



Steering Committee Meeting: September 2020

September 2-3, 2020

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Summary Meeting Notes

Action Items:

Secretariat

- Request co-chairs to send the membership survey to their respective subgroup members to increase response rate. Will consider incentives (ex. gift cards) in the future.
- Follow up with M&E subgroup and ENAP about identifying indicators to measure progress in child health.
- Schedule the next meeting of the Country Engagement Task Team within the next few weeks.
- Identify resource needs for in-country partners to participate virtually in the country engagement process.
- Map existing partners in countries, once chosen for the country engagement process.
- Create a spreadsheet of African countries grouped by region to begin facilitating the process to expand SC country representation.
- Communicate with subgroup leaders to identify work highlights for the CORE Group conference: Commodities, Institutionalizing iCCM, PSE, Re-imagining the Package of Care for Children, Quality of Care.

Country Engagement Task Team

- Select 1-2 countries, consider the process/timeline, leverage existing Task Force partnerships, and look at the resource needs to ensure virtual participation from countries.
- 6 months from now, the team will report back to the SC about initial communications with 1-2 countries and identified country-led priorities.

SC Members

- **Wilson** to share Health Promoting Schools standards and guidance for implementation.
- **John** to share the final output of GFF's QoC Technical Advisory Group.
- **John** to share links to the World Bank Poverty Global Practice household survey.
- **John** to connect the Secretariat with the GFF K&L platform for coordination efforts around strategic information sharing (if possible/useful)
- **Anne** to share the list of 24 countries UNICEF identified with the highest level of child health disease burden to assist with the country selection for the country engagement strategy.
- **Anne/Wilson** to connect the Child Health Redesign Team with the Re-imagining the Package of Care Subgroup, when necessary.

Subgroups

- **Re-imagining the Package of Care for Children**
 - Provide consolidated input to the WHO-UNESCO Health Promoting Schools standards and implementation guidance.

- Use existing country programming that goes beyond survival (ECD, NCDS, etc.) as case studies in coordination with the Child Health Redesign Team.
- **M&E and QoC**
 - Review pediatric QoC draft indicators.
 - Support a feasibility study of the finalized pediatric QoC indicators.
 - Explore process for identifying indicators to track progress in CH similar to the ENAP process
- **Private Sector Engagement**
 - Share CHNRI findings at CORE Group conference

DAY I: Wednesday, September 2

Secretariat Update

The Secretariat presented highlights of the work completed since the last SC meeting, as well as a high-level overview of the year three work plan (2020-21).
(please refer to presentation for additional information)

- Work highlights from Jan-August 2020
 - SC moved forward with the country engagement roadmap, COVID-19 pandemic shifted the focus to the need to create a platform to discuss the impact of COVID-19 on children..
 - The Secretariat created a COVID-19 webpage of curated resources for child health on the Task Force website, led a webinar series, and sent period updates in emails and the quarterly newsletter.
 - The Secretariat has also been coordinating an African regional group for child health. The regional group to serve as a link to country needs and Task Force partner support.
 - Finalized the [informational sheet](#) to advocate for child health resources. This was shared with Task Force members via the June 2020 Newsletter.
 - The Secretariat conducted the annual membership survey and shared preliminary results.
 - SC was concerned about the low participation rate, i.e. 32 responses.
 - Agreed that Secretariat will ask co-chairs to send the survey to their respective subgroups to encourage participation
 - SC suggested providing incentives such as a gift card raffle to increase participation. Funding prohibits this possibility right now, although the Secretariat will keep it in mind for future surveys.
 - There was interest in the reasons why 10 respondents said they disagreed with the statement that the Task Force is on track to achieving its goal.
 - The Secretariat will look into the comments provided and will be able to share more information in the full report.
- High-level overview of PY3 work plan
 - Activities follow the five themes of the Task Force.
 - Highlighted activities included: Re-imagining TA phase II; new focus on education, health, and nutrition multi-sectoral work; and USAID PMI funding for institutionalization of iCCM.

