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

Meeting report
20–21 September 2023

December 2023
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<td>BMI</td>
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<td>DataDENT</td>
<td>Data for decisions to expand nutrition</td>
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<td>DHIS2</td>
<td>District Health Information Software 2</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>Global Nutrition Monitoring Framework</td>
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<td>Gestational weight gain</td>
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<td>ICN</td>
<td>International Congress on Nutrition</td>
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<td>JME</td>
<td>Joint Malnutrition Estimates</td>
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<td>MDD-W</td>
<td>Minimum Dietary Diversity for Women</td>
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<td>MIYCN</td>
<td>Maternal, infant and young child nutrition</td>
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<td>NCD</td>
<td>Noncommunicable disease</td>
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<td>SAC</td>
<td>School-aged children</td>
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Background

In 2015, the World Health Organization (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 fifteenth TEAM meeting, held virtually, from 20-21 September 2023. The agenda and list of participants are included in Annexes I and II.

Summary of presentations and discussions

The fifteenth TEAM meeting was primarily dedicated to providing updates on progress of ongoing activities by TEAM working groups and to planning for new priorities and workplans. Objectives of the meeting were (1) to provide updates on the progress of ongoing activities by TEAM working groups and propose next steps with timelines; (2) to discuss and develop the TEAM workplan for the coming years; and (3) to review and adjust working groups, their structures and coordination mechanisms for better functioning in the future.

TEAM co-chairs Edward Frongillo and Jennifer Coates opened the meeting and welcomed new TEAM members. All TEAM members confirmed that they have no potential conflicts of interest.

Session 1: Updates from the Anaemia Working Group

Sara Wuehler provided an update on work related to the measurement of haemoglobin concentration to diagnose anaemia, particularly as it relates to large-scale surveys. The use of single drop capillary blood to estimate haemoglobin, while the norm for large-scale surveys, results in poor data quality. Research shows that use of venous blood is preferable to measure haemoglobin concentration, however, if countries are requested to switch from single-drop capillary to venous blood in large-scale surveys, there is a risk that they will cease the collection of anaemia data. See the fourteenth TEAM meeting report for more information on the history of this work.

The TEAM Working Group on Anaemia has developed two papers: (1) Current guidance on best practice for haemoglobin assessments in large-scale surveys, and (2) “Viewpoint paper” – Reconsidering the use of single-drop capillary blood for the measurement of haemoglobin concentration in population-level anaemia surveys: Emerging evidence and critical issues in haemoglobin measurement. The first paper is a brief (approximately six pages in length, with tables) and the ‘viewpoint paper’ expands upon the brief to further explain why using single-drop capillary blood for the measurement of haemoglobin concentration is problematic, including the risks and variability that occur when using single-drop capillary blood. While the two papers are close to completion, recently received comments still need to be addressed by the Working Group and TEAM, and drafts should also be shared with new TEAM members.

The findings of both papers will be presented at the Micronutrient Forum in October 2023, however, the draft papers themselves will not be shared in advance of the event.

Currently the two papers list the problems associated with using capillary blood and the random error
documented in research across different contexts. However, the papers do not include a recommendation to stop the use of capillary blood. Instead, each paper frames the use of venous blood as the best practice to measure haemoglobin concentration. WHO recently commissioned a systematic review on ‘accuracy and precision of data collection and analytical methods for haemoglobin assessment in populations’\(^1\) that may make more definitive recommendations on the continued use or cessation of capillary blood collection. It is expected that this systematic review will be completed and published by mid-2024.

The Anaemia Working Group requested guidance from TEAM advisers on whether to include a direct recommendation to cease the use of capillary blood to measure haemoglobin concentration or if it would be preferable to instead frame venous blood as the best practice, while not directly discouraging the use of capillary blood, and wait to make more concrete recommendations from the WHO systematic review. It was agreed to wait for until proof was confirmed through the systematic review.

Following completion of these two papers, the Working Group plans to support the WHO systematic review and a subsequent critical analysis of the review findings. In addition, work will be done to consider how to operationalize any WHO guidelines using current resources and how to address older anaemia data.

**Points of discussion:**

The Working Group has done a good job at ‘walking the line’ between noting venous blood as the best practice and making an outright recommendation to cease use of capillary blood. Advisers expressed concern with making a recommendation to stop the use of capillary blood, in part because it is unclear if a switch to venous blood is immediately feasible for most countries. If a recommendation is made to only use venous blood, this may imply that haemoglobin is only collected during micronutrient surveys, which may limit the number of countries able to collect these data. It is also unclear how feasible it is to collect venous blood, at scale, for all population groups (particularly infants and young children). In addition, countries have done a great deal to build their capacity to collect and interpret capillary blood, particularly pooled-capillary blood, and it is not yet clear if there has been sufficient exploration into the ways in which capillary blood data can be collected and analyzed to minimize known errors. There is a risk of countries disregarding all previously collected capillary blood data if these two papers frame these data as unreliable.

In addition to the WHO systematic review, reports are now available from Demographic and Health Surveys (DHS) conducted in Rwanda and the United Republic of Tanzania, which each collected capillary and venous blood at the same time, in the same populations, with the same equipment (the only time this has been done). From these studies, no significant differences were found in haemoglobin concentration between venous and single-drop capillary blood.

Early findings from research conducted by the Hemoglobin Measurement (HeMe) research group found that the random error detected when using capillary blood can reach 20 grams/litre or more, which is unacceptable. The results of this research present strong evidence against the use of capillary blood and will be presented at the Micronutrient Forum.

\(^1\) A call for authors for the ‘Developing a systematic review on accuracy and precision of data collection and analytical methods for haemoglobin assessment in populations’ was published in July 2023.
WHO presented on the different factors for adjusting haemoglobin (for altitude, residence and smoking) as well as thresholds to define anaemia based on haemoglobin concentrations and the public health severity at the population level at the 2022 International Conference on Nutrition (ICN). While this presentation referenced venous blood as the best practice, it did not include any recommendation to cease use of capillary blood.

TEAM advisers agreed that it is preferable for the two Working Group papers to frame venous blood as the best practice, and not directly discourage the use of capillary blood. This can be revisited once the WHO systematic review and results from the recent DHS analysis are available.

TEAM should also be prepared to advise on what can be done with the data that already exist and any new anaemia data collected using capillary blood. Further investigation is needed into how similar issues with data quality are addressed elsewhere in nutrition. It was suggested to form a small group to identify potential solutions to help mitigate or overcome issues with capillary blood data. This work overlaps with issues faced by the Working Group on Anthropometry Data Quality on older, ‘noisy’ anthropometry data, though some members felt the reasons for error are different, and thus do not allow similar considerations.

TEAM should also consider where measures of haemoglobin concentration fit within the nutrition data landscape and consider the best fit for each of two measurements (single-drop capillary and venous blood) and whether that may be different for women and children. Research has shown that the errors with single-drop capillary are greater in children, while the Sustainable Development Goal (SDG) indicator on anaemia is for women of reproductive age. Any future recommendations should consider the expected uses of the data and how much unreliability can be tolerated for a given use.

