ENDING PREVENTABLE UNDER-FIVE DEATHS

A ROADMAP TO 2030

The Child Health Task Force Strategic Plan
2021–2025

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I. Introduction

Background

In an era where children and their health needs are fragmented and siloed across programs and within organizations, the Child Health Task Force (Task Force) is partnering with countries to design and implement programs that take a multi-sectoral and life-course approach. Created in 2017, this network of global and country-based organizations and individuals aims to generate and share evidence on how to implement equitable, comprehensive, and integrated programs that will translate into better outcomes for children aged 0–19 years, in line with the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030. To achieve this goal, the Task Force continues to build from its inception as the Integrated Community Case Management (iCCM) Task Force, established in 2010 to advance the state of community-based treatment for three major childhood killers: diarrhea, pneumonia, and malaria. The first strategic plan of the Task Force (2018–2020) aimed to broaden the network's focus from iCCM to child health. Facing the last decade to 2030, this strategic plan sets the roadmap to support achievement of the Sustainable Development Goals (SDGs) for children.

Rationale

At the end of the Millennium Development Goals (MDGs) era, only 62 of the 195 countries and 12 of the 47 countries in the African region met the goal of reducing under five mortality by two-thirds from 1990 to 2015. Despite this reality, the UN General Assembly set an even more ambitious sustainable development goal of reducing under-five mortality to 25 or less per 1,000 live births by 2030 and neonatal mortality to 12 or less per 1,000 births. Fifty-three countries are off track to meeting this target and many more will fall off if the status quo is maintained. In addition, the COVID-19 pandemic has stalled or even reversed progress in reducing the under-five mortality rate in many countries. Beyond addressing mortality reduction, the SDGs also aim to enable children to thrive, reach their full potential, and become agents of change in their communities.

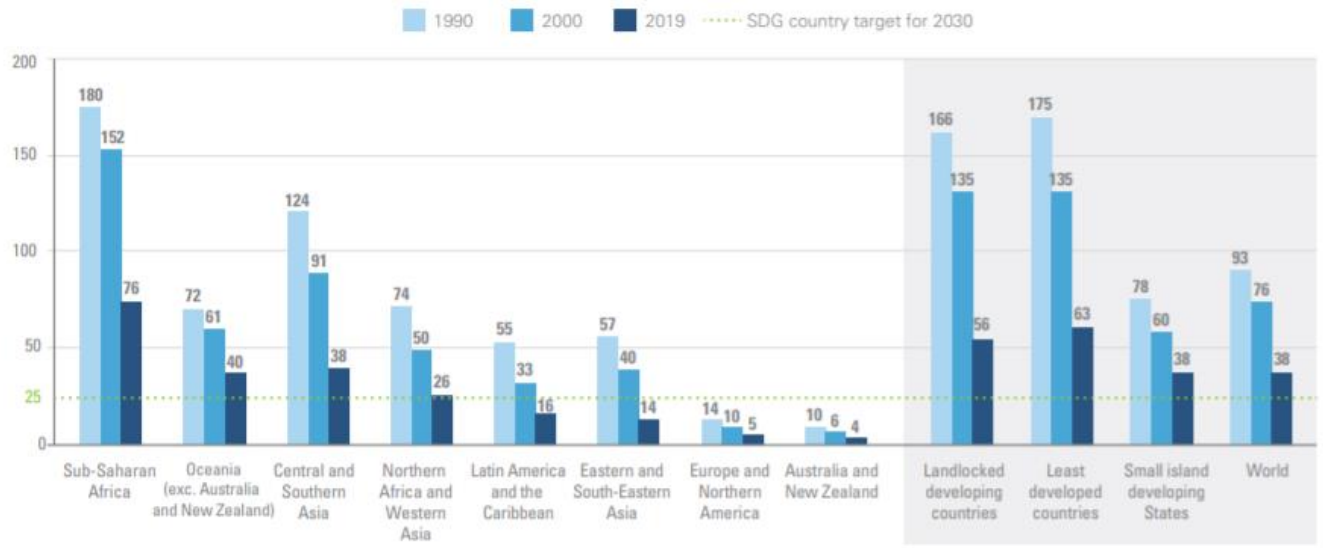
While countries are at different levels of operationalizing the SDG vision, the continued excessive mortality in the under-five age group requires strengthened commitment and attention. While many countries have decreased the post-neonatal mortality rate compared to the neonatal mortality rate (NMR), particularly in the Asia region, in the African region post-neonatal mortality rate still surpasses that of the newborn. Country and global stakeholders developed the Every Newborn Action Plan (ENAP) to address excess preventable mortality in the newborn period. The Task Force Steering Committee (SC) envisioned this strategic plan as aligning with and complementing the second generation, ending preventable newborn deaths and stillbirths by 2030 (ENAP 2020–2025).

Thus the 2021–2025 Task Force strategic plan puts emphasis on reducing post-neonatal mortality in the countries that are off track (the unfinished child survival agenda) while also positioning health systems to deliver on the thrive targets through a multi-sectoral and life-course approach. Even in countries making significant progress towards the SDG mortality reduction target, pockets of underserved populations continue to face higher under-five mortality rates. These communities include those living in fragile and humanitarian settings, conflict zones, poverty, rural areas, urban slums, as well as zero dose, malnourished, and wasting children.

Purpose

The purpose of the five-year strategic plan is to position the Task Force as a global coalition, supporting the delivery of high quality child health services through the convening and coordination of stakeholders to share knowledge and innovative solutions to programmatic issues. The Task Force will develop new and improve existing tools, partner with countries to translate evidence into policy and action, and advocate for sustainable funding for stronger child health programs, enabling children to survive and thrive.

