



MEETING REPORT

23rd Meeting of the RBM Partnership
Monitoring and Evaluation Reference Group (MERG)
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Acronyms

ACT	Artemisinin-Based Combination Therapy
CHAI	Clinton Health Access Initiative
CDC	Centers for Disease Control and Prevention
DHS	Demographic and Health Survey
DHIS2	District Health Information Software II
Global Fund	Global Fund to Fight AIDS, TB and Malaria
GMAP2	Global Malaria Action Plan II
GMP	Global Malaria Programme (WHO)
GTS	Global Technical Strategy for Malaria
HMIS	Health management information system
IPTp	Intermittent preventive treatment in pregnancy
IRS	Indoor residual spraying
ITN	Insecticide-treated net
KEMRI	Kenya Medical Research Institute
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Survey
MPAC	Malaria Policy Advisory Committee
NMCP	National Malaria Control Programme
PMI	US President's Malaria Initiative
RBM	Roll Back Malaria
RSS	Routine system strengthening
SARA	Service Availability Readiness Assessment
SMC	Seasonal malaria chemoprevention
SME TEG	Surveillance, Monitoring & Evaluation Technical Expert Group
SPA	Service Provision Assessment
TF	Taskforce
TOR	Terms of reference
UCSF	University of California, San Francisco
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Participants

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Meeting Objectives

1. Discuss refocusing of global strategies
2. Review efforts to further strengthen capacity for M&E of malaria in endemic countries
3. Examine data needs to better inform malaria control efforts in a changing epidemiologic environment
4. Discuss and define a strategy to better communicate M&E efforts
5. Discuss MERG business issues

0.1 [Building a new MERG: Overview of meeting themes and goals](#)

Erin Eckert, USAID

MERG co-chair Erin Eckert reminded participants of MERG's trifold role to: (1) Convene partners, (2) Coordinate tools and strategies, and (3) Facilitate communication. MERG's main objective is to support national programs to track and monitor their progress and make informed decisions.

Participants discussed whether there is a perceived difference between National Malaria Control Program (NMCP) needs and global partner needs in terms of collecting data and reporting. Although malaria needs for global and country partners tend to be well aligned, there may be incorrect assumptions about how useful specific tools, such as surveys, can be. These issues are directly relevant to financing since resources are tied to the goals of global partners.

MERG members reviewed MERG's Terms of Reference (TOR), which establishes a time for revisions every two years. Thomas Teuscher will be working on the revision process in November 2014. Also relevant is a new RBM task force on architecture and governance.

Participants also discussed a possible M&E of malaria clearinghouse to store documents and resources from country programs. Also suggested was a roundtable of technical working group co-chairs to share experiences and address cross-cutting issues.

Objective 1: Discuss refocusing of global strategies

Expected outputs:

- Address M&E needs in these strategies
- Develop a framework for GMAP indicators

1.1 [Global Malaria Technical Strategy 2016-2030](#)

Richard Cibulskis, WHO

This presentation reviewed the process and goals of the Global Technical Strategy (GTS) for 2016-2030, which will be submitted to the World Health Assembly in March 2015. The GTS is a brief document that outlines 14 core outcome and impact indicators. Many of these are generated from household surveys and most are already collated on a regular basis. Although the document does not provide specific guidance to countries, WHO will be supporting countries to improve management and use of data for decision-making.

Discussion centered around how countries should be measuring malaria-specific mortality. The malaria burden evidence review group has been generating estimates by combining data from various sources, including modeling and verbal autopsy. Its main recommendation for countries is to improve reporting of deaths with a parasitic test so that presumed malaria deaths are not inflating figures.

1.2 [Global Reference List of Core Indicators 2014](#)

Richard Cibulskis, WHO

Richard Cibulskis also presented on a WHO-led effort to develop a Global Reference List of Core Indicators, which is a standard set of 100 indicators to concise information on health situations and trends. After the list's release in November 2014, countries will be able to use it as a resource for results reporting.

1.3 [Developing the 2nd Global Malaria Action Plan](#)

Helen Prytherch, consultant to RBM

Led by the Roll Back Malaria partnership, the Global Malaria Action Plan II (GMAP 2) will be a complementary document to the GTS that outlines how its goals can be accomplished. Helen Prytherch updated MERG members on the work that has been done to date and then asked for MERG input on a framework for monitoring GMAP 2.

MERG members discussed the need to not only develop process indicators but also ensure that countries are equipped to provide the required data. All of this work should be done with an eye towards a potential impact evaluation in the future.