Organizational and country updates from SC members with implication for functioning of Task Force

USAID

(please refer to presentation for additional information)

- Organizational happenings:
 - Highlighted USAID MOMENTUM global suite of awards

- MCHN Office responding to COVID-19 by maintaining essential health services and modifying current response mechanisms
 - Priorities include: WASH in HCFs and IPC/PPE for essential services, timely care-seeking, delivering high quality of care including O₂ effectively, buffering disruptions to service delivery, including PS, FBOs, and CBOs, and maximizing data use.
- Suggested actions and opportunities for collaboration with the Task Force:
 - Link with current subgroups' work to move country engagement forward
 - Coordinate country follow-up with regional multilateral bodies
 - Support needs identified by countries at the Regional African QoC meeting

Save the Children

(please refer to presentation for additional information)

- Organizational happenings:
 - Adapted three WHO Community Packages into an e-learning course for the COVID-19 context.
 - Noted that the training included mentoring with country groups and participants, which is something the Task Force might want to do on a broader level.
 - Saving Newborn Lives Legacy e-talks will take place Tuesdays and Thursdays from Sept. 29 - Oct. 15 to share ground-breaking work that has been done in the last two decades and views on the way forward.
 - Support to governments of the pneumonia beacon countries (see report from First global pneumonia forum) to develop and implement their strategies to end pneumonia deaths, as part of wider child survival strategies and plans to strengthen PHC and achieve universal health coverage
 - Remote support to countries during COVID-19, including remote TA to child health programs and building capacity of health leaders using online forums and e-learning
- Highlighted three opportunities for collaboration with the Task Force:
 - Institutionalizing iCCM:
 - Advocate for additional domestic and external resources including developing iCCM mini investment cases
 - Assess the interest for a online course for program managers and planners within the CH TF membership (link to support to countries work and the theme of learning and sharing)
 - Newborn and child health commodities:
 - Collaborate with EBC coalition on amoxicillin and oxygen
 - Collaborate with MCGI on strengthening delivery of comprehensive newborn and child health services including pneumonia, diarrhea, PSBI and nutrition services
 - E.g. provide Technical and Capacity Development Assistance (TCDA) to countries to adapt the 2019 IMCI guidelines and develop national and district implementation plan
 - Analyze and document Nigeria's process of developing and operationalizing a national integrated pneumonia control plan
- Resources shared:
 - [Opinion: The newborn health legacy and the way forward](#) – Devex Inside Development
 - [The first Global Pneumonia Forum: recommendations in the time of coronavirus](#) – The Lancet Global Health

UNICEF

(please refer to presentation for additional information)

- Organizational happenings:
 - Adapting community based health care to the COVID-19 context: re-prioritization of activities while ensuring continuation of essential services
 - Partnership with WHO and IPA
 - Creation/adaptation of resources for community health

- Focus on oxygen solutions, how this can tie into system strengthening in the long-term, early learnings on oxygen scale-up from Ghana
 - Child health redesign, lifecourse programming approach (with WHO)
 - Will be shared and discussed with the re-imagining the package of care for children subgroup
 - Community Health Roadmap to support community health systems and better engagement of partners
 - 15 countries, launched a catalytic fund
- Suggested actions and opportunities for collaboration with the Task Force:
 - Identifying countries for engagement in Pediatric Quality of Care, following the WHO regional workshop
 - COVID-19 webinar series with the QoC Network & QoC Subgroup

GFF

(please refer to presentation for additional information)

- Organization happenings:
 - QoC Technical Advisory Group
 - Work will end September 31 and presents an opportunity to link up with quality of care activities in community context.
 - Will share the final output with SC.
 - Continued focus on maintaining essential services during COVID-19
 - Co-financing a project on maintaining essential services.
 - Organized webinars combined with interactive workshops where countries meet as teams and share information including how to restructure service delivery and strengthen M&E
 - Have included 18 of 36 GFF countries to-date, and now taking a break to shift focus to forming a larger online community of practice
 - Formed World Bank research group on health facility service utilization during COVID-19
 - Modeled projects vs. actual and whether there is a significant difference, and found that it varies across level (ANC vs. delivery)
 - Phone surveys tried to get at what is happening on the ground, exposing weaknesses in the system
 - MNCH Commodities
 - Looking at chain of events and where GFF could have a niche: Are we able to detect changes upstream (manufacturers), transportation, within countries (financing constraints on procurement, internal transportation on delivery, utilization)
 - PPE: Partnership with IFC - deepening investments in PS partners in the region
 - Staffing changes
 - Alison Morgan at the University of Melbourne will focus on maternal and newborn care
 - John will focus more on child and community health.
 - Dr. Amir Aman Hagos from the Buffett Foundation, former MoH Ethiopia, provides an opportunity for high-level dialogue on CH political priorities.
- Suggested actions and opportunities for collaboration with the Task Force:
 - EPMM becoming revitalized
 - Fit Task Force country engagement strategy into the broader network
 - Pull different RMNCH dimensions together
 - Secretariat will follow up with John regarding coordination with GFF K&L platform
 - Focus on big thematic issues and ensure continued action on key issues after COVID-19

