

# CHILD SURVIVAL ACTION PLAN

*A renewed call to action to end preventable child deaths*

7 June, 2022

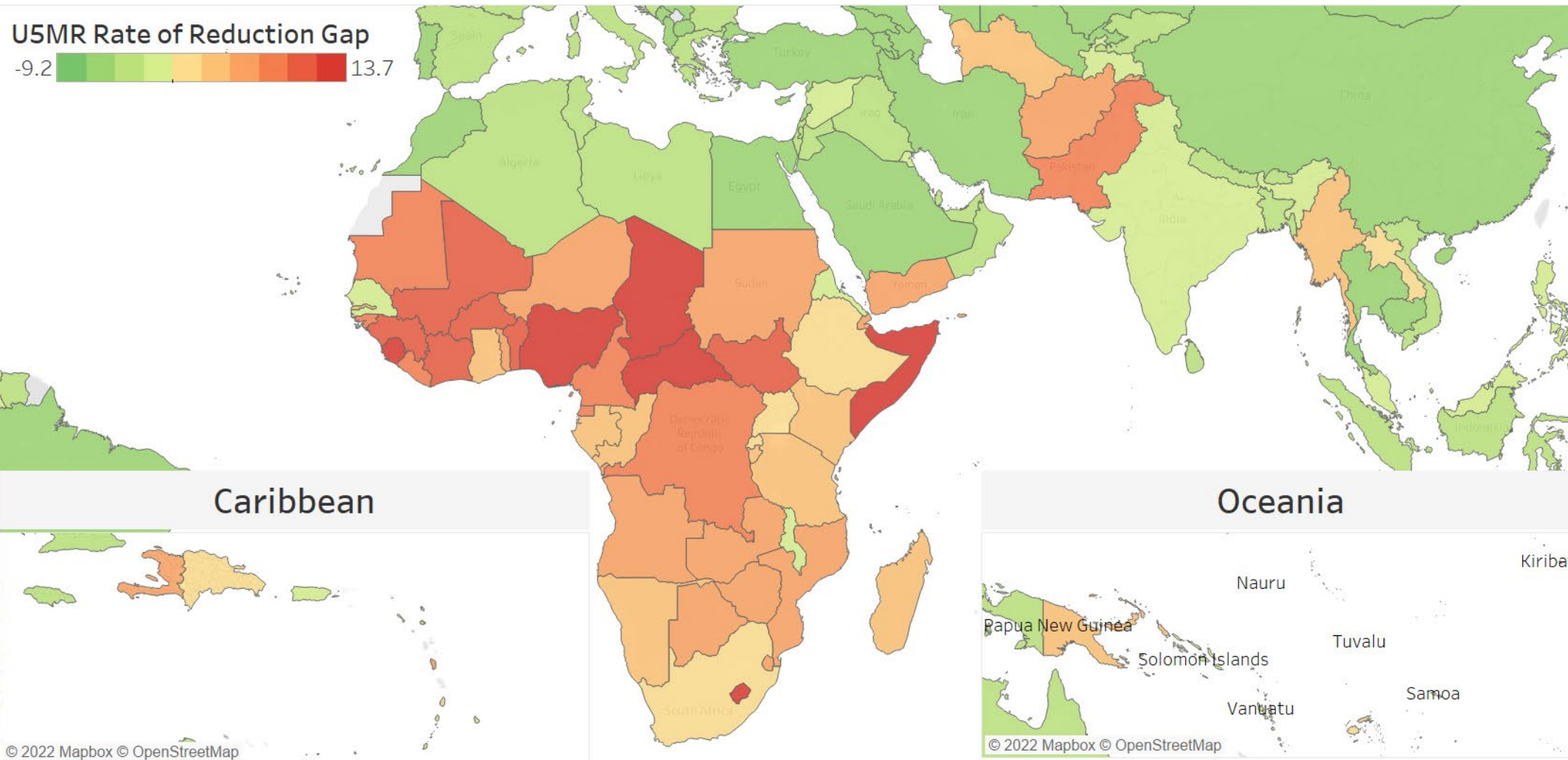


# Child Survival Action Plan – key messages

1. **Focuses on the 54 countries**, over 80% in Africa, that urgently need accelerated efforts to achieve the SDG3 2030 target on child mortality of 25 deaths or fewer per 1000 live births - reaching this target in all countries will avert at least 10 million under-five deaths by 2030.
2. **Reaches the children being left behind** and at risk from leading killers - pneumonia, diarrhea, and malaria - due to malnutrition, lack of access to quality health services including immunization, unsafe water and sanitation, air pollution, conflict and humanitarian disasters, and other key risks to children's health and survival.
3. **Strengthens primary health care** in facilities and communities to more effectively prevent, diagnose, and treat these causes of child death, and to promote good health and nutrition for all children.
4. **Builds effective partnerships** between governments, local partners, civil society, private sector, regional and global organizations, as part of renewed commitment to child survival.
5. **Mobilizes required resources** from domestic and international sources and sectors to deliver on this renewed vision for children's health, nutrition, and survival.

