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

Meeting report
6 and 9 December 2021

March 2022
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**Acronyms**

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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<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>DHS</td>
<td>Demographic and Health Survey</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>NCDs</td>
<td>Noncommunicable diseases</td>
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<td>NNIS</td>
<td>National nutrition information system</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>TEAM</td>
<td>Technical Expert Advisory Group on Nutrition Monitoring</td>
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<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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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. 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 emanating from the twelfth TEAM meeting, held virtually on 6 and 9 December 2021. The agenda and list of participants are included in Annexes I and II.

Summary of presentations and discussions

The twelfth TEAM meeting was dedicated to discussion of the TEAM five-year strategic plan and 2021–2022 work plan, with brief progress updates provided by TEAM working groups.

Opening remarks

Kuntal Saha and Chika Hayashi opened the meeting on behalf of the WHO and UNICEF Secretariat. TEAM co-chairs Jennifer Coates and Edward Frongillo described how the meeting discussions would contribute to shaping the TEAM strategic planning process. They also thanked David Hales, independent consultant, for his guidance and collaboration throughout the process thus far.

TEAM Strategic Plan

David Hales provided an overview of the TEAM strategic planning document. The document presents sector-wide and TEAM-specific problem statements and reviews the existing TEAM mission statement. It was developed based on 20 extensive interviews with past and present TEAM advisers and key informants from the global nutrition community. Inputs were also sought from those with expertise in strategic planning. The process of developing the strategic planning document was iterative, with each interview and subsequent discussion shaping the process as it moved forward.

The objective of the proposed strategy is to establish TEAM as a visible and effective leader in the arena of nutrition monitoring by (1) playing an active and assertive role in identifying and articulating priority needs and opportunities to strengthen monitoring activities; and (2) working on its own projects and initiatives, and with the broader nutrition monitoring community, to address those needs and opportunities in a practical and timely fashion. While these objectives are aligned with the TEAM terms of reference, they go beyond TEAM’s traditional advisory role to include identifying nutrition monitoring needs and gaps and proposing or implementing solutions.

The key informant interviews highlighted six core strategies with the potential to move TEAM forward in ways that can expand and enhance its role in nutrition monitoring:

1) **Maintain the focus on technical expertise and enhance the technical capacity of TEAM.**

Key informants noted that technical expertise was a great strength of TEAM, while recognizing that technical capacity could be further enhanced. Provision of technical expertise was noted as a primary TEAM strategy, which provides the foundation for the subsequent five strategies.
2) **Ensure TEAM has a combined advisory, product development and coordinating/collaborating/harmonizing role.**

While its advisory role is clear, key informants also felt that formalizing TEAM’s product development, coordination and harmonizing functions would be a useful next step. Further, key informants agreed that better leadership in nutrition monitoring was essential, and that TEAM was well positioned to assume this responsibility.

3) **Expand the scope of TEAM’s work to include other priority topic areas.**

All informants saw value in addressing other priority topic areas, but there were differing ideas about what topics should be included. Topic areas will be agreed as part of the operational plan.

4) **Identify high-priority needs/opportunities and deliver practical solutions to address them.**

5) **Develop a robust operating model to better support activities.**

More extensive support will be required to allow TEAM to engage in additional activities.

6) **Increase the tempo of the work to deliver practical, high-quality outputs more quickly.**

TEAM products often take significant time to produce. An increased work tempo would enhance the value of TEAM’s work and avoid missed opportunities.

TEAM advisers were invited to discuss and provide feedback on strategies 3 and 4 during the subsequent sessions of the twelfth TEAM meeting (see below), while strategy 5 would be discussed in small groups during a breakout session (see page 8).

**Points of discussion:**

Regarding the objectives of the strategy, there was a suggestion to include the broader purpose of TEAM’s work, which is to help contribute to nutrition programmes that are fit-for-purpose and serve populations in need.

TEAM should also consider which groups are part of the broader nutrition monitoring community (i.e., national counterparts and all those collecting and managing nutrition data) and identify impact pathways for reaching them. This would allow TEAM to be strategic and time efficient, particularly in the lead up to 2030 and the Sustainable Development Goal (SDG) targets.

Some issues were noted that would require further exploration as the strategy develops, including financial support for TEAM activities and collaboration with other groups involved in nutrition monitoring. It was noted that collaboration with other groups would help increase the tempo of TEAM work and make better use of advisers’ time.

