

# Nutrition Modeling Consortium

## February Meeting Report

February 22-23, 2018  
World Trade Center  
New York, NY



## Table of Contents

Executive Summary .....	3
Feb 22 – Day One Proceedings .....	4
Opening Remarks and Meeting Objectives .....	4
<i>Gilles Bergeron, The Sackler Institute</i> .....	4
NMC Goal and Objectives .....	6
What Has Been Done So Far? .....	6
<i>Saskia Osendarp, Osendarp Nutrition</i> .....	6
Key Questions Addressed by the Modeling Tools in Case Study Countries .....	7
Building the NMC: Objectives, Strategy and Deliverables.....	8
<i>Gilles Bergeron, The Sackler Institute</i> .....	8
Defining a Common Vision: Discussion Summary .....	10
Explanation of Task Force Approach and Topics .....	12
<i>Megan Bourassa, The Sackler Institute</i> .....	12
Feb 23 – Day Two Proceedings .....	13
Task Force 1 Presentation – Tool Synthesis for Coordination.....	13
<i>Saskia Osendarp, Osendarp Nutrition</i> .....	13
Key points from Discussions: .....	14
Task Force 2 Presentation – Data Needs .....	14
<i>Carol Levin, Washington University</i> .....	14
Key points from Discussions: .....	15
Task Force 3 Presentation – Reaching out to End Users .....	16
Monica Woldt, FHI 360 / FANTA.....	16
Key points from Discussions: .....	17
Work Plan, Timeline and Final Comments.....	18
<i>Gilles Bergeron, The Sackler Institute</i> .....	18
Organizer and Participant List.....	20
Acronyms .....	21

*This report was written by Kara Greenblott, under a consulting contract with The Sackler Institute for Nutrition Science.*

## Executive Summary

On February 22-23, 2018, the Sackler Institute for Nutrition Science convened a two-day meeting to review progress since the April 2017 workshop entitled ‘Nutrition Modeling Tools for Advocacy, Decision-Making & Costing’, and to build a foundation for the recently-funded Nutrition Modeling Consortium (NMC). The current meeting brought together modelers, providers of technical assistance, donors and country-based users of a wide range of modeling tools, including Fill the Nutrient Gap (FNG) / Cost of Diet (CoD), Intake Modeling, Assessment and Planning Program (IMAPP), LiST, MINIMOD, Outcome Modeling for Nutrition Impact (OMNI), Optifood, Optima Nutrition, and PROFILES. Representatives from other health-focused modeling entities also participated, including the Institute of Health Metrics and Evaluation (IHME) and the Global Health Costing Consortium (GHCC), lending valuable insights from their experience of working with Consortia.

**Goals and objectives:** As depicted graphically in the proposal to the Bill & Melinda Gates Foundation (BMGF) (see page 5), the Consortium’s objectives are two-fold: 1) to *increase demand* for the modeling tools by reaching out to policy makers and other end users, and 2) to *strengthen the supply* of tools by supporting the community of modelers in advancing and aligning the tools. The ultimate goal of this two-pronged approach is to increase effectiveness and efficiency of nutrition policies and programs in lower- and middle-income countries (LMICs).

**Building the Consortium:** While the April 2017 meeting aimed to review various technical aspects of an initial set of nutrition-modeling tools, the current meeting focused on the business aspects of building the Consortium, i.e. defining a unified vision; establishing the foundation for the NMC; and developing work plans and timelines using an underlying structure of newly-established task forces (TFs).

**Defining a unified vision:** In defining its vision, several topics rose to the fore:

- **End-user participation:** With the dual focus of strengthening the tools *and* increasing uptake among end users, many participants felt the need to involve more country-based users, both to articulate the needs of countries and to help the Consortium be more effective in translating the technology.
- **Focus:** The Consortium aims to align the various modeling tools and develop clear messaging that helps communicate the tools’ purposes and complementarities to end users. This may include calibrating: assumptions, modeling parameters, data sources and other aspects of their mechanics. While some participants also saw the role of the Consortium as ‘building a culture of data-based decision making’, others felt that this would broaden the scope beyond what could be managed within the current grant.
- **Memorandum of Understanding (MOU):** Participants decided that an MOU could unnecessarily deter participation; and instead, either terms of reference or a letter of agreement would sufficiently formalize participation.
- **Website:** For now, the Consortium website will be hosted by the New York Academy of Science (NYAS); but in the future, the group may want to reconsider due to potential branding constraints and/or a desire for neutrality. The website will contain an interactive decision tree, two-page briefs of each tool, a summary matrix, case studies, recordings of future webinars, and potentially, an ‘Ask the Expert’ interactive forum. See details below.

### Task Force Work Plans and Timelines

Consortium members self-selected their membership on the TFs along the following themes: TF1 - Tool Synthesis for Coordination, TF2 - Data Needs and TF3 - Reaching Out to End Users. Below is a summary of agreed, key activities based on work accomplished by the three TFs on day one of this meeting. The TFs aim to complete all of these tasks prior to the next Consortium meeting in November of 2018.

#### TF 1 – Tool Synthesis for Coordination

- **Two-page briefs:** Complete two-page briefs of each tool, communicating the key policy questions they address, along with other basic facts.
- **Circular visual:** Modify the circular visual (page 7) to include elements from the nutrition policy decision cycle (e.g. policy design, financing, operational plan, etc.) so that policy actors can envision themselves within the graphic and understand which tool(s) relate best to their roles.

- **Investments:** Document regional and country-level investments for supporting the selection and implementation of tools.
- **Case studies:** Conduct in-depth interviews with country-based participants to obtain a better understanding of countries' experiences with these tools, and in particular how tool results were used in policy making.
- **Complementarities:** Re-examine and document similarities, differences, gaps, overlaps and complementarities between the nutrition modeling tools.
- **Pilot the use of multiple tools:** Draft a proposal to pilot the use of all tools in a single country (or a subset of tools in two or more countries), to validate the decision tree and facilitate an improved understanding of the tools' complementarities.

## TF2 – Data Needs

- **Summary matrix:** Create a summary matrix delineating the features of each tool with regards to a list of categories, including Focus, Analysis, Modeling Type, Interventions, Outcomes, and Data Requirements.
- **Effect sizes:** Conduct an inventory of effect sizes, by intervention, using data visualizations to show effect size for tools, where relevant. Mimic the approach used by LiST's for their vitamin A visualization.
- **Check-ins on literature:** Conduct regular check-ins on the state of literature on effect sizes given the constantly emerging evidence.
- **Updates of evidence:** Coordinate Consortium partners to conduct updates of evidence reviews for selected interventions.

## TF3 – Reaching out to End Users

- **Webinar:** Create a global webinar to sensitize, inform and generate demand for the tools.
- **Presentation:** Create a modifiable presentation (about the NMC and the tools) to use at conferences, meetings and workshops where Consortium members plan to attend.
- **Talking Points:** Develop a list of talking points so that NMC members and brokers can provide consistent and accurate messaging when in dialogue with end users.

There are several logical links between most of the tasks on this list. The challenge for the Secretariat and their support staff will be to sequence them carefully, since results from some become inputs for others. The Secretariat (the Sackler Institute), along with newly-hired consultants Frances Knight and Saskia Osendarp, will guide and support the TFs over the coming months, ensuring coordination and momentum towards completion of work-plan tasks by the November 2018 meeting.

