CHILD SURVIVAL ACTION

A renewed call to action to end preventable child deaths
54 countries need accelerated action to meet the SDG target for under-five mortality, many are fragile/humanitarian context

A significant proportion of deaths is caused by Malaria, Diarrhea and Pneumonia, with under-nutrition a major risk factor.

Projected under-five mortality rate per 1,000 live births in 2030 by country
The country color reflects the expected under-five mortality rate per 1,000 live births in 2030 assuming no additional action (continuing the recent trend in the rate of reduction from 2010 to 2021). The darker the red the higher the rate.

Source: UN IGME Report 2022
As you listen...

How can we come together more effectively to end preventable child deaths and accelerate progress to reach the SDG targets?

- By 2030, reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births (SDG Target 3.1)
- Reduce under-five mortality to at least as low as 25 per 1000 live births (Target 3.2) without an integrated approach in children, we cannot reach this target
- End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases (SDG target 3.3)

**Advocacy**
Where/how can we speak with one voice?

**Case management**
How can we effectively strengthen integrated delivery platforms (coverage and quality) including in emergency settings?

**Resources**
How can we optimize the allocation and use of limited resources? Can we do more to mobilize domestic funds?
In 38 of the 54 off track countries, >50% of the deaths occur in the 1-59 month period.

Most of these countries are in West and Central Africa.

These are generally also the countries with highest overall under-five mortality rates.

Most deaths in the 1-59 month age group are caused by pneumonia, diarrhea and malaria.

Undernutrition is a major risk factor for mortality.

These conditions are preventable, and usually treated at the primary health care level.

Massive gaps exist in coverage and quality of essential interventions to prevent and manage key causes of illness and death.

Percent of Under-Five Deaths by Age Group

Source: UN IGME Report 2022
Compared to the global estimates, Africa has a higher proportion of post neonatal under 5 deaths in 2019-leading causes remain the same

### Global

**Postneonatal deaths**
- Pneumonia: 529,164
- Diarrhoea: 447,977
- Malaria: 416,389
- Injuries: 253,671

**Neonatal deaths**
- Prematurity: 880,719
- Intrapartum events: 583,677
- Sepsis: 178,641
- Congenital anomalies: 236,739

### WHO African region

**Postneonatal deaths**
- Malaria: 409,627
- Pneumonia: 335,306
- Diarrhoea: 315,302
- Injuries: 109,391

**Neonatal deaths**
- Prematurity: 337,122
- Intrapartum events: 262,622
- Sepsis: 92,736
- Congenital anomalies: 61,728

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**Definition of other cause categories**
- **Other NN (neonatal)**: other infectious causes, HIV/AIDS, pertussis, measles, meningitis, malaria, diarrhoea, injuries and other NCDS
- **Other (group I) (Post-neonatal)**: other infectious, tetanus, neonatal sepsis, prematurity, birth asphyxia
- **Other (group II) (Post-neonatal)**: congenital anomalies, other NCDs

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Source: WHO Maternal and Child Epidemiology Estimates Group (MCEE) 2019
A renewed call to action to end preventable child deaths

- Focuses on
  - **54 off track countries**, specifically in Africa
  - reducing mortality among children 1-59 months
  - alignment under relevant strategies (RMNCAH, malaria control, nutrition, PHC), and with ENAP and EPMM

- Advocates for **country-led priority setting – game changers for progress**

- Emphasizes the need for a multi-sectoral effort

- Offers support from a cross section of partners at the country, regional and global levels to
  - Provide technical assistance
  - Elevate country priorities
  - Advocate for high-level government leadership
  - Amplify resource mobilization efforts/optimize use of existing resources

- Sets targets and milestones - under development

- Leverages key moments for advocacy
  - WHA – 2024 resolution, AU/CARMMAplus, WHO AFRO regional committee etc.
CSA progress to date (October 2023)

- **CSA launched** at 2\textsuperscript{nd} Global Pneumonia Forum in Madrid, March 2023, advisory group formed.

