



Child Health Task Force Steering Committee Meeting Report

August 1-2, 2024

The Child Health Task Force (TF) Secretariat and Steering Committee (SC) members traveled to Malawi during the week of July 29–August 2, 2024. Traditionally, the SC holds its meetings in Washington, D.C., but this year the meeting was held in Malawi. The purpose of the trip also included meeting with key stakeholders to forge relationships; conducting a field visit to supplement knowledge of the health system; and attending the dissemination meeting for the midterm review (MTR) of the Malawi Child Health Strategic Plan (2021–2026). As part of its country engagement strategy, the TF has been providing the Malawi Ministry of Health (MOH) with technical support to the Integrated Management of Childhood Illness Technical Working Group (IMCI-TWG) and the trip allowed SC members to contribute directly to the MTR of the Malawi Child Health Strategic Plan (2021–2026). The venue enabled members to appreciate the context and integrate lessons learned from Malawi into the overall CHTF approach to partnering with countries.

The first part of the report (Section A), shares a high-level summary of activities from July 29–July 31. The latter half of the report (Section B) details the SC meeting that was held on August 1–2.

SECTION A

- While in Malawi, SC members conducted the following activities: meeting with the Pediatric and Child Health Association (PACHA) of Malawi; attending the Malawi Child Health Strategy MTR Dissemination Meeting; meeting with the IMCI-TWG; meeting with the Malawi Health Donor Group (HDG); and conducting a field visit to Salima which included a meeting with the District Health Commissioner and two site visits to a village health clinic and a health facility. Key takeaways from these activities included:
- **Malawi has made notable improvements in child health** owing to strong political and technical leadership, which are reflected in the country’s robust policies and increasing investment into the health system. Further, the country is currently undergoing a health sector reform which will feature a renewed focus on integrated care platforms and unification under the one plan, one budget, one monitoring and evaluation (M&E) plan. This reform presents a key window of opportunity for the TF to support the IMCI-TWG to push for strengthening of child health programming in line with TF objectives and an integrated, life-course approach.
- As Malawi continues to strengthen its child health programming, several priorities emerged. Firstly, it was noted that the MTR generated a lot of new information. Moving forward, **child health stakeholders in Malawi must consider the importance of knowledge management to ensure this information is accessible and informs decision-making**. Dissemination of key documents, for example the Child Health Strategic Plan to district management teams, remains a challenge.
- In addition, a key piece of guidance relevant to the CSA, was shared by the HDG. As Malawi moves towards the one plan approach, the plan is expected to have reduced details given the increased material included and thus, operational plans will also be needed. **Sector-specific strategic plans, such as the Child Health Strategic Plan, should become operational plans**

in the future to guide stakeholders and enable implementation under the one plan approach.

- The trip also highlighted **inequitable human resource distribution limiting access to specialist child healthcare in Malawi.** For example, there is only one pediatrician in the Northern region. Further, there is inadequate protocol adaptation at the community level. These factors, combined with long travel distances to facilities, reportedly result in many rural areas having limited access to quality child healthcare.
- Many of the challenges described by stakeholders or featured in the MTR were reiterated at the district-level including long distances between clinics and their referral facilities, limited capacity to train and supervise workers, and inadequate orientation of clinics on new guidance and policies. **These challenges are further exacerbated by weak coordination at the subnational level.**
- Furthermore, the Malawi health sector still relies heavily on donor funding. Thus, despite an ambitious vision for the child health system, **the MOH lacks sufficient resources to effectively implement all aspects of their child health strategy and must focus on prioritizing interventions and efforts which will have the greatest impact.**
- Finally, **the visit enabled the TF to identify missed opportunities amongst child health partners in the country.** For instance, collaboration between the MOH and PACHA is largely ad-hoc, with no formal platform for discussion and PACHA not currently sitting in the IMCI-TWG. Strengthening coordination mechanisms between these two stakeholders could be highly beneficial and efforts to support PACHA joining the IMCI-TWG are now ongoing. Additionally, TWG members were interested in understanding how the MOH, as well as individual members, benefitted from engaging with the TF. SC members shared key benefits, including networking and knowledge management, and Malawi MOH representatives further highlighted the amplification of child health issues in the country that stems from the united voices of the TF. The lack of awareness of the TF suggests a need for clearer communication on the TF value proposition and heightened dissemination of this value proposition by TF partners.



Photo: Members of the SC and Secretariat at the Malawi Child Health Strategy Midterm Review Dissemination

SECTION B

The SC meeting was held on August 1–2, 2024, at the Sunbird Capital Hotel in Lilongwe, Malawi. The two-day meeting included a review of progress since the last meeting, reflections from the Pause and Reflect, and updates from the CSA action teams and partners.

Nine SC members actively participated, either in person or virtually (see Annex II for a complete list of participants). Dr. Dyness Kasungami, Director of the TF, warmly welcomed the participants. Dr. Gerald Manthalu, Deputy Director of Planning and Policy Development at the Malawi MOH, addressed the SC members, emphasizing the importance of sharing experiences and knowledge management. He expressed his gratitude to the TF for holding the SC meeting in Malawi and for its continued support to the IMCI-TWG.

The **overall aim** of the meeting was to advance the implementation of the TF strategic plan and to identify barriers and solutions for overcoming coordination and implementation challenges at the country level.

Meeting objectives included:

- Assessing progress in implementing the TF strategic plan and identifying actions for the second half of the year.
- Advancing the vision for the CSA initiative by providing input into the plans and strategic direction (short, medium, and long term).
- Participating in the dissemination of the Malawi Child Health Strategy MTR to:
 - Understand the progress Malawi has made, along with the challenges and opportunities.
 - Provide input into the next generation of Malawi's Child Health Strategic Plan.
 - Identify how lessons learned from Malawi can translate to the TF's broader agenda of country support.

This report highlights key outcomes from the meeting, including agreed-upon actions for further strengthening the implementation of the TF strategic plan.



Photo: Members of the SC and Secretariat meet with staff at a health facility in Salima.

Task Force Secretariat Progress Update

The TF Secretariat provided an update on the progress in implementing the strategic plan and incorporating recommendations from the last SC meeting held in November 2023, the pulse check survey and members' meeting held in January 2024, and the CSA Pause and Reflect meeting held in July 2024.

To enhance collaboration with immunization stakeholders, three co-chairs joined the newly established Childhood Vaccination subgroup. The vaccination co-chairs and the Secretariat conducted outreach with key immunization actors, such as the Gavi's Zero Dose Learning Hub, to foster collaboration. Additionally, the Secretariat is exploring collaboration opportunities with the USAID MOMENTUM Routine Immunization Transformation and Equity (M-RITE) team, focusing on zero-dose children and communities.

