Child Health Accountability Tracking (CHAT)
Technical Advisory Group
All TAG Meeting

June 1st, 2022
8 am EDT (Baltimore), 1 pm BST (UK) 2 pm CEST (Geneva/Trieste), 3 pm EAT (Nairobi), 9 pm JST (Japan)

Meeting Chairs: Jennifer Requejo and Kate Strong


Meeting Minutes:

1. **Introductions:**

   Frances Aboud and Maureen Black, our two new TAG members, were welcomed.

2. **Cross-cutting work across the three workstreams:**

   a. **Online toolkit and indicator reference sheets:**

      Kate demonstrated the CHAT online toolkit, currently under development. It can be viewed here: [https://who-chat.nolimit.software/](https://who-chat.nolimit.software/). The toolkit contains a searchable database of indicators, containing all the indicators in CHAT’s Lancet paper as well as some new ones, such as refractive error. It will also contain Reference Sheets for each indicator.

      The Reference Sheets have been drafted and will be sent out for review all TAG members. The TAG is requested to carefully review the indicators that are relevant to their area of expertise, by the end of June, using Track Changes, emailed to Kate (and Elizabeth) to be integrated into the main version. Kate particularly requests input on references, limitations and interpretation, and measurement guidance, especially for the indicators outside of the Mortality domain.

      **Action:** Elizabeth will share draft reference sheets with TAG, along with deadline for review.

   b. **CHAT website updates:**

      the website will be updated and is available here: [https://www.who.int/groups/child-health-accountability-tracking-technical-advisory-group](https://www.who.int/groups/child-health-accountability-tracking-technical-advisory-group). TAG members who are comfortable sharing current headshots of themselves along with pictures of themselves as children are invited to send them to Elizabeth.

   c. **Quality of care and effective coverage:**

      i. **WHO Quality of Care Reference Group:** CHAT TAG members Sayaka, Melinda, Marzia and Ambrose are part of this WHO reference group: Marzia shared an update: The protocol is under development. It is ambitious and fairly complex, particularly the country-level work. What countries, as well as details, and
funding sources, still unclear. Many countries are interested in implementing standards for pediatric quality of care, building on their work on maternal and newborn quality of care. Once the indicators are published the country-level strategies may move forward more quickly. One challenge is the fact that some pediatric care is provided at the community level. It is in the second round of revision. The last meeting was held on April 5, when revised terms of reference were shared. The group is still getting organized and hopes to link with CHAT, GAMA and MoNITOR. Currently providing feedback on a work planning template. Kate will request within WHO what can be shared to the CHAT TAG (ELW will put on the SharePoint when available).

(Notes from Melinda: @Elizabeth: I am copying here for you from the ToR: The main purpose of the Life Course Quality of Care Metrics Technical Working Group for Maternal Newborn Child and Adolescent Health and Ageing (herein after referred to as the LCQM - TWG) is to develop and promote the use of a harmonized methodology, framework, guidance, and tools for quality of care measurement across the life course, and to support global and national quality of care measurement efforts for Maternal, Newborn, Child, and Adolescent Health, and Ageing.)

ii. Pediatric quality of care indicator paper was submitted to BMC Pediatric – minor revisions were requested, and the paper will be resubmitted shortly.

iii. The effective coverage paper was published: this is a cross-cutting issue but currently more embedded in certain working groups. One of the new innovations in the effective coverage of care area of work that has links to the older child is from the WHO Disabilities team which has published a paper “Keeping an eye on eye Care” in Lancet Global Health by Stuart Keel et al. (The paper is saved in the CHAT SharePoint Papers folder.) Stuart presented the Chronic Conditions working group. This is a nice link between refractive error and effective coverage and could be an entry point to more linkages. The refractive error indicator could be included in our CHAT toolkit and has been validated by the prevention of blindness global community. There is currently not much data on refractive error in the 5-9 age group, so including the indicator in the toolkit may generate more data and interest in this issue. This is a good example of the role CHAT can play in advocating for and recommending indicators.

