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

**Meeting report
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Acronyms

BFHI	Baby-friendly Hospital Initiative
COVID-19	Coronavirus disease 2019
DataDENT	Data for decisions to expand nutrition transformation
DHIS2	District Health Information System 2
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization of the United Nations
GNMF	Global Nutrition Monitoring Framework
GNR	Global Nutrition Report
IFA	Iron and folic acid
IMPROVE	Improving measurement and programme design project
IYCF	Infant and young child feeding
JME	Joint child malnutrition estimates
MICS	Multiple Indicator Cluster Survey
NAF	Nutrition accountability framework
NIPN	National Information Platforms for Nutrition
NNIS	National nutrition information system
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SDGs	Sustainable Development Goals
SPA	Service provision assessments
SUN	Scaling Up Nutrition (Movement)
TAG	Technical Advisory Group
TEAM	Technical Expert Advisory Group on Nutrition Monitoring
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
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). 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 eleventh TEAM meeting, held virtually on 16 and 23 July 2021. The agenda and list of participants are included in Annexes I and II.

Summary of presentations and discussions

Opening remarks

Chika Hayashi opened the meeting on behalf of the TEAM Secretariat and expressed appreciation to the TEAM advisers for their continued guidance. TEAM Co-chairs Jennifer Coates and Edward Frongillo welcomed new TEAM adviser Kaleab Baye, Associate Professor at Addis Ababa University. They noted that the meeting would be an opportunity for TEAM to discuss its current work plan, while also initiating a longer-term strategic planning process.

Session 1. Haemoglobin assessment and anaemia estimates

Sara Wuehler provided an update from the TEAM Anaemia Working Group on developing practical guidance for the assessment of anaemia, starting with haemoglobin. This work will include both preanalytic and analytic factors in the assessment of haemoglobin, along with measures of quality and minimum reporting. The Working Group also considered whether the scope of its work should be expanded beyond haemoglobin to address determinants of anaemia, such as iron deficiency and other micronutrient deficiencies, haemoglobinopathies, and water, sanitation and hygiene.

The Working Group proposed to focus on best practices for large-scale surveys and to develop a series of technical notes on anaemia and the assessment of haemoglobin. The technical notes would cover topics such as: (1) haemoglobin assessment, analysis of the current situation and gaps; (2) optimizing the quality of current haemoglobin assessment (i.e., what critical gaps need to be filled and how can current methods be optimized while awaiting further research); (3) new global standards and guidelines for haemoglobin assessment based on forthcoming evidence; (4) determinants of anaemia; and (5) a critical analysis of the evidence.

The Working Group also considered opportunities for collaboration with other groups or initiatives that have complementary interests, such as the Demographic and Health Survey (DHS) Program, the Micronutrient Survey Manual and Toolkit, the United States Agency for International Development (USAID) Advancing Nutrition Anaemia Task Force, the HEmoglobin MEasurement (HEME) Working

Group, the Alliance for Anaemia and groups involved in the United Nations Food Systems Summit and Nutrition for Growth Summit (N4G).

Development of the technical notes would involve a two-year process requiring a workplan and sufficient budget. In addition, these technical notes will be organized in a way that references already-available resources rather than recreating tools, except in cases where one consolidated tool is most efficient.

Comprehensive guidance on haemoglobin assessment is not currently compiled in a single location and lacks a simple, stepwise format; these are gaps that the technical notes aim to address. Gaps identified by the Working Group include: essential and desirable reporting variables; equipment and appropriate quality control solutions; training essentials (such as minimum recommended number of days and procedures for ensuring quality); quality control during data collection (such as data entry); and quality control post data collection (such as standardized approaches to data cleaning).

The Working Group also identified a list of research needs related to analysing and collecting data, including: methods to assess data quality; detection of variability across enumerators (quality versus population variability); statistical automated methods to detect values outside the normal curve (i.e., extreme and lower values); and implausible values. Data quality elements could eventually be automated by developing a WHO analyser. Advisers were invited to identify other quality elements that could be included.

Points of discussion:

The technical notes are intended to improve the quality of data collection on anaemia and offer global guidance to those providing technical assistance that can be shared with survey implementers. The decision to develop a series of technical notes, rather than a full report, ensures that guidance is available as soon as possible to support countries. It can also be adapted as new information becomes available.

Advisers were asked to consider other groups with which to engage on haemoglobin assessment. There was a suggestion to consider communicating with the producers of measurement equipment, while managing any potential conflicts of interest. This would be important because the Working Group is producing measurement guidance that differs from the approach used by some producers. For example, many equipment producers have begun selling their products without externally validating them, while others have validated their products using samples from blood banks rather than the recommended venous blood. It would be important for the Working Group to caution against such practices.

The Scaling Up Nutrition (SUN) Movement Secretariat may also have suggestions of national groups that could provide insights into country applicability. In India, there is a national anaemia working group, which supports the national anaemia reduction campaign. The group has worked on anaemia measurement, including the role of different tools and biomarkers, and includes researchers from India's National Centre for Excellence and Advanced Research on Anaemia. It was noted that Groundwork, an organization that supports the implementation of national micronutrient surveys, is interested in supporting future field validation work.

USAID is aiming to provide funds to the WHO Department of Nutrition and Food Safety to coordinate WHO efforts related to anaemia. Some of these funds could also support the TEAM Working Group.

The goal of optimizing data collection and quality could be further refined. For example, guidance could include more specificity around parameters for data collection, such as recommendations on the method and type of blood collected and whether it is acceptable to use capillary blood, non-invasive measures, etc. TEAM could play a role in clarifying what approaches will provide the most meaningful data.

Regarding the identified research needs, one adviser noted that the quality of the existing data sets is not sufficient or reliable enough to address some of the research questions. The process of checking whether errors are random or systematic, for example, will require additional work. On the content of the technical notes, some advisers felt that issues of age assessment or pregnancy verification were outside the scope of what should be covered.

Session 2. Diet quality measurements

Jennifer Coates and Monica Woldt provided an update from the Working Group on Diet Quality on the implementation of the Technical Consultation on Measuring Healthy Diets, which took place from 18–20 May 2021. The consultation was hosted by WHO, UNICEF and the Food and Agriculture Organization (FAO), in collaboration with USAID Advancing Nutrition, and aimed to promote increased communication, coordination and collaboration for the purposes of accelerating progress towards identifying or developing a parsimonious set of metrics for the global monitoring of healthy diets.

Eighty-five participants took part in the consultation, representing a wide set of institutions and roles in the data value chain. The priority focus of the consultation was on defining metrics for the purposes of global and national monitoring; and identifying characteristics of healthy diets for individuals over 2 years of age. Expected outputs of the consultation were to: (1) identify areas of convergence and divergence on characteristics of healthy diets that should be monitored at global and national levels; (2) map existing metrics of healthy diets with associated tools and methods; and identify next steps to establish mechanisms for collaboration and information-sharing and reach convergence on characteristics and metrics for global and national use.

Participants were asked to complete an evaluation of the consultation and 34 out of 85 participants responded. Overall, results were positive, with most respondents indicating they were very satisfied with the consultation. Most respondents felt that the consultation had achieved its intended outputs, particularly around identifying areas of convergence and divergence, mapping existing metrics of healthy diets, and identifying gaps and needs. Respondents noted that more time was needed for working group discussions, especially around identifying the strengths and weaknesses of the various initiatives and how well these approaches could meet shared goals. Respondents also noted that more time was needed to achieve clarity on next steps.

While the organizers had originally envisioned a small number of participants, and thus more time to discuss and evaluate the strengths and weaknesses of various approaches, the large number of participants made it challenging to engage in intensive discussion. However, the high level of interest from participants was also an important opportunity for a wide range of stakeholders to publicly share their perspectives on the current landscape.

