Technical Advisory Meeting of the Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) Group

Executive Meeting Summary

Virtual Meeting

11 – 13 May 2021
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Acknowledgements

This meeting was jointly organized by the World Health Organization (WHO) Departments of Maternal, Newborn, Child and Adolescent Health (MCA) and Sexual and Reproductive Health and Research (SRH).

We gratefully acknowledge the administrative support given to the meeting by Desire Habonimana and Merve Pillonel. A special thanks to Desire Habonimana for writing the meeting report. We also extend sincere gratitude to all meeting participants—MoNITOR Advisory Group Experts, H6 Steering Committee, and external observers—for their valuable contributions to this meeting.

Agbessi Amouzou, Katherine Semrau, and Gulnoza Usmanova for accepting to co-chair MoNITOR 2.0 and for their involvement and contributions to the meeting.

Finally, we would like to gratefully acknowledge the continuous financial support received from the Bill & Melinda Gates Foundation towards this meeting and the continuous work of MoNITOR 2.0.
Executive Summary

The Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) Advisory Group on maternal and newborn measurement, metrics and monitoring held its eighth meeting on 11 – 13 May 2021. The meeting was virtual due the COVID-19 pandemic. The first two days of the meeting were open to observers and the third day was closed for internal discussions among MoNITOR Advisory Group (AG) and H6 Steering Committee. The meeting used a Teams folder for documents sharing and all participants were given access to it. This executive summary outlines key discussion points and action items.

Meeting objectives:

The first two days:
1. To review new evidence and metrics work for maternal and newborn health;
2. To plan for pilot testing of MoNITOR On-line Toolkit and sub-group mandate.

The third day:
1. To discuss MoNITOR sub-groups and workplan (only for MoNITOR Advisory Group and H6 Steering Committee).

Discussion points

New evidence and updates on metrics work for maternal and newborn health

The first updates related to the STAGE April 2021 meeting recommendations around strengthening the use of data for decision making and health information systems for MNCAH-N. Recommendations include strengthening routine information systems for MNCAH-N indicators. Next, WHO presented a Midwifery Education Monitoring Framework for Universal Health Coverage. The presentation focused on the vision, goal, and the seven-step action plan for strengthening quality midwifery education. The next update addressed the forthcoming WHO guidelines on postnatal care for women and newborn, which will be launched in late 2021 or early 2022. As part of the guideline, WHO will include recommendations for measurement of PNC as well as a separate monitoring framework.

Feedback on proposed EPMM targets

After these short updates, WHO and UNFPA gave an update on the process for finalizing coverage targets for the Ending Preventable Maternal Mortality (EPMM) initiative for 2020-2025 which are linked with The Every Newborn Action Plan (ENAP) coverage targets 2020-2025 drawing on an inextricable link between maternal and newborn health. The launch of
EPMM targets is planned for September 2021. The process for developing the targets including an online consultation, with two EPMM specific targets around coverage of emergency obstetric care within two hour travel time and coverage of women who make their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care (SDG 5.6.1.) were. The presentation focused on setting the global and national targets for access to emergency obstetric care within two hour travel time, based on data from and sub-national Also, results from nine African countries (Benin, Burundi, Côte d’Ivoire, Chad, Guinea, Madagascar, Senegal, Sudan, and Togo). The proposed targets include at least 80% (global target) and at least 70% (national target) of the population should be able to access the closest functioning health facility within 2-hour travel time by 2025, but discussions are ongoing.

Findings from Improving Maternal Health Measurement Capacity and Use (IMHM) Project Indicator Validation Research

The IMHM research project—conducted in three countries namely Argentina, Ghana, and India—overall outcome was to contribute towards a well-developed, research-validated, and comprehensive monitoring framework for EPMM.

The presentation focused on the research methodology and preliminary findings. Data focused on two main areas which are the legal status of abortion and the authorization of midwives to perform basic emergency obstetric care. Results presented were illustrative, preliminary, and country-blind. For instance, in a given country, secondary data analyses demonstrated more than 80% of respondents support legal abortion to save a woman’s life, to preserve woman’s health, and in particular circumstances such as rape and in case of intellectual or cognitive disability of the woman. Conversely, less than 10% of respondents confirmed that abortion should be legal even on request. Regarding midwives authorization to perform basic EmOC, illustrative data from an unknown country demonstrated poor responses in relation to midwives having necessary skills to perform assisted vagina delivery (2.44%), vacuum extraction (1.19%), forceps (1.19%) and neonatal resuscitation with bag and mask (22.62%). Findings indicated that midwives are well suited for other procedures such as oxytocin provision (92.86%) and other uterotonic drugs (95.12%) as well as maternal antibiotics (73.80%).

