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

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Equity</th>
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<tbody>
<tr>
<td>o New coverage indicators for priority interventions</td>
<td>o Equity analyses on priority interventions for which new indicators and data are available</td>
</tr>
<tr>
<td>o Innovative analytical methods for measuring effective coverage (linking available data sources, associations between quality-adjusted coverage and health impact, client experience measures)</td>
<td>o Improved methods to analyse key dimensions of inequality to better identify those that are left behind within and across countries</td>
</tr>
<tr>
<td>o Use of health facility and other routine data for coverage and quality of care measurement</td>
<td>o Analyses on additional dimensions of inequality highlighted in SDG 17.18</td>
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<thead>
<tr>
<th>Drivers</th>
<th>Nutrition</th>
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<tr>
<td>o Context measures that drive coverage change (e.g., gender, community engagement)</td>
<td>o Core set of coverage indicators of nutrition-specific interventions</td>
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<td>o Governance measures (e.g., public sector quality improvement, multisectoral collaboration)</td>
<td>o Effective coverage measures to capture complex interventions</td>
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<td>o Approaches to assess the private sector (e.g., use and quality; commercial interests)</td>
<td>o Use of routine administrative data systems to capture information on nutrition programs</td>
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<thead>
<tr>
<th>Pregnancy outcomes and maternal health</th>
<th>Adolescent health</th>
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<tbody>
<tr>
<td>o Use of health facility data to measure birth outcomes</td>
<td>o Core set of indicators including mental health, nutrition and SRH</td>
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<tr>
<td>o Innovative methods to capture non-fatal maternal and neonatal outcomes</td>
<td>o Approach to track domestic and international investments for adolescent health</td>
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<tr>
<td>o Improved methods for measuring abortion outcomes, safe- and post-abortion services</td>
<td>o Improve existing data collection methods including new data platforms</td>
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<tr>
<th>Conflict settings</th>
<th>Early Childhood Development (ECD)</th>
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<tr>
<td>o Improved methods to capture coverage among non-refugee populations including national surveys</td>
<td>o Core set of coverage indicators for ECD interventions, including data collection instruments and analytical approaches</td>
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<tr>
<td>o Conflict typology and standardized metrics of women, children and adolescent health related coverage</td>
<td>o Summary measure(s) of ECD</td>
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<td>o Outcome measures for ECD interventions that are standardized and can be used in routine systems</td>
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### Countdown to 2030 main delivery strategies

<table>
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<tr>
<th>Technical work</th>
<th>Regional initiatives</th>
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<tr>
<td>o Coverage, Equity and Drivers working groups, with special attention for nutrition, conflict, ECD, adolescent health</td>
<td>o Generate evidence with regional and country institutions (networks in Latin America &amp; the Caribbean, East and Southern Africa, and West and Central Africa)</td>
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<tr>
<td>o Survey analysis capacity and database at Pelotas</td>
<td>o In-depth regional and country analyses</td>
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<td>o Technical Inputs into global reports and events, and into standard setting work by WHO</td>
<td>o Strengthen analytical capacity in regional and country institutions</td>
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<td>o Technical work to advance the WCAH agenda in the context of UHC/SDG</td>
<td>o Expand to additional regions</td>
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<th>Platform for technical collaboration</th>
<th>Dissemination &amp; Communication</th>
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<tr>
<td>o Link with networks, partnerships and consortia</td>
<td>o Collaboration with PMNCH, UN agencies and regional partners</td>
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<tr>
<td>o UN collaborations at global, regional and country levels</td>
<td>o Scientific papers, global report 2020, UNICEF/CD country profiles</td>
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<tr>
<td>o Link with research networks and initiatives, including implementation research</td>
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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](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](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

<table>
<thead>
<tr>
<th>Day 1</th>
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<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>0 Introduction</td>
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<tr>
<td>9:00 – 11:00</td>
<td>1 Coverage measurement</td>
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<tr>
<td>11:30 – 13:00</td>
<td>2A Nutrition intervention measurement</td>
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<td>2B Measurement of the outcome of pregnancy</td>
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<tr>
<td>13:00 – 14:00</td>
<td>Lunch break</td>
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<tr>
<td>14:00 – 15:30</td>
<td>3 Equity measurement</td>
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<tr>
<td>16:00 – 17:30</td>
<td>4A Adolescent health measurement</td>
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<td>4B Measurement in conflict setting</td>
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<th>Day 2</th>
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<tr>
<td>8:30 – 10:30</td>
<td>5 Drivers measurement</td>
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<td>10:30 – 12:00</td>
<td>6A Early childhood development</td>
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<td>6B Measurement matters?</td>
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<td>12:00 – 13:00</td>
<td>7 Regional initiatives and country engagement</td>
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<tr>
<td>13:00 – 14:00</td>
<td>Lunch break</td>
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<tr>
<td>14:00 – 16:15</td>
<td>8 Summaries of the plenary &amp; parallel sessions &amp; discussion</td>
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<tr>
<td>16:15 – 17:30</td>
<td>9 Measurement research roadmap and way forward</td>
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### Day 1, January 31 2018 - morning

