



# **Governance in Global Health**

Achieving impact and sustainability through integrated  
community case management

*June 29, 2021*

# Goal of the Child Health Task Force

To strengthen equitable and comprehensive child health programs - focused on children aged 0-19 in line with the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) - through primary health care, inclusive of community health systems.



# Featuring



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MESA Alliance  
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# Governance in Global Health:

*Achieving Impact and Sustainability for  
Integrated Community Case Management*

Presented By: Dr. Koya C. Allen

Child Health Task Force

29 June 2021

# Outline

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**The Back Story**  
Health Systems  
Strengthening

**Study Focus –**  
Understanding Role of  
Governance

**The Case of iCCM**

- Governance Analytical Framework
- Key Challenges & Considerations Future Planning

**Parallels to Global Health  
Initiatives**





# Health Systems Strengthening

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**Achieving equitable access through  
integrated and community-based  
care**

**Primary Health System –  
infrastructure and resources**

**Governance**

*Coordination*

*Partnerships*

*Management*

**Achieving Sustainability**

UNICEF (2016). The UNICEF health systems strengthening approach. <https://www.unicef.org/media/60296/file>

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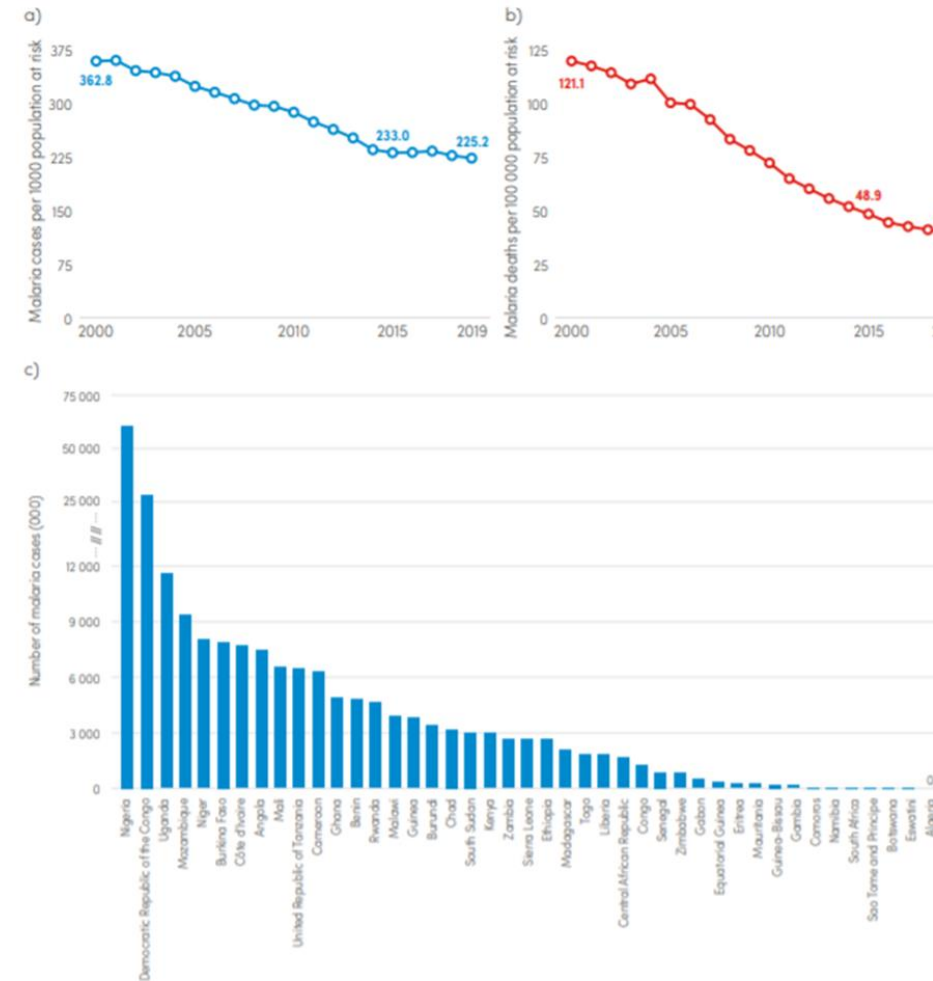
# Malaria

## “A Plateau In Progress”

- *How do we regain momentum towards elimination?*
  - 229 million cases in 2019
  - > 400,000 deaths; 67% children under 5 years

**FIG. 3.3.**

Trends in a) malaria case incidence rate (cases per 1000 population at risk), b) mortality rate (deaths per 100 000 population at risk), 2000–2019 and c) malaria cases by country in the WHO African Region, 2019. Source: WHO estimates.



