

# Update from UNICEF TDR co-sponsor



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**TDR Standing Committee**

**12<sup>th</sup> to 13<sup>th</sup> June 2024**

**New York**

# 1 in 3 SDG targets off track for 2030: UNICEF response in 190 countries with 6 Billion USD investment for Child Survival



Still births,  
1.9m



Neonatal (0-27 days),  
2.3m



Children aged 1-11  
months, 1.4m



Children aged 1-  
4 years, 1.3m



Children  
aged 5-9  
years, 0.5m



Adolescents  
10-14 years,  
0.4m



Adolescents  
15-19 years,  
0.6m



And 287,000 women die annually during and following pregnancy and childbirth;  
Over 10 million unintended adolescent pregnancies, with only 56% girls receiving four antenatal care visits

## ***Progress on child survival, health and well-being faces multiple challenges:***



67 million children missing out entirely or partially on **routine immunization** between 2019 and 2021



62 UNICEF programme countries had **simultaneous disease outbreaks**, in addition to COVID-19



149 million children are **stunted**, 45 million children **wasted**, 39 million children **overweight**



50% of preventable child deaths exist **in fragile humanitarian settings**. Nearly 37 million children worldwide are displaced due to **conflict and violence**



52% of children with HIV with **access to lifesaving antiretroviral treatment**



**Non-communicable diseases (NCDs), mental health conditions and injuries**, account for 13% of deaths



More than 50 million children have a **developmental disability** such as an intellectual disability



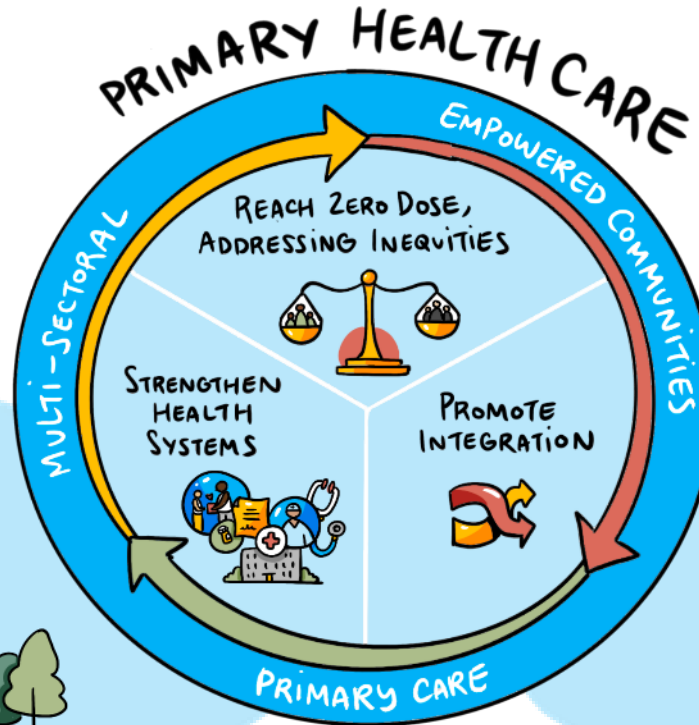
Over 1 million child deaths due to **environmental risks; and increase in climate-related disasters, 1 billion children at risk**

# GLOBAL PRIORITIES: THE ROAD to SDG3

A WORLD WHERE NO CHILD DIES FROM PREVENTABLE DISEASE AND ALL CHILDREN REACH THEIR FULL POTENTIAL IN HEALTH AND WELL-BEING

## CORE PROGRAMMES

- MATERNAL NEWBORN, CHILD, & ADOLESCENT HEALTH
- IMMUNIZATION and Polio
- HIV / AIDS
- HEALTH EMERGENCIES



## EMERGING PROGRAMMES

- PROGRAMMING ACROSS THE LIFE COURSE: SHIFTING FROM 0-5 TO 0-19 YEARS
- CHILD & ADOLESCENT DEVELOPMENT, HEALTH, AND WELL-BEING
- NCD'S, MENTAL HEALTH, & INJURIES
- ENVIRONMENTAL HEALTH



## ADVOCATE FOR EVERY CHILD

- EXPAND RESOURCES for PRIMARY HEALTHCARE
- ENGAGE with PARTNERS
- PROMOTE USE of DATA & EVIDENCE



## INFLUENCE GOVERNMENT POLICIES

- SUPPORT POLICY & FINANCING
- SCALE UP INNOVATIONS
- SHARE KNOWLEDGE



## STRENGTHEN SERVICE DELIVERY

- BUILD CAPACITY
- SUPPORT PROGRAMMES
- STRENGTHEN SUPPLY CHAINS



## EMPOWER COMMUNITIES

- ENGAGE for CHANGE
- GENERATE TRUST & DEMAND
- STRENGTHEN ACCOUNTABILITY



# UNICEF IR approach

UNICEF implementation research activities are “embedded” within programmes (Primary Health Care) to better understand factors that **influence and improve implementation to drive change for children**

Meaningful engagement/leadership by practitioner/decision-maker  
**(demand driven)**

**Alignment of research activities** with implementation, funding and policy cycles

**Promote local capacity** to carry out research (local implementers with local researchers)

UNICEF has presence in 190 countries – heavy sub national networks

# UNICEF review of IR projects 2015-2021

(40 completed IR projects in 19 countries)

1

In **67%** of evaluated UNICEF IR projects, IR reportedly led to changes in health policy, programmes, and/or practice.

2

In **50%** of evaluated UNICEF IR projects, IR reportedly led to changes in child health outcomes.

3

Capacity building in IR leads to transferable competencies: 85% of respondents used their acquired skills elsewhere.

4

Wide stakeholder involvement from the start is seen as a condition for IR success.