- **Country progress**
  - **Sierra Leone** launched National Child Survival Action Plan June 2023
  - **Nigeria** and **Liberia** are developing action plans
  - Additional countries engaged building on commitments made at the Madrid Pneumonia Forum, including **Burkina Faso, Chad, DRC, Guinea, Mali, Somalia**
  - Many countries are also developing ENAP/EPMM acceleration plans – alignment happening in countries, all plans under RMNCAH strategies

- **Metrics** action team defining targets and milestones – aligned with ENAP/EPMM

- **Advocacy** efforts leveraging global/regional moments, incl. WHA, WHO AFRO regional Committee, CARMMAplus
## Sierra Leone Child Survival Action (CSA) Plan 2023 – 2025

### Goal:
Refocusing efforts with a holistic approach to end preventable child deaths in Sierra Leone

### Target:
By 2025, reduce the **under-five mortality rate to less than 71** per 1000 live births

### Strategic Approaches

<table>
<thead>
<tr>
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<th>Tackle issues to improve Child Health &amp; increase Child Survival by bringing together stakeholders from across the directorates &amp; programmes of the MoHS to collaborate for action</th>
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<tbody>
<tr>
<td></td>
<td><strong>Joint action of government &amp; partners</strong> to address programmatic &amp; health system challenges that hamper progress in Child Survival</td>
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<td>Leadership, accountability, &amp; action at national, district, health facility &amp; community level</td>
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<td>Expanded strategic investments in PHC, with IMCI as a key priority strategy</td>
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### Objectives

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<th></th>
<th>Elevate Child Survival Action at the <strong>highest level for visibility &amp; accountability</strong></th>
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<td>Improve the <strong>quality</strong> of service delivery, especially healthcare worker skills/competencies &amp; quality improvement</td>
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<td>Improve visibility &amp; ownership of quantification &amp; stock monitoring of Child Health commodities, advocate with partners to support, &amp; engage in distribution &amp; monitoring of consumption</td>
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<td>Ensure all <strong>children in hard-to-reach areas</strong> can access iCCM, &amp; preventive/promotive health &amp; nutrition interventions implemented by CHWs</td>
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<td>Understand the role of &amp; ways to better engage <strong>private sector</strong> for delivery of essential Child Health services</td>
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21 strategic actions – with milestones and targets
Child survival action is part of accelerated action to reduce mortality throughout the life course continuum.

Endings Preventable Maternal Mortality

Every Newborn Action Plan

Child Survival Action

Align with efforts by other sectors and programmes.

Global Action Plan for Child Wasting

Community Health Roadmap

Immunization Agenda 2030

Stronger Collaboration, Better Health

Air pollution

RBM Partnership

To End Malaria

RMNCAH, malaria, nutrition and other relevant strategies.
Effective governance and coordination

RMNCAH and other relevant strategies
(Nutrition, malaria, immunization, TB/HIV, PHC/community health)

<table>
<thead>
<tr>
<th>Adolescence &amp; before pregnancy</th>
<th>Pregnancy</th>
<th>Labour and Birth</th>
<th>Postnatal</th>
<th>Childhood</th>
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- **Ending preventable maternal mortality (EPMM)**
- **Every Newborn Action Plan (ENAP)**
- **Child survival action (CSA)**

### Accelerated action to implement game-changing priority interventions to save lives

<table>
<thead>
<tr>
<th>Antenatal care</th>
<th>Immunization</th>
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<tr>
<td>Birth attended by skilled health personnel</td>
<td>Integrated prevention, diagnosis and treatment of childhood illness</td>
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<tr>
<td>Postnatal care</td>
<td>Prevention and management of malnutrition</td>
</tr>
<tr>
<td>Small and sick Newborn Care</td>
<td>Follow up care of at risk children (e.g. small and sick newborns)</td>
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<tr>
<td>Emergency Obstetric Care</td>
<td>WASH, Nutrition (Maternal nutrition, early breastfeeding, IYCF)</td>
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<tr>
<td>Decision making for Sexual and Reproductive Health</td>
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### Strengthen Health systems
(HRH, health information systems, supplies and supply chain, QoC, referral systems, infrastructure)