Next steps include finishing data collection, data analysis and submission to a special collection in the PLoS journals.

Pilot testing of the MoNITOR Toolkit

The protocol to pilot test the MoNITOR Toolkit was presented for discussion and feedback. The protocol had received written feedback from the MoNITOR AG and external colleagues. The pilot test aims to seek user-feedback by focusing on Toolkit functionality and usability. Objectives of the pilot test include:
1. To expose the Toolkit to different users and learn who potentially will use it most and for which purpose;
2. To seek user feedback on the Toolkit features: ease of use, navigational difficulties, content clarity, layout, etc.;
3. To seek overall user experience and perceived usability of the Toolkit.

The study will be conducted in up to three countries using a four-step approach. The MoNITOR secretariat will collaborate with MoNITOR AG and WHO regional offices to select countries and stakeholders. Next, selected stakeholders will receive a two-day (two hours each day) training on the Toolkit. The training will be followed by a 4 weeks to allow stakeholders to use the Toolkit on their own for day-to-day basis. The third step will be the pilot test which will employ mixed methods approaches using an adapted System Usability Scale tool to collected feedback on Toolkit usability and functionality. The final step is the Toolkit revision based on user-feedback.

MoNITOR subgroups:

With an aim to focus on specific maternal and newborn measurement areas four MoNITOR subgroups have been established:

1. Maternal and neonatal morbidity subgroup, chaired by Jennifer Yourkavitch
2. Quality of care and effective coverage subgroup, chaired by Moise Muzigaba
3. Routine data systems subgroup, chaired by Lara Vaz
4. Skilled health personnel measurement subgroup, chaired by Ann-Beth Moller

Each subgroup Lead presented the subgroup membership, priorities, and the draft workplans. Subgroup priorities are presented in Table 1.

Table 1. Draft priority areas of MoNITOR subgroup (under refinement)

<table>
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<th>Subgroup</th>
<th>Priority areas</th>
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| Maternal and neonatal morbidity subgroup | 1. Anaemia  
2. Post-partum depression (in relation to maternal nutrition and breastfeeding practices)  
3. Infant feeding challenges             |
| Quality of care and effective coverage subgroup | 1. Review and recommend a small and core set of health facility indicators to measure the readiness and quality of care for ANC, childbirth, and PNC  
2. Building equity measurement in MNH QoC measurement (how do we disaggregate data to account for equity, which equity dimensions would be relevant)  
3. Review and make recommendations for measures if MNH quality-adjusted coverage indicators for countries |
| Routine data systems subgroup           | 1. Inputs into MoNITOR Toolkit pilot testing.  
2. En-BIRTH2 toolkit inputs.  
3. Review of and recommendations for WHO RMNCAH HMIS module. |
4. Small and sick newborns: indicator integration into HMIS.
5. Inputs into 4 ENAP indicator reviews.
6. Opportunities to integrate MNH priorities into work led by Health Data Collaborative on RHIS, CHIS

| Skilled health personnel measurement subgroup | 1. Refine measurement based on updated Joint Statement (2018) on skilled health personnel during childbirth
| | 2. Other priorities will be discussed in future subgroup meetings |

**Action items**

Key action items emerged from discussions regarding the MONITOR subgroups and the protocol to pilot test the MoNITOR Toolkit.

**Subgroups**

The subgroups will identify external experts and develop a workplan to produce at least one deliverable by December 2021 based on priority areas. Sub-group leads will meet regularly with MoNITOR co-chairs and MoNITOR Secretariat for coordination.

Subgroups to identify and invite external experts to join the subgroup as considered

**Protocol to pilot test the MoNITOR Toolkit**

Feedback on the protocol regarded country and participants inclusion criteria, needed approvals, the timeline, data collection approaches and tools. All received feedback was well taken and highly appreciated. The protocol will be updated, finalized and submitted for ethnical clearance.

**Next MoNITOR meeting**

The next MoNITOR meeting will be held in early December 2021.