



# Steering Committee Meeting: March 2021

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March 30-31, 2021

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## Summary Meeting Notes

### Action Items & Next Steps:

#### SC Terms of Reference: Expectations for Existing Members

The document builds on the 2017 Task Force TOR, formalizing members' commitment to the SC and clearly outlining expectations for participation. The TOR also aims to ensure alignment on the roles and expectations for being a member of the SC and to ensure accountability.

#### Next steps

- Secretariat to revise SC TOR to incorporate feedback from members and circulate via email
- SC members to provide objection/approval of TOR document electronically and commit to agreed upon expectations for participation
- Secretariat to propose a selection criteria for recruiting new SC members and circulate to members

#### Roadmap to 2030 and Three-Year Results Framework

- Secretariat to combine the notes from each breakout session and share a draft of the consolidated objectives matrix with the SC for their comments & feedback (done April 15, 2021)
  - SC to provide feedback on the matrix once it is shared
- Consult the subgroup co-chairs for input on the revised draft matrix (done May 7, 2021)
- Secretariat to incorporate input from co-chairs and send a draft roadmap document to SC (due end of May)
  - SC to provide feedback on the draft roadmap once it is shared
- Develop a short-term results framework building from the roadmap
- Organize an ad hoc SC meeting between now and the next bi-annual meeting to discuss the roadmap & results framework
- Timeline: April-June 30

#### Other Follow-Ups

- WHO to follow up with the Secretariat on piloting the digital IMCI course with Task Force members
- GFF to follow up with the Secretariat on how subgroups can support country investment cases by engaging members in these countries in the investment case development process

## DAY 1: Tuesday, March 30

### SC Members' Terms of Reference

USAID presented draft Terms of Reference (TOR) for SC members' engagement. The document builds on the 2017 Task Force TOR, making a more formal commitment to the SC and clearly outlining expectations for participation.

**Purpose of the discussion:** to ensure alignment on the roles and expectations for being a member of the SC and to ensure accountability.

- Feedback from SC members:
  - The roles and responsibilities need to be more explicit about supporting countries.
  - Need to limit the number of SC members to (about the current size of 12) to be manageable and for ease of scheduling meetings.
  - Clarify organizational representation vs. individuals, including the need for systematic transfer of responsibility when changes take place.
  - Should include intentional involvement of subgroup co-chairs, including providing an opportunity for some to become SC members.
  - Overall, members agreed with the concept and the need to adopt the TOR though there are decisions needed regarding whether to adopt a term limit, develop selection criteria for new SC members, etc.
- Next steps:
  - Secretariat to revise the TOR document based on input from members, including selection criteria, and circulate via email.
  - SC members to provide objection/approval of revised TOR electronically.

### Secretariat Update

The Secretariat provided key updates on Task Force activities since the last SC meeting (September 2020 through March 2021).

*(Please see [presentation](#) for additional information)*

- **Progress from the last SC meeting:**
  - Support to countries: Revitalized Country Engagement Task Team, identified priority countries, and initiated communication with Malawi IMCI-TWG and partners. Continued inventory of national CH TWGs in countries to inform future country engagement.
  - Discussed with a subset of SC members monitoring progress towards the unfinished child survival agenda and aligned with WHO on agenda & strategy.
  - Shared 2020 membership survey results and now addressing feedback from members.
- **Secretariat activity highlights:**
  - Support to subgroups: see comprehensive subgroup updates from previous newsletters [here](#). Worked with subgroup co-chairs to identify priorities for 2021 and develop a document of best practices to facilitate collaboration and serve as a learning tool. Expanded the number of country voices within subgroup leadership.
  - Webinars & knowledge sharing: held 23 Task Force events, including webinars and subgroup meetings, in the past six months, reaching 2,334 people (number of total registrants). Featured presentation on the Child Health Redesign and lessons from country colleagues.

- Consultations: reviewed key global documents and tools including the WHO Pediatric QoC Standards and Indicators, WHO/UNESCO Global Standards and Indicators for Health Promoting Schools, and the Nurturing Care Handbook (Strategic actions 4: Monitor progress & 5: Scale up and innovate). Shared the Private Sector CHNRI results and published manuscript in the Journal of Global Health, to inform inventory of CH research studies.
- Growth of the network: welcomed 549 new members from 59 countries (over 50% LMICs) and 211 different organizations in the past six months.

