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

Meeting report
7 December 2020
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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>ANC</td>
<td>Antenatal care</td>
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<tr>
<td>COVID-19</td>
<td>Coronavirus disease 2019</td>
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<td>DataDENT</td>
<td>Data for decisions to expand nutrition transformation</td>
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<td>DHIS2</td>
<td>District Health Information System 2</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>GNMF</td>
<td>Global Nutrition Monitoring Framework</td>
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<td>IFA</td>
<td>Iron and folic acid</td>
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<td>IMPROVE</td>
<td>Improving measurement and programme design project</td>
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<td>IFPRI</td>
<td>International Food Policy Research Institute</td>
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<td>IYCF</td>
<td>Infant and young child feeding</td>
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<td>JME</td>
<td>Joint child malnutrition estimates</td>
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<td>MDD-W</td>
<td>Minimum dietary diversity for women</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MMS</td>
<td>Multiple micronutrient supplements</td>
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<td>NIS</td>
<td>Nutrition information system</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SPA</td>
<td>Service provision assessments</td>
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<td>TAG</td>
<td>Technical Advisory Group</td>
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<td>TEAM</td>
<td>Technical Expert Advisory Group on Nutrition Monitoring</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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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). Since then, TEAM has worked to identify and address emerging research questions and needs related to nutrition monitoring. 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 10th TEAM meeting, held virtually on 7 December 2020. The agenda and list of participants are included in Annexes I and II.

Summary of presentations and discussions

Kuntal Saha of the TEAM Secretariat opened the meeting and welcomed participants. TEAM co-chairs Edward Frongillo and Jennifer Coates chaired the first and second halves of the meeting, respectively.

Session 1: Antenatal iron supplementation indicator

Sara Wuehler provided an update on work to develop and validate an iron and folic acid (IFA) supplementation indicator. This work included reviewing the global indicators currently being reported in the Global Nutrition Monitoring Framework (GNMF), the District Health Information System 2 (DHIS2) nutrition module and the Demographic and Health Survey (DHS) 8.

The current GNMF indicator aligns with the DHIS2 and DHS8 recommendations. However, some questions remain, such as whether the GNMF should be considered a ‘global’ indicator or simply a ‘reportable’ indicator; and what should be the appropriate dose of iron. As some countries move towards using multiple micronutrient supplements (MMS) for women, a specific indicator for MMS (as an alternative to ‘iron-containing’ supplements) may eventually be needed. This requires research to consider how to differentiate between different types of supplement (i.e., iron alone, IFA or MMS) and identify the minimum dose of iron-containing supplements versus MMS.

Research is underway by other entities to address some of these gaps in information related to dose, type and the use of MMS. As such, the working group’s recommendation is to continue reviewing this research as it becomes available (including methods or indicators being used by countries) and eventually propose updates to the GNMF indicator. The eventual update to the GNMF recommendation will likely include an additional type and dose indicator for MMS. In the meantime, the recommendation is to continue with the current GNMF indicator. The working group will also aim to perform a desk review of available analyses to identify gaps and questions in need of further research.

Points of discussion:

It was noted that MMS is a delivery platform rather than a formula and is recommended by WHO in certain settings rather than universally. The roll-out of MMS in some countries will take time and use a variety of approaches; it will therefore be important to distinguish MMS from other supplements and be...
cognizant of this period of measurement transition as countries work to scale the intervention. The Secretariat agreed to follow up with Lisa Rodgers (WHO) and provide further information on the status of the WHO MMS recommendation.

Session 2: Breastfeeding counselling

Purnima Menon reviewed the progress made in advancing coverage indicators for breastfeeding counselling. TEAM had originally proposed an interim indicator for the GNMF on the “availability of national-level provision of breastfeeding counselling services in public health and/or nutrition programmes” because data to measure breastfeeding counselling were not previously available via DHS and other surveys. Work was undertaken with the International Food Policy Research Institute (IFPRI) Alive & Thrive and DataDENT in collaboration with UNICEF and WHO to publish recommended questions for measuring the coverage of infant and young child feeding (IYCF) counselling and breastfeeding counselling. Some of these questions were eventually accepted into the DHS8, which was a substantial achievement that will improve future data availability.

