

Improving measurement of
reproductive, maternal, newborn, child and adolescent health &
nutrition

Countdown to 2030 Conference,
Stellenbosch, South Africa,
January 31 – February 1, 2018

Conference Report

Measurement priorities roadmap

Annex A: Summary points of the sessions

Annex B: Conference agenda

Annex C: List of participants

Measurement priorities roadmap

Measurement priorities for Women's, Children's, and Adolescents' Health	
Coverage	Equity
<ul style="list-style-type: none"> ○ New coverage indicators for priority interventions ○ Innovative analytical methods for measuring effective coverage (linking available data sources, associations between quality-adjusted coverage and health impact, client experience measures) ○ Use of health facility and other routine data for coverage and quality of care measurement 	<ul style="list-style-type: none"> ○ Equity analyses on priority interventions for which new indicators and data are available ○ Improved methods to analyse key dimensions of inequality to better identify those that are left behind within and across countries ○ Analyses on additional dimensions of inequality highlighted in SDG 17.18
Drivers	Nutrition
<ul style="list-style-type: none"> ○ Context measures that drive coverage change (e.g., gender, community engagement) ○ Governance measures (e.g., public sector quality improvement, multisectoral collaboration) ○ Approaches to assess the private sector (e.g., use and quality; commercial interests) 	<ul style="list-style-type: none"> ○ Core set of coverage indicators of nutrition-specific interventions ○ Effective coverage measures to capture complex interventions ○ Use of routine administrative data systems to capture information on nutrition programs
Pregnancy outcomes and maternal health	Adolescent health
<ul style="list-style-type: none"> ○ Use of health facility data to measure birth outcomes ○ Innovative methods to capture non-fatal maternal and neonatal outcomes ○ Improved methods for measuring abortion outcomes, safe- and post-abortion services 	<ul style="list-style-type: none"> ○ Core set of indicators including mental health, nutrition and SRH ○ Approach to track domestic and international investments for adolescent health ○ Improve existing data collection methods including new data platforms
Conflict settings	Early Childhood Development (ECD)
<ul style="list-style-type: none"> ○ Improved methods to capture coverage among non-refugee populations including national surveys ○ Conflict typology and standardized metrics of women, children and adolescent health related coverage 	<ul style="list-style-type: none"> ○ Core set of coverage indicators for ECD interventions, including data collection instruments and analytical approaches ○ Summary measure(s) of ECD ○ Outcome measures for ECD interventions that are standardized and can be used in routine systems
Countdown to 2030 main delivery strategies	
Technical work	Regional initiatives
<ul style="list-style-type: none"> ○ Coverage, Equity and Drivers working groups, with special attention for nutrition, conflict, ECD, adolescent health ○ Survey analysis capacity and database at Pelotas ○ Technical Inputs into global reports and events, and into standard setting work by WHO ○ Technical work to advance the WCAH agenda in the context of UHC/SDG 	<ul style="list-style-type: none"> ○ Generate evidence with regional and country institutions (networks in Latin America & the Caribbean, East and Southern Africa, and West and Central Africa) ○ In-depth regional and country analyses ○ Strengthen analytical capacity in regional and country institutions ○ Expand to additional regions
Platform for technical collaboration	Dissemination & Communication
<ul style="list-style-type: none"> ○ Link with networks, partnerships and consortia ○ UN collaborations at global, regional and country levels ○ Link with research networks and initiatives, including implementation research 	<ul style="list-style-type: none"> ○ Collaboration with PMNCH, UN agencies and regional partners ○ Scientific papers, global report 2020, UNICEF/CD country profiles

Annex A: Summary points of the sessions

Objectives of the conference

- To take stock of the current practices, advances and critical issues in RMNCAH&N measurement
- To develop a priority research agenda on RMNCAH&N measurement to 2020, including the implications in terms of measurement instruments for countries and for global programs.