## Feb 22 – Day One Proceedings

### Opening Remarks and Meeting Objectives

*Gilles Bergeron, The Sackler Institute*

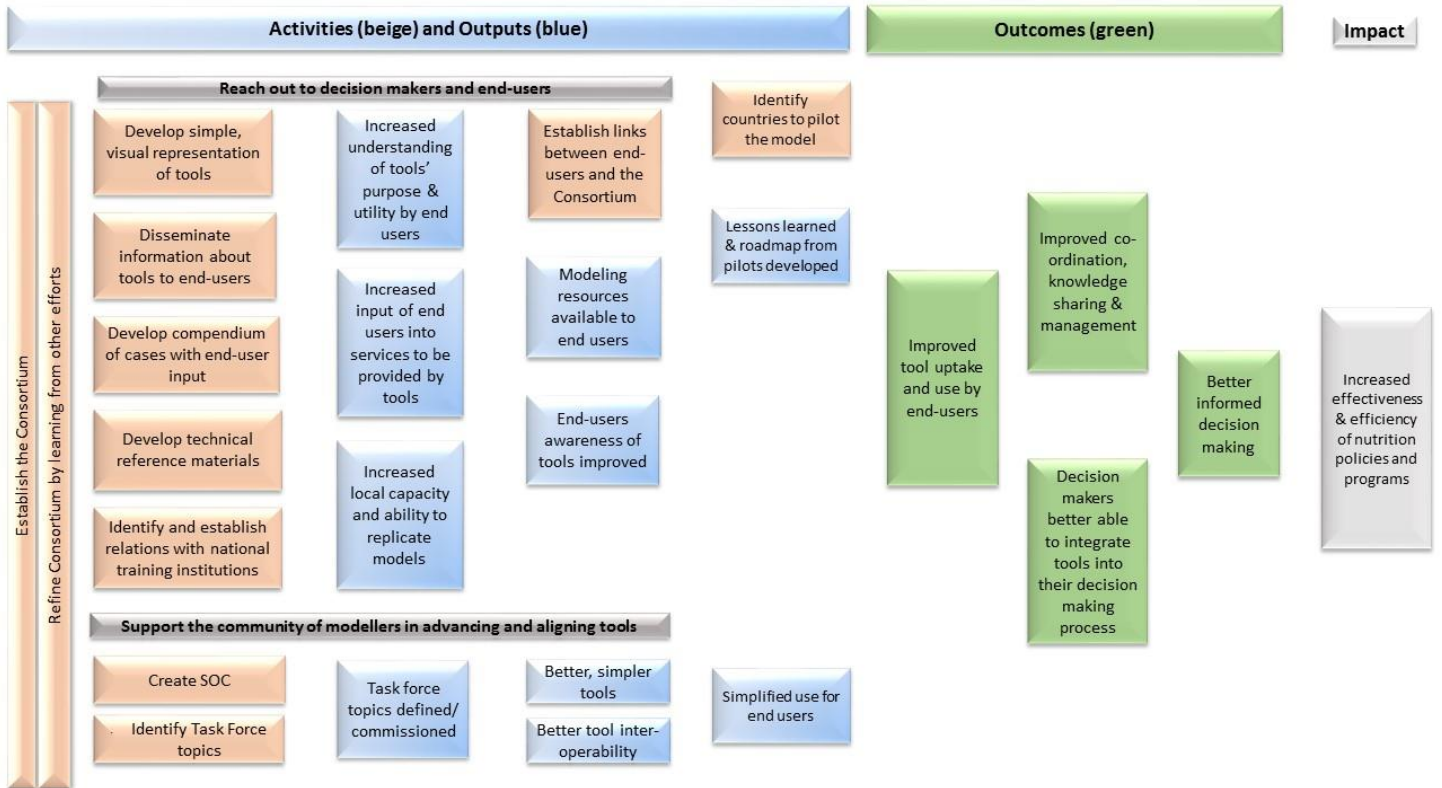


In April of 2017, a meeting was co-sponsored by the Sackler Institute and the Micronutrient Forum (MNF), whereby seven nutrition modeling tools were reviewed and discussed, and the notion of a forming a Consortium to frame future collaboration was conceived. That meeting led to the preparation and submission of a proposal to BMGF for funding this collaborative venture.

The current two-day meeting is the first gathering under the BMGF grant, and is intended to: 1) update the group on what has taken place since the Consortium's first meeting in April of last year; 2) lay the foundation for building the Consortium; 3) organize participants into topical task TFs; 4) define our common strategic goals; and, 5) develop work plans and timelines to achieve those goals.

Unlike the April 2017 meeting, where participants presented and reviewed seven, nutrition modeling tools, this meeting will not delve into the technical details of each tool. For those details, and outcomes from that meeting, refer to the meeting report: [Nutrition Modeling Tools for Advocacy, Decision Making and Costing: A workshop to Support Adoption & Utilization](#).

Following the April meeting, The Sackler Institute submitted a [proposal to the BMGF](#), which was ultimately funded. The proposal includes two strands of activities and outcomes: 1) Increase demand for the modeling tools by reaching out to decision makers and other end users (top section of visual below), and 2) Improve supply by supporting the community of modelers in advancing and aligning the tools (bottom section of visual below). The intended, combined impact of this dual approach is to increase effectiveness and efficiency of nutrition programs in the countries where the tools are applied. See pathways for both strands on below.



## NMC Goal and Objectives

Based on the April 2017 workshop, and as documented in the BMGF proposal, the definition of the Consortium, along with its overarching goal and strategies are listed below:

### What is the Consortium?

The NMC is an alliance of tool modelers and end users to foster the design of well-informed nutrition policies.

### What is the Goal?

The goal of the NMC is to encourage the use of evidence-based modeling techniques to maximize the effectiveness and efficiency of nutrition policies and programs in LMICs.

### What is the Strategy of the Consortium?

The strategy of the NMC is to facilitate collaboration between nutrition modelers and end users by:

1. Engaging end users by incorporating their needs, perspectives and input towards the development of decision making tools.
2. Preparing and disseminating technical information to end users (in LMICs) about nutrition modeling tools and how they can serve their countries' specific needs;
3. Advancing the tools' capacities, enhancing their inter-operability, and standardizing aspects such as their technical terminology and underlying assumptions; and,
4. Establishing relations with learning institutions in LMICs that wish to build their own capacity to support the use of nutrition modeling tools locally.

