Financing and Resource Planning Subgroup

Terms of References

August 2018

Roles and Responsibilities

1. Define specific objectives, tasks, and deliverables for the subgroup in relation to the broader Task Force terms of reference.
2. Develop and disseminate research, tools, and approaches for improving integrated child health program planning and resource generation/allocation.
3. Facilitate access to a pool of technical experts to support the development and use of tools, approaches, and activities that will advance progress and evidence for the sufficient mobilization and allocation of resources for integrated child health programs.
4. Serve as a knowledge exchange platform and facilitate the process of synthesizing and disseminating information and drawing lessons learned.
5. Identify knowledge gaps and propose research questions to provide evidence for enhancing integrated child health program planning and resource generation/allocation strategies at the national and sub-national levels.

Goal

To promote and advance the use of evidence-based strategies for program planning, resource generation and allocation to extend and sustain access to equitable, high-quality child health services.

Objectives

1. Generate and disseminate evidence and best practices on strategies for program planning, resource generation and allocation for integrated child health programs.
2. Strengthen the capacity of program managers and policy makers to plan and advocate for sufficient financial resources for the sustained implementation of integrated child health programs.
3. Facilitate the dissemination and use of lessons learned for child health from initiatives on integrated health program financing.
4. Collaborate with the Task Force Implementation Science subgroup to identify knowledge gaps and develop a research agenda on financing and resource planning for child health.
5. Collaborate with the Task Force Private Sector Engagement subgroup to identify and disseminate approaches to mobilizing non-public sector or non-traditional resources for child health programming.
Expected Results (2018-2020)

1. Listserv established to facilitate knowledge exchange on planning and financing among participating members.
2. Webinars conducted on relevant topic areas with active participation from global and stakeholder from target countries.
3. Synthesized and disseminated evidence and approaches for the planning and financing of child health programs (through regular teleconferences and listserv discussions) available and accessible.
4. Increased number of program managers and policy makers using evidence-based tools and approaches for program planning and guiding resource generation/allocation.
5. A technical brief listing research priorities, current gaps in knowledge, and recommendations for strengthening program planning and financing of integrated child health programs developed.
6. Input into Private Sector Engagement subgroup on approaches to mobilizing non-public sector resources for child health.

Membership

Members of the subgroup include: Abt Associates, Action Against Hunger, Aga Khan Health Services Tanzania, Avenir Health, Canadian Red Cross, Financing Alliance for Health, Ghana School of Public Health, Global Fund, Health Envoy, ICF, John Snow Inc. (JSI), Liverpool School of Tropical Medicine, Living Goods, Malaria Consortium, Management Sciences for Health (MSH), Medair, Muso Health, Results for Development (R4D), Save the Children, UNICEF, Unitaid, UN Special Envoy for Health, USAID, USAID’s flagship Maternal and Child Survival Program (MCSP), WHO, and World Vision.

The subgroup will seek to expand participation from other organizations and individuals, particularly policy makers and program implementers located in target countries and working in child health and/or health financing.

Leadership

The subgroup will be co-chaired by:

- Ben Picillo, Senior Program Officer (Results for Development)
- Colin Gilmartin, Senior Technical Officer (Management Sciences for Health)

The co-chairs will be responsible for convening teleconferences/webinars; setting the agenda and leading the meetings/webinars; ensuring ongoing linkages with other subgroups and the steering committee; and contributing to global leadership in the child health space.

Meeting Schedule

The meeting schedule will be determined in consultation with participating members. It is suggested that the subgroup hosts teleconferences/webinars every two months with regular interaction via an established subgroup listserv. The subgroup also could sponsor/host interactive webinar presentations and briefings (for wider participation) as well as contribute to articles, blogs, and/or technical briefs on relevant topics.