



Child Survival Action:

A Blueprint for Advocacy and Action



Executive Summary

When the global community committed itself to Sustainable Development Goal (SDG) 3.2.1, it pledged to end preventable deaths among newborns and children younger than five years. Countries committed to reducing the neonatal mortality rate to at least 12 per 1,000 live births and under-five mortality rate to 25 per 1,000 live births by 2030¹.

Progress over the last 30 years has been remarkable and provides evidence that sustained advocacy, action, and investment will yield results. While in 1990, 12.6 million children died before the age of five, in 2020 that number has fallen to approximately five million. However, 5 million child deaths annually remains excessively high. Fifty-four countries are currently off-track to meet SDG 3.2.1, and 43 of these countries are in Africa.

It is critical that we demonstrate that it is possible to get back on track, to disrupt the current trajectory, and elevate country-led advocacy and action that firmly positions child survival as a national development priority. To this end, the Child Survival Action (CSA) Initiative was developed as a technical framework that drives a strategy for the 54 off-track countries.

The Blueprint for Advocacy and Action on Child Survival complements the CSA vision document and sets out a coordinated approach to advocacy that sees CSA permeate the highest levels of influence, decision-making, and accountability — both at national level and globally. It is intended to catalyze new momentum and a renewed movement, finishing the work that we started under the Millennium Development Goals to end preventable child deaths. It holds every global citizen accountable for, and places every government at the centre of accelerating the fight against completely preventable deaths in the post neonatal period of childhood.

Bringing together various actors who all have a common interest in raising the level of ambition, prioritization, and urgency around child survival, the Blueprint is inclusive, focused on the country, and adaptable to different contexts, needs, and locations. While it provides ideas, suggestions, tools, and methods for bridging the knowledge-to-policy gap for countries to consider and adopt, its approach is not prescriptive. The proposed advocacy strategies include various members of the child survival community, all of whose efforts will coalesce around the country as the locus of prioritization, investment, and action. National leadership is required to drive the process at the country level, and to make the clarion call that engages a wide range of actors – traditional and non-traditional, public and private, health and non-health experts, and most importantly, the community and guardians of the children to whom we are all accountable.

This strategy was informed by country consultations, research and evaluation, stakeholder engagements, expert recommendations, roundtable discussions, case studies, and conversations. We welcome the involvement of all actors who desire to see a world in which children do not continue to die needlessly. The [Child Health Taskforce](#) the coordinating body for this global effort is uniquely positioned to support the effort to rally and steer global partnerships, connecting advocates and partners to country plans and initiatives.

“All in it for the kids.”

¹ UN Sustainable Development Goal 3: ensure healthy lives and promote well-being for all at all ages. <https://www.un.org/sustainabledevelopment/health/>

Context

The tragedy of children dying within the first five years of life remains unfinished business.

Through various global partnerships, low- and middle-income countries have driven a child survival revolution, launching a relentless assault against many preventable and treatable causes of child deaths that has waxed and waned over the last 40 years. Progress on the whole has been remarkable — while in 1990, 12.6 million children under five died, in 2020 that number has fallen to approximately five million.

This reduction, though significant, is not sufficient. Avoidable child deaths remain excessively high. Too many children are confronted by multiple threats to their health and well-being that are frequently overlooked by programs and services.

The Sustainable Development Goals (SDGs), adopted by all UN member states in 2015, represent a shared commitment, and are designed as a *"shared blueprint for peace and prosperity for people and the planet, now and into the future"*. The second target of SDG 3 - achieve good health and well-being for all - is a call to end preventable deaths of new-borns and children younger than five years. Member countries of the UN have committed to reducing the neonatal mortality rate to at least 12 per 1,000 livebirths and under-5 mortality rate to at least as low as 25 per 1,000 live births by 2030.²

Fifty-four countries are off-track to meet SDG 3.2.1 — targeting an under-five mortality target of 25 or fewer deaths per 1,000 live births. An analysis of the proportion of deaths that occurs across this continuum demonstrates that post-neonatal deaths (month one – month 59) in particular, represent 54% of overall under-five mortality; this proportion is as high as 70% in some countries. The highest child mortality rates are in sub-Saharan Africa, while the highest proportions of 1–59 month age deaths are in West and Central Africa.³

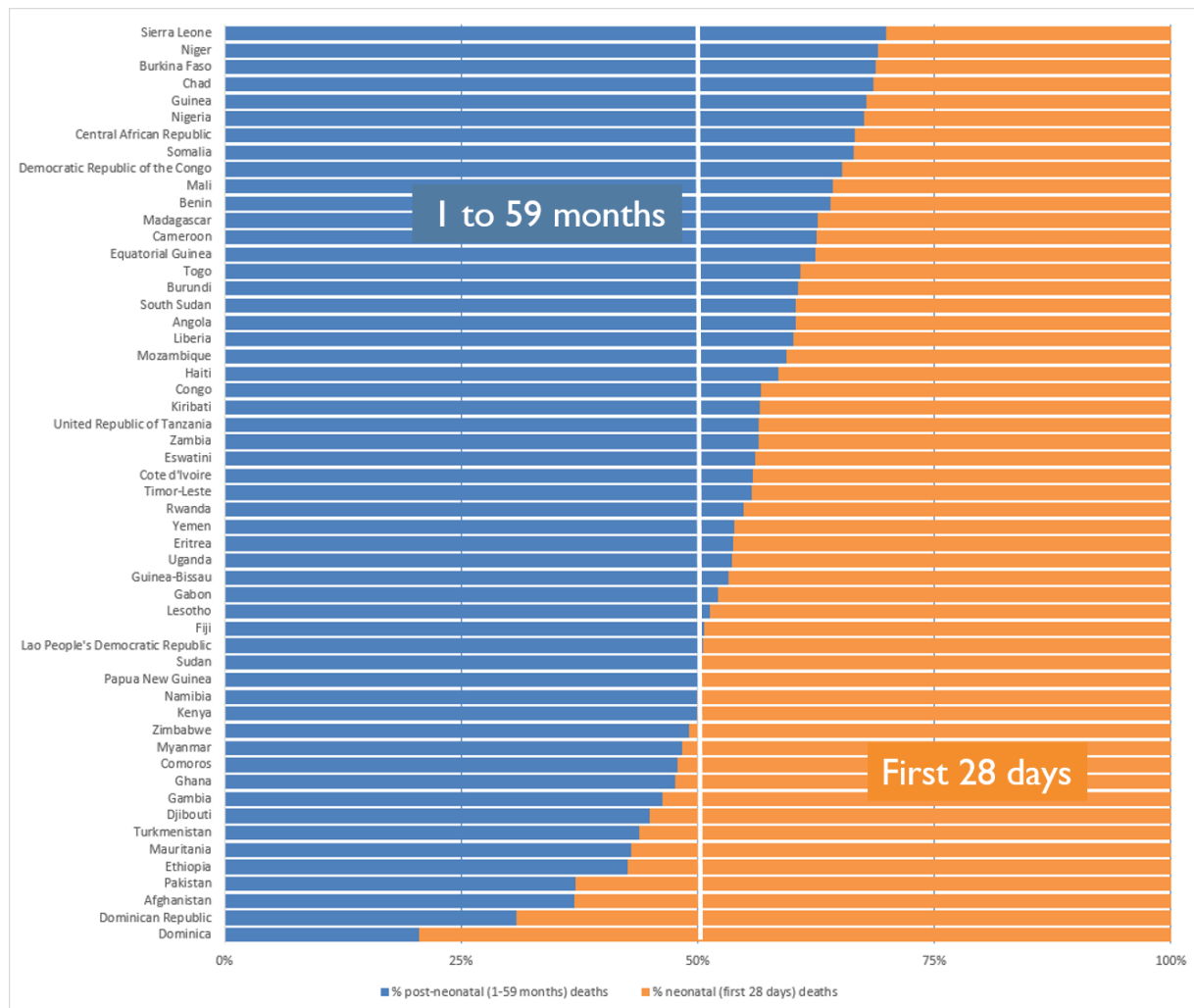
Table 1: Accelerated action to end child deaths is required pre- and post-partum and through childhood

Pre-Pregnancy	Pregnancy	Birth	Postnatal	Infancy	Childhood
Ending Preventable Maternal Mortality (EPMM)		Every Newborn Action Plan (ENAP)		Child Survival Action (CSA)	

² UN Sustainable Development Goal 3: ensure healthy lives and promote well-being for all at all ages. <https://www.un.org/sustainabledevelopment/health/>

³ Draft Child Survival Action: A Renewed Call to Action to End Preventable Child Deaths, August 2022

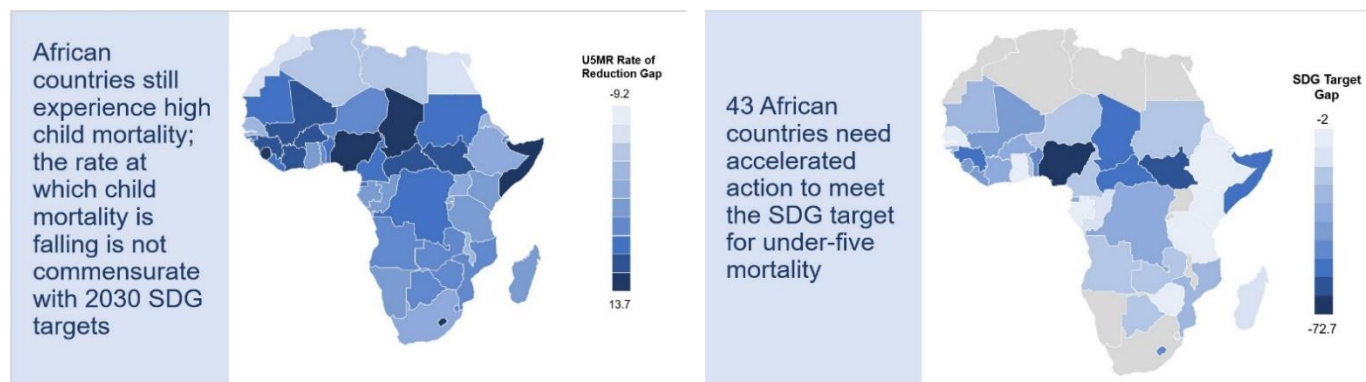
Figure 1: In most off-track countries, a significant proportion of child deaths occur from 1 to 59 months of age



The continued high mortality among the 1–59 month age group is an expression of inequities and the multiple deprivations that children in high-burden countries face; common infections remain among the key causes of death, particularly among the most disadvantaged population groups.

In Africa alone, approximately 2.7 million children die before their fifth birthday each year. Although Africa accounts for just 27% of live births in 2020, 54% of children who die under the age of five come from the continent.

Figure 2: Child Mortality in African Countries and SDG Target Gap



The Child Survival Action Initiative (CSA) is a renewed call to all partners—national governments, civic and traditional leaders, communities, and regional and global stakeholders—to end preventable child deaths. The call to action identifies existing opportunities to accelerate progress and lays out the steps that partners and countries need to take to reach all children with life-saving interventions.

This advocacy blueprint is founded on and complements the CSA; it is concerned with elevating child survival action to the highest levels of influence, decision-making, and accountability — both at national level, and globally. The CSA and the Child Survival Blueprint for Advocacy and Action are intended to once again catalyze a seminal milestone in the trajectory of child survival efforts over the last 20 years. Where the Bellagio Conference of 2003 brought awareness to the needless deaths among children and rallied action to deliver simple low-cost interventions, the 2012 Call to Action (led by Ethiopia, India, and USA) elevated the topic once more, this time focusing on leadership and health systems approaches.

