



Child Health Task Steering Committee

Meeting Report | November 1–2, 2023

The Child Health Task Force (TF) Secretariat organized the second Steering Committee (SC) meeting of the year on November 1–2, 2023, at the JSI office (TF Secretariat's host organization) in Washington, DC. All SC members actively participated in person or virtually (see Annex 1 for a complete list of participants). Dyness Kasungami, Project Director of the TF, warmly welcomed participants. Later, Margaret Crotty, JSI's CEO and President and Kate Onyejekwe, Director of JSI's International Division, expressed their delight in hosting the meeting.

The **overall aim** of the meeting was to make progress in implementing the TF's strategic plan and recommendations from the virtual TF conference and identifying barriers and solutions to overcome coordination and implementation challenges at the country level.

The **specific objectives** included:

- Strengthen the TF by reviewing progress in implementing the strategic plan, and identifying barriers and solutions to implementation challenges, including at the country level.
- Advance the vision of the Child Survival Action (CSA) initiative by providing input into the Task Force plans and strategic direction (short-, medium-, and long-term).
- Strengthen the management and operational structure of the TF, including creative ways of convening the members to network, share knowledge and tools, build capacity to implement programs, and use member feedback to inform future directions.

This report describes highlights from the meeting, including agreed upon actions for further strengthening the implementation of the TF's strategic plan. Please refer to Annex 2 for the detailed agenda.

TF Secretariat Progress Update

The TF Secretariat provided an update on the progress in implementing the strategic plan and incorporating recommendations from the SC meeting held in February 2023 and virtual TF conference held in June 2023.

In response to the recommendation to enhance engagement with francophone countries and provide resources in French, the Secretariat achieved several milestones, including:

- welcomed Burkina Faso MOH to the SC,
- translated key resources into French, such as the School Health and Nutrition (SHN) multimedia microlearning [toolkit](#), and
- provided French translation at all webinars and made event materials available in French and English.

Support was provided to countries for their Global Fund (GF) proposals for grant cycle 7, specifically focusing on non-malaria commodities and integrated community case management (iCCM). The Secretariat re-constituted the iCCM Task Team to support countries in windows 1-3 (see [TA menu](#) and

[advocacy brief](#), both in English, French and Portuguese)¹ and built capacity through [training](#) in the Community Health Planning and Costing Tool 2.0.

Aiming to underscore the global importance of investing in child survival and to encourage national health dialogues, the CSA initiative was launched at the 2nd Global Pneumonia Forum in Madrid, Spain in April 2023. Additionally, the Sierra Leone national CSA plan was finalized and support was provided for the [Sierra Leone Minister of Health's appeal](#) to African Leaders at the WHO/AFRO Regional Committee meeting in August-September 2023. The Secretariat re-hired Market Access Africa to support implementing the [advocacy blueprint](#), including regional and national level efforts.

However, the recommendation to explore strategies for engaging the private sector beyond webinars has seen limited progress. Engaging the private sector in the CSA initiative remains challenging partly due to low subgroup engagement and a transition in leadership from SHOPS Plus to Frontier Health Markets (FHM).

The Secretariat reported a growth in the TF network over the past 6 months of 2,952 new members from 144 countries (9% francophone) bringing the total membership to 6,375². Throughout the period, the TF organized 22 webinars, two members meetings, two subgroup co-chairs meetings, and a virtual, two-day global conference on child health.

Subgroup Highlights

The subgroups have primarily focused on information sharing, but some activities like the iCCM toolkit and support to countries for their global fund proposals are more targeted. The Secretariat will continue to work with the co-chairs on how to support their activities beyond webinars and resource sharing. A full list of all the subgroup activities was shared with the SC and can be found in the most recent [quarterly newsletter](#).

- The **Re-Imagining the Package of Care for Children** subgroup hosted a nine-part series titled *Adapting Health Systems to Protect Children from the Impact of Climate Change*. All resources from each session including slides, recordings, and resources packs can be found on the [website](#). The co-chairs will share a full report and propose the next steps to continue the learning.
- The **Commodities** subgroup launched the Call to Action: Improve access and use of quality medicines to save lives of children and newborns, a resource that can be found on the [website](#) in English, Spanish, and Portuguese. This work raised awareness for how to include lifesaving iCCM commodities in Global Fund proposals and the need to ensure availability at facility level.
- The **Institutionalizing iCCM** subgroup finalized and launched a [toolkit](#), which is comprised of eight modules for country stakeholders, including policymakers, national program managers, staff of technical agencies, professional associations, and non-governmental organizations working to institutionalize iCCM within their national health systems. The Secretariat will collect user feedback to inform learning and needed adaptations to the toolkit.
- A new subgroup on **Childhood Vaccination** was launched in October. The terms of reference, goal of the group, and materials from the kick-off event can be found on the [website](#). The group's main aim is to accelerate high coverage (>90%) of the most lifesaving childhood vaccines, especially in the 54 countries off-track to achieve SDG 3.2 which are the focus of the Child Survival Action initiative. This includes introducing PCV in the countries that have yet to introduce it.
- The Secretariat and co-chairs made the decision to retire the **Implementation Science** subgroup as its focus is cross-cutting. It is expected that other subgroups will continue to advance related streams of work.

