



ROLL BACK MALARIA PARTNERSHIP

Meeting Report

11th Meeting of the Malaria Monitoring and Evaluation Reference Group [MERG]

Bamako (Mali), 3-4 June 2008

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Acronyms

ACT	Artemisinin-Based Combination Treatment
AFRO	Africa Regional Office (WHO)
BCG	Boston Consulting Group
CDC	Centers for Disease Control
DDIU	Data Demand and Information Use
DHS	Demographic and Health Survey
DQA	Data Quality Audit
GF	Global Fund (GFATM)
GFATM	Global Fund against HIV/AIDS, TB and Malaria
GMP	Global Malaria Programme (WHO)
HIS	Health Information System
HMIS	Health Management Information System
HMN	Health Metrics Network
HR	Human Resources
HWG	Harmonization Working Group
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
JHU	Johns Hopkins University
LLIN	Long-Lasting Insecticidal Net
M&E	Monitoring and Evaluation
MACEPA	Malaria Control and Evaluation Partnership in Africa
MERG	Monitoring and Evaluation Reference Group
MESST	Monitoring and Evaluation Systems Strengthening Tool
MICS	Multiple Indicator Cluster Survey
MIP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MIST	Malaria Implementation Support Team
MOH	Ministry of Health
NMCP	National Malaria Control Programme
PMI	US President's Malaria Initiative
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
SUFI	Scaling Up For Impact
TOR	Terms of reference
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization
WIN	Working Group for Scalable Vector Control

Participants

Chair: Rick Steketee (MACEPA-PATH)

Co-Chair: Tessa Wardlaw (UNICEF)

Participants: Toure AISSA (VOICES Mali), Fred ARNOLD (Macro International), Nathan BAKYAITA (WHO AFRO), James BANDA (RBM Secretariat), Misun CHOI (USAID/PMI), Adama DIAKITE (GFTAM), Sekou DRAME (NMCP Mali), Christopher DYE (WHO), Erin ECKERT (MEASURE Evaluation/Macro International), Busiku HAMAINZA (NMCP Zambia), Jenny HILL (Malaria in Pregnancy Consortium), Hannah KOENKER (Johns Hopkins University), Madina KONATE (NMCP Mali), Roger LALY (NMCP Benin), Marcel LAMA (GFTAM), Nadia LASRI (RBM Secretariat), Christopher LUNGU (MACEPA-PATH), Matthew LYNCH (Johns Hopkins University), Manoj MENON (CDC/PMI), Peter MBABAZI KWEHANGANA (WHO), Melisse Murray (World Bank), Mac OTTEN (WHO), Belco Poadougou (Millennium Development Mali), Amy RATCLIFFE (CDC/PMI), Aboubacar SADO (PMI Mali), Christine SOW (PMI Mali), Lori SPIVEY (Boston Consulting Group), Robert TOSSA (NMCP Togo), Klenon TRAORE (NMCP Mali), Boi-Betty UDOM (RBM Secretariat), Claudia VONDRASEK (VOICES Mali), Sixte ZIGIRUMUGABE (PMI Mali)

Logistics: Nelia Hoffman (MEASURE Evaluation/Macro International)

1.0 Meeting Objectives

- Update on survey initiatives and plan for developing capacity and providing technical assistance for survey implementation.
- Consolidate guidance on revised core malaria indicators and develop action plan for writing guidance, updating survey tools, and supporting Global Fund.
- Update and identify actions needed on disease burden measurement and reports
- Update and identify actions needed on work in building/strengthening capacity for M&E at the country level.
- Develop strategies for M&E in the era of sustained control and elimination.
- Review actions needed for routine monitoring
- Review MERG Administrative issues: To discuss MERG roles and responsibilities in the RBM Partnership and its “harmonized work plan”, membership, participation in and actions of the Task Forces, and other MERG issues.

