Strategic and Technical Advisory Group of Experts (STAGE)

Handbook on Maternal, Newborn, Child, Adolescent Health & Nutrition

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Introduction

This handbook provides guidance and general information for members of the Strategic and Technical Advisory Group of Experts (STAGE) on Maternal, Newborn, Child and Adolescent Health and Nutrition. It should be used as a reference in preparing committee meetings and deliberations and to guide the work of STAGE members during intervals between formal meetings. It is not intended as a reference document on scientific aspects of maternal, newborn, child and adolescent health and nutrition but is rather a practical manual that provides essential background information for STAGE members to fulfil their responsibilities. It covers:

- the background and rationale of STAGE;
- the terms of reference of STAGE;
- STAGE membership and declarations of interests;
- roles and responsibilities of STAGE members;
- operation of STAGE working groups;
- the purpose, logistics and planning of STAGE meetings;
- preparation of STAGE meeting reports;
- travel arrangements for STAGE members; and
- sources of further information for STAGE members.

We welcome any suggestions for additions or improvements, which should be sent to:

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World Health Organization
20, Avenue Appia
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Background

During the period of the Millennium Development Goals, maternal mortality was reduced by 45%\(^1\) and child mortality by 50%\(^2\). These significant outcomes were the result of concerted coordination among countries, with important support from global partners\(^3\). During the current Sustainable Development Goal era, there is increased recognition of the importance of integrated approaches, less fragmentation of policies and programmes through strong leadership and greater accountability at all levels.

Two reviews\(^4,5\), called for global leadership, more efficient use of resources and national ownership and implementation. They noted that global fragmentation adversely affects coordination and implementation of programmes at national and sub-national levels and that evidence for the impact and effectiveness of interventions and delivery strategies was not systematically generated, captured or integrated into policy and programming. One of the recommendations was to establish a global expert advisory group to review evidence systematically, make recommendations on clinical interventions, delivery mechanisms and determinants of newborn and child health, and gain consensus on this process from major donors and governments. Further, the WHO reform process (as described in the WHO Thirteenth General Programme of Work\(^6\)) states that WHO will “reinforce its science- and evidence-based normative work, anticipate and assess the impact of research and discovery on public health and focus on supporting countries in the implementation of WHO’s norms, standards and agreements”.

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\(^1\) MDG5: Improve maternal health. MDGMonitor (https://www.mdgmonitor.org/mdg-5-improve-maternal-health/).

\(^2\) MDG4: Reduce child mortality. MDGMonitor (https://www.mdgmonitor.org/mdg-4-reduce-child-mortality/).


Strategic and Technical Advisory Group of Experts (STAGE)

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

The STAGE membership consists of experts in a broad range of scientific disciplines, including both clinical and social sciences and policy and programming. The major thematic areas covered in clinical and health sciences are maternal, neonatal, child and adolescent health and nutrition, public health and epidemiology. In the social sciences, health economics, anthropology, gender, human rights and communication sciences are represented. To ensure that the advice is grounded in policy and programmatic realities, experts with experience in policy formulation, programme design and implementation and health systems research are included. Membership is balanced by gender, geography and discipline.

STAGE deliberations on the prioritization of guidelines for development, the appropriate set of intervention packages, health system requirements and delivery mechanisms are guided by scientific considerations of population-based efficacy, risk–benefit and cost–effectiveness analyses and also the feasibility and acceptability for countries, equity and ethical and political considerations. The terms of reference (Annex 1) provide further details and guidance on what is expected of STAGE members.

The STAGE Secretariat is led jointly by the directors of the departments of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA), Sexual Reproductive Health (SRH) and Nutrition and Food Safety (NFS) and is housed in the department of MCA. The Secretariat is supported by dedicated staff from the three departments and will consist of two technical staff and one administrative support staff.

The mandate of STAGE is to provide recommendations on matters related to maternal, newborn, child and adolescent health and nutrition; however, if required, it may receive input from other advisory committees such as those for immunization, mental health and climate change.

Relation of STAGE to other WHO advisory committees

The WHO departments of MCA, NFS and SRH are advised by various external bodies, including expert panels, scientific groups and specialized advisory committees. Several specialized advisory committees have been established over the years, with the broadening of the scope of issues addressed in standards setting and interventions for maternal, newborn, child and adolescent health and nutrition, including research. A fact sheet on WHO expert advisory panels and committees is available.7

In addition to STAGE, cross-cutting committees also provide information and guidance to WHO in maternal, newborn, child and adolescent health and nutrition policy and normative areas:

- Strategic Advisory Group of Experts (SAGE): department of Immunization, Vaccines and Biologicals;
- Nutrition Guidance Expert Advisory Group, department of NFS; and
- Technical Expert Advisory Group on Nutrition Monitoring to advise WHO and UNICEF, department of NFS.

Several other committees and administered by other WHO departments relevant to maternal, newborn, child and adolescent health and nutrition, including malaria, neglected tropical diseases and HIV/AIDS, and a high-level group to guide planned research. Other expert groups and committees provide guidance to various WHO departments. The WHO Secretariat facilitates sharing of information from the committees, as required, for STAGE meetings.

**STAGE membership**

The current STAGE comprises 31 members, who serve in their personal capacities and represent a broad range of disciplines relevant to maternal, newborn, child, adolescent health and nutrition in government agencies, academia, medical professional associations, research institutes and civil society organizations. STAGE will continue to seek members from a broad range of disciplines and expertise.

Nominations for membership in STAGE are requested in a public call by WHO. After determination of eligibility, nominations are reviewed by a selection panel that includes representatives of key partner organizations. Members are selected on the basis of their qualifications and their ability to contribute to accomplishment of STAGE’s objectives. Consideration is given to ensuring appropriate geographical representation and gender balance. The selection panel sends its recommendations to the WHO Director-General, who oversees and approves all appointments, renewals and discontinuation of appointments to STAGE.