TEAM was asked to discuss potential next steps for work in this area. One suggestion would be to undertake some empirical analysis to illustrate the value of having the new DHS8 data on breastfeeding counselling. This would contribute to advancing the measurement agenda more broadly. TEAM could also consolidate insights from other partners working in this area.

Points of discussion:

Refinements to DHS8 questions on breastfeeding counselling are already being made based on cognitive testing led by IFPRI. These refinements will be included in the household survey guide developed by DataDENT. It will be important for the guide to consider all data on breastfeeding counselling, including data collected through routine systems, surveys and facilities.

It is not clear how many countries will have data for the new DHS8 questions during the 2020–2021 period, and delays are likely to happen due to the COVID-19 pandemic. The DHS programme is conducting cognitive testing for the new questions and consulting with DataDENT, with the aim of revising the questionnaire. The DHS does not have a list of indicators and definitions; therefore, the household survey guide may be useful to countries in the design stage as they develop their indicator frameworks.

WHO will assess the number of countries that have reported on the interim GNMF breastfeeding counselling indicator and follow up with TEAM. There was a suggestion to highlight how few countries had reported the interim indicator, and therefore, how limited the data are for this indicator. This could support advocacy to countries to adapt the full set of questions into their national nutrition surveys. It was agreed that Kuntal Saha, Chika Hayashi and Rebecca Heidkamp would follow up on this issue.

TEAM also discussed the forthcoming WHO-UNICEF Breastfeeding Counselling Implementation Guide, which will have a chapter on monitoring and evaluation (to be published during the first half of 2021). The guide will also include information from the DHIS2 module on IYCF counselling to cover indicators to be collected in routine health information systems. For indicators from household surveys, the guide could define the indicators and then reference the DHS questionnaire, as the cognitive testing being done for DHS8 is meant to refine the wording of the questions rather than the indicator definitions.
TEAM was invited to provide further suggestions for what should be included in the monitoring and evaluation chapter.

Regarding further opportunities for breastfeeding counselling indicators, it was also noted that the Multiple Indicator Cluster Survey (MICS) is in its sixth phase and there will be an opportunity to propose changes to the indicators for the seventh phase in 2022. The MICS questionnaire will need to be reduced to a core set of questions, with additional optional modules.

During previous meetings, TEAM had discussed the possibility of developing a core set of programmatic indicators beyond the GNMF. It will be important to assess what monthly data become available through the DHIS2 and what can be collected through service provision assessments (SPA) and move towards quality improvement. With the various digital advancements underway and more routine assessment, it may eventually be possible to assess whether a particular cohort of women received all the recommended interventions during the first 1,000 days.

Some innovative remote data collection initiatives are underway to measure service coverage via phone surveys during the COVID-19 pandemic. Such surveys have shed light on the reach of counselling programmes and may continue to be useful for data collection, even after the pandemic. It would be worthwhile to consolidate the learnings from these initiatives. A suggestion was also made for the next TEAM meeting to include a presentation by one of the research teams working on remote data collection. Priorities for TEAM could include providing inputs to the results of the WHA reporting on breastfeeding counselling and the IYCF indicators guide.

UNICEF country offices are also conducting online surveys to assess the extent to which national policies are aligned with the recommendations on breastfeeding and COVID-19. The results have been published in aggregate form, but no raw data are available yet.

**Actions:** (1) The convening role of TEAM in this area will be reflected in the 2021 workplan; (2) Purnima Menon and Rebecca Heidkamp will follow up with the data for nutrition community of practice to consider how learnings from remote data collection initiatives could be consolidated and shared; (3) WHO will confirm whether the monitoring and evaluation chapter of the WHO-UNICEF Breastfeeding Counselling Implementation Guide could eventually be shared for review by selected TEAM members; and (4) UNICEF will follow up on the results of the breastfeeding and COVID-19 surveys.

**Session 3: Diet quality measurements**

Mary Arimond provided an update on preparations for the online technical consultation on measuring healthy diets that will be convened in March 2021. The organizing team includes the TEAM diet quality working group, Rebecca Heidkamp (as facilitator), Monica Woldt of USAID Advancing Nutrition, and Bridget Holmes and Nancy Aburto of the Food and Agricultural Organization (FAO).

