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

24th July 2020

Virtual Meeting
Executive Summary

- Jennifer Requejo and Kate Strong welcomed the members of the Child Health Accountability Tracking Technical Advisory Group (CHAT-TAG) to its second virtual meeting, which was held on 24th July 2020.
- An update on the initiatives paper was presented. A few key changes were made to the previous version of the paper, including changing the title to, “Monitoring Child Health outcomes: A brief history of key global initiatives”. The new title reflects the important role that measurement and monitoring plays in global child health initiatives. CHAT has been asked to review the paper and provide input. Once the paper has been finalised, it will be submitted to the BMJ Global Health as an analysis paper.
- Kate Strong discussed the development of the Maternal and Newborn indicator database online tool, which is a portal that will be used to align and coordinate measurement, harmonization and standardization of indicators among MoNITOR, CHAT and GAMA. This resource is expected to go live by the end of 2020.
- Jennifer Requejo discussed the changes made to the previous draft of the Global Indicator paper. The word count was drastically reduced, and The Processes of work section streamlined. A suggestion to consider the initiatives and indicators paper as companion pieces was put forward. Written comments on this draft are due by August 3rd.
- CHAT has two new consultants, Elsie Minja and Prateek Gupta. Elsie will liaise with Moise on the paediatric QoC work which will involve compiling CHAT’s inputs to specific requests, and will play a similar role with Bernadette for the Nurturing Care Framework. Prateek will develop the effective coverage care cascade and will provide guidance to countries on how to construct these cascades for specific child health issues and how to use them to identify where bottlenecks in service delivery are occurring and where resources need to be directed.
- Jennifer Requejo discussed the next phase of mapping at the regional and global level. A consultant for this project has been identified and the ToR would need to be adjusted based on comments provided by CHAT.
- Kate Strong gave a brief overview on the age disaggregation paper that she is working on and spoke about the challenges that she faced with disaggregating data. CHAT has been asked to provide input on the paper.
- Kate Strong presented a quick overview of the COVID-19 brief and asked CHAT members to review it and provide input.
- Kate Strong and Jennifer Requejo closed the meeting by thanking all of the CHAT members for their contributions.
- The next CHAT virtual meeting of CHAT will take place on August 17th 2020.
Introduction
Kate Strong and Jennifer Requejo welcomed the members of the Child Health Accountability Tracking and Technical Advisory Group (CHAT-TAG) to its second virtual meeting, which was held on 24th July 2020. (The list of participants can be found at the end of this document).

The objectives of the meeting were to:

1. Get an update on the child health initiatives paper.
2. Get an update on the indicator database collaboration with MoNITOR.
3. Get an update on the indicators paper.
4. Introduce two new consultants, Elsie (QoC & Nurturing Care) and Prateek (Effective Coverage).
5. Discuss next phase of mapping work at the regional/global level as well as finalize the terms of reference (ToR) for the consultant involved in this work.
6. Brief overview of Age disaggregation paper
7. Overview of the COVID-19 brief

The expected outcomes included:

1. Plan to solicit input on current iteration of the child health initiatives paper.
2. Plan to solicit feedback on the indicator database joint with MoNITOR.
3. Plan to solicit feedback on indicators paper.
4. Consultants and CHAT members know each other.
5. Agreement on the scope of work of the consultant for the next phase of mapping work.
6. Plan to solicit feedback on the Age disaggregation paper
7. Plan to solicit feedback on the COVID-19 brief
1) Update on initiatives paper

Kate Strong discussed the key changes that she had made to the previous iteration of the initiatives paper as well as providing justification for why it will be submitted to the BMJ Global Health as an analysis article. The new title of the paper is now “Monitoring Child Health outcomes: A brief history of key global initiatives”. This title reflects the important role that measurement and monitoring plays in global child health initiatives.

Key discussion points

➢ The CHAT group was enthusiastic about the latest version of the paper as it was more focused on monitoring and measurement.