To strengthen country partnerships, the Secretariat continued its partnership with the Malawi IMCI-TWG (see Section A), as well as supported the South Sudan CH TWG to finalize its Child Survival Strategy and to establish the Child Health Department under the Primary Health Care Directorate.

To increase country voices in TF decision making, the Bangladesh MOH was invited to join the SC and Dr. Uddin, Director of DGHS, Line Director of MNC and AH, Executive Director, and Vice Chair of the Gavi CSO Steering Committee & CEO of Synesis Health, was identified as the representative. The Secretariat continues to explore opportunities to elevate more country voices as leaders within SC, subgroups, and CSA groupings.

In response to the feedback from the annual members' survey (pulse check), the Secretariat and subgroup co-chairs sought to implement increased opportunities for skills-building engagement, such as the launch of the [School Health and Nutrition \(SHN\) e-learning course](#) and the promotion of other e-learning courses (e.g., [the WHO Smart dimCI course](#)).

The Secretariat reported a growth in the TF network since November 2023 with 1,843 new members joining from 113 countries (9% francophone), bringing the total membership to over 8,000. Throughout the same period, the TF organized 14 webinars, one members' meeting, and two subgroup meetings. Webinars saw high participation, with over 7,000 total registrants and a 32% participation rate.

Subgroup Highlights

Subgroups are increasingly aligning with TF core themes, including more collaboration amongst subgroups to reflect integration, which is key to comprehensive child health programming. Subgroups have collaborated with one another across several webinars during this period. For example, the [webinar on ORS and Zinc for diarrhea management](#) was co-hosted by three subgroups (Institutionalizing iCCM, Private Sector Engagement (PSE), and Commodities subgroups). In addition, subgroups have sought to feature multi-country experiences in webinars to enhance cross-country learning. For instance, the abovementioned webinar on ORS and Zinc featured country experiences from Zambia, Nigeria, and Pakistan, while the nutrition subgroup hosted [a webinar on the integration of early childhood development interventions](#) into health and nutrition services that featured country voices from Ethiopia, Burkina Faso, and Mozambique.

Additional subgroup highlights included:

- The Re-Imagining the Package of Care for Children subgroup launched a new series, [Re-Imagining Child Health Through Primary Health Care \(PHC\) to align members on understanding of PHC as the primary platform to advance the CSA](#).

- The Quality-of-Care subgroup hosted [a webinar to disseminate the recent WHO/UNICEF guidance on scheduled child and adolescent well-care visits](#) within the broader context of the child and adolescent health and well-being agenda.
- The M&E subgroup continued to lead the development of the CSA results and accountability framework and finalized a list of impact and outcome indicators. A [technical brief for the CSA](#), featuring an assessment of progress on the indicator set and ways forward, was published.

A full list of all subgroup activities was shared with the SC and is available in Appendix IV.

Progress by Strategic Priority

<p>STRATEGIC PRIORITY 1: <i>Engage global and country stakeholders around the need for increased resources, accountability, and a multi-sectoral approach to child health</i></p>	<ul style="list-style-type: none"> • Developed and launched a self-paced, free e-learning course in French and English titled <i>School Health and Nutrition (SHN): From Principles to Practice</i>. <ul style="list-style-type: none"> ○ Over 60 participants have taken it. ○ Hosted a webinar in July which showcased testimonials from course users and helped disseminate information about the course.
<p>STRATEGIC PRIORITY 2: <i>Align around common goals and measures of success for child health along the life-course (including the newborn period, post-neonatal, and adolescence), with a focus on post-neonatal mortality reduction</i></p>	<ul style="list-style-type: none"> • Convened a members’ meeting in March and an ad-hoc SC meeting in January to share results from the annual survey. • Gathered feedback on strategies to enhance member engagement, including regular updates on TF progress towards goals and greater skills-building opportunities. • Supported subgroup co-chairs to set priorities and collaborate across groups via quarterly meetings.
<p>STRATEGIC PRIORITY 3: <i>Partner to implement interventions, monitor for equitable coverage and quality care, and track progress towards SDG targets</i></p>	<ul style="list-style-type: none"> • Supported the Malawi MOH to update the interactive dashboard mapping child health activities. • Contributed to the Malawi Child Health Strategic Plan MTR. • Currently exploring potential for a collaborative activity with M-RITE to strengthen services targeting zero-dose children and communities in Nigeria, the DRC, and Mozambique, pending USAID Mission approval.
<p>STRATEGIC PRIORITY 4: <i>Foster the generation and sharing of evidence, lessons learned, tools, and promising program approaches</i></p>	<ul style="list-style-type: none"> • Conducted technical webinars with the global child health community in both French and English. • Registrants for webinars were predominantly from off-track countries, indicating the relevance of the topics to key audiences. • Webinars saw the highest registration levels from international NGOs (32%) and governments (12%), while private foundations had the lowest registration levels (2%). • Launched the CHTF X account in March and currently exploring opportunities to increase platform reach.
<p>STRATEGIC PRIORITY 5: <i>Synthesize and package information</i></p>	<ul style="list-style-type: none"> • CHTF website recorded 30,069 users from 196 countries in the period from November 2023–July 2024.

in shareable and accessible products and enhance communications

- 10% of users access the French website.
- The top 3 most visited pages, aside from the homepage, are the [iCCM Hub](#), [the CSA Hub](#), and the [India MCP Card](#).

Discussion and Suggested Actions

SC members acknowledged the significant progress made in implementing the TF's strategic objectives and advancing the vision of the CSA initiative. Several key developments were highlighted, including the strengthened collaboration with immunization stakeholders and the integration of school health and nutrition programs.

Knowledge sharing and synthesis were recognized as strengths of the Secretariat, demonstrated through the quality of resources available in both English and French, and the hosting of bilingual webinars. The inclusion of Spanish-speaking countries in the TF was cited as a positive step forward, but it was noted that resources are not currently translated to languages beyond English and French.

Action: The Secretariat will consider translating key resources into Spanish to support this expansion.

Although there are a large number of total TF members, it was noted that there are limited opportunities for members to actively engage beyond attending webinars. Regular convenings like the virtual conference in 2023 (in the absence of funding for a large in-person convening) were identified as measures that can energize broader member engagement.

Action: Establish a regular schedule of virtual or in-person conference every two years.

Despite ongoing efforts to revamp the PSE subgroup and increase private sector interest in the TF, overall engagement with the private sector across the CSA and CHTF remains challenging.

Action: The Secretariat and PSE subgroup co-chairs will explore new strategies of engagement, such as through outreach to private sector health federations.

Multi-sectoral engagement—such as Finance, Education, Agriculture, and Climate—is essential to the success of child health programs. However, much of the TF work is limited to the health sector. A deeper understanding of how the TF can effectively engage other sectors is needed.