In preparation for the consultation, a background paper was commissioned with support from Advancing Nutrition and Cornell University, which is intended to outline recent advances in the area of diet quality measurement. The consultation will (1) work towards a shared understanding of the high priority characteristics of diets that are feasible to measure in global and national monitoring systems; (2) share progress toward developing metrics, tools, and methods, and identify gaps; (3) reach consensus on a narrowed set of the most promising measurement approaches and metrics that are fit
for purpose; and (4) identify next steps for collaboration and reaching convergence on metrics that can be proposed for global use.

While there are hundreds of metrics available, the consultation will aim to narrow down a set of the most promising measurement approaches and metrics for global and national monitoring of the healthfulness of diets. The consultation will engage a broader group of participants than was originally planned. Next steps involve finalizing the agenda, participant list and background paper; developing a strategy to maximize participation and agreeing on follow up, including identifying an ‘institutional home’ for an eventual data repository on proposed global metrics. All TEAM advisers are welcome to participate in the consultation.

**Points of discussion:**

WHO is exploring the possibility of having an indicator of healthy diets to be included in the monitoring framework of the WHO General Programme of Work. There is interest among WHO and others to have an interim composite indicator that could be used with the data available today to raise awareness about the need for this indicator. The technical consultation will not focus on interim measures; however, there will be a session on the different data sources.

The Global Alliance for Improved Nutrition, with Harvard University and Gallup, will be collecting diet quality data in as many as 90 countries over the next two years. This initiative may help contribute to an interim indicator while more robust indicators are being developed. Some initial results from surveys in Ghana and Tanzania could be presented at a future TEAM meeting, if needed, and will also feature prominently during the technical consultation.

**Session 4: Guidance on nutrition information systems**

David Hales provided an update on the nutrition information systems (NIS) guide. He reviewed why the guide was needed (see the 8th and 9th TEAM meeting reports) and explained that it would focus on national NIS specifically, with an aim to bridge the gap between technical and non-technical audiences on the content and value of an NIS. A fundamentals section (with five modules) will provide basic entry points to core topics and a technical notes section (with 17 notes) will explore specific issues and processes. The resources section will link to updated tools and publications of interest.

The five fundamental series modules are complete and being reviewed by the working group. Two technical notes are complete or nearing completion, two more are underway, and requests have been sent to multiple organizations for support in drafting the remaining notes based on specific expertise. An outline of the 17 topics can be provided upon request.

**Points of discussion:**

UNICEF has created an effective data visualization of COVID-related nutrition service disruptions, and guidance on producing similar visualizations may be useful for countries. The NIS guide will include a technical note on this topic, with tools to help users present and use data for decision-making.

The working group would like the draft technical notes to be reviewed by an end-user who could provide feedback on the content and level of detail. TEAM was invited to suggest potential reviewers.
Session 5: Quality-adjusted/effective coverage measurements – SPA review

Rebecca Heidkamp reviewed the work planned for 2020–2021 on quality-adjusted coverage, which primarily includes engaging with the DHS SPA review process that will culminate in a new SPA tool in January 2022. Phase 1 of the review process is underway and institutions and individuals from the SPA community of practice have been invited to contribute through working groups on different topics that will recommend changes to the SPA. Recommendations for nutrition are due on 15 January 2021.

The SPA has been an underutilized resource because it is heavy and expensive to implement. The objective of the SPA revision is therefore to increase its use by making it a leaner instrument focused on quality of care across priority health areas. The revised SPA should fill data needs not currently available through other surveys and routine data collection, while also verifying the quality of care information collected through routine systems. Recommendations are to be provided through a structured form. The review process should maintain a balance between restructuring and adding questions to collect the needed data, while also endeavouring to make the SPA leaner and easier to implement.

The SPA survey core questionnaires include a facility inventory; health provider interview; service observation (of antenatal care, family planning and sick child visits); and exit interviews with patients after these services. The cross-cutting SPA community of practice group has reviewed some surveys and noted some consistent gaps in how nutrition is reflected among the survey questions.

