GROUP WORK I PART A: DEFINING PRINCIPLES FOR SCALING UP ICCM IN COMMUNITY HEALTH SYSTEMS

TUESDAY, 23 July 2019

System Component: Coordination and Policy Setting

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Ghana, Nigeria, Burkina, Uganda, Mali, Sierra Leone, WHO, UNICEF, IS Global

Chair: Jessica and Rory

Enablers for policy (1)

- **Updated Health Sector Development Plan respected by all partners** that describes
  - the road map for achieving 2030 goals
  - the place of community health and CHWs in provision of services (supported by national policy)
  - engagement with the private sector to deliver quality PHC (supported by national policy)

Enablers for policy (1)

- Government has **a clear vision for ending preventable newborn and child mortality** owned by all stakeholders with

  - an investment case
  - component of community health including iCCM
  - aligned MNCH strategic and operational plans at national and district levels
  - bottom up planning with local actors

Enablers for policy (2)

- **Government leadership, ownership, resource commitment**
  - focal units and/or persons for community health and close collaboration with specific technical programs
  - budget lines
  - updated, coherent, written technical policies and standards of care including for commodities, supervision, referral of iCCM
  - legislative framework for regularizing roles and responsibilities of CHWs – selection, certification, renumeration
  - insurance schemes that cover community health services
  - policy that promotes integrated planning and management across the health system blocks
  - availability of guidelines and tools for community health

Enablers for coordination (2)

- **Coordination mechanisms at national and decentralized levels for PHC/community health** with stakeholder participation
  - Technical departments
  - Professional bodies, civil society, community leaders
  - Implementation partners
  - Funding partners

- **Global initiatives**
  - Global action plan for SDG3, UHC and PHC movements
  - High burden high impact approach to accelerate, align and account for preventing malaria

Enablers for coordination (1)

- **Competent and knowledgeable national actors and district teams** to implement the policies and make evidence-driven decisions based on data and research findings and responding to context.
  - Advocacy and sensitization about the community health policy
  - Capacity building for planning and implementation
  - Implementation and continuous quality improvement informed by data
  - Engagement of all relevant providers (public, private, faith-based, community)
  - Mutual accountability for results and finances

Bottlenecks / challenges (1)

- Multiple funding channels makes coordination un attractive
- Inflexible partners/donors
- Asymmetrical funding/investment – funding for malaria and limited for pneumonia and diarrhoea
- Rigid policy for iCCM implementation- no context specific decision making for implementation
- Verticalization of iCCM as an isolated approach

Bottlenecks / challenges (2)

- High turnover of decision makers and programme managers
- Weak District Health Management and lack of capacity and skills for planning and problem solving
- Lack of clarity on role of CHWs across programme areas
- Lack of standards / misaligned standards for provision of care at community level e.g. what medicines to use
- Private sector model not developed
- Lack of culture for accountability at all levels

GROUP WORK PART B: DEFINING GUIDING PRINCIPLES AND BENCHMARKS FOR ICCM

WEDNESDAY, 24 July 2019

System Component:

Members:

Propose specific approaches/recommendations to address each of the prioritized system bottlenecks and benchmarks (for each recommendation)

- Planning for iCCM should take place under the umbrella of primary health care and overall health sector development
  - **National community health policy/strategy in place**
  - **National guidelines for recruitment, job description, motivation of community health workers**
  - **Criteria for where to implement iCCM with focus on hardest to reach populations**

- National policies across divisions/technical areas should be coherent and where needed, updated to support community health and iCCM

Propose specific approaches/recommendations to address each of the prioritized system bottlenecks and benchmarks (for each recommendation)

- Community health should be built on multisectoral engagement and driven by community needs
  - **Government-led multisectoral coordination mechanism for community health in place and functional**
  - Linked to other coordination mechanisms, e.g. child health thematic groups
  - Bringing in the private sector

- Countries should invest in planning and managerial capacity for provision of quality child health services that are equitable and include the hardest to reach
  - Investment in iCCM needs to be accompanied by investments in overall system strengthening in these most fragile areas
  - **Countries with a critical mass of well trained health managers for child health programming**

Propose specific approaches/recommendations to address each of the prioritized system bottlenecks and benchmarks (for each recommendation)

- Domestic and external funding should be targeted at system strengthening
  - with an inclusive focus on malaria, pneumonia and diarrhea
  - as well as community and facility based provision of care
  - **additional funding leveraged to strengthen health systems including iCCM**

Overarching Statement

iCCM can be an effective approach to reduce morbidity and mortality of common childhood diseases by improving equity in access to and coverage of primary health care.

Countries with a high burden of underfive mortality, are encouraged to integrate iCCM in national health sector development policies, strategies and plans.

To produce results, iCCM implementation must be firmly embedded in overall efforts of health system strengthening at district and community levels with balanced funding allocations.