



**Child Health Task Force Steering
Committee**

**December 15-16, 2021
Meeting Report**



REPORT OUTLINE

1. Executive Summary
2. Background
3. Meeting objectives
4. Summary of major topics discussed
5. Takeaways
6. Appendix: Meeting attendees

I. EXECUTIVE SUMMARY

What was Discussed

1. Profiles of new Steering Committee members
2. Highlights of 2021 membership pulse check survey responses
3. How to continue to do country engagement
4. Setting Child Health Task Force Strategic Plan 2021-2025 (strategic plan) operational priorities for the next two years
5. Child Survival Action Plan (CSAP) – what has been developed to date, including Theory of Change, and how the Task Force will contribute moving forward

Agreements

1. Invite Peter Waiswa (Associate Professor, Makerere University School of Public Health, Uganda) and Joseph Addo-Yobo (Executive Director, Total Family Health Organisation, Ghana) to be members of the Steering Committee.
2. Priorities for next two years of implementing the strategic plan (including the CSAP and country engagement working group – see below).
3. Move forward with the CSAP with the Child Health Task Force (TF) to play a role in the coordination. M&E subgroup to take the lead on the results framework development.
4. Form a new TF country engagement working group.

Next Steps

1. Identify potential new SC members as discussed.
2. Align the CSAP work with that of the Task Force and develop terms of reference (ToRs) for what work the Secretariat will do in support of the CSAP.
3. Secretariat to develop ToRs for the proposed new country engagement working group, and work with the SC to identify country based co-chairs to ensure that the group is country led.
4. Begin implementation of other parts of the strategic plan identified for initial attention.

Action Items to Develop Further

5. Enhance the collection and coordination of work throughout the membership that will support the TF's efforts, perhaps in an interactive 'knowledge portal' (See more in Section VI Recommendations).
6. Additional focus on advocacy for child health including resource mobilization (See Section III C for additional discussion).
7. Determine what else can be done to augment Secretariat resources to facilitate TF work (see Section VI - Recommendations for some initial ideas).
8. The Task Force needs to place a larger focus on identifying and articulating its value added to the larger global child health community and global agenda (See Section VI Recommendations).

II. BACKGROUND

Moving from an informal work plan, the Task Force created its first formal strategic plan while working virtually in 2021. The TF Steering Committee decided to focus its bi-annual meeting in December 2021 on discussing implementation of the plan and setting work plan priorities for the next two years. A second meeting objective was learning from country engagement efforts, fundamental to the TF's work, to inform how the TF provides support to countries. Bonnie Koenig, a consultant who has worked with the TF in the past, helped with the preparation and facilitation of this meeting. She also helped with the drafting of this report and posed recommendations to the Steering Committee, found in the last section.

Due to the continuing COVID-19 pandemic, this meeting was held virtually for three-hour periods on two consecutive days, December 15 and 16, 2021. A summary of the meeting, including highlights of discussions, agreements reached and next steps is below.

III. MEETING OBJECTIVES

The meeting objectives were developed with an eye towards both a short-term need (where to place priority in implementing the strategic plan in the coming two years) as well as developing a longer-term framework for Child Health Task Force (TF) work and approaches. The latter would include a review of some learning from past activities. The meeting objectives developed were as follows:

1. Decide on priorities and strategies to implement the strategic plan.
2. Develop a shared understanding and framework around country engagement, so that the vision/directions for engaging with countries is clear (including but not limited to Malawi and the Child Survival Action Plan (CSAP)).

