



---

## **MEETING REPORT**

24th Meeting of the RBM Partnership  
Monitoring and Evaluation Reference Group (MERG)  
19-21 February, 2015  
Maputo, Mozambique

## Table of Contents

<b>Acronyms</b> .....	<b>1</b>
<b>Participants</b> .....	<b>2</b>
<b>Meeting Objectives</b> .....	<b>3</b>
<b>Objective 1: Discuss surveillance for elimination efforts in southern Africa</b> .....	<b>3</b>
<b>Objective 2: Discuss emerging needs in data collection</b> .....	<b>5</b>
<b>Objective 3: Review efforts to harmonize and strengthen malaria measurement at the facility level</b> .....	<b>6</b>
<b>Objectives 4: Discuss RBM and MERG business issues</b> .....	<b>8</b>
<b>Objective 5: Provide input into the M&amp;E Plan for GMAP2</b> .....	<b>9</b>

## Acronyms

ACT	Artemisinin-Based Combination Therapy
CHAI	Clinton Health Access Initiative
CDC	Centers for Disease Control and Prevention
CISM	Manhiça Health Research Centre
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
IPTi	Intermittent preventive treatment in infancy
IPTp	Intermittent preventive treatment in pregnancy
IRS	Indoor residual spraying
ITN	Insecticide-treated net
KEMRI	Kenya Medical Research Institute
MALTEM	Mozambican Alliance Towards the Elimination of Malaria
M&E	Monitoring and evaluation
MDA	Mass drug administration
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

### Co-Chairs

Abdisalan Noor KEMRI-University of Oxford-Wellcome Trust  
Erin Eckert USAID/PMI

### Secretariat

Jui Shah MEASURE Evaluation

### Participants

Abdisalan Noor KEMRI-University of Oxford-Wellcome Trust  
Abuchahama Saifodine USAID/PMI/Mozambique  
Agbessi Amouzou UNICEF  
Baltazar Candrinho NMCP Mozambique  
Bongani Dlamini CHAI  
Caroline Jones KEMRI-University of Oxford-Wellcome Trust  
Caroline Soi Consultant  
David Schellenberg London School of Hygiene & Tropical Medicine  
David Wood CHAI  
Elsa Nhanthumbo NMCP Mozambique  
Eric Mouzin RBM  
Erin Eckert USAID/PMI  
Estifanos Biru Shargie The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Eva de Carvalho WHO/Mozambique  
Fred Arnold The DHS Program  
Guidion Mate NMCP Mozambique  
Helder Mendes CHAI  
James Colborn CDC/PMI/Mozambique  
Jui Shah MEASURE Evaluation  
Kaka Mudambo RBM/Southern Africa Regional Network  
Kate Roberts Malaria Elimination Initiative/UCSF  
Lia Florey The DHS Program  
Lise Ellyin CHAI  
Mariana da Silva NMCP Mozambique  
Mary Henderson CHAI  
Mike Lynch WHO/Global Malaria Programme  
Molly Robertson PATH/MalariaCare  
Nicolaus Lorenz Consultant to RBM  
Quique Bassat Manhica Health Research Center  
Ryuichi Komatsu The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Sally Stansfield Consultant to RBM  
Yazoume Ye MEASURE Evaluation

## Meeting Objectives

1. Discuss surveillance for elimination efforts in southern Africa
2. Discuss emerging needs in data collection
3. Review efforts to harmonize and strengthen malaria measurement at the facility level
4. Discuss RBM and MERG business issues
5. Provide input into the M&E Plan for GMAP2

### Objective 1: Discuss surveillance for elimination efforts in southern Africa

Expected outputs:

- Define M&E challenges and potential solutions in elimination countries in Southern Africa
- Generate action items for MERG

#### 1.1 [Surveillance successes and challenges in Mozambique](#)

*Baltazar Candrinho, Mozambique NMCP*

Baltazar Candrinho updated MERG participants on surveillance efforts in Mozambique, which will be undertaking elimination activities in the southern part of the country (including high-prevalence Inhambane province) while continuing to focus on control in the northern provinces. The country is also hoping to scale up a pilot of DHIS2 (SIS-MA) to all provinces, which will help overcome the current three-week time delay in aggregated data. Thus far, the NMCP has received commitments to help expand to six provinces in 2015.

