

Maternal, infant and young child nutrition: development of the core set of indicators

Report by the Secretariat

1. In 2012, the Sixty-fifth World Health Assembly in resolution WHA65.6 endorsed the comprehensive implementation plan on maternal, infant and young child nutrition, which included six global targets to be achieved by 2025 and five corresponding actions.¹ Action 5 calls for the development of a well-defined monitoring framework to provide accountability for actions implemented. Since then work has continued on creating a global monitoring framework for maternal, infant and young child nutrition, whose purpose is to facilitate a harmonized and internationally accepted approach to monitoring progress towards nutrition targets at both the national and global levels.² It would inform the design of nutrition surveillance systems in countries through a set of indicators whose use would help policy-makers to take decisions on the establishment or modification of policies and programmes to achieve the global nutrition targets. It would also facilitate reporting of the global burden of malnutrition in all its forms and of the actions taken to implement the comprehensive implementation plan.

2. The global monitoring framework will comprise two sets of indicators: a core set, to be reported by all countries, and an extended set, from which countries will select those indicators that suit their specific epidemiological patterns and the actions implemented in response to their priority nutrition challenges. The core set will include tracer indicators at different stages of the results chain: (1) *primary outcome indicators* that measure progress towards the six global nutrition targets; (2) *intermediate outcome indicators* that will monitor how specific diseases and conditions on the causal pathways affect countries' trends towards the six targets; (3) *process indicators* that monitor programme and situation-specific progress; and (4) *policy environment and capacity indicators* that measure the political commitment within a country. In decision WHA67(9) in May 2014, the Health Assembly endorsed the seven indicators to monitor progress towards the achievement of the global targets as part of the core set of indicators of the global monitoring framework on maternal, infant and young child nutrition. This report focuses on the three other categories of indicators and submits the additional indicators to the core set for approval. Proposals for the extended set of indicators, which are intended to be used as technical guidance for country work, will be published separately on the WHO website.³

¹ See document WHA65/2012/REC/1, Annex 2.

² See document A67/15, Annex 1.

³ Indicators for the global monitoring framework on maternal, infant and young child nutrition (www.who.int/nutrition/topics/proposed_indicators_framework/en/).

3. The first draft global monitoring framework on maternal, infant and young child nutrition was considered by the Sixty-fifth World Health Assembly and further discussed with Member States and other stakeholders through a web-based public consultation.¹ A second draft has been prepared by the Secretariat and peer-reviewed by a group of experts from organizations in the United Nations system, Member States and academic institutions.

4. This additional proposal for the core set of indicators includes 14 indicators: five on intermediate outcomes, six on process and three on policy environment and capacity. In addition to the already approved six outcome indicators (for anaemia in women, however, disaggregation by reproductive status has been agreed), this makes a total of 20 indicators that will constitute the core set (see Table). For the proposed extended set of indicators, an additional 14 indicators have been identified; these are considered optional indicators for countries to track.

Table. Proposed additional indicators for the core set of the global monitoring framework on maternal, infant and young child nutrition

	Indicators
	<i>Intermediate outcome indicators, monitoring conditions on the causal pathways to the targets</i>
IO1	Prevalence of diarrhoea in children under 5 years of age
IO2	Proportion of women aged 15–49 years with low body mass index ($<18.5 \text{ kg/m}^2$) ²
IO3	Number of births during a given reference period to women aged 15–19 years/1000 females aged 15–19 years
IO4	Proportion of overweight and obese women 18+ –49 years of age with body mass index $\geq 25 \text{ kg/m}^2$
IO5	Proportion of overweight ³ in school-age children and adolescents (5–18 years)
	<i>Process indicators, monitoring programmes and situation-specific progress</i>
PR1	Proportion of children aged 6 to 23 months who receive a minimum acceptable diet
PR2	Proportion of population using a safely managed drinking service
PR3	Proportion of population using a safely managed sanitation service
PR4	Proportion of pregnant women receiving iron and folic acid supplements
PR5	Percentage of births in baby friendly facilities
PR6	Proportion of mothers of children aged 0–23 months who have received counselling, support or messages on optimal breastfeeding at least once in the last year
	<i>Policy environment and capacity indicators, measuring political commitment</i>
PE1	Number of trained nutrition professionals/100 000 population

¹ See documents A65/11, A65/11 Corr.1, and WHA65/2012/REC/3, summary records of the fourth meeting (section 2), seventh meeting (section 2), eighth meeting (section 4) and ninth meeting of Committee A of the Sixty-fifth World Health Assembly, and background documents.

² Less than two standard deviations below the median body mass index for age in women aged 15–18 years.

³ More than one standard deviation above the median body mass index for age and sex.

	Indicators
PE2	Number of countries with legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22) and subsequent relevant resolutions adopted by the Health Assembly
PE3	Number of countries with maternity protection laws or regulations in place

5. For each indicator, disaggregation is suggested by gender, whenever relevant, by geographical and socioeconomic variables (such as urban and rural residence) and by subsets of age. Seasonality should also be taken into consideration with some indicators.

6. Whenever possible, the proposed indicators are harmonized with the Global Reference List of Core Health Indicators¹ and are already present in existing monitoring frameworks, such as the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases.² The indicators proposed in this report are currently used in several surveys and included in existing databases (Demographic and Health Surveys, UNICEF's Multiple Indicator Cluster Surveys and Nutrition Dashboard, and WHO's nutrition databases) and have been included in relevant reports, such as the Countdown to 2015 initiative³ report and the Global Nutrition Report.⁴

7. Use of the proposed indicators will allow tracking of progress towards the six global targets endorsed by the Health Assembly and a deeper analysis of the situation in each country. However, not all targets can be tracked through the process indicators included in the core list. For some, such as global targets 2 (on reducing the prevalence of anaemia) and 3 (on reducing the prevalence of low birth weight), additional indicators are included in the extended set. The proposed indicators may still be insufficient to monitor programme implementation, and further research and field validation are needed. A scientific and technical advisory group composed of representatives of organizations in the United Nations system and of Member States as well as experts appointed by Member States is being established in order to address this concern. Among the group's tasks will be analysis of experience with additional process indicators and suggesting periodic revisions of the monitoring framework.

ACTION BY THE EXECUTIVE BOARD

8. The Board is invited to note the report, to recommend to the Sixty-eighth World Health Assembly approval of the global monitoring framework on maternal, infant and young child nutrition, and to provide further guidance on the frequency of periodic revisions of that framework.

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¹ http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Key_Issues/One_M_E_Platform/Global_RefList_Core_Indicators_V4_3Oct2014.pdf (accessed 3 November 2014).

² See document WHA66/2013/REC/1, Annex 4, Appendix 2.

³ <http://www.who.int/pmnch/activities/accountability/reports/en/> (accessed 3 November 2014); the Countdown to 2015 initiative report will be issued shortly.

⁴ <http://globalnutritionreport.org/> (accessed 3 November 2014).