Purpose of the work

1. WHO will establish a working group under STAGE with key partners, professional organizations and other stakeholders, including country representation. The working group will prioritize life-saving maternal and newborn health commodities and will guide the development of an implementation strategy for scaling up across different country contexts as part of strengthening health systems in line with WHO recommendations. The working group will be composed of experts acting in their individual capacity.

Background

2. The Maternal, Newborn, Child and Adolescent Health and Ageing (MCA) Department at WHO aligns with the goals and targets related to maternal, newborn, child and adolescent health as set out in the Sustainable Development Goals (SDGs), the Global Strategy for Women’s, Children’s and Adolescents’ Health to support the achievement of WHO’s 13th General Programme of Work.

3. WHO has established a living guideline system that monitors the scientific literature and provides up-to-date recommendations to prevent and treat the main causes of maternal and neonatal mortality and morbidity; however, adaptation of these recommendations in national policies and integration of essential commodities for implementation has been variable.

4. At the fifth meeting of the WHO Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health and Nutrition (STAGE) convened in May 2022, it was agreed to establish a working group to develop an implementation strategy for scaling up WHO recommended commodities as part of health systems strengthening. The working group will:
   a. prioritize life-saving maternal and neonatal health commodities and devices, and
   b. develop an implementation strategy for scaling up across different country contexts in line with WHO recommendations.

5. WHO/MCA is convening a working group to bring together key partners, professional organizations and other stakeholders to review and prioritize WHO recommended commodities to improve maternal and neonatal survival and wellbeing.

Functions

6. In its capacity as a working group on MNH commodities and devices, they will have the following functions:
   a. To act as thought partners to the WHO Interdepartmental working group on MNH commodities and devices in prioritizing those life-saving maternal and neonatal health
commodities recommended by WHO that hasn’t been successfully implemented or fully implemented globally;

b. To advise on the challenges and risks related to the current recommendations and programmatic approach to enhance coordination and implementation across relevant ministries and country-level impact; and

c. To make recommendations to STAGE during the development of a global action plan to develop implementation strategies for scaling up across different country contexts in line with WHO recommendations;

Composition

7. The STAGE working group on MNH commodities will have up to 20 members who will serve in their individual capacity to represent the broad range of disciplines relevant to the scaling up WHO recommended commodities for maternal and newborn health. In the selection of 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.

8. Members of the working group on MNH commodities are expected to be experts with experience in one or more of the following areas and domains in order to ensure a multisectoral approach:
   a. Academia and research: experts who have conducted or are currently conducting research to understand barriers and facilitators for the implementation or scaling up life-saving maternal and neonatal health commodities across different country contexts.
   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, agriculture, education, environment and/or social protection policies and programmes and/or establishing and managing relevant units in large organizations, governments and/or government agencies.

9. Members of the STAGE working group on MNH commodities, including the co-chairs, will be selected, and appointed by WHO, in consultation with STAGE chair. One of the co-chairs will be a member of STAGE and hi/her role includes the following:
   a. To facilitate the meeting of the working group on MNH commodities and guide development of recommendations
   b. To liaise with STAGE members and the WHO/MCA and present the recommendations to STAGE.

Operation

10. As a sub-group of STAGE, the working group on MNH commodities will meet virtually, via video or teleconference. The STAGE Secretariat will facilitate these meetings.

11. The outcome of their deliberations will be submitted to STAGE for review at one of its meetings and shared with the WHO/MCA.

Secretariat
12. WHO will serve as the STAGE Secretariat for the working group on MNH commodities and provide the necessary technical, administrative and other support. The Secretariat, working in collaboration with the WHO /MCA, will provide the members in advance of each meeting with the agenda and working documents via email.

13. The WHO secretariat is responsible for the writing, production, and publication of the documents produced by the WG. It is envisaged that these products will be short documents, user-friendly with easily accessible information and graphic design.

Information and documentation

14. Information and documentation will be available to working group members through a shared online folder.
1. Amanuel ABAJOBIR  
   STAGE  
   African Population and Health Research Center  
   Nairobi, Kenya
2. Diana BARGER  
   Université de Bordeaux/Inserm U1219 Bordeaux Population Health Research Centre  
   Bordeaux, France
3. José DIAZ-ROSELLO  
   Maternidad Universitaria  
   Hospital de Clinicas "Dr. Manuel Quintela"  
   Universidad de la República. Montevideo, Uruguay
4. Karsten LUNZE  
   Chobanian & Avedisian School of Medicine Boston University  
   Boston, USA
5. Neil SPICER  
   London School of Hygiene and Tropical Medicine (LSHTM)  
   London, UK
6. Auliya SUWANTIKA  
   STAGE  
   Faculty of Pharmacy, University of Padjadjaran  
   Bandung, Indonesia
7. Caroline HOMER  
   STAGE  
   Maternal, Child and Adolescent Health  
   Burnet Institute  
   Melbourne, Australia
8. Gaby I. OOMS  
   Health Action International  
   Amsterdam, The Netherlands
9. Dilys WALKER  
   STAGE  
   University of California (UCSF)  
   San Francisco, USA
10. Mariam CLAESON  
    STAGE  
    Karolinska Institute  
    Stockholm, Sweden
11. Faysal EL KAK  
    STAGE  
    Department of Health Promotion and Community Health  
    American University of Beirut  
    Beirut, Lebanon