First Meeting of the Child Health Accountability Tracking (CHAT) Technical Advisory Group

Co-organized by WHO and UNICEF

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World Health Organization

Meeting Report

Warwick Hotel, Geneva, Switzerland

28-30 November 2018

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1 Executive summary

➢ This report summarizes the key points discussed during the First Child Health Accountability Tracking (CHAT) Technical Advisory Group Meeting. The meeting was organized by the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF). It was held 28-30 November 2018 in Geneva, Switzerland. Funding for CHAT is provided through a USAID grant to WHO.

➢ CHAT will focus on indicators in child health (28 days until 9 years of age). There are two other advisory groups covering different dimensions of the continuum of care. The Global Action for Measurement of Adolescent Health Advisory Group (GAMA) will carry out similar tasks in the area of adolescent health (10-19 years of age). The Maternal and Newborn Information for Tracking Outcomes and Results group (MoNITOR) is working on the harmonization of maternal and neonatal/newborn indicators (throughout pregnancy, birth and up to 28 days of age).

➢ MoNITOR, CHAT and GAMA will work together to ensure that their activities are co-ordinated and respond to international and national needs.

➢ CHAT's objective is to provide independent advice to WHO and UNICEF, as well as international and national healthcare organisations, on priority areas in the measurement and monitoring of child health and well-being.

➢ CHAT will make recommendations about the prioritisation of information gaps that have been identified, and suggestions about how to address these gaps.

➢ CHAT is composed of 13 technical experts, including clinicians, epidemiologists, demographers, statisticians and program implementers, who were selected through a rigorous review process carried out by WHO and UNICEF following an open call for nominations. Co-chairs will be appointed by the end of 2018. The Terms of Reference (TOR) for CHAT will be discussed and agreed upon by early 2019.

➢ A range of organisations and groups working in the areas of child health and well-being presented their objectives and research work to the CHAT meeting (Table 1). CHAT will work collaboratively with these and other relevant bodies.

➢ The Global Strategy for Women's, Children's and Adolescent's Health framework of 'Survive, Thrive and Transform' has become a guiding principle in child health. The aim is to ensure that children stay alive (survive) and are able to develop their full potential in

a nurturing environment (thrive). As these children grow up, they will be able to contribute to their own communities and the wider world (transform). CHAT will support this process by using its members' specialist skills. The focus of CHAT efforts in the immediate term will be on the survive and thrive dimensions.

➢ The objectives of the first CHAT meeting were:

   o To prioritize metrics for child health monitoring;

   o To identify measurement gaps;

   o To provide guidance on, and evaluation of, existing tools;

   o To create a catalogue of validated tools for measuring and monitoring health indicators for children aged 28 days to 9 years[1].

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[1] Maternal and Neonatal/newborn indicator harmonization is being done through Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) technical advisory group. Adolescent (10 to 19 years) indicators are being done by the Global Action for Measurement of Adolescent Health Advisory Group (GAMA).

2   Introduction and meeting objectives

Kate Strong (WHO) and Jennifer Requejo (UNICEF) welcomed the members of the Child Health Accountability Tracking (CHAT) Technical Advisory Group to the first meeting of the group. A number of observers from interested organizations also attended the meeting (see list of participants in the Appendix for details). The meeting was organized by WHO and UNICEF; it was held 28-30 November 2018 at the Warwick Hotel in Geneva, Switzerland. Funding for CHAT is provided through a USAID grant to WHO.

CHAT will collaborate with the Maternal and Newborn Information for Tracking Outcomes and Results (MoNITOR) technical advisory group and the Global Action for Measurement of Adolescent Health Advisory Group (GAMA) to assist in the process of achieving the goals of the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016-2030 and Sustainable Development Goal 3). The objectives of the first CHAT meeting were:

- ➢ To prioritize metrics for child health monitoring;
- ➢ To identify measurement gaps;
- ➢ To provide guidance on, and evaluation of, existing tools;
- ➢ To create a catalogue of validated tools for measuring and monitoring health indicators for children aged 28 days to 9 years[2].

All of the attendees introduced themselves and declared if they had any conflict of interests; no conflicts of interest were reported.

Expected outcomes of the first CHAT meeting included:

- ➢ A list of priority indicators for the next two years for child health.
- ➢ A work plan for harmonizing priority indicators over the next six months.

Only key discussion points are summarised in this report. The Agenda and Participants List are included in the Appendix. Copies of the presentations were shared with all participants and are available in the group's Dropbox.

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[2] Maternal and Neonatal/newborn indicator harmonization is being done through Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) technical advisory group. Adolescent (10 to 19 years) indicators are being done by the Global Action for Measurement of Adolescent Health Advisory Group (GAMA).

3   Co-ordination between MoNITOR, CHAT and GAMA

The MoNITOR technical advisory group is working on the prioritization and harmonization of maternal and neonatal indicators (throughout pregnancy, birth and up to 28 days of age). CHAT will focus on indicators in the field of child health (28 days until 9 years of age), while GAMA will carry out similar tasks in the area of adolescent health (10-19 years of age). Since MoNITOR has been in existence since 2016, it is anticipated that CHAT and GAMA will follow their lead with respect to the terms of reference (TOR) and approach to be adopted by these groups.

