

Child Health Task Force Steering Committee Meeting Report, February 1–2, 2023

The Child Health Task Force (TF) Secretariat organized its first Steering Committee (SC) meeting of the year on June 1–2, 2023 in Washington, DC at the JSI office. All SC members participated in-person or virtually, with the exception of Sara Zizzo, USAID; Joseph Adodo, Ghana; and Brian Mulligan, JSI/Laos (see Annex 1 for a full list of participants). Dyness Kasungami, on behalf of Kate Onyejekwe, Director, International Division at JSI, welcomed participants and expressed her pleasure to host an in-person meeting for the first time since the beginning of the COVID-19 pandemic.

The **overall aim** of the meeting was to assess progress in implementing the TF's five-year strategic plan and define future priorities to advance the child health agenda.

The **specific objectives** included:

1. Advance the vision for the Child Survival Action (CSA) initiative by providing input into the plans and strategic direction (short-, medium-, and long-term) of the three thematic areas: country engagement, results framework/accountability, and advocacy.
2. Strengthen the TF by agreeing on next steps to convene the members during a virtual conference in June to network, share knowledge and tools, and build capacity to implement programs.
3. Review the findings of the 2022 annual membership survey, and use the members' feedback to define actions to improve the TF and align with priorities for 2023.

This report describes highlights from the meeting including key agreed-upon next steps. A detailed agenda and presentation slides are attached herewith.



Progress Update

The Secretariat, consisting of Dyness Kasungami and Sita Strother, presented an update on the TF's progress in implementing its five-year strategic plan since the last SC meeting held in June 2021. Between July 2022 and January 2023, 628 new members from 76 countries joined the TF, with over 19% hailing from francophone countries. Moreover, the TF successfully organized a variety of events such as webinars, discussion series, and subgroup meetings. The website has also become a key resource for information and technical and programmatic resources, receiving over 13,000 visits during the last six months.

STRATEGIC PRIORITY 1: Engaging global and country stakeholders around the need for increased resources, accountability, and a multi-sectoral approach to child health

The TF achieved significant progress in the establishment of a partnership with the ministry of health (MOH) in Sierra Leone. The global CSA team, comprising the TF, UNICEF, and Save the Children, supported the development of a Sierra Leone national child survival action plan. The team also developed a global child survival advocacy blueprint that will be made available for country adaptation and use. In addition, the TF subgroups on commodities, iCCM, and QoC cohosted an informational session in French and English on Global Fund new guidance including funding nonmalaria commodities.

STRATEGIC PRIORITY 2: Aligning around common goals and measures of success for child health along the life-course (newborn, post-neonatal, and adolescence)

There have been several developments under this priority including work scoping existing child survival indicators and frameworks to inform the Results Framework. Additionally, the Secretariat conducted an annual pulse check survey for TF members in French and English to gather feedback on the TF's work and progress.

STRATEGIC PRIORITY 3: Partnering to implement interventions, monitor for equitable coverage and quality care, and track progress towards SDG targets

The SC members noted several achievements. The TF has worked with the MOH in Malawi to develop an interactive dashboard that maps child health projects, activities, resources, and partners from the national to the sub-district level. Support has also been provided to South Sudan for the development of the National Child Health Strategic Plan. Additionally, a stakeholder meeting, jointly hosted by the Task Force and UNICEF Nigeria, was held in Nigeria to inform the CSA Plan. Furthermore, a virtual partners meeting was held with Tanzania to initiate the CSA partnership.

STRATEGIC PRIORITY 4: Fostering the generation and sharing of evidence, lessons learned, tools, and promising program approaches

The TF has organized several technical webinars that covered topics such as improving the quality of care in private facilities in India, understanding the drivers of child mortality during and after illness in Africa and Asia, and integrating the private sector into national child health programs and reporting.

STRATEGIC OBJECTIVE 5: Synthesize and package information in sharable and accessible products and enhance communications

The TF created two new resource hubs on the website: [iCCM](#) and [Re-imagining Technical Assistance](#) that have curated and categorized resources and information to support country programming; developed an [animated video](#) presenting evidence for school health and nutrition (SHN) and cross-sector collaboration; developed an infographic on school as a platform for malaria control that was disseminated on World Malaria Day; and created an infographic on mental health among school-aged children and adolescents that was released on World Mental Health Day. The TF also developed briefs on why policymakers should prioritize school health programs and made them available for country use.

