



MEETING REPORT

21st Meeting of the RBM Partnership
Monitoring and Evaluation Reference Group (MERG)
26-28 June 2013
New York, NY, USA

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Acronyms

ACT	Artemisinin-Based Combination Treatment
ALMA	African Leaders Malaria Alliance
CHAI	Clinton Health Access Initiative
CHERG	Child Health Epidemiology Reference Group
CDC	Centers for Disease Control and Prevention
DFID	Department for International Development
DHS	Demographic and Health Survey
FAQ	Frequently asked questions
Global Fund	Global Fund to Fight AIDS, TB and Malaria
GMAP	Global Malaria Action Plan
GMP	Global Malaria Programme (WHO)
HMIS	Health management information system
IPTp	Intermittent preventive treatment in pregnancy
IRS	Indoor residual spraying
ITN	Insecticide-treated net
M&E	Monitoring and evaluation
MCH	Maternal and child health
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group
MICS	Multiple Indicator Cluster Survey
MIM	Multilateral Initiative on Malaria
MIS	Malaria Indicator Survey
MPAC	Malaria Policy Advisory Committee
MPR	Malaria program review
NMCP	National Malaria Control Programme
PFPR	Plasmodium falciparum parasite rate
PMI	US President's Malaria Initiative
PSI	Population Services International
RBM	Roll Back Malaria
RSS	Routine system strengthening
SARA	Service Availability Readiness Assessment
SPA	Service Provision Assessment
TEG	Technical expert group
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
VFM	Value for money
WHO	World Health Organization

Participants

Co-Chairs:

Richard Cibulskis	WHO
Abdisalan Noor	KEMRI-University of Oxford-Wellcome Trust Collaborative Programme

Participants:

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Heidi Reynolds	MEASURE Evaluation
Holly Newby	UNICEF
José Prazeres	NMCP Sao Tome & Principe
Jui Shah	MEASURE Evaluation
Kathryn Andrews	WHO/ALMA
Khoti Gausi	WHO/AFRO
Lia Florey	MEASURE DHS
Liliana Carvajal	UNICEF
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Molly Robertson	PATH
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Steven Yoon	CDC/PMI
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0.0 Meeting Objectives

1. Discuss country-level reporting on MDGs and other targets
2. Review ongoing work of MERG taskforces
3. Discuss measuring value for money and returns on investment
4. Review ongoing work of MERG partners
5. Discuss climate and malaria
6. Discuss MERG business issues

1.0 Discuss country-level reporting on MDGs and other targets

Special announcement

Eric Mouzin, RBM (2 documents)

Eric Mouzin introduced two documents: The [Declaration of Nouakchott](#) and the [Geneva Declaration on Strengthening Malaria Surveillance Systems](#). The Declaration of Nouakchott affirms six West African countries' commitment to accelerating the fight against malaria. The Geneva Declaration, signed by Ministers of Health attending the most recent RBM board meeting, prioritizes malaria surveillance and requests related guidance and resources.

1.1 [Review of malaria targets, indicators, and available data](#)

Richard Cibulskis, WHO

Richard Cibulskis presented on existing targets, indicators and the data available to track them. He cited indicators from the Abuja Declaration, Millennium Development Goals (MDGs), World Health Assembly, and the Global Malaria Action Plan (GMAP), and highlighted current coverage and gaps. Dr. Cibulskis also discussed the balance required between surveys and routine information systems to have a comprehensive set of indicators that builds a strong case in impact evaluations.

The group discussed the importance of filling data gaps by (1) combining program and manufacturers' data to estimate program coverage in years when survey data are not available (2) MERG serving as a forum to identify data gaps and help coordinate surveys and routine systems activities to help reduce those gaps. However, it is primarily the responsibility of endemic countries to approach donors and implementers for assistance with this work.

