

REPORT

on

The Second Meeting of the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM)

4-5 February 2016
UNICEF House, 3 UN Plaza
NY, USA

March 2016

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1. INTRODUCTION

WHO and UNICEF established an independent Technical Expert Advisory group on Nutrition Monitoring (TEAM) to provide advice on how to enhance nutrition monitoring efforts at all levels. The TEAM is also expected to help identify emerging research questions and needs related to nutrition monitoring and to recommend actions towards developing and/or refining indicators and methods. A more specific and immediate focus of the TEAM is to complete the development of monitoring and reporting guidelines for the 20 core indicators of the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition related to the WHA global nutrition targets.

The TEAM is a gender- and regional balanced group of ten technical experts. A joint WHO-UNICEF Secretariat supports the TEAM. The TEAM members use their networks and also reach out to other experts and agencies for collaboration. Thematic sub-working groups will be convened as needed. The roles and responsibilities, scope and purpose, and operational modalities of the TEAM are described in the Terms of Reference of the TEAM.¹ The first TEAM meeting was held in July 2015 and a workplan for the first two years developed with six top line work areas – (a) WHA nutrition targets operational guidelines; (b) Prevalence level ranges for public health significance of malnutrition; (c) Rules for assessing on track/off track for WHA targets; (d) Anthropometry data quality; (e) Research agenda for global nutrition monitoring; and (f) Engagement with other partners.

The 2nd TEAM meeting in New York on 4-5 February 2016 had two sessions – an open half-day session with invited partners and a closed session of one and a half days for the TEAM meeting. The WHO-UNICEF secretariat briefed partners on the structure and function of the TEAM, and partners had the opportunity to provide input on priorities as well as modalities for their engagement. The report² on the partner session is available as a separate document.

This report includes the summary of discussion from the TEAM meeting session held on 4-5 February 2016, (See the agenda in Annex 1 and participants list in Annex 2).

2. MEETING SUMMARY

The main six areas of work as outlined in the TEAM's two-year workplan were discussed. The topics of presentations, critical issues discussed on each topic and agreed way forward are summarised in the tables below –

¹ Terms of Reference for the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM), Draft 24 February 2015.

² Report on "The Joint session of WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM) with Partners", 4 February 2016, UNICEF House, 3 UN Plaza, NY, USA.

2.1 WHA Nutrition Target

2.1.1 WHA Nutrition Targets – 4 indicators

TEAM made a presentation on 4 indicators that are postponed to 2018 – 3 process indicators and 1 policy environment and capacity indicator.

- Three out of these 4 indicators are the coverage indicators – MAD, iron folic acid supplementation and mothers receiving breastfeeding counseling.
- Two indicators are new – mothers receiving breastfeeding counseling and number of trained nutrition professionals.
- Criteria for examining the indicators – fit for purpose, indicator definition, and data availability.
- Potential options for each indicator.

Presentation will be available on the TEAM SharePoint (<https://workspace.who.int/sites/nutrition/TEAM/SitePages/Welcome.aspx>). The discussion and next steps are presented below:

Discussion	Way forward
<ul style="list-style-type: none">• Although dropping indicators was one of the options proposed, the Secretariat reminded that Member States would expect to keep all the indicators. The Secretariat also ensured that the TEAM would be able to make recommendations on a revised list of indicators in 2018.• A question arose about the possibility of some recommendations, related to the development, testing, and inclusion of indicators in the system, which may take longer than 2018. The Secretariat ensured that there is flexibility for this.	
1. Minimum acceptable diet (MAD) Some points of discussion on potential options for MAD indicator were: <ul style="list-style-type: none">(i) Restrict reporting to those countries with a problem of stunting;(ii) Replace with the minimum dietary diversity (MDD) indicator; and(iii) Adopt another diet quality indicator sensitive to undernutrition as well as foods and beverages for which consumption should be moderated or minimized. <ul style="list-style-type: none">• The TEAM preferred the second option, which is dietary diversity but to include the third	<ul style="list-style-type: none">• Detail the advantages, disadvantages, and justification for MDD to replace MAD. Discuss and agree on the final recommendation on the indicator.• Detail the advantages and disadvantages of requiring all countries to report on MAD/MDD versus requiring only those countries with a certain level of stunting to report on MAD/MDD. Based on this a recommendation can be made by the TEAM and a decision taken by the Secretariat on this matter. If the decision is to require