**Expanding the scope of TEAM’s work to include other priority areas (Strategy 3)**

This session focused on gathering inputs from TEAM advisers on expanding the scope of work to other priority areas (the third strategy identified in the strategy document). In addition to brainstorming priority areas, the session was an opportunity to define a process for identifying priorities across the data value chain. Advisers were asked to consider implications related to these priorities, which would be discussed in more detail during the operationalization process.
**Points of discussion:**

Advisers suggested a number of potential areas for increased TEAM focus. The concept of nutrition security and how it could be effectively monitored was noted as an area of emerging global interest. This topic links to the work already being undertaken by the TEAM Diet Quality Working Group on measuring healthy diets. Suggestions were also made for TEAM to consider developing a globally acceptable set of indicators related to gender and nutrition and to consider questions related to the environment and its contribution to the nutrition status of a population.

Some advisers suggested expanding the focus beyond nutrition and health to include aspects of policy response, which may involve other sectors. For example, in many countries, stakeholders responsible for noncommunicable diseases (NCDs) are often separated from those working on stunting reduction; however, there may be opportunities to improve monitoring by bringing these groups together.

Supporting countries to take a people-centred approach to monitoring and evaluating population health would help them identify the most impactful indicators for continuously monitoring their given population and context. It was noted that guidance for countries on selecting impactful indicators would be included in the guidance on national nutrition information systems (NNIS), (see page 11).

To determine what areas to prioritize, TEAM could explore the availability of nutrition data in countries on various topics. In South Asia, for example, DataDENT and the UNICEF regional office undertook a comprehensive policy, programme and data review to examine the links between how countries had framed nutrition determinants and interventions and the types of data available to track progress.\(^1\) Using the WHO essential nutrition actions\(^2\) as a starting point, the review showed that many countries had no data available on particular actions. TEAM could consider undertaking a similar review across the SDG outcomes, programmes and policies to help identify key gaps in data availability.

Some additional topics proposed for consideration included aggregated indicators for predicting all forms of malnutrition (rather than one form); monitoring the quality of interventions (e.g., beyond antenatal care interventions); monitoring equity (e.g., across geography and socioeconomic status); monitoring overlaps in interventions (particularly those that address micronutrient deficiencies); monitoring adverse outcomes; and monitoring haemoglobinopathies. There was also some discussion about considering a more comprehensive approach to the design and monitoring of fortification and supplementation programmes, such as multiple micronutrient supplementation for pregnant women.

In addition to considering new priorities, TEAM advisers also noted the importance of exploring gaps in the monitoring of maternal and child health and nutrition practices, population nutrition status and other areas that are already being monitored. Some important gaps were noted related to monitoring haemoglobin status, iodine status and indicators for measuring iodine, vitamin A and other micronutrients. Advisers also noted gaps related to the monitoring of iron deficiency, vitamin D deficiency, chronic diseases, and the relationship between micronutrient deficiencies and cardiovascular disease (e.g., the link between zinc deficiency and under- and overnutrition). TEAM could also consider substances that are not strictly nutrients, but that are important for disease prevention (e.g., essential fatty acids and the prevention of cardiovascular disease).

Many comments from advisers reflected the need to expand TEAM’s work beyond the lens of undernutrition to consider the nutrition transition and broader nutrition-related needs. Several
comments also reflected the need to better monitor whether the nutrition actions being taken globally were meeting population needs. There was also a suggestion for TEAM to undertake some preliminary conceptual work to determine where further indicator development was be needed. Advisers also discussed whether nutrition monitoring in emergency contexts should be given greater priority.

There was a suggestion for TEAM to contribute to bringing together work on cost of diets/affordability of diets as an underlying issue in the prevention of all forms of malnutrition. One adviser highlighted the need for greater analysis of the cost effectiveness, performance and safety of nutrition interventions being used at country level, while another adviser felt this work should be pursued by other groups.

Identifying high-priority needs and opportunities and delivering practical and timely solutions or products to address them (Strategy 4)

In this session, advisers proposed other high-priority topics and discussed the implications of addressing them. It was agreed that the focus on country needs should remain central. The process of identifying needs and priorities is, in itself, an important TEAM outcome and helps position TEAM leadership in nutrition monitoring.

Points of discussion related to high-priority needs and opportunities:

There was a suggestion for TEAM to review some of the areas in which it is currently working and assess where progress has been stalled and what is required to move forward (e.g., in the iron and folic acid indicator). Further, as noted in the strategy document, many key informants supported the idea of developing a priority set of nutrition indicators, with dedicated resources.

The WHO/Centers for Disease Control and Prevention (CDC) eCatalogue of indicators for micronutrient programmes contains a register of standard process and impact indicators for tracking the performance of public health programmes that are implementing micronutrient interventions. The eCatalogue includes key indicators related to salt iodization and fortified flours. The next indicators to be added will be related to micronutrient supplementation and point-of-use fortification of foods with multiple micronutrient powders. A logic model is included in the eCatalogue that demonstrates how the indicators map to programme inputs, activities, outputs and outcomes.