The Working Group on Diet Quality has begun examining the feedback and has proposed a series of high-priority next steps. The first is to clarify and agree on common terminology (e.g., diet quality, healthy diets, etc.) and develop a shared global definition of healthy diets, including dimensions to be

measured. The second proposed step is to identify an independent group of experts to review the empirical evidence in order to compare the available metrics and score them on characteristics such as content/construct validity, usefulness and feasibility. The results of this expert review could be used to identify which metrics are most appropriate for which purpose. Based on this information, the final proposed step is to develop a summary table for internal use to compare key features of the leading metrics. This interim product would be developed into a decision-making tool for external use to enable users to determine what metrics are most suitable given their measurement objectives. Eventually, with the participation of metrics developers, operational guidance could be developed to describe how to collect, analyse and use these metrics.

The Working Group on Diet Quality intends to finalize a 2021–2022 workplan and terminology and metric review during the last quarter of 2021 and complete a first set of recommendations before the results of the Global Diet Quality Project/Gallup data are released. The Working Group will continue leading these efforts, with the support of FAO and USAID Advancing Nutrition. TEAM advisers are invited to suggest other stakeholders who could play a role in steering this process, including national institutions in low- and middle-income countries.

Points of discussion:

There was some discussion about defining the concept of a healthy diet, including how this definition would fit with the one put forth for Action Track 1 of the United Nations Food Systems Summit.¹ TEAM adviser Lynette Neufeld, who is involved in the Summit process, may be able to help link TEAM to the Summit discussions.

Some advisers noted that a narrative definition of a healthy diet would not be sufficient to inform measurement. Rather, clarity on the construct and subconstructs to be measured would be critical. Metrics developers could also contribute by describing their underlining definitions and constructs. One adviser suggested that every element of the Food Systems Summit definition could be unpacked into measurement constructs if there was agreement on the definition of "health promoting and disease-preventing diets" (a component of the Food Systems Summit definition).

There was a query about the process for United Nations agencies to adopt the Food Systems Summit definition of a healthy diet. FAO has not officially adopted the definition. The Committee on World Food Security uses a definition adapted from the WHO definition.

The involvement of FAO in the Technical Consultation on Measuring Healthy Diets was an important achievement. Advisers also recognized the support of USAID Advancing Nutrition and JSI in providing facilities and coordinating the consultation.

Session 3. Guidance for nutrition information systems

David Hales provided an update on the guidance being developed on national nutrition information systems (NNIS). The guidance will comprise a five-module² fundamentals series, a multi-module set of technical notes, suggested resources, and a four-module online course built on the fundamentals series.

The modules for the fundamentals series have been written, edited and designed. An outreach effort is underway to collect information from national stakeholders about how they would use the modules. The four-module online course was created in collaboration with a team developing online courses for

the Global Nutrition Cluster. The course is interactive, takes an introductory step-by-step approach and is intended to appeal to an audience that may not necessarily read the full modules.

For the 17 technical notes, topics have been identified across five thematic areas: (1) planning and preparation for an NNIS; (2) data management; (3) data sources and providers; (4) data quality, analysis and use; and (5) indicators and targets. Two notes are complete and edited, two notes are being drafted, and two notes have completed outlines. Contact has been made with organizations that may be able to draft some of the remaining notes. TEAM advisers were invited to: (1) sign up to review outlines and completed notes; (2) identify priority notes and propose new topics for additional notes; and (3) sign up to produce a note or recommend an individual or entity that could write one.

Plans and opportunities for disseminating the guidance include the WHO Nutrition listserv, TEAM networks and website, WHO and UNICEF Regional and Country offices, National Information Platforms for Nutrition (NIPN) and through partner groups such as DataDENT and the SUN Movement Secretariat.

Points of discussion:

On the issue of increasing uptake of the guidance, it would be important to work with UNICEF and WHO regional and country offices to brief them and encourage them to reach out to government counterparts. It could be useful to map the countries that are in the process of developing new monitoring and evaluation plans generally, or NNIS plans specifically, to prioritize engagement with national counterparts. The NNIS guidance will help technical assistance providers use a common framework and approach. The guidance can be shared during joint webinars hosted with NIPN in countries where UNICEF and WHO are providing technical assistance. Further, NIPN is working on a second phase of the project in additional countries and TEAM can take advantage of that collaboration to boost dissemination.

It has been challenging to obtain feedback from users on the NNIS guidance. TEAM advisers who engage with relevant stakeholder groups are invited to share the draft guidance and solicit feedback using the online form. TEAM advisers were also encouraged to make topical suggestions for the technical notes. As part of the dissemination plan, it will be important to evaluate how the guidance is being used and whether it is meeting TEAM's objectives. Such investment in evaluating the impact of TEAM products would be useful more generally; time and resources should be budgeted for this work.

Session 4. TEAM strategic planning

David Hales provided an updated on the TEAM strategic planning process, the objective of which was to develop a strategic planning document for the next five years. The process was informed by in-depth interviews with a range of stakeholders, including past and present TEAM members, representatives from WHO and UNICEF, and other actors involved in nutrition monitoring and evaluation. Eleven out of 25 planned interviews had been undertaken thus far. The insights described in the presentation were aggregate inputs from respondents at this early stage of the process.

The interviews revealed various dichotomies in perspectives, with several themes reoccurring in multiple interviews. For example, some respondents noted dichotomies around TEAM's role as either an advisory group or a monitoring and evaluation group; the focus of TEAM on either safe topics (e.g., anthropometry) or challenging topics (e.g., diet quality); the scope of TEAM as focused (e.g., advising WHO and UNICEF on specific monitoring and evaluation issues) or wide-ranging (e.g., providing

leadership on nutrition monitoring more broadly); and the approach to TEAM's work as either vertical (i.e., deep on single issues) or horizontal (i.e., cross-cutting and multiple issues).

Dichotomies were also noted related to whether TEAM should be proactive or reactive; its degree of independence in relation to WHO and UNICEF; the role of the Secretariat as active or passive; and its visibility as low- or high-profile. There was also discussion about whether TEAM advisers should continue to represent themselves (rather than their institutions, as in a monitoring and evaluation reference group); whether the focus should continue to be on monitoring global targets or if the focus should be expanded; who should drive TEAM priorities and agenda; and how TEAM should position itself (e.g., as an adviser, advocate, convenor, mediator, arbiter, etc.).

Most respondents were not set in their opinions about these dichotomies and were open to further examining how TEAM could best use its position to contribute to global nutrition monitoring.

Reoccurring points made by interviewees were as follows:

- Nutrition monitoring and evaluation struggles with a leadership vacuum, which is complicated by competing interests and agendas.
- There are widespread concerns about the availability of nutrition data and the weaknesses of nutrition information systems in countries.
- There is a need for harmonized indicators and measures to address coverage and quality.
- The reliance on the volunteer efforts of TEAM members to complete tasks dramatically slows progress; it is important to increase the tempo of work if TEAM is going to be relevant.
- There is a need for better dissemination of TEAM perspectives, positions and products.
- There is interest in and demand for technical assistance from TEAM on nutrition monitoring.
- Expansion of TEAM's mandate and activities must be matched with institutional and financial support.
- There is value in having a more diverse group of TEAM members (e.g., representatives from national governments and those with different areas of expertise).

Interviews with key informants will continue until the end of October 2021, with findings outlined in a report. It was recommended that more time be allocated during the next TEAM meeting to review the findings and recommendations and identify a way forward.

Points of discussion:

There was some discussion about whether any consensus was emerging on certain topics from the interviews conducted thus far. There was broad consensus from respondents that TEAM should have a higher profile role than it occupies currently. In response to this finding, one adviser suggested that TEAM review the recommendations made during previous meetings on this topic and determine how to operationalize them. There was also consensus from most respondents that TEAM should consider additional monitoring issues beyond the global nutrition targets.

In refining its strategy, TEAM should identify pathways to impact. For example, if the goal is to inform Member States about data considerations for nutrition progress monitoring, TEAM should consider leveraging convening spaces to reach this audience, such a side event at the WHA or the United Nations General Assembly. Other opportunities to reach key audiences include the United Nations Food Systems Summit and N4G. TEAM should also consider how its strategy and workplan can be supported by donors.

Several TEAM advisers expressed their appreciation to David Hales for this work. It was suggested that TEAM considers developing an ongoing relationship with certain individuals or institutions that could provide such technical support more regularly to help TEAM working groups deliver on their workplans. Further discussion would be needed about how to operationalize this approach.

There was a suggestion that TEAM could consider a mechanism for strengthening links with countries. For example, TEAM could include a framework for engaging with countries to ensure that its workplan is addressing country needs and priorities. One adviser suggested that TEAM review its vision and mission first, and then revise its strategy accordingly, with input from countries and regions.

There was a question about how the feedback from key informant interviews would be shaped into a report and then eventually a strategy document. A first draft of the strategy could be developed by a small group based on the contributions of the key informant interviews, and then developed into a strategic plan to be reviewed by all TEAM advisers.

Session 5: Continuation of the Working Group on IYCF Indicators Guidance

Sorrel Namaste offered congratulations to the Working Group on the release of the new WHO and UNICEF infant and young child feeding (IYCF) indicators guidance in April 2021³ and presented an update on the five areas of work identified during the tenth TEAM meeting: dissemination of the guidance; technical assistance on the collection of IYCF indicators; technical assistance on interpretation of the indicators; harmonization and coordination; and defining and prioritizing areas of research.

The IYCF indicators guidance has been disseminated. Before its release, the document was presented to USAID missions in Africa and Asia. Webinars with USAID Advancing Nutrition are being held to facilitate dissemination, with each reaching around 500 people. UNICEF and WHO are also disseminating the guidance to country offices, and it will be translated into five languages.

Technical assistance is being provided on the collection of IYCF indicators via DHS, with a focus on global adaptations to the IYCF questions. The Global Diet Quality project is adapting the DHS IYCF questions in line with the guidelines as part of their country adaptations of the Diet Quality Questionnaire (DQ-Q). These adaptations are suitable for gathering food and beverage consumption data in diverse populations. The DQ-Q tool requires minimal technical expertise to implement, is low cost and makes data collection feasible in most countries. DQ-Q adaptations are planned for 100 countries by the end of 2021. These adaptations are important as they help reflect cultural nuances and make the questions relevant in each country context. These adaptations will be available in a global database so they can be accessed by survey implementers globally.

Technical assistance is also being provided on the interpretation of the IYCF indicators. This includes a DHS Program e-learning course to be released in fall 2021 and the planned UNICEF area graphs guide. Harmonization and coordination on data collection and reporting have been informal and greater involvement of the Multiple Indicator Cluster Survey (MICS) group is needed.

Some cognitive testing of the IYCF questions is already being conducted by the DHS Program and Helen Keller International. Further, USAID Advancing Nutrition is considering a validation study on open versus list-based approaches to IYCF data collection, as well as questionnaire adaptations at the subnational level. The DHS Program is pilot testing the new questionnaire and the data collection system. Cognitive testing aims to address four IYCF-related research areas: the impact of short versus long introductions

for the dietary questions; reasons why respondents report or fail to report certain liquids and foods; whether respondents understand key terms and concepts related to certain foods; and the impact of social desirability bias. This process will help capture indicators in ways that respondents understand.

Points of discussion:

Issues related to seasonality, including the timing of data collection, have also been considered. A three-country analysis by DataDENT⁴ found that the magnitude of seasonal variation in the prevalence of minimum dietary diversity was large relative to longer-term changes in the indicator.

Poor-quality translation is a data quality issue that is extremely challenging to address. Translation of survey questions is often left to survey implementers. The DHS Program is working with translators and testing questions prior to implementing them in the survey. Additional funding may help to address these issues more comprehensively. The IYCF guidance was translated by the WHO in-house translation unit; however, translations will also be quality-checked by technical staff in UNICEF and WHO regional or country offices.

There was some discussion about whether remote data collection was being tested in the context of the COVID-19 pandemic. If remote data collection was established feasible, there could be opportunities to implement it more frequently throughout the year. This could also address issues around the timing of data collection and trends related to seasonality or geography. The DHS Program is not currently doing any remote data collection.

Participants discussed whether there was a need for the TEAM Working Group on IYCF Indicators to continue, given that the guidelines had now been released; or whether it would be more appropriate for Sorrel Namaste to continue providing updates each meeting on behalf of the DHS Program. Some advisers felt that this question would best be answered after TEAM agrees on its strategic plan.

It was noted that TEAM's role in developing global guidance was extremely useful and it would have been ideal to have pilot tested the IYCF questions before they became part of the standard DHS questionnaire.

Session 6. COVID-19 Working Group

Edward Frongillo reviewed the data landscape in the context of the COVID-19 pandemic. During the pandemic, some low- and middle-income countries reported disruptions to routine administrative data systems, household surveys were cancelled due to physical distancing concerns and countries had to act quickly to find alternative ways to collect these data as well as new data about the pandemic. Many countries adopted innovative approaches to monitoring when global guidance was not readily available, including shifting to mobile phone surveys or digital surveys.

Several COVID-19-related monitoring activities were conducted globally in 2020 and 2021. UNICEF, WHO and others released global guidance on monitoring essential nutrition services. UNICEF conducted surveys on service disruptions and programme adaptations and the Standing Together for Nutrition Consortium released modelled estimates of increased stunting, wasting and maternal malnutrition. Other evidence, tools and products were also developed, such as: landscape analyses and case studies on monitoring innovations; an analytical framework on pathways through which COVID-19 can impact nutrition; a literature review of COVID-19 and nutrition; research questions on COVID-19 and nutrition; a series of webinars; a list of prioritized research questions; and a repository of related data, survey and

reports. Many countries carried out mobile surveys; collected new data; developed innovative adaptations to continue monitoring; convened actors; and developed a nutrition data strategy (i.e., India), among other activities.

The Working Group considered what lessons could be learned from these experiences. The pandemic exposed weaknesses related to nutrition data and highlighted the need to invest in a data strategy for nutrition. Such a strategy would improve global and national response in the face of future shocks, guide decisions about what data to collect and how, and facilitate the use of functional tools (e.g., mobile surveys) as quickly as possible.

Points of discussion:

Participants discussed how TEAM could contribute to monitoring COVID-19 and nutrition. Suggestions put forth by the Working Group included: providing guidance on what data to collect and related methods; summarizing lessons learned and offering specific guidance on building stronger data systems during emergencies; and working with Member States to provide technical assistance.

TEAM could consider developing a concept paper reflecting on key issues related to nutrition monitoring during the pandemic, which may offer insights that extend to other sectors. Another option would be to develop a paper exploring how certain countries responded quickly and nimbly to monitoring challenges in the absence of global guidance and highlighting lessons learned from their experiences. There may also be an opportunity to develop a technical note for the NNIS guidance exploring monitoring preparedness and considerations when there is a shock such as COVID-19.

The COVID-19 experience offered important monitoring lessons that may be more widely applicable during emergencies. There was a suggestion for TEAM to engage an adviser with a background in emergencies. It was also noted that most of UNICEF global work on COVID-19 and nutrition is guided by needs expressed by countries. UNICEF leads the NNIS Working Group of the Global Nutrition Cluster, which has coordinated with UNICEF throughout the pandemic on data needs and provides an important base of country-level partners. In addition to this collaboration through UNICEF, it would be important to consider ways to foster similar links between the NNIS Working Group and TEAM.

Session 7. Indicator frameworks

Rebecca Heidkamp discussed the follow-up to the TEAM workshop on nutrition indicator frameworks held in October 2019 (see the report of the eighth TEAM meeting).⁵ There is no comprehensive indicator framework guiding nutrition monitoring at the global level (although various frameworks are used by different initiatives) and the workshop had aimed to begin addressing this challenge.