The three groups will work together to ensure that their activities are co-ordinated and respond to international and national needs. A lean Secretariat at the WHO and UNICEF will co-ordinate the groups' activities, and work with the co-chairs of each of the groups to ensure the workplans are aligned. The landscape of activities in the field of health measurement and monitoring from pregnancy until the end of adolescence will be reviewed by the groups. The focus will be on indicator mapping exercises; framework development; and a process for developing recommendations that will help inform UNICEF and WHO activities and be communicated to the international and national healthcare communities.

Each group's workplans will be shared with the other groups and there will be regular inter-group communication (teleconferences, representatives of each group will attend face to face meetings of the other groups, emails, WebEx meetings, etc.). As an initial step in this process, the first meetings of CHAT and GAMA were convened at the same time as MoNITOR's regular bi-annual meeting.

3.1   Key conclusions

➢ MoNITOR is working on the prioritization and harmonization of maternal and neonatal indicators (throughout pregnancy, birth and up to 28 days of age).
➢ CHAT will focus on indicators in the field of child health (28 days until 9 years of age), while GAMA will carry out similar tasks in the area of adolescent health (10-19 years of age).
➢ MoNITOR, CHAT and GAMA will work together to ensure that their activities are co-ordinated and respond to international and national needs for measurement and monitoring of child health priorities.

4 Setting the Scene: Global accountability frameworks, initiatives, organizations and data sources for child health and well-being monitoring

Note: The sessions on day 1 and the first half of day 2 were organized to 1) provide information on the broader context of child health and well-being including an overview of major accountability frameworks and initiatives tracking progress on child health, and of key efforts underway to redesign WHO and UNICEF's approaches to child health and well-being, 2) provide key data on trends in child survival and other areas of relevance to the CHAT work, 3) describe major data sources that capture information on child health and well-being, and 3) summarize ongoing measurement and monitoring related work in all major areas of child health and well-being.

Key discussion points included:

➢ Kate Strong (WHO) and Jennifer Requejo (UNICEF) provided an overview of major global accountability initiatives and frameworks that are focused, either totally or in part, on child health indicators: SDGs (~14 child health indicators: http://www.undp.org/content/undp/en/home/sustainable-development-goals.html), 100 Core Health Indicators (~20 child health indicators: http://www.who.int/healthinfo/en/), the Global Strategy for Women's, Children's and Adolescents' Health (Every Woman Every Child (EWEC) (~23 child health indicators that overlap with SDGs and 100 Core Health Indicators: https://www.who.int/life-course/partners/global-strategy/ewec-gs-brochure-eng.pdf?ua=1), and Countdown to 2030 (>30 child health indicators that overlap with SDGs, GS and 100 Core Health Indicators: http://countdown2030.org). The implications of these initiatives for CHAT include the importance of aligning and harmonising indicators; minimising the reporting burden on countries; and accountability in terms of monitoring progress towards agreed global and national level child health goals. Indicators will be classified as measurable and high priority (Tier 1); complementary i.e. important but validated data are not readily available (Tier 2); aspirational i.e. there are no validated methods of collecting this information and research into these indicators is needed (Tier 3). CHAT will need to build on the indicator mapping work already done by these initiatives, identify missing indicators, and make recommendations for how to move Tier 3 SDG indicators to Tier 2

or Tier 1 SDG by supporting a validation process. The roles of traditional and novel data sources for monitoring child health and well-being should also be evaluated. The CHAT work will also inform and be informed by WHO's child health redesign process, UNICEF's efforts to adjust its child health narrative, and the outputs from the Lancet Commission on Child Well-being and the Lancet 0-19 series[3].

➢ Data collection and indicator development (using available data) should be fit for purpose. There are many components to consider when creating a comprehensive health management information system (HMIS) that can provide needed data on child health and well-being: compiling facility service data alone is not enough (Debra Jackson). Information sources for a HMIS should include: birth and death registration; facility readiness surveys; logistic and financial evaluations; quality assessments; health registry data; household survey results; and feedback from community health workers, laboratories, and pharmacies. There is a multitude of open software packages and data products that can be used to create comprehensive digital health information systems. It is important to ensure that people and organisations (at facility, regional, national and international levels) have access to data that is relevant to their requirements; they do not need all of the data all of the time. The aim is to gather relevant data to strengthen health programmes and improve child health and well-being.

➢ HMIS and facility surveys were reviewed by Amani Siyam. Multiple publications, guidelines, data quality tools, reporting frameworks, guidance on the analysis and use of data and Apps have been developed in recent years for international and national use. Core indicators for reporting on health facilities have been identified; standardised registers and reporting forms are being prioritised to enable the collection of high-quality data. The WHO has developed a toolkit for national, district and programme managers to analyse facility data so that they can improve the provision of healthcare services. The analysis and use of routine Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) data will facilitate enhanced healthcare for mothers, newborns, children and adolescents. Harmonized Facility Surveys (HFS) modules to

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[3] The Lancet commission is co-convened by WHO and UNICEF. Anthony Costello is organizing it, with support from WHO staff. The report is expected to be submitted in Spring 2019.

The Lancet 0-19 series is led by Dr Zulfiqar Bhutta. It is a set of academic papers that will cover epidemiology, intervention coverage, human capital development, equity, health systems, and humanitarian settings.

assess the quality of care of infants and young children are being tested in Kenya and Sudan; they will be released in early 2019.

