Report of the Inaugural meeting of the Strategic and Technical Advisory Group of Experts (STAGE)

Maternal, Newborn, Child, and Adolescent Health and Nutrition

Virtual Meeting

30 April and 1 May 2020
Acronyms

Coronavirus disease 2019 (COVID-19)
Declaration of Interest (DOI)
Food and Agriculture Organization (FAO)
Global Financing Facility (GFF)
Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
Low and middle-income countries (LMICs).
Maternal, Newborn, Child and Adolescent Health and Ageing (MCA)
Maternal, Newborn, Child, Adolescent Health and Nutrition (MNCAHN)
Non-communicable diseases (NCDs)
Nutrition and Food Safety (NFS)
Primary health care (PHC)
Sexual and Reproductive Health and Research (SRH)
Strategic and Technical Advisory Group of Experts (STAGE)
Sustainable development goals (SDGs)
Terms of Reference (ToR)
United Nations (UN)
Universal health coverage (UHC)
United Nations International Children's Emergency Fund (UNICEF)
United Nations Population Fund (UNFPA)
United Nations World Food Programme (WFP)
World Health Organization (WHO)
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Acknowledgements

This is a report of the virtual inaugural meeting of the Strategic and Technical Advisory Group of Experts (STAGE) on Maternal, Newborn, Child, and Adolescent Health and Nutrition (MNCAHN) organized by the World Health Organization (WHO) Departments of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA), Sexual and Reproductive Health and Research (SRH), and Nutrition and Food Safety (NFS) in collaboration with the United Nations International Children's Emergency Fund (UNICEF) and United Nations Population Fund (UNFPA).

WHO gratefully acknowledges the STAGE members and partner agencies for their contributions during the meeting. WHO also extends their sincere appreciation to Professor Caroline Homer for chairing the meeting. Special thanks to Sandra Pandi for being the rapporteur; Pearl Harlley, Merve Pillonel, and George Davis for administrative support; Dragana Ivanovic for information technology (IT) support for the Zoom meeting; Joanne Vincenten for copy-editing the report, Trans.Lieu Company Ltd who provided graphic design and layout services, and Beena Varghese who prepared the report.

The financial support for the preparation of the meeting was provided by the Bill and Melinda Gates Foundation.
Executive Summary

The inaugural meeting of the Strategic and Technical Advisory Group of Experts (STAGE) on Maternal, Newborn, Child, Adolescent Health and Nutrition (MNCAHN) was held virtually on 30 April and 1 May 2020. With a high level of enthusiasm and thoughtful engagement, the STAGE members formed a community, identified the priority themes for work, and created the operating procedures to undertake that work. As the newest Expert Advisory Committee in the World Health Organization (WHO), STAGE members reiterate their commitment to providing WHO with strategic and technically rigorous, practical, feasible, and independent advice on improving the health of women, children and adolescents.

The discussion focused on how STAGE can best assist WHO make the technical and financial case for the work necessary to attain the sustainable development goals (SDGs) through a substantial revitalization of the primary health care (PHC) agenda as a core input to attaining universal health coverage (UHC). STAGE recognizes the urgency given that there are only 10 years for countries to meet the SDGs, yet the SDG promises are at risk, even of reversals, given the impacts of the Coronavirus disease 2019 (COVID-19) pandemic.

The three priority areas identified by STAGE for the next few meetings, including the next meeting in November 2020 include:

First, the team discussed how the COVID-19 pandemic has highlighted the fragility of many health systems, particularly in meeting the needs of the most vulnerable. There is an urgent need to respond vigorously to the impacts of the pandemic, invest and strengthen health systems to provide essential reproductive, maternal, newborn, child, and adolescent health and nutritional services. The next meeting scheduled for November 2020 will focus, in part, on understanding the impact and lessons from the COVID-19 pandemic to envision a more resilient health-care environment that is able to provide high-quality essential services to avoid millions of preventable deaths while responding to new global challenges.

Between now and November 2020, a newly formed working group of STAGE members will develop advice on ways to promote and further develop the ‘resilience’ of MNCAHN service systems. It will address the direct and indirect effects and resource implications of COVID-19 and extend to other shocks that individual countries and the global system might encounter in the future: political, economic, environmental, pandemic, conflict, and humanitarian crises. This group will consult with partners and other United Nations (UN) agencies to add value rather than duplicate effort.

Secondly, STAGE members identified a need for innovative knowledge translation to ensure that evidence and guidelines generated by WHO can be more effectively translated into practice at country and regional levels, identifying know-do gaps, and working with local partners to test and implement novel strategies that close those gaps. STAGE recognize that WHO plays an extremely important leadership role in evidence generation and appraisal and the creation of normative guidance. There should be a parallel focus on shared learning with countries.
and professional associations to ensure that the evidence produced is what is needed and learn with them how to promote translation transformation under different conditions. The second working group will address these issues and will provide advice at our meeting in November 2020.

Thirdly, STAGE plans to establish a working group to examine the current gaps in knowledge on how to address MNCAHN health and well-being outcomes as a key component of strengthening PHC on the road to UHC. This group will make recommendations on ways to strengthen the health system including how to have an appropriately sized, skilled and distributed MNCAHN workforce to be able to provide quality health services across the life-course. This will be a standing working group that will review progress at every meeting.

STAGE members recognize that effective implementation of technically sound, multisectoral, and integrated programmes is essential and will require substantial additional resources. STAGE was united in their opinion that expecting the current system to continue to do more, amidst the additional stress generated by the pandemic, is unrealistic. STAGE members hope that the work and advice of STAGE will assist WHO in its efforts to increase the global health resources available to meet these challenges and advance, rather than loose hard-won gains.