#### Discussion

- Interest among SC members in revisiting the conversation around the number of subgroups and how many the Secretariat can effectively support.
  - Secretariat raised the possibility of combining subgroups during check-ins with co-chairs, but there was no traction.
- Idea to liaise with Every Breath Counts (EBC) on oxygen for COVID-19 and pneumonia for children. Issue of child health & poverty raised as a potential subgroup topic.
- To return to the question of how to strengthen the subgroups and leverage their work when setting the vision for the Task Force next nine years: Roadmap to 2030.

### Organizational and country updates from SC members

#### **USAID**

*(Please see [presentation](#) for additional information)*

- Highlighted how USAID is responding to COVID-19 including providing emergency relief, health systems strengthening, and vaccine readiness.
- Presented priorities for maternal, child health and nutrition including
  - Sustaining essential MCHN services. Using subnational and national data to promote coverage, equity and quality of services.
  - Safeguarding routine immunization and maximizing prevention
  - Enhancing quality and experience of care
  - Improving WASH in health facilities
- Featured a cross-bureau consultation on wasting across Global Health, Humanitarian Affairs, and Resilience and Food Security bureaus. Will result in recommendations for a more strategic agency-wide approach to wasting.
- Shared new project awards including [MOMENTUM Suite](#), [Frontier Health Markets](#), and multilateral agreements to be established.

#### **MOMENTUM Country & Global Leadership (MCGL)**

*(Please see [presentation](#) for additional information)*

- Shared MCGL child health priorities including
  - Strengthening delivery of comprehensive child health services
  - Supporting countries to strengthen iCCM, integrate Nurturing Care, and strengthen development and implementation of pediatric death audits.
  - Advance the global QoC agenda, particularly in USAID-assisted countries
- Reviewed key child health activities including support to countries to adapt and operationalize WHO IMCI guidelines and partnership with iCCM Task Team on costing exercise to identify resource gaps and leverage iCCM funding complementary to Global Fund resources.
  - Working in Malawi and Uganda on iCCM gap analyses and investment cases.

#### **Save the Children**

*(Please see [presentation](#) for additional information)*

- Highlighted advocacy around World Pneumonia Day with a focus on improved and equitable access to oxygen for children.
- Provided key updates from work in nine countries
  - Bangladesh - vaccination coverage, breastfeeding counselling and quality of care; iCCM adaptation guidance; National Pneumonia Coalition
  - DRC - multisectoral committee on pneumonia coordinated with MoH; scoping on availability of oxygen and emergency medical equipment
  - Ethiopia - TV messaging on child pneumonia prevention; capacity training for MoH maternal, newborn, child and adolescent health team members
  - Kenya - technical support to MoH on treatment and community case management of pneumonia and revision of iCCM guidelines
  - Indonesia - integrated action plan on pneumonia and diarrhea (NAPPD)
  - India - supported nearly all state governments to include pneumonia training and pulse oximeters in their annual budgets; “Project Vishwaas” on improving pneumonia case management and care seeking.
  - Nigeria - costing and dissemination of Pneumonia Control Strategy; joined United for Oxygen (U4O) platform
  - South Sudan - supported MoH to establish child health department, ensured training in IMNCI and development of draft child survival strategy
  - Somalia - rollout of iCCM to increase access to pneumonia treatment in rural areas

## GFF

- Focused on activities to ensure essential services for children during COVID-19 including
  - Engaged 36 GFF countries for a learning series on identifying key areas that need focus in each country; using emergency grants to provide TA to define the delivery issues.
  - Providing grants to countries for emergency financing and strengthening health systems, with a focus on essential services.
- Launched ‘Reclaim the Gains’ campaign:
  - To ensure that we do not fall back on progress with service delivery.
  - Sustained shortfalls in key services (or short-term with vaccines) can have severe consequences for child health.
- Collaborative work with the WB to look at the source and state of health financing and track this data. There are implications for child health and essential services. John to share findings with SC when available.
- Developed new GFF strategy (2021-2025):
  - Operational plan with core areas including strengthening the country platform and improved alignment
  - Advocating for commodities (without providing direct funding); better aligning what the GFF *can* do with child health resource needs in countries.