Members of STAGE shall be appointed for an initial term of 3 years, which may be renewed once. To ensure continuity and efficiency, the Chair of STAGE serves for a minimum of 3 years, even if he or she has already served 3 years as a member. The Chair should have been a member of STAGE for a minimum of 1 year before taking up the position, except for the first Chair. A Vice-Chair may be appointed to replace the STAGE Chair occasionally at meetings or in circumstances when the Chair is unavailable.

The biographies of current STAGE members are published on the WHO STAGE website (https://www.who.int/maternal_child_adolescent/stage/en/). In addition, the names and brief biographies of individuals (“published information”) being considered for participation in such meetings are disclosed for public notice and comment to improve WHO’s management of conflicts of interest and to strengthen public trust and transparency.

Before being appointed as STAGE members, nominees are required to sign a confidentiality undertaking and to complete a WHO declaration of interests (DOI), as per the forms in Annex 2. Confidentiality agreements are required as STAGE may review unpublished or pre-publication research data or documents of commercial significance. Annex 3 provides a summary of the guidelines for assessing STAGE DOIs. Declared interests are evaluated case by case by the STAGE Secretariat and the Chair. A declared interest is generally deemed to be of financial significance if the honorarium, consultancy fee or other funding from any single company exceeds US$ 5000 or if a shareholding in any one company related to maternal, newborn, child and adolescent health and nutrition exceeds US$ 1000. STAGE members are strongly encouraged to report all possible interests so that the STAGE Secretariat and Chair can determine any conflict. Review of a declared interest may result in a member being allowed to participate in full in all discussions, being allowed only to answer direct questions from the Chair and not participate in discussions or decision-making or being excluded from discussions and decision-making on the identified conflicting interest.

WHO maintains a register of members’ DOIs and signed confidentiality undertakings. Members are requested to be proactive in notifying the Secretariat of any meaningful change in their DOIs and to submit any updates or revisions to their DOIs to the Secretariat before each STAGE meeting.

Relevant declared interests are discussed by STAGE before each meeting, are disclosed for public comment 4 weeks before each meeting and are published as additional documentation on the WHO STAGE website.
Membership in STAGE may be terminated by WHO 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.

The code of conduct of STAGE members is given in Annex 4.

Roles and responsibilities of STAGE members and Chair

Members serve in an individual capacity and do not represent their institutions, constituencies or interest groups. As international experts, they are responsible for providing WHO with high-quality, well-considered advice and recommendations on matters described in the terms of reference. In keeping with STAGE’s mandate to provide strategic and technical advice, members will be committed to developing and improving public health policies, including providing advice and recommendations on urgent public health issues identified by WHO in the areas of maternal, newborn, child, adolescent health and nutrition.

In accordance with the current terms of reference, STAGE will advise the WHO Director-General specifically on:

- identification of broad priorities (with relevant guidance from other WHO expert committees and groups) in the development or updating of WHO guidelines, norms and standards to steer national strategies and policies and/or to improve their implementation;
- development of priority intervention packages and delivery approaches (based on relevant WHO guidelines) for inclusion in WHO agendas for primary health care and universal health coverage in different epidemiological contexts and health system levels;
- strategies to increase investment in national implementation of appropriate intervention packages, innovations and delivery approaches;
- the coverage and quality of implementation of WHO-recommended intervention packages and delivery approaches; and
- other topics, as identified by WHO, on which there is no scientific consensus or on which there is varied acceptance among countries.

The Chair has additional responsibilities.

- Show leadership in strengthening and building the credibility of the group.
- Ensure that any potential conflict of interest declared by members is appropriately dealt with.
- Assist the WHO Secretariat in preparing the agenda.
- Ensure that decisions are sufficiently evidence-based, reflect the view of the committee and are not unduly influenced by interested parties.
- Oversee the establishment and work of STAGE working or technical groups.
- Approve on behalf of the committee the final STAGE conclusions and recommendations to be published on the WHO website.
- Chair preparatory teleconferences.
- Report to the Director-General or another designated person on the outcome of each meeting.
- As requested by the Secretariat and according to availability, represent STAGE at various meetings.
- Participate in the selection panel for the next round of STAGE members.
- Be available to dedicate up to 21 days each year for travel, attendance at STAGE and other meetings in Geneva and worldwide, prepare STAGE meetings, review documents and prepare the STAGE report.

The Committee has no executive or regulatory function. Its sole role is to provide advice and recommendations to the WHO Director-General, including on urgent matters as necessary.

At the end of each STAGE meeting, the Chair will debrief the Director-General (or a designee) and the directors of MCA, SRH and NFS. A report containing the recommendations and conclusions of each
STAGE meeting shall be drafted and circulated among STAGE members, and the recommendations and conclusions shall be published on the STAGE website within 2 months of each STAGE meeting.

If STAGE members are approached by non-WHO sources for their views, comments and statements or those of STAGE on matters of public health, they shall refer such enquiries to the WHO Secretariat.

The complete terms of reference of STAGE are provided in Annex 1.

**STAGE working groups**

STAGE may decide to constitute STAGE working groups or use existing advisory or expert groups of the three departments to address questions that require more detailed or primary reviews of evidence and information. The necessity for and the objectives of a working group will be discussed during STAGE meetings, and each working group will operate under specific terms of reference. The STAGE member who will serve as the working group chair and the lead WHO technical staff will jointly develop the terms of reference and necessary expertise for joining the working group. The STAGE Chair and the directors of the three departments will make a final decision jointly.

Each working group should include at least two STAGE members (one of whom functions as chair), WHO staff (one of whom functions as the technical lead) and co-opted additional external experts as required, who will serve in their own capacity to provide the necessary expertise. STAGE members and other experts who have declared conflicts of interest cannot serve in a working group responsible for discussing the declared areas of conflict.

The working groups will focus their work appropriately to ensure efficient production of materials for STAGE. They will be small, with their size adjusted according to the requirements for expertise and representation.
STAGE meetings

Logistics

STAGE will usually meet biannually, in April and October, although the frequency of meetings may be changed if necessary. The dates of meetings will be published on the STAGE website, https://www.who.int/maternal_child_adolescent/stage/en/.

