

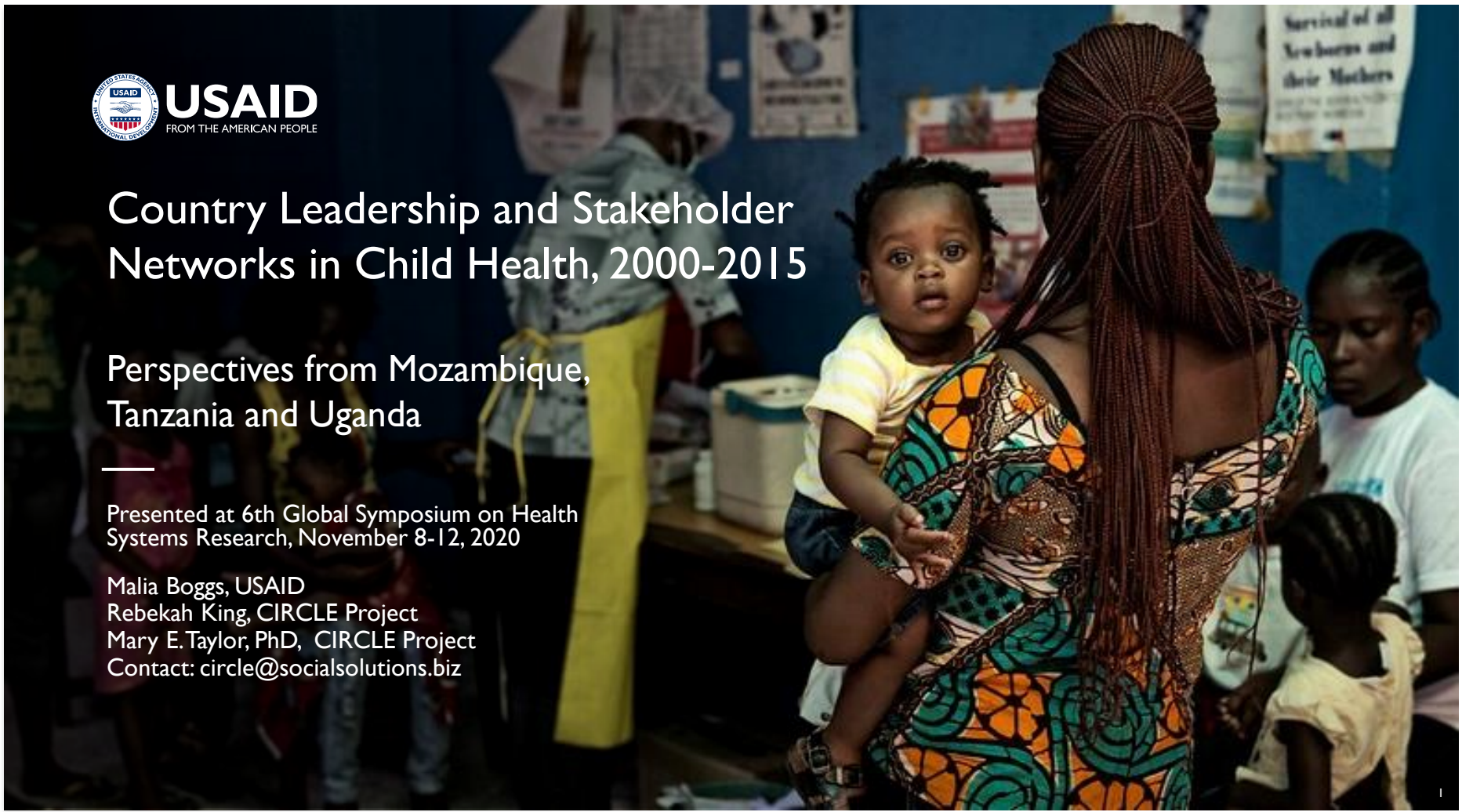


Country Leadership and Stakeholder Networks in Child Health, 2000-2015

Perspectives from Mozambique, Tanzania and Uganda

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Introduction

Background: A 2015 USAID-funded global study on child health reported fragmentation, lack of leadership, and reduced political momentum for child health, calling for it to be reframed with countries at the center to achieve the Sustainable Development Goals (SDGs). This study provides country experts' perspectives on advancing child health today in Mozambique, Tanzania and Uganda.