This Blueprint for Advocacy and Action reflects a collaborative effort by members of the Child Health Taskforce, the CSA Initiative Secretariat (hosted by JSI), and Market Access Africa to develop a compelling advocacy blueprint that rallies community, sub-national, national, and multilateral partners, in line with the priorities set by national governments to take and accelerate measures to safeguard the lives of children.

Accelerating Child Survival through Advocacy and Action

Aim and Objectives

The Blueprint for Advocacy and Action serves to guide coordinated country, regional, and global level efforts to elevate child survival as a priority policy concern, to mobilize domestic and global investment, and to foster accountability.

The Blueprint places countries at the centre of the partner ecosystem for advocacy, recognizing that countries are best positioned to accelerate action when they have the evidence to guide programming and investment. It provides for regional level groupings and convenings, allowing countries to come together into communities of practice in order to develop common strategic and policy positions, lesson sharing, mutual accountability, and regional legislative advocacy to promote child survival as a continental priority. At the global level, the coalition of technical and funding partners, under the Child Survival Taskforce umbrella, work under country leadership and regional bodies to support an enabling policy and funding environment for child survival efforts that are anchored at the country level.

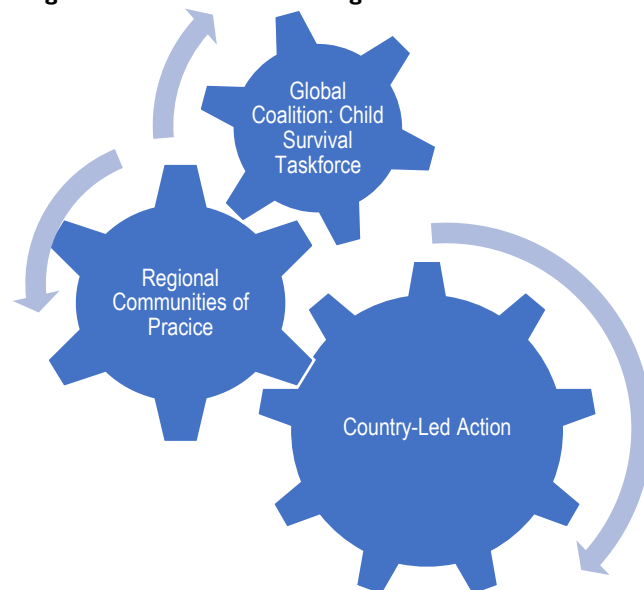
The Blueprint has the following overarching aim and purposes.

AIM: CSA is elevated to the highest levels of national, regional, and global level policymaking and prioritization, and countries are strategically positioned to mobilize resources and attention to accelerate action towards attaining SDG 3.2.1.

OBJECTIVES:

1. To illuminate the barriers to visibility, awareness, and commitment that undermine maximum attention and prioritization for child survival.
2. To unite and streamline efforts of the global coalition of partners, providing a common framework for promoting CSA.
3. To position and equip countries to serve as the locus of decision-making on child survival action and investment.
4. To provide a set of orienting strategies and suggested activities that can be adopted and adapted in different countries, for elevating child survival to the highest level of national policy and prioritization.
5. To maintain a focus on results and accountability, at the sub-national, national and regional levels.
6. To coordinate domestic and global budget advocacy and resource mobilization, expanding the resource envelope, while also enhancing resource efficiency.

Figure 3: Coordination among Levels of Stakeholders

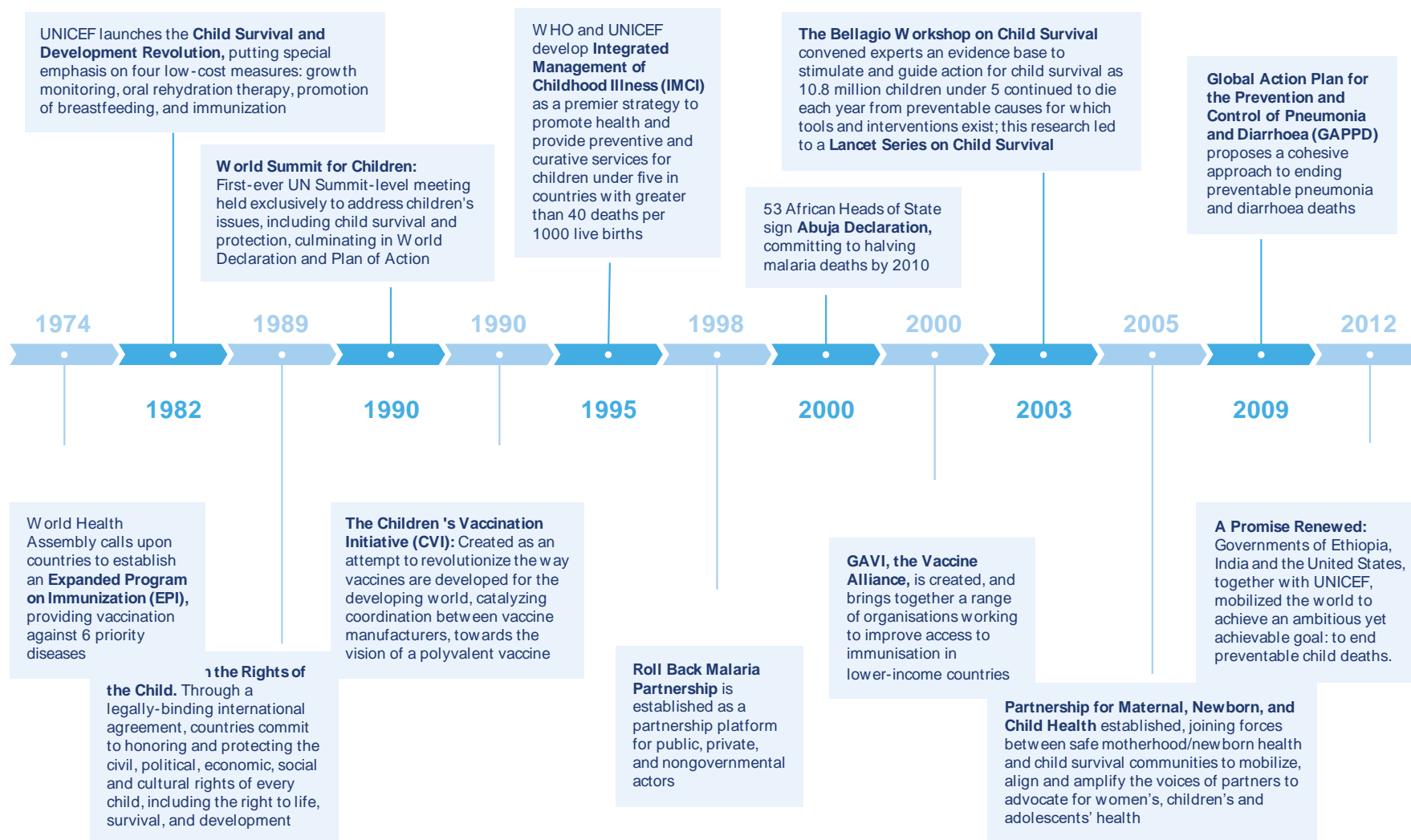


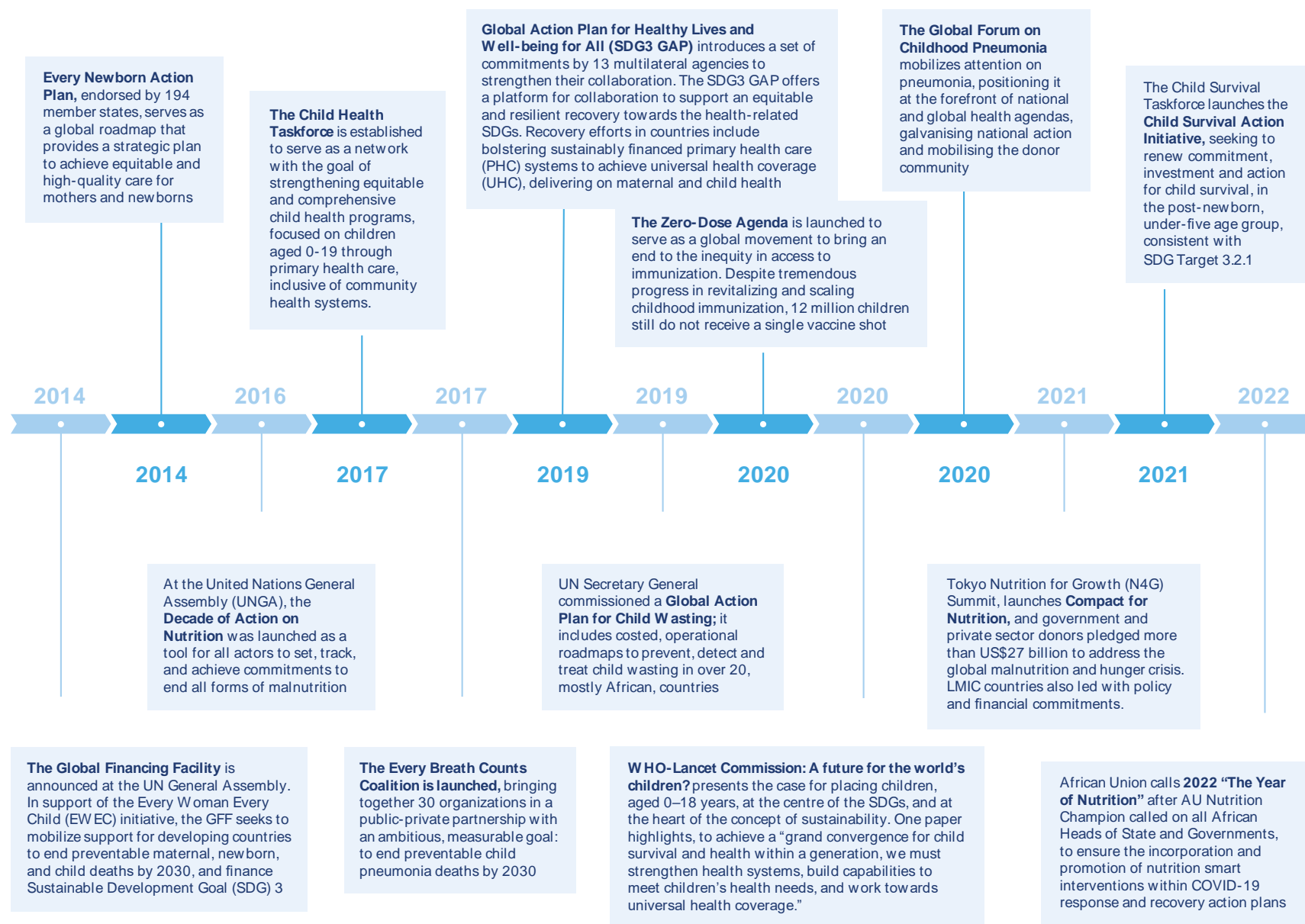
Child Survival Advocacy: A Capsule Review over Time

This Blueprint for Advocacy and Action on Child Survival builds on a plethora of policy and advocacy campaigns and moments that have accumulated to define the current landscape of actors, initiatives, and investments.

Figure 4: Timeline to Child Survival Advocacy

This Strategy for Advocacy and Action on Child Survival builds on a plethora of policy and advocacy campaigns and moments that have shaped the current environment.