One adviser noted that the eCatalogue provided an opportunity for analysis of the links between chronic diseases and micronutrients, which was important for guiding countries as they collect data about diet related NCDs. TEAM may be able to review some of the indicators being proposed in the WHO eCatalogue and help promote its use.

There was some discussion about the cost of data collection and the need to support countries in accounting for these costs as part of the planning process. DataDENT has supported the Government of Nigeria in creating a costed plan for data collection. This is an area where TEAM is uniquely positioned to contribute by offering guidance to improve country planning.

Advisers noted the importance of nutrition monitoring for the purposes of determining whether key actions were contributing to improving the nutrition situation. In doing so, it would be important to consider the various global uses of data – e.g., benchmarking, progress tracking by global monitoring bodies and strategy refinement.
Advisers discussed the role that TEAM could play in sharing country experiences to help shape programming. This includes linking programmes to impact indicators, coverage indicators and changes in biomarkers, and promoting resource efficiencies. TEAM could also contribute to guidance on the operationalization of indicators; however, it has historically been challenging to secure funding for this area of work. Another adviser noted the importance of using data to identify the main contextual factors that contribute to programme effectiveness.

The Nutrition for Growth Summit is an important opportunity for TEAM, as many partners and governments made commitments to the importance of nutrition monitoring and surveillance. TEAM should consider how it can support the follow up to these commitments.

Points of discussion related to process:

Advisers discussed the process for disseminating TEAM products and the leadership role of TEAM. Many advisers commented on the need to raise the profile of TEAM and to be more strategic about the dissemination of its products.

Advisers discussed the various potential roles and functions of TEAM, including advisory, agenda-setting and implementing or producing functions. Advisers noted that as an independent group of experts, TEAM can weigh-in and advise on issues that other actors cannot. TEAM can therefore play a unique role in calling attention to gaps and setting the global nutrition monitoring agenda such that other groups can take forward some of the research questions identified. Several advisers highlighted TEAM’s important role in catalysing interest in important topics and brokering the response or solution.

Some advisers felt that TEAM should focus primarily on the advisory and agenda-setting functions and step away from its producing functions. Other advisers felt that it was important for TEAM to continue being involved in developing products, while also playing a greater role in providing technical feedback on products that WHO, UNICEF and others are developing. However, this work would need to be refined going forward to improve efficiencies and maximize the limited time of advisers.

Regarding operational models, it was noted that some advisory committees (e.g., the Joint Malnutrition Estimates Group), have a strategic advisory group, which includes various stakeholders who help set the agenda, and a working-level group, which receives direction from the strategic group.

As TEAM expands its functions, it will be important to link them to human and financial resources. While much of TEAM’s advisory function is carried out during its biannual meetings, the agenda-setting and implementing functions require dedicated time and resources. At the same time, TEAM should not be constrained in its ambition by what is feasible with current resources and operating models.

Developing a robust operating model (Strategy 5)
In small group discussions, advisers discussed potential operating models to support the activities that TEAM wishes to fulfil through its platform.

Group one considered the following questions: Should other sponsors be added to the TEAM Secretariat? What are the pros and cons of adding other sponsors and are there practical and beneficial alternatives to adding them?

The group agreed that TEAM should not add another sponsoring agency to its Secretariat as it could further complicate or slow the planning and work process. However, the group was open to other
organizations playing an observer role within TEAM and contributing on specific issues of interest or expertise via TEAM working groups.

**Group two** considered the following questions: how could the Secretariat provide better, more active support for TEAM activities? What support does the Secretariat need from WHO and UNICEF to expand its role?

The group discussed how to leverage the budgets needed to support TEAM activities. The Secretariat has resources through the Bill & Melinda Gates Foundation to support TEAM working group activities; however, the process of accessing these resources has not always been clear to working groups. Working groups are encouraged to develop a costed work plan that can be provided to the Secretariat to request funds. Additional funds may be available for activities that extend beyond the one-year workplan period. The resources available from the Secretariat can also be used to carry out further budget searches for more costly pieces of work. The Secretariat is primarily responsible for fundraising (drawing on TEAM workplans) and has also brokered with other organizations to augment resources. TEAM should not be constrained by the current budget; other opportunities to raise funds are available.

**Group three** considered the following questions: How can working groups be more productive and more accountable for outputs/deliverables? Do they need a different structure, mandate or type of support?

