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Preface

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Although substantial progress has been made over the past two decades in reducing child mortality, the fact remains that far too many children continue to die before their fifth birthday. A large proportion of these deaths—more than one-third—occur as a result of pneumonia, diarrhea, and malaria. Addressing these child killers in the communities where they occur is, therefore, critical for achieving our child survival goals.

In June of this year the Governments of Ethiopia, India, and the United States, in collaboration with UNICEF, brought together over 700 government, civil society, and private sector participants from more than 80 countries to renew the global commitment to end preventable child deaths. The evidence presented at the Call to Action summit demonstrated that it is feasible for the world to greatly decrease that most outrageous of inequities—the huge gap in child mortality between the poorest and richest nations—by focusing on reaching the most disadvantaged and hardest to reach children in every country.

The program strategy addressed by the papers in this supplement, integrated community case management (iCCM), is one of the novel approaches that will help us do just that. In 2010 UNICEF released "Narrowing the Gaps to Meet the Goals," a special report on a new study, which showed that an equity-focused approach could move us more quickly and cost-effectively toward MDG 4 & 5, with the potential of averting millions of child deaths by 2015. Training and deploying community health workers to deliver basic health services in hard to reach areas is one of the main equity-focused strategies that must be used.

However, we need more evidence on the most effective ways to implement iCCM and information on how to overcome the main barriers that impede the success of this strategy. We need to understand better the best ways to support frontline health workers and the systems they need to effectively deliver iCCM to populations without easy access to facility-based services, and to address demand-side barriers to care. There is a need for well-designed applied research to optimize delivery of these interventions at the community level and to help make these interventions more cost-effective and sustainable.

These are exactly the issues and questions that the papers in this important supplement on iCCM address. We hope that the new evidence contained in this supplement will help to inform policymakers, program managers, and all partners who are supporting scale up of community treatment programs aimed at reaching poor and disadvantaged children. It is important to note that, in addition to appropriate treatment, there is recognition that a broad inter-sectoral approach focused on effective prevention—breastfeeding, clean water, good sanitation and hygiene, immunization, insecticide-treated nets, and appropriate behavior change communication—is required for maximum impact on pneumonia, diarrhea, and malaria.

We at UNICEF recognize the importance of strong partnerships and will continue to work closely with key partners as part of the global CCM Task Force to put this evidence into action. This includes the World Health Organization (WHO), Special Program for Research and Training in Tropical Diseases (TDR), United States Agency for International Development (USAID), Save the Children, Boston University, Karolinska Institutet, and others, many of whom have made important contributions to this special supplement.

UNICEF is committed to working with governments to achieve universal coverage of effective interventions and support iCCM as an essential strategy, which will foster equity and contribute to sustained reduction in child mortality. The evidence presented here will help us do just that.

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