



Meeting Report

Fourteenth Meeting of the RBM Partnership
Monitoring and Evaluation Reference Group (MERG)

27-29 January 2010
Cuernavaca, Mexico

Table of Contents

Acronyms	4
Participants	5
0.0 Meeting Objectives	6
1.0 “Lessons learned” on elimination from the Americas	6
1.1 Mexico’s Push to Elimination.....	Error! Bookmark not defined.
1.2 Brazil Malaria Prevention and Control.....	7
1.3 Lessons learned on elimination in Americas (and other low transmission settings).....	Error! Bookmark not defined.
2.0 World Malaria Report and Indicators 2009	8
2.1 World Malaria Report 2009 (and plans for 2010).....	Error! Bookmark not defined.
2.2 Progress on routine indicators for malaria	8
2.3 ITN Coverage model from 2009.....	9
3.0 Activities related to high-level report on 2010 RBM targets	9
3.1 Overview of 2010 Reporting Plans	Error! Bookmark not defined.9
3.2 Updates on discussions regarding 2010 reporting.....	Error! Bookmark not defined.0
3.3 Data sources for 2010 reporting: survey update.....	10
3.3.1 DHS/MIS update.....	10
3.3.2 Malaria surveys website.....	Error!
Bookmark not defined.0	
3.3.3 MICS 4 update.....	10
3.4 Plans for high-level report on 2010 RBM targets (universal coverage and burden reduction).....	11
3.4.1 Monitoring burden reduction.....	11
3.4.2 Mortality measurement.....	11
4.0 Indicators and Issues	12
4.1 Prompt diagnosis and treatment indicators.....	12
4.2 Economic Indicators.....	12
4.3 Global Fund Country Profile.....	13
4.4 Universal access indicators for LLIN.....	13
4.5 Overview of PMI evaluation plans.....	14
4.6 MDSS Software.....	14
4.7 M&E training opportunities and courses.....	14
4.8 ACT Watch Update.....	15

5.0	MERG Business Issues.....	Error! Bookmark not defined.
5.1	MERG workplan 2009-2010.....	15
5.2	Report on RBM Evaluation.....	16
5.3	Upcoming MERG Meeting.....	Error! Bookmark not defined.
6.0	Update on MERG Task Forces Activities	
6.1	Survey and Indicator Guidance Task Force.....	16
6.2	Capacity Building Task Force.....	Error! Bookmark not defined.
6.3	Routine Systems Task Force.....	Error! Bookmark not defined.
6.4	Economics Task Force.....	Error! Bookmark not defined.
6.5	Mortality Task Force.....	Error! Bookmark not defined.
6.6	Morbidity Task Force	Error! Bookmark not defined.
7.0	Summary of Agreements and Follow-Up Actions.....	188

Acronyms

ACT	Artemisinin-Based Combination Treatment
CDC	Centers for Disease Control
DHS	Demographic and Health Survey
Global Fund	Global Fund against HIV/AIDS, TB and Malaria
GMP	Global Malaria Programme (WHO)
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
IVCC	Innovative Vector Control Consortium
JHUCCP	Johns Hopkins University Center for Communication Programs
LLIN	Long-Lasting Insecticidal Net
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MalERA	Malaria Elimination Research Agenda
MACEPA	Malaria Control and Evaluation Partnership in Africa
MDG	Millennium Development Goal
MDSS	Malaria Decision Support System
MERG	Monitoring and Evaluation Reference Group
MESST	Monitoring and Evaluation Systems Strengthening Tool
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Survey
MOH	Ministry of Health
NGO	Non-governmental Organization
NMCP	National Malaria Control Programme
PATH	Programs for Appropriate Technology for Health
PMI	US President's Malaria Initiative
PSI	Population Services International
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
TA	Technical Assistance
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

Participants

Chair: Rick Steketee (MACEPA-PATH)

Co-Chair: Tessa Wardlaw (UNICEF)

