

# CHILD SURVIVAL ACTION

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

December, 2022

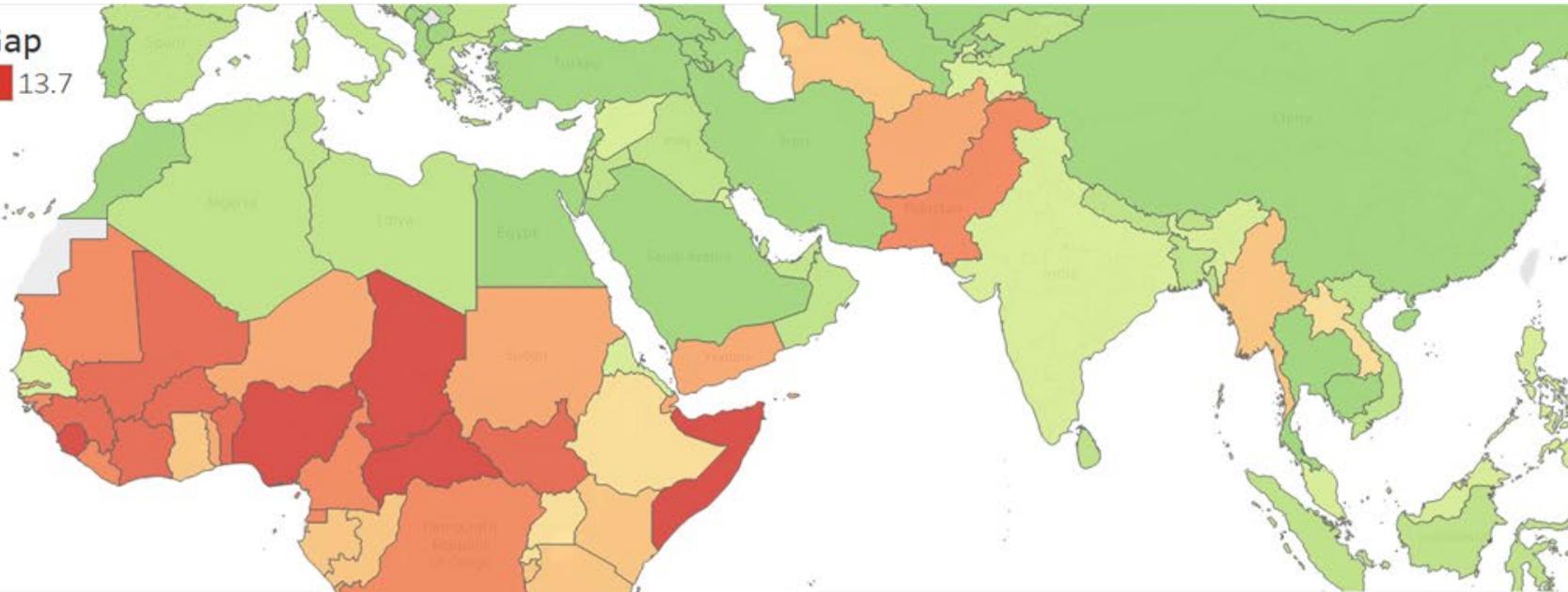


# What brings us together?

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

U5MR Rate of Reduction Gap