¹ Countries supported include Angola, Ethiopia, Gambia, Kenya, Liberia, Madagascar, and Rwanda.

² Becoming a member requires signing up on the Task Force website or indicating in a webinar registration form that you want to join the membership. Members' participation ranges from attending one webinar to regularly joining subgroup meetings and participating in ongoing activities.

Progress by Strategic Priority

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

Under CSA, a [webpage](#) including the vision, interactive map, action teams, [video](#), and [two-pager](#) for advocacy was published. Language to amplify child survival in the 2024 World Health Assembly (WHA) resolution led by Somalia was provided and a regional advocacy plan was developed in collaboration with the African Union through CARMMA Plus.

Under **School Health and Nutrition**, new microlearning products were added to the bilingual [toolkit](#): an animated video on school feeding, infographics on comprehensive sexuality education and menstrual health. The Secretariat co-hosted a joint [launch](#) of the global status report on school health. In addition, the development of an online course on effective coordination for SHN has begun.

STRATEGIC PRIORITY 2 | Aligning around common goals and measures of success for child health along the life-course (newborn, post-neonatal (1-59 months), and adolescence)

TF Members' meetings were convened in March and April 2023 to share results from the annual members survey, share CSA updates, and gather inputs for the virtual conference. **The Secretariat gathered feedback** (in English and French) post-conference and via the annual members survey in October 2023. The Secretariat's **support to subgroup co-chairs** continued via quarterly meetings to set priorities for 2023 and plan for the virtual conference.

Secretariat continued to lead monthly CSA working group calls. A governance structure and [progress tracker](#) for action teams have been agreed upon and are now in place. The CSA Advisory Group was established and is convening monthly.

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

The TF Secretariat provided support to **Malawi MOH** to develop an interactive dashboard, mapping partner child health activities, projects, and resources and revamp the survey using a more advanced software compatible with MOH data systems. A technical brief on survey and dashboard development is underway.

CSA partnerships with countries were initiated, including with Sierra Leone, Nigeria, South Sudan, Liberia, Mali, Burkina Faso, Chad, Guinea, and DRC. The stage and level of engagement varies from one country to another.

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

Technical webinars and sessions during the **virtual conference** with the global child health community (in French and English) were hosted on key issues including: (1) strengthening nurturing care in humanitarian response, (2) integrating nutrition, responsive care and early learning, (3) addressing child survival during Somalia's drought response, and (4) advancing pediatric quality of care. The TF also co-hosted the Global Launch of the Nurturing Care Practice Guides. In addition, the Implementation Science subgroup led a skills-building session during the virtual conference on grant writing.

STRATEGIC OBJECTIVE 5 | Synthesize and package information in shareable and accessible products and enhance communications

Significant progress has been made in synthesizing, packaging, and sharing products through the TF website. As a result, the number of users increased by 20% from the previous six months. A total of 20,155 users from 199 countries were able to access information, guidelines, and other products (12% of users accessed the French version of the website). The Secretariat also shared 17 peer-reviewed journal digests, covering over 480 relevant child health articles, and disseminated three newsletters in English and

French.

Discussion and Suggested Actions

During the meeting, SC members acknowledged the considerable progress achieved in implementing the TF strategic objectives and advancing the vision of the CSA initiative. Several advancements were

recognized, including engagement with francophone countries and the provision of resources in French. Hosting bilingual webinars in both English and French has further facilitated inclusive participation.

Notable support was extended to countries in developing GF proposals and in the planning and costing of community health, including iCCM. Efforts to synthesize and present information in easily shareable and accessible formats were commended, contributing to the advocacy for investment in child survival. The establishment of the CSA Advisory Group was highlighted as a key milestone.

The TF network's growth and expanded reach particularly through high-quality webinars were widely appreciated. The successful hosting of the virtual conference on accelerating progress towards the 2030 SDGs and reducing inequities in child health received positive recognition. However, concerns were raised regarding the potential retirement of the Implementation Science subgroup given its contributions to guiding and refining implementation of child health programs.