DataDENT has led the review process thus far, including reviewing the existing questionnaires and collating recommendations from the 2018 technical consultation. While nutrition was initially grouped with the maternal, newborn and child group, there is now agreement for a separate nutrition group. The TEAM working group is reaching out to networks to discuss priorities for quality measurement in nutrition. Draft nutrition recommendations for nutrition were prepared in November and are now being refined and shared with other groups for feedback before the January deadline. Some of the proposed areas for refinement are related to the baby-friendly hospital initiative; child growth monitoring and promotion and acute malnutrition treatment; breastfeeding and nutrition counselling; micronutrients; nutrition-related management of noncommunicable diseases; and cross-cutting areas, such as the postnatal care module.

DataDENT is gathering expert opinions on coverage and defining coverage cascades for nutrition interventions in health systems. It may be useful for TEAM to develop a framing paper on quality measurement issues in nutrition.

Points of discussion:

It will be challenging for TEAM to contribute to the SPA review before the January 2021 deadline. However, it may be an opportune moment for TEAM to think about the continuum of measurement and quality issues, including for the DHIS2 and IYCF counselling coverage indicators.

Session 6: Continuation of the working group for IYCF indicators guidance

Kuntal Saha provided an update on the WHO IYCF indicators guide, which has been finalized and combines parts 1 and 2 on definitions and methods. The document will be available in print and online in six languages and will be disseminated through WHO and UNICEF regional and country offices and websites, and via the WHO Nutrition listserv. Some discussion is underway with FAO about jointly
disseminating the IYCF guidance with the FAO revised guidance on minimum dietary diversity for women (MDD-W).

The revision of the IYCF indicators guidance was a huge undertaking involving multiple expert consultations and several years of work. The TEAM Secretariat expressed its gratitude to all members of the working group for their contributions. The working group had considered retiring after this accomplishment, but some critical work was identified to help implement the guidance in surveys.

Sorrel Namaste proposed that the TEAM IYCF indicators working group continue and consider four possible areas of work.

- The first would be supporting dissemination of the IYCF indicator guidance at global, national and local level to multiple audiences, including survey managers, non-governmental organizations and researchers. This support could include developing briefs, conducting webinars or hosting e-learning courses and workshops virtually and in-person.
- A second area of work could be providing technical assistance to countries and to organizations on how to collect data for the IYCF indicators. The IYCF questionnaire and adaptations are arguably the most challenging of all the data collected through the DHS, and technical assistance from TEAM could be valuable in supporting questionnaire design and data collection. It would also support interpretation of the indicators (e.g., through area graphs), including where trends have changed due to a shift in indicator definitions or methods of data collection, and to address special issues, such as seasonality.
- A third area of work would be promoting harmonization and coordination across survey platforms, including with the FAO guidance on MDD-W.
- Finally, TEAM could take a proactive approach to defining and prioritizing areas of research that would strengthen the next version of the guide. This could include recommendations for new indicators or refinements to existing indicators.

TEAM advisers were asked to provide feedback on the proposed areas of work and to suggest potential working group members from within and outside of TEAM.

Points of discussion:

Regarding support for disseminating the new indicators, this work should primarily be undertaken by WHO and UNICEF Country and Regional offices, which are best placed to support training. It was clarified that rather than providing technical assistance, TEAM could help map actors and institutions who could support this work and contribute to the dissemination plan. UNICEF is working on an IYCF indicators area graph guide to support countries in interpreting their data.

Historically, the dissemination of new indicators has been challenging and resulted in confusion. TEAM could therefore consider providing some oversight to this process. This could include periodically reviewing how the new indicators are being applied and analysed in a given country. UNICEF and WHO could then use this information to refine their support to countries. There was broad support for TEAM to remain engaged in this work and it was suggested that those wishing to be involved continue to discuss further how to move this agenda forward.
Session 7: Anthropometry data quality research questions

Sorrel Namaste provided an overview of the research questions that had been developed by the TEAM anthropometry working group. When the new anthropometry data quality guide was published, the working group acknowledged several unanswered questions that would need to be addressed through further research. For example:

1. Standardization tests – Could standardization tests in the field be simplified or otherwise improved (e.g., conducted with <10 children)? Which technical error of measurement (TEM) cut-offs should be considered in field conditions to assess performance?