An advanced draft of the document is expected by the end of October. MERG members who expressed interest in participating in this process will be consulted to develop an overarching list of malaria-specific indicators, complete with a history of each indicator, explanation of its numerator and denominator, suggested data sources, and possible uses in local and global decision-making. The final framework will also include an analysis of which of the GMAP 2's six areas of interest are best suited for monitoring and which are best suited for evaluation.

Objective 2: Review efforts to further strengthen capacity for M&E of malaria in endemic countries

Expected outputs:

- Develop a framework and action plan for M&E capacity assessment

2.1 [Capacity for Monitoring and Evaluation of Malaria Control in Ghana](#)

Anthony Oforu, Ghana Health Service

Anthony Oforu presented an overview of existing monitoring activities in Ghana and capacity to carry out those activities. Although there have been increases in capacity strengthening and data quality activities since the introduction of DHIS2, funding is a challenge since it tends to come from external partners. Ghana's experience shows that country-level and program-level indicators can be more detailed than international reporting indicators to suit program needs.

Anthony explained that medical professionals need M&E training so they develop an appreciation for why they must fill out patient forms a certain way. Additionally, medical students need to be taught about the tools used in the field, such as the DHIS2 platform. This can be difficult to arrange since it requires input from both the Ministry of Health and the Ministry of Education.

2.2 [Baseline Capacity Assessment for Malaria M&E in Kenya](#)

Abdinasir Amin, ICF International

Abdinasir Amin presented on an assessment done through MEASURE Evaluation's PIMA project in Kenya, which comprised a number of tools to look at capacity building as an opportunity beyond human resources. A resulting action plan summarizes key challenges, what and who can address them, and what resources are required. This enables professionals to advocate from an evidence-based perspective and develop appropriate dashboards.

This broad approach could help expand MERG's role in capacity building, with potential future work in standardizing tools and approaches, encouraging systems thinking, and developing guidance for specific contexts.

2.3 [Achievements and Challenges: Training Courses on M&E of Malaria](#)

Yazoume Ye, MEASURE Evaluation/ICF International

Yazoume Ye updated MERG members on regional training courses on M&E of Malaria that have been hosted on an annual basis with the University of Ghana School of Public Health and the Centre de Recherche en Sante de Nouna, which was included in the study tour preceding the 22nd MERG Meeting in Burkina Faso. Trainees are followed up with to see how new skills are being implemented, but there are plans in place to build a network for M&E experts to field ongoing questions and continue discussions beyond the timeframe of the course itself.

The course's contents are continually updated. MERG can help ensure that the trainings are responding to real M&E needs and changing epidemiologies and needs. Suggestions along these lines include maintaining a focus on building careers for M&E professionals (rather than allow

M&E responsibilities to fall upon a random officer), looking at actual needs at local levels (rather than exclusively at the national level), and analyzing both the skills needed and quantity of professionals required to ensure a high-functioning M&E system. This could perhaps mimic the way the existing [training network](#) in the Mekong region functions.

2.4 Discussion on regional progress and remaining challenges

A MERG capacity assessment from ten years ago outlined very basic needs, including computers and people. Now, as many of these basic needs have been met, newer sophisticated needs have emerged. How do we prioritize these, and what can MERG do in this arena? Some existing needs include translating M&E into decision-making and policy, fostering value for data, and sparking country-owned capacity strengthening initiatives. Capacity assessments outside of malaria control may also provide useful insight.

WHO is conducting trainings on surveillance (including a regular one in Ethiopia) and on elimination settings. Richard Cibulskis can share the results of these trainings to ensure MERG members are updated.

MERG co-chairs plan to revisit these ideas, review existing capacity assessments to examine main results and locations, and be in touch with potential action items for MERG members.

Objective 3: Examine data needs to better inform malaria control efforts in a changing epidemiologic environment

Expected outputs:

- Develop guidance on malaria biomarkers, particularly in low transmission settings
- Refine guidance and indicators on case management in different transmission settings

3.1 [Results from DHS 7 questionnaire revision](#)

Fred Arnold, The DHS Program

This presentation summarized the feedback that The DHS Program received during the revision process. A final questionnaire is expected to be approved by USAID by the end of October 2014. Fred Arnold requested input on the following three issues:

1. IPTp: Should ANC remain a part of these questions?
2. Time to treatment for case management: This was dropped by the child health community for being irrelevant when (a) the more critical issue is how fast did the caregiver seek treatment and (b) stockouts are a regular occurrence in many countries. However, the SME TEG and the Case Management Working Group suggest that it could become more important as community case management expands.
3. Harmonizing changes with the MIS toolkit

3.2 Parasite Prevalence in National Surveys

Lia Florey, The DHS Program

Many countries are interested in parasitemia data, in part due to global reporting requirements, but may not understand how to interpret and use these data. As this data collection is competing for resources, MERG may consider developing relevant recommendations. Lia Florey provided a brief overview of parasitemia data from household surveys, posing two questions to MERG members:

1. What guidance can we provide to programs about interpretation of parasitemia results?
2. What guidance can we provide to programs in low-prevalence countries?