The group discussed bottlenecks to working group effectiveness, such as time and resource constraints (e.g., the need for administrative support). There are a limited number of consultants available with the required expertise to support working group deliverables. Overseeing their work and ensuring quality also takes significant time. External support may also be needed to manage situations where there are a variety of strong opinions, or where certain groups are invested in particular outcomes. TEAM could consider developing criteria for assessing whether to move forward with a particular piece of work, drawing on the experiences of the more active or successful TEAM working groups. Once priority areas are developed, TEAM needs to establish a structure and resources to ensure the work progresses effectively and in a timely manner.

In addition to developing a pool of consultant partners to support TEAM activities, it would be useful to have a network of institutional partners with core mandates that align with TEAM’s agenda. These groups could be sensitized to TEAM’s mandate and work plan and invited to sign a memorandum of understanding for collaboration.

Group three also discussed the importance of having clear and reasonable expectations for the time contribution of TEAM advisers as working group members or chairs. It was noted that contributions beyond those expectations should be compensated.

**Group four** considered the following questions: What level of independence does or should TEAM (as a group of experts) have from WHO and UNICEF? What are the implications if TEAM chooses to disagree with WHO and UNICEF on an issue?

The group highlighted the importance of using country needs to drive TEAM priorities. Further, for TEAM to participate in agenda-setting for nutrition monitoring, it must be seen as having an independent voice, with WHO and UNICEF continuing to determine whether to accept that advice. It would be useful to develop a system to determine whether a product or solution is informed by TEAM advice or endorsed by TEAM.
**Points of discussion:**

It was agreed that a small group of advisers would work together to finalize the strategy during the first quarter of 2022. Next, a plan would be developed for operationalizing the strategy before the next TEAM meeting. In keeping with the iterative process used in developing the strategy document, different components could be prepared by the small group and circulated for feedback.

**Updates from the anaemia working group**

Sara Wuehler provided an update on the assessment of haemoglobin for diagnosing anaemia, including the Working Group’s proposal to develop technical notes on five topics (see the report of the eleventh TEAM meeting). The Working Group estimated a budget of approximately US$88,000 for this work, with a funding shortfall of US$63,500. Developing a feasible budget was challenging given the significant time and resources needed to carry out this work. The Working Group welcomed suggestions for reducing costs and finding funding.

**Points of discussion:**

Many advisers expressed appreciation for the proposed technical notes as an approach to disseminating guidance on haemoglobin assessment and highlighted the urgency to complete notes one and two in particular. Technical note two will incorporate some guidelines on how to assess iron deficiency, while referring to separate resources on this topic. Technical note three will refer to ongoing research being led by the USAID HEME project across multiple countries.

Advisers agreed with the Working Group’s focus on haemoglobin assessment (over other issues) and noted that the Working Group’s aim to develop criteria and standards for collecting haemoglobin data was unique from that of other groups. At the same time, advisers highlighted the importance of coordinating with other groups working on anaemia. Some advisers felt that iron deficiency would be better addressed by the WHO guideline development group for anaemia.

The WHO guideline development for anaemia is reviewing the haemoglobin cut-off points to define anaemia and conducting an evaluation of the effect that smoking and altitude of residence have on haemoglobin concentrations. In its most recent meeting, the group also considered inflammation, genetic ancestry and preanalytical and analytical aspects of haemoglobin determination. There are at least two ongoing studies related to these issues. The WHO guideline development group for anaemia would benefit from the TEAM Working Group’s advice on haemoglobin assessment before its next meeting (ideally during the first quarter of 2022) for consideration in the development of the guideline.

It was agreed that the Working Group would not be able to complete the five technical notes in less than two years without the support of contractors through the proposed budget. Activities will need to extend to 2023, which would allow the Secretariat to access additional funds to support the work. The Working Group also emphasized the difficulty of completing these technical notes without hiring a project manager and/or administrative support to help coordinate the project.

**Updates from the nutrition information systems working group**

Rebecca Heidkamp provided an update on the development of the NNIS guidance. The NNIS five-module fundamentals series is now published. It has been adapted into an e-learning course by the Global Nutrition Cluster and is available online.
The vision for the NNIS guidance was to develop a set of core fundamentals, followed by series of technical notes on topics such as planning for an NNIS; data management; data sources/providers; data quality, analysis and use; and metrics. Eighteen technical notes on these topics have been proposed thus far. The Working Group is in the process of identifying lead authors from various institutions, developing a budget and hiring consultants. Each technical note will be reviewed by at least one member of the NNIS Working Group before being finalized. Other TEAM members are also welcome to review.

David Hales led the content development for the fundamentals series. Responsibility for managing the process was not always clear; thus, moving forward, the Working Group may need to define content development and project management as separate roles carried out by different consultants. The NNIS guidance is expected to evolve over time, with new technical notes developed as needs arise.