Session 2: Updates from Anthropometry Working Group

Sorrel Namaste presented a review of the Working Group workplan and an update on progress towards completion of planned technical briefs. In 2016, the Working Group published recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old, which have since helped to improve the quality of anthropometric data collection in population-based surveys. The development of these recommendations also made it clear that additional research was needed to further improve anthropometric data collection. The current aim of the TEAM Working Group on Anthropometry Data Quality is to develop a research agenda for anthropometric data collection, cleaning and reporting in population-based surveys.

The Working Group is developing technical briefs on nine identified research priorities. Three of the technical briefs have been completed and released: (1) Technological innovations for anthropometric measurement instruments, (2) Age collection methodology in population-based surveys to generate anthropometric Z-scores, and (3) Hair obstructions in height/length measurement and clothing and heavy jewelry obstructions in weight measurement. Each brief includes a problem statement and describes relevant research questions or a research agenda for

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the topic. These three briefs were disseminated during a webinar hosted by USAID Advancing Nutrition that presented both the 2023 Joint Malnutrition Estimates (JME) and the three briefs and overall research agenda of the Working Group. In October, additional work on the design on each of these three briefs will be done to improve their look and readability.

Three additional technical briefs will be finalized by November 2023 on (1) Anthropometric standardization exercises in population-based surveys, (2) Replicate length/height measurement techniques in population-based surveys and (3) Anthropometric remeasurement quality assurance procedures during data collection in population-based surveys. The final three technical briefs will be finalized by January 2024 on (1) Biological and statistical flagging of anthropometric Z-scores in population-based surveys, (2) Thresholds for anthropometric data quality indicators in population-based surveys and (3) Random and systematic error in anthropometric estimates in population-based surveys. A consultant will help support the development of the final three briefs.

Once all nine technical briefs are completed, appropriate dissemination channels need to be identified (e.g., at conferences and/or through other channels).

Each technical brief includes a call for interest with contact information through which readers can express interest in being part of research efforts. Several parties have reached out via the emails provided, and these expressions of interest are being documented by WHO and UNICEF. It still needs to be determined how to engage with these groups moving forward.

In addition, the workplan objectives of the Working Group include the development of a manuscript on the research agenda and prioritizing and mapping research questions. Currently, the Working Group is largely comprised of members with experience in implementation. Support may be needed from a consultant with an academic background to support the development of a manuscript.

**Points of discussion:**

The Data for Nutrition Community of Practice can help the Working Group produce webinars for dissemination of the briefs. In addition, it may be useful to incorporate teaching/education elements into the dissemination plan so that stakeholders are more aware of the relevance of the briefs.

If the ideal audience for the technical briefs is the nutrition research community, it may be advisable to organize a symposium for the American Society of Nutrition annual meeting. The briefs could also be presented to appeal more generally on improved quality of data collection, even outside of anthropometry. For example, the technical brief on age collection methodology is important for other, non-anthropometric indicators and as such it would be helpful to disseminate to a wider audience.

Potential consultants with relevant experience to support manuscript development were discussed. The TEAM Working Group on Anthropometry Data Quality will follow-up with the Secretariat on how to best obtain support for manuscript development.

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3 The three published technical briefs, and the overall research agenda, are available at: [https://data.unicef.org/resources/anthropometry-data-quality-research-priorities/](https://data.unicef.org/resources/anthropometry-data-quality-research-priorities/)
It is not feasible for TEAM to lead work on all research questions outlined in the technical briefs. The TEAM Working Group for Anthropometry Data Quality will first prioritize what work could be undertaken by WHO and UNICEF. However, others in the nutrition research community will be needed to support and undertake work on research questions. TEAM will need to determine the extent to which it remains engaged and supports these research efforts. Many of those who have expressed interest are currently at a junior level and would need additional support. However, this represents a good opportunity to build capacity within the nutrition research community. TEAM may also consider positioning these research questions to those who have existing resources to support this research.

Session 3: Updates from the Healthy Diets Monitoring Initiative

Jennifer Coates presented a brief history of the Healthy Diets Monitoring Initiative (HDMI) and an update on its workplan. See the fourteenth TEAM meeting report for information on the formation of the HDMI.

Historically there have been data constraints related to monitoring healthy diets, particularly with national-level dietary data. While currently available data allow for ‘snapshots’ of diet quality, they do not allow for investigation of trends over time. Lighter weight instruments are needed so that countries can more frequently monitor the healthiness of diets. There are initiatives underway to develop these new metrics/tools, however, there is a lack of consensus on which of these approaches is the best fit-for-purpose metric related to healthy diets and diet related policies.

Work within TEAM has led to an understanding of the steps needed to scale up global and national monitoring of healthy diets, including: (1) Evidence generation and consensus building on sub-constructs, methods, measures, and indicators best suited for a range of purposes, including global and national monitoring; (2) Support to countries to collect and use these measures and indicators in national data systems; and eventually (3) Support for the adoption of a small set of metrics into global commitment frameworks such as the SDGs.

In 2020, the initial TEAM Working Group on Diet Quality conducted a landscape assessment to understand how diet quality is defined, learn about existing initiatives on diet quality and identify improvements needed in the global monitoring of diet quality. In addition, the landscape assessment helped elucidate what role TEAM could play in this space. Results from the assessment made clear that there was a significant role for TEAM in helping to convene the various stakeholders working on diet quality and to improve coordination, communication and guidance for countries to clarify the utility of different diet quality metrics for different purposes. Following the landscape assessment, a technical consultation on measuring healthy diets was jointly convened by the TEAM Working Group on Diet Quality and the Food and Agriculture Organization of the United Nations (FAO), with support from USAID Advancing Nutrition, in May 2021. The consultation succeeded in generating dialogue on what stakeholders consider to be the strengths and weaknesses of different data sources and methods related to diet quality.

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It was acknowledged that healthy diet metrics were a priority for WHO, UNICEF and FAO. Rather than continue this work directly under the umbrella of TEAM, it was decided to create a structure to allow for all three agencies to participate as equal partners. As such, a new initiative was formed to lead these efforts in June 2022 – known as the HDMI. The HDMI commissioned a background paper on the suitability of existing healthy diets metrics, which served as the basis for the Bellagio Consensus Meeting held in November 2022.

Following the Bellagio meeting, a Call to Action was prepared and will be published imminently. The Call to Action will present the goal of the HDMI: To enable national and global decision makers and stakeholders to monitor and achieve healthy diets for people and the planet. The document will articulate the ways in which the HDMI plans to support and work towards this goal, including: raising awareness and advocating for greater attention to healthy diet monitoring; taking a leadership role in articulating the value proposition for global and national healthy diets monitoring; summarizing the current state of knowledge on healthy diets metrics and data collection tools for all stakeholders; supporting the strategic generation of new knowledge related to performance of data collection tools and dietary metrics; building consensus around which metrics and tools are best suited for which purposes; developing international guidance for healthy diets monitoring; activating co-creation and co-ownership among key stakeholders; and supporting uptake and use of the international guidance on healthy diets metrics by countries and as part of monitoring global commitments.

The HDMI is embarking on a two-year workplan to advance guidance for monitoring diets at national and global levels (2023–2025) and is in an advanced stage of discussions with the Bill & Melinda Gates Foundation for funding to support the workplan. The workplan includes four main workstreams:

1. Summarize and synthesize evidence of validity and cross context equivalence of dietary metrics against established criteria (for adult populations, children over 2 years of age and adolescents).

