Steering Committee Teleconference
March 19, 2020

Participants:
Dyness Kasungami (Secretariat), Elizabeth Hourani (Secretariat), Bonnie Koenig (Secretariat Consultant), Rory Nefdt (Unicef), Anne Detjen (Unicef), Patricia Jodrey (USAID), Malia Boggs (USAID), Sara Zizzo (USAID), Charles Mwansambo (Malawi MOH), Michel Pacqué (JSI), Lisa Hilmi (CORE Group), Eric Swedberg (Save the Children), Wilson Were (WHO), John Borrazzo (GFF)

Summary & Action Points

- The SC agreed to move forward with the country engagement roadmap that would include an in-person meeting at a future point to be determined when the need and ability aligns.
  - The two Task Teams will be joined to continue working on this process. Other SC members who are interested should indicate interest through the Secretariat.
  - The Task Team will propose countries and country representatives to be part of the Task Team.
- The Task Force will look into how it can support country COVID-19 preparedness and needs. The Task Team will investigate how this may also be included in the country engagement roadmap process.
  - Secretariat to draft a partner resource mapping document to be shared with the Task Force membership.
  - Unicef to share EBC oxygen calls as they are announced for circulation to Task Force members.
- Over the next 3-4 months virtual SC meetings may be held as the need arises. The next in-person meeting will be planned once it is a viable option in the future.
- The SC approved for SC meeting notes to be shared publicly. SC members will be provided an opportunity to review before broadly sharing – use a time bound “no objection process.”

Meeting Notes:

1. Process thus far and outline for possible multi-year plan
   a. There were two Task Teams formed following the SC meeting in December.
      - One focused on revising the members meeting concept note (Malia, Sara, Charles, Eric, Anne)
      - The other focused on the country engagement process/road mapping (Anne, John, Lisa, Shabina, Charles)
   b. Updated concept notes of the meeting and the country road mapping were then shared with the broader SC.
2. Country engagement/roadmap proposed process [refer to presentation slides]
   a. Does the SC agree with the process presented?
- Rory (Unicef): Roadmap is a really good idea and we do have experience doing this type of process with the Community Health Roadmap. Ultimately ended up in stakeholder meetings within countries and allowed for priorities to come out very clearly. Great opportunity for the Child Health Task Force to link up with the in-country priorities. Perhaps doesn't need to be as formal a process, better to keep things flexible as the on the ground situation is always changing.

- Patty (USAID): Agree with maintaining flexibility and the process is good. Could have a lot of impact. However, more than likely we will be asked (or rather forced) to focus around the current issue [COVID-19] and the adult population. Could this process include this urgent topic somehow so that the child health roadmap is not sidelined until things are “back to normal?”

- Anne (Unicef): There are a lot of potential needs in-country in terms of COVID preparedness and understanding the needs of children. It could be a way that we reach out to countries but then the idea is also to understand how can we build this longer-term collaboration with a few countries. It is an opportunity to reach out as a Task Team with our collective experience.

- Malia Boggs (USAID): Has the national CH TWG mapping already started?
  - The Secretariat has started the mapping with a few countries, but having the agreed upon countries from the SC would allow us to focus on those in Phase 1 and then it would be beneficial to eventually have all the countries mapped as a Phase 2.

- Wilson (WHO):
  - Like the idea of rallying around one idea/focus (ICC, Quality of Care, etc.) Would think of it as: 1. Which countries have interest and 2. What topic area would get partners interested.
  - The weakness in child health programming is at district/implementation level. Can we start thinking about how we can add value at this level?
  - COVID-19 has everyone shaken up and if there is expertise in this group to help, that is a great idea. Two current challenges: 1. Resources, needs, and supplies – we do not see any country sending resources to another now. 2. Capacity building in a situation where you cannot travel – mechanisms for how we can mobilize this technical support remotely. This is a time to show the added value of a group like this – really needs to be thought about.

- Lisa (CORE Group):
  - Signing MOU with interested countries – Global Social and Behavior Change (SBC) Alliance did MOUs with focal points that would be leading the regional SBC activities in country or regionally. However, when you think of an MOU within this process, you have to really think about who will sign the MOU and making sure it’s a collaborative process and who will be held accountable. Examples are available for sharing.
  - Other partners and initiatives in countries – we want to be sure we’re using GFF and Gavi 5.0 replenishment that is starting up.
  - Stakeholder Meeting – CORE Group will be having their next meeting in January 2021 in DC. The overall desire was to have it on child and adolescent health. Happy to have the TF use this platform.
  - Learning and having countries work together – country-to-country learning has been successful in the past.

- Charles (Malawi MOH):
The realities of resource needs related to COVID-19 is very real. It is also not just physical resources, but human resources as well. For example, all of the Peace Corps volunteers were just evacuated from Malawi (and globally).

3. Stakeholder Meeting:
   a. Does the stakeholder meeting as currently outlined, as part of the country engagement process, look like it would provide value added to the child health community and Task Force? Do the proposed focus and outcomes align with the Task Force’s strengths and goals?
      ● Eric (Save the Children): I think that the way it has been integrated is great. The meeting is a way to reinforce the work that we will start through the country engagement process. In my experience, these types of in-person meetings can be very useful in reinforcing relationships and building that community of practice.
      ● John (GFF):
          o The timing or positioning of the in-person meeting will depend on whether it is designed to build more enthusiasm and political momentum (like pneumonia meeting) or whether it is an appropriate time for knowledge and learning on a topic as a whole. That type of meeting also plays a particular need/function.
          o We want to avoid [that we are] perpetuating developing great country plans that never have the resources (funding problem) for implementation. The global meeting cannot solve this problem, but rather it needs to be a part of the country engagement process.

4. Decision on proceeding with country engagement process and in-person stakeholder meeting planning:
   a. The SC is supportive of moving forward with some additional discussion later and maintaining flexibility.

5. Host country and other country participants:
   a. Eric (Save the Children): Feel it should start out on the smaller side. Less than 10 countries for example with pneumonia work was successful.
   b. Anne (Unicef): Started with six countries over a course of five months with the Community Health Roadmap. It took time to connect with all of the partners. Believe it can be done remotely. Look at the process in two:
      ● Approach countries and ask what is the best way to offer support as the Task Force regarding the COVID response.
      ● The longer-term engagement process as a next step. The Task Team suggests some ideas and asks SC for approval. Draft a letter for outreach to the countries.

6. Next SC in-person meeting:
   a. If there is a need for a meeting in the next 3-4 months, it should be a teleconference. An in-person meeting will be planned when it will be possible in the future.

7. Decision on sharing minutes of SC meetings with membership:
   a. SC members agreed to share the notes but prefer it be a summary and key action items.
   b. Requested that SC members are provided an opportunity to review before broadly sharing. However, it will be a “no objection process” in a specified time period to avoid delays.
   c. Secretariat to develop a format that is useful for sharing.

8. Next steps:
a. The SC agreed that it made sense to join the two Task Teams and a lot of the initial focus may be on the country engagement process. Can also have some really good virtual engagement meetings, prior to a large in-person meeting.
   - Whoever else is interested in joining the Task Team should let the Secretariat know.

b. COVID-19 response:
   - Complete a quick mapping to link partners and share resources: where partners are engaging, what kind of engagement, support they could provide remotely and in-country.
   - Wilson to pass on particular needs.
   - Anne (Unicef): Happy to help with drafting something for partner mapping for COVID and can share info on EBC oxygen calls as they are received.