➢ A multi country review of paediatric health indicators in HMIS has been undertaken by the Maternal and Child Survival Program (MCSP) to understand the content of routine HMIS in 23 countries that receive USAID funding, Michel Paqué reported. Child (0-59 months) health and nutrition indicators, as well as gaps in data collection, were identified in primary and community level HMIS that are used in several countries. Information on immunization and HIV was excluded. An extensive body of information was analysed to determine the quality of paediatric healthcare in relation to WHO guidelines. Most of the countries surveyed were able to report on high priority indicators but information gaps, especially in relation to treatments, were identified. Standardised and updated methods of collecting data are necessary to ensure high quality data is captured and analysed. It was noteworthy that better data was collected on interventions performed in the neonatal period than during childhood: more stringent data collection in childhood is needed to monitor child health.

➢ Tracking early child development (ECD) is important because it evaluates progress towards goals for the development of young children; helps to identify which interventions are effective; and ensures that equity is tracked over time (Tarun Dua). In 2014, the Measuring Early Learning Quality & Outcomes (MELQO) tools were developed to assess the development and learning outcomes for children aged 3-6 years; and the quality of learning settings. The tools are used at the national level. WHO is developing a Global Scale of Early Development (GSED) which will assess the development of children aged 0-3 years. The GSED must be reliable; valid across different contexts; easy to administer; culturally neutral (or modifiable for different cultures); an effective tool for population surveys; able to measure changes post-intervention; and predictive of later outcomes. Field testing of the GSED will take place by February 2020.

➢ It is important to assess the relevance and acceptability of indicators. For example, although antibiotic treatment of pneumonia could be used as an indicator of pneumonia in children, antibiotic treatment itself might not be the optimal intervention (Melinda Munos). Taking the child to an appropriate healthcare provider or determining if the child has rapid or difficult breathing might be better indicators because they do not

depend on the assumption that administering antibiotics is the only way to identify a child with pneumonia.

➢ Rationalizing and updating indicators on the basis of new evidence is essential to ensure that indicators reflect current healthcare, e.g. monitoring the treatment of diarrhoea via the usage of oral rehydration solution (ORS) plus zinc rather than by the use of home fluids (Melinda Munos). Traffic accidents are becoming an important cause of death in young people as urbanisation increases on a global scale. However, there are limited data sources to track this indicator. The WHO is taking steps to gather data in the area of road safety (Kate Strong on behalf of Nhan Tran).

➢ A number of initiatives are underway to re-envision child health and development in view of broader demographic, economic and political changes. Concern has been growing about the splintering of the child health and well-being community, and the need to bring the community together to determine how organisations working in this arena can ensure that children are able to survive, thrive and transform themselves and the world.

➢ Table 1 provides an overview of organisations working on child health indicators that were represented at the meeting.

Table 1: Overview of organisations working on child health indicators

Organisation	National or international projects? Location	Objective	Indicators of interest	Identified gaps in key indicators & research aims	Funding/ Secretar-iat	Web site	Presenter
Child Health Task Force	Global platform (countries NGOs, implementers, & donors) Washington, USA	To strengthen equitable and comprehensive child health programs – focused on children (0-18 yr.) in line with Global Strategy (2016-2030) at primary health care level, including community health systems	Indicators related to child health (including monitoring & evaluation [M&E] of relevant programs)	Contribute to better measurement methods for child health Finalize Integrated Community Case Management (iCCM) indicator guidance	Funding: USAID Sec: Maternal & Child Survival Program (MCSP)	www.childhealthtaskforce.org	Miquel Paqué (on behalf of Wilson Were)
Civil Registration and Vital Statistics (CRVS)	International & national WHO, Geneva, Switzerland	To ensure that every birth & death should be registered & counted in a consistent and accurate manner	Numbers of births Numbers of deaths Causes of death	To prevent double counting of deaths; to ensure that every birth & death is registered; to achieve a consistent number of deaths in one database To establish global standards for mortality data that can be used in high, medium & low resource settings	WHO	www.who.int/healthinfo/civil_registration/en/	Doris Ma Fat

Organisation	National or international projects? Location	Objective	Indicators of interest	Identified gaps in key indicators & research aims	Funding/ Secretar- iat	Web site	Presenter
DataDENT (Data for Decisions to Expand Nutrition Transformation)	National & program specific surveys (5 countries, 2 regions) USA	To transform availability & use of nutrition data by addressing gaps in nutrition measurement & advocating for stronger nutrition data systems	Standard nutrition indicators	Addresses gaps in nutrition measurement & coverage (e.g. growth assessment) Indicators to assess impact of advocacy efforts needed	Funding: Bill & Melinda Gates Found- ation Sec: Institute for Internat- ional Programs	www.datadent.org	Rebecca Heidkamp
Demographic and Health Surveys (DHS)	International & national representative surveys USA	To gather data on a range of monitoring & impact evaluation indicators in population, health, & nutrition	Population, health, & nutrition	DHS surveys are reviewed every 5 years (DHS-8 is under development), with refinements on an as needed basis; new indicators added or deleted as appropriate	USAID	www.dhsprogram.c om	Gulnara Semenov
Demographic and Health Surveys (DHS) Newborn Sub group	International & national representative surveys USA	To develop timely, robust recommendations to update the newborn-related content of DHS-8	Focus on newborn indicators	Review of evidence to amend DHS-8 questions	Not stated	N/A	Melinda Munos & Jennifer Requejo

