



Accelerating Progress Towards the 2030 SDGs:

Reducing Inequities in Child Health

POST-CONFERENCE REPORT

July 2023

Background

On June 6 and 7, 2023, the Child Health Task Force Secretariat organized its first virtual conference, *Accelerating Progress Towards the 2030 SDGs: Reducing inequities in child health*. The conference aimed to convene child health partners and stakeholders around how we address inequities to enable children—especially those from the 54 countries currently off track to achieve the SDG target for under-five mortality—to survive and thrive throughout their lifecourse.

The conference aimed to achieve the following **objectives**:

1. Identify key vulnerabilities and risk factors that perpetuate inequities in child health across the countries represented in the Task Force membership.
2. Exchange promising and innovative programmatic and systems-strengthening solutions for reaching hard-to-reach children with lifesaving interventions.
3. Share experiences, models, and frameworks for accountability, measuring, and evaluating progress in achieving child health equity.
4. Gather inputs to develop recommendations for advocating for governments, global partners, and donors to commit to addressing inequities in child health through renewed energy and focus on child survival and wellbeing.

The Task Force assembled a planning committee to develop key themes and overall approach. A small core team developed materials, including a call for speakers and registration collateral that were disseminated widely by committee members, subgroup co-chairs, and other stakeholders.

Format & Registration

Conference sessions were organized into three thematic tracks:

1. Defining and identifying inequity
2. Addressing inequities through strengthening primary health care
3. Measuring inequities, monitoring and tracking progress

Besides concurrent sessions, the event also featured live plenaries, skills building sessions, networking tables, poster exhibits, and discussion boards. To accommodate the vast geographic spread of its membership, the Secretariat hosted the conference on a [virtual platform](#) through the social enterprise, TechChange. The virtual format enabled networking, discussion, and concurrent sessions in English and French (30 sessions in total) and maximized interaction among attendees via direct messaging and in-session chat features.

CONTENT & PARTICIPATION

2 Days

30 Hours of Content

30 Sessions



1,214 Registrations

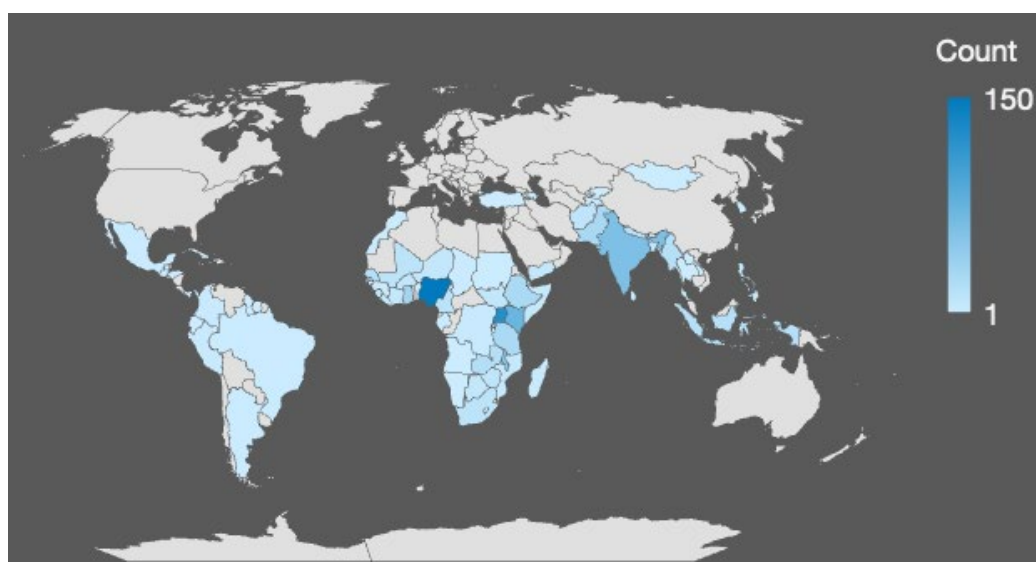
560 Active Users

72 Countries

The platform will remain open for several months, allowing registrants to continue to browse recorded sessions and content while continuing to interact with other participants.

The event was offered at no cost to participants to remove any financial barriers to participation. While geographic and financial challenges were addressed, the planning committee for future events should also consider digital inclusion needs for virtual attendees. For example, limited internet bandwidth lowers the quality of the livestreamed sessions and makes it more difficult to participate in the small group discussion sessions.