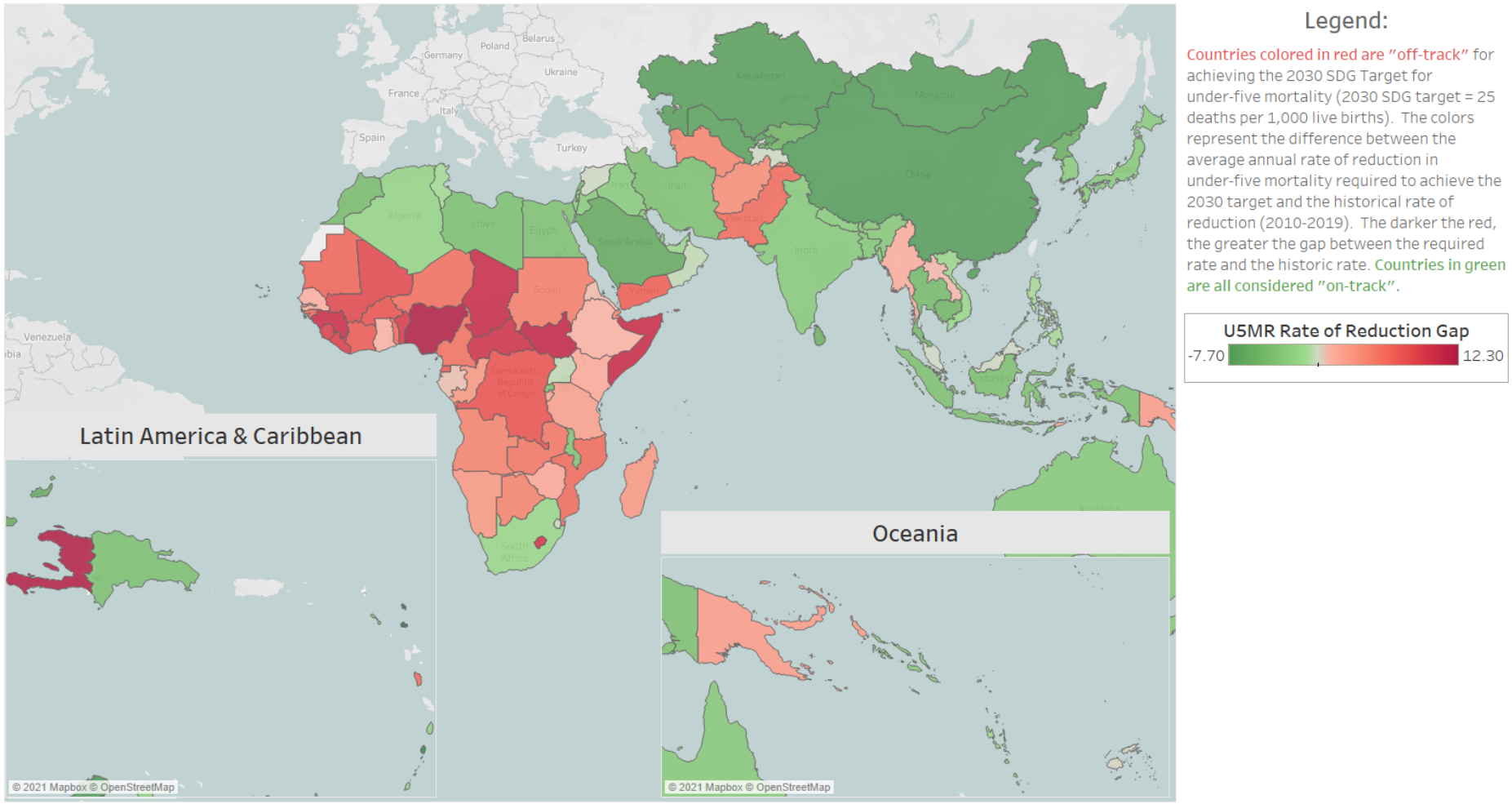
Figure 1. Under-five mortality rate (deaths per 1,000 live births) by Sustainable Development Goal region, 1990, 2000, and 2019[1]



Note: All figures are based on unrounded numbers.

[1] Source: UNICEF, WHO, World Bank Group and United Nations, The United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), September 2020

Figure 2. 53 countries are off-track for achieving the 2030 SDG target for under-five mortality[2]



[2] Data Source: Ibid.; the data may change due to COVID-19-related disruptions to services and shifting of resources to focus on acute care.

II. Child Health Task Force Overview

1800+ members *from* **80+** countries **300+** organizations

Goal: To strengthen equitable and comprehensive child health programs - focused on children aged 0 to 19 in line with Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) - through primary health care, inclusive of community health systems.

Structure & Funding

The management and operational structure of the Task Force includes the following:

- A **Secretariat**, led by JSI Research & Training Institute, Inc. (JSI) with funding by the U.S. Agency for International Development (USAID) through the USAID Advancing Nutrition project.
- A **Steering Committee (SC)** provides the Task Force with strategic vision, guidance, and oversight.
    - The SC consists of members from Aga Khan University, Global Financing Facility (GFF), John Snow, Inc. (JSI), Malawi Ministry of Health, Save the Children, United Nations Children's Fund (UNICEF), U.S. Agency for International Development (USAID), and World Health Organization (WHO). The Task Force plans to expand the SC to include more representatives from country governments, private sector, and local NGOs.

Subgroups

Members collaborate through 10 technical working groups

Themes

The Child Health Task Force prioritizes five themes in order to achieve its objectives:

Advocate for integrated packages and increased financing of child health programs within primary health care.

Foster organizational collaboration at global and country levels in support of comprehensive child health programs.

Partner with countries to implement effective and comprehensive child health programs to achieve effective coverage and impact at scale.

Learning: Promote implementation science, advance innovations, and engender the use of research results to inform program design and implementation.

Knowledge Management: Build evidence on comprehensive child health programming and make it publicly accessible, especially to child health stakeholders.