Organisation	National or international projects? Location	Objective	Indicators of interest	Identified gaps in key indicators & research aims	Funding/ Secretar-iat	Web site	Presenter
Diarrhoea Innovations/ Diarrhea and Pneumonia Working Group	International (40 partners: NGOs, donors, private sector) UNICEF, Geneva, Switzerland, CHAI USA	To accelerate access to oral rehydration solution (ORS) & zinc treatment for diarrhoea in 10 high burden countries	Nine indicators related to diarrhoea should be tracked nationally to facilitate ORS & zinc treatment scale up	Recommends amendments to existing indicators related to treatment (e.g. availability & usage of co-packaged ORS & zinc to improve adherence)	UNICEF & CHAI		Felix Lam
Every Breath Counts (EBC)/ Diarrhea and Pneumonia Working Group	Coalition of 36 international public & private national & international organizations Geneva, Switzerland	To reduce child pneumonia deaths to SDG objective (3 child pneumonia deaths/1,000 live births)	Care seeking behaviour Appropriate treatment for pneumonia	Pneumonia is the number one cause of death in children aged <5 yrs. but data are lacking Validated diagnostic & treatment indicators needed Consistent terminology for pneumonia in registers & summary forms proposed	Reports to United Nations & World Bank	http://everybreath counts.info/	Felix Lam
Global Malaria Programme, WHO	International & national WHO, Geneva, Switzerland	To determine the global & national burden of malaria (morbidity & mortality)	Unadjusted national routine data (23 non-African elimination countries) Adjusted national routine data (49 low transmission countries in southern Africa & outside Africa) Parasite prevalence to case incidence model	Aim to better define metrics; improve models; assess biases in routine data; improve methods to estimate mortality, healthcare seeking behaviour, etc., especially for children	WHO	https://www.who.i nt/malaria/en/	John Aponte

Organisation	National or international projects? Location	Objective	Indicators of interest	Identified gaps in key indicators & research aims	Funding/ Secretar-iat	Web site	Presenter
Global Vaccine Action Plan (GVAP), WHO & global partners	International & national WHO, Geneva, Switzerland	To determine global & national coverage of immunization of children against vaccine preventable diseases (SDG 3.b.1 & 3.8.1)	GVAP has identified a range of indicators related to international & national coverage of vaccines, confidence in vaccination & quality of vaccines	Aim to collect better quality data & make it easily available (e.g. home-based records); motivate healthcare workers to collect data; clarify denominators; monitor vaccination beyond infancy Strategic Advisory Working Group will report in April 2019	WHO	http://www.who.int/immunization/global_vaccine_action_plan/en/	Marta Gacic Dobo
Growth Assessment & Surveillance Unit	International, national & regional projects. Joint projects between WHO, UNICEF & World Bank WHO, Geneva, Switzerland	To provide guidance, standards & tools for harmonized country & regional assessment of malnutrition levels	Prevalence in children <5 years of: stunting (height-for-age ≤2 SD); wasting (weight-for-height ≤2 SD); severe wasting: (weight-for-height ≤3 SD); overweight: (weight-for-height ≥2 SD); underweight (weight-for-age ≤2 SD)	Data quality very variable Comparability across surveys & years is limited, making comparisons & monitoring challenging More data from developed countries needed	WHO	http://www.who.int/nutrition/about_us/GRS/en/	Elaine Borghi
Health Emergencies Programme, WHO	International & national WHO, Geneva, Switzerland	To prepare for, prevent, respond to & recover from hazards related to health emergencies (disasters, disease outbreaks & conflicts). Leads & coordinates international health responses to contain disease outbreaks & provide effective relief & recovery to affected people	Relevant key performance indicators (KPIs); focus on primary & core indicators	Aim to refine & validate indicators. Ensure they are practical & can be used in range of humanitarian settings (disease outbreaks, natural disasters, etc.) Use data to learn from each emergency & improve responses to subsequent events	WHO	http://www.who.int/features/qa/health-emergencies-programme/en/	Emanuele Bruni

Organisation	National or international projects? Location	Objective	Indicators of interest	Identified gaps in key indicators & research aims	Funding/ Secretar-iat	Web site	Presenter
HIV in children (UNICEF and global partners)	International & national UNICEF, New York, USA	To collect & analyse relevant data on children living with HIV To strengthen capacity & M&E systems of countries to utilize routine data sources to inform programmes, geographic prioritisation & influence policy	Epidemiological indicators: number of children living with HIV; rates of new HIV infections, AIDS-related deaths & mother to child transmission [MTCT]) Coverage rates for diagnostic tests, prevention of MTCT (PMTCT) interventions & antiretroviral treatment (ART)	Data are missing for survival patterns of children receiving or not receiving ART Most of the data on have very large uncertainty bounds & are not disaggregated by gender or 5 year age groups Duplicate & non-existent client information hinders monitoring cohort outcomes	UNICEF	https://www.unicef usa.org/mission/sur vival/hiv-aids	Chibwe Lwamba
Institute for Health Metrics and Evaluation (IHME) Global Burden of Disease	International & national University of Washington, USA	To collect & analyse mortality & morbidity data for specific populations/ diseases	Range of indicators depending on topic under study	Wide ranging research projects in range of age groups & diseases	IHME	http://www.health data.org	Nick Kassebaum
Maternal and Child Epidemiology Estimation (MCEE) Group	Global, regional & national Johns Hopkins Bloomberg School of Public Health, London School of Hygiene and Tropical Medicine, WHO	To provide timely estimates of causes & determinants of neonatal & child (<5 yrs.) mortality, & improve knowledge about causes of maternal mortality	Neonatal & child deaths Causes of child & maternal mortality	To develop new analytical methods & country specific estimates; account for missing causes of death To analyse causes of death for 5-19 yr.		https://www.jhsph. edu/research/cente rs-and-institutes/institute-for-international-programs/current-projects/maternal-child-epidemiology-estimation/matern al-newborn-and-child-cause-of-death/index.html	Li Liu