Discussion	Way forward
<p>option as a research option and it was suggested that justification to make the switch between MAD and MDD needed to be better articulated.</p> <ul style="list-style-type: none"> • A question was whether there is a need to raise the age group for the MDD, which is 6-23 months as the overweight target is for 0-5 years. It was agreed that there is a need for dietary transition indicators for infants, young children and adults. However, it was noted that it would involve substantial work to do that and this would not be possible to implement in the short term/before the 2018. • If countries have more in-depth dietary data, such as quantitative 24 hour recalls, it may be possible to derive the dietary diversity indicator, but clear guidance on how to use alternate sources of data would be required. There was a suggestion to try out analysis for a few countries with alternate types of data ahead of developing guidance. • It was suggested to provide guidance on how to operationalize this indicator in countries where stunting is not a problem as many of these countries do not have national dietary data. The Secretariat should refer countries to existing guidance including WHO/DHS/MICS manuals and also any alternatives yet to be recommended by the TEAM. • Given the lack of discussion regarding alternate forms of reporting for the 6 target indicators, while in-depth discussion was occurring for the extended set of indicators, a concern was raised by a Secretariat member to also get the TEAM's input on guidance for alternate means of reporting on the 6 target indicators. For example, there has been discussion between the secretariat about allowing alternate definitions of exclusive breastfeeding and these discussions have not been brought forth to the TEAM. However, if the TEAM will advise on such matters for the extended set of indicators, they might as a priority first advise on the similar issues for the core indicators. 	<p>all countries to report, regardless of their stunting level, then a decision will also be needed regarding whether alternate methods could be used instead of the standard indicator and if so, which methods.</p> <ul style="list-style-type: none"> • Develop reporting guidelines (e.g. either refer to WHO IYCF indicator documents only or also propose alternates – noting that trials with existing data might be needed before alternates can be proposed). • As part of the research planning TEAM outcome, propose methodological work on a new diet indicator(s) that are sensitive to undernutrition as well as foods and beverages for which consumption should be moderated or minimized.
<p>2. Iron folic acid (IFA) supplementation</p> <p>The options for discussion on this indicator were:</p> <ul style="list-style-type: none"> (i) Change from process to policy indicator (ii) Refine and apply the current indicator definition (iii) Use a proxy indicator (i.e., antenatal care (ANC) coverage) 	<ul style="list-style-type: none"> • Conduct additional work to operationalize the indicator, considering the idea of “iron containing supplements”.

Discussion	Way forward
<ul style="list-style-type: none"> • The first option was not considered and the discussion was centered on the latter two. • Using ANC as a proxy will overestimate this indicator as in many places ANC coverage is high but women receiving IFA is really low. • The overall difficulty for this indicator is for the high-income countries (HIC), not for those with DHS and MICS. In some HI countries, IFA during pregnancy is not a policy but is practiced. In many others, there is only iron supplementation without folic acid and vice versa. • A SPRING led review concluded that this indicator should be split, and it was proposed to DHS a more detailed way to address this indicator. • The TEAM suggested that, as countries have different policies for supplementation, we should be flexible. Some have IFA, some have either iron or folic acid, and some have multivitamins. Therefore, it was recommended to “refine and apply” the indicator. • The TEAM also suggested flagging this indicator for future exploration in terms of how HIC would report on this. Additional work is needed to operationalize the idea of “iron containing supplement”. 	
<p>3. Receiving counselling on optimal BF</p> <p>The main discussion points for this indicator were:</p> <ul style="list-style-type: none"> (i) Proxy indicator, i.e., ANC coverage (ii) Invest in the development of a new indicator <ul style="list-style-type: none"> • It was agreed that ANC is not a good proxy and should not be used for this indicator. The TEAM should make strong recommendation for this. • The definition of indicator is broad as counseling is not just receiving a message. Therefore, it requires to ask a few questions to capture whether someone had received counseling. • Two main issues emerged – age group and recall period. • It was agreed to invest in development of a new indicator, but for the long term although it will involve challenges. 	<ul style="list-style-type: none"> • Rejected the proxy of ANC coverage. Develop new indicator, understanding that this task will take time.

Discussion	Way forward
<p>4. Trained nutrition professionals</p> <p>There were two options to discuss this indicator:</p> <ul style="list-style-type: none"> (i) Use existing indicator of health professionals as a proxy indicator (ii) Develop further the proposed indicator (refine definition, operational aspects, etc.) <ul style="list-style-type: none"> • There was some discussion around the definition of “professionals” as many LMIC rely on frontline health workers (CHWs or CHVs) who are not professional in formal sense but provide significant services. There was a question on whether para-professionals should be included in this group. • There was discussion on whether it should be a skill-based approach, as in the case of skilled birth attendants, to perform certain types of activities by a cadre who qualify for that role. • It was agreed that a proxy of other health professional, who may or may not have good nutrition training, is not an alternative to obtain information on this indicator and therefore it deserves investment in the further development of the proposed indicator. 	<ul style="list-style-type: none"> • Rejected the proxy of other health professionals and recommended to invest developing further the proposed indicator (refine definition, operational aspects, etc.).

2.1.2 WHA Nutrition Targets – 10 indicators

The Secretariat made a presentation on the operational issues and questions on 10 indicators that are to be reported as of 2016.

- The indicators include 5 intermediate outcome, 6 process and 3 policy environment and capacity indicators.
- For most of the indicators there are global databases and estimation processes.
- The presentation was based on the questions and issues that were raised during the informal consultation with the Member States and other UN agencies held in Geneva last year and on recent interdepartmental consultations of the WHO.