-9.2 13.7



Caribbean



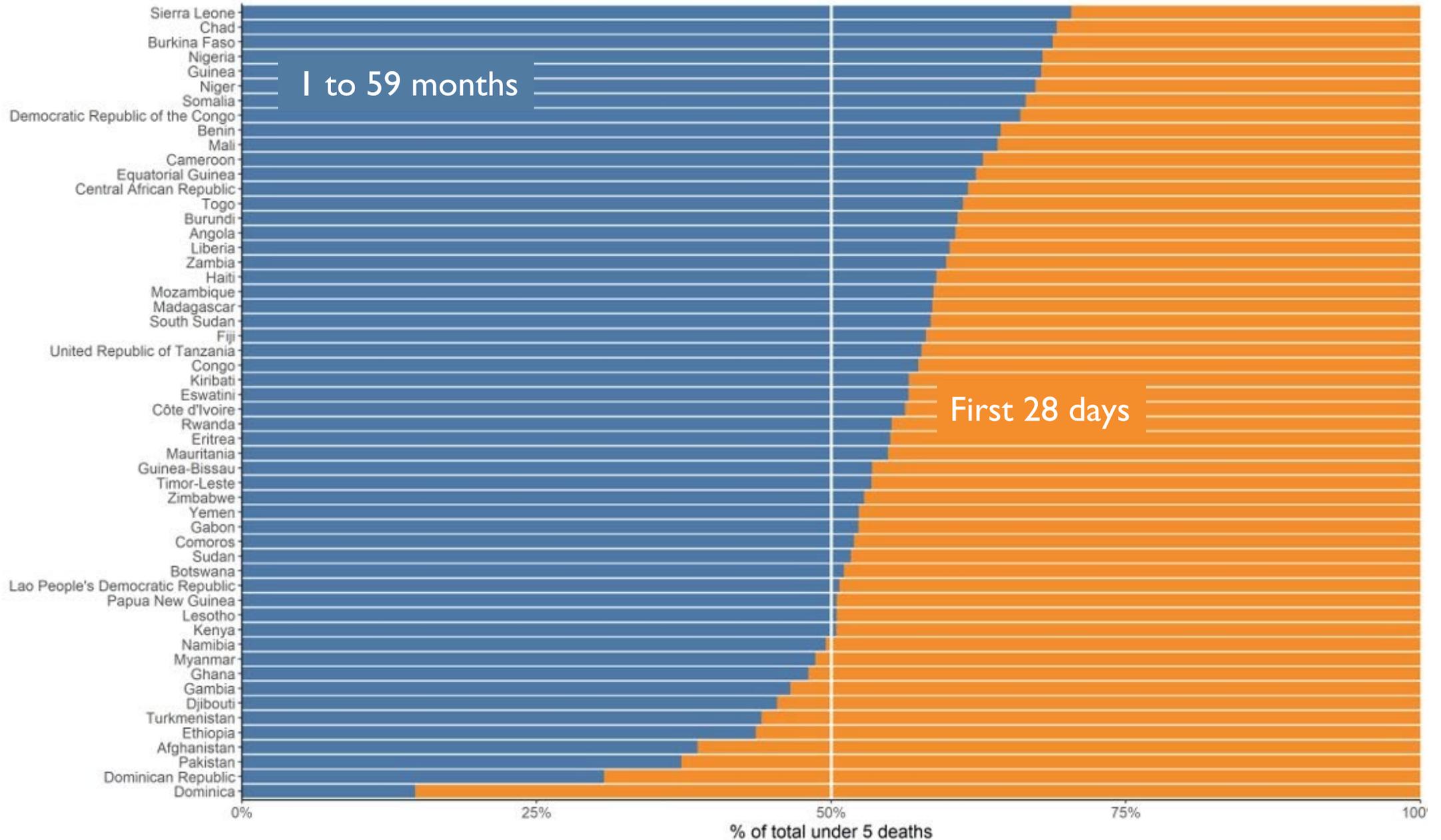
Oceania



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".

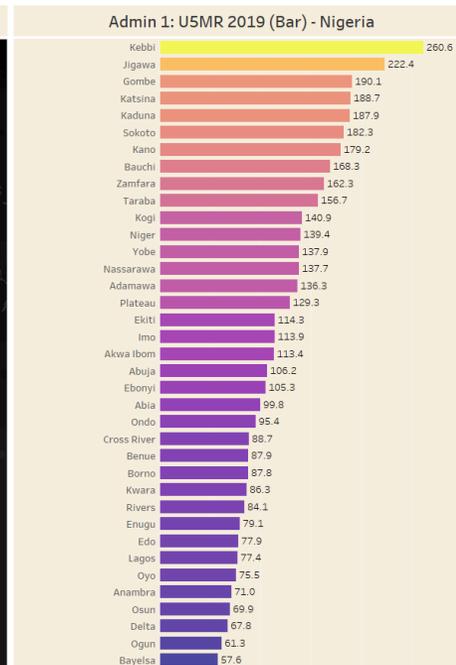
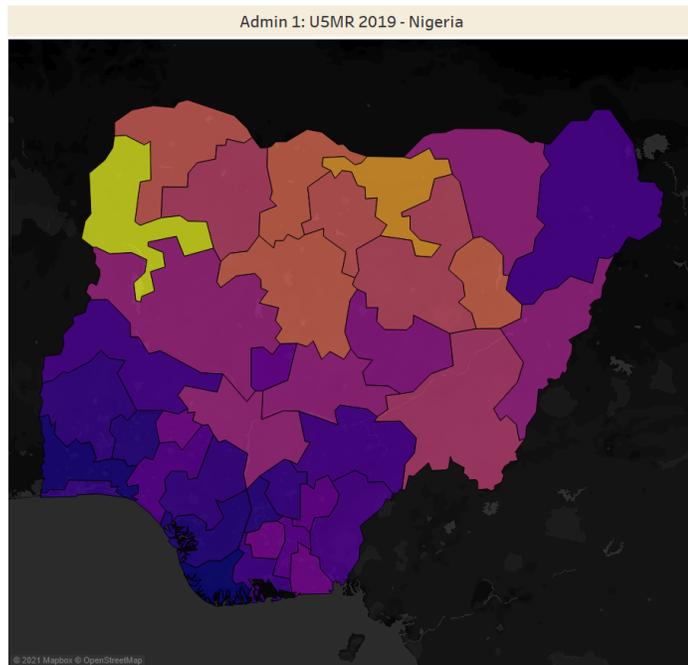
# Percent of Under-Five Deaths by Age Group