Child Health Task Force Values and Principles

Individuals and organizations participating in the Task Force agree to base their membership on the following values and principles:

Values

- *Inclusiveness:* The need for a diverse group of partners and stakeholders to collaborate in an open and accessible manner.
- *Non-proprietary knowledge:* Sharing knowledge, particularly implementation approaches and technical assistance/guidance, to strengthen child health programs.
- *Collective action:* Members will work together, through one or more subgroups, to achieve common objectives in line with the Task Force goal.
- *Countries at the center:* Country engagement and support is critical to implementing comprehensive child health programs.

Principles of collaboration will reflect the Task Force's shared values and include:

- *Open communication*, including disclosure of new programs and funding, to Task Force membership in different countries in order to enhance collaboration. Commitment to harmonize efforts where possible, i.e. use and build on existing tools instead of creating new ones.
- *Commitment to be respectful* of other organizations when in communication about shared work or programming, i.e. do not speak ill of another partner's work. If a member has concerns about the quality of technical work or actions that require attention, they should communicate with the Secretariat: childhealthtaskforce@jsi.com.
- Participate in activities to further the goal of the Task Force.

III. Strategic Plan Overview

Planning Process

The SC led the strategic planning process by defining the strategic priorities under each theme, objectives, and outcomes in some cases. The first draft of the objectives was consolidated by the Secretariat and reviewed by the SC before sharing with the co-chairs of the ten subgroups who suggested changes and/or proposed additional objectives and outcomes. The Secretariat consolidated the objectives and outcomes and developed the narrative of the strategic plan. This process served to (1) align the diverse perspectives of key stakeholders represented by the SC and subgroup co-chairs; (2) outline clear priorities that support a strategy based on a shared vision; and (3) establish the broader landscape of child health and the value-added of the Task Force.

Implementation

The Task Force does not have guaranteed resources to implement the strategic plan in full. Subgroups and member organizations will likely be involved in implementing child health activities that support the strategic plan. Resources or sources of funding for implementation include USAID funding for the Secretariat's annual work plan and leveraging existing funding for member organizations that are implementing child health programs, which will contribute to the strategic priorities and objectives. In addition, the SC and Secretariat will lead resource mobilization for activities in conjunction with subgroups and member organizations. Thus, implementation of this strategic plan is contingent on resource availability through these avenues and funded activities will be reflected in the Secretariat's annual work plan.

IV. Strategic Priorities by Theme

In support of this purpose, five strategic priorities have been identified under each theme of the Task Force for 2021-2025:

1. Advocacy: Engage global and country stakeholders about the need for increased resources, accountability and a multi-sectoral approach to child

2. Coordination: Align around common goals and measures of success for child health broadly and post-neonatal mortality rate reduction.

3. Partnership with countries: Implement interventions, monitor for equitable coverage and quality care and track progress towards SDG targets.

4. Learning: Foster generation and sharing of evidence, lessons learned, tools and promising program approaches.

5. Knowledge Management: Increase access to and use of knowledge to strengthen child health programs.

The five priorities collectively advance the goal of strengthening equitable and comprehensive child health programs within primary health care inclusive of community health systems. Cutting across the strategic priorities is a commitment to foster a coalition that promotes equity, country ownership, accountability and a commitment to learning.

STRATEGIC PRIORITY 1: *Engage global and country stakeholders about the need for increased resources, accountability and a multi-sectoral approach to child health.*

Over the past four years, WHO and UNICEF redesigned the vision for child health and development resulting in an expanded definition of the child to cover 0–19 years. Based on epidemiological and programmatic analysis, the redesign proposed a multi-sectoral and life-course approach. Consequently, child health programs need to reflect this shift in programming. The multi-sectoral and life-course approaches add complexity to child health programming that requires establishing effective coordination mechanisms to convene and hold actors accountable. The Landscape Analysis of Survive, Thrive and Transform Interventions for Children found that commitment at the highest level of government is a key success factor in countries successfully taking forward multi-sectoral and integrated packages of care for children to survive and thrive. The persistent high levels of mortality in children under five result from preventable causes for which effective interventions exist but have not been scaled up. In addition, available health care services are often of poor quality. Thus, increased and sustainable funding is a key element to ensuring that drugs and supplies are available and health workers acquire the skills they need to scale interventions. Lastly, lack of accountability to populations for the poor quality of services and low coverage of effective interventions among policy makers, civic leaders, and health workers account for the persisting high mortality, burden of disease, and undernutrition. Raising awareness of these issues will call leaders at the global and national health systems to action. The COVID-19 pandemic has had and will continue to have a profound impact on countries' health systems and children will continue to suffer the secondary effects of the pandemic. These effects include lack of access to essential care for childhood illnesses and routine vaccinations, as well as disruptions to schooling — all of which exacerbate existing inequities for children from marginalized communities. As of November 2020, UNICEF reported that the pandemic put 80 million children under-one at risk of not receiving life-saving vaccines; interrupted learning completely for one-in-three children; and will push an additional 142 million children into poverty in low- and middle-income countries (LMICs). In light of this ever-changing landscape, the Task Force will be an advocate for children facing these challenges.

Objectives:

- Promote adoption of a multi-sectoral and life-course approach to child health and well-being through primary health care (PHC) in a select number of countries.
- Raise awareness of persistent high post-neonatal mortality and the need for increased funding to accelerate progress towards the under-five SDG mortality target.
- Ensure equitable access to and availability of essential newborn and child health medical products (including non-malaria commodities for iCCM, oxygen, amoxicillin, ORS/Zinc).[3]
- Expand engagement with for-profits and nonprofits to improve the quality of care for children.

Approach

The Task Force will advocate for the adoption of multi-sectoral and life-course approaches and share tools for integration and examples of models for collaboration across sectors. At the global level, the main strategy will be resource mobilization to address child health priorities. At the country level, the Task Force will partner with national level stakeholders, including CH TWGs and civil society organizations to advocate for increased domestic allocation and inclusion of child health priorities in national RMNCAH + N investment cases to the Global Financing Facility (GFF) and the Global Fund (GF). National child health plans and advocacy should include resources for essential medical products. The Task Force will work through the Newborn and Child Health Commodities subgroup to contribute to and disseminate commodities specifications, quantification, procurement, and distribution guidelines based on accepted global standards. The subgroup will collaborate with the Interagency Supply Chain Group and others to support country adaptation and inclusion of all essential commodities in the National Essential Medicines Lists through the CH TWGs and procurement and logistics working groups or equivalent.

In many countries, the full potential of the private sector to contribute health resources is untapped. Thus, the Task Force's advocacy, through the Private Sector Engagement subgroup, will also focus on the need to recognize and include the private sector in national health planning, working in collaboration with the Quality of Care subgroup as appropriate. This approach will include addressing issues of regulation, accreditation and licensing, representation or participation, quality of care, resource mobilization, and expertise to enable the sector to become an active player in the delivery of child health services that are aligned to the country context. To advocate more generally for multi-sectoral approaches to child health along the life-course, the Re-imagining the Package of Care for Children subgroup will continue to share implementation lessons, including in school health and nutrition programming with Task Force members.

Outputs

1. An advocacy plan with clear implementation timeline, responsibilities, and milestones to track progress
2. Resource mobilization plans (e.g., some countries are developing iCCM investment cases that will inform resource mobilization priorities)[4]

[3] Across countries, commodities for malaria case management are often provided through the GF and President's Malaria Initiative (PMI). The biggest gaps preventing iCCM scale-up is availability of the non-malaria commodities, especially amoxicillin DT, respiratory count timers, ORS, zinc.

[4] iCCM investment cases include commodities for nutrition services if it is part of the national iCCM package. Specific priorities for resource mobilization will be defined by the MOH in a given country.

3. A compendium of tools (e.g., QoC standards and guidelines) for working with the private and public sectors available to countries and Task Force member organizations

STRATEGIC PRIORITY 2: *Align around common goals and measures of success for child health along the life-course (including the newborn period, post-neonatal, and adolescence), with a focus on post-neonatal mortality reduction.*

The WHO global child health strategic review reported fragmentation of global strategies for child survival and health undermines country programming and limits potential impact reported. It also found that strategies and programs for children are insufficiently tailored to countries' epidemiological and health systems contexts, and tools of practice do not always respond to end users' needs. To address these challenges, the Task Force aims to strengthen internal and external coordination of child health stakeholders at the global level and support CH TWGs (and equivalent mechanisms) at the country level to align on key approaches, tools and a results framework. While aiming to address the continuum, the Task Force recognizes other efforts to address the newborn period and will aim to build on and learn from the ENAP. Task Force members and child health stakeholders at the global and country levels working together will reduce duplication and competition that will allow government officers to reallocate some of their time to implementation and monitoring, and ultimately achieve better efficiency of available resources.

Objectives:

- Strengthen internal and external coordination of child health stakeholders to accelerate progress towards SDG targets, guided by a shared results framework that is developed in conjunction with countries.
- Strengthen national child health coordination mechanisms in priority countries to monitor progress, reduce duplication of effort, and increase efficiency.
- Align child health partners around key approaches and tools to strengthen child health and well-being across the continuum.

Approach

In line with the Task Force country engagement strategy (see priority 3), the Task Force is part of a multi-stakeholder group (including WHO, UNICEF, USAID, GFF) that is developing a concept note for an initiative to bring together global and country stakeholders to accelerate progress towards the SDG targets for children by supporting targeted actions in the 53 countries that are off track (see figure 2, p.5).

To align child health stakeholders to adopt a country-led approach, the Task Force will support the development of a results framework (RF) to ensure that each organization and program contributes to the same targets and strengthens accountability for outcomes in child health. The RF will include coverage targets and milestones for countries and global partners to monitor and track progress. Developing the RF will be a multi-stakeholder effort led by WHO, UNICEF, USAID, GFF, and the Task Force. Country governments will participate in developing the RF as part of the child survival initiative to accelerate progress towards the 2030 targets.

The M&E subgroup of the Task Force will lead the Task Force's contribution to developing the RF in collaboration with others like Child Health Accountability and Tracking (CHAT), Quality Equity and Dignity (QED) Network, the Health Data Collaborative, etc. In addition, Task Force members will adopt a set of implementation tools developed and validated by the national CH TWGs to ensure that the tools are tailored to the

needs of the end users. To strengthen in-country coordination, the Task Force will support national CH TWGs to develop and/or update terms of reference, including an inventory of members, roles, and responsibilities. At the global level, the Task Force will promote the membership principles that require Task Force member organizations to commit to participation in respective coordination mechanisms for child health in countries of interest. Task Force member organizations will be required to actively participate in national and subnational TWGs in order to contribute to implementation and monitoring of progress in child health outcomes. In addition, this strategic plan has a monitoring plan (see Annex III) that will guide the SC, Secretariat, and subgroup co-chairs to monitor its implementation and continue to align with the broader initiative.

Outputs

1. A five-year results framework with milestones and targets towards 2030 for members of the Task Force
2. Up-to-date annual work plans and TORs for Task Force subgroups
3. Completed mapping of CH TWGs in prioritized countries
4. "Toolkit" or recommended key approaches to address child health and well-being across the continuum

***STRATEGIC PRIORITY 3**: Partner to implement interventions, monitor for equitable coverage and quality care, and track progress towards SDG targets.*

As mentioned above, most under-five mortality is due to preventable causes namely pneumonia, diarrhea, malaria, and malnutrition. In addition, most children experience multiple vulnerabilities including fragile or humanitarian settings/emergencies, undernutrition/wasting, zero dose vaccination, and overall limited access to health care. Effective evidence-based interventions are not implemented at scale due to inadequate resources and other health system constraints. Similarly, iCCM, an evidence-based strategy, has not been institutionalized as part of PHC despite many years of advocacy among child health stakeholders. Over the past two years, the SC sought to understand the key challenges to meeting the health needs of children in order to make progress towards the 2030 target of under 25 deaths per 1,000 live births. The Task Force decided to adopt a country-led engagement strategy as the means to accelerate progress towards achieving the 2030 target. This approach recognizes the need for countries to lead and own the agenda instead of reacting to global partners. Thus the Task Force will partner with countries to strengthen implementation of child health programs guided by agreed strategies.

Objectives

- Increase the number of countries that articulate strategies to increase the annual rate of reduction of under-five mortality.[5]
- Amplify the "country voice" in defining priorities for the country-Task Force partnership.
- Promote analysis and use of available data to inform program design, implementation, mid-course correction, and to improve quality of services for children.
- Support the institutionalization of iCCM within strengthened PHC at the community level.

Approach

[5] Of those off-track to meeting the 2030 SDG target for under-five mortality.

The Task Force acknowledges that ending preventable under-five mortality requires addressing the key causes of deaths in the neonatal and post-neonatal periods. Complementing the ENAP (2020-2025), the Task Force will partner with a set of countries to define and prioritize integrated packages of essential services and resource mobilization plans that are suitable for their context. The Task Force developed a selection criteria that prioritizes countries with high post-neonatal mortality rates. If the MoH leadership in a given country agrees to a partnership with the Task Force, a memorandum of understanding (MOU) will be signed to articulate the expectations of the parties and include an accountability framework. The Task Force will strengthen collaboration with other global and country level initiatives including EBC/pneumonia, Global Action Plan (GAP) for Healthy Lives and Well-being for All, GAP for Child Wasting, GAVI/zero-dose, ENAP, and the WHO/UNICEF Child Health Redesign.

To enhance the Task Force's understanding of country priorities, additional country representatives, including those representing Francophone Africa, professional associations, and the private sector, will be appointed to Task Force decision-making structures: SC and subgroup co-chairs. To strengthen data collection, analysis, and use for decision-making, the Task Force will support investment in data systems and digital health in country resource mobilization plans. Since iCCM is a key strategy to expanding care to communities underserved by facility-based care, the Institutionalizing iCCM, Digital Health and Innovations, and Child Health in Emergencies and Humanitarian Settings subgroups will work together to support institutionalization. The Quality of Care subgroup will collaborate with the QoC Network, the Lancet Commission on High Quality Health Systems, and the ENAP Implementation and QoC groups to improve the quality of life-saving interventions for children to reduce mortality and strengthen health systems. In addition, the Nutrition and Child Health subgroup will work with partners to integrate early detection and treatment of acute malnutrition into health services for children, including iCCM.

Evidence shows that iCCM implementation in most countries falls short of increasing access to and timely utilization of interventions to prevent mortality because programs are implemented by NGOs with funding from donors and are not part of the health system. Available iCCM tools support introduction and scale-up of iCCM, but there is a gap in tools to support institutionalization. Through collaboration with USAID PMI/Impact Malaria, the iCCM subgroup will support the development of a toolkit to support institutionalization of iCCM by supporting key elements like the ongoing training/refresher training of community health workers to maintain adequate numbers and skills and to procure and distribute supplies and drugs. Lastly, since the Task Force through the Secretariat can directly engage with only a few countries, this strategic plan will serve as a guiding document for how members of the Task Force can support a country-led agenda and collectively support more countries to accelerate progress to the 2030 target.

Outputs

1. MOUs signed with target countries
2. Sharpened and costed national and subnational child health plans
3. Score cards (new or existing) that include child health milestones, used as a monitoring tool at national and subnational levels
4. Country-based SC members and subgroup leaders nominated based on agreed criteria
5. Toolkit for institutionalizing iCCM (supported by PMI Impact Malaria)[6]

[6] This toolkit is part of the Task Force Secretariat PY4 work plan (October 1, 2021 through September 30, 2022) and Impact Malaria activity deliverable.

STRATEGIC PRIORITY 4: *Foster the generation and sharing of evidence, lessons learned, tools and promising program approaches*

Under the theme of learning, the Task Force offers child health stakeholders both an opportunity to learn and also to disseminate their program experiences. Learning and sharing implementation approaches is a key strategy to developing a sense of community among network members. It is also the primary theme for fulfilling our value add of creating and improving existing program tools and innovation. The 2020 members' survey showed that the focus on sharing evidence, lessons learned, tools and program approaches is a key strength and attraction to the Task Force and together with knowledge management (see below) accounts for the rapid growth of the membership. In the midst of the COVID-19 pandemic, members reported that the Task Force cut through the information overload by providing a platform to present information targeted to the needs of child health programming. Due to the limited capacity and resources of national governments in most countries, program learning and research activities are usually led by experts from international organizations. As a result, program experiences and research findings are often only shared with a limited audience in the country, at international conferences and published in journals. This approach leaves out a large number of country-level stakeholders who do not attend these country meetings and conferences or access these journals. Therefore, the knowledge is not translated into stronger child health programs. Limited experience of national and local governments to design and conduct implementation research for iterative programming and learning and to translate research results into meaningful policy and program changes is a gap that needs addressing to achieve the Task Force goal. Another gap is the limited funding for research despite evidence gaps being established, for example, through a rigorous Child Health and Nutrition Research Initiative (CHNRI) for iCCM and more recently the private sector. Emphasis here will be placed on monitoring, documentation, and learning rather than research for peer reviewed manuscripts, while also providing opportunities for local or in-country child health stakeholders to develop or improve research skills depending on their interest.