Twenty-six of the SDG off-track countries are experiencing emergencies or are in fragile/conflict settings. Although the Child Health in Emergencies and Humanitarian Settings (CHiEHS) subgroup was created to address these challenges, frequent leadership transitions have hindered its effectiveness and limited group engagement. Strengthening linkages between the CHiEHS subgroup and the Global Health Cluster, and exploring better support mechanisms for countries in fragile and conflict settings, are crucial for advancing the group's objectives.

Action: The Secretariat will support the CHiEHS subgroup to revisit priorities and engagement following the onboarding of the new co-chair from WHO Geneva.

CSA Overview and Progress to Date

The CSA, composed of the Secretariat, three action teams, and the Advisory Group, continued to work to expand its footprint and to elevate the needs of children aged 1-59 months in the 59 countries that are off-track for SDG 3.2. While each group also conducts activities specific to their function (discussed below), collaboration across all teams is critical to driving the mission of CSA forward. For instance, the

action teams collaborated to develop [ENAP/EPMM/CSA two-pager](#) and [CSA data brochure](#), two evidence-based advocacy products that were disseminated to key stakeholders, including Ministers, at the 77th World Health Assembly (WHA). In addition, the teams have partnered to support CSA events with the goal of laying the foundation for further engagement with key leaders. These events included the [WHA luncheon side-event](#) with representatives from six African countries (Sierra Leone, Guinea, Madagascar, Mali, Nigeria, Somalia) and the [ministerial panel webinar](#) in which African leaders discussed the operationalization and promotion of the newly adopted WHA MNCH resolution.

Despite these achievements, CSA members indicated a need to improve cross-action team coordination. One method for strengthening coordination that has been recently implemented is the attendance of members from the Country Engagement and Advocacy teams at the Results and Accountability Action Team (R&AAT) meetings.

CSA Secretariat Update

The Secretariat continued to play a key role in coordinating and facilitating the activities of various working groups, subgroups, the Advisory Group, and Action Teams. It organized the Pause & Reflect meeting (P&R) of the CSA Working Group in July 2024, which focused on evaluating and re-envisioning CSA's vision, strategies, and structure to improve coordination and better align with country needs.

One key discussion that emerged from the P&R was the proposed rebranding of the CSA initiative. The term "initiative" often implies dedicated financing, whereas other terms, like "movement," "partnership," or "alliance," that suggest a broader advocacy and collective action approach would align more closely with the TF goals. In addition, countries may question the value of having multiple initiatives presented to them. The meeting noted the rebranding of ENAP and EPMM to "every mother and every newborn everywhere" (EWENE). Including "every child" in this rebranding could signal a unified global movement towards comprehensive action across the life course.

To enhance CSA visibility, the Secretariat attended the African Union (AU) Summit in Addis Ababa in February 2024 and engaged with: the Director of Health and Humanitarian Affairs, the Organization for African First Ladies for Development (OAFSLAD) Secretariat, and CARMMA Plus. In addition, ALMA/RBM and Gavi joined the Advisory Group, providing further support to strengthen CSA and improved opportunity for coordination between CSA and their respective health sectors (malaria and immunization).

The Secretariat and its consultant, Market Access Africa (MAA), continued to explore strategies for securing funding for CSA to enable targeted support to countries. A resource mobilization plan has been drafted, including a mapping of foundations interested in child health, and outreach has begun.

Discussion and Suggested Actions

The SC reflected on the CSA P&R recommendation to rebrand the CSA initiative as a movement and advised further discussion with the CSA WG and Advisory Group. The SC proposed additional terminologies, including alliance and accelerator.

Action: The Secretariat will facilitate discussion with the Advisory Group, Working Group, and Action Teams until a consensus on the rebrand is reached.

CSA Country Engagement Update

Anne Detjen and John Borazzo, co-leads of the CSA Country Engagement Action Team (CEAT), provided an update on progress towards 2024 milestones. They highlighted varying levels of engagement with six countries, in different stages of development or launch of national strategies and plans that include CSA components. Notably, countries like Mali have made substantial progress with minimal external engagement, while other high-burden countries, such as Niger, Chad, and the DRC, have seen limited engagement and may require more purposeful outreach from CSA to accelerate progress.

The team also discussed their second joint mission to Sierra Leone which emphasized the critical importance of high-level government leadership and commitment to CSA, and the launch of the [CSA toolkit](#) in April 2024. Since its launch, the toolkit has garnered 935 views by 537 users in English and 138 views by 64 users in French. The CEAT noted they are now providing technical assistance to countries to enhance the toolkit's effective use.

The team outlined key goals and related activities for the coming months:

1. **Engage with a larger number of countries simultaneously:** This will involve collaborating with the advocacy group to better elevate countries' priorities and needs, helping to amplify their voices, and reaching additional countries with lighter-touch outreach. Specific activities in this workstream will include a roundtable meeting with Francophone countries and a proposed CSA-wide webinar in the fall, where work in Liberia and Nigeria would be showcased.
2. **Strengthen collaboration and coordination within CSA** in order to leverage partners' comparative advantage: Fully leveraging the strengths and comparative advantages of partners, including broader TF members, will enhance collaboration and coordination of country activities. By aligning efforts within the CSA and across action teams, a more cohesive and effective approach to child health can be created.
3. **Improve coordination with EWENE (ENAP/EPMM), Gavi, GFATM, RBM, and GFF:** Strengthening these partnerships will be crucial for advancing CSA goals. Activities include participating and highlighting CSA in the West and Central African Region (WCAR) ENAP/EPMM regional consultations to review progress in countries that have developed MNH acceleration plans in November 2024.
4. **Focus on critical interventions for CSA:** While CSA is intervention-agnostic, it highlights critical areas for action. Ensuring that specific child health interventions are not overlooked within broader systemic conversations is crucial to accelerating action for child survival.

Discussion and Suggested Actions

SC members reflected on the varying levels of engagement across country leadership in advancing the CSA agenda, with some countries showing strong commitment from both government and CSA partner organizations, while others are less proactive. Further, members discussed how it is essential to elevate CSA beyond the responsibility of a single directorate, such as child health or maternal health, as child health encompasses multiple programs and requires high-level monitoring and accountability across these programs.

Action: The team will engage in internal brainstorming involving country focal points and the advocacy team to develop stronger, more cohesive messages for countries and explore mechanisms for elevating CSA within countries.

The connection between EWENE strategic positioning and CSA in countries is currently weak, with these initiatives often disconnected at the country level. The upcoming November meeting in the West

and Central African Region (WCAR), which will include both EWENE and CSA, is an opportunity to strengthen these linkages.

Action: CSA WG members to attend the WCAR meeting to share about CSA and to explore next steps in strengthening coordination between EWENE and CSA.

