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

Meeting report 8-9 October 2024

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Contents

List of acronyms

ANC	Antenatal care
BMI	Body mass index
CHAT	Child Health Accountability Tracking
CIP	Comprehensive Implementation Plan
DHS	Demographic and Health Survey
EB	Executive Board
FAO	Food and Agriculture Organization of the United Nations
GAMA	Global Action for Measurement of Adolescent Health
HDMI	Healthy Diets Monitoring Initiative
HIV	Human Immunodeficiency Virus
ICN	International Congress on Nutrition
IFA	Iron and folic acid
IYCF	Infant and young child feeding
LCQM	WHO Life Course Quality of Care Metrics Working Group
MDD-W	Minimum Dietary Diversity for Women
NCD	Noncommunicable disease
NCDs	Noncommunicable diseases
NIC	Nutrition intervention coverage
NIS	Nutrition information system
NNIS	National nutrition information system
NNS	National nutrition survey
SACA	School-aged children and adolescents
SoP	Standard operating procedures
TEAM	Technical Expert Advisory Group on Nutrition Monitoring
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WAZ	Weight-for-age z-score
WHA	World Health Assembly
WHO	World Health Organization

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 seventeenth TEAM meeting, held virtually, from 8-9 October 2024. The agenda and list of participants are included in Annexes I and II.

Opening session

The seventeenth 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 present and discuss updates on the progress of ongoing activities by TEAM working groups and propose priority next steps and potential outputs with timelines; and (2) to present and discuss the TEAM workplans for each working group for the next 3–5 years.

Kuntal Saha and Vrinda Mehra opened the meeting and welcomed new TEAM members. All TEAM members confirmed that they have no potential conflicts of interest.

The TEAM SharePoint is now functional, and advisers were encouraged to use the SharePoint to store, share and review relevant TEAM and working group documents.

Jef LeRoy and Jennifer Coates facilitated the meeting sessions.

Session 1: Updates from the Anaemia Working Group

Sara Wuehler provided an update on work related to haemoglobin measurement. The working group's main activity has been the development of a manuscript for the journal Advances in Nutrition. The manuscript was published in August.[i]

The WHO commissioned systematic review on accuracy and precision of data collection and analytical methods for haemoglobin assessment is slightly delayed. So far, only a preliminary sensitivity and specificity analysis is available, which indicates that venous blood is more specific and sensitive. Analysis is also ongoing to better define an acceptable variance precision in measures of haemoglobin concentration as well as how the use of different types of analytic devices can impact prevalence estimates.

Due to the delay finalization of the systematic review, the working group has not yet begun development of the planned operational guidance. However, a list of potential topics to include in the operational guidance was presented, including (1) recommended standard operating procedures (SoP) for venous blood collection and (2) assessing trends over time. Regarding SoP, the working group has discussed including guidance on pre- to post-analytic factors to consider for venous blood collection (assuming venous blood is the sole recommendation from the WHO

systematic review) and a checklist of best procedures. The working group would like to collaborate with Accelerating Anaemia Reduction group and the Anaemia Alliance to develop the SoP.

Regarding the assessment of trends, recommendations for transitioning from capillary to venous blood collection and the new WHO Guideline on Haemoglobin Cutoffs to Define Anaemia in Individuals and Populations[ii] have prompted questions from countries on the assessment of anaemia prevalence overtime. More specifically, countries have inquired about the need and methods for recalculation of previous data using new haemoglobin cut-offs and adjustments, and if and how they can assess trends between estimates derived from capillary and venous blood (i.e., is it possible to accurately assess trends in anaemia using data points derived from different blood sources). The results from the systematic review should provide insight into if and how this can be done.

An analysis was conducted using recent anaemia data for children aged 6-59 months in Brazil to determine how prevalence estimates are impacted by the new 2024 WHO guideline. Using the new cut-offs and adjustments, anaemia prevalence decreased among children aged 6-23 months[iii] but no change was found among children aged 24-59 months. Therefore, the operational guidance for the new guidelines on haemoglobin cut-offs and adjustments would need to address different age ranges within population groups.

The working group is also working to define an allowable variance within a haemoglobin measurement. One of the primary concerns with haemoglobin measurement using capillary blood is the larger variance compared to measurements using venous blood collection. A defined range of allowable variance would allow for a more definitive recommendation to only use venous blood collection for all future haemoglobin measurements. Ideally, the working group can collaborate on this definition with colleagues from the Centers for Disease Control and Prevention and the Demographic and Health Survey (DHS) programme.

Over the next six months, the working group will start to develop the operational guidance for implementing the new cut-offs and adjustments, how to assess trends and operationalizing venous versus capillary analysis based on the systematic review results.

Points of discussion:

The change in data collection methods for haemoglobin assessment may cause confusion when making comparisons or estimating trends, and countries will need guidance on how to report on anaemia prevalence in the future. The global databases with current and historical anaemia estimates should capture the blood collection method to ensure there is clarity on what is being compared overtime and how it should be interpreted. WHO is currently updating their global anaemia database to ensure all relevant and necessary information is included for each survey to allow for recalculation, including information on the blood collection method, the availability of equipment and what type of analytic device was used (these are now inclusion criteria for surveys to be captured in the database). Where this information is missing for older surveys, WHO is contacting countries and/or principal investigators to fill in information gaps. Any surveys without this information are excluded from the global database. So far, approximately 60 per cent of the surveys in the updated global database used capillary blood. Once the database update is complete, the data can be reanalysed using the new cut-offs and adjustments and new estimates will be published. A tool is also being developed to provide guidance to countries on the

information required for data collection and reporting of new prevalence estimates.

The USAID NuMERAL Project[iv] will be conducting additional research on haemoglobin assessment this fall. The project will investigate the acceptability of different blood sampling techniques (e.g., venous, pooled capillary, single-drop capillary) collected in a basic survey and will work with the University of California, Davis on simulation studies to better understand an acceptable level of precision and explore the possibility of adjustments. The USAID group has discussed reaching out to the TEAM Anaemia Working Group to see if data from the systematic review can be used for the simulation study. The project is currently using HEME study[v] results, however, the sample sizes for these data are small and variable. Once these two analyses are complete, USAID will explore the quality measurement of pooled capillary blood from a practical standpoint. The TEAM Anaemia Working Group will reach out to other groups working on anaemia assessment, including USAID, on these research areas to help inform their ongoing research.

Session 2: Updates from Anthropometry Working Group

Richard Kumapley presented an update on achievements and ongoing efforts. The Anthropometry Working Group has continued to develop technical briefs on their identified research priorities.[vi] Three briefs have been published, and the remaining drafts are still under development. There are several briefs currently being drafted: 1) replicate length/height measurement techniques in population-based surveys (brief #4), 2) anthropometric remeasurement quality assurance procedures during data collection in population-based surveys (brief #6), 3) biological and statistical flagging of anthropometric z-scores in population-based surveys (brief #7) and 4) thresholds for anthropometric data quality indicators in population-based surveys (brief #9). A draft brief on random and systematic error in anthropometric estimates in population-based surveys (brief #9) was recently finalized by a Daniel Roth (a consultant supporting with the Anthropometry Working Group on Briefs 7, 8 and 9).

There is a meeting planned for mid-October with the TEAM Secretariat, UNICEF, WHO and Daniel Roth to determine next steps for briefs 7 through 9 and plan for their review and finalization. There will be more concrete updates on outputs and future workplans following this meeting.

Points of discussion:

To support the drafting of briefs 4 and 6, Sorrel Namaste reached out to a colleague at the DHS programme, as they have the most experience on these two topics.

Session 3: TEAM Budget

Kuntal Saha presented an update on the TEAM budget for 2024-25 workplans. Each TEAM Working Group (with the exception of the Anthropometry Working Group) submitted a budget request to support their workplans for the remainder of 2024 through 2025. Based on actual fund availability, the Secretariat and Co-chairs developed a planned TEAM budget for 2024-25 for each working group and for the planned in-person TEAM meeting in March 2025.
While the proposed budget allocation was mindful of the priority items in each working group workplan, the budget available is less than the budget requested for each working group.

