

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

Report by the Secretariat

1. The Executive Board at its 136th session considered a previous version of this report.¹ The Secretariat has modified the table of proposed additional core indicators and included new text in paragraphs 6, 11 and 12 to reflect the input received from Member States at an informal consultation held on 16–17 April 2015.

2. 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.² 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.³ 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.

3. 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 of a country and its capacities to implement nutrition interventions. 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. This report

¹ Document EB136/9.

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

³ See document A67/15, Annex 1.

focuses on the three other categories of core 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, are included in a separate document published on the WHO website.¹

4. The first draft global monitoring framework on maternal, infant and young child nutrition was considered by the Sixty-fifth World Health Assembly² and further discussed with Member States and other stakeholders through a web-based public consultation. A second draft was prepared by the Secretariat and peer-reviewed by a group of experts from organizations in the United Nations system, Member States and academic institutions.

5. The proposed second draft of the core set of indicators included 14 indicators: five on intermediate outcomes, six on process and three on policy environment and capacity. In addition to the seven outcome indicators already approved, this makes a total of 21 indicators that will constitute the core set.

6. At its 136th session, the Executive Board recommended that the Secretariat should provide further details of the definitions of indicators and the availability of data and should hold further discussions before submission of a proposal to the Sixty-eighth World Health Assembly. A technical paper was therefore developed providing the required details of definitions, data availability and data collection tools for each of the indicators.³ An informal consultation was then convened on 16–17 April 2015, attended by representatives of 41 countries, three specialized agencies of the United Nations system, one United Nations fund and coordination mechanisms. A full report of the meeting is available on the WHO website.⁴ While recognizing the complexity of the indicators and the different challenges they pose for data collection, participants in the informal consultation reaffirmed the importance of a single global monitoring framework to track progress towards the global targets. They therefore concluded that the entire set of proposed additional core indicators should be submitted to the Sixty-eighth World Health Assembly for approval. They also concluded that ten indicators fulfil the requirements for immediate reporting to WHO, while four indicators require additional operational guidance about how to report on the indicator in different country contexts; their reporting could therefore be delayed until 2018 (Table).

¹ Indicators for the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition (24 November 2014) (http://www.who.int/nutrition/topics/indicators_monitoringframework_miygn_background.pdf?ua=1).

² See document WHA65/2012/REC/3, summary records of Committee A, fourth meeting, section 2, seventh meeting, section 2, eighth meeting, section 4 and ninth meeting.

³ Indicators for the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition (30 March 2015) (http://www.who.int/nutrition/events/2015_informal_consultation_monitoringframework_miygn_backgroundpaper_indicators.pdf?ua=1).

⁴ http://www.who.int/nutrition/events/2015_informal_consultation_monitoringframework_miygn_indicators_report.pdf.

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

	Indicator
	<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 ¹
IO2	Proportion of women aged 15–49 years with low body mass index 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 aged 18+ years ³
IO5	Proportion of overweight and obesity ⁴ 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 water 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 per 100 000 population*
PE2	Country has 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	Country has maternity protection laws or regulations in place in line with the ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation No. 191

* Reporting is delayed until 2018.

7. 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.⁵

¹ Countries in which the prevalence of stunting and wasting is lower than 2.3 % may consider reporting against this indicator using routine clinical data.

² Less than -2 standard deviations (SD) from the body mass index for age median (WHO 2007 growth reference) in women aged 15–18 years and less than 18.5 kg/m² in women aged 19 years and above.

³ Body mass index above 25 kg/m².

⁴ More than one standard deviation above the median body mass index for age and sex (WHO 2007 growth reference, <http://www.who.int/growthref/en/>).

⁵ Details of the definitions of indicators and collection methodologies are included in the technical background paper Indicators for the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition, (30 March 2015).

8. Whenever possible, the proposed indicators are harmonized with the Global Reference List of 100 Core Health Indicators¹ and are already included in existing monitoring frameworks, such as the comprehensive global monitoring framework for noncommunicable diseases.² They have also been aligned with indicators currently proposed for inclusion in the indicator framework for the Sustainable Development Goals, although adjustments may be needed after this indicator framework is finalized. Where relevant, indicator definitions are based on standard United Nations age categories. 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 Initiative³ reports and the Global Nutrition Report⁴.

9. 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 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. For the proposed extended set of indicators,⁵ an additional 16 indicators have been identified; these are considered optional indicators for countries to track.

10. The proposed indicators may still be insufficient to monitor programme implementation, and further research and field validation are needed. A technical expert advisory group on nutrition monitoring, 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 by WHO and UNICEF. Among the group's tasks will be analysing experience with additional indicators and suggesting periodic revisions of the monitoring framework.

11. The current proposed extended list of indicators will require review by the Technical Expert Advisory Group on Nutrition Monitoring. The list would then be finalized by the Secretariat after consultations with Member States and reported to the Health Assembly as part of the periodic review of the global nutrition monitoring framework.

12. For the review of the monitoring framework a five-year period is suggested. The Technical Expert Advisory Group on Nutrition Monitoring would support the Secretariat in this task. The first review would therefore take place in 2020.

¹ Available at http://www.who.int/healthinfo/country_monitoring_evaluation/GlobalRefListCoreIndicators_V5_17Nov2014_WithoutAnnexes.pdf (accessed 23 April 2015).

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

³ The 2015 Countdown Initiative report will be issued shortly. See <http://www.who.int/pmnch/activities/accountability/reports/en/> (accessed 3 November 2014).

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

⁵ See Indicators for the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition (24 November 2014) (http://www.who.int/nutrition/topics/indicators_monitoringframework_miyacn_background.pdf?ua=1).

ACTION BY THE HEALTH ASSEMBLY

13. The Health Assembly is invited to consider the following draft decision:

The Sixty-eighth World Health Assembly, having considered the report on maternal, infant and young child nutrition: development of the core set of indicators,¹ decided:

- (1) to approve the additional core indicators for the global monitoring framework on maternal, infant and young child nutrition;
- (2) to recommend that Member States report on the entire core set starting in 2016, with the exception of process indicators 1,² 4³ and 6⁴ and policy environment and capacity indicator 1,⁵ which will be reported on starting from 2018;
- (3) to request the Director-General to provide additional operational guidance on how to generate the necessary data for indicators in different country contexts;
- (4) to request the Director-General to review the indicators for the extended set and provide details of the definitions of those indicators, the availability of data and the criteria for their applicability to different country contexts;
- (5) to recommend a review of the global nutrition monitoring framework in 2020.

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¹ Document A68/9.

² Proportion of children aged 6 to 23 months who receive a minimum acceptable diet.

³ Proportion of pregnant women receiving iron and folic acid supplements.

⁴ 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.

⁵ Number of trained nutrition professionals per 100 000 population.