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<tr>
<th>Session</th>
<th>Time</th>
<th>Subject</th>
<th>Presenter</th>
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<tr>
<td>0</td>
<td>08:30-09:00</td>
<td>Introduction and Countdown to 2030</td>
<td>Secretariat</td>
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<tr>
<td>1</td>
<td>09:00-11:00</td>
<td>Coverage measurement, including quality of care</td>
<td>Zulfi Bhutta</td>
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<td>Advances in the measurement of coverage for RMNCAH and nutrition: from contact to effective coverage</td>
<td>Agbessi Amouzou, Johns Hopkins University</td>
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<td>Coverage counts at birth: what data do we need, what do we have, and what will we learn by observing 20,000 facility</td>
<td>Joy Lawn, London School of Hygiene and Tropical Medicine</td>
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<td>Quality of RMNCH clinical care: insights from health facility assessments</td>
<td>Hannah Leslie, Harvard School of Public Health</td>
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<td>Validity of MNCH coverage indicators: what are we measuring when we measure coverage?</td>
<td>Melinda Munos on behalf of ICM, Johns Hopkins University</td>
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<td>PMA2020's methods and experience in rapid turnaround monitoring surveys for coverage measurement</td>
<td>Linnea Zimmerman, Johns Hopkins University</td>
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<td>Discussant followed by general discussion</td>
<td>Tanya Marchant, London School of Hygiene and Tropical Medicine; Liliana Carvajal, UNICEF</td>
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<td></td>
<td>11:00-11:30</td>
<td>Coffee break</td>
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<tr>
<td>2A</td>
<td>11:30-13:00</td>
<td>Nutrition intervention measurement</td>
<td>Ellen Piwowz</td>
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<td>Measurement of nutrition interventions along the RMNCAH continuum of care: lessons and challenges*</td>
<td>Stuart Gillespie, IFPRI</td>
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<td>Measuring nutrition coverage [and behaviors] across the continuum of care through household surveys: Lessons from PMA 2020-NUT in Burkina Faso and Kenya</td>
<td>Rebecca Heidkamp and Melinda Munos, Johns Hopkins University</td>
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<td>Measuring nutrition coverage across the continuum of care using available data platforms: Lessons from India</td>
<td>Purnima Menon, IFPRI</td>
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<td>Challenges with measuring coverage and quality of interpersonal counseling for IYCF: Lessons from Alive &amp; Thrive</td>
<td>Silvia Alayon, Alive &amp; Thrive</td>
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<tr>
<td></td>
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<td>Discussant followed by general discussion</td>
<td>Zulfi Bhutta, Aga Khan University Karachi / Hospital for Sick Children, Toronto</td>
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<tr>
<td>2B</td>
<td>11:30-13:00</td>
<td>Measuring pregnancy outcomes: what data do we have and what feasible actions could improve data quantity and quality</td>
<td>Joy Lawn</td>
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<td>Measurement of stillbirths and early neonatal mortality through reproductive calendars and birth histories in household surveys</td>
<td>Mohamed Ali, WHO Geneva</td>
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<td>Measurement of abortion incidence and mortality</td>
<td>Veronique Filippi, London School of Hygiene and Tropical Medicine</td>
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<td>Measurement of birthweight</td>
<td>Hannah Blencowe, London School of Hygiene and Tropical Medicine</td>
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<td>Measurement of gestational age</td>
<td>Anne CC Lee, Harvard Medical School</td>
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<td>Discussant, followed by general discussion</td>
<td>Carine Ronnman, London School of Hygiene and Tropical Medicine</td>
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<tr>
<td>13:00-14:00</td>
<td>Lunch break</td>
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<tr>
<td>Session</td>
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<td>Presenter / moderator</td>
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<td>3</td>
<td>14:00-15:30</td>
<td>Equity measurement</td>
<td>Mark Hereward</td>
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<td></td>
<td>Plenary</td>
<td>Beyond wealth quintiles: new ways of analyzing inequalities in RMNCH</td>
<td>Cesar Victors, University of Pelotas (remote)</td>
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<td>Measuring women’s empowerment and its association with RMNCH</td>
<td>Aluisio Barros, University of Pelotas</td>
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<td>Measuring inequalities according to categorical stratification variables such as subnational units or ethnicity</td>
<td>Ahmad Hosseinpoor, WHO</td>
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<td>Inequalities in early childhood development</td>
<td>Alex Manu, London School of Hygiene and Tropical Medicine</td>
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<td>Discussant, followed by general discussion</td>
<td>Luis Huicho, University of Peru</td>
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<td>15:30-16:00</td>
<td>Coffee break</td>
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<tr>
<td>4A</td>
<td>16:00-17:30</td>
<td>Measuring adolescent health</td>
<td>Catherine Kyobutungi</td>
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<td>Parallel</td>
<td>The work of the Lancet Commission and adolescent health measurement agenda</td>
<td>George Patton, University of Melbourne</td>
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<td>Measuring adolescent sexual and reproductive health</td>
<td>Ann Blanc, Population Council</td>
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<td>Experiences with measuring adolescent health in Africa</td>
<td>Yohannes Wado, APHRC</td>
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<td>Measuring coverage of HPV vaccination and cervical cancer screening</td>
<td>Doris Chou, WHO, Jennifer Requejo, Johns Hopkins University</td>
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<td>Discussant, followed by general discussion</td>
<td>Irene Agyepong, Ghana Health Services</td>
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<tr>
<td>4B</td>
<td>16:00-17:30</td>
<td>Measurement in conflict situations</td>
<td>Ana Langer</td>
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<td>Parallel</td>
<td>Measurement of impact of conflicts on coverage of RMNCH interventions and child mortality: an analysis of pre- and post-conflict national surveys</td>
<td>Ties Boerma, University of Manitoba</td>
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<td>Measurement lessons learned from the Syria conflict</td>
<td>Jocelyn Dejong, American University Beirut</td>
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<td>Measurement lessons learned from the Afghanistan and Pakistan conflicts</td>
<td>Zulfi Bhutta, Aga Khan University Karachi / Hospital for SickKids</td>
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<td>Impact of conflicts on RMCH among refugees, IDPs and resident conflict affected populations</td>
<td>Hannah Tapp, Johns Hopkins University</td>
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<td>Discussant, followed by general discussion</td>
<td>Karl Blanchet, London School of Hygiene and Tropical Medicine</td>
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<td>18:00-19:00</td>
<td>RECEPTION: Launch of the Countdown 2017 Global Report, country profiles and Lancet papers</td>
<td>Tamboer Room</td>
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### Improving measurement of reproductive, maternal, newborn, child and adolescent health & nutrition