**Points of discussion:**

The NNIS guidance was disseminated via the UNICEF Nutrition email list. Several advisers discussed the importance of developing a dissemination plan for TEAM products and being more strategic about the dissemination process. They also noted the importance of seeking feedback from users and evaluating how the NNIS guidance and other products are being used in practice. Feedback is critical to continue identifying gaps in the knowledge of frontline data users.

There was some discussion about how to leverage UNICEF networks to seek feedback from users. For example, a standard dissemination message with an integrated request for feedback could be included in all TEAM products. The e-learning course also offers an entry point for soliciting feedback; users could be prompted to provide comments upon completion of the modules. Advisers noted that the Data for Nutrition Community of Practice was also an important forum for disseminating TEAM products and seeking feedback.

WHO plans to disseminate the NNIS guidance products via its nutrition listserv and the TEAM website. Further, the guidance was shared during the annual gathering of a joint project by WHO and UNICEF on strengthening nutrition information systems in five countries in Africa and Asia, funded by the European Commission. There may be an opportunity to reach out directly to this group for feedback.

Coordinating the dissemination of products should be included in the project management role of TEAM products. Further, defining different skill sets for consultants (e.g., project management versus technical content development) can help working groups use their budgets more efficiently.

**Updates from the anthropometry working group**

Sorrel Namaste provided an update from the Anthropometry Working Group and requested feedback from advisers on TEAM’s potential role moving forward and how to operationalize the work.

The Anthropometry Working Group has formed subgroups on eight topics and identified a lead for each group, with the exception of the thresholds/flags subgroup and the random/systematic error subgroup. Subgroups are tasked with developing short research briefs of 2–5 pages each on the problem statement, research questions, primary and secondary outcomes, and research approach. Drafts have been developed for half of the briefs thus far, and advisers were asked to consider how they should be disseminated. The Working Group also plans to develop a manuscript of all briefs for peer review.
Based on feasibility, availability of funds and human resources, subgroups will determine whether protocols could be developed for each topic. Advisers were asked to consider whether the development of such protocols should be carried out by the Working Group.

**Points of discussion:**

Some advisers supported the need for an external expert or influential adviser to lead the thresholds/flags subgroup and/or to bring together the different groups of opinion and clarify the key issues.

One adviser commented that the imposition of flags and thresholds was an imperfect means of dealing with a more systematic problem, and that guidance may be needed to determine when data are too poor to make any adjustments. For example, there are set thresholds for low birthweight to adjust for heaping, missing cases, etc., but the data must meet certain criteria to determine whether such adjustments should be carried out. Based on these issues, an important role for the thresholds/flags subgroup would be to articulate the underlying problem and help clarify the specific issues that need to be addressed.

There are challenges to hiring external consultants to lead work on more controversial issues, as this requires a significant amount of support from the Secretariat to negotiate disagreements. At the same time, consultants can help save time by bringing together the data and information, while the Secretariat steers the decision-making process.

Regarding the research protocols, some members of the Working Group felt that these should be developed by those conducting the research. Others felt that TEAM should develop the protocols, or at least be involved in reviewing or contributing to this process, to ensure that key issues are addressed.

Regarding production of the briefs, the Secretariat can provide support for copy editing. WHO will disseminate the briefs via the TEAM website and the nutrition listserv, and will consider the possibility of further dissemination via country or regional workshops or webinars.

**Updates from the infant and young child feeding (IYCF) indicators working group**

Sorrel Namaste provided an overview of the cognitive testing pilot that was carried out by the Demographic and Health Survey (DHS) Program in Uganda, which included research questions related to IYCF indicator guidelines.8

This process has raised important questions about how to ensure continued alignment with the IYCF indicator guidelines as new research findings arise. The DHS Program has shared the findings of their cognitive testing with the IYCF Guidelines Review Committee and discussed how they plan to adapt the questions based on the findings; however, this has been an informal and ad hoc process thus far. There may be a need for a more formal process for reviewing new research findings and TEAM may wish to have a role.

In addition, the Global Diet Quality Project is undertaking country adaptations of IYCF and minimum dietary diversity for women (MDD-W) questions using key informant interviews and a standard protocol. It could be useful for a global body such as TEAM to review and advise on these adaptations, ensuring they are in line with the IYCF indicator guidelines.
The DHS Program released a nutrition e-learning course, which includes a module on data collection and interpretation of IYCF indicators. There is a need to continue disseminating the IYCF guidelines more widely and promote uptake of the e-learning course.

**Points of discussion:**

Advisers were asked to consider whether there was a coordination role for TEAM in (1) addressing the research gaps raised during the development of the IYCF indicator guidelines; or (2) in interpreting and/or modifying the IYCF indicator guidelines.