Meetings will generally be held in the Executive Board Room at WHO Headquarters, in Geneva. Breakfast working meetings for STAGE members and the Secretariat may be organized, as required, usually one hour before the beginning of the session, to discuss administrative issues, alert members to any outstanding issues and reflect on previous sessions. Breakfast meetings are not intended for detailed discussions of technical agenda items.

During STAGE meetings, most discussions will be held in open sessions to ensure broad input, exchange of information and views, transparency and inclusivity. In the open session, United Nations partners, representatives of missions, bilateral and government entities, foundations and others, including international professional organizations, technical agencies, donor organizations in official relations with WHO, may be invited to participate in the discussions. Representatives from other WHO advisory committees, regional offices and others will be invited to provide input, as required. Additional experts may be invited to meetings, as appropriate, to contribute on specific agenda items. The deliberations, decisions and recommendations of STAGE will be finalized in closed sessions to protect the integrity and independence of the committee from undue influence.

STAGE members are encouraged to foster open, collegial discussions that lead to consensus in all sessions, and all members are called upon to respect the consensus and to abide by the meeting procedures laid out by the Chair.

The STAGE Chair will debrief the Director-General (or designee) and the directors of MCA, NFS and SRH after each STAGE meeting. After approval by the Director-General, the recommendations and conclusions of STAGE will be published and posted on the STAGE and http://www.who.int/immunization/en/ within 2 months of each meeting.

Preparation

Planning of STAGE meetings will involve team leads and senior staff of the MCA, RHR and NFS departments and other relevant WHO departments, staff from WHO regional offices and representatives of partner organizations. The WHO Secretariat will work with STAGE working groups, the STAGE Chair and members to set priorities for work and the meeting agenda.

The STAGE Secretariat will work with the directors of the three departments and the STAGE Chair to finalize the topics for the agenda 2 months before the meeting. A detailed agenda will be prepared after the list of agenda items is settled and will be published on the STAGE website 1 month before the meeting. A more detailed annotated agenda will be prepared close to the meeting only for STAGE members and the Secretariat, which will include the STAGE and WHO focal point for each session. A list of background documents will be available for each meeting in a “meeting book” and on the STAGE web page.
Focal points will be identified for each topic to be discussed at the meeting, comprising one WHO expert on the subject or a representative and one STAGE member. These individuals will be responsible for the organization and technical content of the session and work with the Secretariat to produce background material and meeting presentations, including arranging for session speakers if required. For each topic or session proposed for the meeting agenda, the WHO focal points should indicate:

- the purpose of the session (for information, discussion or decision) and the expected outcome;
- the approximate duration of each session (for presentations and discussion);
- evidence that any preparatory material or input such as study results or any other material will be available sufficiently in advance of the meeting;
- an indication of urgency of debate on the topic by STAGE; and
- an indication of the partners and other departments likely to be involved in the session.

Documents relevant for each session on the agenda will be posted on the STAGE website before a meeting, comprising those essential for providing the necessary information or evidence on the topics to be discussed. Permission will be secured from copyright holders for all copyrighted materials, including articles published in peer-reviewed journal articles. Background documents should be provided for posting as early as possible and no later than 2 weeks before the meeting.

A PDF folder ("meeting book") containing a limited number of background documents will be available on the STAGE website. Any document to be included in the folder must be available at least 3 weeks before the meeting. Electronic copies of the folder will be made available during the meeting for other invited participants.

More details are available in Annex 5.

**Purpose and targets**

Agenda items for STAGE meetings may be presented for information, discussion and/or decision.

**Information:** The purpose of open sessions is to update members on activities, to report on achievement of previous STAGE recommendations and to provide updates from other organizations or bodies (e.g. the Global Financing Facility, Gavi, the Vaccine Alliance) and other advisory committees.

**Discussion:** The purpose of discussion sessions is to allow members to discuss information and updates on a topic and to raise any questions. This is done in open sessions, to allow STAGE members to understand issues, raise concerns, discuss areas for additional consideration and obtain clarification on topics. The discussions may lead to recommendations.

**Decision:** Decisions are discussed in closed sessions, in which only STAGE members deliberate on a topic with the information made available. The purpose of these sessions is to solicit consensus by STAGE members on matters that require their approval or endorsement.

**Teleconferences**

Teleconferences will be held 1 month before each STAGE meeting, thus twice a year. The purpose of the teleconferences, which last for up to 2 hours, is not to deliberate on policy but to plan and provide input on sessions scheduled for the next meeting. The participants will include the 31 STAGE members, the WHO focal points for the next STAGE meeting, the focal points and unit heads or directors of the three departments and the STAGE Secretariat. The STAGE Secretariat will communicate the date, time and toll-free dial-in or video link to members beforehand.

**Meeting reports**

A report will be published on the websites of the three WHO departments (MCA, NFS and RHR) within 2 months of a meeting. WHO focal points are responsible for writing a first draft of their session summaries, 200–800 words long, within 1 week of the meeting, and the first draft is discussed and revised with the corresponding STAGE focal point.
A first consolidated draft report will be produced by the STAGE Secretariat within 3 weeks of the meeting and circulated to all STAGE members for comments. The Secretariat, with the focal points, will then incorporate all the comments and send the proposed final draft for review to all three directors and then for approval by the STAGE Chair. The final report will be sent to the WHO Director-General for approval and to a WHO editor for stylistic editing. The final STAGE report will be published on the STAGE and department websites.

**Travel information for STAGE members**

STAGE members will not be remunerated for their participation in STAGE meetings; however, reasonable travel expenses incurred by attendance at STAGE or related meetings will be compensated by WHO. All travel, per diem and insurance will be paid according to WHO policy.

**Travel costs**

WHO will be responsible for members’ airfare and/or first-class train fare from their place of residence to the place of the meeting and return. In view of the financial stringencies faced by WHO, cooperation in reducing airfare costs by purchase of the cheapest available tickets on the most economical route would be appreciated. Members who wish to upgrade their ticket or change airline or route may do so at their own expense but in accordance with WHO travel policy. WHO’s liability will not exceed the limits mentioned above.

