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Achieving Impact at Scale: New Funding Opportunities for Integrated Community Case Management of Childhood Illnesses (iCCM) through the Global Fund:
Key Advocacy Messages

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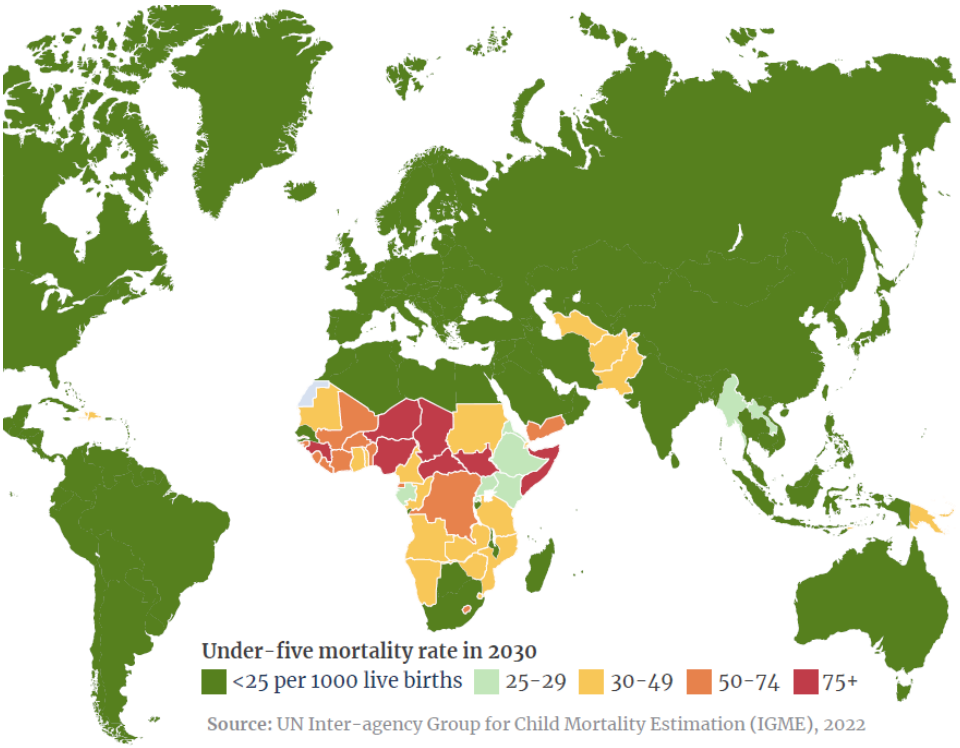
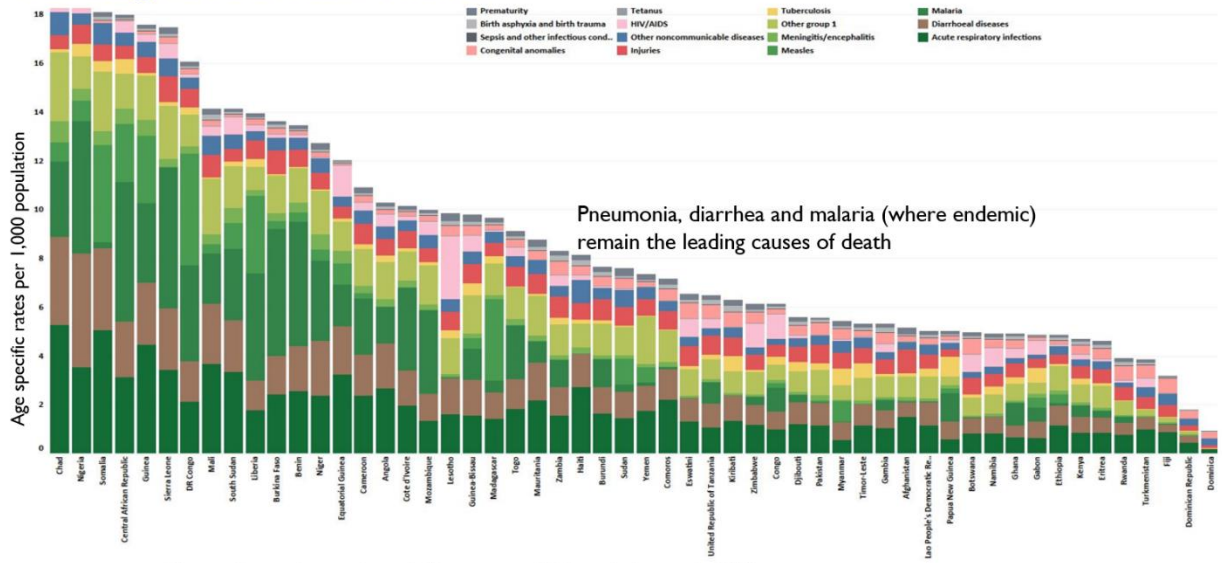
BACKGROUND

