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

RAcE 2015

Franco Pagnoni
Team Leader
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

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