Background:
The Sustainable Development Goal (SDG) era has ushered in a much broader agenda which includes greater recognition of the importance of a life-course approach to development and a re-emphasis on primary health care. The Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016-2030) similarly looks beyond mortality to encompass a survive, thrive and transform agenda. These shifts in the global landscape have helped spur efforts to re-think approaches for improving child health and well-being, including a three-year endeavor by WHO and UNICEF to redesign their child health strategies, and efforts such as the Lancet 0-19 series which aim to show how early life experiences impact health and human capital development over time. The priority accorded to child health during the Millennium Development Goal and SDG eras has resulted in a steady increase in the number of organizations collecting and reporting on data to monitor child health activities. Although this increase is a positive trend, an unintended consequence is that these data are often captured using different data collection methods which are not always comparable, complicating data sharing and use. In addition, measurement gaps remain that need to be addressed with rigorous methodologies and validation studies. A technical advisory group is needed to help prioritize monitoring and measurement activities to best support the achievement of the survive and thrive agenda for children ages 28 days to 9 years. The outputs of the CHAT will inform the workplans of UNICEF and WHO and will be widely disseminated through reports and peer reviewed literature.

Goal:
1. To provide independent advice to WHO and UNICEF which will: 1) advance the measurement and monitoring agenda for child health and well-being, and 2) guide action and promote accountability for child health and well-being.

The timeframe for the activities of the Technical Advisory Group is two years from the end of 2018 until the end of 2020.

Underlying Principles and Specific Objectives

Underlying Principles

1) Support the use of validated, standard indicators and measurement methods.
2) Prioritize areas where no standard metrics or data collection mechanisms exist.
3) Stay informed by and coordinate with international and national efforts working to improve measurement of child health and well-being.

4) Global orientation, with a greater focus on low and middle-income countries.

5) Emphasize equity, including improved approaches to the measurement and monitoring of vulnerable, marginalized populations and children living in humanitarian settings.

**Specific Objectives**

1) To provide a platform for sharing and discussing the work of key child health and well-being initiatives and relevant work of UNICEF and WHO aimed at the achievement of child health related global goals and targets (e.g., Sustainable Development Goals, Global Strategy for Women’s, Children’s and Adolescents’ Health, etc).

2) To identify priority activities and measurement gaps in child health and well-being (survive and thrive dimensions).

3) To create a catalogue of standard indicators and validated tools for measuring and monitoring child health and well-being indicators.

**Secretariat: Composition and responsibilities**

The Secretariat of the CHAT TAG is composed of staff from WHO’s Department of Maternal, Newborn, Child and Adolescent Health (MCA) and UNICEF’s Division of Data, Research and Policy. The tasks of the Secretariat include:

- Develop products in consultation with CHAT members as specified in the work plan
- Organize face to face meetings of the CHAT TAG twice per year
- Serve as moderators at all meetings, produce and share meeting reports
- Arrange regular teleconference calls with the CHAT TAG co-chairs
- Convene teleconferences with the CHAT TAG on a regular basis and as needed to ensure the work gets done in a timely manner

Funding for the CHAT TAG is provided through a grant from USAID to WHO. The duration of the grant is two years spanning the period from the end of 2018 to the end of 2020.

**CHAT Technical Advisory Group: Membership and responsibilities**

The CHAT is co-convened by WHO and UNICEF and is composed of 13 members, including 3 co-chairs. Co-Chairs are selected from the CHAT TAG by the CHAT TAG members and must serve for a minimum of one year and a maximum of two years.

The CHAT co-chairs will lead calls and meetings with the support of the Secretariat, and provide overall direction for the workplan.

All members are expected to participate in the CHAT meetings and teleconferences.


Selection process

Members of the CHAT Technical Advisory Group were selected from applicants responding to an open call for independent experts in monitoring and evaluation of child health placed on WHO/MCA/RHR/HSI websites and actively circulated among child health networks. Applicants submitted:

- A brief curriculum vitae (2-3 pages)
- A list of authored papers to demonstrate area(s) of expertise and how he or she has contributed to the field of measurement
- One example of a work product or report
- A short statement discussing their measurement challenge priority (200 words max)

Applicants were scored based on the following criteria:

- Broad knowledge of child health epidemiology;
- Familiarity with the means of collecting country-level information on health, education and WASH information including use of health facility surveys, household surveys, routine systems and demographic surveillance systems in developing country contexts;
- Experience with child health programmes at the country-level;
- Quality assurance of country level data;
- Past experience in normative working groups of a technical nature;
- Tracking progress towards coverage of key services for children;
- Tracking progress towards the Sustainable Development Goals (SDG), especially those aimed at reducing child mortality and morbidity;
- Monitoring and evaluation capacity development in a wide range of low and middle income countries; and
- Health information systems management; and
- Have experience working at the national level in child health with monitoring and evaluation expertise

The names and affiliations of current members are provided in the attached Appendix.
Appendix

Composition of the CHAT Technical Advisory Group

Scoring was done independently by Kate Strong (WHO/MCA) and Jennifer Requejo (UNICEF), who are serving as the Co-conveners of the group. Attention to gender balance and geographic location was used when deciding on the final 13 members

Membership list and co-chairs

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Nationality</th>
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<tbody>
<tr>
<td>Neil McKerrow*</td>
<td>Maternal, Child and Women’s Health, Dept of Health Kwazulu-Natal</td>
<td>South Africa</td>
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<tr>
<td>Cynthia Boschi-Pinto</td>
<td>Universidade Federal Fluminense Rio de Janeiro Brazil</td>
<td>Brazil</td>
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<tr>
<td>Ralf Weigel</td>
<td>Witten/Herdecke University, Germany</td>
<td>Germany</td>
</tr>
<tr>
<td>Joanna Schellenberg*</td>
<td>LSHTM</td>
<td>UK</td>
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<tr>
<td>Suzan Farhoud</td>
<td>International consultant for newborn child and adolescent health</td>
<td>Egypt</td>
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<tr>
<td>Melinda Munos</td>
<td>Johns Hopkins Bloomberg School of Public Health</td>
<td>USA</td>
</tr>
<tr>
<td>Ambrose Agweyu*</td>
<td>Health Services Unit</td>
<td>KEMRI-Wellcome Trust Research Programme</td>
</tr>
<tr>
<td>Diparidé Abdourahmane Agbère</td>
<td>University Teaching Hospital of Tokoin and Regional one of Lomé-Commune</td>
<td>Togo</td>
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<tr>
<td>Paola Friedrich</td>
<td>St. Jude Children’s Research Hospital</td>
<td>Mexico</td>
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<tr>
<td>Sayaka Horiuchi</td>
<td>Teikyo University, Japan</td>
<td>Japan</td>
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<tr>
<td>Marzia Lazzerini</td>
<td>Institute for Maternal and Child Health IRCCS Burlo Garofolo</td>
<td>Italy</td>
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<tr>
<td>Abdoulaye Maiga</td>
<td>Johns Hopkins Bloomberg School of Public Health</td>
<td>Burkina Faso</td>
</tr>
<tr>
<td>Masum Billah</td>
<td>Maternal and Child Health Division, icddr,b</td>
<td>Bangladesh</td>
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*denotes the three co-chairs selected by the CHAT TAG members following the first meeting of the CHAT convened in November, 2018: