



Child Health Advocacy Subgroup

Terms of Reference

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www.childhealthtaskforce.org

Background

Scaled, quality child healthcare that focuses on the life-course continuum and integration of services is critical for children to survive, grow into their full potential, and contribute meaningfully to the future society and economy. However, despite knowing which interventions and health systems approaches are effective to prevent and treat the leading causes of child mortality, children continue to die of preventable causes at an unacceptable rate. In [their 2023 report](#), the United Nations Inter-agency Group for Child Mortality Estimation reported that 4.9 million children under five died in 2022, including 2.3 million neonates in the first month of life and 2.6 million “post-neonates” aged 1–59 months. Unless there is urgent action to end preventable newborn and child deaths, 35 million additional children under five will die by 2030 ([UN IGME 2023](#)). This burden is especially concentrated on the African continent, with Sub-Saharan Africa accounting for 57% of global under five deaths. Moreover, progress on under five child mortality has slowed since the Millenium Development Goal era, suggesting that there is a need for renewed prioritization and awareness on child health and development in the Sustainable Development Goal (SDG) era.

In addition to those aged under five, regional inequity in child survival rates extends to older children. [UNICEF data](#) suggested that, in 2022, the median estimated mortality rate for children aged 5-14 was 14.9 per 1000 children in sub-saharan Africa, compared to 5.9 per 1000 children globally. The same source reported that the median estimated mortality rate for children aged 15-19 was also considerably higher in Sub-Saharan Africa (9.1 per 1000 children) than at the global level (4.5 per 1000 children). It is critical that these older children and adolescents not be overlooked and that all children can access the care they need to grow into thriving adults.

In response to the need to prioritize the wellbeing of children and elevate their healthcare needs, the Child Health Task Force was established with the goal to strengthen equitable and comprehensive child

health programs - focused on children aged 0 -19 years in line with Global Strategy for Women's, Children's, and Adolescents' Health (2016 - 2030) - through primary health care, inclusive of community health systems. To operationalize the goal, the [Task Force Strategic Plan](#) focuses on five broad themes: Advocacy, Coordination, Support to Countries, Learning, and Knowledge Management.

In 2023, the Task Force launched Child Survival Action (CSA), which is a renewed call to all partners – national governments, civic and traditional leaders, communities, and regional and global stakeholders – to end preventable child deaths with a focus on countries off-track for SDG 3.2, most of which are located on the African continent. Since its inception, CSA has been managed through a Secretariat, an Advisory Group, a Working Group, and three Action Teams (Advocacy, Results & Accountability, and Country Engagement). The CSA Advocacy Action Team has provided strong support for elevating child health, such as through the [July 2024 African Ministerial Panel](#) and [the side-event at the 77th World Health Assembly](#). However, the work of this Action Team has previously not extended beyond the under-five age group.

Recognizing the key role that advocacy has in achieving the Task Force goal and in supporting all functions of the Task Force, the new Child Health Advocacy Subgroup is being established to more effectively operationalize the advocacy theme for children of all ages (0-19). Advocacy is a critical tool for advancing the child health agenda given the fragmentation of children into age groups and programs and the limited awareness of the health burden impacting children. An Advocacy Subgroup focused on all children is aligned with [MCSP Recommendations from Mapping Global Leadership in Child Health](#), which emphasized the need to “raise the visibility of child health as a whole rather than in subcomponents.” With dedicated advocacy, huge progress can be made to leverage existing funding sources, build human capital, and elevate the needs of children.

The Child Health Advocacy Subgroup is dedicated to championing child health and development globally by advancing effective policies and programs, innovative solutions, and comprehensive strategies that ensure every child not only survives but thrives. The subgroup will support the advocacy needs of other Task Force subgroups. The subgroup is committed to amplifying the voices of those most affected, fostering collaboration among stakeholders, and driving evidence-based advocacy to enhance child health outcomes globally. The subgroup advocates for integrating financing and programming for children and adolescents aged 0-19. The existing CSA Advocacy Action Team will be integrated into the new subgroup, and the advocacy agenda for Child Survival Action (CSA), which involves dedicated effort to support off-track countries to accelerate progress towards the 2030 target, will be a specific workstream maintained by the newly formed subgroup.

Goal

To strengthen prioritization of child health and development, resulting in sustained political will and increased resources dedicated to child health programming and integration of child health within broader agendas across the health and relevant non-health sectors (e.g., environment, education), especially in the countries off-track to achieve SDG 3.2.