During the 2019 workshop, TEAM advisers identified interventions and immediate and underlying determinants related to WHA 2025 and Sustainable Development Goal (SDG) 2 outcomes (e.g., stunting/wasting, exclusive breastfeeding, anaemia and overweight) to develop conceptual frameworks that could inform indicator frameworks. This work highlighted that many indicator frameworks have been built on conceptual frameworks related to childhood undernutrition outcomes, which limits the ability to track overweight and noncommunicable diseases.

There have been recent efforts to fill gaps in global and national monitoring indicators. For example, the integration of IYCF counselling questions within DHS-8 can provide new insight into the coverage of this intervention. Further, the updated IYCF indicators within DHS-8 can provide information about diet

quality. This is important, as existing indicators and data collection channels are not always optimized for nutrition. There has been an emphasis on the use of administrative data in recent years because these data can be collected frequently through health management information systems; however, the nutrition indicators included in these systems are not always technically appropriate (e.g., stunting prevalence indicators). More guidance is needed for countries on how to maximize the data channels available.

Some work is underway to strengthen the inclusion of nutrition indicators in data channels, such as forthcoming UNICEF guidance on nutrition indicators in the district health information system (DHIS2) and the DataDENT Compendium of Nutrition Intervention Coverage Indicators and Questions for Household Surveys.⁶ However, there is still a need for a core set of nutrition indicators.

Strategic planning to support nutrition data collection would ideally reinforce how to collect a core set of indicators. For example, the NNIS guidance will include a technical note around strategic planning for nutrition data.

Purnima Menon provided an overview of the comprehensive policy, programme and data review undertaken in South Asia (through DataDENT and the UNICEF regional office) to examine the link between how countries had framed nutrition determinants and interventions and the types of data being used to track progress. The review aimed to assess the extent to which each country's policies and programmes addressed the globally-recommended nutrition actions; identify whether key determinants of nutrition were recognized by these policies and plans; examine the extent to which monitoring frameworks for country policies and plans include relevant nutrition outcomes and determinants; identify the extent to which such indicators are collected through national administrative and survey data collection systems; and move towards an indicator framework for progress tracking.

A framework was developed based on the Lancet series updates, SDG target outcomes and outcomes identified by countries in the region. The framework considered immediate and underlying determinants and recommended nutrition actions across the life course, using the WHO essential nutrition actions as a guide. An assessment of gaps in policies and plans was also undertaken, considering whether each nutrition action was applicable in a given country, to what extent it was reflected in policy and programmes, and what data were available to track progress.

An important finding of this work in South Asia is that countries have a good understanding of nutrition as framed in the Lancet, with robust policy frameworks in place and minimal gaps between policies and programmes. However, most countries lack the appropriate data to track progress: in some countries, fewer than half of nutrition actions could be tracked. This highlights the need to first examine existing policies and programmes before reviewing the data available, rather than starting the process by examining what data are available. This helps expose gaps and stimulate dialogue with countries about how to address them.

It would be helpful to review the conceptual frameworks and indicator frameworks for all SDG outcomes to highlight gaps and overlaps. This could inform the development of a more comprehensive framework linked to outcomes beyond undernutrition. This work links with TEAM's strategic planning discussions, including the role that TEAM can play in setting an indicator agenda.

Points of discussion:

The group concluded that TEAM should consider working on a core indicator framework for countries (*see page 23, Session 13, for further details*).

Session 8: Quality-adjusted / effective coverage measurements – SPA review update and future plan

Rebecca Heidkamp provided an update on the activities of the Working Group on Effective Coverage, including participation in the DHS Program service provision assessment (SPA) review progress. As outlined in previous TEAM meetings, quality-adjusted coverage refers to the population in need that receives an intervention that meets defined quality standards. It is situated along a “coverage measurement cascade” rooted in the Tanahashi Framework. Most of the current approaches to measuring quality-adjusted coverage require the linking of household survey data and facility survey data (e.g., DHS and SPA).

Measuring quality of care is a priority under universal health coverage and various efforts are underway to develop quality standards for facility-based reproductive, maternal, newborn, child and adolescent health (RMNCAH) services.⁷ While nutrition services are reflected in some quality of care indicators, they are not necessarily prioritized. There is no standard set of nutrition intervention coverage indicators and nutrition programme implementation often relies on community-based delivery platforms, such as screening and promotion, which are usually not captured in facility-based data collection.

The RMNCAH community and the nutrition community are coordinating efforts to advance quality of care measurement via the Effective Coverage Think Tank, which has proposed standard definitions and guidelines to report and sources. Further, a Life Course Quality of Care Metrics Coordination Working Group is being convened by WHO to coordinate the development of a harmonized framework and methodology for developing, testing, and implementing quality of care indicators across the life course. Rebecca Heidkamp will be representing TEAM in this working group, which will host its first meeting in August 2021 and will report back any relevant information.

In September 2020, the DHS Program and USAID launched a formal process to revise the SPA health facility survey. The revision process includes four phases: (1) consultative process; (2) SPA redesign proposal; (3) development of SPA tools; and (4) SPA promotion. While phases one and four involve engagement with external stakeholders (including TEAM), phases two and three are implemented internally by USAID and the DHS Program.

As part of the consultative process, the DHS Program invited external stakeholders to participate in topical community of practice working groups. In January 2021, DataDENT, in consultation with many other nutrition stakeholders within and beyond the nutrition working group (including several TEAM members), submitted six sets of recommendations on different nutrition topical areas. In May 2021, the DHS Program issued new guidance outlining priorities for revision and permitted data collection methods. In June 2021, DataDENT submitted updated recommendations on behalf of the nutrition working group⁸ based on the revised guidance and in coordination with the maternal/newborn (MONITOR) and child health (CHAT) working groups. These recommendations are currently being reviewed by the DHS Program, with a new questionnaire expected in early 2022.

Overall, the final submission included 29 indicators from the nutrition working group. This does not include nutrition indicators submitted by the maternal/newborn and child health working groups (e.g., iron and folic acid (IFA) supplementation). The nutrition working group submission included 10 indicators for monitoring the Baby-friendly Hospital Initiative (BFHI). Recommendations were made to include more specificity in facility inventory for micronutrient dosages and calibration/type of anthropometric equipment, and to include a section for preventative nutrition interventions (including whether such interventions are community-based). Nutrition interventions captured in the recommendations followed the continuum of care and most captured some form of service quality or readiness.

Other research is underway in this area. For example, DataDENT is collaborating with IMPROVE on an expert survey to prioritize quality components for the SPA revision. To bring a nutrition perspective to the Life Course Quality of Care Metrics Working Group, it would be useful to know what research is needed that is unique to nutrition quality standards, and whether a quality of care focus could be integrated within other TEAM working group efforts around intervention coverage measurement.

Points of discussion:

Contributing to the SPA review process was quite challenging as there is a lack of information available about the quality of care indicators guiding nutrition services. Nutrition quality of care is most often covered under child health indicators – for example, whether a child received the minimum package of services, under which malnutrition screening and other nutrition interventions may be included.

Rebecca Heidkamp and Kuntal Saha will continue to participate in the Life Course Quality of Care Metrics Working Group. TEAM could play a role in identifying recommended nutrition quality of care indicators using SPA elements. There may also be a role for TEAM to play in advocating for unique nutrition quality standards. There is a need for a common definition of a quality nutrition service that is recognized by the nutrition community and used as a point of reference. There are also methods outside of the SPA that can be helpful in improving quality of care monitoring in nutrition.

There are some nutrition intervention coverage indicators within the Global Nutrition Monitoring Framework (GNMF). It has been challenging to define indicators for the coverage of breastfeeding counselling and antenatal IFA supplementation that are feasible for cross-country reporting from currently available data. It may be time to consider developing core indicators (i.e., not only related to the GNMF) and operational guidance for countries to report on those indicators.