Every day, thousands of children die from pneumonia, diarrhea, and malaria – common illnesses, avoidable tragedies. Under five mortality rates are disproportionately high in the poorest, most remote, and fragile and conflict-affected communities, which tend to have limited access to quality health services as well as high rates of child malnutrition that increase mortality risks. **This is unacceptable.** We must do more, and we must do better to prevent young children from dying. **Without accelerated action, 54 countries are not on track to meet the SDG target of 25 or fewer deaths per 1,000 live births. Eighty percent (80%) of these countries are in Africa.**



Leading causes of death in children 1-59 months old in 54 countries needing accelerated action



54 countries needing accelerated efforts to meet SDG survival targets by 2030

Source: WHO Maternal and Child Epidemiology Estimates Group (MCEE) 2019

Through the Child Survival Action Initiative (Child Survival Action | Child Health Task Force), national governments, donors, international agencies, and implementing partners can live up to the global promise to end preventable child deaths by 2030. Child Survival Action seizes the opportunity to align across complementary efforts that strengthen primary health care, inclusive of community health, disease- and topic-specific initiatives – for a common agenda.

Integrated financing to implement iCCM at scale is key to reducing child mortality by 2030. Resourcing and implementing iCCM to scale involve coordinated action by national governments, donors, implementing partners, and communities. **One of the key mechanisms of financing iCCM is through the Global Fund**.

PREVIOUS CHALLENGES & NEW OPPORTUNITIES

Nonavailability of commodities hinders the provision of quality integrated case management of diarrhea, pneumonia, and malaria. While the Global Fund previously funded iCCM platform costs and malaria commodities, it now additionally invests in non-malaria iCCM commodities including first line antibiotics for pneumonia, ORS, Zinc, and diagnostics like respiratory timers. **This recent announcement by the Global Fund to cover non-malaria commodities for community use only is a window of opportunity for countries, and guidance on how to utilize this opportunity, including links to the relevant tools and example quantifications, is contained in this presentation.**

WHAT IS NEW IN THIS GLOBAL FUND CYCLE FOR ICCM?

If a government (as part of co-financing) or partners cannot fund the non-malaria commodities, Global Fund can now support the following non-malaria medicines for community use in under-fives only: antibiotics for pneumonia (first line treatment), ORS and zinc for diarrhea, and respiratory timers for diagnosing pneumonia.

To be eligible for non-malaria medicines funding, the following criteria need to be met:

1. GF investments only for non-malaria medicines for children U5 and only for community platforms;
2. GF/other partner investments in place for appropriate diagnostic equipment (e.g., rapid diagnostic tests, respiratory timers) and training to ensure timely quality diagnosis of malaria, pneumonia, and diarrhea per national iCCM protocols;
3. GF/other partner investments in antimicrobial resistance monitoring and stewardship;
4. GF/other partner investments covering the systems components needed for quality community health worker (CHW) service delivery, including adherence to the iCCM protocol, rational use of medicines, and referral and counter referral systems.

KEY MESSAGES

Despite the change in policy allowing for full package funding for iCCM by the Global Fund, many eligible countries that submitted concept notes in window 1 did not include non-malaria iCCM commodities or supply chain investments in either their malaria or RSSH applications. This was due to either total allocation not being enough to cover minimum malaria intervention costs, lack of knowledge of this new policy, or absence of the child and community health stakeholders at the GF application decision making table in-country.

WHY SHOULD A COUNTRY INCLUDE ICCM IN THE GF APPLICATIONS?

iCCM saves lives of children under five:

- **Increases geographic access** for parents and caregivers seeking treatment for sick children by bringing care to the community thereby **reducing transport costs and saving valuable time**;
- **Encourages timely care-seeking** for the diagnosis, treatment and care for three common childhood illnesses (pneumonia, diarrhea, and malaria);
- **Improves the quality of care** by giving community health workers the skills to correctly and safely diagnose and manage these illnesses in the community;
- **Reduces inappropriate use of artemisinin combination therapy (ACTs) and antibiotics**, which maximizes the efficient use of resources and lowers the potential for children to develop drug resistance;
- **Promotes resilient and sustainable community health systems** that can respond to disease outbreaks, natural disasters, conflict, and other emergencies.
- **Serves as a pathway to efficient institutionalization** when iCCM is comprehensively supported to include medicines for pneumonia and diarrhea management beyond the malaria investments.

