



Multi-sectoral Approaches to Child Health Wrap up

*Re-imagining the Package of Care for Children Subgroup
September 20, 2022*



Co-Chairs:

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Summary of series discussion

- **May 5th:** Literature review findings (Patty Gross and Alfonso Rosales)
- **June 9th:** Case Studies from 2 USG funded multisectoral programs
 - Tiwalare II project in Malawi
 - McGovern-Dole International Food for Education and Child Nutrition Program in Honduras
- **June 29th:** Practical examples from the pastoral communities in the Horn of Africa by
 - Resilience in Pastoral Areas project in Ethiopia (Ameha Tadesse and Helina Tufa) and
 - The Ministry of Health Services and Sanitation in Tukana County, Kenya (Rael Kukule Akoru).
- **September 20th:** Wrap up and setting the agenda (discussion led by Cara and Raoul)

Key findings from presentations

Key implementation themes that emerged across 4 case studies:

- Project coordination across multiple sectors
- Government, civil society, and stakeholder participation
- System strengthening, including community health system
- Gender empowerment in program planning and implementation

Governance and multisectoral action

Governing multisectoral action for health in low- and middle-income countries. 7 article series in BMJ: October 2018 - Volume 3 - Suppl 4. Series: https://gh.bmj.com/content/3/Suppl_4

- [Governing multisectoral action for health in low-income and middle-income countries: unpacking the problem and rising to the challenge](#) (10 October, 2018) Sara Bennett, Douglas Glandon, Kumanan Rasanathan
- [Collaborative governance of public health in low- and middle-income countries: lessons from research in public administration](#) (10 October, 2018) Kirk Emerson
- [Multisectoral governance for health: challenges in implementing a total ban on chrysotile asbestos in Thailand](#) (10 October, 2018) Churnrurtai Kanchanachitra, Viroj Tangcharoensathien, Walaiporn Patcharanarumol, Tipicha Posayanonda
- [Multisector governance for nutrition and early childhood development: overlapping agendas and differing progress in Pakistan](#) (10 October, 2018) Shehla Zaidi, Zulfiqar Bhutta, Syed Shahzad Hussain, Kumanan Rasanathan
- [Undernutrition, obesity and governance: a unified framework for upholding the right to food](#) (10 October, 2018) Jesse B Bump
- [Identifying health policy and systems research priorities on multisectoral collaboration for health in low-income and middle-income countries](#) (10 October, 2018) Douglas Glandon, Ankita Meghani, Nasreen Jessani, Mary Qiu, Sara Bennett
- [Governing multisectoral action for health in low-income and middle-income countries: an agenda for the way forward](#) (10 October, 2018) Kumanan Rasanathan, Vincent Atkins, Charles Mwansambo, Agnès Soucat, Sara Bennett

Multisectoral action: why are we discussing this?

Milestones in attempts to promote multisectoral action in Global Health

- The International Sanitary Conference 1851.
- Declaration of Alma Ata (1978).
- Ottawa Charter (1986).
- Commission on Social Determinants of Health (2005–2008).
- Health in All Policies approach (2007—with Adelaide Statement in 2010 and Helsinki Statement in 2013).
- Agenda 2030 for Sustainable Development (2015).

Why multisectoral action for child health?

- Influences on human health are many and complex
- Pressing public health problems [e.g. early childhood health and development, non-communicable diseases, emerging infectious diseases, reducing injuries, addressing malnutrition] require collaborations across functional sectors, such as health, agriculture, education, social welfare, trade and industry and environment

What is the evidence?

- Multisectoral action is widely recognized as important but difficult to implement and complex to measure
- Limited evidence of impact on outcomes

Box 2 What do we mean by multisectoral action for health?

'Multisectoral action for health' encompasses all activities involving non-health sector actors that can potentially improve health. This may include:

- ▶ *Spillover effects for health*: actors in non-health sectors undertake their core business (such as educating children) but there are positive effects for health, and this may or may not involve explicit collaboration with health sector actors.
- ▶ *Cross-sectoral policies*: coordinated policies across different sectors to address structural forces and social norms that may affect particular vulnerable groups or society as a whole. This includes many examples of coordinated social policies addressing disparities, but which also deliver benefits for health through addressing social determinants.
- ▶ *Health sector led collaborations for health*: an actor within the health sector collaborates with one or more other partners to directly deliver benefits for health, for example, promoting tobacco taxation or reducing environmental pollution.