Objectives

- Promote implementation science sharing and advance innovations in child health.
- Increase the number of countries that include research in program and resource mobilization plans, informed by past work, e.g. private sector CHNRI report, iCCM CHNRI, etc.

Approach

The learning and sharing under the Task Force should be driven by the needs of countries to strengthen program implementation. The subgroup co-chairs have a major role in defining the topics and presenters during webinars, workshops or meetings. Thus working with the co-chairs, the Secretariat will ensure that presenters from LMICs are prioritized during Task Force meetings. To make this equitable, the Secretariat will continue advocating for resources for simultaneous translation so that experts from Francophone and Lusophone Africa have a voice. The Task Force will also invest in building the skills of national governments to design and implement and use research in partnership with local experts and stakeholders, instead of relying on external researchers. The Implementation Science subgroup will lead the process of developing modules on program learning and research in coordination with other subgroup co-chairs. Lastly, the Task Force, through member organizations, will provide technical support to new and ongoing research in countries via CH TWGs, ensuring studies are driven by country priorities. This will be accomplished through encouraging the inclusion of program learning and research as a standing agenda in the CH TWGs' deliberations. The lessons learned from the partnership under strategic priority 3 will inform models that can be applied in other countries. A journal digest that the Task Force will continue to produce provides members with a synthesized and prioritized list of recently published research, tailored to child health.

Outputs

1. Inventory of implementation research maintained and accessed by representatives from at least three LMICs, including how research was used
2. At least one implementation research training package or module with a focus on child health and well-being, revised, and published
3. Journal supplement on child health, e.g. learning on multi-sectoral and life-course approach, published with input from Task Force members
4. Publishable manuscripts (for studies directly supported by Task Force)

STRATEGIC PRIORITY 5: *Synthesize and package information in sharable and accessible products and enhance communications.*

Priorities 4 and 5 are closely linked. However, knowledge management focuses on the role of the Task Force Secretariat in packaging, sharing, and contextualizing information so it can be absorbed and applied by child health stakeholders. Since all Task Force members, including the co-chairs, participate on a voluntary basis, the Secretariat has the responsibility of ensuring that information presented in webinars is packaged, shared, and stored on the appropriate medium. The Secretariat also plays an important role in communicating and promoting the work of the Task Force beyond its members.

Objective

- Increase access to and promote uptake of evidence in design and implementation of child health programs.

Approach

The Secretariat will curate, synthesize, and package information in sharable and accessible products for Task Force members. To achieve this, the Secretariat will put processes and systems in place to maximize the effectiveness of generating, disseminating, and applying knowledge. These will include adapting templates to guide webinar preparations, creating the announcement, identifying speakers, moderating, and sharing PowerPoint presentations and meeting recordings. The Task Force has a website to store and provide online access to resources. The Secretariat will continue to improve and update content to meet the needs of members. The Task Force website is linked on more key network websites (MCGL, Momentum Integrated Health Resilience, Global Pneumonia Forum, Every Breath Counts, QoC Network, Healthy Newborn Network, Align MNH, etc.) to increase collaboration and access for country members. In addition to revamping the Task Force's LinkedIn account, the Secretariat will consider creating new social media accounts such as Twitter, Facebook, and/or YouTube, to communicate Task Force events, promote partner events and funding opportunities, and connect with other key global networks. All these channels will be rationalized and maximized to increase access to knowledge and promote its use in strengthening child health programs.

Outputs

1. Program and policy briefs developed for child health implementers to improve programming
2. Infographics and synthesized key knowledge in child health disseminated to the Task Force members
3. Webinars to facilitate sharing of implementation lessons and knowledge across technical areas in child health

V. Outcomes

By 2025, collective actions will be carried out to operationalize each objective and achieve the following outcomes. These outcomes will contribute to the Task Force goal of strengthening comprehensive child health programs and ultimately, achieve accelerated mortality reduction in line with the SDG vision.

1. Increased number of countries adopting a multi-sectoral and life-course approach to child health within PHC.
2. Child health partners aligned on a multi-year plan to accelerate progress towards the under-five SDG mortality target through PHC inclusive of community health addressing promotive, preventative, and curative care.[7]
3. Increased number of countries with sustainably funded strategic plans for child health that include prioritization, integration, innovation, financing, and costing[9]
4. Increased number of established partnerships between private sector programs and country governments providing contextualized, high quality services
5. Functional CH TWGs monitor progress against agreed milestones and targets in child health in target countries.
6. Child health partners are aligned on *country-specific* key approaches to child health and well-being across the continuum in target countries.
7. Increased number of targeted 'off-track' countries have costed national & subnational plans with targets and milestones to accelerate progress towards SDG targets.[9]
8. Task Force agenda responds to the needs and priorities of countries.
9. Increased number of countries analyzing and using data for decision-making
10. Increased number of countries using the toolkit to institutionalize iCCM
11. Country-driven learning and research informs priority setting and implementation at the country and global levels for child health.

[8,9] These outcomes will be achieved through the collaboration between the Task Force and other partners. The child survival working group (WHO, UNICEF, USAID, GFF and the Task Force) is defining a strategy that will also work towards these outcomes. Refer to priorities 2 and 3.