Number of registrants from LMICs

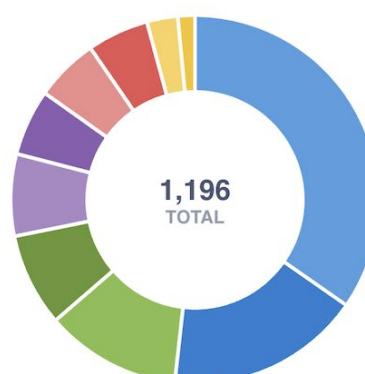


Over **1,200 individuals** from over **90 countries and territories** registered to join the event of which **70%** listed a low- or middle-income country (LMIC) as their base country or duty station.

The high registration number demonstrates both the existing appetite to gather and explore solutions and the effectiveness of the Task Force's effort to reach people. Underlying this point, the Task Force listserv and colleague referrals attracted the most registrations, based on attendee responses on the post-conference evaluation form. All outreach and sessions were offered in English and French. Approximately 10% of participants engaged via the French language interpretation channel.

Breakdown of registrants' affiliated organizations

International NGO or FBO / ONG internationale ...	35.37%
Academic or research / Universitaire ou recherche	17.31%
Government (e.g. Ministry of Health) / Gouverne...	11.96%
Local NGO, CBO or FBO / ONG locale, CBO, FBO	8.11%
Other / Autre	7.11%
Clinical care or medical provider / Soins clinique...	5.69%
Donor agency—bilateral / Agence de financemen...	5.43%
Donor agency—multilateral / Bailleurs de fonds...	5.27%
Private sector or for-profit / Secteur privé ou à bu...	2.51%
Private foundation / Fondation privée	1.25%



High-Level Summary of Accomplishments

All four conference objectives were achieved during the two days of sessions and discussions. In addition, further insights were collected, including:

5 key areas in which we need to act going forward

- Increasing and engaging political will and leadership, vision, and resources
- Revisit programming to emphasise context-specific programming
- Stop siloed thinking in order to look at the health of mothers, children, and families holistically
- Multisectoral action, including engagement with the private sector
- Ensure accountability at all levels

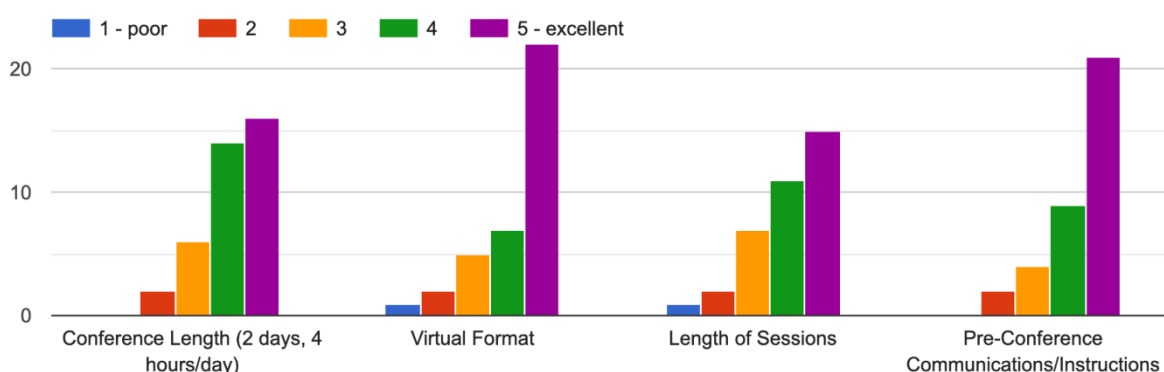
“We have the data; we need to use it well to allow children and mothers to survive and thrive.”

Following the conference, attendees were invited to share feedback through a survey. The key takeaways for participants can be summarised as:

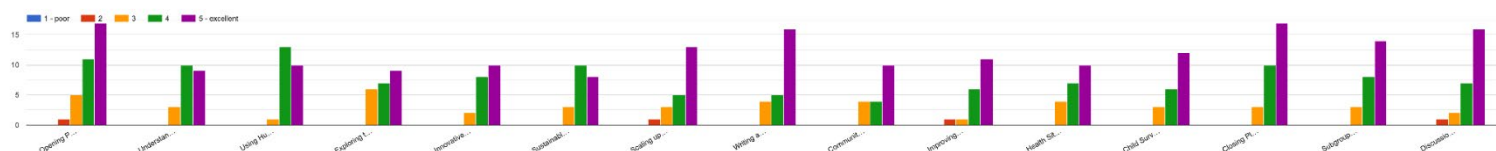
- **need for multisectoral approaches**
- **increasing private sector engagement**
- **importance of accountability**

Conference organization and the session content was rated excellent or very good by over 75% of participants responding to the survey.