Discussion and Suggested Actions:

- The Secretariat's effort in increasing the number of staff is appreciated as the expectations and work load of the secretariat are increasing. The addition of Diamond Walters-Murray as the new Secretariat Program Coordinator was welcomed. Diamond graduated with a Master of Science in global affairs and a concentration in international development and humanitarian assistance from New York University, School of Professional Studies.
- Knowledge management including dissemination of lessons learned and best practices is an appreciated strength of the TF.
- The effort to bring in more francophone countries is appreciated, but much more needs to be done as several countries in Africa are currently off-track for achieving SDG goals includes a number of francophone countries.
- The animated video presenting evidence for SHN and cross-sector collaboration demonstrates the importance of cross-sector collaboration and is well developed. Currently, it is available only in English. **There is need to have the French version as well.**
- The private sector has become a critical component of child health care. There is need to explore strategies for **engaging the private sector beyond webinars.**
- The progress made under each strategic priority is noted. However, it is time that child health and in particular child survival is given its due attention. There is a need to make a case for why investment in child survival should be a global priority. **This need calls for a greater focus on**

the advocacy theme. In addition, the TF must encourage and support national child health dialogues.

- The Global Fund's decision to support countries to access non malaria commodities is appreciated. To make full use of this policy, there is a need to find a way to support additional countries in including non-malaria commodities in their strategies and proposals. There is also an exigency to build capacity to integrate this policy into national plans and cost non-malaria commodities that should be part of the national proposal. **Countries should be supported with a focus on the Global Fund application windows.**



Preliminary Findings from the 2022 TF Member's Survey

Suzanne Slattery, TF communications advisor, presented the preliminary results of the members' pulse check survey on behalf of the Secretariat. The key findings include:

- There was a low response rate with only 150 out of 3,500 individuals responding to the survey request. Most of the respondents were from INGOs and global partners. Note: While the response rate is low proportionally, the Secretariat uses the survey to gauge members' general perspectives about the TF and will supplement the feedback using other channels. Overall, the TF's work is highly appreciated and respondents felt that the progress to achieve the TF's goal is on track. The webinars and the resources made available are some of the key areas that were highly appreciated.
- Francophone colleagues responded that the resources and simultaneous interpretation in French are very useful and have attracted greater interest and participation in webinars.
- Some of the suggestions made by respondents for further improving the TF's work include:
 - Engage more government entities in the webinars and consider strategic engagement of countries and funders.
 - Reconsider webinar scheduling which is currently tailored to a northern hemisphere time zone.
 - Schedule small discussion groups to focus on application of shared tools and experiences.
 - Increase the visibility of resources by disseminating them around the commemoration of relevant topics such as Child Health Week, International Women's Day, World Malaria Day, etc.
 - Consider opportunities for in-person members meetings.
 - Share in French articles, technical reports, and guidance to support countries to develop child health strategies.
 - Organize webinars in French to facilitate sharing good practices across countries and apply the knowledge generated from the TF.



Discussion and Suggested Actions:

- SC members acknowledged that although the findings were preliminary, they provided important information that could help the TF be more responsive to members' needs.
- Technical resources including programmatic tools are made available for country use and are being appreciated, as indicated in the survey. However, it is not clear how these resources are influencing programming at the country level.
- The TF does not have the capacity to translate every resource into French but it is important to identify key resources to translate. **To actively engage francophone countries, it may be useful to consider asking selected francophone countries to organize and lead a webinar in French with support from the TF.**

- Requests for capacity building in implementation research, proposal development, and manuscript writing have been expressed through the survey. **TF could shortlist the priority areas for skills building and partner with organizations or institutions such as TDR, Save the Children, and others to explore ways they can be addressed.**



Coordination Platforms for Child Health

Samira Aboubaker presented some reflections on [existing platforms for child health](#) and how they can be used to effectively engage with national child health programs. Coordination platforms are numerous at all levels: global, regional, national, and sub-national. The roles and functionality of these structures may vary but they all have the same purpose: to facilitate the adoption, adaptation, and implementation of the evidence-based policies and strategies in countries and to disseminate knowledge and learning. An effective engagement would require a mutual understanding of roles and responsibilities and actions with accountability towards common goals. Lessons learned from the country engagement process in Sierra Leone showed the importance of a bottom-up approach to country support where the country is in the driver's seat and support is based on country needs and country priorities.



