

iCCM Financing and Global Fund

iCCM Evidence Symposium
March 3-6

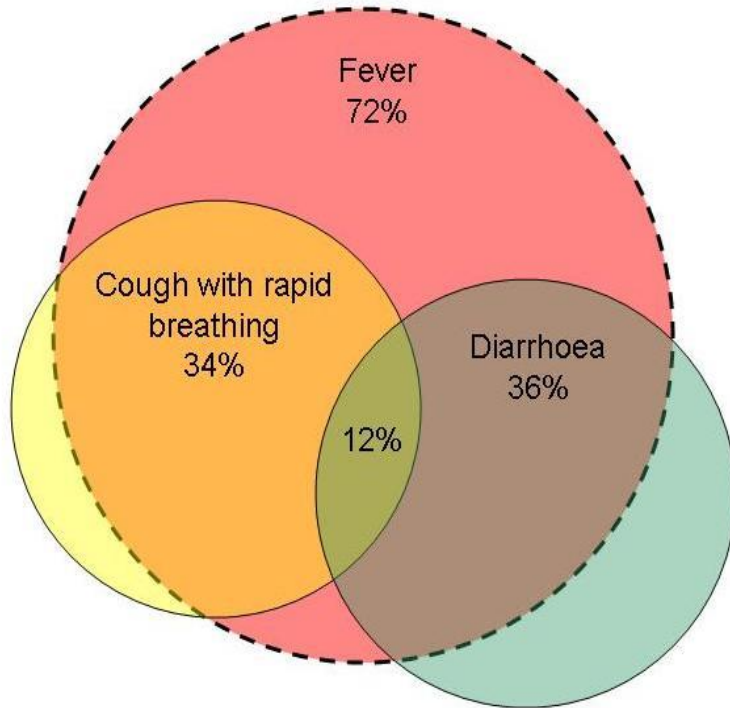
Dr. Mark W. Young (Senior Health Specialist, UNICEF)
Colette Selman (Senior Fund Portfolio Manager, Global Fund)
Pascal Bijleveld (Senior Executive Manager, RMNCH SCT)

Agenda

- **Why iCCM? – Addressing ‘missed opportunities’ for management of febrile illness**
- Opportunity presented through GF New Funding Model
- Co-financing for iCCM
- What can countries do? Global support and next steps

For malaria, there are opportunities to improve current diagnosis and treatment at the community level

Overlapping Symptoms



- **RDT introduction showed majority of suspected malaria fever cases were actually malaria negative**
- RDT rollout through CHWs, without the appropriate skills or medicines for comprehensive management, can lead to:
 - More sick children receiving inappropriate treatment (or no treatment)
 - ACT wastage (and therefore wastage of malaria resources)
 - Drug pressure on malaria parasites
- Even for RDT+ children, further assessment is required due to significant overlap of symptoms and high rates of co-infection in many countries

The current scenario for malaria can lead to suboptimal health outcomes and inefficiencies in the system

Benefits of integration over non-integrated approaches

<p>Access/coverage</p>	<ul style="list-style-type: none"> Increases care-seeking, service uptake and treatment coverage for malaria, diarrhea and pneumonia
<p>Early and appropriate treatment</p>	<ul style="list-style-type: none"> Increases timely treatment for all three conditions
<p>Quality</p>	<ul style="list-style-type: none"> Improves health worker skills & performance
<p>Efficiency</p>	<ul style="list-style-type: none"> Reduces inappropriate prescribing of ACTs Can reduce out-of-pocket expenses for transport to health facility

iCCM improves health outcomes and enhances program effectiveness and efficiency

Source: GF TERG. Thematic Review of Global Fund's Contribution to MDGs 4&5. November 2013

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The Global Fund recognizes the importance of scaling up integrated approaches to improve the linkage between RMNCH and its current investments

*“Exploring options to maximize synergies with maternal and child health, the Board **strongly encourages Country Coordinating Mechanisms (CCMs) to identify opportunities to scale up an integrated health response** that includes maternal and child health in their applications for HIV/AIDS, TB, malaria and health systems strengthening.”*

