



# Steering Committee Meeting Report

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June 15-16, 2022

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## Summary Meeting Notes

### Action Items & Next Steps

#### Child Survival Action (CSA)

- CSA working group to draft terms of reference (TORs) for the agreed upon governing bodies: 1) Senior Advisory Group (high level leadership within partner organizations) and 2) Action Teams (country engagement, results framework/accountability, and advocacy)
- Steering Committee (SC) to review the TORs and volunteer to join Action Team(s) via email
- CSA working group to agree on a name for the initiative that does not include “plan,” per feedback from countries at the World Health Assembly roundtable discussion (e.g. Accelerating Child Survival)
- CSA working group to meet with ministers of health and/or MOH representatives from countries hosting and participating in the Geneva roundtable to agree on next steps for partnering with pathfinder countries (starting with Sierra Leone and then Tanzania)
- CSA working group to explore proposed mini-launch opportunities for CSA
- SC to share other opportunities for global mini-launches/socializing CSA as they arise via email

#### Malawi National Child Health Strategy

- SC to explore engaging with the Health Donor Group to advocate for resource mobilization for the child health strategy
- Secretariat and SC to support aspects of implementing the strategy, including partner/resource mapping at district level, sharing examples of partner accountability mechanisms and combined national monitoring programs.

#### Members' Conference 2023

- SC members and subgroup co-chairs to volunteer to join a planning committee

- Planning committee to learn from other partners who have recently hosted a global virtual or hybrid conference re. best practices (such as AlignMNH and the CORE Group)
- Planning committee to put out the call for additional support from partners, including resources and LOE

#### AOB

- SC members to reach out to their respective communications departments to request that the [Task Force website](#) be linked on their organization's websites to encourage advocacy for/visibility of child health issues
- The SC approved the Secretariat to invite Brian Mulligan to join the SC to replace Michel Pacque as the JSI (INGO) representative
- Secretariat to propose a date via a doodle poll in early December for the next biannual meeting, virtual or in-person depending on the COVID-19 situation

### **DAY 1: Wednesday, June 15, 2022**

#### **PART I : Introduction and Secretariat Update**

- **Welcome & introductions**
  - Introduced new SC members: (1) Joseph Addo-Yobo (Executive Director of Total Family Health, a locally-based social market Ghanaian organization that works with the private sector focused on maternal and child health, family planning, WASH, and COVID-19) also co-chair of the Private Sector Engagement subgroup; (2) Dr. Peter Waiswa (Associate Professor at Makerere University School of Public Health & Global Health Division at Karolinska Institutet, leads the Makerere University Maternal and Newborn Center of Excellence) also co-chair of the QoC subgroup.
  - Secretariat proposed inviting Brian Mulligan, Chief of Party for the USAID-funded Laos Maternal Child Health and Nutrition project with JSI Research and Training Institute, Inc., to replace Michel Pacque who recently retired from JSI. Brian has worked in Madagascar, Myanmar, Benin, Zambia, and Ethiopia, serving across anglophone and francophone Africa and Asia. His work has focused on QoC, health systems strengthening, governmental project relationships, designing and implementing population-based studies, etc.
    - No objections raised from SC members, thus the Secretariat will invite Brian to join the SC
    - SC members raised the need to engage more country-based members and the International Pediatric Association moving forward.
- **Meeting Objectives**
  - Review progress and define priorities for implementing the Task Force Strategic Plan.
  - Provide an update on the progress and next steps for Child Survival Action.
  - Develop a shared understanding of country engagement and agree on the support to the Malawi Ministry of Health based on the memorandum of understanding.
- **Secretariat reviewed the agenda and pre-meeting materials**