STAGE members look forward to working together with WHO and partners.
Introduction

In response to the call for strengthened and better coordinated global leadership and in line with the WHO transformation, the Director-General established the Strategic and Technical Advisory Group of Experts (STAGE) for Maternal, Newborn, Child and Adolescent Health and Nutrition (MNCAHN) in March 2020. The core function of STAGE is to provide strategic and technical advice to WHO and to inform the primary health care and universal health coverage agenda for MNCAHN, with a focus on maximizing country impact through coordinated global and country leadership.

STAGE will provide strategic advice on the prioritization of guidelines, identification of the appropriate set of intervention packages, health system requirements and delivery mechanisms guided by scientific considerations of population-based efficacy, equity, risk–benefit and cost–effectiveness analyses. In addition, STAGE will consider the feasibility and acceptability of recommendations for countries, taking into account the ethical and political considerations. STAGE members will be principally supported by three departments of WHO including: Maternal, Newborn, Child and Adolescent Health and Ageing (MCA), Sexual Reproductive Health (SRH), and Nutrition and Food Safety (NFS). Other departments, as appropriate to the topics under consideration, will be encouraged to participate.

STAGE memberships are for an initial period of three years with possible renewals for another three years. Two meetings are planned for every year.

The inaugural meeting of STAGE was planned to be held in Geneva on 30 April and 1 May 2020. However, with the COVID 19 pandemic, the meeting format was changed to a virtual meeting with a shortened duration (agenda and background documents provided in Annex 1). The meeting was attended by over 120 participants including 30 STAGE members (one member was unable to attend); additional observers included staff from multiple United Nations organizations (WHO, UNICEF, UNFPA, World Bank, WFP and the FAO); bilateral development assistance agencies; multilateral partnerships (GFATM and GFF); representatives of professional organizations; nongovernmental organizations; and philanthropic entities. (The list of participants is given in Annex 2.)

This report provides a summary of the presentations, discussions and outcomes of this inaugural meeting.

Meeting objectives and overview

The primary objectives of this meeting were to:

- reach an agreement on the STAGE Terms of Reference (ToR);
- identify priority areas or themes for the next few meetings; and
- identify specific topics for the second meeting later in the year.

To support the achievement of these objectives, the STAGE members were provided with recorded presentations on an overview of work in maternal and newborn health; child and adolescent health; and nutrition. In addition, brief information on other similar technical advisory bodies at WHO from immunization, malaria, sexual reproductive health, and measurement experts’ groups on maternal, newborn, child and adolescent health and nutrition were also provided. Operational procedures for STAGE including the STAGE Handbook were made available online for all members to review prior to the meeting.
STAGE meeting summary

Opening session

Dr Anshu Banerjee, Director, Maternal, Child and Adolescent Health and Ageing (MCA), WHO, welcomed STAGE members and participants and provided a brief outline of the agenda for the two days of the meeting.

Dr. Banerjee stated that the WHO’s Secretariat assessed the interests declared by the experts and found that there were no conflict of interest impeding the attendance of any of the STAGE members participating in this inaugural meeting. STAGE members were reminded of the importance of their completion of the Declaration of Interest (DOI) form in protecting the integrity of WHO’s work; and to inform WHO of any new interests specifically about any involvement they may have with the tobacco and pharmaceutical industries while on the committee.

Dr Zsuzsanna Jakab, Deputy Director-General, WHO, provided the opening remarks on behalf of the Director-General and launched the inaugural meeting of STAGE on 30 April 2020. She welcomed the STAGE members, other UN agencies and key stakeholders that participated in the meeting. She highlighted the impact of COVID-19 on health systems across the world and urged the members to specifically focus on effects of the pandemic on the lives of women and children. Given the expertise and experience of the STAGE members, she said that she, along with the Director-General, looked forward to the guidance and advice provided by STAGE on ensuring the ‘Survive and Thrive’ agenda for women and children is moved forward.

She proposed Professor Caroline Homer, a midwife, researcher and scholar with experience in health systems and the health workforce, as the Chair of STAGE for the next three years.

This was followed by the welcome remarks by Dr Naoko Yamamoto, Assistant Director-General, Universal Health Coverage/Healthier Populations, WHO. She highlighted the role of nutrition as integral for the well-being of all populations and focused on the urgent need to address malnutrition, wasting and stunting among children. She also alluded to the impact of COVID-19 on food security and the need to increase investment in nutrition and asked the STAGE members to focus on better responses to various issues within nutrition of mothers and children across the globe.

Self-introduction of the STAGE members and the terms of reference (ToR)

Each of the 30 STAGE members provided a brief self-introduction highlighting their expertise and interest in maternal, newborn, child, adolescent health and nutrition areas (see list in Annex 2). Dr. Alma Golden sent her apologies, as she was unable to attend the meeting. Detailed biographies of the STAGE members are available at: https://www.who.int/maternal_child_adolescent/stage/_mncahn_current_members_list_bios/en/

The STAGE members did not raise major concerns on the ToR, except for minor modifications in one of the objectives and a proposal to include ‘knowledge translation’ as a separate objective as follows (the modified ToR is provided as Annex 3):
- Revised objective 4: “advising on strategies to improve the effective coverage and quality of implementation of WHO-recommended intervention packages and delivery approaches”; and
- Additional objective 5 on knowledge translation: “advising on innovative mechanisms to enable knowledge translation so that the evidence and guidelines can be more effectively translated into practice at a country and regional level”.

**Overview of MNCAHN and role of STAGE: WHO, UNICEF and UNFPA**

(Session Speakers: Dr Ian Askew, Director, SRH, WHO & Dr Anneka Knutsson, Chief, Sexual and Reproductive Health Branch, UNFPA; Dr Anshu Banerjee, Director, MCA, WHO and Dr Stefan Peterson, Chief of Health, UNICEF; Dr Francesco Branca, Director, Nutrition and Food Safety, WHO & Dr Victor Aguayo, Director, Nutrition, UNICEF)

This session enabled discussion on the overview of MNCAHN issues including brief information on the other advisory committees in WHO related to MNCAHN.