Annex I: Child Health Task Force Roadmap Objectives Matrix

GOAL	**To strengthen equitable and comprehensive child health programs - focused on children aged 0 to 19 in line with Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) - through primary health care, inclusive of community health systems.**				
THEME	Advocacy	Coordination	Partnership	Learning	Knowledge Management
PRIORITY	**1.** Engage global and country stakeholders about the need for increased resources, accountability & a multi-sectoral approach.	**2.** Align around common goals and measures of success for child health along the life-course, with a focus on post-neonatal mortality reduction.	**3.** Partner to implement interventions, monitor for equitable coverage and quality and track progress towards SDG targets.	**4.** Foster the generation and sharing of evidence, lessons learned, tools, and promising program approaches.	**5.** Synthesize and package information in sharable and accessible products and enhance communications.
OBJECTIVES	**1.1** Promote adoption of a multi-sectoral and life-course approach to child health and well-being.	**2.1** Strengthen coordination to accelerate progress towards SDG targets guided by an agreed results framework.	**3.1** Increase the number of countries that articulate strategies to increase the annual rate of reduction of under-five mortality.	**4.1** Promote implementation science, sharing and advance innovations in child health.	**5.1** Increase access to and promote uptake of evidence in design and implementation of child health programs.
	1.2 Raise awareness of persistent high post-neonatal mortality and the need for increased funding to accelerate progress.	**2.2** Strengthen national child health coordination mechanisms in priority countries to monitor, reduce duplication of effort and increase efficiency.	**3.2** Amplify the "country voice" in defining priorities for the country-Task Force partnership.	**4.2** Increase the number of countries that include research in program and resource mobilization plans, informed by past work, e.g. private sector CHNRI report, iCCM CHNRI, etc.	
	1.3 Ensure equitable access to essential newborn and child health medical products.	**2.3** Align child health partners around key approaches and tools to strengthen child health and well-being across the continuum.	**3.3** Promote use of available data to improve program design, implementation and quality of services for children.		
	1.4 Expand engagement with for-profits and non-for-profits to improve quality of care for children.		**3.4** Support the institutionalization of iCCM within strengthened PHC at community level.		

Annex II: Child Health Task Force Roadmap Outputs and Outcomes Matrix

<table>
<tr><th>THEME</th><th>Advocacy</th><th>Coordination</th><th>Partnership</th><th>Learning</th><th>Knowledge Management</th></tr>
<tr><td rowspan="5">OUTPUTS</td><td>1. An advocacy plan with clear implementation timeline, responsibilities and milestones</td><td>1. A five-year monitoring plan with milestones and targets towards 2030 for members of the Task Force</td><td>1. Memorandums of understanding (MOUs) signed with target countries</td><td>1. Inventory of implementation research maintained and accessed by at least three LMICs</td><td>1. Program and policy briefs developed for child health implementers to improve programming</td></tr>
<tr><td>2. Resource mobilization plans</td><td>2. Up-to-date annual work plans and TORs for Task Force subgroups</td><td>2. Sharpened and costed national and subnational child health plans</td><td>2. At least one implementation research training package published</td><td>2. Infographics, micro-content of synthesized key knowledge in child health disseminated</td></tr>
<tr><td rowspan="3">3. A compendium of tools (e.g. QoC standards and guidelines) for working with the private and public sectors available to countries and Task Force member organizations</td><td>3. Completed mapping of CH TWGs in prioritized countries</td><td>3. Score cards with child health milestones used as a monitoring tool</td><td>3. Journal supplement on child health published with input from members</td><td rowspan="3">3. Webinars to facilitate sharing of implementation lessons and knowledge across technical areas in child health</td></tr>
<tr><td rowspan="2">4. Recommended key approaches to address child health across the continuum</td><td>4. Country-based TF leadership nominated</td><td rowspan="2">4. Publishable manuscripts (for studies directly supported by Task Force)</td></tr>
<tr><td>5. Toolkit: institutionalizing iCCM</td></tr>
<tr><td rowspan="4">OUTCOMES[8]</td><td>Increased number of countries have adopted a multi-sectoral and life-course approach</td><td>CH TWGs monitoring progress against agreed milestones and targets in target countries.</td><td>Increased number of countries have costed plans to accelerate progress towards SDG targets</td><td rowspan="4">Country-driven learning and research informs priority setting and implementation at the country and global levels for child health.</td><td rowspan="4">Country-driven learning and research informs priority setting and implementation at the country and global levels for child health.</td></tr>
<tr><td>Partners aligned on a plan to accelerate progress towards U5M SDG target</td><td rowspan="3">Partners are aligned on country-specific key approaches to child health and well-being across the continuum in target countries.</td><td>Increased number of countries using data for decision making.</td></tr>
<tr><td>Increased number of countries have sustainably funded strategic plans</td><td>Task Force agenda responds to the needs and priorities of countries.</td></tr>
<tr><td>More partnerships between private sector and governments</td><td>Increased number of countries using iCCM toolkit</td></tr>
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[8] Some outcomes correspond to more than one objective or theme.

Annex III: Draft Monitoring Plan - Milestones and Indicators for the Strategic Plan

Assumptions:

1. While the Task Force member organizations support all countries, the denominator will be the subset of countries that the Task Force will target for support out of the total number of countries that are not on track to meeting the 2030 targets.
2. While this strategic plan is at a high level and multi-year, the annual work plan of the Task Force will articulate specific activities to support each objective and outcome(s).
3. Monitoring or measuring some of the milestones and indicators proposed for outcomes 2, 3 and 7 is dependent on country reporting, in conjunction with the results framework of the broader child survival initiative that's under development (refer to approach under priority 2 and 3 above).