Action: Subgroups to connect with the Special Programme for Research and Training in Tropical Diseases (TDR) and with other research institutions to ensure that implementation issues remain a crucial part of their research agenda.

CSA Overview and Progress to Date

Dyness provided an update on the status of the CSA initiative, announcing its successful launch. The newly established Advisory Group includes active members from the Global Financing Facility, International Pediatric Association, Save the Children, USAID, UNICEF, and WHO and currently inactive members from the African Union and Sierra Leone MOH.² Recruitment efforts are ongoing to include members representing malaria, nutrition, and immunization programs, and civil society/parents/families.

The Secretariat has secured resources from USAID to recruit consultants for two action teams: advocacy and results and accountability. Additionally, a dedicated [webpage](#) has been developed, featuring an interactive map of CSA countries, a comprehensive theory of change, vision documents including a slide deck and two-pager, action team updates, events, FAQs, and other resources.

In line with Every Newborn Action Plan and Ending Preventable Maternal Mortality (ENAP/EPMM), draft messages have been crafted to align goals and emphasize shared health system challenges across the life-course that demand attention. A co-creation meeting of the ENAP/EPMM and CSA Secretariats is scheduled for December 2023 to further alignment.

The Somalia MOH has drafted a resolution for the 77th WHA in 2024 focusing on MNCH, and the CSA working group provided inputs to strengthen the child survival elements.

CSA Country Engagement Update

Anne Dejen and John Borazzo, leading the CSA Country Engagement Action Team, highlighted the increasing involvement of countries in the CSA initiative spanning from orientation to advocacy, planning and implementation stages. Engagement meetings have been held with countries, recognizing that the progress varies by country due to the differing and adaptable approaches being used.

Specifically, the Sierra Leone CSA plan was successfully finalized and launched in June 2023 with subsequent subnational launches across 16 districts. In addition, a Child Health Programme was launched on October 26, 2023. Minister of Health, Dr. Austin H. Demby, is emerging as a prominent leader and

²The Advisory Group includes overlap in membership with the ENAP/EPMM Management group.

advocate for CSA within the African continent. The Sierra Leone experience is being leveraged to guide other countries, notably Liberia, Mali, Nigeria, and South Sudan.

The team met with other countries that expressed interest in developing CSA plans including Burkina Faso, Chad, Guinea, and the Democratic Republic of Congo. The team also initiated engagement with other constituencies including interaction with Roll Back Malaria at the African malaria programme managers' meetings led by the malaria case management working group and nutrition programmes. Regular follow ups with countries engaged in the CSA process have been conducted, ensuring ongoing support and communication, typically every two months. The team is also consolidating a toolkit with inputs from the other action teams and existing tools to support countries with developing their CSA plans.

On World Pneumonia Day, efforts will be made to follow up on the Madrid commitment through a roundtable discussion on November 13, involving participants from governments and funders including, Sierra Leone, Chad, Guinea, Somalia, Nigeria, and Burkina Faso.

✓ Discussion and Suggested Actions

- **Coordination:** SC members acknowledged the improved interaction and coordination among the various actors. This needs to be further strengthened to facilitate regional and country advocacy initiatives, resource mobilization, support to country champions, partnership extension, and toolkit development.
- **Learning and sharing among countries:** With an increased number of countries actively engaging in CSA implementation, roundtable discussions or face-to-face meetings become increasingly valuable for sharing best practices and lessons learned.
- **Alignment:** Country implementation of several newborn and child health initiatives such as ENAP, EPMM, and CSA encounter similar challenges within the health system, including issues related to data, supply chain, human and financial resources, and quality of care. Coordinating efforts and aligning inputs to address these health system challenges are imperative.
- **Implementation:** While the experience in Sierra Leone regarding the development and launch of the plan is positive, the focus now shifts to ensuring adequate support for implementation and monitoring particularly at the sub-national level.

CSA Advocacy Strategy Update

The CSA Advocacy Action Team has been operationalizing the [CSA Blueprint for Advocacy and Action](#) through exploring opportunities to 1) broaden the CSA partnership, 2) elevate CSA in regional and national agendas and 3) support CSA coordination efforts.

Regional Advocacy Initiatives:

- Developed a regional advocacy plan including a timeline of key events and partners to engage. The team is implementing the plan by broadening the CSA partnership and engaging new regional leaders and organizations such as the African Union CARMMA Plus campaign as well as maternal and child health stakeholders.
- Resource Mobilization – The team shared with the CSA Advisory Group a proposal for resource mobilization which included a focus on catalytic activities and support to enhance country-level investments, a platform for peer exchange between countries, and a small grants mechanism to support country- and community-based advocacy.