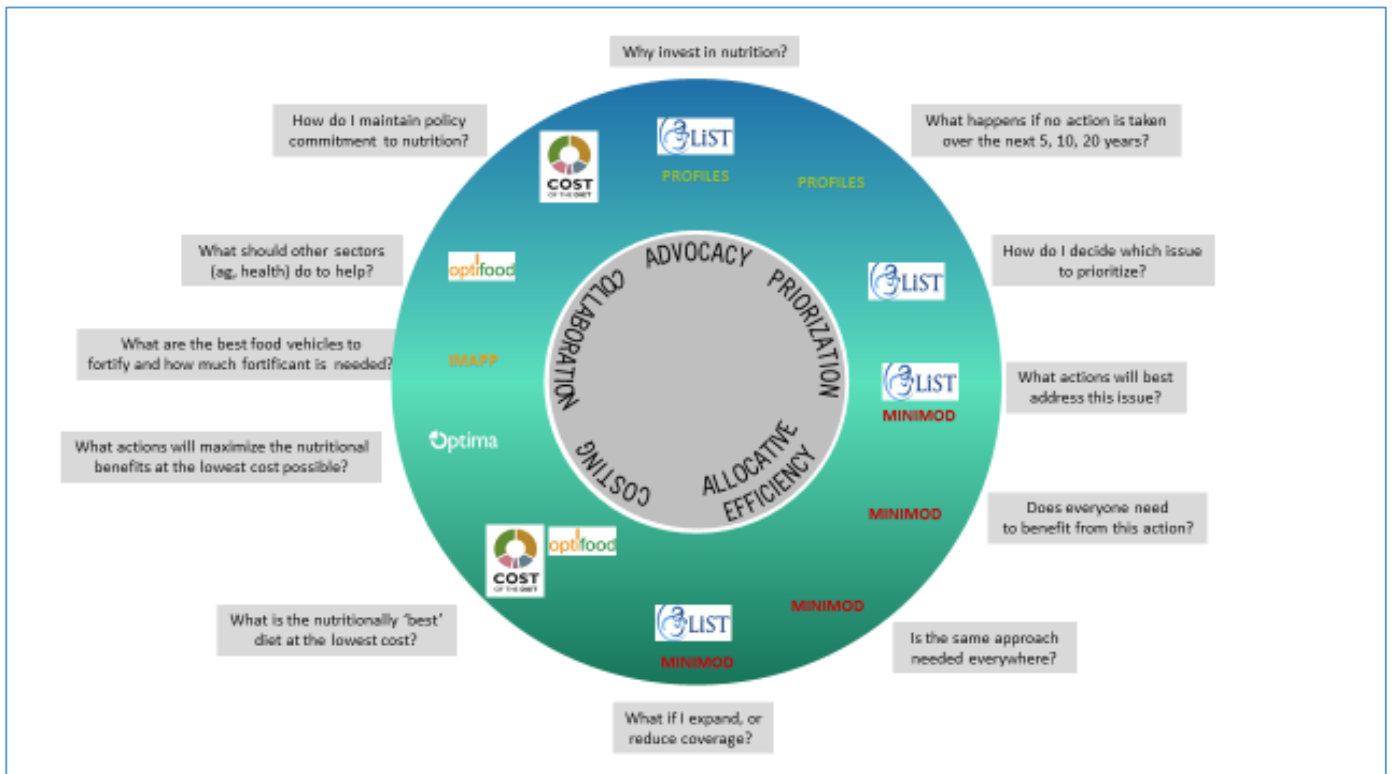
## What Has Been Done So Far?

*Saskia Osendarp, Osendarp Nutrition*



The Consortium's first outreach exercise since the submission of the BMGF proposal took place at the SUN Movement Global Gathering in November of 2017. After a brief presentation on the Consortium and the modeling tools' objectives, strengths and limitations; four case studies were presented exemplifying successful application in Malawi (LiST), Guatemala (Optifood), Cameroon (MINIMOD) and Cambodia (FNG/CoD). Emphasis was placed on the complementarity among the tools, and a list of the specific resource requirements for using them was provided. Details from that workshop can be found in the [Report from the SUN Movement Global Gathering Parallel Workshop](#)

At the SUN Gathering, the tools were visually displayed along a circular, thematic continuum (see next page) to assist participants in understanding the primary purposes of each tool. Additionally, this visual allowed the viewer to envisage the specific policy questions that each tool responds to, e.g. what is the nutritionally 'best' diet at the lowest cost?



The four case studies then delivered practical examples of how these tools have been applied and proved useful in policy making decisions, using the following questions as a guide:

1. What are the key questions addressed by the tool? (*see table below*)
2. Describe the stakeholder engagement?
3. What was the outcome of the exercise?
4. What constraints were confronted in using the tool?

It was noted that a more complete ‘compendium’ of case studies will be developed in the coming months, using these questions as a starting point. Complete slides from all four case studies can be viewed in slides 6 – 25 of the [power point presentation](#).

### Key Questions Addressed by the Modeling Tools in Case Study Countries

<p style="text-align: center;"><b>Malawi (LiST)</b></p> <p>If Malawi scales up coverage of key nutrition-specific and WASH interventions by 2025, what impact will that have on stunting?</p>	<p style="text-align: center;"><b>Guatemala (Optifood)</b></p> <p>Identify a set of food-based recommendations (FBRs) detailing 1) nutrient values of locally-available foods; 2) nutrient gaps that exist; and, 3) which local foods should be promoted using FBRs to improve the nutrient adequacy of key target groups.</p>
<p style="text-align: center;"><b>Cameroon (MINIMOD)</b></p> <p>What are some alternative strategies for Achieving Target Levels of Vitamin A Intake and Saving Lives (both at the national and sub-national levels)?</p>	<p style="text-align: center;"><b>Cambodia (FNG/CoD)</b></p> <p>Identify the barriers to adequate nutrient intake across Cambodia, considering the impact of different actions across food, social protection and health systems.</p>

There was strong interest for learning more about the modeling tools, and general support for the creation of the Consortium to support improved access and utilization of the tools. During the break-out discussion, the following ‘concerns’ were expressed by participants. These topics should be considered by the Consortium as it builds its action plan over the coming months:

- The ability of these tools to represent multi-sectoral programming.
- How to ensure that all stakeholders feel their situation is adequately represented by the data.
- The technical and financial resources required to use these tools.
- The need to contextualize these tools to local conditions.

## [What has been done so Far – Q&A and Discussion Link](#)

## Building the NMC: Objectives, Strategy and Deliverables



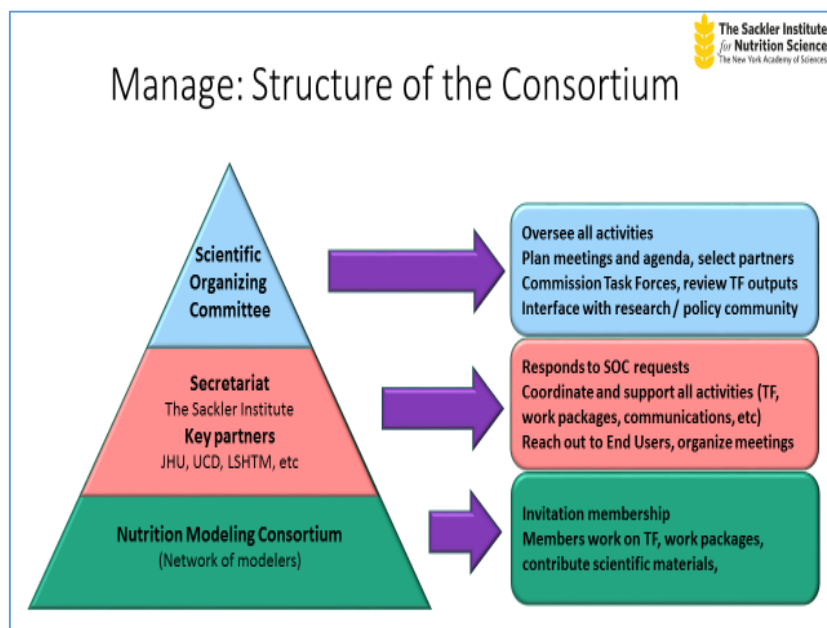
**Gilles Bergeron, The Sackler Institute**

As the Consortium is constructed, there are a variety of issues that members will need to discuss and clarify, such as ‘What is expected from the Consortium?’, ‘What are its functions, and strategic boundaries?’, and ‘Who will drive its activities?’

Having a clear management and communications structure will assist in mitigating many of the risk factors that can be problematic for Consortia. The proposed management structure, displayed below, is intended to ensure transparency, momentum and accountability.

In terms of communications, a website is being designed under the umbrella site of the NYAS. Locating the NMC site within the NYAS website was done simply because it is convenient and free, but the Consortium may decide to have an independent site instead, depending on members’ needs and preferences.