- **Secretariat provided a presentation of work updates by strategic plan priority, growth and reach of the network, and reflections/proposed actions.**
  - SC members raised the issue of injuries as the fourth leading cause of child mortality and important topic for the Task Force to address
  - USAID appreciated the tracking of francophone members and need to drive up membership among countries off track to achieving the 2030 under-five mortality target
  - GFF suggested the Task Force website be linked on SC members' respective websites and vice versa to encourage advocacy for/visibility of child health issues
- SC members raised the following questions:
  - **Q:** How can we encourage knowledge exchange of best practices from the field (virtually)? **A:** Task Force webinars and discussion series are designed to facilitate knowledge exchange between countries/partners, but we could be more intentional about this. This is one focus/goal of the 2023 members' conference.
  - **Q:** Is there a systematic approach to adding to the website's resource library and/or a way to assess usefulness? **A:** Resources added include recordings, presentations and background materials for Task Force/subgroup webinars/events, learning products/tools developed by the Secretariat (ex: report on operationalizing school health and nutrition), and child health-related tools/guides shared by partners. New resources are screened by the Secretariat and often content-relevant subgroup co-chairs. The resource library is consistently in the top 5 pages that website users visit. The Secretariat does not currently assess usage, but the new iCCM hub will include a user feedback form on the usefulness of the resources shared (will consider expanding this to other pages).
  - **Q:** Is it possible to generate more granular information on where webinar participants are calling in from? **A:** The Secretariat shares this with USAID in its quarterly reports and will include more details in the next update presentation to the SC.
  - **Q:** How can the Task Force better leverage regional and subregional platforms (ex: African Union)? **A:** This is a priority within CSA and the working group is hoping to consult with the AU, Africa CDC, African pediatric associations, etc. Need to improve our advocacy for child health (especially child survival) at the global, regional and subregional levels. PMNCH and CSA consultants to support this, including language to dialogue with political actors. Suggestion to explore opportunities to build upon (and learn from) past efforts like the Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and the Addis Declaration on Immunization.
  - **Q:** How can SC members support subgroups to be more active? **A:** Become a subgroup co-chair or mobilize resources/LOE to support the subgroup's activities. Link with existing activities within your organization that align with the subgroups. Suggestion to hire another staff person to support the Secretariat and work with the subgroups and reduce the number of subgroups.

## **PART II: Child Survival Action**

- **Members of the CSA working group provided updates on progress to date, including the Geneva roundtable discussion, country engagement and proposed governance structure.**
  - The Sierra Leone and Tanzania MOHs co-hosted a roundtable with the Child Health Task Force, PMNCH, GFF, Save the Children, UNICEF, USAID and WHO as a side event at the 75th World Health Assembly in Geneva. See the recording, introductory presentation and summary [here on the website](#).
- **Country engagement**

- To learn from ENAP/EPMM how they work with countries; suggestion to develop and analyze clear indicators and identify low hanging fruits.
- To partner with countries when they are developing their next health sector strategy and/or child health or RMNCH strategy
- Agreement to initiate discussions with country participants of the roundtable about partnering for CSA. Start with a small number of pathfinder countries to learn from; advance technology and tools at country level and develop a proven template to share.
  - At the same time, initiate dialogue (identify leaders and strategic priorities) with a broader set of countries starting with those that participated in/received the invite to the Geneva roundtable or others where there are opportunities.
- Need in-country leadership (identify child health champions) and subnational level and clearly defined roles for partners to operationalize at country level. This should include strengthening/building capacity for routine data collection and analysis to strategize/prioritize based on local contexts.
  - Country leadership should not only be political, but also MOH, health services and other sectors (multi-sectoral by nature).
- Need to look at what countries have done well in the past re. child health and build from that.
- Coordination and alignment are the main challenges; too many uncoordinated initiatives and partners/governments cause fragmentation; need to coordinate implementation at the subnational level.
  - To ensure there is a partner on the ground who is the primary link with the government and makes sure information is flowing both ways
  - CSA should prioritize engaging the health donor/partners working group in each country to align and coordinate among partners and then link with the child health TWGs.
- Implementation at scale is another challenge; need to manage quality and continuity of care in complex/evolving settings. Global guidelines (ex: IMCI) have to be adapted to local contexts.
- Need to focus more on academia, experts drive local interventions. Also important to empower the clients (mothers, fathers, caregivers of children).
- **Advocacy**
  - Data analysis/use: Suggestion to use sub-national analysis of under-five mortality data to advocate at the national level and identify the priority interventions and areas for investment.
    - Investments in improving data quality and use for prioritization within the health sector are key.
    - Need the data to advocate for prioritization of child survival and ensure resource mobilization efforts are linked.
    - Translate data into messages that resonate at the local level from country voices (beyond technical leadership).
    - Focus needed on packaging and communicating data effectively for advocacy.
    - Use Countdown to 2030 country profiles as a starting point.
  - To work with Task Force partners/stakeholders in country *and* civil society/grassroots advocacy groups
  - To focus on governance – mapping of global and country leadership for child health showed a major factor of success (at improving child health outcomes) was commitment at the highest levels of leadership
  - To learn from the newborn community how they have successfully advocated/mobilized resources. Suggestion to partner with ENAP/EPMM to increase the overall pot of resources for RMNCAH. The ENAP/EPMM partnership is new/growing so there is space to expand to child survival.
    - Lancet series was instrumental for neonatal health advocacy and leadership