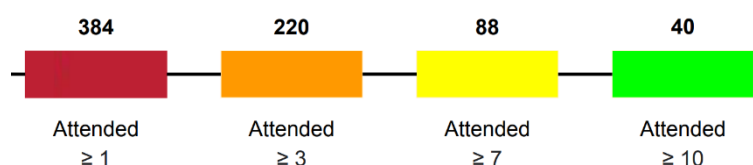
Participants' rating of the organization of conference | (poor) – 5 (excellent)



Participants' rating of the sessions | (poor) – 5 (excellent)



Number of sessions participants attended

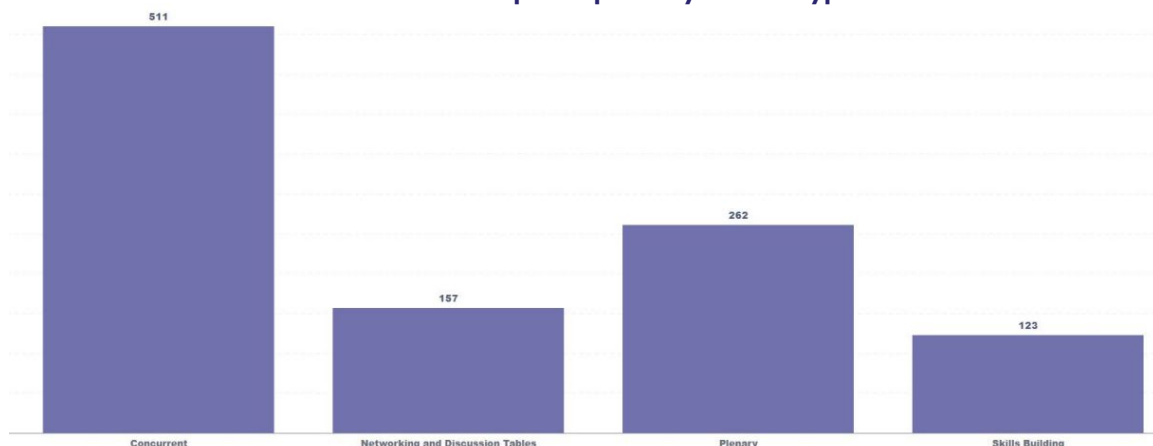


Conference participants were highly engaged with the material and platform through the duration of the conference. Both macro and micro engagement data can be found on this interactive data dashboard [here](#). Please see [session notes](#) for further details and insights.



220+	Event Chat Messages
70+	Private Chat Messages
0	Code of Conduct Violations
41	Discussion Threads
343	Discussion Comments

Number of participants by session type



Key Messages & Takeaways from Conference Sessions

Opening Plenary – Understanding Inequities: Where, Between Whom, Why it Matters

The opening plenary set the stage and tone for the entire conference. Over the course of the conference, we encouraged participants to strengthen their understanding of inequity in child health and how to define, address, and track progress as we reaffirm our commitment to ending preventable child deaths for all children.

Day 1 Accelerating progress towards the 2030 SDGs – Reducing inequities in child health



Dr. Atul Gawande

Now is the time to reclaim our lost momentum. We need to hold each other accountable & devise clear, timebound actions that we can all use to reach all children.



Prof. Lisine Tuyisenge

Decentralization of policies empowered local districts in Rwanda and provided more accountability at each level of care.



Prof. Hadiza Galadanci

A child cannot thrive when their mother is drowning—Strategies that target maternal & child health **together** are most effective.



Dr. Anshu Banerjee

Geographic differences affect inequalities in healthcare seeking

Opening Plenary Takeaways

Takeaways:

- Emphasising the importance of political leadership at the country level in child health equity
- The role of CHWs in ensuring health equity goals are achieved
- The Mother-Baby Dyad and why an integrated approach to maternal and newborn health is critical
- We must find a way to localize the global discussions and commitments

As a visceral example of inequity, there were many questions on zero-dose children and how to effectively reach those in the last mile.

Concurrent Sessions

The sessions addressed the continuum from defining and identifying inequities to addressing them and monitoring progress of programs to close the gaps. Across the tracks, presentations showcased research results, emerging evidence, tools, program approaches, partnerships, policy action, financing, successes, and implementation failures aimed to foster deep reflection, provoke dialogue, and spur action to reach the unreached children.

1. Defining & Identifying Inequity

The starting premise was that we know these inequities exist, but in order to address them, we need to define, understand and identify children who are affected, including those in humanitarian contexts, crisis and fragile settings, urban slums, rural areas, caste, and ethnic or religious minorities, etc.