2. Conduct targeted secondary data analyses (using the FAO and WHO Global Individual Food consumption data Tool) to help ascertain the validity of healthy diets metrics by comparing them to dietary benchmarks, investigate questions related to cross context equivalence, document and understand discordance between metrics generated from different data sources (e.g., minimum dietary diversity for women [MDD-W] generated by the diet quality questionnaire compared to MDD-W generated through the DHS), and potentially assess metric modifications to improve validity.

3. Develop technical guidance. The first version of the technical guidance will be released in early 2024. This first version will not recommend one metric over another but rather set the stage for countries by underscoring the importance of routine dietary monitoring and highlighting the existing metrics. There will be both country consultations and a technical expert consultation to help distill the evidence into concrete recommendations, which will be folded into a second version of the guidance to be published in the fall of 2025.

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7 Healthy Diets Metrics: Technical expert meeting on harmonizing and mainstreaming measurement of healthy diets globally. Available at: https://www.who.int/publications/m/item/healthy-diets-metrics-technical-expert-meeting-on-harmonizing-and-mainstreaming-measurement-of-healthy-diets-globally
(4) Implement a comprehensive communication and dissemination strategy to support the other workplan activities.

The HDMI governance structure includes a Core Technical Group that meets biweekly (or more often as needed) and a Strategic Planning Group lead by the Nutrition Directors of WHO, UNICEF and FAO that helps set the initiative’s direction and seize strategic and funding opportunities. Financial support is currently provided by the Rockefeller Foundation (with potential future support from the Bill & Melinda Gates Foundation).

Several members of TEAM played a critical role in the initial TEAM Working Group on Diet Quality. When these efforts transitioned to the HDMI, it was decided not to transition the TEAM technical advisory group. However, it is still being determined how, and at what stage of the process, to draw in technical experts not currently part of the HDMI Core Technical Group. Those interested in contributing to the diet quality work were encouraged to reach out to the HDMI to express interest (a QR code was shared where anyone can register their interest and stay up-to-date on the work of HDMI outside of the TEAM meetings).

**Points of discussion:**

The role of TEAM in this initiative, and whether any of its work can remain under the TEAM workplan, given the key role that TEAM played in the initial efforts, was flagged. The Core Technical Group of the HDMI will consider and discuss this at a later date.

The Core Technical Group members will be primarily responsible for undertaking the work outlined in the four main HDMI workstreams. There is one member of the Core Technical Group that currently works full time on the HDMI workstream (with two more to start under the new Bill & Melinda Gates Foundation grant). Historically, the Core Technical Group members have donated their time on the HDMI in-kind. Moving into this new intensive two-year work phase, with incoming funding, both Jennifer Coates and Edward Frongillo will have some of their time covered. In-kind support is also provided by permanent technical staff at WHO, FAO and UNICEF, as well as communications departments of the different agencies.

While the main emphasis of the HDMI is on monitoring, the initiative is also interested in the relevance and suitability of different metrics for a range of purposes outside of monitoring, including evaluation and informing policy design. This broader perspective may also be reflected within the technical guidance to be developed.

**Session 4: Updates from Nutrition Information System Guidance Working Group**

Rebecca Heidkamp provided an overview of the TEAM Working Group on Nutrition Information System (NIS) Guidance for new TEAM members and an update of progress achieved since the last TEAM meeting. There is a Core Working Group that meets monthly as well as an Expanded Working Group. Two Expanded Working Group members have recently left TEAM, so there will need to be discussions on whether and how new Working Group members are added.

The TEAM Working Group on NIS Guidance workplan has three main outputs related to national nutrition information systems (NNIS): (1) an NNIS Fundamentals Series, (2) an NNIS E-Course and (3) NNIS Technical Notes. Discussions during the previous TEAM meeting in March 2023 focused on potential dissemination platforms for these outputs, finding out whether the content within them is
meeting needs within the nutrition community and a broader need to develop a core indicator list that can be used by countries to help inform NNIS development and improvement.

The Fundamentals Series provides an overview of the NNIS rationale and development principles and consists of five modules, each outlining a core concept of an NNIS. The NNIS E-Course, produced with the Global Nutrition Cluster, covers the information in the Fundamental in four modules: (i) an introduction to NNIS; (ii) enhancing the effectiveness and usefulness of an NNIS; (iii) NNIS data; and (iv) the NNIS data value chain. Both the Fundamentals Series and the E-Course are completed and are available on both WHO and UNICEF websites.

The technical notes are designed to help stakeholders understand and address critical issues relevant to the design and operation of a NNIS. The technical notes are brief, easy-to-understand documents that aim to supplement the Fundamentals Series. Seventeen technical notes were originally proposed. To date, five technical notes have been completed: (1) Assessing a National Nutrition Information System, (2) Nutrition Data Value Chain, (3) Designing Effective Data Visualizations, (4) The Power of Nutrition Dashboards, Scorecards and Profiles and (5) Costing a National Nutrition Information System. These notes are available currently through the UNICEF website only (an ISBN is pending for WHO). A range of authors have contributed to the development of these notes including consultants, the DataDENT project and WHO and UNICEF staff. Additional experts and groups will be engaged on the additional technical notes being developed.

The Working Group plans to finalize three additional technical notes within the 2023 calendar year, with the remaining in progress technical notes to be finalized within this workplan cycle. There is a process in place for an NIS Guidance Working Group member and an external reviewer to review the draft technical notes. Replacing the two Working Group members that recently left TEAM would expand the group available to contribute to these reviews.

The NIS Guidance Working Group is also prioritizing gathering feedback on the finalized outputs to help inform those still in development and is looking for support in identifying ways to gather feedback from its active user base (i.e., those currently using or wanting to use these products). A UNICEF consultant working on a District Health Information Software 2 (DHIS2) guide has been developing ideas for further dissemination of these materials. It was noted that developing a scope of work for a consultant to help gather more focused feedback may help this process.

**Points of discussion:**

To gather feedback on the outputs, it was suggested that registrants of the E-Course be requested to provide feedback on the course using an automated follow-up email.

To date, the Working Group outputs have been made available on the WHO and UNICEF websites and shared via email to reach country offices and external partners on relevant listservs. Additionally, the outputs were disseminated at the 2022 annual meeting for a joint WHO and UNICEF project on strengthening NNIS in Zambia. There are also plans to present these outputs in the next annual meeting.

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8 Available at: [https://data.unicef.org/resources/nutrition-nnis-guides/](https://data.unicef.org/resources/nutrition-nnis-guides/)

9 UNICEF and WHO, with financial support from the European Commission, are implementing a project to improve nutrition information systems and country capacity for the monitoring programmes and nutrition targets in five countries: Cote d’Ivoire, Ethiopia, Lao People’s Democratic Republic, Uganda and Zambia for a period of four years (April 2020 – March 2024).
October 2023 in the Lao People’s Democratic Republic. Within UNICEF there is a planned internal webinar on NIS in October or November 2023 that will cover a lot of this work. It was suggested that during this webinar, countries in the process of (or planning to) update their NIS reach out to UNICEF. These identified countries could then be supported by TEAM.