# What brings us together?

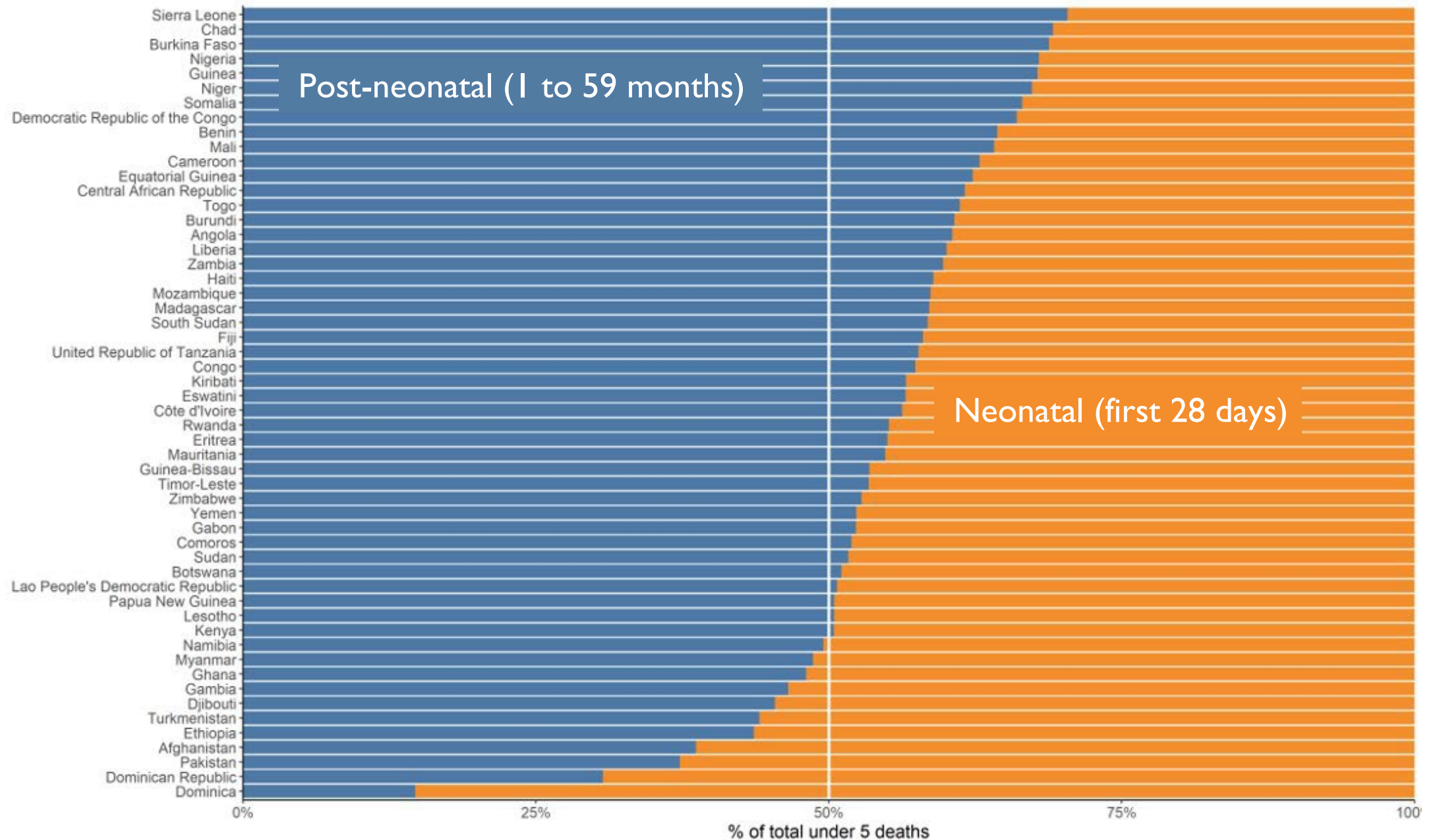
*54 countries need accelerated action to meet the SDG target for under-five mortality.*



Countries colored in red are "off-track" for achieving the 2030 SDG Target for under-five mortality (2030 SDG target = 25 deaths per 1,000 live births). The colors represent the difference between the average annual rate of reduction in under-five mortality required to achieve the 2030 target and the historical rate of reduction (2010-2020). The darker the red, the greater the gap between the required rate and the historic rate. Countries in green are all considered "on-track".

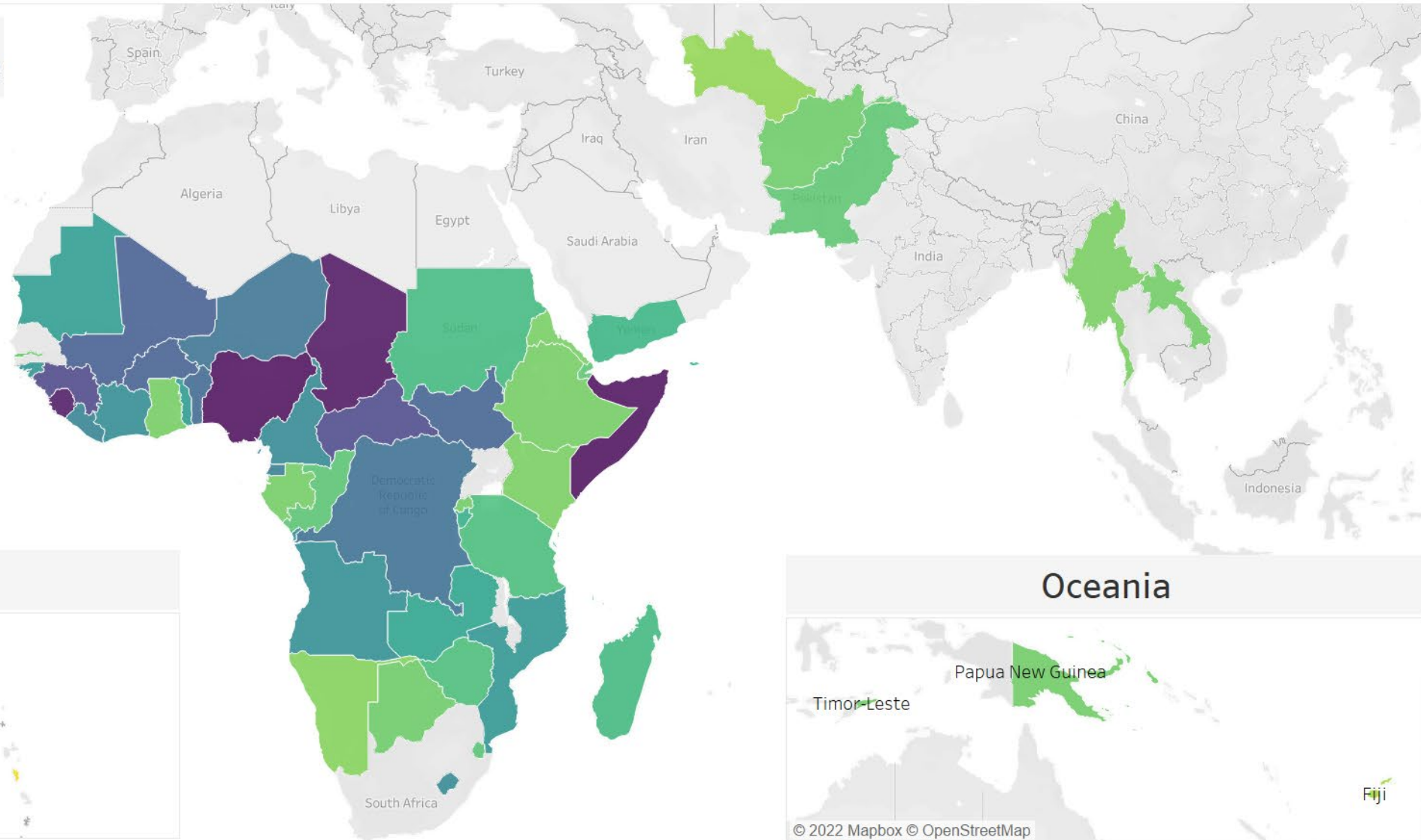
# Percent of Under-Five Deaths by Age Group

