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

**Meeting report
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Contents

Acronyms	II
Background	1
Summary of presentations and discussions.....	1
Session 1: UNICEF's data work.....	1
Session 2: Antenatal iron supplementation indicator – update and future plan	2
Session 3: Update on coverage indicators for breastfeeding counselling interventions	3
Session 4: Extended set of GNMF indicators	5
Session 5: Recommendations on anthropometry data quality	5
Session 6: Revision of the IYCF indicators guideline – update and next steps	6
Session 7: Guidance for nutrition information systems – update and next steps.....	7
Session 8: Updates on various pieces of work.....	8
Session 9: An agenda for TEAM research priorities.....	8
Session 10: Diet quality indicators – Update and next steps.....	9
Session 11: Quality-adjusted coverage indicators – plan of action	10
Session 12: Updates on the Joint Malnutrition Estimates	11
Session 13: Liaison and engagement with other groups working on global nutrition monitoring ..	12
Session 14 : Recommendations on the DHS 8 questionnaire	13
Session 15: Updating the TEAM workplan for 2018-2019.....	13
Annex I: Agenda	17
Annex II: List of participants.....	19

Acronyms

ANC	Antenatal care
Data-DENT	Data for decisions to expand nutrition transformation
DHS	Demographic and Health Surveys
GINA	Global Database on the Implementation of Nutrition Action
GPW	WHO General Programme of Work
GNPR	Global Nutrition Policy Review
GNR	Global Nutrition Report
GNMF	Global Nutrition Monitoring Framework
HMIS	Health management information system
IFA	Iron and folic acid
IFPRI	International Food Policy Research Institute
IRB	Institutional review board
IYCF	Infant and young child feeding
JME	Joint child malnutrition estimates
LMIC	Lower-middle income country
MAD	Minimum acceptable diet
MDD	Minimum diet diversity
MICS	Multiple Indicator Cluster Surveys
MIYC	Maternal, infant and young child
MMF	Minimum meal frequency
M&E	Monitoring and evaluation
NCD	Noncommunicable diseases
NIPN	National information platforms on nutrition
NIS	Nutrition information systems
NI	Nutrition International
NNS	National Nutrition Survey
PMA	Performance monitoring and accountability
SAM	Severe acute malnutrition
SDGs	Sustainable Development Goals
SMART	Standardized Monitoring & Assessment of Relief & Transitions
SPA	Service provision assessments
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
SUN	Scaling Up Nutrition
SUN-MEAL	Monitoring, evaluation, accountability and learning
TEAM	Technical Expert Advisory group on nutrition Monitoring
UNICEF	United Nations Children's Fund
WBTI	World Breastfeeding Trends Initiative
WHA	World Health Assembly
WHO	World Health Organization

Background

In 2015, WHO and UNICEF established an independent Technical Expert Advisory Group on Nutrition Monitoring (TEAM) to advise on enhancing global nutrition monitoring at all levels. A specific focus of the TEAM during the first two years was developing an extended set of indicators to monitor the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, consistent with the global nutrition targets decided by the World Health Assembly (WHA). TEAM identifies emerging research questions and needs related to nutrition monitoring and addresses them. More information on TEAM and its activities is available at <https://www.who.int/nutrition/team/en/>.

This report provides a summary of discussions, recommendations and decisions stemming from the seventh TEAM meeting, held in New York from 5–6 February 2019. The agenda and list of participants for the seventh TEAM meeting are included in Annexes I and II.

Summary of presentations and discussions

Introductory session: TEAM's new co-chairs, Jennifer Coates and Edward Frongillo, opened the meeting and noted the advancements made by TEAM working groups since the previous meeting. Kuntal Kumar Saha, WHO Secretariat, welcomed new TEAM member Sara Wuehler, and discussed the meeting objectives to review progress on the TEAM workplan and identify priorities and next steps.

Mark Hereward, Chief of the Data & Analytics Section at UNICEF, welcomed participants and highlighted how TEAM's expertise helps advance UNICEF's monitoring work. UNICEF manages a global database of indicators on the situation of women and children and supports national efforts to monitor the Sustainable Development Goals (SDGs). UNICEF held the first ever country consultation for the nutrition SDGs in 2018 and is developing global guidance on nutrition data elements and indicators to systematize monitoring and set standards for administrative nutrition data for routine monitoring. Other work includes the development and operationalization of indicators for unhealthy eating and the nutrition of school-aged children and adolescents and building a database on maternal nutrition. UNICEF will also consider how to improve the use of data in humanitarian situations and how to best use both big data and new sources of data to uphold the rights of children.

France Bégin, Senior Nutrition Advisor in the Programme Division at UNICEF, noted how efforts to improve key nutrition indicators will help UNICEF monitor its 2018–2021 Strategic Plan. The next State of the World's Children Report will be on children, food and nutrition, for the first time in 20 years. Preparing this report has highlighted the gaps in knowledge that remain around the drivers of poor child diets and services for improving them. Data on school-aged children and adolescents are particularly scarce and efforts to improve indicators will be critical to addressing this challenge. UNICEF is working on a landscape analysis of complementary feeding in seven regions to understand the trends and predictors of children's diets in different contexts, with a global synthesis to be released later this year.

Session 1: UNICEF's data work

Chika Hayashi provided an overview of nutrition data work at UNICEF in four areas: the global database; country information systems; methodological development; and reports and analysis. UNICEF's global databases track more than 100 indicators, and plans are underway to expand the

database to include newly recommended indicators, such as SAM coverage and quality. Last year, UNICEF released nutrition databases with time series data and disaggregations and estimates by sub-group so that the public has access to trends and inequity data on nutrition. Accepting new sources into the database involves a rigorous process of data discovery using the survey catalogue, data processing, data quality review, and indicator management (including documenting decisions made to accept/reject a data point). UNICEF is supporting countries to improve their national information systems, including by developing standard data elements and indicators for collecting administrative data on nutrition. The nutrition information systems guide, to be developed with TEAM, is an important product to support countries to strengthen their nutrition information systems.

UNICEF is involved in various projects related to advancing methodology, such as the Joint Malnutrition Estimates. UNICEF holds quarterly meetings with nutrition information focal points in country offices, which can be an effective way of channeling requests from TEAM. Looking forward, UNICEF is considering a database on children that are unweighed; piloting indicators for unhealthy eating; and exploring data on food security and food systems. TEAM's input would be welcome on these topics.