JSI

- Organizational happenings:
 - JSI included on at least 3 MOMENTUM projects, including immunization and fragile settings

- Draft work plan for fragile settings includes QoC activities

WHO

- Organizational happenings and opportunities for collaboration with the Task Force:
 - Working with UNICEF on CH Redesign, building on existing work and defining a clear program, how it will be implemented, and requirements to do this
 - Looking at the school platform as a delivery mechanism for a number of interventions
 - Drafted WHO & UNESCO “Health promoting schools” implementation guidance and will have global and in-country (virtual) consultations
 - Opportunity to engage the Re-imagining the Package of Care for Children subgroup to provide consolidated input into the 8 standards and implementation guidance.. WHO anticipates this happening in the third week of September.
 - School health services guidance should be released by the end of this month
 - Redesign team is currently synthesizing evidence/inputs
 - Work to be completed by the end of this month
 - Meeting at the end of Oct. or early Nov.
 - Quality of Care
 - Held regional (virtual) meeting in early August and now following up with countries
 - Supports the idea of QoC subgroup following up with countries
 - Will build on existing MNH Network activities to catalyze pediatric QoC in-country
 - M&E and QoC subgroups are coordinating inputs from members on the draft pediatric QoC indicators; WHO aims to publish by end of year.
 - Opportunity for the Task Force to support a feasibility study of the indicators in a few countries to see how they perform in the field.

CORE Group

(please refer to [presentation for additional information](#))

Discussion:

- John (GFF): How can the WHO/UNICEF CH Redesign and the Task Force Reimagining the Package of Care for Children subgroup work together?
 - The subgroup is a potential platform for the CH Redesign team to get inputs. The Redesign Team is consolidating inputs and will share the document as background to their October/November meeting.
 - Wilson shared the [presentation he gave to the STAGE working group](#) related to this.
 - The definition of the child has changed to 0-19, and this work should reflect that shift. Existing country programming that goes beyond survival (EDC, NCDs, etc.) can be brought in as case studies.
- Wilson (WHO): [Regarding GFF work on MNCH commodities] It is hard to distill MNCH commodities out of the entire commodities system. The IMCI review showed that people felt this issue was never addressed.
 - GFF held a stakeholder meeting with Gates, DFID, Center for Global Development, R4D, etc to discuss broader systems issues. GFF is now trying to establish working groups to identify the role the organization could play in this space and make a compelling case to the trust fund. These working groups would focus on areas that merit critical attention including:
 - Strengthening information systems
 - Increasing regional manufacturing through bankable projects
 - Ensuring demand for critical MNCH commodity service
 - The Task Force commodities subgroup will be sending out a survey on CH commodities soon. The subgroup could also engage in the USAID-funded landscape analysis.

