

CHILD SURVIVAL ACTION

A renewed call to action to end preventable child deaths

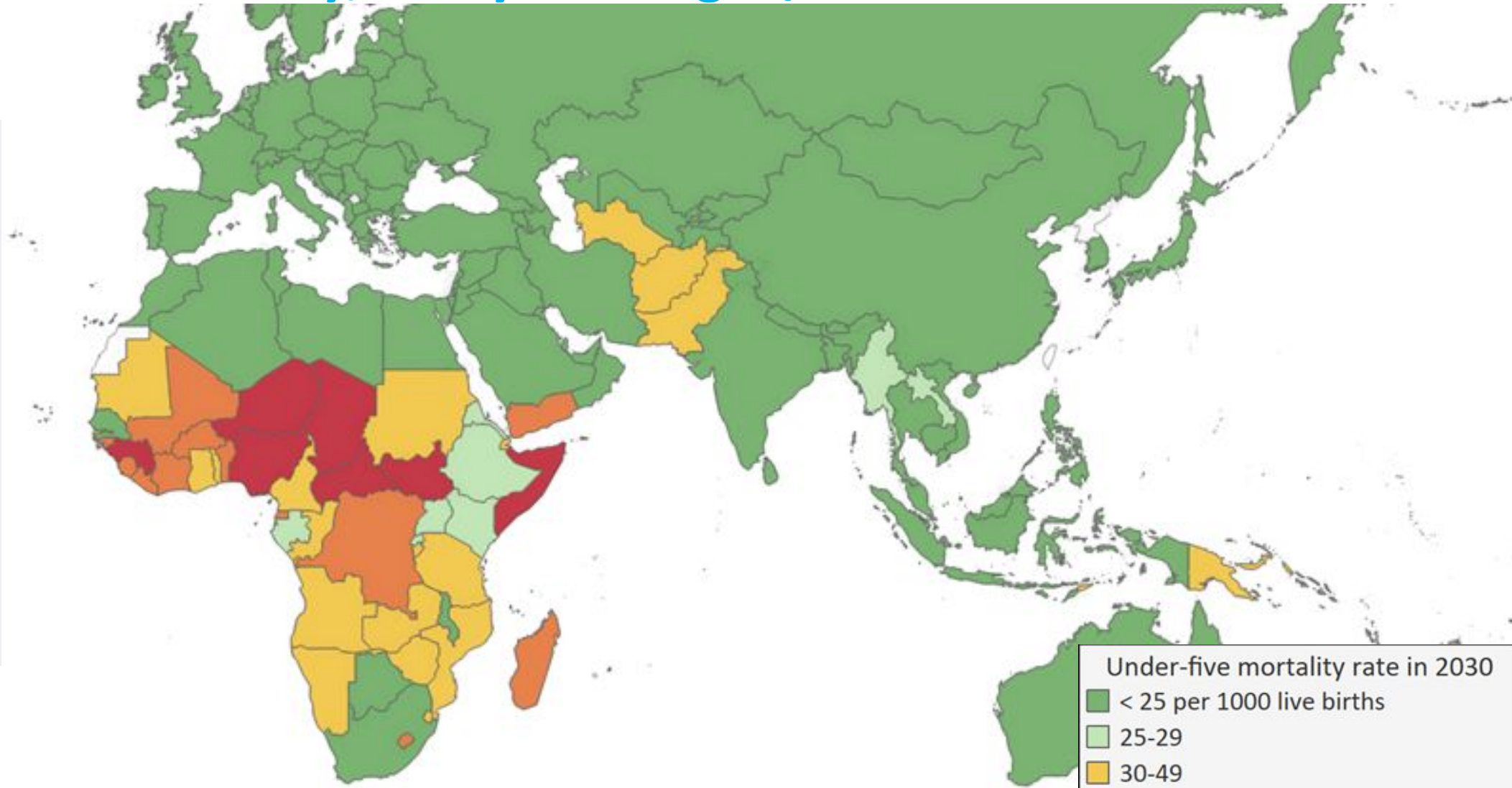


Eastern and Southern Africa National Malaria Programmes and Partners Annual Meeting, October 2023



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

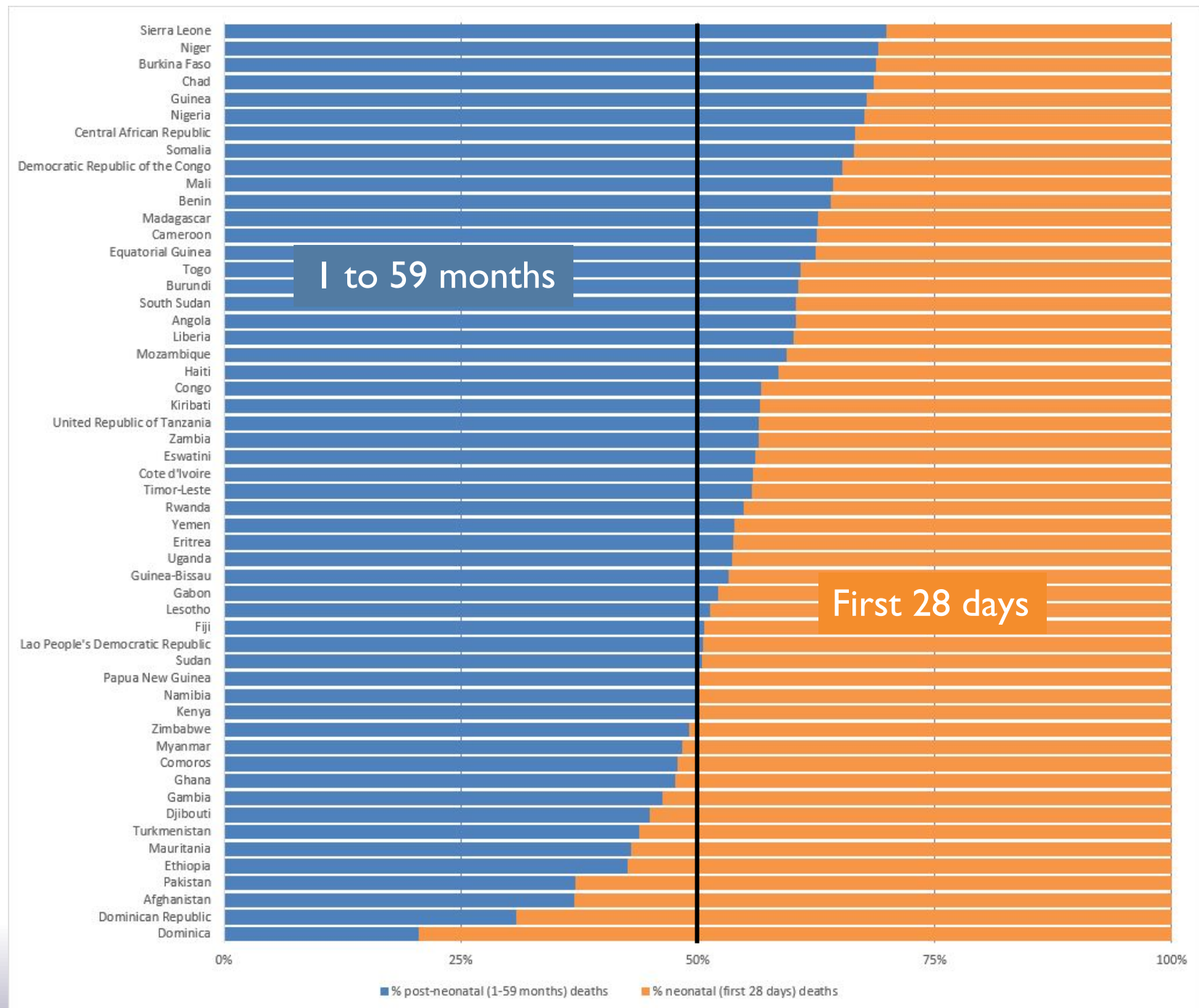
How can we effectively strengthen integrated delivery platforms (coverage and quality) including in emergency settings?

