PMI Support for iCCM

WHO Technical Consultation: Institutionalizing iCCM to End Preventable Childhood Deaths

Addis Ababa, Ethiopia
22-26 July 2019
Why PMI Supports iCCM

• Community case management of malaria can reduce:
  – Overall <5 mortality by 40%
  – Malaria-specific <5 mortality by 60%
  – Severe malaria morbidity by 53%

• CHWs demonstrate high ability to:
  – Safely use RDTs
  – Adhere to results
  – Properly prescribe ACTs

• Integrated CCM (iCCM)- has been found to improve the use of CHW services & increase quality of care
Where PMI Supports iCCM: Advancing Implementation Scale-up

FY2007
- 2 countries
- $2 million (excluding commodities)

FY2017
- 23 countries (TZ in discussion phase)
- $20 million (excluding commodities)

Source: PMI Malaria Operational Plans
How PMI Supports iCCM Scale-up

• Fund integrated platform costs
  – Integrated trainings
  – Supplies/equipment (med kits, registers, etc)
  – Supervision visits

• Fund malaria commodities

• Participation in global iCCM discussions

• PMI cannot provide:
  – Non-malaria commodities
  – CHW salary support
Challenges

• Increasing demands on CHWs
  – More interventions (SMC, LLINs, HIV, TB, FP, etc)

• Programs not fully supported
  – Inconsistent supply chain
  – Irregular/no supervision
  – Insufficient country funds to expand or pay CHW incentives per country policies

• Monitoring progress of CHW programs
  – Limited community surveillance data

• Consistent funding for all (malaria and non-malaria) commodities
Additional PMI Support

- CHW inventory
- Operational research
- Improving community surveillance
- CHW toolkit for integrated SBC interventions