- PMNCH was instrumental in organizing the roundtable and will continue to support CSA advocacy efforts.
- Idea to link with issues currently getting traction such as human resources for health and community-based care.
- To develop country advocacy plans and strategies, attract additional funding and leverage existing funding.
- **Governance Structure**
  - Agreement to draft TORs for a Senior Advisory Group and Action Teams (country engagement, results framework, and advocacy)
    - CSA Steering Team may be confused with the CHTF Steering Committee; agreement to call it a Senior Advisory Group (or other name without “steering”)
    - Agreement that the CSA needs higher level representation from member organizations to show commitment. Essential for advocacy and resource mobilization. Could hold more infrequent meetings/be brought in at strategic points (similar to the GFF Trust Fund Committee).
    - Need global level champions for child health, similar to what the newborn community has; this will encourage national leadership.
    - The SC and subgroup co-chairs can join the Action Teams to provide support (to volunteer offline)
  - Idea to ask about/learn from the ENAP and EPMM governance structures and harmonize with them (to avoid competition). Task Force members also involved with ENAP/EPMM at country level, build on this.
    - WHO: Allysin Moran is in ENAP leadership and Anshu Banerjee is on the ENAP/EPMM management team
    - USAID: Lily Kak is on the ENAP/EPMM management team
    - Secretariat to explore merging CSA Advisory Group with the ENAP/EPMM management team since there is overlap with the target individuals.
    - Encourage steering committees from other efforts to put child survival on their agendas.
- **Mini-launch opportunities to socialize CSA on the global stage**
  - PMNCH Executive Board meeting (January 2023)
  - Progress Report on the Every Woman Every Child Global Strategy for Women’s, Children’s and Adolescents’ Health
  - Community Health Roadmap Steering Committee meeting on June 29th (higher level PHC and community health meeting). Agenda will include:
    - Respond to calls from countries to further streamline agencies’ support and alignment around national priorities for community-based PHC to achieve SDG targets.
    - Potentially realize additional investments from the 3Gs, USG, World Bank and others for community-based PHC as a way to reach the unreached.
    - Elevate high level political commitment to hold countries and partners accountable and advocate for countries to advance community-based PHC with Heads of State, Ministers and other high level representatives.
  - Engage with WHO New York Office at the political level; will be helpful for the next World Health Assembly.
  - MOMENTUM Country and Global Leadership to update partners on progress (including with IMCI) in December 2022

**Day 2: Thursday, June 16, 2022**

**PART I: Partnership with the Malawi MOH**

- **Dr. Queen Dube presented the implementation plan/status of the Malawi National Child Health Strategy**

- Put in a proposal to GF and GAVI for additional funding; have constituted a task force consisting of senior leadership and donor groups to advocate for resource mobilization. Looking for ideas for non-traditional partners to approach and advice on how to mobilize resources.
- To develop a roadmap – living document to continue identifying where we are on and off track.
- **Feedback/questions from other SC members**
  - **Q:** Would it be useful for the SC and CSA working group to engage with the Health Donor Group in Malawi? **A:** Yes, the more stakeholders that push for this agenda the better.
  - **Q:** Has analysis been done to identify the causes of mortality in specific high mortality districts? **A:** Underperforming districts are the same over a long period of time; there are plans to analyze the causes of death in these districts. Often these are areas prone to flooding, a major risk factor for diarrheal disease in children.
  - **Q:** In terms of leadership accountability, where are the TWGs and how are districts brought in for implementation? **A:** Senior Management includes the health service delivery TWG and several sub-committees. Child health currently cuts across many different sub-committees, plan to combine under one child health committee.
  - **Q:** Is the plan to combine monitoring of all programs or continue ongoing monitoring? **A:** Combined monitoring: bring all government monitoring together under one program. Malawi is decentralized, so district monitoring happens through the zono review platform – a forum for districts to learn from one another.
  - **Q:** What is the relationship between the Health Donor Group and the country-led Health Sector Working Group that is the de facto “GFF country platform” for alignment and implementation of the RMNCAH-N investment case? **A:** The Health Sector Working Group includes the Health Donor Group and civil society.
  - **Q:** Presentation mentioned Malawi is developing the revised Health Sector Strategic Plan (HSSP) and the Child Health Strategy will feed into this. Who pays attention to the Child Health Strategy in the government? Will this process, including the issue of donor alignment with national priorities, enable a truly country-led process? **A:** The government will fund the Health Sector Strategic Plan which tracks maternal and child health indicators.
  - **Q:** Is there receptiveness from donors to fund the one plan? **A:** Came a long way; developed TORs and road map together.
  - **Q:** Will the strategy be able to feed into the GFF country investment case? **A:** Agreed with GFF for the next 8 years that they should buy into the HSSP.
    - GFF is rethinking the investment case and moving towards a living document anchored in the HSSP.
  - Suggestion to develop high level outcome and impact indicators that each program contributes to with targets that can be analyzed at district and national level.
  - Need to prioritize high impact interventions and look at issues like nutrition and coverage. How to prioritize and get to a place where you can develop indicators? How do we do this to get the maximum, practical impact?
  - **Q:** What is the timeline? **A:** First year will focus on how to implement the plan; address low hanging fruits (including vaccine hesitancy); revise the monitoring/data systems to include new indicators. Next year, will begin implementing the plan.
    - Suggestion to look at how the MOH has structured itself to implement this plan. How do we place the child within the existing structure? Have the program outline how they are going to achieve the indicators agreed on, this will help build synergies. There is work to be done at the district level for coordination.