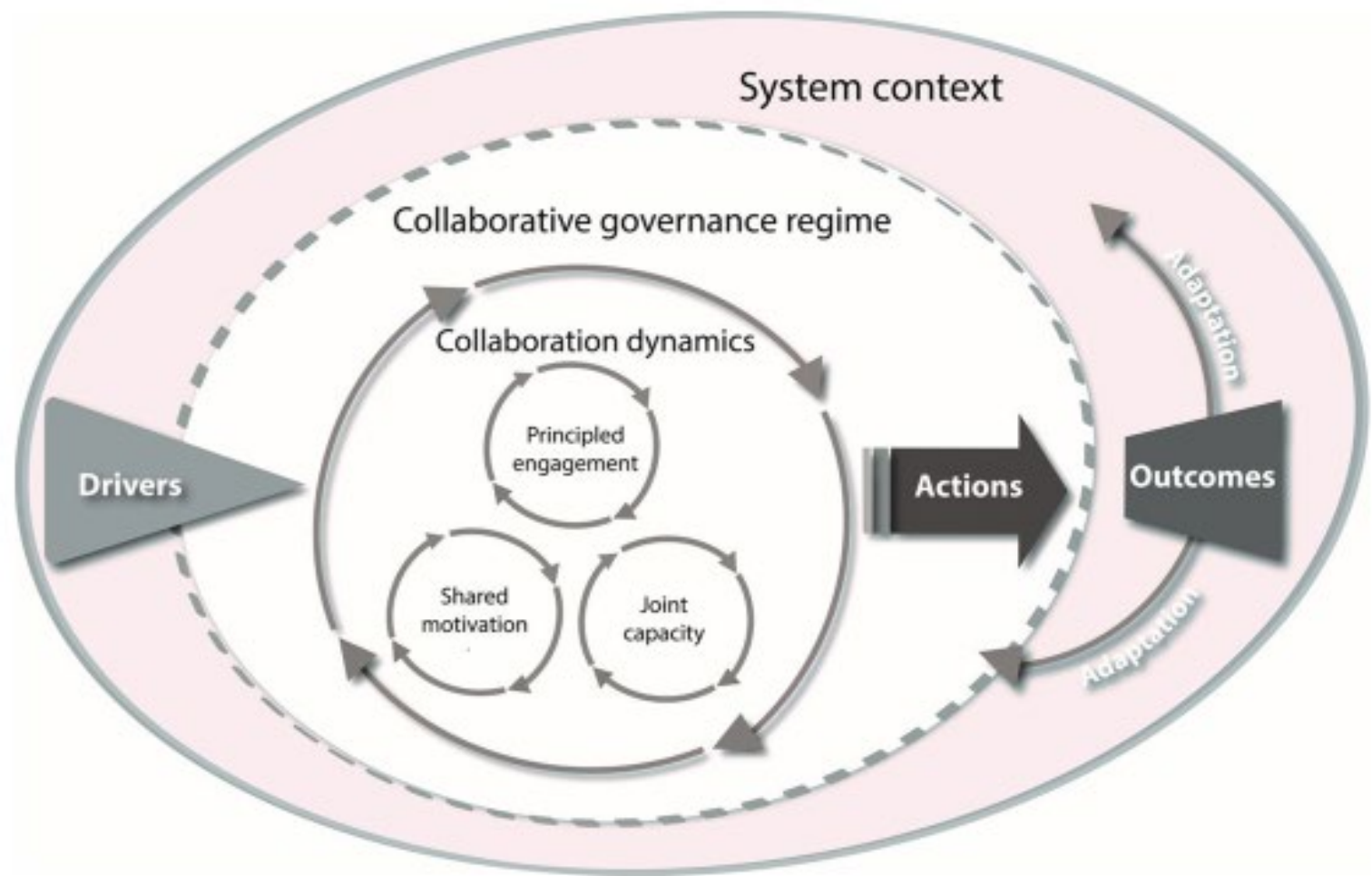
'Multisectoral action for health' encompasses the movement for 'intersectoral action' that arose from the Declaration of Alma Ata, but is broader in that it explicitly recognises spillover effects where there is not necessarily any coordination between sectors or coordination by the health sector.

What do we mean by multisectoral action and where are the gaps to implementation?

- At its core, multisectoral action requires the **mediation of relationships and alignment of goals** between **multiple diverse actors** who may share some common interests but have **distinct mandates, values, and resources**.
- Thus, multisectoral action requires effective governance.
- 'Governance' extends beyond the role of government so as to consider multiple actors and the institutional arrangements in place to help achieve common goals.

(Bennett S, et al., 2018)

Integrated framework for collaborative governance regime.



Kirk Emerson *BMJ Glob Health* 2018;3:e000381





Discussion Questions:

What are your reactions to this framework?

Does this framework resonate with your work when trying to promote multisectoral action?