There was a suggestion for the Working Group on Diet Quality to consider how it could contribute to addressing some of the issues related to list-based versus open-ended questions and on IYCF question adaptations.

The DHS Program can consult with the IYCF Guidelines Review Committee for advice; however, not all institutions are undertaking this same form of consultation when implementing the guidelines or adapting questions. This raises the need for a coordinated body – for example, the TEAM IYCF Indicators Working Group – that can help promote alignment with the IYCF indicator guidelines. There is also a need for better guidance on how to address questions that arise in the interim before a new guideline is released and some advisers suggested that TEAM may be able to play a role in this process. This would ensure harmonization across surveys and survey programmes, and avoid putting the DHS Program in the position of making these decisions on their own.

UNICEF had intended to do some pilot testing of IYCF questions, but these plans were derailed by the pandemic. Given that multiple groups are carrying out cognitive testing of the IYCF questions, it would be useful to bring these learnings together. It was agreed that TEAM should discuss these issues further as part of the strategic planning process.

**Updates on other working group activities**

TEAM working groups were invited to provide brief updates on their activities.

**Antenatal Iron Supplementation Working Group:**

The Working Group noted some issues that may need to be addressed, including dose of iron during pregnancy and other ways of measuring iron consumption.

A manuscript was prepared on the feasibility study undertaken to assess antenatal iron and folic acid consumption using a mixed method including DHS survey data from several countries and has been accepted by the Maternal & Child Nutrition journal.

The DHS Program has changed the recall period for antenatal iron supplementation in the DHS8.

**Haemoglobin Assessment Working Group:**

It was noted that Maria-Elena Jefferds from CDC should be added to the group to replace Rafael Florez-Ayala.

**Breastfeeding Counselling Working Group:**
The Working Group recalled its contributions to developing a breastfeeding counselling indicator and proposing questions to be included in the DHS8. While a number of questions were accepted, survey implementation has been delayed in many countries due to the pandemic.

**IYCF indicators working group:**

Further discussion is needed with TEAM co-chairs and the Secretariat to determine the objectives, workplan and composition of this Working Group. Sorrel Namaste noted that she would need support with project management to continue as Working Group lead.

**Working group on diet quality:**

The report from the Technical Consultation on Healthy Diets was published after several rounds of review. Further efforts will be needed to ensure wide dissemination of the report.

USAID Advancing Nutrition has allocated funds in its workplan to continue providing support to the Working Group on Diet Quality, with Sylvia Alayon replacing Monica Woldt as its representative. There have been important advancements in some of the diet quality metrics discussed during the consultation; for example, the Global Diet Quality Project is set to present a first round of results from the survey implemented through the Gallup World Poll of 140 countries. These results will help shape the direction that the Working Group takes moving forward.

A suggestion was made for Gina Kennedy from USAID Advancing Nutrition and Sarah Pederson from USAID to join the Working Group. It was noted that external members should also be listed when presenting the names of TEAM working group members.

**Quality-adjusted coverage working group:**

Kuntal Saha and Rebecca Heidkamp are representing TEAM in the Life Course Quality of Care Metrics Working Group. The effective coverage measurement product being developed by WHO will be a global public good and the TEAM Working Group should continue being involved in these discussions.

**COVID-19 working group**

The Working Group will meet in early 2022. The Working Group had previously discussed the idea of summarizing lessons learned during the pandemic into an NNIS technical note. This work was still deemed relevant, but not an immediate priority.

**External working groups (to which TEAM advisers are affiliated)**


The most recent JME were released in May 2021, with the first-ever country modelled estimates for stunting and overweight. Work is ongoing to develop methods for a country model for wasting. The JME Group developed a paper exploring the challenges of developing malnutrition estimates for European countries.

UNICEF organized meetings on metrics for the nutrition of school-aged children and adolescents to examine monitoring challenges for this age group. A tool is also being developed to assess how school-aged children and adolescents experience food insecurity.
The revision of the Multiple Indicator Cluster Surveys (MICS) 7 is underway. UNICEF is using a systematic review process based on specific criteria to make decisions about what questions will be included. MICS has introduced a system (on a trial basis) to survey children aged 5–17 on food security. There was some discussion about the need for MICS and DHS to include questions about school feeding programmes to monitor coverage and effectiveness.

**Workplan 2022–2023 discussion**

**WHO/UNICEF-identified needs and opportunities:**

Diet quality measures – There is momentum to make progress in this area as part of the follow up to the Technical Consultation on Healthy Diets. An indicator for diet quality is missing in the healthier population index to monitor the global burden of disease goals. The Working Group on Diet Quality could help fill this gap by providing recommendations to WHO on an interim indicator by mid-2022.