WHO: World Health Organization.

Source: World Malaria Report 2020; [https://cdn.who.int/media/docs/default-source/malaria/world-malaria-reports/9789240015791-double-page-view.pdf?sfvrsn=2c24349d\\_10](https://cdn.who.int/media/docs/default-source/malaria/world-malaria-reports/9789240015791-double-page-view.pdf?sfvrsn=2c24349d_10)

# Diarrhea & Pneumonia

## *"The Forgotten Epidemic"*

- Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD)
- GOAL: Global 75% reduction in incidence of severe pneumonia and diarrhea in children under 5 by 2025
  - Diarrhea – 437,000 deaths in U5 in 2018
  - Pneumonia – 800,000 deaths in U5 in 2018



Source: International Vaccine Access Center (IVAC); Pneumonia & Diarrhea Progress Report 2020

## CLOSING THE GAP

**1.24 MILLION**  
under-5 pneumonia and  
diarrhea deaths in 2017



**A CHILD UNDER 5  
DIES OF PNEUMONIA  
EVERY 39 SECONDS**

**ABOUT 1,200 YOUNG  
CHILDREN DIE PER  
DAY OF DIARRHEA**



# Addressing the Burden of Childhood Illnesses

## Integrated Community Case Management

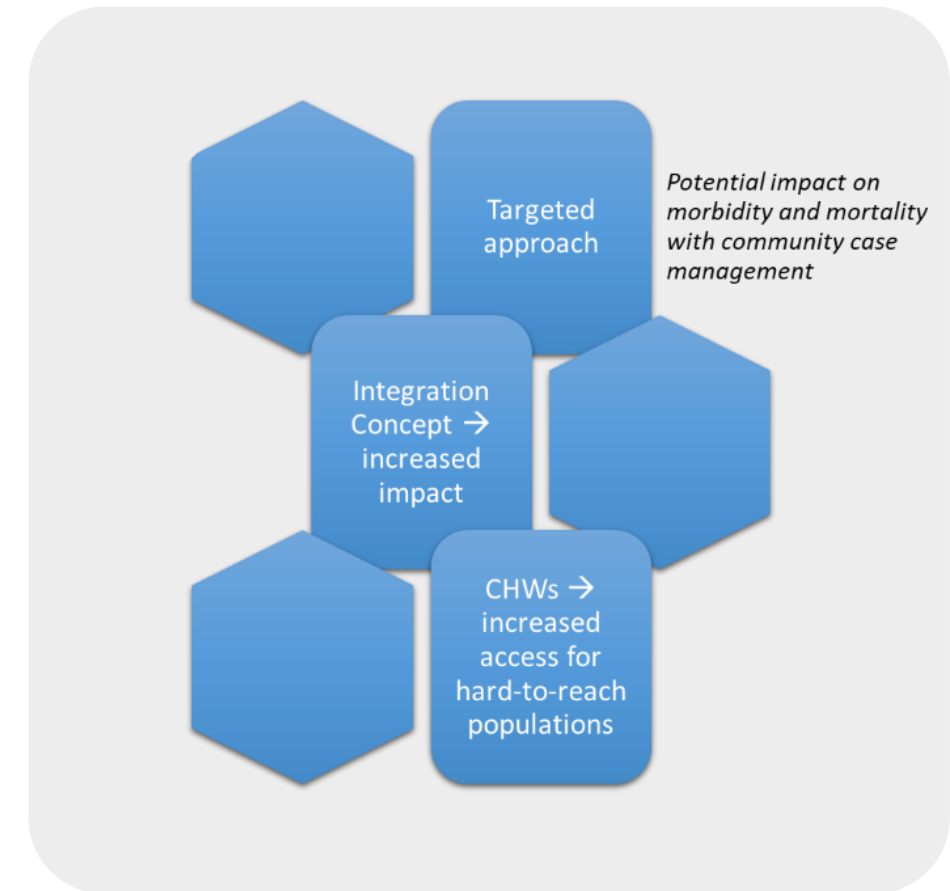
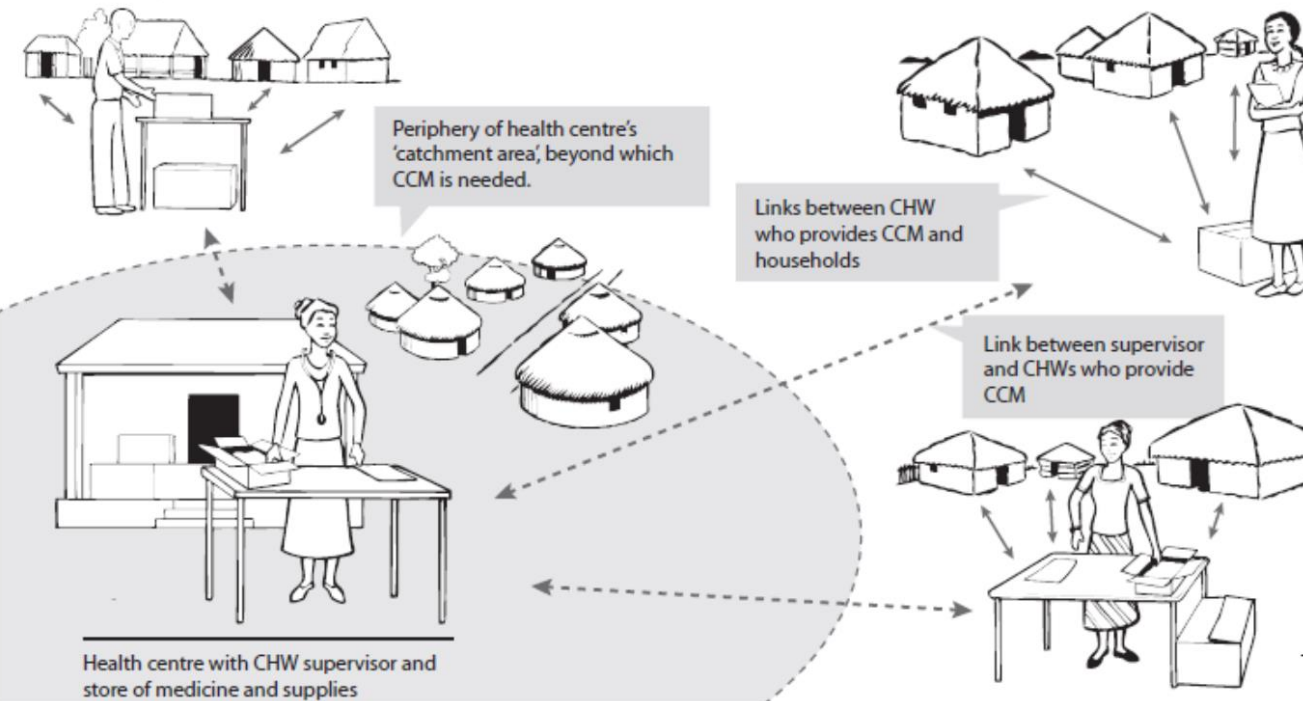
- Pragmatic contribution to goals in health system strengthening
- Fits into strategic goals for community health
- Fills gaps in health system coverage and access to care
- Targets top diseases of under 5 mortality
- Evidence-based, equity-focused strategy for malaria, pneumonia, diarrhea
- Improving access to effective case management in children
- Utilization of community health workers
- Increased reach to underserved populations



