

## Action Points to Include in Country Plan

### What are our most critical priorities across thematic areas? How do they link to existing plans?

- Coordination – all stakeholders should be coordinated around strategy for iCCM, including clarification/revising of policies to ensure it is an integrated strategy, including child health, CCM, malaria, newborn health, home based care, CMAM) and all cadres working at the community level (CBN, CBA, CBO) - and medicines provided
  - Ensuring iCCM is considered as part of NIHS and LCS and that policies are clear
- Leveraging One Million Community Health Workers initiative to improve iCCM – not duplicate what exists or creating vertical programs

### What is achievable in the next 6 months?

- Meeting Monday March 10 at MOH in Room 7 btwn MOH, PPE, Child Health, Malaria Control, OMCHWs to plan next steps
- Follow on meeting with wider group to plan for revising strategy and developing comprehensive roadmap for integrated community based services (pulling together the various components that already exist into one comprehensive plan
- Addition of amoxicillin DTs to EDL (and follow on to NHIS and LCS list) – Dr. Isabella to follow up on this but requires the evidence to support this

### In the next year?

- Roadmap for integrated community based services, included clarified/revised policies for provision of services, cadres, payment, fees; to ensure aligned implementation
- Fully costed plan based on roadmap/comprehensive strategy for community based services
- Review supply chain for community-provided medicines/products to determine how to strengthen/ensure products are continuously available
- Review RDT policy for LCS

### What additional resources will we need for each priority area?

Resources may be needed to support the development of the roadmap and to do the costing of the plan – this would likely include staff time and potentially TA; to be discussed during meeting next week

Other resources needed to be identified in costing activity

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### What are our next steps as a country to implement these next steps?

- Preliminary meeting next week (Monday March 10) to lay out next steps for policy review and creation of roadmap for iCCM as part of comprehensive document that clarifies policies and responsibilities for community provided services, including package of treatment, cadre roles/provision of services and treatment, STGs (2-59 months or 6-59 months?), payments, fees, catchment areas, supply chain for medicines/products, oversight and supervision
- Participation in GFATM NFM gap analysis March 6-7, including gathering of required inputs for this meeting to ensure iCCM activities are included
- Development of roadmap for community provided services including iCCM, newborn health, nutrition, etc.

### Summary statement on approach and next steps:

The Ghana team had several good discussions on the progress of iCCM in Ghana and things that were heard at the symposium that generated ideas for their own program. The discussions raised many questions related to the implementation of iCCM that need to be answered to help determine the best way forward. There seemed to be some differences between what was policy and current implementation and therefore the team identified the need for harmonization and clarification across the programs delivering services at the community level. The team identified lack of coordination amongst stakeholders as a major challenge and agreed that the first step needed to be the establishment of a dedicated team to work on improving coordination and reviewing/revising the policies and aligning across programs (malaria, child health, nutrition, supply chain, etc.). The team agreed that many of the components exist but need to be coordinated and aligned into one comprehensive roadmap that could be fully costed and help drive future plans and help secure funding for the necessary level of support for the iCCM program.