Participants: Fred Arnold (ICF Macro), James Banda (RBM Secretariat), Richard Cibulskis (WHO), Mady Cisse (World Bank), Mike Coleman (IVCC/Liverpool School of Tropical Medicine), Erin Eckert (MEASURE Evaluation/Macro International), Thom Eisele (Tulane University/ MEASURE Evaluation), Khoti Gausi (AFRO/WHO), Hannah Gould (CDC/PMI), Oliver Harrison (Health Authority, Abu Dhabi), Albert Killian (Malaria Consortium), Marcel Lama (Global Fund), Steve Lim (IHME), John MacAurthur (CDC), Tom McLean (IVCC), Bernard Nahlen (PMI), Holly Newby (UNICEF), Mario Henry Rodriguez (National Institute of Public Health, Mexico), Trenton Ruebush (USAID), Rene Salgado (PMI), Ana Carolina Santelli (National Malaria Control Program, Brazil), Boi-Betty Udom (RBM Secretariat), Steven Yoon (CDC/PMI)

Logistics: Elizabeth Patton (MEASURE Evaluation/ICF Macro)

0.0 Meeting Objectives

1. Review 'lessons learned' on elimination from the Americas
2. World Malaria Report and Indicators 2009
3. Review activities related to high-level report on 2010 RBM targets
4. Indicators and issues
5. Discuss MERG business issues
6. Update on MERG Task Force activities

1.0 Review 'lessons learned' on elimination from the Americas

1.1 [Mexico's Push to Elimination](#)

Mario Henry Rodriguez (National Institute of Public Health, Mexico)

Mario Henry Rodriguez, Director General of the National Institute of Public Health in Mexico gave an overview of the history of malaria control in Mexico and Mesoamerica. He highlighted past innovative successes of Mexico's program, such as community-based approaches to vector control such as Algae removal (algae is the main source of nourishment for local mosquito larvae) which allowed for the discontinuation of insecticide use since 1999. Community Health Workers (CHW) in Mexico are volunteers; they are often trained traditional health practitioners. Engaging them has allowed more cultural acceptance. Now these people refer patients to formal treatment.

He summarized the 3-3-3 treatment approach used in the country which aims to reduce the burden of malaria in asymptomatic individuals. Rodriguez mentioned the new strategy to move towards elimination funded by the Bill and Melinda Gates Foundation and the Carlos Slim Foundation.

Emphasis was placed on the role of health system strengthening and regional cooperation in intervention. Currently, Mexico runs a case-based surveillance system: most surveillance is passive (60%), but active surveillance occurs during outbreaks (40%). He estimated that over 90% of cases are captured by surveillance. Monitoring of *P. vivax* cases presents challenges in differentiating between relapse cases and new case, However, the country is trying to put in place molecular marking to do so. Rodriguez felt that it was more important to see that there is not reintroduction than to locate the last case of malaria in Mexico.

Regional collaboration is led by the Mesoamerican Institute of Public Health, which is a partnership of Universities, and Public Health Institutes in the various countries in the region. As cases of malaria are most prevalent in border zones, reciprocal access to health services between countries has been identified as a need and the Institute is looking into ways to address this in a culturally appropriate manner.

A costing of regional level elimination is currently underway. Local governments have been instructed to maintain or increase funding.

1.2 [Brazil Malaria Prevention and Control](#)

Ana Carolina Santelli (Ministry of Health, Brazil)

Ana Carolina Santelli gave an overview of the epidemiological situation in Brazil in regards to malaria and National Malaria Control Program efforts. In Brazil, surveillance data have shown that there is a higher malaria incidence in men, so it is important not to concentrate only on women and children. However, there is an increasing number of cases in younger age groups. Many cases are in suburban, urban periphery. Fortunately, there is very little overlap in dengue and malaria endemic areas.