ACCELERATING PROGRESS TOWARDS THE 2030 SDGS:

Reducing inequities in child health

DEFINING & IDENTIFYING INEQUITY SESSIONS

June 6 & 7, 2023
Register: bit.ly/42AHy59

- ✓ Understanding and Addressing Inequities in Nutrition and Feeding for Children with Disabilities: Overview and case studies
- ✓ Using Human Centered Design and Co-creation Approaches to Uncover the Causes of Immunization Inequity with Caregivers, Community Members, and Health Workers
- ✓ Exploring The Effectiveness Of Nurturing Care Interventions By CHWs In Improving Child Health Outcomes In Rural Kenya: A study of Seme Sub County, Kisumu County

CHILD HEALTH TASK FORCE

Takeaways:

- Stigma is a huge barrier to overcome when **understanding and addressing inequities in nutrition and feeding for children with disabilities**. Going forward we need change in policies, investments, workforce, services, and data for accountability to better support children with disabilities.
- **Using human-centered design and co-creation approaches to uncover the causes of immunization inequity with caregivers, community members, and health workers** is an effective way to identify barriers and feasible local solutions. Co-creation is a simple, empathy tool that recognizes everyone can play a role and should be used wherever possible to inform local plans.

- Healthcare workers, including **community health workers (CHWs)** have a major role to play in improving the nutritional status and cognitive abilities of children.
- CHWs are critical in the early identification, linkage to care and follow up in the continuum of care.
- More investments should be directed toward supporting CHWs and caregivers to enable children to reach their full potential.

2. Addressing Inequities Through Strengthening Primary Health Care (PHC) Concurrent Sessions

Despite intractable implementation challenges and limited funding, some countries have made tremendous progress in improving health outcomes. These countries have strengthened the critical elements of the PHC systems as an inclusive health system.

ACCELERATING PROGRESS TOWARDS THE 2030 SDGS:

ADDRESSING INEQUITIES THROUGH STRENGTHENING PHC SESSIONS

June 6 & 7, 2023
Register: bit.ly/42AHy59

Reducing inequities in child health

- ✓ Bite-sized counseling responds to providers' practical constraints and motivates caregiver follow-through
- ✓ Sustainable financing as a critical component to reduce child health inequities in LMICs: A focus on childhood pneumonia
- ✓ Scaling up Integrated Management of Newborn and Childhood Illnesses (IMNCI) Strategy in Uganda

Takeaways:

- Quality counselling is a part of good health services, but we see mismatches in tools, circumstances, and client readiness. Thinking about **“bite size” counselling** may help overcome these barriers.
- Engaging caregivers and health care providers early in the tool design process through approaches such as human-centered design helps develop tools that are culturally sensitive, fill gaps, and meet needs.
- There is a need to also start thinking of: care for non-sick babies; post-discharge follow-up care; and early childhood development.
- It might be important to segment the population and tailor and **scale up the IMCI package** in line with the geographic area, disease burden, and causes of deaths, beyond the usual IMCI illnesses.
- The focus on **Sustainable Financing for Childhood Pneumonia Treatment**, to increasing access to amoxicillin dispersible tablets alleviates supply, demand, and regulatory barriers while increasing availability and decreasing stockouts.

Measuring Inequities, Monitoring and Tracking Progress Concurrent Sessions

A major challenge has been establishing sustainable, quality mechanisms for measuring inequities and tracking progress.

ACCELERATING PROGRESS TOWARDS THE 2030 SDGS:

Reducing inequities in child health

MEASURING INEQUITIES, MONITORING & TRACKING PROGRESS SESSIONS

June 6 & 7, 2023
Register: bit.ly/42AHy59

- ✓ Improving Frontline Pharmacy Accountability for Child Health Services through Community Information Systems
- ✓ Health Situation of Children Living in Humanitarian Settings: A call to action
- ✓ Child Survival Action: A results framework for advocacy and action

Takeaways:

- The case study on improving **Accountability of Child Health Services via Community Health Information Systems among Patent and Proprietary Medicine Vendors (PPMVs) and Community Pharmacists in Northern Nigeria** proved that you can train PPMVs to provide health services in hard-to-reach areas. PPMVs can effectively diagnose and manage childhood illness.
- A multi-sectoral, collaborative approach that includes nutrition, water, sanitation and hygiene (WASH), social and behavior change (SBC), etc. is needed to improve the **Health Situation of Children Living in Humanitarian Settings**. This might include negotiation with de facto authorities/armed groups for access to hard-to-reach populations and bridge the humanitarian-development gap: improve stakeholder coordination, emergency preparedness and response, capacity building
- **The Child Survival Action (CSA) Results Framework for Advocacy & Action** uses impact and coverage indicators to raise awareness and financing at the global and country levels. Suggested actions include engage and coordinate with partners in countries to collectively work toward common goals, plan programming, inform resource allocation, and track implementation.