1.2 [National consultation process](#)

Ayodele Odusola, UNDP

Ayodele Odusola provided an overview of country-level reporting on the MDGs and other targets, including the lessons emerging from national consultation processes, the current status of monitoring malaria targets, and emerging implementation issues at the national level. Major challenges include the weak focus on malaria (especially regarding qualitative data that tells the backstory), the common gap between national statistics and global statistics, and a lack of linkages between malaria and other sectors that feed into the MDGs. Dr. Odusola also stressed the importance of taking the agenda forward into the post-2015 strategy.

1.3 Endemic country perspectives on MDG reporting: Malawi

Don Mathanga, Malaria Alert Centre

Don Mathanga explained the current malaria situation in Malawi, a country of 14 million that estimated having nearly 7 million cases in 2010. Interventions in place include insecticide-treated nets (ITNs), indoor residual spraying (IRS), and intermittent preventive treatment in pregnancy (IPTp) although there is evidence of emerging drug resistance. Due to concerns about routine system reporting, Malawi is not tracking malaria-specific mortality. Sentinel sites established by the National Malaria Control Program (NMCP) are mostly used to monitor drug efficacy every few years. The College of Medicine set up sentinel sites for data collection, but these lack robust support.

The group discussed the potential for strong sentinel sites to become reference centers although this takes decades to scale up and therefore requires needs long-term investment and future planning. Also discussed was the possibility of tracking malaria in older children to assess whether malaria-specific mortality is actually decreasing or just shifting so a smaller proportion of the burden rests with children under five. However, multiple methods have been used to include this population, but each has issues and therefore there is no clear best practice.

1.4 Endemic country perspectives on MDG reporting: Ghana

Anthony Oforu, NMCP Ghana

Anthony Oforu presented on the current malaria situation in Ghana, whose HMIS will be receiving an award from the African Development Bank in September. A new information system was installed last year that incorporates data quality checks to ensure that the information stored in the database matches facility registries. The web-based system has also increased equipment needs for data collection, storage, etc. Ghana has both a national malaria plan and also a malaria M&E plan, but improvements roll out slowly and comprehensive data collection across sectors requires substantial political coordination in addition to technological support.

1.5 Endemic country perspectives on MDG reporting: São Tome & Príncipe

José Prazeres, NMCP São Tome & Príncipe

José Prazeres provided an overview of malaria in São Tome & Príncipe. Malaria incidence varies between the two island such as out of the 26 cases reported in Príncipe last year, only 7 were indigenous and the rest came from São Tome. As such, the country is working to build a system to address the population flow between the islands. The country has had an automated notification system in place since 2012, and there is a new HMIS being installed with World Bank assistance.

1.6 Endemic country perspectives on MDG reporting: Mekong region

Arantxa Roca, Malaria Consortium

Arantxa Roca-Feltrer spoke about Cambodia's malaria surveillance systems in a pre-elimination setting. Cross-border traffic and evidence of artemisinin resistance are major challenges in the Mekong region, where there are few deaths due to malaria and malaria incidence is also decreasing. Although a comprehensive database is in place, system refinements and capacity

building remain priorities in malaria surveillance. Additionally, varied incidence throughout the country has sparked interest in province-level data collection and a corresponding province and district-level malaria bulletin is currently being piloted in Cambodia. Several mHealth initiatives were piloted during the Containment period and have now been scaled up in other provinces. Due to the change of first-line treatment to Malarone in Pailin, a day-0 SMS mHealth initiative has been piloted in Pailin province and will be evaluated at the one-year mark in July 2013. The country is also beginning to use snowball sampling to look at prevalence within hard-to-reach (mobile and migrant) populations.

The group discussed private sector engagement in Cambodia. Multiple partners are working on assessing diagnosis and treatment practices in Cambodia's extensive private sector and integrating information from private facilities into existing management systems.

