Recommendations from Mapping Global Leadership in Child Health

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In 2015, the United States Agency for International Development's Maternal and Child Survival Program conducted a study to better understand both the evolution of child health as a global health issue since the year 2000 and its network of stakeholders and leaders. The study included reviews of published literature and other reports, as well as over 30 in-depth interviews from child health experts and stakeholders. From these results, the study also explored how leadership might be strengthened and child health repositioned by the community to attain better outcomes in the Sustainable Development Goal (SDG) era.

Effective strategizing for the advancement of child health over the next several years is at a critical juncture. Improved child health remains an important aspiration at the global level, but it does not currently hold a position of prominence nor can it count on sufficient commitment to meaningfully advance or transform the agenda to reach the SDG vision for 2030. This time period is a turning point as it presents an opportunity to re-evaluate the progress to date and provides a good opportunity for child health advocates to make changes that enhance progress.

The following recommendations were produced to guide the discussion of advancing child health moving forward:

Recommendations

What should the global child health community do to make sure that the full range of child health issues are at the forefront of the global health landscape?

Reframing Child Health and Communicating It

How should child health be framed, both strategically and substantively, to reflect the realities of 2016?

Recommendation 1

With the shift to the SDGs, child health should be deliberately reframed so that it emphasizes the value of children, a more holistic approach including "newborns and infants and children" as one, and a clear aim for equity.

In addition to the reframing, it is equally important that resources be applied to crafting how the framing is communicated more effectively than the current messaging. Communications probably need to evoke the value of children as a driver for ending preventable death.

Reestablishing Leadership

Who has the stature to lead, and what does the global child health community need to do (and avoid) to support this leadership?

Recommendation 2

a. The principal global partners in child health need to come to agreement on and then designate and support a lead organization, or partnership between a few key organizations, to consistently provide overall messaging for child health.
b. They also need to seek and nurture over time one or several credible champions who will speak powerfully for child health on the global stage.

The organization, or partnership could be drawn from any of the major ones highlighted later, but it needs to have legitimacy, be positioned in the emerging architecture, and be able to be heard by all actors. Once designated, it needs to be decisive in its prioritization of child health and other organizations need to be clear in their public support. Similarly, child health must have new champions at high levels. Without this, commitment to child health will continue to falter.

Reversing Fragmentation and Coordinating Effectively

How should child health stakeholders (organizations and initiatives) align and advance collaboratively toward goals?

Recommendation 3

Key stakeholders need to create and implement a shared strategic approach for:

a. Raising the visibility of child health as a whole rather than in subcomponents
b. Ensuring a strong child health voice in Strategy 2.0, SDG3 monitoring, and the Global Financing Facility (GFF)
c. Bridging child health components of existing strategies across institutions in such a way that country action is more likely

In addition, investments should support collaboration and explicitly disincentivize fragmentation within child health.

There are multiple strategies that incorporate child health that were recently launched globally (Every Woman Every Child (EWEC) 2.0, UNICEF, World Health Organization, ending preventable child and maternal deaths, etc.). All of these strategies embrace a continuum of care, some more broadly than others; the challenge is to promote the common core for child health with a recognizable and compelling voice. It is not yet clear what such a strategic approach should look like or what actionable milestones are really needed (analogous to what the Every Newborn Action Plan is for newborn health), but it starts with child health advocates coming together to create a way forward. That way forward should build on what has been learned from the Call to Action, A Promise Renewed (APR), and similar efforts in maternal and newborn health. New child health framing might also suggest new or reemerging alternatives.

Recommendation 4

Focus on a few key coordinating mechanisms for child health and support their performance appropriate to objectives, roles, and participants. Close mechanisms that do not provide enough value at both global and country levels.

There are multiple coordinating mechanisms and venues for child health at all levels. Some are clear examples—the Partnership for Maternal, Newborn and Child Health; Gavi; Global Fund; EWEC; and so on. For these, the child health community should assess potential benefits and costs, then work with them accordingly. Similarly, technical or thematic affinity groups may be useful for learning but should focus on a

clear or limited purpose with right-sized support. There is likely a need to revitalize a small, cross-organization group of committed, high-level child health advocates to reestablish a strong voice in this space.

The stakeholder environment for global health is more crowded and complex than it was 5 years ago, and there are many coordination mechanisms at multiple levels. Going forward, the most important place to get coordination right is at the country level.

Data and Accountability

How will the child health community know there is progress and hold stakeholders accountable?

The Countdown to 2015 reporting and accountability process worked reasonably well to build commitment to child health during the Millennium Development Goals. There are three linkages in the SDG architecture that the child health community will need to make to continue to leverage this function. The first is the Independent Accountability Panel within the Partnership for Maternal, Newborn and Child Health that replaces the Commission on Information and Accountability. The second will be the next version of a Countdown-type mechanism that is under development now. The third is the Monitoring & Evaluation Reference Group hosted by the World Health Organization, which is likely to focus on measurement of maternal and newborn health in the near term.

Recommendation 5

Ensure that child health data and information are well represented, packaged, and reported within the context of the emerging evaluation groups.

Country-Level Focus

By far, the strongest finding that emerged from this study was acknowledgment of the shift of locus for transformation and sustained action from the global to the country level. While there have been many statements over the years and more effort recently to ensure country partnership, country leadership, and country investment, there appears to be more commitment to making it happen. The success of the GFF depends on it. The country should be part of the reframing of child health.

Recommendation 6

Reframe child health with the country at the center and engage differently with countries with weaker systems and leadership to sustainably improve child health. Invest in tracking and learning from the process.

It is apparent that countries with strong leadership will themselves direct how child health will improve and how global or regional partners will engage with them to do it. This does not appear to be a matter of contention, and donors appear to be increasingly willing to support strong country leadership. The challenge is how best to address countries with weak leadership, which continue to be numerous. Development partners will need to explicitly and in coordination with each other determine whether investing in stronger country ownership and national health systems warrants the risk of slower progress in achieving health targets. This is a fundamental policy decision that must be reached with a clear understanding of specific country realities and should not be applied as a blanket policy across all countries. The reality is that some countries will respond to this stimulus by moving to meet the challenge, albeit slowly, while others may use flexibilities to act on agendas far removed from the SDG child health goals. Investing in tracking and learning about how and why this happens will be critical. This process is likely to be the single largest challenge facing the global child health support community over the next 15 years.