WHO will send a travel authorization upon request. A signed memorandum of agreement and completed or updated, signed DOI for WHO experts should be sent to WHO as soon as possible and must be received before issuance of air tickets. In order to take advantage of the most competitive air fares, travellers should make reservations as quickly as possible through the travel agency mentioned in the invitation letter.

Specific authorization must be sought in advance for travel by car. In such event, the maximum amount to be reimbursed by WHO will be the United Nations official mileage rate to and from the destination by the most direct route. Details of the amount to be reimbursed can be provided to participants upon request. Evidence must be provided that travel by car was in fact undertaken, with the distance travelled.

**Per diem**

The Organization will pay a daily subsistence allowance for the duration of the meeting and for travel time from the place of residence to the place of the meeting and return, except for the last day of travel (for which no daily subsistence allowance will be paid). Per diem is paid electronically to the individual’s bank account in the currency of their choice. The total allowance is intended to cover all costs related to attendance at a meeting, such as accommodation, meals and all other incidental expenses. Hence, no airport taxes, visa or vaccination fees, ground transport from airport to hotel or vice versa will be reimbursed, and no travel claims are required.

The standard per diem rate will be applied. If the participant does not stay in a hotel, this will be reflected in the per diem paid. If meals are officially provided by WHO, a 10% deduction in the per diem rate will be made for each meal provided.

**Insurance**

During travel, baggage and personal effects are automatically insured by WHO to an amount of US$ 5000. This covers all hand baggage carried by the insured, with the exception of documents, travel tickets, currency, cash or travellers’ cheques, stamps, stamped paper, identity papers, household goods and objets d’art. Fees to replace stolen travel tickets, credit cards or official documents will be reimbursed by the member’s insurance company. Personal computers and accessories are also not included in WHO’s personal baggage insurance cover, unless it is noted in the travel authorization that a personal computer is required during the journey.

Travellers will also be covered by an accident insurance policy. This policy does not include general “illness insurance”, for which travellers should maintain coverage under their national, institutional or private health insurance scheme.

**Visas and vaccinations**

It is the traveller’s responsibility and charge to obtain any visas or vaccinations necessary for travel.
Smoking policy

Smoking is not permitted on WHO premises or in any designated meeting area outside WHO premises.

Etiquette for e-mail messages

In order to reduce e-mail traffic, it is recommended that only messages pertinent to all members and focal points be sent to all. Thus, thank-you messages should not be copied to all, but a message with substantive content should be copied to all.

Contact details for STAGE members and the Secretariat

Contact numbers for STAGE Members and Secretariat are provided in Annex 7.
Annex 1.

STAGE terms of reference

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;
- improving the coverage and quality of implementation of WHO-recommended intervention packages and delivery approaches; and
- 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 also 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 on the basis of 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 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 2.

Declarations of interests for WHO experts and confidentiality undertaking: sample forms

DECLARATION OF INTERESTS FOR WHO EXPERTS

WHO's work on global health issues requires the assistance of external experts who may have interests related to their expertise. To ensure the highest integrity and public confidence in its activities, WHO requires that experts serving in an advisory role disclose any circumstances that could give rise to a potential conflict of interest related to the subject of the activity in which they will be involved.

All experts serving in an advisory role must disclose any circumstances that could represent a potential conflict of interest (i.e., any interest that may affect, or may reasonably be perceived to affect, the expert's objectivity and independence). You must disclose on this Declaration of Interests (DOI) form any financial, professional or other interest relevant to the subject of the work or meeting in which you have been asked to participate in or contribute towards and any interest that could be affected by the outcome of the meeting or work. You must also declare relevant interests of your immediate family members (see definition below) and, if you are aware of it, relevant interests of other parties with whom you have substantial common interests and which may be perceived as unduly influencing your judgement (e.g. employer, close professional associates, administrative unit or department). Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Please complete this form and submit it to WHO Secretariat if possible at least 4 weeks but no later than 2 weeks before the meeting or work. You must also promptly inform the Secretariat if there is any change in this information prior to, or during the course of, the meeting or work. All experts must complete this form before participation in a WHO activity can be confirmed. Please note that not fully completing and disclosing all relevant information on this form may, depending on the circumstances, lead WHO to decide not to appoint you to WHO advisory bodies/functions in the future.

Answering “Yes” to a question on this form does not automatically disqualify you or limit your participation in a WHO activity. Your answers will be reviewed by the Secretariat to determine whether you have a conflict of interest relevant to the subject at hand. One of the outcomes listed in the next paragraph can occur depending on the circumstances (e.g. nature and magnitude of the interest, timeframe and duration of the interest).

The Secretariat may conclude that no potential conflict exists or that the interest is irrelevant or insignificant. If, however, a declared interest is determined to be potentially or clearly significant, one or more of the following three measures for managing the conflict of interest may be applied. The Secretariat (i) allows full participation, with public disclosure of your interest; (ii) mandates partial exclusion (i.e., you will be excluded from that portion of the meeting or work related to the declared interest and from the corresponding decision making process); or (iii) mandates total exclusion (i.e., you will not be able to participate in any part of the meeting or work).

All potentially significant interests will be disclosed to the other participants at the start of the activity and you will be asked if there have been any changes. A summary of all declarations and actions taken to manage any declared interests will be published in resulting reports and work products. Furthermore, if the objectivity of the work or meeting in which you are involved is subsequently questioned, the contents of your DOI form may be made available by the Secretariat to persons outside WHO if the Director-General considers such disclosure to be in the best interest of the Organization, after consulting with you. Completing this DOI form means that you agree to these conditions.
If you are unable or unwilling to disclose the details of an interest that may pose a real or perceived conflict, you must disclose that a conflict of interest may exist and the Secretariat may decide that you be totally recused from the meeting or work concerned, after consulting with you.