Discussion and Suggested Actions:

- The Secretariat should **promote country support that is bottom-up, responding to country needs and country priorities.**
- **Joint partner missions to countries** to support the development of strategies and implementation plans need to be accompanied with sustained, aligned financial and technical commitments. These joint missions are to respond to country priorities versus those perceived by partners (partners to avoid cherry picking).
- The SC should strengthen mechanisms for **regular communication and sharing of relevant technical materials, knowledge, and experience** in order to be a unified voice for child health.
- SC must identify and agree upon **accountability measures** with clear indicators for measuring progress. Stakeholders at all levels must be held accountable for implementing agreed upon actions in support of national priorities.
- National coordination platforms drive the child health/child survival agenda under the leadership of governments. **The TF should explore ways for strengthening these platforms. Partner in-country focal persons can play an important role in supporting these coordination platforms and increase their capacity to speak in one voice.**



CSA Overview and Progress to Date

Dyness gave an update on the status of the CSA Initiative. She reminded SC members that the focus of the CSA is on the 54 countries, 75% in Africa, that urgently need accelerated efforts to achieve the SDG3 2030 target on child mortality of 25 deaths or fewer per 1,000 live births. These countries are off track and require urgent and accelerated action. The major causes of mortality remain pneumonia, diarrhea, and malaria associated with malnutrition, lack of access to quality health services including immunization, unsafe water and sanitation, air pollution, conflict and humanitarian disasters, and other key risks to children's health and survival. There is a need to strengthen primary health care in facilities and communities to more effectively prevent, diagnose, and treat these causes of child death, and to promote good health and nutrition for all children. Effective partnership between governments, local partners, civil society, private sector, regional, and global organizations is essential as part of renewed commitment to child survival. In addition, required resources from domestic and international sources and sectors to deliver on this renewed vision for children's health, nutrition, and survival are urgently needed.

Dyness reminded SC members of the theory of change with emphasis on use of data, public-private partnerships, community engagement, quality of care, tracking progress/accountability, and the three work streams established (Country Engagement, Results Framework and Accountability, and Advocacy and Resource Mobilization) to guide the work of the TF in implementing the CSA Initiative. She also highlighted the governance structure in place with the Secretariat and CSA working group, advisory/management groups, action teams, TF subgroups, and country multi-stakeholder child health technical working groups to oversee the work.

✓ Discussion and Suggested Actions:

- It is important that the 54 countries that are off track do know that they are off track. **The most recent IGME publication should be shared with the policy makers of those countries and should be used for dialogue on the need to engage and accelerate action for child survival.** Global and regional mechanisms such as the World Health Assembly (WHA), the African Union (AU) and Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA Plus) should also be used to galvanize support for action.
- The time is right for bringing child health/child survival on the global priority platform—2023 should be the year to build momentum for Child Health/Child Survival. Collective efforts are needed to use every opportunity to advocate for change and action.



CSA Country Engagement Update

Anne Detjen and John Borrazzo, country engagement co-leads, gave an update on the CSA country engagement work stream. They reminded SC members about the objectives of the work stream which is to partner in support of country-led efforts to accelerate under-five mortality reduction focusing on post-neonatal deaths. They also highlighted the main achievements of the task team which included mapping 54 priority countries with a focus on Sub-Saharan Africa, collaborating with regional offices, using the WHA 2022 platform for advocacy and political commitment for child survival action, and developing an initial country engagement approach.

Progress has been made in Sierra Leone with an in-country mission in November 2022 to develop the draft Sierra Leone Child Survival Action Plan. The plan focuses on solutions and actions for 2023–2025 that are specific for addressing child survival beyond neonatal causes, focuses on strengthening primary health care (Peripheral Health Units, CHWs) with strong referral and referral-level care and reflects the most urgent priorities to achieve rapid reduction of child mortality (game changers as well as low-hanging fruit).

Following the Sierra Leone experience, the action team on country engagement proposed four steps for country engagement:

- Step 1: Connecting and assessing opportunities**
- Step 2: Commitment from government leadership**
- Step 3: Development of CSA plan**
- Step 4: Implementation**

In addition to Sierra Leone, inputs have also been provided to the draft national child health strategy in South Sudan and stakeholder consultation in Nigeria in October 2022. In the discussion the lessons learned from the Sierra Leone Country Engagement were shared and some of the key lessons included the importance of government ownership and leadership of the process including the full engagement and commitment of RCH directorate throughout the process, global multi-partner alignment and joint mission, funding opportunities such as GF, GFF, GAVI, good situation analysis to guide process and timing that coincided with update or revision of RMNCAH strategy.

