

Team Uganda

HBHI and ICCM meeting

26 July 2019

Pillar 1: Political will

- Political advocacy strengthened:
 - **To improve rationalization of resource allocation and use to equitably target high burden areas (child morbidity and mortality)**
 - **Translating political commitment into action**
 - **Incentives to attract HR to hard to reach high burden**
 - **To include CHWs as a part of the national health workforce and appropriately remunerated by the government**
- Increase domestic resources for iCCM commodities
 - **Update the malaria bill to include HBHI/MAAM and fast track its approval by parliament to include a malaria fund**
 - **Use of domestic resources for training, supervision, M and E of the iCCM programme**
- UPFM to engage the communities on MAAM and the 22 KFCEPs at all levels
- Religious, Cultural, Private sector players and other sectors to engage in MAAM at community level

Pillar 2: Strategic use of information

- **Finalize the Malaria data repository**
 - Other data needs to be considered e.g. mortality through routine systems, functional and geographical access to services, nutrition status, household poverty, refugee and other exclusion factors
- **Disaggregated community data feeds into DHIS2 for planning and decision making and advocacy**
- **Data use for evidence based planning, monitoring and advocacy**
 - Regularly update the micro-stratification
 - Capacity building for data analysis and use at all levels
 - Review and planning meetings at district level as a way of translating use of data into actions
 - Package HBHI/MAAM information for advocacy use at all levels
- **Monitoring framework for the HBHI to be linked the RMNCAH monitoring framework (including process monitoring)**

Pillar 3: Better guidance

- **Finalize and disseminate the community health strategy/framework**
 - **The community health strategy/framework should be aligned to different existing health policies and strategies**
- **Dissemination of policy to every key stakeholder to inform decision making**
- **Develop an investment case for ICCM and HBHI/MAAM to guide the resource mobilization plan in line with the health financing strategy**

Pillar 4: Leadership and coordination

- Strengthen coordination mechanisms with clear leadership of iCCM at MOH and at district level**
- Incentives to attract HR to hard to reach high burden**
- To include CHWs as a part of the national health workforce and appropriately remunerated by the government**

Recommendations for Global and Regional partners

Global

- **GF to consider funding non malarial commodities for iCCM**
- **GFF to increase resources for national scale up of iCCM programme**
- **WB and GF to increase funding for health systems strengthening e.g. PSM, Community health systems etc.**
- **UN partners to support countries to develop investment cases for iCCM**
- **Joint missions by global partners to countries to advocate for institutionalization of iCCM and increase domestic resources**

Regional

- **Support for malaria programme review**
- **Support for the development of the Malaria Elimination Strategic Plan (to include HBI/MAAM)**

Recommendations for MoH, Gov and Partners

MoH

- **Include CHWs in the national health workforce and remunerate them**
- **Clear guidance on leadership and coordination of community health programme**
- **Securing uninterrupted supply of iCCM commodities**
- **Develop investment iCCM case**
- **MoH priorities in community health and malaria clearly defined**

Government

- **Office of the Prime Minister to coordinate the multi-sectoral response to Community health**
- **Ministry of Finance to allocate more resources to the health sector based on the investment case**

Partners

- **Partners to align their support to MOH priorities and strategies**

**Follow up and implement key/relevant
recommendations from the 9 thematic areas
under iCCM institutionalization**