- Leveraging opportunities to support CSA champions and to engage new champions. For example, Minister Demby from Sierra Leone has committed to hosting a Summit on the African Child.
- Building champions: SC members through their organizational roles and responsibilities should encourage prioritizing CSA within national plans and budgeting processes.

Country Advocacy Initiative:

- In support of the development and implementation of CSA plans, the team is developing CSA advocacy tools to support in-country advocacy efforts as part of the overall toolkit. Government officials and partners from Sierra Leone and Liberia were engaged with the goal of understanding their advocacy needs and co-creating advocacy tools.



Discussion and Suggested Actions

- Build on the timeline outlining regional and global events and product development such as scorecards to articulate CSA contributions to each event.
- While the focus has primarily centered on countries in the African region, lessons learned can also be applied to CSA off-track countries outside of Africa.
- The catalytic support provided by this group facilitates achieving more with fewer resources at the country level and leveraging existing resources effectively.
- Bring a few key actors together to explore the proposed Summit on the African Child to solidify concrete ideas and plans before engaging the African Union.
- Continue to explore publishing an opinion article that will be co-signed or co-authored by prominent CSA champions, including health ministers from two to three countries, in a reputable journal. This article aims to serve as an advocacy tool, emphasizing the critical support and urgency for child survival on the African continent.
- Finalizing the resource mobilization plan is imperative to catalyze action. Create an inventory of non-traditional funders including the private sector.
- The team will continue to seek opportunities to bolster support for regional CSA champions.

Results and Accountability Framework Update

Jennifer Requejo and Kate Gilroy, the co-chairs for the Results and Accountability Action Team provided an update on their work. The team has achieved significant milestones including finalizing an initial list of impact and outcome indicators. They have almost finalized the list of coverage indicators and an approach to equity based on vetting by external groups: Monitoring and Evaluation Reference Group (MERG), Joint Monitoring Programme (JMP), Data for Decisions in Nutrition (DENT), WHO and UNICEF estimates of national immunization coverage (WUENIC), along with review and feedback from the Child Health Accountability Tracking technical advisory group (CHAT). The upcoming steps involve finalizing the indicators, exploring options for equity analyses, and shaping a learning agenda.

To enhance technical coordination and documentation, a consultant (Shane Khan) joined the team. Increased coordination with the country engagement and advocacy action teams has been initiated to strengthen collaborative efforts.

A comprehensive review and mapping of relevant frameworks and milestones (ENAP/EPMM, CSA theory of change, WHO Quality of Care Network's Leadership, Action, Learning and Accountability (LALA), WHO Primary Health Care framework, SCORE, and implementation bottlenecks identified in

Sierra Leone) were conducted. This exercise aimed to identify themes and sub-themes and provide guidance for the development of implementation milestones. Additionally, a proposal for an adaptable tool to measure implementation milestones and compendium of existing tools for milestone measurement has been put forward.

✓ Discussion and Suggested Actions

SC members expressed their acknowledgement and appreciation for the team's progress and the comprehensive update on next steps. The enhanced coordination with the country engagement and advocacy teams was particularly praised, recognized as pivotal for driving the implementation of CSA through effective measurement and accountability. The addition of a consultant to the team has accelerated progress and clarified the team's work and vision. The team's increased engagement and collaboration with external measurement groups were well received.

There are crucial tasks ahead, including:

- Finalizing impact and outcome indicators, exploring options for an equity analysis, and shaping a learning agenda. The team's guidance is necessary for the country engagement team in developing essential indicators for measuring success at country level.
- Regarding milestones, it is important to consider:
 - Establishing periodic country-specific milestones based on health management information systems (HMIS) data or existing reported metrics.
 - Defining specific global indicators for cross-country comparison. with each country advised to maintain its own dashboard for monthly review.
- Members deliberated on the necessity for an annual progress report on the implementation of CSA plans, making this an area for further discussion and development.
- Measuring and tracking progress: The CSA Country Engagement Action Team emphasized the importance of monitoring progress, especially in advocacy and resource mobilization. It is essential to establish a clear definition of success and agree on indicators to effectively measure success within the initiative.
- Looking forward, there is need to explore how routine HMIS data can be utilized and analyzed within the framework, considering its broad use in countries for planning and tracking.
- Publication: complete papers on why child survival matters and report on process for selecting the indicators and plans for reporting. Also, produce paper(s) presenting the detailed results framework and the processes involved in creating it.
- Continuously gather country-level feedback on the need for guidance and the preferred format, considering options such as a compendium of existing tools or other implementation metrics and measurement/analytic tools specific to CSA. Maintain collaborative efforts across groups to compile the CSA toolkit, aligning with countries' needs and addressing implementation themes and sub-themes.
- Develop a concise high-level summary of the results framework for advocacy (a "global glossy").