✓ Discussion and Suggested Actions:

- Sierra Leone demonstrated yet once again what can be achieved when governments show commitment and leadership in coordinating and facilitating the development of a national child health strategy. Stakeholders within the MOH and global and country partners worked together to craft the 3-year national child survival action plan. The plan included activities to be implemented and technical assistance needs. Advocacy and resource mobilization efforts need to be intensified to ensure that planned activities can be implemented.
- Support provided to Sierra Leone at all levels was intense and the inputs provided from the global level. This may not be feasible as the TF plans to engage more countries. Thus, the **need to build capacity within governments and partner agencies represented in the country.**
- The development of a costed national CSA plan is an important achievement. **Follow up and regular monitoring will be important to ensure the investments made will lead into actions towards child survival.** Weekly calls and other means will need to be worked out.
- There is need to **document the experience of engagement with Sierra Leone so lessons learned and best practices can be shared.**
- **Country engagement requires inclusion of high-level policy/decision makers. Thus, efforts should be made to ensure that the process of country engagement involves both program level technical leaders as well as high level policy makers.**



Results and Accountability Framework Update

Kate Gilory, the co-chair for the results framework and accountability framework action team, shared an update on the team's work. To date, the team completed an initial mapping of existing indicators and milestones against the CSA theory of change and child survival focus. The mapping exercise revealed that existing efforts and harmonized indicators exist for the CSA goal and outcomes. In addition, there are a few standard and comprehensive indicators that are aligned to CSA strategies or outputs. Some strategies and outputs have a whole compendium of indicators for national/subnational levels (e.g., QoC, community engagement). Kate highlighted the importance of building on existing initiatives (UNICEF child health and well-being dashboards, Countdown 2030, etc.) and making use of existing data.

✓ Discussion and Suggested Actions:

- Indicators for measuring progress have to be meaningful and easy to collect within the existing system. What is needed is a short list of indicators or milestones that provide information on the progress being made towards CSA and that drive country dialogue. Countries may decide to add more indicators that are context specific and that reflect national priorities.
- The results framework should not be seen as a separate M&E plan that puts a burden on countries, but should be tied to what countries are already collecting. **The results and accountability team will need to work closely with the advocacy and country engagement teams to ensure alignment and harmonization.**
- **Data gaps at the country level, especially at the sub-national level, are common and need to be addressed.**



CSA Advocacy Strategy Update

Dyness presented an update on the team's work on advocacy and strategy development. A major achievement is the development of the [Child Survival Blueprint for Advocacy and Action](#) by a team of consultants that is intended to catalyze a seminal milestone in the trajectory of child survival efforts over the last 20 years, building off the Bellagio Conference of 2003 and the 2012 Call to Action (led by Ethiopia, India, and USA). The Blueprint reflects a collaborative effort by TF members 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. It serves as a guide for coordinated country, regional, and global level efforts to elevate child survival as a priority policy concern, mobilize domestic and global investment, and foster 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.

✓ Discussion and Suggested Actions:

- SC members complemented the team and the consultant for the quality work. SC members acknowledged that the Blueprint is a complementary strategy to the CSA vision document and will support the CSA initiative to elevate child survival as a policy and investment priority. It is generic and comprehensive and can serve as a guide for country use. **Countries will be encouraged to use the blueprint as they see fit.**
- **To move the CSA agenda forward, the overarching vision document needs to be endorsed by SC members and their institutions. USAID had raised points that needed to be addressed before the endorsement. Once endorsed, it will be uploaded to the TF website.**

Other Items Discussed:

Governance structure for CSA (see slides)

- SC members agreed on the need for a small advisory group separate from ENAP and EPMM. Representatives from ENAP/EPMM should be part of the advisory group to align and harmonize efforts across the continuum. The main task of the group will be to provide strategic directions, raise awareness at the highest level and ensure Child Survival is part of the global agenda. Membership could include high level representatives from WHO, UNICEF, USAID, GFF/World Bank, and GFF. Additional members proposed are from IPA, especially members from the regional level.
- The terms of reference for this group needs to be updated by the Secretariat and shared with the SC.

Strengthen country voices in the SC

- SC membership has expanded to include country voices with an MOH representative from Malawi and representatives from the academia (Uganda and Pakistan). There is need to do more with a possible addition of a government representative from francophone Africa and another from an anglophone country.
- The SC suggested that the Secretariat explore potential members from the governments of Burkina Faso and Senegal.
- The TOR for the SC should also be updated accordingly.

CSA mini launches (see slides)

- SC members reviewed various opportunities for launching and socializing the CSA initiative. The following were considered as promising opportunities:
 - **IMCI Review Meeting, Arusha Tanzania (February 14-18)** – a number of SC members will be participating in the meeting so it would be useful to explore the possibility of including a CSA session in the agenda and/or hold side meetings with countries
 - **IPA Congress (February 19-23)** – a slot has been given for sharing the CSA initiative. Wilson from WHO is the focal person and can coordinate inputs to ensure that the opportunity is well used. The CSA vision presentation can be updated with talking points

and with support of a consultant advocacy messages can be crafted for used and display during the meeting.

