Expansion of the Child Health Package Subgroup

Terms of References

July 2018 www.childhealthtaskforce.org

Background and Rationale

Since the Millennium Development Goals (MDGs) came to an end in 2015, a global paradigm shift has occurred in the definition of "child" and concept of the child health package. The following events have contributed to this ongoing shift:

- The transition to the Sustainable Development Goals (SDGs) to 2030, which provide a more comprehensive agenda, with a wider-ranging health goal beyond the traditional under-5 and maternal mortality targets and narrow focus on communicable diseases.
- The Survive-Thrive-Transform agenda of the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) that expands the global perspective towards helping children reach their full potential as change agents in their communities.
- The 2016 Strategic Review of Integrated Management of Childhood Illness (IMCI) that highlighted the loss of built-in synergy around its three components, due to lack of consistent and coordinated support.
- The Moment of Reflection during a 2017 meeting in Italy where it was recommended that child health encompass the first two decades of life, from birth to 18 years of age, as one of the principles for repositioning child health.
- The development of broad evidence-based global frameworks and integrated packages, such as the Nurturing Care for Early Childhood Development (WHO) and the First 1000 Days (UNICEF).

Many actors have advocated – with varying degrees of success – for the incorporation into integrated community case management of childhood illness (iCCM) and IMCI and the Primary Health Care (PHC) platform of nutrition, newborn care, pediatric HIV and TB, WASH, and Care for Child Development (CCD). Additionally, important emergent issues such as non-communicable and chronic diseases in children lack an appropriate platform to deliver essential services in the PHC setting. At the same time, research is showing that it takes 8,000 days for a child to develop into an adult, and the first 1000 days of life, though critical, are only the beginning.

The Child Health Task Force (CH TF), established in 2017 as the second iteration of the iCCM Task Force, has expanded its mandate. While its member organizations are already responding to increased demand from government partners and donors for expanded services, implementation of packages (e.g., First 1000 Days), better integration of service delivery platforms, and more efficient program design in the field, we need a common understanding of what to do and how to do it.

Goal

The Expansion of the Child Health Package (EP) Subgroup of the CH TF aims to shape a healthier and more prosperous future for all children by maximizing each child's opportunities to realize full physical and cognitive potential. We seek to ensure that child health services: (1) apply **evidence-based approaches**, are (2) delivered in **comprehensive packages**, and (3) implemented in an **integrated** manner and with **realistic and context-appropriate procedures**.

In line with the CH TF approach, the EP Subgroup will start by focusing on interventions in PHC settings and at the community level.

Objectives

The EP Subgroup will play a central role in:

1. Offering a **global platform** for sharing experiences and evidence, identifying best practices, offering solutions to overcome challenges and opportunities for cross-learning, and
2. Advocating for integrated packages when supported by evidence;
3. Supporting members to **generate evidence**, including development of a proof-of-concept from small-scale programs to inform the design of integrated large scale interventions;
4. Supporting members to **translate knowledge into practice**, in their respective country programs, and to document lessons learned through program implementation; and,
5. Using member experiences and presence in the field to **influence** the course of the global paradigm shift needed in designing and packaging child health interventions.
6. Supporting the translation of the WHO pediatric Quality of Care Standards in "expanded packages of care."

Expected Results (2018-2020)

By the end of 2020, the EP Subgroup expects to have achieved the following:

1. Developed a **common understanding** of the needs, gaps, challenges, and opportunities in expanding the current packages and/or in using integrated platforms for delivery;
2. Defined a **research agenda**, identify and recommend research to develop evidence-based approaches to expand the package(s) of child health interventions;
3. Increased the number of **programs** implemented by governments with support from CHTF member organizations in PHC settings and at community level **that apply evidence-based program approaches beyond the management of sick children under-5** and that are documented, evaluated, and shared through the CH TF communication channel;
4. Informed the **development of global guidelines and tools** for packaging child health interventions and for implementing and monitoring child health programs; and
5. Applied pediatric quality of care standards used in designing and implementation of integrated child health programs in xx countries

Illustrative Activities

1. Organize monthly meetings, webinars and other communication activities **addressing the TOR/workplan activities** to **keep members informed and engaged.**
2. Promote existing packages of interventions to facilitate efficient implementation.

3. Liaise regularly with other CH TF subgroups, as well as other forums and country programs, to **stay abreast of current and emerging issues** being debated both at the global and operational levels. This is key to ensure that the EP Subgroup's agenda is technically sound and responds to actual needs.
4. Participate in relevant global public health communities to **contribute to the World Health Organization (WHO) ongoing efforts** to redesign child health services.

Membership

Membership to the EP Subgroup is open to any practitioner interested in learning about and/or in influencing the child health agenda and its service delivery package. This includes donors, government representatives, academics, students, private sector providers, and practitioners from non-governmental organizations.

Members will share a concern and passion for improving child health and will learn to work better collectively as they interact regularly. Each CH TF member organization will be responsible for designating representatives to the EP Subgroup and for covering their participation costs.

Based on needs to be assessed on an ongoing basis, **thematic groups** might be created in order to address specific issues or challenges during a limited time.

Current organization membership includes:	
1. Abt Associates,	19. Medicines for Humanity,
2. Action Against Hunger,	20. MOH Kenya,
3. Aga Khan Health Services Tanzania,	21. One Million Community Health Workers,
4. CARE,	22. OSSEDI Malawi,
5. CHAI,	23. PATH,
6. Columbia University - The Earth Institute,	24. PCI,
7. CPI,	25. PSI,
8. East Tennessee State University College of Public Health,	26. Save the Children,
9. Feed the Children	27. State MOH - Nigeria,
10. The Global Fund,	28. Swiss Red Cross,
11. ICF,	29. Swiss Tropical and Public Health Institute
12. IFRC,	30. UNICEF,
13. IntraHealth International,	31. Unitaid,
14. IRC,	32. University Research Co.
15. JSI,	33. USAID,
16. Living Goods,	34. WHO,
17. Malaria Consortium,	35. WVI
18. MCSP/JSI,	

Leadership

The EP Subgroup has two current co-chairs: Serge Raharison (MCSP/John Snow, Inc.) and Karen Z. Waltensperger (Save the Children). Leadership will be revisited every two years to give opportunities to other members to fill the co-chair roles.

Meeting Schedule

The EP Subgroup will regularly meet on a monthly basis to start via video/teleconference. The periodicity of the meetings can be revisited, based on need.

Meeting agendas will be developed with input from subgroups members and the subgroup co-chairs will maintain communications with, and report regularly to, the CH TF Secretariat.