

Management Response

Evaluation Title	Summative Evaluation of the WHO Rapid Access Expansion (RAcE) Initiative
Commissioning Unit	WHO Evaluation Office
Link to the evaluation report	<p>Synthesis report, country briefs, executive summary and annexes are available in English. Synthesis report, executive summary and relevant country briefs and annexes are also available in French and Portuguese: http://www.who.int/about/evaluation/RACE/en/#race_en</p> <p>Link to the synthesis report in English: http://www.who.int/about/evaluation/race_eval_synthesisreport_v1.pdf?ua=1</p>
Evaluation Plan	Organization-wide evaluation workplan 2016-2017
Unit Responsible for providing the management response	Global Malaria Programme (GMP)
<p>Overall Management Response:</p> <p>The RAcE Programme represents one of the few instances outside of emergency and epidemics where WHO has played a strong operational role, and the evaluation recognized the positive effect on policy, implementation quality and national, regional and global learning. The RAcE experience indicates that WHO has the capacity to balance the normative role with a strong operational role, and that the operational involvement strengthens WHO's normative and technical support roles. The WHO Secretariat welcomes the comprehensive report on the Summative Evaluation of the WHO Rapid Access Expansion (RAcE) Initiative which provides a thorough look into the achievements of the project and guidance for future programming.</p> <p>WHO has advocated the importance of Integrated Community Case Management (iCCM) as a key strategy to achieve Universal Health Coverage and reduce child mortality. But currently countries are struggling to integrate iCCM into their primary health care system and achieve impact with strategies delivered through their community health platforms. Previous evaluations of large scale iCCM programmes have been largely inconclusive, and this fills the knowledge gap. These conclusions will guide WHO and global stakeholders in funding, programme development, and implementation quality, and the RAcE experience has the potential to form the basis of a platform for WHO involvement in operational issues.</p> <p>The findings of this evaluation are mostly in line with our understanding of the results of the external evaluation and the observations of the RAcE Programme International Steering Committee and the Ministries of Health involved in RAcE. We note that in many cases, the recommendations ask that WHO assures conditions in national health systems, which is beyond the mandate of WHO. We used our understanding of the intent of the recommendation in our responses.</p>	

First Management Response Status: <i>In progress</i>	Updated Management Response Status: <i>Implemented</i>
First Management Response Date: 16 October 2018	Updated Management Response Date: 01 April 2020
Overall update on the actions taken since October 2018	<p>Of the five WHO staff members managing the RAcE project in the GMP Department, the team leader (Dr S. Sadruddin) was extended for one additional year to December 2019 to coordinate the finalisation of two important outputs in terms of knowledge management and global health policy.</p> <p>The multiple operational research projects conducted during the implementation of the RAcE project were published as a supplement of the Journal of Global Health (http://www.jogh.org/col-race.htm) including 13 articles on five themes: the impact of iCCM on child mortality, care-seeking and treatment coverage; sustainability; monitoring and health information systems; challenges in mature iCCM programmes; and tools and approaches to improve the quality of care. In these publications staff from NGOs, ICF, and MOHs have documented key learnings in a series of scientific articles, building capacity at multiple levels and increasing the knowledge basis to influence national policies and programs.</p> <p>In July 2019, WHO and UNICEF convened a technical consultation on “Institutionalising integrated community case management (iCCM) to end preventable child deaths. The consultation held in Addis Ababa, Ethiopia was attended by government officials representing primary health care, maternal and child health and malaria programmes as well as community systems from 14 African countries with high rates of mortality of children under five years and a high malaria burden. The meeting was also attended by experts and partners representing 17 technical and funding agencies and WHO and UNICEF staff members from headquarters, regional offices and country offices. At this meeting, the key lessons learnt from the RAcE project in five countries were presented and analysed together with results of multi-country survey of iCCM projects funded in 18 countries by the Global Fund. Available WHO guidelines and planning manuals on iCCM and the recent WHO guideline on health policy and system support to optimise community health worker programmes were also considered. The consultation highlighted the synergies in achieving rapid impact on child mortality between iCCM and the new WHO malaria flagship initiative on High Burden to High Impact. The report will be posted on the Child Health Task Force website and conclusions/recommendations of the meeting were endorsed by the WHO Malaria Policy Advisory Committee (MPAC 2019) in October 2019 (https://www.who.int/publications-detail/malaria-policy-advisory-committee-meeting-report-october-2019). MPAC expressed its enthusiastic support for the work to institutionalize and sustain iCCM as a fully integrated delivery strategy within ministries of health and the primary healthcare strategy. However, MPAC also noted key areas of concern likely to be central to the effectiveness and sustainability of iCCM, including the security of drug supply, particularly for pneumonia and diarrhoea; supportive supervision and adequate training, including logistics and management issues</p>