2.0 Overview of Mali Malaria Control Program

2.1 Overview of Mali Malaria Control Program and Research Initiatives in Mali *Klenon Traore (Director, Mali NMCP)*

Dr. Traore, Director of the Mali NMCP, presented the epidemiology of malaria in Mali and NMCP efforts to control the disease. Dr. Traore gave an overview of the Malaria Control Strategic Plan including the objectives, interventions (LLINS, IPTp, IRS, management of epidemics), M&E strategies, results and challenges. Discussion followed on how the M&E plan was developed and improvements in reporting malaria information.

Agreements and follow-up actions

Mali NMCP to write up a description of process for developing M&E plan to be posted on RBM website (Klenon Traore)

3.0 Survey Work

3.1 Update from Data Collection/Analysis Taskforce: Planning Schedule for MICS and DHS, MIS Surveys in the near term *Tessa Wardlaw (UNICEF) and Fred Arnold (Macro International)*

Wardlaw presented on MICS3 results and MICS4 planning. The background and history of the MICS was presented. Wardlaw explained the types of information that each household survey (MICS, DHS, MIS) provides. Twenty-two MICS3 surveys provide key malaria data. The MICS frequency is to increase from every 5 years to every 3 years. MICS4 will be conducted 2009-2010. Discussion followed on the selection of countries for MICS; coordination between the DHS and the MICS.

Arnold gave an update on DHS and MIS surveys. Arnold reviewed completed and ongoing MIS surveys, as well as those in the planning stages. There was subsequent discussion on the inclusion of verbal autopsy in the DHS.

3.2 Testing for parasitemia and anemia in surveys
Amy Ratcliffe (PMI/CDC)

Ratcliffe reviewed the MERG standards for estimating population prevalence of parasitemia within national household surveys, which were discussed during the household survey taskforce meeting June 2, 2008. The MERG standards included: Parasitemia testing included on surveys implemented during the high transmission season; testing should target children aged 6-59 months; parasite prevalence should be based on thick blood films where *P. falciparum* is dominant; RDTs must be used to allow field treatment of all positive cases.

3.3 MIS workshop concept and MIS rollout/analysis plans
Rick Steketee (MACEPA-PATH)

The MIS workshop will take place from September 5, 2008. Participants will be from countries that have completed an MIS, countries that expect to complete an MIS and lead country planners. The content of the workshop will include the planning, implementation, analysis and report writing for an MIS. The workshop will be coordinated by RBM MERG, WHO Afro, MACEPA-PATH, Macro, Malaria Consortium, CDC and PMI.

Agreements and follow-up actions:

UNICEF to develop a set of criteria for assessing data quality from surveys (*T. Wardlaw*)

Recommendations from HH survey taskforce on parasitemia testing to be disseminated and included on CD. One-two page write-up will be developed for inclusion in core indicators guide (*A. Ratcliffe*)

4.0 Overall M&E Guidance and Capacity Building

4.1 Overview of global indicators and suggested revisions
Erin Eckert (Macro International)

Eckert reviewed the revisions to the core indicators, which were discussed during the household survey taskforce on June 2, 2008. Revisions to treatment indicators, an IRS indicator and a "households covered" indicator were presented. Eckert also discussed the process for revision, consultation and dissemination of the indicators. There was discussion on the importance of an IPTp in the context of antenatal care indicator. There was also discussion on the revised treatment indicators and the WHO recommendation of presumptive treatment in children <5.

4.2 Global Fund M&E toolkit- status, needs, revisions
Marcel Lama (GFTAM)

Lama presented the status of the M&E toolkit review process. The toolkit will include revised disease strategies and revised programmatic indicators. The objectives of the review are to adapt and harmonize content, reinforce the existing measurement framework, improve measurement methods and provide clearer links between indicators and data collection. The review process will be staged in two phases, with a deadline of August/September 2008. Specific issues such as gender issues, community based M&E and IRS will be highlighted in the revised toolkit.