In discussing challenges experienced with developing CSAPs in countries, the CEAT noted critical expertise gaps for costing and M&E of child health priorities, which need to be addressed.

Action: CSA will explore opportunities to increase access to costing and financing expertise at the country level through the GFF/WB.

For effective resource mobilization, members indicated that it is crucial to emphasize the CSA's value-add, particularly in optimizing service delivery through Integrated Management of Childhood Illness (IMCI), cIMCI, or PHC approaches. This message should precede direct requests for additional funding, highlighting how these approaches enhance overall service delivery.

CSA Advocacy Strategy Update

Courage Matiza, the co-lead for the advocacy action team, provided a comprehensive update on the progress and ongoing activities of the CSA Advocacy Action Team (AAT). The update covered several key areas:

- **Resource Mobilization:** The team has been actively pursuing resources for the CSA Secretariat, CSOs, and member countries. A resource mobilization plan has been finalized, with a focus on identifying non-traditional funders. The team will continue to identify opportunities for resource mobilization, such as the recent support provided to three Sierra Leone CSOs to submit proposals to the Roddenberry Foundation +1 Global Fund.
- **Regional CSA Advocacy:** The team continues to elevate CSA among key stakeholders, with a special focus on regional champions in Africa. There are ongoing efforts to collaborate with key organizations like the AU, OAFILAD, and ALMA. In addition, the team has been exploring the inclusion of CSA indicators on the ALMA continental scorecards, which has been identified as a significant advocacy opportunity because they are viewed by high-level African leadership.

Some challenges noted by the AAT include limited advocacy engagement, particularly in the Francophone region, and a shortage of key champions in the region. While Dr. Demby, Minister of Health Sierra Leone, has been a strong leader and advocate, there remains a need to cultivate more leaders among his peers.

The team further outlined major goals and actions for the coming months:

1. **Policy Engagement:** participate in key convenings, such as CPHIA 2024, to elevate the profile of CSA.
2. **Summit for the African Child:** The team will support the Sierra Leone MOH in building consensus and developing the proposed Summit for the African Child.

Discussion and Suggested Actions

SC members discussed the potential merits of stakeholder mapping, similar to an activity recently conducted by The Pandemic Fund which involved identifying all stakeholders with an interest in pandemics—such as CSOs, donors, and partners—and categorizing them as “champions,” “neutral,” or “skeptical.” Such an approach could benefit CSA by pinpointing those actors with whom outreach may

be most successful and could increase efficiency by highlighting the level of effort required for meaningful engagement with various actors. The team was encouraged to consider such an approach.

Members further highlighted the need to enable improved medium- and long-term planning for CSA groups in relation to key policy windows and events. An existing effort to track events via a 12- to 18-month calendar that details events and outlines the role CSA should play in them to maximize the given opportunity was noted, but internal dissemination of this calendar is needed.

Action: The team will finalize and publicize a 12- to 18-month event calendar.

Concerns regarding the resource mobilization function of the AAT appearing duplicative of existing efforts and the related need for careful coordination were discussed. In response, CSA will focus on developing stronger partnerships and interactions with institutions focused on resource mobilization (e.g. GFF). Further, a more systematic approach to engaging with the CEAT is needed to align on country resource mobilization needs.

Action: Strengthen engagement with GFF and similarly focused institutions.

The group discussed the need for clearer understanding of the child health indicators being tracked so that progress can be accurately measured and the need for acceleration can be clearly communicated with key leaders. Further, targeted efforts are required to document whether organizations are following through on their expressed commitments to child health.

Finally, members discussed the relevancy of advocacy across all of child health and noted that the need for a strong advocacy function is not specific to CSA. Therefore, members suggested expansion of the Advocacy group to support additional facets of child health and development.

Action: Secretariat and TF Partners will create an advocacy subgroup for the broader TF and seek out co-chairs with an emphasis on selection based on advocacy capacity.

Results and Accountability Action Team (R&AAT) Update

Jennifer Requejo and Kate Gilroy, co-leads of the R&AAT, provided an update on the team's progress. The team has reached several key milestones, including:

- **Expanded Membership:** The team has broadened its membership to include representatives from UN agencies, USAID, LSHTM, and experts from both country and regional levels.
- **Finalization of CSA Results Framework:** The CSA results framework, which encompasses impact, coverage, and context indicators with an equity approach, is nearing completion. It includes a 1–59-month mortality target alongside existing targets from global initiatives. Discussions on Quality of Care (QoC) indicators are ongoing.
- **Evidence-Based Advocacy Products:** The team produced a CSA technical brochure for WHA advocacy, featuring updated analyses using framework indicators.

The team also discussed several ongoing challenges. Although coordination across working groups and within the R&AAT has improved significantly since creation, there is still a need to refine the balance of having clear, structured responsibilities with flexibility to respond to emerging needs. The team also faces resource constraints as it is dependent on in-kind support from its members to complete tasks and develop products.

The team outlined four key workstreams for the coming months:

- **Evidence-Based Advocacy Products:** Develop 2–3 advocacy products annually in coordination with the CSA Advocacy Action Team and other key stakeholders.

- **Country Engagement Support:** Coordinate with the country engagement workstream to support country MEL (Monitoring, Evaluation, and Learning) activities, including documenting learning within CSA processes.
- **Knowledge Management:** Enhance existing MEL guidance for countries, highlight gaps, and make key documents accessible through the CSA toolkit. Focus on the CS learning agenda and identify areas needing further measurement work or guidance.
- **Performance Monitoring:** Develop a monitoring plan and performance framework for CSA to track progress and demonstrate its added value.

Discussion and Suggested Actions

SC members raised concerns about potential duplication of efforts, particularly the overlap with M&E initiatives from WHO and UNICEF. To address this, the four key workstreams should clearly delineate the group's unique focus, helping to avoid any overlap. In addition, the members discussed how developing a CSA monitoring plan and performance framework to track progress against specific milestones for action teams will help to demonstrate CSA's unique value-add.

Action: Develop a CSA monitoring plan and performance framework.

SC Members' Updates

Country Updates

Burkina Faso

Dr Marcella Valerie Zombre Sanon, Director of Family Health, Burkina Faso Ministry of Health, provided an update on the status of reproductive, maternal, newborn, child and adolescent health (RMNCAH) in Burkina Faso. She highlighted significant progress in child survival in Burkina Faso, including improved coverage of key indicators such as skilled delivery rate and exclusive breastfeeding.