Some advisers felt that TEAM should play a role in defining core nutrition indicators and contributing to an integrated agenda on measuring both coverage and quality. The indicators developed for the BFHI, for example, allow for measuring coverage and quality. In the United States, hospitals receive the results of BFHI monitoring, which can be used to inform programme improvements. It was noted that Nutrition International carries out facility surveys alongside household surveys and there could be opportunities for collaboration in this area.

Some of the 29 nutrition indicators submitted to the SPA review were composite indicators, meaning that additional indicators will be available once they are broken down. It is not clear if composite indicators will be included in the SPA survey. More information on the process should be available by

the next TEAM meeting. Given the work that has gone into this process, it could be useful to develop a resource on SPA surveys (similar to the compendium for household surveys).

Compared with the DHS, few countries are currently implementing SPA surveys and quality measurement has not been prioritized. TEAM could help address this gap by advocating for nutrition quality standards and raising the profile of quality of care indicators to encourage countries to collect these data.

Session 9: Anthropometry data quality research questions

Sorrel Namaste provided an update from the Anthropometry Data Quality Research Working Group. The process of developing the anthropometry data quality guide⁹ highlighted some gaps and unanswered questions in need of further research (described further in the report of the tenth TEAM meeting).¹⁰ The TEAM Data Quality Research Working Group was reestablished in the last quarter of 2020 with the goal of ensuring that these outstanding issues are addressed prior to the next update of the guide. The Working Group agreed to add an additional research question on improved equipment for anthropometry and decided that some further work would be needed on some questions before they could be assigned to individuals. Outlines are planned to elaborate on each of these questions and will be completed by the end of 2021. Outlines for some research topics are close to finalization, including: re-measurement during survey fieldwork; taking more than one measurement during survey fieldwork; and hair and clothing. However, fieldwork restrictions due to COVID-19 may pose some challenges to undertaking the research required to answer some of the questions.

Next steps involve convening six smaller group meetings to refine the more complex research questions, followed by one group member finalizing each outline by September 2021. Two additional research questions will also be finalized before the next TEAM meeting in December 2021. Once the research questions are finalized, the Working Group will consider publishing a journal article to highlight these outstanding research areas.

It is unclear what role the TEAM Working Group should play in ensuring that this research is carried out. While some research topics could be examined by Working Group members and their institutions, others are beyond the scope or expertise of the Working Group. TEAM advisers were asked to comment on whether the journal article should be the final output of the Working Group, or whether TEAM should make additional efforts to identify funding sources or entities to carry out the research.

Points of discussion:

TEAM advisers discussed the role that working groups should play in carrying out research and what resources could be made available via the Secretariat or other sources to support their work. The Secretariat has funding for the activities in the TEAM workplan; however, additional funds would be needed to support research on the questions identified by the Data Quality Working Group. The Working Group (and other TEAM working groups, as appropriate) should prepare a budget of the estimated costs and the Secretariat will confirm what resources are available through TEAM and/or facilitate the search for additional funds. A mapping of potential external funding sources could also be undertaken to facilitate the search for funds. It would also be important to describe the profile of any consultants or institutions needed to support this work.

There was discussion about how the Data Quality Working Group could make its research questions publicly available – for example, via a blog, newsletter, or a set of 2–3-page briefs – to promote the research agenda among those interested in pursuing this work. This would help direct researchers in a more productive way and promote a common understanding of the type of research focus needed. It would also allow the work to move forward in the interim while the journal publication is being developed. Another consideration would be to convene an open consultation to allow other nutrition and monitoring experts to provide feedback on how to approach each research question. Alternatively, a consultation could be convened to promote several research questions at the same time and solicit interest from external researchers whose expertise may match those topics. It was agreed that the Working Group would discuss these suggestions and identify consultant needs in September 2021.

Some research questions could in theory be addressed by a survey implementer, such as MICS or the DHS Program. However, many survey implementers do not see themselves as research entities and are not usually interested in adding testing to their surveys. While the DHS Program is currently undertaking more nutrition-related field research than it has done historically, the pandemic has made this challenging because advocacy is still needed for conducting the survey at all. In addition, pandemic-related uncertainties can make it difficult for governments to commit to engaging in fieldwork.

Once the research is carried out and the findings are identified, any new recommendations should be updated in the electronic version of the anthropometry data quality guide soon after they are released.

Session 10: TEAM Partnerships, outreach, dissemination and communications

Edward Frongillo noted that TEAM had previously had a Working Group on Partnerships and Outreach and the issue had been raised as part of the TEAM strategic planning.

TEAM already has some partnerships with other organizations, such as the World Bank (on the Joint Malnutrition Estimates) and FAO and USAID Advancing Nutrition (on the Technical Consultation on Measuring Healthy Diets). There is potential for additional partnerships, including with other United Nations agencies, NGOs, the private sector, governments, universities and research institutions, donors and others. Partnerships can help TEAM: design and conduct work and contribute to work led by others; seek input and collaboration; disseminate products through multiple channels; provide technical assistance to promote the adoption of generated products; and communicate for many purposes.

TEAM advisers were asked to consider five questions for discussion:

- (1) Should TEAM seek sustained partnerships with other organizations to design and conduct its work?
- (2) If so, should other organizations be part of the TEAM Secretariat or have another formal link?
- (3) Which organizations might be effective sustained partners and for what purposes?
- (4) Which organizations can help TEAM disseminate products and provide technical assistance for the adoption of the generated products?
- (5) With which organizations should TEAM have regular and consistent communication and what are some models and mechanisms for ongoing engagement?

Points of discussion:

There were some concerns expressed that TEAM could become unwieldy if it were to add additional advisers. Rather than adding additional advisers or members of the Secretariat, it would be most useful for TEAM to engage with other entities as partners.

The communications and dissemination aspects of TEAM partnerships were noted as particularly important by some advisers. One adviser suggested that rather than identifying specific groups with which to partner, TEAM should focus on making its agenda more visible – for example, by hosting a webinar after a TEAM meeting or disseminating research priorities – which would in turn make TEAM more recognizable as a monitoring reference point and allow partnerships to evolve from that visibility.

Engagement with partnerships should be strategic, with a clear purpose and objectives. Some advisers felt there was value in having partners help drive TEAM priorities by soliciting their input on nutrition data and monitoring needs and gaps. When TEAM was established, a meeting was held that was open to a wider group of partners who contributed to identifying potential TEAM priorities. There may be an opportunity to convene a virtual consultation using a similar modality (e.g., a half day meeting before or after the TEAM meeting) where TEAM could present its workplan and allow others to input. Alternatively, given that many stakeholders are interested in specific pieces of TEAM's agenda, a series of 1–2-hour meetings could be convened to address different topics on the TEAM agenda, with partners attending only those meetings that are of interest. The Secretariat could also be more proactive in raising the profile of TEAM during meetings with external partners.

The Nutrition Data Partnerships Group brings together United Nations agencies, donors and other organizations and meets biannually. These meetings could be a forum for updating partners on TEAM's agenda. FAO was engaged in planning and convening the Technical Consultation on Measuring Healthy Diets and there was a suggestion for TEAM to establish more frequent links with FAO. Rather than being part of the Secretariat, external partners such as FAO could be invited to serve as members of TEAM working groups. The Working Group on Diet Quality is considering which partners to engage with to steer the agenda; FAO and USAID Advancing Nutrition will be involved in these next steps.

Session 11: Antenatal iron supplementation indicator

Sara Wuehler provided an update from the Antenatal Iron Supplementation Working Group and reviewed work underway to develop and validate an indicator on antenatal iron supplementation. Current indicators being used include: the 2015 GMNF indicator for the proportion of women with a birth in last two years who received or bought IFA supplements for at least six months during the last pregnancy; the 2017 GNMF operational guidance indicator for the proportion of women who consumed any iron-containing supplements during the current or past pregnancy within the last two years; and the 2019 DHS-8 indicator for the percentage of women with a live birth in the three years preceding the survey who received iron tablets or syrup.