Recommendations and Action Plan

<p><u>Recommendation 1:</u> Considering that iCCM services established under the RAcE Initiative are threatened by financing gaps, WHO should take immediate action to assure that the achievements of the RAcE Initiative are not lost by:</p> <ul style="list-style-type: none"> Working with partner governments in assessing potential funding gaps for iCCM in RAcE programme areas and assisting ministries of health in resource mobilisation to assure that the services established in these areas continue without interruption. 					
Management response	Partially accepted RAcE has proven that iCCM can be effective at a large scale delivered through the Ministry of Health with strong partner support, and the Ministries and local governments are keen to continue and expand the service. While the RAcE project had an important role during the project period, only the national Governments can ultimately ensure the institutionalisation of community health workers (CHW) and that iCCM services continue. This was done in Malawi and Mozambique before the implementation of the RAcE project. WHO has taken a more strategic approach to address gaps in the context of health system financing and meeting child health targets. The sustainability planning process was designed to ensure that iCCM was included in the strategic and operational plans of Ministry of Health and stakeholders in other sectors. This included a process for identifying the appropriate local source of financing and the mechanism for programming the funding so that the health system has the capacity to support iCCM activities. WHO worked with Ministries to mobilize partner support for a continuation of quality services and to address resource gaps. WHO has explored multiple avenues with Global Affairs Canada at global and country levels to ensure additional partial financial support to sustain iCCM services in the project countries, but the focus of international funding of the agency has evolved to different priorities in 2018.				
Status	<i>Implemented.</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Oct 2018
Advocate with the country's technical and funding partners to support iCCM scale-up under the financing of key strategies such as Child Health, Malaria Strategic Plans and new initiatives.	HQ RO WCO Governments	March 2018	<i>Implemented</i>	In DRC, donor support following RAcE under USAID was identified at the beginning of the project, and WHO transitioned implementation support to USAID-PMI, in Tanganyika, and the systems support will continue under USAID's Integrated Health Project (IHP+). The DRC National IMCI National Strategic Plan (PCIMNE 2017-2021) and the 2018-2020 Community Health Strategic Plan include iCCM following the RAcE model, and both were developed with the full participation and commitment of the partners.	No update required.

				<p>In Nigeria, the Gates Foundation committed to support Niger State, and Abia State has included iCCM as a budget line in the State budget. Nationally, services delivered through iCCM have been included in the minimum service package (MSP) and WHO will support States to finalise the operational guideline for the basic health care provisional fund which covers key MNCH interventions.</p> <p>In Niger, WHO supported the development of the National iCCM Scale-up Plan and financing continues with Ministry, UNICEF and Global Fund support.</p> <p>In Malawi, iCCM implementation continues under Ministry of Health leadership with broad partner support.</p> <p>In Mozambique, the World Bank and UNICEF are supporting the programme areas supported under RAcE.</p>	
Support the country to implement the iCCM sustainability plan	WCO	2018 to 2019	<i>Implemented</i>	<p>The sustainability plans have multiple phases of implementation, and country offices are positioned to support and follow the progress.</p>	<p>To date, all countries involved in RAcE project are implementing iCCM, some (Malawi and Mozambique) countrywide, while others mostly at the subnational level (DRC, Niger, Nigeria) with the support of global development partners. Substantial investments were made by the Global Fund and the RMNCH Trust Fund through the malaria and Resilient and Sustainable Systems for Health (RSSH) allocations. However, most countries struggle to maintain an acceptable level 118 of quality of care and coverage. Along with proper integration of iCCM in PHC, adequate planning, budgeting and resource mobilization remain a major challenge.</p>

Recommendation 2:

Considering the effectiveness of implementing the RAcE Initiative through sub-grantee contracts with non-state actors, WHO should:

- Include programme implementation through non-State actors (NSAs) as a possible alternate option to the established approach of direct implementation through governments, based on a contextual analysis and a capacity assessment of potential government and NSA programme partners.