Success factors and opportunities for scaling up child survival and health efforts include:

- Strong leadership and commitment of the government towards MNCAH (e.g. \$50 million allocated by the government for MNCH and family planning. However, limited domestic funding must be supplemented with other sources of funding to ensure efforts are scaled and sustained.
- Increasing access to services through development of infrastructure such as neonatal units, referral hospitals, and mobile clinics.
- The introduction and reinforcement of high-impact interventions like IMCI and community IMCI (cIMCI) with digitalized electronic consultation registers.
- Alignment of partners around country priorities under a unified plan, budget, and M&E framework ("One Plan, One Budget, One M&E").
- Increased investment in and development of an investment case for strengthening primary health care (PHC).
- The introduction of projects aimed at strengthening the performance and resilience of the health system in the face of climate change.

However, Burkina Faso still faces **challenges** that impede further progress, including:

- Inequality in access due to disruptions in the provision of care services for children and youth, largely driven by security-related issues.

- Social determinants of health that adversely affect vulnerable populations.
- Insufficient quantity and quality of human resources in certain regions, leading to unequal distribution of healthcare services.
- The exacerbation of child malnutrition and existing humanitarian issues by climate change, including drought and high temperatures, coupled with increased food insecurity.

Bangladesh

Dr. Ashfia Sabrin, Deputy Programme manager IMCI and Newborn Programme, presented the Bangladesh experience on behalf of Dr. Mohammed Nizam Uddin, Director of DGHS and Line Director of MNC&AH, DGHS, MOHFW, and SC member. Bangladesh has made significant progress in child survival and is on track to achieve the SDG targets for newborn and child health. According to 2022 data, the under-five mortality rate (U5MR) is 31 per 1,000 live births, the infant mortality rate (IMR) is 25 per 1,000 live births, and the neonatal mortality rate (NMR) is 20 per 1,000 live births. The slower decline in NMR compared to U5MR and IMR has led to the prioritization of newborn interventions.

Dr. Sabrin highlighted notable achievements including improved and expanded facilities for newborn and child care (e.g., the development of 500 IMCI corners in Upazila and district level facilities), and extensive capacity building for the management of newborns and sick children. She attributed these achievements to factors including a strong engagement and commitment from the government; a dedicated budget line for newborn and child health services; updated strategies and guidelines to guide interventions; a robust health infrastructure with more than 14,000 community clinics providing basic and referral services; and a well-functioning District Health Information System (DHIS2) that enables informed decision-making.

Despite their successes, Bangladesh continues to face challenges affecting child health, including:

- Poor coordination across health sectors.
- Human resource gaps at national, subnational, and community levels, affecting both facility-based and community health services.
- Inconsistent supply of medicines, logistics, and commodities.
- A large, minimally regulated private health sector and data deficiencies from this sector.
- Non-structured urban health services in large city areas.

Key Lessons Learned:

- Effective implementation of community engagement interventions is essential for reaching all children with care needs and reducing mortality rates.
- A dedicated budget is necessary for prioritizing NCH.
- Continuous capacity building and retention of trained human resources are vital to ensure that quality health care is widely accessible.
- A robust health information system (DHIS2) that utilizes data for informed decision-making is key to monitoring and sustaining progress.

Malawi

A full update on Malawi is available in Section A and a brief recap of the takeaways from the MTR is presented below. The MTR showed that despite being resource-constrained, Malawi has made notable improvements in child health due to strong political and technical leadership. Reliance on donor funding is a critical challenge impacting the availability of supplies and human resources.

Key **opportunities** for strengthening child health in Malawi include:

- Strong political will and increasing investment into the health system, enabling a steady increase in Malawi's Universal Health Coverage service coverage index since 2000.
- Ongoing health reform including efforts to roll out a performance management system by 2025 for the country's growing health workforce and increasing efforts to integrate health services.
- Improved supply chains, including efforts underway to manage parallel supply chains and transition to a fully decentralized and digitalized Logistics Management System (LMIS) as part of HMIS.

Overall, Malawi's strategy emphasizes the need for collaboration among individuals, community groups, and partners to achieve its health sector goals, with a focus on optimizing service delivery through interconnected reforms.

Discussion

The three countries present contextual factors including successes and barriers that should guide the TF's support to countries to strengthen child health programs. Country experiences underscore the critical importance of government leadership and commitment in improving child health outcomes. However, health systems interventions account for only about 50% of the reduction in child mortality. Other factors, as Bangladesh shows, such as girls' education, improved family income, and broader social determinants, play a significant role in individuals' decisions and ability to use available services. This highlights the necessity for intersectoral collaboration and sector-wide approaches to address these underlying factors effectively.

The engagement with the private sector continues to present challenges that must be addressed. It is essential to explore strategies for integrating the private sector more closely with the MOH to ensure that standard government guidelines, Standard Operating Procedures (SOPs), and protocols are implemented consistently across all levels of care. Additionally, data from the private sector should be part of the national HMIS to understand and articulate the private sector's contribution to reducing newborn and child mortality.

Commodities, supply chain management, and human resources for health are major challenges that many countries face in strengthening their health systems. The TF will continue to advocate for increased attention to these barriers. Additionally, the TF will continue to explore how partnerships with global bodies such as the GFF and others could be better leveraged to address these challenges more effectively.

Partner Updates

Each partner shared updates that support and can be leveraged to further the Task Force agenda. Full presentations, where available are linked.

- **Anne Detjen of UNICEF** shared the work being done regarding TF within UNICEF, including the identification of priority countries for CSA and efforts to ensure that TF objectives are integrated and measured within community health investments. Further, UNICEF is currently updating its health strategy for the period 2016–2030. The revised strategy will place greater emphasis on health system resilience, climate change, antimicrobial resistance (AMR), and will prioritize PHC. In addition, UNICEF is expanding its focus on non-communicable diseases and injury prevention.
- **John Paul Clark of GFF** provided an update on structural changes to the Country Operations team that are expected to address the gap in child health work; GFF's ongoing evaluation to enhance partnerships on child health initiatives that will inform a new strategy development

process; and GFF's commitment to establishing a consistent model for CHWs inclusive of their roles, motivations, and career progression. Further, plans to conduct institutional advocacy to align efforts and strengthen engagement between TF and GFF were discussed.

- **Eric Swedberg of Save the Children (StC)** shared several key areas of work that are being conducted by StC including expansion of immunization efforts with a focus on fragile and conflict affected settings and an emphasis on the life-course and locally-led approaches; creation of a new team dedicated to taking a systems-based, multi-sectoral approach for climate health integration with a focus on four countries (Lao PDR, Malawi, Indonesia, and Senegal); and ongoing systematic outreach to StC's advocacy team to define their role in CHTF and the CSA agenda. StC is also actively advocating for increased global health resources across various levels, including U.S. government funding.
- **Patricia Jodrey of USAID** updated the SC on USAID's efforts in the child health space. USAID launched the Preventing Maternal & Child Deaths Framework in March 2022, which focuses on integrated programs for increased impact, reducing costs, and optimizing engagements with health systems. USAID identified 25 priority countries for maternal and child survival, primarily in West Africa (Mali, Liberia, Ghana, Nigeria, Senegal), Southern & Eastern Africa, and Asia. In addition, USAID's Primary Impact Initiative, which focuses on leveraging all USAID programs through pooled funding focusing on seven countries (Cote d'Ivoire, Ghana, Indonesia, Kenya, Malawi, Nigeria, Philippines), is expanding to five more countries in 2024 (India, Madagascar, Rwanda, Uganda, Vietnam).