### Strengthen delivery platforms
community-and facility-based Primary Health Care, referral level care

Alignment of investments and partner support around government-led priorities
## Child survival action

<table>
<thead>
<tr>
<th>WHY</th>
<th>WHAT</th>
<th>HOW</th>
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<tr>
<td>• 54 countries are off track to achieving the child survival SDG – rapid acceleration of progress is needed</td>
<td><strong>High impact interventions to</strong></td>
<td><strong>Prioritizing game changing actions that will result in rapid progress</strong></td>
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<td>• Especially in Africa, a high proportion of death occurs in the 1-59 month age group</td>
<td><strong>PROTECT</strong></td>
<td><strong>Government leadership and accountability</strong></td>
</tr>
<tr>
<td>• Pneumonia, diarrhea, malaria remain key causes of death</td>
<td><strong>PREVENT</strong></td>
<td><strong>Effective governance and coordination</strong> within MoH and with partners: overcome fragmentation towards effective planning, budgeting and implementation</td>
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<tr>
<td>• Primary health care at community and facility level is the key platform for prevention and care</td>
<td><strong>TREAT</strong></td>
<td><strong>Integrated prevention and management of newborn and childhood illness</strong> as key strategy to deliver an essential PHC package (IMNCI and iCCM)</td>
</tr>
<tr>
<td>• Coverage and quality of high impact interventions is low, with persisting inequities</td>
<td><strong>EMPOWER caregivers and communities</strong></td>
<td><strong>Equity focused</strong> approaches: zero dose, community health</td>
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<td><strong>Address the health system bottlenecks to delivery</strong></td>
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<td><strong>Resource optimization</strong></td>
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PHC is at the core of a comprehensive response
## Key child health Interventions

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<tr>
<th>Level of Care/ Platform</th>
<th>PHC community</th>
<th>PHC facility</th>
<th>Referral facility (primary and/or secondary)</th>
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<tbody>
<tr>
<td></td>
<td>Household</td>
<td>Community based and/or outreach services</td>
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### PROTECT
- Exclusive breastfeeding
- Adequate complementary feeding/IYCF
- Vitamin A supplementation, zinc, food supplementation

### PREVENT
- Kangaroo care
- Vaccination (BCG, DPT, PCV, Hib, Measles, Rotavirus, Malaria)
- WASH (hand hygiene, safe drinking water, sanitation)
- Seasonal/perennial/intermittent malaria chemoprevention and IPTp
- Insecticide treated bed nets
- Indoor residual spraying
- Co-trimoxazole for HIV-positive children
- Preventive therapy for TB exposed children
- Reducing indoor air pollution
- Reducing ambient particulate matter pollution

### TREAT
- Management of labor and delivery/facility delivery
- Neonatal resuscitation
- Detect and treat childhood infections: pneumonia, diarrhea, malaria and refer children with danger signs (IMNCI, iCCM)
- Detect and treat possible serious bacterial infections in infants (PSBI)
- Detect, (refer), treat moderate and severe malnutrition
- ART for HIV positive children
- TB treatment for children diagnosed with TB
- Small and sick newborn care
- Manage severe and/or complex childhood illness (e.g. ETAT, PICU)
- Manage child injuries

PHC as the key platform
Coverage of key life-saving interventions remains low in 54 countries needing accelerated action
Integrated case management: IMNCI remains a key strategy for delivering quality PHC for children

• IMNCI was associated with a 15% reduction in child mortality when activities were implemented in health facilities and communities.

• 1.5 million child deaths could be averted by 2030 by scaling high impact child health intervention packages at PHC facility and community level from coverage levels in 2015 to 90% and improving quality.