➢ The BMJ Global Health’s Analysis has an 1800-2000-word limit; this presents a challenge, (given all the concepts that this paper will be trying to convey). It was suggested that blogs could be used to push out some of the key messages that would not make it to the paper. In addition to blogs, writing a companion paper or combining the initiatives and indicators papers into a set, were other ideas put forward to group to mitigate this.

➢ The Standfirst (two sentences at the beginning that explain the argument being made) will need to be truncated by CHAT, as the current one is too long.
  o Kate asked for volunteers from CHAT to help whittle it down to a few sentences.

➢ Suggestions about how to emphasize the importance of monitoring systems such as MICS (which are currently under distress and their longevity in doubt) could be included in the conclusion part of the paper. Stressing that these programs are essential for monitoring and evaluating accountability (especially in LMICs) is becoming increasingly important as they are needed to address the dearth of child healthcare and well-being information coming out of these countries.

➢ Given the disruptive impact of COVID-19 on the provision of child-focused services, there is a stronger need to measure coverage quality and equity at the global, regional and national levels, this point should be reflected in the conclusion part of the paper.

➢ The CHAT group agreed that the matrix was an important part of the paper, but that it needed to be fleshed out some more.

Kate will send out an updated version of the matrix to CHAT

2) Update on indicator database (collaboration with MoNITOR)

Kate Strong discussed the development of the Maternal and Newborn indicator database online tool and pointed out that this system will be used to align and coordinate measurement, harmonization and standardization of indicators among MoNITOR, CHAT and GAMA. OUT2BOUND (which has a long term agreement with the WHO) is the supplier for the development of this tool. OUT2BOUND has reviewed CHAT’s proposal on its role in this project, and will come up with a plan on how the two entities can collaborate on this venture. The platform for this tool is integrated with the WHO system; therefore the WHO will provide support and maintenance. CHAT will be asked to offer suggestions on what the appearance of the final product should look like. This tool is expected to go live by the end of 2020.
Key discussion points

➢ CHAT enthusiastically endorsed this tool and was looking forward to its eventual rollout.
➢ It will be imperative to name all the monitoring groups that will be taking part in this project.
➢ Users need to be made aware that this is a living document and as such, it will continually be reviewed, revised, edited and updated.
➢ The secretariat indicated that it would select indicators that have percolated from the 96 core recommended set, and add these to the tool.
➢ Adding TEAM to the project would be of added value.
➢ When the QoC indicators become available, they will be added.
➢ The user for this resource will be any individual that wants to use a standard set of indicators to monitor programs.
   o Having access to users of this tool will allow the monitoring groups to make a push towards harmonized monitoring, which can be used for comparison across countries and programs over time.
   o It was pointed out that getting feedback from users on this resource would increase engagement as well as stimulate uptake. This suggestion was well received, however it was noted that exercise would come at a cost.
➢ Upon completion, global, country and sub national level based indicators will be available.
➢ Prior to its rollout, it will be promoted on various platforms, including (but not limited to) the MCA data portal and UNICEF’s webpage.
   o It was suggested that CHAT brainstorm further with MoNITOR and GAMA on how to best disseminate this database.
➢ It was suggested that there be a link between indicators and global initiatives; e.g, if one is interested in indicators by SDG, there should be a way to filter that.

3) Update on Global Indicator paper

Jennifer Requejo discussed the changes made to the previous draft of the Global Indicator paper. The word count was drastically reduced from 4,000 to 3,000, with 500 more words left to purge. The Processes of work section was streamlined and further detail about the specific activities that each of the working groups went through to put together their recommendations was added. The results table (showing the final recommendations from the three working groups) will be added to the body of the paper as will the conceptual framework developed by Neil McKerrow. The method section was strengthened by details on how the Delphi process was carried out by experts (in order to achieve a consensus on indicators). The messaging that came out in the discussion and conclusion part of this paper was similar to that in the initiatives paper, bolstering the need to consider these two journal articles as companion pieces. The annex will become particularly important and the
intention is to include the reports from each of the groups. Written comments on this draft to be provided by 3rd August.