*A substantial proportion of under-five deaths are in the 1 to 59 month period.*

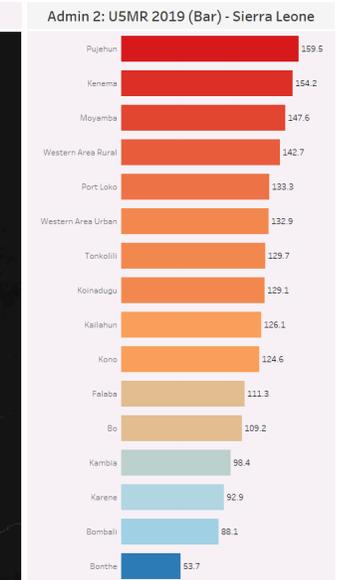
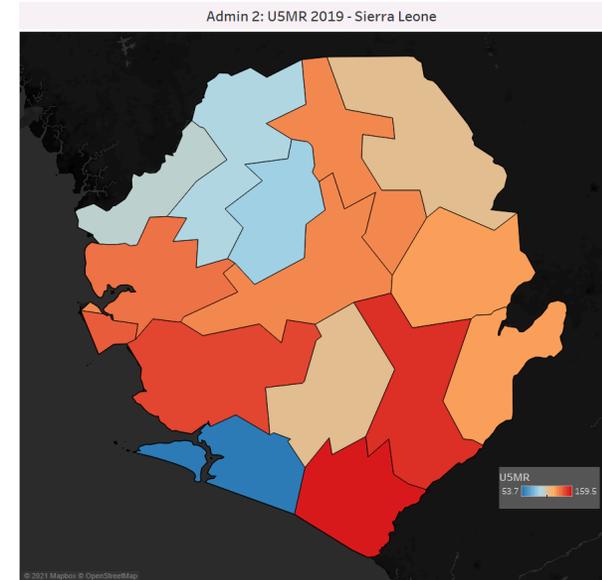


