Report on the
Fourth Meeting of the
Child Health Accountability Tracking and
Technical Advisory Group (CHAT-TAG)

3-4 June 2020

Virtual Meeting
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Executive Summary

- Jennifer Requejo and Kate Strong welcomed the members of the Child Health Accountability Tracking Technical Advisory Group (CHAT-TAG) to its first virtual meeting, which was held over two days (3-4 June 2020).
- Files that were shared during the meeting can be accessed in the CHAT Dropbox (https://www.dropbox.com/home/CHAT%20June%202020%20virtual%20meeting).
- A summary of information about the impact of COVID-19 on sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services globally was presented. Although available evidence suggests that children are less likely to experience severe complications from COVID-19 infection than adults, COVID-19 has had a disruptive effect on many services that children and their caregivers use. These disruptions are likely to have an adverse impact on the health and well-being of young children. CHAT has been asked to review indicators relevant to children aged 0-9 years that have been included in the SRMNCAH & Nutrition (SRMNCAH&N) toolkit for monitoring service disruptions due to SARS-COV-2.
- A manuscript on the history of global child health initiatives between 1978 and 2020 has been prepared by CHAT. The CHAT group provided feedback on the draft paper. Once the manuscript has been finalised, it will be submitted to the British Medical Journal (BMJ)/BMJ Global Health.
- Bill Weiss (USAID) presented the health facility review process, and discussed how CHAT can assist with developing the content of the USAID-supported health facility survey. The CHAT group will await the final guidance on the facility review process and determine how the group will respond (i.e. either through endorsing recommendations made by other groups, or by making recommendations).
- Bernadette Daelmans (WHO) discussed the development of the Nurturing Care Framework (NCF) and the opportunity for CHAT to participate in the process of identifying suitable indicators for this project. CHAT is keen to work with Dr Daelmans’ group to help determine suitable indicators and identify suitable validation processes.
- A study to explore the feasibility of establishing a core set of sexual, reproductive, maternal, newborn, child, and adolescent health indicators in humanitarian settings has been set up by the WHO. Although the protocol for the study has been finalised, the study is currently on hold due to COVID-19.
- CHAT has been asked to provide input on child related indicators that will be used in the WHO Global Strategy for Women’s, Children’s & Adolescents’ Health indicators Data Portal.
- Jennifer Requejo discussed the progress made on the Global Indicator paper. A zero draft has been circulated to the CHAT members for input and several members have already sent their comments to the Secretariat.
- Moise Muzigaba (WHO MCA) presented an overview of the work on the development of paediatric Quality of Care indicators and discussed CHAT’s possible contribution to the project.
- Anshu Banerjee (Director of MCA, WHO) closed the meeting by thanking all of the CHAT members for their contributions.
❖ The next CHAT teleconference will take place in July 2020. A virtual meeting of CHAT will take place in August 2020 (dates TBD).
Introduction

Jennifer Requejo and Kate Strong welcomed the members of the Child Health Accountability Tracking and Technical Advisory Group (CHAT-TAG) to its first virtual meeting, which was held over two days (3-4 June 2020). The list of participants can be found at the end of this document (Page 16). Files that were shared during the meeting can be accessed in the CHAT Dropbox (https://www.dropbox.com/home/CHAT%20June%202020%20virtual%20meetings!).

The objectives of the meeting were to:

1. Review the latest draft of the global indicator recommendation/mapping paper and finalize the timeline for submission. Intended journal is The Lancet Child and Adolescent Health.
2. Review the latest draft of the child health initiatives paper and finalize the timeline for submission. Intended journal is BMJ/BMJ Global Health.
3. Finalize terms of reference (ToR) for the second phase of the mapping work at the regional/global level.
4. Discuss CHAT scope of work on quality of care.
5. Discuss CHAT scope of work on early childhood development (ECD).
6. Discuss CHAT engagement in COVID19 work.
7. Review options to change co-chairs.

The expected outcomes included:

1. Plan for completion and submission of the global child health indicator paper.
2. Plan for completion and submission of the child health initiatives paper.
3. Agreement on the scope of work of the consultant for the next phase of mapping work.
4. Agreement on scope of work on: ECD, quality of care (including health facility reviews), and COVID19.
COVID-19

Kate Strong presented a summary of information about the impact of COVID-19 on sexual, reproductive, maternal, new-born, child and adolescent health (SRMNCAH) services globally. The presentation included an overview of the current epidemiological situation for COVID-19, as well as a compilation of survey instruments and studies which aim to assess the impact of the pandemic on access and availability of health care services for SRMNCAH and nutrition. Efforts to model the impact of the pandemic on service access were also presented.