Resources

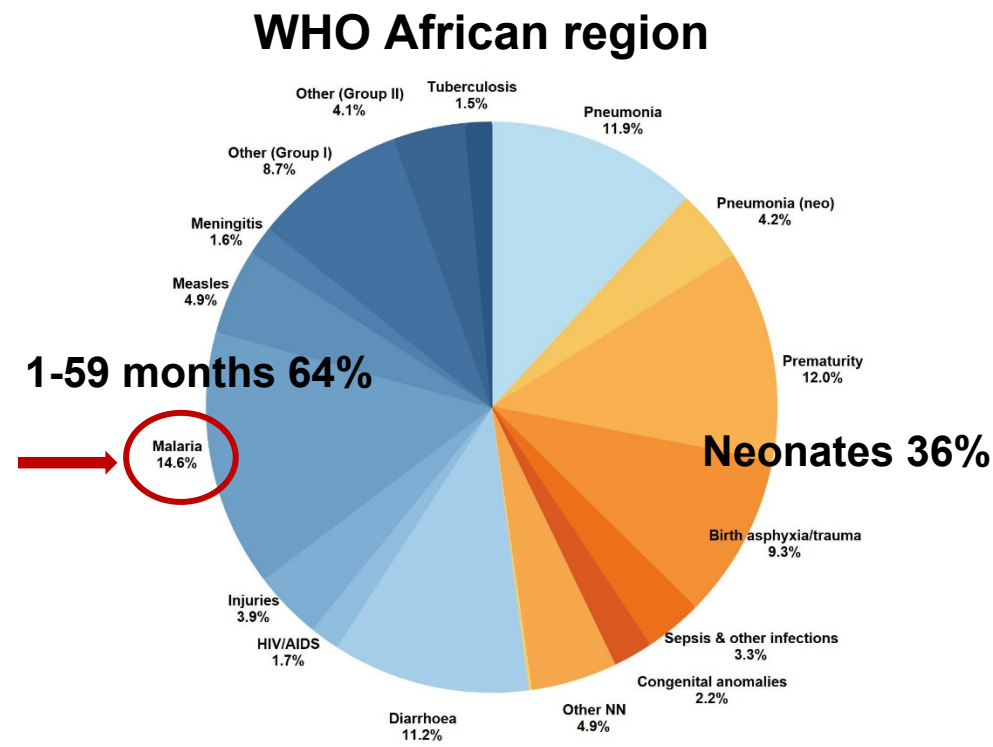
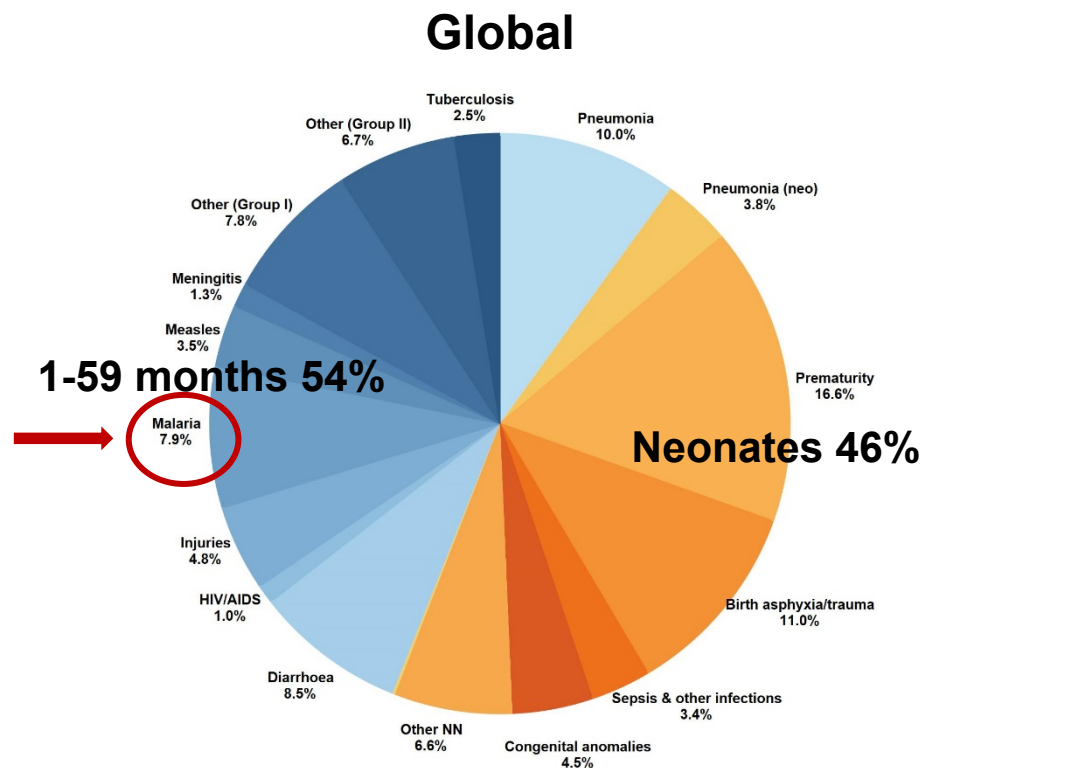
How can we optimize the allocation and use of limited resources? Can we do more to mobilize domestic funds?

