Strategic and Technical Advisory Group for
Maternal, Newborn, Child and Adolescent Health and Nutrition (STAGE)
Working Group: Care for child and adolescent health and wellbeing

Terms of Reference

Purpose of the work
1. To advise WHO and the interdepartmental working group for the child health redesign on policies, interventions, and services to optimize child and adolescent healthy growth and development and wellbeing, and their programmatic implementation. The STAGE working group will be composed of experts acting in their individual capacity and will include both STAGE and selected experts that are not members of the STAGE.

Background
2. The child health redesign consultations conducted between 2017 – 2019 have resulted in the formulation of the document Investing in our future: A comprehensive agenda for the health and wellbeing of children and adolescents. The comprehensive agenda is aligned with the Sustainable Development Goals and the objectives of the Global Strategy for Women’s, Children’s and Adolescents’ Health, which were endorsed in resolution WHA69.2 on committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health.

3. The comprehensive agenda for health and wellbeing of children and adolescents is centered around the objectives of Survive, Thrive and Transform. It aims to contribute to multiple SDG goals and targets related to nutrition (SDG2), health (SDG 3), optimal development (SDG 4), and prevention of maltreatment (SDG 16), amongst others.

4. The Global Strategy Progress report to the 76th World Health Assembly in 2023 summarizes the multiple challenges facing children and adolescents. Newborn and child mortality reduction stagnated, and 54 countries are off track to achieve the global target of as low as 25 or less child deaths per 1000 live births in 20230. Over 45 million children under the age of 5 were wasted in 2020, while less than half of infants less than 6 months were exclusively breastfed. Inequalities in early childhood development are widespread around the world, and mental health issues are of great concern among adolescents. Levels of adolescent pregnancy and childbearing have declined. However, on average, 736 million (almost one in three) women who were aged 15 years or older in the year 2018 have experienced physical and/or sexual violence by an intimate partner and/or sexual violence by a non-partner at least once in their lifetime. These data are just a snapshot of the current data landscape pertaining to child and adolescent health and wellbeing.
5. In response, WHO has convened an interdepartmental working group to lead the transformation of health services and health systems, to respond to the unfinished agenda of preventable child and adolescent morbidity and mortality and amplify actions to promote health and wellbeing in the first two decades of life. Work is in progress to share a ‘well care’ approach that is grounded in multisectoral policies and services and based on leadership within the health sector to reach all families, children, and adolescents with a universal package of interventions, complemented by targeted and indicated interventions for those with extra needs.

6. To move from disease-oriented to a health promoting services, a transformative process is required in most health systems. STAGE members have commended WHO for the timeliness of tackling this challenge and encouraged the Organization to continue its efforts to develop guidance and provide technical support to countries for implementation, thereby engaging in a joint learning process of what works. Given the complexity of the task, expert advice will be needed.

Functions

7. In their capacity as a STAGE working group on *Care for child and adolescent health and wellbeing*, members will have the following functions:
   a. To act as thought partners to the WHO Interdepartmental working group on *Care for child and adolescent health and wellbeing* in defining models of care, effective delivery approaches, multisectoral engagement strategies, and identifying examples of good practice and result.
   b. To advise the STAGE during the development of tools and gathering of country experiences, on the most effective ways of implementing the transformative agenda, for the STAGE to make informed recommendations to WHO.
   c. To advise on the challenges and risks related to the recommendations and programmatic approach to enhance coordination and implementation across relevant ministries and country-level impact.

Composition

8. The STAGE working group on *Care for child and adolescent health and wellbeing* will have up to 14 members who will serve in their individual capacity to represent the broad range of disciplines relevant to the health and wellbeing on children and adolescents. In the selection of STAGE working group members, consideration will be given to attaining an adequate distribution of technical expertise (both programmatic and academic/research), geographical representation and gender balance.

9. Members of the STAGE working group on *Care for child and adolescent health and wellbeing* are expected to be experts with experience in one or more of the following areas and domains, to ensure a multisectoral approach:
   a. Academia and research: experts who have conducted or are currently conducting research to understand the root causes of child morbidity, mortality, inadequate growth, impaired development and learning, and behavioral challenges and barriers to optimal human development in the first two decades of life.
   b. Program design, implementation, monitoring and evaluation: experts in evaluating and documenting the impact of integrated policies and programmes; experts with
experience designing and implementing national health, education, community
development, environment and/or social protection policies and programmes and/or
establishing and managing relevant units in large organizations, governments and/or
government agencies.

10. Members of the STAGE working group on *Care for child and adolescent health and wellbeing*, including the co-chairs, will be selected, and appointed by WHO in consultation with the STAGE chair, based on the recommendations from members of the WHO Interdepartmental working group on the child health redesign. One of the co-chairs will be a member of STAGE and role of co-chairs include:
   a. To facilitate the meeting of the STAGE working group and guide development of recommendations.
   b. To liaise with STAGE members and the WHO Interdepartmental working group on the child health redesign and present the recommendations to STAGE.

**Operation**

11. As a sub-group of STAGE, the STAGE working group on *Care for child and adolescent health and wellbeing* will meet virtually, via video or teleconference. The STAGE Secretariat will facilitate these meetings.

12. The outcome of their deliberations will be submitted to STAGE for review at one of its meetings and shared with the WHO Interdepartmental working group on the child health redesign.

**Secretariat**

13. WHO will serve as the STAGE Secretariat for the working group on *Care for child and adolescent health and wellbeing* and provide the necessary technical, administrative and other support. The Secretariat, working in collaboration with the WHO Interdepartmental working group on the child health redesign, will provide the members in advance of each meeting with the agenda and working documents via email.

**Information and documentation**

14. Information and documentation will be available to working group members through a shared online folder.
STAGE Working Group for Child and Adolescent Health Well Being

Members

1. Caroline Homer, Chair STAGE
2. Rina Agustina
3. Narendra K Arora,
4. Richmond Arveetey
5. Peter Azzopardi
6. James Berkley
7. Faysal El Kak
8. Nuray Kanbur
9. Caroline Kabiru
10. Jonathan D Klein
11. Prof Linda Richter
12. Peter Waiswa

External Experts

13. Mitch Blair, Professor of Paediatrics & Child Public Health, Faculty of Medicine, School of Public Health, Imperial College, London, UK

14. Raul Mercer, Program of Social Sciences and Health, FLACSO (Latin American School of Social Sciences), Researcher at CISAP (Center for Research in Population Health), Buenos Aires, Argentina

15. Wendy Nicholson, Deputy Chief Nurse Children, Young People & Families and Head of the World Health Organization Collaborating Centre for Public Health Nursing; Office for Health improvement and Disparities, Dept of health and social care, London, UK