# Subnational inequities: Under-five mortality rates in Nigeria, Sierra Leone and Mali

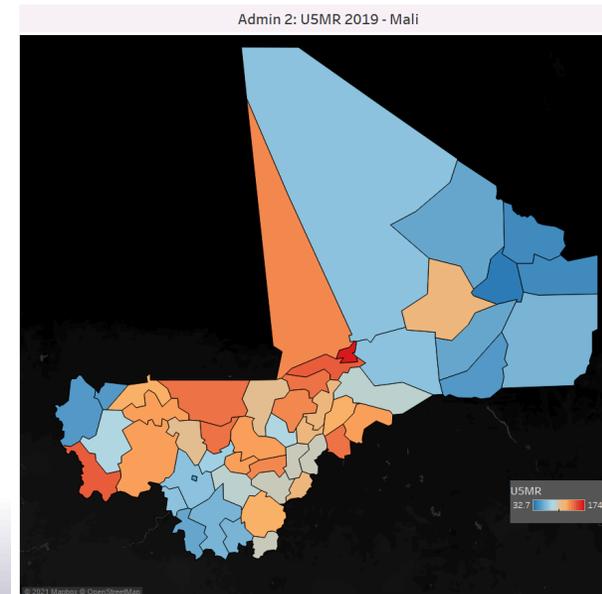
## Nigeria



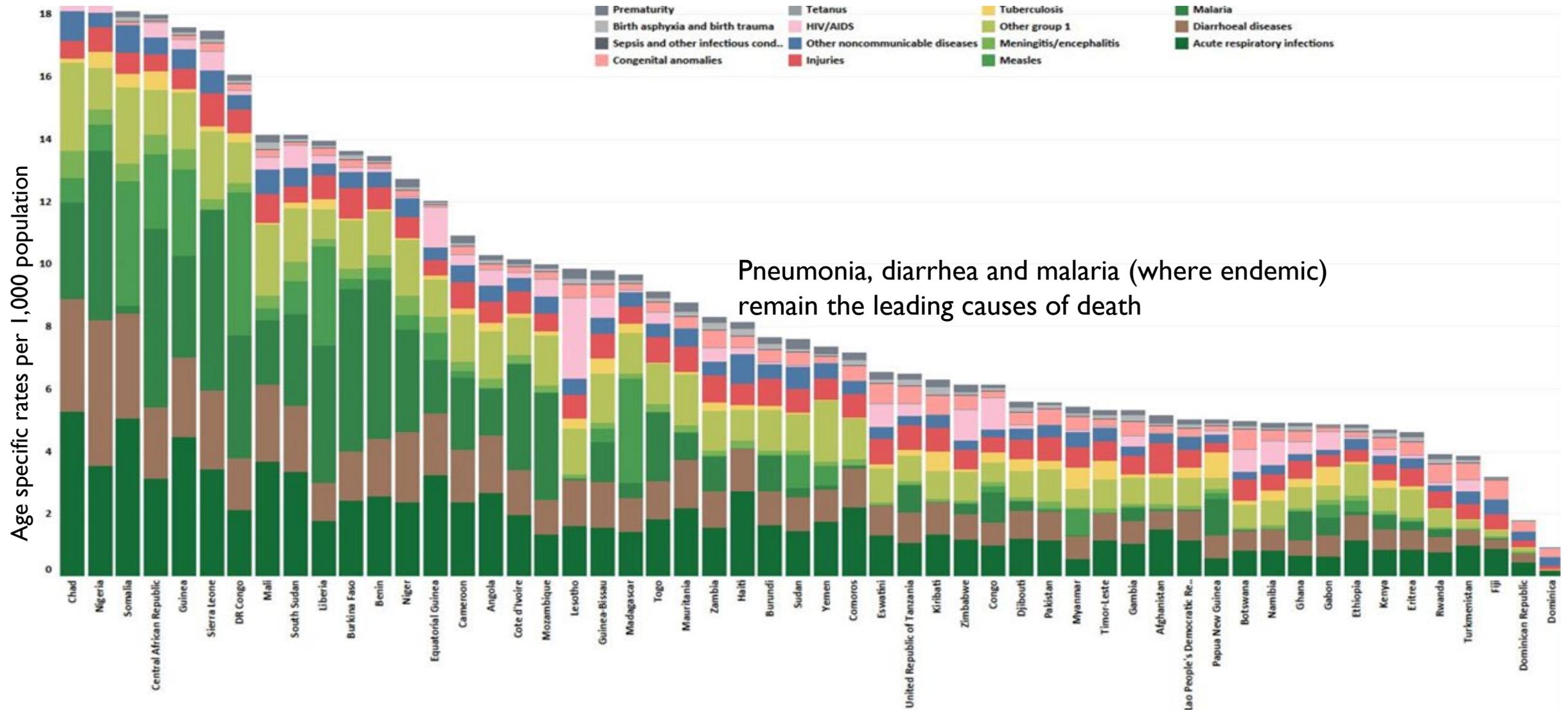
## Sierra Leone



## Mali



# Leading causes