## Why haven't we seen the progress and success anticipated?

- **How can we create targeted solutions to achieve greater impact?**
  - Adapted iCCM implementation
  - Policy uptake and implementation
  - Addressing resource gaps
- **Possible Approach:** Understanding policy development and strategic management of the implementation process
  - **Outcomes = Success** (*Impact and sustainability*)

### Community health workers improve access to treatment in underserved areas



## Study Focus: *Understanding the role of Governance*

*Aim: To understand governance attributes linked to success of iCCM programs to identify key thematic challenges in program adaptation to National Health Systems structures*

What we Know:

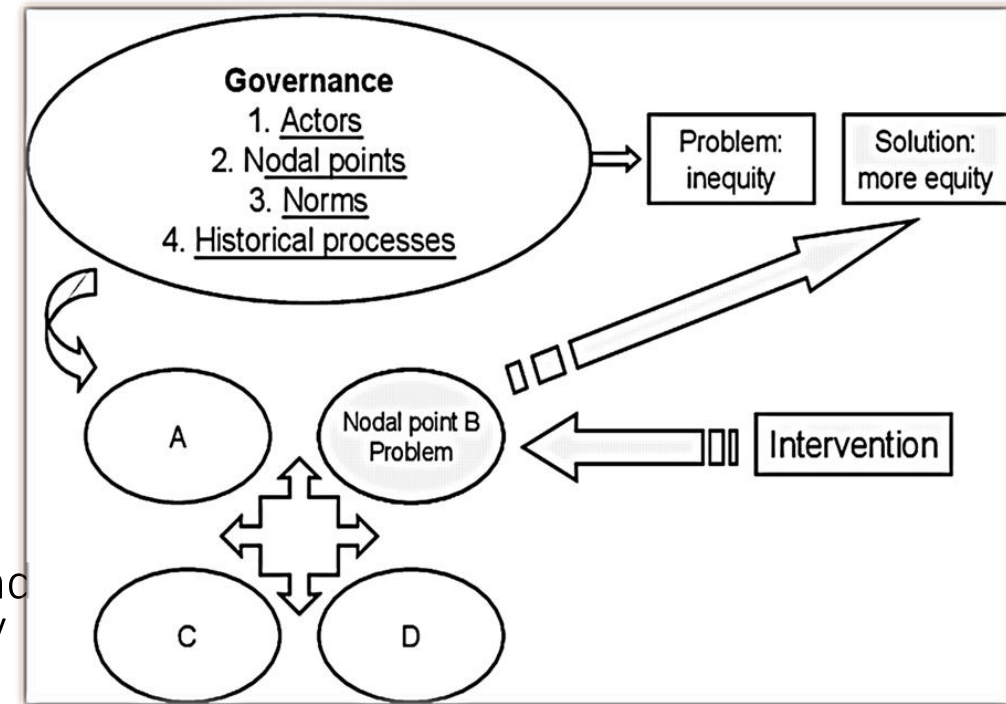
- Country leadership and management of child health strategies significantly influence potential success
- Commitment to child health policies have contributed to the greatest reductions in child mortality
- Approximately 1/3 of countries have multi-sectoral policies related to social determinants of child health