HOW CAN THE INCLUSION OF ICCM IN GLOBAL FUND PROPOSALS BE FACILITATED AND IMPLEMENTATION STRENGTHENED?

1. **Ensure effective information flow within countries** by sharing documents about this key policy changes, as highlighted above, and key tools (e.g., RSSH Instructional Note, Global Fund CHW gap table and instructions on how to fill it out) as well as fostering communication between in-country, regional, and global partners providing technical and/or financial support.

    - **Highlight the Global Fund's support of the full package iCCM commodities**. This includes not only malaria commodities, but also first-line antibiotics for pneumonia treatment and ORS and zinc for diarrhea treatment, in line with national iCCM protocols. Non-availability of non-malaria iCCM commodities has in the past hampered the implementation of iCCM resulting in some cases in community case management of malaria only. This challenge can be overcome now.

    - **Emphasize** the need to address both the **commodities and the health system needed to effectively deliver these.** Countries are now eligible to apply for both through the Global Fund applications.

    - **Reiterate the non-malaria iCCM commodity funding eligibility outlined above and highlight the need to utilize the CHW programmatic gap table** (live.com) **and the required systems components** (listed in the table: "Investments in Health Policy and Systems Support to Optimize CHWs" in the Section 4.5 'Human Resources for Health and Quality of Care' of the **RSSH Information Note** (theglobalfund.org)) **to facilitate planning for funding requests**. Refer to the Global Fund Budgeting Guidance regarding remuneration (i.e., salaries, allowances, and benefits) and emphasize the need to strengthen community health systems and bidirectional referrals between community and facility care. A detailed intervention approach on referrals is outlined in Annex 2 of

the RSSH Information Note. Applicants should outline the needs and sources of funding for CHW commodities not provided by the Global Fund.

2. **Foster inclusive country dialogue. Ensure child health/community health leads are at the decision-making table throughout the process of malaria and RSSH Global Fund application preparation as well as grant making and implementation**. This will facilitate an understanding of program gaps and barriers to effective implementation. Ensure supply chain teams work with the malaria and RSSH groups during proposal preparation and beyond to assess gaps in supply and implement improvements in supply management systems. Plan to coordinate pneumonia, diarrhea, and malaria activities and resources such as community health worker trainings, supervision, monitoring and evaluation systems, and commodity management and supply chain strengthening to streamline efforts.

3. **Apply a systemic and broade r community health platform strengthening lens when discussing iCCM**. Use iCCM to help strengthen a holistic approach to child health, primary health care, the link between facility-based care and communities, including prompt referral of severe cases of illness, and community health systems overall. Emphasize RSSH interventions to support disease-specific targets and improve the overall quality of the health system. Discuss strengthening local capacity and infrastructure, including procurement of commodities and supply management systems, as necessary for effective implementation of not only iCCM but a plethora of interventions. Emphasize strengthening the community health platform by training, recruiting, supervising, and paying CHWs who are critical to improving access to care and saving lives of those in remote areas, far from facility-based health services.

4. **Recognize the financial constraints faced by the malaria national control programs and promote integrated financing for iCCM**. Funding for non-malaria commodities shouldn't be the bottleneck to effective implementation of a full package of iCCM as defined by the country: highlight the need for government ownership and use of domestic resources as these commodities are relatively inexpensive and demonstrate a government's commitment to the child survival agenda; highlight other donors, besides the Global Fund, willing to fund these low-cost commodities as well as iCCM platform costs. ICCM financing integration supports country efforts to build stronger community health systems, address geographical health inequities, and improve child health outcomes. The process of integrating finances also brings disparate ministry offices, donors, and health partners together to identify funds and promote a more integrated health system.

5. **Utilize the existing global support systems**, e.g., the iCCM Task Team coordinated by the Child Health Task Force that provides access to learning from other countries' experiences and partners offering various types of technical support, including, but not limited to, quantifying non-malaria commodities needs, GF proposal development and/or review, exploring complementary financing mechanisms, and developing implementation plans.

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