Strategic and Technical Advisory Group of Experts (STAGE): Partners Forum
Meeting Summary
7th September 2020

The Strategic and Technical Advisory Group of Experts (STAGE) on maternal, newborn, child, adolescent health, and nutrition (MNCAHN) is a global independent advisory group that was established by the Director General, WHO in March 2020.

Update provided by STAGE Chair, Professor Caroline Homer

The objective of the Partners Forum was to update partners on the work of STAGE and to provide partners with an opportunity to give input to STAGE deliberations.

The inaugural meeting was held on April 30 and May 1 (Inaugural meeting report). One outcome was the formation of three Working Groups (WGs) - broadly focusing on 1) Health systems resilience to external shocks with a focus on the COVID-19 pandemic; 2) Knowledge translation and implementation of guidelines; and 3) Review of MNCAHN issues using a life course approach.

The first technical meeting of STAGE will be on November 2-4, 2020. Working groups will present their preliminary recommendations to the STAGE for deliberations and the final recommendations from STAGE will be presented to the Director General, WHO for approval and further dissemination. The third WG will provide an update in November but recommendations are anticipated in the April 2021 meeting. The three working groups have prioritized two topics each:

**Working Group 1 (WG1):** WG 1 will use the lessons from the COVID-19 pandemic to develop recommendations to improve the resilience of health systems to external shocks for the provision of MNCAHN services. Specifically, WG1 will review:

1. The data collection methods currently used by various groups and countries to measure and monitor the impact of the COVID-19 pandemic on MNCAHN services. There appears to be poor coordination of efforts and concerns relating to the quality and reliability of data generated during the pandemic.
2. Lessons learned at this stage of the pandemic in relation to various mitigation strategies used by countries, especially those that strengthen primary health care and innovative solutions (digital health technologies) to ensure equitable delivery of MNCAHN services.
Working Group 2 (WG2): WG 2 will develop recommendations and suggestions on how to improve and speed up the translation and impact of the technical normative products produced by WHO at country and regional levels. Specific attention will be on:

1. The processes of translation and implementation of WHO MNCAHN guidelines in countries.
2. The better use of regional and national structures and capacity for adaptation, adoption and implementation of guidelines.

The lessons learned from the accelerating digital communications revolution and the rapid changes in communication approaches that occurred in response to COVID-19 will be incorporated.

Working Group 3 (WG3): WG3 will provide strategic recommendations to accelerate the inclusion of broader health, development, and well-being considerations (Thrive Agenda) to the ongoing maternal and child health (0-19 years) and survival efforts (Survive Agenda). Specifically, the group will focus on:

1. A life course approach with a focus on nutrition.
2. Health and outcomes in the ‘missing middle’ (5-9 years) and on early adolescents, including mental health as part of the continuum.
Summary of Partner Feedback

There was appreciation of the topics chosen by STAGE for the meeting in November and for the continued engagement with multiple stakeholders to broaden these for the future.

The following statements capture the broadlines from the Partners Forum for consideration by the three STAGE WGs.

Working Group 1

**Collation of data and understanding consequences of the COVID-19 pandemic**

There is a significant challenge to have real-time data during the pandemic to capture maternal, newborn and child health outcomes. COVID-19 provides an opportunity to bring together all available and relevant data.

In relation to enhancing quality of care it is important to consider what does the experience of care mean in the context of COVID-19? What is the impact on respectful maternity care during a health shock? How can stigma be addressed?

Exploring the impact of COVID-19 through a gender lens would be important.

The impact of COVID-19 related stress on the mental health of mothers and therefore their newborns and longitudinally tracking the impact of the pandemic on children are areas worth exploring.

Governments are responsible for provision of commodities and supplies including the provision of safe water and sanitation services, often without specific donor support. The pandemic and economic pressures mean these elements may not be sufficiently available, thus affecting quality of service delivery for mothers, newborn and children. Understanding bottlenecks and the disruption of commodities is part of ensuring service provision can be maintained.