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

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<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Subject</th>
<th>Presenter</th>
<th>Moderator</th>
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<tr>
<td>5</td>
<td>8:30-10:00</td>
<td>Plenary: Measuring the drivers of coverage</td>
<td>Peter Waiswa</td>
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<td>Measuring governance in support of the continuum of care for women’s and children’s health*</td>
<td>Asha George, University of Western Cape</td>
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<td>.. Macro-level governance indexes</td>
<td>Mary Kinney, Univ. Western Cape</td>
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<td>.. Meso-level governance dynamics for quality improvements</td>
<td>Tanya Jacobs, Univ. Western Cape</td>
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<td>.. Meso-level multi-sectoral policy for adolescent health</td>
<td>Amnesty LeFeuvre, Johns Hopkins University</td>
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<td>.. Micro-level m-health user interfaces</td>
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<td>Measurement of financing for RMNCH: aid flows, domestic financing and financial protection</td>
<td>Josephine Borghi, London School of Hygiene and Tropical Medicine (remote)</td>
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<td></td>
<td></td>
<td>Discussant followed by general discussion</td>
<td>Helen Schneider, University of Western Cape</td>
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<tr>
<td>10:00-10:30</td>
<td>Coffee break</td>
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<tr>
<td>6A</td>
<td>10:30-12:00</td>
<td>Parallel: Measuring early childhood development</td>
<td>Dana McCoy</td>
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<tr>
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<td></td>
<td>Overview of measurement issues and progress in ECD</td>
<td>Bernadette Daelmans, WHO</td>
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<td>Tracking the facilitating environment (laws, policies and home practices)</td>
<td>Linda Richter, University of Witwatersrand</td>
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<td>Measurement issues related to the burden, equity, and risk factors for ECD</td>
<td>Chunling Lu, Harvard University</td>
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<td>Creating a global standard for measuring ECD</td>
<td>Maureen Black, University of Maryland</td>
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<td>6B</td>
<td>10:30-12:00</td>
<td>Parallel: Does measurement matter? Evidence of successful approaches</td>
<td>Shams el Arifeen</td>
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<td>High Resolution Demographic Mapping</td>
<td>Kristine Nilsen, Univ of Southampton</td>
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<td>Program science approaches</td>
<td>James Blanchard, University of Manitoba</td>
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<td>Evidence of what worked: lessons learned from Evidence for Action project in six countries</td>
<td>Tim Colbourn, University College, London</td>
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<td>From activities to impact: measuring knowledge translation</td>
<td>Nasreen Jessani, Johns Hopkins University/Stellenbosch University</td>
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<td>Discussant, followed by discussion</td>
<td>John Grove, WHO</td>
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<tr>
<td>7</td>
<td>12:00-13:00</td>
<td>Plenary: Regional initiatives and country case studies</td>
<td>Theresa Diaz</td>
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<td>Countdown measurement framework: taking it to regions and countries</td>
<td>Secretariat</td>
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<td>Overview of the three regional initiatives (10 minutes each)</td>
<td>Aluisio Barros, University Pelotas; Cheikh Faye, APHRC; Agbessi Amoudou, Johns Hopkins Univ.</td>
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<td>General Discussion: regional initiatives and country case studies – how can the Countdown contribute best?</td>
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<td></td>
<td>13:00-14:00</td>
<td>Lunch break</td>
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## Day 2, February 1 2018, afternoon