Leadership of the Task Force

SC members reviewed the terms of reference (TORs) and membership criteria for the SC. They acknowledged the valuable representation of a francophone country through the Burkina Faso MOH. Despite efforts to include a second country (Senegal), it has not materialized yet. There were discussions on continuing the search for another francophone representative and considering a country outside the African region with a proven track record in child survival initiatives.

The Secretariat is tasked with emailing the proposed criteria for new member countries and initiating discussions during an ad hoc meeting. In the meeting, the management structure of the TF was deliberated. Dyness presented the TF's structure and its connection with the CSA initiative. Members acknowledged the confusion and proposed creating a background section in the CSA governance document and a visual aid to differentiate CSA from the TF. Clear and direct messaging to explain the relationship between the two is essential. It is crucial to note that while the TF focuses on child health more broadly, CSA specifically targets reaching the unreached and accelerating progress towards the child survival SDG target. This effort is time-bound, concentrating on countries facing the most significant child survival challenges.

The importance of country voices led to suggestions for including additional country representatives in the CSA Advisory Group and the SC. SC members based on their organizational mandates were encouraged to review the TORs, identify areas where they have contributed, and opportunities for growth, and set an intention for the next six months. This information will be shared with the Secretariat and reported on in subsequent meetings.

A recent pulse check survey has concluded. The Secretariat will arrange a virtual meeting for the SC members to review the results and take necessary actions. At the meeting, the SC will also discuss potential additional country-level representatives.

Encouraging interaction between the TF co-chairs and the SC members was suggested to foster understanding and contribution to the subgroups' work. It was proposed to potentially include co-chairs in SC meetings once a year.



SC members and the Secretariat at the November SC meeting at the JSI offices.

SC Members' Updates

Dr. Marcella Valerie Zombre Sanon, Director of Family Health, Burkina Faso MOH, provided an update on the status of reproductive, maternal, newborn, child and adolescent health (RMNCAH) in Burkina Faso. She emphasized the prioritization of MNCH and highlighted renewed focus on child survival. Key strategies such as integrated management of childhood illness (IMCI) and iCCM are being implemented at scale. **Dr Valerie stressed the importance of a unified country plan, budget and monitoring mechanism under government leadership. Collaboration with stakeholders based on national priorities was underscored.**

Similar sentiments were echoed by **Dr. George Chagaluka, Clinical Head of Department, Queen Elizabeth Hospital, Blantyre, Malawi. Dr. Peter Waiswa, Associate Professor, Makerere University and Dr. Shabina Ariff, Associate Professor and Neonatologist Consultant at Aga Khan University** emphasized the pivotal role academic institutions play in advancing CSA. They highlighted their support to MOHs through technical assistance, implementation research, advocacy, and engagement with professional institutions and the private sector.

Joseph Addo-Yobo, Executive Director of Total Family Health Organization, shared updates on USAID- supported priorities in private sector engagement in Ghana and the newly commenced USAID Prime 5- year award. The award's focus revolves around family planning and child health. It involves the creation of a specific brand of ORS Plus Zinc tablets, and umbilical cord care gel manufactured in Ghana alongside the introduction of safe delivery kits.

Dr. Nigel Rollins from WHO gave a presentation on the analysis of the most recent mortality study on risk stratification for child health. The objectives of the study/analysis were to estimate the cumulative effects of the main clinical/social risks of survival and development in children; and identify predictors of child mortality and impaired development. Risk stratification is well recognized, and there are different risks for mortality and morbidity including water, sanitation, and disability. There are also difficulties with past analyses – old datasets, focused on one risk area, focused on short-term outcomes, presented findings as relative and child development was excluded. Risk differentials need to capture more contextual factors like age, gestational age, low birth weight, preterm birth, and interactions between known risks.

Approaches used in the study include traditional meta-analysis, machine learning, and individual data pooled analyses. The analysis approach looked at mortality risks (absolute) and population types based on study inclusion criteria. The key takeaways from the study include:

Messages:

- In both communities and among children in health facilities with an illness, the risk of mortality is dramatically higher in infants less than six months compared to children more than 24 months.
- Low weight for age is the most efficient anthropometric measure that increases risk of mortality.
- All combinations of low weight for age, low birth weight, preterm birth, and non-breastfeeding have additive effects on risk of mortality.
- Combinations of predictors can identify individual infants and children at high risk of mortality.
- Reframing risk – associated with the individuals and conditions versus accumulated risk of the infant/child.