4.3 M&E Systems Strengthening Tool and getting to a costed, implementable M&E Plan
Marcel Lama (GFTAM) and Nathan Bakyaïta (WHO AFRO)

Lama discussed the status of the MESST and the countries that have completed a MESST. To date 51 out of 73 countries have completed the MESST workshops (69%). The remaining countries will need adequate support from partners. Specific issues arising from the MESST include inadequate/insufficient M&E technical capacity (skill), no quality assurance mechanism, inadequate data collection/recording and no regular dissemination of information. Lama also discussed weak follow up to the MESST, resulting in non-comprehensive costed M&E plans. Discussion followed on training consultants for facilitating the MESST and coordination for implementing MESSTs in the future.

Bakyaïta discussed the draft checklist for developing M&E plans, including the checklist development process. The checklist will contain the epidemiological context of malaria, strategies to combat malaria, indicators, data collection methods, and an operational plan. Bakyaïta explained the next steps for finalizing the checklist, which will incorporate gathering comments from the MERG on the current draft as well as funding, "labelling" from partners, etc...

4.4 Report on Boston meeting and estimation methods for the World Malaria Report
Christopher Dye (WHO) and Mac Otten (WHO)

A meeting of the Strategic and Technical Advisory Group for Malaria (STAG) evaluating malaria burden, trends and the impact of control programs was held at the Harvard School of Public Health, Boston, USA, 8-9 May 2008. The objectives of the Boston meeting were to review methods that are available to measure malaria trends to answer whether targets set by RBM and the MDGs are being met. At the end of the meeting a set of draft recommendations were produced. One of the resulting recommendations from the meeting was that a comprehensive document be published, describing indicators from both surveys and routine surveillance. There was subsequent discussion about the need for consensus regarding the recommendations.

The World Malaria report will include country profiles that explain the epidemiologic profile of countries, intervention policies and targets, malaria control strategies, and financing malaria control. There was subsequent discussion about the need to present financial data per population.

4.5 Maintaining MERG guidance on the RBM website
Nadia Lasri (RBM Secretariat)

The RBM website is used for RBM information and dissemination. Information on the website includes, country profiles, MERG minutes, national strategic plans, and MIS survey results. There was subsequent discussion about how to better use the RBM website so it is most useful to countries and MERG members.

4.6 Data warehouse update
Hannah Koenker (JHU VOICES)

The joint malaria database was conceived 2 years ago with the goal of exploring ways to share various data sources in a 'one stop shop' for advocacy, etc. A consultant was hired to create a prototype for the database. The software used for the database is AWhere. The platform is "web-to-desktop and back" as needed. All(100%) of the mapped data can be provided in an excel spreadsheet. The next steps include formalizing a "Database Task Force", increase types and sources of data in the prototype and involving country program managers in feedback process.

4.7 Strengthening capacity in sub-regional networks for M&E
Peter Mbabazi Kwehangana (EARN)

Kwehangana explained the SRN mission and the SRN framework. The SRNs support the NMCP by strengthening in-country partners, mobilizing resources, assessing program results and brokering technical support. In regards to M&E, the SRNs assist by supporting TA, support country capacity and by providing reliable and accurate information to manage program and to build from experience (eg. Support MESST, M&E Plans, Support MIS). The challenge is that Regional institutional partners only deal with the SRN on a part time basis. In addition, there is debate as to whether the SRNs should have a Regional M&E FP instead/or in addition to Data manager. There was subsequent discussion about how MERG can collect information from the SRNs and whether an individual from the MERG should participate in SRN planning sessions.

Agreements and follow up actions:

- MEASURE Evaluation to hire consultant to update indicator guidelines (*E. Eckert*)
- Macro/UNICEF will propose a meeting before the next MERG to get feedback on the core indicators, RBM recommended indicators and WHO list of indicators in Chapter 2 (*F. Arnold, T. Wardlaw*)
- Follow-up on GFTAM M&E toolkit-inform countries that toolkit is being revised (*M. Lama*)
- MERG and GFTAM will develop plan for MERG review of toolkit (*M.Lama and R. Steketee*)
- Need a few people from MERG with experience in MESST workshops to provide recommendations for technical assistance for implementation and follow up to the MESST, especially in the development of costed M&E plans (*M. Choi, E.Eckert, B. Udom*)
- GFTAM to compose a list of countries that have developed a costed M&E plan to distribute to group (*M. Lama*)
- Identify a process for providing feedback to countries developing M&E plans, including draft checklist for developing M&E plans (*MERG co-chairs and general MERG membership*)
- MERG assist countries in Draft checklist for developing M&E plans and MESST tool, when finalized will be posted on RBM website (*M. Lama and N. Bakyaïta*)
- Capacity building taskforce will meet at next MERG meeting (*E. Eckert and A. Killian*)
- MERG Co-chairs to identify individuals to provide comments on:
 - WHO Boston meeting recommendations
 - WHO country profiles
 - WHO forms for financial reporting
 - Global Malaria Business plan
 - RBM website
 - Joint Malaria Database
- SRNs to share their planning calendars with MERG (*C.Vondrasek*)

5.0 M&E in the Era of Sustained Control and Elimination

5.0 Moving towards elimination-implications for current M&E *Erin Eckert (MEASURE Evaluation/Macro International)*

Eckert presented an overview of an M&E framework to the SUFI elimination continuum. She explained possible measurement issues, data needs and M&E activities during SUFI, sustained control, pre-elimination and elimination. MERG has focused on SUFI to date. The call to elimination requires forward thinking around M&E and it is important to start the process now in order to lay groundwork for showing success XX years from now. There was subsequent discussion on sustainability and human capacity as key for elimination efforts.

5.2 Report on surveillance for elimination meeting
Nathan Bakayaita (WHO AFRO)

Bakayaita reported on a meeting on surveillance, monitoring & evaluation along the malaria control-elimination continuum in Madagascar. He discussed what Madagascar is doing to achieve elimination. This includes developing a comprehensive M & E plan, improving HIS reporting, improving malaria diagnostics, collaborating with research institutions and formalizing the role of community resource people in malaria SME. Bakayaita also discussed the WHO guidelines during the elimination phase.

5.3 Global Malaria Business Plan update
Lori Spivey (Boston Consulting Group)

Spivey gave an update on the GMBP. The RBM Board commissioned the creation of one integrated global malaria plan in November 2007. Since that time the plan has been developed in collaboration with several partners. The GMBP M&E section addresses challenges facing malaria M&E. Spivey reviewed the recommended M&E strategy and activities through 2010 and 2015. Subsequent discussion focused on comments to the draft GMBP.

5.4 Discussion regarding special studies, future needs
Rick Steketee (MACEPA-PATH)

Steketee discussed the malaria M&E framework for different malaria interventions. He discussed how special studies are included in this framework. There was subsequent discussion about the difference between special studies and monitoring; how the MERG can create a communication mechanism when special studies arise.

Agreements and Follow-Up Actions:

Interest in a group on elimination and malaria in low transmission settings will be explored (*E. Eckert*)

There will be representation from Asia and Latin America at the next MERG (*E. Eckert*)

6.0 RBM and MERG Business Issues

6.1 Update from working groups and the role of MERG with these groups

Udom gave an update on the MIP working group. During the last meeting of the MIP working group, the need for a new indicator on pregnancy that ended in births in the last two years was discussed. There was also a concern raised by the group on the source of data published in the last RBM/UNICEF report which did not seem to reflect the actual MIP status of the countries. The group calls for better involvement in the publication of future data. A MIP meeting will be held in Rwanda in June.

The economic taskforce was assembled 3-4 years ago and has never met. There was discussion on whether the taskforce is needed and how it fits into the objectives of the MERG.

6.2 Additional updates from morbidity taskforce
Mac Otten (WHO)

The Boston meeting reviewed methods to strengthen global disease burden estimation. The morbidity taskforce will develop global estimates; however, no group is focusing on mortality. There was discussion on whether the morbidity taskforce should also focus on mortality estimation.