IV. SUMMARY OF MAJOR TOPICS DISCUSSED, WITH AGREEMENTS & NEXT STEPS

A. New Steering Committee Members

Two people were proposed to become members of the Steering Committee: Dr. Peter Waiswa and Joseph Addo-Yobo. Dr. Peter Waiswa is based in Uganda. He is an Associate Professor of Health Policy Planning and Management of the School of Public Health at Makerere University College of Health Sciences as well as a Lecturer at Karolinska Institutet. He has been part of many strategic policies and initiatives especially in the areas of maternal, newborn and child health. Peter has already been involved with the Task Force as a member and was recently appointed to co-chair the Quality of Care subgroup. Joseph Addo-Yobo is based in Ghana and trained in pharmacy and health economics. He is the Director of Total Family Health, a local NGO in Ghana. The organization is focused on private sector engagement in reproductive, maternal, newborn and child health. Both candidates have confirmed they are interested in this position and have the time to dedicate to it. Dr. Peter Waiswa would be filling the role of pediatric associations/academia representative and Joseph Addo-Yobo would be filling the private sector representative role.

The profile of future candidates was also discussed. It was noted that the Steering Committee still needs more country governments represented. According to the agreed Steering Committee ToRs this would include a francophone African country and one other. Given that part of the strategic plan is the expanded child health and wellbeing agenda, it might be good to have the other country representative come from a non-African country government and/or a country where “survive” is not the priority. Additionally, adding another bilateral donor would be beneficial.

Agreement: To invite both Peter Waiswa and Joseph Addo-Yobo. To pursue additional possible members as noted (above) and following the ToR.

Next Step: Secretariat to invite Peter and Joseph on behalf of the TF, and work with the SC and subgroup co-chairs to identify additional possible members.

B. Secretariat report and highlights of membership survey responses

The Secretariat reported on their work plan accomplishments from the previous year, as well as the results of the 3rd annual membership pulse check survey. The full summary of survey results can be found on the website (in [English](#) and [French](#)).

126 people out of 1,940 responded to the survey (~7% response rate, equivalent to last year’s rate). This year’s survey had significantly more participation from a range of countries (35) with the United States and Nigeria as the top two (at 19% and 18% respectively) and Ethiopia, Kenya, India and Uganda following at 5-8% each. The majority (71%) of respondents had participated in a subgroup within the past year (note, this number was self-reported so the definition of participation in a subgroup here is subjective). Respondents were generally positive about the TF’s efforts to date.

Suggestions and action items that flow from the membership survey responses include:

1. Engage members on an ongoing basis and provide opportunities for active participation beyond receiving information in the form of Task Force communications and presentations.
2. Institute an all members' meeting twice a year, as one of the mechanisms to get feedback and suggestions to improve support and range of resources provided to members. The purpose of these meetings also includes building a shared vision of the Task Force's goal and facilitating networking among members.
3. Continue disseminating resources and website analytics periodically to ensure that members stay informed.
4. Brainstorm and adopt varied format for meeting aimed at increasing audience participation
5. Disseminate the strategic plan and engage members to contribute to its implementation by leveraging their organizational plans and resource mobilization.
6. Identify opportunities and mobilize resources to implement specific activities in the strategic plan.

C. Setting strategic plan operational priorities for the next two years

A survey was sent ahead of the meeting to Steering Committee members and subgroup co-chairs to help with an initial prioritizing of where to focus strategic plan implementation efforts in the short-term (next two years). Starting with the 19 outputs of the strategic plan, respondents were asked to answer the following questions:

- What items need near term attention in order to accomplish the (full range of) strategic plan priorities (e.g., will provide a foundation for other initiatives)?
- What is clearly within our sphere of influence and control (e.g., TF strengths) that will give us some early successes to pave the way for others?
- Where might there be specific external opportunities?

The responses from two Steering Committee members and six co-chairs led to the following focus areas to open up the discussion:

- Coordination and alignment at the national and global level
- Amplifying country voices
- iCCM and institutionalization
- Advocacy - from developing the plan to advocating for quality of care approaches, implementation, and iCCM institutionalization. Advocate for strengthening the child health components of costed national health plans, especially interventions key to addressing child survival in the 54 countries off track to achieving the SDG target for under-five mortality.
- Ongoing knowledge management and sharing

The majority of the prioritizing discussion focused on a proposed results framework for child survival initiatives (under strategic plan priority 2 about coordination) and amplifying country voices (under strategic plan priority 3 about partnership with countries) and advocacy (strategic priority 1). The approach was to focus on these foundational areas and what would pave the way for additional knowledge management, learning and advocacy opportunities.