The key areas highlighted in the presentations by WHO, UNICEF and UNFPA teams for discussion included the need for:

- overall framing of the maternal health field, addressing maternal morbidity along with the continued focus on maternal mortality;
- living guidelines approach, so guidelines are more rapidly modified as new information becomes available;
- additional focus on equity of access, quality of care, and accountability;
- better understanding and guidance on how to expand at scale at the national and sub-national levels;
- guidance on how to bring in an integrated multisectoral and multi-stakeholder involvement as we move towards a life-course approach to primary health care (PHC);
- clear guidance on knowledge translation and use of innovative technology in the 21st century;
- guidance on how to accelerate progress in nutrition particularly in the areas that need more attention like breastfeeding; preventing and managing low birth weight; and reduction of anemia; and
- strategic guidance on prioritization of interventions and strategies to overcome implementation bottlenecks at the country level.

The following issues were highlighted by the STAGE members.

- There is need for a significant shift in investment approaches by countries and partners in mobilizing additional domestic and international resources to enable countries to move towards UHC.
- There is a need to identify gaps in current knowledge on how to scale up cost-effective programmes efficiently by understating what is working, what is not working and why.
- The process of knowledge translation should focus on the ‘user’ and not just the ‘provider’ and should include better understanding and utilization of new modes of communication like social media, podcasts, etc. This should be a focus area for STAGE but will also require interaction and inputs from regional teams and country level programme managers.
- The integration of services and the role of private providers are particularly important in order to achieve the UHC goals. The continued challenge of integration of various services at the implementation level needs to be addressed.
- The full impact of COVID-19, although not yet known, requires its indirect impact to be considered, especially in terms of continuity of services in various countries. There is a need for identifying methods and/or interventions to build resilient health systems that can handle such crisis in the future as part of the PHC and UHC agenda.
- STAGE needs to take a broad view of good health and well-being in its discussion. From a focus on mortality and morbidity, it needs to include aspects of healthy living, for example, fitness, cognitive capabilities, education, social and emotional capabilities.
The importance of the health workforce and partnerships with professional associations was highlighted as being critical to have an integrated approach across the life-course.

STAGE also needs to highlight the importance of the ‘Leave No-one Behind’ focus of the 2030 Agenda for Sustainable Development, which would require a very intentional approach at the country level to ensure that everyone is reached. Data collection and analysis need to include those at the intersection of disadvantages, such as poverty, gender, and other important social determinants of health.

This session ended with the understanding that many of the issues highlighted by members will constitute part the STAGE agenda for next few meetings.

Setting the STAGE agenda

Professor Caroline Homer underscored the objective of this session to identify key topics for discussion at the STAGE meetings for the next one year and the STAGE meeting agenda in November 2020. Members reiterated the need to work across interdisciplinary teams and identified three broad areas for the working groups.

1. COVID-19: direct and indirect effects on health systems and service provision

- Given the reoccurring health system shocks, it is imperative for STAGE to advise the Director-General on how to help countries re-organize services and build resilience to withstand health system shocks and/or crises like epidemics, e.g. Ebola, ZIKA, COVID-19 to avoid future service disruptions. The focus should be on strategic guidance for practical multisectoral approaches to preparedness and maintenance of essential services during pandemics or any other crisis, since women and children are the most vulnerable during such pandemics.
- Given the food crisis and poverty as a result of lockdowns and economic slowdown in various countries, STAGE will need to focus on the nutrition of women and children, especially, malnutrition and wasting among children will be a concern post COVID-19.
- Given the prolonged school closures due to COVID-19 and its impact on children’s mental health, nutrition, physical activities, and the increased potential for abuse of children, STAGE will need to consider providing specific recommendations in this area.
- Given the relationship between of non-communicable diseases (NCDs) and COVID-19, it would be important for STAGE to consider integration of NCDs with MNCAHN service delivery as COVID-19 data clearly shows that NCDs account for 70-80% of the attributable mortality.
- COVID-19 response should not only be about disease-prevention, but also people-centered health systems approach with special focus on inequalities, inequities, and social determinants of health.
- COVID-19 may have an impact on funds available for other programmes, including MNCAHN. The level of impact in terms of shifts in donor fund allocation and its potential impact on SDGs needs to be estimated. STAGE would need to consider this in their recommendations.

2. Knowledge translation and implementation issues

- Knowledge translation must take an integrated health systems approach, moving away from vertical programme implementation. Such implementation plans should consider equity, social determinants of health, vulnerable populations, effects of climate change etc.
- Ability to strengthen primary health care and focus on district level implementation in low and middle-income countries (LMICs) is important to understand, particularly in Africa and Asia. Countries need to take ownership of the implementation of protocols at the national level but will require district level guidelines or protocols that explain ‘how to’ implement maternal and child health programmes. STAGE should encourage the use of large professional organizations to both develop and implement nationally relevant protocols in addition to focusing on the need for capacity development in LMICs. The experience of COVID-19 has forced countries to find ways to strengthen their
health systems. It is therefore an opportunity for countries to become self-reliant and build local capacity for the implementation of MNCAHN programmes.

- Programme implementation while using an integrated trans-disciplinary approach must extend to the health workforce where nurses, midwives and community health workers are more involved with adequate training and skill development. It would be important to consider innovations in telehealth and use of mobile technology to improve working capacity and work loads of frontline workers.
- Costs for the implementation of specific interventions and financial sustainability of new programmes are important to consider; as the availability of resources must be considered when STAGE provides their recommendations. Public-private partnerships models in various countries are merely contractual services with the private sector not involved in any risk taking. STAGE could review such models and provide recommendations to improve sustainability of such partnerships through increased risk sharing between public and private enterprises.
- Health services are generally organized without much consideration to the communities who access these services, with minimal accountability. This leads to health inequities and poorer health outcomes. Community-based aspects of health systems may be critical to consider, and this would require new indicators and new targets that are more community-centered.
- STAGE must consider urban and rural needs when providing country or region-specific recommendations. The health challenges for women and children in urban and rural areas are different.
- Global cooperation and coordination are needed to address and promote health equity for women and children. STAGE as a platform should enable and encourage such coordination among global partners.