## JSI

(Please see [presentation](#) for additional information)

- Key organizational updates:
  - Renamed the Reproductive, Maternal, Newborn and Child Health (RMNCH) Center to the [Center for Healthy Women, Children and Communities](#) to better reflect our work across the life course and to strengthen health systems and communities more broadly.
  - Launched [Beyond Survival: A JSI Series on Child Health](#) and published the first two editions focusing on the life-course approach and quality of care. Developing a brief currently on child health equity.
- Highlighted JSI’s role as host to the Task Force Secretariat and Interagency Working Group for Capacity Strengthening, building on the Re-imagining Technical Assistance project in the DRC and Nigeria under the Task Force.

## Malawi Ministry of Health

- Shared insights on the impact of COVID-19 on child health in Malawi:
  - Level of usual donor support has been impacted by the pandemic, resulting in limited funds for maternal & child health.
  - How to build resilient, integrated health systems is a focus for the government. Recovering from the effects of the pandemic on health systems.
  - Unintended benefits arising from COVID-19 and successes include increased access to oxygen to address pneumonia case management for children.

## UNICEF

*(Please see [presentation](#) for additional information)*

- Highlighted how UNICEF is shifting its focus to a more multisectoral and life-course approach in line with the Child Health Redesign as well as the Global Action Plan and PHC Accelerator.
  - Expanded portfolio to include prevention of NCDs, injury and drowning, growth and development, routine and chronic care (including for under-fives) etc.
  - Engaging with a greater number of countries for child and adolescent health.
  - Focus on extending PHC closer to people in communities and especially those marginalized, using an equity approach.
- Featured the upcoming Institutionalizing Community Health Conference (IHC).
  - Held pre-conference meeting with countries, including Malawi, to share updates on community health work; another session scheduled on costing with iCCM Task Team.
  - Overall objective: share country progress on institutionalizing community health, accelerate political momentum for strengthened PHC through leveraging community health, strengthen linkages to PHC Global Action Plan in countries.

## WHO

*(Please see [presentation](#) for additional information)*

- Highlighted key activities relevant to the Task Force
  - Updating clinical guidelines for child health from the community to hospital levels
  - Comprehensive pneumonia and diarrhea evidence review, findings pending
  - Agenda for the well-being of children and adolescents: developing guidance for countries. Country support is a major focus in this work.
  - Piloting a digital IMCI course in collaboration with WHO academy; seeking to test the course with the Child Health Task Force, with the prototype coming out in May.
  - Continued technical backstopping for COVID-19
- Child Health Redesign:
  - Published a series of [background papers in the BMJ](#) and drafted framing and vision document.
  - Comprehensive reviews on health and wellbeing services and delivery platforms for five to nine year-olds to guide implementation for the redesign life-course approach.
  - Health Promoting Schools standards and implementation guidance that Task Force members reviewed on have been finalized for publishing.
  - Nurturing Care Handbook (also reviewed by the Task Force) published
  - Ongoing work on multisectoral approaches at the district level and community health platforms
  - Finalizing intervention packages for the well child and redesign of sick child materials
  - Working to develop a scope of work around NCDs for children, included in updated guidelines.
- Highlighted the issue of post-discharge mortality in children, need to go beyond acute care