Brazil, like Mexico, collects case based data. Surveillance data fluctuate over time, but after 2003, when there was a change in reporting system update, data is more consistent. Santelli did believe that fluctuations are real and that they reflect political cycle which causes changes in personnel. She could not estimate the percentage of cases captured by surveillance and asked if MERG might be able to provide guidance that could help improve the sensitivity of the surveillance system. Surveillance data is available at: <http://dw.saude.gov.br/malaria>

Santelli also emphasized the role of community participation. In Brazil, CHW are not voluntary. They are trained by the NMCP and consistently work in the same community. They aid in the installation and not just distribution of bednets. Without installation of bednets, they are not used. They follow-up by visiting houses to make sure they are used. During bednet distribution, community leaders were also educated on the benefits of nets. Calendars and pictures used to instruct on when to wash nets.

There has been some moves to integrate malaria control into other interventions, with some struggle. The integrated health system is not large enough to reach all locations reached by malaria, thus programs are integrated only in areas where there is an existing health post.

1.3 Discussion: Lessons learned on elimination in Americas (and other low transmission settings)

While case based information is collected by Mexico and Brazil, but the quality and coverage of these surveillance systems is not perfect. Improvement may be needed as these countries move towards elimination. Both countries, however, may serve as a possible model for higher prevalence countries which as they succeed in reducing the malaria burden. They could provide guidance on when countries should move to case-based surveillance. Mario Rodriguez emphasized that the effort is front loaded, but that the information gathered can aid greatly in focusing and determining strategies. The effort needed for case-based surveillance is huge in Mexico with 1 million slides reviewed for 2000 cases. This burden becomes disproportionately larger as prevalence is reduced. Rodriguez said that countries could start by retrieving historical data to identify where problem is.

Another message emphasized by Rodriguez is the importance of regional cooperation in low burden settings. Mexico has moved to regional effort, but Brazil has enough burden that they have

not shifted attention. It is necessary to determine when Brazil should move to a regional effort. Santelli mentioned there are internal border issues due to decentralization which create the need for internal collaboration.

Agreements and follow-up actions:

- Determine role of MERG in thinking/guidance for M&E in low endemicity and “headed to elimination” countries along with:
 - MalERA
 - MEG
 - WHO
 - Etc.
- Reach out to other more focal regions to find out more about M&E methodology in low endemicity settings
- Create written guidance for countries on implementing case-based surveillance

2.0 World Malaria Report and Indicators 2009

2.1 [World Malaria Report 2009 \(and plans for 2010\)](#)

Richard Cibulskis (World Health Organization)

Cibulskis provided an overview of the main points of the 2009 World Malaria Report. He then outlined the 2010 World Malaria Report plans. WHO aims to publish the report in November next year using the same outline as the 2009 report. Reporting forms will be sent out in March/April and should be returned at the end of June. WHO will then focus on data cleaning, analysis, report writing and editing. In the future the report will be done annually, but it may be less extensive than the last two. Ana Santelli stated that having to report annually pushes country to look at data more and helps to ensure data quality. She also requested that countries be notified of data needs well in advance.

2.2 [Progress on routine indicators for malaria](#)

Richard Cibulskis (World Health Organization)

Richard Cibulskis presented on the WHO Global Malaria Program Indicators which are under development. Guidelines are being put together for countries for collection of routine information needed for these indicators. He hopes to improve data quality and consistency and minimize the number of indicators. These guidelines can be circulated for input. It is likely that they will be published in the next few months.

Agreements and follow-up actions:

- Create metrics to show successes in HSS in malaria (Routine task force)
- Provide guidance for routine data to countries, especially on the importance of collecting data on confirmed cases rather than suspected. (Routine task force/WHO)

2.3 [ITN Coverage model from 2009](#)

Stephen Lim (Institute for Health Metrics and Evaluation)

Lim provided an overview of how the IHME model estimates ITN coverage. The following suggestions on improving the model were given. Fred Arnold mentioned that surveys do not take into account the nets that are not identified by brand as ITNs and that distribution to communal quarters are not included in survey data. Some surveys do take into account nets that were in household and lost before surveys. As more of this data becomes available it may be interesting to take this data into account in the model. Additionally, the use variable needs to look at whether households have a net instead of having the denominator as households with children under five and whether anyone, not just children under five, used the net. Richard Steketee pointed out that this information is available through the surveys and the model can take this into account.