The resulting discussion touched on strategic planning, forecasting challenges, and parallel reporting systems. Dr. Candrinho also shared details on Zambezia province's resource-intensive program of supervisory visits. The NMCP is hoping that this year's MIS will help unpack why the 2011 incidence and prevalence maps for high-transmission provinces do not align.

#### 1.2 [M&E for the Malaria Elimination Initiative in Southern Mozambique](#)

*Quique Bassat, MALTEM/CISM/ISGlobal*

Quique Bassat shared the planned activities of the MALTEM partnership (which includes the Manhica Health Research Centre) to shift from malaria control M&E to elimination M&E, which will focus less on morbidity and mortality as more cases are asymptomatic. Data quality is considered for each indicator collected in the new monitoring plan. MALTEM will also be piloting two rounds of MDA in Magude district before this year's rainy season.

MERG participants discussed the potential catalyzing role MDA may play in shortening the timeline between pre-elimination and elimination stages, which in turn may not leave sufficient time to develop a case investigation program. The program has various screening strategies planned but is still discussing how to actively look for carriers that will not present at the facility.

### **1.3 [Regional perspectives on surveillance for elimination: CHAI](#)**

*Bongani Dlamini, CHAI*

CHAI is working on surveillance for elimination in a number of countries in Southern Africa, helping to address a gap in passive surveillance. A regional epidemiology task force enables immediate response to understand where cases are coming from, and the Immediate Disease Notification System has allowed officials to track down cases despite challenges in finding adults during the daytime.

MERG participants discussed lessons from the experiences of Swaziland and Botswana that can be applied in Mozambique: (1) elimination builds on measures already put in place during the control phase, such as universal coverage; (2) IRS played major role in eastern Swaziland; (3) the NMCP must decide on a tipping point to begin targeted strategies.

### **1.4 [Regional perspectives on surveillance for elimination: Namibia](#)**

*Kate Roberts, UCSF*

The Namibia Malaria Elimination Research Partnership has a number of surveillance and research activities underway in the northern part of Namibia. A new reporting system is hoping to overcome reporting exemptions previously granted in high endemicity regions, reduce inefficiencies from parallel weekly and monthly systems, and launch a spatial decision support system that gives each person a unique identification number based on household enumeration. The Partnership is looking at acceptability and cost effectiveness of various case detection methods.

MERG members discussed the limits of a small malaria program in Namibia, namely the resulting lack of data on issues like migration patterns on the Angolan border and entomological surveillance. MERG members look forward to hearing about future results.

### **1.5 Discussion and action items on M&E needs in elimination settings**

Participants discussed the lack of guidance for countries transitioning from control to elimination. How do countries make the decision about moving past universal coverage as a goal? When is universal coverage no longer cost effective? Several participants mentioned the challenges with maintaining momentum and funding for interventions when disease burden is very low. There is a need to harness the experience and lessons learned from countries in the Americas and Asia that have already started elimination work.

There was a suggestion for SME TEG and MERG to release powerful joint messaging for countries and donors on future investment and strategic planning for surveillance. As epidemiology changes, we will need to rely more on routine surveillance and targeted surveys for case management and burden estimates. One opportunity to advocate for investment is the May launch of the GTS, which outlines surveillance as one of four main pillars.

Participants also discussed a potential role for MERG in monitoring entomological data and vector control interventions. PMI is looking into paired entomological and epidemiological data to show impact of IRS programs, but there is no guidance on most useful or relevant indicators.

Many IRS programs measure progress only using entomological data, which is insufficient in areas where cases have plateaued or increased. MERG members agreed that entomological data will be of growing importance in low-prevalence settings.