GFATM Board Recommendation 2010

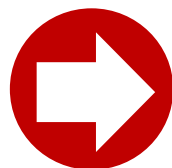
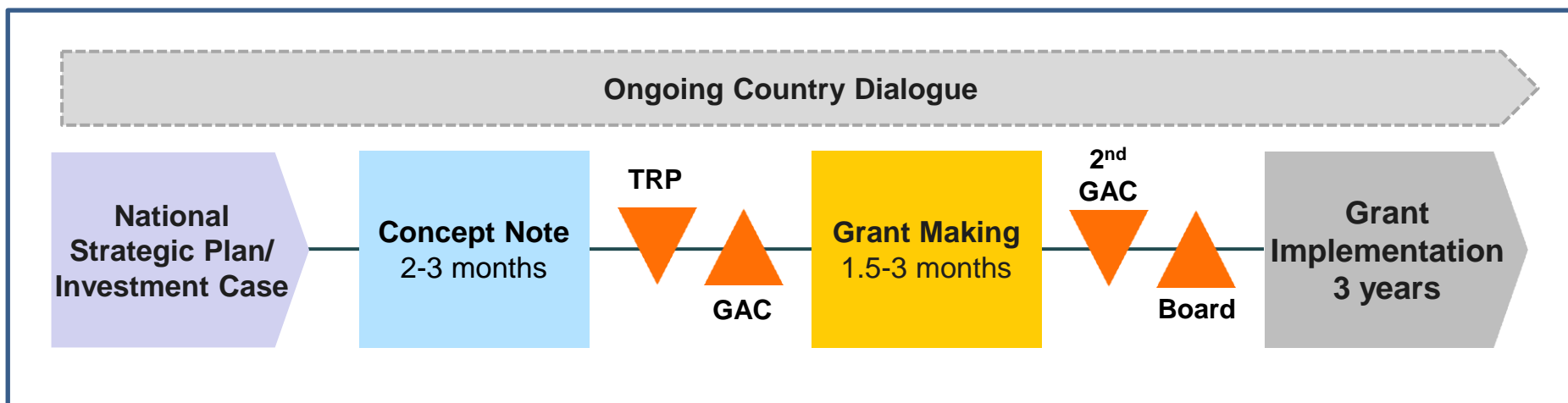
NFM is a key opportunity for driving increased integration including iCCM scale-up

Principles of the Global Fund new funding model

Principles of the new funding model

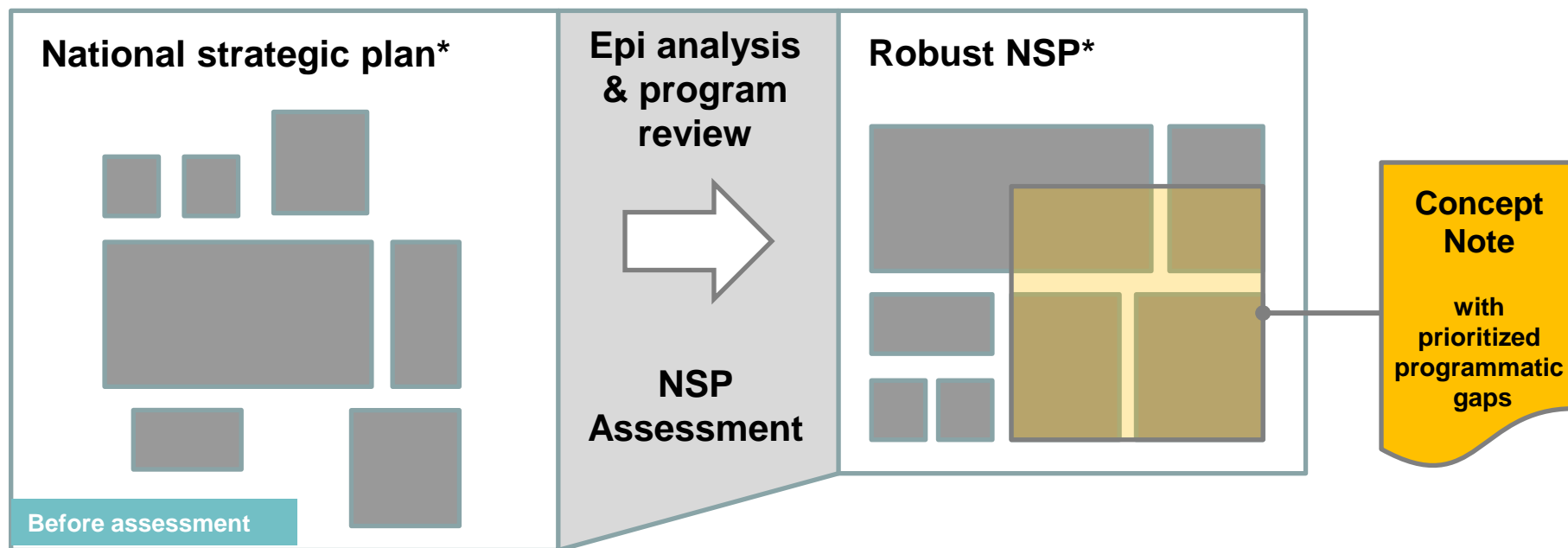
- **Bigger impact:** focus on countries with the highest disease burden and lowest ability to pay, while keeping the portfolio global
- **Predictable funding:** process and financing levels become more predictable, with higher success rate of applications
- **Ambitious vision:** ability to elicit full expressions of demand and reward ambition
- **Flexible timing:** in line with country schedules, context, and priorities
- **More streamlined:** for both implementers and the Global Fund

Global Fund new funding model cycle and timing



**Countries can apply anytime in 2014-2016 –
identify now when funds are needed for each disease
Grant funds will run to the next replenishment in 2017 at least**

National strategic plans (NSPs): The basis for Global Fund funding



Grant funds may be reprogrammed to support NSP development, especially data strengthening

* or investment case

To date, Global Fund investments in malaria and HSS have played an important role in supporting the iCCM platform



ETHIOPIA

(Round 5)

Deployed 30,000 HEWs who supported not only HIV, TB, and malaria services, but also **community case management of malaria, pneumonia and diarrhea**, especially in rural areas

DEMOCRATIC REPUBLIC OF CONGO

(Global Fund Interim Funding)

Covering 219 out of 515 Health Zones in supporting **community case management of malaria, pneumonia and diarrhea**. UNICEF is funding pneumonia and diarrhea commodities as well as provision of family kits.

