

Report of the fifth meeting of the WHO Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health and Nutrition, 10-12 May 2022



World Health
Organization

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Abbreviations and acronyms

AAP	American Academy Of Pediatrics
BMGF	Bill & Melinda Gates Foundation
BMS	Breast Milk Substitutes
EPMM	Ending Preventable Maternal Mortality
ENAP	Every Newborn Action Plan
KMC	Kangaroo Mother Care
MNH	Maternal And Newborn Health
MNCAHN	Maternal, Newborn, Child And Adolescent Health And Nutrition
MNCH	Maternal, Newborn And Child Health
PSE	Private Sector Engagement
STAGE	Strategic And Technical Advisory Group Of Experts
UN	United Nations
UNESCO	United Nations Educational, Scientific And Cultural Organization
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

Executive summary

The World Health Organization (WHO) convened the fifth meeting of the Strategic and Technical Advisory Group of Experts (STAGE) on a virtual platform on 10–12 May 2022. The meeting participants included 25 STAGE members who were joined by WHO staff at headquarters and regional offices, and 50 observers from partner organizations.

Following opening remarks by Dr Soumya Swaminathan, Chief Scientist, WHO, Dr Anshu Banerjee, Director, Maternal, Newborn, Child and Adolescent Health and Ageing (MCA), provided feedback on WHO activities in response to STAGE recommendations from the meetings convened in April and November 2021.

Professor Caroline Homer, Chair of STAGE, welcomed everyone and described the way in which the meeting had been planned. She highlighted that, this time, the co-chairs of the two workstreams along with select STAGE members provided inputs to the WHO technical teams while preparing the background for the new agenda items.

The WHO teams sought guidance from STAGE on the following issues: innovations in maternal health and scaling up for country impact; supporting countries who are transitioning to midwifery models of care; and assessing the impact across the life course of preventive adolescent health and well-being check-ups. In addition, updates were provided for two topics from previous meetings: kangaroo mother care: update on global position paper, implementation strategy and next steps; and private sector engagement for delivering quality maternal, newborn, and child health services.

Professor Homer provided a brief summary of the prioritization exercise with STAGE members. This had involved first shortlisting and then selecting five priority topics from 50 topics on maternal, newborn, child and adolescent health and nutrition (MNCAHN) related issues that WHO had received as part of an online survey. She highlighted that this survey was one method of identifying topics for STAGE, while WHO, STAGE members and partners

were welcome to raise issues that they would like STAGE to discuss and to provide guidance on.

These topics were presented during the STAGE sessions, which were open to STAGE members, partners and observers. The guidance or recommendations were further refined during the closed sessions of STAGE members, which were held after each day's meeting.

At the closing session, Dr Francesco Branca, Director, Nutrition and Food Safety (NFS), Dr Craig Lissner, Acting Director, Sexual Reproductive Health (SRH), and Dr Anshu Banerjee, Director, MCA, thanked STAGE for their guidance and assured continued updates to STAGE on topics relevant to their departments. Professor Homer thanked everyone, especially all the STAGE members and partners for their continued support.

The closed sessions of STAGE were used to refine the draft recommendations and to discuss next steps. The **main recommendations of STAGE** are summarized below. The full recommendations are given in the relevant sections of this report.

Innovations in maternal health and scaling up for country impact

- WHO to support countries to implement life-saving commodities to improve maternal and newborn health and well-being and reduce stillbirths.
- WHO will establish a working group under STAGE with key partners, professional organizations and other stakeholders, including country representation. The working group will identify life-saving maternal and newborn health commodities and will guide the development of an implementation strategy for scaling up across different country contexts as part of strengthening health systems in line with WHO recommendations.
- STAGE requests WHO to present at a subsequent meeting the full scope of the maternal and newborn health innovation pipeline for commodities/medicines/devices.

Assessing the impact across the life course of preventive adolescent health and well-being check-ups

- WHO identifies critical components and organizational models for adolescent health care to inform policy-makers, as part of the child health redesign agenda.
- WHO develops a conceptual framework and measures to assess the impact across the life course as well as the intergenerational impact of context-specific adolescent health and well-being preventive check-up visits.
- WHO develops an investment case that accounts for the life-course impact of preventive care in adolescence, and in particular of preventive well-adolescent visits.
- WHO makes every effort to expand the Y-check research program to all regions and use the Y-check and other similar context-specific implementation research programmes as an opportunity to validate the applicability of the conceptual framework, critical components and organizational models as recommended above.
- WHO updates the adolescent health research priorities 2015, including research priorities for preventive well-adolescent visits.

Supporting countries who are transitioning to midwifery models of care

- WHO to support countries that wish to transition to a collaborative midwifery model of care, requiring professional midwives, with policy advice and implementation guidance. This

The working group should also develop an agenda for evaluating the implementation of midwifery models of care in different country health systems.

- STAGE endorses the WHO community of practice platform to establish a continued learning agenda on transitioning to midwifery models of care, which links to ending preventable maternal mortality (EPMM)/Every Newborn Action Plan (ENAP) and other global programmes.

In terms of next steps, Professor Homer reminded the group that STAGE will work within two broad workstreams – the Evidence and Guidelines for Impact, and Health Systems for Impact. Each workstream is led by two co-chairs and they will co-opt STAGE members as required for discussions on topics for the STAGE meetings. Various working groups with or without external experts may be formed under these workstreams and will report back to STAGE at subsequent meetings.

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