



Members' Meeting

Annual Members' Survey Results
Child Survival Action Blueprint for Advocacy

March 16, 2023

Pulse Check Survey

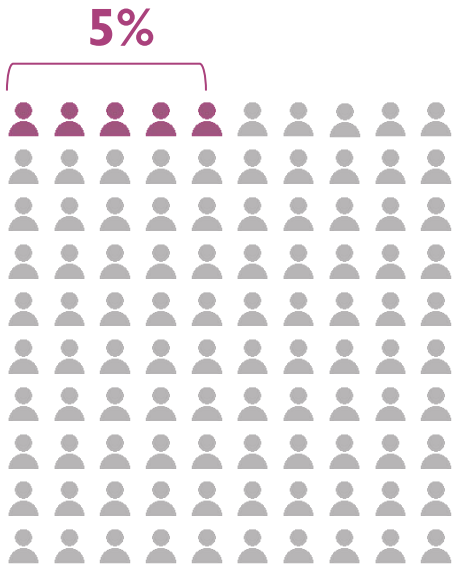
- **December 2022:** Secretariat sent out its fourth annual members' survey
- **Purpose:** Solicit anonymous feedback, including on Task Force's progress toward meeting its goal, subgroup participation, and usefulness of resources and support.

The screenshot shows the '2022 Annual Members' Survey' interface. At the top left is the 'Child Health Task Force' logo, which features a globe with two stylized figures holding hands. To the right of the logo is the text 'Child Health Task Force'. Below the logo and title is a progress indicator 'Section 1 of 4'. The main heading is '2022 Annual Members' Survey'. Below this is a welcome message: 'We are seeking our members' candid and anonymous feedback on how well the Task Force is working to fulfill its mandate. Thank you for providing your feedback on this survey.' This is followed by an optional note: 'You may submit your email at the end of the survey for a chance to be featured in the Task Force's next quarterly newsletter and on the website. We will include your photo and a write-up on your work/organization or on a pressing issue in child health that you would like to share.' Below the text is a form section titled 'Tell us about yourself' with a 'Description (optional)' field. The first question is '1. What best describes your organization?' with the following radio button options: Academic/research, Clinical care/medical provider, Donor agency - bilateral, Donor agency - multilateral, Government (e.g. Ministry of Health), INGO, global FBO, Local NGO, CBO, FBO, Private foundation, Private sector/for-profit, and Other...

Survey Respondents

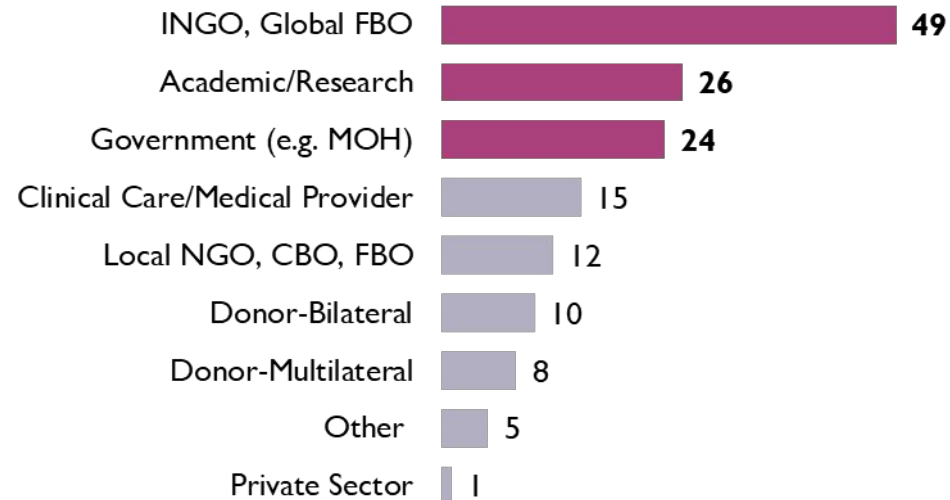
Response

150 out of 2,850* individuals responded



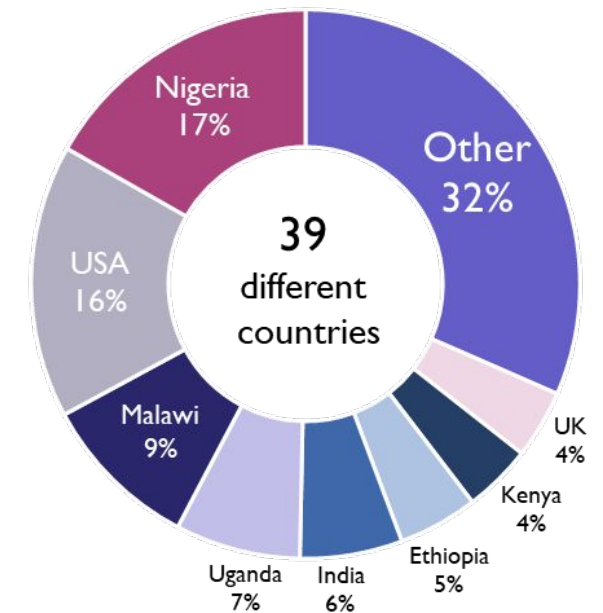
Organization Affiliation

Most respondents were from INGOs and global FBOs



Respondent Location

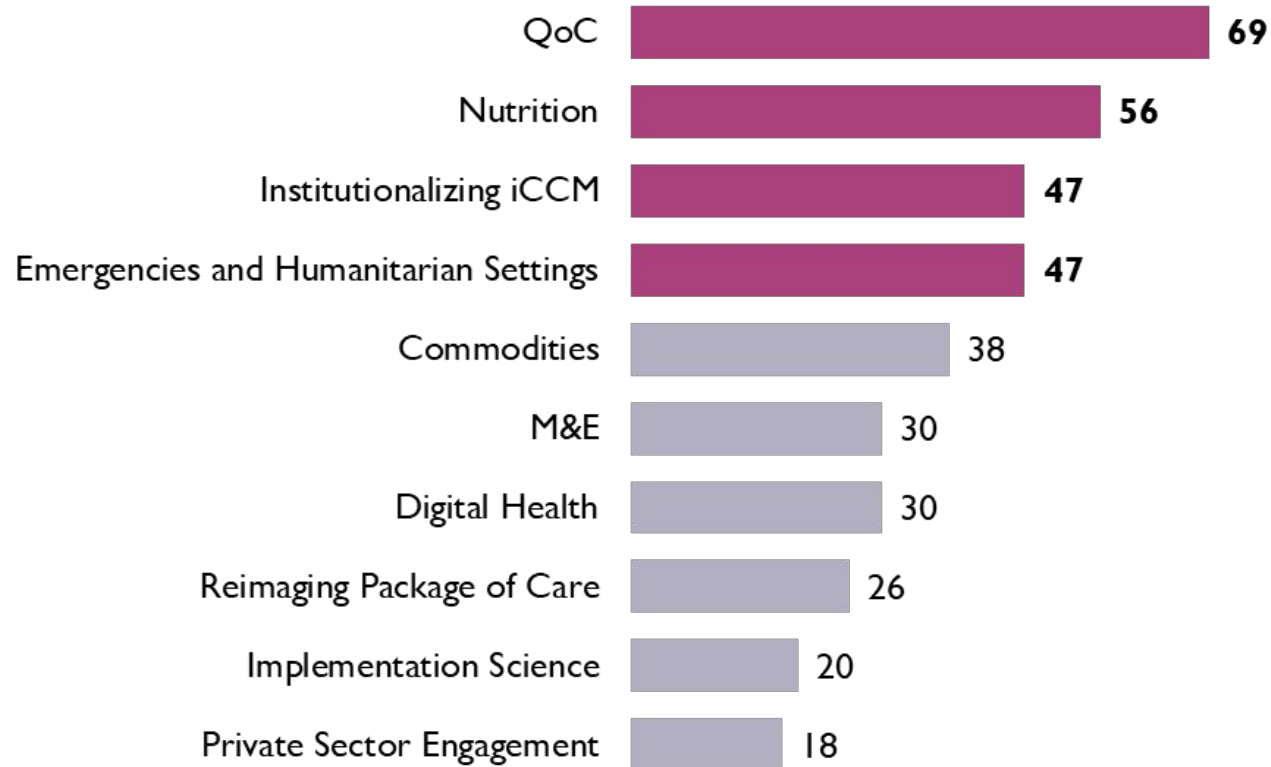
Top countries were Nigeria, US, Malawi, and Uganda.