2. Height measurement technique – Should repeat measures be recommended, and if so, how many (e.g., 2 or 3) and by whom (e.g., same as initial measurer or different measurer)?

3. Validation of event calendars – Are event calendars effective, are there any recommendations we can develop to improve the use of event cards, and how do we calculate date of birth when using an event card?

4. Flagging thresholds – Are the current WHO cut-offs the right thresholds and consistent with biological plausibility? What percentage of flagged values are related to low data quality for the current flagging or an alternative flagging system?

5. Random and systematic error – Can random and systematic error be disentangled; can adjustments to anthropometric estimates be made to account for these errors; and what affect do these errors have on the estimates?

6. Hair and clothing – What is the prevalence of hair and clothing interference? What are the best standardized instructions for training and field work with regard to obstructive hairstyles and clothing? Should we adjust for hair or clothing, and if so how?

7. Data quality thresholds – At the processing and interpretation phase, what are the optimal thresholds for each indicator to detect quality data issues; for response rates, what threshold is allowable while remaining representative?

8. Remeasurement procedures – How useful are remeasurement procedures to estimate precision and accuracy; what is the recommended percentage for random measurement; what cut-offs should be used for flagged cases for remeasurement; and is random remeasurement useful?

These questions are at different stages of development and review. The next step for the anthropometric working group is to prepare an outline of each research question. The last quarter (Q) of 2020 will involve reconvening the working group and finalizing the workplan; Q1 of 2021 will involve reassigning the drafting and review of research question outlines; Q2 will involve completing outlines and mapping groups that can address each research question; and Q4 will involve completing the research questions. Any additional TEAM advisers interested in joining the working group are welcome.

Points of discussion:

TEAM advisers expressed appreciation for the research questions identified by the working group. It will be important to prioritize two questions for the coming year. There was some discussion about how UNICEF country offices are approaching issues of data quality in programme settings, given that there is a significant amount of growth monitoring taking place with little direction in many countries, resulting in potential data quality issues. Data quality has been discussed with regard to the DHIS2 growth monitoring work, including what kind of quality assessment could be done for height at the community level to determine whether these data could be used for programmatic purposes.
While the anthropometric guide is intended for use in national surveys, some advisers expressed concern about the use anthropometric measurements in programme settings. Previous observations suggest that it is not feasible for health workers to implement the same protocols for height measurement as those used in national surveys. A paper addressing these issues was noted. Some advisers suggested that TEAM or others should recommend that countries avoid doing height measurement in programming, given the challenges in performing these measurements accurately. Similar challenges were noted in the use of anthropometric measurements in routine data collection, and the need for better training on measurement and reporting. There is no UNICEF or WHO statement or guidance on minimum indicators for monitoring growth, and a recommendation for countries to use the same quality indicators recommended for national surveys would be useful.

While it was agreed that this issue was important, it falls outside the scope of the current TEAM working group. It was suggested that a separate working group take up this agenda to explore uses and interpretations of anthropometric data in various settings and eventually provide guidance to ensure such data are high-quality and used for appropriate purposes.

**Session 8: Haemoglobin assessment and anaemia estimates**

Sarah Wuehler presented a proposal for how the TEAM anaemia working group could support the monitoring and interpretation of anaemia data. There are multiple efforts underway globally in this area (by WHO, USAID and others), and as such, it will be important for TEAM to complement rather than duplicate these efforts.

The working group proposal is to develop a summary guide on quality in data collection, analysis and reporting from the perspective of population-based surveys (e.g., methods, field work procedures, sampling, data processing, analysing data quality, interpretation for reporting and use of modelling), while identifying research gaps. This would involve triangulating the outputs from the various anaemia initiatives to offer guidance to countries. The work would take place over a two-year period and would require support from a group of donors, with potential for collaboration with the USAID heme working group.