Organisation	National or international projects? Location	Objective	Indicators of interest	Identified gaps in key indicators & research aims	Funding/ Secretar-iat	Web site	Presenter
MoNITOR	International WHO/ UNICEF, Geneva, Switzerland	To advise WHO on measurement, metrics & monitoring of maternal & newborn health	140 maternal & newborn indicators mapped: 55 related to inputs & processes; 30 to outputs; 37 to outcomes; 18 to impact. 25% of indicators considered 'aspirational'	To map & harmonize maternal & newborn health indicators. To address gaps in maternal & neonatal indicators. Strengthen country capacity to collect relevant data. Validate indicators in broader range of countries	WHO, UNICEF	https://www.who.int/maternal_child_adolescent/epidemiology/monitor/en/	Ann-Beth Moller & MoNITOR members
Paediatric Quality of care (QoC) Framework & Standards	Global & national WHO, Geneva, Switzerland	To prioritize measures & develop 2-3 indicators for each of the health system paediatric QoC statements. To assess feasibility of these indicators in selected countries	To develop a core set of indicators for national/global tracking & monitoring of paediatric QoC standards (n=140) plus common indicators (~10-15) to monitor & compare QoC on global scale	No gold standards for QoC indicators exist. Review & build consensus on systematic methodology to develop and validate QoC indicators that can be used in wide range of settings	WHO	http://www.who.int/maternal_child_adolescent/documents/quality-standards-child-adolescent/en/	Moise Muzigaba on behalf of Marzia Lazzerini
Partnership for Maternal, Newborn & Child Health (PMNCH)	Alliance of >1,000 organisations in 192 countries WHO, Geneva, Switzerland	To complement the work & accountability processes of its individual members. To synthesize GS' objectives & targets; & assess progress on commitments, implementation & accountability	Focus on sexual, reproductive, maternal, newborn, child & adolescent health in terms of results, resources & rights	Advocates for evidence-based norms & standards	Sec: WHO	https://www.who.int/pmnch/en/	Miriam Lewis Sabin

Organisation	National or international projects? Location	Objective	Indicators of interest	Identified gaps in key indicators & research aims	Funding/ Secretar-iat	Web site	Presenter
Technical Expert Advisory Group on Nutrition Monitoring (TEAM)	International Geneva, Switzerland	To develop a well-defined monitoring framework to assess progress towards achieving Global Nutrition Targets by 2025	Inputs (e.g. policies, legislative frameworks, human resources), outputs & outcomes (e.g. program implementation) & impacts (e.g. nutritional status)	Advice provided on definition & operationalisation of new indicators e.g. diet quality	WHO, UNICEF	www.who.int/nutrition/team	Kuntal Saha
The Lancet Series on Child and Adolescent Health (0-19 series)	Global & regional UK	To publish the latest research in child & adolescent health & well-being	Mortality rates from stillbirths to 19 yrs. Numbers & causes of premature mortality by age bands Low birth weight & small for gestational age patterns. Faltering growth (birth to 5 yrs.) BMI & statue (5-19 yrs.)	N/A	Gates Found-ation	www.journals.elsevier.com/the-lancet-child-and-adolescent-health/ www.who.int/maternal_child_adolescent/documents/early-child-development-lancet-series/en/	Li Liu
UN Inter-agency Group for Child Mortality Estimation (UN IGME) Collaboration between UNICEF, WHO, World Bank & United Nations	Global United Nations, Geneva, Switzerland	To produce consistent estimates of child mortality worldwide for reporting on progress on child survival at global level	Under 5 mortality rate (U5MR), infant mortality rate (IMR), neonatal mortality rate (NMR) & gender-specific U5MR, IMR & mortality among children aged 5-14 yrs. U5MR by wealth quintile	Improve methods for child mortality estimation, including data quality assessment methods, curve fitting methods, etc. Build & enhance capacity of countries to produce timely estimates of child mortality Planned research by Technical Advisory Group: child mortality >15 yr., stillbirth estimates, disparities in child mortality, & subnational estimates of child mortality	UNICEF, WHO, World Bank & United Nations	http://childmortality.org	Lucia Hug

