



a decade in communicable disease control and child health

# Innovations and research priorities in improving quality and reach of ICCM

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# Malaria Consortium ICCM research and innovation

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- To improve policy and practice, e.g.:
  - Community Health Worker (CHW) retention
  - CHW motivation
  - CHW performance
  - Community demand
- To evaluate policy and practice, e.g.:
  - Quality of care
  - Cost and effectiveness (to society and health system)

# The inSCALE project



- Malaria Consortium 5-year project funded by the Bill & Melinda Gates Foundation in partnership with the LSHTM and UCL
- Aims to identify and seek solutions to the main barriers to ICCM implementation at scale:
  - Motivation
  - Supportive supervision
  - Documentation and sharing of results and best practices
- inSCALE identifies and test innovative solutions that address these barriers with an aim to facilitate sustainable scale up of high quality ICCM in two African countries.

# Interventions



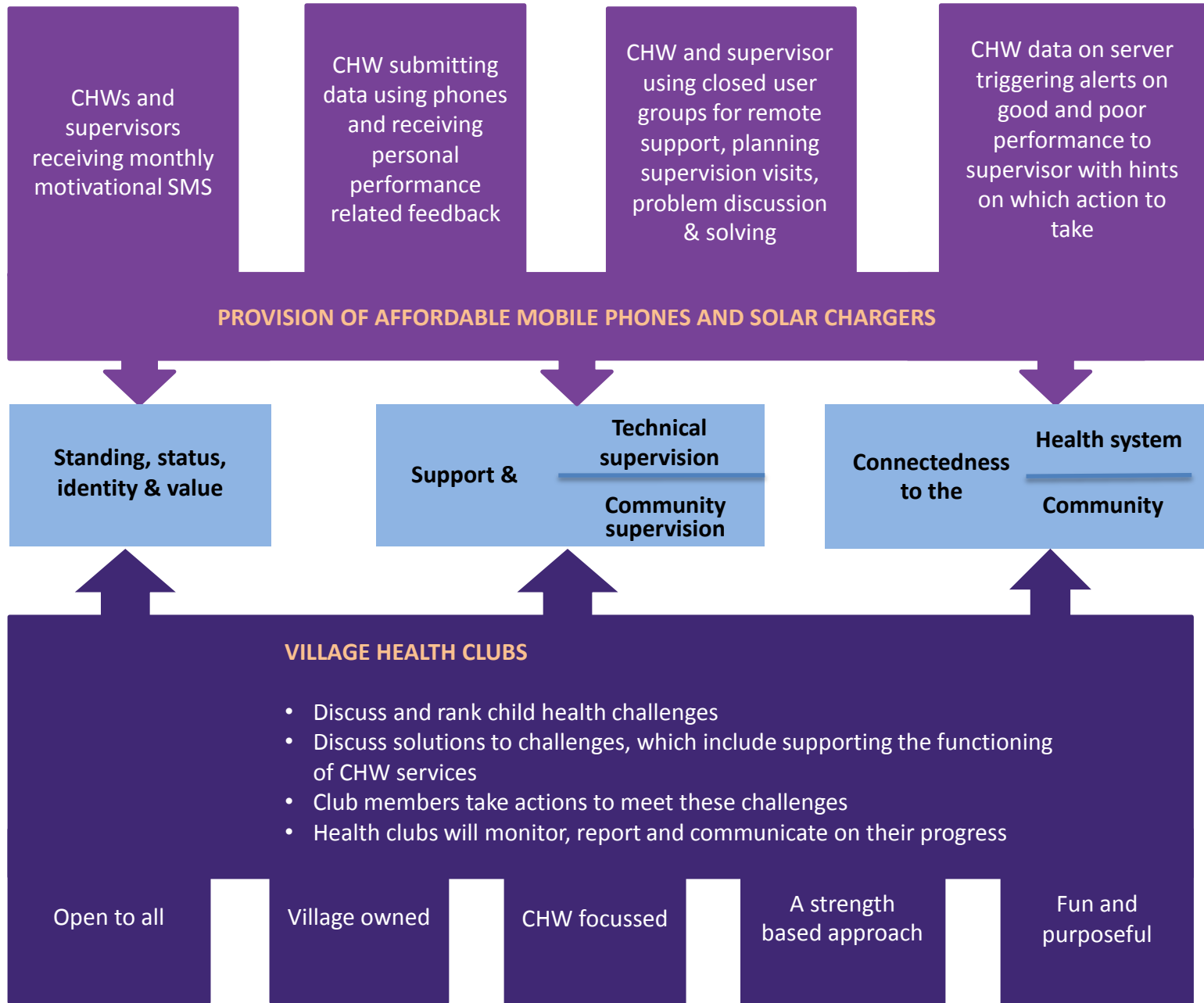
*Technology based  
intervention*

Mozambique and  
Uganda

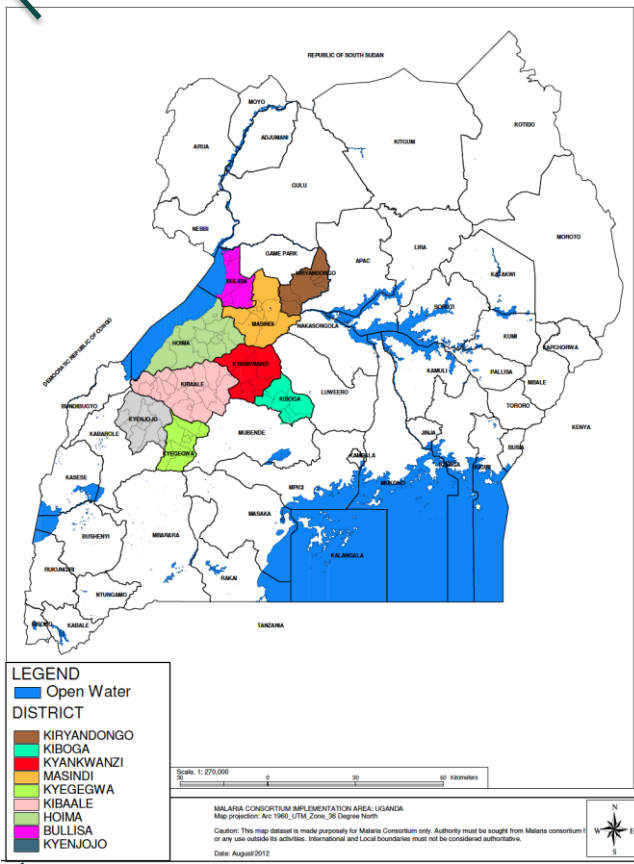
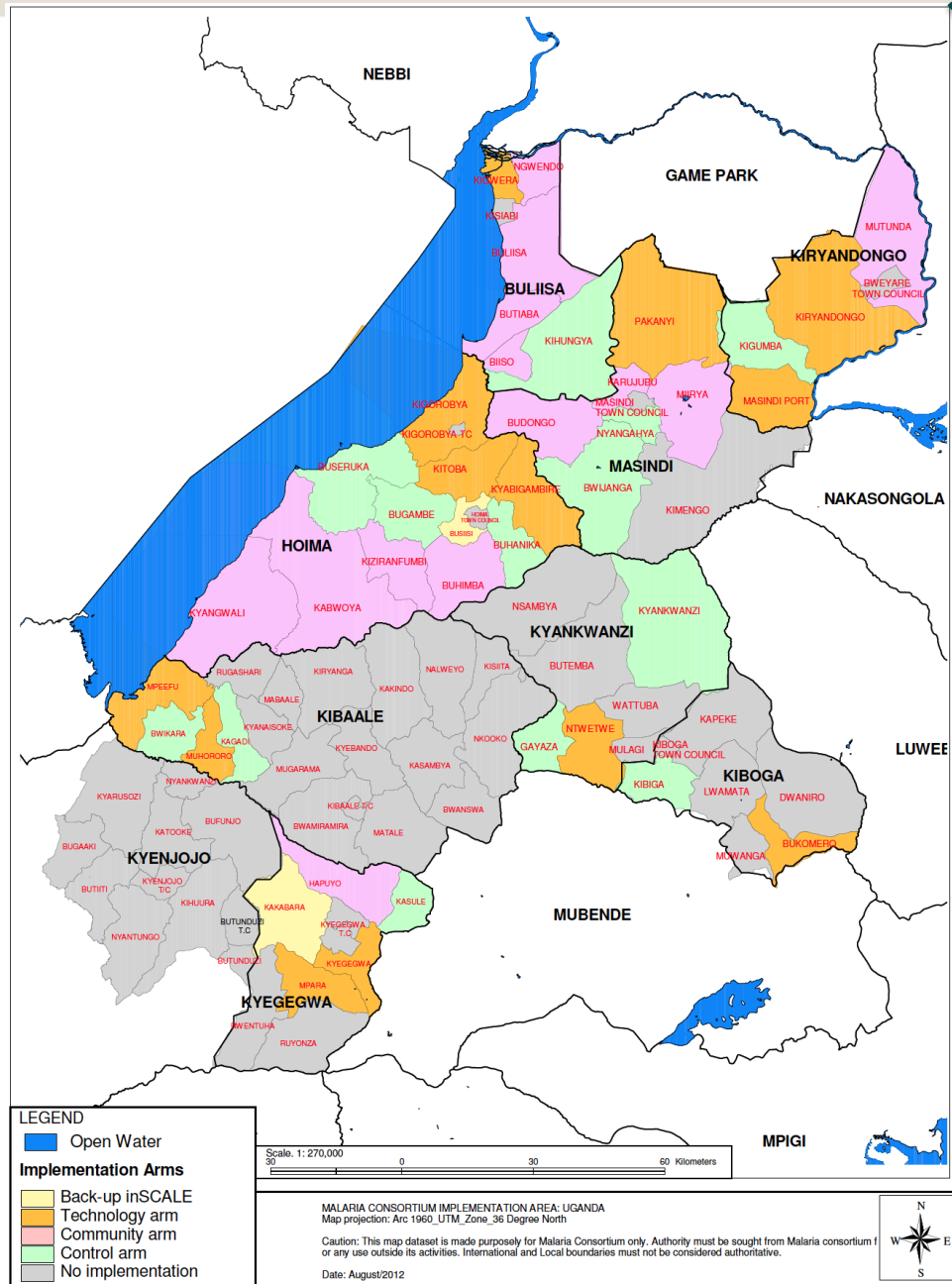