The implications of the study findings will be presented and discussed in an expert consultation meeting planned to take place in Geneva on March 12–14, 2024.

Dr. Wilson Were from WHO informed SC members about the development of “Reaching the Unreached: A Guide for Microplanning Primary Health Care Services for Women and Children.” The Guide has undergone pre-testing in Rwanda and the next phase involves its application in Tanzania. Given its potential contribution to the implementation of the CSA initiative, SC members requested that WHO organize an internal briefing or orientation session on the guide.

Conclusion and Actions

The second SC meeting in 2023 facilitated a comprehensive review of progress and the actions taken since the February meeting and the virtual conference on accelerating progress towards the 2030 agenda. SC members acknowledged substantial strides in implementing the TF strategic plan and the CSA initiative. However, they underscored the necessity for enhanced coordination, collaboration, and advocacy among stakeholders and different working groups, emphasizing a primary focus on country action. Key actions and subsequent steps were identified to further expedite progress on the child health and child survival agendas.

Suggested Actions

Secretariat

- Include language in the CSA governance document and revise the visual aid delineating the structure of the TF and the position of CSA within it. Build on this graphic to create a visual that clarifies the distinctions between CSA and the CHTF.
- Arrange an ad-hoc meeting to deliberate on the pulse survey findings and addition of new member countries to the SC.
- Strengthen collaboration with immunization stakeholders including the new Childhood Vaccination subgroup, M-RITE, and CSA Advisory Group representative.
- Expand partnerships with CH-TWGs, especially in partner CSA countries. Prioritize the most off-track countries engaged in other initiatives (e.g. community health through UNICEF).
- Encourage broad engagement with the Task Force members: Plan a quarterly webinar hosted by the TF on CSA.
- Increase the representation of CSA priority countries represented in the Advisory Group

- Develop criteria for additional country-level SC member(s), including one from outside the African region.
- Revamp Private Sector Engagement through reviving the subgroup and working within countries to ensure the inclusion of private sector constituents in national child health/survival working groups. Integrate private sector-related content into the CSA toolkit.
- Invite subgroup co-chairs to attend one SC meeting annually.
- Include how to package what joining CSA means for broader child health programming (survive versus thrive and transform) in the next SC meeting agenda.

All SC Members

- Improve the effectiveness of the SC members by engaging more broadly with the TF membership beyond the core team actions. Members to identify and focus on one specific action or area within your roles and responsibilities for the next six months, share this with the Secretariat, and report back at the subsequent meeting.
- Follow and engage with the TF on LinkedIn for regular updates, advocacy, and partner engagement: bit.ly/CHTFLinkedIn
- Define success of CSA and its measures.
- Increase country voices in all CSA and TF convenings/committees.
- Seek opportunities to foster implementation science by engaging with global, regional and national professional bodies and academic institutions, TDR, and similar entities.
- Explore innovative methods for continued dissemination of lessons learned beyond webinars and meetings.

Individual SC Members

- **Shabina** to offer support to the Private Sector Engagement subgroup. Further discussions to be held between Malia, Shabina, and the subgroup co-chairs.
- **Wilson/WHO** to organize a briefing/orientation on the Guide for Microplanning primary health care services for women and children.
- **Valerie** to add specific action items needed to address bottlenecks for each child survival priority in the plan presented. John and Anne will help to format this presentation as a CSA strategy to take back to Burkina Faso for implementation.
- **Shabina and Peter** to connect the TF with their respective national pediatric associations in order to strengthen country-based academic representation.
- At the next SC meeting, **Shabina** will present case studies on what has and has not worked for child health engagement in Pakistani universities.

The specific actions and subsequent steps are outlined within each CSA action team's respective sections for team responsibilities.