There have also been discussions on whether and how these outputs could be disseminated through WHO and UNICEF regional offices (who can share them with relevant country offices), webinars at the global or regional levels or at international events such as the ICN or other relevant conferences. The National Information Platform for Nutrition (NIPN) was also identified as an opportunity to disseminate Working Group outputs.

Overall, there is a need across all TEAM Working Groups to generate interest in TEAM outputs in an opportune and timely way. Targeting dissemination to countries in the process of working on their NIS, for example, may have a stronger impact than a broad dissemination. Similarly, it may be advantageous to develop a support structure that countries or partners can reach out to gather information on NIS when it is relevant for them.

**Session 5: Updates from Nutrition Intervention Coverage Measurement Working Group**

Rebecca Heidkamp presented an overview of discussions on nutrition intervention coverage during the fourteenth TEAM meeting in March 2023 for the new TEAM members. It was agreed in March 2023 that intervention coverage is a TEAM priority. The TEAM Working Group on Nutrition Intervention Coverage Measurement was created by merging other intervention-specific working groups (e.g., on iron and folic acid and maternal, infant and young child nutrition counselling). New TEAM members could help populate this ‘new’ Working Group, and it was discussed whether members external to TEAM would be invited to join. Potential priority areas for this new Working Group were also discussed, including adolescent and school-aged children, quality of care and effective coverage, and community-level administrative data to understand programme reach. Additional priority areas included contributing to pending issues on indicators in the Global Nutrition Monitoring Framework (GNMF) and developing a cross-cutting issues paper. See the fourteenth TEAM meeting report for more detail on the history of this Working Group and discussions form March 2023.

Progress to date has been slow in this new Working Group because the new TEAM members have not yet been finalized. The Secretariat and TEAM co-chairs have met, however, to discuss options for the Working Group. It was agreed that the Working Group would develop a paper exploring key nutrition coverage measurement issues. A Lancet Commission report related to the coverage and the reach of services is currently being planned and could contribute to this work. The organizers of this Lancet Commission report have reached out to TEAM and expressed that they would like nutrition to be incorporated in the review.

The Working Group will also work on affirming the importance of effective coverage and quality of care. There is a larger effort within WHO looking at effective coverage and quality of care across the health sector. There has also been work at UNICEF focusing on wasting coverage indicators. The real underlying challenge here is defining what constitutes a quality nutrition service. It is unclear whether it is TEAM’s role to develop such definitions (which may require input from outside of TEAM), or if once a definition of quality service exists, TEAM should contribute primarily to guidance on how this is measured.
There is also a near-term need to review the proposed 2030 global nutrition targets and their process indicators. See ‘Session 6: Global targets and indicators 2025–2030’ below.

In order for the Working Group to move forward, membership needs to be defined. Depending on workplan priorities, it would also need to be determined if an Expanded Group would be needed for specific themes or for the entire coverage topic.

**Points of discussion:**

Advisers discussed whether the group will only consider assessing coverage of interventions with known efficacy or effectiveness, or any intervention that countries are implementing and prioritizing. It was also recommended that the Working Group consider not only defining coverage indicators but also how well the indicators perform and how they can be reliably collected (i.e., cognitive validity). The Helen Keller Initiative, the Diet Quality Initiative and the DHS Program are developing a supplement on cognitive validity of nutrition data. However, historically this has been a neglected area of research and more work is needed. DataDENT is also working on cognitive validity of maternal micronutrients and potentially on nutrition-sensitive social protection.

While the scope of the TEAM Working Group on Nutrition Intervention Coverage Measurement has not yet been established, further discussions on scope and workplans will be held once the Working Group members are identified.

It should also be determined how this Working Group’s efforts to better understand how countries are monitoring who is being reached in their programmes overlaps with the DHIS2 guidance. Currently, the DHIS2 indicators are mainly pegged at health contact coverage of interventions. However, more work on this will be needed in the future (i.e., pilot testing) to understand if some of the indicators proposed in the guidance are valid for broader recommendation.

**Session 6: Global targets and indicators 2025–2030**

Chika Hayashi, Richard Kumapley and Elaine Borghi presented an update on efforts to extend the six 2025 global nutrition targets to 2030. The 2025 global nutrition targets were endorsed by the World Health Assembly (WHA) in 2012 as part of the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (MIYCN). The 2025 global nutrition targets were included in the SDG framework under Target 2.2, to end all forms of malnutrition, creating a misalignment between timelines for the MIYCN plan and the 2030 SDGs. In 2017, WHO and UNICEF conducted an analysis on the effect of extending the timeline for the six global nutrition targets and proposed 2030 targets based on the results. A discussion paper on the proposed 2030 global nutrition targets was developed by WHO and UNICEF and included on the agenda of the 2018 WHA Executive Board Meeting. To date, the WHA Executive Board Member States have only noted the discussion paper and the proposed 2030 targets. A new initiative is currently ongoing within WHO to generate interest on the part of the WHA for more formal endorsement of the proposed 2030 targets through the WHA Executive Board. In order to get a formal endorsement, it may be necessary to conduct consultations with Member States and/or consultations with UN Nutrition.

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10 WHO/UNICEF discussion paper: The extension of the 2025 maternal, infant and young child nutrition targets to 2030. Available at: https://data.unicef.org/resources/who-unicef-discussion-paper-nutrition-targets/
11 UN Nutrition is a United Nations inter-agency coordination mechanism for nutrition, founded in 2020 by its five constituent members: FAO,
To generate interest from Member States, WHO is developing a new discussion paper as part of its regular reporting to WHA that reinforces the rationale and evidence for the proposed 2030 global nutrition targets and will propose associated process indicators for the six proposed targets. This discussion paper will be presented at the WHA in May 2024. The timeline to finalize the new WHO discussion paper and proposed process indicators is short. However, there may be room for TEAM Working Groups to contribute their inputs to the document.

On a related subject, in 2017, TEAM published a methodology\(^\text{12}\) for tracking progress towards the 2025 global nutrition targets. This technical report may be revised to reflect experiences in its application to date, particularly for countries with very low prevalence estimates. It may also include a proposed methodology for monitoring the nutrition targets towards 2030.

**Points of discussion**

The GNMF, for the six 2025 global nutrition targets, includes intermediate and process indicators. The new process indicators that WHO is considering are similar to what is already in the GNMF and any proposed changes to the existing process indicators would reflect the current data landscape (i.e., what data is available).

Discussions to include MDD-W as an official SDG indicator are ongoing. UNICEF would prefer to propose both MDD-W and MDD (for infant and young child feeding). However, the timeline for SDG indicator review is short. The nutrition community would need to agree to propose an MDD indicator and prepare supporting documentation on the data landscape by early 2024. Next year will be key to move this forward.

As the SDGs will end in 2030, the next few years will be critical for discussing and identifying goals for the next phase of global targets related to nutrition.

**Session 7: Updates on the Gestational Weight Gain Standards Project**

Giovanna Gatica-Dominguez presented an update the Gestational Weight Gain (GWG) Standards Project. The GWG Standards Project aims to develop global GWG standards and accompanied GWG optimal ranges that can be used as tools for dynamic monitoring in antenatal care in diverse settings.\(^\text{13}\)

See the fourteenth TEAM meeting report for the rational for, and the development of, the Technical Working Group on GWG.