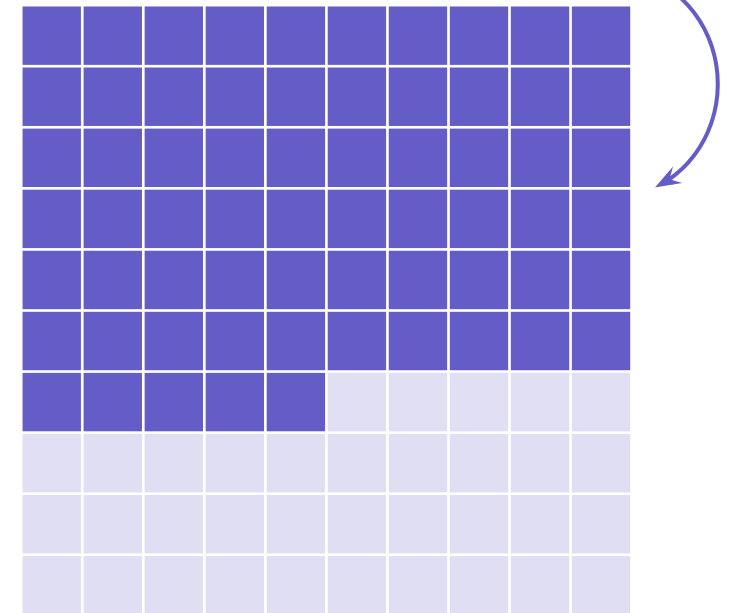
*Sent to 3,221 emails, 2,850 emails were delivered successfully

Participation in Subgroups

Number of respondents involved in each subgroup within the past 12 months

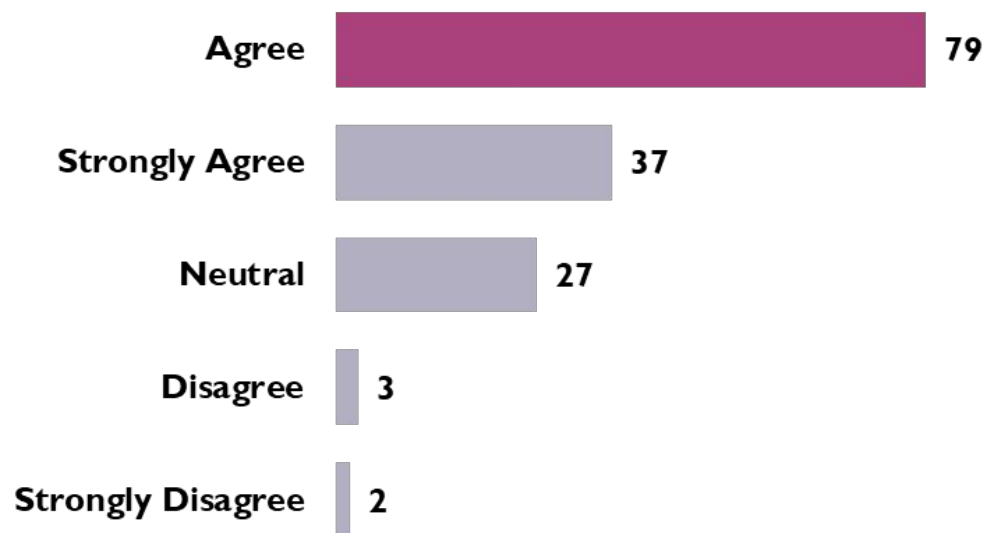
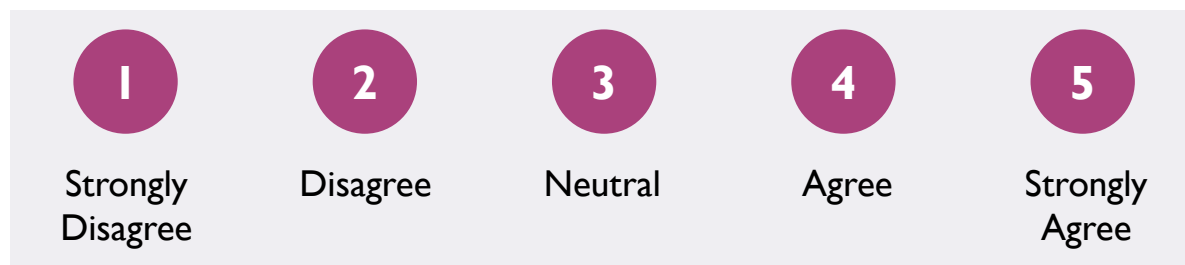


65% of respondents who participated in a subgroup, joined more than one



Feedback on the Progress of the Task Force

“The Task Force is on track to achieve its goal”



The Task Force is THE global group convening and mobilizing child health stakeholders to reach the SDG targets, with increasing membership from countries. That said, identifying HOW to support countries and the strategic advantage of Task Force support to countries vis-a-vis other partners has been challenging.

Feedback on the Progress of the Task Force



Whilst the task force is doing well at global level, actions at country level are rather weak. There is urgency to get countries to act with the same zeal that the taskforce exhibits.

The Task Force has made progress in many areas but one I'd like to note is the **Child Survival Action** initiative. There was a successful **WHA** event and then a joint visit to **Sierra Leone**. So there has been some good progress this year.