  - Goal - achieve effectiveness and sustainable levels of child health programs
- Strategic approaches needed for success in child health targets are:
  - Not normalized
  - Lack leadership
  - Lack prioritization

## Impact of Governance: The Case of iCCM

Analytical review where iCCM is an example of a global health programmatic initiative to achieve greater impact and fill gaps in existing programs

### Governance Analytical Framework

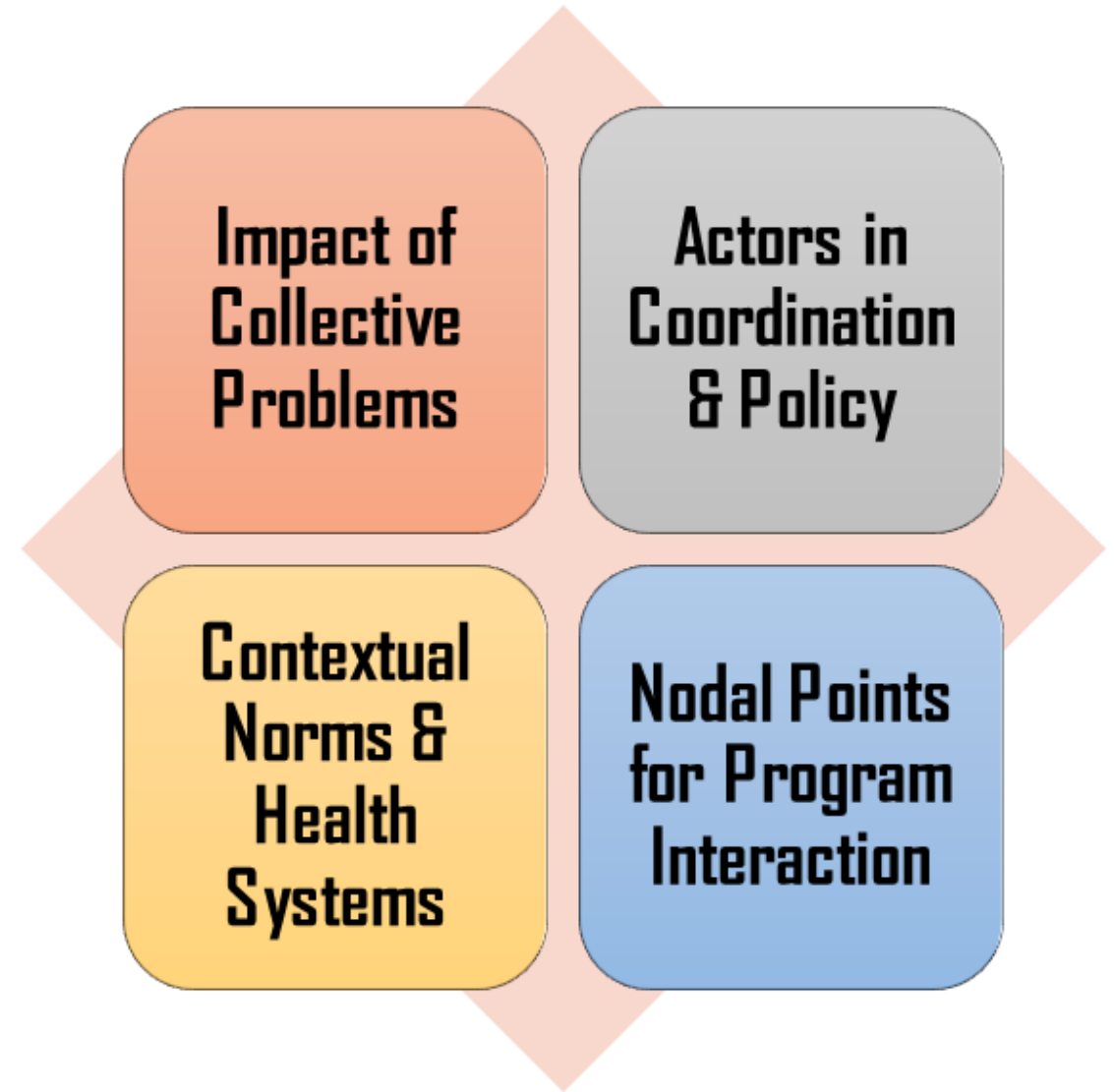
- *The GAF is a practical methodology for investigating governance processes, based on five analytical tools: problems, actors, social norms, processes, and nodal points (Hufty, 2011).*
- Assumptions:
  - governance processes are found in any society
  - as a set of observable phenomena
- Processes can be analyzed from a non-normative perspective and governance may be converted into a methodology, for the study of
  - systems of social norms (institutions)
  - interactions that determine how public decisions are made