Fortunately, the severity of cases of COVID-19 infection in children aged 1 month to 9 years has been very low, and the number of deaths associated with COVID-19 in this age group is very small. However, COVID-19 has had a disruptive effect on many services that children and their caregivers use: this are likely to have an adverse impact on the health and well-being of young children in the short- and long-term.

The impact of COVID-19 on healthcare and socioeconomic factors that affect children is being tracked by UNICEF via monthly surveys of UNICEF regional and country offices. The first survey was sent out in mid-March 2020, and the results have been regularly updated. As the situation has evolved, the survey questions have been revised and data from other sources added. Although there are many data gaps, it is clear that services, such as family planning, immunizations and routine healthcare, have been affected by COVID-19 in many countries. Demand for numerous routine healthcare services has been reduced to varying degrees in various regions/countries. The WHO has published operational guidance on maintaining Essential Health Services during the COVID-19 pandemic (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/maintaining-essential-health-services-and-systems).

The guidance document for the SRMNCAH & Nutrition (SRMNCAH&N) toolkit lists a number of health indicators that are used to monitor the health of young children:

- Number of children presenting to facility with any sign of acute respiratory illness.
- Percentage of confirmed malaria cases treated with artemisinin-based combination therapies.
- Number of children younger than 1 year receiving their third dose of diphtheria–tetanus–pertussis (DPT3) or their first dose of measles vaccine.
- Immunization coverage rate by vaccine for each vaccine in the national schedule.
- Number of children 0-59 months of age admitted to health facility for treatment of severe wasting and bilateral pitting oedema.
- Number of children 0-59 months of age who were screened for severe wasting and bilateral pitting oedema.
- Number of children 0-59 months of age who were discharged/recovered/treated for severe wasting and bilateral pitting oedema.
- Number of children 0–59 months of age who received an age-appropriate dose of vitamin A in each semester.

CHAT has been asked to review these indicators and provide feedback by 10 June 2020. The aim is to review the list in terms of its consistency with the CHAT recommendations for key
indicators that can be used to monitor acute conditions and prevention interventions on a global scale. However, the purpose of the SRMNCAH&N toolkit indicators is to assess service disruptions during the COVID-19 pandemic. The CHAT Secretariat will compile feedback and revert to the group if there are any discrepancies or disagreements.

Numerous surveys are in progress to determine the impact of COVID-19 on healthcare in a range of settings. The aims of the surveys vary from providing input into high level decisions to the allocation of specific resources at the country/regional level. Information overload is a real danger in this situation, and it will be essential to understand how the data are used. Overburdening countries with requests for data may be counterproductive.

The methodology for collecting data during the pandemic was discussed by CHAT. It was acknowledged that remote collection of data, often via regional offices, was challenging and may not completely reflect the local situation. Collecting data in person is not practical in most settings at present. Comparing the results of surveys conducted in 2020 with those from previous years will be problematic because of these methodological differences. The MICS team is discussing this issue and considering ways of making valid comparisons.

The CHAT group agreed that it is essential to include an accountability element in COVID-19 monitoring. It is important to distinguish between normal fluctuations in healthcare demand and supply (e.g. seasonal variations in the risk of malaria), and changes caused by the response to the pandemic. Using precise questions is critical: for example, rather than asking ‘has there been any disruption in service delivery?’, it might be better to quantify the level of disruption e.g. a ‘10% reduction/30% reduction/90% reduction’. Better triangulation between the survey results and routine data should improve the quality of the conclusions that can be drawn from the survey results.

The quality of data is an important issue: in some circumstances, a crude instrument may be sufficient to collect data quickly while accepting the potential weakness of this approach, but, in other situations or phases of the pandemic, the data should be the highest quality possible. Clarifying the limitations of data collection is important, but this can be difficult to achieve without causing distrust in the recommendations made on the basis of the data. Ethical issues in relation to data sharing and privacy need to be addressed. Ensuring that countries benefit from sharing their data with international organisations is key in obtaining high quality data from individual countries.

It is essential that the same indicators are monitored in high (HIC), middle and low income (LMICs) countries to ensure the comparability between datasets from different countries/regions. Monitoring childhood health and wellbeing indicators that are relevant to HICs as well as LMICs will ensure that issues, such as the impact of COVID-19 on nutrition, food security, education, etc., will be tracked in all settings. The health and welfare of children living in HICs, as well as in LMICs, should be monitored continuously during the pandemic, CHAT believes.

