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 KFCPs 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