An IFA coverage validation study is being carried out in Nepal through the IMPROVE project. Bryce et al.¹¹ observed iron distribution and receipt during antenatal care visits. At the following visit, women were asked about any receipt or purchase of iron outside of the clinic, and six to eight weeks post-partum, they were asked about the number of iron supplements received during pregnancy. A total of 402 post-partum women reported on their receipt of iron during pregnancy; of those, 248 never reported having received or purchased iron anywhere other than the clinic.

The study supports the validity of an indicator of “any” iron and folic acid in a context with relatively high coverage. TEAM was asked to consider whether this was a sufficient measure and whether there are other more direct sources of data that could be considered (e.g., administrative data sources). Further, are there other areas along the coverage cascade that could be measured.

Iron consumption during pregnancy contributes to reducing anaemia during pregnancy, which is the ultimate objective. Cochrane Reviews suggest that the prevalence of anaemia decreases as IFA coverage increases. It is also important to consider what measures of other contributors to anaemia are needed.

Possibilities for further research include assessing dose response to consider why 90+ tablets has been used as the cut-off. The IMPROVE project will be conducting some cognitive interviewing that may provide insight into how to improve survey questions. There may also be opportunities to assess and improve women’s recall of iron consumption versus observed iron consumption in other programme settings and compare other data sources and types of coverage. Further, there may be other anaemia-related studies that could be linked with to examine coverage. There may also be other contributors to anaemia that are worth measuring.

The Working Group could consider developing a guide for the currently recommended GNMF and DHS-8 indicators, which are nearly aligned. There is also a need to review and prioritize research ideas. The Working Group could also consider developing a framework for assessing anaemia beyond maternal iron.

Points of discussion:

Recall has been a consistent challenge; it may be time to reconsider this approach. This includes determining the minimum amount of IFA supplements needed, what indicator could reflect this minimum amount, what the data reveal about how accurate the measurement is, and what kind of alternatives exist.

Session 12 a: Updates – Joint Malnutrition Estimates (JME)

Richard Kumapley and Elaine Borghi provided an update on the JME 2021, which were released in May 2021 along with a key findings report. The estimates were included in the latest SDG reporting and in the State of Food Security and Nutrition in the World report. They were also submitted for the next Global Nutrition Report.

This edition of the JME included a new country-level model and publicly released the estimates for stunting and overweight for the first time. As a result of this approach, estimates were also released for Europe and its subregions. The JME group also publicly released the list of sources that were not included in the database and a global nutrition targets progress assessment was produced for the first time on the targets for stunting, wasting and overweight.

More than 200 primary data sources were reviewed for data quality, with 93 included in the database. Many of the excluded data sources required additional follow-up with countries by UNICEF. Country consultations took place from November 2020 to January 2021 where the data sources were summarized and reviewed with SDG country focal points (described further during the tenth TEAM meeting).¹² Final estimates were generated in February 2021 and shared with focal points prior to submission. The model outputted annual estimates for stunting and overweight from 1990 to 2022 for 204 countries and territories; however, only estimates from 2000 to 2020 were shared publicly for the

155 countries that have at least one primary data source included in the database. Countries with the latest data source before 2000 have a footnote cautioning the reader.

The JME process has continued to improve over time. For example, the number of data sources included in the JME has increased from 791 in 2016 to 997 in 2021; the number of reanalysed sources increased from 300 in 2017 to 591 in 2021; the number of countries included increased from 150 in 2016 to 157 in 2021; and the scope of the key findings brochure increased from eight pages in 2016 to 32 in 2021.

Next steps include developing a country-level model for wasting. This will entail undertaking some analysis of the context of wasting to inform development of the model. Current stunting and wasting models will be expanded to include disaggregates. The consultation progress identified several countries that required follow-up on the estimates, including capacity building trainings to help country focal points better understand the process and build trust in the estimates. Regional workshops may also be held in West Africa and Central Asia. The JME group will also follow-up on the 50+ data sources that were excluded during the data quality review due to missing materials (e.g., methodological report, dataset, country context).

Session 12 b: Updates – IYCF database

Vrinda Mehra provided an update on the IYCF global database. There are now 17 IYCF indicators per the updated IYCF guidance. As such, UNICEF is engaged in an update of its data warehouse. Of the 17 indicators, nine are maintained in UNICEF global databases and UNICEF is working to publish the remaining indicators by the end of 2021 (where existing data allow for calculation). These new databases will share the same structure as other UNICEF databases, allowing users to explore country-level national and disaggregated time trends. UNICEF is also developing visualizations of the IYCF area graphs, which will allow users to explore how country feeding patterns have evolved over time. UNICEF will reach out to the IYCF Databases Technical Advisory Group (TAG) for input once these products have been developed.

Session 12 c: Updates – School-age and adolescent nutrition

Chika Hayashi provided an update on the TAG for School-age and Adolescent Nutrition. In August 2018, UNICEF, FANTA and USAID organized a scoping meeting to convene agencies working in this area to discuss what had been monitored thus far and explore the landscape and future directions. In December 2019, a consultant was hired to examine the state of knowledge around metrics for school-age children and adolescents via literature review and interviews.

In December 2020, potential TAG members were identified¹³ and a project manager was recruited to support development of a monitoring framework. It is hoped that a first meeting of the group will be held in September 2021, alongside the release of new UNICEF Programming Guidance on Nutrition in Middle Childhood and Adolescence.¹⁴ The TAG brings together various constituencies, including United Nations agencies, international organizations and NGOs, and reflects expertise in school-age children and adolescent nutrition programmes and policies; data and statistics; monitoring and evaluation, including epidemiological methods; food environment and diets; paediatrics (including expertise in growth spurts, menarche, etc.); and academia.

The objectives of the TAG are to: (1) develop a background paper summarizing the state of knowledge and identifying gaps that need to be filled; (2) develop a monitoring framework for school-age and adolescent nutrition, including a set of indicators and data collection methods and mechanisms; (3) and

identify gaps and research areas to prioritize to advance this agenda (e.g., standard indicators and data collection methods to capture dietary intake for this age group). The TAG will also engage constituencies such as SDG youth ambassadors, country representatives and consumer organizations to contribute to the monitoring framework.

A background paper will be developed to: summarize indicators collected in existing data collection tools (household and school-based surveys) and identify gaps; review different dimensions of school-aged and adolescent nutrition and identify gaps and opportunities; and highlight areas requiring additional work (e.g., what the existing data of thinness and overweight mean for this age group).

The monitoring framework will be aligned with the UNICEF Programming Guidance on Nutrition in Middle Childhood and Adolescence, which addresses nutritional status, eating behaviours, intervention coverage and the food environment. This will include a standard set of indicators for monitoring nutrition during middle childhood and adolescence and the focus will be on a set of indicators that can be tracked globally to monitor the situation of school-age and adolescent nutrition. UNICEF will also build a global database of these standard indicators to be used as a global public good.

Points of discussion:

It was noted that Nutrition International would be interested in participating in the extended TAG.

The Lancet Commission on Adolescent Health commissioned three papers on adolescent nutrition, which should be published by the end of 2021 and were led by TEAM members.

Session 12 d: Updates – The Global Nutrition Report

Kuntal Saha provided an update on the Nutrition Accountability Framework (NAF)¹⁵ of the Global Nutrition Report (GNR), the GNR development and the outreach plans for 2021. The NAF aims to drive stronger nutrition action and accelerate progress to make tackling poor diets and all forms of malnutrition a winnable fight across geographies and sectors.

The goal of ending poor diets and malnutrition needs to be supported by a comprehensive framework for accountability through which all nutrition actions are recorded according to the same principles, method and approach. This will encourage better commitments and investments that will translate into scalable actions. Building on almost a decade of tracking commitments made by all players as part of N4G, the GNR commits to filling this critical gap by expanding its remit to create the world's first independent and comprehensive global accountability framework for nutrition.