3. Other general issues

- STAGE to develop as an important action, appropriate guidance for MNCAHN issues, using a life-course approach, through trans-disciplinary work.
- The STAGE members would like further clarity on what WHO expects from STAGE in terms of strategic thinking and technical thinking. It is important to understand how WHO works in countries.
- STAGE will also need to consider developing recommendations for humanitarian emergencies. With COVID-19, countries suffering from humanitarian emergencies prior to the pandemic have been forgotten. Their data and health systems are weak and need special attention.
- STAGE should also consider giving additional focus on school health programmes. Children in the 5-9-year-old category are often missed and may need specific recommendations.
- There are significant knowledge gaps in what works, what are priorities by various agencies, and how and why these priorities are set. Some understanding of these issues will be essential for STAGE to propose relevant recommendations.

Dr Soumya Swaminathan, Chief Scientist WHO, concluded the session by highlighting some of the areas WHO would like STAGE to focus on: identifying and then guiding implementation of cost–effective interventions that promote health and well-being of mothers, children and adolescents; task shifting and sharing concepts, especially in places where there is a scarcity of medical doctors, and how can midwives and nurses help people with chronic or acute conditions to manage their condition, using decision-support systems on mobile phones; how best can digital-health tools assist front-line workers in providing quality service; and how can countries learn to use their data to improve the performance of health systems?

Based on the discussion and identification of possible priorities by the STAGE members, Professor Caroline Homer, Chair of STAGE, summarized the discussion and identified two main areas to be considered as potential agenda items for the STAGE meeting in November 2020 and a broader topic related to a
life-course approach for continuous and for future discussions at the STAGE meetings over the year.

1) COVID-19 and its indirect impact on MNCAHN: under this broad category, the following areas may include:

- focus on resilience of health systems;
- focus on inequities in service provision taken into account;
- focus on improving primary and community care services;
- focus on capacity building of the health workforce, especially nurses and midwives, to provide quality health services in times of crisis;
- focus on innovations;
- focus on people-centered and not disease-centered approaches; and
- focus on understanding the changes in donor fund allocations to COVID-19 and the impact of that on MNCAHN programmes and on SDGs.

2) Knowledge translation and identification of knowledge gaps

- What are the current ways of dissemination of knowledge? Are their more efficient ways given the new technology and methods of dissemination.
- How are WHO guidelines translated into interventions and innovations at the country level?
- How can we use professional organizations, civil society, private sector, and communities to ensure efficient and equitable service delivery?
- What are the specific gaps in research, guidelines, and in use of innovative technology?

3) As part of the long-term plan for STAGE, making an investment case was identified for improving health systems using a life-course approach, with focus on the Survive, Thrive and Transform agenda. This will include the analysis of the current gaps in knowledge on how to address MNCAHN health and well-being outcomes as a key component of strengthening PHC on the road to UHC. This will include links to an appropriately sized, skilled and distributed MNCAHN workforce that is able to provide quality health services across the life-course.
Operational procedures of STAGE

This session focused on the operational procedures as outlined in the STAGE Handbook, which was provided as background information to all members. The presentation highlighted the process of agenda setting for STAGE; roles and responsibilities of the STAGE members; use of working groups (new or existing) as a mechanism to support the work of STAGE; type of meetings; and preparation and dissemination of the STAGE report.

Most of the discussions were around working group mechanisms, the role of existing groups and formation of new ones. Clarification on existing advisory groups, like the three measurement groups in MCA or existing groups in NFS and SRH (information on various advisory groups was provided as power point presentations and website information available in the STAGE handbook) was provided. STAGE members highlighted the importance of interdisciplinary working groups as an important mechanism to ensure a thorough discussion on topics that require them. WHO clarified that new working groups may be formed as required, with the STAGE members (one of them chairing the group) and external experts as required.

The STAGE members highlighted the need for a clear process with administrative, analytic and financial support from the STAGE Secretariat. The STAGE members also requested some clarity on the publication of the STAGE recommendations. WHO clarified that all activities of STAGE, including the working groups, will be supported and facilitated by the Secretariat and that reports will be published on the STAGE website. In addition, there will also be other means to disseminate the recommendations similar to the Weekly Epidemiology Record for SAGE, the advisory committee for immunization. It was suggested that a suitable journal should be found to publish important STAGE recommendations.

Value of STAGE to partners and stakeholders

This session enabled the invited partners and stakeholders to provide their inputs on the value of STAGE to them; if and/or how they would use STAGE recommendations; and how STAGE may impact their investments globally and at country level. Specific comments from partners are available in Annex 4.

All the partners supported this new initiative and considered this group to be an important resource for global health stakeholders, and many were looking forward to the guidance from STAGE for implementing MNCAHN interventions at the country level. Many of the professional organizations highlighted their ability to widely disseminate STAGE recommendations. The support from partner and stakeholders are important for the success of STAGE as a global advisory group.
Closing Session

The Chair of STAGE, Professor Caroline Homer thanked everyone for their contributions and mentioned that an outcome statement from STAGE to the Director-General of WHO will be drafted and circulated, highlighting the need to focus and invest on MNCAHN issues, especially during and post COVID-19. The final version of the outcome will be presented as the executive summary of this report.