*Community based  
intervention*

Uganda



# Implementation area - Uganda



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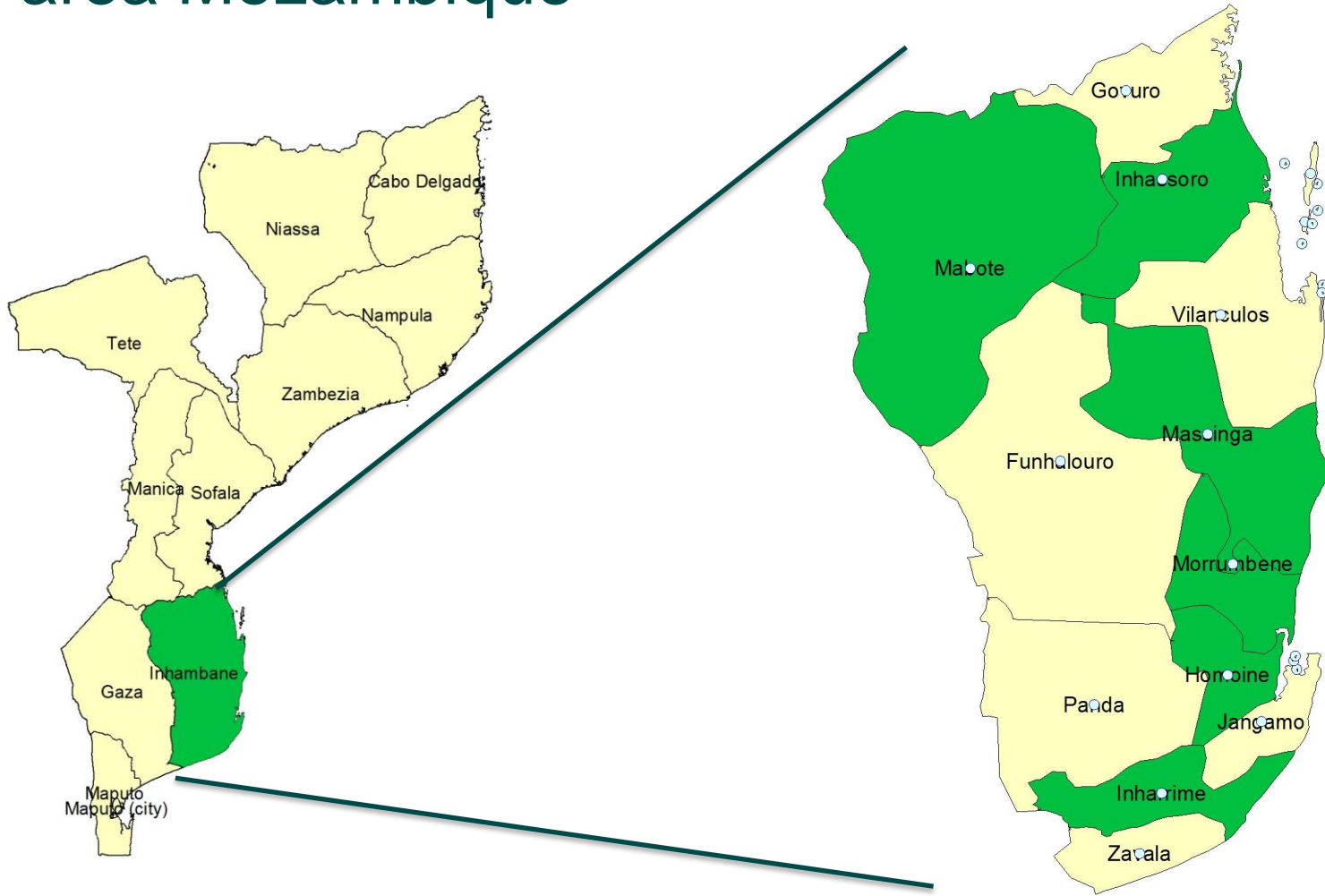
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# Implementation area Mozambique



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# Early implementation results – Village health clubs

**3 months after training, 53% of the 422 villages had set up clubs**

## Enabling factors:

- Commitment and involvement by local leaders
- Already established groups existing in the community
- Responding to perceived need

## Barriers:

- Village size
- Lack of facilitation
- Lack of CHW self esteem
- Location, especially peri-urban areas





# Early implementation results – mHealth approach

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## Enabling factors:

- CHWs perceived benefits
  - Efficiency of electronic data submission
  - Solar charger allows treating children at night and earning income
  - Respiratory timer app made counting easier
- User friendly job aids

## Barriers:

- System functionality
  - Inflexible mobile phone operators
  - Patchy network coverage
  - SMS overload due to common errors or drug stock-outs
- Low previous exposure to technology
- Impaired eye sight



# CCM.ORG - Coordination of ICCM research

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- While a global research agenda for iCCM has been developed and refined, the research priorities for iCCM have not been systematically prioritized
- Original contributors primarily represented technical staff from donor or NGOs; most based in high-income countries.

## **The Child Health & Nutrition Research Initiative (CHNRI):**

- Systematic process involving >100 country representatives and 10 technical experts
- A shortlist has been produced that will be sent back to representatives for ranking according to 4 criteria:

Answerability, Research Feasibility, Deliverability, Importance/  
Potential Impact

# CHNRI process outcomes

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14 main topic areas, including:

- Acceptability; quality of care; logistics; supervision; retention; private sector involvement; and specific conditions included under ICCM (incl newborns)

Outcomes:

- A priority list of ICCM research topics that can be answered within a 5-7 year timeline
- A stratification of country responses and global response to understand different priorities
- Journal publication and posting on CCM Central website ([www.ccmcentral.com/](http://www.ccmcentral.com/))

# Learnings

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- Operational research for policy and on policy is critical for generating evidence that can refine the programmes and strengthen the health systems to increase the likelihood of sustained impacts
- Understanding country context and structures in depth and early on is essential for successful design and effectiveness of complex health system interventions
- A coordinated research agenda involving technical experts and in-country stakeholders can help identifying important knowledge gaps and focus available funding to key areas.



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[www.malariaconsortium.org](http://www.malariaconsortium.org)

Thank you



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