1.7 Discussion on country-level reporting of malaria-related MDGs and other targets

Holly Newby, UNICEF

Holly Newby summarized the morning's discussions into two broad themes:

1. Data gaps: data availability, geographic disaggregation, quality control
2. Data use: basic reporting and tracking issues, in-country mechanisms to display data and promote use

She also presented a slide on the timeline for global reporting on MDGs: the yellow highlight that runs from mid-2013 to early 2014 marks the time when data would actually need to be collected in order to meet the MDG reporting deadline. This means countries need to be talking about this now. Dr. Newby then led the group in a discussion on country-level reporting.

Participants agreed that linking data analysis with decision making is critical and the underlying rationale for cyclical program reviews. Existing feedback mechanisms allow data to be used for high-profile analyses by groups such as ALMA. However, participants also cautioned of the need to ensure that those who report failures are not punished and that countries are not over-reporting results.

Alastair Robb of DFID asked what positive incentives are in place to ensure data is of good quality and that is being used. Along with that, what role can MERG and others play in promoting such incentives? Participants also discussed how to address these issues in emergency situations. Darfur is one example of a strong system in place despite a decentralized system that relies on state ownership.

Martin Dale from PSI explained that information from M&E assessments often isn't used because it's either difficult to access or poorly presented. Although the focus from donors is often on hardware, electronic management of information is pretty weak and small steps, such as developing a dashboard, may make a big difference in data use.

1.8 Post-2015 strategy update

Rob Newman, WHO

Rob Newman gave an overview of the progress of malaria control efforts to date and, looking forward beyond 2015, opportunities and remaining global challenges, including some specific challenges for surveillance, monitoring and evaluation. He emphasized a need for a coordinated approach to development, including with those outside of the health sector, and for renewed political commitment. WHO has established the Malaria Policy Advisory Committee (MPAC) to provide independent strategic advice and technical input to WHO for the development of policies related to malaria control and elimination. To advise GMP/MPAC WHO has also established a surveillance, monitoring and evaluation technical expert group (TEG) and an evidence review group (ERG) to look at malaria burden. Dr. Newman highlighted the core roles of WHO as (i) establishing norms, standards and technical guidance (ii) monitoring global progress in malaria control (iii) developing approaches to capacity building (iv) identifying threats and opportunities. He also distinguished RBM's role as that of advocacy, resource mobilization and partner harmonization through convening, coordinating and facilitating. He referred to the RBM operating framework which states that the role of RBM working groups is to address implementation issues, including how to put standards and guidelines into practice. Dr. Newman then opened the floor to discussions on how to best leverage institutional capacity with the existence of MERG and the emergence of the TEG.

The group asked for clarification regarding the role of MERG versus the role of the TEG. Dr. Newman acknowledged that there will be some overlaps, such as malaria program reviews, where WHO works with RBM and the Global Fund. He would like to see more emphasis within MERG on supporting country-level capacity building and fostering systematic data gathering, analysis, and use. Dr. Newman also encouraged MERG to continue identifying where surveys are needed but resources are lacking. He stated that these activities would be a good use of RBM's strategic advantage and bandwidth. The TEG will solicit input from a range of partners. Draft TORs are still open for comments. Dr. Newman hopes that MERG can use this new mechanism and the name recognition that goes into it to its advantage. MERG members may consider discussing potential contributions to the TORs at a future MERG meeting.

1.9 Post-2015 agenda health overview

Kumanan Rasanathan, UNICEF

Kumanan Rasanathan delivered a presentation on the next steps on health in the sustainable development agenda and the process of building on the eight MDGs (slide 1) to a future vision (slide 2). The post-2015 process has included 11 thematic consultations, country consultations (planned in over 100 countries), a high-level panel, and a working group of Member States so far. The emerging framework may only include one general health goal, such as "maximizing healthy lives," to encompass the key health agendas. This goal should aim to at least comprise the areas of accelerating progress on the health MDGs, reducing the burden of non-communicable diseases, and ensuring universal health coverage and access.