Organisation	National or international projects? Location	Objective	Indicators of interest	Identified gaps in key indicators & research aims	Funding/ Secretar-iat	Web site	Presenter
UNICEF	Global & national UNICEF, Geneva, Switzerland	To collect relevant data on child health	Range of indicators evaluated App available on UNICEF web site	Methodological & data collection approaches are being re-evaluated	UNICEF	www.unicef.org	Jennifer Requejo
Violence against children, WHO Department of Reproductive Health and Research	International WHO, Geneva, Switzerland	To improve data collection & strengthen evidence on violence against children (VAC) & violence against women (VAW), especially in relation to SDG 5.2, 5.3, 16.1 & 16.2	% countries that have included health care services to address VAW & VAC in relevant national health policies/ plans % countries that have developed or updated national protocols or guidelines or SOPs on health sector response to VAW & VAC in line with WHO guidelines & international human rights standards % of countries implementing large scale, evidence based prevention of child maltreatment % of countries with population based survey data on VAW & VAC in past 5 years	Many countries lack data or do not collect data on a regular basis (limited capacity & resources) Data not always disaggregated by gender, age bands or type of violence Data on VAC lacking in humanitarian & conflict settings & on types of violence e.g. trafficking, intimate partner violence, sexual violence, psychological aggression Variable interpretation of what constitutes VAC & VAW	WHO	https://www.who.int/mediacentre/factsheets/violence-against-children/en/	Avni Amin
WHO Global Health Estimates (GHE)	Global & national WHO, Geneva, Switzerland	To provide a comprehensive & comparable assessment of mortality & loss of health due to diseases & injuries for all regions of the world	Causes of death in neonates & children in various age bands	Improvements in data analysis methods Comparisons of mortality data across time & regions	WHO	https://www.who.int/healthinfo/global_burden_disease/en/	Colin Mathers

Organisation	National or international projects? Location	Objective	Indicators of interest	Identified gaps in key indicators & research aims	Funding/ Secretar-iat	Web site	Presenter
WHO Global Initiative for Childhood Cancer WHO plus international partners	International & national WHO, Geneva, Switzerland	By 2030, to achieve ≥60% global survival (5 yr.) for childhood cancer & to reduce suffering for all To save one million additional lives (cumulative)	Survival rates Mortality: Incidence ratio (MIR) Treatment completion rates	Major data gaps for many countries Need for disaggregated data by cancer type Identification of indicator for survival probability	WHO	https://www.who.int/cancer/childhood-cancer/en/	André Ilbawi

5 Vision and Terms of Reference (TOR) for CHAT

Kate Strong (WHO) and Jennifer Requejo (UNICEF) presented a very rough draft vision for CHAT (Figure 1). CHAT will provide independent advice to WHO and UNICEF, as well as international and national healthcare organisations. The aim is to reach a consensus in priority areas in the measurement and monitoring of child health and well-being, which can then be used to guide appropriate actions towards achieving global and national targets.

Figure 1: Draft Preliminary Vision for CHAT

CHAT is composed of 13 technical experts, including clinicians, epidemiologists, demographers, statisticians and program implementers. Co-chairs will be appointed by the end of 2018/early 2019: the curriculum vitae of every member of the group will be circulated to all CHAT members; and a transparent selection process will be implemented. Jennifer and Kate will revise the vision and ToRs in response to feedback received from CHAT members. The revised drafts will be circulated early in 2019 for discussion and finalization at the first call of the group in the New Year.

Communication between the group members will be via face to face meetings; email; teleconferences/WebEx, etc. as appropriate.

CHAT will focus on areas where no routine, standard metrics exist; support the use of existing, validated, standard indicators; and work closely with international and national efforts in this area, such as the Health Data Collaborative. The intention is to develop recommendations for norms and standards; for metrics-related research; and for priorities

in capacity building, as well as M&E of uptake of guidance. CHAT will work within an accountability framework so that its work benefits the healthcare of children.

Potential areas of child health that CHAT will focus on include causes of death and disability; early development; health of school aged children; and non-communicable diseases (NCDs). A life cycle and/or intergenerational cycle (as appropriate) perspective will be adopted. Equity will be a major consideration e.g. access to healthcare in humanitarian settings, in urban or rural settings and by gender. A wide range of international and national data sources will be accessed. The optimal methodologies for collecting child healthcare data for specific purposes (i.e. global monitoring, national planning, and the day to day needs of health workers and managers) will be reviewed by the group.

It was suggested that CHAT should develop a theory of change to inform the vision, objectives, and scope of its work. Jennifer Requejo circulated a draft theory of change via the CHAT Dropbox; the proposal will be discussed further.

CHAT members agreed that mapping the child health and well-being measurement sector would be a valuable exercise. It will be necessary to identify which indicators are being tracked; which data sources are being used; and whether under- five (U5) year old children should be monitored differently from over five year old children. Measurement gaps along the survive and thrive dimensions will be identified. Cross cutting themes, such as equity and equality, will be considered by the group. CHAT agreed that work on indicators for the transform dimension should be considered a lower priority than the survive and thrive indicators at present.

One of CHAT's tasks will be to make recommendations about prioritisation of information gaps that have been identified and suggestions about how to address these gaps. CHAT will provide guidance to WHO and UNICEF about developing a process to collate information about country level best practices in order to implement the 'Review and Act' steps of the monitor, review, and act dimensions of accountability.

5.1 Key conclusions

➢ CHAT will provide independent advice to WHO and UNICEF, as well as international and national healthcare organisations, on priority areas in the measurement and monitoring of child health and well-being.

- CHAT is composed of 13 technical experts, including clinicians, epidemiologists, demographers, statisticians and program implementers. Co-chairs will be appointed by the end of 2018.

- CHAT will make recommendations about the prioritisation of information gaps that have been identified and suggestions about how to address these gaps.