6.3 RBM business activities

Matthew Lynch (RBM Board) & James Banda (RBM Secretariat)

Lynch and Banda presented a summary of decision points from the RBM secretariat board meeting. They discussed key issues surrounding performance monitoring, resource mobilization, technical assistance to countries, LLIN procurement strengthening, AMFm, the board's relationship with the GFTAM and the Global Malaria Business Plan.

6.4 Other business issues

Erin Eckert (MEASURE Evaluation)

Group discussed the location of the next MERG as well as taskforce roles and technical leads.

Agreements and Follow-Up Actions:

Mortality taskforce will be reactivated and UNICEF and WHO will jointly chair it. Verbal autopsy issues will be addressed in mortality taskforce (*M. Otten and T. Wardlaw*)

VOICES will organize a phone call about dissemination and involve SRNs (*H. Koenker*)

A person with a health economics background will be invited to the next MERG (*M. Murray*)

The next MERG will be in December or January either in Barcelona or Latin America

7.0 Routine Information Systems

7.1 Routine surveillance and logistics

Christopher Dye and Mac Otten (WHO)

Otten discussed strengthening routine data systems for malaria. There should be a balance between survey and routine data in order to meet both country and global needs for reporting. The Polio Continuous Monitoring System provides evidence that routine data can improve. Routine data provides information on surveillance, logistics monitoring at the health facility level and supervision. Some suggested considerations for supporting routine logistics and surveillance include using routine data to support RBM mortality reduction. Discussion followed on ways that RBM can support capacity needs for routine data systems.

7.2 Sentinel sites and other plans using routine data collection systems

Menoj Menon (PMI/CDC)

The rationale of health facility surveillance via sentinel sites is to evaluate prevention and control measures, improves our ability to redirect program efforts and advocate for malaria control resources. PMI's definition of a sentinel site is a selected health facility that prospectively tracks and reports on malaria cases and care. Menon explained the sentinel site system in Uganda and plans for scale-up. Discussion followed on how sites are selected and quality control.

7.3 IMPACT model and Global Fund 5 year evaluation

Rick Steketee (MACEPA PATH)

The IMPACT model is a tool that gives measurements of mortality. The Global Fund 5 Year Evaluation used this model in several countries. Steketee reviewed the model with MERG participants in order to show estimated number of prevented deaths.

Summary of Agreements and Follow-Up Actions

Overview of Mali Malaria Control Program

Mali NMCP to write up a description of process for developing M&E plan to be posted on RBM website (*Klenon Traore*)

Survey Work

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Recommendations from HH survey taskforce on parasitemia testing to be disseminated and included on CD. One-two page write-up will be developed for inclusion in core indicators guide (*A. Ratcliffe*)

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GFTAM to compose a list of countries that have developed a costed M&E plan to distribute to group (*M. Lama*)

Identify a process for providing feedback to countries developing M&E plans, including draft checklist for developing M&E plans (*MERG co-chairs and general MERG membership*)

Draft checklist for developing M&E plans and MESST tool, when finalized will be posted on RBM website (*M. Lama and N. Bakyaita*)

Capacity building taskforce will meet at next MERG meeting (*E. Eckert and A. Killian*)

MERG Co-chairs to identify individuals to provide comments on:

- WHO Boston meeting recommendations
- WHO country profiles
- WHO forms for financial reporting
- Global Malaria Business plan
- RBM website
- Joint Malaria Database

SRNs to share their planning calendars with MERG (*C.Vondrasek*)

M&E in the Era of Sustained Control and Elimination

Interest in a group on elimination and malaria in low transmission settings will be explored (*E. Eckert*)

There will be representation from Asia and Latin America at the next MERG (*E. Eckert*)

RBM and MERG Business Issues

Mortality taskforce will be reactivated and UNICEF and WHO will jointly chair it. Verbal autopsy issues will be addressed in mortality taskforce (*M. Otten and T. Wardlaw*)

VOICES will organize a phone call about dissemination and involve SRNs (*H. Koenker*)

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