November 2023 Steering Committee Participants

- **Brian Mulligan**, Chief of Party, USAID Maternal and Child Health and Nutrition Activity, Laos
- **Eric Swedberg**, Senior Director, Child Health, Save the Children
- **John Borrazzo**, Lead Advisor, Child Health, Save the Children
- **Malia Boggs**, Senior Technical Advisor for Child Health, Office of Maternal, Child Health & Nutrition, USAID
- **Patty Jodrey**, Child Health Team Lead, Office of Maternal and Child Health and Nutrition, USAID
- **Peter Waiswa**, Associate Professor, Makerere University
- **Shabina Ariff**, Associate Professor and Neonatologist Consultant, Aga Khan University
- **Wilson Were**, Medical Officer, Child Health Services at the Department of Maternal, Newborn, Child and Adolescent Health (MCA), WHO
- **Samira Aboubaker**, Facilitator
- **Dyness Kasungami**, Director, Child Health Task Force
- **Sita Strother**, Program Officer, Child Health Task Force
- **Janie Morency**, Program Coordinator, Child Health Task Force
- **Suzanne Slattery**, Communications Advisor, JSI
- **Jennifer Requejo**, Senior Advisor, Results Specialist, Global Financing Facility for Women's Children's and Adolescents' Health, World Bank Group
- **Marcella Valerie Zombre Sanon**, Director of Family Health, Burkina Faso Ministry of Health
- **Rory Nefdt**, Health Advisor, Chief of Child and Community Health, UNICEF
- **Anne Detjen**, Health Specialist, Integrated Service Delivery, Child Health and Development, Quality of Care, UNICEF
- **George Chagaluka**, Clinical Head of Department, Paediatric and Child Health Queen Elizabeth Central Hospital, Blantyre, Malawi
- **John Paul Clark**, Lead Health Specialist for Country Operations, Global Financing Facility
- **Joseph Addo-Yobo**, Executive Director, Total Family Health Organisation
- **Suzanne Fuhrman**, Child Survival Action Country and Partner Engagement Consultant, UNICEF
- **Courage Matiza**, Manager, Policy and Public Affairs, Market Access Africa
- **Kudzai Makomva**, Managing Partner, Market Access Africa
- **Sara Zizzo**, Health Program Advisor, Child Health & Immunization, USAID
- **Pavani Ram**, Chief, Child Health and Immunization, USAID
- **Kate Gilroy**, Senior Technical Advisor Monitoring, Evaluation and Learning and Child Health, JSI





Task Force Steering Committee Meeting

November 1-2, 2023

www.childhealthtaskforce.org

Location

John Snow, Inc. Office, 2733 Crystal Drive, 4th Floor, Arlington, VA 22202

Phone: 703-528-7474

Meeting Objectives

Overall Aim

To make progress in implementing the TF strategic plan and recommendations from the virtual TF conference, the SC seeks to identify barriers and solutions to overcoming coordination and implementation challenges at the country level.

Specific objectives

1. Strengthen the Task Force by reviewing progress in implementing the strategic plan, identifying barriers and solutions to implementation challenges, including at the country level.
 - a. Review the progress in implementing the strategic plan.
 - b. Review and adopt the recommendations from the TF virtual conference.
2. Advance the vision of the CSA initiative by providing input into the plans and strategic direction (short, medium, and long term).
 - a. Assess the progress of each action team (country engagement, advocacy, results and accountability).
 - b. Provide feedback on the strategy/process for building partnerships with governments beyond Sierra Leone and engaging communities.
 - c. Provide input into the CSA initiative's draft results and accountability framework, including the proposed outcome and impact indicators and implementation milestones approach.
 - d. Provide input on the regional advocacy plan and CSA engagement in upcoming regional and global events (e.g., Conference on Public Health in Africa) including opportunities to work with the African Union, CARMMA Plus, and Africa CDC.
 - e. Provide input on the resource mobilization strategy.
3. Strengthen the management and operational structure of the Child Health Task Force, including creative ways of convening the members to network, share knowledge and tools, build capacity to implement programs, and use member feedback to inform future directions.
 - a. Review the Steering Committee (SC) terms of reference and criteria for selecting SC members, subgroup co-chairs, and forming new subgroups.

Materials will be shared in advance including the detailed agenda, the Secretariat and virtual conference update, the TF strategic plan, the TF virtual conference report, the updated CSA vision document and slides, slides from the CSA Action Teams, the SC member terms of reference, the report from the last SC meeting, and organizational updates slides (optional, upload to the drive).