Management response	<p>Partially accepted</p> <p>The RAcE project was implemented by NSAs as sub-grantees, under the stewardship role of the Ministry of Health in the respective countries. WHO recognizes the fundamental role of the government to provide access to essential health services and we acknowledge the complementary role of NSAs in supporting Ministry of Health to establish stable delivery of iCCM services to the population.</p> <p>The traditional donor approach for supporting iCCM in the countries has been through NSAs, which led to disjointed programmes with little Ministry engagement and ownership. RAcE represented a departure from this approach that empowered Ministries, which was central to the observed success. The NSAs received funding to implement iCCM, which was accomplished through government human and material resources, and the success of the RAcE programme was largely due to WHO's emphasis on Ministry of Health Leadership.</p> <p>We note that the role of NSAs in iCCM implementation is contingent on an assessment of government capacity, and agree that the complementary role of NSAs in providing specific expertise can be leveraged in the future. We acknowledge the value brought by the experience of NSAs, and we advocate that NSAs with specific expertise (for example in strengthening the supply chain, or social mobilization) are brought in based on the needs as defined by the Ministry of Health.</p>				
Status	<i>Implemented</i>				
Key actions	Responsible	Deadline	Status	Comments	Update since Oct 2018
WHO will play an active role in the national iCCM technical committees, to convene partners for the purpose of defining and addressing the health system gaps.	WHO NPOs	2018-2019	<i>Implemented</i>	This is ongoing at all RAcE sites, but this is contingent on a WHO country office with sufficient capacity.	WHO NPOs in all countries participating in the RAcE project continue to play an active role in the national iCCM technical committee and relevant resource mobilisation efforts. In Nigeria, the WHO NPOs have built on the lessons from RAcE to 119 implement iCCM in areas of Northern Nigeria affected by complex emergencies.

WHO will propose a stronger operational role in future programming, along with increased involvement of NSAs.	WHO	2018-2019	<i>For future</i>	Future involvement with NSAs will follow the WHO Framework of engagement with non-State actors (FENSA).	WHO/GMP has advocated for wider support to iCCM in multiple international fora and institutionalisation of iCCM has become one of the strategic priorities on case management of the malaria programme of the Gates Foundation.
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Recommendation 3:

Considering that the RAcE Initiative generated new evidence on implementing iCCM as a health systems intervention for the achievement of universal health coverage which is, however, not yet fully documented and disseminated, WHO should:

- Consolidate and disseminate the lessons learned by RAcE and apply them in consultation with technical partners to updating the guidelines for 'Caring for the Sick Child in the Community' that are currently integrated in the multi-agency planning handbook 'Caring for Newborns and Children in the Community'
- Initiate actions to close persistent knowledge gaps, by:
 - Supporting research to better understand the role and the effectiveness of community engagement strategies for iCCM, including an assessment of the community role in contributing to CHW motivation and retention.
 - Conducting, in collaboration with interested partners, a systematic review of gender equality issues in the supply and demand of iCCM in different social and cultural contexts.