Presentation will be available on the TEAM SharePoint (<https://workspace.who.int/sites/nutrition/TEAM/SitePages/Welcome.aspx>). The discussion and way forward are presented in the table below:

Discussion	Way forward
<p>Before the discussion the TEAM pointed out that some indicators do not have issues to discuss. There were a few indicators that needed discussion and providing feedback on. For rest of the</p>	

Discussion	Way forward
indicators, TEAM considered that it was for their information.	
1. Diarrhoea in children <5 years of age <ul style="list-style-type: none"> The main discussion was around two points: whether a proxy indicator can be used and whether this indicator should be used for HI countries. Some suggested to use zinc protocol coverage as a proxy for diarrhoea as it is part of the process. Others suggested the use of coverage data as a proxy, i.e., the children with diarrhoea seeking treatment at the facilities. However, there was concern about coverage indicator as it depends on the diarrhoea indicator and thus not better than the proposed indicator itself. 	<ul style="list-style-type: none"> Use the indicator of coverage of children seeking treatment for diarrhoea in health facilities. HI country targets might be different based on low stunting prevalence.
2. Women 15-49 years with low BMI (<18.5 kg/m²) <ul style="list-style-type: none"> Different measurements for different age groups (15-18 years and 19-49 years). WHO growth reference is used for adolescents 15-18 years of age and fixed BMI cut-offs for the adults. With re-analysis of raw data, both options are possible if using DHS, data. Some suggested sensitivity analysis with the 15-18 years age group to look at the difference when fixed cut-offs are used as opposed to BMI-for-age. The WHO recommendation is to use BMI-for-age for 15-18 years of age using WHO 2007 References (below -2SD cut-off) and BMI <18.5 kg/m² for 19-49 years. As there is a WHO recommendation, it was agreed to use the recommendation. 	<ul style="list-style-type: none"> Follow WHO recommendations: BMI-for-age for 15-18 years of age using WHO 2007 References (below -2SD cut-off) and BMI <18.5 kg/m² for 19-49 years.
3. Births to women aged 15-19 years/1000 women 15-19 years. <ul style="list-style-type: none"> No issue. 	<ul style="list-style-type: none"> No further recommendation by the TEAM.
4. Overweight and obesity in women >18 years with BMI ≥25 kg/m² <ul style="list-style-type: none"> No issue. 	<ul style="list-style-type: none"> No further recommendation by the TEAM.
5. Overweight and obesity in school-age children and adolescents (5-18 years) <ul style="list-style-type: none"> No issue. 	<ul style="list-style-type: none"> No further recommendation by the TEAM.

Discussion	Way forward
<p>6. Proportion of population using a safely managed drinking water service</p> <p>7. Proportion of population using a safely managed sanitation service</p> <ul style="list-style-type: none"> • A question raised by a TEAM member, why the population “using” a safely managed drinking water service is being used rather than supply. Recent data from several countries indicate that there was good water supply but was not always used. This is usually the case, especially where the population cannot afford it. • The Secretariat provided background information on the indicators. These are the new indicators for the SDGs. The MDGs were about population using an improved type of service, now we are talking about safely managed. For sanitation, we will not only have using an improved facility, but also whether the fecal material is being safely transported for treatment. The WHO-UNICEF Joint Monitoring Programme (JMP) uses national household surveys that look at which source they mainly use. This is how typically DHS and MICS include these indicators. 	<ul style="list-style-type: none"> • No further recommendation by the TEAM.
<p>8. Percentage of births in baby friendly facilities</p> <ul style="list-style-type: none"> • Secretariat informed that the 2009 WHO guidance suggests that facilities/hospitals should be re-assessed every 3-5 years. 	<ul style="list-style-type: none"> • Currently there is the 2009 guidance. New guidance will be available in 2017 and include details on issues of accreditation, frequency of re-assessment.
<p>9. Countries fully implementing the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22) and subsequent relevant resolutions adopted by the Health Assembly Compliance</p> <ul style="list-style-type: none"> • Currently, both Yes/No and a scoring system are used. A harmonized scoring system is being developed but it is not done yet and will not be available for the upcoming May report. 	<ul style="list-style-type: none"> • No further recommendation by the TEAM.
<p>10. Number of countries with maternity protection laws or regulations in place</p> <ul style="list-style-type: none"> • Currently, a Yes/No is used but a scale or nuances is under development that could be added later. 	<ul style="list-style-type: none"> • Decision is pending as this is in development process.

2.2 On track/off track rules for the global WHA Indicator targets:

The Secretariat made a presentation covering:

- Summary of the issues paper – 7 questions
- Synthesis of TEAM comments on the 7 questions
- Potential set of rules that could be applied for each of the 6 indicators as a starting point of the discussion

Presentation will be available on the TEAM SharePoint (<https://workspace.who.int/sites/nutrition/TEAM/SitePages/Welcome.aspx>). The discussion and way forward are presented in the table below.

Discussion	Way forward
<p>Question 1: How many categories should be used to describe progress toward the WHA targets?</p> <ul style="list-style-type: none"> • 2 categories (on track/off track) is insufficient, although some indicators may require it (wasting) • 3 categories would be about right and there was agreement not to have too many categories. • However, the advisors suggested to maintain flexibility in cases where a fourth category is needed, for example where there is possibility of a reversal of progress and a “worsening” situation needs to be captured. • The TEAM suggested that it is good to maintain the granularity of at least 3 categories when highlighting individual countries, but that for global and regional level assessments, the categories can always be collapsed into two for the simpler advocacy messages and that recommendation should be made for such applications to users of the data. • There was mention of the possibility to use the confidence interval to define the range. 	<ul style="list-style-type: none"> • For country level assessments: 3 categories should be applied to as many targets as possible to maintain a cohesive approach across the indicators. However, it will be important to maintain flexibility when drafting the rules such that where required, 2 (e.g. wasting) or even 4 categories should be used in select cases, but these should be clearly justified in any future write-up. • Colours (red, yellow, green) were suggested as easy to interpret and category labels to be used could be <ul style="list-style-type: none"> ○ “On track”, “Some progress”, “No progress/Worsening” (e.g. green, yellow, red) ○ “On track”, “Some progress”, “No progress”, “Worsening” (e.g., green, yellow, red, red) ○ “On track”, “Not on track” (e.g., green, red) • Ahead of finalizing the categories, the size of the confidence intervals will be researched to determine optimal categories for each indicator. • Recommend to collapse the ratings into two categories (on track and collapse all other categories into “not on track”) when summarizing for regional or global assessment.