## Discussion:

- Child Health Redesign: the “thrive” agenda and life-course approach
  - Malawi MoH: Within the sub-saharan region we focus on *survival* of the child. How do we push the *thrive* agenda particularly at the community level?
    - WHO: the focus for WHO this year is addressing the thrive agenda at the country level and giving countries guidance on what, where and how to implement. The thrive agenda also includes mental health.
  - GFF: Why was there a distinction between birth and neonatal (in the UNICEF PHC buckets) given the continuum from 0-19?
    - UNICEF: merging both. The buckets are about the time points where we can intervene.
  - USAID: What is the linkage between packages of resources and programming?
    - WHO: Work on packages is already underway; re-packaging existing resources to design these. In terms of programming, need to ensure what we come up with is something we can implement at the global level.
- More information on the WHO digital IMCI course and the vision for rolling this out:
  - WHO: Taking advantage of a new unit on empowering healthcare workers. Developing a digital prototype of the course (finalized in April), using pneumonia as the pathfinder for now, with the plan to expand to other areas (including malaria & diarrhea). Building other modules overtime on sharing, communication, etc. and videos to complement the course will also be available.
- Protection and routine immunization for children during COVID-19
  - USAID: How as a collective are we thinking about strengthening linkages for protection (immunization, nutrition, food security, etc)? How do under-nutrition and better referral management link with QoC? How can we collaborate with the Zero dose immunization community?
    - WHO: Concern that countries may face measles outbreaks if they do not catch up with vaccinations. What strategies do we have to produce programmatic guidance? How can we anticipate these challenges created by children not accessing services during the pandemic?
      - USAID AFRO has reported 3 out of 10 children have not received the measles vaccine.
    - UNICEF is working on an integrated Chronic Lifelong Care model, building onto the HIV Chronic Care Model to include in packages on NCDs such Type I Diabetes, RF, SCD.
- IMCI desk review (MCGL) and pneumonia case management
  - WHO: What is the added value for the MCGL IMCI desk review at the global level?
    - MCGL: Most of the published literature focuses on service providers, while this desk review goes deeper (including policies, managers, etc). Looking at why countries are not updating their guidelines and what are the specific problems they face. Working now with Ghana and Sierra Leone and will use findings from the desk review to inform activities at the country level.
  - WHO emphasized that the objective should be to conduct formative assessment in order to develop strategies to address the challenges to help those countries strengthen IMCI within the health system (as opposed to just an assessment).
  - SC members shared key articles on issues for IMCI adherence:
    - IMCI Adherence analysis done by SHOPS Plus across public and private health facilities (publication forthcoming). [Presentation given to the Task Force.](#)
    - [“The staff are not motivated anymore”: Health care worker perspectives on the Integrated Management of Childhood Illness \(IMCI\) program in the Philippines](#) article in BMC Health Services Research

- UNICEF: In terms of IMCI and the management of pneumonia, half the children who should be receiving antibiotic treatment in high-burden countries are not. Need to improve national and subnational program management from a health system perspective to address this.
- Could the Task Force support the GFF and governments to develop investment cases that prioritize child health? Including conducting bottleneck analyses to identify problems within the health system.
  - GFF is trying to support countries to take a systems approach to improve the quality of investment cases. Inputs and investments should use integrated systems thinking and address multiple bottlenecks simultaneously.
  - Interest in the Task Force subgroups supporting GFF investment cases. To identify Task Force members who are a part of local organizations and could be active participants in the investment case development process in a given country.
  - The future of child health belongs in strengthening health systems. The question we need to focus on is: How do we ensure that investments in health systems will drive the child health agenda? Where do we need to invest and how can this become a template for other countries?

## DAY 2: Wednesday, March 31

### Introduction to Task Force Strategic Roadmap & Unfinished Child Survival Agenda

The Secretariat introduced the task of developing a Task Force Roadmap to 2030 along with a short-term action plan.

- Presented the starting point for this discussion. The proposed roadmap will build on existing strategies including:
  - 2018-2020 Task Force strategy matrix within the Terms of Reference (see [full document here](#))
    - Developed by the SC when the Task Force was transitioning from iCCM to addressing child health more broadly.
    - Objectives were defined by Task Force theme (Advocacy, Coordination, Support to Countries, KM and Learning) and included outcome measures
  - 2020 Comprehensive Work Plan matrix
  - Annual work plans and quarterly reports submitted to USAID for funded Secretariat activities
- Overview of visioning exercise for SC members during meeting:
  - Purpose: Building from the previous strategies, revisit each objective within the five themes and determine if it is still relevant and/or how it should be updated to inform the Task Force strategic vision.
  - In the next session, to divide members into breakout rooms by theme to revisit the objectives and define outcome measures.