2016 Strategic review of IMNCI

‘Only countries with strong government leadership and political commitment were able to engage in the unified, country-led planning necessary to support scaling IMNCI. IMNCI was better implemented when: a) the health system context was favourable, b) a systematic approach to planning and implementation was used and c) political commitment allowed for institutionalization.

The absence of an explicit emphasis on equity, community engagement and linkages to other sectors (for example education or water and sanitation (WASH)) were blind spots that limited IMNCI’s contribution to reducing child mortality.’

Global implementation of IMNCI and iCCM

IMCI and iCCM have been widely introduced, yet:

- Ineffective coordination within MoH and with partners: fragmentation and verticalization
- **Coverage** is unequal
- Huge **quality** gaps caused by system bottlenecks: HR, data, supply
- Implementation **incomplete**
- **Referral** systems & referral level care suboptimal (e.g. ETAT, pediatric critical care)

2016 IMCI Strategic Review

- 75% of districts
- 25-49% of districts
- < 25% of districts
- Unknown / not applicable

2019 UNICEF iCCM country profiles: Burkina Faso, DRC, Mali, Niger, Sierra Leone
There is a need to

• Reinvigorate IMNCI in the current context of PHC and UHC
• Align for effective implementation - reduce verticalization and fragmentation
• Optimize the use of limited resources – human and financial
• Align community-based prevention and care under IMNCI umbrella for a continuum approach (reduce fragmentation between iCCM & IMNCI)
Key components of IMNCI (prevention, diagnosis and care) are delivered in PHC facilities and at community level, with referral of critically ill/complicated cases to the next level.

Prevention and promotion: Community and family practices
- Caring for the child's healthy growth and development
- Caring for the newborn at home
- Infant and Young Child Feeding
- Counselling Cards for Community Workers

Case management: Diagnosis, treatment, referral
- Management of SAM
- iCCM
- Danger signs Referral criteria

Comprehensively addresses management of key causes of illness and death among < 5 children, including nutrition.

Referral level
- Integrated Management of Childhood Illnesses
- Chart Booklet
- Community Care for Children
Country commitment to Child Survival Action requires...

1. **Leadership**: commitment by government leadership/Minister of Health to accelerate reductions in child mortality

2. **Prioritization**: agreement to define game-changing, high-priority actions for child survival, with milestones and targets

3. **Advocacy**: focus by the government to advocate (within government and with country and global partners) for increased resources and better-aligned programming to efficiently support the priorities

4. **Accountability**: establishment of clear lines of responsibility for achieving targets and milestones, including a focal point for CSA

5. **Inclusion**: commitment to include civil society as part of prioritization and action planning
Global and regional partners in CSA can support...

• **Visibility** - Advocacy to elevate country priorities and needs at global and regional level

• **Flexible yet structured engagement**
  – Support advocacy to leadership
  – Catalyze and support country dialogue (framing questions, background slides and analytics, toolbox)
  – Technical assistance in plan development

• **Cross-country learning**

• **Seek alignment and support**
  – Mobilize targeted financial and technical support for key priority actions
  – Engage wider group of partners to support specific country needs
  – Dialogue with donors
  – Seek alignment across complementary efforts
Spotlight: leveraging momentum on community based PHC
"For every girl & boy to survive, thrive & transform"
Investing in CHWs yields a 10:1\(^1\) return from:

- **Prevention**: Immunization (Polio), WASH, HIV & AIDS
- **Promotion**: breastfeeding, antenatal and postnatal care, care-seeking, early childhood development, birth registration
- **Basic curative**: SAM, malaria, pneumonia, diarrhea, TB,
- **Increased productivity, cost savings and increased employment, especially among women**

\(^1\)Strengthening Primary Health Care through Community Health Workers: Investment Case and Financing Recommendations
The Monrovia Call to Action 2023 recognizes the global importance of CHWs

As part of the country-led efforts it will be important to coordinate partners by 3 ensuring: One plan, one budget and one M+E mechanism*

*This is not just for CHWs but involves pooling together funds to address system-wide priorities in the healthcare ecosystem one of which is CHWs
There are persistent bottlenecks that impede the optimal performance and impact of community-based primary health care.

