Dear Colleagues:

I am attaching a revised document for the Data Analytic Task and Finish Group that summarizes the results of our work. We owe thanks to Mike Knudtson on our team at the Prevention Research Center for pulling this together. Please review it for our meeting next week when we will discuss this document. Here are some of the key points that have grown out of our past meetings.

1. We need to have a common way of managing and reporting aggregation of data over time to reflect the fact that individuals enter and leave the program at different points in time. We need consistent procedures for analyses of outcomes, including participant retention, that focus on cohorts of individuals who enter, complete, and drop out the program at different phases of program implementation. Mike has provided guidance on the calculation of retention and examining changes in behavior following standards used in analysis of US data following suggestions on the part of our global partners.

2. We understand that existing systems all have programs written to look at retention and completed visits through the end of pregnancy, child-age 12 months, and child-age 24 months. It may be difficult to include cut points for 6 and 18 months given limited resources currently available in some countries/provinces.

3. The standards used for these purposes and incorporated in this document have been agreed in broad terms by those who participate in the Task and Finish group. It will be helpful to have all countries review and endorse this foundational document. Of course, we are open to suggestions for additional modifications.

4. We all agree that the data must be useful to clinicians and that a cross-national clinical review is needed soon.

5. We also agree that there is value in considering the usefulness of all data gathered in the information system, with an eye toward eliminating those elements that do not contribute to our understanding of program implementation and cannot serve as a foundation for continuous quality improvement.