Three publications are also under development, based on discussions at the April workshop and using examples provided by other Consortia. The first consists of a series of two-page briefs, communicating basic facts about each modeling tool. Each brief is formatted around a set of guiding questions; see a partial example of the (draft) LiST brief on the following page [click here for the entire two-page brief](#).



The second publication takes the details contained in the two-page briefs, and compiles them into a comprehensive table, allowing the tools to be compared across various attributes. An example was provided by the Global Health Cost Consortium, which used the following attributes to delineate between the tools: ‘Questions the Tool can Answer’, ‘Tool Characteristics’, ‘MDGs Addressed’, etc. This example can be found on slide #11 of [this power point](#).

The third publication is a compendium of case studies, using the country presentations from the SUN Gathering as a starting point for their development. Other communications efforts include promoting tools via social media; conducting presentations at conferences and meetings; and other peer-to-peer interactions.



# The Consortium of Nutrition Modelers



## Lives Saved Tool (LiST)

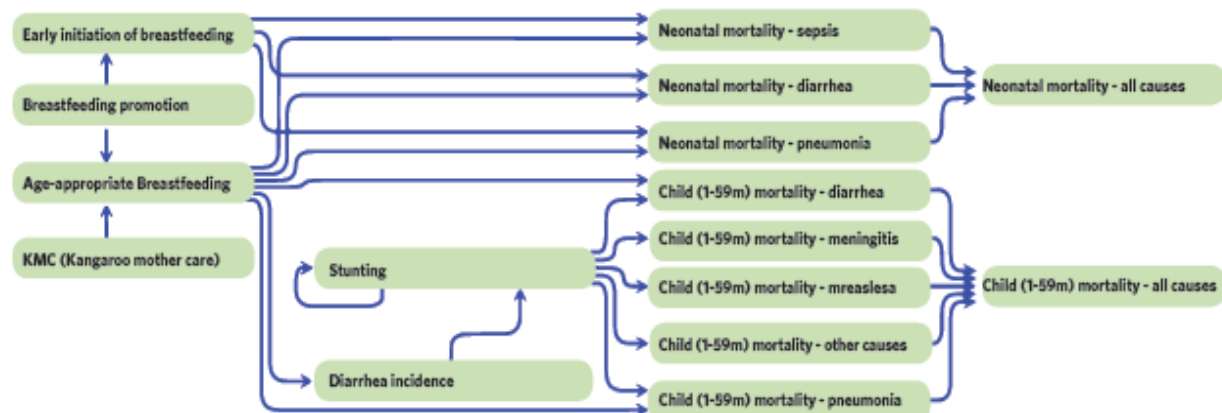
Developed by Johns Hopkins University

Designed to understand how change in coverage of health/nutrition interventions affects mortality and morbidity in populations of interest.

### Key questions addressed

**LiST** was built to answer the question: 'What if we expanded coverage of an intervention that is known to be effective?' To do so, LiST takes the change in coverage of one intervention and provides the change in mortality, as well as changes in risk factors such as stunting and wasting. Currently, LiST includes more than 70 maternal, newborn and child health and nutrition (MNCH&N) interventions, which can be modeled individually or in combination.

**Figure 1: Example of a LiST Model: How breastfeeding promotion affects child mortality**



### How does this help nutrition decision making

While positioned as a program planning/decision making tool, it can be used for evaluation and advocacy. In addition, LiST's complementary tools can do modeling on a sub-national basis; produce costing estimates; and generate 'missed opportunities' to show where coverage is low and could potentially be maximized for increasing lives saved.

### What indicators does it use, and what are the data needs?

Indicators that feed the program are: coverage of the intervention(s) of interest; population-specific inputs related to demographic projections (UN Pop); causes of death / morbidity (WHO/UNICEF); effect sizes of interventions on cause-specific mortality (literature); and affected fraction of the population.

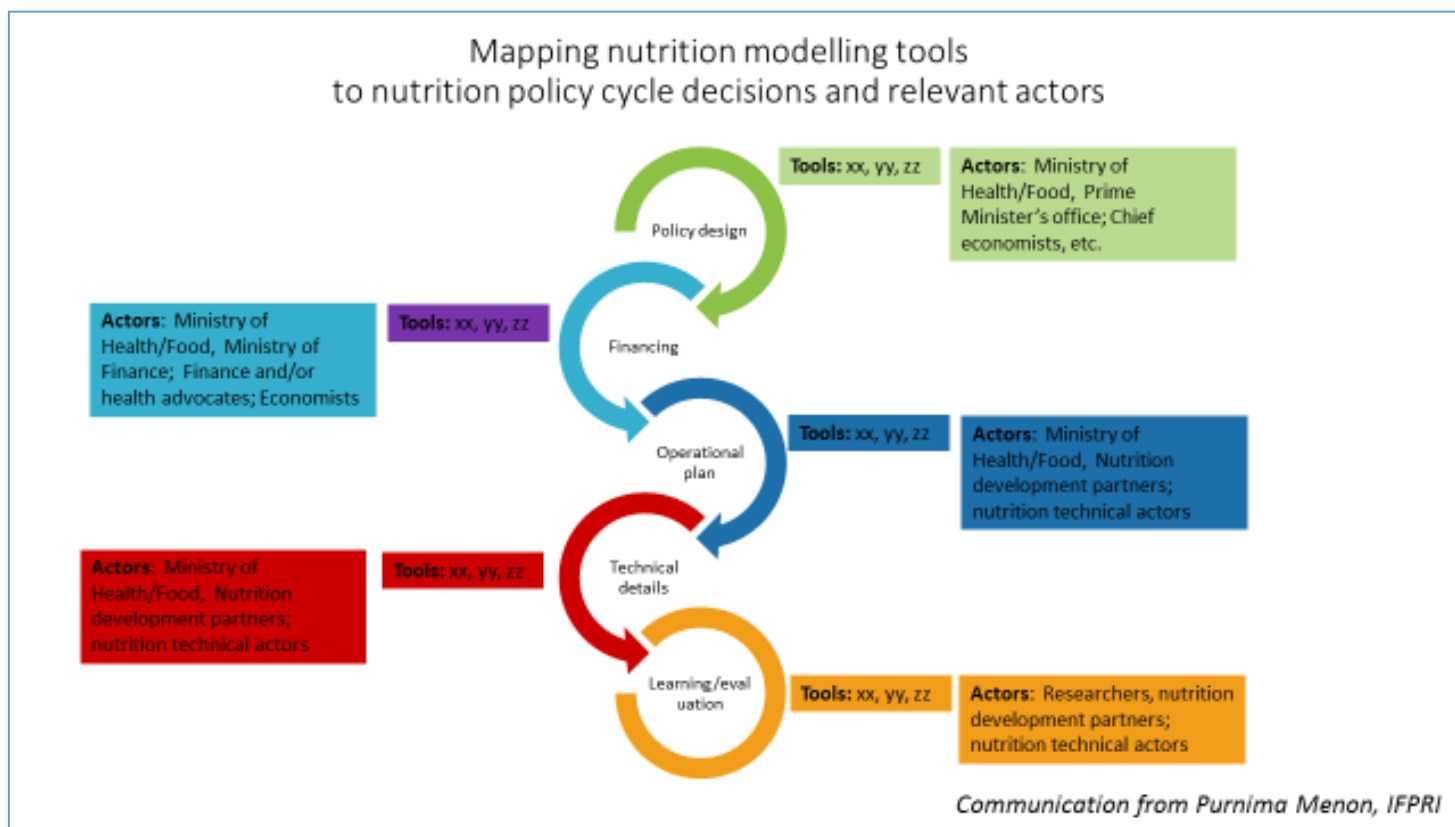
## Defining a Common Vision: Discussion Summary

Following a set of guided questions, the group worked in plenary to define a unified vision of the Consortium. Below is a brief summary of the points made during that session. For the full discussion, click on the link at the end of the summary.

### Who should be included?

The Consortium seeks to manage a careful balance of: 1) strengthening the modeling tools, and 2) reaching out to end users to increase awareness and uptake of the tools. It was pointed out, however, that ‘reaching out’ has thus far been defined primarily as presenting end users with an already existing product. Instead, it would be useful to involve them in identifying the uses/purposes of the tools, from their perspectives, and as importantly, translating the technology to user-friendly terminology.

Along these lines, participants pointed out that there are different types of ‘end users’, i.e. users of the technology and consumers of the *outcomes* of the technology. The type of end user also varies among the tools. While Optifood might engage nutritionists, LiST might target a broad range of multi-sectoral stakeholders. The visual below depicts the various types of end users and shows how the tools might be mapped along the policy cycle decision timeline in order to assist users in selecting the tool(s) most relevant to their needs.



Finally, a cautionary note was offered regarding the idea of transitioning to an entirely ‘demand-driven’ approach: The countries may not always know what they need in terms of nutrition modeling, and the modeling teams can be helpful in encouraging and guiding them to understand what kinds of operations they could perform (or questions they could answer) if they had the right tool for their circumstances.

## **Should the Consortium take on other Roles?**

Once the NMC has made progress on its stated priorities, participants suggested other roles that they might play, including addressing research questions of global importance, and developing a gold standard for evaluating / rating each tool. It was noted that the latter would be challenging as modeling teams would view *their* tool as having the best features, thus making it difficult to arrive at commonly agreed criteria for a gold standard.

It was proposed, however, that each tool could be evaluated on the basis of the strength of evidence they use to answer questions; how well they deal with uncertainty; how good were the trials used to document the effects they assume; what was the risk of bias, etc. The two-page briefs on each tool may be a good place to summarize the validation process that each tool underwent so that end users understand how rigorously they were tested.

Another role envisioned for the future of the Consortium was to update evidence for selected interventions, or categories of interventions, e.g. WASH. Consortium members could potentially divide the labor required to conduct regular updates where evidence is lacking or outdated.

Finally, while some participants saw the role of the Consortium as building a culture of data-based decision making, others felt that this would broaden the scope excessively and widen the audience beyond what could be managed. The latter group advocated for keeping a focus on the tools specifically, and concentrating limited staffing time and resources on developing the descriptions of each tool, making clear what they each address, and noting how they've been applied in LMICs thus far.

## **How should the Consortium formalize participation of its members? Should an MOU be used?**

If an MOU is used to formalize relationships, it will be with The Sackler Institute, since Sackler holds the BMGF grant. An MOU, however, may be an overly arduous (and perhaps superfluous) way to obtain institutional buy-in; it may even act as a deterrent to participation. For now, it makes more sense to rely on some general terms of reference or a simple letter of agreement. In either case, the 'parent organization' of each tool should be the signatory on the agreement, to ensure an enduring commitment by that organization should the individual (currently participating) leave their organization.

## **Should NYAS host the NMC website? Or should the Consortium have an independent site?**

Participants agreed to keep the site with NYAS, but in the future, this decision may be revisited. Reasons to have an independent site include: 1) NYAS branding guidelines might be too constraining, and 2) the group may want to establish its neutrality and make clear that they are independent from any one entity, e.g. there is currently an NYAS banner on the NMC site which clearly links the NMC to that organization.

## **What should be the content of the website?**

The two-page briefs, the summary table, and the case studies were prioritized for completion and for dissemination via the website. In terms of including journal articles and papers about the tools, it makes more sense to simply provide links to those papers which are hosted on members' websites. An 'Ask the Expert' section would be a useful and innovative way to engage and educate potential users of the tools, and if the Consortium hosts webinars, posting those recordings on the website would also serve that purpose.

[\*Defining a Common Vision – Detailed Discussion link\*](#)

## Explanation of Task Force Approach and Topics

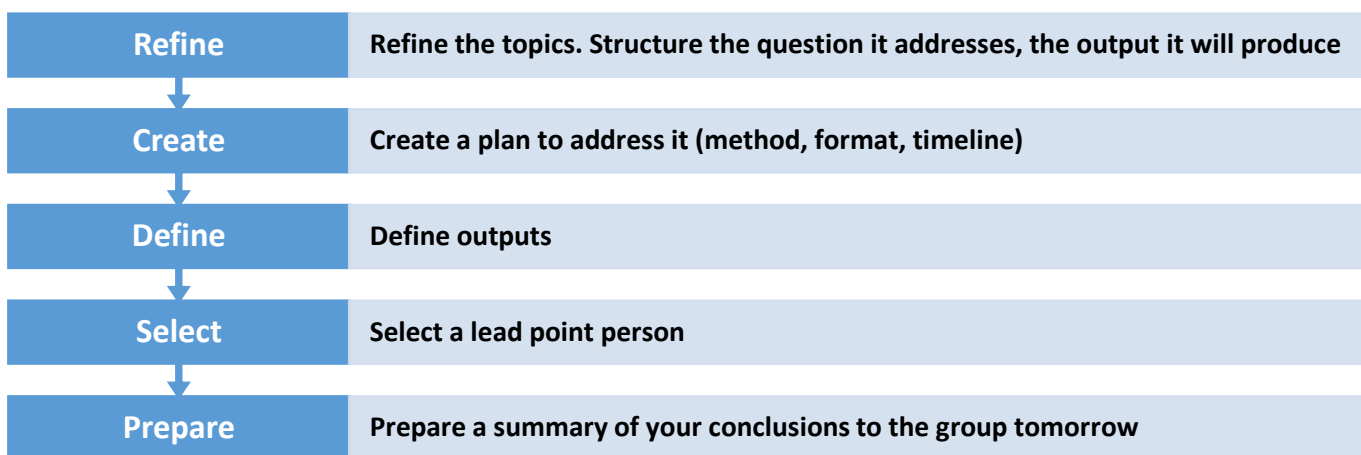


*Megan Bourassa, The Sackler Institute*

The rationale behind developing TFs is to allow the group to dig deeper into selected topics that are identified as vital to the mission of the Consortium. Having TFs will help to divide and conquer, and better capitalize on each member's respective area of expertise.

There are three thematic topics that were selected for defining the mandates of the TFs. While some of the proposed activities for the three TFs are described in the power point (see icon link above), each of the TFs had the opportunity to review and modify these activities when they met on the afternoon of day one. The TFs' themes are as follows, with the table below outlining the tasks recommended (for each TF).

1. Tool Synthesis for Coordination
2. Data Needs
3. Reaching Out to End Users



### Points of clarification:

- The timeline for Consortium activities is six months to two years, and beyond.
- TFs will be re-evaluated at the November Consortium meeting.
- TFs members are self-assigned, based on their interest and expertise.
- Frances Knight and Saskia Osendarp have been contracted to support and coordinate the TFs, with ongoing assistance from Megan Bourassa and Gilles Bergeron.<sup>1</sup>
- The time commitment of each TF's members is largely up to the group. They will use regularly scheduled conference calls and online correspondence between Consortium meetings. There are no resources for in-person TF meetings currently.
- The TFs will be the primary means of producing Consortium outputs, and the vehicle for communicating between the full Consortium meetings.
- Members of the TFs will be the ones to carry out the tasks identified in each TF's work plan. At this point, there are no resources to hire consultants/writers, but Gilles, Megan and Frances and Saskia will be available to assist by reviewing and compiling documents, and reaching out to relevant end users (and other actors) where necessary.