There has been significant progress towards the 2023 GWG Standards Project objectives: An independent Technical Advisory Group on GWG (TAG-GWG)\(^\text{14}\) with 16 members was established in May 2023; a document defining the eligibility criteria for inclusion of studies into a pooled dataset to create GWG charts has been prepared and reviewed by TAG-GWG members and will be finalized in the coming

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\(^\text{13}\) For more information on the GWG Standards Project, see: [https://www.who.int/teams/nutrition-and-food-safety/development-of-global-gestational-weight-gain-standards](https://www.who.int/teams/nutrition-and-food-safety/development-of-global-gestational-weight-gain-standards)

\(^\text{14}\) For more information on the TAG-GWG, see: [https://www.who.int/groups/technical-advisory-group-on-gestational-weight-gain-(tag-gwg)](https://www.who.int/groups/technical-advisory-group-on-gestational-weight-gain-(tag-gwg))
months; work on developing data acquisition strategies and methods for data harmonization is ongoing within Technical Working Group 2; work on defining individual eligibility criteria to form the underlying reference sample is ongoing with Technical Working Group 1 and will be completed in December 2023; work to identify and harmonize eligible international datasets is ongoing and will be completed in December 2023; and work will begin soon on the development of a protocol on the selection of the methodology for the construction of the global GWG standards, with expected completion by the end of 2023.

The first TAG-GWG meeting was held virtually on June 20-22, 2023. Nearly all TAG-GWG members participated in the meeting (94 per cent participation on Day 1 and 88 per cent participation on Day 2) and two members of the TEAM Secretariat joined as observers. Key discussion outcomes included: the approach to develop standards will be as prescriptive as possible, a literature review will be conducted to help define healthy outcomes, additional stratifications – aside from pre-pregnancy body mass index (BMI) – will be considered based on evidence and a sensitivity analysis will inform final recommendations, and the criteria to decide homogeneity/heterogeneity of the pooled datasets will be clearly specified in the protocol.

In advance of the meeting, the proposed eligibility criteria for inclusion of studies into a pooled dataset was shared with TAG members for their feedback. Key discussion topics on the study-level eligibility criteria during the meeting included: self-reported pregnancy weight and height, gestation age estimates, consideration of fewer than three measurements, consideration of studies that lack weight measurement in the first trimester, reasonable sample sizes for a study to be considered eligible for inclusion, and if additional mandatory variables such as hypertensive disorders of pregnancy, gestational diabetes, stillbirth, neonatal death, and unplanned caesarean delivery should be included.

During the meeting it was proposed to establish three working groups:

- Working Group 1: Individual-level eligibility criteria
- Working group 2: Identification and harmonization of databases
- Working group 3: Methods for the construction of the GWG standards

The working groups would be composed of volunteers. The chair, co-chair and working group leaders will be nominated by the GWG Steering Committee.

A meeting report was prepared and will be finalized following receipt of TAG-GWG member review and feedback.

Based on discussions in the first TAG-GWG meeting, the GWG Steering Committee finalized the study-level eligibility criteria and started discussions on the individual-level eligibility criteria that will be determined by Working Group 1. In addition, the GWG Steering Committee discussed documentation and steps required to launch the first global call for data on GWG at the end of July 2023 and potential conflicts of interest and publications from colleagues from the partner working group. For each of the three working groups the GWG Steering Committee defined their objectives and workplan:

<table>
<thead>
<tr>
<th>Working Group</th>
<th>Size</th>
<th>Objective(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1: Individual-level eligibility criteria</td>
<td>Nine members</td>
<td>Propose individual-level eligibility criteria to be considered in the development of the GWG standards.</td>
</tr>
</tbody>
</table>
Working Group 1 held their first meeting on 4 September 2023 and Working Group 2 held their first meeting on 21 September 2023. The first meeting of Working Group 3 will take place during the third week of October. Each group will meet monthly through the end of 2023. These meetings are supported by members of the TAG-GWG, the WHO Secretariat and extended members of the Steering Committee.

The first global call for data on GWG\textsuperscript{15} was launched on 28 July 2023 and disseminated amongst the TAG-GWG, the GWG Steering Committee, WHO Regional Nutrition Advisers and WHO Representatives. It was requested that TEAM members share the call for data within their networks. A concept note, data sharing instructions, a data sharing agreement and the most recent version of the study-level criteria\textsuperscript{16} were shared as part of the call for data. Principal investigators interested in submitting data are required to first complete an online form\textsuperscript{17} to facilitate assessment of study eligibility. The original deadline for the call for data was in September, but the deadline was extended to 1 December 2023. As of the TEAM meeting, a total of 52 studies had been submitted via the online form. The eligibility of these studies will be discussed within the Core Working Group.

Upcoming meetings for the GWG Standards Project include a second TAG-GWG meeting (held virtually) on 6–7 December, an in-person GWG Steering Committee meeting in Brazil in November 2023 and a third TAG-GWG meeting (in person) in Geneva in March 2024. The Data Governance Working Group will continue meeting once a week moving forward.

**Points of discussion:**

Ongoing challenges to meet the remaining objectives of the GWG Standards Project include gathering more study submissions from the global call for data, confirming their eligibility, ensuring the studies include all mandatory variables and meeting the project deadlines. The Project has a list of approximately 100 studies that may be eligible for consideration. However, many of these studies must still be requested, submitted and reviewed to determine their eligibility.

A literature review is ongoing to help identify the determinants and outcomes of GWG starting from the IOM conceptual framework to develop the eligibility criteria at the individual level for determining a sample as prescriptive (rather than descriptive) as data and evidence allows.

\textsuperscript{15} The call for data can be found here: \url{https://www.who.int/news-room/articles-detail/first-global-call-for-data-on-gestational-weight_gain}

\textsuperscript{16} The study-level eligibility criteria will be finalized after receipt of feedback from the TAG-GWG.

\textsuperscript{17} Available at: \url{https://forms.office.com/e/tFd1VEhFFp}
Session 8: Finalize (new) priorities for TEAM

Edward Frongillo led a discussion on potential new TEAM priorities for the coming years. To help guide the discussion, the outcomes of a previous session on new priorities from the fourteenth TEAM meeting were summarized. This discussion was structured around three questions: (1) what does the world need to know about nutrition? (2) where can and should TEAM contribute to these efforts? and (3) how should TEAM decide what to prioritize?