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Subject</th>
<th>Presenter</th>
<th>Moderator</th>
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<tr>
<td>8</td>
<td>14:00-15:30</td>
<td>Implications for measurement and research roadmap</td>
<td>Bob Black</td>
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<td></td>
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<td>Each presenter provides a maximum of 3 main points from the respective plenary or parallel session (5 minutes each)</td>
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<td></td>
<td>14:00</td>
<td>Coverage measurement</td>
<td>Agbesi Amouzou / Chika Hayashi</td>
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<td></td>
<td>14:05</td>
<td>Measuring the outcome of pregnancy</td>
<td>Carine Ronsmans</td>
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<td></td>
<td>14:10</td>
<td>Measurement in conflict situations</td>
<td>Neha Singh</td>
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<td></td>
<td>14:15</td>
<td>Discussion</td>
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<td></td>
<td>14:30</td>
<td>Equity measurement</td>
<td>Cesar Victoria / Ahmad Hosseinpo</td>
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<td>14:35</td>
<td>Nutrition intervention measurement</td>
<td>Chika Hayashi</td>
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<td>14:40</td>
<td>Early childhood development measurement</td>
<td>Tarun Dua</td>
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<td>14:45</td>
<td>Discussion</td>
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<td>15:00</td>
<td>Drivers measurement</td>
<td>Asha George</td>
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<td></td>
<td>15:05</td>
<td>Does measurement matter?</td>
<td>John Grove</td>
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<td>15:10</td>
<td>Measuring adolescent health</td>
<td>Susan Sawyer</td>
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<td>15:15</td>
<td>Discussion</td>
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<td></td>
<td>15:30</td>
<td>General discussion</td>
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<td>15:45-16:15</td>
<td>Coffee break</td>
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<td>9</td>
<td>16:15-17:30</td>
<td>Linkages with WHO and UNICEF, observations from PMNCH, UNFPA, GFF and others</td>
<td>Ties Boerma</td>
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<td>Implications for and linkages with WHO MONITOR and other initiatives</td>
<td>Theresa Diaz, WHO</td>
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<td>The Countdown measurement agenda and UNICEF priorities</td>
<td>Mark Hereward, UNICEF</td>
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<td>Panel – observations from partners on linkages and the way forward</td>
<td>Shannon Hounton, UNFPA, Helga Fagstad, PMNCH, Fall Lehohia, IAP, Jasper Sundewall, SIDA, Susan Fournier, CIFF, Kate Somers, BMGF</td>
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<td>Closing remarks</td>
<td>Secretariat</td>
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<td><strong>END OF DAY 2</strong></td>
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</tbody>
</table>
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Improving measurement of reproductive, maternal, newborn, child and adolescent health & nutrition
Countdown to 2030 Conference, Stellenbosch, South Africa, January 31 – February 1, 2018

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Improving measurement of reproductive, maternal, newborn, child and adolescent health & nutrition
Countdown to 2030 Conference, Stellenbosch, South Africa, January 31 – February 1, 2018

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