Dr. Zsuzsanna Jakab, Deputy Director-General and Executive Director a.i., Universal Health Coverage/Life-Course, WHO provided the closing remarks. Dr. Jakab thanked the members for their enthusiastic participation and their focus on knowledge generation and translation, primary health care with special attention on equity and coverage, and on the need for scaling up of programmes. She highlighted the need for additional resources for maternal, newborn, child and adolescent health and nutrition due to the impact of COVID-19. She added that, she along with the Director-General, looked forward to STAGE recommendations on the two areas identified by them as priority areas for discussion in November 2020: indirect impact of COVID-19 on MNCAHN; and knowledge generation and translation platforms, including highlighting the knowledge gaps in MNCAHN issues.

She thanked the Bill and Melinda Gates Foundation for supporting the formation of STAGE and for their continued support. She also thanked all partners and stakeholders for their participation and support.

The first STAGE meeting was closed at 17:00 Geneva time on 1 May 2020.
Annex 1:
Agenda and meeting documents

INAUGURAL MEETING OF THE STRATEGIC AND TECHNICAL ADVISORY GROUP OF EXPERTS (STAGE) ON MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH AND NUTRITION

Agenda for virtual meeting: 30 April and 1 May 2020

<table>
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<th>TIME</th>
<th>SESSION (Duration)</th>
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<tr>
<td><strong>DAY 1: 30 APRIL 2020 (GENEVA TIME)</strong></td>
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| 14:00 | Opening remarks (20 min)  
Tedros Adhanom Ghebreyesus, Director-General, WHO  
Zsuzsanna Jakab, Deputy Director-General and Executive Director a.i., Universal Health Coverage/ Life-Course, WHO  
Naoko Yamamoto Assistant Director-General, Universal Health Coverage/ Healthier Populations, WHO  
Soumya Swaminathan, Chief Scientist, WHO  
Self-introduction of STAGE members (35 min) | Inaugural session  
(Anshu Banerjee) |
| 15:00 | Overview of MNCAH&N and role of STAGE (40 min)  
Anshu Banerjee, Director, Maternal, Newborn, Child and Adolescent Health and Ageing (MCA), WHO  
Stefan Peterson, Chief of Health, UNICEF  
Ian Askew, Director, Sexual and Reproductive Health and Research, WHO  
Anneka Knutsson, Chief, Sexual and Reproductive Health Branch, UNFPA  
Francesco Branca, Director, Nutrition and Food Safety, WHO  
Victor Aguayo, Director, Nutrition, UNICEF  
Related high-level committees for:  
Immunization; Malaria; Sexual and Reproductive Health; Nutrition; Maternal, Newborn, Child, & Adolescent Health (20 min) | Discussion  
(Presentations sent to members previously) (Chair STAGE) |
<p>| | Break 10 min | |</p>
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<th>TIME</th>
<th>SESSION (Duration)</th>
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<tr>
<td>16:10</td>
<td><strong>Terms of Reference for STAGE (40 min)</strong>&lt;br&gt;Declarations of interest and Confidentiality undertakings: (10 min)&lt;br&gt;Andreas Mlitzke, Director, Compliance and Risk Management and Ethics, WHO</td>
<td>Discussion and decision-making (Chair STAGE)</td>
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**DAY 2: 1 MAY 2020 (GENEVA TIME)**

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<tr>
<td>14:00</td>
<td><strong>Setting the STAGE agenda (90 min)</strong>&lt;br&gt;STAGE members</td>
<td>Discussion and decision-making (Chair STAGE)</td>
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<td>15:30</td>
<td><strong>Operational procedures of STAGE (new working groups, existing expert groups, other methods for STAGE) (30 min)</strong>&lt;br&gt;Wilson Were, MCA</td>
<td>Information and discussion (STAGE handbook and PPT sent earlier) (Chair STAGE)</td>
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<td><strong>Break 10 min</strong></td>
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<td>16:10</td>
<td><strong>Discussion—What is the added value of STAGE to partners? (40 min)</strong>&lt;br&gt;Partners and stakeholders</td>
<td>Discussion (Chair STAGE)</td>
</tr>
<tr>
<td>16:50</td>
<td><strong>Wrap-up and closing (10 min)</strong>&lt;br&gt;Partners and stakeholders</td>
<td>Closing</td>
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https://www.who.int/maternal_child_adolescent/stage/en/
Annex 2:
List of participants

Dr Koki Agarwal, Program Director, USAID Maternal Child Survival Program, Jhpiego, Washington DC, United States of America.

Professor Fadia Al Buhairan, Interim Chief Medical Officer, Al Dara Hospital and Medical Center, Riyadh, Saudi Arabia.

Dr Narendra Kumar Arora, Executive Director, INCLEN Trust International, New Delhi, India.

Sir Sabaratnam Arulkumaran, Professor Emeritus in Obstetrics and Gynaecology, St George’s University of London, London, United Kingdom.

Dr Zulfiqar Bhutta, Robert Harding Chair in Global Child Health & Policy; Co-Director, SickKids Centre for Global Child Health; Professor, Departments of Paediatrics, Nutritional Sciences and Public Health, University of Toronto, Toronto, Canada.

Professor Fred Binka, Professor of Clinical Epidemiology, University of Health and Allied Sciences, Ho, Accra, Ghana.

Dr Arachu Castro, Samuel Z. Stone Chair of Public Health in Latin America, Department of Global Community Health and Behavioral Sciences, Tulane School of Public Health and Tropical Medicine, New Orleans (LA), United States of America.

Dr Mariam Eva Claeson, Former Director of the Global Financing Facility for Every Women Every Child, Washington DC, United States of America.

Dr Blami Dao, Technical Director, Western and Central Africa, Jhpiego, Ouagadougou, Burkina Faso.

Dr Gary Darmstadt, Associate Dean for Maternal and Child Health; Professor and Co-Director of Global Pediatric Research, Department of Pediatrics, Stanford University School of Medicine, Stanford (CA), United States of America.