MALAWI

(Global Fund HSS, Round 5)

Reinforced its HRH with >10,000 Health Surveillance Assistants who also provide **community-based maternal, newborn and child health care (iCCM)** in 'hard to reach areas'

Global Fund can fund the following essential ingredients of a comprehensive iCCM platform

Essential iCCM Components	Global Fund Supported
Training and salary costs for community health workers	Yes, provided that these community health workers are also directly involved in malaria management
RDTs for malaria diagnosis	Yes
ACTs for malaria treatment	Yes
Respiratory timers for pneumonia diagnosis	No*
Antibiotics for pneumonia treatment and ORS and zinc for diarrhoea treatment	No*
Supportive supervision	Yes
Supply chain system strengthening	Yes
Health information system strengthening	Yes

* Commodities not funded by the Global Fund provide a co-funding opportunity for governments or other development partners to invest into the iCCM platform

Source: 2014 Roll Back Malaria Harmonization Working Group Country Briefing Note

How can countries prioritize iCCM in their NFM submissions?

Option	Rationale/notes
Malaria concept note	<ul style="list-style-type: none"> • iCCM offers an important entry point for advancing malaria control objectives • Include iCCM costs in malaria concept notes
HSS module or concept note	<ul style="list-style-type: none"> • iCCM implementation requires systems and HR investments that encourage integration in planning and programming • Include iCCM costs in standalone HSS grant (or as a HSS module for one or more disease concept notes)
HIV & TB concept notes	<ul style="list-style-type: none"> • CHWs can play an important role in supporting HIV and TB treatment programs • Include training, supervision, and CHW incentive costs in HIV & TB concept notes

iCCM evidence and gap analyses will be key factors during the Global Fund's evaluation of country submissions

Advice from the TRP on iCCM integration

Mapping of other sources of funding

- Clarify the alignment to previous Global Fund grants
- Present contribution and complementarity of other partners in iCCM

Realistic pace of activities

- e.g. Phase in an iCCM program if it does not exist, and not seek to go to full scale in Year 1

Health systems gap analysis

- e.g. Provide adequate details on the current health staff situation for iCCM implementation

Demonstrate feasibility

- **Provide evidence** that strategies proposed are likely to succeed e.g. positive evaluation of iCCM pilot program

Link to maternal and child health

- TRP expected to **look favorably on interventions that will improve maternal and child health**

Proposal coherence

- Various entities may contribute to iCCM implementation; demonstrate coherent, holistic proposal

Additional guidance for countries on iCCM integration into NFM submissions

- **RBM HWG Guidance Note**
- **WHO Technical Guidance Note:** Strengthening the inclusion of RMNCH in concept notes to the Global Fund (available end March 2014)
- **Global Fund Information Note:** Strengthening RMNCH Interventions (available on Global Fund website end March 2014)

This document provides malaria programme implementation guidance for National Malaria Control Programmes and partners in support of the development of Concept Notes to be submitted to The Global Fund.

**Malaria
Implementation
Guidance in support of
the preparation of
Concept Notes for
Global Fund Grants**
Roll Back Malaria
Harmonization Working
Group

2014

Agenda

- Why iCCM? Addressing ‘missed opportunities’
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- **Co-financing for iCCM**
- What can countries do? Global support and next steps

In addition, a large effort is underway to harmonize the global response for RMNCH programs representing a key funding opportunity for iCCM

RMNCH-related funding streams

World Bank, IDA/HRITF, RMNCH Trust Fund, UNICEF, USAID, H4+, and Global Fund (representing over \$1 billion in potential funding over the next 2 years)