2.0 Review ongoing work of MERG taskforces

2.1 Mortality Taskforce: Guidance for program impact evaluation

Yazoume Ye, MEASURE Evaluation

The Mortality Taskforce is developing a revised framework document for evaluating the impact of malaria control programs in endemic countries. The document is meant to be a menu of options, allowing countries to choose methods based on the context and data available and referring readers to additional resources. Since the last MERG meeting to date, the authors have made several revisions and have included to-date information on best practices and partner experience. Additional writing and edits will take place over the next several months, and the document is expected to be launched in January 2014.

2.2 Indicators and Data Sources Taskforce: Household Survey Indicators manual

Jui Shah, MEASURE Evaluation

The Household Survey Indicators for Malaria Control manual is now available in print and on CD. The document provides a description of core impact and outcome indicators, measurement tools, and measurement and data collection methods. A PDF version of the document will soon be available through the RBM website. Please cite the document widely and send any requests for copies to [Ms. Shah](#).

2.3 Malaria Indicator Survey Package

Lia Florey, MEASURE DHS

The Indicators and Data Sources Taskforce arranged for the development of an updated Malaria Indicator Survey (MIS) Basic Documentation for Survey Design and Implementation package. This tool provides guidance for carrying out household-level surveys relevant for assessing core malaria indicators. The package has been finalized and is available online. An FAQ document, previously developed by MERG members, will be finalized by Albert Kilian and Lia Florey and will be circulated for further review.

2.4 Routine Systems Taskforce

Steve Yoon, CDC

Steve Yoon began by updating the group on the Tanzania Routine Systems Strengthening (RSS) project, on which PMI will be engaging at a subnational level since the government is already engaged in similar work at the national level. He then presented information on how RSS will impact health systems. Dr. Yoon concluded his presentation with results of a recent online survey to gather input on future directions for the taskforce.

2.5 Capacity Building Taskforce

Khoti Gausi, WHO

Khoti Gausi is the co-chair of the Capacity Building Taskforce and is looking for a fellow co-chair to revive this group. He presented the results of a recent online survey developed by the

taskforce and secretariat. There is a lot of enthusiasm for this taskforce, so Dr. Gausi is working to redefine its role and plan future activities.

3.0 Discuss measuring value for money and returns on investment reports

3.1 Value for money in malaria programming and elimination

Paul Wilson, Columbia University

Paul Wilson spoke about value for money (VFM) in malaria control and elimination. Since vector control is the largest part of malaria spending, with commodities making up 50%, vector control represents the sector where the greatest gains in VFM are possible. While there may be limited potential for transformative change without new tools, there may be a different story to tell in net replacement if it is possible to establish more precisely which populations would most benefit from nets. Regarding elimination, if the savings after elimination outweigh cost of elimination, which is not necessarily the case, cautions Dr. Wilson, VFM may be demonstrated. Another positive scenario would occur if additional health gains outweigh the cost of elimination or there are additional economic benefits, such as tourism and investment, which are difficult to demonstrate.

The group discussed the need for useful VFM metrics at the country level. Some also advocated for the consideration of subnational metrics for countries with substantial heterogeneity. The group expressed interest in metrics related to what is needed to distribute resources appropriately and how to establish if programs are doing this correctly.

3.2 Evaluating cost-optimized surveillance strategies for managing malaria risk

Charlotte Dolenz, Clinton Health Access Initiative

Charlotte Dolenz presented on the need for efficiencies in a context where the greatest threat to progress in malaria control is constrained resources. Ms. Dolenz presented that in the face of current and future financial constraints, the malaria community can leverage tools such as mathematical models to determine optimal technical strategies for maintaining, and building on the successes that countries have achieved thus far. She presented CHAI's work on transmission risk mapping as a tool for encouraging policymakers to think through optimal and alternative strategies in order to guide strategic decisions and mitigate risk of resurgence in resource constrained settings. This work is particularly relevant in low-endemic settings where other priorities may already be drawing funds away from malaria programs.

The group discussed the importance of presenting the uncertainties along with these calculations to balance accuracy with utility. Participants also debated where donors are withdrawing money and what to do about countries with heterogeneous endemicity.