of death in children 1-59 months old in 54 countries needing accelerated action

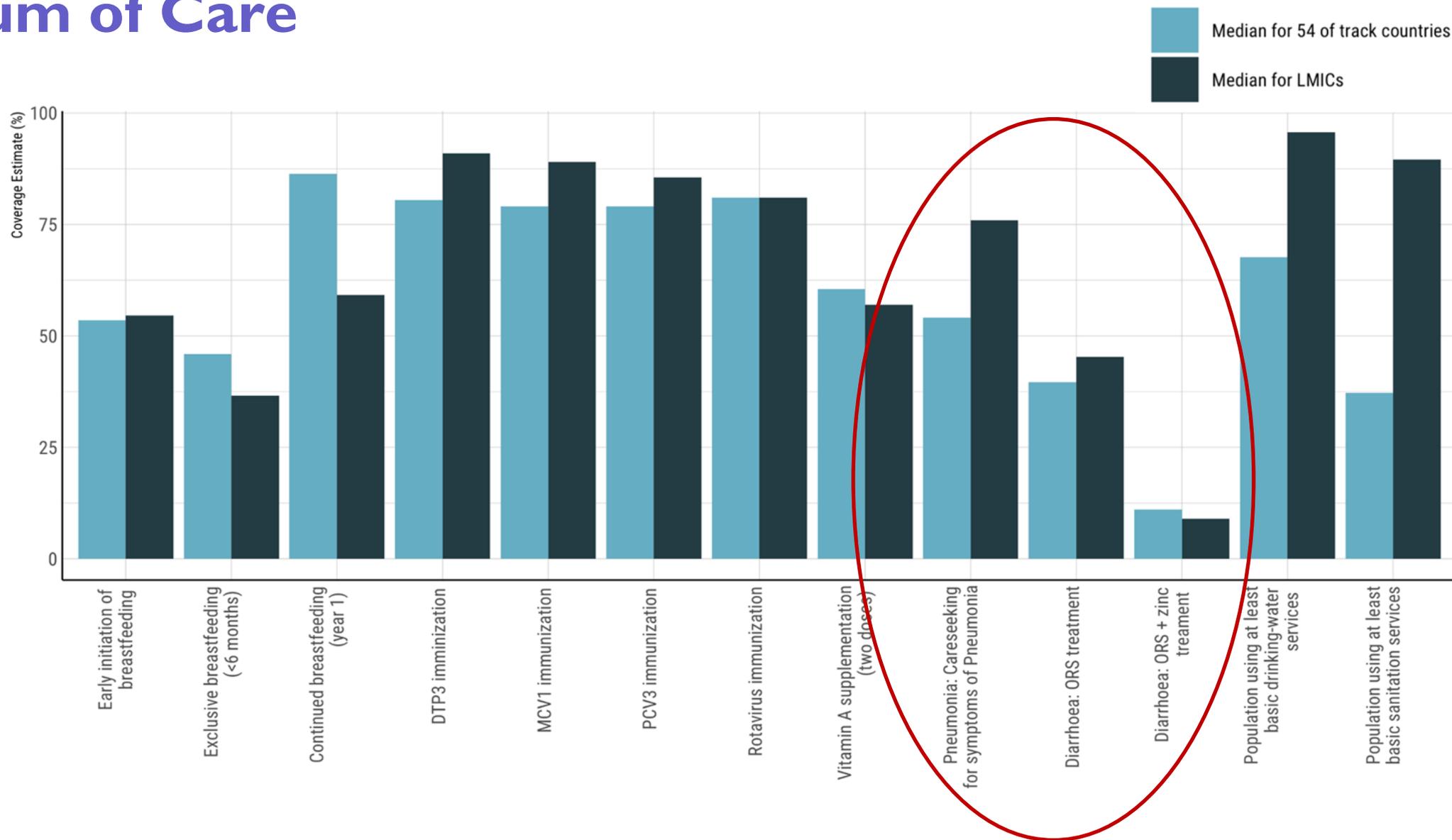


54 countries needing accelerated efforts to meet SDG survival targets by 2030

# 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)



# 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

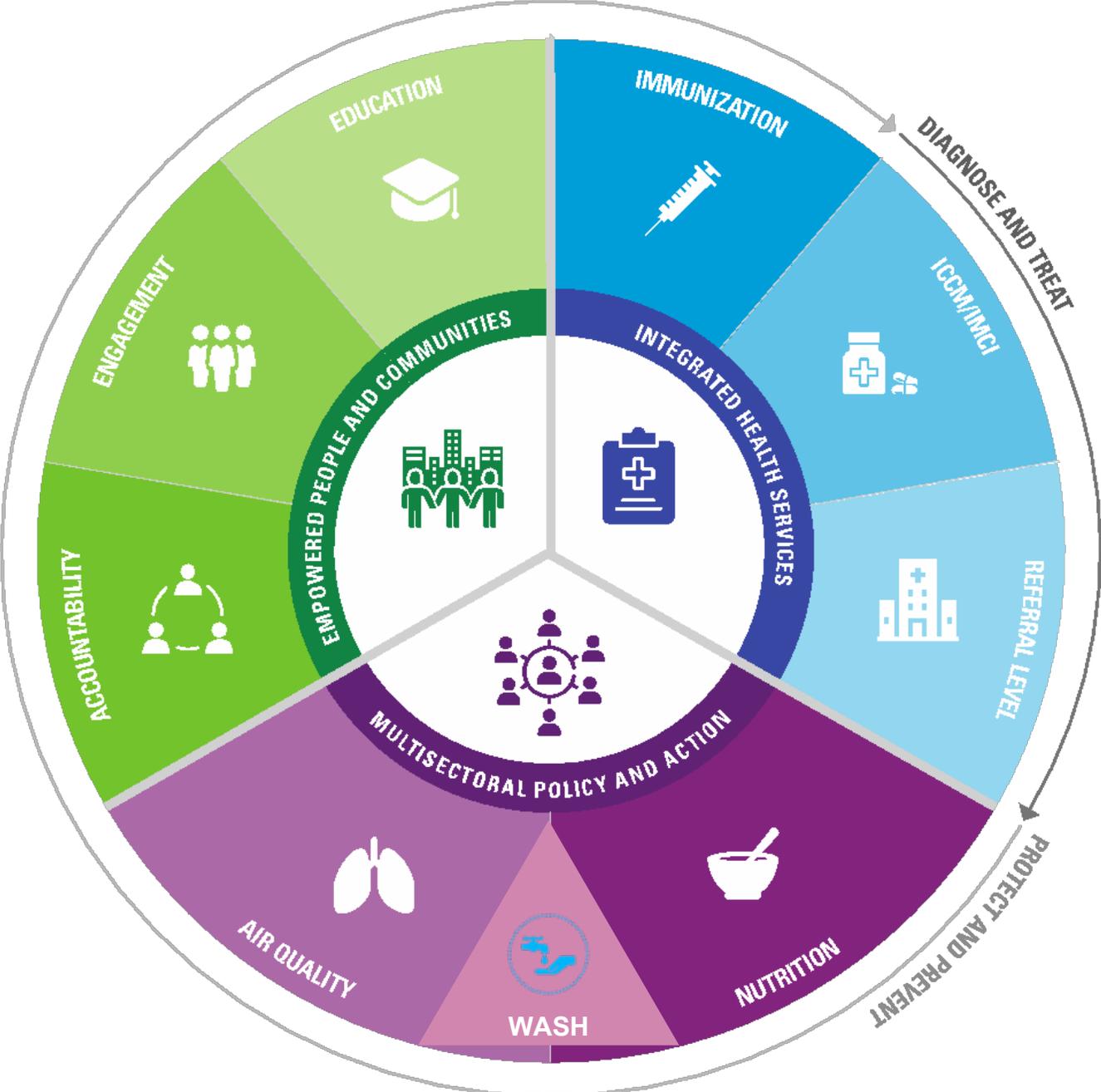
## Underperforming health systems, especially primary health care and integrated service delivery