General points

Monitoring

- A platform for gathering technical expertise for accountability and addressing difficult measurement topics, Countdown to 2030 launched the first post-MDG era global report (<http://countdown2030.org/reports-and-publications/countdown-2017-report>) which highlights the major challenges to reaching universal coverage of essential health services to women, children and adolescents over the past decade at the meeting.
- Dynamic country profiles for the 81 Countdown countries generated by UNICEF were also launched, and can be found at <http://countdown2030.org/country-and-regional-networks/country-profiles>.
- Countdown monitoring efforts will align with and support Global Strategy annual reporting and tracking of 16 core indicators being done by WHO in collaboration with the H6.

Measurement

Through identification of gaps and opportunities for measurement advances, the following areas will be prioritized in Countdown's measurement agenda:

- Expansion beyond "crude" coverage into effective coverage of RMNCAH & N interventions
- Further exploration of multiple dimensions of inequality – "No one left behind"
- Advancing the measurement of governance and understanding what makes a difference
- Embracing wider diversity of data sources such as routine facility data and inter-sectoral data
- Identifying opportunities and strategies to better address neglected and/or emerging areas such as adolescent health, nutrition, and early childhood development
- Focused attention on how to address measurement in complex situations such as conflict

Regional initiatives for evidence generation and capacity strengthening for analysis

- Regional and country evidence generation and analytical capacity strengthening designed to inform program reviews and other situation analyses through generation of products identified and produced by country partners such as scientific publications, policy and media briefs, contributions to national reports and other communication materials.
- Institutional collaborations (public health institutions and Ministries of Health) focused at national level, but with analytical focus on country-led priority themes at the subnational level.
- Partnering with others to develop products for government, civil society and media to ensure strong linkages with efforts to improve use and interpretation.

Towards a roadmap: summary points from the sessions

The following sections provide a brief summary of the main themes, organized by agenda item, discussed and offer a roadmap for measurement of RMNCAH&N 2018-2020.

Coverage measurement, including quality of care

- More robust measures must be developed to improve measurement of effective coverage - standardized methodologies and tools for data collection that allow better measurement of quality-adjusted measures; validating measures of effective coverage, demonstrating causal connections between effective coverage and health impact, improving linkages among major data collection initiatives, and broadening the focus to include the client experience.
- Innovative ways to better use facility and other routine data for coverage measurement are needed to facilitate measuring the quality of care received in facilities for a range of services.
- Synthesis and dissemination of validation evidence for “Tier 3” indicators that have been identified as needing further development are necessary to identify areas for investment in additional validation work in the context of the DRIP (data rich, information poor) syndrome.

Equity measurement

- Health inequality is multidimensional (i.e. economic status, education, age, sex, province or district, place of residence, race, ethnicity, language migratory status) and different methodologies may be used for measuring (individual income or household asset-based index) and categorizing each dimension (i.e. quintile, decile, binary).
- Summary measures of inequality can be used to compare the change of inequality over time in one setting or across settings or health topics/indicators. Essential considerations for selection of measures are: (1) measures that make pairwise comparisons between two population subgroups versus those that summarize differences across all subgroups; (2) measures of absolute inequality versus relative inequality; (3) measures that show inequality according to a dimension with a natural order versus a dimension that does not have an inherent ordering; (4) measures that consider the subgroups’ population size versus those that do not; (5) selection of the reference.
- The needs and technical knowledge of the target audience (and the purpose of reporting) must be kept in mind when reporting health inequality results. Interactive visualization technology can facilitate delivery of messages.

Measuring drivers of coverage

- Measurement of contextual factors that drive changes in effective and equitable coverage requires varied framings of RMNCAH&N that imply distinct research foci and diverse disciplinary contributions, valuing different types of evidence and research partnership; careful planning to support a consultative processes for priority setting, development of online platforms for data collection, storage and retrieval, data validation and data analysis and use; and recognition that quite distinct results may result depending on the type of coding and variables included for analysis.
- Improvements are needed to address the lack of data system governance that has led to duplication while simultaneously leaving continued data gaps. Different government departments support overlapping data systems while few initiatives track/measure multi-sectoral collaborative activities.

- The measurement agenda should be expanded to include the private sector (e.g. mobile phone operators) and private health facilities. Agile measurement of the commercial interests and influence over policy making needs to be better understood and supported.