3.3 Building the epidemiological and control evidence to support value for money analysis: the example of Kenya

Abdisalan Noor, KEMRI-Wellcome Trust

Abdisalan Noor explained that mapping the potential for malaria transmission allows program planners to develop preventive, targeted interventions rather than mapping the current

distribution of risk. Looking at country-level survey data, the distribution of bednets coordinates fairly well with the distribution of risk. This work in Kenya was coupled with brief county profiles to encourage county-level officials to look at and understand this kind of data and, ultimately, use data to address their questions and needs. There are plans in place to expand these efforts to case management, behavior change communication, and other interventions that will be useful for targeting interventions in areas with lower transmission.

The group discussed MERG's response to this report. In response, Dr. Noor suggested that MERG could help strategize on how to make the upcoming DHS representative at the county level, noting that it would represent a shift from its traditional role. The group also discussed heterogeneous counties, which will need to advocate for more specific mapping if needed. Dr. Noor also clarified that mapping is not a substitute but a complement to good surveillance data. There is not good clinical data in Kenya to compare the *Plasmodium falciparum* parasite rate (PFPR) maps, but this is expected to be available in the future.

3.4 [Resource allocation to maximize health gains](#)

Richard Cibulskis, WHO

In this presentation, Richard Cibulskis outlined the pros and cons for various ways of allocating the limited resources available to the malaria control community, explaining the varying distribution of resources and health results depending on which strategy is adopted. Much of the malaria community has advocated for a distribution of resources that maximizes the number of cases averted and lives saved. Such a principle was also advocated in the March 2013 MPAC meeting. When considering the amount of resources that should be allocated to different diseases various participants reminded the group that it is unlikely that all money would go to one disease as presented in "solution 3." The group discussed the need for malaria control professionals to improve the strategic planning process and advocate for additional resources.

3.5 Discussion of strategies and data needs to measure value for money

Abdisalan Noor, KEMRI-Wellcome Trust

4.0 Review ongoing work of MERG partners

4.1 [RBM update: P&I Series update](#)

Eric Mouzin, RBM

There are three types of Progress and Impact Series reports: overview reports, thematic reports, and country reports. The launch of the Malawi report was well attended and received, and the launch event in Madagascar was linked to the inauguration ceremony of a new NMCP building. South Africa will be launched next and represents the first report to be partially funded by the country. The country team wants to launch the report at the upcoming MIM conference.

A schedule has yet to be determined for the remaining four countries that will launch reports this year. Senegal, which was the first country report to be released, is already planning a new report with updated data, so the lifespan of these reports is estimated to be around three years.

4.2 NetWorks update: Estimation of population access to ITN from administrative data

Albert Killian, NetWorks Project

Albert Killian presented on methodologies for testing survival of nets and evaluating continuous distribution schemes (that are community based and demand driven) as an alternative to mass distribution schemes every few years. For example, nets can be delivered to a hub in an area, where families can request replacement nets or additional nets for new family members. A school-based distribution system in Nigeria's Cross River state will be evaluated in 2014.

In between surveys, program implementers need to be able to quote coverage to date. To address this need, Dr. Killian looked into using administrative data to estimate ITN access as calculated from survey data. The mean number of net users served as the proxy, and the optimal correction factor was found to be around 1.6.

4.3 WHO update: Malaria program review guidance and surveillance checklist

Richard Cibulskis, WHO and Kathryn Andrews, ALMA

An update to the 2010 draft manual on undertaking MPRs is currently being edited, and a draft manual is expected to be ready by the end of August 2013.

Along with the manual edits are changes to what is now referred to as the surveillance, monitoring & evaluation checklist (SME checklist). The SME checklist can help assess country performance in each of seven topics areas as part of the MPR process. The checklist was piloted in Papua New Guinea in mid-April. A main finding, which is also expected in other situations, is that there is scope to increase the use of the data generated by its information systems. Edits are ongoing and the checklist will be subject to further testing in Sudan.