- **Quality of Care Network Meeting (14-16 March)** – the main focus of the meeting will be on pediatric quality of care. But given that a number of country representatives and the pediatric community will be there it would strategic to explore the possibility of a side discussion on CSA.
- **CHW Symposium (March 20-24)**– over 40 countries, each with three delegates (in some cases ministry of finance) will be attending the symposium. There is a potential for using this platform to share and disseminate information on the CSA. One option is to suggest or identify a keynote speaker who can include child survival in his/her speech.
- **Global Forum on Childhood Pneumonia (April 26-27)**– 13 countries, the majority of which are of interest for CSA, will be participating in this forum. Participants will include high-level policymakers (deputy ministers/permanent secretaries) and some child health leads. There is a possibility for influencing what goes into the agenda and thus, will provide an excellent opportunity for launching CSA. Members agreed to use this meeting to formally launch the initiative and asked the Secretariat and UNICEF as co-hosts of the forum.
- **International Maternal and Newborn Health Conference MNHC (May 8-11)**– currently there is no space on the agenda for a dedicated CSA session, but it may be possible to weave in messages/talking points. Some SC members will be participating and could explore how the opportunity can be used. Standard messages that could be inserted into talking points, posters, handouts, etc. could be used to disseminate information about CSA.
- **World Health Assembly (May 2023)**– is an opportunity to get the attention of governments and stakeholders. There is need to work with the PMNCH secretariat to see what can be done.

In conclusion, members agreed that every opportunity should be explored and investments need to be made on the ones that are most promising.

Suggested Actions:

1. Generic presentations with key messages on CSA, talking points, posters, handouts, information packages, etc. need to be developed for use at the different platforms.
2. A focal person for each opportunity who can facilitate and gather inputs into the preparation and report back to the working group should also be identified.

Update from Agencies

WHO ([see slides for details](#))

- Guidance for scheduling and interventions for well child and adolescent health and well-being visits (for 0–19 years) is under development
- Provider Practice Guide is under development
- **Early Childhood Development:** updated Nurturing Care Handbook and the Care Practice Guide have just been published and the Nurturing Care Framework progress report is being finalized
- **Quality of Care:** work is under way to produce a consolidated clinical guide that brings all clinical recommendations for children 0–19. Work has been initiated with four countries to integrate QoC into their health information management systems
- New guidelines on parenting children 0–17 years will be launched soon
- Consolidation and update of guidelines on Management of Common Childhood Illness: Evidence for Update of Pocketbook and IMCI is underway

- Other guidelines in progress: recommendations for food management in severely malnourished children, development of home-based records for pediatrics
- Development of an online IMCI training course
- Cause of death data/report for 0–19 should be ready before the end of March
- Work is underway on quantifying the burden of disease
- Consultation around risk stratification to see how this can be used to improve care and redesign the process of care: 1. identifying children at risk, and 2. outside the acute phase, who are the children at risk

GFF

- Investors Group Meeting in November, reports available on the website
- Human Resources for Health and Child Health operational strategies available – plan to increase investments in PHC and HRH
- Strategic directions align with the TF objectives around strengthening country leadership and ownership, prioritizing equity and reaching communities, essential health services, building resilient, equitable and sustainable health financing, and commodities/supply chain
- Expansion in the results function: rapid cycle monitoring in collaboration with Countdown 2030
- Monitoring disruptions due to COVID-19 and now financial barriers to care
- Leverage child health through country work by the GFF
- GFF data portal includes key high-level indicators and country-specific implementation progress and milestones
- Need resources to support at country level – leverage platforms that are already there

Save the Children ([see slides for details](#))

- Expanding the pneumonia commitment to address the wider child survival efforts
- Increasing focus on climate change’s impact on children.

UNICEF

- Reprioritizing child survival
 - Refocus efforts on high-impact interventions to reduce under 5 deaths
 - Most focus countries are also one of the 54 off track
- Continue focus on HIV/AIDs in children and maternal health policies
- Prioritizing children’s environmental health especially in middle income countries
- Support implementation of the FRESH framework (Focusing Resources on Effective School Health)
- Update EQUIST to support a focus on equity analysis and targeting programs to the underserved
- CHW compensation; aligning with immunization colleagues on reaching zero-dose
- Digital health and solutions; de-projectization of digital information systems

USAID ([see slides for details](#))

- Finalized the “[Getting to 2030: Maternal and Child Health and Nutrition Technical Roadmap](#)”, a framework that guides USAID's maternal and child survival programs and serves as a foundational component of USAID’s commitment to Prevent Child and Maternal Deaths alongside the Agency’s investments in family planning, malaria, and health systems strengthening.
- 10th Anniversary commemoration: 21 March 2023

- Morning event in DC led by USAID, UNICEF, India, and Senegal and accompanied by “viewing parties” in select countries to be announced.
- Evening event on the hill (USA Congress) USAID — led by INGOs to speak with members of congress — under the auspices of the Global Health Council MNCH Roundtable.