Suggested Improvements to Achieve the Goal (paraphrased)

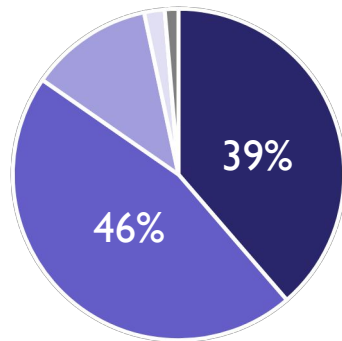
- Include more Govt entities in the webinars to help us understand how we can coordinate with Govt to achieve the goal
- Engage countries and funders a little more and more strategically
- Reconsider webinar scheduling which is tailored to favor northern hemisphere time zone
- Schedule small discussion groups to focus on application of shared tools and experiences (also requested by Francophone respondents)
- Increase the visibility of resources by disseminating them two to three weeks in advance of the commemoration of the relevant topic like child health week, women's day, World Malaria day, etc.
- **Need in-person meetings for members***

*This point has come up in every annual pulse check survey to date.

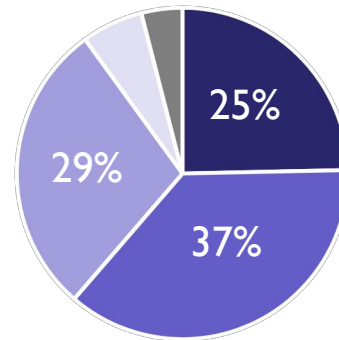
Usefulness of the Task Force's Work

Respondent responses on usefulness of the Task Force's areas of work:

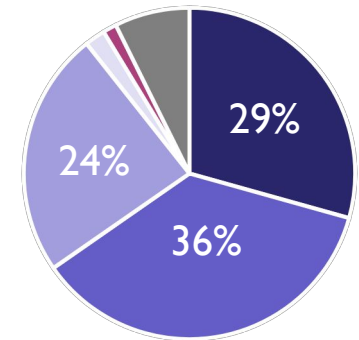
Coordination & Collaboration



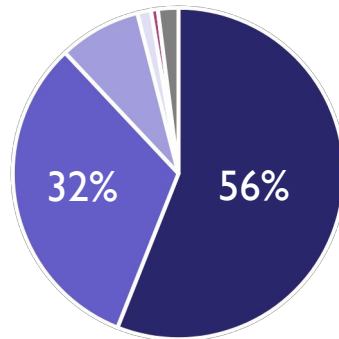
Advocacy for Integrated Programming & Financing ▲



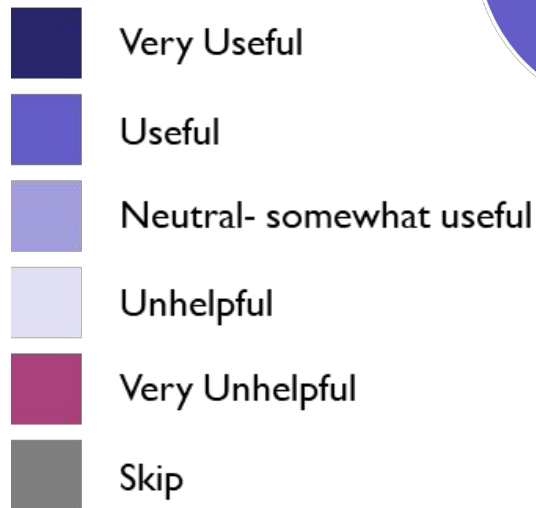
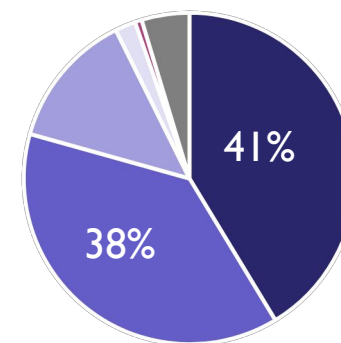
Partnership with Countries ▲



Learning & Sharing Evidence ▲



Knowledge Management ▲



▲ Increase from last year's survey

Usefulness of the Task Force's Work

Respondent responses on usefulness of the Task Force's areas of work

"I see more partnership among non governmental actors and not a lot between the Task Force and countries."

"The Task Force is increasingly visible as a vehicle for coordination and collaboration."

"Not sure who the advocacy is to and whether they are an audience to what the task force does."

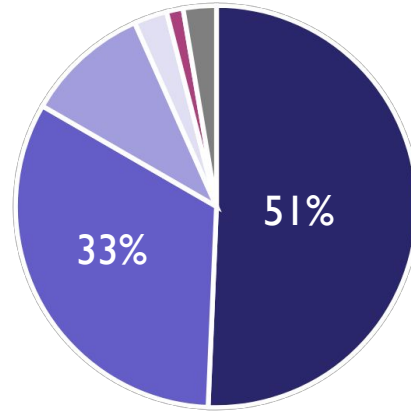
"Very useful benefit for partners and a critical way to promote both community of practice and strategic learning."

"The CSA work is a start but more needs to be done."

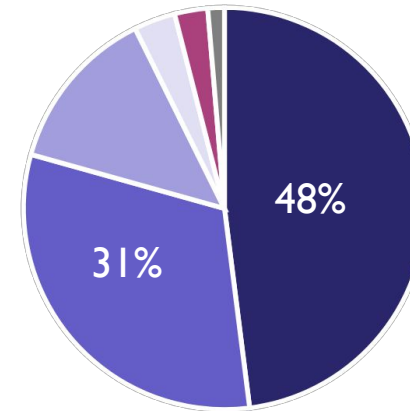
Usefulness of Resources & Support Offered



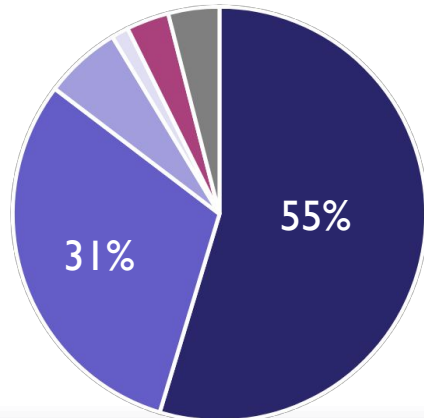
Quarterly Newsletter



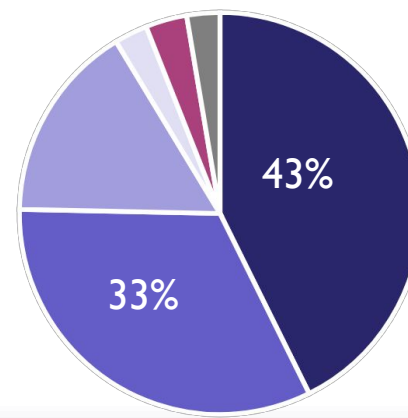
Bi-weekly Digest



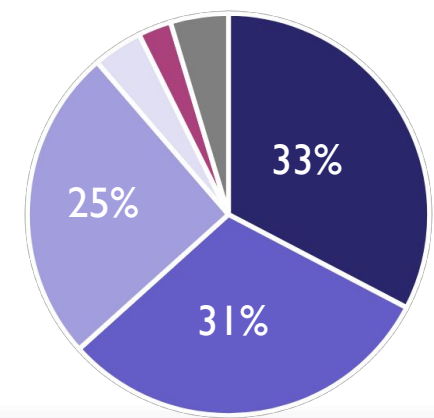
Subgroup-Hosted Webinars ▲



Resource Hubs ▲



Announcements



▲ Increase from last year's survey

Frequently Highlighted Resources, Subgroups & Topics

1. Quality of care, institutionalizing iCCM, Reimagining the Package subgroups
2. iCCM institutionalization toolkit development in partnership with Impact Malaria
3. The School Health Hub
4. Launch of the CSA as a tangible way of operationalizing the goal of the Task Force
5. Child mortality and risk stratification webinar by the CHAIN network
6. The Global Fund informational webinar (noted as outstanding event)
7. Amox-Gentamicin consultation
8. Climate change (novel)
9. Bi-weekly Digest