Outcome/Output	**Indicator(s) or Milestone (s)**	**Data Sources (If Applicable)**	**Baseline (If Applicable)**	**Comments/means of verification**
1. Increased number of countries that are supported by the Task Force have adopted a multi-sectoral and life-course approach to child health within PHC	1. Number of countries that have adopted **multi-sectoral and life-course approaches** within PHC in their national strategic and operational plans based on WHO/UNICEF guidance 2. Number of countries that have included **multi-sectoral approaches** within PHC based on WHO/UNICEF guidance 3. Number of countries that have adopted **a life-course approach within PHC** in their national strategic and operational plans based on WHO/UNICEF guidance 4. Number of countries that **document adaptation** of WHO/UNICEF guidance on multi-sectoral and life-course approaches within PHC	1. Child health strategic plans 2. Child health operational plans 3. Planning meetings or workshop report(s)	Review national health/child health strategic plans to identify multi-sectoral approaches included at baseline (2021)and endline (2025) **[ACTION]**	Adoption means a set of recommended approaches by WHO/UNICEF are documented in the strategic or operational plan *Note:* Indicators will be refined based on WHO/UNICEF guidance on what constitutes implementing a multi-sectoral and a lifecourse approach.
2. Child health partners aligned on a multi-year plan to accelerate progress towards the under-five SDG mortality target through PHC inclusive of community health in targeted countries.	1. Number of Task Force member organizations that make a commitment to support the targeted country(ies) to accelerate progress towards the U5M SDG target. Their plans include using PHC and community health approaches.	1. Endline survey of Task Force members in targeted countries	The Task Force will not develop a separate multi-year plan but will contribute to and promote the results framework and milestones that the multi-partner child survival working group will develop.	Self-reported use of the multi-year plan to accelerate progress towards the under-five mortality rate in conjunction with child survival agenda

3. Increased number of countries have predictable and sustainably funded strategic plans for child health that include prioritization, integration, innovation, financing and costing	1. Number of countries with sustainably-funded strategic plans **Milestones** 1. Percentage of health budget of total national expenditure (Abuja target of 15%) 2. Proportion of health budget that is released (Districts that receive their health budgets)	District health accounts	**[ACTION]** See comments	• Only feasible if it is part of the broader child survival strategy RF • Need to explore if targeted countries have National Health Accounts that are accessible • Consider including a milestone where countries report receipt of budgeted funds at the district level in target countries • GFF countries might have a way of documenting domestic budget allocation and release
4. Increased number of partnerships between private sector programs and country governments established to provide contextualized high quality services.	1. Number of agreements, i.e. memorandums of understanding (MOUs), between MOH and a private sector entity 2. Number of countries that include the private sector in their child health plans 3. Number of countries that document participation of the private sector in their CH TWG coordination meetings	1. Signed MOUs 2. Child health strategic plans 3. Child health operational plans 4. Planning meetings or workshop report(s)	Baseline assessment OR information from Task Force partners who are active in the country. **[ACTION]**	PSE subgroup leading with Secretariat. Will require baseline assessment of some sort in the countries that are selected for support by the Task Force.
5. Functional CH TWGs are monitoring progress in agreed milestones against agreed targets in child health.	1. Number of countries reporting CH TWG meetings convened against planned with minutes of the proceedings 2. Number of countries reporting CH TWG meetings convened with a full quorum of members in attendance **Milestones:** 1. Number of countries reporting updated terms of reference for CH TWG 2. Number of countries reporting scheduled meetings that are publicized to members through agreed channel(s)	1. Minutes of CH TWG meetings 2. Focus group discussions held with CH TWG members	Assessment of CH TWG in all targeted countries (build on the current inventory and conduct interviews to assess functionality). **[ACTION]**	Designated country focal point organizations could help.
6. Child health partners are aligned on key approaches to child health	1. Number of Task Force members that adopt a set of "key approaches" to child health and wellbeing	1. Endline survey of Task Force	Baseline assessment of status of packages for child health	• Sometimes the problem is lack of dissemination and lack of insistence by the

and well-being across the continuum.	**Milestone:** 1. Develop/adapt/disseminate a country-specific document with key approaches informed by WHO/UNICEF guidance	members in targeted countries (As with #2 above)	(Part of #1) **[ACTION]**	government that all partners follow approaches that are approved by the government. ● If deviating for program learning purposes, this should be stated and a protocol shared/agreed/approved.
7. Increased number of targeted 'off-track' countries have costed national & subnational plans with targets and milestones to accelerate progress towards the SDG targets	1. Number of the off-track countries with costed child health plans that include targets and milestones to track progress towards SDG targets 2. Number of countries supported to review and update health plans to include targets and milestones to track progress towards SDG targets	1. Review of child health in targeted countries	Assessment of child health plans	M&E subgroup leading with Secretariat: Assessed as part of the CH TWG mandate
8. Task Force agenda responds to the needs and priorities of countries.	**Milestone:** 1. Annual Task Force members' survey responses to question of whether Task Force agenda is aligned to needs and priorities of countries	1. Annual Task Force members' survey report		Besides the standard survey, propose to hold regular FGDs with representatives from countries on the value add of the Task Force
9. An increased number of countries are analyzing and using data for decision making.	1. Number of countries that analyze child health data and document decisions made based on the analysis as reported by the CH TWGs	1. CH TWG meetings minutes 2. Program review reports		*Note:* for discussion and refinement with the M&E subgroup
10. Increased number of countries using the toolkit to institutionalize iCCM.	1. Number of countries that report using the toolkit to institutionalize iCCM - reported by the CH TWGs 2. Number of partners that report using the toolkit to institutionalize iCCM (self-reported)	1. Child Health program reports 2. CH TWGs		The iCCM subgroup will collaborate with USAID/Impact Malaria to develop and disseminate the tool kit in 2020/21
11. Country-driven learning and research informs priority setting and implementation at the country and global levels for child health.	1. Number of countries that report using research findings/recommendations to design or adapt a child health program 2. Number of Partners (in a given country) that report using research findings/recommendations to design or adapt a child health program **Milestones**	1. Child health program reports 2. Self-reported		The Implementation Science subgroup will explore the interest in this and develop modular content to be offered as skills building sessions or workshops

	1. Modules for skills building in research and manuscript writing developed 2. Number of skills building sessions held 3. Number of country based child health stakeholders that participate in the Task Force organized research and manuscript writing skills building workshop or session 4. Child health Task Force website is kept up to date and provides relevant resources to stakeholders - self-reported during annual members' survey			