Malawi MOH

- Launched the child strategy and health sector strategy 3 (last month). Central to the strategy is the align agenda. The question to be addressed is how do we align the platforms of care for children? How can we move away from the vertical approaches? How do we make system needs be palatable to various programs?
- Move beyond the first five years of life; looking at the child 0–18 years
- HSS timeline is through 2030



Virtual Task Force Members' Conference (June 6–7)

A virtual conference is planned to provide members with opportunities to share learnings and innovative solutions to child health programmatic challenges across countries and community contexts. The specific objectives of the conference are to:

- Sharpen implementation strategies and innovation through sharing and learning emerging program lessons and approaches in child health, with a focus on country-led programming
- Provide members an opportunity for networking and capacity building
- Strengthen the network to achieve the strategic plan outcomes
- Gather feedback from TF members to improve the network's effectiveness and usefulness

SC members reviewed the objectives and suggested themes. While objectives 1&2 seemed feasible, objectives 3&4 may be difficult to achieve in a virtual forum. Further work is needed to define the nature of the virtual conference, focus, and priorities to be addressed, country presentations, keynote speakers, etc. While SC members had concerns about the timeline, they mandated the Secretariat to move with planning with the option to postpone the conference if more time is required.

Conclusion and Actions

The meeting provided an opportunity to review progress and identify areas for further action. The SC members agreed to use the momentum to revive attention to child survival. It is unacceptable that 54 countries are off track for achieving the SDG goals. Urgent political will and resources are needed to support countries in adapting and implementing appropriate policies for child survival. The CSA Initiative provides a roadmap for country action and must be disseminated widely at every opportunity. Partners should unite and speak with the same voice in responding to country priorities and needs, and must be accountable for their actions along with countries.

✓ Suggested Actions:

Secretariat

- Finalize the results from the members survey and to share report with the TF members by February 28, 2023
- Revise concept note for virtual conference and share with SC members who offered their support by February 15, 2023
- Recruit an event planner as soon as possible to help organize the virtual conference

- Share draft memo with CSA working group to request leadership endorsement of the CSA vision document from each organization
- Revise the CSA vision document and slide deck with new UN IGME data, include talking points for representatives of the working group to use at global events, and share with the SC by February 10, 2023
- Revise TORs for the Advisory Group for CSA and send to SC for their endorsement and nominations
- Initiate/revitalize bi-weekly calls for each of the CSA action teams: country engagement, advocacy, and results framework
- Organize smaller country-focused discussions on child survival
- Explore opportunities for presenting/sharing CSA materials at the International Maternal Newborn Health Conference

CSA Country Engagement action team

- Develop a ‘pitch’ document to present to countries include the type of support the global CSA working group can offer
- Standardize approaches to country engagement, emphasizing bottom-up planning and implementation
- Empower country level partner focal persons for child health so that they are able to provide necessary support and resources to strengthen national platforms for child health/child survival.

CSA Advocacy action team

- Recruit a global- and regional-level consultant to support implementing the CSA advocacy blueprint and to lead the action team until an organization steps up (global or regional focus should be determined by opportunity)

CSA Results and Accountability Framework action team

- Propose coverage indicators and milestones that drive dialogue and change. There is need for indicators that drive the process of country engagement and indicators that show progress
- Consider two levels of indicators – global and national
- Identify priority data gaps

SC Members

- Review the revised concept note for the virtual conference within one week of receiving it
- Review the TORs for the CSA Advisory Group and send endorsements within one week of receiving it
- Nominate new SC members from Burkina Faso and Senegal (Michael to connect Secretariat with Countdown colleagues)
- Members at the IMCI Review Meeting explore opportunities for a side session or incorporating CSA into an existing session
- Volunteer to be a part of the conference planning committee and/or to review abstracts and plan one of the tracks

WHO

- Share cause of death profiles for children under five once they become available
- Present CSA vision at the IPA Congress and report back
- Explore opportunities with PMNCH to incorporate CSA into World Health Assembly programming

UNICEF

- Explore opportunities for socializing CSA at the AU meeting
- Explore organizing a side session at the QoC Network meeting
- Present CSA vision at the CHW Symposium
- Explore opportunities for a side session/including CSA messaging in the Global Forum on Childhood Pneumonia

GFF

- Connect the Secretariat with the Country Alignment Agenda and the countries where it is being piloted

Save the Children

- Share online course on best practices/experiences with skills-building activities for child health (as Eric offered)

Annex I: Child Health Task Force Steering Committee Agenda

Location

John Snow, Inc. Office, 2733 Crystal Drive, 4th Floor, Arlington, VA 22202
Phone: 703-528-7474

Meeting Objectives

Overall Aim

Assess progress in implementing the Task Force five-year strategic plan and define future priorities to advance the child health agenda.