*A significant proportion of under-five deaths are in the post-neonatal period.*



# Post-neonatal Mortality Rate (1-59 months) in 54 countries needing accelerated action to meet SDG 3.2.1

1-59 month mortality rate  
5.6 81.2

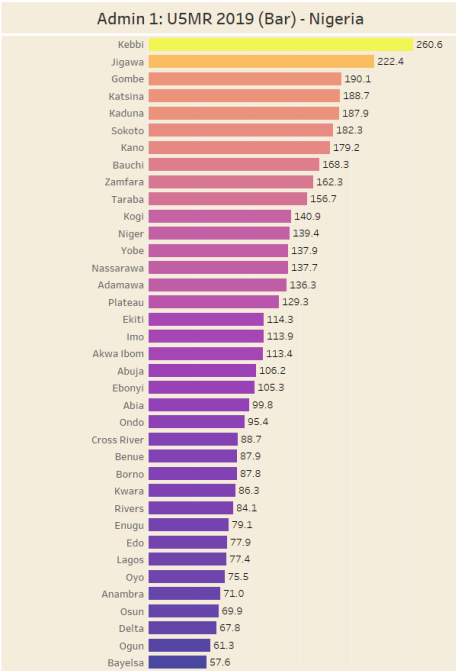
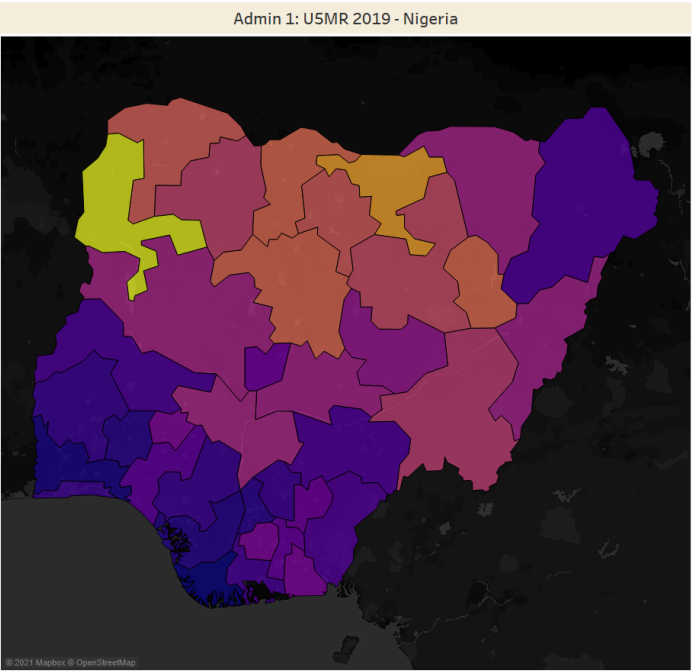




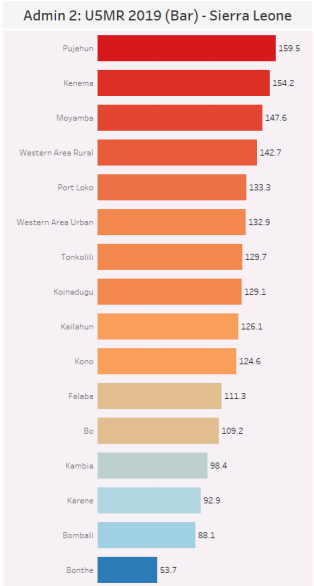
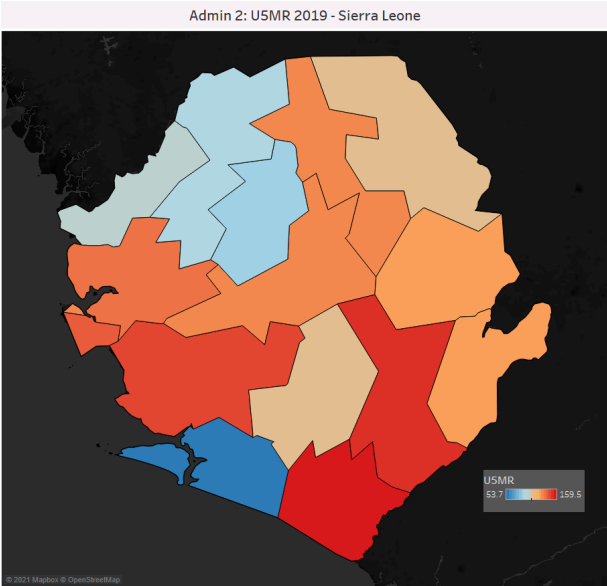
# Subnational inequities:

## Under-five mortality rates in Nigeria, Sierra Leone and Mali

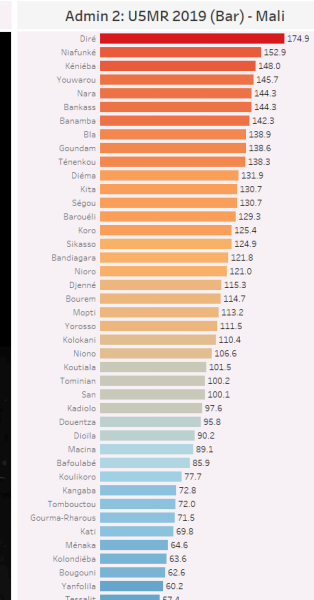
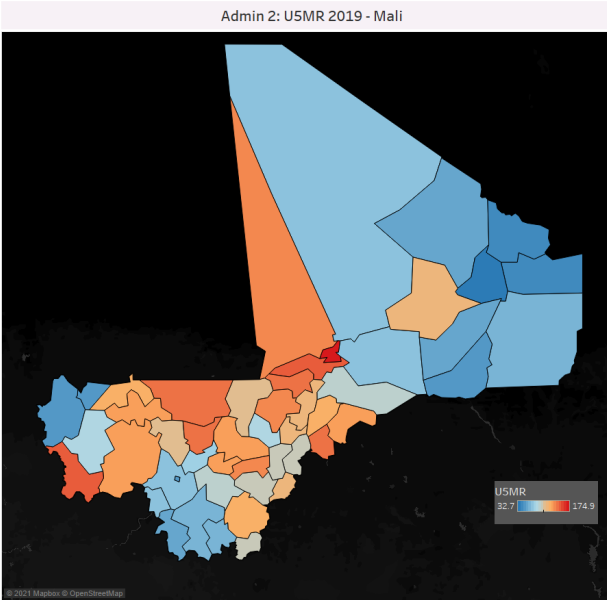
### Nigeria