Objectives

Advocacy for Policy and Accountability: Promote and support the development and implementation of policies at local, national, and international levels that prioritize child health and survival. Advocate for monitoring and accountability mechanisms to ensure that policies are translated into effective programs and resources are effectively utilized.

Leadership and Ownership: Support political and health leaders in off-track countries to become champions for child health. Encourage and collaborate with these champions to prioritize the child survival agenda, and to amplify their message at the regional level.

Resource Mobilization/Optimization: Work towards mobilizing new and leveraging existing domestic and international funding sources, including those that are vertically-focused or disease-specific, to secure increased resources for advocacy, technical assistance and implementation of integrated child health programming.

Evidence-Based Action: Advocate for and utilize robust research and data to inform and drive advocacy efforts. Promote research initiatives that focus on identifying and addressing critical gaps in child health and survival.

Partnerships and Collaboration: Build capacity for and support the strengthening of inclusive partnerships between governments, NGOs, civil society organizations, and other key stakeholders to create a unified approach to child health and child survival advocacy. Align with key efforts at the national, regional, and global level (e.g., African Leaders Malaria Alliance; Every Mother Every Newborn Everywhere) to ensure that child health is elevated and included in broader discussions across the life-course.

Internal Collaboration: Collaborate with other CHTF subgroups to support advocacy for their respective foci.

Awareness and Learning: Raise awareness about child health issues and advocate for the importance of early intervention and preventive measures at the global, regional, and country levels. Develop and

disseminate educational materials and tools to increase understanding and implementation of child health advocacy initiatives. Target audiences may include ministries of health in off-track countries, disease-specific funders, and key regional institutions.

Elevating and Strengthening Community Partners: Strengthen the capacity of communities to take active roles in child health and survival through support to CSOs and CBOs, knowledge sharing with an emphasis on community partner experiences, alignment and collaboration with the Community Health Development Partnership and other groups, and development of advocacy resources and tools. Highlight community-driven solutions and advocate for community needs at higher levels.

Key Activities

- Organize advocacy campaigns and events to highlight child health and child survival issues.
- Develop advocacy knowledge products and tools, such as policy briefs and position papers, to influence decision-makers and stakeholders.
- Host webinars, workshops, and conferences to share knowledge and best practices.
- Collaborate with researchers to disseminate impactful data and evidence.
- Support grassroots organizations in their advocacy efforts and capacity-building initiatives.
- Build partnerships to leverage synergies and elevate child health across the global, regional, and country levels.
- Collaborate with priority off-track countries to elevate actions for child survival, such as through country-level forums or other mechanisms.

Expected Results and Performance Indicators

Increased awareness and dedicated resources for child health, particularly in the off-track countries.

Indicators include:

- Number of collaborations to support advocacy needs of other Task Force subgroups
- Number of Subgroup members
- Number of Subgroup call attendees, % from off-track countries, and % from CSOs/CBOs.
- Number of special initiatives hosted (e.g., webinars, trainings, etc.)
- Number of child health advocacy and/or communication efforts led by Subgroup members
- Number of priority off-track countries supported

These indicators and target setting will be revisited by the co-chairs upon finalization of the CSA performance framework.

Membership

Any stakeholder committed to advancing child health and development will be invited to join. Current CSA partner organizations will be automatic members unless they opt-out of the subgroup. Additional members will be recruited based on their interest in child health and expertise in advocacy. Members will have the opportunity to contribute to strategic planning, participate in working groups, and engage in collaborative advocacy efforts.

Leadership

- The subgroup will have two to three co-chairs, at least two of which will be based in one of the off-track countries.
- Co-chairs will be responsible for implementing the activities outlined in the Terms of Reference and for sustaining the functioning of the subgroup, including by scheduling and facilitating regular Sub-group meetings; sharing relevant information on progress, challenges, and opportunities for subgroup improvement with the Task Force Secretariat and the Steering Committee; and ensuring that subgroup members are engaged and collaborating effectively.
- Co-chairs will serve for up to two terms (four years total). Each term will be defined as a two-year period.
- The Subgroup is accountable to the Child Health Taskforce Steering Committee through the Secretariat and will report on Key Performance Indicators annually. The Secretariat and Steering Committee will evaluate the subgroup's performance and value-add on an annual basis. If the subgroup no longer provides value-added, the Secretariat and Steering Committee will adjust as needed.

Meeting Schedule

The co-chairs will determine the meeting schedule in consultation with the Secretariat and members. Meeting agendas will be developed with input from the subgroup members, and the subgroup co-chairs will maintain regular communications with the Secretariat.