Child Health in Emergencies Working Group Teleconferences
June 29, 2018

Participants
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Nureyan Zunong: Save the Children
Dyness Kasungami: MCSP
Elizabeth Hourani: MCSP
Leonardo Shamamba: IRC
Senait Kebede: International Health Consultancy, LLC
Sonia Walia: OFDA
Nicole Raehle: Swiss Red Cross
Guillaume Foutry: Terre des Hommes, Switzerland
Gagik Karapetyan: World Vision
Adugna Kebede: World Vision
Jean Capps: Independent consultant
Helen Counihan: Malaria Consortium
Karin Kallander: Malaria Consortium
Zaeem Ul-Haq: Malaria Consortium
Paul Robinson: IMC
Nicki Connell: Eleanor Crook Foundation
Comfort Olorunsaiye: IRC
Troy Jacobs: USAID
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Recording Link: https://mcsprogram.adobeconnect.com/p2zoi6172gt5/

Agenda and notes
1. Introduction of co-chairs
    a. Nate Miller (UNICEF) and Nureyan Zunong (Save the Children) are co-chairs.

2. Subgroup member introductions

3. Discussion of ToR
    a. Points to be added to the mandate:
        i. An assessment and forming a data or information bank on emergencies was suggested, as well as having subgroup members collaborate on an early warning system.
            1. Subgroup members will have the chance to form specific task teams to address specific work.
            2. The TF Secretariat is in the process of designing a new CH TF website. Broadly, the website will have a resource library. Additionally, subgroups will have outward and inward facing webpages to be able to share documents, discussions, etc.

b. Suggestion to make meetings more frequently than quarterly in the start-up phase until the workplan is finalized.
   i. We will try to plan the next face-to-face meeting in DC in August.
c. Instead of forming regular sub-sub-groups, we will form task teams based on specific deliverables.
   i. A task team will need a leader/co-leaders, volunteer members, and specific deliverables with a timeline.
   ii. Task teams will disband once deliverables are achieved.

4. Priority activities and formation of task teams
   a. Suggested priority areas of focus:
      i. Community health service delivery in emergencies
      ii. Quality of Care in Emergencies
         1. The subgroup co-chairs recently had a call regarding the WHO work on pediatric quality of care. The TF wants to promote this work and this subgroup could focus and liaise with them on how to improve quality of care in emergencies.
         2. It would be useful to pursue this as a working group. By focusing on community response/community quality of care, the subgroup would be ahead of WHO QoC since it focused on facilities.
      iii. Review of technologies with application in humanitarian settings
         1. Subgroup members felt it would be useful to focus on new technologies by having presentations during meetings. The subgroup should also connect with the digital health subgroup to ensure that lessons learnt are shared.
         2. Link with Digital Health Subgroup
      iv. Supply chain in humanitarian settings
         1. The issues with drug and lab supply chains are exacerbated during emergencies.
         2. Supply chain will definitely be a part of the community health work but can also be worked on more broadly.
      v. SBCC in humanitarian settings
         1. SBCC is often brought in as an after-thought and reduced to "messages." The subgroup should encourage an emphasis on pragmatic approaches, applying lessons learned from decades of experiences.
      vi. Evidence mapping and identifying evidence gaps
         1. The Implementation Science Subgroup is currently working on a mapping exercise to collect information on all TF members' implementation science research being done. The research is based off of CHNRI questions, which do not currently include humanitarian specific questions.
         2. Link with IR subgroup
      vii. It may be useful to get more specific or divide the research on community health interventions. For example, epidemic response is different to nutrition.

5. Task teams

      a. Community health in emergencies guidance
          i. UNICEF, IRC, Save the Children are initial members
          ii. Malaria Consortium would like to join task team (Helen Counihan)
      b. Other task teams to be decided.

Next Steps
1. Try to have face-to-face meeting in DC in August.
      c. Agenda will be to finalize the ToR, identify priority activities for workplan, formation of additional task teams, and work on Community Health in Emergencies Task Team.
2. Nate and Karin to discuss Implementation Science inventory document so that information related to the Emergencies subgroup is included.
3. Plan meeting speakers
      a. Quality of care WHO work
      b. Digital health in emergencies
      c. Supply chain in emergencies
      d. SBCC in humanitarian settings
4. Members to send contact info to Nate and any other suggestions of people/organization to be involved in the subgroup.