Noted as missing in action:

1. Private sector
2. Digital and innovations

Other Survey Insights

For the Task Force's 2021-2025 strategic plan, respondents ranked the following strategic priorities to the relevance of priorities to their work/organization:

Most Relevant

1

Engage global and country stakeholders about the need for increased resources

2

Align around common goals and measures of success for child health along the life-course (including the newborn period)

3

Partner to implement interventions

4

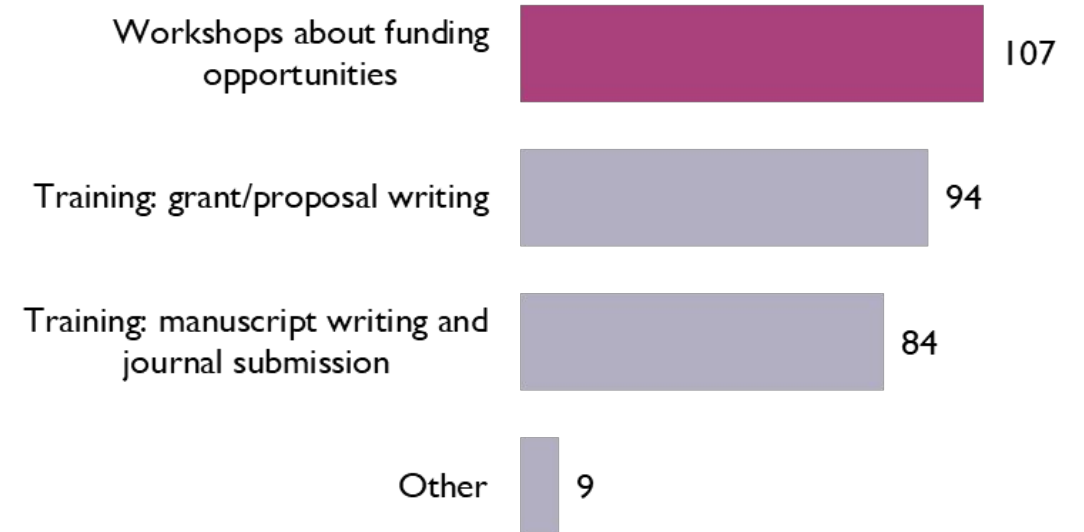
Foster the generation and sharing of evidence

5

Synthesize and package information in sharable and accessible products and enhance communications

Least Relevant

Skills building events/activities that would be helpful:



Most respondents visited the website to:

1. Access recordings of presentations and webinars
2. Access and searching for resources in the resource library

And most visited once a month or less.

Discussion Prompts

1. Overwhelmingly positive feedback;
 - Resources and meeting schedules are meeting the needs of members
 - Expressed need to continue strengthening country engagement, application of evidence and tools shared
2. Does this feedback resonate with you as members of the Task Force?
3. Do you have any additional feedback to share with the Secretariat and the Steering Committee?

CHILD SURVIVAL ACTION

A renewed call to action to end preventable child deaths

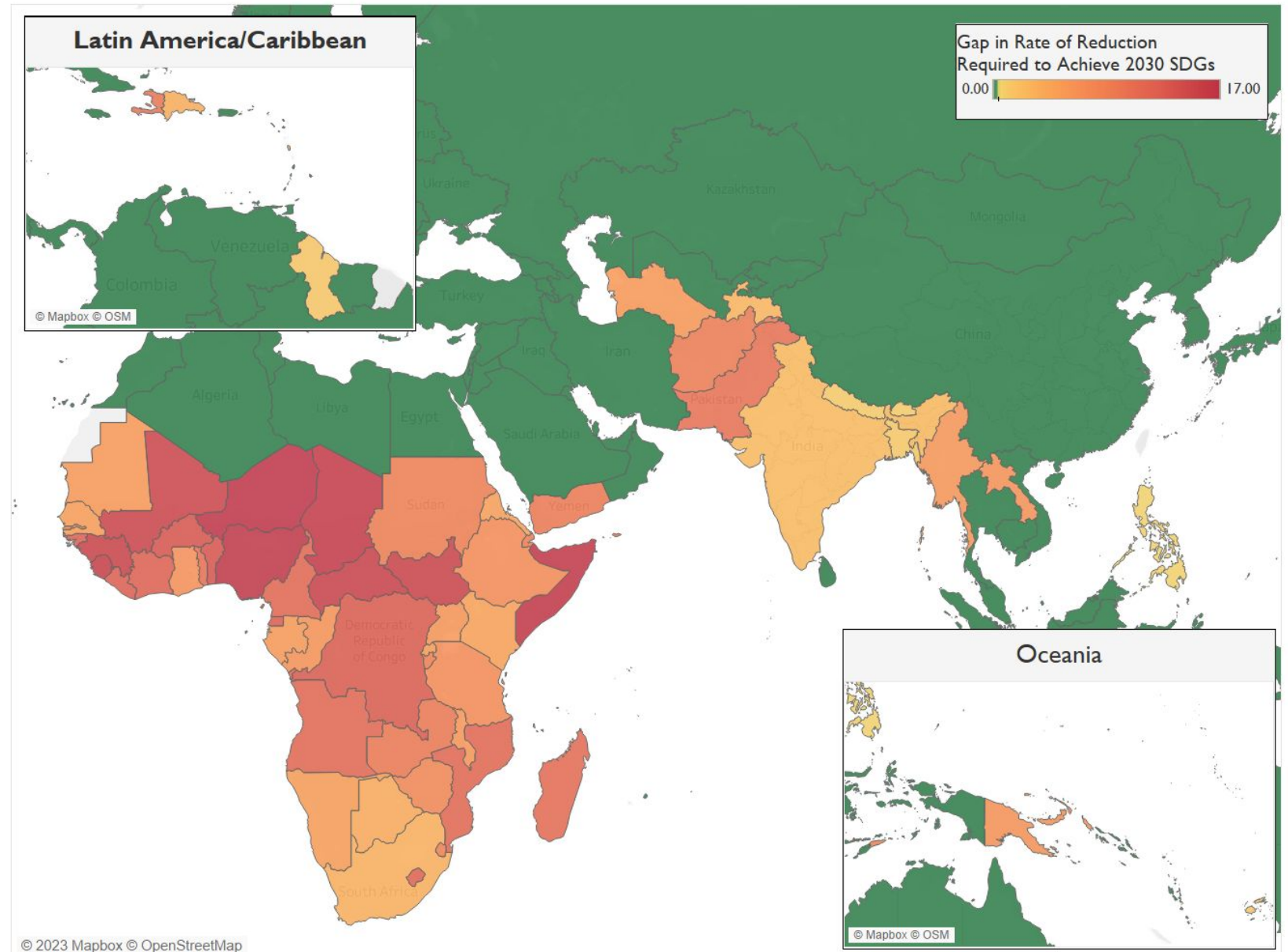
March, 2023

Contributing Organizations: The Child Health Task Force, Global Financing Facility (GFF), Save the Children, United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), and World Health Organization (WHO).