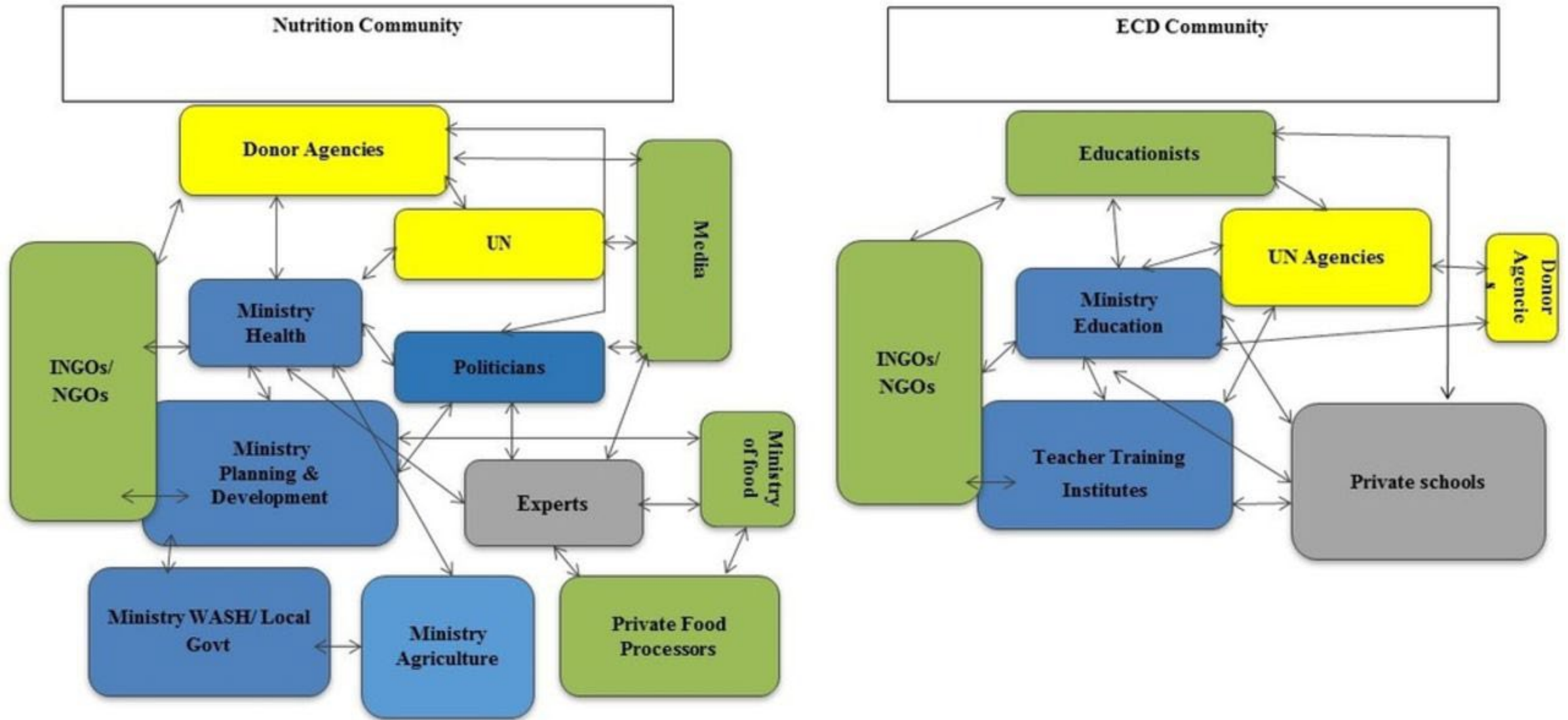
Example: Overlapping agendas/ differing progress: Nutrition and ECD in Pakistan

- Child health and well-being interventions such as Nutrition and Early Childhood Development (ECD) are reliant on multiple sectors such as Health, Nutrition, Social Protection, Education, Food Security and WASH for effective execution
- This example analyzed multisector adoption and early implementation of both Nutrition and ECD in Pakistan following devolution in 2011 (The paper did not measure implementation outcomes)

2 sectors, different approaches to:

- Policy coalitions building
- Structural platforms
- Capacity to coordinate

Stakeholder Communities for Nutrition and ECD .



Shehla Zaidi et al. *BMJ Glob Health* 2018;3:e000678

https://gh.bmj.com/content/3/Suppl_4/e000678



Discussion Question:

What lessons emerged from this example?

The way forward

Key strategies to govern multisectoral action for health in low-income and middle-income countries

- Understand the key actors and political ecosystem, including type of multisectoral action required and mapping incentives, interests and hierarchies.
- Frame the issue in the most strategic manner.
- Define clear roles with specific sets of interventions according to sector.
- Use existing structures unless there is a compelling reason not to do so.
- Pay explicit attention to the roles of non-state sectors.
- Address conflicts of interest and manage tradeoffs.
- Distribute leadership.
- Develop financing and monitoring systems to encourage collaboration.
- Strengthen implementation processes and capacity.
- Support mutual learning and implementation research.

Capacity to act multisectorally is also required for a diverse range of other key development challenges in the SDGs, including poverty reduction, climate change mitigation and adaptation and advancing gender equality.



Discussion Questions:

Are you using any of these strategies in your work?

Do these recommendations resonate with you in promotion of multisectoral action?



Multisectoral Approaches to Child Health Discussion Series



Engage with the co-chairs:

- Cara Endyke Doran: cendykedoran@globalcommunities.org
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Reach out to the Child Health Task Force Secretariat at childhealthtaskforce@jsi.com

Read the full BMJ Supplement on Governing multisectoral action for health in low- and middle-income countries here https://gh.bmj.com/content/3/Suppl_4

Series Dates & Case Study Discussions:

- **May 5th:** *Literature review findings and framing*
- **June 8th:** *Case studies from Malawi and Honduras*
- **June 29th:** *Case studies from Kenya and Ethiopia*
- **September 20th:** *Wrap up and setting the agenda*

Time: 10:00 - 11:00am EDT [GMT-4]

Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website:

www.childhealthtaskforce.org/subgroups/expansion



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