Regional initiatives and country engagement

- Primary purpose is to generate evidence on WCAH&N that can inform program reviews, situation analyses and accountability efforts.
- Institutional collaborations and analytical capacity strengthening at national level are central and include involvement of the Ministry of Health and public health institutions (national statistical offices), while the analytical focus is at subnational level.
- Emphasis is on delivery of products that may include: scientific publications (collective, individual) at regional and country levels; inputs into country dashboards or profiles; policy and media briefs; communication materials such as presentations; and contributions to national statistical reports and other review reports.
- Partnering with others to develop products and ensure good linkages with efforts to improve use and interpretation; particularly on country “case studies” is critical.
- Development of a long term plan, including measures of success, might include building thematic expertise or building the capacity of southern Universities to do this work.

Nutrition intervention measurement

- There is an urgent need for consensus on a core set of nutrition coverage indicators which will help to drive data collection efforts. The core set can be used for progress tracking, costing and financing, modeling for impact and resource optimization.
- Monitoring recommendations, including standardized coverage indicators should exist where clinical or programmatic guidelines are available. Summary indicators can be created to address complex interventions such as timed and targeted breastfeeding counseling and promotion that take into consideration issues such as service delivery platform, cadre of providers, and frequency and type of intervention.
- Investment in validation studies to ensure questions and indicators are measuring what we want are necessary because the choice of indicator affects the value reported.

Measuring pregnancy outcomes

- Because birth outcomes such as birth weight, gestational age and stillbirths are routinely recorded in most facilities, greater efforts should be made to work with facility data to improve the measurement of such outcomes. While facility data may still be incomplete, as more and more women deliver in facilities the quantity and quality of such data will improve.
- "Pregnancy outcomes" refers to the mother as well as the baby, yet the conference session only covered birth outcomes for the fetus/baby. There was a call for the establishment of a Countdown working group to focus on the challenges in the measurement of outcomes for the mother, in particular in relation to pregnancy-related complications (direct and indirect obstetric and non communicable). Further exploration is needed on how to incorporate “maternal” into the Composite Coverage Index (CCI) and regional initiative analyses, and how to better address quality of care and mothers’ mental health.

- A working group that includes collaborators already working on measurement of abortion would provide necessary attention to reproductive health, specifically as it relates to safe abortion.

Measuring adolescent health

- With the welcome inclusion of adolescent health in the Global Strategy and given the proportion of adolescents in Countdown countries, their disproportionate burden of diseases, and the shorter period between reproductive maturity and parenting than in many other countries, investing in measuring adolescent health is critical. Despite the clear policy context and investment case, there is need to improve the tracking the domestic and aid investments that are currently made to promote the health and well-being of adolescents.
- Investing in innovation in adolescent health measurement will involve refining and harmonizing existing survey measures and capitalizing on new platforms (i.e. schools and digital) and exploration of new sampling strategies. In addition to better collection on the traditional aspects of SRH, better alignment with the burden of adolescent health, including nutrition and mental health are critical. All these efforts must engage young people as stakeholders - “Nothing about us without us”.
- We must monitor what we can now and make adolescent health and wellbeing more visible. There is opportunity to collaborate with the Lancet Commission on Adolescent Health and Wellbeing (which developed a set of 12 indicators that were widely able to be populated with existing data) to develop a set of country profiles for adolescent health that are being requested by many countries.

Measurement in conflict situations

- To date, the majority of research has focused on refugees in relatively stable conflict-affected settings, such as camps. There is a need to start measuring repercussions of conflict on affected populations that are in the majority, but are currently mostly invisible in research (internally displaced populations and asylum seekers). Going beyond just including populations most directly affected by conflict to think about studying and working with resident or host populations also affected by conflict is a critical next step.
- There is a need to define what is meant by a conflict, as well as conflict affected population(s), including doing a better job of developing and agreeing on typologies of conflict, conflict affected populations, as well as standardized metrics that are both measurable and meaningful. Data are currently often lacking to assess coverage of key interventions, and there is even less data available for service utilization and effective implementation strategies.
- The nature of conflict has changed, and requires strong coordination and collaboration across sectors, with humanitarian actors, other academics and NGOs, as well as the very populations on whom the research is being conducting and whose health we are aiming to improve. This will offer a better chance of learning not only what interventions are effective in crises settings, but also about the conditions necessary to successfully implement the evidence-based interventions.

