

Recap of Day 1:

Institutionalizing iCCM to end preventable deaths

Meeting opened with remarks from WHO WR and UNICEF Rep

Objectives

- Review current ICCM programmes, refine and develop recommendations for institutionalizing iCCM into PHC system
- Guidance for HBHI response including resource mobilization from the GF

Outcomes

- Recommendations for institutionalizing ICCM within PHC systems
- Updated national ICCM implementation plans including domestic and external financing

Institutionalizing iCCM to end preventable deaths

- 14 ministries of health from Sub-Saharan Africa represented
- Over 146 participants (MoHs reps, Donor agencies, NGOs, Academia, WHO, UNICEF and WB)

Session 1:

Child Health Programming and the era of SDGs, PHC and UHC

Progress in reducing U5 mortality over the last 2 decades mainly because of malaria reduction and immunization

- Need to focus on older children 5-9 years in addition to U5s
- Increasing child population in Africa
- Need to address inequities and reach the marginalized populations
- Need to focus on the continuum of care from home to CHWs to health facility
- Private sector involvement important for UHC
- Community health Programme /iCCM important in humanitarian contexts
- Rapidly increasing urban population: urban health strategy
- Community engagement important to improve demand for services
- Need to focus on quality of care and the multi-sectoral approach to support the survive, thrive and transform agenda

Session 2:

Lessons learnt from scaling up iCCM

- Strong government leadership and political support important for scale up
- iCCM policy frameworks in place in all 18 countries
- Successful pilots provided the necessary evidence and implementation framework for scale up
 - Different stages of scale up across 18 countries
 - Different models of iCCM: access, service package, high burden districts, blanket
- iCCM Programmes are mainly donor dependent
- Procurement and supply system for iCCM commodities mainly fragmented
- Evidence of positive impact in some countries where iCCM has been scaled up: lives saved

Session 3:

Country experiences from scaling up iCCM within community health systems

- Ethiopia and Malawi institutionalized their CHWs: paid cadre in their PHC system
- Malawi has a fairly advanced community supply chain management system however with periodic stockouts
- Uganda has scaled up the iCCM package to include TB, HIV, nutrition screening
- GF pays half of the monetary incentives to CHWs and Government plans to pay the rest in Niger
- Nigeria has started the scale up process

Session 3:

Country experiences from scaling up iCCM within community health systems

Key considerations to facilitate institutionalization

- Coordination and policy setting: NMCP, MCH, Community health department
- Supply system: HF catchment area forecasting, quantification to determine both HF and CHWs commodity needs integrate into government supply systems
- CHWs need to be recognized as a cadre in the PHC system and adequately incentivized and motivated
- Supervision models linked to the health facilities
- Integrating community data into DHIS2

Move from “project mode” to a fully institutionalized funded government programme