Note, this indicator is not originally in our core group of indicators that were included in our Lancet paper. We have our core set of indicators and need to determine a process by which we add new indicators. This is especially relevant for the health promotion working group as new indicators are needed and will be coming up. This is a bigger discussion that should probably take place in our face-to-face meeting in the fall. Joanna: is it possible to have a proposal for how to take on new indicators before our face-to-face meeting? This would enable the group to make a decision more quickly in the upcoming meeting.
Action: KS and JR to develop a draft process for CHAT to take on new indicators. This will be shared well before the in-person meeting.

d. GAMA meeting: report back from the co-chairs (Massum and Melinda): Melinda attended part of the GAMA meeting and identified two presentations from the GAMA meeting that would be of interest to CHAT: 1. evaluation of joint program on mental health for children and adolescents and 2. child health and wellbeing dashboard. (Other presentations were on menstrual hygiene and reproductive and sexual health.) CHAT would like to have more information on the child mental work. Action: Kate will check in with colleagues at WHO about the mental health work for children.

e. The Children in All Policies dashboard on child health and wellbeing was presented at the three small group meetings. Feedback was much appreciated; WHO and UNICEF has shared with the design partner. More about the CAP2030 work including a recording of the launch event can be found here: https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/child-health-and-well-being-dashboard

f. MoNITOR: Upcoming June meetings and webinar on IHMH today. Action: Secretariat will keep the TAG updated and provide outputs from the upcoming meeting.

Upcoming request for CHAT review: WHO and UNICEF have produced the RMNCAH indicator guidance for health facilities modules (part of the WHO SCORer programme). It is now time to update the guidance module and include our lessons learnt from our indicator work and discussions. Your feedback is needed and the document will be distributed for inputs in July 2022. The child section is needs improvement Action: Secretariat will share the draft module with the TAG when it is available and provide a deadline for comments.

3. Cross-cutting papers:
   a. Improving the uptake of the CHAT core indicators – taking the recommendations to the next step.

   b. Harmonizing and streamlining dashboards paper: this idea came up when the new CAP2030 dashboard was shared with the WGs. There are many dashboards and other data sources. Jennifer is proposing that UNICEF could create a “soda fountain menu” of dashboards and data sources that would be one place to find them – a health dashboard portal. Jennifer showed a screenshot of this idea. Comments and discussion: that this could be helpful as it is currently challenging to locate this material on the web. How do we select which dashboards should be placed on this dashboard of dashboards? Basic criteria needs to be defined – should this be restricted to large global initiatives? How do we note the maintenance plans, which are essential to make sure the dashboards are up to date? Some dashboards are country specific. It might be helpful to have some text to provide some basic information on what they are for, who maintains them, etc. Also concerned about data quality –
inclusion in the dashboard of dashboards should not constitute an endorsement or contribute to the sharing of poor quality or outdated data. Perhaps we can start by pulling together just the global level dashboards and describe that there are other dashboards that are more focused at the national and sub-national level. Curation and explanation are important. (Note: PMNCH is developing a digital accountability compendium.) We should be careful not to encourage dashboard making – this may be an opportunity to discuss best practices and make suggestions and recommendations to the community that develops so many dashboards. CHAT would recommend that there should be some disclaimers about the source of the data and the methodology by which the estimates are made. Otherwise, the estimates can be different across different dashboards, which creates confusion and tensions within countries. The estimates of maternal and child mortality data are very much discussed with countries. The childmortality.org (UN-IGME) site allows countries to see the surveys that were used to generate the data. A paper can highlight these challenges and why we do what we do to track accountability, change and improvements. Perhaps annexes to explain the data sources and other good practices should be included.

Action: The paper is being developed and a draft will be shared with the TAG as soon as it is ready.

c. Paper on promotion of standardized indicators (Kate is working on) We already have a paper that describes how we selected the indicators (published in the Lancet). But how these indicators are used going forward is sometimes lost and if the existing indicators are unknown this can lead to groups developing new indicators on their own rather than using the ones already developed and tested. The key question is about behavior change – how do we change the behavior of researchers? Maybe a commentary or something non-academic. The message is “don’t create another indicator, use the ones we already have.” How do we communicate about this to the less academic world? Blog posts (CHAT Blog), other? This seems like a natural continuation of the previous paper – is this an opinion piece or should it include best practices, case studies, or “how to.” What is the best channel – is an academic publication the best way to reach non-academic audiences? The tension point in the indicator world – everyone advocates for their specific indicators as a way to get the community to pay attention to specific topics. Over the past 20 years, the goals have evolved, and drive the indicators to match the goals.