USAID is increasing its emphasis on localization and distribution of funds to local partners. Policy Principles for Local Capacity Strengthening include starting with local systems, aligning capacity with local priorities, and practicing mutuality with local partners. USAID's long-term goal is 50% of funds going to local organizations.

Additional USAID initiatives include participating in lead mitigation efforts such as solid waste management in Brazil and regulating lead paint through the Global Lead Alliance to mitigate lead exposure; the USG Global Health Worker Initiative (GHWI) from which USAID received \$10 million in FY24; pledging at least \$1.5 billion to Gavi over the next five years; and a new climate change policy (2022-2030).

- **Wilson Were of WHO** presented an update on WHO's work including an ongoing evaluation of how to better use existing resources for technical support across health sectors with a focus on the life-course; a joint strategic review with WHO AFRO of child and adolescent health within the frameworks of UHC, PHC, and Essential Health Care Packages; and an update to guidelines across newborn and child health, including an operational guide for well-child care. WHO is using the TF to disseminate these resources and a meeting is planned to brief key countries on key strategic directions including CSA. A list of key events that WHO will prioritize is included in Annex I.

Conclusions and Actions

The first SC meeting in 2024 facilitated a comprehensive review of progress and the actions taken since the November 2023 meeting on accelerating progress towards the 2030 agenda. SC members acknowledged substantial strides in implementing the TF strategic plan and CSA. However, they underscored the necessity for enhanced engagement within the TF, with a focus on members based in FCS, the private sector, and multi-sector collaborators; improved coordination and messaging for CSA, including a rebrand from the term "initiative" and greater cross-action team collaboration; and increasing emphasis on accountability and TF value-add. The SC members appreciated the opportunity to meet in Malawi, contribute to the MTR, and meet a broader group of child health stakeholders. However, the opportunity came with challenges, including timing and implications for travel, limitations for French interpretation, and weak Internet bandwidth hindering a successful hybrid format. The SC members

proposed to develop criteria for selecting countries to host the meeting. Key actions and subsequent steps, listed below, were identified to further expedite progress on the child health and child survival agendas.

Actions: TF

Secretariat and TF Partners

- Strengthen TF knowledge management and engagement opportunities through the hosting of a virtual or hybrid conference every two years.
- Increase TF member engagement in CSA through regularly hosted webinars or other update mechanisms.
- Follow-up on opportunities to reinvigorate the PSE and CHIES subgroups, including engaging with private sector health federations and involving the Global Health cluster.
- Expand the TF social media presence, including maximizing efforts on LinkedIn, exploring additional platforms, offering training to members on social media use, and tracking event registrations by platform to monitor engagement.
- Create the advocacy subgroup for the broader TF and clarify the TOR, as well as relationship to the CSA advocacy action team, and explore internal resources for hiring dedicated advocacy personnel.
- Continue supporting Malawi post-MTR and keep SC members informed about how their organizations can contribute.
- Develop criteria, in consultation with the SC, for countries to host the SC meetings in future.

Actions: CSA

Secretariat and CSA Partners

- Arrange and facilitate discussions with the Advisory Group to solicit feedback on CSA rebranding and proposed geographic focus (global with an emphasis on Africa).
- Continue to explore mechanisms to improve and facilitate collaboration and communication across action teams.
- Expand the emphasis on and support to Civil Society Organizations (CSOs) in country-level efforts.

CSA County Engagement Team

- Improve mechanisms for ongoing coordination with CSA country MOH leaders and key partners, including EWENE, GFF, and others.
- Collaborate with the Advocacy team to elevate CSA within countries and develop stronger country-specific messaging.
- Explore opportunities to increase access to costing and financing expertise at the country level, as well as within CSA.
- Explore mechanisms, such as the systematic surveying of country planning cycles and program review statuses, to improve medium- to long- term planning.

CSA Results & Accountability Team

- Develop concise, event-specific materials (e.g., brochures) linked to global health events.
- Finalize the results framework and utilize in-country to facilitate learning.
- Develop a CSA monitoring plan and performance framework.

CSA Advocacy Action Team

- Seek out additional co-chairs with an emphasis on selection based on advocacy capacity.
- Maintain an internal event calendar/policy window tracker and follow-up on key events to explore CSA inclusion.
- Conduct a partner mapping exercise at the country level to support advocacy efforts.
- Explore mechanisms to strengthen engagement with GFF and other institutions focused on resource mobilization.

Next SC Meeting

- **Agenda:** Focus on accountability for resolving challenges identified in the current meeting, with each SC member reporting on their contributions to the child health agenda.
- **Participation:** Invite subgroup co-chairs to synthesize subgroup updates, speak to challenges in subgroup work, and to leverage co-chair presence to identify and address missed opportunities.
- **Location and Duration:** Plan for a 2 to 2.5-day meeting in Washington, DC in early 2025.



Photo: Members of the SC and Secretariat pose with staff at the Salima District Health Office.

Annex I – Upcoming Key Events for Child Health Stakeholders

- **WHO AFRO Regional Committee Meeting:** August in Brazzaville, including a CSA side-event.
- **79th UNGA:** September, with a side-event on parenting and accountability.
- **Global Ministerial Conference:** November in Colombia, focusing on Ending Violence Against Children.
- **Global Symposium on Health Systems Research:** November 18-22 in Japan, with a session on child health.
- **IPA Congress:** May 8-11 in Mexico, with public health-oriented plenary sessions.
- **African Network Conference:** Senegal, with potential for discussing child survival, involving UNICEF.
- **ENAP/EPMM/CSA joint meeting in WCARO:** November with 24 countries to review acceleration action plans.
- **The 3rd Pneumonia Forum:** Planning is in process and the event is now expected to be held in July or September 2025, focusing beyond pneumonia.

Annex II – Subgroup Synthesis

Subgroup Update Synthesis: November 2023–July 2024

Childhood Vaccinations

- The subgroup selected three co-chairs: Dr. Jolem Mwanje, Impact Health Organization; Dr. Oumar Diallo, RAISE 4 Sahel Project, World Vision; and Dr. Revati Phalkey, Save the Children, and hosted [a meeting](#) on January 29th to introduce the new chairs and discuss priorities for the year.
- The subgroup hosted [a meeting](#) on March 20th in preparation for World Immunization Week 2024 that served as a forum to share partners' campaign initiatives and explore potential synergies for collaboration.
- The subgroup hosted [a webinar](#) on July 15th, titled *Launch of The Lifesaving Power of Pneumonia and Diarrhea Vaccines for Children*, to promote a new report highlighting how full coverage of PCV, rotavirus, and Hib vaccines could prevent hundreds of thousands of child deaths.