Measuring early childhood development

- Early childhood development (ECD) lays the foundation for human potential and provides the link between the Survive and Thrive agendas, as many of the same interventions that address child survival have benefits for ECD. Intersecting across multiple sectors - health, nutrition, education, social welfare and child protection – positions ECD as an important poster child in the Countdown agenda. There was a proposal to include ECD in countdown and expand the name to include development as RMNCAHD&N, which supports the life-course approach.

- Data exists across determinants and risks (e.g. stunting, poverty, maternal education, child maltreatment), policies and financing, coverage and equity as well as impact. However efforts are required for measurement improvement including indicator development, data collection methodology as well as analysis. Initiatives are ongoing and converging to establish a better outcome measure for population level monitoring and programmatic evaluation.
- Investment is required on better usage of existing data as well as harmonization to inverse the DRIP (data rich information poor) paradigm.

Does measurement matter? Evidence of successful approaches

- Design thinking must be employed early to ensure information gets into the hands of those who need it. Measurement efforts and linking evidence to practice require considering how the process and information will be used by stakeholders as part of design and implementation.
- We need to think in terms of grids not borders. As technology expands, so does our ability to improve measurement, information and use for decision making. Alignment with HIS is critical.
- Equity considerations and context must be integrated with everything so the information can be used to adjust programs. More on implementation research, data use is needed.
- In terms of data and evidence, how will success be measured? By reaching top policy makers/ politicians, causing debate in the media, prompting shifts in budget or allocations?

Final Reflections

- Countdown is a platform that relies on the strengths of the partners in the room to continue to integrate the Countdown agenda into various initiatives (i.e. monthly call on MN health measurement research).
- There is a need for close collaboration with WHO and UNICEF around identification of a core set of indicators and regional capacity building related to quality of care, including how Countdown can support WHO's 9 Quality, Equity and Diversity (QED) countries.
- Greater engagement from communication experts is necessary. PMNCH will think through how best to collaborate toward amplification of communications/knowledge management.
- Additional attention is needed on financial tracking to expand beyond donors, while not overextending into activism. Striking the balance between what is politically doable and what is the best is important. Regional initiatives must support country researchers to be messengers of their own data.
- Data management tools need to be more diverse to address the need for better data on adolescents now and throughout the life-course.
- Ensuring the necessary and appropriate linkages across initiatives and communities of practice is crucial, particularly as Countdown sets out to prioritize next steps for the future, including greater inclusion of country/regional representation.

Annex B: Agenda

Day 1		
8:30 – 9:00	0 Introduction	
9:00 – 11:00	1 Coverage measurement	
11:30 – 13:00	2A Nutrition intervention measurement	2B Measurement of the outcome of pregnancy
13:00 – 14:00	<i>Lunch break</i>	
14:00 – 15:30	3 Equity measurement	
16:00 – 17:30	4A Adolescent health measurement	4B Measurement in conflict setting
Day 2		
8:30 – 10:30	5 Drivers measurement	
10:30 – 12:00	6A Early childhood development	6B Measurement matters?
12:00 – 13:00	7 Regional initiatives and country engagement	
13:00 – 14:00	<i>Lunch break</i>	
14:00 – 16:15	8 Summaries of the plenary & parallel sessions & discussion	
16:15 – 17:30	9 Measurement research roadmap and way forward	

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Day 1, January 31 2018 - morning