Percent of Under-Five Deaths by Age Group

- *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



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



Postneonatal deaths	Neonatal deaths
<ul style="list-style-type: none"> Pneumonia: 529,164 Diarrhoea: 447,977 Malaria: 416,389 Injuries: 253,671 	<ul style="list-style-type: none"> Prematurity: 880,719 Intrapartum events: 583,677 Sepsis: 178,641 Congenital anomalies: 236,739

Postneonatal deaths	Neonatal deaths
<ul style="list-style-type: none"> Malaria: 409,627 Pneumonia: 335,306 Diarrhoea: 315,302 Injuries: 109,391 	<ul style="list-style-type: none"> Prematurity: 337,122 Intrapartum events: 262,622 Sepsis: 92,736 Congenital anomalies: 61,728

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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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.

Dr. Sartie Kenneh, MoH Sierra Leone announcing CSA at the 2nd Global Pneumonia Forum in Madrid, March 2023



CSA progress to date (October 2023)

- **CSA launched** at 2nd 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



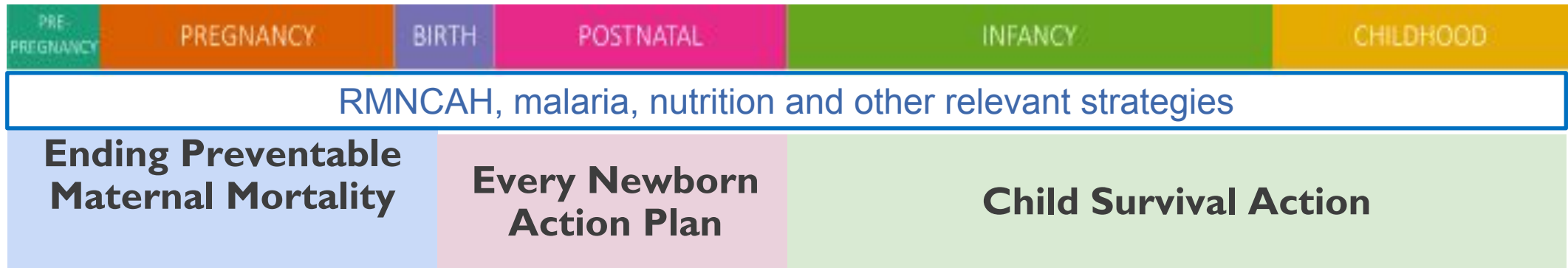
Goal: Refocusing efforts with a holistic approach to end preventable child deaths in Sierra Leone

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

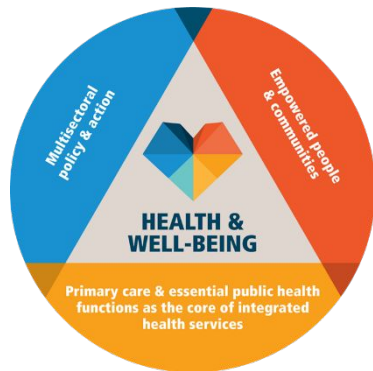
Strategic approaches	<p>Tackle issues to improve Child Health & increase Child Survival by bringing together stakeholders from across the directorates & programmes of the MoHS to collaborate for action</p> <p>Joint action of government & partners to address programmatic & health system challenges that hamper progress in Child Survival</p> <p>Leadership, accountability, & action at national, district, health facility & community level</p> <p>Expanded strategic investments in PHC, with IMCI as a key priority strategy</p>					
Objectives	<p>Elevate Child Survival Action at the highest level for visibility & accountability</p>	<p>Improve the collection, management & use of Child Health data at all levels</p>	<p>Improve the quality of service delivery, especially healthcare worker skills/competencies & quality improvement</p>	<p>Improve visibility & ownership of quantification & stock monitoring of Child Health commodities, advocate with partners to support, & engage in distribution & monitoring of consumption</p>	<p>Ensure all children in hard-to-reach areas can access iCCM, & preventive/promotive health & nutrition interventions implemented by CHWs</p>	<p>Understand the role of & ways to better engage private sector for delivery of essential Child Health services</p>

21 strategic actions – with milestones and targets

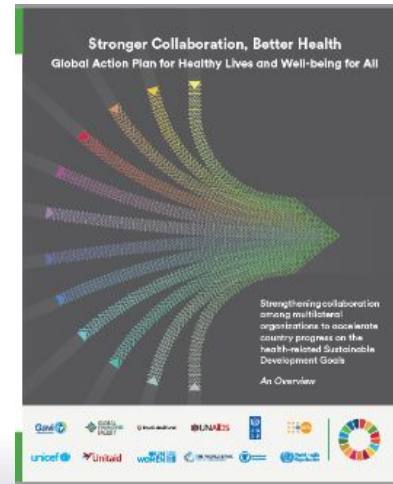
Child survival action is part of accelerated action to reduce mortality throughout the life course continuum



Align with efforts by other sectors and programmes



Community Health Roadmap
Investment priorities to scale primary care at the community level



Global Action Plan for Child Wasting



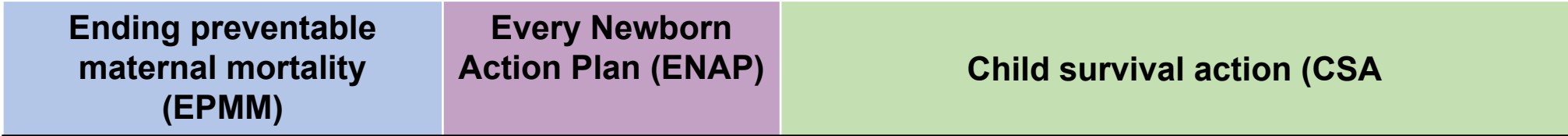
Air pollution



Effective governance and coordination

RMNCAH and other relevant strategies

(Nutrition, malaria, immunization, TB/HIV, PHC/community health)



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

Antenatal care Birth attended by skilled health personnel Postnatal care		Immunization <u>Integrated</u> prevention, diagnosis and treatment of childhood illness Prevention and management of malnutrition Follow up care of at risk children (e.g. small and sick newborns)
Emergency Obstetric Care Decision making for Sexual and Reproductive Health	Small and sick Newborn Care	
WASH, Nutrition (Maternal nutrition, early breastfeeding, IYCF)		