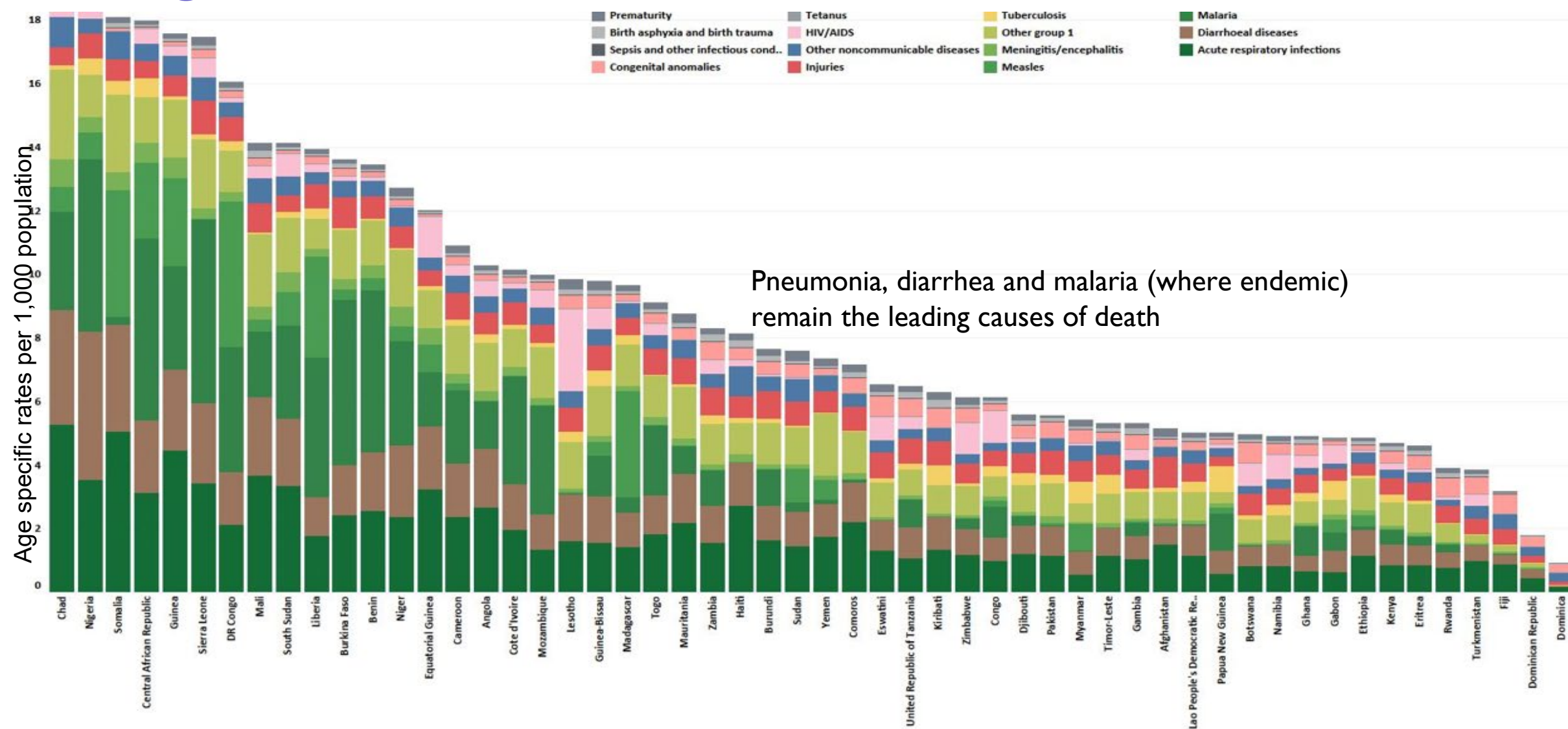
### Sierra Leone



### Mali



# Leading causes of post-neonatal (1-59 months) death in 54 countries needing accelerated action



# What do these data show us?

The continued high post-neonatal mortality, with common infections remaining key causes of death, is an expression of increasing inequities and the multiple deprivations children in these countries face

## Malfunctioning health systems, especially primary health care and integrated service delivery

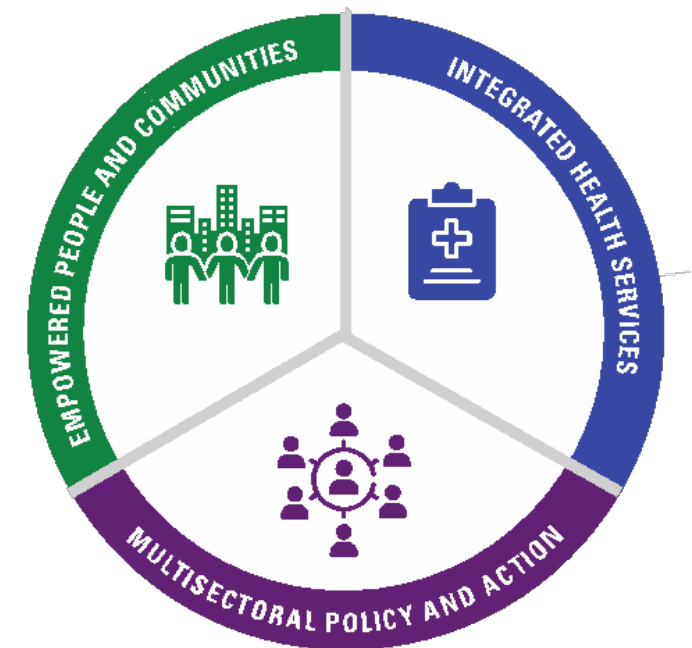
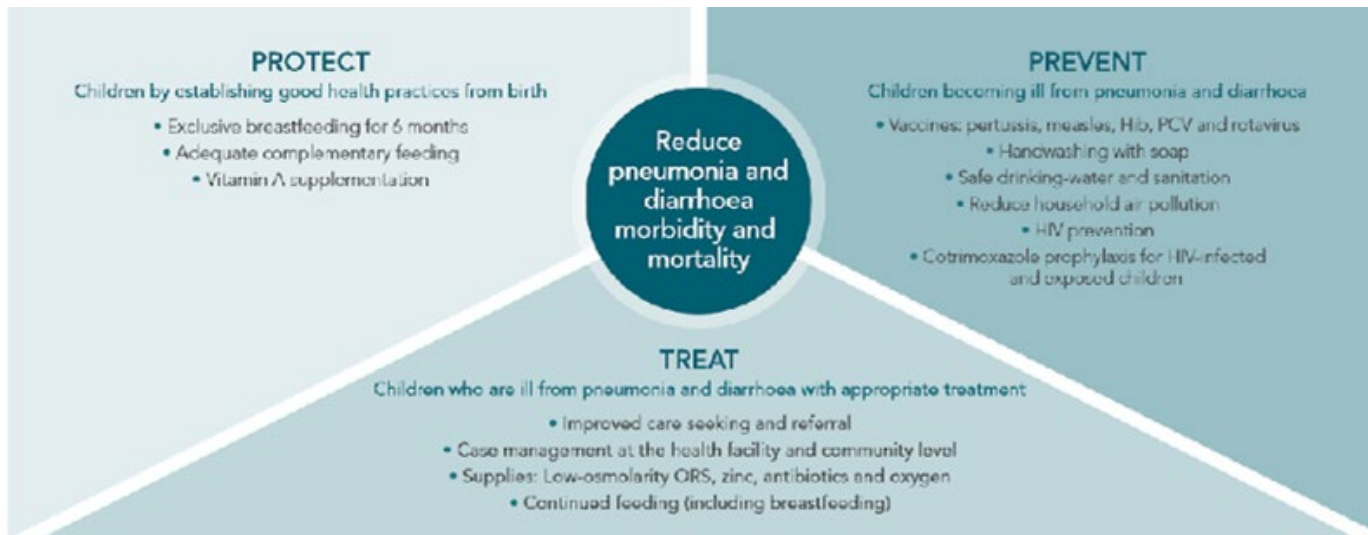
- **IMCI** has been introduced in 100+ countries, yet:
  - implementation incomplete (focus on HCW capacity & case management less so on prevention, systems strengthening & community engagement)
  - coverage is unequal
  - huge quality gaps
- **iCCM** not institutionalized in many countries, not scaling
- **Referral systems & referral level care** suboptimal

## An accumulation of risk factors including

- Poverty
- Food insecurity/malnutrition
- Lack of access to clean water and sanitation
- Air pollution
- fragile/humanitarian context