3.0 **Review activities related to high-level report on 2010 RBM targets**

3.1 [Overview of 2010 Reporting Plans](#)

Richard Steketee (PATH MACEPA)

Richard Steketee went over the plans for high level reporting for 2010 targets which include a number of smaller reports, articles and brochures leading up to the main report. He emphasized the importance of assuring that there is neither conflict nor too much overlap between this report and the World Malaria Report. The report will include coverage information and impact information and may utilize an outline similar to the World Malaria Report. He asked if there is any existing or new task force that would like to take on the coordination of drafting an outline for this report- WHO would like to coordinate on this.

The MAWG is coordinating media publicity for this event and plans to hold press launches. Malaria no more will take responsibility in UK and MAWG will contribute to dissemination in the US. There is interest in also holding a round table discussion for funding for malaria control.

World Malaria Day Updates will be produced by the RBM secretariat in the form of a brochure. This will be similar to the Malaria and Children Report that was published by UNICEF and contain figures and a small amount of text.

Agreements and follow-up actions:

- Form Task Force to prepare outline and timeframe for High Level 2010 Report -WHO, UNICEF, CDC, PMI, WHO (Richard Cibulskis, Nathan Bakyaite, Khoti Gausi), DHS, MEASURE, Thom Eisele, Richard Steketee, World Bank
- Incorporate country review of data into the timeline for 2010 reporting
- Prepare report on impact of scale-up for malaria control on health systems and economic impact
- Alert countries to data needs for 2010 report with adequate time

3.2 [Updates on discussions regarding 2010 reporting](#)

James Banda (RBM), Tessa Wardlaw (UNICEF), Richard Steketee (PATH-MACEPA)

James Banda provided a brief update on the RBM Executive Board meeting and RBM Evaluation. Rick Steketee and Tessa Wardlaw spoke about financing for 2010 reporting.

3.3 [Data sources for 2010 reporting: survey update](#)

3.3.1 [DHS/MIS update](#)

Fred Arnold (MEASURE DHS, ICF Macro)

Fred Arnold highlighted the changes to DHS/MIS questionnaires made in the last round of revision. The number of questions has been reduced and new questions were added for emerging issues. Some malaria questions were deleted.

He brought up the surveys that will occur in Mali. There will be MICS and separate biomarker survey, possibly because MICS was not going to occur during high transmission season. Khoti Gausi pointed out that countries need to know that they have to plan for biomarkers and cannot put them in at the last minute.

Discussion brought up a number of issues. Richard Steketee reintroduced the potential need for a MIS light. Erin Eckert suggested the convening biomarkers meeting to update past MEASURE guidance on this issue for malaria and other diseases as well. She felt that the involvement of the MERG may be advantageous.

A list of planned and recently completed [DHS and MIS surveys](#) was presented for the purpose of planning for 2010 reporting.

3.3.2 [Malaria surveys website](#)

Fred Arnold (MEASURE DHS, ICF Macro)

The malaria surveys website contains survey reports, and data. There will be no standardized documentation as this varies between countries. A number of next steps and action items regarding this site were discussed and agreed upon.

3.3.3 [MICS 4 update](#)

Tessa Wardlaw (UNICEF)

Tessa Wardlaw gave an overview of the MICS process and plans for surveys and outlined [UNICEF and MICS role in 2010 reporting](#). She discussed situations in which countries do not want to have data available. In that case, only the report is available.

Albert Killian brought up some other sources of data. He mentioned that southern Sudan has done an MIS and that it would be helpful to look at standard household surveys and post net distribution surveys.

Some issues with reporting were mentioned including pressure to get subnational and overly frequent data. Concern was expressed that there is no MERG decision on harmonization of surveys. MICS and DHS have been able to coordinate, but perhaps the MERG should be more involved.