Many of these challenges are underpinned by lack of political will.

**Funding needs of USD 5.4 B per annum to reach 330M more people:**
- **Unpaid CHWs** limits their performance.
- Suboptimal coverage and unequal distribution of CHWs.

**Limited coordination and fragmentation**
- **Fragmentation occurs** because countries have a patchwork of verticalized health programs managed by various stakeholders.
- **Lack of alignment to government priorities and strategies**.
- **Weak coordination mechanisms at country level** that do not offer a platform for multisectoral coordination and action.

**Lack of integration within the health system**
- Often CHWs are not part of the HRH policy and PHC system.
- **Insufficient training, supportive supervision and management**.
- **Inadequate supplies, weak referral and counter referral and lack of transportation facilities**.
What is the CHDP?
Evolution and transformation of the Community Health Roadmap partnership mechanism to reach additional countries, streamline and align support to countries, increase multi-sectoral engagement, mobilize resources and increase impact.

What is being delivered?
- Increased and aligned investments
- Support to countries to equitably deploy and integrate CHWs into human resource and health sector plans
- Accelerated & coordinated technical assistance
- Measurement and tracking of investments
- High-level advocacy support at country level

Governed by the principles of:
- One Plan
- One Budget
- One Implementation Approach
- One Team
Summary: Opportunities to – jointly - improve access and quality of prevention and case management

- **Child survival action** – catalyze country level leadership and priority setting
  - Call for a renewed **coming together for improving the quality** of IMNCI and iCCM
    - Ensure nutrition as key risk factor is well embedded in this agenda

- **Immunization** as high impact intervention for prevention: zero dose focus, further introduction/scale up of PCV and introduction of the Malaria vaccine

- **Quality of care**: Network for improving Quality of care for Maternal, Newborn and Child Health:
  - Increased focus on pediatric QoC and PHC
  - Advance the uptake of pediatric QoC standards and indicators, Quality improvement in PHC

- **Community health**
  - Increased global momentum and coming together of key development partners: Community Health Delivery Partnership
  - Global Fund: increased investments in community health/CHWs, strengthen delivery platforms for IMNCI/iCCM, non-malaria commodities
  - Need to advocate for and leverage PHC/community health platforms for enhanced prevention and control of childhood illnesses (Malaria, Pneumonia, diarrhea)
Opportunity for high level accountability

Can we strengthen tracking of integrated delivery and quality – in facilities and at community level

ALMA SCORECARD FOR ACCOUNTABILITY AND ACTION
Fourth Quarter 2022
Questions

What are challenges – and opportunities to better collaborate towards improved access and quality of care of an integrated child health package in PHC facilities and at community level?

• cross our different partner platforms for malaria, child health, nutrition, and PHC/ community health

• at global and regional level

• at country level, within MoH and with partners
Useful resources

• Child Health Task Force (CHTF): https://www.childhealthtaskforce.org/

• **Child Survival Action**: [https://www.childhealthtaskforce.org/hubs/child-survival-action](https://www.childhealthtaskforce.org/hubs/child-survival-action)

• **Integrated community case management Hub**
  - *Advocacy Brief: Achieving Impact at Scale - New Funding Opportunities for Integrated Community Case Management of Childhood Illnesses (iCCM) through the Global Fund* (English/French)

• Towards a grand convergence for child survival and health: A strategic review of options for the future building on lessons learnt from IMNCI (WHO 2016) [https://www.who.int/publications/i/item/WHO-MCA-16.04](https://www.who.int/publications/i/item/WHO-MCA-16.04)
THANK YOU