences between early and late policy adopters: approach for Niger or Malawi not same as Burkina or Kenya
- Adapt framing to fit better with country health systems platform

# 3. Need for Local Evidence

- Scientific and experiential evidence cited during policy development, mostly coming from outside the country.
- Evidence was identified and promoted by “elite actors,” such as UNICEF, WHO, NGOs and a few key government officials.

# 3. Need for Local Evidence

- Local evidence was highly valued and the lack of local evidence on key issues had the potential to slow the policy process.
  - Pilot projects helped answer key questions for policymakers but used in different ways
- Support country-specific studies that address policymaker questions

# 4. Financing

iCCM Components	Burkina Faso	Mali	Niger	Kenya	Malawi	Mozambique
iCCM services and drugs free	No	Only ACTs free	Yes	Yes	Yes	Yes
Financing for drugs	Government, UNICEF, others	Local health supplies	UNICEF	Government, GFATM, others	Government, UNICEF, NGOs	Donors from common fund
Payment of CHW salaries	N/A (Volunteer)	UNICEF	Government (HIPC)	NGOs pay the CHWs they work with	Government	Partners (transitional arrangement)
Key funding partners	BMGF via PMNCH	USAID, UNICEF	UNICEF, CIDA	USAID, GFATM, others	UNICEF, USAID, WHO	UNICEF, USAID, CIDA



# 4. Financing

- Lack of plans for long-term funding, no Ministry of Finance involvement in policy discussions
  - Key questions remain about the long-term financing and sustainability of iCCM policy and its implementation
- Acknowledge and discuss role of sustainable financing

# 5. Coordination and Integration

- Integration across iCCM conditions varied with more difficulties face in countries with well-funded, parallel malaria programs
  - Challenges faced within MoH to develop an integrated policy and implementation plan
  - Coordination across institutions: human resources, financing, etc.
- Support better coordination and integration of services

# Recommendations

- Engage higher level policy bodies as well as child health coordinating mechanisms
  - Adapt framing to fit better with country health systems platform
  - Support country-specific studies that address policymaker questions
  - Acknowledge and discuss role of sustainable financing
  - Support better coordination and integration of services
- Problem issues present at policy formulation end up as challenges during implementation, if not addressed

# Acknowledgements

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INTO ACTION



- We would like to thank all country teams for their hard work.
- Sincere appreciation to study participants for sharing their time with us.

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