Communications and dissemination – There was some discussion about developing a TEAM communications plan to support dissemination of the NNIS guidance and other TEAM products, as well as the UNICEF IYCF global databases.

JME – UNICEF would like to complete the model for obtaining trend data for wasting and severe wasting and would welcome support and guidance from TEAM advisers in this process. Previous TEAM inputs were helpful in finalizing the overweight model.

Other TEAM products – TEAM could consider developing a process for selecting two or three products to deliver each year with a clear timeline. One such product would be a revision of the progress tracking rules for the global nutrition targets.

**Other upcoming needs and opportunities for TEAM:**

Anthropometry – There was suggestion to support WHO in developing guidance on how to interpret and use the stunting indicator, given that stunting reduction is often positioned as the key nutrition target rather than as an indicator of overall child well-being. A point was also made about the need to move beyond stunting reduction as the main nutrition target.10

Core set of indicators – TEAM could contribute to developing a set of core nutrition indicators as a component of the NNIS guidance technical notes. This would include assembling a list of minimum indicators that countries should be collecting. This is an area where TEAM should engage with a broader group of actors to develop a global framework.

Nutrition-sensitive agriculture and food systems – There was a suggestion for TEAM to consider how to contribute to this area of work, in line with its strategic priorities. The High-level Panel of Experts on Food Security and Nutrition is commissioning a report on food security and nutrition indicators. TEAM adviser Lynette Neufeld is a member of the Panel and can help foster links with TEAM activities.

Nutrition policy monitoring – TEAM could engage in monitoring whether countries have certain nutrition policies in place, such as taxes on sugar-sweetened beverages.

Supplementation and fortification – TEAM could engage on the issue of data collection and testing of fortified foods. There was also a suggestion to consider questions related to the monitoring of
micronutrient interventions, including scaling up or down vitamin A supplementation, and vitamin A status indicators for children and women.

Cognitive testing of nutrition indicators – TEAM could provide guidance on cognitive testing being carried out on antenatal iron supplementation, breastfeeding counselling, etc.

Chronic disease indicators for nutrition – There is a need to consider which indicators would be most relevant to population-based surveys (e.g., fasting glucose as an indicator for diabetes). The role of micronutrients such as zinc and vitamin D and indicators for monitoring their impact on chronic disease was also noted. Vitamin D indicators are important to consider, particularly given the high thresholds being promoted by the vitamin supplementation industry.

Humanitarian contexts and COVID-19 monitoring – There is need for better assessment and monitoring of the nutrition situation during periods of crisis. The COVID-19 Working Group could evolve to consider monitoring during short-term humanitarian crises and establish links with others working in this area, such as the Global Nutrition Cluster’s NNIS Working Group. There was a suggestion for UNICEF and other United Nations agencies to share insights on nutrition monitoring during the COVID-19 pandemic during the next TEAM meeting. Results for Development has also carried out a landscaping exercise on innovations in measurement, which includes innovations used during the COVID-19 pandemic.

Mapping an agenda – Several advisers suggested that TEAM lead the mapping of a nutrition monitoring agenda. The mapping could be based on the UNICEF Conceptual Framework on the Determinants of Maternal and Child Nutrition.\textsuperscript{11} It was noted that the Global Nutrition Report had also published a conceptual framework, which could be used to frame the measurement agenda. Mapping an agenda would help clarify the data landscape and identify global priorities. Moreover, each topic area prioritized in the TEAM strategic plan could be accompanied by an agenda-setting document to guide the focus.

Concluding remarks
Working group leads were asked to share their draft workplans with the Secretariat in early 2022, including resource needs. The Secretariat would then review the plans and confirm what resources are available to support the work.

The Secretariat requested input on identifying a replacement for former TEAM adviser Faith Thiuta. Previously, when a new TEAM adviser was needed, the Secretariat issued a call for applications and then short-listed applicants based on their expertise and TEAM needs. There was a suggestion to consider a rolling membership structure for TEAM advisers to ensure continuity within TEAM.