Commodities

- The subgroup co-hosted [a webinar](#) with the iCCM and Private Sector Engagement subgroups on May 15, *ORS and Zinc as standard of care for diarrhea management: Actions to improve uptake*. Using key findings from a USAID-funded and PATH-led initiative, the webinar covered key global enablers/barriers to improve the use of ORS and zinc and tackle bottlenecks across all stages from production to distribution. The webinar featured country experiences from Zambia, Nigeria, and Pakistan.

Digital Health & Innovations

- The subgroup selected a new co-chair, Matt Saaks, Pathfinder, in January & hosted a subgroup meeting on February 27, 2024 to discuss priorities for the year. Event materials are available on the [website](#).
- The subgroup hosted a webinar, *Introduction to a New Online Smart Digital Integrated Management of Childhood Illness (Smart DIMCI) course*, in collaboration with WHO on May 16, 2024. Event materials are available on the [website](#).

Emergencies

- The subgroup hosted the third session of the Strengthening Nurturing Care in Humanitarian Response webinar series. Series details along with event materials are available on the [Health Cluster website](#).
- The subgroup, in conjunction with the Secretariat, is in the process of recruiting a new co-chair, Andrea King from WHO HQ, a member of the Global Health Cluster.

Institutionalizing iCCM

- The subgroup co-hosted with the Newborn and Child Health Commodities subgroup [a webinar](#), *Institutionalizing Supply Chains for Community Case Management*, where experts discussed challenges and potential solutions for community-level supply chains.
- The subgroup co-hosted [a webinar](#) with the Private Sector Engagement and Commodities subgroups on May 15, *ORS and Zinc as standard of care for diarrhea management: Actions to improve uptake*. Using key findings from a USAID-funded and PATH-led initiative, the webinar covered key global enablers/barriers to improve the use of ORS and zinc and included country experiences from Zambia, Nigeria, and Pakistan. Strong iCCM programming and policy was highlighted as a key enabler to ORS-Zinc uptake across several countries.
- The Institutionalizing iCCM and Private Sector Engagement subgroups co-hosted [a webinar](#) on implementation lessons from iCCM/FP introduction in Madagascar on June 25, 2024. Key challenges in building and testing the iCCM/FP integrated curriculum included commercial

stock-outs, lack of digital infrastructure and low literacy, regulatory push-back, and several others.

Monitoring and Evaluation

- The subgroup continued to lead the development of the CSA Results and Accountability framework and finalized a list of impact and outcome indicators. They are also collaborating with other CSA action teams to develop a CSA country toolkit as part of implementation milestones work.

Nutrition and Child Health

- The subgroup hosted [a webinar](#) on December 4, 2023 titled *Integration of ECD Interventions into Health and Nutrition Services: Experiences from Ethiopia, Burkina Faso, and Mozambique*.
- On April 4, the subgroup hosted [a webinar](#), *Is relapse after initial severe acute malnutrition (SAM) recovery a problem? Preliminary findings from a recent multi-country cohort study*. The webinar covered the latest research on post-discharge outcomes following initial SAM recovery in CMAM programs.

Private Sector Engagement

- The subgroup hosted [a webinar](#) titled *Sharing PPMV Engagement and Quality of Care Lessons Learned from Integrated Health Program Nigeria* on December 6, 2023.
- The subgroup co-hosted [a webinar](#) with the iCCM and Commodities subgroups on May 15, *ORS and Zinc as standard of care for diarrhea management: Actions to improve uptake*. Using key findings from a USAID-funded and PATH-led initiative, the webinar covered key global enablers/barriers to improve the use of ORS and zinc and included country experiences from Zambia, Nigeria, and Pakistan. The private sector (including industry, manufacturers, suppliers, and distributors) was identified as key stakeholders who can facilitate uptake through local production, market shaping, and other means.
- The Institutionalizing iCCM and Private Sector Engagement subgroups co-hosted [a webinar](#) on implementation lessons from iCCM/FP introduction in Madagascar on June 25, 2024. The webinar also featured experience from integrating [Private Sector Counts](#), a SHOPs Plus project that uses data to show how the public and private sector contribute to sick child care and FP, into a new Market Intelligence Platform

Quality of Care

- The subgroup hosted [a webinar](#) on April 23 to disseminate the recent WHO/UNICEF guidance on scheduled child and adolescent well-care visits. The webinar introduced the new guidance within the broader context of the child and adolescent health and wellbeing agenda and shared emerging efforts to map and rethink child health programming in Malawi.

Re-imagining the Package of Care for Children

- The subgroup published [a final report](#) on their Adapting Health Systems to Protect Children from the Impact of Climate Change Series, co-hosted with UNICEF and Global Communities.
- The subgroup held the first two sessions of their new [series](#) Re-Imagining Child Health Through Primary Health Care (PHC). *Session One: Why Now? A Global Push for PHC* was held on May 22, 2024. The first session provided an overview of PHC and insights on PHC in practice from Burkina Faso. *Session Two: Primary Care and Essential Public Health Functions* was held on July 17, 2024.

Annex III: Steering Committee Meeting Participants

- **Eric Swedberg**, Senior Director, Child Health, Save the Children
- **John Borazzo**, Lead Advisor, Child Health, Save the Children
- **Patty Jodrey**, Child Health Team Lead, Office of Maternal and Child Health and Nutrition, USAID
- **Wilson Were**, Medical Officer, Child Health Services at the Department of Maternal, Newborn, Child and Adolescent Health (MCA), WHO
- **Samira Aboubaker**, Facilitator¹
- **Dyness Kasungami**, Director, Child Health Task Force¹
- **Sam McCormick**, Technical Specialist, Child Health Task Force¹
- **Suzanne Slattery**, Senior Communicators Advisor, JSI¹
- **Clarice Lee**, Monitoring and Evaluation Officer, JSI¹
- **Jennifer Requejo**, Senior Advisor, Results Specialist, Global Financing Facility for Women's Children's and Adolescent's Health, World Bank Group²
- **Marcella Valerie Zombre Sanon**, Director of Family Health, Burkina Faso Ministry of Health
- **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, UNICEF²
- **Courage Matiza**, Manager, Policy and Public Affairs, Market Access Africa²
- **Nteranya Sanginga**, Analyst, Policy and Communications, Market Access Africa²
- **Kate Gilroy**, Senior Technical Advisor Monitoring, Evaluation and Learning and Child Health, JSI²
- **Gerald Manthalu**, Deputy Director of Planning and Policy Development, Malawi MOH³
- **Humphreys Nsona**, Program Manager, IMCI Unit, Malawi MOH³
- **Ashfia Saberina**, Deputy Program Manager (NNHP & IMCI), DGHS, Bangladesh MOHFW⁴
- **Kenasi Kasinje**, Technical Advisor on District Health Planning and Governance, Global Financing Facility³
- **Shane Khan**, CSA Results and Accountability Consultant²

¹ Non Steering Committee Member -- Secretariat Staff and/or support to Secretariat.