Therefore, each working group was asked to identify priority activities and outputs that can be achieved within the limited budget allocation.

If a working group does not use or does not need all of their allocated funds between 2024 and 2025 they can be repurposed to other working groups who require additional funds to complete planned activities or outputs. A deadline of June 2025 to plan for any budget repurposing was suggested.

Points of discussion:

Regarding the request to prioritize activities and/or outputs in working group workplans to accommodate budget shortfalls, there was some discussion about the influence of the Secretariat on workplan priorities. The Secretariat is not expected to unilaterally define priorities across working groups. However, working groups requested support from the Secretariat to help identify WHO and UNICEF priorities for 2024-25.

Working groups were encouraged to identify additional funding mechanisms to help overcome any budget gaps for their 2024-25 workplans. TEAM Working Group workplans may never be fully funded by TEAM alone. The core funds from TEAM, however, can be leveraged to identify additional funding sources to support advancing planned activities and outputs.

There was some discussion regarding the role of the Secretariat versus the working groups in fundraising. There is currently no set policy or suggested division of labour for identifying new funding streams within TEAM. However, there are a number of examples where outside funding was identified by TEAM members, including a collaboration with the Food and Nutrition Technical Assistance III Project (FANTA) to support technical consultations on the infant and young child feeding (IYCF) indicator guidance and funding from USAID to support both the Nutrition Information System (NIS) and Anaemia Working Groups. It was suggested that working group members lobby the Secretariat as needed to help with fundraising for Secretariat priorities. Working group members should also be aware of other funding opportunities that can be leveraged through their individual networks.

Considering the potential budget gaps for several workplans, a suggestion was made to consider delaying workplans for the new TEAM Working Groups on Noncommunicable Diseases (NCDs) and the Nutrition of School-Aged Children and Adolescents (SACA). Currently, both working groups have been allocated funds. However, these funds could be distributed to working groups with activities already underway or with key outputs planned. No decisions were made but this suggestion may be revisited later.

There was a request for the TEAM Working Group on SACA Nutrition to clarify what budget is available from UNICEF versus WHO for their workplan. The working group funds should come from UNICEF, however, more discussion is needed on how to align the workplan with UNICEF priorities.

It was recommended that budget requests and allocations should be determined earlier in the calendar year in the future (where possible). The Secretariat and co-chairs will work on refining the process next year.

Session 4: Updates from the NIS Working Group

Rebecca Heidkamp provided an overview of the work undertaken by and planned for the TEAM NIS Working Group. The two co-chairs of the working group are Rebecca Heidkamp and Sorrel Namaste. Pragya Mathema had previously supported the working group on communication and dissemination strategies but has since left UNICEF and TEAM.

The working group has two overall bodies of work: (1) National Nutrition Information System (NNIS) Fundamentals and Technical Notes Series, and (2) Consolidated Guidance on Nutrition Monitoring (**Table 1**).

Table 1: NIS Working Group bodies of work

	NNIS Fundamentals and Technical Notes Series	**NEW: Consolidated Guidance on Nutrition Monitoring**
Purpose	Common understanding of what a NNIS is and why it is useful/needed	Practical guidance (existing and new) on core nutrition indicators
Audience	National government and partners who support them	National government and the partners who support them
Topics / components	- What and why NNIS? (people, processes, data, technology) - Technical Notes on specific topics (e.g., communicating data; building teams)	- Minimum set of nutrition indicators and indicator reference sheets - Recommended frequency and data sources (administrative data, surveys) - Household survey guidance - UNICEF Admin Data Guidance (started in 2019)

The working group published the NNIS Fundamentals Series and an NNIS E-Course in 2021. 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 available on WHO and UNICEF websites.

The working group has been developing a series of Technical Notes designed to help stakeholders understand and address critical issues relevant to the design and operation of a NNIS. To date, six Technical Notes have been completed[vii] and two are in progress. Next steps for the Technical Notes include: (1) completing the two 'in progress' Technical Notes, (2) dissemination of the Technical Notes already completed and (3) obtaining feedback on existing NNIS projects before investing in the development of additional Technical Notes.

Pragya Mathema previously developed a dissemination and engagement plan to help gather feedback for the Technical Notes. However, progress on this work stalled after his departure from UNICEF and TEAM. It is not yet clear how this work will continue to move forward.

Significant progress has been made in the development of a Consolidated Guidance on Nutrition Monitoring: a consultant team from Nutrition Works was contracted to conduct background research and identify existing relevant guidance and frameworks between May-June 2024; a two-day hybrid working group meeting was held in Washington, D.C. to define the scope and process to develop the consolidated guidance in June; Sara Wuehler was brought on as a consultant to develop a draft concept note for the consolidated guidance; a second working group meeting was held to make key decisions on the scope of the guidance in September and the concept note draft was circulated for review by the working group in early October.

The proposed objective of the guidance is as follows: The guidance will support national governments and partners in building an effective NNIS. It will provide a conceptual framework and core set of indicators for the design and monitoring of national multisector nutrition strategies and programmes. At minimum the guidance will identify a set of standard nutrition indicators with recommendations for how, and how often, to collect them, as well as context-specific prioritization and adaptation.

The primary audience for the guidance is staff of government agencies, and development partner organizations who are involved in nutrition-related policy and programme implementation at the national or subnational level. This diverse group may include public health nutritionists, monitoring and evaluation experts, data managers, survey implementers and researchers, among others.

To achieve its objective, there are three proposed components of the guidance: (1) a guiding conceptual framework, (2) indicator summary tables and (3) individual indicator reference sheets that include information on the indicator definition, data source, recommended frequency of collection and use cases.

The guidance aims to provide a conceptual framework and core set of indicators to monitoring multisectoral nutrition strategies and programmes. The working group discussed a variety of sectors to capture in the guidance, including:

- *Health*: including both facility and community or outreach interventions by frontline health workers
- *Food systems*: including agriculture, fisheries, industry and trade, markets and livelihoods
- *Social protection*: including various types of food and cash transfers
- *Education*: including a range of school-based interventions (e.g., school meals, micronutrient interventions, etc.)
- *Water, hygiene and sanitation (WASH):* including accessible and clean drinking water

Topical areas that cut across sectors also being considered include humanitarian or emergency contexts, gender and women's empowerment, life-stages/sub-populations (e.g., school-aged children, women of reproductive age, etc.) and quality of care.

A draft framework was presented depicting what should ideally be monitored through time, including nutrition outcomes, nutrition actions and the enabling environment.

Nutrition outcomes are defined as the results expected in response to an intervention or policy action when implemented at a large enough scale to observe a change. Example outcomes in the draft framework include:

- Anthropometric status (e.g., stunting, wasting)
- Anaemia and micronutrient status (e.g., iron or vitamin A deficiency)
- Diet-related NCDs (e.g., indicators of diabetes or hypertension)
- Diet quality and dietary Intake (e.g., minimum acceptable diet, sugary food intake)

Outcomes like food security and the food environment were also discussed. There are interventions and policies intended to improve both food security and the food environment, however, it is unclear if these should be considered as outcomes within the framework.