On the first question, information the world should track on nutrition, a wide range of issues were previously raised, including:

- How nutrition data are used in countries, current levels of data literacy and how to gather more feedback from end users
- Tapping technological innovation in measurement
- Better and more information on the quality of data
- The need for a population-based nutrition survey platform within countries (for national health and nutrition surveys)

On the second question on where TEAM should contribute, several ideas were put forward in March:

- Frame the TEAM agenda in terms of post-2030 SDGs
- Integrate the Essential Nutrition Actions with monitoring
- Incorporate monitoring of the determinants of nutrition (context monitoring and intervention mapping and causal analysis work from the UNICEF Conceptual Framework on the Determinants of Maternal and Child Nutrition)
- A call to action for integrating survey and administrative data
- Attempt to strengthen the tie between human capital and nutrition (World Bank Human Capital Index)
- Poll the nutrition community on which SDGs are still important/the most important moving forward
- Track drivers, interventions, policies and actions within countries
- WHO/UNICEF National Nutrition Survey (NNS) module and template
- Support landscaping on the bigger or newer topics that TEAM should consider as priorities, e.g., noncommunicable diseases (NCDs), school age children (SAC) and adolescent nutrition
- The link between nutrition choices and climate
- Pull together an overview of national and global nutrition monitoring needs so TEAM has a foundational reference document

On the third question, how should TEAM prioritize its efforts, the discussions in March focused on:

- Separating topic areas into ‘small’ versus ‘big’ investments. Examples of ‘big investments’ included anaemia and the etiology of anaemia as well as adolescent nutrition
- Determine what can be tackled by existing TEAM Working Groups (for example the NIS Working Group could include in its mandate quality assessments and triangulation of different data
WHO, UNICEF and the DHS Programme could make progress on NNS modules, indicators and targets, and TEAM could contribute and support

For NIS, TEAM could help improve the use of facility data at the country level

For ‘new’ topics, landscape assessments may be needed to determine needs and a potential role for TEAM

One key need identified is NCDs

Conversations at TEAM meetings and amongst TEAM Members and the Secretariat to date have identified three key potential areas for TEAM to focus on:

1. NCDs: what, beyond healthy diets monitoring, does the world need to know about the role of nutrition in NCDs?
2. NNS guidance: what data do countries need?
3. SAC and adolescent nutrition: considering the work already being undertaken by WHO and UNICEF, what could a TEAM Working Group focus on these age groups contribute?

TEAM needs to coalesce on where to focus their efforts and determine what new TEAM Working Groups may be needed or how TEAM Working Groups may need to be restructured to accommodate agreed new priorities.

Points of discussion:

Advisers emphasized the critical importance of TEAM’s work on NNS guidance. USAID has been supporting nine countries in East Africa on nutrition data collection. This work highlighted the importance of cooperating with countries on the collection of data and interpretation of results and identified a need for guidance on how to combine different data collection platforms. Some platforms collect dietary and nutrient intake data while others collect anthropometric or biomarker data. Countries also often request to include additional indicators into planned DHS; however, the DHS, like all surveys, has limited survey space and can accommodate additional indicators only with careful consideration to avoid respondent burden. There is an urgent need to provide countries with guidance on which indicators to collect, at what frequency and through which platforms. NNS guidance would help capacitate countries to regularly generate nutrition data. Efforts to increase the availability and quality of data related to the other topic areas of interest – such as adolescent nutrition and NCDs – will to some degree depend on the success of efforts to improve NNS.

Governments are often keen to invest in administrative data in addition to repeated surveys. However, there are often discrepancies between routine monitoring data and population-level survey data and there is no guidance available on how to interpret and address variations between data sources. Discussions on the NNS guidance to date have noted the potential to include guidance on administrative and surveillance data (indicators, frequency, etc.). Further investigation into this topic, and how it might be captured in the NNS guidance, could fit within the mandate of the NIS Working Group.

A recent global review on micronutrient deficiency identified a critical gap in the availability of

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18 Available at: https://pubmed.ncbi.nlm.nih.gov/36240826/#full-view-affiliation-4
population-based micronutrient deficiency data. Biomarker data is either infrequently collected or not collected at all at the country level. TEAM could bring attention to this gap and support efforts to increase relevant data collection.

For NCDs and SAC and adolescent nutrition, it is important to understand both the current data landscape and the actors and initiatives already engaged on these topics so that TEAM does not duplicate existing efforts.

Aside from STEP Surveys, there is limited awareness on existing efforts related to the data and monitoring of NCDs. Greater clarity is also needed on what data is useful for decision-making related to NCDs, beyond the healthiness of diets and BMI. It is not yet clear if other data, such as blood glucose or blood lipids, should be prioritized to help policymakers better understand nutrition’s contribution to NCDs. There is an ongoing effort within the United States, that TEAM members are involved in, to identify a recommended package of data related to nutrition and NCDs, but this remains an outstanding issue.

For SAC and adolescent nutrition, there are existing efforts, such as Biomarkers of Nutrition for Development-Knowledge Indicating Dietary Sufficiency (BOND-KIDS),\(^\text{19}\) to understand relevant data and metrics. Both UNICEF and WHO are also involved in work related to metrics for these age groups. For example, UNICEF has a TAG working on SAC and adolescent metrics with an objective to develop a global monitoring framework on SAC and adolescent nutrition. WHO plans to revisit the anthropometric reference data for SAC and adolescents, however, funding and resource challenges have delayed this work. Funding opportunities for this endeavour may be limited as major donors have shifted their focus to maternal and newborn nutrition. WHO may organize a meeting with key stakeholders to move this work forward and identify funding support. There may not be sufficient funds to host such a meeting in-person, however previous TEAM meetings have shown that virtual meetings can still be successful in fostering dialogue.

The topic of SAC and adolescent nutrition has existed under the TEAM agenda for some time, within the Miscellaneous Working Group. However, there has not been an active Working Group focused on these population groups. Ideally, TEAM could identify specific areas related to NCDs and SAC and adolescent nutrition to contribute to and create a dedicated working group to develop a workplan and identify funding sources.

Funding through USAID may be available to support some of these new efforts. USAID currently supports WHO on specific, short-term projects related to anaemia. TEAM, through WHO, could approach the Nutrition Division of USAID with a specific funding request for the future. This would need to be planned quickly, as funding approvals happen a year or more in advance.

**Session 9: TEAM workplan and working groups**

Jennifer Coates presented the current TEAM working group structure and membership and led a discussion to identify gaps or issues within the current structure and how to address these moving forward.

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\(^{19}\) The BOND-KIDS project aims to understand and harmonize biomarkers to assess nutrient exposure, status, function, and effect with a focus on SAC. More information can be found at: [https://www.nichd.nih.gov/research/supported/BOND-KIDS](https://www.nichd.nih.gov/research/supported/BOND-KIDS)
There are currently TEAM Working Groups on: (1) Haemoglobin/Anaemia estimates; (2) Anthropometry data quality; (3) Guidance for NIS; (4) Nutrition intervention coverage measurements; and (5) Miscellaneous topic areas, including the JME, the HDMI, GWG, infant and young child feeding database, growth monitoring and promotion (GMP) and extension of the global nutrition targets to 2030. For each of these current working groups the current leads, TEAM members and external members were reviewed.

Potential new working groups could be formed around the suggested new TEAM priorities: (1) Guidance for NNS; (2) NCDs; and (3) SAC and adolescent nutrition.

Points of discussion:

The TEAM Working Group on Nutrition Intervention Coverage Measurement was newly created by merging several previous intervention-specific working groups and has recently lost key members. This Working Group is well placed to take on the issue of quality of care and what this means for effective coverage and coverage outside of the health sector. Additional members, as well as a chair, are needed to populate the Working Group.

