Terms of Reference

Strategic and Technical Advisory Group of Experts (STAGE) for Maternal, Newborn, Child, Adolescent Health, and Nutrition (MNCAH & N)

Background and Rationale
With the Sustainable Development Goals (SDG), there is an opportunity to re-emphasize the importance of focused and committed leadership, sound scientific strategies, and better integrated and coordinated health programming led by national stakeholders to improve the health of their population. Recent reviews¹ have highlighted that the lack of coordinated global leadership contributes to fragmentation, inefficient use of resources, and poor accountability for health, including for maternal and child health. In addition, the reviews clearly state that government ownership and government-led planning and implementation are required to scale up interventions and services. While country-level stakeholders have great trust in the evidence-based nature of global guidelines, they find current processes of introducing and delivering new interventions and innovations opaque and unpredictable in terms of timing. Evidence for the impact and effectiveness of interventions and delivery strategies is not systematically generated, captured and integrated into policy and programming.

Although WHO has a vigorous process for considering new recommendations and developing guidelines for MNCAH&N, there is no global multi-stakeholder scientific advisory body to advise in a systematic way on how to translate useful innovations into delivery strategies and how such delivery strategies could fit into integrated programming. A global independent expert advisory group to systematically review evidence and provide strategic guidance on priority areas, actions, interventions, delivery mechanisms and stakeholder accountability would provide great value to the global health community. The core function of this Strategic and Technical Advisory Group of Experts (STAGE) for Maternal, Newborn, Child, Adolescent, and Nutrition (MNCAH&N) would be to provide strategic and technical advice to WHO on matters relating to Maternal, Newborn, Child, Adolescent, and Nutrition and to inform the WHO Primary Health Care (PHC) and Universal Health Coverage (UHC) agendas, with a focus on maximizing country impact as well as coordinated global leadership.

¹ https://www.mcsprogram.org/resource/mapping-global-leadership-child-health;
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Objective
STAGE will provide strategic and technical advice to WHO on matters relating to Maternal, Newborn, Child, Adolescent Health and Nutrition (MNCAH & N), and will advise WHO on the overall global priorities and emerging issues for which policies, strategies, recommendations, and intervention packages should be developed or updated, with a view to helping Member States to reach relevant SDG targets. STAGE’s advice will support the provision of integrated high-quality health care services encompassing health promotion, disease prevention, and treatment to ensure that pregnant women, mother and newborn, children and adolescents survive and thrive.

STAGE will advise the WHO Director-General on maternal, newborn child, adolescent health and nutrition, specifically on the:

1. Identification of broad priority topics (informed by any relevant guidance provided by various other existing WHO expert committees and groups) for the development/updating of WHO guidelines, norms and standards to steer national strategies and policies and/or to improve their implementation;
2. Development of priority intervention packages and delivery approaches (based on relevant WHO guidelines) for inclusion in the WHO PHC and UHC agendas for different epidemiological contexts and levels of the health system;
3. Strategies to achieve greater investment for country level implementation of context-appropriate intervention packages and delivery approaches;
4. Coverage and quality of implementation of WHO recommended intervention packages and delivery approaches;
5. Other topics, as identified by WHO, where there is lack of scientific consensus or have varied levels of acceptance across countries.

Membership
STAGE will comprise up to 31 members who shall serve in their personal capacities to represent the broad range of disciplines relevant to maternal, newborn, child, adolescent health and nutrition. In the selection of the members, consideration will be given to attaining an adequate technical distribution of expertise, geographical representation, and gender balance.

The technical areas of expertise relevant to STAGE include epidemiology, health economics, anthropology, social sciences, gender, human rights, and communication sciences along with significant experience in programme design and management, service delivery, and research, development, and innovation.