<sup>1</sup> Following Day 2 of the meeting, it was agreed that Frances Knight will oversee TF3; Saskia Osendarp will oversee TF1; and Gilles Bergeron will oversee TF2 in terms of scheduling meetings, ensuring minutes are taken, and coordinating tasks between the three groups.

## Additional points raised in Q&A:

- The Consortium may decide to invite more end users to participate at a future date. This may include end users both at the country level *and* the global level.
- The BMGF proposal includes the development of a road map (or decision tree), which would be piloted in a couple of countries in order to validate it. Alternatively, the Consortium could approach some countries that are already in process, and walk along-side them (through *their* process) as the Consortium develops this roadmap.
- The Global Health Cost Consortium has developed ‘use cases’ selecting several existing users and evaluating the tools based on these users’ specific needs. The NMC could do something similar, for example, picking three country users and doing everything possible to meet their needs with specific tools. Then based on that process, the Consortium would have generated a roadmap which could be applied in other countries, modifying it where necessary.

## Feb 23 – Day Two Proceedings

### Task Force 1 Presentation – Tool Synthesis for Coordination



#### *Saskia Osendarp, Osendarp Nutrition*

**Members:** Saskia Osendarp, Saskia de Pee, Elaine Ferguson, Nick, Scott, Kavita Sethuraman, Steve Vosti, and Megan Bourassa

**Task Force Leader:** Saskia Osendarp

**Task Force Sackler Liaison:** Megan Bourassa

TF1 agreed to the following activities before the next meeting in November:

#### **1. Populate the Task Force – April 2018**

TF members felt it was important to include representatives from *all* of the modeling teams that are currently participating, instead of just those present at the TF1 table now. Furthermore, they intend to reach out to representatives of other nutrition modeling tools (e.g., Bottleneck, National Cancer Institute, etc.).

#### **2. Create / Update Existing and Emerging Documents – July through September, 2018**

- a) Two-page briefs of each tool.
- b) Circular visual (on page 7). Modify to include the nutrition policy decision cycle elements (e.g. policy design, financing, operational plan, etc.) on page 10, so that policy actors could envision themselves in the visual and see which tool pertains to their roles.
- c) Table reporting tool aims, key questions addressed, data and technical capacity needs, etc.
- d) Table/template that lists the types of data required by each tool, so that once an in-country user decides which tool they will use, they can easily review and fill in the table with the data sources that are readily available in their country.
- e) Table identifying tool-specific M&E activities and data requirements

#### **3. Consider and Document Regional and Country-Level Investments** for supporting the selection and implementation of tools. In this context, it was suggested that for tools that are only used by countries every several years, having regional teams or academic hubs to assist countries might be a helpful way to ensure that the capacity to use the tool is maintained over time. – *September 2018*

#### **4. Undertake In-Depth Interviews with Country-level Participants** to obtain a better understanding of countries’ experiences with these tools, and incorporate the findings into the case studies. Given the dearth of information about how the tools’ results have actually been utilized (i.e. within the policy making arena), the Consortium should interview end users (i.e. country teams) to extract that information. Malawi was suggested as a starting point, as most of the tools have been applied there. – *September / October 2018*

5. **Prepare a Proposal to Develop an Interactive Nutrition Model Information Website.** This would assist potential users in identifying the tool that best suits their needs by allowing them to pose questions and interact with the site (e.g. Ask the Expert, interactive pathway/decision tree, etc.) – *October 2018*
6. **Re-Examine Tool Complementarities** documenting similarities, differences, gaps, and overlaps and complementarities. – *October 2018*
7. **Prepare a Proposal to Pilot the Use of Multiple Tools in a Single Country.** Once the decision tree has been drafted, this pilot will test whether it works from an end-users perspective. The process will help the group to think through how each tool fits together, and facilitate a better understanding of their complementarities. – *October 2018*

### Key points from Discussions:

**Time constraints:** Some participants raised concerns about the time that it would take to generate the various materials being planned. Others explained that given the members’ common goals of better preparing countries for uptake and utilization of these tools, this process should *save* time and resources for everyone in the long term. It was agreed that dialogue between Consortium members has already begun to facilitate better collaboration between the modeling teams, and in the future it may allow them find ways to feed into one another, better serving the needs of a client country. As work plans are created, the group should be cognizant of members’ time limitations (outside of these meetings) in order to set realistic expectations of achievements.

**Pilot initiative:** Regarding the task, ‘Prepare proposal for pilot country using multiple tools,’ there was a fair amount of disagreement. One participant felt that that this exercise was counterproductive and distracting, since the goal is to *explain* the tools and make them accessible, not to force them to fit together into a seamless pathway. Others thought it was useful, but agreed that piloting all of the tools in one country may be overly ambitious and potentially confusing to country teams. Instead, it was proposed that a smaller number of tools be applied in two or more countries, being sensitive to where each is in their respective policy-making processes.

**Using the tools’ results in the policy arena:** Very little is known about how the results (of applying various tools) have actually been utilized in terms of modifying policies and programs. It was proposed that either a representative from Malawi be invited to a Consortium meeting; or alternatively, someone is sent to Malawi to investigate these outcomes. Malawi and Ethiopia were cited as two countries where many tools have been applied, thus it would be easiest to collect information.

### [TF1 – Detailed Discussion from TF Meeting on Day 1](#)

### [TF1 -- Q&A and Discussion following the Presentation on Day 2](#)

## Task Force 2 Presentation – Data Needs



*Carol Levin, Washington University*

**Members:** Nick Kassebaum, Jakub Kakietek, Gilles Bergeron, Lindsay Allen, Carol Levin, Neff Walker and Florencia Vasta

TF2 had some overlap with TF1, so it will be important to coordinate between them as this work evolves. TF2 proposed to produce the following outputs, with attached deadlines.

1. **Inventory of data needs by tool -- End March 2018**
  - A. Create a Summary Matrix and identify interventions and data needs for each tool.
    - Expect to merge this with the outputs from TF1, but if not, then see draft matrix below.
  - B. Then document tool input parameters and sources.

- This will be tailored to types of tools that are similar, i.e. clustered by color below. If intervention effect size is critical to the tool, then these estimates will be provided, as well as sources and assumptions. This is more important for some models than others.

Below is a draft (of the first section) of the Summary Matrix, which is delineated by Focus (left side of matrix below). Other thematic categories would be listed below, as follows:

- Analysis, e.g. impact assessment, cost analysis, cost effectiveness analysis, etc.
- Modeling type, e.g. excel-based model, micro simulation model, macro simulation model, etc.
- Interventions, e.g. agricultural, food based, nutrition specific, etc.
- Outcomes, e.g. mortality, morbidity, stunting, etc.
- Data requirements, e.g. demographic data, epidemiological data, etc.
- Other categories to be generated after brainstorming with TF1.

[Click here for draft Summary Matrix with all thematic categories here.](#)

Once the table is populated (i.e. X's are placed against all of the features of each model), it will become easier to understand which tools are similar, different and complementary. It was noted, however, that these categories must be selected carefully so that there aren't biases against certain models, e.g. if effect size is used as a category of comparison.