Agreements and follow-up actions:

- Please contact Fred Arnold if you see any corrections or additions for the malaria surveys website
- Ask countries to add their data to the malaria surveys site where applicable (RBM)
- Create draft MOU for MIS package that stipulates that countries share MIS data
- Add a contact person for each survey on website
- Assure that MIS funders stipulate that data be put on the site in order to receive funding
- Create FAQ for key issues related to quality control for post campaign survey issues (Survey Task Force)
- Promote add on modules for other surveys- such as AIS (Survey Task Force)
- Develop workshops for using survey data for improved program planning (Survey Task Force)

Day 1 Summary

Tessa Wardlaw (UNICEF), Richard Steketee (PATH-MACEPA)

3.4 Review and discussion of plans for high-level report on 2010 RBM targets (universal coverage and burden reduction)

3.4.1 Monitoring burden reduction

R. Cibulskis (WHO)

Populations at-risk in Africa are based on estimates from the 1980s. Triangulation of data sources should occur to remedy this issue. There needs to be collaboration on this issue with Global Burden of Disease experts.

Cibulskis went over recent estimations of malaria burden in India and noted that they were discrepant and questionable. One estimate is around 25,000 and another is 200,000. Verbal autopsy shows that only 1% of deaths are malaria (timing of this was not at peak falciparum season). Less than 25% of death recorded as malaria where positive upon testing.

He also stated that case fatality in Myanmar was high. If anyone has any input on measuring changes in case fatality after interventions it would be appreciated. Richard Steketee felt that there is a misunderstanding of case fatality rate and its denominator.

3.4.2 Mortality measurement

Erin Eckert (MEASURE Evaluation/ICF Macro)

Eckert reviewed the [provisional agenda](#) for the Experts Consultation on Malaria-Specific Mortality Measurement and will revise it with input provided by other MERG partners. After the meeting, conclusions will be put on the MERG website and then published.

Agreements and follow-up actions:

- Follow up with volunteers for 2010 High-level report outline preparation(Richard Steketee)
- Include the issue of data triangulation to estimate population at-risk on the agenda for the mortality meeting (Erin Eckert)

4.0 Indicators and Issues

4.1 [Prompt diagnosis and treatment indicators](#)

Richard Cibulskis (World Health Organization)

The current diagnosis indicator is good, while the treatment indicator is problematic. Cibulskis presented a number of possibilities for improving the treatment indicator and reviewed the potential issues of each.

The idea of using information about diagnostics to modify the denominator was mentioned, but Bernard Nahlen pointed out that the questions on diagnostics were intended to measure the role out of diagnostics. Tessa Wardlaw cautioned that changes to the denominator would need to take into account that caretakers may not be accurate source of information. It was then suggested that malaria testing be included on child health card, which would provide a more accurate measure. Richard Steketee then pointed out that in the Zambia DHS only 10 of 80 children tested in DHS positive and 80% received treatment, demonstrating the small numbers that are dealt with in surveys.

4.2 [Economic Indicators](#)

Richard Steketee (PATH-MACEPA)

The Economic Task Force met in October and decided not to develop new costing tool. Instead, the existing tool should be revitalized and promoted. Since the meeting, some papers are in development. The Task Force is on track for the white paper on synthesis of existing data to explain the case for malaria and development to be published in Mid-2010

Discussion highlighted a number of resources and issues. Fred Arnold informed the group that there is a new DHS module on health expenditures developed to meet the requirements of the new emphasis on health system strengthening in the Global Health Initiative.

An interest in investigating the effects of malaria on tourism sites to economic TF studies was expressed. Bernard Nahlen would like to see more work looking at time lost to caretakers of children with malaria. He also asked what resources should be used to get a standardized view of the economic impact of malaria across countries and whether there should be a dedicated person to focus on this.

4.3 [Global Fund Country Profile](#)

Marcel Lama

Lama reviewed of the country profile and the process used to create it. These profiles rank countries based on their work. This tool can aid countries to update and improve their M&E plan. In less than 2 months country profile report summary will be sent to partners. The [Benin Country Profile](#) was provided as an example. The country profile differs from the MESST in that it helps countries see improvements over time utilizing the MESST as the baseline, i.e. the MESST is static and the country profile can be dynamic. Concern was expressed about NMCP and partner involvement in the profiles and interest in bringing countries into the process so that the profile was not a one-sided effort was expressed by Betty Udom.

