Participants: (25 participants) Colin Gilmartin (MSH) [co-chair], Ben Picillo (MCSP/R4D) [co-chair], Stella Abwao (MCSP/Save the Children), Kelley Ambrose (Abt Associates), Miriam Awadallah (UNICEF), Gunther Baugh (WHO), Gabriela Berinstein (MCSP/JSI), Tim Deepak (Consultant), Kristen Fanfant (Medicines for Humanity), Zaeem Haq (Malaria Consortium), Elizabeth Hourani (MCSP/JSI), Troy Jacobs (USAID), Dyness Kasungami (MCSP/JSI), Adugna Kebede (WVI), Laurence Laumonier-Ickx (MSH), Terri Lukas (Consultant), Michael Muhumuza (Living Goods), Rory Nefdt (UNICEF), Amanda Pomeroy-Stevens (JSI), Alfonso Rosales (WVI), Rachel Sanders (Avenir Health), Mary Thompson (Canadian Red Cross), Mary Thompson (Canadian Red Cross), Nelly Wakaba (Financing Alliance for Health), Nayantara Watsa (Living Goods), Pete Winskill (Imperial College London)

Recording Link: https://mcsprogram.adobeconnect.com/pv8z1cc7ue22/

Action Items:
- **Co-chairs** to share survey PowerPoint slides and draft TOR with meeting notes.
- **All Task Force members** should respond to an upcoming email from the Secretariat, should they not want to list their organization’s name on the website.
- **Co-chairs** of the Financing and Resource Planning Subgroup and the Private Sector Subgroup to discuss the possibility of a shared objective exploring the role of the Private Sector in sustainable financing for child health programs.
- **Subgroup members** should email additional comments and edits on the TOR to the co-chairs by September 26.

Meeting Notes:
- Welcome and co-chair introductions by Dyness Kasungami
  - Dyness opened the meeting by providing an update to the overall Child Health Task Force.
    - Nine subgroups have been established. There is the possibility of a tenth subgroup focused on commodities being added.
    - The Child Health Task Force website is underway and expected to launch by the end of September 2018. Please be on the lookout for an email asking if you would like to opt-out of listing your organization’s name on the “About” page of the website.
  - Dyness introduced the two co-chairs for the subgroup, Colin Gilmartin and Ben Picillo. Their bios are included below:
    - **Colin Gilmartin, Management Sciences for Health (MSH)** - health financing specialist with more than nine years of experience in global health and development with assignments in 16 countries. In his role at MSH, he supports the design and implementation of programs and initiatives to advance universal health coverage with a focus on policy research and analysis, economic evaluation and financial modeling, and program management. Most recently, he developed investment cases for national community health worker programs in South Sudan and Madagascar (UNICEF-funded) and led a cost-effectiveness analysis of a preventative malaria therapy for children for the UNITAID ACCESS-SMC Project. Prior to joining MSH, Colin worked for two years in rural Burkina Faso as a community health development worker with the U.S. Peace Corps. He
is currently completing his Masters of Science in Public Health at the London School of Hygiene and Tropical Medicine. He speaks English and French.

- **Ben Picillo, Results for Development (R4D)** - health systems and health financing technical expert with over eight years of experience in quantitative analysis, policy advising, capacity building, and programmatic management. As a senior program officer at Results for Development (R4D), he works with governments and development partners to address health financing and health systems strengthening challenges in Liberia, Cambodia, Ghana, Rwanda, Uganda, and Haiti. Ben has advised countries on health policy reforms, conducted costing analyses to inform the scale-up of essential health services, and built the capacity of local change agents on health financing and operational research. He also works with USAID’s flagship Maternal and Child Survival Program to raise the profile of equity and financial analysis for maternal, newborn, and child health programming around the world. Before joining R4D, Ben worked at the Institute for Healthcare Improvement (IHI), where he managed a cross-country learning network to improve the quality of health services to prevent mother-to-child transmission of HIV in sub-Saharan Africa. He has also worked for Gavi The Vaccine Alliance, John Snow, Inc. (JSI), and the Harvard University Global Health Systems Research Cluster. Ben holds a Master of Public Health from Harvard University and a Bachelor of Arts in quantitative economics and community health from Tufts University.

- **Participant introductions via chat**
- **Presentation of member survey results**
  *Please see Powerpoint slides for more information.*

- Questions and Discussions from subgroup members:
  - Zaeem Haq: It would be helpful to learn more about country-level interventions and achievements, if any, in terms of approaches that worked towards domestic resource mobilization and sustaining donor-led initiatives. **Perhaps a few country case studies could be developed and disseminated.** Interested to contribute as needed.
  - Zaeem Haq: In our recent call of the Private Sector Subgroup [co-chair], we discussed the role of the Private Sector, or lack of, in sustainable financing for child health programs in countries. The group agreed that we should explore collaboration with the Financing Subgroup in order to look at this holistically. This could be a shared objective between the two groups and am happy to discuss further offline.
  - Terri Lukas: Are health donors the “customers” of these products? What does the group know about future donor funding for health, especially in middle-income countries?
  - Rory Nefdt: How will the working group engage the Global Fund leveraging the child health/community health investments via ministries of finance and health?
    - Rory also introduced himself as the new Head of Child and Community Health at UNICEF HQ.
  - Amanda Pomeroy-Stevens: JSI, R4D, MQSUN and SUN (under the SPRING Project) had been leading a working group on methods for tracking nutrition financing and resource mobilization, **this will likely be revived under MSNA. How should these types of working groups liaise with this subgroup? Are there existing mechanisms for cross-group sharing?**
- Review Subgroup Terms of Reference
  o The co-chairs walked through the draft TOR for the subgroup. Subgroup members gave some preliminary comments and were requested to send additional thoughts via email to the co-chairs.
    ▪ Subgroup member suggestions included research on resource allocation and to have webinars every two months with presentations to keep the momentum of the group going.
    ▪ Kelley Ambrose: Based on experience working with/convening a community of practice, it is also very helpful to have at least one in-person meeting. This could happen at a conference where many members are already planning to attend. Secondly, is there a website where resources can be posted and shared?
      • The Child Health Task Force website is in development and should be launched by September 2018. The website will include a resource library as well as individual pages for the subgroups.