Action: Kate to finish

4. Workstream updates
   a. Acute and prevention –
      i. Measurement roadmaps for pneumonia, diarrhea, malaria: Emma has been developing a roadmap specifically on pneumonia and has created an inventory on all available indicators. These are gathered in a spreadsheet. She presented her slides highlighting a lack of harmonization and measurement challenges. (Link to her slides). This is part of a larger effort to design a framework for measurement in child health overall, starting with pneumonia, and is based on the IMCI framework. Includes consultations with pneumonia experts. The goal
of this roadmap is specifically on an overarching framework to allow for a more consistent approach. Working group members provided on the framework, which is somewhat outdated in terms of how the health workers and community are separated, to better reflect the current pillars of the Primary Health Care model. Health workers are now under the category of health systems, which is separate from family and community practices. The metadata is available in excel file in the SharePoint.

The group agreed to identify at least one indicator at each step along the care pathway: care seeking, case management, and referral pathways. All of these are set within the community context. The measurement roadmap should be comprehensive and create a framework for other diseases. If you have indicators that address steps along the care pathway it can help identify area that are weak and in need of more focus.

A comment was made regarding enabling environment: the IMCI evaluation impact model had some demand side indicators also in the enabling environment. But in this revised framework all enabling environment indicators/topics are coming from supply side-health systems building block. Emma noted they were trying to add some enabling environment aspects as necessary to a functional care pathway. but will go back and look at the IMCI impact model.

Action: Word document and excel file are available on the SharePoint. TAG members are invited to review and send feedback to Emma by June 8th. The next Acute and Prevention meeting will be held on June 9th. Also it is important to note how to interpret the different indicators and create a guidance document on “how to use” the indicators. (This also relates to the Reference Sheets for the core indicators in the toolkit, above.)

b. Health promotion and child development
   i. New members: both France and Maureen will be joining this working group.
   ii. Work on Nurturing Care Framework Domains: clarification about how this will be addressed within the working group. Nurturing Care Framework areas that need indicator clarity are early learning, responsive care giving and safety and security. The working group will receive an update on work WHO is doing in this area (Tarun Dua and Bernadette Daelmans) as well as UNICEF with its work on the ECDi2030 (Claudia Cappa).
   iii. Link with TEAMS (nutrition TAG): Zeina has been invited to represent CHAT on the TEAMS group. She will be joining in the future.
   iv. There was a good discussion between the Health promotion and Chronic conditions workstreams on where violence fits. After consultation with both groups the topic of violence was moved to the Health Promotion group as part of the nurturing care framework. The word “violence” was dropped from the Chronic Conditions WG name.

c. Chronic conditions, injuries, disability
   i. Refractory conditions as potential new indicator – discussed earlier, see above.
   ii. Support to UNICEF on child NCD profiles: Jennifer shared an update: both UNICEF and WHO have been expanding beyond child survival to look more at
chronic conditions, injury and disability. UNICEF will be hiring a consultant to work on this and will be mapping available dashboards that already track these issues. UNICEF already has profiles on some of the NCDs (YLDs, cause of death, etc). Slides are available on the SharePoint site: Jennifer will share a mock-up of the new dashboard when it is available.

5. **Meetings:** each WG has a monthly meeting. Full TAG meetings will be planned quarterly. Kate proposed a face-to-face meeting in the Geneva area in October/November. She recommended a location in France (Foundation Mérieux, Veyrier du Lac, France). Feel free to send suggestions and comments to Kate.

   *Action:* ELW will send doodle poll out ASAP for October and November, for a two day meeting.

   *Action:* Investigate visa requirements as the location is in France, but participants will fly into Switzerland.

6. **Additional Business:**
   
a. Child Survival Action Plan: round table dialogue was held at World Health Assembly, trying to draw attention to the countries where child survival is not on track. Co-hosted by Sierra Leone and Tanzania.

   b. Recent outbreaks:
      
i. Severe acute hepatitis of unknown origin. Primarily in Europe and Northern America. Nine deaths to date, WHO is working on this. Unclear what kind of virus this is and what is going on – related to adenovirus? WHO Disease Outbreak News (DON) [here](#).

      ii. Monkeypox: a serious issue for young children. Cases are not associated with West Africa. WHO Disease Outbreak News (DON) [here](#).