Other participants shared similar systems that they are working on. Steve Yoon demonstrated a user-friendly table PMI uses to collect current M&E strategy (based on strategy document). This table is used to collect information, but not for ranking purposes. Khoti Guasi then showed the group the Malaria Program Review tool used in Botswana for scoring. It has a multistep review process that involves country and others. There is collaboration with partners, at least in Kenya where there are overlapping partners working (PMI, AFRO, NMCP). This tool will be formally introduced at a meeting in South Africa in mid-February. There was a suggestion to disseminate this tool outside of Africa as well. As three somewhat parallel tools were presented, need to harmonize these tools was recognized.

Agreements and follow-up actions:

- Collaborate to harmonize Country Profile Tool, PMI M&E Strategy Table and Malaria Program Review Tool (Marcel Lama, Steve Yoon, Khoti Gausi)

4.4 [Universal access indicators for LLIN](#)

Albert Kilian (Malaria Consortium)

Review of finding from post net campaign surveys in Nigeria and implications to universal coverage indicators. Measuring the number of sleeping spaces is difficult and there is no historical data. One net for every two people is a better indicator. The group decided that MERG should define a standard universal indicator in writing (some member write a paper on this based on more analysis. There should also be more investigation of what different levels of coverage means in terms of outcomes and which groups are not using nets.

Agreements and follow-up actions:

- Circulate a draft definition of a standard “universal coverage” indicator based on more analysis. (Albert Kilian and survey task force)

4.5 [Overview of PMI evaluation plans](#)

Hannah Gould (CDC/PMI)

Hannah Gould of CDC/PMI overviewed the feasibility assessment of PMI impact evaluation plans. A number of questions were answered. The evaluation will address the fact that not all countries have had interventions for the same amount of time by looking at 2000 as baseline and using a second baseline of when PMI started. Participants asked about the baselines for mortality and why are changes in morbidity are not included as an impact when this may be of use help in the absence of mortality data.

Tessa Wardlaw proposed that PMI communicate with the Interagency Group on Child Mortality Estimation to discuss technical issues related to child mortality. Richard Steketee was concerned that there may be issues with PMI evaluating itself. There may be the ability to save credibility by contracting out pieces or contracting out the evaluation of the evaluation.

Agreements and follow-up actions:

- PMI communicates with the Interagency Group on Child Mortality Estimation to discuss technical issues related to child mortality. (PMI)

4.6 [MDSS Software](#)

Mike Coleman (IVCC)

Mike Coleman gave an overview of the MDSS software and its uses for surveillance. This software will be published soon and can be used for routine data collection and analysis for decision-making. Old data can be imported into this system and not all parts of system must be used, it is customizable. Changing the system is relatively easy without harming data.

Khoti Gausi noted that it is important to take into account that new technologies are coming constantly and it is important to get country and stakeholder buy in. Marcel Lama asserted that capacity building is an issue with technology. The group agreed to establish an IT Task Force to address these issues.

Agreements and follow-up actions:

Create an IT task force to review available technologies and assess their use for malaria M&E to provide TA guidance to NMCPs. This task force should invite Ryan Williams from WHO, someone from AFRO and David Cantor at ICF Macro to participate. (Tom McLean)

4.7 [M&E training opportunities and courses](#)

Elizabeth Patton (MEASURE Evaluation/ ICF Macro)

The MEASURE Evaluation/School of Public Health, University of Ghana Monitoring and Evaluation of Malaria workshop will be held May 31-June 8 in Legon, Ghana. This course will cover

fundamental M&E concepts as related to malaria. The class size is 25. Country teams are encouraged to apply. Application materials are available online at: <http://www.cpc.unc.edu/measure/training/workshops> There is a plan to expand this to francophone countries. Please contact Elizabeth if you would like to collaborate or facilitate.

AMP will be holding a workshop on post-campaign LLIN surveys in the spring/early summer in SSA. Contact David Gittelman (dmg1@cdc.gov) for more information.

Tulane also runs an M&E course with the University of Zambia, but at this point, only Zambians have been invited to attend.