Discussion	Way forward
<p>Question 2: Should zero change be used as a cut-off to divide countries into those making progress versus those not making progress?</p> <ul style="list-style-type: none"> • Some argued that it was perfectly fine despite the arbitrary nature to it, but we need to set a cut off. • Some shared that no matter the cut off, similar countries above and below the cut off will be in different categories. • Others felt zero was not optimal as “no progress” should include zero as well as those “around” but even above zero. • There was also discussion related to the target (overweight) that is zero. Is use of zero required for overweight given that the target is “not increasing”, that is, do we need to keep zero to be consistent with the target? • The discussion was not brought to conclusion with any consensus. 	<ul style="list-style-type: none"> • Inconclusive. The Secretariat will report back on the number of countries affected by the proposed cut-offs (related to Question 1).
<p>Question 3: Should on/off track be based on progress made, current level, or both, or does the assessment need to vary by indicator?</p> <ul style="list-style-type: none"> • For the majority of indicators (stunting, overweight, exclusive breastfeeding, anemia and eventually LBW) progress is implied in the target and on track and other categories can be defined by looking at changes from the starting point/baseline. For others, the target only reflects level (overweight and wasting). Furthermore, WHA specified target level for EBF and wasting but progress for all others. • There was agreement that progress is important but that level would be useful as well. For example, if a country has a low level already, we would not require further progress (i.e. if stunting is low (<5% or similar level) the country is rated as on track/target met). • There was a lot of discussion on wasting as it is unique and at present we cannot look at trends. Overall, there seemed to be consensus that there was nothing that could be done in the short term and that only current level be used for any upcoming rules, but that other options such as rolling averages be explored moving forward which might allow assessment of progress on wasting. 	<ul style="list-style-type: none"> • One assessment is not possible to apply to all targets, so when developing rules, use both progress made as well as current level for all indicators except for wasting. • For wasting, use current level only for the time being, but explore ways of assessing progress (e.g. rolling average) for future iterations of rules.

Discussion	Way forward
<p data-bbox="188 240 1339 312">Question 4: Should on track/off track be based on pre-baseline recent trends for some countries versus post-baseline trends for others?</p> <ul data-bbox="188 333 1346 1023" style="list-style-type: none"> • There was a lot of confusion about this. So, the options were more clearly explained: <ul data-bbox="255 384 1346 735" style="list-style-type: none"> ○ Option 1: Use historical data to tell what progress we have in the past if there is no data beyond the baseline (no post-2012 data); ○ Option 2: Track progress from where targets have been set (baseline); that means only use post-2012 data against 2012 baseline and report data as “missing” for those countries with no post-2012 data; ○ Option 3: Progress assessment do not start in 2012, moving back the data series to some starting point, e.g. shifting the baseline back for all countries (e.g. 2008) and show trends over the same time period beyond the shifted baseline. This was done previously for the MDGs and will like be done for the SDGs. • The need to factor in how the SDGs will tackle baselines was highlighted. At the same time, there could be some difficulties to change the targets baseline that have been already approved by the WHA. • The fact that country-level modeling of the data could solve some of the issues and which give more flexibility was discussed. Despite potential disadvantages of modeled data that were highlighted, such as poor country buy in and weaker position to advocate for collecting more data, this was considered as an area for possible future work. 	<ul data-bbox="1370 240 2163 376" style="list-style-type: none"> • Inconclusive. The Secretariat will consider all three options and report back on the most appropriate time series for estimating progress, taking into account wider discussion on baselines for SDG targets.
<p data-bbox="188 1046 1144 1082">Question 5: Should AARR or AAPPI be used depending on the indicator?</p> <ul data-bbox="188 1102 1346 1369" style="list-style-type: none"> • There was general consensus that it is not necessary to have the same metric (AARR or AAPPI/R) throughout (with one dissention). • Exclusive breastfeeding (EBF) is the only indicator that requires countries to increase rates and for that AAPPI has been suggested; however, one TEAM member suggested to use the AARR based on the percent of NOT exclusively breastfed. This idea was well-received. There was also the suggestion to work EBF on the log scale, but that was recognized as being more abstract and difficult to communicate to users. 	<ul data-bbox="1370 1046 2130 1114" style="list-style-type: none"> • The use of AARR for all, by switching EBF indicator to % not exclusively breastfed will be evaluated.