There are some glaring gaps in high income countries (HIC) in response to the pandemic that are worth considering. As HIC have advanced, some have neglected some of the basics of public health—primary and preventive care. In some respects, data investments in Health Information Systems in Low and Middle Income Countries (LMIC) have allowed more useful data capture related to disruption of services. Supply chains in all countries have been disrupted due to global interconnectedness and often ‘just in time’ approaches which created critical gaps in commodities when markets were reduced or cut off.

Important to understand and address the impact of disruptions on Antenatal Care, Intermittent Preventative Therapy (for Malaria), Prevention of Mother to Child Transmission, Early Infant Diagnosis of HIV and related systems issues.

**Supporting future resilience of MNCAHN services**

There is a need to share and consolidate experiences of mitigation strategies to maintain MNCAHN services, as well as understand the success factors from services that have been sustained. Partners expressed interest to share their country experiences of COVID-19 mitigation strategies to support the exchange.

It would be useful to have advice around the new realities, for example, what programmatic changes are needed given the reduction in institutional births due to COVID-19? What services can be offered at home and by whom,
whilst maintaining quality? What technological solutions used during COVID-19 could be useful for future shocks? How these can be used to increase resilience of the health systems for future shocks? How can community-based strategies and interventions reduce barriers to care?

Increasing and sustaining community engagement supports quality of care and, in the context of fear, misinformation and mistrust, supports service utilization.

Retaining, supporting and engaging the health workforce in maintaining services during the pandemic is critical. What aspects of e-learning can be applies as a solution to supporting the health workforce?

COVID-19 has shown the importance of Primary Health Care and preventive care. Guidance is needed on how to prepare and transform health systems for the next shock in today’s new reality.

Many governments may not have capacity to respond adequately to external shocks. Considering many countries have mixed private and public health systems, could there be better strategic integration of the private sector into the response to augment government efforts in service delivery.

**Working Group 2**

In case of the development of country technical groups important to consider partners in the process as they may be able to help identify bottle necks in knowledge translation.

Helpful to consider the role of non-health stakeholders to allow better delivery of services e.g. security services, transport services.

Key to identify and use of new ways to support knowledge transfer, such as e-learning and use of IT solutions.

Important to engage the private sector players to ensure optimal integration of national guidelines into practice.

**Working Group 3**

The integration of nutrition in health at different stages is welcome.

Life course approach needs to consider different sectors that influence health: social protection, education as well as nutrition.

**Next steps**

The engagement and breadth of feedback was highly appreciated. Professor Homer took note to bring these ideas into the working group discussions but acknowledged not all elements raised could be prioritized in the short term.

If partners would like to share further inputs or comments on the possible agenda topics for the STAGE or would like to share experiences, please do so at stagemncahn@who.int or through WHO counterparts who will forward them on to STAGE Secretariat.
Annex

Partners and stakeholders

Council of International Neonatal Nurses, INC (COINN)
International Federation of Gynaecology and Obstetrics (FIGO)
Eleanor Crook Foundation
Fondation Botnar
Foreign, Commonwealth & Development Office of the UK Government
GAVI
German Agency for International Cooperation (GIZ)
Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)
International Paediatric Association (IPA)
International Confederation of Midwives (ICM)
Japan International Cooperation Agency (JICA)
Merck Sharp & Dohme for Mothers
Ministry of Europe and Foreign Affairs, Government of France
Norwegian Agency for Development Cooperation (NORAD)
The Partnership for Maternal, Newborn & Child Health (PMNCH)
The Rockefeller Foundation
Rotary International
Swedish International Development Agency (SIDA)
United States Agency for International Development (USAID)

UN Partners

United Nations Population Fund (UNFPA)
United Nations International Children’s Emergency Fund (UNICEF)
United Nations World Food Programme (WFP)
United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)