Dr Luz Maria De-Regil, Founder and Director, LMD Int Ltd, Ottawa, Canada.

Professor Trevor Duke, Professor, Centre for International Child Health, University of Melbourne, Melbourne, Australia.

Professor Fadi El-Jardali, Professor of Health Policy and Systems, Department of Health Management and Policy, American University of Beirut, Beirut, Lebanon.

Professor Mike English, Theme Leader, Health Systems Research; Head Health Services Unit, KEMRI-Wellcome Trust (KWTRP, Kenya); Professor, International Child Health, Oxford Global Health Systems Group Leader, University of Oxford, United Kingdom.

Professor Rashida Ferrand, Professor of International Health, London School of Hygiene and Tropical Medicine; Wellcome Trust Senior Fellow in Clinical Science, London, United Kingdom.

Professor Michael Golden, Retired Professor of Medicine, Aberdeen University. Pollgorm, Co Donegal, Ireland.
Professor Caroline Homer, Co-Program Director, Maternal and Child Health and Working Group Head; NHMRC Principal Research Fellow, Burnet Institute, Melbourne, Australia.

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Dr Song Li, Deputy Director-General, Department of Women and Children’s Health, National Health Commission, Beijing, China.

Professor Michael Merson, Wolfgang Joklik Professor of Global Health, Duke Global Health Institute, Duke University, Durham (NC), United States of America.

Professor George Patton, Professor of Adolescent Health Research, University of Melbourne Centre for Adolescent Health, Royal Children’s Hospital, Melbourne, Australia.

Dr Marie Ruel, Director, Poverty, Health, and Nutrition Division, International Food Policy Research Institute, Washington DC, United States of America.

Professor Jane Sandall, Professor of Social Science and Women’s Health, Department of Women and Children’s Health, School of Life Course Science, Faculty of Life Sciences and Medicine, King’s College, London, United Kingdom.

Dr Harshpal Singh Sachdev, Senior Consultant, Paediatrics and Clinical Epidemiology, Sitaram Bhartia Institute of Science and Research, New Delhi, India.

Professor Mark Tomlinson, Professor, Institute for Life Course Health Research, Department of Global Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa.

Dr Peter Waiswa, Associate Professor, Department of Health Policy, Planning and Management, Makerere University School of Public Health, Kampala, Uganda.

Dr Dilys Walker, Director, Global Maternal Newborn Child Health Research Group, Institute for Global Health Sciences, University of California, San Francisco (CA), United States of America.

(Apologies from Dr Alma Crumm Golden, Assistant Administrator, Bureau for Global Health, United States Agency for International Development, Washington D.C., United States of America.)
Speakers

Dr Zsuzsanna Jakab, Deputy Director-General/Executive Director a.i., Universal Health Coverage/ Life Course, WHO.

Dr Naoko Yamamoto, Assistant Director-General, Universal Health Coverage/ Healthier Populations, WHO.

Dr Soumya Swaminathan, Chief Scientist, WHO.

Dr Anshu Banerjee, Director, Maternal, Newborn, Child & Adolescent Health and Ageing (MCA), World Health Organization, Geneva, Switzerland.

Dr Stefan Peterson, Chief of Health, UNICEF.

Dr Ian Askew, Director, Sexual and Reproductive Health & Research, WHO.

Dr Anneka Knutsson, Chief, Sexual and Reproductive Health Branch, UNFPA.

Dr Francesco Branca, Director, Nutrition and Food Safety, WHO.

Ms Marie Bombin, Coordinator, Compliance Risk Management and Ethics, WHO

Dr. Wilson Were, Medical Officer, MCA, WHO

Partners and stakeholders (representatives)

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Botnar Foundation                                       Ursula Jasper
Canada Mission to the UN                                  Niloofar Zand
Council of International Neonatal Nurses, INC (COINN)    Dr Karen Walker
Core Group                                                  Lisa Hilmi
Department of International Development, United Kingdom (DFID)  Susan Clapham
International Federation of Gynaecology and Obstetrics (FIGO) Dr Carlos Fuchtner
Eleanor Crook Foundation:                                 Nicki Connell
Global Fund to fight AIDS, Tuberculosis and Malaria, GFATM: Nick Furtado
Global Financing Facility (GFF)/World Bank:               Muhammad Pate;
International Paediatric Association (IPA):               Sameera Maziad Al Tuwaijiri
International Confederation of Midwives (ICM)             Naveen Thacker
International Council of Nurses (ICN)                    Franka Cadee
Japan International Cooperation Agency (JICA)              Howard Catton (apologies)
MERCK for Mothers:                                        Keiko Osaki
The French Muskoka fund:                                  Temitayo Erogbogbo
Norwegian Agency for Development Cooperation (NORAD)       Mathilde Mailfert
                                                               Lars Gronseth

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PATH (Global Health Organization)                               Carrie Hubbell Melgarejo
The Rockefeller Foundation                               Nana Twum-Danso
Rotary International                                      Urs Herzog
Save the Children                                         Kevin Watkins
White Ribbon Alliance                                     Kristy Kade
World Organization of Family Doctors                     Viviana Martinez-Bianchi
United Arab Emirates                                      Aisha Suhail

UN Partners

Food and Agriculture Organization (FAO)                               Nancy Aburto
United Nations Population Fund (UNFPA)                               Anneka Knutsson
United Nations International Children's Emergency Fund (UNICEF)  Stefan Peterson
United Nations World Food Programme (WFP)                               Deborah Wilson

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Dr Beena Varghese, Consultant (MCA)
Annex 3:
Modified terms of reference (ToR) for STAGE

Background and Rationale

With the Sustainable Development Goals (SDG), there is an opportunity to re-emphasize the importance of focused and committed leadership, sound scientific strategies, and better integrated and coordinated health programming led by national stakeholders to improve the health of their population. Recent reviews have highlighted that the lack of coordinated global leadership contributes to fragmentation, inefficient use of resources, and poor accountability for health, including for maternal and child health. In addition, the reviews clearly state that government ownership and government-led planning and implementation are required to scale up interventions and services. While country-level stakeholders have great trust in the evidence-based nature of global guidelines, they find current processes of introducing and delivering new interventions and innovations opaque and unpredictable in terms of timing. Evidence for the impact and effectiveness of interventions and delivery strategies is not systematically generated, captured and integrated into policy and programming.