- Anne (UNICEF): When will the service utilization data analysis by the GFF be shared? UNICEF did something similar and saw some interesting trends: Immunization dropped rapidly and then picked up again in May while pneumonia treatment continues to reduce compared to last year.
 - The analysis will be publicly available sometime next week, but must be treated with caution as it shows data from two months ago. Initial trends found include a decline in utilization in March, and then an increase in June.
 - The preliminary analysis will assess data quality and availability from HMIS. We are trying to get clearance from countries to put out a summary on 5 or so indicators for the 7 countries, comparing the projected utilization to what was actually found.
- Dyness (Secretariat): Will there be a “global indicator” set developed through the CH Redesign and QoC discussions?
 - Once we decide on critical interventions, we will use existing indicators that apply. We will also look into other areas where there is a need to see how programs are functioning. It is difficult to select indicators that encompass all CH issues and that will drive implementation and can be used for advocacy.
 - ENAP has done a good job of this by identifying 3-4 indicators that will drive the agenda.
 - The SC discussed the need to pick a couple specific areas in child health and focus on *how* we measure progress in order to best advocate. The Task Force could help build consensus on indicators to look at progress and advocate for child health. Proposed several ideas:
 - Link to indicators used for pneumonia advocacy work (Global Forum/EBC) and also QoC
 - Use the child life course/continuum of care as a way of tracking progress
- Support the development of a scoreboard/benchmarking to see where countries are at, even it is just in terms of strategies, policies, implementation of ‘expanded’ CH programming (this is something that used to be done as part of the Diarrhea and Pneumonia WG)
- The Secretariat should explore how to do this.

DAY 2: Thursday, September 3

Country Engagement Strategy Discussion

Recap of Previous Discussions

(please refer to presentation for additional information)

The Secretariat reviewed previous discussions and decisions by the SC & Country Engagement Task Team at the December 2019 and March and May 2020 meetings.

Update on Regional Coordination Platform - Anne Detjen

- WHO, UNICEF, and USAID had established meetings with colleagues in the African region regarding pediatric QoC. This platform was brought forward as an opportunity to engage with colleagues on the ground and identify countries for engagement based on immediate COVID-19 needs and sharing experiences/lessons learned between countries. The Task Force Secretariat supports the convening of the bi-weekly calls.
 - The SC decided that this group will remain focused on pediatric QoC and COVID-19 support as needed. The QoC subgroup will support follow-up with countries who attended the WHO QoC meeting in August.

The Task Force Country Engagement Strategy (Secretariat)

- The country engagement process intends to liaise with *existing* TWGs and other child health related groups in countries whenever possible. The engagement will address the full scope of child health based on country needs. However, not all countries have national stakeholder partnerships at a technical level focused on child health. The process will support expansion of stakeholder engagement in the CH TWG.
- Question posed to Malawi MoH about the best point of engagement. Given that the CH TWG is not the primary partner engaged for QoC and we do not want to impose a topic of support, should we focus on QoC or engage more broadly?
 - The Task Force should focus on existing partnerships i.e the CH TWG or equivalent groups. Presently, both QoC and pediatric child health are potential engagement entry points in Malawi.
- The SC discussed the importance of considering the timing of country-level processes in our engagement approach and timeline. For example, Malawi is about to undertake an evaluation and then update their national strategic plan which presents an opportunity to engage and specifically ensure access to CH

resources/information. GFF raised concerns about how to engage with TWGs and ensure countries have the tools they need to make decisions regarding priorities.

- Once the Task Team chooses countries for engagement, the other processes e.g. QoC, Pneumonia/EBC will not end. Country engagement will focus on bettering understanding country priorities, TA needs, etc.
- A concern about donor funding driving the in-country priorities instead of felt needs was raised. The GFFs aligning with the establishment of new national health strategies that are not sufficiently prioritized, resourced, etc. Using the Task Force's country engagement strategy to influence prioritization would be valuable.

Country Selection & Number

The SC agreed to start with engaging two countries and then scale up from there. Concerns were raised about selecting only two countries, however it is ultimately necessary to narrow down for learning purposes. The Task Force will eventually expand to more countries and articulate and commit to a timeline for this.