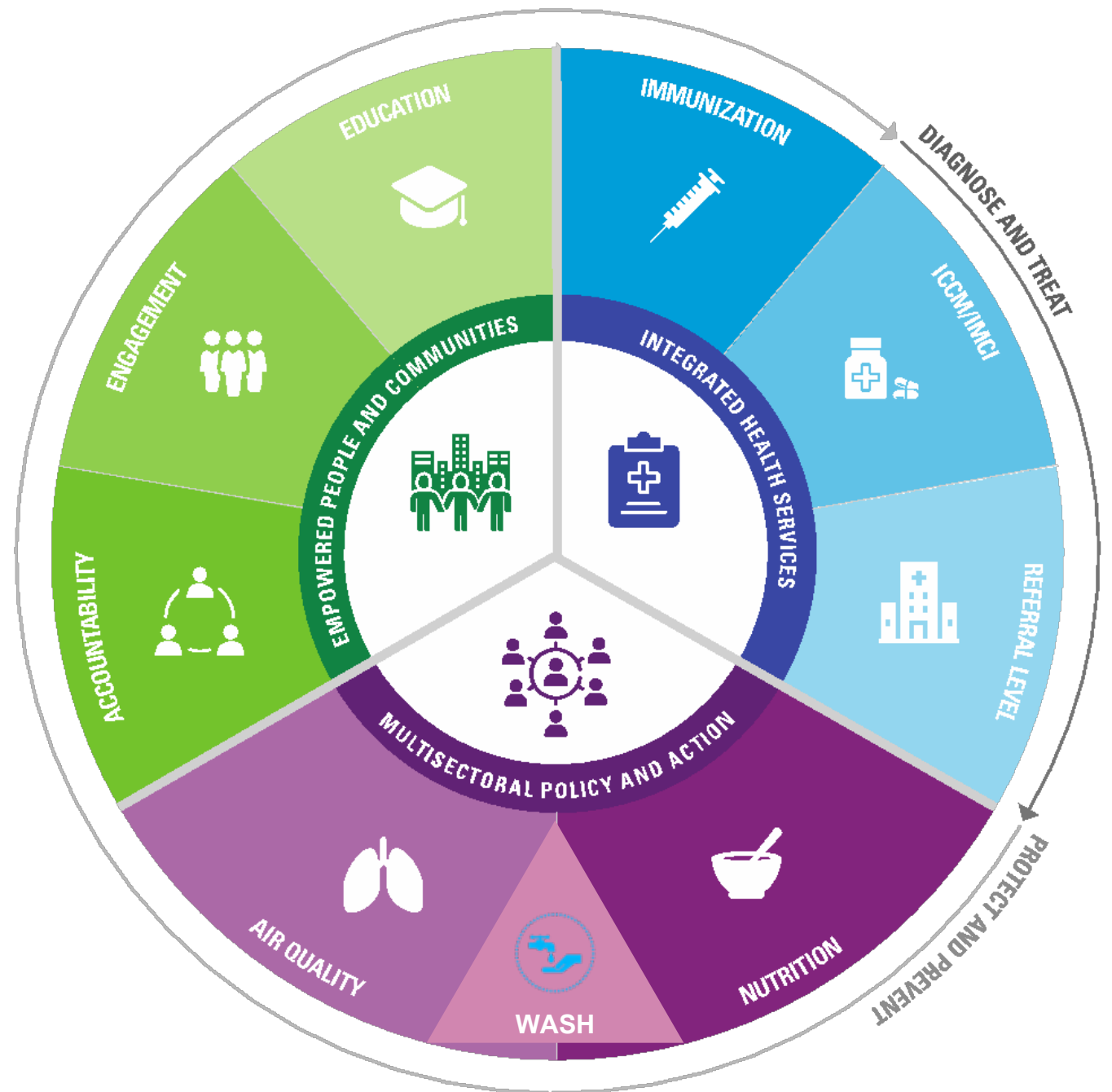
# GAPPD: A framework of effective interventions and PHC: a platform for delivery



# Interventions to Complete the Unfinished Child Survival Agenda (GAPPD)

	Intervention	Level of Care/ Platform
<b>PROTECT</b>	<ul style="list-style-type: none"> <li>Nutrition               <ul style="list-style-type: none"> <li>exclusive breastfeeding</li> <li>adequate complementary feeding</li> <li>vitamin A supplementation, zinc, food supplementation</li> <li>other interventions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Household</li> <li>Community</li> <li>Facility outreach services/home visits</li> <li>Health post</li> </ul>
<b>PREVENT</b>	<ul style="list-style-type: none"> <li>Vaccination (BCG, DPT, PCV, Hib, Measles, Rotavirus)</li> <li>WASH (hand hygiene, safe drinking water, sanitation)</li> <li>Insecticide treated bed nets</li> <li>Indoor residual spraying</li> <li>Co-trimoxazole for HIV-positive children</li> <li>Preventive therapy for TB exposed children</li> <li>Environmental health               <ul style="list-style-type: none"> <li>reducing indoor air pollution</li> <li>reducing ambient particulate matter pollution</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Household</li> <li>Community</li> <li>Facility outreach services/home visits</li> <li>Health post</li> <li>Primary care facility</li> <li>School</li> </ul>
<b>TREAT</b>	<ul style="list-style-type: none"> <li>Detect and treat childhood infections (including pneumonia, diarrhea, malaria) and refer children with danger signs (IMNCI, iCCM): Antibiotics, anti-diarrheals, anti-malarials, hypoxemia measurement</li> <li>Detect and treat possible serious bacterial infections in neonates (IMNCI): antibiotics, hypoxemia measurement</li> <li>Detect, (refer), treat moderate and severe malnutrition: antibiotics, RUTF</li> <li>ART for HIV positive children</li> <li>TB treatment for children diagnosed with TB</li> <li>Manage severe and/or complex childhood illness: factor in oxygen for ARI/pneumonia and other use cases</li> <li>Manage child injuries</li> </ul>	<ul style="list-style-type: none"> <li>Facility outreach services</li> <li>Health post/iCCM</li> <li>Primary health facility/IMNCI</li> <li>Referral facility/ETAT</li> <li>First Referral level</li> <li>Secondary Referral level</li> </ul>