High impact interventions

Strengthen Health systems

(HRH, health information systems, supplies and supply chain, QoC, referral systems, infrastructure)

Strengthen delivery platforms

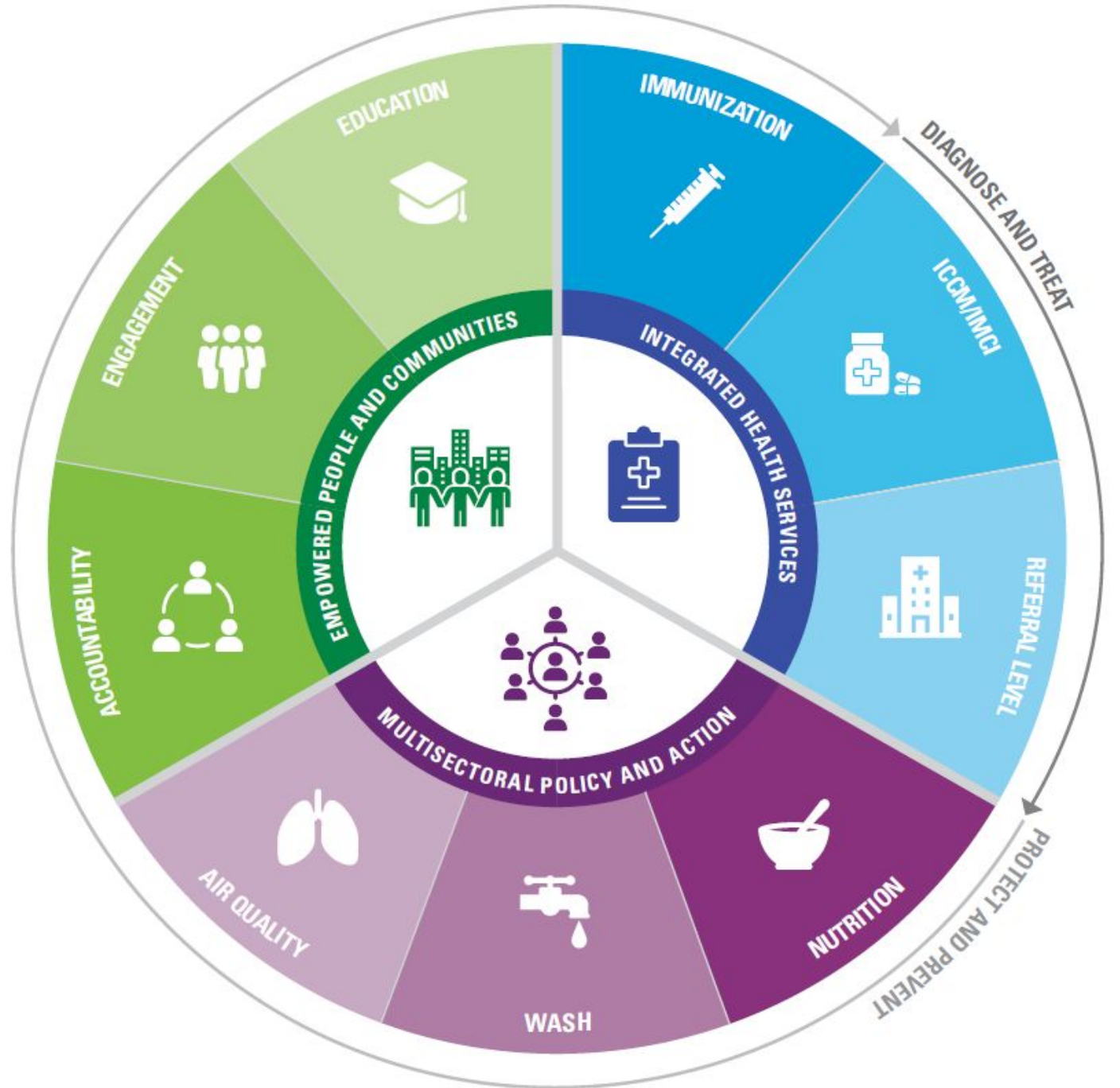
community-and facility-based Primary Health Care, referral level care

Alignment of investments and partner support around government-led priorities

Child survival action

WHY	WHAT	HOW
<ul style="list-style-type: none"> • 54 countries are off track to achieving the child survival SDG – rapid acceleration of progress is needed • Especially in Africa, a high proportion of death occurs in the 1-59 month age group • Pneumonia, diarrhea, malaria remain key causes of death • Primary health care at community and facility level is the key platform for prevention and care • Coverage and quality of high impact interventions is low, with persisting inequities 	<p>High impact interventions to</p> <p>PROTECT</p> <p>PREVENT</p> <p>TREAT</p> <p>EMPOWER caregivers and communities</p>	<p>Prioritizing game changing actions that will result in rapid progress</p> <p>Government leadership and accountability</p> <p>Effective governance and coordination within MoH and with partners: overcome fragmentation towards effective planning, budgeting and implementation</p> <p>Integrated prevention and management of newborn and childhood illness as key strategy to deliver an essential PHC package (IMNCI and iCCM)</p> <p>Equity focused approaches: zero dose, community health</p> <p>Address the health system bottlenecks to delivery</p> <p>Resource optimization</p>