Nutrition actions are similar to those proposed as 'policies' by the Global Nutrition Report. These include the interventions and actions undertaken by the aforementioned sectors, including those impacting nutrition care services, the food supply chain, the food environment and consumer knowledge. This also includes intervention reach, quality, accessibility and production. Example nutrition actions include:

- Individual-level interventions (e.g., iron and folic acid [IFA] supplementation)
- Household-level interventions (e.g., social safety net programmes)
- Taxes and/or financial incentives (e.g., sweetened beverage taxes, agricultural supplements)
- Markets (e.g., industrial production of fortified foods)

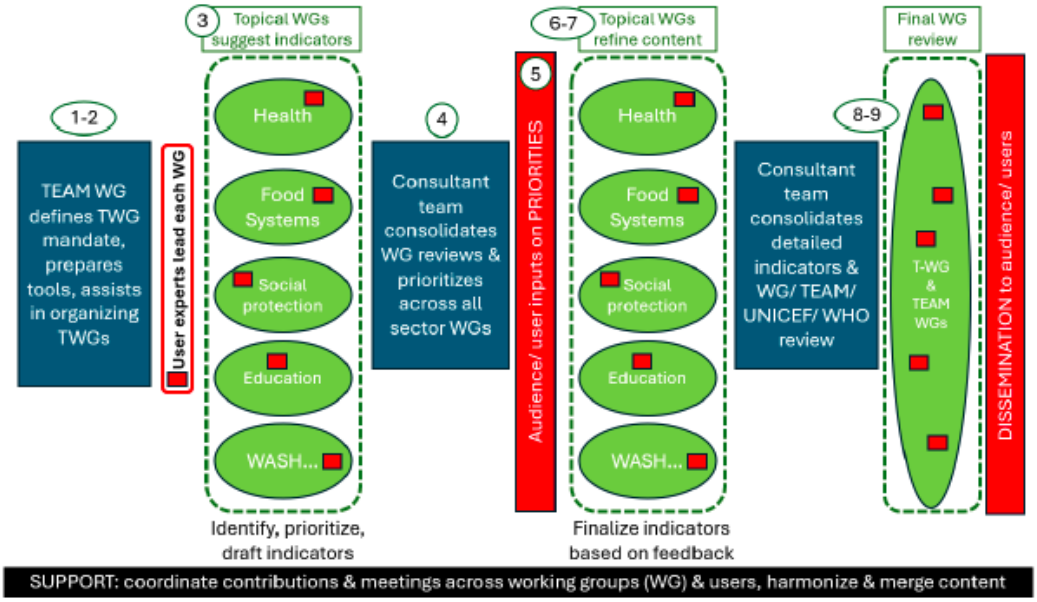
The enabling environment refers to the mandates, coordination, culture and resources within which programmes function. Examples to enabling factors to monitor include:

- Governance / multisector coordination (e.g., policies, plans, coordination structures, information systems)
- Sociocultural (e.g., habits, traditions, beliefs)
- Resources (e.g., financial, human, physical)

It is less clear which of the draft enabling factors should be part of the guidance and how generalizable they would be, but discussions will continue.

The process for developing the consolidated guidance is still being discussed. A draft process overview was presented (see **Figure 1**) to illustrate thinking around the role of TEAM and outside audiences to input into guidance development. Currently, the TEAM NIS Working Group has been working to define the mandate and organize the process, including the development of a concept note (blue box 1-2 in **Figure 1**). It was proposed to use topical working groups to identify, prioritize and draft suggested indicators for each sector and finalize indicators for each sector based on feedback (see green circles). Audience engagement was built into the draft process, with user experts leading topical working group and providing inputs on indicator priorities (see red boxes).

Figure 1: Draft process overview for the development of a Consolidated Guidance on Nutrition Monitoring



The next step in the proposed process is to organize the topical working groups, with members of the target audience within each group. Potential topical working groups were discussed (see **Table 2**). More discussion is needed on how to group the topical working groups and who may be able to lead each group. Financially, it would be ideal if larger groups or projects are interested in taking on groups or areas and contributing resources. There are also intersections with TEAM working groups, and TEAM advisers and working groups can ideally play a role. Discussions should continue on how to establish these groups and how to leverage existing groups and work already organized around these topics.

Table 2: Potential topical sub-groups to identify, prioritize and draft indicators

Sub-working groups	**Example topic areas**
Outcomes: biomarkers and anthropometry	Outcome status (e.g., micronutrient status, anaemia, anthropometry, NCD biomarkers)
Diet quality	Practices: breastfeeding, minimal acceptable diet, minimum dietary diversity
Health sector interventions	Community health worker versus health facility interventions, antenatal care (ANC) counselling/education, IFA distribution/consumption, lipid-based nutrient supplementation
Social protection and school interventions	Routine food distribution, cash transfers
Food systems actions / Food environment / Food security	Large-scale food fortification, salt iodization, agriculture and food production/diversity, farming and storage, food supply chain, sugar-sweetened beverages taxes, cost of a healthy diet
Multisector coordination	Financing, policy, coordination, structures, information systems
Humanitarian	Food distribution, wasting treatment in humanitarian contexts
Gender	
WASH	Joint Monitoring Programme data

It is recognized that a strong coordinator is required to guide the proposed process. A coordinator would need to be identified as working group members do not have the capacity to take on this role. An additional consultant writer may also be required at a later stage of the process.

The work to date has been funded in part from TEAM funding as well as USAID, who have funded consultant efforts. Additional funds will need to be identified to support the rest of the workplan.

Points of discussion:

Regarding the dissemination of the NNIS Technical Notes, it is important to identify ways to engage with countries who are actively working on an NIS design. Countries often reach out to UNICEF and other global partners to request support on the design and/or implementation of NNIS. Coordination with UNICEF to identify countries currently seeking support could help ensure the Technical Notes reach their intended audience and also help gather feedback on their content.

There is a joint initiative with WHO, UNICEF and the Food and Agriculture Organization (FAO) to define a minimum set of food security and nutrition data and statistics for the United Nations Statistical Commission. The list of indicators will be finalized before a planned meeting in March 2025. There is also an interim meeting in late October to present their work to date on the Healthy Diets Monitoring Initiative (HDMI) and the ongoing advocacy for minimum dietary diversity for children and women (MDD-C and MDD-W) to be included as a new Sustainable Development Goal target. It would be helpful for the NIS Working Group to determine if the intended audience and uses case for this process are similar to that of the combined guidance document. If so, it was suggested to liaise with the process so there is alignment between the two indicator recommendations. A bilateral follow-up was suggested between the working group and FAO colleagues (including Rebecca Kanter Lynnette Neufeld) to discuss possible synergies.

Several TEAM working groups are well placed to contribute to the topical working group discussions and help define indicators. The Nutrition Intervention Coverage (NIC) Measurement Working Group could contribute to discussions on quality-of-care indicators and the NCD Working Group can feed into discussions related to NCD risk factors and healthy diets. The proposed timeline for guideline development, however, may be challenging for both working groups. It was suggested to consider a staggered approach to the topical working groups so that there is better alignment with TEAM workplans. Additional TEAM inputs that are of relevance to the topical working groups and identification of indicators lists include HDMI guidance and activities and the operational guidance on the assessment of anaemia under development by the Anaemia Working Group.

The guidance will ideally address what indicators are needed and how often they should be collected. Any recommendations on frequency should be informed by the time needed for biological and/or behaviour changes to manifest, resource intensity and ideal timing/availability to inform, adjust or improve policies and programmes. The guidance under development by HDMI may include some recommendations related to recommended frequency of data collection, but it is not yet clear to what extent. There will be more clarity on this in the second quarter of 2025. The HDMI regional and country consultations, however, are a good example of how country experiences and perspectives on data needs can be gathered from a variety of contexts to inform global guidance.

Regarding the need for a dedicated coordinator to guide the development of the guidance, it was agreed that this is a critical contribution. A consultant to take on the role of project manager, as well as one to help guide overall thought leadership and writing, was suggested. In the absence of this type of dedicated support, the scope of the document may need to be scaled back. UNICEF will discuss this further with the NIS Working Group.

There was a discussion related to the TEAM strategy for disseminating outputs. It is not clear what the TEAM strategy is for external engagement, and how aware the nutrition community and related sectors are of TEAM and their contributions. While the need for a strategy has been discussed in the past, it has not been strategically addressed. Previously, there was a symposium session on TEAM during the International Congress of Nutrition (ICN) in Tokyo in 2022 and something similar is being considered for the 2025 ICN in Paris. A technical consultation or workshop on the NIS guidance is also possible before the March 2025 TEAM meeting. However, these are isolated events and a more comprehensive strategy for communication and dissemination is needed. There have been previous discussions to include a dissemination plan in the workplan for each working group. Regarding the potential for TEAM to be a resource for support and questions from countries, it should be discussed whether TEAM is structured and resourced for this type of support.

A side meeting for the NIS Working Group was held on Day 1 of the meeting. See Annex III of this document for a summary of key discussion points.