Name:
Institution:
Email:

Date and title of meeting or work, including description of subject matter to be considered (if a number of substances or processes are to be evaluated, a list should be attached by the organizer of the activity):

---

Please answer each of the questions below. If the answer to any of the questions is “yes”, briefly describe the circumstances on the last page of the form.

The term “you” refers to yourself and your immediate family members (i.e., spouse (or partner with whom you have a similar close personal relationship) and your children). “Commercial entity” includes any commercial business, an industry association, research institution or other enterprise whose funding is significantly derived from commercial sources with an interest related to the subject of the meeting or work. “Organization” includes a governmental, international or non-profit organization. “Meeting” includes a series or cycle of meetings.

1 EMPLOYMENT AND CONSULTING

Within the past 4 years, have you received remuneration from a commercial entity or other organization with an interest related to the subject of the meeting or work?

1a Employment Yes ☐ No ☐
1b Consulting, including service as a technical or other advisor Yes ☐ No ☐

2 RESEARCH SUPPORT

Within the past 4 years, have you or has your research unit received support from a commercial entity or other organization with an interest related to the subject of the meeting or work?

2a Research support, including grants, collaborations, sponsorships, and other funding Yes ☐ No ☐
2b Non-monetary support valued at more than US $1000 overall (include equipment, facilities, research assistants, paid travel to meetings, etc.) Yes ☐ No ☐

Support (including honoraria) for being on a speakers bureau, giving speeches or training for a commercial entity or other organization with an interest related to the subject of the meeting or work?
3 INVESTMENT INTERESTS

Do you have current investments (valued at more than US $5 000 overall) in a commercial entity with an interest related to the subject of the meeting or work? Please also include indirect investments such as a trust or holding company. You may exclude mutual funds, pension funds or similar investments that are broadly diversified and on which you exercise no control.

3a Stocks, bonds, stock options, other securities (e.g., short sales)  
   Yes □ No □

3b Commercial business interests (e.g., proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company)  
   Yes □ No □

4 INTELLECTUAL PROPERTY

Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the meeting or work?

4a Patents, trademarks, or copyrights (including pending applications)  
   Yes □ No □

4b Proprietary know-how in a substance, technology or process  
   Yes □ No □

5 PUBLIC STATEMENTS AND POSITIONS (during the past 3 years)

5a As part of a regulatory, legislative or judicial process, have you provided an expert opinion or testimony, related to the subject of the meeting or work, for a commercial entity or other organization?  
   Yes □ No □

5b Have you held an office or other position, paid or unpaid, where you represented interests or defended a position related to the subject of the meeting or work?  
   Yes □ No □

6 ADDITIONAL INFORMATION

6a If not already disclosed above, have you worked for the competitor of a product that is the subject of the meeting or work, or will your participation in the meeting or work enable you to obtain access to a competitor’s confidential proprietary information, or create for you a personal, professional, financial or business competitive advantage?  
   Yes □ No □

6b To your knowledge, would the outcome of the meeting or work benefit or adversely affect interests of others with whom you have substantial common personal, professional, financial or business interests (such as your adult children or siblings, close professional colleagues, administrative unit or department)?  
   Yes □ No □

6c Excluding WHO, has any person or entity paid or contributed towards your travel costs in connection with this WHO meeting or work?  
   Yes □ No □

6d Have you received any payments (other than for travel costs) or honoraria for speaking publicly on the subject of this WHO meeting or work?  
   Yes □ No □

6e Is there any other aspect of your background or present circumstances not addressed above that might be perceived as affecting your objectivity or independence?  
   Yes □ No □
7 **TOBACCO OR TOBACCO PRODUCTS** *(answer without regard to relevance to the subject of the meeting or work)*

Within the past 4 years, have you had employment or received research support or other funding from, or had any other professional relationship with, an entity directly involved in the production, manufacture, distribution or sale of tobacco or tobacco products or representing the interests of any such entity?  

Yes ☐ No ☐

**EXPLANATION OF “YES” RESPONSES:** If the answer to any of the above questions is “yes”, check above and briefly describe the circumstances on this page. If you do not describe the nature of an interest or if you do not provide the amount or value involved where relevant, the conflict will be assumed to be significant.

<table>
<thead>
<tr>
<th>Nos 1–4:</th>
<th>Name of company, organization or institution</th>
<th>Belongs to you, a family member, employer, research unit or other?</th>
<th>Amount of income or value of interest (if not disclosed, is assumed to be significant)</th>
<th>Current interest (or year ceased)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Nos. 5-6: Describe the subject, specific circumstances, parties involved, time frame and other relevant details

CONSENT TO DISCLOSURE. By completing and signing this form, you consent to the disclosure of any relevant conflicts to other meeting participants and in the resulting report or work product.

DECLARATION. I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the responsible staff of WHO and complete a new declaration of interests form that describes the changes. This includes any change that occurs before or during the meeting or work itself and through the period up to the publication of the final results or completion of the activity concerned.

Date: ___________________________  Signature: ___________________________

WHO 850 E CRE (25/09/2014)
CONFIDENTIALITY UNDERTAKING

To be sent with the invitation or appointment letter

- The World Health Organization (WHO), acting through its Department of Maternal, Newborn, Child, and Adolescent Health and Ageing, Sexual Reproductive Health and Research, and Nutrition and Food Safety, has access to certain information relating to , which information WHO considers to be proprietary to itself or to parties collaborating with it (hereinafter referred to as “the Information”).

- The Undersigned, as a member of the Strategic and Technical Advisory Group of Experts (collectively referred to as the “the Advisory Process”), may have access to the Information in the course of his/her participation in the Advisory Process (whether at or in relation to Advisory Process meetings, internet-based collaborative workspaces, telephone conferences or otherwise).

- WHO is willing to provide the Undersigned the Information, or arrange for the provision of the Information to the Undersigned, for the purpose of performing his/her responsibilities in connection with the activities of the Advisory Process (“the Purpose”), provided that the Undersigned undertakes to treat the Information as confidential and proprietary, and to disclose it only to persons who have a need to know for the Purpose and are bound by like obligations of confidentiality and non-use as are contained in this Undertaking.