Management response	<p>Accepted</p> <p>The RAcE implementation research results are being finalized and papers are expected to be published in the Journal of Global Health as a RAcE Programme collection.</p> <p>An iCCM technical consultation in partnership with UNICEF and other global partners is being planned with the RAcE learning as a key input. This will provide the basis for updating the WHO guideline document: 'Caring for the Sick Child in the Community' and other iCCM operational guidelines.</p> <p>WHO has developed a new Community Engagement Framework, which is being field tested in the context of the Global Malaria Programme Strategic Advisory Group on Malaria Eradication. This will provide quality operational level learning that can be adapted to iCCM programmes in the field.</p> <p>We agree with the evaluators that there is very little evidence around gender issues in iCCM, therefore a systematic review of gender equality issues in the supply and demand of iCCM in different social and cultural contexts require more research to generate evidence that will be analysed in a systematic review.</p> <p>However, due to lack of resources, WHO cannot accept this sub-recommendation, but may be considered in future work of WHO with GMP and MCA advocating for systematic evaluation and promotion of gender equality in iCCM implementation.</p>
Status	<i>Implemented</i>

Key actions	Responsible	Deadline	Status	Comments	Update since Oct 2018
WHO Country Offices to support national iCCM committees, to share the periodic implementation and evaluation reports and highlight lessons learned at a national level.	GMP/ WCO	June 2018	<i>Implemented</i>	All the meetings at the national level are important opportunities to communicate achievements and share the lessons learned in the implementation of the RACe project. In Nigeria, the WCO organized a National iCCM symposium in May 2018 which formed a platform to disseminate lessons learned from the RACE Program plan for a research priority meeting with researchers	No update required
WHO is working with the Global Child Health Task Force Implementation Science subgroup to support research on iCCM, including community engagement strategies and gender equality issues for iCCM.	WHO Global Child Health Task Force Implementation Science subgroup	December 2019	<i>Implemented</i>		WHO continues to be an active member of the Global Child Health Task Force Implementation Science subgroup to support research on iCCM, including community engagement strategies and gender equality issues for iCCM through the MCA Department, coordinating multiple research projects on management of severe pneumonia at community level.
Field testing of WHO Community Engagement Framework	GMP and HIS/SDS/QHC	March 2019	<i>Implemented</i>	This will result in practical operational tools and guidance for implementing the community engagement framework.	The WHO Community engagement framework for quality, people-centred and resilient health services (CEQ) was introduced and tested with the National Malaria Programme in four districts of Rwanda in 2018. The CEQ uses a combination of inquiry guides with focus groups to map relationships between stakeholders and assess community engagement practices. The next phase of field testing will be to develop CE prototype interventions that address the identified 121 gaps with the national team in Rwanda. Technical follow-up and ongoing collaboration is being discussed with AFRO.

					In addition, the WHO Science Division and the United Nations University International Institute for Global Health (UNU-IIGH) are developing a joint programme of work to further CE research, science and practice which will lead to policy recommendations.
WHO will commission a systematic review of gender equality in iCCM and community service delivery platforms	WHO	June 2020	<i>Not accepted due to lack of resources, but may be considered in future work of WHO</i>		GMP does not have funding or capacity to implement this recommendation. In future iCCM projects in which WHO may be involved, GMP and MCA will advocate for systematic evaluation and promotion of gender equality in iCCM implementation.

Recommendation 4:

Considering that the RAcE Initiative underlined the role of iCCM services in national health systems development for the achievement of universal health coverage, WHO should focus its technical and programme support on iCCM to ministries of health and development partners at country level on:

- **Targeting iCCM services at remote rural communities** living distant from health facilities, while in each case examining all possible options to assure that children have timely access to quality health care, including alternate options to iCCM if these exist.
- Embedding programme support to iCCM firmly in a system of a **continuum of care** by assuring that **first level referral facilities** for CHWs have the capacity to provide accessible and affordable quality services to referred children.
- Assuring that national systems are in place to manage the provision of an **uninterrupted supply of iCCM commodities** to the community level, or that support to iCCM programming is paralleled by support to the development of such national systems.
- Advocating for the **inclusion of CHWs in the national human resources for health framework** as a salaried workforce or, where this is not accepted by governments, as a volunteer cadre with a fixed minimal level of stipends and incentives that is commensurate to the scope of expected services.
- Supporting the development and implementation of quality **civil registration and vital statistics systems**, as well as the integration of reliable community health data in **national health management information systems** in order to generate valid information about the impact of iCCM on the reduction of child mortality.
- Assuring that financing of iCCM services (from domestic or international sources) is firmly embedded in the **national health financing framework**, keeping in mind that iCCM services easily break down when there are financing gaps interrupting supervision and the flow of commodities.