- Initial list of suggested countries: Afghanistan, Cameroon, DRC, Ethiopia, Liberia, Malawi, Mali, Tanzania
 - Ethiopia, Malawi and Tanzania are QoC Network countries and attended the August meeting.
 - Afghanistan, Liberia, Malawi and Ethiopia are Community Health Roadmap countries.
 - The initial country mapping also took into account pneumonia beacon countries from the Global Pneumonia Forum.
- The SC brainstormed some additional countries, which will be considered by the Country Engagement Task Team.
 - USAID suggested using the Re-imagining Technical Assistance Project countries: DRC and Nigeria. There was general support for this idea with caution to consider the complexity of the country governance systems and how that might affect the ability to engage.
 - The Task Force will apply lessons learned from the Re-imagining TA project to this country engagement strategy. Countries should be clued into the process earlier on so that country leadership commitment can be used as a criteria for country selection.
 - SC supported the idea of considering countries in which MOMENTUM projects are supporting programming.
 - There is potential overlap with fragile states (MIHR), Global Leadership (MCGL), Private Healthcare Delivery (MPHD) and Immunization (M-RITE) suites.
 - MIHR currently has a PD from South Sudan with Burkina Faso, DRC, Niger and Mali forthcoming.
 - MCGL programs will be starting in Indonesia, Ghana, India, Tanzania, and Sierra Leone (also a GFF country).
 - M-RITE is engaged in DRC (suggested above) *and* it was a country included in the Task Force Re-Imagining TA project.
 - MPDH is engaging with several missions, and PDs have or are being developed by Indonesia and Burundi.
 - USAID suggested Côte d'Ivoire based on high pneumonia and malaria burden and the fact that they participated in the Community Health Roadmap.
 - UNICEF comprised a list of 16 countries (USAID has 24 priority countries) with the highest level of child health disease burden which was taken into account in initial country selection discussions. The table will be located and shared with the SC.

Country Engagement Process (key steps)

- The SC discussed a timeline of completing outreach to two initial countries by November, identifying priorities with a broader group of stakeholders in early 2021 (e.g. roundtable discussion with countries), so that by March 2021 the Task Force is engaged in countries.
 - There was general agreement with this timeline, emphasizing the need to develop milestones to keep the Task Force on track.
- The SC suggested that the Task Force should have a clear offer in the next 4-6 weeks, articulating what we are asking of countries (perhaps in a presentation format).
 - While a clear offer is important, the Task Force should also remain open to listening to countries and taking their priorities into account. The Malawi MoH re-emphasized that the funding should not direct the priorities, the priorities should direct the funding.
 - WHO emphasized the need to consider what is the added value of the Task Force engaging with countries. It is important to mobilize existing partners and build on existing mechanisms in countries around child health (for example, ministries of health), while understanding local dynamics.
 - The Task Force must continue to follow countries' priorities (regardless of shifting definitions of the child, etc). The Task Force should focus on the resources we have as partners and the value we can add to ministries of health.

- UNICEF echoed the need to identify partners within MoHs who are keen to support child health and have time to provide leadership on identifying child health priorities.
 - The SC suggested the Secretariat map the existing partners in proposed countries.
 - The country engagement process will, at a later stage, include joint development of scoreboard/benchmarking to see where countries are in terms of strategies, policies, implementation of 'expanded' child health programming.
- Further discussion is needed to articulate a long term vision for country engagement including clear priorities and expected level of support activated in countries. This will be taken up with the Country Engagement Task Team in the coming weeks.
 - Example goal provided: Engage with 10 countries by the end of year 1.
 - The Task Force should also facilitate prioritizing sub-nationally.
 - When expanding to more countries, it will be important to include countries that have child health priorities beyond survival to reflect the shift in thinking towards the continuum of care and life course approach.

SC members recommitted to the Country Engagement Task Team

- Secretariat confirmed membership of SC Country Engagement Task Team: John, Charles, Shabina, Sara, Anne, Lisa, Eric, Malia.
 - The role of the Task Team is to select the initial two countries, conduct initial communications and define priorities.
 - A suggestion was posed to split the Task Team into smaller groups focusing on individual countries.
 - WHO voiced the need to include key stakeholders within countries in initial discussions.
- SC discussed whether or not the Task Force has resources in place to support this effort, including virtual participation and communications in countries.
 - The Secretariat will contact people in countries to coordinate. It is possible that they may be able to use their (i.e. JSI) network connections already in place, but the Secretariat will look into including communications costs in the budget.
 - UNICEF suggested hiring an external consultant. The Secretariat agreed but noted that current funding levels cannot accommodate this.
 - The Secretariat also noted that the JSI corporate funds contributed in 2019 had to be used by the end of this fiscal year (Sept. 2020), so those resources were allocated to other child health items.