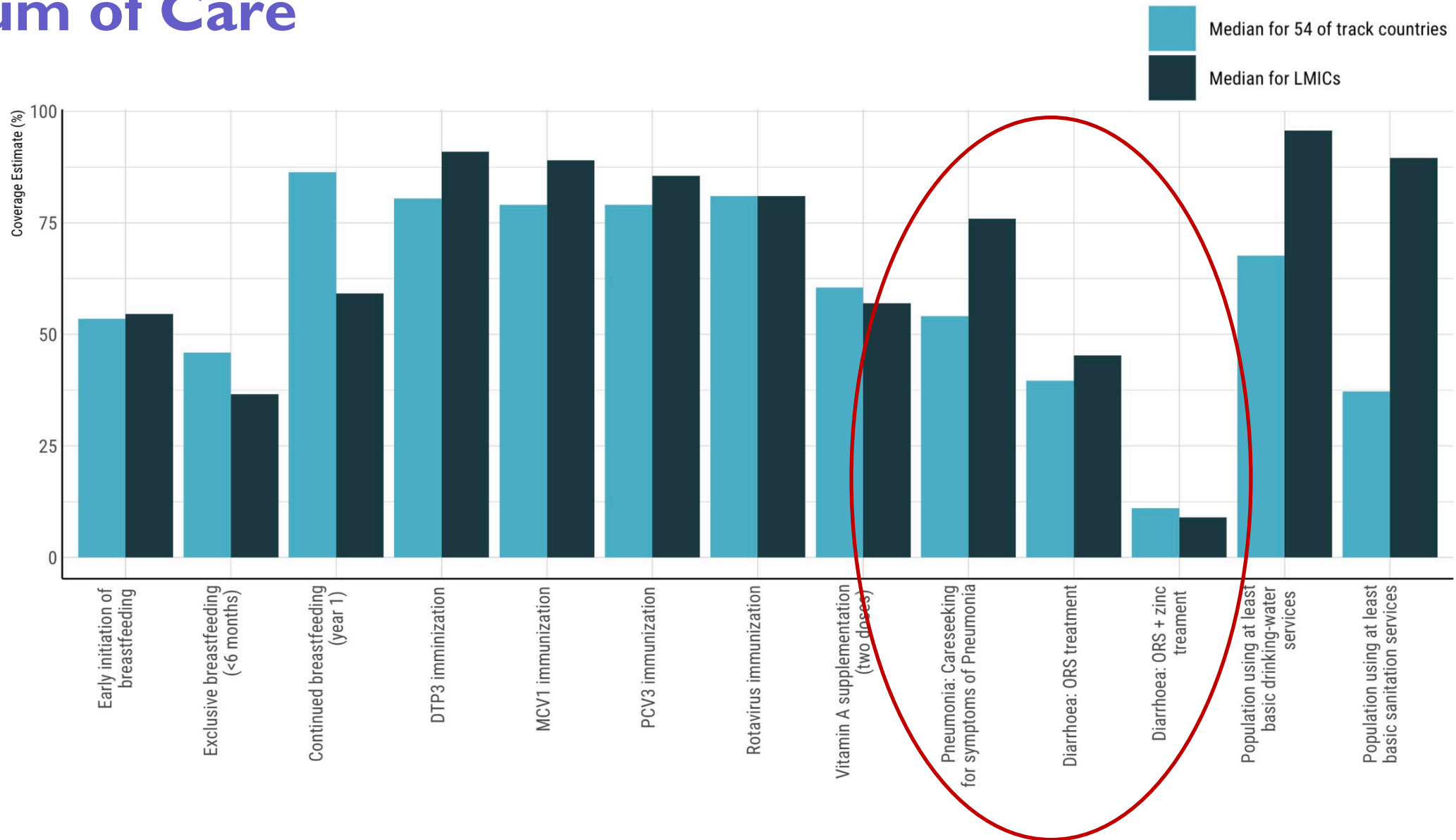
# PHC at the core of a comprehensive response



# Coverage of Select Interventions on the Continuum of Care

- Insufficient coverage of life saving interventions
- Continued high risk factors

(Graph)  
Comparison of 54 countries needing accelerated action to reach SDG 3.2.1 with the rest of the world (most recent survey, 2016 or later)



# Our Goal: End preventable deaths among children 1–59 months of age

*Given the need to accelerate under-five mortality reductions in 54 countries and the significant burden of mortality in the post-neonatal period...*



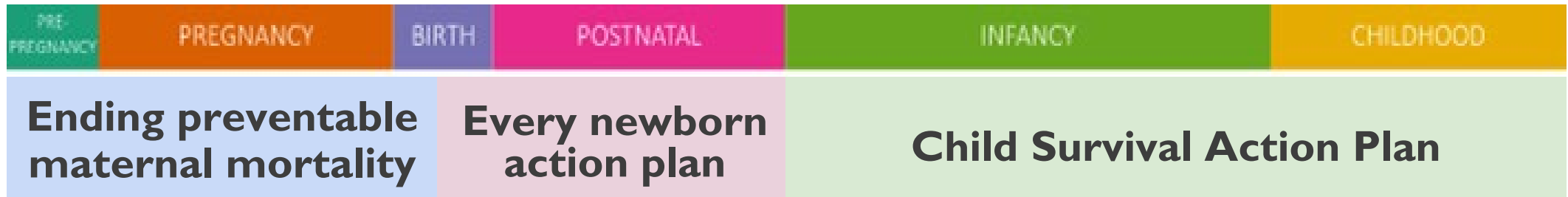
**We need to intensify commitment and expand strategic investments in child survival** in infancy and early childhood (1-59 months), and **address the programmatic and health system challenges that hamper progress** especially in those countries that are not on track to meeting their 2030 targets.



