

CASE MANAGEMENT WORKING GROUP WORK PLAN 2013		
WS	Title of proposed activity	GMAP Area *See table below
Expanding Access to Treatment	1. Integrated Community Case Management (iCCM) - GMAP Area: Disease Control: Promoting iCCM approach where health facilities are not available as a means to expand access, promoting the ownership of the beneficiaries, and address issues of equity, human rights, and social determinants of health.	
	1.1 Work with partners to define what policy environment information is needed/useful and work with WHO, UNICEF, and global iCCM Task Force to harmonise information and its collection.	
	1.2 Advocacy on funding for integrated programming - dialogue with GF, WB, PMI;	
	1.3 Develop case studies, but rather than develop standard case studies based on capitalization of advanced implementation, run a country level, multi-partner workshop to address iCCM and related program and funding bottlenecks and barriers in bridging the gap between policy and practice that would not only catalyze scale-up, but also overall partner coordination and communication. Select from the highest burden/ lowest access countries that reflect defined contextual environments such as DRG, Malawi, Niger, Mozambique, or Nigeria.	
	2. Support adoption and roll out of WHO T3 initiative with focus on treatment guidance - GMAP Area: Disease Control: Promote adoption of T3 (Test, Treat, Track) with strong emphasis on the importance of surveillance for malaria program management.	
	2.1 Support dissemination of WHO global guidance documents by preparing presentation for WS members to present at relevant fora to disseminate guidance documents/tools	
	2.2 Collaborate with partners to identify and share experiences and challenges implementing and scaling up WHO severe malaria treatment recommendations, IV and rectal artesunate and advocate to address bottlenecks such as pre-qualification of rectal artesunate.	

*GMAP Areas, ECSC Priority Outputs and Output Ranking value

GMAP Area	ECSC Priority Outputs	Ranking**
Disease Control	Promoting iCCM approach where health facilities are not available as a means to expand access, promoting the ownership of the beneficiaries, and address issues of equity, human rights, and social determinants of health.	2
	Promote adoption of T3 (Test, Treat, Track) with strong emphasis on the importance of surveillance for malaria program management.	3

Expanding Access to Treatment

1. Integrated Community Case Management (iCCM) -

GMAP Area: Disease Control: *Promoting iCCM*

approach where health facilities are not available as a means to expand access, promoting the ownership of the beneficiaries, and address issues of equity, human rights, and social determinants of health.

1.1 Work with partners to define what **policy environment** information is needed/useful and work with WHO, UNICEF, and global iCCM Task Force to harmonise information and its collection.

Expanding Access to Treatment

UNICEF

Community case management of diarrhea,
malaria and pneumonia

Tracking science to policy and practice in sub-Saharan Africa

Asha George, Mark Young, Rory Nefdt,
Roshni Basu, Mariame Sylla, Marika Yip
Bannicq, Theresa Diaz

Expanding Access to Treatment

1.2 Advocacy on funding for integrated programming - dialogue with GF, WB, PMI;

PMI

MalariaCare – PATH, MCDI, PSI, Save the Children - New partnership led by PATH that offers comprehensive technical support to USAID Missions and national governments to expand high- quality diagnosis and treatment for malaria and other childhood illnesses and infectious diseases. The partnership also provides global leadership to advance worldwide malaria control efforts by identifying and sharing innovations and best practices in malaria diagnosis and treatment.

Gates Foundation

CIDA

RAcE 2015

Expanding Access to Treatment

*1.3 Develop **case studies**, but rather than develop standard case studies based on capitalization of advanced implementation, run a country level, **multi-partner workshop to address iCCM and related program and funding bottlenecks and barriers** in bridging the gap between policy and practice that would not only catalyze scale-up, but also overall partner coordination and communication. Select from the highest burden/ lowest access countries that reflect defined contextual environments such as **DRC, Malawi, Niger, Mozambique, or Nigeria.***

Expanding Access to Treatment

UNICEF

Qualitative study to identify solutions to local barriers to care-seeking and treatment for diarrhoea, malaria and pneumonia in select high burden countries

Report on findings from Kenya
(1 of 3 country reports)

Also for Niger, Nigeria

Expanding Access to Treatment


Advancing global health since 1903

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Special Supplement on integrated Community Case Management

Guest Editors: **David R. Marsh**, Save the Children, Westport, CT, USA; **Davidson H. Hamer**, Center for Global Health and Development, Boston University, USA; **Franco Pagnoni**, WHO/TDR and Global Malaria Program, Geneva, Switzerland; **Stefan Peterson**, Karolinska Institutet and Uppsala University, Sweden and Makerere University, Uganda



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2. **Support adoption and roll out of WHO T3 initiative with focus on treatment guidance - GMAP Area: Disease Control: *Promote adoption of T3 (Test, Treat, Track) with strong emphasis on the importance of surveillance for malaria program management.***
 - 2.1 **Support dissemination** of WHO global guidance documents by preparing presentation for WS members to present at relevant fora to disseminate guidance documents/tools
 - 2.2 Collaborate with partners to identify and share experiences and challenges implementing and scaling up WHO **severe malaria treatment recommendations**, IV and rectal artesunate and advocate to address bottlenecks such as pre-qualification of rectal artesunate.

Expanding Access to Treatment



Pre-referral artesunate
treatment of childhood
malaria in the community

*Training Manual for community health workers
to assess danger signs, provide emergency pre-referral
treatment and refer treated children to a health facility.*

Drafted: Martin de Smet
ARTESUNATE
INJECTIONS: Q & A
Questions from front
line practitioners on the
use of injectable
artesunate (AS) in the
management of severe
malaria

Expanding Access to Treatment

Promote adoption of T3 (Test. Treat. Track.)

vii. Collaborate with partners to identify and share experiences and challenges implementing WHO severe malaria treatment recommendations, **IV and rectal artesunate** and bottlenecks such as pre-qualification of rectal artesunate.

Promoting iCCM approach where health facilities are not available

i. Work with partners to define what **policy environment** information is needed and would be useful, and engage with WHO, UNICEF and the global iCCM Task Force in efforts to harmonise information and its collection.

ii. **Engage in dialogue with** the Global Fund, World Bank, PMI and other major **funders** to advocate for new integrated funding mechanism.