Other topics discussed included how to overcome country legislation on insecticide resistance that prevents IRS, how to build future malaria elimination data needs into emerging HMIS and DHIS2 systems, and how to better engage universities and research institutions in M&E conversations.

## **Objective 2: Discuss emerging needs in data collection**

Expected outputs:

- Generate action items for developing M&E strategies for SMC programs
- Develop guidance on parasitemia data collection, particularly in low transmission settings

### **2.1 [Results from the Indicator and Data Sources Task Force meeting](#)**

*Fred Arnold, The DHS Program*

The Indicator and Data Sources Task Force plans to revise the RBM MIS package for household surveys based on recent changes to survey questionnaires. Other emerging tasks include advocating for and assisting with validation studies for survey questions and developing tools for low-burden countries.

### **2.2 [Discussion and action items on indicators for SMC](#)**

*Mike Lynch, WHO*

Mike Lynch updated MERG members on indicators for IPTi and SMC, which will be discussed at the upcoming SME TEG meeting. The SMC field guide suggests tracking three indicators, from which proposed indicators are drawn. Initial feedback from implementing partners indicates programs are collecting some of the information that would allow for calculation of proposed indicators. However, further work is needed to clarify how information is being collected across programs implementing SMC. Proposed indicators from program data will be piloted during data collection for the next World Malaria Report.

Issues raised by the Indicators and Data Sources Task Force regarding measurement of SMC indicators through surveys were reviewed. These included sampling and timing of surveys for tracking a seasonally delivered and targeted intervention, as well as how SMC may affect the fever and treatment section of the household survey. Lia Florey and Erin Eckert, who have ongoing work in Mali, will liaise with Mike on future activities tracking SMC in surveys. MERG members are interested in identifying groups that are working on these issues for future coordination.

### 2.3 [Discussion and action items on biomarkers in malaria M&E](#)

*Erin Eckert, USAID*

MERG members discussed the need for recommendations regarding the suitability of biomarkers in different contexts. Many countries want to collect these data to answer requests from a funding agency, but there is little guidance about what to do with the data before burden decreases. (Tracking asymptomatic malaria in low-transmission settings might reveal a shift in the age group that bears the burden.) Some countries have stratified by areas where they would like PCR and other areas where microscopy would suffice.

There are discrepancies between RDT and microscopy in survey settings, which makes it challenging to identify a gold standard or make recommendations. It is also difficult to maintain consistency regarding season and generation of RDT. LSHTM has a study looking at RDT and microscopy, and PMI is comparing results of all four methods (RDT, microscopy, serology, PCR) in Zimbabwe and Ethiopia.

MERG will develop a short statement that at least compares microscopy and RDT in high-burden settings, building on the existing language in the Household Survey Indicators guide. This will help increase visibility of our discussions around these issues since the statement can be posted as a standalone reference on the RBM website and can be easily shared with global and country-level partners. Including information about relative costs could help guide country-level decision making.

<b>Objective 3: Review efforts to harmonize and strengthen malaria measurement at the facility level</b>
--

Expected outputs:

- Collect information on efforts to assess quality of information systems
- Refine guidance and indicators on case management in different transmission settings
- Action items to update M&E guidance on malaria in pregnancy

### 3.1 [Updating M&E guidance on malaria in pregnancy](#)

*Barbara Rawlins, JHPIEGO, presented by Erin Eckert, USAID*

In 2007, the RBM Malaria in Pregnancy Working Group recommended a set of six core indicators to track progress in malaria in pregnancy programs. However, there is variability in what is captured from program data and HMIS data. As such, the Malaria in Pregnancy Working Group proposes to work with MERG to update guidelines around M&E of malaria in pregnancy.

MERG members discussed the need to include community-level work in the updated guidelines to capture women outside of the formal health sector.



### **3.2 Standardizing facility surveys and indicators across disease areas**

*Mike Lynch, WHO*

The new 2016 GTS has at least two indicators on case management, and WHO has been investigating what programs are actually collecting and reporting for case management information. Indicators for health facility surveys and an operational manual for facility-based data will be discussed at the upcoming SME TEG meeting. As a follow-up to the discussion started at the 23<sup>rd</sup> MERG, there will be a call scheduled for MERG members to give feedback on WHO draft manuals.