What brings us together?

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

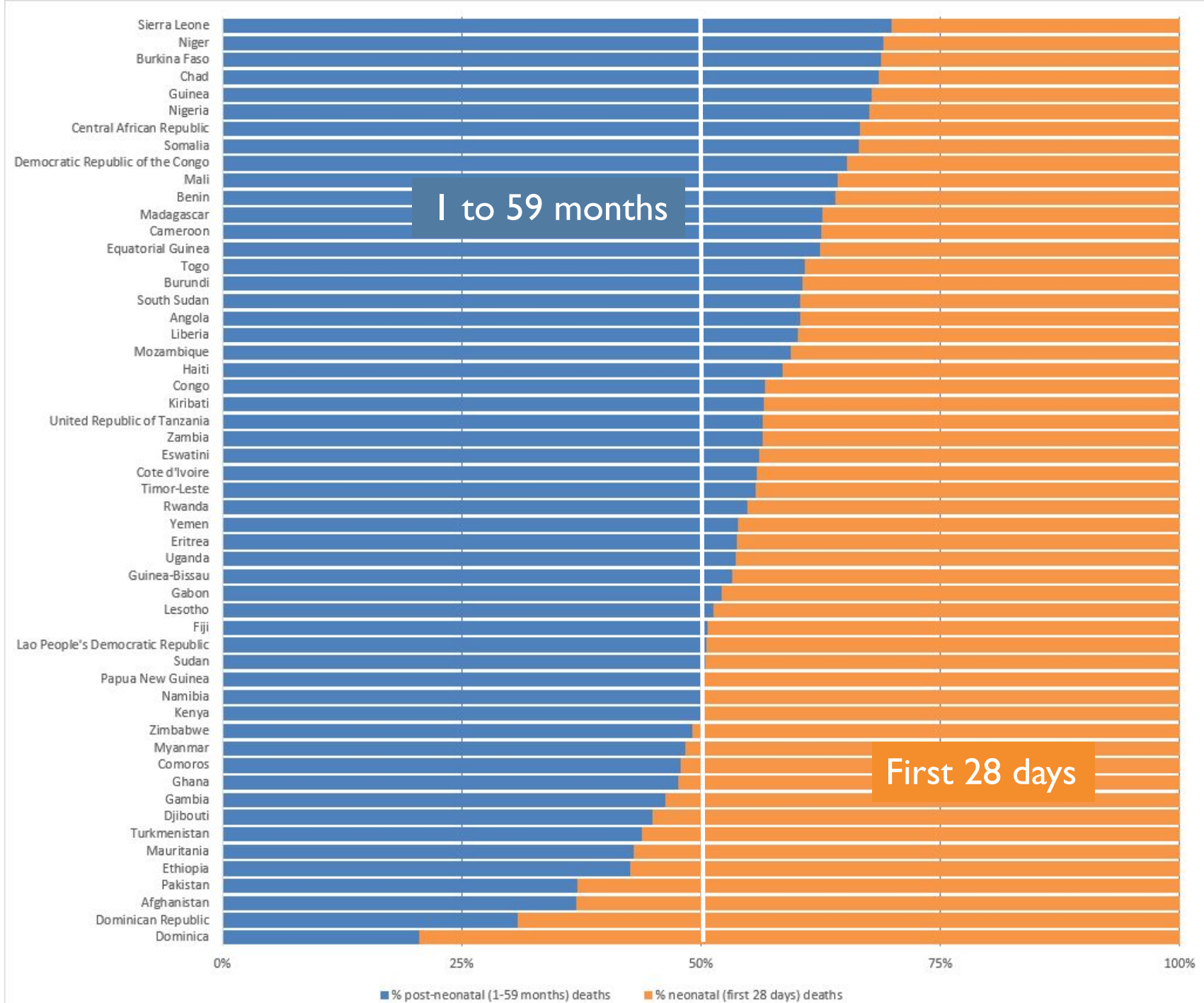
Countries off-track to achieve 2030 SDG U5MR Target



Percent of Under-Five Deaths by Age Group

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

A significant proportion of deaths in the post-neonatal period, are from conditions that can be prevented and most often treated at primary health care level



Progress to-date

I. Country engagement

- Constituted action team
- Initial consultations with country and regional colleagues
- Co-developed with regional colleagues a country engagement approach
- Co-hosted WHA session with Sierra Leone and Tanzania MOHs
- Joint mission to Sierra Leone to support development of child survival plan
- Support for South Sudan child health strategy

Overall

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

2. Results framework & accountability

- Constituted action team
- Conducted a **scoping of existing child survival indicators and frameworks** to inform the Results Framework under development

Key Events

- World Health Assembly roundtable May 23, 2022
- 2nd Global Pneumonia Forum, April 24-28, 2023

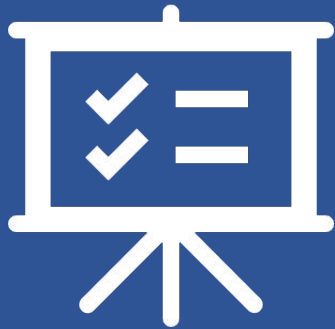
3. Advocacy & resource mobilization

- CSA Advocacy Blueprint developed
- Advertising for org to lead advocacy at global and regional levels

Child Survival Action: Blueprint for Advocacy and Action

A renewed call to action to end preventable child deaths

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Context of CSA Blueprint for Advocacy