Capturing the emerging anecdotal evidence about the pandemic could be useful. Determining the best method of collecting this information and its value is a methodological challenge, however.
Initiatives paper

A manuscript on the history of global child health initiatives between 1978 and 2020 has been prepared by CHAT. The objectives of the publication are:

- To review the global landscape of child health initiatives and the measurement actions that have followed them, in order to learn lessons from the past and translate these into improvements in child survival, development and well-being for the future.
- To set an agenda post 2020 to re-focus child survival agenda on high burden diseases in LMICs and transition in other settings to child development and well-being

Remarkable progress has been made in child survival in children aged <5 years and those aged 5-14 years since 1990: mortality has declined by more than half over this period. Despite this, 21 countries in Sub Saharan Africa will not meet the relevant Sustainable Development Goals (SDGs) by 2030. The COVID-19 pandemic is having indirect effects on child health and well-being because of the resulting service disruptions.

A timeline of the major initiatives to improve child health has been drafted. Amendments to the draft figure and the overall manuscript were discussed by CHAT. It was suggested that an Excel file could be created that listed each initiative. Column headings could include dates (e.g. 1978-1990, 1991-2000, 2001-2010, 2010-2020); the Survive, Thrive, and/or Transform dimensions that the initiative addresses; the age category (0-4, 5-9 years); and any accountability or monitoring activity that corresponds to the major initiative. CHAT considered that it is part of the group’s remit to improve the tracking of global health initiatives and would like the paper to reflect this aim.

Colour coding the various activities may improve the visualisation of the data. It would be interesting to determine any changes that occurred over time e.g. if an initiative was initially targeted at the survival of children aged <5 years but, over time, had evolved to reflect a shift in focus to the continuum of care, integration of health services and ensuring that children live a healthy life. The figure needs to be standardised e.g. the logo for every initiative should be included or none should be used. Keeping the figure as clear as possible, given the considerable amount of information that it contains, was considered a priority.

Although overlaying mortality data onto the timeline could be interesting, it was agreed that this would make the figure very difficult to read. It might be better to discuss changes in childhood mortality in the background section instead. CHAT recognised the need to avoid drawing causal inferences between the timing of initiatives and improvements in child survival. Access to health interventions, e.g. a novel treatment or vaccine, may be uneven across regions or countries and this may mean that survival improvements may not be uniform at a global level. Reversals in improvements can also occur, e.g. if a pandemic or conflict occurs. A discussion of how global initiatives can stimulate an increase in data collection projects and in strengthening Health Management Information Systems (HMIS) was considered to be useful. Highlighting the data gaps to track the health of children aged 5-9 years would be beneficial.

The CHAT group agreed that the paper should look to the future as well as reflecting the past. Suggestions about how to address the data gaps across all three dimensions, and ensure that the Thrive and Transform dimensions are monitored effectively could be included in the discussion section of the paper. As child survival improves globally, it will
become increasingly important to address the Thrive and Transform aspects of child healthcare and well-being, and to promote better integration of child-focused services. The disruptive impact of COVID-19 on the provision of services may reverse some of the gains in child survival: this needs to be included in the paper.

**Proposed timeline to complete the initiatives paper**

CHAT group sends comments and feedback on current draft to Secretariat by **June 10**.

Secretariat revises the draft, including generating the Excel file as suggested and achieving clarity on the criteria for inclusion on the timeline.

Second draft is recirculated to CHAT by **June 17**.

CHAT group reviews the second draft and sends feedback to the Secretariat by **June 24**.

Secretariat finalizes and shares final draft by **July 1** to CHAT group.

CHAT group gives final feedback by **July 8**.

Secretariat submits the manuscript to BMJ/BMJ Global Health
Health facility surveys – Bill Weiss, USAID

Bill Weiss (USAID) presented the health facility review process and discussed how CHAT can assist with developing the content of the USAID health facility survey. USAID wishes to collect information on the quality of care in healthcare facilities. Due to COVID-19-associated disruption, the timing of this project may be subject to change.

Dr Wiess noted that CHAT gave input into the DHS8 revision in 2019 through endorsing the recommendations of other groups. A similar approach could be used for the USAID initiative, but he commented there are not as many international groups that are interested in providing feedback about a health facility assessment survey as there were for the DHS revision. USAID wishes to use validated indicators in the survey as much as possible, and to ensure that the survey adequately captures facility readiness to deliver quality care to children.