# On going and planned IR 2024-2025 – country projects

## **Improving immunization coverage and equity (focusing on integrated service delivery, gender, PHC approach etc.)**

- Afghanistan, Nepal, Côte d'Ivoire,
- Madagascar, Rwanda, and Zambia

## **Management and prevention of Childhood NCDs**

- Nepal
- Malawi
- Zimbabwe
- Bangladesh



# UNICEF-TDR Collaboration on Implementation Research

## Progress to date

### Development of IR Handbook for decision makers

- Join effort by TDR and UNICEF
- Outline has been developed.
- In the process to recruit consultants to develop the contents.
- Once finalized IR handbook will be tested in few countries to assess the feasibility and appropriateness and be revised accordingly.
- Dissemination and launch of the handbook via different platforms

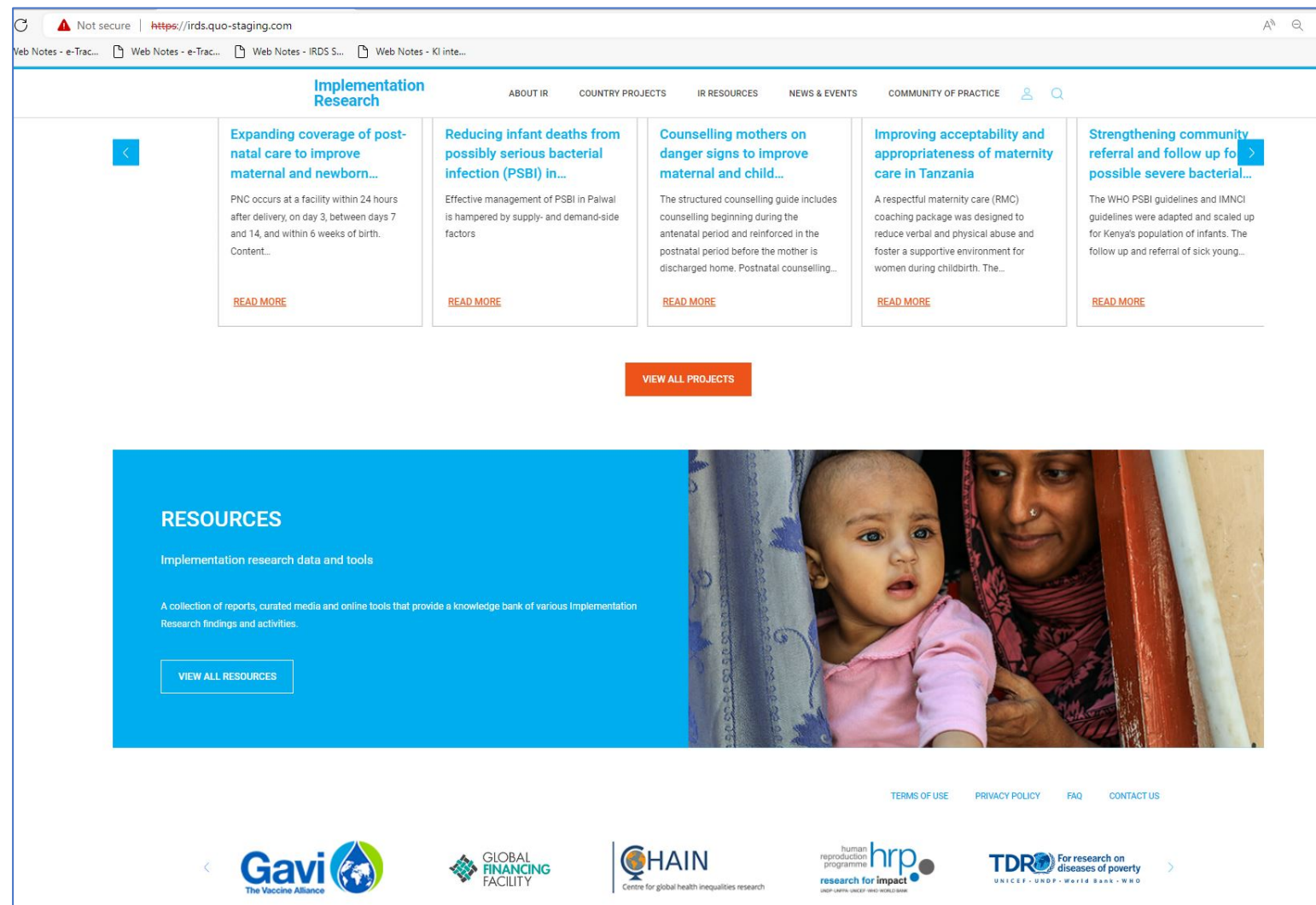
### TDR Regional Training Capacity

- UNICEF country networks need capacity building in IR
- Make use of TDR regional training capacities

# Online IR repository

## A multi-partnered IR website (under development)

- Single source for all IR resources (existing IR guidelines, institutes, available trainings, publications etc.)
- Include all IR project reports in a standardized format
- CoP: interact with IR stakeholders





# Way forward

- Between 2015 and 2023 UNICEF demonstrated the proof of concept for IR in health immunization, birth registration, maternal newborn and child health, and early childhood development
- In 2024-2025 UNICEF will promote IR as government-led, necessary and cost-effective component to MNCAH programmes to improve implementation, accelerate uptake of innovations, strengthen health systems and Primary Health Care

# Acknowledgment

## **ASM Shahabuddin PhD**

Health Specialist, PHC/HSS

## **Ann Robins**

Senior Adviser, Chief of PHC/HSS

## **Elevanie Nyankesha**

Health specialist, PHC/HSS unit

## **Robert Scherpier PhD**

UNICEF Consultant

# Thank You