Several themes and key points emerged from the discussion:

- Amplifying country voices and fostering engagement at the country level is of the utmost importance to strengthening coordination mechanisms (a TF strength) in order to deliver effective interventions. Countries need to be in the driver's seat defining their own child health priorities while the Task Force plays a supportive role (See more under Section D below).
- The value add of the TF is coordinating and convening so that all parties can align around an agenda. (The TF does not directly implement programs. This work is done through the subgroups, members and individual organizations). Need to move from coordination at global level to supporting stronger coordination at the country level.
- The TF agenda is broader than survival. Subgroups that have an interest in and capacity to focus on the broader agenda may focus on “thrive,” especially in a country prioritizing the “thrive agenda.”
- Advocacy has different components including global-level advocacy for resources devoted to, and attention towards child health as well as advocating for inclusion of child health as a priority within the costed national health plans, and planning and programming for all levels of the system.
- Monitoring of the strategic plan's implementation should include work directly conducted by the Secretariat, as well as the collective work of the subgroups.

Agreements:

- The CSAP will be an important focus of the TF's strategic priority implementation, but the “thrive agenda” (moving beyond survival) will also remain part of the TF's overall work to implement the strategic plan.
- The TF will continue its focus on more effective country engagement, moving towards having countries as the driving force behind TF initiatives.

Next Steps:

1. Develop ToRs for how the Secretariat will contribute to and leverage the CSAP to bring attention to the unfinished child survival agenda (see more in Section E below).
2. Secretariat to develop ToR for the proposed new country engagement working group and work with the Steering Committee to identify country-based co-chairs to ensure that the group is country-led (see more in Section D below).
3. Begin implementation of other parts of the strategic plan identified for initial attention.

Action to be Considered/Developed:

- I. Develop an advocacy plan for the CSAP, which the TF's advocacy efforts will also support.

The Steering Committee also discussed the on-going need for sustainable funding to support the work of the TF. The group agreed that the more capacity the Secretariat has, the more ability they have to coordinate and support the functioning of the TF. It was noted that demonstrating some real change or value added of the TF's efforts will help advocate for more resources.

D. Country Engagement

To help provide context for the Steering Committee's discussion on country engagement, the Secretariat shared a number of resources including country engagement spectrums, environmental scanning resources and lessons learned from the Community Health Roadmap and the TF partnership with Malawi's Ministry of Health.

The pre-meeting materials shared included a number of country engagement spectrums – from other groups and one based on the TF's work to date. All the spectrums generally run along the same pathway towards more local leadership/ownership. However, the meanings of the terms used (such as the extent of "local leadership"), vary depending on factors such as existing relationships, power dynamics and willingness of global groups to cede control. These spectrums are designed as tools to help groups address these questions and change or modify their approaches as needed. The question was raised in discussion as to whether there are concrete examples of where TF efforts would fall along the spectrum.

As additional background for this discussion, some environmental scanning resources were also shared to help put the TF's work in the context of the broader global health and international development sectors. Some themes include: (1) There are gaps between rhetoric and reality, i.e. between the widespread use of localization discourse and its implementation on the ground; (2) The importance of committing to more equitable partnerships; and (3) The need for new frameworks that will put communities at the heart of these efforts.

UNICEF's Rory Nefdt and Anne Detjen shared lessons from the Community Health Roadmap, and Queen Dube and Dyness Kasungami shared reflections on the TF partnership with the Malawi Ministry of Health's IMCI Technical Working Group (TWG).