SC Representation to Include More Country Voices

Rationale & Process

- SC members confirmed they still agree to the rationale and expansion of the SC to include more country voices.
 - Specifically, they noted the current virtual environment making it even more feasible to expand now.
- There was general agreement to link the countries chosen for the Country Engagement Strategy to the new SC representation.
 - The selection process involving posting an open call for nominations, as with the WHO STAGE group of experts, was considered too complex for the Task Force.
- Secretariat will begin by creating a spreadsheet of African countries grouped by region.

The SC articulated important constituencies to reach.

- There was general agreement about expanding to Francophone African countries but this would require additional resources in order to incorporate French translation of meetings and materials. The Secretariat would be able to handle some of this.
- The SC should reach out to ministries of health.
- Academic institutions and the private sector would add value to the SC, including pediatric associations in Africa.
 - USAID mentioned that many academics (from African countries) are a part of STAGE.
 - Save the Children suggested the West Africa Health Organization (WAHO), based in the capital of Burkina Faso.
 - WHO suggested that WAHO could lead country engagement in Francophone Africa.
 - SC should connect with both pediatric and neonatal associations (if these are separate in countries).

CORE Group December Meeting TF Involvement

SC discussed what the Task Force should share through this platform and how the SC members should be involved.

- CORE Group is hosting a virtual conference on child and adolescent health in December. Since the Task Force was unable to hold its meeting as previously discussed, it has agreed to collaborate with CORE Group as a co-sponsor of the December meeting.
- The following themes were proposed for consideration for presentations or sharing resources through the virtual market place:
 - The SC discussed highlighting the work of subgroups including QoC, Institutionalizing iCCM, PSE, Re-imagining the Package of Care for Children, and Commodities.
 - USAID suggested that the CHNRI findings could be presented at the CORE conference (though there is already a planned CHTF webinar scheduled for October to disseminate the findings).
 - The Secretariat will follow up with subgroups about the work they would like to be highlighted.
 - The SC discussed featuring other Task Force work e.g. the Re-imagining TA projects and child nutrition as well as the Pediatric Quality of Care indicator review.
 - USAID suggested sharing about the Child Health Redesign.
 - GFF proposed sharing highlights from the COVID-19 webinar series.
 - JSI proposed a panel discussion, modeled off of the meeting in 2016 on Child Health MCSP Mapping of Global Leadership.

This conference presents an opportunity to advocate for the Task Force and child health to a broad audience. WHO asked about using the event to better understand the needs of countries. However, the NGOs present who are implementing programs in countries are not always the best representatives for these countries' needs. **The SC discussed other strategies to share information and advocate for the Task Force and child health more broadly.**

- Currently, the Task Force has not planned anything for World Children's Day (Nov. 20), although this is something to consider in the future.
- The SC discussed increasing the Task Force social media presence.
 - The Child Health Task Force does not have its own social media platform, and does not currently have the communications resources to manage these platforms.
 - Possibilities were raised such as using Twitter and/or TikTok to disseminate Task Force news and updates in future.

Reflections & Next Steps

- The SC reviewed action items from Day 1 and 2 of the meeting (*see list at the top of report*).
- AOB**
- The SC discussed funding for the child health agenda, specifically which donors are interested, as SRHR and newborn health seem to have a lot of momentum and interest behind them.
 - Bi-lateral programs were brought up as receiving a lot of funding from the 3 G's (GF, Gavi and GFF) and this taking away opportunities for child health. Although some countries have received small amounts of money for child health through bi-lateral programs.
 - DFID does provide funding for child health, but often only in humanitarian settings.
 - Foundations (U.S. and overseas) are excited about the shift to multi-sector life course approaches (NCDs, disabilities, injury prevention, etc.) UNICEF noted that they have found it easier to raise funds in these areas vs. traditional child survival areas, e.g. to address NCDs rather than pneumonia (even though pneumonia is still the biggest killer of children).
 - Since there are no donors (beside USAID) putting funds specifically towards child health, we may need to advocate a broader/more interesting health-systems approach. This further highlights the issues of donor priorities determining the issues of focus rather than letting country *needs* drive their funding priorities, a shift being pursued through the interagency working group (BMGF, USAID and the WB) as follow on to the Reimagining TA project.