

Rapid Access Expansion of Integrated Community Case Management of malaria, pneumonia and diarrhoea

RAcE 2015

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**GLOBAL MALARIA
PROGRAMME**



Key elements

- Supporting iCCM in 5 African countries as an integral part of government health services

Objectives:

- Increase access to correct diagnosis, treatment and referrals for malaria, pneumonia and diarrhea at the community level
- Stimulate policy review and regulatory update on disease case management, and adaptation of supply management and surveillance systems to include services at community level

Key elements

- 5 countries selected: Malawi, Mozambique, DRC, Niger, Nigeria
- Countries selection based on:
 - I. high mortality and morbidity burden for malaria, pneumonia and diarrhea;
 - II. the existence of a clear national policy and regulatory environment allowing CHWs to implement iCCM;
 - III. a clear commitment by the MoH to iCCM;
 - IV. MOH experience in implementing iCCM;
 - V. the potential for growth of a national iCCM program, either geographically or in the scope of diseases

Key elements

- 5 year project: April 1 2012 to March 31 2017
- CAD 74.5 millions
 - 2M/year/country over 4 years in MWI, MOZ, DRC, Niger
 - 3M/year over 4 years in Nigeria to work in 2 states: Niger and Abia
- Collaboratively managed across WHO
 - HQ – AFRO – IST – Country offices
 - Malaria and Mother and Child Health departments
- Implemented through NGOs (grantees), with MOH in a leadership position in each country

Grantee selection process

- Call for LOIs
- Guidance workshops with selected NGOs co-facilitated WHO/MoH
- Full proposal from eligible NGOs
- Review by Project Review Panel
- Negotiation with recommended applicants

Malawi

- Grantee: Save the Children
 - Partners: Clinton Health Access Initiative (supply chain); Medical Care Development International (RDT use); D-tree International (m-Health)
- Districts: Ntchisi, Dedza, Ntcheu, Mzimba North
- Total population 2-59 months: 160,000
- iCCM for malaria (RDTs), pneumonia (CTX), diarrhea, screening for acute malnutrition (MUAC); pre-referral rectal artesunate in Y2



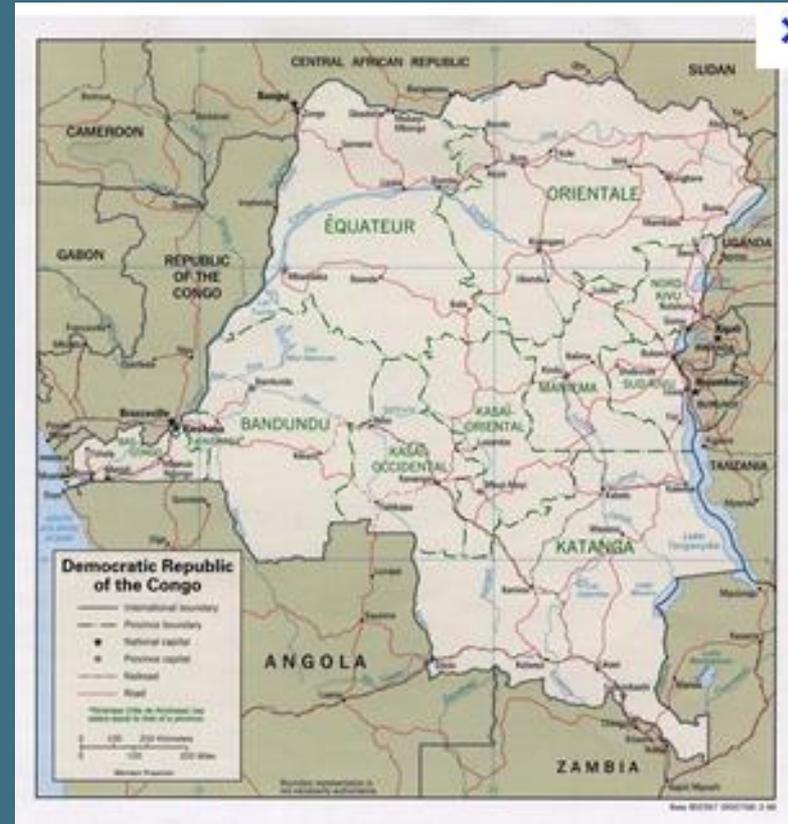
Mozambique

- Grantee: Save the Children
 - Partner: Malaria Consortium
- Provinces: Inhambane (MC), Zambesia, Manica, Nampula (SC)
- Total population 2-59 months: 308,000
- iCCM for malaria (RDTs), pneumonia (AMX), diarrhea, screening for acute malnutrition (MUAC); pre-referral rectal artesunate