4.4 WHO update: Service availability readiness assessments (SARA)

Mike Lynch, WHO

The SARA assesses minimum standards for service delivery at health facilities, including those for malaria, and includes a data verification module to evaluate the reliability of monthly facility reporting. These two components of SARA may help malaria control programs to improve implementation of facility-based malaria program activities, such as ITN distribution, IPTp and malaria diagnostic testing and treatment. SARAs have been carried out in six countries and Zanzibar since 2012, with several more countries planned during 2013. WHO GMP has been working with the WHO department that coordinates SARA to (1) ensure that malaria-related indicators and questions are appropriate and (2) SARAs are in line with malaria program reviews, efforts to strengthen data quality, and other facility-based data collection activities in countries.

Alastair Robb asked about how this work relates to the service indicators set forth by the World Bank and circulated follow up materials related to this.

4.5 Survey updates

[DHS/MIS update](#)

Lia Florey, MEASURE DHS

Lia Florey provided a list of recent, expected and ongoing DHS and MIS surveys, as summarized in the table below.

	Released in 2013	Expected release soon	Planned or ongoing fieldwork
Malaria testing	Malawi MIS 2012 Mozambique DHS 2011-12 Tanzania MIS/AIS 2011-12	Benin DHS 2011-12 Burundi MIS 2012 Côte d'Ivoire DHS 2012 Equatorial Guinea DHS 2011 Guinea DHS 2012	DRC DHS 2013 Gambia DHS 2013 Madagascar DHS 2013 Mali DHS 2013 Senegal Continuous Survey Sierra Leone MIS 2013 Togo DHS 2013
Malaria questions (no testing)		Comoros DHS 2012 Congo Brazzaville 2011 Gabon DHS 2012 Niger DHS 2012 Rwanda MIS 2013	Liberia DHS 2012-13 Namibia DHS 2013 Nigeria DHS 2013 Sierra Leone DHS 2013 Zambia DHS 2013

In addition to these household surveys, Service Provision Assessment (SPA) surveys are ongoing/continuous in Senegal, Haiti, and Malawi and are planned in Bangladesh, Ethiopia, and Tanzania in 2013. No surveys are currently planned beyond 2014.

Please contact Dr. Florey if you know of other MIS surveys not mentioned here. Dr. Noor mentioned that Somalia is planning to do an MIS later in 2013.

[MICS 4/5 update](#)

Liliana Carvajal, UNICEF

Multiple Indicator Cluster Surveys (MICS) Round 5 (2012-2014) with malaria modules are summarized in the table below.

West and Central Africa	Benin 2013 Cameroon 2013 CAR 2013 Congo 2013 Cote D'Ivoire 2014	Ghana 2015 Guinea 2014 Guinea Bissau 2013 Mali 2014 Mauritania 2014	Nigeria 2014-15 Sao Tome and Principe 2013 Senegal (Dakar city) 2014
Eastern and Southern Africa	Kenya (regional) 2013	Swaziland 2013	Zimbabwe 2014

Available MICS reports and datasets as well as the updated survey activity list are posted regularly at <http://www.childinfo.org/mics.html>. Databases presenting key household indicators for malaria control are available at http://www.childinfo.org/malaria_statistical_tables.php.

4.6 DFID update: Strengthening the use of data for malaria decision-making in Africa

Alastair Robb, DFID

Alastair Robb spoke about a new five-year, 26 million pound effort by DFID with an aim to (1) collate data, (2) improve evidence-based planning, and (3) improve efficient and effective allocation of resources. This effort intends to respond to country demand while indentifying emerging regional issues. A detailed document outlining the endeavor is now available online.

4.7 Global Fund update

Daniel Low-Beer, Global Fund

Daniel Low-Beer provided an update on the Global Fund's new funding model and Strategy 2012-2016: Investing for Impact. The Global Fund's evaluation approach focuses on impact and outcomes, builds a system of partner and country reviews, and strengthens country data systems. The application process involves a country dialogue to review the latest epidemiology and discuss how much funding can be expected. The new model requires certain investment in data up front, but will not involve annual reviews.