It was agreed that membership terms, length of tenure and minimum skill sets for TEAM advisers would be discussed and confirmed during the strategy development process, as well as the scope, time commitments and requirements for participation in TEAM working groups.
## AGENDA
### 6 and 9 December 14-18h CET (8-12h EDT)

### Day 1: Monday, 6 December 2021

<table>
<thead>
<tr>
<th>EST</th>
<th>CET</th>
<th>When</th>
<th>What</th>
<th>Who</th>
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<tbody>
<tr>
<td>8:00–8:15</td>
<td>14:00–14:15</td>
<td>8:00–8:15</td>
<td>Welcome and introductions</td>
<td>Chika Hayashi/Kuntal Saha Jennifer Coates/Edward Frongillo</td>
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<tr>
<td></td>
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<td>14:00–14:15</td>
<td>Opening remarks by TEAM Co-chairs</td>
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<tr>
<td>8:15–8:45</td>
<td>14:15–14:45</td>
<td>8:15–8:45</td>
<td><strong>TEAM strategic plan:</strong> An overview of the objectives, process, and results</td>
<td>Presenter &amp; facilitator: David Hales</td>
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<td>8:45–9:45</td>
<td>14:45–15:45</td>
<td>8:45–9:45</td>
<td><strong>Strategy 3:</strong> Expand the scope of TEAM's work to include other priority topic areas</td>
<td>Facilitator: Jennifer Coates</td>
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<td>9:45–10:00</td>
<td>15:45–16:00</td>
<td>9:45–10:00</td>
<td><strong>Strategy 4:</strong> Identify high-priority needs and opportunities and deliver practical and timely solutions/products to address them</td>
<td>Facilitator: Edward Frongillo</td>
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<tr>
<td>10:00–10:50</td>
<td>16:00–16:50</td>
<td>10:00–10:50</td>
<td><strong>Small group discussion</strong> <strong>Strategy 5:</strong> Develop a robust operating model (e.g., structure and operations) to better support activities</td>
<td>Facilitators: David Hales Edward Frongillo Jennifer Coates Rebecca Heidkamp</td>
</tr>
<tr>
<td>10:50–11:40</td>
<td>16:50–17:40</td>
<td>10:50–11:40</td>
<td><strong>General Q&amp;A / discussion</strong> Outline the proposal to establish a small, short-term working group to develop a plan to operationalize the strategy</td>
<td>Edward Frongillo</td>
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### Day 2: Thursday, 9 December 2021

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<tbody>
<tr>
<td>8:00–8:30</td>
<td>14:00–14:30</td>
<td>8:00–8:30</td>
<td>Haemoglobin/anaemia working group</td>
<td>Sara Wuehler</td>
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<tr>
<td>8:30–9:00</td>
<td>14:30–15:00</td>
<td>8:30–9:00</td>
<td>Updates from NIS WG</td>
<td>Rebecca Heidkamp</td>
</tr>
<tr>
<td>9:00–9:30</td>
<td>15:00–15:30</td>
<td>9:00–9:30</td>
<td>Updates from IYCF Anthropometry WG</td>
<td>Sorrel Namaste</td>
</tr>
<tr>
<td>9:30–10:00</td>
<td>15:30–16:00</td>
<td>9:30–10:00</td>
<td>Workplan discussion 2022–2023</td>
<td>Jennifer Coates/Edward Frongillo</td>
</tr>
<tr>
<td>10:00–10:15</td>
<td>16:00–16:15</td>
<td>10:00–10:15</td>
<td>Break</td>
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</tr>
<tr>
<td>11:50–12:00</td>
<td>17:50–18:00</td>
<td>11:50–12:00</td>
<td>Closing remarks</td>
<td>Co-chairs/Secretariat</td>
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</table>

**End of Day 1**

**End of meeting**
Annex II

**TEAM Advisers**
1. Jennifer Coates – Co-Chair
2. Edward Frongillo – Co-Chair
3. Kaleab Baye – Member
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. Sara Wuehler – Member
11. Wenhua Zhao – Member (absent)

**Consultant**
1. David Hales (NIS Guide and TEAM Strategy)

**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
References

1 For further details on this initiative, see the report of the eleventh TEAM meeting and <https://datadent.org/landscaping-of-policy-and-program-actions-for-nutrition-in-south-asia/>.
4 The proposed technical notes would address: (1) haemoglobin assessment, current situation and gaps; (2) optimizing current haemoglobin assessment quality using current techniques; (3) new global standards and guidelines for haemoglobin assessment/new evidence; (4) factors driving anaemia; and 5) a critical analysis of the evidence.
6 More information about the course is available at <https://agora.unicef.org/course/info.php?id=34288>.
7 Research topic subgroups include: thresholds/flags; standardization exercises; random/systematic error; remeasurement; taking more than one measurement; validation event calendars; hair and clothing; and anthropometric equipment.
8 The topics included (1) short versus long dietary introduction; (2) misreporting on flavouring and mixed dishes, open-ended versus close-ended questions and liquids in the first two days; (3) understandings of terms and concepts (e.g., milk products, yogurt, sweetened or sweet beverages and sweet potatoes); (4) social desirability bias (related to exclusive breastfeeding, soda, and meat consumption); and (5) understanding of nutrition interventions (e.g., growth monitoring, counselling, etc.).