CHAT members could volunteer to participate in one of three workstreams:

1. Providing recommendations on the child-related indicators to be used in the survey. The aim is to develop a consensus about the best indicators to use.
2. Provide recommendations on how to measure these indicators and on making the survey more useful for different kinds of analyses, i.e. what types of methods such as triangulation can be utilised or could be used if certain additional data elements were made available in the surveys; how to use the data.
3. Provide recommendations about sampling methods and analytical methods.

The CHAT group will discuss their involvement in the USAID project and revert to Dr Weiss.
Nurturing Care Framework - Bernadette Daelmans, WHO

Bernadette Daelmans (WHO/Department of Maternal, Newborn, Child and Adolescent Health and Aging [MCA]) discussed the development of the Nurturing Care Framework (NCF) and the opportunity for CHAT to participate in the process of identifying suitable indicators for this project. The NCF is an extension of the Survive/Thrive/Transform dimension. It is a road map that outlines why support is crucial from pregnancy through to the age of three years; how nurturing care protects children from the worst aspects of adversity; and what caregivers need in order to provide nurturing care. The components that are needed for nurturing care and the factors that support its provision have been identified (Figure 1).

Figure 1: Components of nurturing care and how it can be supported

In order to implement the NCF, it will be essential to collect relevant data: a draft catalogue of indicators derived from the two global initiatives on indicator harmonisation carried out by MONITOR and CHAT has been created. In March 2020, a second set of indicators that relate to responsive caregiving, early learning, safety and security was compiled. Summary tables of priority indicators were prepared in May 2020 and submitted for review by the NCF M&E working group, MONITOR and CHAT. Dr Daelmans acknowledged that identifying indicators for responsive caregiving is very complex and challenging work. An accompanying document is also being developed to provide guidance on the prioritisation and usage of indicators in the local context, as well as on methodological considerations. The aim is to publish this guidance to support the operationalisation of the NCF.

The timeline for the consultation process with CHAT was requested. Dr Daelmans said that the spreadsheet of indicators would be circulated in mid-June 2020 and feedback as soon as possible would be appreciated. Another piece of the work will focus on M&E, but more work on this aspect will be required. A document on NCF will be written and CHAT input into this manuscript would be appreciated. Jennifer Requejo commented that the NCF will be presented in October 2020. The framework will then be tested in the field.

The CHAT members acknowledged that it is challenging to identify indicators that are relevant to safety, security and responsive caregiving. There is a plenitude of nutrition indicators and so it is difficult to select the most appropriate indicators to use in a specific context. Dr Daelmans agreed that the process is demanding and added that it is essential that the validated indicators are practical for use at the country level. CHAT is keen to work with Dr Daelmans’ group to help determine suitable indicators and identify suitable validation processes.
CHAT work - update

Humanitarian settings – update on indicators

A study to explore the feasibility of establishing a core set of sexual, reproductive, maternal, newborn, child, and adolescent health indicators in humanitarian settings has been set up by the WHO. The study is funded by the UK Department for International Development (DFID). It is a multi-methods, qualitative study that is taking place in refugee camps in seven humanitarian settings: Afghanistan, Albania, Bangladesh, Cameroon, the Democratic Republic of the Congo, Iraq, and Jordan. The study sites reflect diversity in geographic region; socio-cultural characteristics; primary location(s) of displaced persons; and the nature and phase of the crisis.

The data collection will be performed in three phases and the quality of the data will be assessed to determine if it is possible to collect high quality data in these settings. Child health indicators are shown in Figure 2. The under five years mortality rate will only be measured in protracted humanitarian settings.

Figure 2: Child health indicators

<table>
<thead>
<tr>
<th>Core Indicators</th>
<th>Extended Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Status:</strong></td>
<td><strong>Health Status:</strong></td>
</tr>
<tr>
<td>• Under-five deaths in facility per 1000 admissions</td>
<td>• Number of confirmed malaria cases in malaria endemic settings</td>
</tr>
<tr>
<td>• Under-five mortality rate*</td>
<td></td>
</tr>
<tr>
<td>• Children under 5 years who are wasted</td>
<td></td>
</tr>
<tr>
<td><strong>Service Coverage:</strong></td>
<td></td>
</tr>
<tr>
<td>• Care-seeking for symptoms of pneumonia</td>
<td></td>
</tr>
<tr>
<td>• Coverage of diarrhoea treatment</td>
<td></td>
</tr>
<tr>
<td>• Number of children presenting with fever tested for malaria in endemic countries</td>
<td></td>
</tr>
<tr>
<td>• Percentage of confirmed malaria cases treated with ACT</td>
<td></td>
</tr>
<tr>
<td>• DPT 3 (Diptheria, Pertussis, Tetanus) coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Demographics:</strong></td>
<td></td>
</tr>
<tr>
<td>• Civil registration coverage of births (%)</td>
<td></td>
</tr>
</tbody>
</table>