#### Initial Discussion:

- For timeline and type of the roadmap and strategic plan, the SC agreed to develop
  1. a long-term strategy for the next nine years to support countries to reach the 2030 SDG targets and address child health beyond just the survive agenda &
  2. a short-term plan for the next three years that is more detailed and sets nearer term milestones within the broader time horizon.

#### **Unfinished Child Survival Agenda Conversation**

Presentation of conversations with WHO on the need to address the unfinished child survival agenda to accelerate progress to 2030.

- SC comments during presentation:
  - Need to keep diarrhea-related mortality prioritized in this discussion.
  - Addressing deaths across the continuum: how useful is the post-neonatal vs. newborn division when tracking under-five deaths? Can we consider a threshold number for high overall U5MR (akin to the threshold of 30 deaths per 1,000 live births as high NMR)?

- In-country coordination and synergies are important. UNICEF country offices aim to understand subnational inequities to design their programs and narrow the gap.
- Discussion following presentation:
  - Silos between the newborn, under-five post-neonatal child, and the older child:
    - Is there value to establishing age cut-offs between the child and newborn if we care about the full continuum?
    - Experience shared from Malawi: once the country achieved the SDG target, they refocused on the newborn. If a problem is pushed at the global level then it receives funding at the country level, even if it is not the context-specific priority for a given country. On the ground, the same people care for the newborn as the child, aligned at a country level with the continuum approach.
    - Need for a child health platform similar to ENAP - helped at the country level to mobilize resources. This requires a strategy with clear milestones and an accountability framework that brings everyone together. One reason for ENAP's success is its high level accountability framework.
    - There are examples of countries off-track for newborn but not for the post-neonatal child, such as India. On the other hand, unlikely to find countries that are off track for the child but on track for the neonate. Most countries with over 50% of U5M in the neonatal (0-28 day) period will be on track overall, and off-track for neonatal
    - There is perceived competition between the newborn and child agenda at the global level. However, advocating for one is advocating for the other. At the country level, discussion should not be fragmented by age, but we can present it in a way that is contextualized within the continuum.
    - Difference between newborn and child in terms of programming: a lot of newborn programs focus on the short-term period around delivery. How can we increase momentum around primary health care services to ensure these newborns have access to quality care across the continuum?
    - Conversation currently focused on the under-five. How do we include the child up to 18 years old?
  - How countries have created momentum around the child survival agenda:
    - 1. Countries prioritized comprehensive strategy frameworks and ensured there was enough human and financial resources
    - 2. Countries brought together donors, implementing partners, health and non-health partners to address the problem
    - 3. Countries monitored and reviewed and *acted* in response
    - Our focus will be on the Africa region: where most off-track countries are.
  - How does this relate to GAPP-D and the work by WHO and UNICEF to revitalize the GAPP-D indicators in alignment with PHC, etc?
    - Idea to use the GAPP-D analysis as a stepping stone to create something closer to ENAP but for child survival.
    - Use the post-neonatal mortality data (and analysis conducted by WHO/UNICEF) to support advocacy efforts.
  - Overall, important that as a Task Force we approach this agenda comprehensively and make sure it is country-led.

### Updating Task Force Objectives & Outcome Measures

SC members divided into breakout rooms to discuss updating the Task Force objectives based on the 2018-2020 strategy. Breakout sessions focused on the following areas:

1. Learning & Knowledge Management
2. Support to Countries



### 3. Advocacy & Coordination

The following topics were addressed as cross-cutting issues in all groups:

- Country engagement, aligned with the unfinished child survival agenda and Child Health Redesign
- Addressing the effects of the COVID-19 pandemic on essential child health services
- Quality and equitable care
- Advocacy for increased resources for implementation

SC members returned to plenary and reported back on the discussion in breakout groups.