Although WHO has a vigorous process for considering new recommendations and developing guidelines for MNCAH&N, there is no global multi-stakeholder scientific advisory body to advise in a systematic way on how to translate useful innovations into delivery strategies and how such delivery strategies could fit into integrated programming. A global independent expert advisory group to systematically review evidence and provide strategic guidance on priority areas, actions, interventions, delivery mechanisms and stakeholder accountability would provide great value to the global health community. The core function of this Strategic and Technical Advisory Group of Experts (STAGE) for Maternal, Newborn, Child, Adolescent, and Nutrition (MNCAH&N) would be to provide strategic and technical advice to WHO on matters relating to Maternal, Newborn, Child, Adolescent, and Nutrition and to inform the WHO Primary Health Care (PHC) and Universal Health Coverage (UHC) agendas, with a focus on maximizing country impact as well as coordinated global leadership.

Objective

STAGE will provide strategic and technical advice to WHO on matters relating to maternal, newborn, child and adolescent health and nutrition and will advise WHO on global priorities and emerging issues for which policies, strategies, recommendations and intervention packages should be developed or updated, with a view to helping Member States in reaching relevant Sustainable Development Goal targets. STAGE’s advice will support the provision of integrated, high-quality health care services, encompassing health promotion, disease prevention and treatment, to ensure that pregnant women, mothers and their newborns, children and adolescents survive and thrive.

STAGE will advise the WHO Director-General on maternal, newborn child, adolescent health and nutrition, specifically by:


• identifying broad priority topics (from relevant guidance provided by other WHO expert committees and groups) for developing or updating WHO guidelines, norms and standards to steer national strategies and policies or to improve their implementation;

• formulating priority intervention packages and delivery approaches (based on relevant WHO guidelines) for inclusion in the WHO agendas for primary health care and universal health coverage in different epidemiological contexts and health systems;

• devising strategies to ensure greater investment for national implementation of context-appropriate intervention packages, innovations and delivery approaches;

• advising on strategies to improve the effective coverage and quality of implementation of WHO-recommended intervention packages and delivery approaches;

• advising on innovative mechanisms to enable knowledge translation so that the evidence and guidelines can be more effectively translated into practice at a country and regional level

• advising on other topics identified by WHO for which there is no scientific consensus or varied acceptance among countries.

Membership

STAGE will comprise up to 31 members, who shall serve in their personal capacities and represent the broad range of disciplines relevant to maternal, newborn, child and adolescent health and nutrition. In selection of the members, consideration will be given to ensuring an adequate distribution of technical expertise, geographical representation and gender balance.

The technical areas of expertise relevant to STAGE include epidemiology, health economics, anthropology, social sciences, gender, human rights and communication sciences and significant experience in programme design and management, service delivery and research, development and innovation.

Members of STAGE, including the Chair, shall be selected and appointed by WHO after a public call for applications. Members will be selected based on their qualifications and their ability to contribute to achievement of the STAGE objectives. Each proposed member will be required to complete a WHO declaration of interests (DOI) form, and appointment by the WHO Director-General as a STAGE member will be subject to:

• evaluation by the WHO Secretariat of the completed DOI form that his or her participation would not give rise to a real, potential or apparent conflict of interest; and

• counter-signature by the proposed member of WHO’s invitation letter and accompanying memorandum of agreement, terms and conditions for temporary advisers.

Members of STAGE, including the Chair, shall be appointed for an initial term of 3 years. This term may be renewed once by WHO for an additional period of up to 3 years.

Members must respect the impartiality and independence required by WHO. In performing their work, they may not seek or accept instructions from any government or any authority external to the Organization. They must be free of any real, potential or apparent conflict of interest.

Membership in STAGE may be terminated by WHO with immediate effect for any of the following reasons:

• failure to attend two consecutive STAGE meetings;

• any change that is deemed by WHO to give rise to a real, potential or apparent conflict of interest; or

• a breach of any of the terms contained in WHO’s invitation letter and accompanying memorandum of agreement, terms and conditions for temporary advisers.
Meetings and operational procedures

STAGE will usually meet at least once a year, although the frequency may be changed by WHO as necessary. STAGE meetings may be held either in person (at WHO headquarters in Geneva or another location determined by WHO) or through video- or teleconferences.

WHO will act as the secretariat for STAGE and convene meetings, prepare meeting agendas, coordinate working groups and provide any necessary scientific, technical and other support.

STAGE members will be asked to update their DOI before each meeting. If, on the basis of the information disclosed in the updated DOI, WHO determines that a member’s participation in a meeting would give rise to a real, potential or apparent conflict of interest, the member may be excluded partially or totally from the meeting in question.

STAGE will, as a rule, make its recommendations by consensus. If consensus cannot be reached, minority views and opinions shall be reflected in the report. After each meeting of STAGE, the Chair, with the support of the WHO Secretariat, shall prepare a report of the discussions, including the advice and recommendations proposed. Once the report has been adopted by all the members, it will be submitted to the WHO Director-General through the WHO Secretariat.

Members of other relevant WHO expert committees, representatives of United Nations agencies, such as UNICEF and the United Nations Population Fund, the World Bank, representatives of other institutions, such as Every Woman Every Child, the Global Financing Facility, Gavi, the Vaccine Alliance, the Global Fund to Fight HIV, Tuberculosis and Malaria, the Partnership for Maternal, Newborn and Child Health and representatives of civil society may be invited to meetings of STAGE as observers.