Child Survival Advocacy: Review over time

Principles and theoretical framework

Advocacy Strategic Framework

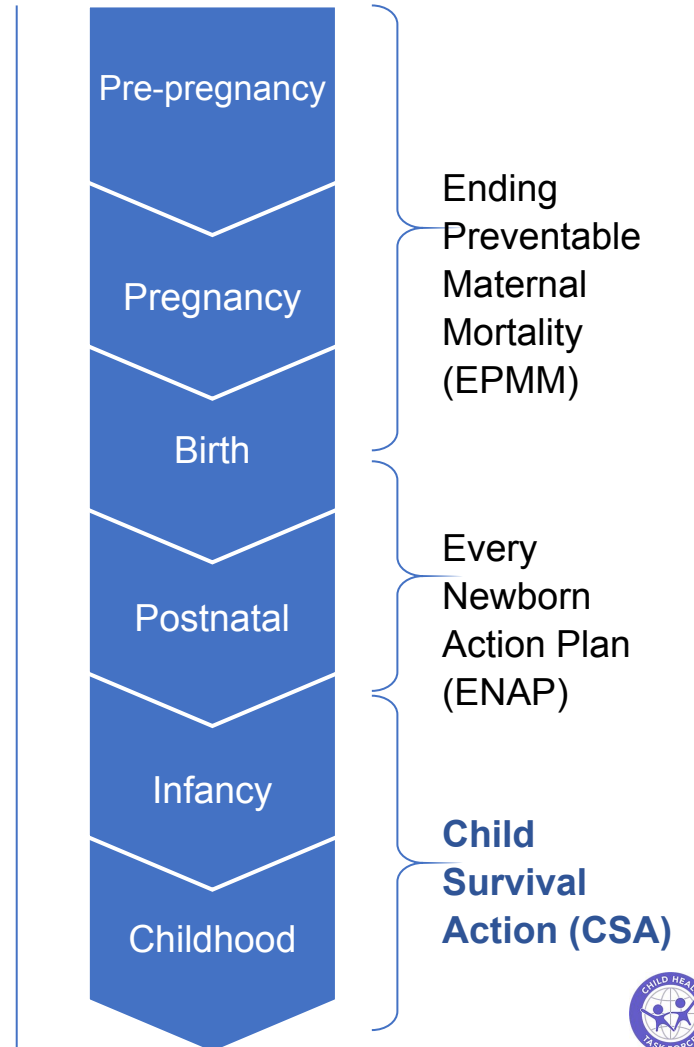
Rolling out the Blueprint

Context: Under-5 preventable death progress good, but deaths still remain too high

What is happening today?

- The **unfinished business**
 - Deaths in the under-5 from **12.6 million in 1990 to ~5 million in 2022**
 - This reduction, though significant, is not sufficient. **Avoidable child deaths remain excessively high.**
- The Sustainable Development Goals (SDGs) 3 - **Member countries have committed to reducing** under-5 mortality rate to at least as low as 25 per 1,000 live births by 2030.
 - **But 54 countries are off-track** to meet SDG 3.2.1 – An analysis of the proportion of deaths that occurs across this continuum demonstrates that **deaths in 1 – 59 months represent 53% of overall under-five mortality**; as high as 70% in some countries.
 - The **highest child mortality rates are in sub-Saharan Africa**, while the highest proportions of post-neonatal deaths are in West and Central Africa. **41 countries that are off track are in Africa.**
- Renewed focus is needed to address mortality among children aged 1–59 months. **Children in this age group accounted for 2.7 million of 2021's under-five deaths.**

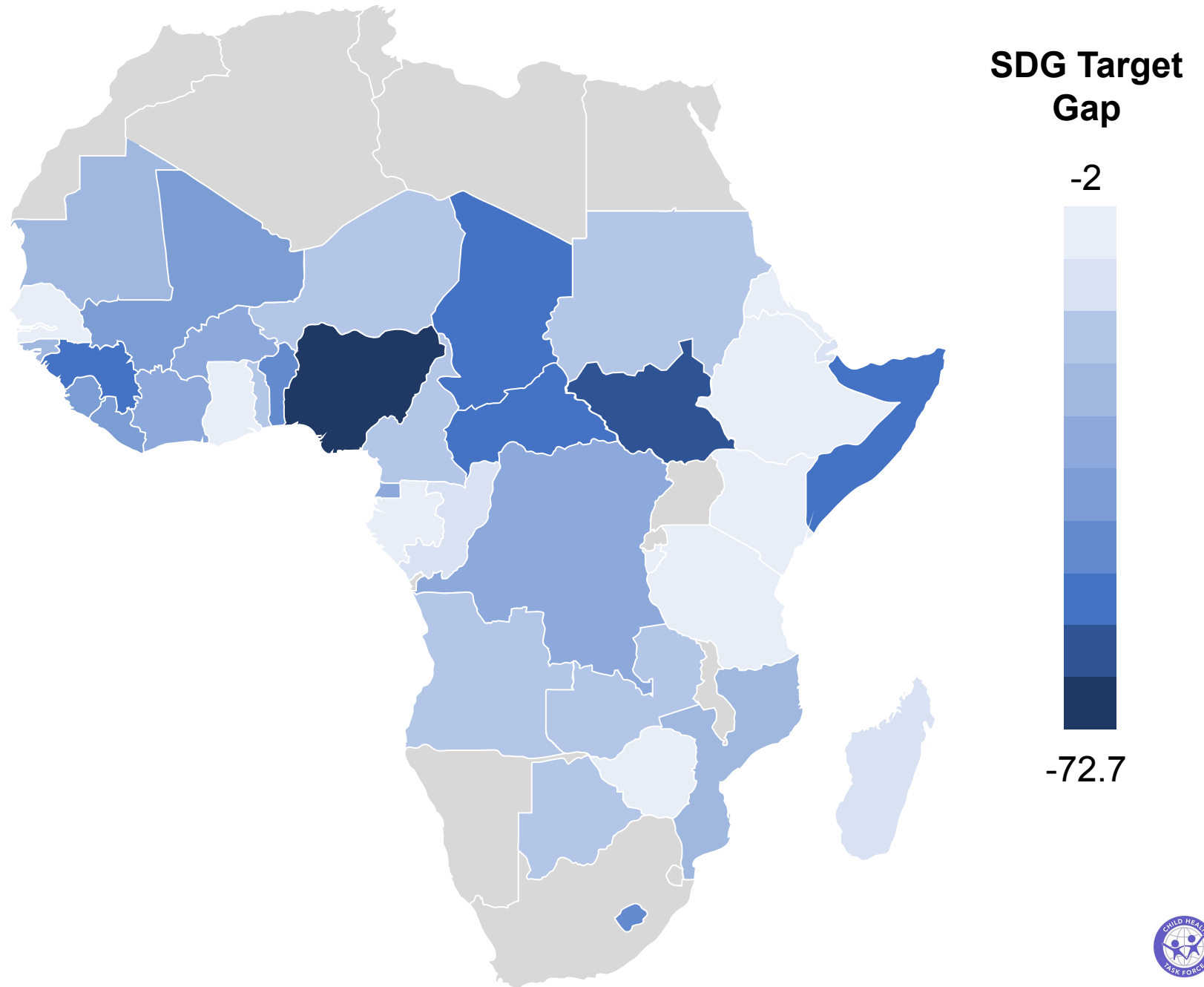
Where does CSA¹ fit in?



1. Child survival action

Source: United Nations, team analysis

41 African countries need accelerated action to meet the SDG target for under-five mortality



Context: The advocacy blueprint is a complementary strategy to support the CSA, and to elevate child survival as a policy and investment priority.

What is CSA¹?

- The Child Survival Action (CSA) Initiative 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

1. Child Survival Action

Source: United Nations, team analysis

What is the CSA Blueprint for Advocacy and Action?



Advocacy strategy

The **advocacy blueprint is founded on and complements the Child Survival Action vision document**

- 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 Child Survival Action Initiative vision document and the Child Survival Blueprint for Advocacy and Action are intended to catalyze a seminal milestone in the trajectory of child survival efforts over the last 20 years building on past efforts like the Bellagio Conference of 2003 and the 2012 Call to Action (led by Ethiopia, India, and USA).



Collaborative effort

This Blueprint for Advocacy and Action **reflects a collaborative effort** by members of the Child Health Taskforce to develop a compelling advocacy blueprint that rallies community, sub-national, national, and multilateral all partners, in line with the priorities set by national governments to take and accelerate measures to safeguard the lives of children.