Vanya Tsutsui, UNICEF Nutrition, provided a brief overview of the NutriDash platform, an online tool for collecting data on nutrition programmes, including coverage data and supply forecasting for nutrition commodities. The reports are completed by UNICEF country offices, but they cover both UNICEF and non-UNICEF-supported programmes. NutriDash includes a general information module with questions on the enabling environment, supply, budgets, existing monitoring systems, emergency preparedness and response, to which 113 countries responded last year. There are also modules on coverage, aligned with UNICEF's Strategic Plan, with questions on early childhood nutrition, the nutrition of school-aged children and adolescents and the treatment of severe acute malnutrition (SAM). Most data are drawn from national nutrition or health management information systems (HMIS). Next steps include migrating the platform into the UNICEF system, streamlining the questionnaire and making the data and dashboards available for public use. TEAM is also welcome to provide inputs to the questionnaire.

Points of discussion:

Some questions were raised about how countries use the data gathered through NutriDash. Countries can use the dashboard to view global, regional and country information and see key indicators and progress.

There was a query about how NutriDash relates to WHO's Global Database on the Implementation of Nutrition Action (GINA) and the Global Nutrition Policy Review. NutriDash collects data points that are not collected by these other systems; however, it will be important for UNICEF and WHO to review closely to ensure the systems complement each other. Quality issues related to routine data are addressed as part of an extensive checking and review process built into the NutriDash timeline.

Session 2: Antenatal iron supplementation indicator – update and future plan

Sara Wuehler, TEAM sub-group lead on this workplan item, described ongoing work to propose an indicator for iron and folic acid (IFA) supplementation. A consultant undertook a desk review of IFA tools, began key informant interviews with countries and looked at the quality of IFA data currently being collected by surveys. Sara described some examples of IFA survey questions from various countries, noting that most ask how many tablets were taken or the number of days they were taken. Questions vary based on whether the woman is pregnant or postpartum.

Twelve countries were selected for key informant interviews based on three groupings of anaemia status among women; however, interviews have only been completed with two countries thus far.¹ Findings from the interviews noted that sources of data for IFA come from the Demographic and Health Survey (DHS), national nutrition surveys (NNS), national health surveys and the HMIS. Key informants were asked about their satisfaction with current survey data, other desired data, the use of IFA data for programmes and policy, national guidelines on IFA, the cost of IFA for recipients and the public system, other target populations, and supply chain players. More information will be forthcoming once the remaining interviews are conducted. TEAM members are encouraged to share any contacts they have with the countries that have not responded to the interview request.

Next steps include summarizing key informant and online survey findings and replacing countries that are not responding. TEAM members are encouraged to share the survey link with contacts at Ministries of Health or others who may be able to explain how the country is using IFA data.

The IMPROVE project in Nepal is collecting concurrent data on IFA consumption and postpartum recall and will validate quality of recall. Nutrition International (NI) will also undertake qualitative analyses of the IFA tool, including via cognitive interviews to gauge respondent understanding of the question. These results would be available by the next TEAM meeting. NI is seeking funding for following up research into real-time consumption or HMIS-type data as opposed to postpartum reports; alternate questions and probes for surveys; and quality metrics by recall period beyond the current work.

Points of discussion:

It was noted that validation work is moving forward through DataDENT and there may be opportunities to include work on question development, which should be further discussed. Other IFA work ongoing through other institutions was mentioned, such as a cohort study in India that will validate consumption. A point was also made about bringing a quality of care lens to all of TEAM's work around measuring the reach of interventions to see how coverage is affected by the quality of counselling.

There was a question about what information the survey was expected to yield on IFA. Sara responded that the survey will reveal whether national surveys are in place to collect data on IFA, the different data sources, what the data are used for nationally and whether the indicators are sufficient.

There was some discussion about whether any new recommendations would be made on IFA for DHS8. Those involved in the DHS update replied that no changes had been proposed to this indicator as the evidence base was not yet solid. A suggestion was made to learn from other sectors about how to capture adherence, such as HIV. Others noted possible synergies with the newborn care community around the recall period for DHS (which they are recommending be reduced to 2 years).

Session 3: Update on coverage indicators for breastfeeding counselling interventions

Purnima Menon presented progress on the work done by Alive & Thrive in collaboration with DataDENT and IMPROVE. Breastfeeding counselling was included in the first set of GNMFI indicators; however, lack of available data on reach and coverage of counselling was a key gap, with guidance suggesting the use of an interim indicator on country-reported existence of breastfeeding counselling. TEAM had agreed to continue moving this agenda forward.

Work in 2018 and 2019 has helped advance the agenda, operationalize coverage measurement and advance testing and validation efforts. On agenda setting, a paper on nutrition intervention coverage measurement is forthcoming in the BMJ Global Health and WHO will soon release new guidance on breastfeeding counselling programmes – the first such guidance to raise issues of monitoring and evaluation. On operationalizing, Alive & Thrive supported a review of experiences on how researchers have measured exposure to and coverage of counselling interventions and developed a guiding measurement framework. A multi-stakeholder consultation was also organized that led to the development of a set of questions that could be integrated into large-scale survey programmes, such as DHS and Multiple Indicator Cluster Surveys (MICS), to measure breastfeeding and complementary feeding counselling. Recommendations from this consultation served as inputs to the DHS8-forum (discussed during a later session). Testing of counselling coverage questions is taking place across a number of surveys and studies but TEAM should consider whether some empirical papers would be warranted. DataDENT is also planning some validation work in collaboration with IMPROVE.

This work leads to the development of guidance for IYCF intervention coverage measurement, including core questions for nationally representative surveys. If the DHS 8 engagement is successful, this will strengthen the data available from subsequent surveys; and if not, further discussion will be needed during the next TEAM meeting. While survey-based modalities have been discussed up to this point, the next step would include an assessment of the availability and quality of data in administrative systems.