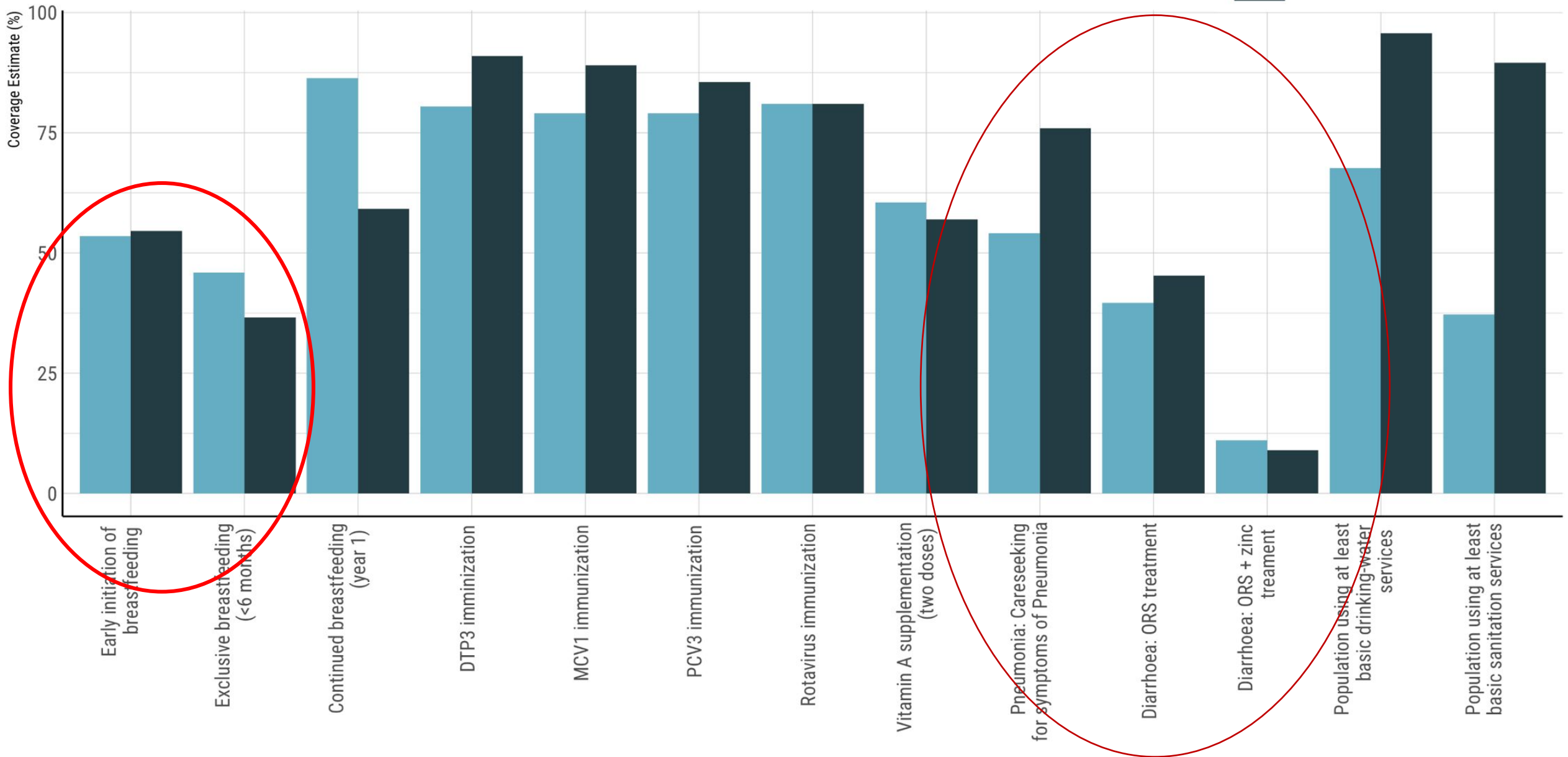
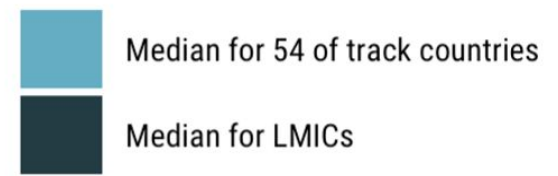
PHC is at the core of a comprehensive response



	Key child health Interventions	Level of Care/ Platform			
		Household	PHC community Community based and/or outreach servcies	PHC facility	Referral facility (primary and/or secondary)
PROTECT	<ul style="list-style-type: none"> • exclusive breastfeeding • adequate complementary feeding/IYCF • vitamin A supplementation, zinc, food supplementation 	X	X	X	
PREVENT	• Kangaroo care			X	X
	• Vaccination (BCG, DPT, PCV, Hib, Measles, Rotavirus, Malaria)		X		
	• WASH (hand hygiene, safe drinking water, sanitation)	X	X	X	X
	• Seasonal/perennial/intermittent malaria chemoprevention and IPTp		X	X	
	• Insecticide treated bed nets	X	X	X	
	• Indoor residual spraying	X	X		
	• Co-trimoxazole for HIV-positive children • Preventive therapy for TB exposed children • Reducing indoor air pollution • Reducing ambient particulate matter pollution	X	X	(X)	
TREAT	• Management of labor and delivery/facilty delivery			X	X
	• Neonatal resuscitation			X	X
	• Detect and treat childhood infections: pneumonia, diarrhea, malaria and refer children with danger signs (IMNCI, iCCM)		X	X	
	• Detect and treat possible serious bacterial infections in infants (PSBI)			X	
	• Detect, (refer), treat moderate and severe malnutrition		X	X	
	• ART for HIV positive children			X	X
	• TB treatment for children diagnosed with TB			X	X
integrated service delivery models	<ul style="list-style-type: none"> • Small and sick newborn care • Manage severe and/or complex childhood illness (e.g. ETAT, PICU) • Manage child injuries 			(X)	X
				X	X

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
- 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 quality²

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.’

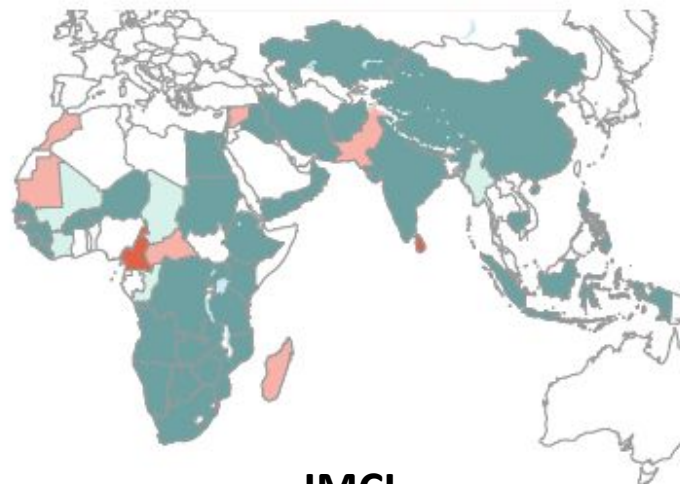
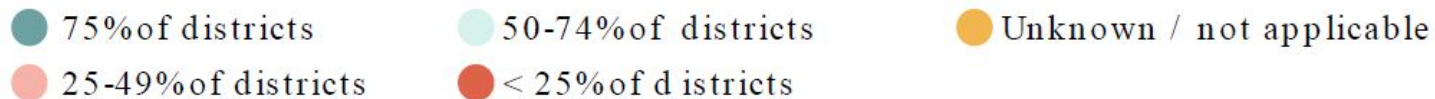
¹Cochrane review, 2016; ²Black et al. Lancet 2016