Session 5: Updates from NIC Measurement Working Group

Kaleab Baye presented an update of activities in the TEAM NIC Measurement Working Group. The NIC Measurement Working Group developed a 2024-25 workplan with an overall goal to: develop a framework to guide measurement of effective and quality nutrition intervention coverage. Three activities were proposed to achieve this goal:

1. Review and compile existing frameworks: Identify who is doing what and what already exists, engage with stakeholders on needs for a framework and generate or adapt a generic framework to apply for nutrition intervention coverage measurements.
2. Apply and test the framework: Apply the framework to select nutrition interventions, namely maternal iron-containing supplements and nutrition counselling for testing.
3. Validate and disseminate: Once applied, tested and adapted, seek feedback from stakeholders and programme implementers, develop a final version of the framework and disseminate findings.

For activity 1, the NIC Measurement Working Group identified numerous groups already working on effective coverage and quality of care. Typically, these groups consider effective coverage or quality of care for topics such as reproductive maternal, newborn, child and adolescent health; healthy ageing and others. Identified groups include: Technical Advisory Group for Measurement of Healthy Ageing (TAG4MHA), the Global Action for Measurement of Adolescent Health (GAMA) Advisory Group, Child Health Accountability Tracking (CHAT), Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR), USAIDs MOMENTUM knowledge accelerator project, WHOs Life Course Quality of Care Metrics (LCQM) Working Group, among others.

The NIC Measurement Working Group participated in the WHO LCQM Working Group meeting in July 2024. The LCQM Working Group aims to improve the coordination of quality-of-care

measurement activities across the life course by developing and promoting the use of harmonized methodology, frameworks, technical guidance and tools for quality-of-care measurement. The NIC Working Group presented on the TEAM plan for NIC measurement during the meeting.
Overall, there are several existing working groups and multiple ongoing efforts to review frameworks and identify indicators. What is lacking, however, is better integration and harmonization of these efforts. TEAM has an important role to play in bringing nutrition into the ongoing conversations (which largely focus on health issues) and to link quality of care with effective coverage measurements.

Several issues with effective coverage and quality of care were gleaned from the LCQM Working Group meeting and discussions with relevant groups, including:

- A call to ground effective coverage in feasibility and practicality at the country-level
- Indicators must be fit for purpose, including inequities and aligning global indicators with country priorities
- Concerns around data sources (e.g., use existing data sources or building a new ideal data system)
- How to capture quality of care aspects such as provider experience or patient reported experience (i.e., the experience of care)
- There are significant data gaps, and it is unclear how to effectively integrate quality of care into the effective coverage cascade

With a better understanding of 'who is doing what and what already exists', the NIC Measurement Working Group agreed to alter their original workplan. Rather than completing a comprehensive review of frameworks as originally proposed, the working group decided to focus instead on the most common effective coverage and quality of care frameworks. This narrow focus would avoid duplication of existing efforts. The working group decided to identify one or two of the most widely used frameworks and use these to test select nutrition interventions to identify any gaps in their use and any improvements needed. The most widely used frameworks identified were the effective coverage cascade and the WHO Quality of Care Framework.

Before testing these frameworks, the working group reviewed existing literature for any existing studies on their application to nutrition interventions. A pre-print article was identified on the use of the effective coverage cascade on ANC and nutrition interventions for pregnant women in low- and middle-income countries.[viii] The study identified gaps in the application of the effective coverage cascade to the package of nutrition intervention delivered during ANC. The working group extracted the main challenges and gaps identified in the study, including:

- Limited data availability for counselling-based intervention or quality of care (e.g. experience of care) in large surveys.
- Standardization and comparability issues: different ways of measuring quality of care and variability in health facility assessments (e.g., Service Provision Assessment – SPA, Service Availability and Readiness Assessment – SARA, Harmonized Health Facility Assessment – HHFA, country data).
- Methodological complexity: multiple sources of care (e.g. ANC provide through multiple facilities) making it challenging to accurately estimate service quality and readiness; linking household and facility data; and a time lag between household and facility data.
- Challenges in capturing non-facility-based care: many maternal nutrition interventions are

delivered at the community level or through informal sources like pharmacies, and these non-facility-based care platforms are not adequately captured in household or facility-based surveys.
- Measurement of quality and user experience: incomplete capture of service quality (e.g., important aspects of ANC visits, such as counselling are often missing from household surveys and facility assessments) and challenges with client satisfaction measures (e.g., reliance on client-reported satisfaction introduces courtesy bias, where women may report high satisfaction levels even if the quality of care was substandard).

Based on the information gathered so far, the NIC Measurement Working Group proposed to develop a detailed appraisal of the effective coverage cascade for iron-containing supplements and nutrition counselling. The aim of this activity is to identify relevant indicators and help integrate/harmonize the effective coverage and quality-of-care frameworks. It is also important for the working group to define the end purpose and intended use of the activity to have a sharp focus (e.g., why, for whom and to what end) and to explore opportunities to work with the various working groups in this area to integrate nutrition effective coverage and quality-of-care measurements into wider initiatives.

Points of discussion:

There is demand for nutrition quality-of-care metrics so it makes sense that the TEAM NIC Measurement Working Group try to harmonize methods with what other groups have pursued. While it is helpful to use already established methodologies (e.g., readiness assessments, experience of care exit interviews, etc.), even established methodologies have bottlenecks (e.g., linking a household survey with a facility survey). Therefore, the working group may also want to consider how current methods can be adapted/modified. For example, DataDENT has been investigating ways to revisit how household surveys are used to assess IFA supplementation coverage by interviewing currently pregnant women in addition to women who have recently delivered.

There was some discussion on if the working group will focus on routine data collection only or also on household and/or facility-based surveys. In the past, there has been a greater focus on surveys. However, the working group and TEAM should discuss this further.

There was a request to clarify what is meant by effective coverage and quality of care. A lot of the gaps identified in the effective coverage cascade are related to quality of care. The WHO Quality of Care Framework can help address some of the gaps in the effective coverage cascade. The ‘classic’ approach is to take a coverage measurement from a household survey and use a facility survey measure of coverage to adjust for ‘effective coverage’.

There was a question on whether the working group should focus on measuring and improving coverage or all other aspects of quality of care. Beyond looking at gaps in the cascade only, the working group could consider the role of quality of care in bridging any gaps identified. Focusing too much on coverage, and not enough on the quality of the coverage, is an issue throughout the cascade.

Regarding assessment, it can be challenging to get a response on services received or content of interactions with service providers through household surveys. It was suggested that an outcome

of this work be some guidance on what can be feasibly and validly measured using these frameworks.

UNICEF has done a lot of work on bottleneck analysis, which may be another resource to tap into for coverage indicators.

Session 6: Updates from the NCD Working Group

Jennifer Coates presented an update on the TEAM NCD Working Group objectives and timeline. The objectives of the proposed 2024-2025 workplan are to: (1) carry out a landscape assessment to identify the state of research and practical application of metrics, data sources, methods and surveillance systems used to monitor NCDs and the diet and physical activity-related risk factors, potentially including the food environment, food choice, eating behaviours, built environment, physical activity and policy actions; (2) conduct a stakeholder mapping exercise to understand the range of actors involved, their needs and priorities, their potential role in scaling up monitoring of NCDs and risk factors and their opinions and ideas regarding a role for TEAM; (3) determine whether and how stakeholders see a role for TEAM in this space; (4) develop a peer-reviewed issues paper presenting a holistic view of current practice, gaps challenges and opportunities; and (5) determine a 2–5 year plan for a TEAM NCD Working Group.

During the sixteenth TEAM Meeting in March, it was proposed that a consultant be recruited to complete a comprehensive desk review and stakeholder key informant interviews by the end of 2024. The recruitment of a consultant was delayed in part to wait for a better understanding of the budget available. A revised timeline was presented for Phase 1 (2024) and Phase 2 (2025). During Phase 1 (2024), a consultant will be recruited to work on an initial desk review and develop a list of key informants and an interview guide to prepare for Phase 2. Phase 2 (2025) activities will include data collection, synthesizing the findings and presenting a report. The TEAM Working Group will also consider the development the peer-reviewed journal article by the end of 2025. The budget available for Phase 1 and Phase 2 activities was presented.