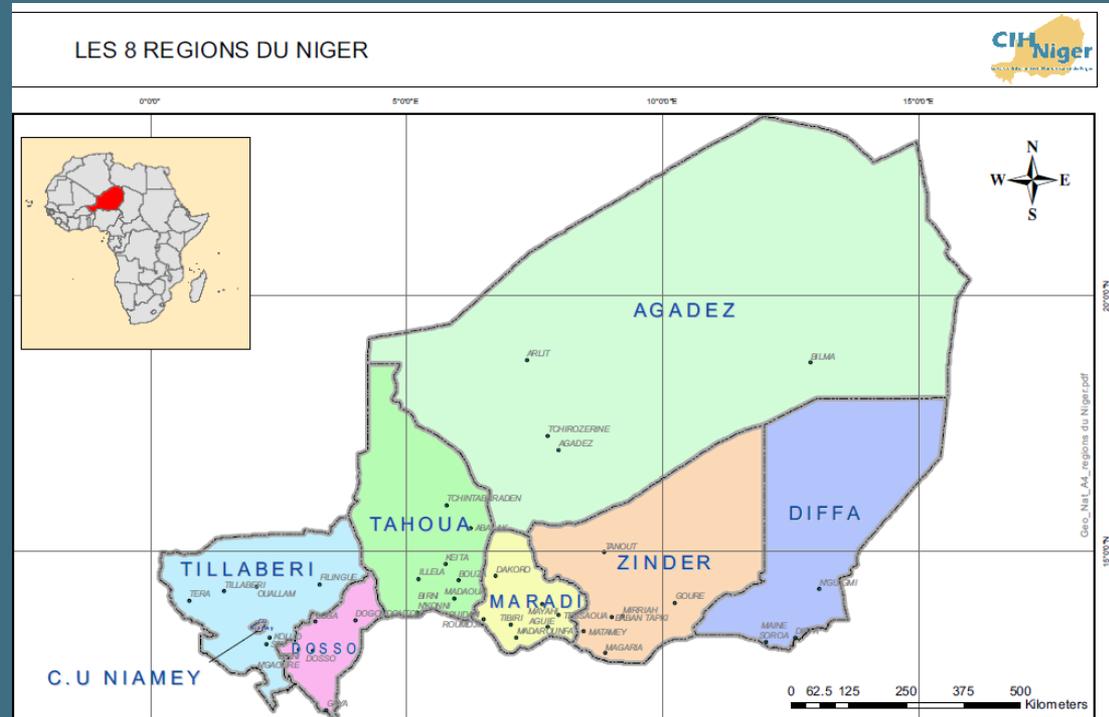
DRC

- Grantee: International Rescue Committee
- Provinces: 750 health sites in 33 health zones in South Kivu and Katanga provinces
- Total population 2-59 months: 150,000
- iCCM for malaria (RDTs), pneumonia (CTX), diarrhea, screening for acute malnutrition (MUAC); pre-referral rectal artesunate



Niger

- Grantee: World Vision
 - Partner: University of Alberta
- Dossa Region: Boboye and Loga districts; Tahoua Region: Keita district



- Total population 2-59 months: 183,845
- iCCM for malaria (RDTs), pneumonia (CTX and AMX), diarrhea, screening for acute malnutrition (MUAC);

Nigeria

- Grantee: to be selected
- States: Niger (Northern Zone); Abia (Southern Zone):
- LGAs to be selected
- State selection led by FMOH
- Call for LOIs to be published shortly



Operations Research

OR topic	MWI	MOZ	DRC	NIG
Improving compliance with referral advice	X			
Improving motivation of CHWs	X			
Improving rational use of drugs	X		X	X
Establishing role of community monitoring of iCCM	X			
Assess feasibility of increasing the workload of CHWs and supervisors		X		
Develop methods to overcome system barriers to access through CHWs (including social autopsies)		X		
Improving supervision and motivation (including m-Health)	X	X		X
Innovative methods to assess adherence to <u>Tx</u>			X	
Impact of pre-referral artesunate on clinical outcomes of children with severe disease			X	

Thank you for your attention