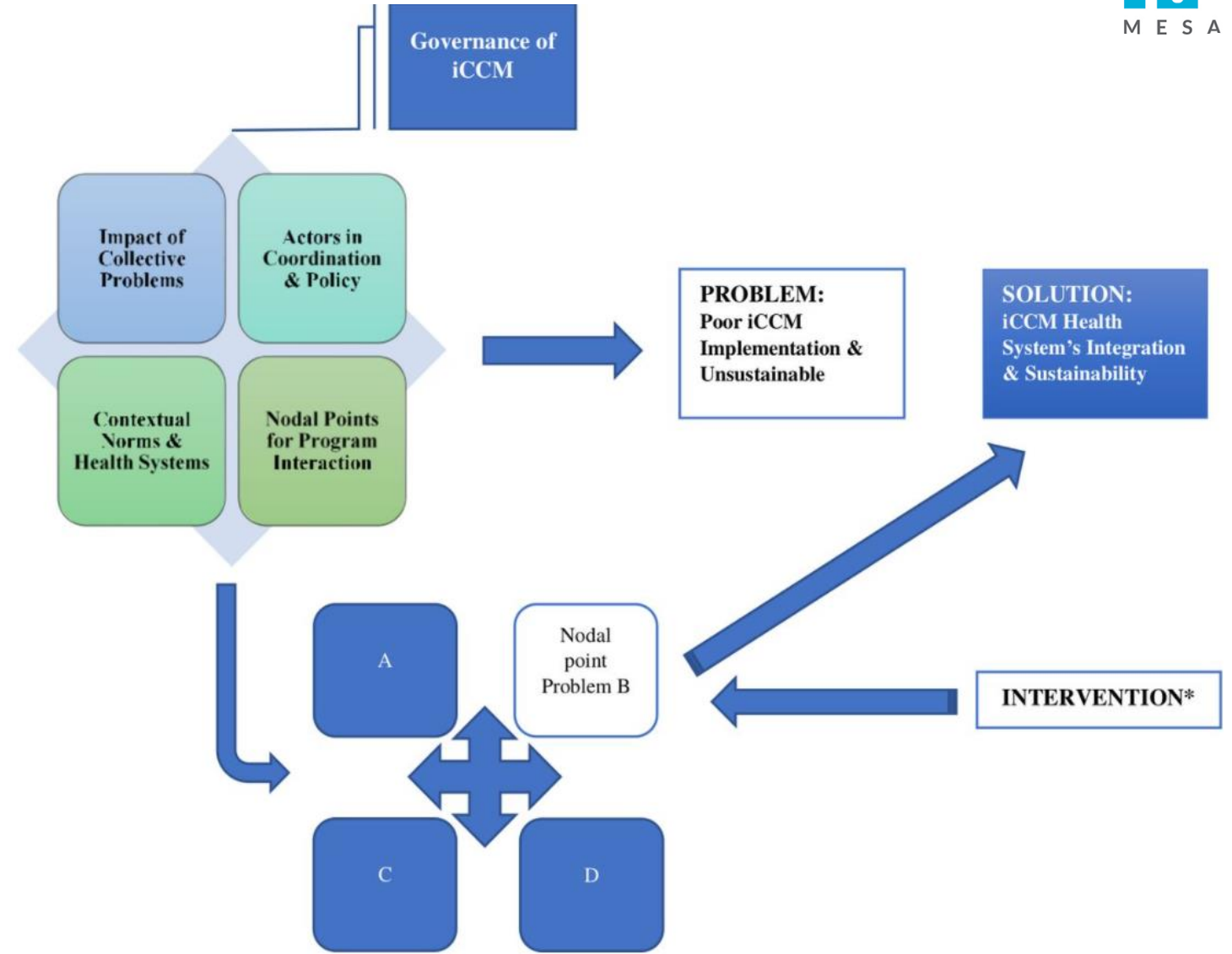
# Governance Analytical Framework for iCCM