The planned outputs for the TEAM NCD Working Group include: (1) a landscape assessment with stakeholder mapping, gaps and opportunities identified; (2) TEAM NCD Working Group 2–5 year workplan; and (3) a peer-reviewed journal article.

There was a suggestion from the Working Group co-leads to potentially scale back the scope of the Working Group from NCDs at any age to the risk factors in children (aged 0–18 years) that predispose them to the development of NCDs later in life.

Points of discussion

TEAM will continue to try and fill in funding gaps. Part of the scoping exercise undertaken by the consultant could be potential funding sources.

There was some discussion on how the TEAM NCD Working Group workplan would be managed. The current plan is for the consultant to be hired by the Secretariat (more specifically, WHO). There is insufficient budget available to outsource the management of the workplan to a university or other group.

There was discussion on the potential to narrow the scope of the landscaping to ensure that results are available soon, so we do not miss the opportunity to contribute to the NCD work already scaling up. Support from additional consultants should help ensure the work is undertaken within the proposed timeline.

While there is a lot of existing work on NCDs globally, there is a gap in awareness and knowledge of NCDs and their risk factors in the nutrition community. NCDs are often low on the nutrition agenda in low-income countries. The landscape assessment results could be directed to the nutrition community. The planned peer-reviewed article is envisioned to be the vehicle to bring a lot of issues around NCDs to the forefront with recommendations and ideas for people in the nutrition space to draw from.

Session 7: Updates on the SACA Working Group

The new TEAM Working Group on SACA Nutrition was established during the sixteenth TEAM Meeting in March (see previous meeting report for more details). Jef Leroy presented an update on how the working groups plans to move forward.

The rationale for focusing on this age group was revisited, including that it is a period of rapid physical, cognitive and psychosocial growth; there is growing attention on the period of adolescence (10 to 19 years of age) in the nutrition community in recent years; the childhood (5 to 9 years of age) years, however, have received surprisingly little attention; the evidence on the diets and nutritional status of both age groups in low- and lower-middle-income countries remains scant/limited; and the lack of evidence and data is a barrier to the design and implementation of effective programmes and policies.

The working group identified several ongoing initiatives focusing on SACA, including:

- CHAT technical advisory group
    - Objective: harmonization and standardization of child health and well-being indicators
    - Age: 1 months to 9 years
    - WHO
- GAMA
    - Objective: harmonization and standardization of child health and well-being indicators
    - Age: 10 to 19 years
    - WHO
- Global Adolescent Nutrition Network (GANN)
    - Objective: share research findings
    - Age: 5 to 18 years
    - Emergency Nutrition Network
- School-Age Children and Adolescent Nutrition Metrics
    - Objective: support development of metrics on nutrition
    - Age: 5 to 19 years
    - UNICEF

None of the SACA initiatives identified focus on anthropometry. While anthropometry is a cornerstone of nutrition surveillance in young children and adults, there is no ongoing work focusing on anthropometry in the SACA age group. The TEAM Working Group on SACA Nutrition could make a valuable contribution to this area.

Currently, there is a lack of standardized methods for measuring anthropometry in children aged 5–19 years as well as a limited understanding of what healthy growth is for this age group. These limitations make it challenging to set targets, and the lack of targets disincentivizes national data collection. Establishing standard indicators could help break this cycle and lead to greater data availability. However, there are several challenges to developing a set of standard indicators for this age group, including a lack of clarity on the health and metabolic implications of "unhealthy" growth and the role of pubertal timing, secular trends and changing diets over time.

The 2007 WHO growth reference for school-aged children and adolescents[ix] is not based on primary data. Instead, WHO reconstructed data from the1977 National Center for Health Statistics WHO growth reference and applied the same methods used to construct the growth curves for children aged 0-5 years. There are clear limitations to the 2007 WHO growth reference for SACA, including that the descriptive references were based on a sample from a one country (the United States); the underlying sample is based on data from 1977, a time when body composition was likely different from today (i.e., a pre-obese sample); the alignment with adult body mass index (BMI) cut-offs at 19 years of age focused on overweight and the cut-offs for undernutrition lacked evidence; and the process for development of references lacked consensus building among stakeholders, affecting adoption of the reference

The working group will focus on assembling the "building blocks" (i.e., background material) needed for future expert consultation and to unlock funding. The working group developed several research questions to focus on based on Tumilowicz et al 2019[x] and Lelijveld et al 2022.[xi] The proposed research questions cover three topics: (1) the onset and timing of the adolescent growth spurt, (2) height and (3) weight. Ideally a consultant (or several) can assist the working group in investigate the identified research questions.

For topic 1 on the onset and timing of the adolescent growth spurt, the working group proposed to investigate the following research questions:

- What are the independent effects of nutrition and health-related factors (such as healthiness of the diet,[xii] micronutrient status, adiposity, infectious disease, etc.) on the onset and duration of the adolescent growth spurt?
- How does the impact of these factors differ by age, sex and ethnicity?

For topic 2 on height, the proposed research questions are:

- Does a deficient environment during the SACA period cause short stature? Said differently, does SACA height reflect the adequacy of the environment?
- How does the impact of the environment change with age, onset of puberty/adolescent growth spurt, sex and ethnicity?

For topic 3 on weight, there are research questions proposed for both body composition and morbidity and mortality. These include:

- Body composition

        - How does SACA body composition change with age, onset of puberty/adolescent growth spurt, sex, ethnicity?
        - Do weight-for-age z-scores (WAZ) or BMI reflect body composition in SACA? Do other measures (including, but not limited to, mid-upper arm circumference, waist circumference, subscapular skinfold) reflect body composition more accurately? How does the measure-body composition relationship change with age, onset of puberty/adolescent growth spurt, sex and ethnicity?
- Morbidity and mortality
    - What is the association between [low][high] SACA BMI or WAZ and concurrent and subsequent morbidity and mortality?
    - How does that association change with age, onset of puberty/adolescent growth spurt, sex and ethnicity?
    - What is the association between changes in SACA BMI or WAZ and concurrent and subsequent morbidity and mortality?
    - How does that association change with age, onset of puberty/adolescent growth spurt, sex and ethnicity?
    - Are the associated health problems a cause or consequence of the [low][high] SACA BMI or WAZ?

The next steps for the working group include the identification of what can be accomplished within the available budget and working with the Secretariat to establish consultant contracts(s) to begin work on the research questions.

Points of discussion:

There was appreciation expressed for the goal of creating a foundation to help create a new reference and metric for this age group.

BMI has historically been used for arthrometry because in normal adults it is strongly related to mortality. However, for the SACA age group we do not know how BMI is related to morbidity and mortality. Thus, the inclusion of the research questions in topic 3 are crucial and timely. The research questions do not yet explicitly consider the difference in using BMI to assess individuals versus a population. However, this distinction could come at a later stage.

There are multiple questions across the three research topics. The request from the Secretariat is to do what is possible to answer these questions with the budget available. It is not yet clear if and how the research question list will be impacted by budget availability. Initially, however, the list may need to be narrowed down to accommodate a budget shortfall. It was suggested that the first two topics may be relatively lightweight in terms of effort and resources needed. Topic 3, however, will likely require additional resources.

Identifying biological relationships between BMI and body composition is important, specifically for variations by ethnicity. This variation has resulted in questions on the validity of a universal cut-off value to identify morbidity and/or morbidity risk.

Session 8: Global targets and indicators – 2025 and 2030

Richard Kumapley presented an update on the World Health Assembly (WHA) Executive Board (EB) nutrition documents and resolutions for the extension of the global nutrition targets from 2025 to 2030. And extension of the Comprehensive Implementation Plan (CIP) on Maternal and Infant Young Child Nutrition will be presented at the WHA in 2025. The new CIP on Maternal and Infant Young Child Nutrition highlights key achievements in past 12 years, describes current state of global nutrition targets, proposes extension of nutritional outcome targets to 2030 with addition of operational targets and proposes consideration of EB Decision to continue the CIP (without operational targets). The report will be finalized by the end of 2024 and will be translated prior to circulation to the WHA EB.