MERG members discussed how national averages may be misleading as more countries experience heterogeneity across districts. This could be addressed in part with the survey design to ensure that it is representative at a domain level; for example, parasitemia data was collected at the district level in Malawi.

Also discussed was the issue of timing (annual or biannual estimates may not be useful to programs), seasonality and longer-term periodicity, whether RDT or microscopy should be recommended, and the potential use of facility-based data for parasitemia in some places.

3.3 Special initiative on country data systems

Ryuichi Komatsu, Global Fund

Ryuichi Komatsu presented on a recently launched initiative to strengthen timely and complete data that will help inform the Global Fund's new strategy in 2017. The initiative evaluates cross-disease data systems in pre-selected countries, differentiating between low- and mid-income countries. MERG partners urged one another to maintain communication among partners and NMCPs to harmonize evaluation efforts.

3.4 Indicators for case management

Mike Lynch, WHO

Mike Lynch reviewed the contents of two draft documents from WHO: one that address routine indicators for program monitoring and one operational manual for health facility surveys. These documents have been shared with the SME TEG but not yet with MERG.

3.5 Using facility-based data for malaria control

Erin Eckert, USAID

This presentation updated MERG members on the facility-based data document Nancy Fronczak initiated after presenting at the 22nd MERG Meeting. A draft document has been circulated for MERG members to comment on in September 2014.

MERG members discussed the distinctions among program monitoring, facility surveys, and supervision with regard to resources and responsibilities. It is also important to distinguish that

the tool under development is not as relevant for elimination settings, which will require more intensive surveillance.

To avoid duplication of efforts and ensure that country programs receive one, comprehensive resource, MERG members held an impromptu side meeting on this topic. The goal was to develop a way forward while capitalizing on the work already done by MERG partners.

3.6 Discussion on data needs and relevant guidance

Rick Steketee posed a few questions to the group to spark discussion: What level of granularity do we need from our data, and who are the decision makers? How do we ensure consistency in our monitoring information to allow comparisons? Should we be relying on RDT or microscopy results? Is the quality of information high enough to be used for decision making? Where transmission is decreasing, are the systems we built going to be ready for that transition and changing data needs?

MERG members used most of the time allocation to discuss biomarker data collection, referring to text in the Household Survey Indicators guide. The literature suggests that both RDTs and microscopy results vary in terms of quality, and results often contradict each other. While slides have the potential to be re-read, this is not actually being done for quality control. There is no defined threshold for identifying “low transmission” where microscopy may be more appropriate, and even in those settings finding skilled personnel is a challenge as RDTs are rolled out more widely. Similarly, there are no guidelines on frequency of data collection, level of granularity, and how this should be prioritized for funding. Yet there is demand for parasitemia data although these data are not necessarily being used for programmatic decision making.

3.7 [Malaria in times of ebola](#) *Achuyt Bhattarai, CDC*

The ebola epidemic has led to the suspension of malaria program efforts, including both M&E and the interventions themselves. Health systems failures are partially responsible for the scale of the crisis, and the malaria community may have an opportunity here to advocate for increased investment in system improvements.

Objective 4: Discuss and define a strategy to better communicate M&E efforts

Expected outputs:

- Develop framework and action plan on communicating data, results, and related messages

4.1 P&I Series update

Eric Mouzin, RBM

There are now 17 P&I Series reports (9 thematic and 8 country reports). These have been particularly useful for advocacy by NMCPs and the Malaria Advocacy Working Group. The final reporting on the Millennium Development Goals requires data up to 2015, but not all countries will have this.

4.2 [Communicating results: Lessons learned from the Intervention Coverage Measurement Group](#)

Thom Eisele, Tulane University

Thom Eisele and Fred Arnold are both members of this group, which reports on measuring coverage in maternal and child health. Malaria is relatively lucky compared to other interventions since there is good data and good ways to estimate coverage. However, there may be lessons learned from careseeking studies and from linked survey and facility data in the family planning field.

4.3 [ITN coverage estimates in the World Malaria Report](#)

Pete Gething, University of Oxford

Pete Gething gave an update from his presentation at the 22nd MERG Meeting in Burkina Faso. His team is using modeling to incorporate annual data from manufacturer delivery and NMCP distribution into national survey data, which is available less frequently. This work will replace previously used methods for the upcoming World Malaria Report. A new user interface would allow people to answer “what if” questions. In the future, there may also be increased sophistication in the net variables (currently binary—in house or not) and some age-specific predictions.

