

## CCM Task Force Consultation Meeting

4/13/17 from 9:00am - 10:00am EDT

**Participants:** Saiqa Panjsheri, Dyness Kasungami, Michel Pacque, Malia Boggs, Jerome Pfaffmann, Nate Miller, Eric Swedberg, Jane Briggs, Musonda Kasonde, Samira Aboubaker, Carmen Tull, Karin Kallander, Sarah Andersson, David Hamer, Kate Gilroy, Karen Waltensperger

Agenda Item	Notes	Action Items
<p><b>Introduction and background on decision to broaden mandate of the CCM TF</b></p>	<ul style="list-style-type: none"> <li>• As the global child health community discusses the repositioning of child health in light of the recent findings of the IMCI review and Mapping Global Leadership in Child Health Report, this consultation meeting will focus on how to reposition the CCM Task Force to encapsulate a broader child health agenda and respond to country needs.</li> <li>• The Task Force Steering Committee has initiated consultations on how to make the CCM Task Force more relevant and more efficient. The leadership mapping exercise and the IMCI review have helped us look critically at where we are going as we make the shift from the MDGs to the SDGs and suggest the need to broaden the mandate of the Task Force.</li> <li>• The Task Force Memo that was distributed in June 2016 provides a summary of the key activities that have been taking place in addition to some specific findings from different reviews that have been shared.</li> <li>• Since iCCM is linked to facility based strategies we must also make this link within the broader child health agenda. We must think more about the global network, what lessons we learned and country needs that will go hand in hand.</li> <li>• There is more movement and discussion within the child health arena to focus not only on the “survive” but the “thrive and transform” agenda as well and to make child health a priority.</li> <li>• How do we define child health within the concept of movements that we are part of? How do we prepare ourselves at the global level?</li> </ul>	
<p><b>Discussion and feedback from</b></p>	<ul style="list-style-type: none"> <li>• The goal of this meeting is to try and synthesize the</li> </ul>	<p>Subgroups will discuss</p>

<p><b>members</b></p>	<p>issues and questions that we need to put forward to the subgroups and hold a broader consultation with CCM TF members afterwards on how to best move forward.</p> <ul style="list-style-type: none"> <li>• The close of the Diarrhea and Pneumonia Working Group has created a gap as far as opportunities at the global level to engage and coordinate as a group. While considering the findings from the Mapping Report, we need to look at how we can support efforts at the country level and close groups that don't add value at the global. Moving forward, if we are thinking about broadening the mandate we need to keep in mind what the current mandate of the group is and what will we do moving forward.</li> <li>• Learned that the Gates Foundation will give a grant to WHO. WHO will be creating a leadership council to strengthen leadership in child health.</li> <li>• The leadership council development is still under discussion at WHO, UNICEF and others, but this was intended to be much higher level. We need to think about how we support countries and how to redesign the TF to provide organized global technical leadership and support.</li> <li>• We must clearly define the global architecture and try to organize this closely linked with what is happening in countries. What should our mandate be?</li> <li>• There is a need to broaden the focus of the CCM Task Force to broader child health and this has been a progression in terms of the work at the facility level and the community level. Do we broaden it to community health? child health implies both community and facility based care whether preventative, promotive or curative..</li> <li>• Moving forward, do we need to broaden the age group as well? There needs to be a strong focus on country level action and how can we better coordinate and move work forward at the country level in both policy and implementation.</li> <li>• It would be great to hear from the DPWG lead on what their thoughts are to help us move forward.</li> </ul>	<p>this amongst themselves before May 19<sup>th</sup> and share their thoughts on broadening the mandate of the Task Force to encapsulate child health and how the mandate of their Subgroup may shift under the CH TF.</p> <p>Each Subgroup will come up with a list of questions to share with the CCM TF Steering Committee and then Dyness/Sarah will send out a questionnaire to the larger TF for a broader consultation.</p>
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	<ul style="list-style-type: none"><li>• The iCCM Emergencies Working Group had talked about extending its scope to community. There is concern around what happens to that lower level work. How would community health in emergencies fit into this broader mandate? Does this type of work get lost?</li><li>• SCM has a very specific niche and looking at the supply chain and the issues in reaching the community level. Broadening to child health is a good idea but it's not clear how SCM would fit into the larger perspective. There needs to be some supply chain focus within this group and not sure how specific it has to be to child health. What would the SCM niche become?</li><li>• Expanding the OR Subgroup to the broader child health is a good idea. The Subgroup is now doing work in Zambia and South Africa looking at early childhood development and nutrition, which will mix in well with the broader child health focus in the future.</li><li>• It is equally important to consider the global level and how the working groups work or the global structure will transform. For the thrive and transform child health agenda this will be very different from a measurement perspective. It is possible to bring in other people but if it's a broad holistic view of child health the M&amp;E group would likely become very large to accommodate this broadened agenda.</li><li>• While embracing the broadened agenda there is a recognition that on one hand there is the unfinished agenda of survival from MDGs and that countries are at different stages. How do we sustain the focus on the unfinished agenda of the MDGS and neglected diseases or drivers of under-five mortality within the broader framework of survive, thrive and transform? We have to approach these in the context of we cannot embrace the whole agenda today because it is not yet well defined but build on what we've been doing and embrace a broader mandate as we transition.</li><li>• There are specific service delivery issues which may</li></ul>	
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	<p>not apply to health promotion, but how do actions at the community level get augmented by the next level of the system? The next level is currently not as functional as it is supposed or needs to be.</p> <ul style="list-style-type: none"><li>• Overall there is an agreement that the time has come for us to have a broader framework to encapsulate child health. We should be moving in the direction from iCCM to child health. Over time we have also moved from just the community to link it to the facility as well. If we are agreeing on a broader child health mandate, we are lacking the specificity since we cannot do everything under child health. We need to define what we mean by child health.</li><li>• We must decide what age we will focus on and under this we can have a survive agenda and have selected interventions around thrive and transform including community.</li><li>• We need to take the health system issues into account to make sure we do not lose the progress we have made. There is a possibility to have a broader framework but articulate what we will be focusing on in terms of the priority areas.</li><li>• We need more time to discuss the specific issues and the priority areas and then after that we can have consensus on how to best move forward.</li><li>• It was mentioned at ICHC that we needed to explore more the inclusion of newborn health under child health and discuss further. We also recognized that because newborn is a very specific group with different units/departments for most organizations, we should discuss this internally before we bring it to the wider task force.</li><li>• <b>Next step:</b> Include other stakeholders like the Gates Foundation on the next call and propose to the broader group what a mandate might look like and what some of the objectives are.</li><li>• <b>Next step:</b> Steering committee members will look at what the key bottle necks are for countries and brainstorm on what role the TF can play.</li><li>• <b>Next step:</b> There is a wealth of information among the team in terms of specific countries. The TF should</li></ul>	
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	<p>prioritize a list or number of countries and start with some consultative meetings at our level and then look at finding what gaps in information we have and when we need to reach out to the country level.</p> <ul style="list-style-type: none"><li>• The CCM Task Force will consult NGO representatives at the <b>Core Group Spring Conference on April 21<sup>th</sup> from 8:30-9:30am</b>. All steering committee members are invited to join this discussion.</li><li>• <b>The next date for the CCM TF Teleconference will be set after May 19<sup>th</sup> after getting feedback from Subgroups.</b></li></ul>	
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