Principles of country engagement

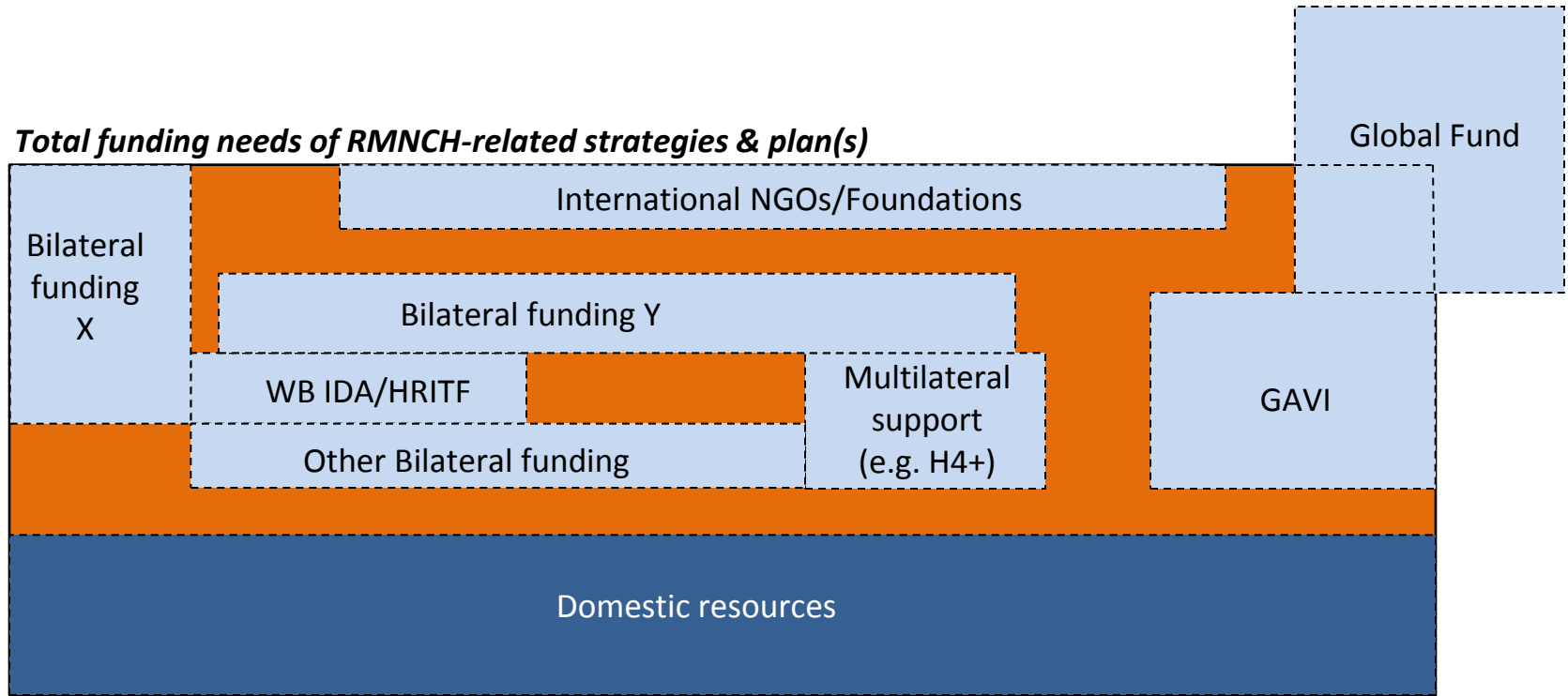
- **Building on the principles of IHP+**
- To 'bend the curve' towards achieving MDGs 4 & 5.
- **To align and coordinate funding streams towards critical gaps**
- Led by MOH, includes all RMNCH stakeholder: DPs, civil society, etc.
- **To build on other major planning processes** – e.g. support for Health Sector Plan

Key activities

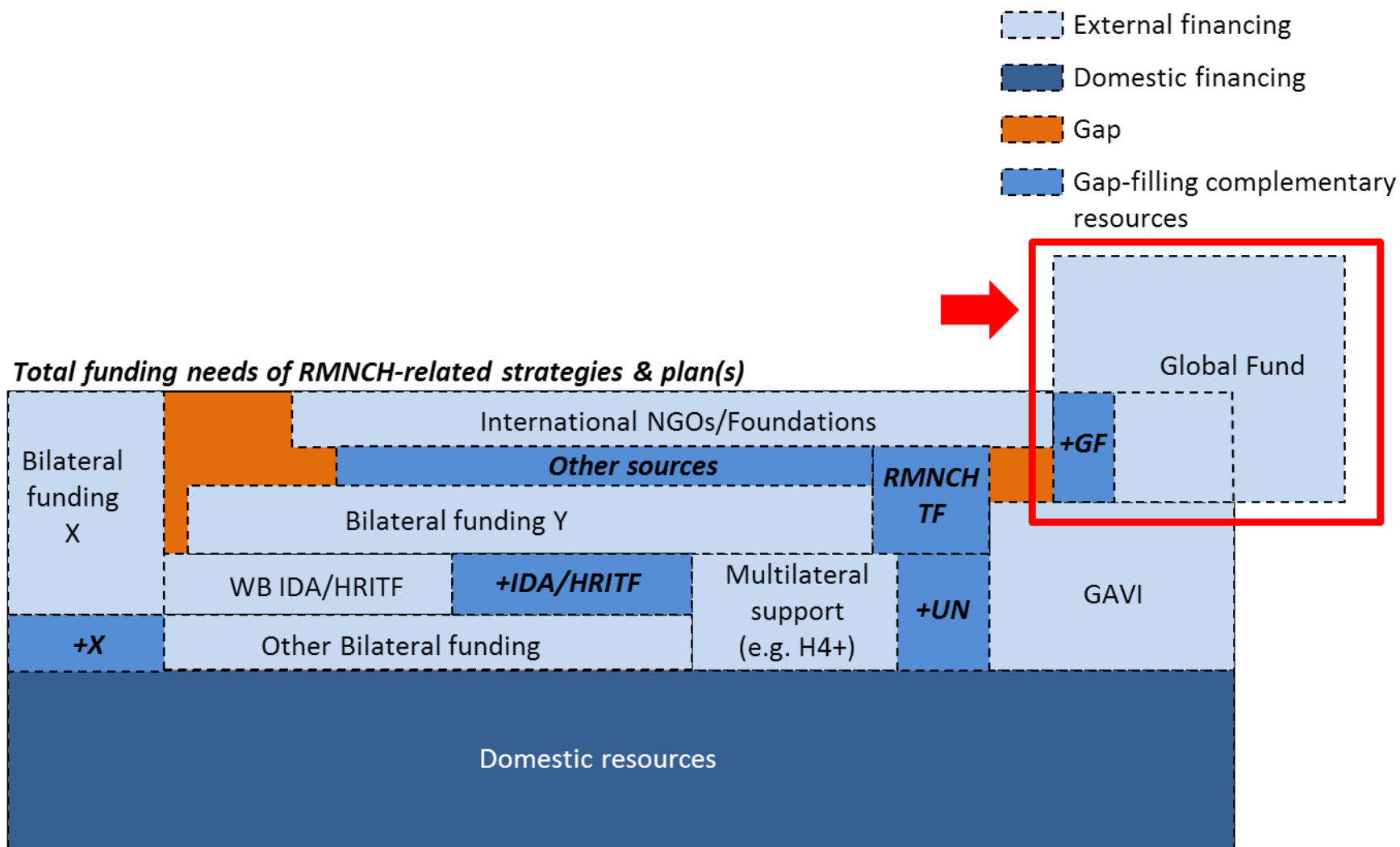
- A joint, rapid multi-stakeholder synthesis of the RMNCH landscape that brings together the various RMNCH-related plans, sub-plans, initiatives, etc.
- **Prioritisation across the entire RMNCH continuum of care**
- **Commitment of development partners** to support implementation of prioritised interventions – **matching of existing and new funding streams to priorities and gaps**