The target language for stunting, anaemia, low birthweight and wasting will remain the same.[xiii] Using the most recent available data, new 2030 targets and trajectories were presented for stunting, anaemia, low birthweight and wasting (compared to the 2012 baseline).

There are proposed changes to the target language for overweight and exclusive breastfeeding. While the original 2025 target for overweight was no increase in childhood overweight, the new proposed 2030 target language is to reduce the prevalence of childhood overweight to less than 5 per cent. While the original 2025 target language for exclusive breastfeeding was to increase the rate of exclusive breastfeeding in the first six months up to at least 50 per cent, the new 2030 proposed target language is to increase the rate of exclusive breastfeeding up to at least 60 per cent.

Proposed new and revised process indicators were also presented. The final list of proposed indicators is not yet complete, and discussions are ongoing regarding the final list of recommended indicators, considering their feasibility (e.g., whether a sugar-sweetened beverage indicator is possible for young children).

The different strategies for extending the global targets were presented, including advocating for the WHA EB to adopt the decision to extend the CIP and, alternatively, for a Member State resolution to extend the CIP, endorse targets and call for action including on operational targets (the EB would negotiate a resolution and recommend it to the WHA, who could formally adopt the resolution in May). These efforts are being coordinated by WHO.

As part of these efforts, there will be a webinar series in November on the global nutrition targets and updates to the policy brief series on the targets.

Points of discussion:

There have been some changes to the proposed target changes since earlier presentations to TEAM. What was presented during this meeting are the final recommendations/proposals to be shared with Member States.

Following WHA endorsement, a significant amount of work will follow to ensure the SDGs and other global monitoring activities align with the new proposed targets for 2030.

Session 9: Updates on HDMI

Jennifer Coates presented a review of the Healthy Diets Monitoring Initiative (HDMI) mission and objectives and an update on the work to date.

The objectives of the HDMI initiative are to:

- **Build consensus** on sub-constructs, methods, measures, and indicators best suited for diverse purposes, including both global and national diet monitoring efforts.
- **Empower countries** to integrate and utilize these refined measures and indicators within their national data systems.
- **Advocate for the global adoption** of standardized metrics, aligning with Sustainable Development Goals and other international commitments, ensuring a unified approach towards achieving healthy diets for people and the planet.

Currently, the focus of the working group is largely on national diet monitoring efforts, but they are also considering the types of metrics that would be appropriate for global monitoring.

See the reports of the fifteenth and sixteenth TEAM meetings for an overview of how the HDMI was established and its evolution over time. In 2023, the HDMI received funding from the Bill & Melinda Gates Foundation for a two-year project to carry forward their proposed workplan through 2026.

An initial guidance for monitoring healthy diets globally was drafted, which was intended to lay the groundwork to help countries begin thinking about monitoring healthy diets. Country engagement strategies are underway to begin engaging national statistics offices and data experts and assessing their needs via four regional-level consultations. An expert stakeholder consultation will be held to finalize the guidance and recommendations for which metrics to use. The guidance will then be disseminated along with communication to support its uptake among stakeholders.

The HDMI workplan between 2024 and 2026 includes activities related to research, technical consultations, guidance development and the dissemination and communication of outputs developed. So far, the initiative has completed: a systematic review of validity of metrics of healthy diets (focusing on adult populations), a comparison of MDD-W data collection methods, a systematic review of metrics of healthiness of child and adolescent diets and a guidance for monitoring healthy diets globally (version 1).[xiv] Work is underway on a systematic review of subconstructs of healthiness of child and adolescent diets, an assessment of relative validity and cross-country equivalence of health diet metrics (FAO/WHO GIFT), regional-level consultations to co-create with countries (two already completed with more planned) and the dissemination and communication for supporting guidance uptake. UNICEF also led the submission of a proposal for HDMI to present an interactive exhibit at the World Data Forum to help convey why healthy diets and their measurement are important. Planned future activities include a technical expert consultation for discussion on the provisional recommendations from HDMI in February 2025, other stakeholder consultations, the development of guidance for monitoring healthy diets globally (version 2). There are tentative plans to also support to countries in implementing guidance and to synthesize evidence and develop guidance on metrics for sustainable diets.

Points of discussion:

The two regional consultations already completed were attended by approximately 160 participants from 31 countries and included input and presentations from six countries. This represents significant engagement on the topic and is a great example of how TEAM can contribute to evidence gaps and be a catalyst for change.

Regarding communication and dissemination, more work is needed to support each working group to identify what should be widely disseminated and the best channels and strategies. Country consultations, while ideal for gathering inputs and introducing initiatives, can be resource intensive. HDMI received a lot of support from the UNICEF communications department, which improved the reach of HDMI outputs. The support received from UNICEF communications was in part a result of funding for their time. The topic area of healthy diets also lends itself well to communications efforts and communication colleagues are able to be creative in their efforts. It was mentioned if UNICEF communications would be open to supporting other TEAM topic areas, however, not all TEAM outputs need this level of support (e.g., landscape analyses, peer-reviewed publications, etc.). HDMI also had a focal point in charge of communications, which allowed for more experienced and creative input for dissemination strategies. This dedicated time to implement strategies was critical for success. It may be helpful for HDMI to compile a list of the best practices and creative strategies used to share with other TEAM working groups.

There was a question regarding the extent to which HDMI guidance will include information on how to analyse data on healthy diets. The full scope of the guidance has yet been finalized. Ideally, it would some guidance on data analysis, however, it may be restricted to simple tabulations.

The initiative switched from using the term ‘diet quality’ to ‘healthy diets’ in their name in part because ‘healthy diets’ is a more approachable and direct reference to the objective than ‘diet quality’.

There was some discussion related to the DHS-9 revision process. When a new DHS contract is awarded, there is a period of time when individuals or groups can put forth recommendations for core questions and/or modules to be updated. A portal for submission of these recommendations will be open from January to mid-March 2025. WHO, UNICEF and TEAM advisers have already begun discussions on potential recommendations from the nutrition community. A link for the portal will be shared once it is available. It was agreed that TEAM should develop a plan for how to contribute to this process. The Secretariat will discuss the ideal process to develop proposals during their next meeting in November.

Closing remarks

Kuntal Saha and the meeting facilitators thanked advisers for their contributions. The next TEAM meeting would be held in March 2025.

Annex I. Agenda

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

8 and 9 October 2024

8-11h EDT, 14-17h CET

Virtual meeting

Day 1: Tuesday, 8 October 2024			
EST	**CET**		
When		**What**	**Who**
8:00–8:10	14:00–14:10	Welcome and introductions Objectives and outputs	Kuntal Saha Chika Hayashi
8:10–8:30	14:10–14:30	Session 1: Updates from Anaemia Working Group	Sara Wuehler
8:30–8:45	14:40–14:45	Session 2: Updates from Anthropometry Working Group	Julia Krasevec Richard Kumapley
8:45–9:00	14:45–15:00	Session 3: TEAM budget	Kuntal Saha Chika Hayashi
9:00–9:50	15:00–15:50	Session 4: Updates from NIS guidance working group	Rebecca Heidkamp Sorrel Namaste
9:50–10:00	**15:50–16:00**	**Break**	
10:00–11:00	16:00–17:00	Side meeting: NIS Working Group	Working group members
		End of Day 1	
Day 2: Wednesday, 9 October 2024			
8:00–8:30	14:00–14:30	Session 5: Updates on Nutrition Intervention Coverage (NIC) Measurement Working Group	Sara Wuehler Kaleab Baye
8:30–8:45	14:30–14:45	Session 6: Updates from NCD Working Group	Jennifer Coates Pujitha Wickramasinghe
8:45–9:15	14:45–15:15	Session 7: Updates from SACA nutrition working group	Jef Leroy Priscila Machado
9:15–9:30	15:15–15:30	Session 8: Global targets and indicators – 2025 and 2030	Larry Grummer-Strawn Richard Kumapley
9:30–9:45	15:30–15:45	Updates from HDMI	Edward Frongillo/Jennifer Coates Isabela Sattamini
9:45–10:00	**15:45–16:00**	**Break**	
10:00–11:00	16:00–17:00	Side meeting: NIC Working Group	Working group members
End of meeting			