Discussion focused on the need to have those involved in training meet with each other and how MERG proposes to backstop trained individuals. It was decided that there is a need to establish way to monitor training and track progress of trained individuals. It is necessary to also ensure that trainees are not allowed to retake the same level course. This could be done by creating a number of core skill sets based on what programs need and having each training address one or more and not allowing people to repeat skill sets. Additionally, capacity builders should create a regional map of what capacity building is needed.

Agreements and follow-up actions:

- Send out criteria for candidate selection for M&E workshop. (Elizabeth Patton)
- Partners to assist in identifying candidates and providing support to participate in M&E training course as well as input on the curriculum
- Create a number of core skill sets based on what programs need for each training to address (Capacity Building Task Force)
- Create a regional map of what types of capacity building is needed (Capacity Building Task Force)

4.8 [ACT Watch Update](#)

Richard Steketee (PATH MACEPA)

A presentation was given on behalf of ACT Watch on investigational program data collected in four countries. This data will be used for program purposes. Data collection regarding drug use and cost has included the private sector. It was recognized that this challenging data to collect. Data on drug quality is not collected.

5.0 Discuss MERG business issues

5.1 [MERG workplan 2009-2010](#)

James Banda (RBM Secretariat)

The board approved the workplan for the partnership for 2010-2011. Moving into 2011, there could be items to add. MERG has one line item in the RBM workplan but this is a broad mandate on

supporting the 2010 and 2011 reporting activities. The workplan will be posted on the RBM website for public reading. The dollar amounts listed on the document shows existing funding streams for MERG work. Interested parties should also look at the SRN plans because they show all the activities planned by the countries.

5.2 [Report on RBM Evaluation](#)

James Banda (RBM Secretariat)

The evaluation report was presented to the Board in September 2009. The issue of funding was raised and the report offered several models of improved functioning for RBM going forward – mostly related to its relationship with the SRNs and the country programs. The Board did not take a decision on what to pursue and tabled a decision until further discussions could be held.

[Day 2 Summary](#)

Marcel Lama (Global Fund) and Bernard Nahlen (PMI)

5.3 [Upcoming MERG Meeting](#)

It was decided to have the next MERG meeting somewhere in Europe in late June 2010.

Agreements and follow-up actions:

- Send out dates and location of next MERG meeting (ICF Macro)

6.0 **Update on MERG Task Forces Activities**

6.1 [Survey and Indicator Guidance Task Force](#)

Erin Eckert (MEASURE Evaluation/ ICF Macro)

Based on the action items from this meeting, the Survey and Indicator Guidance Task Force will meet before the next MERG-2 day meeting. Erin will contact members in the next few weeks with dates.

6.2 [Capacity Building Task Force](#)

Erin Eckert (MEASURE Evaluation/ICF Macro)

The Capacity Building Task Force would like to create a partnership-level group to look over capacity building issues, not just M&E. A meeting will be held before the next MERG meeting in June. Oliver Harrison would like to participate other interested parties should let Erin or Elizabeth know.

6.3 [Routine Systems Task Force](#)

Steve Yoon (CDC/PMI)

The first draft of the Routine indicators was completed by WHO and will be tested in Ghana end of February. Subsequent updates of the guidelines will follow this testing. The rapid impact

assessment guidance is currently undergoing revision at CDC. It was suggested that the task force look more into how countries move to case based surveillance.

6.4 [Economic Task Force](#)
Richard Steketee (PATH MACEPA)

The Economic Task Force had provided earlier in the meeting. The importance of talking to countries about return on investments in preparation for the possibility that donors do not continue current levels of funding was reemphasized.

6.5 [Mortality Task Force](#)
Holly Newby (UNICEF)

This task force is busy preparing for the Experts Consultation on Malaria-Specific Mortality Measurement. A revised agenda is scheduled to go out the Monday after the MERG meeting. The meeting is larger expert's consultation. Immediately following there will be a task force meeting. *Note: Due to weather, this meeting was moved to April 28-30.*

6.6 [Morbidity Task Force](#)
Richard Cibulskis (WHO)

The task force published a paper relating case incidence with parasite prevalence. They also updated 2005 estimates of prevalence malaria fevers in middle SSA and is working to do this in greater SSA.