Session	Time	Subject	Presenter	Moderator
0	08:30-09:00	Introduction and Countdown to 2030	Secretariat	
1	09:00-11:00	Coverage measurement, including quality of care		Zulfi Bhutta
		Advances in the measurement of coverage for RMNCAH and nutrition: from contact to effective coverage	Agbessi Amouzou, Johns Hopkins University	
		Coverage counts at birth: what data do we need, what do we have, and what will we learn by observing 20,000 facility	Joy Lawn, London School of Hygiene and Tropical Medicine	
		Quality of RMNCH clinical care: insights from health facility assessments	Hannah Leslie, Harvard School of Public Health	
		Validity of MNCH coverage indicators: what are we measuring when we measure coverage?	Melinda Munos on behalf of ICM, Johns Hopkins University	
		PMA2020's methods and experience in rapid turnaround monitoring surveys for coverage measurement	Linnea Zimmerman, Johns Hopkins University	
		Discussant followed by general discussion	Tanya Marchant, London School of Hygiene and Tropical Medicine; Liliana Carvajal, UNICEF	
	11:00-11:30	<i>Coffee break</i>		
2A	11:30-13:00	Nutrition intervention measurement		Ellen Piwoz
		Measurement of nutrition interventions along the RMNCAH continuum of care: lessons and challenges*	Stuart Gillespie, IFPRI	
		Measuring nutrition coverage [and behaviors] across the continuum of care through household surveys: Lessons from PMA 2020-NUT in Burkina Faso and Kenya	Rebecca Heidkamp and Melinda Munos, Johns Hopkins University	
		Measuring nutrition coverage across the continuum of care using available data platforms: Lessons from India	Purnima Menon, IFPRI	
		Challenges with measuring coverage and quality of interpersonal counseling for IYCF: Lessons from Alive & Thrive	Silvia Alayon, Alive & Thrive	
		Discussant followed by general discussion	Zulfi Bhutta, Aga Khan University Karachi / Hospital for Sick Children, Toronto	
2B	11:30-13:00	Measuring pregnancy outcomes: what data do we have and what feasible actions could improve data quantity and quality		Joy Lawn
		Measurement of stillbirths and early neonatal mortality through reproductive calendars and birth histories in household surveys	Mohamed Ali, WHO Geneva	
		Measurement of abortion incidence and mortality	Veronique Filippi, London School of Hygiene and Tropical Medicine	
		Measurement of birthweight	Hannah Blencowe, London School of Hygiene and Tropical Medicine	
		Measurement of gestational age	Anne CC Lee, Harvard Medical School	
		Discussant, followed by general discussion	Carine Ronsmans, London School of Hygiene and Tropical Medicine	
	13:00-14:00	<i>Lunch break</i>		

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Session	Time	Subject	Presenter / moderator
3	14:00-15:30 Plenary	Equity measurement	Mark Hereward
		Beyond wealth quintiles: new ways of analyzing inequalities in RMNCH	Cesar Victora, University of Pelotas (remote)
		Measuring women's empowerment and its association with RMNCH	Aluisio Barros, University of Pelotas
		Measuring inequalities according to categorical stratification variables such as subnational units or ethnicity	Ahmad Hosseinpoor, WHO
		Inequalities in early childhood development	Alex Manu, London School of Hygiene and Tropical Medicine
		Discussant, followed by general discussion	Luis Huicho, University of Peru
	15:30-16:00	Coffee break	
4A	16:00-17:30 Parallel	Measuring adolescent health	Catherine Kyobutungi
		The work of the Lancet Commission and adolescent health measurement agenda	George Patton, University of Melbourne
		Measuring adolescent sexual and reproductive health	Ann Blanc, Population Council
		Experiences with measuring adolescent health in Africa	Yohannes Wado, APHRC
		Measuring coverage of HPV vaccination and cervical cancer screening	Doris Chou, WHO, Jennifer Requejo, Johns Hopkins University
		Discussant, followed by general discussion	Irene Agyepong, Ghana Health Services
48	16:00-17:30 Parallel	Measurement in conflict situations	Ana Langer
		Measurement of impact of conflicts on coverage of RMNCH interventions and child mortality: an analysis of pre- and post-conflict national surveys	Ties Boerma, University of Manitoba
		Measurement lessons learned from the Syria conflict	Jocelyn DeJong, American University Beirut
		Measurement lessons learned from the Afghanistan and Pakistan conflicts	Zulfi Bhutta, Aga Khan University Karachi / Hospital for SickKids
		Impact of conflicts on RMCNH among refugees, IDPs and resident conflict affected populations	Hannah Tappis, Johns Hopkins University
		Discussant, followed by general discussion	Karl Blanchet, London School of Hygiene and Tropical Medicine
18:00-19:00		RECEPTION: Launch of the Countdown 2017 Global Report, country profiles and Lancet papers	Tamboer Room