The RMNCH country engagement process aims to build off other major planning processes (including GF) to ensure financing of RMNCH-related priorities

- External financing
- Domestic financing
- Gap

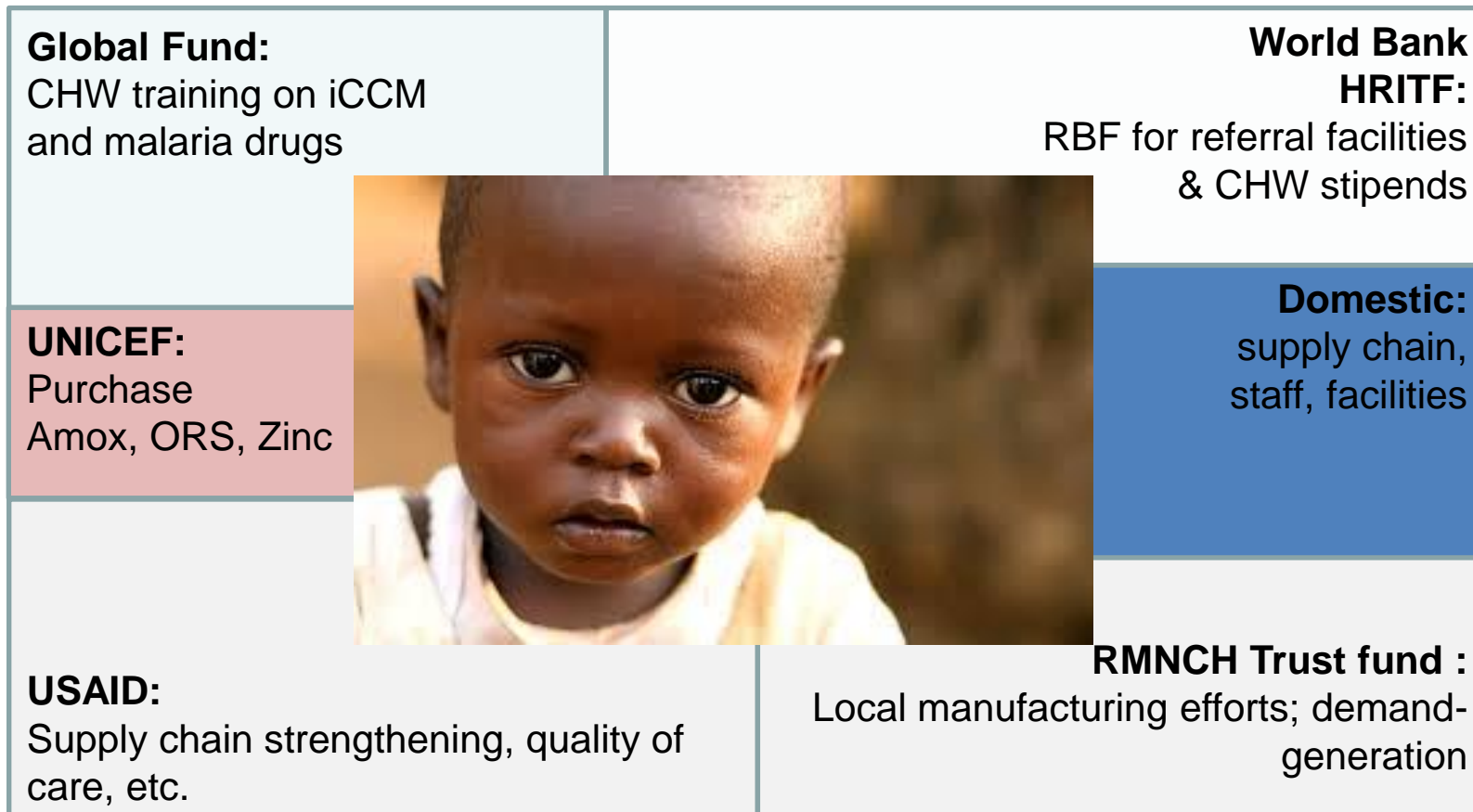


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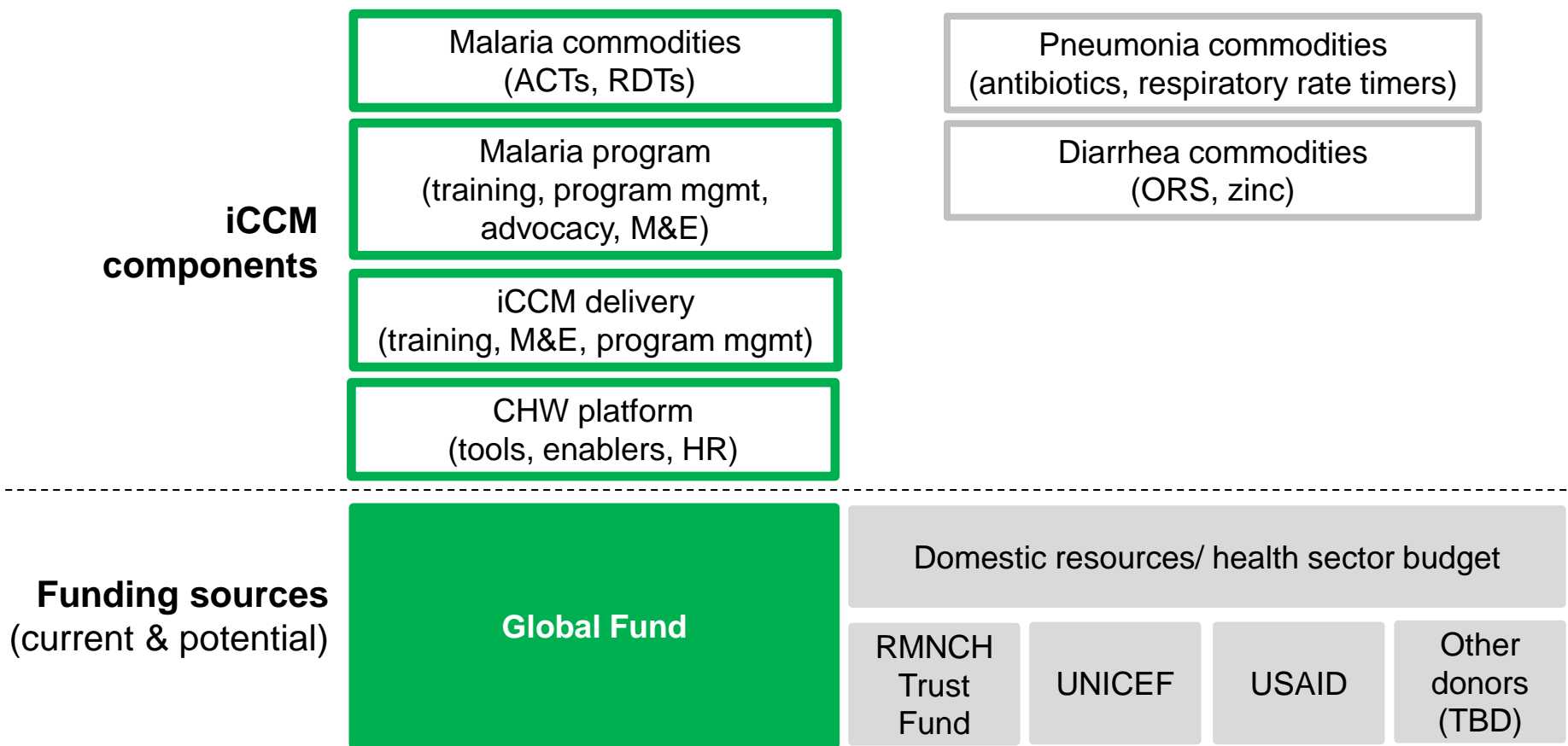


Illustrative example of making use of complementary resources – financing and technical – to address the febrile child

ILLUSTRATIVE



Aligning these RMNCH funding streams with Global Fund investments can create a 'win-win' situation for malaria, HSS and MNCH



If successful, this iCCM co-financing platform can lead to improved child health outcomes, stronger integration of vertical programs, and leveraged donor resources

UNICEF – Global Fund MOU (DRAFT)

1. THIS MEMORANDUM confirms our personal commitment, as the chief executive officers of our two organisations, that the United Nations Children’s Fund (UNICEF) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund), will work together in a coordinated way to allow Programme Country Governments and beneficiary communities to achieve the elimination of new HIV infections among children due to mother-to-child transmission and to keep mothers and children living with HIV alive, and also achieve further reductions in malaria deaths. To achieve these goals we will work together for better alignment of the HIV-, tuberculosis-, and malaria- specific investments of the Global Fund (on the one hand) and broader efforts to improve maternal, newborn, child and adolescent health (on the other).