- **Methodology**
  - Decision-making processes, alongside political systems and social structures exist, and influence the adoption of global strategies, such as iCCM.
- **Governance Attributes:**
  - *Policy*
  - *Management and coordination*
  - *Financing*
- **iCCM Benchmarks Components:**
  - *Coordination & policy setting*
  - *costing & financing*
  - *Monitoring & Evaluation (M&E) | Health Information Systems (HIS)*
- **Inclusion** – 47 countries; 65 literary works





# Governance Analytical Framework for iCCM



# iCCM GAF: *Problems Impacting iCCM Success*

## Insufficient attention to evidence gathering, synthesis and assessment

- Identify & address gaps in integration of new evidence to policy recommendations, program implementation and management
- Awareness and application of lessons learned from IMCI to enhance training and skills of CHWs
- Implement systematic processes for evidence generation and country evaluations
- Financing
- Validated tools for measuring impact – data quality, compatibility of key data indicators

## Improved monitoring and evaluation of iCCM

- Can reveal programmatic implementation issues
- Address needs for coverage, demand and utilization of services
- Opportunity to improve program management

## iCCM GAF:

### *Global Actors in Coordination and Policy-setting*

- **Actors bring differences in economic, social, cultural, and symbolic capital that influence the mobilization and support of resources**
- **Strategic interactions are inextricably linked with the governance process**
- **Actors exist in different levels of real or perceived influence and power**
  - **Policy Entrepreneurs**
  - **Disease-specific communities**
  - **Funders**
- **Country context and the actors within are integral in maintaining political will, prioritization of iCCM, and improving internal collaborations**



# iCCM GAF: Country-specific Contextual Norms

*“Much of the policy resistance to scaling up iCCM is not an aversion to what the intervention promises, but an acknowledgement that the health system effects of iCCM are broad ranging, requiring strategic analysis and resourceful management; skill sets that are under-represented in resource constrained health systems.”*

- Adaptation of an introduced concept requires a process of rejection, resistance, and internalization
- Contextual norms exist at all levels of the governance process





# iCCM GAF: *Nodal points for iCCM interactions*

## Where challenges may emerge that can impact program success

- **Key challenges**
  - Exclusion of key actors
  - Poor coverage of target population for intervention
  - Poor considerations for contextual norms
- **Trickle-down effect – program management in country dependent on policy adoption and supportive national health strategies**
- **Alleviating tension at nodal points**
- **Remaining challenges**
  - *Harmonizing program management and coordination with contextual norms and key actors*
  - *Dependence on external funding*
  - *Uncertainties in policy negotiations*