- **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 is key for equity agenda** – yet not institutionalized in many countries, not scaling
- **IMCI & iCCM missing focus on prevention and promotion** through meaningful community engagement
- **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

# PHC at the core of a comprehensive response



# 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 1-59 month 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.**

# Accelerate action throughout the lifecycle continuum

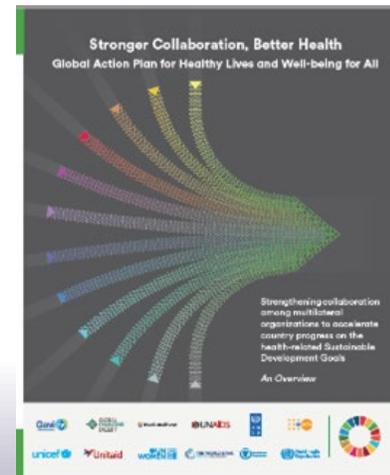


Align with efforts by other sectors and programmes

Global Action Plan  
for Child Wasting

**RBM Partnership**  
To End Malaria

**Community Health Roadmap**  
Investment priorities to scale primary care at the community level

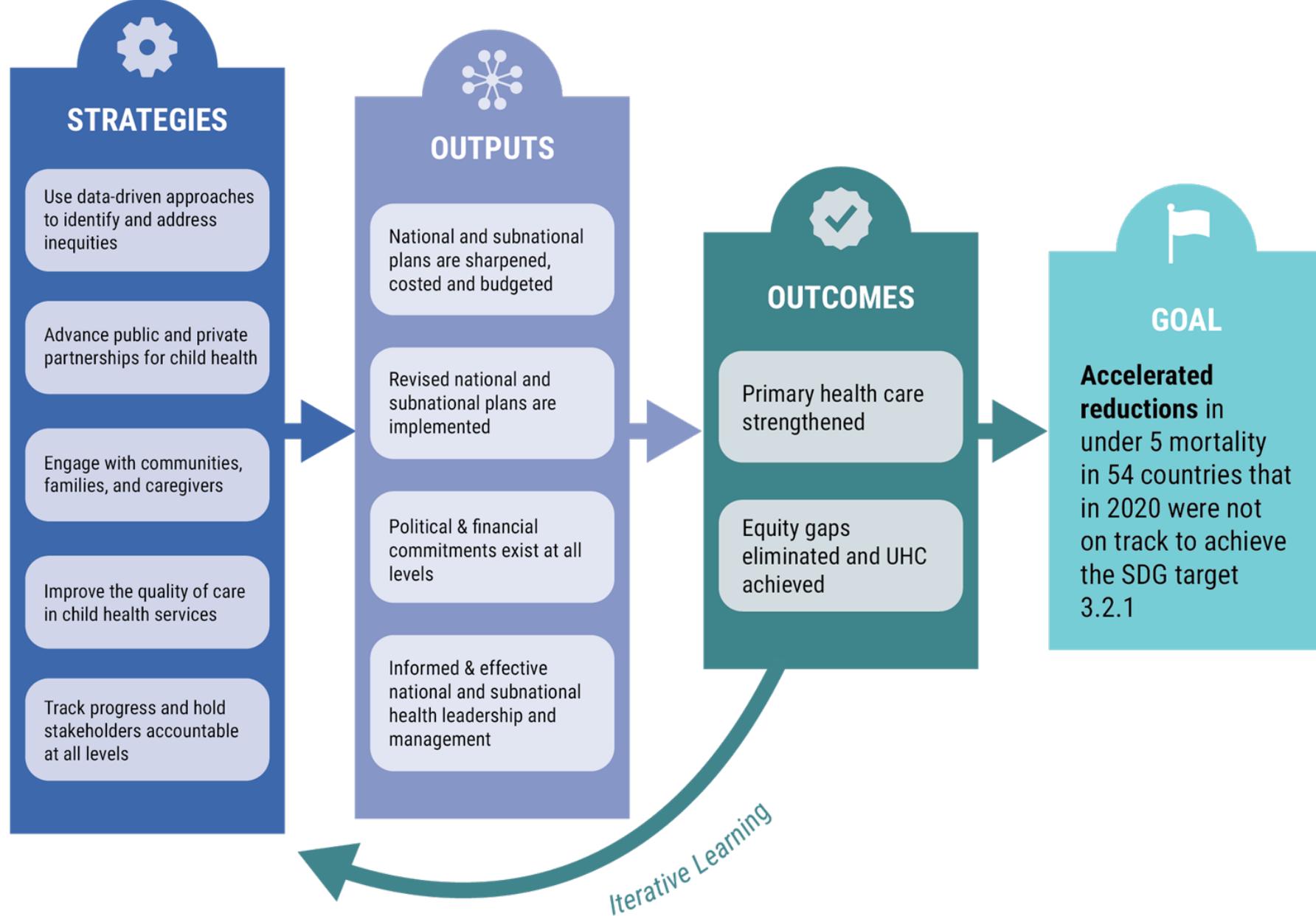


Air pollution

# Child Survival Action – key messages

- 1. Focuses on the 54 countries**, 75% 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.

# Theory of Change



## GUIDING PRINCIPLES:

- Child rights to survive & thrive*
- Leave no child behind*
- Family- and child- centered care*
- Whole-of-government action*
- Accountability*

# 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 and presentation 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



World Health  
Organization

# 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.
  - **Urgent action is needed** to ensure that children survive early childhood, a critical first step in ensuring they can fully thrive.
- 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.

# Proposed Countries: Pathfinder

The pathfinder (PF) countries are the first to join CSA and learnings from these partnerships will inform our country-led engagement approach moving forward. Phase 1 countries will engage next, followed by phase 2 (see next slide for proposed list co-developed with regional colleagues). However, CSA is prepared to partner with any country that expresses interest and commitment to accelerating under-five mortality.

Phase	Country	Feasibility / considerations	Opportunities
PF	Mali	<ul style="list-style-type: none"> <li>• Several recent government transitions</li> <li>• Political situation: Sahel crisis and ongoing insecurity</li> </ul>	Community health roadmap; French Muskoka; PMI, Costed National Policy for Abolition of User Fees; Planned Evaluation of RMNCAH strategy; ENAP
PF	Nigeria (state level)	<ul style="list-style-type: none"> <li>• Ongoing insecurity in the North</li> <li>• Consider state level focus with national government engagement</li> </ul>	EBC; PMI; QOC; ENAP/EPMM) QoC Network; IMCI, iCCM; Integrating Peadiatric Death audit into MPDSR, Developing RMNCAH Strategic Plan; Revising NQPS
PF	Sierra Leone	Feasible	QoC network; ENAP/EPMM; PMI; Pediatric QoC focus; ETAT and Peadiatric Death Audits
PF	Tanzania	Feasible	Opportunities with new government (President and Minister of health women); potential community health roadmap; launched new RMNCAH roadmap in 2021; Launched Multisectoral ECD plan December 2021; Developing new NQPS, ENAP/EPMM