*Intended for protracted settings only

The strengths of this study are that field level perspectives on the feasibility of collecting a core set of SRMNCAH indicators for services and outcomes in humanitarian settings will be collected. Data will be collected in multiple countries and will reflect a wide range of humanitarian settings and contexts. The indicators will cover a comprehensive array of sexual, reproductive, maternal, newborn, child, and adolescent health issues. Limitations of the study include the need for extensive fieldwork, which may be difficult to conduct in the evolving political and security environments, as well as the impact of COVID-19. Stakeholders may be reluctant to disclose sensitive information related to data collection practices.

Although the protocol for the study has been finalised, the study is currently on hold due to COVID-19. It is not yet clear when the study can be restarted. The CHAT group noted that Countdown has worked on child health indicators in humanitarian settings ([https://www.biomedcentral.com/collections/branchconsortium](https://www.biomedcentral.com/collections/branchconsortium)). A publication on the
results should be published soon. The paper will also address the challenges of obtaining data in humanitarian settings.

Input into Global Strategy
CHAT has been asked to provide input on child related indicators that will be used in the WHO Global Strategy for Women’s, Children’s & Adolescents’ Health indicators Data Portal. The relevant documents were circulated to the group by Jennifer Requejo and are available on Dropbox. Sixty indicators have been identified, of which 16 are classed as ‘core indicators’. The aim is to review their relevance and determine whether the sources of the meta data associated with each indicator are optimal or if other sources should be used instead.

Some of the indicators are not specifically disaggregated by age and so more refinement may be needed. CHAT has been asked to provide information about recent advances in collecting data for specific age groups.

Kate Strong was asked how this project correlated with the work already undertaken by the group on global indicators. It was agreed that harmonisation between the two sets of indicators would be beneficial. Jennifer Requejo stressed that CHAT is being asked to review the list of indicators but are not expected to do a full review of each indicator. She suggested that it would clarify the task if a subset of child related indicators and the associated metadata were created. CHAT could then review this information; identify missing data; and suggest a research agenda to fill the data gaps. Kate Strong and Jennifer Requejo will consider the most efficient way of carrying out this work and will revert to CHAT for input.

The eventual aim is to harmonise the Global Strategy and Countdown indicators, but this is a project for the future.

Global Indicator paper
Jennifer Requejo discussed the progress made on the Global Indicator paper (slides and relevant documents are available on Dropbox). The paper will have to be reformatted slightly to match the Lancet guidelines for Health Policy papers. A zero draft has been circulated to the CHAT members for input and several members have already sent their comments to the Secretariat. Visualisations and results tables will be created and sent out for review by CHAT members.

The CHAT members suggested that a section on the limitations and strengths of the methodology be added to the document. The selection of the indicators was undertaken using the Delphi process (consensus amongst a group of experts leading to the final outcome); more details on the methodology would be beneficial, especially any differences in approaches used by the three groups of acute conditions and prevention, health promotion and development, and chronic diseases, injuries, violence and disability. It was agreed that the text on data gaps and research recommendations is key: it might be preferable to include it in the Results section rather than the Discussion section. The choice of certain indicators should be cross checked with expert groups working in specific disease areas, e.g. malaria. However, completion of this process should not delay submission of the paper to the Lancet. CHAT agreed that as long as the consultation process was underway with expert groups, that this would be sufficient. Kate Strong replied that she had shared the group’s work with the Vision Department of the WHO, and that relationships are being built with other relevant WHO departments.
It should be noted that the manuscript describes work in progress and that the process of selecting optimal global indicators for child health and well-being will continue to evolve over time. Addressing the practical implications of using global indicators in the field on a long-term basis should be part of CHAT’s work in the future.

Next phase of mapping work
The group was asked to suggest the focus of the next phase of the indicator mapping work. Answers were provided via a menimeter poll. The group was asked to rank potential next steps in the mapping work (Figure 3). It was agreed that providing global guidance on monitoring child health and well-being at the regional/national level was the first priority. Guidance on how to use effective coverage cascades was the second priority for the group.