# Theory of Change

The vision	Reach the <b>SDG 3.2.1</b> target of no more than 25 deaths among children under 5 per 1000 live births in all countries
The goal	Accelerated reductions in child mortality in the 54 countries least likely to achieve the SDG 3.2.1 target, with a renewed focus on postneonatal mortality.
The outcomes	<ol style="list-style-type: none"><li>1. Primary health care strengthened for comprehensive, integrated, quality, family-centered child health services, including for the most vulnerable.</li><li>2. Equity gaps eliminated and universal coverage achieved of high-quality promotive and preventive care, and treatment of the leading causes of child mortality.</li></ol>
The outputs	<ol style="list-style-type: none"><li>1. Country-specific investment cases articulate a clear return on investment in child health:</li><li>2. National and subnational plans to advance child survival are sharpened, costed, budgeted, and implemented to reach the most vulnerable.</li><li>3. Increased political, financial, and technical commitment at all levels (subnational, national, and international) to primary healthcare for children under 5.</li><li>4. Informed and effective health leadership and management is in place at national and subnational levels.</li></ol>
The strategies	<ol style="list-style-type: none"><li>1. Use data-driven approaches to identify inequities and define approaches to reach the most vulnerable</li><li>2. Advance public and private partnerships for child health between health and other sectors.</li><li>3. Engage with communities, families, and caregivers to improve household health-related prevention, promotion, and care seeking practices for children under 5.</li><li>4. Improve the quality of care, with attention to both provision and experience of care in both public and private sector.</li><li>5. Track progress and hold stakeholders accountable at all levels for increased commitment and improved responsiveness to the health needs of children under 5.</li></ol>

# Accelerate action throughout the lifecycle continuum



Align with efforts by other sectors and programmes



Air pollution

# Implementing the call to action

**Galvanize leadership & buy in  
of key partners  
— global & country —**

**Country collaboration — start  
engagement with a few focus  
countries**

- TWGs
- In depth data analyses
- Action plans with milestones & targets

## **Data & Analytics**

- Monitoring framework
- Accountability at all levels

## **Advocacy**

- Targeting different audiences – with one voice
- In-line with other complementary efforts - both along the continuum (EPMM, ENAP) as well as disease specific (e.g. pneumonia)
- Global, regional, at country level

**Resource mobilization  
& stakeholder  
engagement**

# Child Survival Action: A Roundtable Discussion for Accelerated Progress towards 2030

May 23, 2022 in Geneva, Switzerland

Panel of Ministers of Health and other global health leaders  
on how we can act together to achieve the 2030 target for  
child survival

Recording of the livestream can be accessed [here in English](#) and [ici en français](#)



Women's,  
Children's and  
Adolescents'  
Health



Save the Children



**USAID**  
FROM THE AMERICAN PEOPLE



# Roundtable Participants

## Ministers of Health

- Sierra Leone
- United Republic of Tanzania
- Chad

## Ministry of Health Representatives

- Nigeria
- Somalia
- Mozambique
- Madagascar

## Partners

- The African Medical and Research Foundation
- Bill and Melinda Gates Foundation
- Foreign, Commonwealth & Development Office, UK
- GAVI
- Global Fund
- Global Financing Facility
- Government of France
- Save the Children
- UNICEF
- USAID
- WHO



# Take-away Messages

- Accelerated action for child survival towards 2030 is urgently needed.
  - **The data are clear** – too many children, past the newborn period, die because of common but preventable childhood illnesses.
  - The challenge ahead is to **reduce inequities within and between countries**.
- We know what to do!
  - **More effective multi-sectoral responses** that align with national strategies and plans and bring multi-stakeholders from WASH, nutrition, protection and health, etc. together;
  - **People-centered and quality primary health care** in facilities and communities, that is able to provide fair remuneration, training and skills building of the community health workforce;
  - **An equity-sensitive approach** that combines, not only domestic financing, external pooled investments and innovative approaches, but also a commitment to making better use of existing resources;
  - **Engaging communities** in the design and implementation of the multi-sectoral responses;
  - Utilizing **country system data** on a continuous basis to focus on vulnerable children is critical **to ensure accountability** at all levels for change.

# Country Engagement Vision

- **Government leadership and collaboration**
  - Government re-commits to reaching SDG target 3.2 for under-five mortality
  - Nominates lead in ministry of health for coordination
- **In-country stakeholder engagement and coordination**
  - Define the mechanism/platform for coordination
  - ‘Forensic analysis’: Review and refine high impact priorities for acceleration identify funding opportunities.
  - Technical support needs: in-country, global goods (cross-cutting)
- **Alignment across complementary efforts**
  - ENAP/EPMM, Community Health Roadmap, GAP for wasting, zero-dose
  - Funding mechanisms, including GFF, Global Fund, and GAVI
- **In-country advocacy** – elevated to global level



**Catalytic  
investments and  
actions**



**Visibility**

## Next Steps

- Organize call with WHO and UNICEF regional offices
- Conduct follow-up calls with Sierra Leone and Tanzania Ministers of Health and representatives from the other ministries of health
- Engage in few pathfinder countries
- Identify global and regional key moments to highlight the effort
- Alignment with other initiatives: ENAP, EPMM, zero-dose, nutrition

# Discussion

- How can the Child Health Task Force members contribute to the Child Survival Actions?
- What are some opportunities for partner alignment at country level through Task Force member organizations and institutions?
- How can Task Force members in countries be part of the child health technical working groups to address child survival needs and priorities?
- What are the challenges and opportunities?

# THANK YOU