² Non Steering Committee Member -- CSA co-chairs and/or support to CSA co-chairs. Participated in the CSA sections of the meeting only.

³ Non Steering Committee Member -- Malawi-based staff from MOH or other TF partners. Participated in Day 1 of the meeting only.

⁴ Non Steering Committee Member -- Bangladesh MOH staff. Delegated to provided Bangladesh presentation by Dr. Uddin.

Annex IV – Stakeholders met with in Malawi

- **Samson Mndolo**, Secretary for Health, Malawi MOH
- **Martias Joshua**, Chief Secretary responsible for Reforms, Malawi MOH
- **James Manyetera**, Principal Secretary for Administration, Malawi MOH
- **James Mwenda**, District Commissioner, Salima Health District Office
- **Ajib Phiri**, Pediatrician and President of PACHA
- **Mсандeni Esther Chiume**, Pediatrician and Secretary of PACHA
- **Emmie Mbale**, Pediatrician and Vice President of PACHA
- **Yankho Luwe**, Acting Deputy Director, Emergency Response and Disaster Management Division, Malawi MOH
- **Chifundo Kuyeli**, Program Management Specialist in Child Health, USAID
- **Jannatul Ferdous**, Health Specialist in Maternal and Adolescent Health, UNICEF
- **Ellen Kadzokoya**, Programme Development and Quality Advisor, Save the Children
- **Anne Rerimoi**, WHO Consultant
- **Elimase Kamanga**, MNCAH Consultant
- **Seminie Nyirenda**, MOMENTUM Tiyeni, USAID/Save the Children
- **Clifford Dedza**, IMCI Supply Chain and Logistics Officer, Malawi MOH
- **Washington Ozituosauka**, Chief Prevention Officer, Department of HIV, Malawi MOH
- **Brown Chiwandira**, Program Officer for HIV Care, Treatment and Support, Malawi MOH (HIV, STIs, and Hepatitis Directorate)
- **Dalitso Midiani**, Malawi MOH (HIV, STIs, and Hepatitis Directorate)
- **Rabson Kachala**, Head of Malawi Government Viral Hepatitis Program, Malawi MOH
- **Eya Gondwe**, MOMENTUM Tikweze Umoyo, USAID/AMREF
- **Haxon Twaibu**, IMCI M&E Officer, Malawi MOH

Annex V – Agenda

Day I: August 1, 2024 09:00AM - 4:30PM Moderator: Samira Aboubaker		
8:45-9:15 <i>15 minutes</i>	Getting started: Morning refreshments will be served	
9:00-9:30 <i>30 minutes</i>	Welcome & Introductions	Welcome, participants introduce themselves and any administrative announcements.
9:30-9:45 <i>15 minutes</i>	Objectives	Review and agree on SC meeting objectives and agenda Ground rules for optimal participation.
9:45- 11:00 <i>20-minute presentation</i> <i>55 minutes Q&A</i>	Update on progress in implementing CHTF strategy and workplan	Secretariat presents progress since the last SC meeting, mapped to the strategic plan priorities. Short discussion/Q&A follows the presentation. Presentation to include follow up actions from SC meeting and spotlight on: private sector engagement, multi-sectoral programming, and child health in emergencies.
11:00-11:15	Bio Break	
11:15-11:45 <i>15-minute presentation on overview of progress and highlights from Pause and Reflect meeting</i> <i>15 minutes Q & A and clarification</i>	Advance vision of CSA and CSA Pause and Reflect	Secretariat presents 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, and recommendations from the CSA Pause and Reflect Meeting, July 2024. Discussion on overall progress under CSA initiative and highlights from Pause and Reflect Meeting at CSA Wrap up Session.
11:45-12:45 <i>20-minute presentation</i> <i>40 minutes discussion</i>	CSA Country Engagement Update & Discussion	Country Engagement Action Team lead to present an overview of progress under this work stream including implications of the WHA Resolution, ENAPP/EPMM accelerated country plans, lessons learned, toolkits/templates, and plans for future joint missions.
12:45-14:00 <i>1 hour and 15 minutes</i>	Lunch Break: Opportunity for group sharing/interaction	
14:00-15:00 <i>20-minute presentation</i> <i>40 minutes discussion</i>	CSA Results & 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 refined scope of work, initial framing of the accountability framework, and next steps.

15:00-16:00 <i>20-minute presentation 40 minutes discussion</i>	CSA Advocacy Strategy Update & Discussion	Present an update on the advocacy work stream including the status of CSA Advocacy Strategy. SC to discuss CSO engagement and opportunities for mobilizing new and leverage existing resources to implement effective programs to support child survival in the target countries.
16:00-16:45 <i>1 hour and 45 minutes</i>	CSA Wrap Up	Bringing together the 3 action teams discussions and takeaways from the Pause & Reflect to align on CSA focus for phase 2, including structure, strategies, and resource mobilization.
16:45- 17:00 <i>10 minutes</i>	Wrap up Facilitator to conclude the day with a wrap up of main takeaways from the discussions and plans for day 2.	
Day 2: August 2, 2024 09:00AM–4:30PM EST Moderator: Samira Aboubaker		
9:00-9:15 <i>15 minutes</i>	Getting started: Morning refreshments 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.
9:30 – 11:00 <i>30-minute discussion on Malawi 15-minute presentations and 15-minute discussions for Bangladesh and Burkina</i>	Lesson learned from country implementation	Key messages and lessons learned from the Malawi experience. Presentation and discussion from Bangladesh and Burkina Faso.
11:00-11:15 <i>15 minutes</i>	Bio Break	
11:15-13:00 <i>75-minute presentation and discussion</i>	SC Member Update	Organization updates with emphasis on opportunities to align TF (broad agenda for 0-19 children or CSA), including participation in upcoming global events that can be leveraged to advance the survive and thrive agenda.
13:00-14:00 <i>1 hour</i>	Lunch Break: Build in opportunity for group sharing/interaction	
14:00-15:00 <i>1 hour</i>	Summary and 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.
15:00-16:00 <i>1 hour</i>	Priorities and next steps	Priorities for August–December 2024 and next steps.