Skills-based Sessions

Two practical sessions were offered to participants as opportunities to grow their knowledge and skills in two relevant areas that could enhance their work.

Takeaways:

- **How to Write a Successful Grant Application for your Community-Based Organization**
A large aspect of writing a successful grant is finding the grant opportunity that closely matches your needs and tailoring your application to reflect your shared goals. Top tips: Carefully review proposal requirements including eligibility, length (word limits), format, budget restrictions, planning vs implementation, and sustainability.
- **Community Health Planning and Costing Tool**

The tool calculates how much time community health workers (CHWs) have, which is important as it will tell you if your plan is exceeding their available time. Time required per service is very important and also difficult to calculate. The investment case needs to be realistic based on what can be achieved with the funding available; in terms of advocacy, lives saved is important, but cost savings can be more convincing to governments.

Closing Plenary – The Way Forward to Reduce Inequities & Improve Children’s Health across Settings

The closing plenary offered reflections; recognized the shared solutions and innovations; and highlighted emerging issues, gaps, and barriers to progress. It also challenged child health partners to employ the Task Force platform as a mechanism to share transformational stories that became possible because of the commitment to ending preventable child deaths.

The conference concluded with strong messages on key actions which must be prioritised over the next seven years to reduce child health inequity.

*“A Promise Renewed for 2030.”
-Participant*

Takeaways:

- The role of data in child health – “we cannot be accountable without good data.” (Dr. Queen Dube)
- The need of a multi sectoral approach to child health and integration of services rather than departments working in silos.
- Special attention is needed for children in fragile settings.

Day 2 Accelerating progress towards the 2030 SDGs – Reducing inequities in child health

We cannot work in vertical programs to make change, we need to put the whole child at the center of our programming



Dr. Lu Wei Pearson

Public/private partnerships are necessary to move forward together and change the realities of child health in LMICs



Dr. Yadav

There is not a one-size-fits-all approach, we need to create unique approaches for different communities and issues



Dr. Dube

WHAT SHOULD WE PRIORITIZE IN THE NEXT 7 YEARS?

Data for action & enabling national leadership to lead national efforts to reach every child.

Closing Plenary Takeaways



Dr. Dyness Kasungami

5 ACTION AREAS

1. Political will
2. Context-specific programming that takes a lifecourse approach
3. Accountability at all levels
4. Data use for decision-making and advocacy for investment in newborn, maternal, child, and adolescent health
5. Multisector action including the private sector

Next Steps & Future Recommendations

- It is time to reframe child health as the triad of mother, newborn baby, and child health.
- Continued engagement and advocacy with political decision-makers but also at country level and in communities are essential for improving health outcomes, particularly in reducing child mortality.
- Create a larger coalition to include the newborn and maternal health community. Achieve this by focusing on:
 - technical areas that are successful in moving the agenda forward
 - how to reach new audiences in the maternal and newborn sectors via partnerships and leveraging existing relationships
 - engage private sector
 - how to track progress
- Take energy and momentum from the meeting and regroup in one year in person: 50% of attendees recommend a hybrid meeting.
- Need for a massive advocacy and communications effort at country level but also within different communities.
- The need to better support and compensation for CHWs
- Focus on how to improve the experience of care between the client and provider (quality of care vs. quantity of care).

Leadership and accountability play a crucial role in driving positive change.

Forward Planning Recommendations for Potential Hybrid Meeting

- Plan early: scan conference and meeting calendar to fix a date and location.
- Consider holding the event in a LMIC region and engage local event management support which would benefit the local economy.
- Identify and engage a coalition of support from the maternal, newborn and child health community.
- Build a small but dedicated planning committee comprised of members who commit time and ownership to be accountable for conference activities including outreach, acquiring speakers, selection and mentoring.
- Leverage relationships with sector colleagues and networks to promote attendance - many prospective 'in-person' attendees will likely be persuaded by word-of-mouth recommendations over email, social media outreach.
- Consider ways to increase active participation from all attendees by developing multiple conference session formats; it is easier for participants to secure travel and conference attendance budgets if they have opportunities to present their work.
- Develop a progressive fee structure and solicit private sector/foundation support for a fund to help reduce financial barriers to participation; in-person attendance should not be a privilege.