Figure 3: Ranking of potential next steps in the mapping work

<table>
<thead>
<tr>
<th>Rank</th>
<th>Step Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Adaptation of global guidance for monitoring child health at the regional/national</td>
</tr>
<tr>
<td>2nd</td>
<td>Guidance on how to use effective coverage cascades</td>
</tr>
<tr>
<td>3rd</td>
<td>Similar mapping of initiatives/measurement at regional level</td>
</tr>
<tr>
<td>4th</td>
<td>Similar mapping of initiatives/measurement at country level</td>
</tr>
</tbody>
</table>

Key areas for the next phase of CHAT’s work included (Figure 4):
1. Quality of care
2. Health facility assessments
3. Nurturing care

CHAT members were in agreement that creating a catalogue of indicators in an online tool (similar to the tool created by MONITOR) was an activity that would have great utility to promoting the work of the group and for harmonizing global indicators.

Figure 4: Results of menimeter poll on the areas that CHAT wishes to work in

Which other areas do you want to work in?
Other suggestions for future work are shown in Figure 5.

*Figure 5: Suggestions for future work*

![Figure 5](image)

*Quality of care*

Moise Muzigaba (WHO MCA) presented an overview of the development of paediatric Quality of Care indicators (presentation is available in Dropbox). The project encountered several challenges at its inception. In April 2020, a contract was signed with URC (University Research Co., Bethesda, USA) to implement the project: the work will be delivered in three phases. Phase 1 will involve identification of draft indicators and associated metadata. A core set of 10-20 indicators for routine monitoring and reporting at the point of care will be created. In addition, a catalogue of ≥120 quality indicators, which can be used to monitor quality improvement in health facilities and higher health administrative levels, will be assembled.

The second phase of the project (August 2020) will comprise an initial review of the draft indicators by CHAT. Technical input and the identification of suitable experts who can review specific quality domains will be provided by CHAT. WHO/UNICEF will develop a strategy to compile and manage the input provided by CHAT and additional experts. During phase three (September-October 2020), the list of indicators will be finalised and disseminated with CHAT’s assistance. A publication on the methodology used is planned: CHAT will have input on the authors of the paper. Further research questions will be identified and discussed with interested parties. The issue of context in relation to the use of quality of care indicators is an area of particular interest. It is hoped that the indicators will be used for routine monitoring at the facility level, as well as subnational, national and global reporting of paediatric quality of care.

CHAT members questioned some aspects of the theoretical underpinning of the project but were generally enthusiastic about being involved. It was suggested that mixed methods might be the appropriate analytical tools. Validation of quality of care indicators was considered to be essential to help facilities strengthen their work. Dr Muzigaba offered to share the concept note and research protocol with CHAT (via Dropbox) in order to obtain feedback on the methodology. The Secretariat will collate the CHAT members’ feedback and share it with Dr Muzigaba.
Feedback from CHAT members

1. The virtual meeting format worked well and saved a considerable amount of travel time.
2. It would be helpful to receive the papers for CHAT meetings at least one week in advance.
3. The menimeter polls were sometimes slow to load, and so responding in a timely manner was not always possible. Kate Strong will investigate alternative methods of holding polls during virtual meetings.
4. It would be useful if the host(s) of Zoom meetings could see the chat box.
Next steps

The next CHAT teleconference will take place in early July 2020. A virtual meeting of CHAT will take place in August 2020 (possible dates: 17, 18 and/or 19). It is hoped that future meetings of CHAT will consist of a mixture of online and face to face meetings.

Governance

The CHAT governance documents and the issue of rotating CHAT members and co-chairs in future years will be addressed in July/August 2020.

Closure of the meeting

Anshu Banerjee (Director of MCA, WHO) closed the meeting and thanked all of the members of CHAT for their contributions. He noted that virtual meetings can deliver more focused results than face to face meetings, but acknowledged that the personal touch is missing from video meetings. He expressed the hope that the forthcoming publications will boost CHAT’s reputation and enhance its profile. A number of workstreams are ongoing or planned in WHO which are complementary to CHAT’s work. One of these is the Strategic and Technical Advisory Group of Experts (STAGE) for maternal, newborn, child, adolescent health, and nutrition. The STAGE reports to WHO’s Director General, making recommendations on areas of work to pursue in MNCAH and nutrition. Dr Banerjee said that the STAGE could be used to promote stronger links between measurement technical advisory groups, such as CHAT, MONITOR, GAMA and TEAM. He added that this will be a standing item of the STAGE group’s agenda. It is hoped that such collaborations will enhance the visibility of recommendations made by the technical groups. The Secretariat agreed that publicising CHAT’s work internationally would be beneficial.

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