The TEAM Working Group on Haemoglobin/Anaemia is well staffed and includes four external members. Once the two documents the Working Group is developing (see Session 1) are completed, there may be a reprieve while waiting for the WHO systematic review to be completed. Discussions on what can be taken on during that time, and after the launch of the documents, are needed. The possibility of including a statistician or modeler (possibly someone external to TEAM) in the Working Group to focus on possible methods for correcting discrepancies between capillary and venous blood estimates was discussed. There are some suggestions on potential members from academia who could support these efforts. Edward Frongillo may also be able to contribute to developing research questions on this. Discussions on who may be best suited to contribute to these efforts will be continued.

Membership within the TEAM Working Group on Anthropometry Data Quality is strong. However, most members primarily have backgrounds in implementation. If additional members were to join, it would be helpful if they had a strong research background to supplement the existing expertise.

The TEAM Working Group on NIS Guidance has strong membership that includes a consultant, David Hales, who has played a major role in developing the Working Group outputs. The technical notes developed by the Working Group are time intensive, and a key challenge in finalizing these outputs is the time limitations of the members. If the Working Group pauses the production of new technical notes and focuses for a time on seeking feedback on current technical notes, it may allow for broader engagement with TEAM on these outputs. If the Working Group takes on some of the new priorities discussed, it may be advantageous to invite new, external members based on needs identified in an updated workplan.

The potential role of TEAM on NCDs is still uncertain. Therefore, a landscape assessment, including a literature review as well as potentially key informant interviews with stakeholders, is needed to better understand whether there is a specific role for TEAM, and how and whether TEAM should move forward with new group development. Work on NCDs – if a specific Working Group is formed – should also consider the role of the food environment.

It was proposed that rather than creating a specific Working Group on the NNS Guidance, this work can be folded into the Working Group on NIS Guidance. Advisers agreed that this work should initially be
included under the mandate of the TEAM Working Group on NIS, at least within the first workplan cycle. This work may be separated out into its own Working Group later as needed.

Regarding SAC and adolescent nutrition, the UNICEF TAG is taking a broad approach to the topic area but will likely require support on specific areas. When the UNICEF TAG convenes next, there may be better clarity on the areas where TEAM could support these efforts. A brainstorming meeting was suggested to identify potential areas for TEAM contributions, discuss whether a separate Working Group should be created, and ensure that any potential work serves the priorities of UNICEF and WHO.

The topics under Miscellaneous are primarily efforts undertaken by UNICEF and/or WHO, for which progress updates are reported to TEAM. A dedicated TEAM Working Group on topics in this group, such as the extension of the global nutrition targets to 2030, may not be needed. TEAM members engaged in these activities, however, will continue providing updates to the broader TEAM group, with updates not limited to the biannual meetings.

While there may not be a specific TEAM Working Group on GMP, TEAM members are very much involved in efforts related to GMP. For example, some TEAM advisers are engaged in a review of the epidemiologic basis for, and implementation challenges with, GMP in India and Ethiopia, the first phase of which will end in May 2024. In parallel, USAID Advancing Nutrition has held a series of consultations and produced white papers and reports on various aspects of GMP. A technical consultation will be held in spring 2024 on the development of guidance related to GMP. Following this consultation, it can be evaluated whether there is a role for TEAM on this topic moving forward.

The Secretariat will follow up with TEAM members to solicit volunteers, Chairs and Co-chairs for each Working Group.

**Session 10: TEAM Governance**

Chika Hayashi and Kuntal Saha presented the governance structure of TEAM, the roles and responsibilities of its members and next steps for work planning.

Following the TEAM meeting in March 2023, the Secretariat reached out to all members to discuss their experience with TEAM to date and expectations and plans for the coming years. Feedback from members included a need for greater support from the Secretariat, suggestions to improve operational processes and recommendations for new TEAM members/advisers. A meeting was also held with the current TEAM Co-chairs (Edward Frongillo and Jennifer Coates), who agreed to continue in their roles until an election could be held at the next in-person TEAM meeting (in March 2024).

Three advisers have already stepped down from their roles within TEAM, and three more will step down at the end of 2023. In order to fill the three existing and three upcoming vacancies, a call for experts was circulated in June through the WHO Nutrition listserv. A total of 83 applications were received from which three new TEAM members were selected for two-year appointments: Jef Leroy of International Food Policy Research Institute (IFPRI), Erin Milner of USAID and Zhenyu Yang of the Chinese Centers for Disease Control and Prevention (CDC). Three additional TEAM members still need to be identified. All six new members will be invited to join the sixteenth TEAM meeting in March 2024 in Geneva.

The role of TEAM members is to advise UNICEF and WHO on how to improve the quality of nutrition monitoring at all levels. Further, as outlined in the TEAM members Terms of Reference, all members must respect impartiality and independence as required by WHO and UNICEF; not seek or accept
instructions from any Government or from any authority external to WHO or UNICEF; be free of any real, potential or apparent conflicts of interest and complete a WHO declaration of interest form; and agree to WHO’s conflict of interest assessment process, which requires the names and brief biographies of TEAM members be made available on the WHO website for public notice and comment.

TEAM membership is for two years and is subject to review prior to renewal. At the end of their two-year term, the Secretariat follow-ups with each adviser to determine their continuation status. Co-chairs also serve two-year terms and are subject to periodic review by the Secretariat. At the end of their two-year term, the Secretariat arranges a new co-chair election. Each TEAM adviser is expected to join at least two working groups and lead or co-lead a minimum of one Working Group. External experts can be added to working groups, subject to Secretariat approval. In total, TEAM members are expected to commit approximately 10 working days, working group leads are expected to commit 15 days and co-chairs 20 days per year.

WHO and UNICEF serve as the TEAM Secretariat, with Kuntal Saha and Chika Hayashi as the focal points for TEAM operations. Other UNICEF and WHO staff serve as extended members of the Secretariat and support the working groups. The roles of the TEAM Co-chairs include both chairing TEAM meetings and liaising with the Secretariat through monthly meetings to coordinate, plan and strategize. Currently, TEAM Co-chairs are not required to review or approve the products of working groups prior to finalization or dissemination. However, the roles of the co-chairs can be revisited as need if working groups request additional inputs or clearance of TEAM outputs.

TEAM advisers independently advise UNICEF and WHO. UN staff cannot be advisers, however, they have expertise that can be shared and can help shape TEAM products to ensure that they are responding to organizational priorities and country needs, facilitate the exchange of information with various initiatives and activities and partner with Working Group leads to accomplish their objectives.

The TEAM website is hosted by WHO. However, the WHO website recently migrated platforms and any Google search for TEAM will bring up both the new TEAM website link as well as a link to the older website that is no longer updated. WHO is working to fix this issue and the old links should soon be removed.

Each Working Group was requested to clearly define their objectives, workplan, timeline and budget from now through December 2024, and potentially a more general plan through 2025 if any objectives are anticipated to extend beyond 2024. These workplans should be developed by the end of 2023. For the new working groups, this may require additional discussions to clearly define objectives and workplans for new topic areas.