Points of discussion:

Clarification was requested on the ongoing validation work. Validation involves a two-week recall being funded by IMPROVE to see if women can remember specific counselling messages, while DataDENT is funding a six-month follow-up validation of DHS questions and cognitive testing. The importance of validation was emphasized, given that asking questions regarding counselling at different time points during pregnancy may be testing the recipient's memory of whether they received counselling rather than actual coverage. It was noted that time point questions on the PMA2020 in Kenya and Burkina Faso revealed some connection between knowledge received and different time points (antenatal care, and 1-2 months post partum).

There was discussion about how women would differentiate between community- and facility-based counselling, when asked. It was noted that in India, where the question was used, such distinctions between providers are generally clear. Others noted however, that such questions may not be useful.

Other national-level surveys are planned with counselling questions included beyond the DHS, such as in Nigeria. Alive & Thrive is also advocating for better administrative data in Nigeria and has helped add indicators on IYCF counselling during pregnancy into the HMIS. NI has been considering more observation, including supportive supervision, checklists and trainings to assess quality. The WHO guidelines development group has discussed administrative data needs and how to monitor compliance with the new counselling guidelines; however, there are concerns about overreporting and the potential focus on delivering messages rather than using counselling as an opportunity for interaction.

It was suggested that TEAM discuss its potential involvement in administrative data, including validation. There may also be a role for TEAM with WHO and UNICEF to advocate for better measurement and build demand in countries to support this work.

Session 4: Extended set of GNMF indicators

Kuntal Kumar Saha provided background on the extended set of GNMF indicators and their association with the Global Nutrition Targets. The extended set of indicators includes six intermediate outcome indicators, eight process indicators and two policy indicators.² TEAM was asked to consider whether one or more of the extended indicators should be included in its future workplan; and, which TEAM members would like to join and lead the working group.

Points of discussion:

Some participants expressed concern about working with the extended indicators given that TEAM was not involved in the process of selecting them. It was noted that TEAM could instead contribute to a larger discussion on global nutrition monitoring and reflect on the purpose of the extended set of indicators. There was agreement that discussion of the extended set could also then be used by various initiatives that try to monitor nutrition, such as the Global Nutrition Report (GNR).

Regarding the background of the extended set, it was clarified that TEAM was established after the GNMF framework had been endorsed by the WHA. After informal consultations with Member States, it was requested that some indicators be deferred for reporting and that an independent advisory group be established (TEAM) to advise on further refining indicators and developing operational guidance. Initially, a set of 50 indicators had been proposed, as part of an informal process, which highlighted the need for refinement to a core and extended set. The WHA only endorsed the core set and no timeline was set for developing the extended set.

In response to a question about what data countries are reporting now, it was noted that WHO had conducted regional mapping workshops for all GNMF indicators. Findings showed that all countries (except Peru) faced gaps in data for the GNMF indicators, without even considering the extended set.

A case was made for contributing to work on the extended set of indicators as a means of advocacy for gathering data to support related programmes. There may be value in thinking of two tiers of indicators: those for which there are data already that should be included in the GNMF framework, and those for which no data are being collected at all. The GNMF provided a unique political opportunity, and now a theory of change is needed to outline how having an indicator in the framework could contribute to advancing the nutrition agenda.

A suggestion was made to conduct an indicator review of existing frameworks, such as the GNR, the Scaling Up Nutrition (SUN) monitoring, evaluation, accountability and learning framework (MEAL) and the Results for Development framework. A mapping of all data sources and reports for nutrition, diet quality and food security will be important.

Session 5: Recommendations on anthropometry data quality

Elisa Dominguez and Julia Krasevec described the work since 2016 to develop an anthropometry data quality report. The report provides guidance on planning, implementing and reporting on nutrition indicators for SDG reporting; and thus, covers methods for generating nationally representative estimates. After an extensive revisions process, the English version should be finalized towards the end of February 2019.

The report provides recommendations on 1) survey organization and design (including planning, sampling, questionnaires, developing a training plan, standardization tests and minimum product specifications for height boards, etc.); 2) data collection (including interview and measurement procedures, quality assurance in the field); 3) data quality, analysis and reporting (including data

quality assessment, data analysis, and harmonized reporting and dissemination). TEAM was asked to consider whether suspected SAM cases should be referred for treatment despite the measurers needing to be blinded as to whether any child has severe wasting or whether treatment services are available.

Points of discussion:

TEAM acknowledged the manual as a huge piece of work and an important resource for countries. It was noted that community health workers are measuring children in many countries, and that the report is an opportunity to recommend that this work be done by trained professionals to ensure quality.

On the issue of SAM referrals, some participants felt that the question should be directed towards national institutional review boards (IRBs) or ethics committees rather than TEAM. Several others felt that IRBs were highly variable among countries and could not be relied on to make an appropriate decision in all cases. A suggestion was made for the report to provide examples of possible strategies and recommend that each survey outline a process for referrals based on the country context. Other participants felt that referrals should always be encouraged regardless of whether a SAM programme was in place. UNICEF also has a guideline calling for an ethical review of any survey collecting data on children.

In response to a question about whether some of the recommendations could be repurposed to help countries consider the quality of routine health data, the working group noted that others could draw from the material but many of the standards would be too strict for other purposes (e.g., requiring a sampling statistician in an emergency context).

Session 6: Revision of the IYCF indicators guideline – update and next steps

Larry Grummer-Strawn presented progress on updating the IYCF indicator manuals, which were first published in 2008. The three manuals cover eight core indicators and seven optional indicators, including definitions, measurement and country profiles, and are widely accepted and used.

During the expert consultation in June 2017, it was recommended that the minimum dietary diversity (MDD) indicator be revised and the recategorization of food groups was discussed. After the July 2018 expert consultation, the 2008 indicators were re-evaluated, additional breastfeeding indicators were considered and new indicators for unhealthy eating were proposed. Revisions proposed included having no distinction between core and optional indicators and to increase the number of indicators from 15 to 17 (including nine related to breastfeeding and eight related to complementary feeding), while proposing three new indicators on unhealthy eating. The process is not yet complete and will continue into end of 2019.

On the indicators related to breastfeeding, there is a proposal to include a new indicator on supplementation in the first three days after birth, which would require new questions to be developed, and mixed breast- and non-breastmilk feeding under 6 months, which would not require a change to existing questions. Indicators proposed for deletion include age appropriate breastfeeding and median duration of breastfeeding, which are complex to compute and of limited policy relevance.

On the complementary feeding indicators, MDD had already been changed in June 2017 and minimum meal frequency (MMF) was changed (and consequently the minimum acceptable diet) so that non-breastfed children now require at least one of the four feedings to be in the form of solid, semi-solid or soft foods. New indicators were also proposed for non-dairy animal-source food

consumption, zero fruit or vegetable consumption (with existing data), sugar-sweetened beverage consumption and unhealthy food consumption (which would require new questions). There is work ongoing to define the food categories for these indicators that can be customized by countries. Additionally, the experts at the 2018 consultation agreed that breastfeeding area graphs are useful tools that help countries understand patterns of IYCF practices and common barriers, such as the too-early introduction of foods or the provision of water.

Points of discussion:

Several participants commented that it would be useful to develop tools to help policy makers understand the ideal IYCF area graph. UNICEF is already working on an interpretation guide to support country offices in their advocacy with policy makers.

The median duration of breastfeeding indicator is often used in advocacy for maternity leave legislation and some participants queried its deletion. The rationale for the deletion was that it was more difficult to communicate than a percentage and often made breastfeeding practices appear on track, even in contexts where unhealthy practices were common (e.g., waiting too long to begin breastfeeding).

Regarding the list of unhealthy foods, a suggestion was made to continue discussions around the different types of unhealthy foods to develop a rich list and categorize them at a later stage. It was also suggested that foods with added salt should be considered in addition to sugar-sweetened products. It was noted that area graphs could be used to show which categories of unhealthy foods are problematic in different contexts. There are already problems operationalizing the list of foods already existing in the DHS, and thus developing guidance for operationalizing the indicators on unhealthy eating and adapting to country context will be essential.

Session 7: Guidance for nutrition information systems – update and next steps

Consultant Jose Luis Alvarez presented some initial ideas for the work planned to develop a guide on nutrition information systems (NIS) and requested that TEAM provide feedback. There is a need to define an NIS and to provide recommendations for countries on how to collect the information needed to monitor progress towards global goals. The report should be finalized by July 2019. The proposed structure for the guide would include six components: defining an NIS; planning an NIS; indicators; data sources; outputs (dissemination and use); and operational issues. A strong monitoring and evaluation plan or framework will be central to the guide and is often a missing component of national NISs.

Points of discussion:

On the question of which indicators to include in the guide, it was suggested that the guide focus on helping countries make decisions about what to include by asking who the decision makers are and what information they need. It was suggested that TEAM decide whether the data for the NIS had to be part of the same system or database. Many participants noted that the component on how stakeholders use the data is the most important part of the guide. In order to discuss indicators, a conceptual framework would be useful, including the elements that need to be measured and analyzed. There was agreement that the guide was intended to support countries in developing an NIS or assessing the quality of an existing NIS. This means the guide should include a diagnostic tool to help countries evaluate their current system.

There are some remaining questions for the NIS working group to consider, such as whether the guide is intended to help countries produce estimates to monitor progress towards the SDGs, or to help them assess their own national programmes, or both. The scope of the project will also need to

be considered, as multiple approaches were suggested. There was a suggestion for a wider data-for-decision making approach (e.g., a decision-tree to determine what information is needed to meet which objectives; and which indicators and data sources are best suited to inform decisions). Others felt it was better to narrow the scope by focusing only on administrative data; however, even the concept of administrative data would need to be carefully defined.

The TEAM sub-group on NIS will meet on 7 February to discuss further on the outline and to decide on the next steps. The working group will share the outline for the NIS guide with TEAM for feedback and TEAM members are welcome to share country examples of good practices for NIS.

Session 8: Updates on various pieces of work

The TEAM Secretariat provided updates on ongoing projects. The operational guidance for the GNMf indicators has been published in all six UN languages and is available on the TEAM website. WHO and UNICEF have begun disseminating it through regional offices. The indicator on nutrition professionals is included in the operational guidance; however, there are no plans for further work at this stage. The paper on prevalence thresholds was published in the Public Health Nutrition journal in January 2019³ and presented during a webinar for Nutrition Cluster Coordinators, who also requested information on thresholds for SAM/severe wasting. Cluster coordinators also recommended that WHO and UNICEF issue a joint statement on the new threshold and its programmatic implications.

UNICEF created an IYCF Technical Advisory Group to support its work on the global database. The group's first meeting took place on 4 February 2019 and resulted in useful recommendations to UNICEF on improving their databases. UNICEF will share its plan for responding to these recommendations with TEAM. On nutrition of school-aged children and adolescents, a meeting was held in August 2018 to explore the different metrics being used to monitor programmes. Based on the discussion, a summary document will be prepared with recommendations for monitoring this age group. A technical advisory group will also be established, and UNICEF will circulate the list of proposed members.

Session 9: An agenda for TEAM research priorities

Edward Frongillo noted that part of TEAM's role is to identify emerging research questions and needs related to nutrition monitoring and to recommend action to develop or refine indicators and methods for the GFMf. He reviewed themes previously submitted by TEAM members and the topics that had been assigned to working groups thus far, including antenatal iron supplementation, breastfeeding counselling, anthropometry data quality, diet quality indicators, quality-adjusted coverage indicators, annual prevalence data for countries and regions and nutrition in school-age children and adolescents. Nutrition monitoring needs could also be organized by stage of the life course as an alternative. The group was asked to brainstorm additional research needs.

Points of discussion:

Research topics proposed included the following:

- Seasonality in diet or weight
- Within-country differences by province, state or district
- Information needed for the prevention of chronic disease
- How countries are using nutrition data for decisions; and what kind of data triggers action
- Adjusting estimates (for example, to account for 'aging-out')
- Appropriate responses to prevalence thresholds
- Prevalence thresholds for SAM

- Diets in contexts where meals are eaten outside of the home
- Relapse in SAM treatment
- Effectiveness of mother-to-mother support groups
- Paid performance-based initiatives (e.g. in Nigeria)

A point was made that cross-sectoral data and data on how nutrition contributes to the outcomes of other sectors, such as agriculture and social protection, are also important for countries. It was noted that a technical advisory group had been established on the issue of seasonality, and TEAM could request that one of its members joins this group.

There was discussion about potential outputs from the research priorities discussion, such as a review paper. There is little information available about how global estimates and monitoring are used by decision makers in practice and this information would be important to pursue. There was also a suggestion for TEAM to have a paper describing its research priorities.

Session 10: Diet quality indicators – Update and next steps

Jennifer Coates and Mary Arimond provided updates on the working group's activities since the last team meeting, included a light landscaping exercise, drafting an interview guide and identifying key informants to be interviewed. The working group proposed a framework for reviewing ongoing work on diet quality, including identifying gaps and a potential niche. The presentation addressed work ongoing to address 1) concepts related to diet quality and 2) diet quality metrics.

Several initiatives are underway to address the concept of diet quality. Some of these include the EAT-Lancet Commission on healthy diets from sustainable food systems; the WHO Nutrition Guidance Expert Advisory Group and sub-group on diet and health; and the upcoming FAO/WHO consultation on healthy and sustainable diets. On the topic of metrics for un/healthy diets, work is taking place using national-level data (e.g., dietary gap assessments using a food balance sheet); household-level data (e.g., using household consumption and expenditure surveys, such as the international dietary data expansion (INDDEX) project); and data collected at the individual level (e.g., the Gallup diet quality project and the Intake-funded work). Some of these have been detailed further in the report of the 6th TEAM meeting.⁴

Next steps for the working group involve completing the landscaping exercise, and based on this synthesis, identifying whether TEAM could add value by contributing to further work in this area. The Secretariat may be able to provide some support for this work. While the landscaping had been initially envisaged as a means of defining TEAM's potential contribution, it has become a valuable product itself and may be useful to external audiences.

Points of discussion:

There was a question about whether the various diet quality projects were strategic and adding value, and whether there could a role for TEAM in coordinating such work at a more strategic level. The working group is not concerned about overlap; however, communicating the value of these various initiatives is important. There was agreement that TEAM should be involved in supporting knowledge sharing and bringing clarity to the landscape. It was noted that the knowledge consortium group, convened by the New York Academy of Science, had done some work towards developing a common framework around various diet quality initiatives that could be useful to review.

Regarding the EAT-Lancet commission, it will be important for UNICEF to communicate that the recommendations for diet quality do not apply to young children, for whom animal-source foods are

important. UNICEF's next State of the World's Children report will build global interest around improving the quality of children's diets. There was some discussion about how to support countries in monitoring progress more frequently, and how to develop indicators that are more sensitive to policy and programme improvements and that serve programme objectives.

Session 11: Quality-adjusted coverage indicators – plan of action

Rebecca Heidkamp framed the discussion of quality-adjusted coverage using the Tanahashi framework, which considers aspects of coverage, including whether services are available, accessible, acceptable, used, and effective in delivering the intended impact. The coverage continuum describes the proportion of individuals who receive an intervention with quality among those in need of the intervention. Conceptualizing, measuring and adjusting for quality can be done in several ways: it could be input-adjusted, to indicate facility readiness; or process-adjusted, where the beneficiary reports back that they received certain elements of care; or it could involve direct assessments of whether a certain level of care was received. Some examples of quality-adjusted coverage research were discussed, such as a study linking population-based surveys with maternal recall and health service provider interviews in Nigeria, Ethiopia and India.

The DHS programme released a review of nutrition content in service provision assessments (SPA) core questionnaires. The SPA surveys collect data through inventory of service availability, facility infrastructure, equipment and medicines; interviews with health providers; observations of client-provider interactions; and exit interviews with clients whose consultations were observed. An analysis is being undertaken to link SPA nutrition data on IFA and breastfeeding counselling with IYCF practices in population-based household surveys, with preliminary results available in February.

A next step involves following-up with the DHS team once the findings from the linking analysis are available. TEAM was asked to consider whether to engage the nutrition community in the SPA review and whether there was interest in a conceptual piece about quality in nutrition services and implications for coverage measurement.

Points of discussion:

It was noted that the Lancet Commission on high-quality health systems is galvanizing attention around universal health coverage and quality in health systems and participants wondered whether TEAM should have a role in this work. Some participants noted that the nutrition community should be involved but not necessarily TEAM, and it would also be important to look at delivering nutrition interventions with quality through systems other than health.

On the idea for a conceptual piece, a suggestion was made for TEAM to describe key nutrition interventions across the life course, the quality required for these interventions and how that quality should be measured. It was noted that this work speaks directly to TEAM's mandate, and TEAM could bring clarity to the discussion and help with language and definitions on quality-adjusted coverage. A suggestion was also made for TEAM to publish one thought piece each year; for example, on the underperformance of the health system in delivering nutrition outcomes for children and missed opportunities, or on quality-adjusted indicators for nutrition. There was also some discussion about aligning indicators with those in nutrition information systems for continuity and to show what data are available through administrative reporting and what additional would be useful to collect through the SPA.

Universal health coverage is the central tenet of WHO's general programme of work, with a focus on the quality of care. Work is taking place around the indicators and there is a task force on positioning

nutrition within quality care and within universal health coverage as a quality measure. The Nutrition for Growth summit in Japan in 2020 will cover universal health coverage among its five themes.

It was agreed that Rebecca and Purnima would seek feedback from DHS on the linking studies and would discuss how to move forward on a concept paper. There was consensus that the concept of effective coverage in nutrition needed to be explored and defined further, with TEAM's support, linking with the health community. A stakeholder mapping of the nutrition community would also help to improve linkages.

Session 12: Updates on the Joint Malnutrition Estimates

Chika Hayashi and Elaine Borghi reviewed the JME working group's contributions towards producing the most recent UNICEF-WHO-WB JME, the Secretary General's annual SDG report and other key publications. Updates were provided on: 1) the process for systematically assessing new data sources; 2) the current database and SDG consultation process; 3) country-level models and regional estimates; and 4) the consultation planned for later this year.

On the first point, a systematic review of new data from surveys has been made possible through standardized data quality reports, which allow for comparison across surveys. The WHO Anthro Survey Analyzer is a useful resource that can be used across indicators to assess data quality. The standardized process also allows for better documentation. Next steps involve testing and providing feedback on the new features of the data quality assessment, and eventually making a version available to the public.

On the current database and SDG consultation, the JME expanded database contains measures of uncertainty as well as estimates for dimensions of equity, such as type of residence, wealth quintile, etc. Countries were invited to comment through an extensive survey consultation for SDG reporting and 103 countries responded.

The current models used for the regional and global JME estimates were reviewed (linear mixed-effect models, with random effects at country level, and heterogeneous covariance structures) and some key limitations were noted, such as the assumption of relative homogeneity within sub-regions and dependency on country groups. To move forward, there is a need to track indicators to determine if countries are meeting certain thresholds, such as those indicated in the SDGs, and model-based country-level estimates can help global monitoring efforts. The JME group hired consultants to propose country level models for stunting and overweight that could be easily understood by country offices and ministries of health, that account for precision of survey estimates and that allow for robust estimation of trends at country level. These country estimates could be aggregated to generate global and regional level estimates. A technical consultation will be organized to review current methods and examine an ideal model, with participants from national statistics offices, nutrition programme managers, data experts and others. TEAM is invited to propose names of participants interested in attending.

Points of discussion:

There was some discussion about how the JME could develop country-level estimates using one of the proposed models. Some concerns were noted with the models around the quality of input data, which would need to be resolved. Making decisions on where and how to adjust the data will also be important before releasing estimates.

There was discussion about whether the estimates would be included in the global database and how they would be indicated as modelled estimates. There was some concern around what would

be done with the data and the implications of releasing assumptions about a country. It was noted that some countries may not want to use the modelled data and UNICEF/WHO/World Bank would need to be prepared to explain their reasoning for using modelled estimates over national survey data.

The benefits of using the modelled estimates were also discussed, such as the potential to better track country progress and to have estimates for every country that can be aggregated rather than sub-regional estimates. Currently, every country receives a tracking score on its progress towards the WHA targets; however, the method is a crude line, and modelling would be an improvement to that method. UNICEF wants to look at the implications of using models and is consulting with countries on this issue.

Session 13: Liaison and engagement with other groups working on global nutrition monitoring

Kuntal Kumar Saha discussed the proposal to host a partner meeting on the topic of nutrition data accountability in the realm of global nutrition monitoring. The meeting could be tentatively scheduled to coincide with the next TEAM meeting in September or October 2019. Kuntal reviewed the background to this discussion, including a mapping of the global data and accountability initiatives for nutrition that was commissioned by the SUN Donor Network in 2016. While engagement with partners is included in the TEAM workplan, there has not been much follow-up in this area. TEAM co-chairs and the Secretariat decided that more time was needed to determine what TEAM intends to achieve with such a meeting.

A concept note was developed and will be shared with TEAM for comments and feedback. The proposed objective of the partner meeting would be to build a harmonized mechanism for nutrition data accountability among major initiatives involved in global nutrition monitoring. A common understanding of data accountability and a framework of roles and responsibilities will be important to moving the initiative forward. A proposed process and format for the meeting were discussed and potential outcomes from the meeting were noted, such as a better understanding of ongoing initiatives, identification of data gaps and strategies for addressing them, and the development of an accountability framework.

Points of discussion:

It was suggested that TEAM should identify a mechanism for accomplishing the goal of outreach and identifying where to put its resources. Some participants felt that a two-day meeting would be too long and may not necessarily produce the intended outcomes. A suggestion was made for TEAM to identify a theme to convene actors in this area to foster better engagement. There was also a sense that the objectives and outcomes of the partner meeting required more clarity.

There was some confusion expressed around the concept of a framework for accountability, and some participants felt that a different framework might be more appropriate. One idea was for TEAM to think bigger and start a dialogue for a nutrition data revolution. Other suggestions included quarterly calls, online communities of practice and other opportunities to find out what partners need.

Rather than the goal of accountability, it was suggested that a common framework could harmonize a core set of indicators. Having a common framework would address the existence of multiple global monitoring frameworks with different indicators and limit the confusion; and TEAM would be the right group to begin this work. Some review work has already been started through a DataDENT

mapping done by Results for Development. Further discussions would then be needed to ensure that the framework was used by the Global Nutrition Report, diet quality groups, and others.

There was consensus that TEAM should begin with the harmonization work. A partner meeting will take place in the fall coinciding next TEAM meeting but there would be a need to further define objectives. It was agreed that the working group would revise the concept note based on these discussions and share it with TEAM. A suggestion was also made to develop a partner engagement concept note on TEAM's objectives and strategy for engaging with partners.

Session 14 : Recommendations on the DHS 8 questionnaire

Rebecca Heidkamp described the initiative by DataDENT to coordinate the process of submitting nutrition-related recommendations to the DHS forum on the revision of the DHS 8 core questionnaire. DHS is encouraging recommendations to come as endorsements from groups and encouraging proposed deletions to the questionnaire. DHS wants to respond to emerging data needs while maintaining quality; and it was emphasized that quality suffers as the length of the questionnaire grows. The DHS review committee is central to the process and will make recommendations to USAID about which revisions should be included. Recommendations for a separate nutrition module may eventually happen as well.

Ten recommendations are being proposed to the DHS forum for review and the process for compiling these was reviewed, including consultations and a mapping of interventions. The ten recommendations cover nutrition-specific interventions during antenatal care; support for breastfeeding in facilities; marketing of breastmilk substitutes; breastfeeding counselling at critical time points; IYCF counselling at 6–23 months; child growth assessment; indicators for unhealthy diets; MDD for women; household food insecurity; and household food fortification. Topical leads and reviewers were identified to draft and review the recommendations, which are being shared with key influencers for endorsement. TEAM was invited to endorse as many nutrition recommendations as appropriate.

Points of discussion:

It was noted that TEAM should endorse recommendations that it feels can be operationalized now or over the next 6 months. DHS may still work further on the recommendations if accepted. There was a suggestion for TEAM to prioritize recommendations that are feasible, well-tested and where the content is highly needed.

TEAM reviewed each of the ten recommendations and associated questions. There was much discussion on each, and participants provided feedback and rationale for why they personally would or would not prioritize each of them. It was agreed that the list of recommendations would be sent to TEAM members with a deadline for ranking them according to priority and then classifying them as either core or module. Rebecca, on behalf of TEAM, would consolidate the responses. Only the Secretariat and TEAM members would be involved in the voting, excluding Trevor Croft, given his involvement in the DHS process, and Omar Dary, who was not present for the meeting discussions. Rankings received by the following Monday would be counted and TEAM would be informed of the outcome.

Session 15: Updating the TEAM workplan for 2018-2019

Co-chairs Jennifer Coates and Edward Frongillo presented a draft revised workplan. Based on the meeting discussions, TEAM was asked to consider the priorities for ongoing workstreams; whether

some workstreams could be retired; what new initiatives should be taken forward; and how to proceed towards finalizing the 2020–2021 workplan.

Five new initiatives had been proposed during the two-day meeting for consideration: 1) the need for indicator and/or data mapping across institutions, including consideration of core and extended GNMf indicators – to identify redundancies, needs and gaps; 2) an inquiry into data use among different stakeholders at different levels to determine what kinds of data trigger action; 3) facilitating a dialogue on creating a nutrition data revolution with partners; 4) capturing diets in contexts where people mostly consume food away from home and do not know the ingredients in the foods they eat; and 5) preparing a paper to clarify TEAM’s agenda and accomplishments.

Decisions on next steps are summarized in the table below:

Workplan item	Decisions/Actions/Outputs	Notes
GNMF indicators		
Antenatal iron supplementation	Complete key informant interviews; see if DataDENT would support additional work	Sarah Wuehler now leading this group
Breastfeeding counselling	Group to continue next steps as planned. Also, possibility to link with UNICEF on review of admin data, discuss draft proposals and contact countries to pilot in facility settings and then a global consultation in the fall on draft proposals	Work contingent on outcome of the DHS 8 process Work is cross-cutting around coverage quality work
Trained nutrition professionals	Consultant working on the report Decision to retire work on this indicator	
Operational guidance for the GNMf indicators	Decision to retire this work	
Revised IYCF indicators guide	Guide to be published this year; ideally conduct some cognitive interviewing. Publish a communications plan for different audiences	WHO and UNICEF The TEAM sub-group will agree on a specific timeline
Anthropometry data quality		
Report on anthropometry data quality	Draft guidance has been produced with new recommendations; text to be finalized end of February and shared with TEAM; final WHO/UNICEF clearance and publication	Desirable to translate into French and Spanish but resources needed to support. TEAM’s role in training or dissemination to be discussed. Work on adjustment factors such as seasonal and other correction factors would require additional resources and a working group.
Nutrition information systems		
Development of a guidance document on NIS	Consultant has developed provisional outline to be revised with feedback from TEAM and working group, with an update shared in March.	
Diet quality indicators		

Workplan item	Decisions/Actions/Outputs	Notes
Diet quality indicators work	Plan to continue with landscaping interviews, synthesize results and identify TEAM niche	Consider if TEAM resources are available to support this work. Suggestion to make this a more formal landscaping for the public good (to be discussed with the working group)
Miscellaneous		
Quality-adjusted coverage	<p>Nutrition community being engaged in the SPA review</p> <p>Conceptual piece on quality of care in nutrition services and clarifying what is meant effective coverage</p> <p>WHO and UNICEF to have a follow up discussion about nutrition in universal health coverage</p>	<p>Purnima and Rebecca to find out more about the SPA process.</p> <p>Need to identify members for a working group. Sarah Wuehler and Lynette Neufeld interested in joining.</p>
Nutrition of school-aged children and adolescents	Consultant hired to work on matrix	Need further work to determine timelines and meeting dates
JME	Work will move forward on country-level model estimates	Considerations when transitioning from one method to another
UNICEF IYCF database	Advice was received from the new Technical Advisory Group; UNICEF will implement and report back to TEAM in the fall. Next IYCF TAG meeting to be held around the same time.	
Prevalence thresholds paper	The paper was published; follow up joint statement needed to explain implications of new thresholds for countries	<p>May require a new or revived working group</p> <p>Need to also consider a threshold for SAM/severe wasting</p>
Partners meeting and TEAM's global engagement		
Engaging with other partners on nutrition monitoring	<p>Move forward with an assessment of approaches or a mapping of indicators</p> <p>Working group to decide whether a meeting is the best way to engage with partners and achieve clear objectives.</p>	<p>Working group needs to meet to discuss these issues, revise the concept note and share with TEAM.</p> <p>More communication is also needed from Secretariat.</p> <p>If a meeting is held, the data revolution could be a separate theme</p>
TEAM research priorities		
Research priorities	Paper on TEAM's priorities – working group to consider the suggestions provided during the discussion	

Proposed new initiatives outside of the current working groups

Workplan item	Decisions/Actions/Outputs	Notes
Indicator and data mapping across institutions	Review the mapping of indicators from different frameworks done by Research for Development and SUN-MEAL Agreement that work on the kind of data that triggers action could be merged with this work stream.	This work could be undertaken by an indicator working group
Communications and planning issues	This work stream to include: Preparing a paper clarifying TEAM's agenda and accomplishments; Undertaking strategic planning and communications activities	Led by the Secretariat + communications support Working group should include current and former chairs Possible design of new website

It was agreed that working groups would discuss with the co-chairs how to communicate the proposed work plan and the workplan would be circulated for inputs before being finalized. There was agreement that the 8th TEAM meeting would be held in Geneva in September or October 2019. The Secretariat thanked TEAM members for their contributions and the work to come.