**Key discussion points**

- A question was asked about the specifications of the annex size. Jennifer responded that she would find out from the editor, as well as ask if a supplemental annex could be used if the current annex was too large.
- It was suggested that both papers be used to cross-reference each other in the event that they don’t get submitted as a series.
  - Agreed that it was a great idea, however timing of publication might hinder that.

4) **Paediatric QoC and NCF indicator consultant, Elsie Minja**

Elsie Minja discussed her role as a Paediatric QoC and NCF indicator consultant and the other duties that she will be performing for CHAT.

- Working with external partners to coordinate feedback from the TAG on these priority areas of work for 2020;
  - Paediatric quality of care indicators and process for making revisions of health facility surveys
  - Relevant inputs to the Nurturing Care Framework indicators work.
- Attendance and note taking at the CHAT meetings in July and August 2020.
- Help with the submission of two papers to peer review journals (the paper on the global indicators, and the paper on global health initiatives on child health and well-being)

5) **Effective Coverage Consultant, Prateek Gupta**

Prateek Gupta introduced himself and discussed what his role as Effective Coverage Consultant entails.

- Further developing the effective coverage care cascade concept and its application to monitoring progress towards child health and well-being at the national level
- Providing guidance to countries on how to construct these cascades for specific child health issues and how to use them to identify where bottlenecks in service delivery are occurring and where resources need to be directed.

At the August meeting, Prateek will share an outline of the paper he is working on, as well as update meeting participants on the progress he has made with the extraction tools.

**Next phase of mapping at the regional/global level & Finalise ToR of consultant**

Jennifer spoke about the next phase of mapping at the regional and global level by addressing the poignant questions raised by Joanna (copy of email sent by Joanna has been
circulated to CHAT). She also mentioned that a potential consultant had been identified to carry out this work, but the ToR would need to be revised first.

**Key discussion points**

- There are many components to consider when carrying out this mapping exercise.
  - Should countries use the same criteria (when choosing indicators) as the ones used at global level? If not, how do they go about developing these criteria?
  - Would it be possible to pilot this in a few specific countries (one in each region of the world)?
    - This would be challenging, given the current global COVID-19 pandemic.
- All agreed that it would be a great idea to shift the focus of the consultancy to *Essential Health Service Response to COVID-19* with an emphasis on the RCH domain.
  - COVID-19 situation varies from region to region and this should be taken into consideration when choosing countries to pilot this exercise.
  - CHAT needs to be cognizant of the fact that there is a lot of COVID-19 related work going on within countries, and therefore be wary of duplication.
  - Importance of including high-income countries was emphasised.
- The secretariat was asked to clarify on what the link between the 96 indicators and COVID-19 was.
  - UNICEF/WHO put out a guidance document with two diff activities:
    - Development of an essentials services guidance document for COVID-19. This document lists the safety procedures that should be followed when opening up essential health services across the life course for all population groups. It also has an annex that lists indicators (high impact) that show whether or not essential health services are being safely maintained.
    - Development of a toolkit with guidance that delves into the types of indicators and modelling work that needs to be done in order to support countries with planning and support for health services. Use of impact indicators that are consistent will be key to monitor any increase in sickness or death amongst the life course for all population groups due to a reduction in access of coverage as a result of COVID-19.
- Social determinants of health should be considered as a factor in determining the outcome of individuals infected by COVID-19 and its effect on health delivery systems.
- When monitoring country-level initiatives, indicators used should be readily available, easily accessible meaningful and aspirational.
  - A lot of the indicators used in country are not meaningful.
➢ A learning component to the country level roll out of indicators should be considered. Countries can share their experiences and monitoring efforts, lessons learnt etc.
  o Secretariat agreed that this was a great idea and they would think through what this mechanism would look like.

**Next steps**

➢ Kate and Jennifer will revise ToR based on all the suggestions.
➢ Kate and Jennifer will further develop the idea of creating a regional platform for sharing lessons learnt and experiences after indicator rollout (future plan)

6) **Age disaggregation paper**

Kate presented an overview of the age disaggregation paper and provided the rationale behind writing it. The SDG core principle is “leave no one behind”, and disaggregating data by income, sex, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics relevant in national contexts, promotes this. However, disaggregating data by many age groups presents a challenge for many countries and this may affect reporting.