As part of the work planning process, working groups must identify the lead or co-leads and Working Group members (including external members). It is not required that a Working Group include Secretariat staff members from both UNICEF and WHO as part of the Working Group (this should be determined based on Working Group needs). The identified leads of each Working Group should meet with UNICEF and/or WHO staff within the Working Group to discuss overall needs and the desired roles from the extended Secretariat (e.g., organizing meetings, helping with contracts and budget, technical input or engaging with countries). The final workplan should include explicit articulation of the support expected from the extended Secretariat to accomplish each objective. This will help the Secretariat members determine how they will organize themselves to best provide, and be accountable for, this support.
A series of examples were presented on how these detailed workplans may look for each Working Group. A sample workplan template will be circulated to help facilitate the work planning process.

For dissemination of TEAM products, the TEAM website remains the main platform. TEAM has organized side events at international events such as Nutrition for Growth and ICN in Tokyo in 2022. However, there may need to be more strategic vision for increasing TEAMs visibility. It was requested the working groups develop a dissemination plan for their specific outputs with the UNICEF and WHO staff in the group. This information can then be included in a master dissemination for TEAM products.

TEAM meets twice per year (in the spring and fall), with one virtual and one in-person meeting.

**Points of discussion:**

In advance of workplan development, the Secretariat will distribute the final agreed list of working groups and request each TEAM adviser to indicate which working groups they would like to participate in as a member or lead/co-lead. This process will be completed by the end of September. Members are encouraged to sign up for working groups they are interested in now, noting that depending on their workload and preferences in the future, membership can change at a later date.

Potential dates for the in-person TEAM meeting in March 2024 will also be circulated to gauge availability and finalize meeting dates.

The three new additional members that will replace Omar Dary, Rafael Flores-Ayala and Wenhua Zhao will be selected from the existing pool of applications. These selections will take place at a later date so that they can be informed by the upcoming Working Group planning process. While the application for TEAM advisers is now closed, there is still room to ask relevant colleagues to join working groups as external members. Inviting external members is also helpful to identify potential full TEAM advisers in the future.

All the presentations from this meeting, the list of working groups and their existing members, as well as a meeting report will be shared with TEAM members.

An adviser noted that it may be helpful for TEAM to consider a group within TEAM that is focused on operationalization. Most TEAM members currently sit within organizations or in roles that are not actively implementing on the ground. This additional level or expertise may be advantageous for future TEAM efforts.

Budget needs for each Working Group (e.g., for a consultant to help complete current workplans) should be communicated to the Secretariat by the end of September. This will determine if and how working groups can be supported by outside consultants to complete their objectives.

It was discussed whether overlaps between work within a TEAM Working Group and work conducted by a TEAM adviser at their outside organization would constitute a conflict of interest or bias. Often, the research or other work undertaking by TEAM members outside of TEAM contributes directly to TEAM discussion and outputs. There is an advantage when members can bring their expertise and experience to TEAM activities. However, it is important to be transparent about these overlaps. If any potential issues arise regarding conflicts of interest, these should be brought to TEAM Secretariat’s attention and will be addressed as needed.
Closing remarks

In closing the meeting, Kuntal Saha, on behalf of the TEAM Secretariat, thanked advisers for their time. New TEAM members were thanked for joining the meeting.

It was acknowledged that Omar Dary, Rafael Flores-Ayala and Wenhua Zhao will be stepping down from their roles within TEAM. The departing members expressed their gratitude to TEAM and their best wishes to the members and the efforts in the future. Advisers took the opportunity to recognize and thank them for their service and dedication to championing nutrition and TEAM.
# Annex I. Agenda

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

**20 and 21 September 2023**

**8-11h EDT, 14-17h CET**

**Virtual meeting**

## Day 1: Wednesday, 20 September 2023

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<tr>
<th>EST</th>
<th>CET</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>Welcome and introductions Opening remarks by TEAM Co-chairs</td>
<td>Chika Hayashi/Kuntal Saha Jennifer Coates/Edward Frongillo</td>
</tr>
<tr>
<td>8:15–8:45</td>
<td>14:15–14:45</td>
<td>Session 1: Updates from anaemia working group</td>
<td>Sara Wuehler</td>
</tr>
<tr>
<td>8:45–9:15</td>
<td>14:45–15:15</td>
<td>Session 2: Updates from anthropometry working group</td>
<td>Sorrel Namaste Julia Krasevec Richard Kumapley</td>
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<tr>
<td>9:15–9:45</td>
<td>15:15–15:45</td>
<td>Session 3: Updates from HDMI working group</td>
<td>Jennifer Coates Edward Frongillo</td>
</tr>
<tr>
<td>9:45–10:00</td>
<td>15:45–16:00</td>
<td>Break</td>
<td></td>
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<tr>
<td>10:00–10:20</td>
<td>16:00–16:20</td>
<td>Session 4: Updates from NIS guidance working group</td>
<td>Rebecca Heidkamp</td>
</tr>
<tr>
<td>10:20–10:55</td>
<td>16:20–16:55</td>
<td>Session 5: Updates from intervention coverage measurement working group</td>
<td>Rebecca Heidkamp</td>
</tr>
<tr>
<td>10:55–11:00</td>
<td>16:55–17:55</td>
<td>Wrap up Day 1</td>
<td></td>
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**End of Day 1**

## Day 2: Thursday, 21 September 2023

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<tbody>
<tr>
<td>8:00–8:20</td>
<td>14:00–14:20</td>
<td>Session 6: Global targets and indicators – 2025 and 2030</td>
<td>All</td>
</tr>
<tr>
<td>8:20–8:35</td>
<td>14:20–14:35</td>
<td>Session 7: Updates on gestational weight gain project</td>
<td>Giovanna Gatica Domínguez Elaine Borghi</td>
</tr>
<tr>
<td>8:35–9:05</td>
<td>14:35–15:05</td>
<td>Session 8: Finalize priorities (new) for TEAM</td>
<td>Edward Frongillo Jennifer Coates</td>
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<tr>
<td>9:05–9:45</td>
<td>15:05–15:45</td>
<td>Session 9: TEAM workplan and working groups</td>
<td>Jennifer Coates Edward Frongillo</td>
</tr>
<tr>
<td>9:45–10:00</td>
<td>15:45–16:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:00–10:55</td>
<td>16:00–16:55</td>
<td>Sessions 10: TEAM governance</td>
<td>Chika Hayashi Kuntal Saha</td>
</tr>
<tr>
<td>10:55–11:00</td>
<td>16:55–17:00</td>
<td>Closing remarks</td>
<td>TEAM Secretariat and Co-chairs</td>
</tr>
</tbody>
</table>

**End of meeting**
**Annex II. List of participants**

**TEAM Members**
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. Sorrel Namaste – Member
8. Sara Wuehler – Member
9. Wenhua Zhao – Member

**Observers**
1. Jef Leroy – IFPRI
2. Erin Milner – USAID
3. Zhenyu Yang – China CDC

**Rapporteur**
1. Jessica White

**TEAM Secretariat (UNICEF)**
1. Chika Hayashi
2. Robert Johnston
3. Yoshito Kawakatsu
4. Julia Krasevec
5. Vrinda Mehra
6. Louise Mwirigi

**TEAM Secretariat (WHO)**
1. Elaine Borghi
2. Monica Flores-Urrutia
3. Richard Kumapley
4. Lisa Rogers
5. Maria De Las Nieves Garcia Casal
6. Kuntal Kumar Saha
7. Giovanna Gatica-Dominguez
8. Elise Dominguez
9. Alessandro Catalini