The GNR has been endorsed by the Government of Japan (host of the next N4G Summit) and the N4G Accountability Working Group, as well as the GNR Stakeholder Group. In June 2021 the GNR rolled-out its new NAF value proposition, using this opportunity to raise awareness about the world's first independent and comprehensive global NAF. A social media campaign is also underway to raise awareness before the official NAF launch in 2021.

The GNR independent expert advisory group developed a classification and qualification system for nutrition commitments. A scoring system will be used based on qualifying criteria such as SMART principles, alignment with national priorities and N4G principles of engagement. To enable tracking of commitments, the GNR group is developing tracking tools that include a registration form and guidance

reflecting the classification system. The data team is pilot testing the registration tools and will develop a plan for assessing progress on commitments in November 2021.

A platform is being developed to provide an online landing space for the NAF. It is intended to be a publicly accessible and interactive database of commitments and actions that can be used to generate accountability indicators and serve as a data repository. A protocol will be developed to manage the database and contacts, check quality and facilitate analysis and reporting. The GNR Technical Advisory Working Group will convene in September 2021 to support efforts to operationalize the NAF.

The GNR development includes development of the NAF value proposition, testing of the online resources and registration platform, and updating country nutrition profiles. GNR outreach aims to position the GNR as the framework lead and a go-to resource for the state of global nutrition; drive update and use of GNR resources; and contribute to shaping the debate on nutrition actions. Outreach will take place during the United Nations Food Systems Summit and N4G, including key launch moments. From May to September 2021, the GNR team is working to mobilize commitments. From September to December 2021, focus will move towards the launch of the NAF platform and registration online. And from December onwards, efforts will shift to the N4G Summit compact document and the GNR report on the Year of Action and annual reporting on progress.

General questions can be directed to contact@globalnutritionreport.org. Questions on the outreach and engagement can be directed to Amy Cox: amy.cox@devinit.org. Questions on the N4G registration process can be directed to: N4G@globalnutritionreport.org.

Points of discussion:

While there is no relationship between the GNR and the GNMF, there was some discussion about the status of GNMF reporting and how the indicator framework was advancing. WHO has addressed GNMF reporting via the Nutrition Landscape Information System (NLIS),¹⁶ which tracks whether data are available on various indicators. However, it does not identify whether countries are reporting on the exact indicator included in the GNMF operational guidance. Rather, that information is tracked through the Global Nutrition Policy Review, which is conducted every four or five years, with the last review conducted during 2016–2017 before the GNMF operational guidance was launched.¹⁷ Information on the revised indicators – such as IFA, breastfeeding counselling and trained nutrition professionals – will be available through the next Global Nutrition Policy Review.

One TEAM adviser expressed interest in having a systematic review of how the GNMF indicators and data were being used and what could be learned from whether and how they are being reported by countries, particularly given that work on the GNMF was a central component of TEAM's original workplan. Another adviser felt that having a report only every four years was not particularly useful and suggested that the GNR group consider carrying out an independent review of the GNMF.

The GNR report is seen as the de facto report of the global nutrition community. It includes all data in one report and includes a financial tracking component. TEAM may consider how to strengthen links with the GNR group. This includes working to ensure that the report remains rigorous and accountable, despite its unusual governance structure.

The N4G Summit in Japan will be held virtually from 7–8 December 2021. WHO and UNICEF could consider hosting a side event related to nutrition data with a component on TEAM activities.

Session 13: Review of TEAM workplan 2020–2021

Jennifer Coates and Edward Frongillo led a discussion about the TEAM workplan for 2021. The objectives of the session were to determine concrete next steps for TEAM workstreams for the remainder of the year; consider potential new TEAM workstreams; and brainstorm strategic and tactical suggestions related to facilitating and supporting TEAM's work. The session would also discuss how to proceed with work planning in parallel with the longer-term TEAM strategic planning process.

Development of a core indicators framework

TEAM advisers discussed the concept of developing a core indicator framework and there was general agreement that this was an important area of work to which TEAM should contribute. There are compelling reasons to prioritize a TEAM workstream around a set of core indicators: it would contribute to setting the next global nutrition targets of the WHA, while also addressing a wider range of national-level nutrition information needs. It was agreed that TEAM's work in this area would be coordinated by a new working group on core indicators. Rebecca Heidkamp and Rafael Florez-Ayala would be interested in joining the working group. The Secretariat would reach out to other TEAM members via email to gauge further interest.

In pursuing work on a core indicator framework, TEAM may be able to learn from the experiences of the HIV community. Stakeholders in the HIV field came together to develop global and national set of monitoring indicators, as well as a subset of indicators for monitoring specific topical areas, such as prevention of mother-to-child transmission. Technical advisory groups were established in various HIV areas to develop and pilot test some of the indicators and dissemination workshops were held once the indicators were identified. The process was comprehensive but heavy, with many constituencies represented. Drawing from these experiences, WHO and WHO – on behalf of TEAM – could launch a process to systematically map the data that need to be collected under each nutrition technical area via routine data and household surveys. This process could engage external individuals to advance work on the different technical topics. A technical note for the NNIS guide could also be developed. One adviser suggested that there may also be scope for developing theories of change for each indicator. Collaboration with the Nutrition Data Group on this workstream would also be important.

Work on a core set of indicators is timely given the number of high-level meetings taking place in 2021, including N4G. It is also timely in the lead-up to 2025, as the WHA will be considering the future of the global nutrition targets. The next few years will be an important time for contributing to the strategic direction of the new global nutrition targets, including developing an indicator framework for monitoring to ensure that data on those indicators are eventually available.

There was some discussion about how indicators of quality of care would be integrated into the framework. Staff members from UNICEF Nutrition Programme Division may be able to contribute to these discussions about quality standards for nutrition service delivery, as well as the TEAM Working Groups on Diet Quality and Effective Coverage Measurements.

Next steps of the COVID-19 Working Group

There is an opportunity to build on the lessons learned during the COVID-19 pandemic. The COVID-19 Working Group will begin formulating its next steps during a future call. Some opportunities include

developing a technical note for the NNIS guide or establishing a more formal or regular engagement with the NNIS Working Group of the Global Nutrition Cluster.

Some TEAM advisers also noted their interest in having a permanent TEAM adviser with expertise in nutrition monitoring in emergencies.

Overall considerations for the TEAM workplan

TEAM advisers were asked to consider some tactical questions: How should working groups tackle their workplan in the interim while the strategic plan is being developed? How could TEAM increase the type of support available to working groups to catalyse the work planning process (e.g., funding for consultants, maintaining a consultant bank)? And what should the process be for allocating TEAM funds for a given work planning period?

The Secretariat agreed to contact working group leads shortly after the meeting to request a revised workplan for the remainder of 2021. Working groups will continue to refine their plans and a two-year workplan will be defined during the next TEAM meeting in December 2021.

The report being developed by David Hales on the TEAM strategic planning process will be finalized by the end of October 2021. The findings outlined in the report will inform discussion during the next TEAM meeting and feed into the process of collaboratively developing the TEAM strategic plan.

Some strategic questions were also posed to TEAM advisers for consideration: What should be in and out of scope for TEAM? What is TEAM's comparative advantage? Should TEAM seek depth or breadth – where is the balance? These questions will be addressed further during the strategic discussions of the next TEAM meeting.

Concluding remarks

TEAM Co-Chair Edward Frongillo thanked participants and expressed his appreciation to former adviser Faith Thuita, who would no longer be continuing as a member of TEAM.