**Points of discussion:**

Advisers noted many concerns around the measurement of anaemia; a guide could thus be helpful to address some of these issues. There was some discussion about how the proposed guide would complement the work of the WHO anaemia guideline development group on the use and interpretation of data and the efforts of the USAID haeme working group to address the measurement of haemoglobin in the field. Clarity on the expected outcomes of these initiatives would be critical before determining the role of TEAM. It could be useful to map out the scope of these initiatives and others doing micronutrient assessments.

The WHO guideline development group will focus on determining the cut-off for defining anaemia, and adjustments for altitude, pregnancy, various age groups, etc., which will be completed in mid-2021, followed by a months-long clearance process. The guidelines will not address broader interpretations about the meaning of anaemia levels in a population. Such issues, along with data quality considerations, could be addressed by the proposed TEAM guide, thus serving a similar purpose as the
new TEAM-led anthropometry data quality guide. There was general agreement among advisers and members of the working group to follow this approach.

Session 9: COVID-19 working group
Chika Hayashi explained that the purpose of the session would be to brainstorm how TEAM could contribute to nutrition monitoring related to the pandemic.

UNICEF has undertaken various COVID-19-related pieces of work this year, including developing a range of guidance documents on nutrition in the context of the pandemic (e.g., on maintaining essential health services, monitoring essential sexual, reproductive, maternal, nutrition, child and adolescent health services, nutrition information management, promoting healthy diets, breastfeeding etc.). UNICEF has also hosted various webinars to support countries and contributed summaries of nutrition and COVID-related data to various reports, policy briefs and media outlets, while also conducting specific COVID-related data and monitoring work. This includes surveys on disruptions in the provision of essential COVID-19-related nutrition services, which were conducted across regions at various time points since the start of the pandemic. TEAM may wish to contribute to developing the next survey.

UNICEF is also tracking the various initiatives in countries and regions through a repository of questionnaires and collecting microdata. The data are being shared among a small working group and may eventually be made available more widely. Some digital innovations are being tested – such as text-based service delivery reporting, Facebook surveys and U-Reports (e.g., where adolescents receive text-based survey questions related to food consumption during the pandemic). UNICEF has identified four categories of nutrition-related innovation – digital, product, programmatic and financing-related – and would welcome TEAM inputs on how to synthesize and disseminate information about this work.

Some suggestions were offered for how TEAM could contribute to COVID monitoring work. TEAM could issue a commentary on COVID-19 and nutrition monitoring or prepare guidance on nutrition questions to ask through different data collection modalities (e.g., phone surveys, text-messaging questionnaires, etc.). UNICEF and WHO would like to develop a broader conceptual framework on COVID and nutrition to consider the different pathways through which COVID-19 and nutrition interact and TEAM may wish to review this work. The Standing Together for Nutrition Consortium has modelled some scenarios related to COVID and nutrition (e.g., wasting estimates) and TEAM may consider supporting this modelling work. UNICEF would also like to convene a meeting to summarize the available evidence on COVID-19 and nutrition. This would be linked with a working group on research priorities for children and nutrition, one of the goals of which is to identify a data element that should be collected in all national COVID registries.

Points of discussion:
TEAM should take advantage of the lessons learned from UNICEF’s experiences and consider how they can be leveraged to improve ongoing monitoring initiatives. While global initiatives are important, it was noted that most innovation is happening at the national and local level, and global partners would do well to learn from these experiences. TEAM and UNICEF could facilitate this knowledge-sharing by consolidating and disseminating these country learnings; this may be a more appropriate role for TEAM than offering generic advice as global advisers.
Subnational data are needed for decision-making on nutrition and COVID-19. To support them, there is a need to better understand the decisions they need to make in order to identify the minimum set of data needed to act at a subnational or district level. TEAM may be able to support this work and identify low-resource approaches for gathering information on nutritional status and service delivery.

There was consensus that, rather than providing advice, TEAM should learn from these global and national experiences and possibly help synthesize them for a broader audience. TEAM could also support the harmonization of measurement approaches by reviewing some of the questionnaires provided to UNICEF. It was agreed that the COVID-19 working group would discuss these suggestions and confirm next steps.