2. We will do this by encouraging Programme Country Governments to take maximum advantage of the opportunities presented by the Global Fund’s Strategy 2012-2016 and its innovative New Funding Model, adopted by Global Fund’s governing body in 2013. The New Funding Model is designed to maximize the impact of strategic investments by the Global Fund in combating the three diseases. Key features of the New Funding Model include a simplified initial concept note developed by Country Coordinating Mechanisms in each country, as part of an iterative process towards aligning Global Fund investments to national strategies; enhanced predictability of funding through determining upfront the funding envelope available to each country through the Global Fund; and more active engagement of the Global Fund Secretariat with development partners in developing and implementing grants.

3. The focus of the collaboration we are committing to in this Memorandum will be helping Programme Country Governments to secure basic maternal and child health commodities and making them available in a way that complements the Global Fund’s HIV and malaria commodity investments. That includes equipment as well as the following supplies: (a) Pre-natal interventions for pregnant women such as the provision of micro-nutrients (e.g., iron and folic Acid), administering of tetanus vaccination, offering of syphilis screening and treatment, and deworming interventions; and (b) Neonate and child interventions such as diagnosing pneumonia, administering of appropriate antibiotics for pneumonia, and administering oral rehydration salts and zinc for diarrhea (as part of integrated case management at the front-line level). Commodities will be selected on a country-specific basis and may vary by country, district and local situation.

MOU – Global Fund and UNICEF

UNICEF will use its **best efforts to mobilise the funding needed for Governments to purchase maternal and child health supplies and equipment identified in national strategies and Concept Notes** developed or revised as part of the collaboration referred to in this Memorandum. In some cases UNICEF may be in a position to meet these costs itself as part of its existing programmes of cooperation and from existing budgets. UNICEF will also make its procurement services modality available to Governments that wish to procure these inputs through UNICEF using funds mobilised directly by the Government.

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Key steps are needed at country level to ensure successful integration of iCCM into GF submissions

Task	Suggested lead
Secure buy-in from National Malaria Program to scale-up and finance iCCM	Ministry , supported by partners
Review/update Ministry-led national malaria strategy and national child health strategy to ensure inclusion of robust iCCM component	Ministry, TA consultant , supported by partners
Strong alignment between different directorates/ ministries to identify common iCCM gaps and platforms and their engagement in NFM Country Dialogue	Ministry departments (NMCP, MNCH, Child Health, other)
Clear articulation of full iCCM need (e.g., programmatic and financial gap analysis) to support fundraising efforts	TA consultant , supported by Ministry and partners
Advocacy for prioritizing iCCM in GF submissions and other RMNCH submissions	Ministry iCCM champion
Broad-based MNCH representation on country decision-making mechanisms (GF CCM, RMNCH country engagement, others)	Ministry iCCM champion

Ministries and iCCM implementing partners each have a critical role to play

An 'iCCM Financing Task Team' has been established to coordinate these TA efforts

iCCM Financing Task Team Leadership

UNICEF

Red Cross

USAID

MDGHA

1MCHW
Campaign

CHAI

Save the
Children

MCHIP

Project Management & Coordination

- **Map TA requests**
- **Ensure all TA is in place to support countries**
- Prepare briefings and package info
- Maintain country dashboard
- Set up local iCCM 'point person'
- Analyze co-financing opportunities
- Engage in **technical process** – set up summary table, quality control sheets etc

Relationship Management & Facilitation

- Engage with the **Global Fund** – FPMs in particular
- Coordinate with the **HWG**
- Align with the **RMNCH Strategy & Coordination Team**
- Liaise with additional donors
- Coordinate with technical team – especially CCM Task Force
- Engage with the CHW + Steering Committee

Similar to the HWG process for malaria, TA for iCCM will be made available to support countries with these activities