Global implementation of IMNCI and iCCM

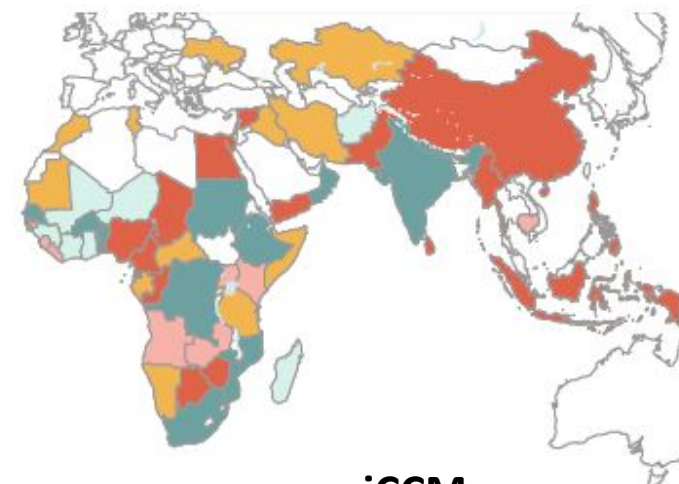
IMCI and iCCM have been widely introduced, yet:

- Ineffective coordination within MoH and with partners: fragmentation and verticalization
- **Coverage** is inequal
- 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



IMCI



iCCM



Country profile: Sierra Leone

Coordination and Policy Setting

Strategy & Policy

Sierra Leone has a community health strategy/policy in place where CHWs implement a package which includes community case management of childhood illness (CCM) as well as health promotion and disease prevention interventions through home visit. iCCM is also included in the national Reproductive Maternal Newborn and Child Health Strategy.

There is a national level comprehensive monitoring and evaluation plan for iCCM in place and included in the DHS2 dashboards. The M&E plan includes indicators, how and how often survey instruments are administered, and where and at what level indicator data will be collected.

Human resources

2019 UNICEF iCCM country profiles: Burkina Faso, DRC, Mali, Niger, Sierra Leone

There is a need to

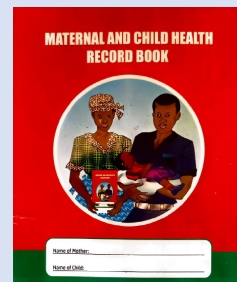
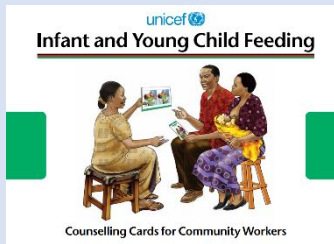
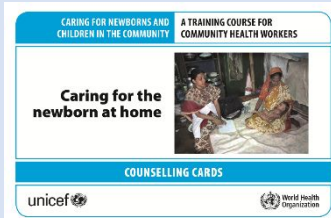
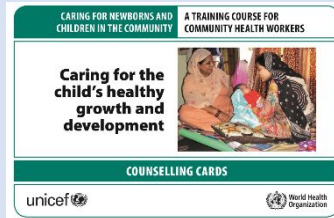
- Reinvigorate IMNCI in the current context of PHC and UHC
- Align for effective implementation - reduce verticalization and fragmentation
- Optimize the use of limited resources – human and financial
- Align community-based prevention and care under IMNCI umbrella for a continuum approach
(reduce fragmentation 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

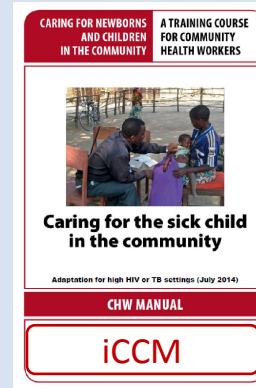
Prevention and promotion: Community and family practices

Case management: Diagnosis, treatment, referral

Community Health workers

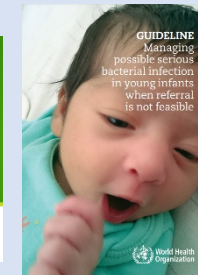
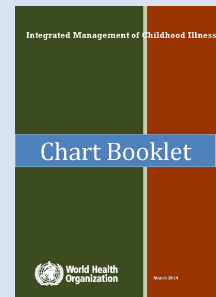


PHC facility

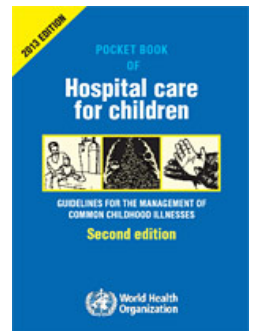
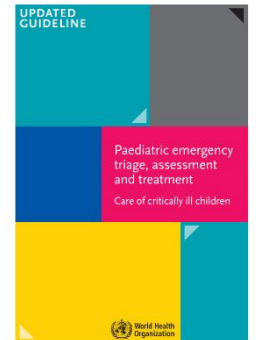


Management of SAM

Extend coverage to hard to reach areas



Referral level



Danger signs
Referral criteria

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

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...