6 Survive and Thrive Discussions - Outcomes

Bernadette Daelmans outlined the concept of 'Survive, Thrive and Transform' that has become a guiding principle in child health and which accords with the Global Strategy. The aim is to ensure that children stay alive (survive) and are also able to develop their full potential in a nurturing environment (thrive). As these children grow up, they will be able to contribute to their own communities and the wider world (transform). Jon Simon and Jennifer Requejo discussed the Child Health Redesign Project which is operationalising the 'Survive, Thrive and Transform' concept. The aim is to widen the focus of child healthcare from surviving illnesses to meeting the overall health, social and educational needs of children and adolescents. Ensuring young people are nourished and housed appropriately, as well as protected from preventable diseases, violence and substance/alcohol abuse, are examples of the Thrive framework.

During the meeting, two working group sessions were held: participants divided into two groups. 'Survive' and 'Thrive' in order to discuss key indicators and measurement gaps in these areas.

6.1 Outcomes - Survive group

The Survive group proposed that the purpose of CHAT is to:

➢ Measure and track progress for the priority areas

➢ Improve social environment and related indicators

➢ Improve health sector delivery and related indicators

Priority indicators will have to be selected before data gaps can be identified. Focusing on indicators that are not well studied might be more productive than working in areas, such as nutrition and pneumonia that already receive considerable attention. Liaison with the Child Health Redesign project and other groups will be essential to ensure that CHAT's work contributes towards, and is compatible with, the Redesign project.

Access to a range of data sources will be needed for CHAT to function efficiently. Advocating for the collection of better quality data over the whole age range 0-9 years, e.g. for child mortality, is a priority. Data on 5-9 year old children is generally lacking, while there is a reasonable amount of data on U5 children. Information on the drivers of mortality by age group is necessary, so that intervention strategies to prevent and/or treat these causes can

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be developed. Another option might be to look at risk factors for death e.g. nutrition status, HIV infection, poverty.

The Survive group considered that the needs of children differ considerably throughout the period from 28 days to 9 years. Age ranges that could be used when analysing child health data include U5 vs. 0-27 days, 1 to 11 months, 1-3 yrs., 2-4 yrs., and 5-9 yrs. . It might be efficient to initially consider data from a wide range of age bands. The data from specific age bands could be combined subsequently if there is insufficient data to make meaningful comparisons between different age groups.

Cross cutting issues, such as equity, access to healthcare and quality of care, should be taken into account in all research commissioned by CHAT. Prevention of disease and promotion of good health are important but there will be differences in the needs of U5s and 5-9 year old children.

6.2   Outcomes - Thrive group

The Thrive group reviewed a number of domains, including nutrition; good health; responsive care giving; opportunities for learning; and security and safety (see the Thrive report back, day 2.ppt slides in Dropbox). They acknowledged that U5s and over 5 year old children have different needs in relation to nutrition; good health; opportunities for learning; and security and safety. The requirement for responsive care giving, however, is similar in both age groups. The group noted that there is a considerable overlap between the Survive and Thrive agendas: it might be better to analyse data along a continuum rather than according to the separate agendas, they suggested.

They agreed with the Survive group that data for U5s is more readily available than that for older children; and that equity and quality of care should be prioritised. Information gaps should be identified, and attempts made to fill them with high quality data. Collaboration with other groups, e.g. TEAM for nutrition issues, is essential.

7   Conclusions and next steps

Kate Strong and Jennifer Requejo thanked the members of CHAT and the observers for participating enthusiastically in the first meeting of CHAT.

The expected outcomes of the first CHAT meeting had included:

➢ A list of priority indicators for the next two years for child health.

➢ A work plan for harmonizing priority indicators over the next six months.

CHAT agreed upon a process for developing a workplan with initial deliverables.

Next steps include:

➢ Select the co-chairs in late 2018/early 2019 by a transparent mechanism. Biographies of all CHAT members will be circulated to the whole group by mid-December 2018. Members can self-nominate or nominate another member for the position of co-chair. The co-chairs will be confirmed in a teleconference to be held in January 2019.

➢ Revised TORs will be drafted by early 2019. Accountability will be a key factor in CHAT's work.

➢ The draft goals and objectives for CHAT will be refined and circulated to the group for review.

➢ Having a child development expert in CHAT would be beneficial. Kate Strong will review the members' CVs to see if any of the members who were unable to attend the meeting have the required background. If not, adding a child development expert to the group will be considered.

➢ Sub folders will be set up in Dropbox to facilitate ease of access to CHAT documents.

➢ A work plan for CHAT will be drafted. Input into the 2019 revision of DHS update, the RMCNAH module of HMIs and the Child Health Redesign will be formulated by mid-late December 2018. A consultant will be needed to start mapping child health indicators and information gaps: a Concept Note for this project will be drafted and reviewed by CHAT.

The next meeting of CHAT may be held at a similar time as the meetings of the MoNITOR and the Adolescents Metric Group, probably in June 2019 near Geneva (the next MoNITOR meeting will be in April, 2019 and the GAMA group will be meeting on the 26-27th of June in Geneva). CHAT representatives may attend the other groups' meetings to facilitate

communication and co-operation between the three groups (to be discussed). Details of the mid-2019 meeting will be circulated in early 2019.