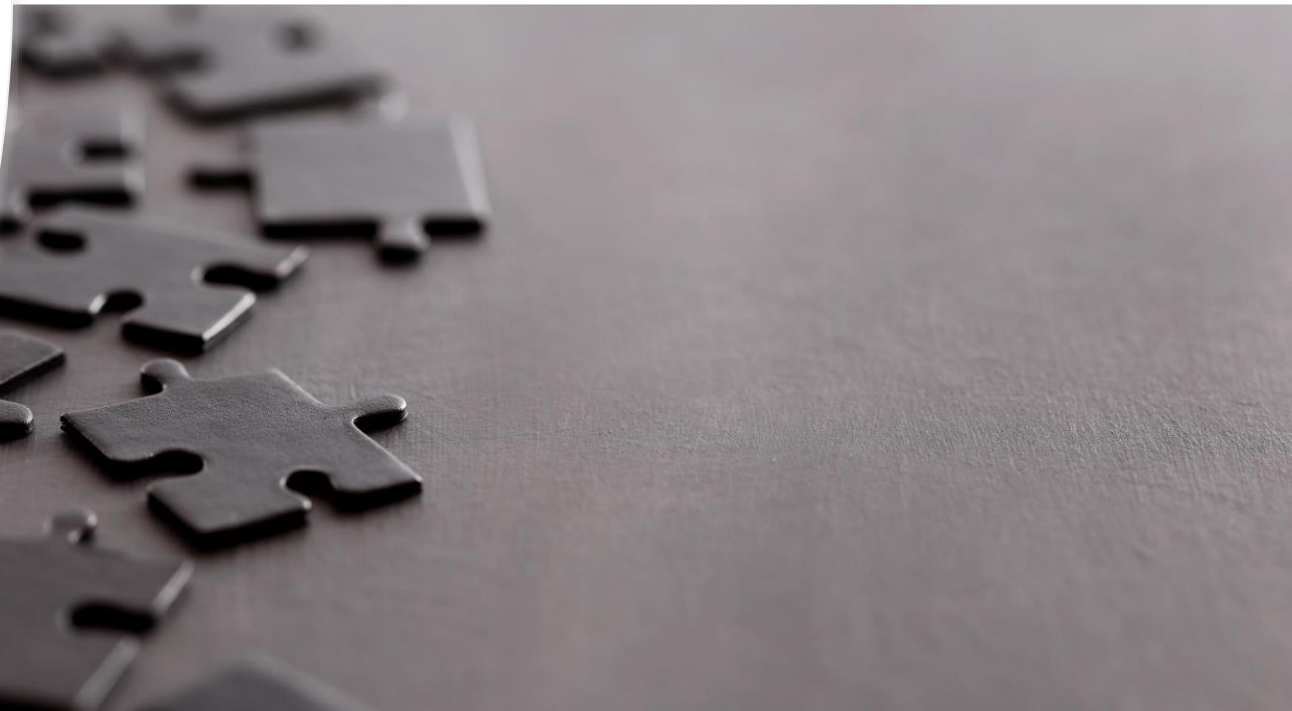




# Thematic Challenges to iCCM Governance Processes

## Key Issues to address in Coordination & Development of iCCM

- **Theme 1:** Need for country leadership and ownership of iCCM concepts to ensure integration into national health system's policy and infrastructure
- **Theme 2:** Importance of information-sharing and generation of a contextual pool of iCCM evidence
- **Theme 3:** Sustainability of programs for iCCM are dependent on external funding instead of on national investments to cost and financing
- **Theme 4:** Need for continued integration of disease specific stovepipes to facilitate program funding and coordination that encourage an iCCM strategic approach to child health goals.



# Key Challenges in iCCM governance

**Table 1**

Addressing thematic challenges in iCCM governance processes

Key challenges	Considerations for programme planning and implementation
Country leadership and health systems' integration	<ul style="list-style-type: none"> <li>• Support from country leadership and ownership of iCCM concepts to facilitate integration into national health system's policy and infrastructure</li> </ul>
Information-sharing	<ul style="list-style-type: none"> <li>• Ensure information-sharing between country programmes and partnering organisations</li> <li>• Increase generation of a contextual pool of iCCM evidence for countries to use</li> </ul>
Dependency	<ul style="list-style-type: none"> <li>• Increase national investments to cost and financing to improve sustainability of programmes</li> <li>• Reduce dependence on external funding</li> </ul>
Stovepipes	<ul style="list-style-type: none"> <li>• Continue efforts to integrate disease specific stovepipes</li> <li>• Improve coordination across programme initiatives that encourage a strategic approach to meeting child health goals</li> </ul>

Allen KC, Whitfield K, Rabinovich R, et al  
The role of governance in implementing sustainable global health interventions: review of health system integration for integrated community case management (iCCM) of childhood illnesses BMJ Global Health 2021;6:e003257.

# Addressing Key Challenges

## **Governance processes for iCCM are influenced by:**

- Country norms for health system structure, utilization, and capacity

## **iCCM success is dependent on factors of:**

- Sustainability
- National ownership
- Evidence-based strategic approaches to implementation and scale-up

Countries must understand the governance process as it exists within their country context to facilitate the adaptation of iCCM for country needs, expectations and capacity.

# Parallels to Global Health Programs

How can we apply these concepts on governance to ensure success in this and other initiatives?

- ***High Burden, High Impact (HBHI)*** approach is a targeted malaria response in the highest burden countries to drive success in meeting reduction goals.
- ***Uganda***
  - Successes: High-level political engagement, multisectoral, community mobilization, increased funding and partnerships
  - Challenges: Ensuring sustainability





**Abdisalan Noor** @NoorAbdisalan · Jun 11

...

Recently, I have been involved in global health discussions on country ownership of their public health response. Here are some of the lessons I have learned in my 20 yrs of country support.