The [Community Health Roadmap](#) was established together with USAID, the Rockefeller and Gates Foundations and UNICEF. Its goal is to institutionalize community health systems within PHC while ensuring engagement with countries. It includes a secretariat that standardized a way of engaging with the countries through USAID Missions and UNICEF country offices. Stakeholder teams lead the priority setting, health financing and systems strengthening at the community level. The secretariat holds face-to-face meetings in the countries to fill in the information needed for the community health roadmap website. 15 countries have joined/participated. At the global level, maps are used to advocate for and mobilize additional resources for strengthening community health systems in countries.

Some lessons learned included: i) It is crucial to have someone leading this in-country at government level; ii) The group converged around priorities, shared through webinars where countries had the opportunity to exchange and engage with donors.

In discussion it was noted that deciding how to coordinate this in-country (and who will lead) can be challenging. Especially in countries where areas such as child health are included across different departments within the ministry of health.

Queen Dube and Dyness Kasungami spoke about their experiences with the TF partnership with the Malawi Ministry of Health. The Secretariat consulted government partners who encouraged the TF to engage with the IMCI TWG. The Secretariat then spoke to a point person from the working group and agreed on the type of support the TF could provide. A letter to the Principal Secretary of Health in Malawi on behalf of the TF articulated this offer, followed by a memorandum of understanding (MOU) to codify the partnership. The Secretariat participated in the IMCI TWG meetings and provided ad hoc support to the development of Malawi's National Child Health Strategy. The Steering Committee reviewed the draft strategy and provided technical and strategic input. The working group point person was appointed as co-chair of the Institutionalizing iCCM subgroup of the TF and continues to serve in this leadership role.

One of the challenges was that child health falls across multiple units and divisions. In addition, signing an MOU with the government took time. The key opportunity was the timing, and supporting the Ministry of Health with developing their national child health strategy.

A few lessons learned include: i) It helps if the partnership lines up with when the government is developing a new child health or RMNCAH strategy before the last one comes to an end; ii) The IMCI TWG did not have resources/the right partners for data collection and analysis, including to inform costing. This ended up being a rushed process. The TWG (hosted by the Malawi Ministry of Health) should be strengthened to conduct this analysis on an ongoing basis; iii) The TF should support and liaise with an in-country lead identified by the TWG for any future country partnership; and iv) It would be good to find a way to communicate to countries that this type of assistance (i.e. the support given to the Malawi IMCI-TWG) is available moving forward so that it can be better aligned with national strategy development.

Some themes from the discussion:

- Having country leads is a critical component to any new initiative.
- Within the broader TF strategic plan, there should be specific plans that the country leads and defines (in addition to and in alignment with the country's own strategic plan). Need check-ins as to whether this process is working, if there are bottlenecks, and if so, how the TF can help overcome those.

Agreement: The TF's partnerships with countries need to be country owned/led; further explore what the TF needs to do to get to this point.

Next Step: The Secretariat to develop ToRs for a proposed new country engagement working group, and work with the SC to identify country based co-chairs to ensure that the group is country-led.

Some initial steps for the country engagement working group to take:

- Use the previous country engagement work done by the TF SC to develop the ToRs (do not recreate the wheel).
- Analyze the TF's previous work (including subgroup work and webinars) to see where they fell along the country engagement spectrum. Where did some specific examples fall along the spectrum? What can be learned/improved? Look at how a country engagement spectrum (or something similar) could continue to be a useful tool to maintain focus.
- Explore ways to structure the TF's work so it is further along the spectrum to country owned/led. Where should and could countries lead the TF's work?
- Share within TF membership effective ways to work with countries, e.g., resources on country leadership and country ownership).
- Identify TWG leads or other groups working on these issues in countries and how to support them. What efforts could be better aligned?
- Be clear about what the TF can collectively offer and find ways to communicate that to countries.