**Controversies encountered:**

➢ Some MCAs argue that there should be a distinction between age one and two, and would like to see data on mortality by one year age cut offs. Assumption would be that one to two year olds are at higher risk of death than three to five year olds.
  o Is there any utility in doing that?
➢ Add Perinatal -22 weeks gestation to seven days
  o The first seven days are the most critical in the life of a newborn. Countries are having hard time separating stillborn deaths from newborn deaths and as a result, the data across regions varies significantly.
➢ Adolescent ages should be designated as 15 to 17 and 18 to 19 because of school transitions and sexual behaviour.
➢ Request to have a 16 to 18 age group for consent purposes.
➢ Suggestion to add young adults to adolescents and call it adolescents and youth

**Key discussion points**

➢ It may be a challenge to sort out age disaggregation that is standard for all questions/reporting related to health. For survival related programs and interventions, using epidemiological data on mortality makes sense to determine best age brackets.
  o This may change over time, so would this mean the age ranges would need to be revisited periodically? That would be complicated for data collection processes and for trend analyses. For clinical purposes and for development related issues, rigid age categories that are tied to survival are not so helpful as there are "normal ranges" in development for children (the milestone concept)
➢ All CHAT members will be authors
➢ This paper will be a viewpoint piece
Next steps

➢ CHAT members to provide input to the paper

7) COVID-19 brief

Kate Strong discussed the purpose of the brief and the opportunity for CHAT to review it and offer input. The brief will be a living document that will be regularly updated with information from surveillance data as well as systematic literature reviews. The search strategy has already been developed and the extraction tools prepared. Work on this paper will start as soon as possible.

A virtual meeting of CHAT will take place on 17th August 2020

Closure of the meeting

Kate Strong and Jennifer Requejo closed the meeting and thanked all of the members of CHAT for their contributions.
List of participants

**Technical Advisory Group Members**

- **Ambrose Agweyu**
  Health Services Unit
  KEMRI-Wellcome Trust Research Programme
  Nairobi, Kenya
  Email: AAgweyu@kemri-wellcome.org

- **Masum Billah**
  Maternal and Child Health Division,
  ICDDR
  Dhaka, Bangladesh
  Email: billah@icddrb.org

- **Cynthia Boschi-Pinto**
  Universidade Federal Fluminense
  Rio de Janeiro, Brazil
  Email: cboschiZ00@gmail.com

- **Sayaka Horiuchi**
  Teikyo University,
  Teikyo, Japan
  Email: sayakahoriuchi@gmail.com

- **Zeina Jamaluddine**
  American University of Beirut
  Lebanon
  Email: j14@aub.edu.lb

- **Marzia Lazzerini**
  Institute for Maternal and Child Health IRCCS
  Burlo Garofolo, Italy
  Email: marzia.lazzerini@burlo.trieste.it

- **Abdoulaye Maiga**
  Institute for International Programs
  Department of International Health
  Johns Hopkins University
  Bloomberg School of Public Health
  615 N Wolfe Street
  Baltimore, MD 21205, USA
  Email: amaiga1@jhu.edu

- **Neil McKerrow**
  Maternal, Child and Women's Health, Dept of
  Health Kwazulu-Natal
  South Africa
  Email: NEIL.McKERROW@kznhealth.gov.za

- **Melinda Munos**
  Institute for International Programs
  Department of International Health
  Johns Hopkins University
  Bloomberg School of Public Health
  615 N Wolfe Street

**Observers**

- **Pavani Ram**
  USAID
  Washington DC USA
  Email: pram@usaid.gov
Secretariat
Jennifer Requejo
UNICEF
Email: jrequejo@unicef.org
Kate Strong
WHO/MCA
Email: strong@who.int

Consultant QoC & Nurturing Care Framework: Elsie Minja
Email: siaminja@gmail.com

Consultant Effective Coverage: Prateek Gupta
Email: prateek.a.gupta@gmail.com