Annex 1 – Agenda

Day 1: Friday, 16 July 2021			
EST	CET		
When		What	Who
8:00–8:10	14:00–14:10	Welcome and introductions Opening remarks by TEAM Co-chairs	Chika Hayashi/Kuntal Saha Jennifer Coates/Edward Frongillo
8:10–8:50	14:10–14:50	Session 1: Haemoglobin assessment/ anaemia estimates	Sara Wuehler
8:50–9:20	14:50–15:20	Session 2: Diet quality measurements	Jennifer Coates/Monica Woldt
9:20–9:50	15:20–15:50	Session 3: Guidance for nutrition information system	David Hales
9:50–10:05	15:50–16:05	Break: Bring your own tea or coffee	
10:05–10:50	16:05–16:50	Session 4: TEAM strategic planning	David Hales
10:50–11:20	16:50–17:20	Session 5: Continuation of the Working Group for IYCF indicators guidance	Sorrel Namaste
11:20–11:45	17:20–17:45	Session 6: COVID-19 Working Group	Edward Frongillo
11:45–12:00	17:45–18:00	Session 7: Indicator frameworks (follow-up on the workshop held in October 2019)	Purnima Menon/Rebecca Heidkamp
End of Day 1			
Day 2: Friday, 23 July 2021			
8:00–8:40	14:00–14:40	Session 8: Effective coverage measurements – SPA review update and future plan	Rebecca Heidkamp
8:40–9:20	14:40–15:20	Session 9: Anthropometry data quality research questions	Sorrel Namaste
9:20–9:50	15:20–15:50	Session 10: TEAM Partnerships, outreach, dissemination & communications	Jennifer Coates/Edward Frongillo
9:50–10:05	15:50–16:05	Break: Bring your own tea or coffee	
10:05–10:20	16:05–16:20	Session 11: Antenatal iron supplementation indicator	Sara Wuehler

10:20–11:05 (9 min/topic)	16:20–17:05 (9 min/topic)	Session 12: Updates on – <ul style="list-style-type: none"> - Joint malnutrition estimates (JME) - Breastfeeding counselling - IYCF data base TAG - School-age/adolescent nutrition - Global Nutrition Report (GNR) 	Richard Kumapley/Elaine Borghi Purnima Menon Vrinda Mehra Chika Hayashi Kuntal Saha
11:05–11:55	17:05–17:55	Session 13: Review of TEAM workplan 2020-2021	Jennifer Coates Edward Frongillo
11:55–12:00	17:55–18:00	Closing remarks	TEAM Co-chairs/Secretariat

End of meeting

Annex 2 – List of participants

TEAM Advisers

1. Jennifer Coates – Co-Chair
2. Edward Frongillo – Co-Chair
3. Kaleab Baye – Member (new)
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 (Absent)
10. Sara Wuehler – Member
11. Wenhua Zhao – Member (Absent)

Observers

1. Silvia Alayon (USAID Advancing Nutrition)
2. Bridget Holmes (FAO)
3. Gina Kennedy (USAID Advancing Nutrition)
3. Monica Woldt (USAID Advancing Nutrition)

Consultant

1. David Hales

Rapporteur

1. Julia D'Aloisio

TEAM Secretariat (UNICEF)

1. Chika Hayashi
2. Julia Krasevec
3. Richard Kumapley
4. Vrinda Mehra
5. Louise Mwirigi

TEAM Secretariat (WHO)

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

Endnotes

¹ The definition proposed in the Action Track 1 scientific paper is as follows: "A safe and nutritious diet is a healthy diet – a diet that is human health-promoting and disease-preventing. It provides adequacy (without an excess of nutrients) and health-promoting substances from nutritious foods and avoids the consumption of health-harming substances." See, < https://knowledge4policy.ec.europa.eu/publication/ensuring-access-safe-nutritious-food-all-through-transformation-food-systems-paper_en>.

² Modules address five questions: (1) what is an NNIS? (2) how does an NNIS support a country's nutrition programmes? (3) what is needed to build a useful NNIS? (4) what are the main attributes of an NNIS? (5) what are the main types of data used in an NNIS?

³ Indicators for assessing infant and young child feeding practices: definitions and measurement methods. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2021.

<<https://www.who.int/publications/i/item/9789240018389>>

⁴ Thorne-Lyman AL, Bevis LE, Kuo H, Manohar S, Shrestha B, Kc A, Klemm RD, Heidkamp RA. Season of Data Collection of Child Dietary Diversity Indicators May Affect Conclusions About Longer-Term Trends in Peru, Senegal, and Nepal. *Current developments in nutrition*. 2021 Aug;5(8):nzab095,

<<https://academic.oup.com/cdn/article/5/8/nzab095/6319495?guestAccessKey=7f8dd5c1-3c16-4643-a81a-068614e20396>>.

⁵ World Health Organization and United Nations Children's Fund. The Eighth Meeting of the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring – Meeting Report, October 2019, <<https://www.who.int/docs/default-source/nutritionlibrary/team---technical-expert-advisory-group-on-nutrition-monitoring/2019-team-8thmeeting-report.pdf?ua=1>>.

⁶ Compendium of Nutrition Intervention Coverage Indicators & Questions for Household Surveys. Baltimore: Data for Decisions to Expand Nutrition Transformation (DataDENT), 2021, < <https://datadent.org/compendium-of-nutrition-intervention-coverage-indicators-questions-for-household-surveys/>>.

⁷ Some examples include the WHO standards for improving quality of maternal and newborn care in health facilities (2016); the WHO quality of care in contraceptive information and services, based on human rights standards: A checklist for providers (2017); and the WHO standards for improving the quality of care for children and young adolescents in health facilities (2018).

⁸ Including UNICEF, WHO, USAID Advancing Nutrition, Momentum, Global Alliance for Improved Nutrition, International Food Policy Research Institute, Nutrition International, DataDENT and Johns Hopkins University.

⁹ World Health Organization and United Nations Children's Fund. Recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old. Geneva: WHO, 2019.

<<https://www.who.int/nutrition/publications/anthropometry-data-quality-report/en/>>

¹⁰ These questions were related to: (1) thresholds and/or ranges for indicators of data quality; (2) WHO flags; (3) standardization tests; (4) random versus systematic errors; (5) re-measurements during survey field work; (6) taking more than one measurement during survey field work; (7) validation of event calendars; and (8) hair and clothing.

¹¹ Bryce E, Katz J, Munos MK, Lama T, Khatry S, and LeClerq S. Validation of Maternal Recall of Iron Folic Supplementation During Antenatal Care in Rural Southern Nepal. *Curr Dev Nutr*. 2021 Jun; 5(Suppl 2): 722.

¹² World Health Organization and United Nations Children's Fund. The Tenth Meeting of the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring – Meeting Report, December 2020.

¹³ Members of the TAG on School-age Children and Adolescent Nutrition Metrics: Yaw Addo (CDC); Wolfgang Ahrens (BIPS, Germany); Peter Azzopardi (Burnet Institute); Rukundo Benedicts (DHS); Zulfiqar Bhutta (Sick Kids Hospital/Agha Khan University); Michele Doura (World Food Programme); Majid Ezzati (Imperial College London); Wafai Fawzi (Harvard University); Ed Frongillo (TEAM); Alan Jackson (University of Southampton); Sascha Lamstein (USAID Advancing Nutrition); Erin Milner (USAID); Lynette Neufeld (TEAM); Stefanie Vandevijvere (University of Aukland); UNICEF; WHO; Save the Children; FAO; and country representatives.

¹⁴ Programming Guidance: Nutrition in Middle Childhood and Adolescence. New York: United Nations Children's Fund; 2021 < <https://www.unicef.org/media/106406/file>>.

¹⁵ For more information, see <<https://globalnutritionreport.org/resources/naf/>>.

¹⁶ For more information, see <<https://www.who.int/teams/nutrition-and-food-safety/databases/nutrition-landscape-information-system>>.

¹⁷ Global Nutrition Monitoring Framework: operational guidance for tracking progress in meeting targets for 2025. Geneva: World Health Organization; 2017 <<https://www.who.int/publications/i/item/9789241513609>, accessed October 2021).