Specific Objectives

1. Advance the vision for the Child Survival Action initiative by providing input into the plans and strategic direction (short-, medium-, and long-term) of the three thematic areas: country engagement, results framework/accountability, and advocacy.
2. Strengthen the Task Force by agreeing on next steps to convene the members during a virtual conference in June to network, share knowledge and tools, and build capacity to implement programs.
3. Review the findings of the 2022 annual membership survey, and use this feedback from members to define actions to improve the Task Force, and align with priorities for 2023.

Detailed Agenda

Timing	Session Title	Description and Structure	Presenter
Day 1: February 1, 2023 09:00AM - 4:30PM EST Moderator: Samira Aboubaker			
9:00-9:15 <i>15 minutes</i>	Getting started: Coffee, tea, water and pastries will be served		
9:15-9:45 <i>30 minutes</i>	Welcome & Introductions	Welcome, participants introduce themselves and any administrative announcements.	Dyness
9:45-9:55 <i>10 minutes</i>	Objectives	Review and agree on SC meeting objectives and agenda	Samira
9:55-10:30 <i>20 minute presentation</i> <i>15 minute Q&A</i>	Secretariat Update	Secretariat presents progress since the last SC meeting (June 2022), mapped to the strategic plan priorities. Short discussion/Q&A follows presentation	Dyness & Sita
10:30-11:10 <i>15 minute presentation</i> <i>25 minute discussion</i>	Members' Survey Findings	Secretariat presents preliminary findings from the 2022 annual pulse check survey. SC members discuss how to translate members' feedback into actions to improve the Task Force, aligned with the strategic plan and 2023 priorities including revisiting the Task Force objectives and goal as relevant.	Suzanne Slattery
11:10-11:40 <i>30 minutes</i>	Bio Break		

Timing	Session Title	Description and Structure	Presenter
11:40-12:30 <i>20 minute presentation</i> <i>30 minute discussion</i>	Coordination Platforms for Child Health Scoping Paper	Facilitator to present findings from a background/scoping paper on coordination platforms for child health, including CH-TWGs. The paper will present examples of successful coordination mechanisms for other programs like EPI/NITAGs, ENAP, RBM, etc., discuss enablers and barriers to effectiveness, and propose actions for the SC to more effectively engage with national child health programs/CH-TWGs. The facilitator will prepare the paper and share with the SC in advance of the meeting. Guided discussion following presentation.	Samira
12:30-13:00 <i>20 minute presentation</i> <i>10 minute Q&A</i>	CSA Overview and Progress to Date	Present an overview of the progress made under the CSA initiative since the last SC meeting and alignment under the three action teams: country engagement, results framework/accountability and advocacy. [theory of change, governance, leadership buy-in]	Dyness
13:00-14:00 <i>1 hour</i>	Lunch Break: opportunity for group sharing/interaction		
14:00-15:00 <i>25 minute presentation</i> <i>35 minute discussion</i>	CSA Country Engagement Update & Discussion	Country Engagement Action Team lead to present an overview of progress under this work stream including outcomes of the Sierra Leone country visit, lessons learned, toolkits/templates, and plans for future joint missions. SC to provide feedback on the plans and process to support the sharpening of the child health strategic plans, building partnerships, and engaging communities. Guided discussion or small group work TBD.	Anne Detjen
15:00-16:00 <i>20 minute presentation</i> <i>40 minute discussion</i>	CSA Results and Accountability Framework Update & Discussion	Results Framework Action Team lead to present an overview of the results framework under development and an update on progress made, e.g. review of existing frameworks and indicators, defining targets and milestones. SC to provide input into the initial framing and next steps.	Kate Gilroy
16:00-16:15	Wrap Up	Facilitator to conclude the day with a wrap up of main takeaways from the discussions and plans for day 2.	Samira
16:15-16:30 <i>15 minutes</i>	Closing: Informal opportunity for group sharing/interaction		
Day 2: February 2, 2023 09:00AM - 4:30PM EST Moderator: Samira Aboubaker			
9:00-9:15 <i>15 minutes</i>	Getting started: Coffee, tea, water and pastries will be served		
9:15-9:30 <i>15 minutes</i>	Review Day 1 Outputs & Plan for Day 2	Review of previous day's work and any unresolved discussion points. Revisit the agenda for day 2.	Samira