# Applying Lessons Learned

1. **Country ownership is not yours to ensure, you certainly cannot confer it** – countries are ultimately responsible for the health of their populations. Learn to respect and support this.
2. **Government ≠ Country; Ministry of Health ≠ Health System** – engage across all stakeholders in society.
3. **Have a dialogue, ask questions, listen to those who live with the problem** – avoid the urge to offer quick answers. There is a lot you don't know. Tools and theories of change developed without a proper understanding of the local context are useless.
4. **'Evidentiary' knowledge and control over funds create power asymmetries** – using such powers to control the decision-making process is often unethical, even if sometimes you think it is for the 'greater good'. Build trust and true relationships.
5. **A helper is a servant, accept this role** – support country capacity strengthening so that your help is needed less and less over time. Avoid being the center of attention. Avoid infantilizing those who you serve. Get rid of the *quid pro quo* mentality.
6. **Support partnership building but also understand the conflicts of interest** – Global health agencies who refer to places they support as 'my country', 'my province', 'my district' have either truly become part of the communities they serve or are subconsciously projecting a sense of control over them. The latter is often the case, and it is colonial.
7. **Systems have processes, pay attention to them** – consultative processes, including grassroots representation, informed by the decision-making culture of the country, is the path to good national plans.
8. **The power of data to change minds is not simply in the 'quality of the evidence' but in the 'change activism' it catalyzes** – communicate it accordingly.
9. **The most important voices for change are often the quietest** – women, mothers, frontline health workers, teachers, local elders, lowly government officers etc. Be their champion. Don't underrate their ability to understand the evidence.
10. **Support tailoring the health response to sub-national context** – available data and information may not be perfect, but sub-nationally tailored plans are good public health practice, engender greater sense of ownership, are likely to have greater impact and may eventually improve the quality of data.
11. **Harvesting of national data by international agencies without the necessary investment in national surveillance and data systems is the silent scandal of global health** – such is the gravity of this travesty that one would think each global health report ought to start with an apology!! It is also a sad testament to our collective inability to account, definitively, for the billions invested in global health.



# Discussion





# Resources



Engage with the **co-chairs**:

- Annē: [alinn@usaid.gov](mailto:alinn@usaid.gov)
- Alfonso: [arosales06@gmail.com](mailto:arosales06@gmail.com)
- Humphreys: [hnsona@gmail.com](mailto:hnsona@gmail.com)

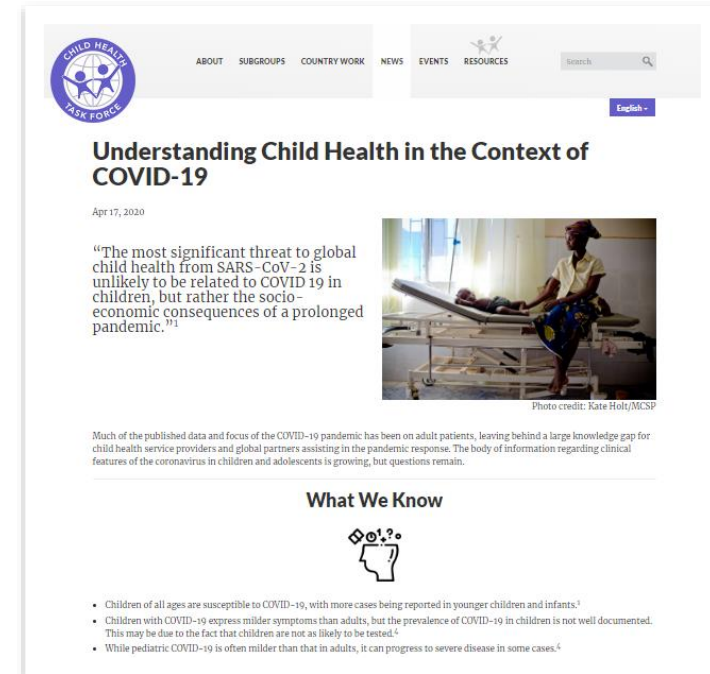
Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website:

[www.childhealthtaskforce.org/subgroups/iccm](http://www.childhealthtaskforce.org/subgroups/iccm)

*\*The recording from this meeting will be available on this page later today*

Become a member of the Child Health Task Force:

[www.childhealthtaskforce.org/subscribe](http://www.childhealthtaskforce.org/subscribe)



*Check out the Task Force Child Health & COVID-19 web page for additional resources!*

Suggestions for improvement or additional resources are welcome. Please email [childhealthtaskforce@jsi.com](mailto:childhealthtaskforce@jsi.com).