

Joint statement on a coordinated approach to Supporting Integrated Community Case Management

March 13, 2014

Scaling up Integrated Community Case Management (iCCM) of childhood illness has the potential to save hundreds of thousands of children's lives each year, and is a key intervention for the achievement of MDG 4 by 2015 and beyond. Field studies have shown that iCCM can yield mortality reductions of up to 40%.¹ More resources are needed, however, to support larger-scale implementation in appropriate geographies— including to procure antibiotics, zinc, ORS, ACTs, and RDTs and to cover the cost of training, supervising, incentivizing, re-supplying and supporting community health workers.

For **UNICEF**, iCCM is a key priority and the organization has been driving development and dissemination of guidance and program implementation. The **Global Fund to Fight HIV/AIDS, TB and Malaria** has just launched its New Funding Model and will soon award new grants to countries, which will include resources for malaria prevention and treatment at the community level. Country teams have started the process of writing concept notes for new Global Fund funding.

Both UNICEF and the Global Fund are working on a Memorandum of Understanding, and are committed to working together in a coordinated way to allow governments and beneficiary communities to achieve further reductions in child mortality (through pre-natal interventions and neonate and child interventions). This includes diagnosing pneumonia, administering appropriate antibiotics for pneumonia, and administering oral rehydration salts and zinc for diarrhea (as part iCCM at the front-line level).

Rather than creating a parallel process, the Roll Back Malaria (RBM) Harmonization Working Group and newly formed iCCM Financing Task Team - led by UNICEF - have taken advantage of this preparation process to support countries in expressing their full iCCM financial gap alongside the Malaria gap analyses. **Countries are at this point encouraged** to review their national plans and lead a dialogue with all partners on what the potential iCCM gap (including underlying platform costs) might be, and to express the need alongside the Global Fund Malaria concept note.

Malaria commodities, service delivery and community health workers (CHW) platform costs are eligible for Global Fund support; however, other iCCM commodities (i.e. for pneumonia and diarrhea) are not eligible for funding. Furthermore countries may only be able to prioritize a portion of the costs for delivery and CHW platform costs given likely limited overall resources from the Global Fund. Co-investments from additional donors for iCCM commodities and the CHW platform will be critical to ensure large-scale implementation in high-burden countries and appropriate geographies.

In addition to UNICEF the Reproductive, Maternal, Newborn and Child Health (RMNCH) Trust Fund can be used as a leverage opportunity for co-investments in integrated care. Established in 2013, the aim of the RMNCH Trust Fund is to provide catalytic and gap-filling financial resources to assist countries in developing and implementing national RMNCH plans to improve access and utilization of life-saving RMNCH commodities and services. As such, iCCM-related commodities and services are a key part of that. There is a country engagement process on-going in several countries that identifies the most important gaps that must be addressed to 'bend the curve' before the end of 2015 making strategic use of various funding sources, both domestic and external.

UNICEF and the RMNCH Trust Fund will work jointly to ensure additional resources will be made available to help cover the costs of iCCM commodities ineligible for Global Fund support and to support costs for training, supervising, incentivizing, and supporting CHWs where possible. Roughly US\$50 million will be aimed to be mobilized per annum over the next 3 years to complement the Global Fund's resources raised in its Fourth Replenishment. UNICEF and the RMNCH Trust Fund are committed to working with countries to ensure that the timing of any co-investments will support the timely delivery of integrated services.

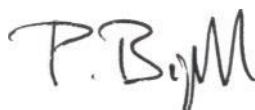
¹ For example: Chinbua et al (2012), Community Management of Fever

The Global Fund encourages countries to submit their full iCCM gap analyses tables as part of the country dialogue process as they prepare the concept notes for Malaria, and will work with partners to determine if a system might be able to be put in place to reduce transaction costs and avoid parallel procurements and supply chains.

UNICEF, the Global Fund, and the RMNCH Trust Fund will work 'side by side' with each other and with country partners to enable a smooth process and rapid flow of funds. The iCCM Financing Task Team will support these conversations.



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