Annex II. List of participants

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

TEAM Members

1. Jennifer Coates – Co-Chair
2. Edward Frongillo – Co-Chair
3. Kaleab Baye – Member
4. Rebecca Heidkamp – Member
5. Jef Leroy – Member
6. Erin Milner - Member
7. Sorrel Namaste – Member
8. Sara Wuehler – Member
9. Pujitha Wickramasinghe – Member
10. Zhenyu Yang - Member

Rapporteur

1. Jessica White

TEAM Secretariat (UNICEF)

1. Chika Hayashi
2. Robert Johnston
3. Vrinda Mehra
4. Joel Conkle

TEAM Secretariat (WHO)

1. Elaine Borghi
2. Monica Flores-Urrutia
3. Richard Kumapley
4. Lisa Rogers
5. Kuntal Kumar Saha

Annex III. NIS Working Group side meeting

Rebecca Heidkamp, Sara Wuehler, Sorrel Namaste, Zhenyu Yang, Vrinda Mehra and Kuntal Saha participated in a side meeting to discuss the Consolidated Guidance on Nutrition Monitoring under development by the TEAM NIS Working Group. The meeting was used to discuss the purpose of the guidance, the process for guidance development and to review the workplan and budget and discuss next steps.

A draft concept note for the guidance was shared with TEAM for their review and feedback on 2 October 2024. The concept note outlines the proposed content of the guidance as well as the process for its development. So far only minimal feedback has been received from TEAM. A firm deadline is needed to ensure feedback is received from TEAM members.

The proposed objective/purpose of the guidance as outlined in the concept note is: To support national governments and partners in building an effective NNIS. It will provide a conceptual framework and core set of indicators for design and monitoring of national multisector nutrition strategies and programmes. At minimum the guidance will identify a set of standard nutrition indicators with recommendations for how, and how often, to collect them, as well as context-specific prioritization and adaptation.

Two questions were proposed for discussion on the objective of the guidance: (1) should the guidance focus on monitoring alone or also consider design/development? and (2) should it include guidance on context-specific prioritization and/or adaptation of indictors?

For the first question, it was agreed that the guidance should consider both monitoring of multisector nutrition plans and strategies (i.e., what the government has already prioritized for nutrition) as well as the assessment of the nutrition situation to help inform policy and programme design. The inclusion of guidance on assessment is important as it may help countries identify emerging issues within specific populations (e.g., the elderly) and/or nutrition outcomes (e.g., an increase in certain NCDs). These data can inform the design of new policies and strategies and/or programme course corrections. The difference between these concepts is subtle so the introduction and articulation of each concept is important. There was a suggestion to use the term monitoring to encompass both concepts, or to describe them as monitoring and assessment separately. It was decided that for now the word monitoring would be used only, with the meaning unpacked in the guidance to consider both monitoring and assessment.

For the second question, there was discussion related to whether guidance is needed for the context-specific prioritization of indicators and whether there should also be guidance on indicator adaptation. Context-specific prioritization may be presented as different tiers of indicators (i.e., core indicators and optional indicators). From an operational standpoint, however, developing prioritization guidance across all topical working groups/lists of indicators is a significant undertaking and may create too large of a workload for the working groups. Previous guidance documents have avoided context-specific prioritization. For example, in the development of a guidance on IYCF indicators to collect in emergency contexts, the IYCF in emergencies reference group decided to stay away from indicator prioritization in part because it might imply that some indicators are more important than others. It was also suggested to avoid the word prioritization and instead focus on context-specific use cases. For example, if sugar-sweetened beverage and

unhealthy food are not currently an area of concern in a specific country context, that country may choose to drop those questions from their IYCF monitoring plan. Regarding guidance on indicator adaptation, it was suggested to include simple instructions in brackets for how each indicator could be adapted, which has been shown to be important in previous DHS projects. It was agreed that at this stage the guidance will endeavour to include context-specific considerations, but more discussions will take place to define what those are and how they are articulated.

The draft framework was developed to help illustrate the different buckets of information needed to monitor a multisectoral nutrition strategy and the nutrition situation. In contrast to existing frameworks (i.e., the UNICEF conceptual framework), the draft framework does not go into detail on inputs, outputs, impact, etc.; however, this is an option that should be discussed. The green 'nutrition outcomes' box currently captures what the nutrition actions aim to influence. Currently, diet quality and food security are included as nutrition outcomes, however, depending on the partner these may be seen as underlying determinants rather than an outcome (e.g., FAO may focus on improving food security as their outcome of interest, while UNICEF sees food security as an underlying factor impacting diets, with nutritional status as their outcome of interest). It was agreed that the word 'outcome' should be replaced, but no replacement has been identified yet, and the current ideal impact of 'health and well-being' should be removed from the framework. The bucket of enabling environment determinants was also discussed. Because the guidance will cover monitoring of multisectoral strategies, it is important to include some enabling environment indicators, particularly on coordination and the policy landscape. However, the enabling environment indicators could be narrowed down to focus on coordination and policy only, with other operational indicators (e.g., human resource capacity) moving to nutrition actions. A separate working group may be needed to define what enabling environment indicators are needed. Sociocultural indicators may also be too broad to include in the framework. There was a concern expressed regarding the cross-cutting indicators in black. These may require further discussion. It was agreed that more discussion was needed before the framework can be shared for wider review.

The NIS Working Group workplan was reviewed to determine if timelines and activities need to change based on anticipated workload and available funds. Efforts to finalize and post the outstanding NNIS Technical Notes are ongoing, but more discussion is needed to move forward with the dissemination strategy. The working group held a virtual meeting in quarter 2 of 2024 to plan for an in-person working group meeting, which was held in June in Washington, D.C.

Regarding workplan activities related to the guidance, stage 1a of the guidance development process – decide on scope, draft outline and propose and process for co-creation of the guidance – started with the hiring of Sara Wuehler to draft the concept note, and is ongoing. It was agreed that 18 October 2024 would be the deadline for written feedback on the draft concept note and the draft will be revised based on feedback received during the week of 21 October. The NIS Working Group will meet in the first week of November to discuss the revised concept note, and the concept note will be finalized shortly thereafter. The urgent need for additional funding to support one or more consultants for project management, process coordination and/or thought leadership was emphasized. The process to identify funding must start in November to ensure planned activities for 2025 can proceed. A new activity was added to develop a plan for support (in-kind and direct funding from TEAM and others) in November.

Without additional funding for external support of coordination, subsequent workplan activities

may not be possible. There are two potential sources for funding for support to consider: (1) use of TEAM funds and (2) USAID Elevate funds. It was also suggested to use the finalized concept note to leverage additional funding.

The stage 1b activity – to seek external input on scoping and outline and the proposed process – was moved to quarter 1 of 2025. Stage 1c – development of guidance content – will now take place throughout all of 2025. This stage is dependent on the identification of significant additional funding (e.g., approximately US$200,000 not encompassing in-kind support and US$300,000 if it includes in-kind support). Stage 2 – engagement/validation and finalization of a full draft – will be moved to 2026.

Clarity is still needed on how localization (e.g., how to engage countries throughout each stage of the process) and socialization (e.g., awareness raising and feedback) can be incorporated into the process. Input is needed from UNICEF specifically on socialization. A workshop or consultation was suggested for March 2025 to get country input on the concept note and other relevant topics. However, currently there is no funding to support this type of event, and they are costly. It was also proposed that the workshop or consultation could instead act as a launch meeting for the topical working groups and even be designed to account for a staggering of the working groups (as suggested in the main meeting session). This could potentially be attached to the in-person TEAM meeting in March 2025.

It was agreed that additional discussion is needed to finalize and move forward with workplan activities, and meetings are needed with USAID to discuss funding and with UNICEF to determine their thoughts and get commitments in writing. Additional working group calls will be scheduled throughout the fall as needed.