Draft Detailed Agenda

Timing (ET)	Session Title	Description and Structure	Presenter
Day I: November 1, 2023 09:00AM - 4:30PM EST Moderator: Samira Aboubaker			
8:45-9:15 <i>30 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.	JSI leadership Dyess
9:45-10:00 <i>15 minutes</i>	Objectives	Review and agree on SC meeting objectives and agenda Ground rules for optimal participation	Samira
10:00- 10:35 <i>20 minute presentation</i> <i>15 minute Q&A</i>	Update on progress in implementing CHTF strategy and workplan	Secretariat presents progress since the last SC meeting (June 2023), mapped to the strategic plan priorities. Short discussion/Q&A follows the presentation.	Dyess & Sita
10:35-11:15 <i>15 minute presentation</i> <i>25 minute discussion</i>	Child Health Task Force Virtual Conference Report Out	Secretariat presents highlights and recommendations from the virtual CHTF conference in June 2023.	Suzanne Slattery/Sita
11:15-11:30 <i>15 minutes</i>	Bio Break		
11:30-12:00 <i>30 minutes (15 minute presentation, 15 minute Q&A)</i>	Advance vision of CSA	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 and accountability, and advocacy. [theory of change, governance, leadership buy-in]	Dyess
12:00-12:50 <i>20 minute presentation</i> <i>30 minute discussion</i>	CSA Country Engagement Update & Discussion (small group or plenary TBD)	Country Engagement Action Team co-leads to present an overview of progress under this work stream including the Sierra Leone, Liberia, Nigeria, and South Sudan CSA plans. SC to provide feedback on the plans and process to support the sharpening of the child health strategic plans,	Anne Detjen/ John Borrazzo

Timing (ET)	Session Title	Description and Structure	Presenter
		building partnerships, and engaging communities.	
12:50-14:00 <i>1 hour, 10 minutes</i>	Lunch Break: opportunity for group sharing/interaction		
14:00-14:50 <i>20 minute presentation 30 minute discussion</i>	CSA Advocacy Strategy Update & Discussion (small group or plenary TBD)	Present an update on the advocacy work stream including the regional advocacy plan and upcoming policy windows/events, updates from participation in recent global and regional events, and engagement with Minister Demby. SC to discuss opportunities for mobilizing new and leverage existing resources to implement effective programs to support child survival in the target countries.	Kudzai Makova (Market Access Africa)
14:50-15:40 <i>20 minute presentation 30 minute discussion</i>	CSA Results and Accountability Framework Update & Discussion	Results and Accountability Action Team co-leads to present an overview of the results framework under development and an update on progress made, e.g., proposed list of outcome and impact indicators. SC to provide input into the framework and next steps.	Kate Gilroy/Jennifer Requejo
15:40-16:00 <i>20 minutes</i>	Wrap Up	Facilitator to conclude the day with a wrap up of main takeaways from the discussions and plans for day 2.	Samira
16:00-16:30 <i>30 minutes</i>	Closing: Informal opportunity for group sharing/interaction		
Day 2: November 2, 2023 09:00AM - 4:30PM EST			
8:45-9:15 <i>30 minutes</i>	Getting started: Coffee, tea, water and pastries will be served		
9:15-9:45 <i>30 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
9:45-10:45 <i>1 hour</i>	CSA Wrap Up	Bringing together the 3 action teams and previous discussions to resolve the following: <ul style="list-style-type: none"> • Address any adaptation needed to the CSA vision and strategy. • Discuss alignment with ENAP/EPMM, other sectors and programs • Plans to increase/strengthen country voices/presence in the action teams, working group and advisory group. 	Samira

Timing (ET)	Session Title	Description and Structure	Presenter
		<ul style="list-style-type: none"> Reaffirm schedule of meetings for the working group [currently monthly] and schedule of reporting to the advisory group [monthly] and SC [biannually]. 	
10:45-11:15 <i>30 mins</i>	Leadership of the Task Force	Review TORs for the SC, criteria for new members, feedback from subgroup co-chairs, and forming new subgroups. Agree on a mechanism for organizational accountability.	Samira
11:15-11:30 <i>15 minutes</i>	Bio Break		
11:30-12:30 <i>1 hour</i> <i>Each org has 5 mins for presentation and 5 mins for discussion (double for Burkina Faso with interpretation)</i>	SC Member Updates Pt. 1	<p>Organizational updates with emphasis on working with CH-TWGs, government priorities, and opportunities to align CH TF/ CSA agendas</p> <ul style="list-style-type: none"> Malawi Ministry of Health (TBD) Burkina Faso Ministry of Health Makerere University Aga Khan University Pakistan Total Family Health Organisation Ghana 	SC members (one focal person from each org)
12:30-13:00 <i>30 mins</i> <i>Each org has 5 mins for presentation and 5 mins for discussion</i>	SC Member Updates Pt. 2	<p>Optional organizational updates with emphasis opportunities to align CH TF/ CSA agenda</p> <ul style="list-style-type: none"> Please let the Secretariat know if you would like to present, and upload your slide deck to the shared folder 	SC members (one focal person from each org)
13:00-14:00 <i>1 hour</i>	Lunch Break: Build in opportunity for group sharing/interaction		
14:00-15:00 <i>1 hour discussion</i>	CHTF Priorities for the the next 6 months	Priorities for the CHTF for November 2023 to April 2024 and next steps	Sita/Dyness and SC
15:00-15:30 <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