The Bellagio Conference of 2003 and the 2012 Call to Action were two defining moments that galvanized action on child survival, putting child survival on the map as a global priority, resulting in new investments and commendable declines in child deaths. (See Annex 3).

A comparison of these eras suggests that there were marginal differences in the advocacy message and technical interventions underpinning each new push. In the case of this renewed effort, the strategic approach to advocacy and action, including an innovative and compelling case for investment (particularly at the domestic level) will determine how well this era of CSA will add value and renew momentum from past eras of CSA, and elevating this agenda to a new level of impact and transformation.

The 2022 Blueprint for Advocacy and Action seeks to double down on child survival efforts in the 43 countries that need accelerated action to meet the SDG target. While previous efforts have focused on multilateral action, this new chapter in advocacy for child survival efforts in Africa will be defined by a focus on country-led, data-driven decision making, and operation in peer communities that foster mutual accountability. Within countries, the Blueprint seeks to engage more closely with actors at the community level, while also promoting a broad spectrum of both traditional, and innovative partnerships between public, private, and third sector actors. Finally, the Blueprint supports and elevates the primary health care approach as a critical enabler of sustained impact.

3.2 Grounding the Blueprint in the Child Survival Action Initiative

This advocacy blueprint takes as its point of departure that effective and resonant advocacy must be built on a foundation of: (i) synthesis of knowledge, (ii) active engagement of all relevant partners, and subsequently, (iii) the joint elaboration and execution of robust awareness-raising, campaign and outreach efforts. The Blueprint offers common elements that can be easily adapted to suit specific contexts in the 43 target countries, each with its own national advocacy needs, while creating a common identity that allows communities, countries, and national efforts to coordinate with each other and with multilateral actors and development partners aligned with the CSA Initiative.

Advocacy has a critical role to play in catalyzing the CSA Theory of Change, and attaining the goal and vision of the call to action. A key purpose of the Blueprint is thus to lay out a strategy that guides advocates on the process of influencing the policy and investment environment, in support of the Theory of Change.

The table below highlights the ways in which this advocacy blueprint seeks to accelerate the change process that is intended by CSA strategies. The various mechanisms through which advocacy can catalyze the CSA Theory of Change fall into five distinct themes – **Convene, Prioritize, Legislate, Secure, Account.**

Table 2: CSA Strategies by Theory of Change Themes

	CSA Strategy 1: Use data driven approaches to identify and address inequities	CSA Strategy 2: Advance public and private partnerships for child health	CSA Strategy 3: Engage with communities, families, and caregivers	CSA Strategy 4: Improve the quality of care in child health services	CSA Strategy 5: Track progress and hold stakeholders accountable at all levels
CONVENE	How does the child survival community forge a greater commitment to use of evidence, and investing in data collection?	How can innovative partnerships be forged and efforts aligned among a diverse range of actors beyond technical health actors?	How can child survival goals be accelerated by recognizing and supporting the agency of communities, families, and caregivers?	Which additional actors need to be rallied and convinced of their role in supporting primary health care and access to child health services?	What is the best way for countries to exchange lessons, form common positions on strategic issues and strengthen their negotiating position with policymakers and partners?
PRIORITIZE	What data are available or are needed to tell a compelling story and to guide investment to reduce child mortality?	What should determine how the investments and other resources committed by partners are allocated for maximum impact? How can all actors be rallied to align on a priority set of gaps as guided by governments?	How do the experiences and feedback from communities inform the process of prioritizing interventions for child survival?		
LEGISLATE	How can policy instruments help to enhance a data culture, and enforce a more data-driven approach to equitable policymaking and uncompromising focus on results?	How can child survival tap into the power of individuals and non-state actors to influence priorities of policymaking? What policy instruments can be introduced that accommodate the participation of different non-state actors?	How should legislative advocacy and policymaking be informed by the voices of communities, families, and caregivers?	Which existing policy instruments – national, regional, global – serve as a foundation for informing the right to access quality services, including primary health and child services?	What mechanisms will help to enforce policies and technical standards on child health, including an equitable rights-based approach to care?
SECURE	Where is the money to leverage to strengthen data systems to inform planning and tracking progress?	What strategies can be employed to tap into the funding potential of actors beyond government and development agencies?		How can child survival mobilize additional resources while encouraging the “whole-child” approach?	
ACCOUNT	How can equity issues be brought to the light through data-driven approaches, holding all actors accountable?			What soft instruments can be used to engender transparency, accountability, and ownership?	

Key Principles for Advocacy and Action

In recalling the range of experiences by countries and partners over the last three decades of action on child survival, the following emerged as central principles to guide this renewed approach to advocacy on child survival. These principles reinforce those espoused in the CSA Plan.

1. All in it together for the whole child

Among countries and partners there is a unanimous call to advocate for the whole child's survival and thriving, rather than focusing on vertical disease/threat-based approaches. Whereas vertical programs may continue to persist in some form, due to the design of the global health architecture, child survival initiatives must be considered as part of an ecosystem of efforts and services that ensure the child's survival from birth to the fifth year of life and beyond. Saving lives in the first month of life to only lead to death at home later in life is tragic and an inefficient use of resources — the result of an environment that is rife with threats to children's ability to survive and thrive across their life course.

While recognizing the value of engaging across the life continuum, there is also a need to put a spotlight on the relatively neglected threats to survival that occur after the mother and child have successfully overcome the initial barrier to survival between pregnancy and the first month.

All advocacy efforts should call for the right of the “whole child” to survive and thrive.

2. Country-led, evidence-based prioritization, and linkage with regional platforms

The ability to mount an effort in which “all are in it together for the whole child,” requires a fundamental rethinking of how programs, gaps, and investments are prioritized. Countries and their delegated programs and authorities are primarily mandated to represent and cater to the needs of “the whole child.” All technical and advocacy efforts will therefore be oriented towards and have their activities guided by country-based coordination units that have end-to-end visibility into the needs of the child, and who are equipped and informed (primarily through data) to guide how resources should be prioritized.

Furthermore, governments can build on existing regional platforms led by health ministers to develop regional frameworks for collective action and accountability.

3. Integration of community structures and actors

For the most part, communities, households, and caregivers have been excluded from child health programming. This is a critical gap because households and the community influences are best positioned to influence a child's health after month one, when most children begin to cycle out of postnatal health care services. Child survival after the first month is heavily influenced by factors such as care-seeking behaviour and norms of parents and the communities in which they live, as well as societal behaviours and resources related to nutrition, water, and sanitation, for example.

The status quo, in which child health is viewed as the responsibility of health systems and health care workers, as well as NGOs, has instilled in communities the belief that little will change in terms of child

deaths, and that they have no agency and must wait for authority figures to come with help and programmes.

Households and communities are thus critical, but often overlooked, actors within the ecosystem. They should be similarly integrated into programming and advocacy efforts and their capacity developed to support advocacy and action on child survival.

Similarly, advocacy will recognize and elevate the central role of primary health care, including community health systems in accelerating access to services.

Child Survival Advocacy: A Theoretical Framework

There are various theoretical frameworks that guide the mechanisms of change in designing and implementing advocacy strategies that advance multilateral action on development issues such as child survival. Several advocacy theories were considered when determining which frameworks and principles could guide the advocacy for CSA, each with different attributes and relevance for different use-cases.

Annex 2 contains a comprehensive list of the change theories examined. Each of these ten theoretical frameworks for advocacy was considered and the following five theories of change for advocacy were identified as the most relevant for this purpose based on the goals and current context of child survival.

Each of the theoretical frameworks is elaborated upon below.

Table 3: Theoretical Change Frameworks and CSA

Theoretical Framework	Relevance for Child Survival Action
COALITION THEORY	Identify and cluster constituencies nationally, regionally, and globally. Include actors within and outside the health sector that form part of the ecosystem of influencers
MESSAGING AND FRAMEWORK THEORY	Develop tailored messages, along with effective communication and dissemination tools to support the delivery of messages
POLICY WINDOWS	Identify and create policy opportunities that can be leveraged to integrate commitment to child survival
GRASSROOTS OR COMMUNITY ORGANIZING THEORY	Support mobilizing and organizing of communities and households towards elevating their voice, and demanding action and accountability
POWER AND POLITICS THEORY	Identify strategies for engaging champions and political allies at national, regional, and global level

Advocacy Theories Underpinning the Advocacy Strategy

Coalition Theory

- Characterized by the formation of coalitions of actors with shared beliefs and priorities who compete with coalitions of people with different beliefs or priorities.

- Actors engage in different forms of political action to turn their beliefs into policy and action; they constitute an ecosystem that exists within a wider political system.
- Proposes that coordinated activity among countries, development partners, civil society, and think tanks will accelerate action towards prioritization of child survival in national and global level policymaking.
- Useful when a sympathetic administration is in office and when a strong group of allies with a common goal is in place or can be formed.
- Coalitions use strategies such as persuading like-minded policymakers or donors to change policies, influencing public opinion on child survival through mass outreach, and changing perceptions about child survival policies through research and information exchange.
- A good example of this applied theory in practise is the coalition formed by Gavi, the Vaccine Alliance, WHO, UNICEF, the Bill and Melinda Gates Foundation (BMGF), and other partners to deliver the global Immunization Agenda 2030 (IA2030).

Messaging and Frameworks Theory

- Assumes that decision-makers will develop different preferences based on how policy communications or messages are presented or framed.
- Useful when the child survival agenda is defined as part of a larger campaign or effort, and the primary focus of the work is on increasing awareness, agreement on problem definition, or the salience of an issue.
- Also known as Communication for Health (C4H), it uses evidence based, strategic communication as a health tool to support individuals, health workers, policymakers, and country leaders make decisions that affect and impact people's lives.
- Messages that understand the audience and drivers of their action and behaviours must be understandable, credible, accessible, relevant, well-packaged, actionable, impactful and timely. They must have the power to raise awareness, change attitudes, and spark policy reform.
- Advocacy messaging around child survival is a process and not an event; it can bring desired change by (i) demonstrating to policy and decision makers the positive impact their programs can have in their environment, (ii) galvanizing political support needed for policymakers to take a stand in fighting to accelerate the child survival action agenda, (iii) building broader constituencies to support and act by paying attention to action on child survival action in a sustained manner, and (iv) playing a strategic role in agenda-setting towards achieving the 2030 SDGs on child survival.

Policy Windows

- Policy windows occur when the environment is fertile or receptive to an idea, policy proposal, or enquiry.
- While the assumption of time-limited policy windows can make advocacy appear daunting and unpredictable, specific moments can be capitalized on to create these windows of opportunity.
- CSA must consider three key elements of the "policy system" when determining how to best create or exploit policy windows:
 - **Problems:** how policymakers define social conditions such as children dying as "problems."
 - **Policies:** concepts developed to address existing issues, and
 - **Politics:** political factors such as the national mood, interest group campaigns, and changes in elected officials.

Grassroots or Community Organizing Theory

- Entails the development of power through the involvement of a constituency that identifies prevailing problem, solutions, as well as the people and structures that can make these solutions possible.
- Enlists identified target people and structures in the effort through negotiation, confrontation or pressure if necessitated.
- In the case of CSA, this could be local citizens - village elders, household heads, community custodians, or representatives of women's groups - establishing an institution or organising unit that represents the interests of that constituency.
- With the necessary assistance, the institution develops the organizational infrastructure and capacity to address various community-important challenges (for example, nutrition, quality of health services, harmful gender and cultural practices, etc.).
- Community organizing approach must understand that people are motivated by self-interest and recognize this is important for motivating involvement from the community that is being organized.
- This approach is effective when the community sees the benefit of their participation in the group and believes that they will suffer some loss if the group fails.
- Members of community groups who are engaged in advocacy on child survival should also believe that they have some level of agency in influencing child health outcomes, and that their personal involvement has a direct bearing on the success of the collective effort. This will require deliberate organizing action, to mobilize communities to interrogate the factors requiring action on the part of the community, and on the part of authorities and other actors, and to serve as a voice for advocacy.

