### CASE MANAGEMENT WORKING GROUP WORK PLAN 2013

<table>
<thead>
<tr>
<th>WS</th>
<th>Title of proposed activity</th>
<th>GMAP Area</th>
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<tbody>
<tr>
<td><strong>Expanding Access to Treatment</strong></td>
<td><strong>1. Integrated Community Case Management (iCCM) - GMAP Area: Disease Control:</strong> 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.</td>
<td><em>See table below</em></td>
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<tr>
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<td>1.2 Advocacy on funding for integrated programming - dialogue with GF, WB, PMI;</td>
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<td></td>
<td>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.</td>
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<td><strong>2. Support adoption and roll out of WHO T3 initiative with focus on treatment guidance - GMAP Area: Disease Control:</strong> Promote adoption of T3 (Test, Treat, Track) with strong emphasis on the importance of surveillance for malaria program management.</td>
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<th>GMAP Area</th>
<th>ECSC Priority Outputs</th>
<th>Ranking**</th>
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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
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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.
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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
Expanding Access to Treatment

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.
Drafted: Martin de Smet

ARTESUNATE INJECTIONS: Q & A

Questions from frontline 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.