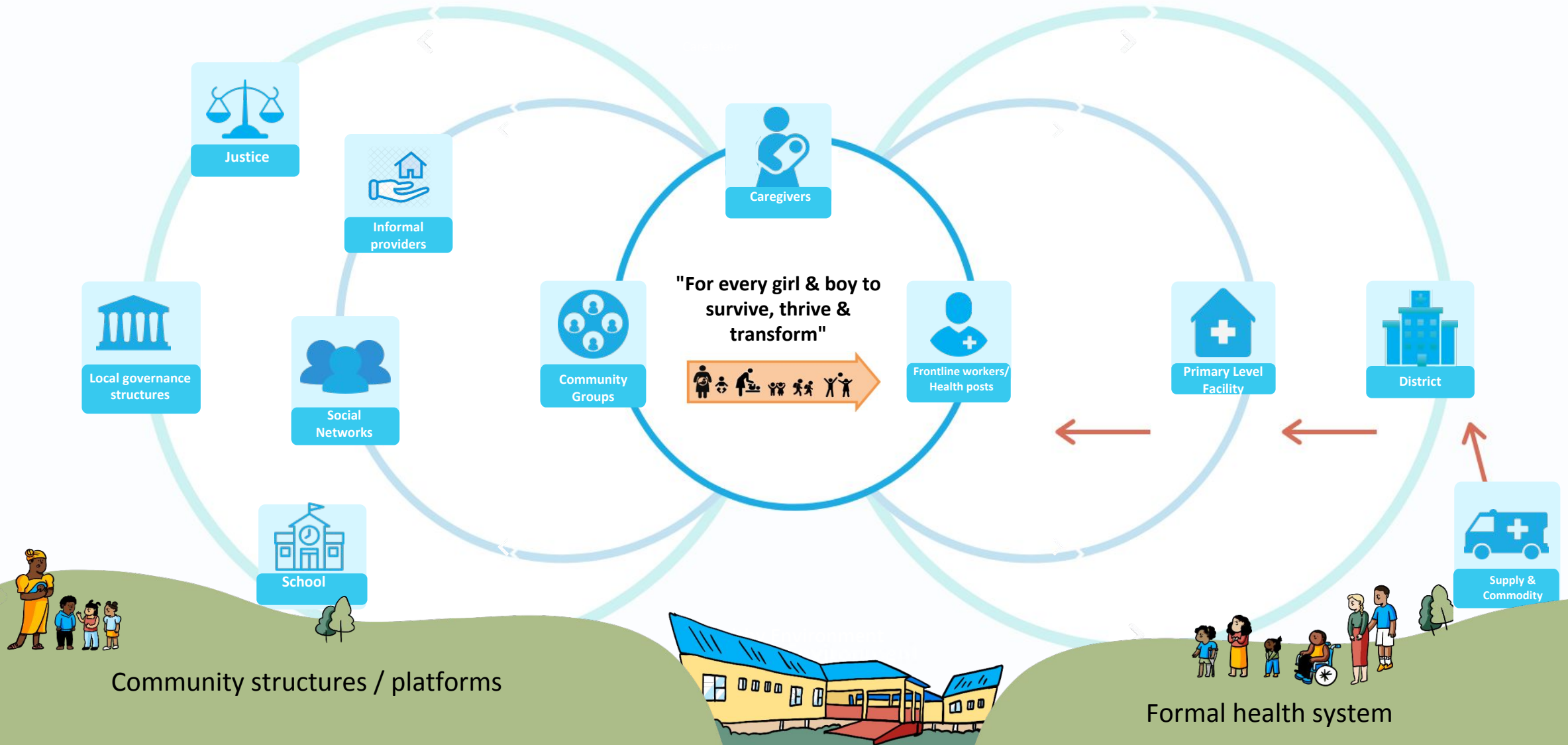
- **Visibility** - Advocacy to elevate country priorities and needs at global and regional level
- **Flexible yet structured engagement**
 - Support advocacy to leadership
 - Catalyze and support country dialogue (framing questions, background slides and analytics, toolbox)
 - Technical assistance in 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

Community-based Primary Health Care

System Enablers

- Equitable financing
- Local governance
- Payment mechanisms
- Private sector engagement
- Social accountability
- New technologies
- Quality of Care
- Gender & equity
- Human resources
- Health information systems



Investing in CHWs yields a 10:1¹ return from:

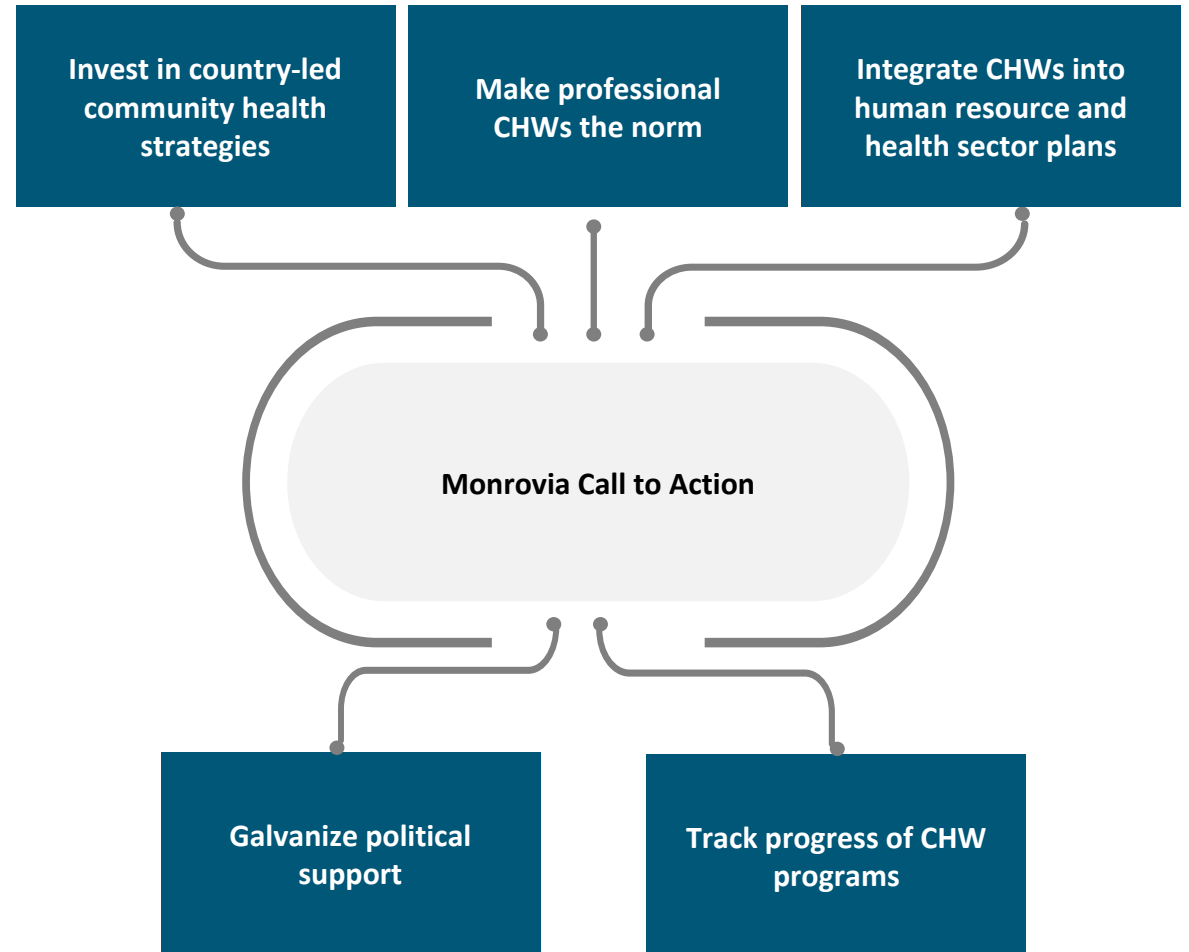
- **Prevention:** Immunization (Polio), WASH, HIV & AIDS
- **Promotion:** breastfeeding, antenatal and postnatal care, care-seeking, early childhood development, birth registration
- **Basic curative:** SAM, malaria, pneumonia, diarrhea, TB,
- **Increased productivity, cost savings and increased employment,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