Annex I: Agenda

7th Meeting of the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM)
UNICEF (not main building), 633 3rd Avenue (22nd floor), New York, USA
5–6 February 2019

MEETING AGENDA

Day 1: Tuesday, 5 February		
9:00 am-9:30 am	Welcome and introductions <ul style="list-style-type: none"> - Opening remarks by TEAM Co-chairs - Objectives and expected outcomes of the meeting - Introduction of participants - Administrative issues 	Chika Hayashi Jennifer Coates/Edward Frongillo Mark Hereward France Begin (on behalf of Victor Aguayo) Kuntal Kumar Saha
9:30 am-10:00 am	Session 1: UNICEF's Data Work	Chika Hayashi
10:00 am-10:30 am	Tea/Coffee	
10:30 am-11:15 am	Session 2: Antenatal iron supplementation indicator – update on validation and future plan	Presenter: Sara Wuehler Facilitator: Lynnette Neufeld
11:15 am-12:00 pm	Session 3: BF counseling indicator – update and future plan	Presenter: Purnima Menon Facilitator: Larry Grummer-Strawn
12:00 pm-12:30 pm	Session 4: Extended set of GNMf indicators	Presenter: Kuntal Kumar Saha Facilitator: Chika Hayashi
12:30 pm-1:30 pm	Lunch	
1:30 pm-2:30 pm	Session 5: Recommendations on anthropometry data quality – updates	Presenter: Elisa Dominguez/Julia Krasevec Facilitator: Rafael Flores-Ayala
2:30 pm-3:15 pm	Session 6: Revision of IYCF indicators guideline – update and next steps	Presenter: Larry Grummer-Strawn/Julia Krasevec Facilitator: Mary Arimond
3:15 pm-3:45 pm	Tea/Coffee	
3:45 pm-4:30 pm	Session 7: Guidance for nutrition information system – update and next steps	Presenter: Jose Luis Alvarez Moran Facilitator: Faith Thuita
4:30 pm-5:00 pm	Session 8: Updates on: <ul style="list-style-type: none"> - Operational guidance for GNMf indicators - Nutrition professional indicator - Prevalence threshold paper - UNICEF IYCF database - Nutrition of school-aged children and adolescents 	Facilitator: TEAM Secretariat
6:30 pm	Group dinner	Specifics to be provided

Day 2: Wednesday, 06 February

9:00 am-9:30 am	Session 9: An agenda for TEAM research priorities – updates and future plan	Presenter: Edward Frongillo Facilitator: Rafael Flores-Ayala
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9:30 am-10:00 am	Session 10: Diet quality indicators – update and next steps	Presenter: Mary Arimond/Jennifer Coates Facilitator: Wenhua Zhao
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10:00 am-10:30 pm	Session 11: Quality adjusted coverage indicators – plan of action	Presenter: Rebecca Heidkamp Facilitator: Purnima Menon
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10:30 am-11:00 am Tea/Coffee

11:00 pm-11:30 pm	Session 12: Updates on joint malnutrition estimates (JME)	Presenter: Chika Hayashi/Elaine Borhgi
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11:30 am-12:00 pm	Session 13: Liaison and engagement with other groups working on global nutrition monitoring	Presenter: Kuntal Kumar Saha Facilitator: Rafael Flores-Ayala
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12:00 pm-12:30 pm	Session 14: Recommendations to DHS on the DHS 8 questionnaire	Presenter: Rebecca Heidkamp Facilitator: Trevor Croft
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12:30 pm-1:30 pm Lunch

1:30 pm-2:30 pm	Session 14: (contd.) Recommendations to DHS on the DHS 8 questionnaire	Presenter: Rebecca Heidkamp Facilitator: Trevor Croft
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2:30 pm-3:00 pm	Session 15: Update of TEAM workplan 2018-2019: Identify activities and resource persons for each topic	Facilitators: Jennifer Coates/Edward Frongillo
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3:00 pm-3:30 pm Tea/Coffee

3:30 pm-4:15 pm	Session 15 (contd.) Update of TEAM workplan 2018-2019: Identify activities and resource persons for each topic	Facilitators: Jennifer Coates/Edward Frongillo
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4:15 pm-4:30 pm	Closing remarks Next TEAM meeting dates Wrap up	Chika Hayashi Kuntal Kumar Saha
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Annex II: List of participants

7th Meeting of the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring

UNICEF (not main building), 633 3rd Avenue, New York, USA

5–6 February 2019

LIST OF PARTICIPANTS

TEAM Members

1. Jennifer Coates – Co-chair
2. Edward Frongillo – Co-chair
3. Mary Arimond – Member
4. Trevor Croft – Member
5. Omar Dary – Member
6. Rafael Flores-Ayala – Member
7. Rebecca Heidkamp – Member
8. Purnima Menon – Member
9. Lynnette Neufeld – Member
10. Faith Thuita – Member
11. Sara Wuehler – Member
12. Wenhua Zhao – Member

Observer

1. Rahul Rawat – Bill and Melinda Gates Foundation

Rapporteur

1. Julia D'Aloisio

TEAM Secretariat (UNICEF)

1. Chika Hayashi
2. Julia Krasevec
3. Vrinda Mehra

TEAM Secretariat (WHO)

1. Elisa Dominguez
2. Larry Grummer-Strawn
3. Kuntal Kumar Saha

Endnotes

¹ More than 40 per cent prevalence: Equatorial Guinea; Myanmar; the Niger; and United Republic of Tanzania. Between 20–39.9 per cent prevalence: Colombia; Japan; Oman; and Swaziland. Less than 20 per cent prevalence: Afghanistan; Albania; Canada and Guatemala.

² The extended set of indicators includes: 1) incidence of malaria; 2) median urinary iodine concentration in children aged 6–12 years; 3) proportion of stunted women of reproductive age; percentage of pregnant women, aged 15–49 years who used any tobacco product (smoked or smokeless); 5) proportion of children born in the last 24 months who were put to the breast within one hour of birth; 6) new cases of measles; 7) use of insecticide-treated nets in children aged 0–5 years; 8) proportion of children under 5 with diarrhoea in the last two weeks receiving oral rehydration salts (packets or pre-packaged ORS fluids); 9) percentage of households with iodized salt (>15 ppm); 10) percentage of 1-year-olds who have received the appropriate doses of the recommended vaccines in the national schedule by recommended age; 11) percentage of households consuming iron-fortified wheat flour products; 12) appropriate use of micronutrient powders for children aged 6–23 months; 13) proportion of children with severe acute malnutrition having access to appropriate treatment, including therapeutic foods and nutrition counselling; 14) proportion of children aged 12–59 months receiving at least one dose of deworming medication; 15) strength of nutrition governance; and 16) number of countries with legislation/regulations to protect children from the marketing of unhealthy foods and beverages.

³ Further information available at: <https://www.who.int/nutrition/team/prevalence-thresholds-wasting-overweight-stunting-children-paper.pdf>

⁴ See the report of the 6th TEAM meeting, available at: <https://www.who.int/nutrition/team/2018-team-6thmeeting-report.pdf?ua=1/>