### **3.3 Health facility work through MalariaCare**

*Molly Robertson, PATH*

Molly Robertson presented on MalariaCare's aim to improve case management through a focused strategy on routine supervision that strives to balance supervisors' roles as data collectors and mentors. The program is piloting a health facility assessment tool using tablets and the DHIS2 platform. MalariaCare will be evaluating both the activity and its effectiveness in improving data capture and provider behaviors.

### **3.4 Assessing functional malaria information systems**

*Jui Shah, MEASURE Evaluation*

PMI and MEASURE Evaluation are considering new work to define "functionality" as it relates to malaria information systems, develop functionality metrics, and assess systems in PMI priority countries to identify factors that support strong systems. Ultimately, this may lead to a toolkit for countries interested in strengthening malaria information systems.

In terms of defining functionality, MERG members suggested considering data use; feedback mechanisms; district-level issues; perceived value of assessing data quality; time dedicated to reporting and associated opportunity costs; availability of recording and reporting tools; sustainability; country ownership and value of HMIS; and data generation in registers. MERG members recommended previous and current work done by Health Metrics Network, Ghana NMCP, and MEST.

Participants also discussed the existence in many countries of parallel systems, where malaria data is aggregated more quickly and more frequently. Examining the features and advantages of these parallel systems may help identify ways to improve HMIS. It may also highlight redundancies.

With the expansion of DHIS2, data access is changing and we need to be focused on what is useful in this new era. However, the ability to manage data better (storage and access) does not necessarily mean that the quality or use of data has improved. MERG can perhaps examine lessons learned in data management, particularly the dynamics between the NMCP and MoH in ownership, funding, and maintaining infrastructure.

### 3.5 Working session on indicators for case management and malaria in pregnancy

MERG will liaise with the Malaria in Pregnancy Working Group to update guidelines around M&E of malaria in pregnancy. This may lead to a greater role for MERG in strengthening M&E in other program and working group areas. Ryuichi Komatsu, Lia Florey, and Mike Lynch expressed interested in working on this effort, in addition to the MERG co-chairs and secretariat.

Participants discussed the Health Statistics Information unit at WHO, which is working with global donors to develop a single country-level data collection platform. MERG members will harmonize current facility-level tools with this effort, in addition to the Sustainable Development Goals and the GMAP2 indicators to reduce inefficiencies. MERG co-chairs will liaise with the Health Statistics Information unit, and all MERG members are encouraged to follow up with their own agencies and share relevant information.

#### Objectives 4: Discuss RBM and MERG business issues

Expected outputs:

- Finalize MERG action items and workplan 2015-2016
- Prepare for MERG co-chair elections

#### 4.1 Review specific action items for MERG

*Jui Shah, MEASURE Evaluation*

Work areas	Responsible parties
M&E framework for GMAP2	MERG co-chairs
Standardize facility-based indicators	WHO, PMI, MEASURE Evaluation (Mike, Erin, Jui)
Update MIS toolkit	Indicators and Data Sources Task Force (Fred)
Update M&E guidance on malaria in pregnancy	MERG co-chairs and secretariat with Malaria in Pregnancy Working Group
MERG statements: <ul style="list-style-type: none"> <li>• Comparisons and costs of biomarkers</li> <li>• Investment in surveillance</li> <li>• Entomological and epidemiological data</li> </ul>	MERG co-chairs and secretariat

For the next MERG meeting, participants suggested sessions on cross-border issues; operationalizing the GTS and GMAP2; role of qualitative work in M&E; engaging with other working groups; M&E in conflict sites; or ebola & malaria. Appropriate locations include Baltimore, San Francisco, Seattle, Istanbul, Oslo, Atlanta, and Dakar.