¹Strengthening 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

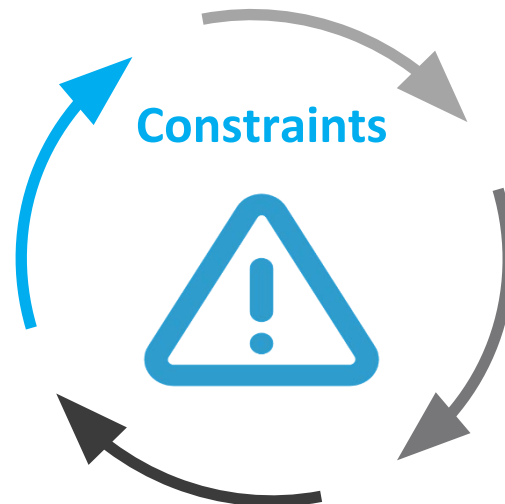
There are persistent bottlenecks that impede the optimal performance and impact of community-based primary health care

Many of these challenges are underpinned by lack of political will

Under-funding

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**



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

Community Health Delivery Partnership launch at the upcoming World Health Summit

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.

Governed by the principles of:

- One Plan
- One Budget
- One Implementation Approach
- One Team

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

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



Fourth Quarter 2022	Commodities financed			Policy		Monitoring			Implementation		Impact		Financing		Tracer Indicators for Malaria and Child Health, NTDs and Covid 19					Fourth Quarter 2022		
	LLINRS financing 2022 projection (% of need)	Public sector RDT financing 2022 projection (% of need)	Public sector ACT financing 2022 projection (% of need)	Signed, ratified and deposited the AMA instrument at the AUC	Malaria activities in Malaria Strategic Plan	Country Reporting Launch of Zero Malaria Starts with Me Campaign	Drug Resistance Monitoring Conducted (2019-2022) and data reported to WHO	Insecticide classes with resistance confirmed since 2016	Insecticide Resistance Monitoring and Management	Commodity in stock (>6 months stock)	Operational LLINRS coverage (% of at risk population)	On track to reduce case incidence by 60% by 2021 (vs 2016)	On track to reduce case mortality by 60% by 2021 (vs 2016)	Global Fund Allocation for Malaria 2020-2026 (USD)	Scale of implementation of GCM	Mass Treatment Coverage for Neglected Tropical Disease (NTD index, % (2021))	Estimated % of children (0-14 years old) living with IFA who have access to artemisinin therapy (2021)	Vitamin A Coverage 2021 (2 doses)	DPT3 coverage 2021 (recovation among 9-19 month olds)		% Population Fully Vaccinated Against COVID-19 (31 December 2022)	
Country																					Country	
Angola	85	85	100											87,939,818							Angola	
Benin	100	100	100											56,495,280							Benin	
Burkina Faso	100	100	100											188,847,601							Burkina Faso	
Burundi	85	100	100											75,036,949							Burundi	
Cabo Verde	100	100	100											521,147							Cabo Verde	
Cameroon	85	100	100											109,454,975							Cameroon	
Central African Republic	100	100	100											86,849,343							Central African Republic	
Chad	100	100	100											73,459,617							Chad	
Cote d'Ivoire	100	100	100											6,842,891							Cote d'Ivoire	
Congo	100	100	100											32,941,526							Congo	
Cote d'Ivoire	100	100	100											1,461,732,148							Cote d'Ivoire	
Democratic Republic of Congo	100	87	88											698,812,212							Democratic Republic of Congo	
DRC	45	100	100											4,611,806							DRC	
Equatorial Guinea	100	100	100											2,060,000							Equatorial Guinea	
Eritrea	100	100	100											18,023,311							Eritrea	
Eswatini	100	100	100											2,922,000							Eswatini	
Ghana	100	81	75											116,238,095							Ghana	
Gambia	85	100	100											3,260,000							Gambia	
Ghana	85	100	100											1,265,785,507							Ghana	
Guinea	85	100	100											81,508,176							Guinea	
Guinea-Bissau	100	100	100											29,581,268							Guinea-Bissau	
Kenya	100	100	100											78,376,987							Kenya	
Liberia	100	100	100											43,449,274							Liberia	
Madagascar	87	100	100											72,297,115							Madagascar	
Mali	100	100	100											82,122,362							Mali	
Mali	100	100	100											85,207,796							Mali	
Mozambique	100	100	100											24,937,048							Mozambique	
Mozambique	81	100	100											207,948,860							Mozambique	
Namibia	85	100	100											3,091,812							Namibia	
Niger	85	75	68											1,964,946,900							Niger	
Nigeria	74	63	62											617,656,714							Nigeria	
Rwanda	100	95	100											50,394,762							Rwanda	
Sao Tome and Principe	100	100	100											35,955,314							Sao Tome and Principe	
Senegal	100	100	81											37,314,860							Senegal	
Senegal	100	100	100											73,292,718							Senegal	
South Africa	42	100	100											35,281,760							South Africa	
South Africa	100	100	100											8,712,808							South Africa	
South Sudan	83	100	100											118,336,910							South Sudan	
South Sudan	100	100	100											25,173,966							South Sudan	
Sudan	100	100	100											118,336,910							Sudan	
Togo	100	100	100											44,771,216							Togo	
Uganda	100	100	100											267,250,747							Uganda	
United Republic of Tanzania	100	100	100											188,139,009							United Republic of Tanzania	
Zambia	41	100	100											77,443,010							Zambia	
Zimbabwe	100	100	100											47,176,017							Zimbabwe	
Data Source	RBM Partnership to End Malaria	RBM Partnership to End Malaria	RBM Partnership to End Malaria	Africa Union Commission	United Nations Foundation/United Nations High Commissioner for Refugees	RBM Partnership to End Malaria	World Health Organization	World Health Organization	World Health Organization	RBM Partnership to End Malaria	RBM Partnership to End Malaria	The Alliance for Malaria Prevention & World Health Organization	World Health Organization	World Health Organization	The Global Fund to Fight AIDS, Tuberculosis and Malaria	United Nations Children's Fund	World Health Organization	The Joint United Nations Programme on HIV/AIDS	United Nations Children's Fund	World Health Organization	Africa Centres for Disease Control and Prevention	Data Source



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>
 - 2 page brief:
<https://www.childhealthtaskforce.org/resources/report/2023/child-survival-action-two-pager>
- [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)
 - [iCCM Institutionalization Toolkit](#) (2023)
- 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>

THANK YOU