Discussion	Way forward
<ul style="list-style-type: none"> • There were also comments that it may be easier to understand absolute percentage point change over time rather than relative reduction. (See illustrations in PPT slide #12 for options for setting EBF targets). • After the discussions, consensus emerged that if the EBF indicator were switched to % not exclusively breastfed, that all indicators could be assessed using AARR. 	
<p>Question 6: Should the current progress assessment use only the latest estimate versus baseline or the entire available data series from baseline to present?</p> <ul style="list-style-type: none"> • There was a unanimous preference for using the entire data series as evidenced through written comments before the meeting and no objections to this during the meeting. 	<ul style="list-style-type: none"> • Apply only options that employ all data points in the applicable data series when the rules are devised (related to Question 4).
<p>Question 7: Is it acceptable to set additional, stricter targets for countries that have already exceeded the global WHA targets?</p> <ul style="list-style-type: none"> • As per written comments prior to the meeting, this was considered politically feasible and possibly desirable by most who had sent comments and no further discussion occurred during the meeting. • Some options of what might be done include setting country-specific targets based on the baseline level, so the target could vary by the individual country's situation at the baseline. 	<ul style="list-style-type: none"> • Devise rules that imply stricter targets than the global WHA targets where required. • Where relevant, the relative targets for the global level should be applied to the national level, except for those countries that have achieved a "minimum" level. The "minimum" level will be explored as part of the "public health significance" work (see section 2.3).
<p>Additional Questions</p> <p>Should wasting target be set based on numbers as the stunting target? The issue of countries with relatively low prevalence but many affected was discussed and tabled for follow up through the workplan item related to public health significance levels.</p>	

Next Steps: The Secretariat will seek clarification from TEAM members on any outstanding issues/issues that did not result in an agreed way forward at the meeting and then draft the rules using the proposal on slide 16 of the secretariat presentation as a starting point. Before finalizing a draft set of rules to share with the TEAM, the suggested rules will be tested out using existing data and refined if needed. Input will be sought from TEAM members on the draft rules.

2.3 Prevalence level ranges for public health significance of malnutrition

The Secretariat made a presentation on the existing wasting and stunting prevalence levels for public health significance compared to the estimated quartiles based on the latest UNICEF-WHO-WB joint malnutrition estimates (JME) dataset. At present, there is no recommended levels for cut-offs of public health significance for overweight but WHO has been receiving requests for this from the Member States. For wasting and stunting, the quartiles were estimated including or not developed countries in the joint dataset. The presentation included ten questions to boost discussions.

Presentation will be available on the TEAM SharePoint (<https://workspace.who.int/sites/nutrition/TEAM/SitePages/Welcome.aspx>). The discussion and way forward are presented in the table below.

Discussion	Way forward
<ul style="list-style-type: none"> The ten questions that were put forward for consideration for the discussion were – <ol style="list-style-type: none"> Should the existing public health severity levels for wasting and stunting be reviewed (meaning “changed”)? If yes, what should be considered? Other variables? Determinants? Context? Anything else? Could different approaches be used for different indicators? If levels should be replaced, what approach would be best? For example, based on quartiles from the latest status dataset, or another method? Should different approaches be used for different purposes, for example, define one set of levels for guiding funding (donors) and another for triggering action? Should there be a level around 3% (based on cut-off <-2 SD) to indicate non-public-health-concern level for all indicators (so that would be the level of public health significance)? Would quartiles based on latest estimates be a good approach for all three indicators? For overweight, should we look into estimates from sub-populations that are at risk (e.g. urban in LMIC together with HIC because we lack data from the HIC group), to describe the indicator distribution and derive quartiles? Or should one use another dataset? If the decision is to use quartiles should the first quartile be linked to the “acceptable” in all three indicators? Are there other determining factors to consider for designing child overweight public health levels? 	

<ul style="list-style-type: none"> • The questions only served to instigate discussions and perhaps provide ideas to the way forward. • There was some discussion on clarification for the difference between public health severity levels and public health significance levels and their uses. • There was a suggestion if recent calculations and modeling exercises using the Lives Saved Tools (LiST) should be used. However, there was some divergence on whether evaluate stunting only on the basis of mortality was adequate. • One suggestion came for carrying out further analyses to examine the associations between wasting and other indicators besides mortality, to understand what might be happening at the different levels. Stunting is not expected to be associated with mortality in the way wasting is, but it might be with other indicators. The WASH indicators were considered to be associated with stunting but as cause and not consequences. The example of the WFP studies on GDP and GDP losses due to stunting were mentioned. • There was also discussion on the review process for the cut-offs as their revisions would carry a number of implications. For example, comparisons of country classifications over time will be difficult. • It was suggested that before making any recommendation, a review of the process followed for the existing public health significance levels is needed. It is important to examine the relevance of the data sets that were used earlier and the difference between the data sets that were used before and now. Without doing some analyses in that direction, one cannot recommend the need for revisiting those. If revised cutoffs result in significant changes in terms of results for the countries, the countries might not be ready to accept it. It was emphasized that one should try to avoid that a revision of cutoffs interferes countries' achievement of their targets. The example of TB has been cited as the targets were raised after achieving the current targets. • Suggestions were made on some technical aspects that need to be addressed, such as, the use of 1977 NCHS references for former thresholds and 2006 WHO growth standards now. The issue like what indicator to use to define malnutrition including in emergencies, which has implications for the reported burden of malnutrition, should be resolved. It was also suggested that stunting and severe stunting should be differentiated as there is evidence of increased risk of mortality with severe stunting. • There was an urge from the TEAM to accelerate the review process. Some TEAM members strongly 	<ul style="list-style-type: none"> • There was a consensus to review but it needs to be clarified if it would be the work of the TEAM or a guideline committee. • This was followed up in the work plan session to understand whether it is TEAM's work and whether the guideline process would be necessary. • Existing public health severity levels for wasting and stunting would be reviewed and that of overweight developed. The task will be carried forward by the Secretariat with inputs from TEAM members. • The process for overweight should consider looking into estimates from sub-populations that are at risk to describe the indicator distribution and derive quartiles.
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<p>felt that a big push is needed on the public health severity levels of nutrition as this has not been looked at for long time and this is the right time to do that. This would be a really significant output of the TEAM.</p> <ul style="list-style-type: none"> There was a consensus in the group in favor of reviewing. However, it was pointed out that it needs to be of high quality, justifying the review of the thresholds and what that means for actions and for outcomes. 	
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2.4 Anthropometry data quality:

Two presentations were made, one by FANTA summarizing the outcomes and recommendations of a meeting held in July 2015 and one more specific presentation related to impact on the global joint database and need for TEAM advice on optimal review criteria as well as adjustment procedures.

Presentation will be available on the TEAM SharePoint (<https://workspace.who.int/sites/nutrition/TEAM/SitePages/Welcome.aspx>). The discussion and way forward are presented in the table below.

Discussion	Way forward
<p>Discussion in this session has been broken down by 3 main areas:</p> <p>1) Implementation of FANTA report recommendations on data quality of anthropometry:</p> <ul style="list-style-type: none"> The TEAM had in principle agreed to include a workplan item related to anthropometry data quality in July 2015 with the knowledge that FANTA had forthcoming recommendations based on an inter-agency meeting they held on this topic in July 2015. Given that the final FANTA meeting report was only available one week prior to the February TEAM meeting, merely a general discussion took place. Overall, TEAM agreed that the FANTA report and recommendations were good and captured the relevant and major issues facing the global nutrition community on this topic. There was agreement that the TEAM should use the FANTA meeting recommendations as a basis to move forward on this workplan topic, through establishment of a working group and contracting out of deliverables. The value of updating the 1983 document on measuring change in nutritional status and sections of the 1995 WHO TRS was highlighted as a key and required action from the FANTA recommendations. The need to have guidance from the normative agency on the “how to” measure children was 	<ul style="list-style-type: none"> Implementation of FANTA meeting report recommendations on anthropometry data quality: TEAM secretariat to develop outline of updated report sections, establish a working group and terms of reference(s) to outsource specific deliverables. FANTA expressed interest to support this working group with hosting a meeting. Recommendations for database review: to come after FANTA report recommendations have been implemented. This will also need a different working group with statistical and epidemiological experts. Combining data from multiple sources for global monitoring and reporting: to keep on

Discussion	Way forward
<p>discussed and highlighted as a key and required action from the FANTA recommendations</p> <ul style="list-style-type: none"> Some country examples were shared, such as independent technical committees in Kenya that enable enhanced data quality from HH surveys, highlighting the need to draw on good practices in country. There was a suggestion to also include routine data within the scope of this work and not only focus on surveys. Discussion particularly referred to the need to provide countries with guidelines and advice on collection and use of data from routine systems as it represents a growing investment in many countries but the information is not commonly used for global reporting due to many issues including quality, representativeness and comparability. However, there is a need to better understand and devise ways of overcoming these issues. <p>2) Criteria and steps for data base review:</p> <ul style="list-style-type: none"> The possible revision of the survey review process for including data into the database was seen as a different stream of work (e.g. considering additional review parameters, required information on missing data, reliability of age assessment, refinements of existing parameters and adjustments of data) and thus it would likely not overlap with any working group established to address point 1 above. <p>3) Combining data from multiple sources for country and global assessment:</p> <ul style="list-style-type: none"> Discussion highlighted a need to find ways of using routine data for global monitoring and reporting. Other sectors are dealing with similar issues of interoperability and we should try to work with and learn from these other groups. The National Information Platforms for Nutrition (NIPN), led by Andrew Hall, is a project that brings data from multiple sources together and makes them usable; this could be a useful resource; similarly the Health Data Collaborative. <p>In terms of prioritizing, the first area as outlined in recommendations from the FANTA report should be pursued. Points two and three should be included in the TEAM's future workplan after point 1 is achieved or at least well underway.</p>	<p>the TEAM's future workplans.</p>

2.5 Recap of partner meeting and discussion/revision of workplan

There were two presentations in this session – both by TEAM. The first presentation was on the review of priorities identified by partners and agreed on priorities to be addressed by the TEAM and the other one was on the priority research areas for TEAM for the next 5 years. In the first presentation, a summary from the partners' session was provided for discussion. In the second presentation, research topics for TEAM were presented. The purpose of this session was to highlight the thoughts that were heard from partners and consider that for the workplan and to identify research priorities for TEAM for next 5 years.

Presentations and revised workplan will be available on the TEAM SharePoint (<https://workspace.who.int/sites/nutrition/TEAM/SitePages/Welcome.aspx>). The main points of discussion and way forward are presented in the table below.