- The Undersigned undertakes to regard the Information as confidential and proprietary to WHO or parties collaborating with WHO and agrees to take all reasonable measures to ensure that the Information is not used, disclosed or copied, in whole or in part, other than as provided in this Undertaking, except that the Undersigned shall not be bound by any such obligations if and to the extent he/she is clearly able to demonstrate that the Information:
  - was known to him/her prior to any disclosure by or for WHO to the Undersigned; or
  - was in the public domain at the time of disclosure by or for WHO to the Undersigned; or
  - becomes part of the public domain through no fault of the Undersigned; or
  - becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality.

- The Undersigned also undertakes not to communicate the deliberations and decisions of the Advisory Process to third parties except as agreed by WHO.

- If requested to do so, the Undersigned agrees to return to WHO any and all copies of the Information.

- The obligations of the Undersigned shall survive the termination of his/her membership in the Advisory Process.

- Any dispute relating to the interpretation or application of this Undertaking shall, unless amicably settled, be subject to a conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the UNCITRAL rules of arbitration. The parties shall accept the arbitral award as final.

Name: ____________________________  Signature: ____________________________

Date: ____________________________
Annex 3.
Framework for public disclosure of declarations of interests

General paragraph

1. State that all members completed DOIs.

Examples
   i. For STAGE meetings:
      All STAGE members who participated in the meeting updated their declarations of interests before
      the meeting. Other individuals attended as observers and did not take part in decision-making;
      they were thus not required to complete a declaration of interests.
   
   ii. For working groups:
      All working group members completed a declaration of interests. Individuals attending as
      observers, if any, did not take part in decision-making and were thus not required to complete a
      declaration of interests.

2. State how many members reported relevant interests, that all interests were assessed and make a
   general conclusion.

Examples
   i. Four members reported relevant interests. All the interests were determined not to constitute
      potential conflicts.
   
   ii. Four members reported interests. Two were considered relevant. No interests were determined to
      constitute a potential conflict.

3. Give the outcome of the DOI analysis; state implications and conclude.

   a. Specificity (determine whether it concerns the topic under discussion)
      i. Specific
      ii. Non-specific

   b. Personal (determine whether the person received direct financial benefit)
      i. Personal
      ii. Non-personal

   c. Magnitude (determine financial and non-financial significance)

Examples
   i. No interests were determined to constitute a potential conflict. It was concluded that all
      members could take part in full in all the discussions.
   
   ii. No members declared any personal or non-personal interest specific to issues under
       discussion at the meeting.
iii. One member declared an interest that was concluded to constitute a conflict, and he/she was excluded from the discussion and decision-making in relation to the relevant agenda item. It was concluded that all other members could take part in full in all the discussions.

Summarized list of reported interests per person

1. Title and name of expert member
   Example: Professor ABC

2. Organization/company, subject, significance of the reported interest
   Example:
   i. Received small consultancy fees from a company in Europe and the USA with interests in maternal, newborn, child and adolescent health and nutrition and from a company producing nutritional products or xxx for developing countries.
   ii. Supervised a study funded by pharmaceutical company on xx in South Africa. The funding was used entirely by the research unit.

3. State implications and conclusion.
   Example:
   i. These interests were assessed as personal, specific and financially insignificant*.
   ii. This interest was assessed as non-personal, non-specific and financially significant*.
   iii. If not yet stated, state explicitly that
   No interests were assessed as constituting a potential conflict of interest.

   In view of the topics being discussed at the meeting, the STAGE Chair concluded that Professor ABC should be excluded from the discussion and decision-making in relation to the agenda item on xx. Professor ABC was thus not allowed to attend this session.

4. Define “personal”, “specific” and “financial significance” by adding the following footnote to public statements:

   * According to WHO’s Guidelines for Declaration of Interests (WHO expert), an interest is considered “personal” if it generates financial or non-financial gain to the expert, such as consulting income or a patent. “Specificity” applies to whether the declared interest is a subject of the meeting or work to be undertaken. An interest has “financial significance” if the honorarium, consultancy fee or other received funding, including that received by the expert’s organization, from any single pharmaceutical manufacturer or other company involved in maternal, newborn, child and adolescent health and nutrition exceeds US$ 5000 in a calendar year. Likewise, a shareholding in any pharmaceutical company or other company involved in maternal, newborn, child and adolescent health and nutrition in excess of US$ 1000 would constitute a “significant shareholding”.

   *
Annex 4.

STAGE Code of Conduct

Preamble

The Strategic and Technical Advisory Group of Experts (STAGE) for maternal, newborn, child and adolescent health and nutrition serves as a principal advisory group to the World Health Organization (WHO). WHO recognizes that STAGE members serve in a personal and voluntary capacity in STAGE. WHO and the STAGE Secretariat recognize and appreciate the work of STAGE members.

Scope and purpose

This Code provides guidance for STAGE members (hereafter referred to as “members”) on suggested principles of conduct while serving in their personal advisory capacity. The aim of the Code is to ensure that the advisory body remains trusted and efficient by protecting the integrity and impartiality of its work. The Code is not intended to be exhaustive and may be reviewed and amended as and when considered appropriate.

1. Core values and guiding principles

1.1 Members shall uphold at all times the objective of the constitution of WHO, namely “the attainment by all peoples of the highest possible level of health.”

1.2 The highest standards of conduct, competence and performance are expected of members. Principally, these include:

- integrity and honesty in actions and decisions that may affect WHO;
- impartiality and independence from external sources and authorities;
- discretion;
- respect for the dignity, worth and equality of all persons;
- respect for diversity; and
- professional excellence.

2. Standards of conduct

2.1 Members play a critical role in ensuring the Group’s continued standing as an internationally recognized expert group providing advice to WHO in the field of maternal, newborn, child and adolescent health and nutrition.

2.2 While serving in an advisory capacity, members shall refrain from any conduct that would adversely reflect on WHO and shall not engage in any activity that is incompatible with the aims and objectives of the Organization.