# Proposed Countries: Phase I & 2

Phase	Country	Feasibility / considerations	Opportunities
I	Angola	Feasible; Southern Africa drought	New PHC department as well as plans to develop community health strategy
I	Burkina Faso	Political 3-year transition	Community health roadmap; PMI, PHCPI trailblazer; Project to Accelerate progress on MNCH (EPMM/ENAP); Muskoka; planned assessment for paediatric QOC; SRH Project supporting MPDSR
I	Chad		French Muskoka
I	Mozambique	<ul style="list-style-type: none"> <li>Active conflict in the North</li> <li>Recurrent natural disasters</li> </ul>	Community Health Roadmap; ECD Project; Planned to Update Child and Neonatal health policy; Project for Accelerating MNCH (ENAP/EPMM); Joint UNICEF/WHO Mental health for Children
I	Somalia	<ul style="list-style-type: none"> <li>Ongoing political insecurity</li> <li>Horn of Africa drought</li> <li>Linguistic barrier (Somali/Arabic)</li> </ul>	Govt engagement/roadmap on ending childhood pneumonia; Progress/investment on medical oxygen ecosystem strengthening; UNICEF PR for global fund
2	Benin		Revision of national docs for RMNCAH; Muskoka; PMI
2	CAR		Community Health Roadmap
2	Guinea		Muskoka; PMI; Plan to evaluate IMCI and iCCM programmes (WHO)
2	Lesotho	Feasible	Revitalization of CB PHC; QoC
2	Madagascar	Feasible; recurrent natural disasters	Revitalization of CB PHC; QoC and potential inclusion as CH roadmap; Significant advancement on medical oxygen ecosystem strengthening
2	Niger	Sahel crisis/ongoing insecurity	BMZ; French Muskoka, Community health roadmap, PMI
2	South Sudan	<ul style="list-style-type: none"> <li>Ongoing political insecurity</li> <li>Active conflict</li> </ul>	Boma Health Initiative (under evaluation for eventual expansion); Midterm Review of RMNCAH strategic plan; draft child health strategy; UNICEF PR for global fund; Possible FCDO grant

# Implementing child survival action: work streams

## I. Country engagement

- Pathfinder countries: Sierra Leone and Tanzania
- Strengthen TWGs
- Forensic data analyses and costing
- Costed plans to inform advocacy
- Clearly defined priorities: roles and responsibilities

## 2. Results framework & accountability

- Monitoring framework
- Accountability at all levels
- Setting milestones and targets for child survival

## 3. Advocacy & resource mobilization

- Targeting different audiences – with one voice
- In-line with other complementary efforts – along the continuum (EPMM, ENAP) as well as disease specific (e.g. pneumonia)
- Galvanize leadership & buy-in of key partners at global, regional, and country levels
- Resource mobilization and stakeholder engagement



# Progress and Next Steps

December, 2022

# Progress to-date

## I. Country engagement

- Constituted action team
- Initial consultations with country and regional colleagues
- Co-developed with regional colleagues a country engagement approach
- Agreed on pathfinder, phase I and phase II countries (16)
- Co-hosted WHA session with Sierra Leone and Tanzania MOHs
- Joint mission to Sierra Leone to support development of child survival plan

## Overall

- Finalized vision document and slides
- Developed and agreed on governance structure and action team TORs

## 2. Results framework & accountability

- Constituted action team
- Conducted and visualized global level analytics of under-five and post-neonatal mortality rates
- Recruited support to conduct a scoping analysis of existing frameworks and indicators for child survival mapped to the TOC

## Key Event

- World Health Assembly roundtable May 23, 2022

## 3. Advocacy & resource mobilization

- Constituted action team
- Consulted with key global level stakeholders: PMNCH, ENAP, EPMM, ORSZCA, malaria, immunization / GAVI zero-dose, newborn, IPA, etc.
- Met with the Gates Foundation and submitted concept note
- Drafted advocacy strategy
- Disseminated key messages around World Pneumonia Day

# Next steps

## I. Country engagement

- Meet with Tanzania MOH
- Meet with other countries who attended the WHA roundtable
- Establish MOUs with pathfinder countries
- Organize mission trips to other pathfinder countries as requested by MOHs
- Continue inventory of CH TWGs and child health strategic plans targeting the pathfinder, phase I and phase II countries

## Overall

- Present vision document and slides to leadership for buy-in

## 2. Results framework & accountability

- Present the synthesis of existing frameworks and indicators for child survival mapped to the TOC to key child health metrics partners
- Organize consultations to prioritize a core set of child survival indicators, develop milestones and targets

## 3. Advocacy & resource mobilization

- Confirm who will lead the advocacy action team
- High level leadership buy-in from working group organizations (first advisory group meeting?)
- Implement advocacy strategy/adapt with pathfinder countries and develop specific advocacy materials
- Leverage global events to socialize CSA: WHO session at IPA Congress February 2023; USAID 10th Anniversary of the Call to Action March 2023; Africa Health Agenda International Conference March 2023

# THANK YOU