The Power and Politics Theory

- People are active creators of their environments rather than passive recipients of their surroundings. As a result, proactive goal-directed actions must be initiated through advocacy.
- According to the Power Politics theory, power to influence policy is concentrated in the hands of a few. As a result, advocacy efforts based on this principle will focus on a select minority rather than many people.
- To advance policy goals, it is critical to identify who has influence over the specific policy issue or area being addressed, cultivate relationships with them, and at times cultivate them into a "super-advocate" or champion.

Structure of this Strategic Framework

Based on these five theoretical frameworks, this strategic framework for advocacy on CSA identifies mechanisms through which advocates can execute different elements of the strategy based on their relative positioning within the advocacy strategy.

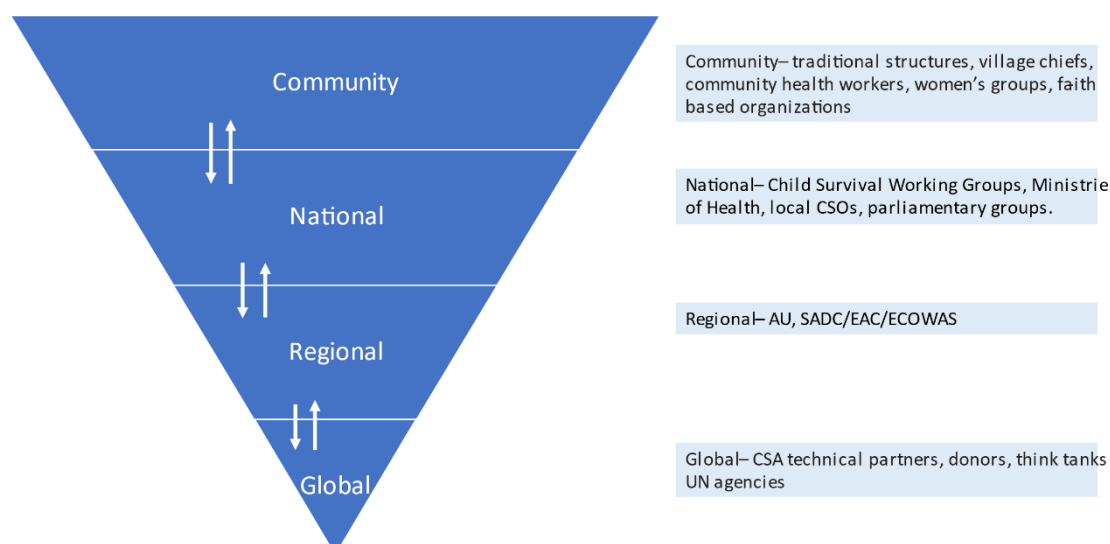
The following strategic framework prioritizes five critical strategic pillars for advocacy. These five theoretical frameworks are incorporated into each of the pillars to assist implementers of this strategic framework. To advance their cause at the global, regional, national, and community levels, advocates will form coalitions, synthesize and disseminate key messages, identify and leverage various policy windows, and engage in various forms of power politics.

The Strategic Framework recognizes four levels of advocacy action, interacting with each other to represent a "value chain" in which action and advocacy at different levels contribute to or are derived

from efforts at another level. The diagram below provides a nomenclature for establishing a common understanding of who is included in the various levels of action.

All actors at all four levels are jointly and mutually responsible for collaborating to achieve the desired goals of accelerating progress towards the SDG target, with the Child Survival Taskforce serving as a central coordinating role. Actors are responsible for convening coalitions, articulating key messages, lobbying for new policy commitments and instruments, securing resources, measuring progress and impact, and enshrining accountability at their various levels and spheres of mandate and influence.

Figure 5: CSA Levels of Action



- **Countries and national level** action will anchor all efforts within this strategy to remain true to the principle of sustainability. Given their central role as executors of child survival action, as well as their proximity to and mandate from affected communities, countries must be empowered and equipped to drive policy, investment, and advocacy priorities.
- **Communities** within countries play a critical role in focusing child survival action on the child, in accordance with the principle of "all in it together for the whole child." Communities will help gather practical insights and evidence on what works, set priorities, and demand accountability for service provision.
- **Global actors** will amplify national priorities by providing a powerful platform for convening a diverse range of influential actors, supporting coalition expansion, maintaining momentum, and supporting national and regional level convening and coalition building.

The Advocacy Strategy Framework

The following are the key strategic pillars and priority activities proposed by this Blueprint. They provide a set of orienting strategies from which countries, civil society, other actors can draw to develop their own action plans, with a common vision and brand identity.

7.1 STRATEGIC PILLAR I: CONVENE

AIM: A renewed global movement on child survival is driven by a focused and coordinated global coalition that drives new commitments and accelerated action towards attainment of SDG 3.2.1

OBJECTIVE: Convene and connect a diverse range of advocates into a powerful, multi-level coalition that drives advocacy and attention on child survival action.

STRATEGIC APPROACH:

Identify and develop a branded advocacy campaign. Advocacy efforts will deliver a more forceful impact when they are derived from a coherent and unified strategy, even if it is executed and translated differently, at different levels, and by different actors. The advocacy strategy for CSA requires that partners jointly create and maintain a common coalition identity that allows communities, countries and national efforts to be aligned, and to coalesce around a common goal — to reduce child deaths to less than 25 per 1,000.

Identify and equip and coordinating entities for child survival advocacy at the global, regional, and national levels. Convening and coordinating the global coalition and sub-coalitions are critical to the success of the strategy. In particular, there is need for a “neutral convener” who is uniquely positioned to support resource mobilization and prioritization between the respective technical and advocacy partners. The countries will ultimately serve as the optimal neutral convener, orchestrating the roles of various partners and advocates towards maximum impact on the child survival goals. Countries will require strengthened convening and coordinating platforms that allow them to be more firmly in the driving seat of determining strategy and investment allocation. The Child Survival Taskforce and Secretariat will continue to serve as a “situation room”, coordinating and connecting activities across the advocacy network, deploying technical and other resources to the respective coalitions and convening platforms, and supporting the maintenance of a cohesive common identity for the coalition at large.

Building on the convening role that has been played by the Child Survival Taskforce and its Secretariat, appropriate coordination entities (with necessary secretariat and implementation capacity) will be considered at the global regional level, as well as at country level; these will specifically coordinate the execution of the Blueprint and related advocacy initiatives. The respective convening platforms and coordinating entities need to be better integrated within regional and national initiatives, in order to break the silos within the child survival landscape and to create a coordinated and mutually reinforcing approach to delivering impact.

Build a broad coalition of advocates that leverages diverse actors in and outside the field of health and development. To date, efforts to convene and coordinate have focused on health and development partners — the “usual suspects.” Coalitions from community to global level need to leverage a greater diversity of actors, recognizing the complex ecosystem of stakeholders that influence child survival outcomes. This will involve comprehensive “power mapping” at the global, regional, national, and community levels to identify the relevant actors that ought to be convened, recognizing their unique roles and potential contributions. Although not exhaustive, examples include media,

corporations and philanthropists, media, social influencers, parliamentarians, human rights and other civil society organizations, line ministries of government beyond health (finance, gender/women's affairs, local government), etc.

Establish peer country groupings to enhance coalition building and align on advocacy strategy.

At regional level, there will be value in countries forming peer cohorts, in which other national programs with similar child health characteristics can come together to form peer communities. These peer communities will leverage existing convening platforms such as the respective health and welfare committees of regional bodies such as EAC, ECOWAS, African Union, etc. Based on the experience seen in other sectors, these regional cohorts will serve as powerful platforms for countries to jointly build capacity for mutually reinforcing advocacy messages among their governments, exchanging lessons and developing common positions on technical and policy standards governing child health programmes, as well as enforcing mutual accountability between member states.

Recruit Child Survival Ambassadors. Among the various coalitions that will form at the different levels, a network of child survival ambassadors will be formed at community, national, and global levels to promote participatory and inclusive processes for follow-up and review, and to build greater country ownership of the child survival agenda. The potential for grassroots or community coalitions including national level civil society organizations and local cooperative “self-help” groups, has been overlooked in the child survival efforts of the past. In each of the countries, the child survival taskforces will support the creation of community convenings and coalitions that mobilize affected rural and urban communities, leveraging existing structures such as women's groups, community health/outreach bodies, faith-based organizations, or traditional village forums.

Mobilize responsibility and action by communities, building their capacity to take ownership for child survival challenges and solutions. It is important to recognize the role that communities themselves play in perpetuating the child survival outcomes that are seen today. Some cultural norms towards women, or children, or behaviors and practices related to health-seeking for example, may have a significant impact on child survival outcomes. Beyond the technical interventions of health workers, governments, technical agencies, etc., communities need to ultimately recognize their part in the problem of child survival, as well as their part in the solutions. Community action and advocacy on child survival stands will improve innovation, responsiveness, and sustained impact in the long term.

Table 4: Activities for CONVENE by Level

Level	Activities
COMMUNITY	<ul style="list-style-type: none"> • Mobilize and convene community actors to be a voice for child survival, leveraging community health workers, traditional forums, faith communities, women's groups. • Identify and support local NGOs to drive community advocacy programming • Design community programmes and initiatives to integrate and elevate key messages on child survival • Partner with key community leaders who have sharper capacity to negotiate with elected representatives and officials, as well as penetrate politically sensitive environments. • Develop and/or adapt community-friendly information packages on child survival using information, data and case studies extrapolated from policy briefs and related child survival documentation. • Convene community-based forums for child survival action and accountability, bringing together community members, local government, and health partners at local level • Identify and nurture champions to represent communities in national and global fora • Surface and document community experiences, perspectives, and voices, using them to inform advocacy at national, regional, and global levels • Create platforms for community representation at national fora such as Global Fund CCM, Global Financing Facility, Child Survival Working Group
NATIONAL	<ul style="list-style-type: none"> • (Where it does not already exist) Establish National Child Survival Working Group (CSWG), with Terms of Reference, Country Advocacy Blueprint (building on Blueprint for Advocacy and Action), and annual costed workplan • Under the leadership of the CSWG, identify partner/CSO with capacity to coordinate national CSA advocacy strategy, including workplans, budgets, sub-committees, ambassadors/champions, and manage strategic advocacy relationships • Conduct power mapping exercise, to identify broader network of advocacy partners to integrate into CSWG • Establish committees to advance disparate advocacy themes – communication and media, policy and legislation, resource mobilization, data and accountability.
REGIONAL	<ul style="list-style-type: none"> • Use established regional structures to reach policy makers and influencers to promote the CSA. This includes the AU special units, Special Joint Conference of African Ministers of Finance and Health, the Ministers of Health Forum, first spouses, regional champions and ambassadors • Identify peer cohorts from among the 43 at-risk African countries, and develop schedule for joint deliberation, lesson sharing, priority setting, and mutual accountability. • Identify coordinating entity that can be leveraged to support regional/peer convenings by countries on child health and survival. • Mainstream child survival activities within existing SADC, AU, COMESA, EAC structures and systems, given its cross-cutting relevance to other “hot topics” on the development agenda
GLOBAL	<ul style="list-style-type: none"> • Conduct power mapping to identify additional actors at global level to expand the network of global advocates • Review structure of the Child Survival Taskforce, to design optimal framework to accommodate different actors, and to support closer support for regional cohorts • Establish additional participation mechanisms for global advocates, beyond the technical role of Taskforce (including Advisors, and Ambassadors) • Promote sharing and implementation of the CSA advocacy strategy through existing partners and stakeholders, as well as interaction with the Heads of State and high-level actors.