Under the new model, investments for the next three years will be made in 2013, and applications are currently being accepted. Dr. Low-Beer reported that collaboration among the three diseases is increasing and that the data assessment tool is supposed to move away from a fractured schedule of surveys. The Global Fund is also working with WHO on health sector and data quality reviews to avoid duplication of efforts.

The group discussed cases of countries where reliable data is always a challenge. Dr. Low-Beer explained that while having no current assessment will be a challenge, but if there is any assessment, the Global Fund will work with the available data, even if it comes from innovative means outside of official country assessments.

4.8 PMI update: Facility indicators document

Misun Choi, USAID

Misun Choi made some brief remarks about USAID's work on malaria and maternal and child health (MCH). The USAID team has been working with a number of organizations and is hoping to formalize indicators in tandem with MCH efforts to ensure all partners are on the same page. USAID is currently contacting consultants to discuss what a facility indicators document would look like.

5.0 Discuss climate and malaria

5.1 Epidemic preparedness and response

Khoti Gausi, WHO

Khoti Gausi presented on using thresholds in the measurement, preparedness, and response of epidemics. There is no single method or best threshold, and countries use a range of thresholds.

Dr. Gausi presented a number of national and district-level cases to show how thresholds have been used to identify epidemics and cyclical increases in cases.

The group discussed challenges relating to countries where there is limited data collection but that may be experiencing epidemics. Options discussed included entomological surveillance and assessing parasitemia in a small convenience sample. The point was also made that slide positivity rate may be a more accurate measure than thresholds since the inclusion of a denominator allows researchers to take population movement into consideration.

5.2 Possible climate and malaria indicators to inform M&E of program implementation and Proposed Climate Taskforce

Yazoume Ye, MEASURE Evaluation

Yazoume Ye highlighted the inherent ties between climate and malaria research, explaining that climate can threaten patterns of transmission. In a situation of inclement weather, such as Burkina Faso experienced, the entire M&E system was lost, including information and equipment. In order to address and respond to such unpredictable situations and secure M&E of malaria efforts, Dr. Ye suggests forming a climate and malaria taskforce that can explore what climate data is needed for various settings.

Groups such as Earth Institute that are currently working on climate issues are academically focused, so participants discussed what value added MERG could have by looking at gaps, addressing key operational questions from NMCPs, and identifying ways forward.

6.0 Discuss MERG business issues

6.1 Declarations of interest

Eric Mouzin, RBM

In order to keep track of financial issues and promote transparency, each partner/participant was requested to fill out the Declaration of Interest form and submit it to Eric Mouzin or Jui Shah. Additional questions can be directed to Eric Mouzin or Martins Pavelsons. Since all MERG participants work on malaria, the form is more about announcing potential personal gain rather than organizational activities and is expected to be filed annually.

6.2 Discussion of MERG TOR

Abdisalan Noor, KEMRI-Wellcome Trust

Richard Cibulskis explained that as stated in the RBM operating framework, the role of working groups is not to address technical normative or standard setting issues. These are the responsibility of WHO. In general, the role of working groups is to address implementation issues, including how to put standards and guidelines into practice. The working group convenes interested partners, facilitates communication between these partners to address key implementation issues, and then coordinates between the partners at global and regional levels to ensure that the implementation of the solutions the working group has agreed is carried out efficiently.

Both WHO and MERG have previously issued technical guidance regarding surveillance, monitoring, and evaluation, including the selection and definition of indicators. WHO is now seeking to strengthen its operations by establishing the surveillance, monitoring and evaluation TEG that will provide it with advice on choice of indicators, strategies for obtaining and disseminating data, and evaluating the accuracy of data. The TEG will encompass a wide range of expertise and likely involve some current members of the MERG.