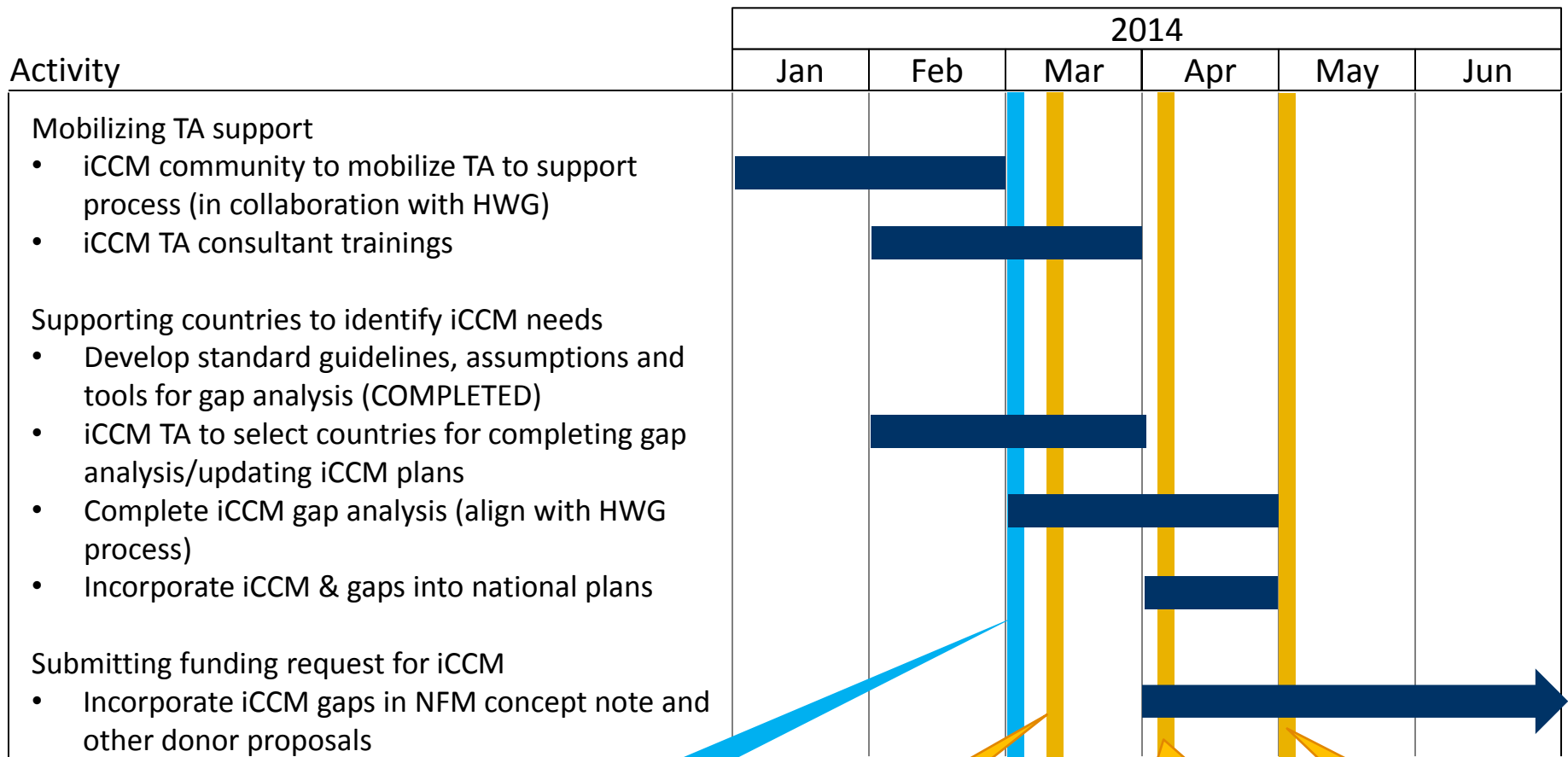
Overview of TA Needs by Country

	Country	Expected date of NFM submission	Requested iCCM TA?	Likely TA Needs – By Type ¹			Ready for TA support in March?
				Gap analysis	Concept note & health strategy	Fundraising	
1	Angola	July	Yes (*)	Yes	Yes	Yes	
2	Burkina Faso	May	Yes	Yes	Yes	Yes	
3	Cameroun	April	Yes	Yes	Yes		
4	Cote d'Ivoire	May	Likely	TBD			
5	DRC	May	Yes (*)	Yes	Yes	Yes	
6	Ethiopia	May	Yes (*)	Yes	Yes	Yes	Yes
7	Kenya	May	Yes (*)	Yes	Yes	Yes	
8	Malawi	May	Yes (*)	Yes	Yes	Yes	Yes
9	Madagascar	May		TBD			
10	Mali	July	Yes	TBD			
11	Mauritania	May	Yes	TBD			
12	Mozambique	May	Yes (*)	Yes	Yes	Yes	
13	Niger	May	Yes	TBD			
14	Nigeria	May	Yes	Yes	Yes	Yes	Yes
15	Rwanda	May	Yes (*)	Yes	Yes	Yes	
16	Senegal	June	Yes	TBD			
17	South Sudan	June/July	Yes (*)	Yes	Yes	Yes	
18	Uganda	July	Yes (**)	Yes	Yes	Yes	Yes
19	Zambia	July	Yes (*)	Yes	Yes	Yes	Yes

(1): Based on TA surveys completed by country teams in Nairobi; does not include all countries. Additional detail on TA needs generated through discussions with country offices/programs
 Notes: Yes = Confirmed by Regional Office; (Yes*) = TA needs confirmed by iCCM workshop but not yet by Regional Office. (Yes**) = confirmed by HWG but not yet by RO

HWG, RMNCH, and iCCM TA consultants will be utilized to meet country needs

Intensive engagement at both global and country levels is needed over the coming months to meet first NFM submission deadlines in May



iCCM Evidence Symposium

NSP plan review (Mar 11-14), NFM indicative funding announced

Mock TRP (Francophone, Apr 7-9; Anglophone, Apr 14-16)

NFM concept note submissions (May, Jun, Sep)

Summary

- More is needed to bend the curve on MDG 4 and reduce preventable child deaths from pneumonia, diarrhea and malaria
- The Global Fund encourages countries to identify opportunities, such as iCCM, to scale up an integrated response to RMNCH in NFM submissions.
- There is a significant opportunity to co-finance iCCM through Global Fund and new RMNCH-related funding streams – creating a “win-win” situation
- With a clear articulation of iCCM strategy (needs, costs, and financing gaps) countries have potential to leverage various funding streams to ensure delivery of a comprehensive intervention package
- Ministries and country implementing partners each have a key role to play to ensure successful integration of iCCM into Global Fund submissions and other RMNCH proposals

Thank you!