All STAGE recommendations to WHO are advisory, and WHO retains full control over any subsequent decisions or action regarding any proposal, policy issue or other matter considered by STAGE. WHO also retains full control over publication of the reports of STAGE, including whether to publish them. WHO may publish the reports and/or otherwise widely disseminate them, including submitting them to the World Health Assembly and posting them on the WHO website.

Roles and responsibilities of STAGE members

In the exercise of their advisory function, members of STAGE shall serve in their personal capacity, as international experts advising WHO exclusively; and, in that capacity, they shall provide WHO with high-quality, well-considered advice and recommendations on matters described in these Terms of Reference. In keeping with STAGE’s mandate to provide strategic and technical advice, members will be committed to the development and improvement of public health policies.

STAGE’s role is to provide advice and recommendations to the Director-General of WHO only, including on urgent public health issues, as identified by WHO, in the areas of maternal, newborn, child and adolescent health and nutrition.

Information and documentation to which members may gain access in performing STAGE-related activities will be considered confidential and proprietary to WHO and/or parties collaborating with WHO. STAGE members shall not purport to speak on behalf of or represent STAGE or WHO to any third party. All proposed members will be required to agree to appropriate obligations of confidentiality and provisions on ownership.

STAGE members will not be remunerated for their participation in STAGE; however, travel expenses incurred by attendance at STAGE or related meetings will be compensated by WHO.

STAGE members are expected to endeavour to attend all meetings. Further active participation will be expected from all STAGE members throughout the year, including participation in STAGE working groups, video and telephone conferences as well as frequent interactions via e-mail. Review of documents may also be solicited. STAGE members may be requested to participate as observers in
other relevant WHO meetings. As a result, STAGE members are expected to commit at least 14 days of their time to STAGE annually. The Chair is expected to commit an additional 7 days towards fulfilment of duties, which may include working with the WHO Secretariat to set the meeting agenda and to draft the report after each meeting.
Annex 4:
Specific comments from partners and stakeholders

DFID
DFID was encouraged and excited by formation of this an advisory group with such wide expertise for MNCAHN; STAGE would be an important resource for global health stakeholders like for GFF.

Canada Mission to UN
Canada actively follows the work of SAGE on immunization and expects to do so with STAGE for MNCAHN issues. Canada Mission to the UN looks forward to guidance from STAGE.

USAID
USAID’s strength is their extensive field platforms—public, private and mixed service delivery models. USAID would be able to test guidance from STAGE operationally—why some guidance is adopted and why others are not adopted. USAID is interested to see how STAGE will enhance global initiatives.

USAID is responding to COVID-19 and the secondary effects. We are also interested in managing the continuity of reproductive, maternal, newborn, and child health (RMNCH) services at country level.

BMGF
BMGF is pleased that WHO has developed STAGE on the SAGE model. The Survive and Thrive model is a critical issue and the emphasis on nutrition is very important. In collaboration with WHO and USAID, as well as other organizations, we are planning a maternal, newborn and child health global knowledge exchange platform. We hope that STAGE recommendations can attain wide-spread dissemination through this platform and others. BMGF looks forward to aligning their investments with STAGE recommendations.

Merck for Mothers
Merck for Mothers welcomed this important initiative that focuses on the implementation of programmes, especially at country level and noted the importance to understand the role private sector plays in delivery of services to women and children.

JICA
JICA appreciates this initiative that would strengthen primary health care services through a multisectoral approach. JICA strongly agrees with a life-course development model. JICA will accept STAGE recommendations.

World Bank
The World Bank depends on WHO to provide normative guidance and noted the importance of how to prioritize some of the issues so that they can feed into action. The World Bank’s primary focus is on scaling up of evidence-based interventions. The World Bank noted the importance of the under-nutrition and obesity agenda, especially given what we are learning about COVID-19 and its link to these conditions. The World Bank expressed the need to look at how to maintain essential services whilst building resilience of health systems and the importance to work with countries to increase their domestic resources for health. The World Bank depends on WHO guidelines and STAGE recommendations would add value to the process and thus, the World Bank remains committed to STAGE.
GFF
GFF is concerned with reducing the secondary effects of COVID-19, especially donor and fiscal impact of COVID-19. GFF is keen on understanding how their investment cases can use STAGE recommendations.

ICM
COVID-19 shows how much STAGE is needed. ICM was interested to know how they will be informed and how can ICM can put their questions forward to STAGE?

IPA
IPA is in more than 150 countries and can translate knowledge globally, IPA welcomes STAGE recommendations and will help in disseminating these across countries. IPA would be happy to be part of working groups to support STAGE.

FIGO
FIGO also works at the National, regional and global levels and will be happy to disseminate STAGE recommendations.

COINN
COINN has members in 70 countries. Health systems strengthening is very important and COINN would like to support STAGE.

Women Deliver
Women Deliver is part of the NCD Alliance, as well as other alliances. Women Deliver expressed the need to include civil society groups and community groups, as they would help translate guidelines to programmes. They also noted it was important to consider gender dimensions especially for frontline workers as they are generally women.

Eleanor Crook Foundation
ECF focuses on nutrition. STAGE provides a real opportunity to prioritize wasting, particularly through the UN Global Action Plan for Wasting. ECF will continue to highlight wasting through its advocacy channels and expressed they are happy to support STAGE.

World Organization of Family Doctors (WONCA) provided this written comment: WONCA looks forward to collaborating bringing to STAGE our “on the ground” expertise as PHC teams to work on the recommendations. We look forward to the recommendations of STAGE, we have member organizations of family doctors in more than 150 countries and will be happy to support their implementation with PHC teams around the world.