Members of the STAGE, including the Chairperson, shall be selected and appointed by WHO following a public call for applications. Members will be selected based on their qualifications and ability to contribute to the accomplishment of the STAGE objectives. Each proposed member will be required to complete a WHO declaration of interest (DOI) form, and his/her appointment by the WHO Director-General as a STAGE member will be subject to:

- the WHO Secretariat having evaluated the completed declaration of conflict of interest form, and determining that his/her participation would not give rise to a real, potential or apparent conflict of interest; and
- counter-signature by the proposed member of WHO’s invitation letter and accompanying Memorandum of Agreement, Terms and Conditions for Temporary Advisers.
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Members of STAGE, including the Chair, shall be appointed for an initial term of three years. This term may be renewed by WHO once for an additional period of up to three years, to ensure a staggered replacement of members.

Members must respect the impartiality and independence required of WHO. In performing their work, they may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of any real, potential or apparent conflict of interest.

Membership in STAGE may be terminated by WHO with immediate effect for any of the following reasons:
1. failure to attend two consecutive STAGE meetings; or
2. any change that is deemed by WHO to give rise to a real, potential or apparent conflict of interest; or
3. a breach of any of the terms contained in WHO’s invitation letter and accompanying Memorandum of Agreement, Terms and Conditions for Temporary Advisers.

Meetings and Operational Procedures
STAGE will normally meet at least once a year. Frequency may however be adjusted by WHO as necessary. The STAGE meetings may either be held in person (at WHO headquarters in Geneva or another location as determined by WHO) or through video- or teleconferences.

WHO will act as the secretariat for STAGE and convene meetings, develop the meeting agendas, coordinate working groups, and provide any necessary scientific, technical and other support.

STAGE members will be asked to update their Declaration of Interest before each meeting. If based on the information disclosed in the updated DOI, WHO determines that a member’s participation in the meeting gives rise to a real, potential or apparent conflict of interest, this may lead to the partial or total exclusion from the meeting in question.

STAGE will, as a rule, develop its recommendation by consensus. If a consensus cannot be reached, minority views and opinions shall be reflected in the report. Following each meeting of the STAGE, the Chair, with the support of the WHO Secretariat, shall prepare report of the discussions, including the advice and recommendations proposed by the STAGE. This report will, once adopted by all the members, be submitted to the WHO Director-General, through the WHO Secretariat.

Members of other relevant WHO expert committees, representatives of UN agencies, such as UNICEF, UNFPA, and the World Bank, representatives of other institutions, such as EWEC, GFF, GAVI, Global Fund, the PMNCH, and representatives of civil society may be invited to the meetings of STAGE as observers.

All recommendations from the STAGE are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the STAGE. WHO also retains full control over the publication of the reports of the STAGE, including whether or not to publish them.
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WHO may publish the reports of STAGE and/or otherwise widely disseminate them, including by submitting them to the World Health Assembly and by posting them on the WHO website.

Roles and responsibilities of STAGE members
In the exercise of their advisory function, members of STAGE shall serve in their personal capacity, as international experts advising WHO exclusively; and in that capacity they shall provide WHO with the best possible advice. Members of STAGE have a responsibility to provide WHO with high quality, well considered advice and recommendations on matters described in these Terms of Reference. In keeping with STAGE’s mandate to provide strategic and technical advice, members will be committed to the development and improvement of public health policies.

STAGE’s role is to provide advice and recommendations to the Director-General of WHO only. This includes providing advice and recommendations on urgent public health issues, as identified by WHO, in the areas of maternal, newborn, child, adolescent health, and nutrition.

Information and documentation to which members may gain access in performing STAGE related activities will be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. STAGE members shall not purport to speak on behalf of, or represent, the STAGE or WHO to any third party. All proposed members will be required to agree to appropriate obligations of confidentiality and provisions on ownership.

STAGE members will not be remunerated for their participation in STAGE; however, travel expenses incurred by attendance at STAGE or related meetings will be compensated by WHO.

STAGE members are expected to endeavour to attend all meetings. Further active participation will be expected from all STAGE members throughout the year, including participation in STAGE working groups, video and telephone conferences as well as frequent interactions via e-mail. Review of documents may also be solicited. STAGE members may be requested to participate as observers in other relevant WHO meetings. As a result, STAGE members are expected to annually commit at least 14 days of their time to STAGE. The Chair is expected to commit an additional seven days towards fulfilment of duties which may include working closely with the WHO secretariat to develop the meeting agenda and to draft the final STAGE report after every meeting.