Model or tool		Profilis	LiST	Optima	Optifood	IMAPP	MiniMod	Cost of Diet
F o c u s	Assess health and economic consequences of malnutrition	x						
	Assess impact of scaling up effective nutrition		x					
	Inform efficient allocation of resources to achieve reduction in stunting			x				
	Guide decisions for food-based recommendations				x	x		
	Identify cost-effectiveness of nutrition/micronutrient interventions						x	
	Identify minimal cost of diet							x

## 2. Inventory of effect sizes by interventions

- Use data visualizations to show effect size for models, where relevant. LiST has an excellent data visualization (software program) for Vitamin A that could be used as a model.
- Conduct regular check-ins on the state of literature on effect sizes given the constantly emerging evidence.
- Coordinate Consortium partners to conduct updates of evidence reviews for selected interventions.

## 3. Data Sources

- Indicate sources of data, but also provide alternative and acceptable sources of data, e.g. cause-specific mortality from WHO or the Institute for IHME.
- Follow up on what can be done to improve access to existing unit cost data.
- Identify gaps in data, e.g. coverage for key interventions such as Kangaroo Mother Care (KMC).
- Identify and recommend data sources for key data categories, e.g. dietary intake data, etc.

## Key points from Discussions:

**Alternative data sources:** This is an opportunity for educating users on the wide array of data set options (i.e. alternative sources from what they already use or know about). This is an exciting prospect and the long-term vision could be to educate users on data-based decision making more generally; but in the short term, the Consortium should focus on getting the basic messaging for each tool completed and disseminating this information.

**Misleading users:** It's important to take care in categorizing the tools so that if, for example, CoD is not categorized as addressing stunting (as an outcome), it's still understood that CoD (and by extension 'diet') is *on the impact pathway* to reducing stunting. It's important not to mislead users on this front.

**Effect sizes:** While some participants fervently argued that effect sizes should be specified for all tools, allowing users (including donors) to select those with the strongest evidence base; others felt that this would be misleading and irresponsible. The latter group noted that some interventions, such as vitamin A supplementation, lend themselves easily to randomized controlled trials, and therefore can rely on strong, clean effect sizes. On the contrary, interventions such as infrastructure rehabilitation (to improve access to markets) clearly do not lend themselves to rigorous trials, and thus cannot compete on the basis of effect sizes.

Our job is to educate users (and especially donors) on the concept that access to a nutritional diet (and by extension the tools that address dietary intake) are equally important on the impact pathway, even though interventions impacting dietary intake may never generate strong effect sizes. This means that emphasizing effect size may unfairly bias users against certain interventions and the tools that model them. Furthermore, participants cautioned that generating effect sizes is a very nuanced and challenging task, especially for some of the more complex modeling tools. MINIMOD, for example, relies on multiple inputs (e.g. dietary intake, coverage, performance of the delivery mechanism, etc.), so there are multiple effect sizes that can't easily be merged into a single number.

[TF2 -- Detailed Discussion from TF meeting on Day 1](#)

[TF2 -- Q&A and Discussion following the Presentation on Day 2](#)

## Task Force 3 Presentation – Reaching out to End Users

Monica Woldt, FHI 360 / FANTA



**Members:** Patrizia Fracassi, Rebecca Heidkamp, Frances Knight, Homero Martinez, Banda Ndiaye, Lynnette Neufeld, and Monica Woldt

### 1. Who are the End Users?

TF members thought it was first necessary to re-define the term ‘end user’ into three categories:

- a) **Consumers:** Those who ask the initial policy questions and use the results for decision making.
- b) **Users:** Those who conduct the analysis using the tools.
- c) **Brokers:** Those who know about the tools, and connect people (users and consumers) with the Consortium and the tools.

### 2. What is *our* Role?

- Create demand for tools among end users, and particularly consumers, who are the decision makers in their countries.
- Help consumers to ask the right questions, and identify the tools that respond to those questions.
- ‘Increase the appetite’ of end users to fund the application of these tools, taking responsibility to identify and raise (at least) some of the necessary funding.
- Be sensitive to the policy and program processes within a country.
- Identify the core set of ‘criteria’ for use of each tool, e.g. background, skills, abilities, and other resources.
- Generate lessons learned from applying the tools, e.g. from Malawi and Guatemala, where there is already significant experience with several tools.

### 3. Create a Global Webinar to sensitize / inform end-users and generate demand for the tools.

- The decision tree and case studies may be included in the webinar.
- A recording of the webinar can be used to further disseminate information and educate potential end users.
- The webinar can be customized for users, consumers and brokers, and the participants will self-identify. For example, there could be a webinar for the SUN networks targeted to their roles as ‘brokers’.
- The webinar should be conducted in multiple languages.



- Dissemination could take place via various platforms, e.g. Emergency Nutrition Network (ENN), Nutrition International Technical Assistance for Nutrition (NITAN), publish an article in Nutrition Exchange (ENN), etc.
- The Sackler Institute would provide the software / hosting platform for the webinar.

*Timeframe: by October*

**4. Create a Presentation / Session** to sensitize, inform and generate demand.

- The presentation would be continuously adapted to a variety of venues where NMC members are already planning to attend, and could therefore make a presentation at no extra cost to the Consortium. Possible venues include:
  - SUN Regional Finance Workshop – June 2018
  - Training for all Sun Focal Points – July 2018
  - West Africa Nutrition Forum – November 2018
  - Latin American Society of Nutrition (SLAN)– November 2018
  - American Society for Nutrition – June 2018, and in 2019
  - Micronutrient Forum – early 2020
  - The Consortium should brainstorm additional (global and regional) fora for presenting and running sessions.

**5. Develop Talking Points** to provide consistent and accurate information about the Consortium and its goals.

- These would aid Consortium members, and other brokers, when they are in dialogue about the Consortium.
- Talking points would include ‘who we are’, ‘what we are doing’ and ‘why we are doing it’.

**6. Provide Edits and Inputs to Existing and Emerging Consortium Materials**

- **Decision Tree:** This platform should be on-line, interactive and based on a series of ‘what if’ and ‘if then’ statements, guiding the user through a process of deciding which tool is most suitable to their specific circumstances.
- **Two-Page Brief:** Provide input to TF1.
- **Circular Visual (Mapping) of the Tools:** Consider incorporating elements of the nutrition policy decision cycle (on page 10), i.e. policy design, financing, operational plan, etc., into the circular visual on page 7.
- **Country Case Studies (Compendium):** Consider conducting a scoping exercise to learn what type of content would be most useful to end users. Use the four guiding questions from Abidjan as a starting point, and add other significant questions based on the scoping exercise.

TF3 members articulated their desire to be realistic about the time they have to invest in this Consortium between these planned, on-site meetings. The group agreed that they could work conceptually, share ideas and participate in some calls between meetings, but that they still need to identify a ‘project manager’ that pushes the tasks along and implements what is agreed by the group.

Finally, the TF had a series of questions for the modeling teams. The responses will aid in the development of the communications materials, including the two-page brief and the case studies. See slide #12 in the [power point for this presentation](#).

**[TF3 -- Detailed Discussion from TF meeting on Day 1](#)**

**Key points from Discussions:**

**Preliminary questions for modeling teams:** Before embarking on all of these tasks, it’s important to ask ourselves whether each tool has the capacity to respond to an increase in demand for their use. Along these lines, what is the Consortium’s long-term vision for providing support to countries who wish to utilize these tools? Answers to these questions, and several others, were listed in the TF3 presentation and should be sent out to each of the modeling teams prior to completing the two-pager template and case study template. The responses to these questions may be crucial to the development of those materials, particularly on the topic of capacity building.

**Frequency of use:** Some tools are used as part of routine policy making processes (annual, cyclical), while others are for more in-depth analysis (one-off, occasional). Those differences need to be clearly communicated in the various materials since ‘frequency of use’ will have implications in terms of each tool’s approach to capacity building. For example, it may not make sense to build local (in-country) capacity for a tool that is only applied every five years; and instead, building a regional hub of expertise might be more realistic.

**Addressing gaps:** The group needs to consider whether there are some key policy questions (listed in the circular visual) that cannot be answered by any of the Consortium’s modeling tools. And if this is the case, should they be kept on the visual with an acknowledgement of this gap? Or should they be deleted? Similarly, should it should be made clear (somewhere) that none of these modeling tools were built to address obesity?

[TF3 -- Detailed Discussion from TF meeting on Day 1](#)

[TF3 - Q&A and Discussion following the Presentation on Day 2](#)

## Work Plan, Timeline and Final Comments

### Gilles Bergeron, The Sackler Institute

In this final session, the combined list of activities for each TF was presented and reviewed in plenary, see below. Following the two-day meeting, the Secretariat has begun to update and consolidate all of the TF work plans into a comprehensive plan which will replace the table below.

<b>TASK FORCE 1-Tool Synthesis and Data Coordination</b>	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Complete Task Force Assembled									
Complete Updates/Upgrades of Selected Documents					x				
Complete Updates/Upgrades of Remaining Documents							x		
Document Reporting Country-Level Investments/Mechanisms to Meet Nutrition Modeling Needs							x		
Perform In-Depth Interviews and document Reporting Results								x	
Draft Proposal to Develop an Interactive Nutrition Model Information Website								x	
Document Reporting Model Complementarities								x	
Draft Proposal for Pilot Study Using Multiple Nutrition Models in a Single Country								x	
<b>TASK FORCE 2- Data Needs</b>	x								
Create a summary matrix and identify interventions and data needs for each tool	x								
Create information on model input parameters for each model and sources									
<b>TASK FORCE 3</b>									
Identify End-Users	TBA								
Global Webinar	TBA								
Presentations/sessions at select forums	TBA								
Inputs/edits/tweaks to specific outputs developed through consortium	TBA								

**Deadlines:** While TF1 and TF2 were able to establish deadlines, TF3 found it more challenging since much of their list depended upon tasks to be completed by the other TFs. All of the tasks identified are planned for completion by November of 2018 when the Consortium meets next.

**Immediate next steps:** To begin with, the TFs will send out the Preliminary Questions, generated by TF3. The current template for the two-page brief will be expanded, and sent out to modeling teams in the coming weeks, along with a request for contact details of country teams where tools have been applied. This will allow the TFs and Secretariat to begin the process of selecting countries for case studies. The template for those case studies will also be expanded, and sent out soon.

The Summary Matrix (TF2) will be made available on Google Docs so that each modeling team can go on line at their convenience and complete the matrices for their tool. The circular visual also requires updating, considering the recommendation from TF3 that elements of the decision policy cycle (on page 10) should be incorporated. Similarly, the key policy questions that cannot be answered by any of the tools should either be removed or an explanation should be provided.

The topic of piloting all of the tools in a single country was contentious and requires more discussion. Instead of using a single country, the group will consider identifying two or more countries and apply a *selection* of tools, being sensitive to where these countries are in their policy development processes.

Finally, it was recommended that the NMC goals and objectives are clearly published on the NMC website, particularly given the fact that this Consortium's mandate is somewhat different from that of other health-related Consortia.

**Upcoming presentations:** There are some decisions that need to be made immediately; these relate to TF3's proposal to present at the various venues listed. The deadline for abstracts for SLAN, for example, is late February, so action will need to be taken immediately if the NMC is going to participate. Others presentation options should also be explored as soon as possible to ensure that all opportunities to disseminate information are capitalized upon.

In terms of the actual presentation, it was agreed that TF3 and the Secretariat would develop a few introductory slides explaining what the NMC is, and what its goals and objectives are, e.g. the big picture. Then several tool-specific slides will be prepared by the presenter (with input from the relevant modeling teams), to limit the section (of the presentation) on the tools to just those that are most relevant to that particular audience, e.g. for the SUN workshop on finance and planning, perhaps those tools that deal with costing would be most relevant. The 'big picture' portion of the presentation should include the list of materials under development, e.g. two-page briefs, case studies, summary matrix, etc. so that the audience understands that there will be resources available to assist them in identifying an appropriate tool for their needs and circumstances.

**Coordination:** There are logical links between most of the tasks on this list. The challenge for the Secretariat and their support staff will be to sequence them carefully, since results from some become inputs for others. The Secretariat, along with newly-hired TF liaisons Frances Knight and Saskia Osendarp will guide and support the TFs over the coming months, ensuring coordination and momentum towards completing work-plan tasks by November 2018.

## Organizer and Participant List

### *Scientific Organizing Committee (SOC)*

Gilles Bergeron, The Sackler Institute for Nutrition Science  
Megan Bourassa, The Sackler Institute for Nutrition Science  
Purnima Menon, International Food Policy Research Institute (participated via Web-Ex)  
Banda Ndiaye, Nutrition International  
Lynnette Neufeld, Global Alliance for Improved Nutrition  
David Wilson, BMGF (excused)

BMGF is also alternately represented on the SOC by Rahul Rawat (excused), Ellen Piwoz (excused) and Florencia Vasta (present)

### *Participants*

Lindsay Allen, University of California, Davis  
Saskia de Pee, World Food Program  
Reina Engle Stone, University of California, Davis (participated via Web-Ex)  
Elaine Ferguson, London School of Hygiene and Tropical Medicine  
Patrizia Fracassi, Scale Up Nutrition  
Marelize Gorgens, The World Bank  
Rebecca Heidkamp, Johns Hopkins University  
Jakub Jan Kakietek, The World Bank  
Nick Kassebaum, IHME, University of Washington  
Frances Knight, The World Food Program  
Carol Levin, Washington University  
Homero Martinez, The Micronutrient Forum  
Nick Scott, Optima  
Kavita Sethuraman, FHI 360 / FANTA  
Steve Vosti, University of California, Davis  
Neff Walker, Johns Hopkins University  
Monica Woldt, FHI 360 / FANTA

### *Project Coordination / Scientific writing:*

Kara Greenblott, Nzinga International  
Saskia Osendarp, Osendarp Nutrition

### *Excused:*

Alicia Carriquiry, Iowa State University  
Rafael Flores-Ayala, Centers for Disease Control and Prevention  
Luz Maria de Regil, Nutrition International  
Meera Shekar, The World Bank  
Roos Verstraeten, IFPRI/Transform Nutrition

## Acronyms

BMGF	Bill & Melinda Gates Foundation
CoD	Cost of Diet tool
DHS	Demographic and Health Survey
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization
FBR	Food-Based Recommendations
FNG	Fill the Nutrient Gap tool
HIV	Human Immunodeficiency Virus
IHME	Institute for Health Metrics and Evaluation
IMAPP	Intake Modeling, Assessment and Planning Program
KMC	Kangaroo Mother Care
LiST	Lives Saved Tool
LMICs	Low and Middle Income Countries
MDGs	Millennium Development Goals
MINIMOD	Micronutrient Intervention Modeling Project
MNF	Micronutrient Forum
MOU	Memorandum of Understanding
NMC	Nutrition Modeling Consortium
NYAS	New York Academy of Science
RNI	Recommended Nutrient Intake
SOC	Scientific Organizing Committee
SUN	Scaling Up Nutrition movement
SLAN	Latin American Society of Nutrition
TB	Tuberculosis
TF	Task Force
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization