Child Health Task Force Membership Meeting
May 16, 2019

Participants: Adugna Kebede (World Vision), Alfonso Rosales (World Vision), Allen Maina, Amrita Mathew (Jhpiego), Anne Linn (USAID), Ari Johnson (Muso), Ashley Schmidt (MCSP), Ben Picillo (R4D), Bernabe Yameogo (Plan Canada), Beth Charpentier, Catherine Clarence (Abt Associates), Charlene Bayemi (JSI), Charles Mwansambo (Malawi MOH), Daniel Lopez de Romana (NI), David Hamer (BU), Debjeet Sen (Path), Debra Prosnitz (ICF), Dyness Kasungami (MCSP), Elevanie Nyankesha (UNICEF), Elizabeth Hourani (MCSP), Elizabeth Streat (Malaria Consortium), Emily Keane (Save the Children), Emmanuel d'Harcourt, Eric Swedberg (Save the Children), Felix Lam (CHAI), Gunther Baugh, Ifeanyi Ume (JSI Nigeria), Jane Briggs (MSH), Jeanne Koepsell (Save the Children), Jim Ricca (MCSP), Joseph Seriki (Save the Children), Justine Kavle (MCSP), Karin Kallander (UNICEF), Kate Gilroy (MCSP), Kelsey Torres (JSI), Kendra Siekmans, Kyle Muther, Lauri Winter, Leanne Dougherty (MCSP), Liliana Carvajal (UNICEF), Lisa Hilmi (CORE Group), Malia Boggs (USAID), Meg McLaughlin (THINKmd), Michel Pacqué (MCSP), Monica de Cola (Malaria Consortium), Nefra Faltas (USAID), Patti Welch (MCSP), Paul Robinson, Pete Winskill (Imperial College London), Sascha Lamstein (USAID Advancing Nutrition), Shirah Karungi (Makerere University), Steve Ollis (MCSP), Susie Nasr (Global Fund), Suzanne Slattery (MCSP), Terri Lukas

Recording Link: https://connect.johnshopkins.edu/p1eov397gxb/

Meeting Notes:
- Introduction:
    - o Members introduced themselves via the chat box
    - o Dyness provided a brief introduction and discussed why a membership-wide call was being held. The Secretariat is examining different ways Task Force members can learn about what other subgroups, that they may not be a part of, are doing. A group call fosters a sense of community for the group and provides the Secretariat with important feedback.
    - o Dyness informed the membership that the co-chairs of each subgroup also held a call recently to try and figure out how to best share information across the subgroups and challenges they have encountered so far.
- New Resources
    - o Task Force members were reminded of the new website. A French version was recently launched and members are encouraged to share this with their country colleagues who may find it useful.
        - ▪ English: https://www.childhealthtaskforce.org/
        - ▪ French: https://www.childhealthtaskforce.org/fr
    - o New resources continue to be uploaded to the resource library of the website and a Task Force "Frequently Asked Questions" document has been developed. This will be shared via email with the membership and will be displayed on the website soon.
- Re-designing Technical Assistant Project
    - o *Please refer to the presentation slides for more information.*
    - o An update on the Gates-funded TA project was provided by Dyness Kasungami and Charlene Bayemi. Questions and discussion between members listed below:

- ▪ Joseph Seriki: Palladium and FHI360 are both working on HSS in Nigeria and might want to be included in this work.
  - They were both interviewed as part of the landscaping before the workshops begin. They will also be invited to participate in the workshops.
- ▪ Patti Welch: How many rounds of prototyping were there in DRC?
  - The prototyping is an ongoing process. There were four concepts developed and tested during the workshops. The country co-creation team is expected to continue to work on these concepts.
- ▪ Elevanie Nyankesha: Why is the delay in Nigeria happening? Also, why is there a felt need to "redesign" TA?
  - The design team wants the process to be government-led. Therefore, the government's approval, how they want the process to go, who the key people are to get involved and when they are available for the first workshop; have all taken longer to agree than anticipated.
  - Regarding the need to "redesign" TA, feedback received from governments and partners was that there is a lot of money spent in the name of TA, but you do not see equal results in terms of improvement of indicators that you would expect. There were many other factors mentioned as well, including changing country contexts requiring the nature of TA to change over time, etc.
- ▪ Joseph Seriki: Given the delays with the progress in Nigeria, what's the plan to prevent bias of current progress from DRC in Nigeria?
  - The design team does not feel that there would be bias from the co-creation teams. The lessons learned from DRC will hopefully strengthen the approach in Nigeria to the extent possible bearing in mind that the two countries contexts are different.
- DH Subgroup discussed WHO DH Guidelines
  - o *Please see presentation for additional information.*
  - o Steve Ollis, co-chair of the Digital Health Subgroup with Jeanne Koepsell, presented a brief overview, highlights, and reflections on the new WHO Guidelines for Digital Health Interventions for Health Systems Strengthening.
- KM Discussion
  - o Members responded to two questions posed by the Task Force Knowledge Management Advisor. The Secretariat's objectives for the discussion were:
    - ▪ Ensure that the Secretariat is being responsive to the needs of the membership.
    - ▪ Feedback will inform a survey to be sent out to the membership.
  - o Responses are captured below:
    - ▪ *Question 1: What is the biggest knowledge management challenge in child health that you experience and/or witness?*
      - Jeanne Koepsell: Some diametrically opposed issues - on the one hand, flooded with information about all kinds of things. On the other, when I need to know a specific thing (projects working on different digital

platforms for CHW algorithms, for example) it's not easy to find the information.

- Justine Kavle: The new website is done very well, but with the Child Health Task Force having so many subgroups there are so many resources. Perhaps a monthly update email from the subgroups that is curated would be of benefit.
- Sascha Lamstein: I think we need to connect the various subgroups more and/or consolidate some of them.
- Jean Capps: I find updates and new approaches often don't make it past the national level, especially to district health offices and frontline health providers. Roll out of new frameworks and approaches take too long to develop and disseminate.
- Jane Briggs: Agree with Jean- sometimes WHO guidelines don't get disseminated in country.
- Joseph Seriki: The Task Force should also look at generating more KM resources on child health in fragile humanitarian settings.
- Lisa Hilmi: I don't see recent literature findings on the Task Force website, mostly presentations.
  - o Malia Boggs: I agree with Lisa that it's a good idea to update the site with recent evidence. SHOPS Plus did a literature review recently on private sector approaches to improve case management and this should be included if it hasn't already been posted.

- *Question 2: What are some tangible solutions that the Task Force could offer to bridge gaps?*
  - Eric Swedberg: The Task Force could model/learn from the Healthy Newborn Network (HNN) website in terms of approaches to KM.
  - Jean Capps: Increase intentional engagement with partners working at the peripheral level (e.g. beyond national level to regional, district, health facility, and community level).
  - Paul Robinson: Could the Task Force look at ways in which data collected can be translated to policy development/changes?
  - Felix Lam (CHAI): Hosting dissemination meetings where partners can share their learnings in-person. I think the discussions would be much richer than through newsletters/websites. Also, consolidation of results through producing systematic reviews of key child health questions. I think the private sector group is producing a CHNRI review of private sector questions which I think will be useful.