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INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM) ANALYZING ICCM POLICIES

CHALLENGE

Integrated Community Case Management (iCCM) of the leading causes of child death (pneumonia, diarrhea and malaria) is emerging as a policy and programmatic priority in sub-Saharan Africa. iCCM extends the reach of health care services to typically isolated populations through Community Health Workers (CHWs) who identify and treat many childhood illnesses. While there is a significant body of scientific evidence that supports iCCM, this may not necessarily be translated into supportive policies or programmatic designs that allow for the effective scaling up of iCCM. There is also little systematic documentation or strategic analysis of how iCCM policies and programs are emerging. To provide insight to the iCCM policy landscape and inform both national and global level policies, TRAction completed a retrospective policy analysis of the factors supporting and/or inhibiting policy reform and program design for iCCM in six sub-Saharan countries and at the global level.

STUDY APPROACH

Data was collected through document reviews, literature searches, a standard stakeholder analysis to identify each stakeholder's level of support for iCCM in select countries, and in-depth key informant interviews.

KEY FINDINGS¹

The following is a synthesis of the iCCM policy landscape documented in all countries studied including challenges identified in iCCM policy formulation and implementation:

Policy Content: In all countries, iCCM was not a stand-alone policy; instead it was many times part of Integrated Management of Childhood Illnesses (IMCI) program. Many policies mentioned the role of CHWs, but profiles varied between countries with some building upon paid cadres while others established a program based on volunteers.

Policy Context: The history of primary health care and CHW programs in each country had a substantial impact on policy development and

LOCATION

Niger, Burkina Faso, Kenya, Mali, Mozambique, and Malawi

TIMELINE

December 2011 to May 2014

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Johns Hopkins Bloomberg School of Public Health

KEY QUESTIONS

The purpose of this study was to identify national and global challenges to reforming policies and designing iCCM programs, and inform global strategies for scaling-up iCCM. Specific objectives include:

- ▶ Identify facilitators and barriers to policy and program change.
- ▶ Assess the roles of national and international actors in supporting or resisting policy and program development, and the networks through which they interact.
- ▶ Assess the role of evidence in supporting policy and program development.
- ▶ Document and analyze the types of policies that support or inhibit iCCM implementation, and determine which policy elements are critical to implementation success.

PROJECT STATUS



STUDY INFORMATION

August 2014

Translating Research into Action, TRAction, is funded by United States Agency for International Development (USAID) under cooperative agreement No. GHS-A-00-09-00015-00. The project team includes prime recipient, University Research Co., LLC (URC), Harvard University School of Public Health (HSPH), and sub-recipient research organizations.

implementation. Key system components, such as funding to support drugs and scale up and training of a paid CHW cadre, influenced successful policy formulation across all countries.

Actors: Policy development was generally led by Ministry of Health (MOH) technocrats, with resistance from medically trained senior officials. Interactions were generally between MOH officials, multi/bilateral agencies and NGOs with little involvement at higher levels of government.

Policy Process: Much of iCCM policy originated from the perception that countries were not meeting the Millennium Development Goals (MDG) 4 – reduce child mortality. With IMCI not performing as hoped and swelling support for iCCM from international donors, a policy window opened. Though contextual factors and financing allowed for iCCM development, policy was completed in pieces and by different technical groups, making coordination a challenge.

Role of Evidence: Although local evidence supporting iCCM was highly valued, much scientific and experiential evidence cited during policy development came from outside countries. Where there was a shortage of local evidence on key issues, there was potential to slow the policy process.

Coordination and integration of iCCM and **sustainability** of the approach emerged as important elements to consider in future policy formulation. Integration across iCCM conditions varied with more difficulties faced in countries with well-funded, parallel malaria programs. Questions remain about the long-term financing and sustainability of iCCM policy and its implementation as there is a lack of plans for long-term funding and no Ministry of Finance involvement in policy discussions.

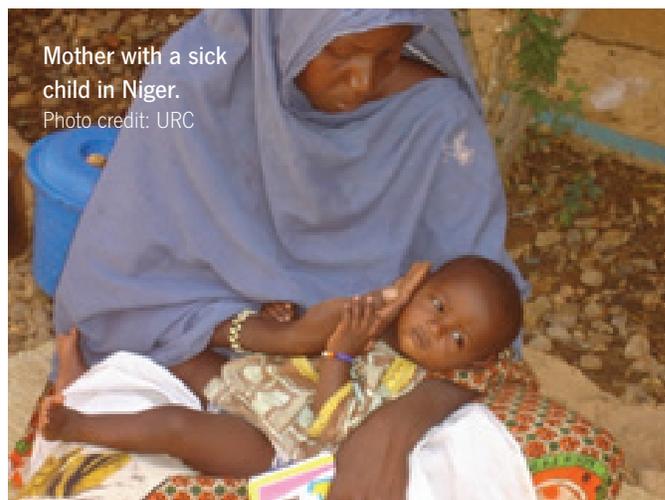
IMPLICATIONS & RECOMMENDATIONS

Overall, the study findings across the six countries demonstrated that policies present during policy formulation, emerge as challenges in implementation, if not addressed. Other recommendations to consider during policy formulation to support successful scale-up and sustainability of iCCM include:

- ▶ Engage higher level policy bodies as well as child health coordinating mechanisms;
- ▶ Customize iCCM to fit existing CHW cadres, the health systems infrastructure, and drug policy;
- ▶ Support scientific studies and pilots that address policymaker questions on iCCM feasibility and effectiveness;
- ▶ Acknowledge and discuss role of sustainable financing;
- ▶ Support better coordination and integration of services.

RESEARCH INTO ACTION

TRAction and its partners used research results to develop recommendations on methods for supporting iCCM policy changes that will facilitate scale-up of iCCM programs. These were shared with



Mother with a sick child in Niger.
Photo credit: URC

stakeholders through a variety of channels:

- ▶ Integrated into lessons learned documents which were shared with representatives from 70 countries at the iCCM Evidence Review Symposium;
- ▶ Published “Policy challenges facing iCCM in Sub-Saharan Africa” in *Tropical Medicine and International Health*;
- ▶ Presented country-level results to the MOH and other key stakeholders in all studied countries;
- ▶ Shared with implementing partners through participation on the iCCM Task Force;
- ▶ Integrated into TRAction iCCM policy briefs providing recommendations for both policy makers and program managers on iCCM start-up and implementation;
- ▶ Served as basis for an upcoming TRAction-funded journal supplement in *Health Policy and Planning*.

Dissemination will continue through development of technical documents, participation in key stakeholder groups, and sharing results at global and local events.

TRACTION PROJECT OVERVIEW

The Translating Research Into Action (TRAction) Project, funded by the U.S. Agency for International Development, focuses on implementation and delivery science—which seeks to develop, test, and compare approaches to more effectively deliver health interventions, increase utilization, achieve coverage, and scale-up evidence-based interventions. TRAction supports implementation research to provide critically-needed evidence to program implementers and policy-makers addressing maternal and child health issues.

For more information on the TRAction Project:
www.tractionproject.org ▶ tracinfo@urc-chs.com

1 Bennett, S., George et. (2014), Policy challenges facing integrated community case management in Sub-Saharan Africa. TMIH. doi: 10.1111/tmi.12319