## 4.2 Finalizing a MERG workplan

*MERG Co-Chairs*

All MERG members are encouraged to submit suggestions to the co-chairs and secretariat for inclusion in the MERG workplan, which will be presented to the RBM Board in May.

## 4.3 Upcoming MERG elections

*Eric Mouzin, RBM*

Eric Mouzin and Jui Shah will circulate information about an election for co-chair in March. Abdisalan Noor has been a dedicated co-chair for the last two years, and we thank him for his leadership, commitment to MERG, and affinity for scientific debate. Erin Eckert will continue as co-chair for another year.

### Objective 5: Provide input into the M&E Plan for GMAP2

Expected outputs:

- Develop M&E Framework for GMAP2

## 5.1 [Developing the M&E Framework for GMAP2: Process and Needs](#)

*Nicolaus Lorenz and Sally Stansfield, Consultants to RBM*

RBM and the GMAP2 consultant team are working to develop and define GMAP2 indicators to complement the GTS indicators. The GMAP2 is currently titled “Towards a Malaria-Free World: A Global Case for Investment and Action 2016-2030.”

## 5.2 [Working session on M&E Framework for GMAP2](#)

*Nicolaus Lorenz and Sally Stansfield, Consultants to RBM*

MERG participants worked in small groups to review proposed GMAP2 indicators and make recommendations. One overall comment was to align the elements in the M&E Framework with the major headings of the main text.

### Leveraging the Broader Political and Development Agenda to Work across Sectors and Borders

MERG members did not think the proposed proportion would be useful, and some recommended dropping both indicators for something that is broader than irrigation. They suggested incorporating successful engagement and cross-border collaboration in addition to investment. Participants encouraged the consultant team to think about the private sector as a whole, public-private partnerships, and innovative finance mechanisms.

### Understanding the Financial Landscape and Mobilizing Resources

MERG members recommended two separate indicators, one for financial landscape and another for mobilizing resources. The proposed indicator could be useful to look at trends over time, but may not allow for cross-country comparisons or value for money. MERG members proposed a proportion of health sector spending going to malaria or assessing total funds against a

benchmark as better alternatives. MERG members also suggested removing the vague “donor countries” language or clarifying it as a separate indication of external funding.

#### Improving Policies and the Enabling Environment

Policy implementation, update processes, and an enabling environment also need to be considered in addition to policy adoption. MERG members asked why this indicator is only focused on treatment when tariffs and legislation are perhaps more relevant. Participants recommended a focus on promotion of malaria interventions, perhaps using anecdotal successes, in addition to looking at regional alliances and high-level engagement. This element may be better placed after “Strengthening and Integrating into the Health System.”

#### Strengthening and Integrating into the Health System

MERG members suggested including other malaria commodities and human resources, in addition to ACTs, but also recommended removing the target (we need to be aiming for zero) or dropping this indicator altogether since it’s covered by GTS. Health system requires consideration of all components, including the community aspect of utilization. MERG members warned that integrating is distinct from strengthening and may require more than one indicator.

#### Engaging Communities for a People-Centered Response

Participants requested further clarification on "people-centered response" and more focus on equity, marginalized populations, community attitudes, and real community engagement mechanisms (unlike press citations). Rather than attempting to quantify this element, it may be better suited to qualitative research and case studies.

#### Strengthening the Evidence for Future Progress

MERG members found this element challenging to define and measure but believe that capturing this information would be good for advocacy. Since it may be intensive to compile, every five years may be more doable than every year. Participants suggested looking into the work of DFID, CHAI, and other working groups in this area, in addition to tracking improvements in data quality, coverage, and reporting of routine systems.

#### Fostering and Sharing Innovations and Solutions

Participants suggested looking at how many countries have conducted operational research and developed innovations or the proportion of implementation dollars used for operational research. Some found the proposed indicator focused on research but thought it could be expanded to other innovations and solutions. MERG members also recommended including the mechanisms by which innovation is shared—publications—and the time it takes for that. Medicines for Malaria Venture may have information on the proportion of non-donor funding.