

# Integrated community case management of childhood illness in low and middle-income countries

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Each year, more than five million children die before the age of five, most of them in sub-Saharan Africa or Central and Southern Asia. Many of these children suffer from infectious diseases including pneumonia and diarrhoea; and from malaria and malnutrition; and many children have more than one of these illnesses at the same time.

To address these problems, the World Health Organization, United Nations Children's Fund (UNICEF) and others have developed an approach known as iCCM. iCCM focuses on children under five years of age living in rural and hard-to-reach areas. They receive services from lay health workers who are based in the community, outside of healthcare facilities. But how effective is iCCM?

## What are the key messages in this review?

When iCCM is compared to usual facility services, it probably increases the number of parents who seek care from a healthcare worker. But we do not know if more children get the correct treatment, and it may have no effect on the number of children who die.

The evidence presented here underscores the importance of moving beyond training and deployment to valuing iCCM providers, strengthening health systems and engaging community systems.

## Who is this summary for?

Implementation agencies, ministries of health, programme managers, and other stakeholders in low- and middle-income countries who are considering the use of integrated community case management of childhood illness.

## What did the review look for?

A recent Cochrane Review assessed the effect of integrated community case management (iCCM) for children under-five in low and middle-income countries (Oliphant 2021). The review authors collected and analysed all relevant studies to answer this question and found seven studies.

## How up-to-date was this review?

This review includes studies published up to 7 November 2019.

## What are the main results of this review?

The review authors found seven relevant studies. Six were from sub-Saharan Africa and one was from Southern Asia. Some of the studies compared settings that had iCCM with settings that only had usual healthcare facilities. Some of the other studies compared settings that had iCCM with settings that had usual healthcare facilities as well as a community-based management of malaria.

When iCCM is compared to usual facility services:

- It probably increases the number of parents who seek care from a healthcare worker when their children have common childhood illnesses.
- However, there may be no effect on the number of newborn children who die.
- We do not know if more children get the correct treatment for childhood illnesses or what the effect is on the number of infants and children under-five years who die because the certainty of the evidence was very low.
- We also do not know what the effect is on quality of care, side effects or the number of children who attend healthcare facilities because the studies did not measure this.

When iCCM is compared to usual facility services plus community-based management of malaria:

- It may have no effect on the number of parents who seek care from a healthcare worker when their children have common childhood illnesses.
- We do not know if more children get the correct treatment for childhood illnesses because the certainty of the evidence was very low.
- We also do not know what the effect is on the number of children who die or what the effect is on quality of care, side effects or the number of children who attend healthcare facilities because the studies did not measure this.

The questions presented in this summary are from a Cochrane Review. This summary does NOT include recommendations. The review authors have searched for, assessed and summarised relevant studies using a systematic and predefined approach. They have also used GRADE, a systematic approach to assess their level of certainty

What is iCMM?

There are three main components of iCCM:

1. Lay health workers are trained to assess children's health, provide services for common childhood illnesses and refer children to healthcare facilities where necessary. (A lay health worker is a lay person who has received some training to deliver healthcare services but is not a health professional.)
2. Systems are put in place to make sure that the lay health workers have good access to supplies, get regular supervision and can easily refer children on to healthcare facilities.
3. Families and communities receive communication and information about good practices for health and nutrition.

## Reference

The information for this summary is taken from the following Cochrane Review: Oliphant NP, Manda S, Daniels K, Odendaal WA, Besada D, Kinney M, White Johansson E, Doherty T. Integrated community case management of childhood illness in low and middle-income countries. Cochrane Database of Systematic Reviews 2021, Issue 2. Art. No.: CD012882. DOI: [10.1002/14651858.CD012882.pub2](https://doi.org/10.1002/14651858.CD012882.pub2)

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