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Session	Time	Subject	Presenter	Moderator
5	8:30-10:00	Measuring the drivers of coverage		Peter Waiswa
		Plenary		
		Measuring governance in support of the continuum of care for women's and children's health*	Asha George, University of Western Cape	
		.. Macro-level governance indexes	Mary Kinney, Univ. Western Cape	
		.. Meso-level governance dynamics for quality improvements	Tanya Jacobs, Univ. Western Cape	
		.. Meso-level multi-sectoral policy for adolescent health	Amnesty LeFevre, Johns Hopkins University	
		.. Micro-level m-health user interfaces		
		Measurement of financing for RMNCH: aid flows, domestic financing and financial protection	Josephine Borghi, London School of Hygiene and Tropical Medicine (remote)	
		Discussant followed by general discussion	Helen Schneider, University of Western Cape	
	10:00-10:30	Coffee break		
6A	10:30-12:00	Measuring early childhood development		Dana McCoy
		Parallel		
		Overview of measurement issues and progress in ECD	Bernadette Daelmans, WHO	
		Tracking the facilitating environment (laws, policies and home practices)	Linda Richter, University of Witwatersrand	
		Measurement issues related to the burden, equity, and risk factors for ECD	Chunling Lu, Harvard University	
		Creating a global standard for measuring ECD	Maureen Black, University of Maryland Pia Britto, UNICEF	
6B	10:30-12:00	Does measurement matter? Evidence of successful approaches		Shams el Arifeen
		Parallel		
		High Resolution Demographic Mapping	Kristine Nilsen, Univ of Southampton	
		Program science approaches	James Blanchard, University of Manitoba	
		Evidence of what worked: lessons learned from Evidence for Action project in six countries	Tim Colbourn, University College, London	
		From activities to impact: measuring knowledge translation	Nasreen Jessani, Johns Hopkins University/Stellenbosch University	
		Discussant, followed by discussion	John Grove, WHO	
7	12:00-13:00	Regional initiatives and country case studies		Theresa Diaz
		Plenary		
		Countdown measurement framework: taking it to regions and countries	Secretariat	
		Overview of the three regional initiatives (10 minutes each)	Aluisio Barros, University Pelotas; Cheikh Faye, APHRC; Agbessi Amouzou, Johns Hopkins Univ.	
		General Discussion: regional initiatives and country case studies – how can the Countdown contribute best?		
	13:00-14:00	Lunch break		

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Day 2, February 1 2018, afternoon

Session	Time	Subject	Presenter	Moderator
8	14:00-15:30	Implications for measurement and research roadmap		Bob Black
		Each presenter provides a maximum of 3 main points from the respective plenary or parallel session (5 minutes each)		
	14:00	Coverage measurement	Agbessi Amouzou / Chika Hayashi	
	14:05	Measuring the outcome of pregnancy	Carine Ronsmans	
	14:10	Measurement in conflict situations	Neha Singh	
	14:15	<i>Discussion</i>		
	14:30	Equity measurement	Cesar Victora / Ahmad Hosseinpoor	
	14:35	Nutrition intervention measurement	Chika Hayashi	
	14:40	Early childhood development measurement	Tarun Dua	
	14:45	<i>Discussion</i>		
	15:00	Drivers measurement	Asha George	
	15:05	Does measurement matter?	John Grove	
	15:10	Measuring adolescent health	Susan Sawyer	
	15:15	<i>Discussion</i>		
	15:30	General discussion		
	15:45-16:15	<i>Coffee break</i>		
9	16:15-17:30	Linkages with WHO and UNICEF; observations from PMNCH, UNFPA, GFF and others		Ties Boerma
		Implications for and linkage with WHO MONITOR and other initiatives	Theresa Diaz, WHO	
		The Countdown measurement agenda and UNICEF priorities	Mark Hereward, UNICEF	
		Panel – observations from partners on linkages and the way forward	Sennon Hounton, UNFPA Helga Fogstad, PMNCH Pali Lehohla, IAP Jesper Sundewall, SIDA Susan Fournier, CIFF Kate Somers, BMGF	
		Closing remarks	Secretariat	
		END OF DAY 2		

Annex C: List of Participants

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