#### ***Learning & KM***

- Learning
  - An area of growth for the Task Force. Should expand learning across countries and go beyond just webinars to more interactive dialogue.
    - Need to connect learning with what is going on at the country level and engage at that level. The Task Force can also help build country capacity to write manuscripts and submit journal articles (akin to David Marsh's support to Ethiopian researchers).
    - Webinar/Zoom syndrome is impacting members.
    - General agreement that cross-country learning is essential. How can the Task Force work with countries to document case studies to be shared across countries and/or identify exemplars? It is also important to coordinate with our regions on regional learning opportunities.
    - Building our own implementation research capacity: the community health roadmap approach is a good model to follow (implementation research around community health has led to dissemination, etc).
  - CHNRI processes: Task Force can build on the private sector and iCCM CHNRIs to identify research priorities that specific organizations will take on and then share with the larger task force coalition.
  - Suggestion to remove "building consensus on the definition of implementation science" and the objective around better understanding leadership in child health.
  - iCCM learning & experiences is still a priority and should be broadened to IMCI and facility-based care.
- Knowledge Management (KM)
  - KM is an existing strength of the Task Force, but we need to translate knowledge sharing into strengthened country programs.
  - Idea to plan a global virtual conference to help build a child health community of practice and to advocate for a renewed focus on the unfinished agenda.

#### ***Support to Countries***

- Overall approach:
  - Removed some objectives that were overlapping and introduced new objectives with new themes such as integrated care and the life-course approach. Revised the objectives taking into account the Child Health Redesign and the fact that countries will have to support integrated packages.
- Outcomes:
  - First objective: Support countries to define and prioritize integrated packages of services and programming approaches across the life course to decrease mortality and improve health and wellbeing.

- Associated milestone: By 2025 at least 90% of countries have revised their integrated packages of services and programming approaches across the life course to decrease mortality and improve health and wellbeing.
  - Second objective (proposed change): Support implementation and scale-up of prioritized, evidence-based interventions and programmatic approaches (within the prioritized packages)
    - The gap is not a lack of information, but not knowing how to implement and sustain implementation. Sharing state-of-the-art packages information belongs under learning.
    - Associated milestone: Countries have received technical support for implementation and scale-up of integrated packages and programmatic approaches.
  - Third objective: Support increased quality and use of subnational and local disaggregated data to design and plan program implementation, address challenges, and improve quality of services.
    - Associated milestone: By 2025, countries have improved collection and use of quality data to inform programming.
- A lot of health systems funding has been allocated through COVID-19 funding and PEPFAR. Need to ensure there is more investment in information technology for child health at country level and advocacy for robust data systems.
- The objective around GF should be expanded to institutionalized iCCM *and* other community-led packages.

### ***Advocacy & Coordination***

- Advocacy
  - Agreed to focus on the Child Health Redesign and life-course approach to 2030. Planning actions in increments of three years. For example, in the next three years, making PHC work for children. Need to increase awareness of child mortality across all levels. Task Force to also encourage data analysis and use of data at every level for resource mobilization. When we discuss country engagement, *partnership* is an important word to use to ensure we are keeping countries in the driver's seat.
    - Agreement that investments in data systems are important.
  - Outcomes:
    - Completed maps of national CHTWGs and functionality.
    - Results framework for organizations participating in the Task Force
    - Increased available financing for child health programs
  - Specific areas of focus:
    - Private Sector Engagement should continue to be a named area of focus. Success story raised: UN Inter-agency Task Force (UN IATF) engaged private sector partners for NCD work.
    - Children in humanitarian settings is a specific and dynamic area. How do we capture this in overall advocacy efforts?
- Coordination
  - Opportunities to strengthen the Task Force's internal collaboration:
    - Clearly articulated results framework. Collectively, the SC member updates could be against the results framework, same with the subgroups.
      - The results framework, building from the nine-year strategy, would have a shorter (three-year) timeline and take a coalition approach. General agreement among members to develop the long-term strategy and three-year results framework.

- Subgroups are a critical aspect of the TF but not the entirety of the TF's influence.
- Also need to consider external coordination with other groups, stakeholders (donors, other sectors etc.)
- Outcomes: Increase the number of countries with active CHTWGs (addressed in the landscape analysis).

**Overall comments on objectives**

- Need objectives around accountability: how will we make the world accountable to these outcomes?
- How do we create shared values and socialize the Task Force to create a cohesive community? What is the Secretariat's role? How do we make ourselves seen?
- Need to continue to leverage the learnings of using electronic platforms during COVID-19 to fully engage more people beyond the "usual suspects"