The blueprint guides a coalition of national, regional, and global level actors, around a coordinated campaign with a common brand identity

Aim and objectives

- 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
- Advocacy for child survival efforts in Africa will be **defined by a focus on country-led, data-driven decision making, operationalized through 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**

Purposes

- 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 Child Survival Action
- 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

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Rolling out the Blueprint

The strategic approach to advocacy and action, will determine how well this era of child survival action will add value and renew momentum

Bellagio 2003

Call to Action 2012

CSA 2022

Message/ Focus



- 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.

- 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."

- **Too many children are dying from common and preventable illnesses**
- **Focus on 54 countries with potential to avert 10m deaths by 2030**
- **No prominent tools to bolster this phase of child survival; the focus remains on better delivery of existing tools**

Knowledge / Know-how



- Focus on delivering existing interventions, including ORS and immunization
- Expansion of pediatric ARV later improved prospects for child survival

- New/updated vaccines for pneumonia and diarrhoea
- Limited new tools, or interventions, but rather a strategic emphasis on scaling existing high-impact solutions, and high-burden populations

- Equip and support key actors on the supply and demand side
- Potential for malaria vaccine to dramatically improve child survival
- PHC should be at the core of a comprehensive response

Strategic Approach



- 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.

- Emphasis on delivery approaches, and accountability. "Invest in innovation to accelerate action"
- Call for greater leadership, health systems approaches, resources, and public awareness

- **Use data-driven approaches to identify inequities**
- **Advance public and private partnerships**
- **Engage with communities, families, and caregivers**

There are 5 pillars in the advocacy blueprint to accelerate and catalyse the CSA Theory of Change

1

Use data driven approaches to identify and address inequities

Convene



How does the child survival community forge a greater commitment to use of evidence, and investing in data collection?

2

Advance public & private partnerships for child health

How can innovative partnerships be forged, and efforts aligned among a diverse range of actors beyond technical health actors?

3

Engage with communities, families, and caregivers

How can child survival goals be accelerated by recognizing and supporting the agency of communities, families, and caregivers?

4

Improve the quality of care in child health services

Which additional actors need to be rallied and convinced of their role in supporting primary health care and access to child health services?

5

Track progress & hold stakeholders accountable at all levels

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 should determine partner investments / resources allocation for maximum impact? How can all actors be rallied to align on govt guided priorities?

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 individuals and non-state actors to influence policymaking priorities? What policy tools can be introduced to 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



What strategies can be employed to tap into the funding potential of actors beyond govt and development agencies?

How can child survival mobilize additional resources while encouraging the “whole-child” approach?

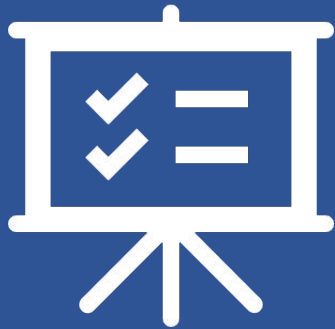
Account



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?

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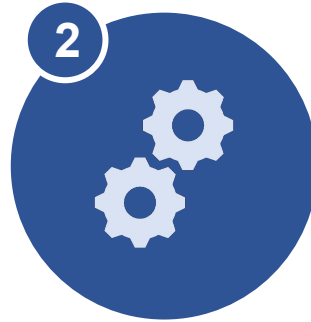
Rolling out the Blueprint

There are 3 principles for advocacy and action that underpin the blueprint



All in it together for the whole child

- There is a **unanimous call to advocate for the whole child's survival and thriving**, rather than focusing on vertical disease/threat-based approaches.
- Child survival **initiatives should 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
- There is also a need to put a spotlight on the relatively neglected threats to survival that occur when mother and child 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.



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

- To mount an effort in which “all are in it together for the whole child,” requires a **fundamental rethinking of how programmes, gaps, and investments are prioritized**
- All technical and advocacy efforts should 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 to guide how resources should be prioritised
- Governments can build on existing regional platforms led by health ministers to develop regional frameworks for collective action and accountability



Ownership by Community Structures and Actors

- For the most part, **communities, households, and caregivers have been excluded** from child health programming, yet they are best positioned to influence a child's health after month one, when most children begin to cycle out of postnatal health care services
- The status quo, where health systems, workers and NGOs are viewed to have the main responsibility has left little agency to these stakeholders
- Households and communities should be integrated into programming and advocacy efforts, and their capacity developed to support advocacy and action on child survival, while still acknowledging the central role of primary health care

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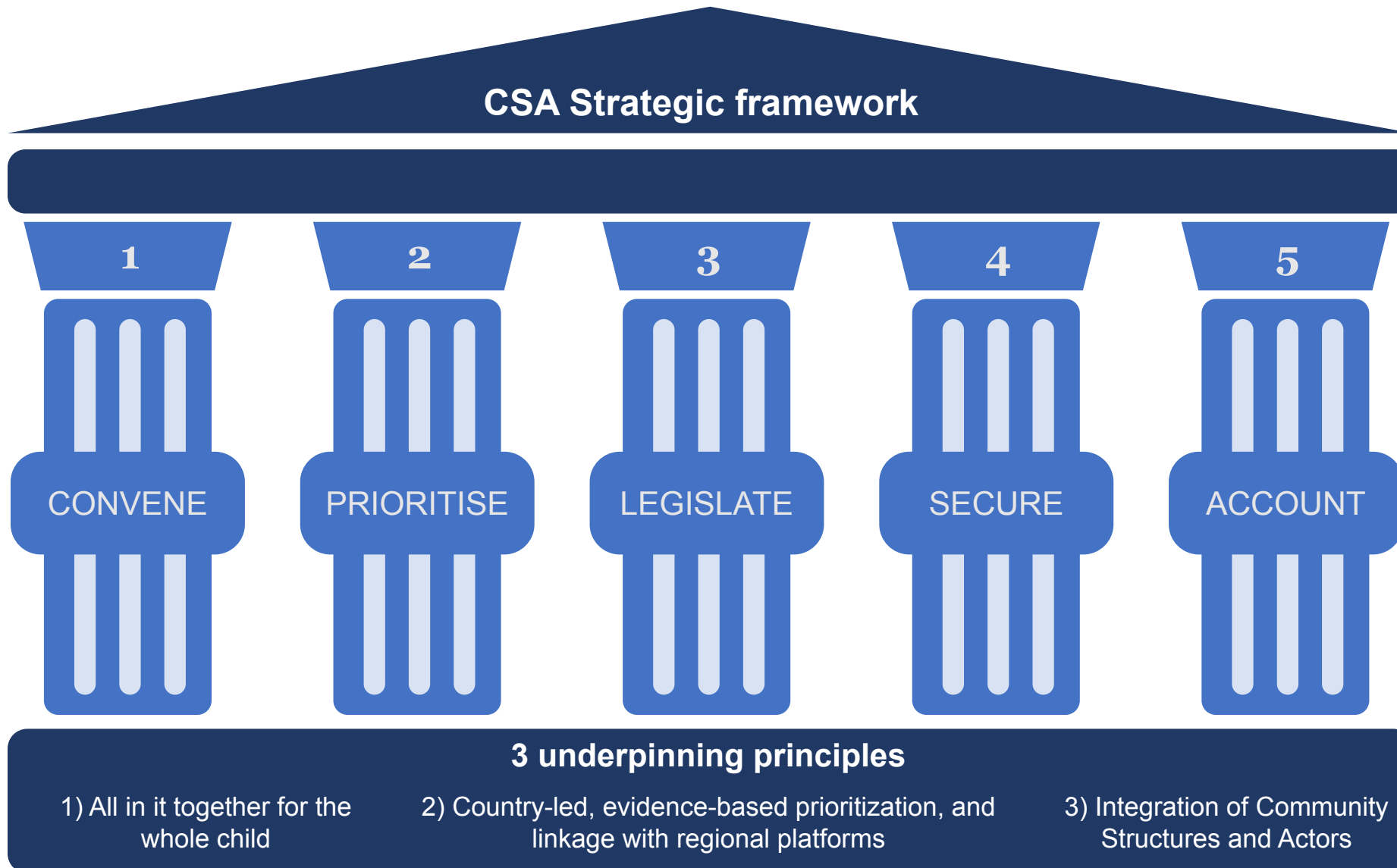
Child Survival Action: Review over time