E. Child Survival Action Plan (Highlights of discussion; agreements & next steps)

Anne Detjen and Pavani Ram presented a proposed Child Survival Action Plan (CSAP) developed by a working group convened by the TF Secretariat and made up of representatives from the Steering Committee, including the GFF, Save the Children, UNICEF, USAID, and WHO. Its goals include addressing the significant proportion of under-five deaths in the post-neonatal period in the 53 off-track countries and creating a shared vision through one results framework for program tracking of progress and accountability. Initial consultations have been held with country stakeholders from Malawi, Nigeria and Sierra Leone ministries of health.

CSAP started as a global coordinating group, but is now moving to the country level - a global working group has been created to define an initial framework and theory of change to start with. The effort will focus on the 53 countries off-track to reaching the SDG under-five mortality target.

Dyness further clarified the relationship between the proposed CSAP and the TF strategic plan. They were developed in parallel, with members of the TF and Steering Committee helping to frame both. The CSAP is a broader effort/initiative (beyond the TF), but is primarily focused on child survival. There is significant overlap between the priorities of CSAP and those of the TF, which presents an opportunity for the TF to amplify the unfinished agenda around child survival. At the same time, the CSAP is only a subset of the broader work the TF is doing (which includes the thrive agenda). The value add of the TF includes, among other things, coordinating and convening so we can all align around an agenda.

Roles for the TF secretariat might include: i) Provide a coordinated secretariat group for the CSAP - a core group that manages it, particularly for country engagement; ii) Support the advocacy plan; iii) Provide knowledge management and share learning with the TF members that the CSAP may provide.

Agreement: The CSAP will be a major priority for the TF (but not the only priority). The Secretariat will play a role in the coordination.

Next Step: Develop ToRs for how the Secretariat will support and leverage the CSAP to bring attention to the unfinished child survival agenda. Capacity and resource mobilization should be a part of this.

V. TAKEAWAYS

Throughout the meeting’s discussions, several common themes emerged. Many of these suggest questions that need to be addressed in order to continue building the Task Force as a strong network, responsive and adapting to the changing environment. They are highlighted here in order for the Steering Committee to continue to focus on them.

1. The TF needs to more effectively involve country representatives, amplify country voices and country-led efforts, and have the TF’s efforts move along a country engagement spectrum to be more country-led.
2. One of the TF’s strengths is in coordination and alignment. A lot of progress has been made at the global level among TF members, but the TF needs to keep focusing on linkages and alignment, especially with country partners and members.
3. The TF needs to better define its purpose and value add and do so continually. The TF’s roles will evolve over time and may also be specific to each new initiative. For example, the TF has emerged as a strong convener and has provided value added with its KM and knowledge sharing platforms. As the TF moves into other roles (e.g. advocacy) in initiatives such as the CSAP, its capacity for playing these roles needs to be reviewed.
4. More coordinated ways of monitoring and evaluating progress in child health are needed (the results framework for the proposed CSAP may help with this).
5. Mobilizing resources in order to carry out the work of the Secretariat (global level activity) as well as work with national CH TWGs is critical and challenging

VI. APPENDIX

- Meeting attendees:

Name	Affiliation	Role
Anne Detjen	UNICEF HQ	SC member

Bernadette Daelmans	WHO HQ	SC (standing in for Wilson)
Bonnie Koenig	Independent	Facilitator
Dyness Kasungami	JSI	Secretariat
Eric Swedberg	Save the Children US	SC member
John Borrazzo	Save the Children US/MOMENTUM	SC member
John Paul Clark	GFF	SC member
Malia Boggs	USAID GH/MCHN	SC member
Michel Paqué	JSI	SC member
Patricia Jodrey	USAID GH/MCHN	SC member
Pavani Ram	USAID GH/MCHN	SC member
Rory Nefdt	UNICEF HQ	SC member
Queen Dube	MOH Malawi	SC member
Sara Zizzo	USAID AFR/MCH	SC member
Shabina Ariff	Aga Khan University	SC member
Sita Strother	JSI	Secretariat
Wilson Were	WHO HQ	SC member

1/27/21