- **Q:** Are there mechanisms at country level to hold partners accountable for the decisions they make to support/resource the joint plan? **A:** During the COVID-19 pandemic, learned how to ask partners for exactly what was needed and hold them accountable.
- Need to expand the scope of the IMCI TWG to include nutrition, wellbeing, multiple sectors, etc. and transition to calling it the child health task force. The government has pushed for a multi-sectoral budget; need to sit down with the ministries of education, agriculture and gender to come up with combined budget lines and think through a multi-sectoral budgeting approach for next year's budget (in April 2023).
  - Agreement that a multi-sectoral and all government approach to budgeting is exciting. Will be transformative to get the MOE on board given the increase in vaccine hesitancy due to misconceptions about the COVID-19 vaccines.
  - Malawi now has an AID coordination unit within the ministry headed by a deputy director.
- **Q:** How can Task Force members contribute to efforts to hold government departments, sectors and partners accountable to child health? **A:** Partners recognizing country-level leadership is essential; to continue addressing alignment and coordination across multiple initiatives.

## PART II: Task Force Members' Conference 2023

- **Secretariat presented a proposal/rationale for a global virtual conference to convene Task Force members in 2023**
- Feedback/questions from SC:
  - Agreement in the value of such a meeting/conference to provide learning opportunities, mobilize energy for county engagement and strengthen cross-linkages between subgroups.
  - **Q:** Given the size of the membership, how would we encourage networking in a virtual environment? **A:** Other orgs like the CORE Group have done this creatively through virtual conference platforms.
  - Need to derive and specify themes with input from members:
    - Should be organized around what members want to learn and share; geared towards how to support countries/operationalize strategic plans and learn what members are doing in countries (especially those of interest/off track).
    - Opportunity to strengthen the work of the subgroups; organize around the subgroups' focus areas; agreement to encourage co-chairs to lead the planning (like with iCCM meeting in Ghana); focus on aligning members around the overall strategic plan and CSA.
  - **Q:** For those who have attended AlignMNH or other large virtual multi-day meetings, are there lessons to inform planning? **A:** Learnings from Institutionalizing Community Health Conference and recent CORE Group Conference. Need to explore whether virtual conferences have met networking objectives and how. The AlignMNH meeting had regional breakout sessions built in.
- Format and timing of conference
  - **Format:** The idea was raised to have a hybrid structure for the conference, but given resource and timing constraints, a virtual format is more feasible.
    - Important to have a strong virtual component at least to continue to expand country engagement.
    - A hybrid environment might allow key partners to come together for more in depth discussions and enable better networking.
    - Should think seriously about the timeline if hybrid and who are the critical partners to bring to the table.
    - Plan not to limit the number of people, but would need to factor this into the budget
  - **Timing:** Idea to limit to two days to increase participation and/or make clear participants can join only the sessions that interest them (with clear themes/session topics); factoring at least 6 months planning, schedule for later in 2023

- **Announcements from SC members**

- USAID MCHN leadership change: Nancy Lowenthal will be the new director of the office, starting in August or September 2022.
- Change in Head of Secretariat for the GFF: Luc Laviolette will be the new head, returning to the GFF on Dec 1, 2022.
- UNICEF mission on data acceleration and action to Malawi (June 22-23, 2022), aligning partner support for data, community-based PHC.
- The next bi-annual SC meeting will be early December (SC member preference), virtual or in person depending on the COVID-19 situation.