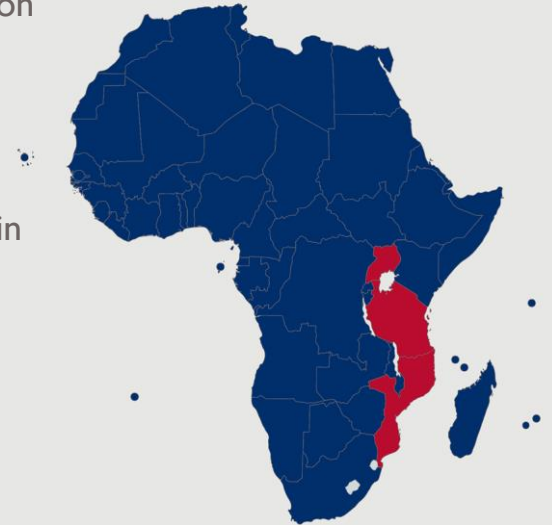
Selected Objectives:

- Identify enablers and constraints of child health progress from 2000-2015
- Document how child health is framed, and the role of stakeholder networks in improving child health

Methods:

- Desk review, secondary data analysis
- 62 in depth interviews (IDIs)
- 62 organizational network analysis (ONA) surveys
- Analysis used Shiffman et al. framework on effectiveness of health networks

Shiffman J, Quissell K, Schmitz HP, Pelletier DL, et al. A framework on the emergence and effectiveness of global health networks. Oxford University Press: Health Policy and Planning, August 29, 2015.



Child Health Progress 2000 - 2015

Child mortality reduction was a major success, but there were disappointments

Successes

Achieved or nearly achieved Millennium Development Goal 4 on reduction of child mortality

Implemented child immunization programs

Increased use of insecticide treated nets for Malaria

Introduced and scaled-up of Integrated Management of Childhood Illness (IMCI) and Integrated Community Case Management programs

Introduced neonatal interventions

Disappointments

Slow decline in newborn mortality rate

Inadequate & variable IMCI performance

Persistent malnutrition, especially stunting

Common Enablers And Constraints To Progress

Enablers

Constraints

National Priorities

- Increased funding
- Multisectoral approaches
- Strong leadership & coordination
- Strong country research capacity
- Rapid adoption of innovations
- Public-private partnerships
- Visibility increased by global initiatives

- Contextual issues (poverty, high population growth)
- Funding constraints
- Lack of policy implementation
- Inadequate leadership
- Inadequate stakeholder coordination
- Lack of accountability

Health System

- Increased access to key services (scaled)
- Increased availability of health workers
- Specific delivery strategy implementation

- Staff shortages, turnover, and capacity (skills, confidence, training)
- Vertical or siloed programming promoted by global initiatives
- Lack of supervision
- Poor quality of care & performance
- Inadequate supply & information systems

Community

- Use of community health workers
- Campaigns for child health
- Expanded service delivery

- Cultural norms and care-seeking

How Child Health Is Framed

- Framing is key to political positioning, priority and commitment given to issue by network
- Shifts in framing over time had variable effects (some more successful than others)
- Ending preventable deaths or reducing newborn mortality failed to generate the same level of political commitment post Millennium Development Goals
- Emphasis on newborn health diverted attention from child health overall
- New framing of child health must be inclusive (of all children) and reflect the future goals of stakeholder networks

Evolution of Child Health Framing



New Proposed Framing

Country Child Health Networks

- Most countries networks are comprised of stakeholders with moderate levels of connections and interaction
- Government, especially ministries of health, are at the center, and the strength of their leadership varied over time
- UNICEF, followed by WHO, is a strong resource at the center of all country networks
- Coordination mechanisms exist (policy and technical working groups), but are less effective at decentralized levels
- Development partners intent, behaviors, and transparency varied, sometimes inhibiting improved governance
- Strong, credible leadership; consistent convening stakeholders by countries; and accountability, enabled network effectiveness

Global Recommendations

Support reframing

Support country reframing of child health to best reach individual country visions

- Resist exclusion within child health (newborns, pneumonia, etc.)
- Plan for, fund, and operationalize multisectoral and multiorganizational approaches

Build network capacity

Ensure actions build the capacity of the individual country child health network for collaborative action at national, district, and community levels

- Support specific plans to build network capacity or collaboration

Support accountability activity

Support accountability activity in the child health network

- Support identification of a limited set of accountability measures and monitor them
- Global level participates while government and country network lead

For all results and recommendations, please see study reports at:

<https://www.harpnet.org/project/child-health-country-perspectives-study/>