2.3 Active contributions will be expected from all STAGE members throughout the year, including participation in STAGE working groups and video and telephone conferences, interactions via e-mail and reviewing documents.

2.4 STAGE members make recommendations, the implementation of which shall remain the prerogative of the Director-General of WHO. STAGE is an advisory group and has no executive or regulatory function.

2.5 Members serve STAGE in a personal and individual capacity and thus shall not seek or accept instructions regarding the services performed from any government or from any authority external to the Organization. STAGE members do not represent any government, agency, company or other entity.

2.6 Members may be approached by non-WHO sources for their views, comments and statements on particular matters of public health concern and be asked to state the views of STAGE. Members shall refer such enquiries to WHO. WHO may then request members to make public statements.

3. Conduct at meetings

3.1 Differences of views and philosophy are natural and should be respected. Members shall not hinder the rights of others to hold and express alternative views.

3.2 Members are encouraged to voice their personal viewpoints.

3.3 Members are requested to foster open, collegial discussions that lead to a conclusive consensus. All committee members shall respect the final consensus.

3.4 Members are asked to abide by the meeting procedures laid out by the Chair.

3.5 The full attention of all members is expected during meetings. Members should refrain from using e-mail during meetings. Mobile telephones shall be switched off or put in “silent” mode before entry to the meeting room.

3.6 Members shall ensure that they arrive for a meeting in good time and attend the meeting for its entire duration.

4. Declarations of interests

4.1 STAGE members are required to complete a WHO Declaration of Interests form. Changes in interests must be reported to the Secretariat as early as possible.

4.2 Members shall not solicit gifts or favours in connection with their WHO duties.

5. Confidentiality

5.1 All papers and information provided to STAGE are confidential, unless they are already in the public domain. STAGE deliberations are confidential, and STAGE members may not disclose them to entities outside the committee.

5.2 Such confidentiality must be maintained throughout the member’s participation in the work of STAGE and for a period of 10 years thereafter.
Annex 5.
Planning of sessions at STAGE meetings and directives for session focal points

Agenda for STAGE meetings

• WHO staff, STAGE members and partners propose topics.
• From the proposals, previous requests from STAGE, pending items and recurrent standing reports and depending on the sessions and meeting time, the STAGE Secretariat compiles a list of proposed agenda items.
• The proposed list is discussed at STAGE working group meetings, revised accordingly and discussed at departmental meetings.
• The list of agenda items is sent to STAGE members and to the regional offices for comments.
• After revision, the list is circulated for comments to partner organizations.
• The list of agenda items is then finalized with the STAGE Chair and the departmental directors.
• A list of internal WHO focal points and proposals for STAGE focal points for each session is confirmed. STAGE focal points must have no conflict of interest for the item for which they will serve as focal point.
• For each topic and session proposed, the WHO focal point should provide:
  ◦ the purpose of the session (for information, discussion or decision) and the specific expected outcome;
  ◦ the approximate duration of each session (including times for presentations and discussion);
  ◦ evidence that whatever preparatory material or other input required, such as study results, will be completed in time for the meeting;
  ◦ an indication of the urgency of debate on the topic by STAGE; and
  ◦ a list of the partners and other departments likely to be involved in the session.
• A draft annotated agenda is elaborated by the STAGE Secretariat from the inputs of all focal points. Internal focal points are expected to confirm the expected output and propose presentations, including titles, timing and order of presentations. At least half and up to two thirds of the time for each session should be kept for questions and discussions (including information sessions).
• The draft agenda is circulated to STAGE members.
• Preparatory conference calls are held among STAGE members, the Secretariat, the senior management teams of all three departments and all WHO session focal points. One or two calls may be scheduled about 1 month before the STAGE meeting. The main purposes of the calls are to identify issues, facilitate preparation of the meeting, agree on the draft agenda and determine whether a STAGE working group will be required or whether an existing group could be called upon to provide additional information.
• The draft annotated agenda is posted on the STAGE website and is posted on the public STAGE website shortly after the teleconference.

A detailed agenda is prepared exclusively for STAGE members and Secretariat, with background information based on input from focal points. The agenda contains the names of focal points, a list of background documents, background information on each session (including previous STAGE recommendations, context, issues, more detailed questions or discussions if necessary) and a list of participants invited for each session.
Planning for each session and roles of internal and STAGE focal points

- Internal focal points are responsible for detailed planning and finalization of the content of their sessions in coordination with the corresponding STAGE focal points, including:
  - providing information to be inserted in the detailed agenda intended only for STAGE members and the Secretariat;
  - identifying or providing background documents to be posted on the STAGE website and accessible to all meeting participants; and
  - ensuring the availability of presentations to be sent to all STAGE members 1 week before the meeting.

- STAGE focal points are expected to:
  - interact with WHO focal points in organizing the sessions;
  - ensure both preparation of the meeting and that all the necessary relevant information is provided for STAGE members to make a decision;
  - ensure that important questions and issues are properly addressed, informed and discussed;
  - convey key issues and problems with respect to their session to other members;
  - only briefly introduce issues at the meeting, i.e. the rationale and expected output;
  - if the focal point is also the chair of a STAGE working group, report and present the recommendations on behalf of the working group; and
  - ensure that the minutes of their sessions are correct and are reported accurately in a timely manner.

Background documents for the STAGE website

- Documents per session will be posted on the STAGE website.
- Only documents (Word or PDF) providing essential information or evidence for the session should be provided.
- The documents should be provided for posting as early as possible and no later than 2–3 weeks before the meeting.
- For all copyrighted material, such as non-WHO material published in peer-reviewed journals, permission must be secured from the publishers (not the authors). Most journals grant permission to reproduce an article for the purposes of an advisory group meeting free of charge. If permission is not secured, only links to the journal websites may be provided.

Breakfast meetings

- All STAGE members, WHO focal points and senior staff from the three departments are expected to participate in breakfast meetings each day of the meeting to review the preparation, ensure proper discussions at the meeting and identify any last-minute issues.