4.4 [A multi-country initiative on strengthening use of data for malaria decision making](#)

David Schellenberg, London School of Hygiene & Tropical Medicine

This work, led by INFORM and LSHTM, is beginning to track use of malaria epidemiological profiles in eight Phase 1 countries to formally document how these reports are affecting decision making across Sub Saharan Africa. The team has already fielded requests from a number of additional countries who are interested in receiving a rapid assessment for budgeting and planning processes, providing anecdotal evidence of the use of these reports.

MERG suggested aligning work like this not only with national planning cycles at the country level but also with global processes, such as development of Global Fund concept notes and

PMI's Malaria Operational Plans. Participants also recommended that the research team look beyond data to explore other drivers of decision making, in addition to barriers and opportunities around data demand. AFRO is also helping countries interpret data to define optimal strategic activities in malaria control.

4.5 [Update on SME TEG](#)

David Schellenberg, London School of Hygiene & Tropical Medicine

The SME TEG has held its first meeting. Notes from the meeting contain unpublished data that needs to be removed before being shared.

The group is working with AFRO and others to identify M&E gaps to address. Thus far, the group plans to (1) promote monitoring as related to the GTS, (2) develop better guidance on epidemiological surveillance and response, and (3) update the elimination field manual with assistance from the Global Health Group, which will lead to dropping the disease surveillance manual. The Malaria Program Review manual is still under development but will be shared with MERG members early in 2015. Next year's meetings are planned for February 26-27 and the first week of August.

MERG members would like to stay apprised of SME TEG activities and would like to know how to approach the SME TEG with questions and suggested topics for discussion.

Objective 5: Discuss MERG business issues

Expected outputs:

- Summarize general plans and specific action items for MERG
- Draft MERG workplan 2014-2015
- Create task forces to carry out specific action items

5.1 **MERG and SME TEG Synergy**

MERG Co-Chairs

MERG members discussed a future path of how these groups might best work together to achieve common goals efficiently. One suggestion was to develop a side-by-side comparison to highlight differences in TORs, relative contributions to joint efforts, and leadership responsibilities in expected deliverables. Another suggestion was to have a standing item at MERG meetings on outcomes of the previous SME TEG meeting to ensure explicit sharing of agendas, meeting notes, and decisions.

Overall, participants stressed a need for efficiency, in both harmonizing activity timelines to maximize utility and avoiding duplication of efforts. For example, the schedule of surveys should be informing strategic review processes, but in reality these processes are often sparked by requests from the Global Fund or other global partners. MERG has a role in providing space to communicate scheduled activities so appropriate adjustments can be made. Both SME TEG and MERG have a responsibility to ensure consistency in guidance delivered to country programs.

Participants also discussed how to improve country engagement. NMCP managers focus on everyday activities and do not always have time to dedicate to the bigger issues that are discussed at MERG. However, their needs should be informing any guidance documents or other products developed by global working groups. What channels can the SME TEG and MERG build for increasing dialogue with countries? What role do individual partners play in these processes? How can this be done in the context of RBM's new workplan, which has no dedicated funding for sponsoring regional participants?

5.2 MERG action items and workplan

MERG Co-Chairs

- MERG will support the development of an M&E framework for GMAP2
- MERG will review capacity building assessments
- Mike Lynch will lead WHO and PMI to standardize facility-based indicators, building on the work already completed and input already provided from MERG members
- MERG will continue discussing parasitemia guidance—how often do we need it and where? Which means of measurement? Use in decision-making?
- DHS will finalize changes to its questionnaire and host a task force meeting to discuss harmonization with MIS and MICS.
- MERG partners will look for funding for endemic country participants at future MERG meetings
- Communication issues
 - MERG co-chairs and secretariat will develop a calendar showing upcoming events MERG members plan to attend and where MERG presence would be useful. Those attending regional meetings will use the opportunity to bring up MERG issues and provide updates.
 - Pete Gething will develop a brief on modeling methodologies to help MERG members discuss and defend burden estimates. This would be most helpful in plain language to reach a broader audience.

Suggestions for the next meeting included Mozambique (cross-border control issues), Morocco (insight in EMRO efforts), DRC (public-private partnerships), and Brazil (Amazon Malaria Initiative will meet in March 2015 to discuss insight on low-burden settings). Other topics suggested were specialized needs in countries nearing elimination, outcomes of the economics of malaria roundtable at LSHTM, and mapping of routine system strengthening activities.