Session 10a: Updates on the Joint Malnutrition Estimates (JME)
Richard Kumapley provided an update on the JME country consultations, which began in November and will continue until January 2021. As part of this process, UNICEF is consulting with SDG focal points to present the new country level estimates for stunting and overweight (as opposed to the previous regional-level modelling). After feedback from the consultations, the estimates will be consolidated and submitted for SDG reporting. The JME report will be released at the end of March reflecting the new estimates.

The first round of JME reviews ended in October in preparation for the country consultation. As part of this process, UNICEF reviewed more than 100 sources, using a data quality template to systemize the review of each survey. Feedback on the template was provided and it was revised for a second round. A retrospective review was also undertaken with some surveys being retracted. These changes and updates will eventually be summarized in the March JME report. The data quality criteria being used are included in the 2019 report and the template can be shared upon request.

Session 10b: Updates on the IYCF Database Technical Advisory Group (TAG)
Vrinda Mehra explained that two sample templates were developed to communicate UNICEF’s confidence around datapoints included in the IYCF global database and identify any quality concerns. These templates were reviewed and discussed by the IYCF-TAG. Following the discussion, one of the templates was selected, which will be included as a separate tab in UNICEF’s excel databases and feature all data points that are not included in the databases due to various data quality issues. UNICEF has produced an outline for an IYCF indicators brochure, which was shared during the 9th TEAM meeting. The brochure is planned for March 2021 and a draft will be shared with TAG members for their feedback.

Session 11: Review of the TEAM workplan 2020–2021
TEAM advisers and the Secretariat suggested priorities for the 2020–2021 TEAM work plan.

Chika Hayashi outlined three areas of work where UNICEF would welcome TEAM’s contribution: (1) To revisit the Methodology for monitoring progress towards the global nutrition targets for 2025 and revise it for 2030; (2) To support the workstream on monitoring the nutrition of school-age children and adolescents; and (3) To explore and potentially advise on nutrition monitoring issues related to big data, digital and other innovations.

TEAM advisers made the following workplan suggestions:
TEAM working groups on antenatal iron supplementation and breastfeeding counselling could produce a summary document or ‘milestone paper’ outlining progress and learnings on these topics thus far and highlighting any future work is needed. This information could also be presented as a series of short technical briefs that would become part of a routine knowledge-sharing process when TEAM working groups advance to a certain point in their work.

TEAM could produce a technical note in the NIS guide with recommendations for countries on developing a monitoring plan and finding the data they need.

TEAM could strategically review its role and mandate as its work expands into areas in which other well-funded entities are working. This could include redefining how TEAM is expected to contribute as an advisory body and its capacity needs.

USAID will explore the possibility of contributing funds to UNICEF to support some of the projects noted above, including a stocktaking of some of the guidance issued by TEAM and lessons learned by TEAM, WHO and UNICEF.

TEAM co-chairs and the Secretariat agreed to follow up with the working groups to finalize the workplan.

Closing remarks
It was noted that this would be Mary Arimond’s final meeting as a member of TEAM. Advisers and the Secretariat expressed their sincere thanks and appreciation to Mary for her strategic direction, insights, contributions to global nutrition monitoring during her tenure over the last five years.

The TEAM Secretariat acknowledged the challenge for some advisers to attend the virtual meeting given their different zones and thanked all advisers who were able to participate.
Annex 1 – Agenda

Monday, 7 December 14-18h CET time (8-12h EST)