7.2 STRATEGIC PILLAR 2: PRIORITIZE

AIM: All child survival programming and partner investments achieve optimal impact and efficiency, and are aligned with an evidence-based prioritization of needs that is country-led.

OBJECTIVE: Equip and empower ministries of health to develop one national child survival priority plan that prioritizes gaps and priority investment areas, and to align and coordinate all partner efforts around that plan.

STRATEGIC APPROACH:

Efficiency and “more health for the money.” In addition to securing more resources for child health — “*more money for health*” — more resources can be unlocked through efficiency — “*more health for the money*.” The movement for child survival finds itself on the edge of unprecedented threats to the sustainability of donor financing for health. Given this, the use of evidence to prioritize and develop targeted, proven interventions is an imperative. Child survival programming today sits at the intersection of various thematic areas, each with various funding streams, coming from different segments of development assistance for health. Investments into vertical disease programmes such as malaria, pediatric HIV) and into systems-oriented topics (community health workers, primary health care, maternal and child health) all contribute to the outcomes seen in child health.

Equip a country-led platform for prioritization of needs. In the absence of a dedicated and empowered coordinating entity that has end-to-end visibility of the child survival priorities; gaps; and complex webs of programmes and partner efforts and funding flows, a diffuse programming environment prevails where there is redundancy in programmes and partner efforts and policy incoherence. The resultant effect is resource inefficiency; resources, that are already critically stretched, continue to be deployed based on limited visibility of the various efforts by different technical and funding partners, and are thus, not directed towards their most efficient use.

The child survival effort can achieve “more health for the money” through prioritization. Country governments will lead in building repositories of information and data on the totality of efforts by different partners related to child survival, and to use this data and analysis to direct all new funding towards the priorities that the country has determined.

Advocacy is required to firmly establish this mandate and responsibility that countries have and to support the establishment and equipping of central coordinating platforms for child survival that have the evidence and the authority to determine how investments and support from different partners should be prioritized and streamlined towards one national child survival effort.

Conduct resource mapping to inform resource mobilization and prioritization. The availability and analysis of data is fundamental for this strategy to succeed. The designated authority within the Ministry of Health (MoH) responsible for overseeing alignment with the prioritized plan will need to have up-to-date, detailed information on the scope of the relevant programmes that are implemented by government and partners, and use this to direct new partner investments and initiatives as per the priorities of the plan.

In order to inform the prioritization exercise, countries will also consider conducting an annual resource mapping exercise to collect information on current and planned funding flows from partners across the child survival programmes and to use this information to inform resource mobilization and resource allocation decisions. Where it has been conducted, resource mapping has vastly improved the availability of data for decision making by collecting and consolidating standardized budget information from funders and implementers (government and otherwise); this has increased the transparency of funding

and supports MoH and partners in coordinating activities and mobilizing resources toward national priorities.

Table 5: Activities for PRIORITIZE by Level

Level	Activities
COMMUNITY	<ul style="list-style-type: none"> Establish feedback loop between community and national coordination platform, ensuring prioritization and data analysis is interpreted in context of lived experiences Identify community coordination and citizen engagement structures and platforms to facilitate surfacing of community input on priorities, experiences in accessing primary health care and other related community services
NATIONAL	<ul style="list-style-type: none"> Designate central coordinating unit for child survival planning; appoint empowered authority figure Through the child survival working group, develop one national priority plan for addressing unmet needs for accelerating child survival goals (ensure participation of disease programmes and other relevant programmes) Conduct annual resource mapping exercise to develop full visibility into government and partner investments for child survival Convene all partners on a quarterly basis to review priorities, update and share evidence on progress and outcomes, and guide new activities and investments
REGIONAL	<ul style="list-style-type: none"> Leverage regional convenings and peer country groups to develop common position and exchange lessons and experience on prioritization, use of evidence, and best practices for coordination and alignment Elevate child survival priority areas to health and political leaders, for inclusion in intra-regional and global health diplomacy
GLOBAL	<ul style="list-style-type: none"> Develop repository of national priority plans as developed by countries, and feed into global advocacy and funding processes (GFATM, GAVI, USAID, UNICEF, etc). Steer partners and new investments towards national priority plans

7.3 STRATEGIC PILLAR 3: LEGISLATE

AIM: A set of mutually reinforcing policy instruments are in place to guide policy and enforce action, elevating child survival action as a national and regional development priority.

OBJECTIVE: Develop and disseminate tools to guide regional and national actors in the design of policy instruments that accelerate action on child survival.

STRATEGIC APPROACH:

Elevate child health on continental stage through framework Declaration on Child Health and Survival. Building on the precedent of framework conventions, such as the African Charter on the Rights and Welfare of the Child (1999) and A World Fit For Children (UN General Assembly, 2002), child health advocates will consider the opportunity to raise the level of ambition, urgency, and accountability for child survival through the drafting and adoption of a declaration and common position on child health and survival. This has the potential to catalyze renewed attention on child survival, focus national leaders, civil society, and communities around the risk of failing to live up to the commitments to children made under SDG 3.2.1. The Declaration would consider committing countries and their partners to: (i) increasing resources, (ii) curating data and evidence to support effective prioritization and investment allocation, (iii) assuming greater responsibility for directing and coordinating child survival efforts, and

(iv) enacting domestic policies and legislation that builds primary health care systems, and integrates child survival as a critical input to socio-economic development frameworks.

Advocates will consider the merits of various diplomatic and legislative frameworks for achieving this goal (e.g. binding, or non-binding), balancing factors such as enforceability against time to ratification (can be up to 10 years). In addition to the commitments by countries, other non-state actors can be called upon to endorse this declaration and make public pledges of their commitments.

Develop civil society capacity for policy and legislative advocacy at national level. African civil society organizations represent significant yet underdeveloped and untapped potential to advance policy and advocacy goals in the area of health, including child health and survival. In the same way that civil society organizations rallied governments across the world, including in Africa, around AIDS treatment access, there is potential to position the plight of millions of children dying of preventable causes as one of the glaring failures of our time. Civil society organizations that have been successful in domestic advocacy in other social arenas – gender and women, democracy and civic participation, human rights, economic and land rights etc. – can have their capacity built to take on the issue of child health. In some countries, successful CSOs have been supported to focus on advocacy for global efforts and initiatives, undermining efforts to conduct domestically-oriented legislative and budget advocacy, which is similarly important. This work will reference global and national policy instruments, and keep governments and partners accountable.

There is a key role for global development agencies to play in supporting domestic, locally-oriented civil society organizations with financial resources, allowing cross-pollination of advocacy strategies across countries and sectors.

Create or leverage existing parliamentary forums to represent child survival priorities in national policymaking. Parliamentarians can play an essential role in elevating child survival so that countries accelerate progress towards attainment of child survival goals. Parliamentarians enact legislation, consider and approve budgets, and provide oversight for government accountability and transparency. Advocates will consider the establishment of a committed group of engaged parliamentarians who champion child survival within law making bodies. Parliamentary groups are typically well positioned to ensure national implementation of global commitments, fostering the participation of affected communities, among other constituencies. Engaging parliamentarians and increasing the level of debate and dialogue on child survival within parliament encourages a whole of government approach to child survival, putting the topic more firmly on the radar of related line ministries such as finance, local government, planning and economic development, water and sanitation, women, etc.

Parliamentarians can also engage at regional level to exchange ideas, build political will, strengthen capacity, and foster collaboration.

Table 6: Activities for LEGISLATE by Level

Level	Activities
COMMUNITY	<ul style="list-style-type: none"> • Leverage upon existing child survival frameworks and policies in support of local CSOs to undertake legislative and policy advocacy for accountability. • Identify or create opportunities for community participation and inclusion in political events, rallies, election meetings, governance gatherings and other convening moments as windows of opportunity around child survival. • Identify community custodians as child survival advocates and include them in CSA capacity building, training or learning initiatives with policy makers, senators, councillors and other change agents. • Organize community advocacy and lobbying initiatives including town halls and dialogs, writing letters to media and lawmakers
NATIONAL	<ul style="list-style-type: none"> • Host public meetings, including provincial and national health assemblies • Establish parliamentary committee on child survival, or identify related committee that can add child survival to its mandate and objectives • Convene policy dialogues, national forums to impact the quality and content of debates and discussions at legislature level • Assess models for intervention and build this into policy awareness, for example, through visibility in Parliament, key moments, high level policy dialogues or targeted media outreach • Develop strategic material such as policy position papers/briefs and a policy and resource mobilization plan to inform the policy/legislative implementation process • Analyze and track national plans on child survival and advocate for policy revisions in line with universal recommendations and continental or global frameworks on child health and survival • Engage with local and foreign media for coverage of evidence-based and quality coverage of child survival policy issues in print, electronic and social media • Train civil society organizations on topics such as policy literacy, partnership building and networking, monitoring media coverage • Develop and package regional child survival policy materials for wider dissemination at national level and monitor policy implementation
REGIONAL	<ul style="list-style-type: none"> • Maximize use of established regional structures to reach policy makers and influencers to promote CSA. This includes the AU special units, Council of Ministers, the Ministers of Health Forum, first spouses, regional champions, ambassadors, and regional media institutions • Mainstream child survival activities within existing SADC, AU, COMESA, EAC structures and systems, given its cross-cutting relevance to other “hot topics” on the development agenda • Coordinate parliamentarians, traditional and youth leaders, champions and influencers as agents of change in child survival advocacy • Develop a regional declaration/protocol at AU level on child survival in Africa (focus on the 43 countries, in English, French, Arabic and Portuguese) in a similar context to the Abuja Declaration on malaria. • Establish a Pan-African Parliament-led common position or regional communique on child survival in Africa, establishing a standard platform for accountability among member states and endorsing high-level political recommendations on a common stance for critical African challenges and opportunities. • Leverage existing social and human rights commitments at country level to inform advocacy through the African Charter of Human and Peoples' Rights, the African Commission set up by that Charter and the African Court on Human and People's Rights.

Level	Activities
GLOBAL	<ul style="list-style-type: none"> Engage with other partners who are delivering the global Immunization Agenda 2030 (IA2030), to develop a strategy for all countries and relevant global partners to achieve set goals on disease prevention and vaccine delivery. Engage with global policy bodies such as AU and EU who have reaffirmed their commitment to cooperate bilaterally on human rights through integration of CSA action Leverage global actors to enforce child survival policy and legislative commitments to influence advocacy for CSA Facilitate and strengthen participation and leadership of diverse groups of policy and decision-making at all levels Integrate child survival narratives into existing activism and advocacy on topics such as global health reform, global health replenishments, as well as budget advocacy for bilateral foreign assistance programs

7.4 STRATEGIC PILLAR 4: SECURE

AIM: Child survival programming at the national and local levels is sufficiently resourced to deliver impact against identified priorities, through domestic and global development assistance budgets.

OBJECTIVE: Support ministries and other key stakeholders to effectively advocate for sustained and sustainable investment in child survival.

STRATEGIC APPROACH:

Signal that child survival is a priority through domestic investment. As the primary holders of the mandate to secure child health, countries similarly hold the primary responsibility for resource mobilization and for securing and coordinating multi-year investments to support prioritized child survival initiatives. Countries will take the lead in mobilizing resources, first through committing their own resources, signalling to bilateral and multilateral partners the priority accorded to investment in child health and child survival. A first step towards this may be the creation of a dedicated budget line for child survival, committing a minimum level of investment in the annual budget, to be maintained until the country attains SDG 3.2.1.

Anchor investment in child survival as a public policy priority for growth and socioeconomic ambitions of countries. Efforts to advocate for greater domestic investment in health can be undermined by the perception that (i) health receives significant attention and support from development assistance and therefore is a low-level priority for domestic resources, and (ii) the lack of an obvious investment case for funding health/child health that demonstrates its importance for long term growth prospects and socioeconomic wellbeing for the country. In order to more firmly establish the imperative for investing in child survival as a priority for growth and socio-economic development (both in the near term and in the short term), child survival actors and advocates will need to develop sound investment cases that demonstrate to ministries of finance and the treasuries, why investing in child health matters.

Create cross-party and cross-ministry working groups for investment in child health. At the country level, members of the child survival taskforce will engage proactively with the respective policymakers responsible for budget development and national development strategies to advocate for an integrate child survival as a visible priority in development frameworks. National governments (both executive and legislative functions) will consider creating cross-party and cross-ministry working groups for investment in child health, ensuring broad participation and engagement of the treasury, as well as

articulating terms for engagement with donor countries and other bilateral and multilateral philanthropic partners that align with the national priorities for investment (as per the priorities identified under Strategic Pillar 2: Prioritize).

Provide compelling evidence and leverage pressure from civil society and coalition members for domestic resources. At the national and local levels, the child survival advocacy strategy will engage and partner with constituents and civil society groups to create platforms to drive policy reform, through consultative policy making, and leveraging pressure on policymakers to account for results and investment goals. Civil society organizations need to be equipped with the right analysis to develop and execute campaigns at local and national level that hold their own governments accountable for investments in child health, and towards achievement of the SDGs. Domestic budget advocacy of this kind has been very limited in the African health context, and there is a critical need for dedicated capacity building and peer exchange across countries to support the building of this movement. While government actors cannot engage in this kind of direct advocacy and lobbying, other members of the child health taskforce are well positioned to support the development of evidence, key messages, and budget analysis that civil society can use. Communities and the perspectives of parents/guardians will be an integral part of organizing and advocacy of this sort.

Engage domestic philanthropists and the private sector. Although nascent, African philanthropy is a growing and important trend that can be tapped in support of child survival goals. Members of the child survival working group will engage with philanthropy and the private sector to solicit investments in child survival action. Successfully engaging these constituencies at national level requires a targeted strategy that is based on (i) an informed strategy that seeks to align the interests of the targeted investor with those of the child survival community, (ii) considers the optimal fund management and allocation arrangements that provide the transparency and accountability that these potential investors would require. Developing a partnership strategy for philanthropists and the private sector will require significant commitment and coordination to maintain communication and nurture new relationships.

Leverage national innovative financing initiatives. In the quest for universal health coverage and the financing thereof, many countries have begun to explore and implement innovative health financing initiatives to expand the fiscal space for health (e.g. hypothecated taxes, debt swap arrangements, health trusts/endowment funds, social/community health insurance). Child survival advocates, making use of the investment cases described above, will seek to partner with the various technical agencies and CSOs who are seeking to identify priority health topics for domestic funding, and explore the potential for inclusion of child survival within these innovative financing initiatives.

Table 7: Activities for SECURE by Level

Level	Activities
COMMUNITY	<ul style="list-style-type: none"> • Map and establish partnerships among interested parties to create broad pressure groups for child survival • Create and run government relations initiatives, engaging politics at all levels with clear messages and demands • Collect and make available data and information to provide a basis for resource and investment “asks” • Engage with local media to amplify demands, sustained attention to child survival action, record and report success • Establish cooperative associations for investment in child survival and health, monitor progress towards improved child survival
NATIONAL	<ul style="list-style-type: none"> • Advocate for dedicated child health budget line, with minimum investment from government • Develop investment cases linking child health to economic and socio-economic development objectives • Identify partners that are well positioned to support philanthropy and private sector engagement, and create platform for their participation and support for child survival (e.g. investors roundtable, special fund) • Establish cross-ministerial and cross-parliamentary working groups to lead political action for child survival • Leverage executive and legislative power to establish programmes and funding streams for multi-year investment in child health • Insert child survival as a priority within innovative financing initiatives • Evolve relationship with bilateral partners and ensure donor compliance with country priorities
REGIONAL	<ul style="list-style-type: none"> • Establish peer cohorts of countries and advocating jointly for regional investment in child health as a priority • Provide a forum for convening and exchange of best practices among countries on domestic resource mobilization and integration of child survival into national and regional development plans
GLOBAL	<ul style="list-style-type: none"> • Allocate resources to support civil society initiatives on domestic budget advocacy • Support country efforts to mobilize resource, provide political and programmatic backing to country-led prioritization

7.5 STRATEGIC PILLAR 5: ACCOUNT

AIM: Child health initiatives and actors maintain a focus on performance and accountability to each other, to communities, and to the children whose lives are at risk.

OBJECTIVE: Develop mechanisms (tools, processes, and platforms) for building culture of mutual accountability, including through use of a scorecard to track progress on SDG 3.2.1.

STRATEGIC APPROACH:

Drive accountability and action through scorecards. Scorecards can help to distill vast and complex information on programs and their performance down to its essence, and to present information in a compelling visual format that helps to focus authority figures, policymakers, and implementers on results,

or the lack thereof. Thus, scorecards can serve as a powerful tool for strengthening accountability through their ability to make data on the bottom line— whether and why children are still dying - accessible to both technical and non-technical actors alike.

In the health sector, scorecards have been used as an accountability tool, helping to accelerate action towards the attainment of national level or continental level ambitions and targets. Within the child health and child survival arenas, various scorecards are already in use to support accountability and action on related topics, at continental and/or national – these include scorecards on malaria, maternal and child health, nutrition, water and sanitation, etc.

In order to raise the level of accountability and urgency around SDG 3.2.1, a continental scorecard that distills progress towards 2030 will be developed. This scorecard will be developed at regional level (aggregating information from the 43 African countries at greatest risk); a comparable scorecard will be developed to track country progress (tracking disaggregated sub-national data and metrics that highlight regional performance and equity disparities).

The value of scorecards for visually performance and triggering action is a function of quality, credible, standardized data. This data will be informed by the work of Child Survival Taskforce Metrics Group, which works with countries to support data collection and analysis in line with standardized methods and indicator definitions.

Integrate an Equity Approach: Summary national level indicators and metrics often hide severe disparities in access across different sub-national units (regions, districts). The disaggregation of data to include geographical or sub-national performance, and to surface equity considerations. Other disaggregation that can be integrated are sex, age (where possible).

Table 8: Activities for ACCOUNT by Level

Level	Activities
COMMUNITY	<ul style="list-style-type: none"> Identify community dialog platforms to develop greater ownership by and accountability to communities Strengthen community accountability mechanisms, through community information sessions with policy makers and community actors on SDG 3 advocacy action, children's rights to immunization, nutrition and protection Promote transparency through community engagement with local MPs on child survival through Town Hall meetings and citizen scorecards.
NATIONAL	<ul style="list-style-type: none"> Maintain and disseminate bi-annual scorecard of 3.2.1 indicators Participate in regional accountability platforms through dissemination of data to regional groups for regional scorecard Maintain data tools and analysis that disaggregate data by geography, sex, and age Invest in data strengthening, as guided by CSA Metrics Group and UN/SDG indicator methods
REGIONAL	<ul style="list-style-type: none"> Maintain and disseminate bi-annual scorecard at regional level for 43 countries Convene side event at annual ministers of health meetings to highlight progress and risks towards SDG 3.2.1
GLOBAL	<ul style="list-style-type: none"> Support data, analysis by countries through best practices in data use and scorecards, investments in data collection and analytical capacity Coordinate efforts of local and global civil society organizations to leverage data and scorecards as tools for leveraging pressure on policymakers and influential actors

Child Survival Messaging Framework

This child survival messaging framework has been developed after a roundtable discussion, series of consultations with global CSA stakeholders, the Child Survival Working Group, review of key materials and documents on child survival, including conversations with global partners.

Key talking points

- Children must survive early childhood so they can fully thrive and reach their full potential, enabling countries to build up their human capital and create more equitable, prosperous and sustainable societies.
- Sub-national (local) inequities in mortality outcomes must be identified and addressed, including access to and utilization of high-quality health services in facilities and communities.
- An enabling environment to promote positive child health outcomes and multi-sectoral action is critical and must include good nutrition, WASH services, and educational opportunities for women and girls.
- Evidence-based and affordable health care interventions such as immunization, improved nutrition, quality diagnosis, and treatment to help children get a good start in life are available. However, a knowledge-to-policy gap exists, as well as fragmentation in how governments and global public health partners have facilitated implementation.

Source: [WHO](#)

Priority Themes and Key Messages

PRIORITY THEME 1: An urgent, collective focus by the 43 at risk African-countries countries in Africa, can accelerate efforts to achieve the SDG3 2030 child survival target, underscoring the push for ‘all in it together for the whole child’

Key Messages	Secondary Messages	Proof Points	Target sectors	Call for Action
<p>Fifty-four (54) countries are off-track to meet SDG 3.2.1 of attaining under-5 mortality target of 25 or fewer deaths per 1,000 live births; 43 of these countries are in Africa.</p> <p>If all countries met the SDG target on under-5 mortality, 11 million under-5 deaths could be averted between 2020 and 2030. (UNICEF)</p>	<p>In Sub-Saharan Africa, 1 in 13 children die before their fifth birthday – a number that is 16 times higher than in high-income countries where the ratio is 1 in 199. (UNICEF)</p> <p>It is everyone’s responsibility to call for the right of the whole child to survive and thrive.</p>	<p>The global community committed to SDG 3.2.1, pledging to end preventable deaths of new-borns and children younger than five years.</p> <p>UN member countries committed to reducing neonatal mortality rates to at least 12 per 1,000 livebirths and under-5 mortality rate to at least as low as 25 per 1,000 live births by 2030 as indicators of progress towards achieving SDG3.</p>	<ul style="list-style-type: none"> • Global leaders • National leaders • Government agencies • Technical experts • Programmers • Policy makers • Donors • Investors • Media • Inter-ministerial departments • Members of Parliament • Civil Society Organizations 	<p>Child survival targets beyond 2030 will not be achieved without urgent action from national governments, key stakeholders, and partners at global and national level.</p> <p>Common efforts must track progress on health targets, resource mobilization, transparency and accountability through use of a scorecard, reports and data collection.</p>

PRIORITY THEME 2: Strong government leadership and accountability, and multi-sectoral responses aligned with national strategies that bring together multi-stakeholders from health can bolster children’s health and survival.

Key Message	Secondary Messages	Proof Points	Target sectors	Call for Action
<p>Advocacy for child survival efforts must focus on country-led, data-driven decision making, and operation in peer communities that foster mutual accountability.</p> <p>Now is the time for national leaders to address programmatic and health-care system challenges that are impeding progress in meeting the 2030 SDG target on child mortality.</p>	<p>National governments, UN, and key stakeholders must be accountable for protecting children’s lives at risk in all 54 target countries by 2030.</p> <p>Efforts to promote knowledge of relevant child survival policies, and legal and strategic frameworks at national level must be fast-tracked.</p>	<p>The Child Survival Action initiative seeks to renew commitment, investment, and action for child survival, in the post-new-born, under-5 age group, consistent with SDG target 3.2.1</p>	<ul style="list-style-type: none"> • Government leaders • Key ministries • Programmers • Media • Technical experts • NGOs • Inter-ministerial departments • Members of Parliament • Policy and decision-makers • UN 	<p>Governments must fully commit and continuously support child survival action by recognizing, upholding and creating a supportive environment to implement related advocacy on child survival.</p>

PRIORITY THEME 3: Countries must ensure people-centred, equitable, and increased action in quality primary health care delivery in communities and facilities

Key Message	Secondary Messages	Proof Points	Target sectors	Call for Action
<p>Action in primary health care delivery is incumbent on a people-centred approach that is equitable.</p> <p>Strengthened primary health care in facilities and communities must prevent, diagnose and effectively treat the causes of child death, promoting good health and nutrition for all children as a pivotal child survival strategy.</p>	<p>Ensure supportive leadership and management through a capacitated, skilled, remunerated and motivated health workforce, including fully integrated community health workers with reliable access to essential supplies.</p>	<p>Integrated approaches that combine disease, curative care, nutrition, immunization, and child development (holistic) has proven to be a more effective and sustainable child survival approach</p>	<ul style="list-style-type: none"> • Global leaders • Donors • Investors • National governments • Health ministries • Health facilities • Community • UN • Training institutions • Programmers • Media 	<p>Countries must act on specific interventions with integration approaches that include a nutrition focus to address child survival</p> <p>Advocacy language should highlight existing inequities and highlight challenges of lack of basic healthcare in hard-to-reach areas.</p> <p>National leadership must ensure a skilled, motivated health workforce to enhance child survival goals.</p>

PRIORITY THEME 4: Build effective partnerships between governments, local partners, civil society, private sector, regional and global organizations, as part of a renewed commitment to child survival.

Key Message	Secondary Messages	Proof Points	Target sectors	Call for Action
<p>Renewed action on child survival is urgent through a joint effort by governments, local partners, civil society, the private sector, regional and global organizations.</p> <p>Renewed action on child survival will avert millions of children's deaths.</p>	<p>Governments must renew commitment to SDG 3.2.1 by showing how countries are off track and ensure efforts to close the gap.</p> <p>Regional bodies such as AU, SADC, COMESA, ECA must collectively prioritize child survival action on the regional agenda.</p>	<p>Coordination works if built on established multi-sectoral and multi-stakeholder advocacy platforms.</p> <p>Partnership actions through trust, participation, engagement, and advocacy at national and regional level are impactful.</p>	<ul style="list-style-type: none"> • National leadership • Policy makers • UN bodies • Government leaders • Global leaders • International community • Programmers • Media • Technical experts • NGOs 	<p>Regional political commitment with African Heads of State through a declaration/call/joint statement will strengthen child survival advocacy efforts</p> <p>Elevate child survival action at national level through political buy-in (election moments, national events and commemorations, etc.).</p>

PRIORITY THEME 5: Mobilize required resources from domestic and international sources and sectors to deliver on this renewed vision for children's health, nutrition, and survival.

Key Message	Secondary Messages	Proof Points	Target sectors	Call for Action
<p>Resource mobilization efforts must combine not only domestic financing, external pooled investments and innovative approaches, but also a commitment to making better use of existing resources at country level.</p> <p>Strategic investments in infant and early childhood (1-59 months) are critical for child survival.</p>	<p>Governments must build on existing regional platforms led by health ministers to develop a regional prioritization framework, mechanisms for mobilizing and allocating resources, and regional accountability.</p> <p>Millions of children will die before their fifth birthday if investments are not stepped up to improve their health, nutrition and survival</p>	<p>New funding sources outside the present donor pool can sustain child survival action efforts. Options include the private sector, foreign aid organizations, and philanthropists.</p> <p>Non-traditional financial actors can unlock new financing models that directly impact vulnerable children.</p>	<ul style="list-style-type: none"> • Global health and development leaders • Business leaders • UN • Donors • Private sector • Philanthropists • International community • Foreign aid organizations • Media • Technical experts • Civil society 	<p>Highlight country priority challenges through advocacy moments and events to mobilize resources, with key donors and ministers of health</p> <p>Civil society must work to strengthen budget advocacy and allocate resources for child survival</p> <p>Work with the media and develop investment cases to get 'bang for buck'.</p>

PRIORITY THEME 6: Community engagement can enhance and transform child survival programmes; therefore, countries must prioritize the community as an important target audience and working partner

Key Message	Secondary Messages	Proof Points	Target sectors	Call for Action
All countries must engage communities in the design and implementation of multi-sectoral responses to child survival action and programming.	Community engagement helps identify urgent needs, gives the community a sense of ownership, and enables the dissemination of pertinent information on child survival.	<p>Existing community structures can engage community leaders and enhance child survival efforts.</p> <p>Community engagement can determine and address gender, cultural and linguistic barriers to child survival efforts.</p> <p>Community capacity and proximity can challenge and monitor activity, progress and gaps in child survival action using a common scorecard.</p>	<ul style="list-style-type: none"> • National leadership • Government ministries • NGOs • Media • Technical experts • Community leaders • Traditional leaders • Village heads • Parents • Faith-based organizations 	National leadership and civil society must work together on community engagement activities and community interaction with traditional leaders and community structures to accelerate child survival action. Community level awareness is critical in supporting outcomes for child survival initiatives and programming.

PRIORITY THEME 7: Strengthening and utilizing country data systems on a continuous basis to focus on vulnerable children is critical to ensure accountability at all levels for change

Key Message	Secondary Messages	Proof Points	Target sectors	Call for Action
Countries must improve capacity to collect and analyze data for more informed decision-making on prioritization and resource mobilization into concrete actions.	Countries must continuously invest in better data and integrate measurement firmly within their initiatives, to include monitoring national and regional level indicators.	Indicators can reliably track progress on efforts to help achieve the child survival goal under the 2030 Agenda.	<ul style="list-style-type: none"> • National leadership • Policy makers • UN bodies • Government leaders • Global leaders • International community • Programmers • Media • Technical experts • NGOs 	Global partners and national leadership must work collectively to strengthen data-driven country-led prioritization mechanisms, for example through a central data repository.

Policy Windows

In rolling out this blueprint and the various advocacy strategies, advocates will identify and exploit various policy windows to advance the call to action and elevate child survival action. In contemporary geopolitics, there is an emphasis on a new public health order of the African Union, in which African vulnerability and dependency are radically reduced through prioritization of investments and action at the highest level.

The work of identifying policy windows should also consider (i) the humanitarian crises in the Horn of Africa and the Sahel and the renewed commitment of resources to address these, (ii) renewed attention to the primacy of Primary Health Care as the means to achieve health and well-being for all at the highest level, including through Universal Health coverage, and (iii) global efforts to align and integrate health, humanitarian action, WASH, and immunization.

Table 9: Advocacy Strategies by Policy Windows

POLICY WINDOWS	ADVOCACY STRATEGIES
SPECIAL COMMEMORATIONS	Global level <ul style="list-style-type: none"> - Create a list of commemorative days with a relevance on children from the annual special commemorations calendar for ongoing advocacy pitching on CSA - Place a joint op-ed or Press Release signed by a CSA influencer/champion/ambassador highlighting how CSA policies can save millions of children's lives by 2030 and distribute globally by an African PR firm like African Press Organization. - Maximise use of the proposed African Declaration on CSA or proposed investment case (see below Budget Periods) during commemorative days to endorse the critical importance of CSA at global, regional and national level. - Create a database of media practitioners and leading global media houses to share CSA information. Explore creative tactics to ensure reporters and media outlets have remote access to convenings/conferences/commemorations where CSA is discussed, including links to photo galleries, speeches, videos, data and policy shifts. - Pitch niche publications to cover key commemoration take-aways from different vantage points, i.e., women's magazines to cover the impact of child survival on communities, or environmental publications to cover the impact of climate change on child mortality <p>* these points can also apply to Global convenings section below</p>
	National level <ul style="list-style-type: none"> - Re-package the PR using national examples in country context for local advocacy action. - Create a social media blitz with “buzzy” hashtags to amplify CSA on identified special commemorative days - Coordinate national forum dialogues on CSA, presided by top national leaders and media. Share highlights and recommendations on social media

BUDGET PERIODS	<p>Global and regional level</p> <ul style="list-style-type: none"> - Create an innovative investment case to reinforce urgency on CSA through global campaign action, along the concept of the recent Women for Global Fund campaign, supported by letters, pledges and Asks to catalyse ongoing CSA efforts at global level - Ensure budget periods (usually one year) are reinforced with improved communication, new policy measures and planning around CSA action <p>National level</p> <ul style="list-style-type: none"> - Lobby national leadership to pledge to invest at least 1% of its budget towards CSA (as Ghana did in 2017 for innovation with a scale up to 3% over the next few years) - Track the annual budget process and ensure timely submission of budget analyses and requests - Coordinate policy dialogue budget meetings to talk about CSA expenditure, funding and resources with designated roles and responsibilities - Repackage proposed investment case (see above in Global) with context-specific information at national level for in-country advocacy action
POLITICAL ELECTIONS	<p>National level</p> <ul style="list-style-type: none"> - Identify a task force member to ensure child survival Talking Points are developed and shared strategically with both ruling, opposition and independent parties - Build a national level advocacy activity plan in critical pre-, during and post-election moments to advocate for CSA advocacy - Leverage key election partners to create speaking moments on CSA as part of electoral strategy - Pull in both private and state media to cover CSA stories as a critical newsworthy story that can be aligned with the political story of the day. - Use compelling data, explain the urgency of CSA, engage the voices of election candidates, political activists, women, children and key figures who make the news! - Create a case for amplifying renewed action CSA during political moments and the importance of African leadership that recognizes child survival action in relevant publications such as the Journal of African Elections - Conduct a media scan of key newspapers and media around political elections at national level, observe leading voices and key influencers; target these individuals with critical messages on CSA
REGIONAL POLICYMAKING	<p>Regional level</p> <ul style="list-style-type: none"> - Form linkages with strategic African institutions that can shift the CSA agenda using influence through its constituencies, for example the African Institute for Development Policy (AFIDEP) an African-led, regional non-profit research policy institute that helps bridge the gap between research, policy and practice in Africa. Their ongoing Back on Track project seeks to use data and evidence to develop a roadmap of essential interventions that have the greatest potential to transform lives and help countries deliver on SDG commitments. - Create partnership for progress links with regional institutions with ongoing policy advocacy agendas in the region: SADC, AU, EAC, COMESA, and REC - Engage with regional media institutions such as the Media Institute of Southern Africa (MISA) to provide in-depth CSA coverage, analysis, visibility and action (linked to 11 Member States in southern Africa). - Consider sponsoring/partnering a journalist to routinely cover CSA as a news topic through to 2030, a providing an opportunity to bring a top tier news outlet into the narrative.

GLOBAL CONVENINGS

Global level

- Tap into strategically located convenings on the African continent and closer to Europe and the Middle East, and advocate for child survival space, resources and funding. For example, Morocco has positioned itself as the window to Africa, renowned for having staged some of the world's most prestigious events, including the Global Entrepreneurship Summit, Inter-governmental Summit for Compact Migration, the Global Summit on Terrorism, and the Global Summit on Intellectual Property and Access to Medicines. Side chats, panels and dialogues on CSA would place this prevailing issue on the global agenda.
- Ignite links with the [Global Leadership Network \(GLN\)](#) that reaches hundreds of thousands of leaders in more than 123 countries and 60+ languages annually using a faith-based approach. The next [Global Leadership Summit](#) is in August 2023, offering high impact gatherings with new ideas and fresh perspectives from a wide range of fields and backgrounds.
- Spark direct advocacy with world leaders and global institutions with CSA mandates such as the [World Health Summit](#) in Germany in October 2023. Related summits at national level by AU and SADC will prove beneficial.

CORPORATE SOCIAL RESPONSIBILITY ACTION BY PRIVATE AND PUBLIC SECTOR

National level

- Develop an innovative policy push on CSA through bolstering support and cooperation from the private sector and public sector, underscoring urgency of the SDG3 goal.
- Engage with the private sector and the public sector through emphasising the social responsibility role of organizations in CSA action. These institutions have dedicated funding, resources and 'social good' responsibility clauses in their mandates. Advocating for child survival under this context through lobbying for policy on CSA in wider, popular events at national level.
- Tap into key movements, activities, agencies and actors at national level:
 - o National Arts Festivals
 - o National football/basketball/marathon days
 - o National airlines
 - o Banking institutions
 - o Health and well-being spaces, clinics, hospitals, etc.
 - o Public transport sector – busses, trains, etc.
 - o Business development spaces – hotels, travel sector, casinos
 - o Corporate agencies with children at heart
 - o Children's champions, ambassadors, musicians
 - o Food and nutrition companies
 - o National competitions/prizes/contests

Rolling out the Blueprint for Advocacy and Action at Country Level

Using the Child Survival Advocacy Blueprint

The Child Health Taskforce will coordinate the rollout of the Blueprint, supporting countries and advocates across different taskforce members to align their planning as guided by the Blueprint. At the country level, each of the 43 at-risk countries will develop a tailored country plan for advocacy and action on child survival, taking the principles and orienting strategies from this document, and translating them into a focused, country-specific action plan.

We urge national leaders to use this blueprint as a standard tool for advocacy on child survival while allowing for flexibility to meet specific in-country context and needs.

Before using this blueprint at country level, initial groundwork will help fast-track the implementation process as follows:

- Engage regional groups/blocs to identify entry points for coordination regional action on child survival
- In each of the 43 countries, engage government leadership to identify central coordinating entity for Child Survival Action
- Convene a Child Survival Working Group at national level, represented by key child survival actors identified in the target sectors.

Once a child survival working group has been established at country level, the following key steps will support the process of making the advocacy strategy operational and getting advocacy efforts underway.

1. Conduct a mapping of actors to be brought under the advocacy blueprint, to represent key areas in policy, resource mobilization, advocacy, governance, media, and community.
2. Conduct a mapping of civil society organizations (health sector or otherwise) to identify potential partners who may be well equipped to build domestic budget and policy advocacy for child survival
3. Develop a database of influential decision-makers such as politicians, national level leaders, media houses, like-minded organizations, policy advocates, community leaders, local and international government organizations to incorporate into national child survival working groups
4. Create associated ToRs and coordinate action committees in key areas such as budget advocacy, policy and legislative advocacy, data, and accountability.
5. Create an annual schedule of working group meetings with key thematics to support plan, review and provided consensus on national child survival action plans and programming. Tap into existing meetings, events, and gatherings to place and keep CSA on the national agenda.
6. Conduct a country scan to track child survival government funding histories and identify programs and policies that are not being enforced; or need to be revisited as part of domestic budget advocacy.
7. Create a national child survival advocacy plan using this document as a guide, supplemented by related advocacy action materials as dissemination materials, such as Key CSA Principles and Key CSA Messages.
8. Identify country-specific activities for action in the national advocacy campaign using the levels of action identified in the blueprint, as well as roles and responsibilities.
9. Monitor and evaluate progress using effective data collection and synthesis methods, as well as specific indicators and an annual child survival progress report.

Annex I: Process of Developing the Blueprint for Advocacy and Action on Child Survival

In addition, bilateral consultations were held with child health actors at the multilateral level to determine the barriers and bottlenecks to the right of the child to survive and thrive. A series of questions were developed in consultation with representatives of Child Survival Action and used to guide bilateral discussions with multilateral actors and for workshops/group consultations at the national level. The subsequent development of the strategy was informed by these global consultations and country-level insights.

Global level consultations were held with technical and donor agencies, to surface not just the technical, but the political and socio-economic determinants of child survival. These consultations drew participation from members of the Child Health Task Force (CHTF). The list of global-level actors engaged is listed below.

In addition to using the Guiding Principles and Theory of Change as the firm foundation for the advocacy strategy foundation, the development process undertook a desk-based analysis of the key initiatives, calls to action and action plans that have been developed over the last 50 years in order to understand what elements might usefully be extracted and applied to the development of this advocacy blueprint, and which approaches did not bear repeating. Cognizant of the fact that previous strategies had contributed to significant gains in child survival in a number of countries, the challenge was to understand whether these had met with any success in the target countries and to elicit any patterns or common issues that they may have presented for the target countries. The desk-based review undertook an in-depth analysis of existing literature and policies on child survival, and interrogated theories of change previously adopted to improve child survival outcomes.

Input from actors at the national level is undoubtedly critical for informing this overarching blueprint for advocacy and action. Of the 43 African countries that are the focus of the Child Survival Action Initiative, an initial sample of nine countries was selected to provide perspectives on different issues important for advocacy and action to end preventable deaths in children in these countries. The nine countries selected were Chad, the Democratic Republic of Congo, Madagascar, Mali, Mozambique, Nigeria, Somalia, Sierra Leone and Tanzania. This set of countries was selected to represent country diversity and the range of different vulnerability characteristics that are crucial for understanding the country environments in which action and advocacy for child survival would take place – e.g. conflict status, primary drivers of child death, political commitment. Each country also displayed the potential for interrogation of different areas of vulnerability that are crucial to understanding an overarching advocacy strategy. The sample size was reduced (due to capacity/time constraints) to Chad, Nigeria, Sierra Leone, Somalia, and Tanzania.

The following stakeholders participated in the consultation process:

1. Bill and Melinda Gates Foundation
2. Every Breath Counts Coalition
3. Foreign, Commonwealth & Development Office, UK
4. GAVI, the Vaccine Alliance
5. London School of Health and Tropical Medicine
6. MUSO
7. Partnership for Maternal Newborn and Child Health (PMNCH)
8. Save the Children
9. Scaling Up Nutrition (SUN)
10. UNICEF – Global
11. USAID
12. World Bank

Annex 2: Theories of Change analyzed for their relevance to the advocacy blueprint

Theoretical Framework	How Change Happens	When the Theories Are Useful
Large Leaps or Punctuated Equilibrium Theory	Significant changes in policy and institutions can occur when the right conditions are in place	<ul style="list-style-type: none"> Large-scale policy change is the primary goal Strong capacity for media advocacy exists
Grassroots or Community Organizing Theory	Policy change is made through collective action by members of the community who work on changing problems affecting their lives.	<ul style="list-style-type: none"> A distinct group of individuals is directly affected by an issue; The advocacy organization can and is willing to play a “convener” or “capacity-builder” role rather than the “driver” role
Policy Windows or Agenda Setting	Change occurs during a window of opportunity when advocates successfully connect two or more components of the policy process i.e., the way a problem is defined, the policy solution to the problem or the political climate surrounding their issue.	<ul style="list-style-type: none"> Multiple policy streams can be addressed simultaneously (problem definition, policy solutions and/or political climate) Internal capacity exists to create, identify, and act on policy windows
Messaging and Frameworks or Prospect Theory	Individuals’ policy preferences or willingness to accept them will vary depending on how options are framed or presented.	<ul style="list-style-type: none"> The issue needs to be redefined as part of a larger campaign or effort; A key focus of the work is on increasing awareness, agreement on problem definition, or an issue’s salience
Power Politics or Power Elites Theory	Policy change is made by working directly with those with power to make decisions or influence decision making.	<ul style="list-style-type: none"> One or more key allies is in place; The focus is on incremental policy change (e.g., administrative or rule changes)
Coalition Theory or Advocacy Coalition Framework	Change happens through coordinated activity among a range of individuals with the same core policy beliefs	<ul style="list-style-type: none"> A sympathetic administration is in office A strong group of allies with a common goal is in place or can be formed
Media Influence or Agenda Setting Theory	Political issues on the public’s agenda will depend on the extent of coverage a given issue receives by mass news media.	<ul style="list-style-type: none"> You have strong media-related capacity You want to put the issue on the radar of the broader public
Regime Theory	Policy change happens through the support and empowerment of policy makers by a close-knit body of influential individuals.	<ul style="list-style-type: none"> You know or suspect that a coalition of non-politicians is deeply involved in policy making You have access to or can become part of this coalition or regime
Group Formation or Self Categorization Theory	Policy change happens through the support and empowerment of policy makers by a close-knit body of influential individuals.	<ul style="list-style-type: none"> You are looking to build or tighten your base of support Cohesion among your organization’s members is a prerequisite for change
Diffusion Theory	Change happens when a new idea for a program or policy is communicated to a critical mass, who perceives it as superseding the current policy/program (or lack thereof) and thus, adopts the idea	<ul style="list-style-type: none"> The focus is on a new idea for a program or policy You have trusted messengers and champions to model or communicate the innovation

Annex 3: Comparison of Defining Strategies from three Eras of Child Survival Advocacy and Action

	2003 Bellagio Conference/Lancet Series	2012 Child Survival Call to Action	2021 Child Survival Action Initiative
MESSAGE/ FOCUS	<ul style="list-style-type: none"> 10m children under 5 are dying needlessly each year Two-thirds of these deaths are preventable with effective low-cost interventions that are available today, but they are not reaching the children who needed them. 	<ul style="list-style-type: none"> Focus on geography, high-burden populations, high-impact solutions, 'supportive environment' (including education, empowerment, economy, environment), and mutual accountability. An “evolution is needed, from targeting diseases, to targeting people.” 	<ul style="list-style-type: none"> Too many children are dying from common and preventable illnesses Focus on 54 countries that need urgent attention (potential to avert 10m deaths by 2030) Reach children left behind; reduce equity within and between countries
KNOWLEDGE/ KNOW-HOW	<ul style="list-style-type: none"> Focus on delivering existing interventions, including ORS and immunization Expansion of pediatric ARV later improved prospects for child survival 	<ul style="list-style-type: none"> New/updated vaccines for pneumonia and diarrhea Limited new tools, or interventions, but rather a strategic emphasis on scaling existing high-impact solutions, and high-burden populations 	<ul style="list-style-type: none"> No prominent tools to bolster this phase of child survival; the focus remains on better delivery of existing tools Potential for malaria vaccine to dramatically improve child survival
STRATEGIC APPROACH	<ul style="list-style-type: none"> Deliver interventions to the mothers and children who need them most. Weak health systems preclude reaching the neediest children; need to rethink global child health strategies. 	<ul style="list-style-type: none"> Elevates level of political attention, through leadership by Ethiopia, India, and USA. Emphasis on delivery approaches, and accountability. “Invest in innovation to accelerate action” Call for greater leadership, health systems approaches, resources, and public awareness 	<ul style="list-style-type: none"> PHC should be at the core of a comprehensive response Use data-driven approaches to identify inequities Advance public and private partnerships Engage with communities, families, and caregivers Track progress and hold stakeholders accountable