8   Appendix

8.1   Agenda

Day 1 Wednesday 28 November 2018		
Time	**Agenda items**	**Presenters/focal persons**
12:00	**Buffet lunch provided**	**Warwick Hotel**
13:00	Arrival and registration of Technical Advisory Group Members	
13:30	CHAT and Advisory Group on Adolescent Health joint session: Coordination across MONITOR, CHAT and the Adolescent Metrics group • Opening remarks • Introductions • Aims and objectives of the three groups • Coordination across the groups	Anshu Banerjee, Theresa Diaz & Lale Say Kate Strong & Jennifer Requejo Regina Guthold & Ann-Beth Moller
14:00	Update from MoNITOR co-Chairs: "Lessons learnt from the MoNITOR group" • Process for developing MoNITOR TOR • Achievements to date	Shams El Arifeen Khalifa Elmusharaf
14:30	Update on DHS indicator revisions • Overview of new 5 year funding for DHS • Process for recommendations/submissions for DHS-8 revision • Future engagement with CHAT and the Adolescent Metrics group	Gulnara Semenov DHS
14:45	Update on the working groups preparing recommendations for the DHS revisions for the newborn; • Progress and plans, including implications for the MICS • discussion of gaps in child & adolescent metrics	Jennifer Requejo & Melinda Munos
15:00	**Break- separation of CHAT and Adolescent Metrics groups into separate rooms**	
15:30	Presentation on Terms of reference for CHAT TAG: what is expected from the Technical Advisory Group	Kate Strong and Jennifer Requejo
15:45	**Setting the scene for child health I** Global accountability and advocacy mechanisms:	Kate and Jennifer to provide a quick overview of 20 min + questions

	• Sustainable Development Goals • WHO core indicators • Every Women, Every Child Global Strategy • Countdown to 2030 • Partnership for Maternal, Newborn and Child Health <u>Efforts to move from "Survive to Thrive"</u> • Nurturing Care Framework • Child Health Redesign Project (0 to 19 years) • Lancet Commission on Child well being • Lancet Series on 0 to 19 years ➢	Miriam Sabin **Moderator: Jennifer Requejo** Bernadette Daelmans Jon Simon & Jennifer Requejo
16:15	**Setting the scene for child health II** <u>Measurements used to monitor global targets</u> • UN-Interagency Group on Mortality Estimation • Maternal and Child Epidemiology Estimation group • GHE • IHME Global Burden of Disease • National measures- CRVS & censuses • Early Childhood Development measures	**Moderator: Kate Strong** Danzhen You (remote) Li Liu (remote) Colin Mathers Nick Kassebaum Doris Ma Fat Tarun Dua (remote) 5 minute presentations to discuss: • Process for preparing the estimates • Significance of the estimates for SDGs and accountability
17:00	Discussion	**Moderators: Kate & Jennifer**
17:30	End	
19:00	**Reception at the Warwick Hotel**	**CHAT and Adolescent Monitoring groups**

Day 2, Thursday 29 November 2018		
Time	**Agenda items**	**Presenters**
9:00	**Overview of on-going work in key areas of child health and development using different types of data sources** • Data fit for purpose • RMNCAH HMIS module • HMIS	**Moderator: Kate Strong** Deborah Jackson Amani Siyam/Kavitha Viswanathan

	- Immunization - Malaria - HIV - Pneumonia & Diarrhoea - Childhood cancer - Violence - Injury ➤ Plus discussion	Michel Paqué Marta Gacic-Dobo John Aponte & Valentina Buj Chibwe Lamba Melinda Munos Andre Ilbarwa Arvi Amin Nhan Tran Presentations to discuss - Data sources - Description of indicators - Limitations and gaps - Future initiatives in these areas of work
10:45	**Break**	
11:00	**Updates from key external groups with a focus on child health, development and well-being (the groups are limited to those with a monitoring/measurement agenda)** ➤ - Every Breath Counts & Diarrhoea innovations group - Child Health Task Force - Nutrition data &TEAM (Nutrition)- - Humanitarian settings - Quality of care ➤ ➤ Plus discussion	Moderator: Jennifer Requejo Felix Lam (CHAI) Wilson Were Elaine Borghi/Jennifer Requejo Kuntal Saha Emanuele Bruni Moise Muzigaba & Marzia Lazzerini (remote) 10-15 minute presentations to discuss: - Aim and objectives of the initiatives - Measurement related activities - Time frame of the initiatives
12:30	**Lunch**	
13:30	Start of group work part 1- Identifying measurement gaps Thematic groups to discuss:	Group work

	• Gaps in different data sources	
	• Quality of care data gaps	
	• Gaps in prevention/promotion and treatment	
	Thematic areas:	
	1. Mortality and morbidity,	
	2. pneumonia/diarrhoea/malaria;	
	3. NCDs	
	4. Injury/violence/immunization/HIV (differences between LMICs and HICs)	
14:00	DataDENT (Nutrition and use of data)	Rebecca Heidkamp (remote)
14:30	Report back on group session 1	Groups
15:30	Break	
16:00	Group work 2: Setting measurement priorities	
17:00	Report back	Groups
17:30	Discussion	
18:00	Close	

Day 3 Friday 30 November 2018		
Time	**Agenda items**	**Presenters**
9:00	Work plan preparation - Governance • Agreement on Terms of Reference • Selection of Chairs -Scope of work for 2019	Technical Advisory Group
10:30	Break	
11:00	Discussion and finalization of work plan	
11:30	Any other business and date of next meeting	
12:00	End of meeting	
12:15	**Buffet Lunch provided**	**Warwick Hotel**

8.2 List of participants

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Presentations

These documents are available in the CHAT Dropbox (https://www.dropbox.com/sh/s4k7rg79sm9wshw/AACtPbaoiRno06UAWnHUrdAfa?dl=0).