Principles and theoretical framework

Advocacy Strategic Framework

Rolling out the Blueprint

The advocacy framework has 5 pillars, underpinned by 3 principles and drawing on 5 theoretical frameworks



Theoretical frameworks

- 1 Coalition Theory
- 2 Messaging and Frameworks Theory
- 3 Policy Windows
- 4 Grassroots or Community Organizing Theory
- 5 The Power and Politics Theory

Strategic Pillar 1: Convene

Aim and objective



Aims

A renewed global movement on child survival is **driven by a focused and coordinated** 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

- 1 Identify and develop a branded advocacy campaign:
- 2 Identify and equip and coordinating entities for CSA at the global, regional, and national levels:
- 3 Build a broad coalition of advocates that leverages diverse actors in and outside health and development:
- 4 Establish peer country groupings to enhance coalition building and align on advocacy strategy:
- 5 Recruit Child Survival Ambassadors:
- 6 Mobilize responsibility and action by communities, building their capacity to take ownership for child survival challenges and solutions:

Strategic Pillar 2: Prioritise

Aim and objective



Aims

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

- 1 Efficiency and “more health for the money”
- 2 **Equip a country-led platform for prioritization of needs:** dedicated and empowered coordinating entity that has end-to-end visibility of the child survival priorities, gaps, the complex webs of programs and partner efforts and funding flows,
- 3 **Conduct resource mapping to inform resource mobilization and prioritization:**

Strategic Pillar 3: Legislate

Aim and objective



Aims

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

- 1 Elevate child health on continental stage through framework Declaration on Child Health and Survival
- 2 Develop civil society capacity for policy and legislative advocacy at national level
- 3 Create or leverage existing cross-party parliamentary forums to represent child survival priorities in national policymaking

Strategic Pillar 4: Secure

Aim and objective



Aims

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 **national coalitions and other key stakeholders** to effectively advocate for sustained investment in child survival

Strategic approach

- 1 Signal that child survival is a priority through domestic investment
- 2 Anchor investment in child survival as a public policy priority for growth & socioeconomic ambitions of countries
- 3 Create cross-ministry working groups for investment in child health
- 4 Provide compelling evidence and leverage pressure from civil society and coalition members for domestic resources
- 5 Engage domestic philanthropists and the private sector
- 6 Leverage national innovative financing initiatives

Strategic Pillar 5: Account

Aim and objective



Aims

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

- 1 Drive accountability and action through scorecards that** 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
- 2 Integrate an Equity Approach:** Summary national level indicators and metrics often hide severe disparities in access across different sub-national units (regions, districts).

The child survival messaging framework is focused on the following key talking points.

Key talking points

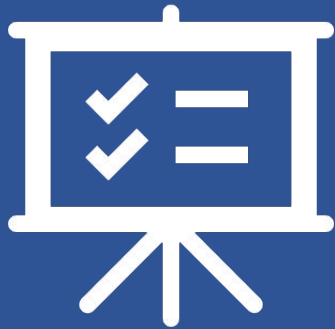
- 1** Children must survive early childhood so they can fully thrive and reach their full potential, enabling countries to build up their human capital and create more equitable, prosperous and sustainable societies.

- 2** Sub-national inequities in mortality outcomes must be identified and addressed, including access to and utilization of high-quality health services in facilities and communities.

- 3** 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.

- 4** 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.

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Context of CSA Blueprint for Advocacy

Child Survival Action: Review over time

Principles and theoretical framework

Advocacy Strategic Framework

Rolling out the blueprint

After initial groundwork, there are 9 actions to operationalise the strategy and get advocacy efforts underway

Initial groundwork



Engage regional groups/blocs to identify entry points for coordination of regional actions of 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

Key steps

- 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

Advocacy Phase II: Operationalizing the Blueprint

1. Country

- Raise awareness of the continued high levels of under-five mortality by region of country
- Engage public, private sectors to commit and optimize resources
- Strengthen coordination mechanism (revived/functional)
- Engage the right national and subnational actors mobilized.
- Produce and implement national child survival advocacy plans that expose misallocated funds that can be redistributed and gaps that need to be filled.

2. Regional

- Mobilize regional institutions and partners
- Regional African Union Declaration on Child Survival signed by Heads of State from 43 off-track countries at major AU event
- Launch African Child Survival Advocacy Campaign
- Implement the Declaration
- Identify coordinating entities that can support regional/peer convenings by countries on child health and survival
- Mainstream child survival activities within existing SADC, AU, COMESA, EAC structures and systems

3. Global

- Coordinate the advocacy action team
- Support the CSA WG advocate to international child health donors for flexible and or pooled funding
- Identify and target new donors
- Align with complementary efforts and disease specific funded programs or orgs.
- Support regional and country specific advocacy, resource mobilization and stakeholder engagement
- Lead development of advocacy materials that can be adapted at regional and national levels
- Support mini-launches
- Coordinate and link with other advocacy organizations and efforts

How can Task Force members contribute to advocacy efforts?

Child Survival Action: Launch

- ★ Second Global Pneumonia Forum in Madrid, April 2023
- ★ Moment: 10th Anniversary, March 21, 2023 - register to attend or watch live stream
- ★ WHA: May 2023

Virtual Conference & Next Members' Meeting

- Virtual Conference: **June 6-7, 2023** (1:00-5:00 pm GMT)
 - Submit an [abstract](#) in English or French **before March 30, 2023**
- Next Members' Meeting: **April 19, 2023** (9:00-10:00 am EST)
 - Same Zoom link as this meeting

Connect with us

- Join the Child Health Task Force here: www.childhealthtaskforce.org/subscribe & follow us on LinkedIn: www.linkedin.com/company/child-health-task-force
- We welcome suggestions for improvement or additional resources. Please email childhealthtaskforce@jsi.com

Thank you for your participation today!



The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID Advancing Nutrition project and funded by USAID and the Bill & Melinda Gates Foundation.

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.