Some participants suggested that unlike drugs and diagnostics, guidance on monitoring and evaluation needs to be a partnership mandate. The need for collaboration and input from multiple parties was evident in the processes for updating the IPTp indicators and developing the household survey indicators document. MERG has been a good forum for discussing country needs, gathering feedback, and coordinating existing groups to maximize efficiency and avoid redundancy. This will continue even as the TEG develops. In a recent PLOS Med series discussing the formation of a new pneumonia and diarrheal disease M&E working group, the malaria community was cited as an example of bringing relevant organizations together to address M&E issues.

Participants are keen to better understand the TOR of the TEG before being forward on the discussion on MERG's TOR. WHO will circulate draft TORs of the TEG. An internal group may be formed to compare the TORs of the MERG and TEG so that at the next MERG meeting, the group can discuss the synergies and gaps between the two mechanisms.

6.3 Format and composition of taskforces

Abdisalan Noor, KEMRI-Wellcome Trust

Abdisalan Noor led a discussion about how to best utilize MERG taskforces moving forward. There are currently six taskforces with varying levels of activity. Those that are not working on specific tasks, namely the Morbidity Taskforce and the Economic Taskforce, will be suspended.

The group also used this time to discuss more specifically the role of the revived Capacity Building Taskforce. Suggestions for next steps included launching pre-service trainings into existing schools (covering data management, quality control, and related skills); adding malaria control issues to medical college curricula; sending the questionnaire to program managers for on-the-ground input; assessing district-level managers' needs, particularly since they have competing demands from other disease programs; reviewing the currently available courses; and leveraging regional networks for capacity building.

6.4 Activities for MERG workplan 2014-2015

MERG Co-Chairs

The MERG co-chairs will communicate with taskforce co-chairs in the development of a work plan for the years 2014-2015.

6.5 Plans for upcoming MERG meeting

Jui Shah, MEASURE Evaluation

The group discussed plans for the 22nd MERG meeting, which is due to occur in January 2014 in a malaria-endemic country. Participants agreed that it would be good to reach out to West Africa since the last malaria meetings have been held in southern Africa, eastern Africa, and outside of Africa. The top considerations are Ghana, Senegal, Ivory Coast, and Nigeria. Jui Shah and the MERG co-chairs will look into costs, visa processes, and ease of accessing these destinations before finalizing a location.

7.0 Summary of Agreements and Follow-Up Actions

Action Item	Party Responsible	Tentative Due Date
Circulate updated list of surveys	MERG Secretariat	July 2013
Discuss potential statement on need for and scheduling of MICS/DHS/MIS, particularly for pre-elimination and elimination settings	UNICEF/PMI	Before next meeting
Circulate schedule of MPRs and other relevant documents	WHO	Before next meeting
Send MIS reports and data to Lia Florey	MIS implementers	Ongoing
Develop FAQ document for MIS package	L. Florey	
Develop M&E framework alongside GMAP 2	MERG	2014?
Quarterly MERG updates	MERG Secretariat	Ongoing
Finalize framework for evaluating impact of malaria control programs	Mortality TF (Impact evaluation TF?)	December 2013
Routine systems taskforce is being revitalized	S. Yoon	Ongoing
Capacity building taskforce is being revitalized	K. Gausi	Ongoing
Continue discussion on value for money to determine whether there is a need for a taskforce	A. Robb and Noor	Before next meeting
Finesse questions related to climate and malaria to determine whether there is a need for a taskforce	Y. Ye	Before next meeting
Clarify publications development and approval, and publication process	RBM Secretariat, MERG co-chairs	Before next meeting
Finalize and release WHO Surveillance Checklist	M. Lynch	December 2013
Malaria control impact on health systems strengthening and sustainable development	TBD (Noor to contact MERG members)	Before next meeting
WHO to share TOR of SME-TEG with a MERG membership, requesting feedback	MERG co-chairs	Before next meeting
Circulate draft MERG workplan for review	MERG co-chairs	Soon
Finalize details for 22 nd MERG meeting	RBM Secretariat, MERG co-chairs	Before next meeting