Management response	Accepted We agree with the evaluators' initiative to highlight the specific issues. However, the wording of some recommendations is problematic. For example, WHO cannot "assure" any specific component in a national health system. WHO can proactively support countries to address these issues, and in all cases, has been supporting countries to address the issues listed by the evaluators.				
Status	<i>Implemented</i>				
Key actions	Responsible	Deadline	Status	Comments	Update since Oct 2018
WHO will support countries to target iCCM services by mapping and identifying vulnerable populations, and integrate the results in national scale up plans.	FRH/Malaria	On-going	<i>Implemented</i>	Play active role in GF application preparation to ensure iCCM is appropriately reflected in the proposal, and appropriate funding is available.	Although GMP is playing an active role in supporting countries to prepare high quality GF applications, the priority has been to ensure that the highest burden countries are using subnational data to stratify areas for the optimal mix of interventions to maximize impact within the funding envelope rather than to ensure that iCCM is reflected.

WHO will advocate for and ensure that the following are adequately reflected in iCCM guidelines: that all iCCM programming includes assessment and building capacity of referral facilities to deliver quality services; promoting assisted referrals, and stronger monitoring of referral compliance and outcomes as part of the community component of iCCM.	WHO MCA and GMP	On-going	<i>In Progress; Expected to be Implemented in 2020</i>	This will be reflected in updated iCCM operational guidelines and training manuals and WHO's new child health strategy.	WHO/GMP and MCA are working with UNICEF, USAID and other global partners to update the 2012 iCCM joint statement based on the recommendations of the 2019 Addis iCCM Global Technical Meeting. The updated iCCM joint statement will have strong emphasis on referral from the community to secondary care facility.
WHO will continue its role as a strong advocate for systems to deliver an uninterrupted supply of iCCM commodities	WHO MCA and GMP, RO and CO	Continuing	<i>Implemented</i>	WHO has been a strong advocate for systems to deliver an uninterrupted supply of iCCM commodities, presenting evidence of the health impacts of broken supply chains, but has no direct role in managing, supervising or monitoring the supply chain.	No update required
WHO will address the CHWs role in the national human resources for health framework, as part of the new "WHO guidelines on health policy and system support to optimize community health worker programmes".	WHO HIS/HWF	Ongoing	<i>Implemented in October 2018</i>	WHO will proactively disseminate the guidelines and WHO Country Offices assist countries to review their programmes as needed.	No update required
WHO will support integration of community health data in national health management information systems	WHO HIS	Ongoing	<i>Implemented</i>	In the national routine monitoring systems for the community, health outcome data is missing and WHO will work with countries to advocate and recommend adding the appropriate indicators and data collection methods.	WHO MCA unit is working with Health Data Collaborative (HDC), which is a joint effort by multiple global health partners to work alongside countries to improve the availability, quality and use of data for local decision-making and tracking progress toward the health-related Sustainable Development Goals (SDGs). The HDC Facility and Community data working group has developed DHIS 2 Community Health Information system guidelines. It has also developed a draft version of the HDC

					Guidance for community health service monitoring. This guidance provides a modular list of standard community health indicators aligned with global strategies (e.g. SDG, EWEC, etc.), flexible enough to be adapted in different country contexts and CHIS maturity. Several modules are relevant to child health in the document.
WHO will work with partners to review the challenges countries face in financing community level services through the national health financing framework, and will work with Ministries and partners to address financing issues as part of UHC.	WHO Country Offices	Ongoing	<i>Implemented</i>	Based on guidance on public financing for UHC from HIS/HGF.	NPOs in all countries participating in the RAcE project continue to play an active role in the national iCCM technical committee and relevant resource mobilisation efforts. In Niger, these efforts have led to the development of a national strategy for implementation of iCCM. In Abia State of Nigeria, a budget line for iCCM has been established as part of the State Health Budget.