Agreements and follow-up actions:

- The Survey and Indicator Guidance Task Force will meet before the next MERG-2 day meeting. (ICF Macro)
- The Capacity Building Task Force will meet before the next MERG-2 day meeting. (ICF Macro)
- The Economic Task Force report will be on the MERG website. (Economic Task Force)
- The Mortality task force will meet following the Experts Consultation on Malaria-Specific Mortality Measurement. (Mortality Task Force)

Meeting summary

Richard Steketee (PATH-MACEPA)

2010 is a big year there need to be people to take responsibility for some of the report. The MERG needs to start considering work beyond 2010 to 2015. After 2010 most countries will be moving towards smaller burden. Priorities for MERG need to be established in this context at the global and country level. Good communication between partners is paramount to collaborating better as more resources are needed. The movement towards lighter burden will require more money and people. In future meetings the MERG and partners should quantify whether we can take on this task and how much it will cost. The MERG needs to bring countries who are a step or two ahead together with those which would like to be there.

7.0 Summary of Agreements and Follow-Up Actions

7.1 Review 'lessons learned' on elimination from the Americas

- Determine role of MERG in thinking/guidance for M&E in low endemicity and “headed to elimination” countries along with:
 - MalERA
 - MEG
 - WHO
 - Etc.
- Reach out to other more focal regions to find out more about M&E methodology in low endemicity settings
- Create written guidance for countries on implementing case-based surveillance

7.2 World Malaria Report and Indicators

- Create metrics to show successes in HSS in malaria (Routine task force)
- Provide guidance for routine data to countries, especially on the importance of collecting data on confirmed cases rather than suspected. (Routine task force/ WHO)

7.3 Review activities related to high-level report on 2010 RBM targets

- Please contact Fred Arnold if you see any corrections or additions for the malaria surveys website
- Ask countries to add their data to the malaria surveys site where applicable (RBM)
- Create draft MOU for MIS package that stipulates that countries share MIS data
- Add a contact person for each survey on website
- Assure that MIS funders stipulate that data be put on the site in order to receive funding
- Create FAQ for key issues related to quality control for post campaign survey issues (Survey Task Force)
- Promote add on modules for other surveys- such as AIS (Survey Task Force)

- Develop workshops for using survey data for improved program planning (Survey Task Force)
- Follow up with volunteers for 2010 High-level report outline preparation(Richard Steketee)
- Include the issue of data triangulation to estimate population at-risk on the agenda for the mortality meeting (Erin Eckert)

7.4 Indicators and Issues

- Collaborate to harmonize Country Profile Tool, PMI M&E Strategy Table and Malaria Program Review Tool (Marcel Lama, Steve Yoon, Khoti Gausi)
- Circulate a draft definition of a standard “universal coverage” indicator based on more analysis. (Albert Kilian and survey task force)
- PMI communicates with the Interagency Group on Child Mortality Estimation to discuss technical issues related to child mortality. (PMI)
- Send out criteria for candidate selection for M&E workshop. (Elizabeth Patton)
- Partners to assist in identifying candidates and providing support to participate in M&E training course as well as input on the curriculum
- Create a number of core skill sets based on what programs need for each training to address (Capacity Building Task Force)
- Create a regional map of what types of capacity building is needed (Capacity Building Task Force)

7.5 MERG Business Issues

- Send out dates and location of next MERG meeting to be held in June 2010 in Europe. (ICF Macro)

7.6 Update on MERG Task Forces

- The Survey and Indicator Guidance Task Force will meet before the next MERG-2 day meeting. (ICF Macro)
- The Capacity Building Task Force will meet before the next MERG-2 day meeting. (ICF Macro)
- The Economic Task Force report will be on the MERG website. (Economic Task Force)

- The Mortality task force will meet following the Experts Consultation on Malaria-Specific Mortality Measurement. (Mortality Task Force)