Timing	Session Title	Description and Structure	Presenter
9:30-10:30 <i>25 minute presentation</i> <i>35 minute discussion</i>	CSA Advocacy Strategy Update & Discussion	Present an update on the advocacy work stream including the CSA Advocacy Strategy (shared in advance), plans for global and regional level advocacy, and supporting MOHs to develop country-level plans. SC to agree on the advocacy strategy and plans to mobilize new and leverage existing resources to implement effective programs to support child survival in the target countries.	Dyness
10:30-10:45 <i>15 minutes</i>	Bio Break		
10:45-11:45 <i>1 hour</i>	CSA Wrap Up	Bringing together the 3 action teams and previous discussions to resolve the following: <ol style="list-style-type: none"> 1. Address any changes needed to the CSA vision and strategy. 2. Adopt the governance structure for CSA to progress including the convening of the advisory group. 3. Plans to increase/strengthen country voices/presence in the action, working group and SC. 4. Reaffirm schedule of meetings for the working group [currently monthly] and schedule of reporting to the advisory group and SC. 	Samira
11:45-12:40 <i>40 minute presentation (5 for each event)</i> <i>15 minute discussion</i>	CSA Mini Launches	Discuss potential CSA mini-launch moments: details about the opportunities will be included in the pre-meeting materials <ul style="list-style-type: none"> • African Union Meeting – Anne/John • IMCI Review Meeting – Wilson • IPA Congress – Wilson • QoC Network – Anne • CHW Symposium – Rory • Global Forum on Pneumonia – Pavani • International Maternal Newborn Health Conference – Jeanne? • World Health Assembly – Bernadette 	Various (see description)
12:40-13:00 <i>20 minutes</i>	WHO Update	WHO organizational update (earlier than the other orgs to allow for virtual participation from Geneva)	Wilson
13:00-14:00 <i>1 hour</i>	Lunch Break: Build in opportunity for group sharing/interaction		
14:00-15:00 <i>15 minute presentation</i> <i>45 minute discussion</i>	Members Virtual Conference	Introduce new Secretariat member Secretariat presents the virtual conference concept note (shared in advance). SC reviews and adopts the objectives and outcomes for the virtual Task Force members' 2023 conference based on proposals from the conference planning committee.	Sita
15:00-16:00 <i>1 hour</i>	SC Member Updates	SC members present on organizational/institutional updates relevant to	Organization focal

Timing	Session Title	Description and Structure	Presenter
		<p>the current child health landscape and mapped to the strategic plan priorities. Include next steps for each organization. Order as follows:</p> <ul style="list-style-type: none"> • Malawi Ministry of Health • Total Family Health Organisation Ghana • Makerere University • Aga Khan University Pakistan • GFF • Save the Children • UNICEF • USAID <p>Brief discussion, including clarifying questions. SC members to save presentations in the shared folder.</p>	persons/SC members
16:00-16:30 <i>30 minutes</i>	Summary & Next Steps	Facilitator outlines a summary of the day 1 & 2 discussion points and action items from the meeting for SC to agree, including tentative dates for the next bi-annual meeting.	Samira

Annex II: Child Health Task Force Steering Committee Meeting Participant List

Participant Role	Name	Organization	Virtual or In-person
Steering Committee Members	Anne Detjen	UNICEF	In-person
	Eric Swedberg	Save the Children	In-person
	John Borrazzo	Save the Children & MOMENTUM	In-person
	Malia Boggs	USAID	Virtual
	Patricia Jodrey	USAID	In-person
	Peter Waiswa	Makerere University	In-person
	Queen Dube	Malawi Ministry of Health	In-person
	Rory Nefdt	UNICEF	In-person
	Shabina Ariff	Aga Khan University Pakistan	In-person
	Wilson Were	WHO	In-person
Representatives standing in for SC member John Paul Clark	Michael Matheke-Fischer	Global Financing Facility	In-person
	Alison Morgan	Global Financing Facility	Virtual (partial)
Child Survival Action Working Group Member	Bernadette Daelmans	WHO	Virtual (partial)
	Pavani Ram	USAID	In-person
	Jeanne Rideout	USAID	In-person (partial)
	Suzanne Fuhrman	UNICEF / Consultant	Virtual (partial)
	Clarice Lee	JSI	Virtual (partial)

M&E Subgroup Co-chairs and CSA Results Framework Action Team Co-leads	Kate Gilroy	JSI & MOMENTUM	In-person (partial)
	Debra Jackson	London School of Hygiene and Tropical	Virtual (partial)
Facilitator	Samira Aboubaker	Consultant	In-person
Child Health Task Force Secretariat	Dyness Kasungami	JSI	In-person
	Sita Strother	JSI	In-person
	Suzanne Slattery	JSI	In-person
	Diamond Walters-Murray	JSI	In-person