Report

- A report no longer than 4000 words is to be published on the STAGE website within 2 months of the meeting. Soon after each session, WHO focal points are responsible for providing a first draft no longer than 200–800 words, which is discussed and revised with the corresponding STAGE focal point, sent to other STAGE members for comment and revised accordingly.
• After the meeting, a first draft of a consolidated overall report is produced by the STAGE Secretariat and circulated to all STAGE members for comments. The STAGE Secretariat will then consolidate all the comments with the respective focal points and send the proposed final draft for review and approval by the STAGE Chair and the directors of the three departments. The report is approved by the WHO Director-General and posted on the STAGE website.
## Annex 6.

Online sources of information for STAGE members

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic and Technical Advisory Group of Experts (STAGE) (public)</strong></td>
<td>Provides details of the membership of STAGE, dates and venues of upcoming STAGE meetings, conclusions and recommendations from previous meetings, guidance on submitting nominations for future vacancies on STAGE and publicly available STAGE-related documents</td>
<td><a href="https://www.who.int/maternal_child_adolescent/stage/en/">https://www.who.int/maternal_child_adolescent/stage/en/</a></td>
</tr>
<tr>
<td>STAGE website for meeting participants</td>
<td>Link provide only to STAGE members and participants in STAGE meetings, which are linked to the public STAGE website after the meeting. Includes background documents and materials related to upcoming meetings</td>
<td>STAGE Secretariat to provide this link before the meeting</td>
</tr>
<tr>
<td>Maternal, Newborn, Child and Adolescent Health and Ageing (MCA)</td>
<td>WHO department website that provides information on guidelines related to maternal, newborn, child and adolescent health. Also hosts the STAGE website</td>
<td><a href="https://www.who.int/maternal_child_adolescent/en/">https://www.who.int/maternal_child_adolescent/en/</a></td>
</tr>
<tr>
<td>Nutrition and Food Safety (NFS)</td>
<td>WHO department website that provides information on nutrition and food safety issues, guidelines and general information on these topics</td>
<td><a href="https://www.who.int/nutrition/about_us/en/">https://www.who.int/nutrition/about_us/en/</a></td>
</tr>
<tr>
<td>Sexual and Reproductive Health and Research (SRH)</td>
<td>WHO department website that provides information on sexual reproductive health, including research training in human reproduction</td>
<td><a href="https://www.who.int/reproductivehealth/en/">https://www.who.int/reproductivehealth/en/</a></td>
</tr>
<tr>
<td>Other advisory groups</td>
<td><strong>Strategic Advisory Group of Experts (SAGE) on Immunization</strong>;</td>
<td><a href="https://www.who.int/immunization/policy/sage/en/">https://www.who.int/immunization/policy/sage/en/</a></td>
</tr>
<tr>
<td></td>
<td><strong>Malaria Policy Advisory Committee (MPAC)</strong>;</td>
<td><a href="https://www.who.int/malaria/mpac/en/">https://www.who.int/malaria/mpac/en/</a></td>
</tr>
<tr>
<td></td>
<td><strong>Strategic Technical Advisory Group (STAG) on Sexual and Reproductive Health</strong></td>
<td><a href="https://www.who.int/reproductivehealth/hrp/stag-members/en/">https://www.who.int/reproductivehealth/hrp/stag-members/en/</a></td>
</tr>
<tr>
<td></td>
<td><strong>Nutrition Guideline development group and Technical Advisory groups</strong></td>
<td><a href="https://www.who.int/nutrition/topics/en/">https://www.who.int/nutrition/topics/en/</a></td>
</tr>
</tbody>
</table>
Annex 7.
Contact details for STAGE members and the Secretariat

STAGE members

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 (GA), United States of America

Dr Mariam Eva Claeson, Stenhotten 71, Försslöv 26973, Sweden

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

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

Dr 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

Dr Alma Crumm Golden, Executive Director, Global Development Lab, United States Agency for International Development, Washington DC, United States of America
Professor Michael Golden, Pollgorm, Ardbane, Downings Letterkenny, Co Donegal, Ireland

Dr Caroline Homer, Co-Program Director, Maternal and Child Health and Working Group Head; NHMRC Principal Research Fellow, Burnet Institute, Melbourne, Australia

Dr Fyezah Jehan, Associate Professor, Department of Paediatrics and Child Health, Aga Khan University, Karachi, Pakistan

Dr Caroline Kabiru, Associate and Senior Technical Advisor, Evidence to End FGM/C Program, Population Council, Nairobi, Kenya

Professor Betty Kirkwood, Professor of Epidemiology and International Health, Faculty of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, London, United Kingdom

Professor Joy Lawn, Professor of Maternal, Reproductive and Child Health Epidemiology, London School of Hygiene and Tropical Medicine, London, United Kingdom

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

Dr 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
WHO staff and consultants

Dr Anshu Banerjee, Director, Maternal, Newborn, Child and Adolescent Health and Ageing (MCA), WHO, Geneva 
banerjea@who.int

Dr Ian Askew, Director, Sexual and Reproductive Health and Research (SRH), WHO, Geneva 
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Dr Francesco Branca, Director, Nutrition and Food Safety (NFS), WHO, Geneva 
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Dr Wilson Were, Medical Officer, Child Health and Development, MCA 
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Dr Allisyn Moran, Scientist, Maternal Health, MCA 
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Dr Rajiv Bahl, Coordinator, Newborn Health, MCA 
bahlr@who.int

Dr Valentina Baltag, Scientist, Adolescent and Young Adult Health, MCA 
baltagv@who.int

Bernadette Daelmans, Coordinator, Child Health and Development, MCA 
daelmans@who.int

Dr Theresa Diaz, Coordinator Epidemiology, Monitoring and Evaluation, MCA 
tdiaz@who.int

Dr Lisa Rogers, Technical Officer, Food and Nutrition Action in Health Systems, NFS 
rogersl@whop.int

Dr Olufemi Oladapo, Medical Officer, Maternal and Perinatal Health, SRH 
oladapoo@who.int

Dr Beena Varghese, Consultant, MCA 
 bvarghese@who.int