Discussion	Way forward
2.5.1 Review of priorities identified by partners and agreed on priorities to be addressed by the TEAM: <ul style="list-style-type: none">Some enthusiasm was expressed that TEAM Secretariat should take advantage of the momentum and interest that TEAM has created. Partner meeting was helpful to see the state of other work as to get ready for the TEAM meeting. It was an advantage for the TEAM to get the updates on who is working on what.It was mentioned that it was hard to follow all as lot of information was shared in the presentation. Some opined that the list of activities that was presented seemed too broad. The Secretariat was requested for clarification of the TEAM's role as from the presentation it was apparent that some are conceptual and some are operational.The Secretariat provided clarification about TEAM's roles that TEAM would be in a position to form sub-working groups to take on specific tasks. TEAM would also advise on the terms of reference but the work itself could be done by a sub-working group. It does not necessarily mean that the TEAM has to be involved in each of the activities.It was clarified by TEAM that what was presented was an attempt to capture partner input. Since the partners were brought together and they were asked for their opinion and input it is TEAM's responsibility to consider what was shared. However, what was presented was not meant to add to TEAM's workplan.	

Discussion	Way forward
<p>2.5.2 TEAM research priority areas for the next 5 years:</p> <p>The TEAM research priorities can be related either to the indicators or from topics brought up through the partners' session, or other topics that may have come up during discussions by the TEAM. The following list was provided as a summary of the research items:</p> <p>a. Research priorities for the 4 indicators –</p> <ul style="list-style-type: none"> ○ New diet quality indicators ○ IFA indicator ○ Nutrition counseling indicator ○ Workforce indicator <ul style="list-style-type: none"> • For each of the above four indicators there is a need to look at a representative sample of countries and analyze what it would look like to produce these indicators in countries with different types of data and then use that to finalize the operationalization and recommendations. • For the IFA indicator, it is more an issue of refining the indicator and validation. If it is going to be refined, TEAM will need to validate it. • For workforce indicator and nutrition counseling indicator, there is work related to further development of each indicator. <p>b. Research priorities for the 10 indicators –</p> <ul style="list-style-type: none"> ○ There was no research area identified on the 10 indicators. <p>c. Research priorities for anthropometry –</p> <p>Four research items from the Meeting Report³ on “Anthropometric Data in Population-Based Surveys”, have been selected for research:</p> <ul style="list-style-type: none"> • Examine whether breadth of surveys, large numbers of questions and duration of interviews, large sample sizes, large numbers of interviewers, and/or short survey periods may negatively impact quality of anthropometric assessment and how such impact might be reduced, considering interviewer training, stress, and fatigue; respondent burden and fatigue; and behavior of and 	<ul style="list-style-type: none"> • For each prioritized research item, a smaller group will be identified to take the specific research agenda forward. • As agreed, for some research items external experts can be invited to accomplish the research while the TEAM provides conceptual and technical inputs. • TEAM will take part in preparing the ToR. Secretariat will provide administrative support.

³ USAID. 2016. Anthropometric Data in Population-Based Surveys, Meeting Report, July 14–15, 2015. Washington, DC: FHI 360/FANTA

Discussion	Way forward
<p>interaction among interviewer, caregiver, and child.</p> <ul style="list-style-type: none"> • Investigate possibilities and catalyze development of technology to help interviewers do their job more accurately and easily, e.g., improved equipment for measuring length and height, and tools to assist with age determination. • Investigate whether and how best to adjust existing survey data for imprecision: (i) Shape of distributions; (ii) Heterogeneity across place, group, or time; and (iii) Implications of providing revised estimates. • Training and standardization in anthropometry needs research to see if a more minimal approach that is equally effective can be developed/adopted. <p>d. Research priorities on on-track/off-track rules for the global WHA Indicator targets –</p> <p>Following research items were identified on this topic:</p> <ul style="list-style-type: none"> • Research around the size of the confidence intervals for the categories of various indicators. • Testing the consequence of trying the new rules by taking existing data to see if it works. • Examining the consequences of using a moving average for wasting among children versus not doing so. • Determine required AARRs for countries at different levels of overweight. <p>e. Other research priorities suggested</p> <p>Suggestion was made to include a new diet quality indicator as a potential area of research that looks at the nutrition transition. In the SDGs nutrition is integrated fully with the whole issue of diets and food supply. Diet has been identified as a critical area TEAM needs to think about how it gets across sectors other than health.</p> <ul style="list-style-type: none"> • Explore a new diet quality indicator that expands the age group and provides a diet-related indicator that could relate to overweight and obesity. It was also noted that the evidence base for diet-related indicators and overweight is insufficient. It could be considered to broaden this by substituting something like “diet-related indicator to track key elements of the nutrition transition.” • Standardization for measurement of low birthweight and how to best capture low birthweight and 	

Discussion	Way forward
<p>data on low birthweight.</p> <ul style="list-style-type: none"> • Small area estimates. • Investigation to see if there may be a model that could work for exclusive breastfeeding in HIC that do not ask the standard questions. • Investigation of the outcomes to validate cut points for levels of public health significance, and also the relationship between interventions and outcomes if the interventions exist possibly using the LiST tool. • Use of MUAC as an indicator of wasting vs. use for screening - a research topic brought up during the partners' session, which is also related to the public health significance. • Integration of different kinds of data from different data sources. <p>f. Not covered in this session</p> <p>TEAM reminded of what was not accomplished in the session –</p> <ul style="list-style-type: none"> • Approaches to revising the WHA targets • Larger research agenda, which is in the TEAM's ToR 	
<p>2.5.3 Development of TEAM research plan for the next 5 years:</p> <p>In this session, the TEAM made a presented on the summary of research priorities and items that have been discussed in the earlier session. See section 2.5.2 for full list of research items.</p>	
<p>2.5.4 Review and update the two year work plan and discuss resource requirements</p> <p>In this session, TEAM workplan was reviewed and revised based on the discussion during the two days. See TEAM workplan⁴ document for detail.</p>	

NEXT STEP: Next TEAM meeting will be organized by WHO in Geneva, 15-16 September 2016.