Annex IV. NIC Working Group side meeting

Sara Wuehler, Kaleab Baye, Rebecca Heidkamp, Pujitha Wickramasinghe, Vrinda Mehra and Kuntal Saha participated in a side meeting to discuss the NIC Measurement Working Group workplan.

A comprehensive review of existing frameworks for effective coverage and quality of care was proposed in the initial workplan. However, it was discovered that there are several existing groups and efforts already assessing relevant frameworks. The NIC Measurement Working Group was also invited to a technical advisory group on quality-of-care metrics which lead to greater clarity on ongoing efforts and where TEAM may add value. This resulted in the working group deciding to narrow their focus to a few of the most widely used frameworks only, rather than conducting an initial comprehensive literature review (as this may duplicate existing work).

It was agreed in this discussion that a comprehensive literature and/or work to develop a conceptual framework from scratch is a very time and resource intensive endeavour. Using existing frameworks initially to see how they can be applied, and if needed, adapted, is preferrable. It was acknowledged, however, that the conclusion of this narrower initial focus may be that the health system frameworks don't suit the needs of nutrition services and that a new quality of care framework is needed.

Regarding the pre-print on use of the effective coverage cascade on ANC and nutrition interventions, Rebecca Heidkamp (a co-author of the paper) was asked whether it would be useful for the working group to apply a similar level of effort/analysis to IFA or nutrition counselling specifically. It was not recommended to replicate the same analysis. The analysis reviewed WHO Guidelines and reached out to experts to see what items or supplies are essential for quality nutrition care during ANC. However, they did not ask about individual interventions. This is why the results refer to nutrition during ANC and not specific interventions. It was not recommended to re-do the analysis for a specific intervention, nor should the working conduct quality-of-care calculations (as was done in the pre-print analysis).

There was a question on the UNICEF priorities for this working group. It was not possible to discuss this during the side meeting.

The WHO Quality of Care Conceptual Framework is relevant and valid for interventions delivered through health services (e.g., any service tied to health centre actors). However, this framework may not apply to nutrition actions by non-health sectors.

There has been a lot of investment to create tools to measure different aspects of the WHO Quality of Care Framework, and the health sector has spent a lot of time thinking about how to operationalize the framework through measurement, both to produce effective coverage measurements and improve the quality of services. Some of framework elements are more or less measurable using a household or facility survey. For the elements that cannot be measured using these surveys, additional tools have had to be developed. The working group may want to look at what is available in facility-level tools and identify recommendations on what could be added to these tools to capture quality nutrition care.

It was recommended for the working group to first use the quality-of-care framework to define what quality care is for the selected nutrition interventions (i.e., IFA and counselling). The effective coverage cascade should not be applied until 'quality' and 'readiness' have been defined for the two interventions. Once this is defined, the next step is to see how these definitions inform effective coverage measurement.

There was a question whether to use routine data sources and/or other data sources when applying the framework to nutrition. While it was acknowledged that routine data does not generally capture aspects of quality for services such as IFA or counselling, it was recommended to not limit data sources in the initial step of defining quality. Once quality is defined, it was recommended to identify and/or map any countries collecting data on the defined quality-of-care concepts, or any existing methods or tools available to assess them (e.g., national surveys, routine administrative data, periodic monitoring activities through supportive supervision, etc.).

In parallel to the work of applying the frameworks to nutrition interventions, it was recommended to explore whether there are non-nutrition interventions where the frameworks have been applied (e.g., counselling on adherence for human immunodeficiency virus (HIV) medications) that can provide relevant insight. This additional review may help maximize learning.

It was recommended to define one or two overarching questions to guide the work. No specific questions were agreed upon. However, it was recommended for the working group to apply the frameworks to nutrition to see how well they fit and determine what it would mean to operationalize a concept of quality to the selected nutrition interventions.

To identify a consultant to support this work, it was suggested to see who has supported similar work within the health system. The TEAM network and the networks of TEAM members can also be used to identify candidates that have the capacity to take on the work.

While the comprehensive literature search outlined in the original workplan is not needed, a literature search was still suggested as part of the portfolio for the identified consultant to help understand how quality is defined for similar or relevant interventions and to better understand different aspects of data availability and data sources. It was also suggested that the working group also consider looking into the Donabedian conceptual framework to assess quality of care.[xv] This narrower literature review can also help rationalize the choice of the two selected frameworks.

Key elements to include in the Terms of Reference for an eventual consultant were discussed, including: (1) start with a focus on health system and nutrition indicators, (2) apply health system quality-of-care concepts and how they are measured (and apply these to IFA and counselling), (3) look for other groups who have applied quality of care (e.g., HIV counselling, bottleneck analysis), (4) compare quality of care to the effective coverage cascade and see what fits using IFA and counselling, and (5) better understand where the suggested data exist and where they could be incorporated.

Endnotes

[i] Emerging Evidence and Critical Issues with the Use of Single-Drop Capillary Blood for the Measurement of Hemoglobin Concentration in Population-Level Anemia Surveys, Advances in Nutrition Vol. 15Issue 10 Published online: August 13, 2024

[ii] WHO. 2024. Guideline on haemoglobin cutoffs to define anaemia in individuals and populations. Available at: https://www.who.int/publications/i/item/9789240088542

[iii] Compared to prevalence estimates calculated using the previous (2001) guidance on defining anaemia, available at: https://www.who.int/publications/m/item/iron-children-6to23--archived-iron-deficiency-anaemia-assessment-prevention-and-control

[iv] Enhancing Nutrition Monitoring, Evaluation, Research, and Learning in the Health Sector (NuMERAL)

[v] https://www.advancingnutrition.org/what-we-do/activities/hemoglobin-measurement-study-improving-anemia-assessment

[vi] All published technical briefs, and the overall research agenda, are available at: https://data.unicef.org/resources/anthropometry-data-quality-research-priorities/

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

[viii] Sheffel, A., et al. (2024). Effective coverage for maternal health: operationalizing effective coverage cascades for antenatal care and nutrition interventions for pregnant women in seven low- and middle-income countries. medRxiv, 2024.06.29.24309704. Available at: https://www.medrxiv.org/content/10.1101/2024.06.29.24309704v1

[ix] de Onis, M., Onyango, A. W., Borghi, E., Siyam, A., Nishida, C., & Siekmann, J. (2007). Development of a WHO growth reference for school-aged children and adolescents. *Bulletin of the World Health Organization*, *85*(9), 660–667. https://doi.org/10.2471/blt.07.043497.

[x] Tumilowicz, A., Beal, T., Neufeld, L. M., & Frongillo, E. A. (2019). Perspective: Challenges in Use of Adolescent Anthropometry for Understanding the Burden of Malnutrition. *Advances in nutrition (Bethesda, Md.)*, *10*(4), 563–575. https://doi.org/10.1093/advances/nmy133

[xi] Lelijveld, N., Benedict, R. K., Wrottesley, S. V., Bhutta, Z. A., Borghi, E., Cole, T. J., Croft, T., Frongillo, E. A., Hayashi, C., Namaste, S., Sharma, D., Tumilowicz, A., Wells, J. C., Ezzati, M., Patton, G. C., & Mates, E. (2022). Towards standardised and valid anthropometric indicators of nutritional status in middle childhood and adolescence. *The Lancet. Child & adolescent health*, *6*(10), 738–746. https://doi.org/10.1016/S2352-4642(22)00196-1

[xii] Diets are healthy when they provide the necessary nutrients and they limit the intake of foods and ingredients that increase the risk of overweight, obesity, and diet-related NCDs.

[xiii] Stunting: 40 per cent reduction in the number of children under-5 who are stunting; Anaemia: 50 per cent reduction in women of reproductive age; Low birthweight: 30 per cent reduction of low birthweight; and Wasting: Reduce and maintain childhood wasting to less than 5 per cent.

[xiv] Available at: https://www.who.int/publications/i/item/9789240094383

[xv] The framework was used in the following research article: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0178121&type=printable