<table>
<thead>
<tr>
<th>When EST</th>
<th>When CET</th>
<th>What</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:10</td>
<td>14:00 – 14:10</td>
<td>Welcome and introductions - Opening remarks by TEAM Co-chairs</td>
<td>Chika Hayashi/Kuntal Saha Jennifer Coates/Edward Frongillo</td>
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<tr>
<td>8:10 – 8:30</td>
<td>14:10 – 14:30</td>
<td><strong>Session 1</strong>: Antenatal iron supplementation indicator</td>
<td>Sara Wuehler</td>
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<tr>
<td>8:30 – 8:50</td>
<td>14:30 – 14:50</td>
<td><strong>Session 2</strong>: Breastfeeding counselling</td>
<td>Purnima Menon</td>
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<td>8:50 – 9:00</td>
<td>14:50 – 15:00</td>
<td><strong>Session 3</strong>: Diet quality measurements</td>
<td>Mary Arimond</td>
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<tr>
<td>9:00 – 9:20</td>
<td>15:00 – 15:20</td>
<td><strong>Session 4</strong>: Guidance for nutrition information system</td>
<td>David Hales</td>
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<tr>
<td>9:20 – 9:40</td>
<td>15:20 – 15:40</td>
<td><strong>Session 5</strong>: Quality-adjusted/effective coverage measurements – SPA review</td>
<td>Rebecca Heidkamp</td>
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<td>9:40 – 9:55</td>
<td>15:40 – 15:55</td>
<td><strong>Session 6</strong>: Continuation of the working group for IYCF indicators guidance</td>
<td>Sorrel Namaste</td>
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<tr>
<td>9:55 – 10:10</td>
<td>15:55 – 16:10</td>
<td><strong>Session 7</strong>: Anthropometry data quality research questions</td>
<td>Sorrel Namaste</td>
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<tr>
<td>10:10 – 10:30</td>
<td>16:10 – 16:30</td>
<td><strong>Session 8</strong>: Haemoglobin assessment/anaemia estimates</td>
<td>Sara Wuehler</td>
</tr>
<tr>
<td>10:30 – 10:50</td>
<td>16:30 – 16:50</td>
<td><strong>Session 9</strong>: COVID-19 working group</td>
<td>Chika Hayashi</td>
</tr>
<tr>
<td>10:50 – 11:10</td>
<td>16:50 – 17:10</td>
<td><strong>Session 10</strong>: Updates on – Joint Malnutrition Estimates - IYCF database TAG</td>
<td>Richard Kumapley/Elaine Borghi Vrinda Mehra</td>
</tr>
<tr>
<td>11:05-11:55</td>
<td>17:20 – 17:55</td>
<td><strong>Session 12</strong>:</td>
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<tr>
<td>11:55 – 12:00</td>
<td>17:55 – 18:00</td>
<td>Closing remarks</td>
<td>TEAM Co-chairs/Secretariat</td>
</tr>
</tbody>
</table>
Annex 2 – List of participants

TEAM Members

1. Jennifer Coates – Co-Chair
2. Edward Frongillo – Co-Chair
3. Mary Arimond – Member (outgoing)
4. Omar Dary – Member
5. Rafael Flores-Ayala – Member
6. Rebecca Heidkamp – Member
7. Purnima Menon – Member
8. Sorrel Namaste – Member
9. Lynnette Neufeld – Member
10. Faith Thuita – Member (not in attendance)
11. Sara Wuehler – Member
12. Wenhua Zhao – Member (not in attendance)

Observer

Allison Greig - Nutrition International

Rapporteur

1. Julia D’Aloisio

TEAM Secretariat (UNICEF)

1. Chika Hayashi
2. Julia Krasevec
3. Richard Kumapley
4. Vrinda Mehra
5. David Hales (NIS Guide consultant)

TEAM Secretariat (WHO)

1. Elaine Borghi
2. Elisa Dominguez
3. Monica Flores-Urrutia
4. Laurence Grummer-Strawn
5. Kuntal Kumar Saha
Annex 3 – Group photo

From left to right, **Row 1**: Omar Dary, Kuntal Kumar Saha, Jennifer Coates, Laurence Grummer-Strawn, Rafael Flores-Ayala; **Row 2**: Purnima Menon, Edward Frongillo, Lynnette Neufeld, Rebecca Heidkamp, Mary Arimond; **Row 3**: Chika Hayashi, Julia Krasevec, Elisa Dominguez, Monica Flores-Urrutia, Elaine Borghi; **Row 4**: Sara Wuehler, Julia D’Aloisio, Sorrel Namaste, Vrinda Mehra, Richard Kumapley.
Endnotes

1 The current GNMF ‘reportable’ indicator is “any iron containing supplements during current or past pregnancy in past 2 years”.
2 Topics have been identified across five thematic areas: planning and preparation of an NIS; data management; data sources and providers; data quality, analysis and use; and indicators and targets.