⁴ TEAM workplan 2 year 2015_March 2016_Revised.xlsx

Annex 1

Technical Expert Advisory Group for Nutrition Monitoring (TEAM) Meeting – Closed Session AGENDA

Date: Thursday February 4th (Afternoon) and Friday February 5th (all day)
Participants: ● TEAM Members
 ● TEAM Secretariat
Location: UNICEF House, 3 UN Plaza (44th Str between 1st and 2nd Ave), Danny Kaye Visitor's Centre

Thursday February 4th

Time	Session
1:30 pm – 2:45 pm	1. Issues paper for on track/off track rules for WHA targets <ul style="list-style-type: none"> • Presentation of (i) summary of the issues paper; and (ii) synthesis of comments from TEAM members and suggested way forward - <i>by Larry Grummer-Strawn</i> • Discussion and agreed way forward with TEAM – <i>led by TEAM Chair</i>
2:45 pm– 3:00 pm	Nutrition Break - <i>provided by the FANTA Project</i>
3:00 pm– 3:45 pm	2. Prevalence level ranges for public health significance of malnutrition <ul style="list-style-type: none"> • Presentation of summary of suggestion - <i>by Elaine Borghi</i> • Discussion and agreed way forward with TEAM – <i>led by TEAM Chair</i>
3:45 pm– 5:00 pm	3. Anthropometry data quality <ul style="list-style-type: none"> • Presentation of findings and recommendations of FANTA/USAID meeting – <i>by Monica Woldt</i> • Key data quality questions arising from joint dataset <i>by Julia Krasevec</i> • Discussion and detailed workplanning – <i>led by TEAM Chair</i> <ul style="list-style-type: none"> □ key topics to address/questions to answer □ modalities to answer questions (working group only or consultants in addition to working group)

Friday February 5th

Time	Session
8:30 am – 10:00 am	4. a) WHA Nutrition Targets White Paper – 4 indicators postponed to 2018 <ul style="list-style-type: none"> • Presentation of summary of suggestion (Secretariat) - <i>by Rebecca Heidkamp</i> • Discussion and agreed way forward with TEAM - <i>led by TEAM Chair</i>
10:00 am– 10:20 am	Nutrition Break - <i>provided by the FANTA Project</i>
10:20 am– 12:00 pm	4. b) WHA Nutrition Targets White Paper – 10 main indicators <ul style="list-style-type: none"> • Presentation of summary of suggestion - <i>by Kuntal Saha</i> • Discussion and agreed way forward with TEAM - <i>led by TEAM Chair</i>
12:00 pm – 1:00 pm	Lunch – <i>provided by the FANTA Project</i>
1:00 pm – 2:45 pm	5. Recap of partner meeting and discussion/revision of workplan <ul style="list-style-type: none"> • Review global priorities identified by partners and agreed on priorities to be addressed by the TEAM - <i>led by TEAM Chair (75 min)</i> • Definition of TEAM research priority areas for the next 5 years - <i>led by TEAM Chair (30 min)</i>
2:45 pm – 3:00 pm	Nutrition Break - <i>provided by the FANTA Project</i>
3:00 pm – 4:30 pm	5. Recap of partner meeting and discussion/revision of workplan <u>continued</u> <ul style="list-style-type: none"> • Development of TEAM research plan for the next 5 years - <i>led by TEAM Chair (60 min)</i> • Review and update the two year workplan and discuss resource requirements - <i>led by TEAM Chair (30 min)</i> <ul style="list-style-type: none"> ○ Agree responsibility of team members ○ Identify additional resource requirements
4:30 pm – 5:00 pm	6. Recap and next steps <i>led by TEAM Chair</i>

Annex 2

List of participants

TEAM Members

- Rafael Flores-Ayala - Chair
- Mary Arimond - Co-Chair
- Abul Kalam Azad - Member
- Trevor Croft - Member
- Luz Maria De-Regil - Member
- Rebecca Heidkamp - Member
- Eline Korenromp - Member
- Purnima Menon - Member
- Faith Thuita - Member
- Patrick Webb - Member

TEAM Secretariat (WHO)

- Francesco Branca
- Monika Blössner
- Elaine Borghi
- Larry Grummer-Strawn
- Kuntal Kumar Saha

TEAM Secretariat (UNICEF)

- Attila Hancioglu
- Werner Schultink
- Tom Slaymaker
- Julia Krasevec
- Shane Khan
- Diane Holland
- Roland Kupka
- France Begin
- Karimen Leon Andreas

From FANTA

- Monica Woldt