MEETING REPORT

Twenty-seventh Meeting of the RBM Partnership
Monitoring and Evaluation Reference Group (MERG)

30 January – 1 February 2017
Room 46025, WHO/UNAIDS Building D, World Health Organization
Geneva, Switzerland

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Acronyms

ACT	Artemisinin-Based Combination Therapy
DRC	Democratic Republic of Congo
DHS	Demographic and Health Surveys
DHIS2	District Health Information System 2
EDS	Electronic data system
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HFS	Health facility survey
HMIS	Health management information systems
HNQIS	Health Network Quality Improvement System
IRS	Indoor residual spraying
ITN	Insecticide-treated net
M&E	Monitoring and evaluation
MCS	Malaria Case Surveillance
MERG	Monitoring and Evaluation Reference Group
MIS	Malaria Indicator Survey
MiPWG	Malaria in Pregnancy Working Group
PCE	Prospective Country Evaluations
PMI	US President's Malaria Initiative
QAACTS	Quality Assured ACTs
RBM	Roll Back Malaria
RDT	Rapid diagnostic test
RHIS	Routine health information system
SBCC WG	Social and Behavior Change Communication Working Group
SC	Simulated client data collection methodology for HFS
SMC	Seasonal malaria chemoprevention
SME TEG	Surveillance, Monitoring and Evaluation Technical Expert Group
SPA	Service Provision Assessments
Swiss TPH	Swiss Tropical & Public Health
TOR	Terms of Reference
TERG	Technical Evaluation Reference Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Participants

Co-Chairs

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Erin Eckert	USAID/PMI

Secretariat

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Jui Shah	MEASURE Evaluation

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Cristina Lussiana	PSI
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Peter Olumese	WHO
John Painter	CDC
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Charlotte Rasmussen	WHO
Barbara Rawlins	Jhpiego
David Reddy	RBM

Molly Robertson	PATH
Arantxa Roca-Felter	Malaria Consortium
Alexander Rowe	CDC
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Meeting Objectives

1. Discuss improving and utilizing health facility data
2. Discuss DHIS2 and routine data sources
3. Review updates in M&E for SMC, MDA, and IRS programs
4. Discuss large scale evaluations in declining burden
5. Address RBM and MERG business issues

Meeting Notes

Objective 1: Discuss improving and utilizing health facility data

1.1 Practical lessons from a malaria-specific health facility survey in Angola

Mateusz Plucinski, CDC

Mateusz Plucinski shared his experience conducting a malaria-specific health facility survey (HFS) in two Angolan provinces. After briefly discussing the various steps in the case management pathway for malaria, Plucinski explained how health facility surveys can identify weaknesses and larger concerns in the health systems. Based on his recommendations, the use of an exit interview, re-examination, and RDT is a simple, scaleable methodology for malaria-specific health facility surveys. In follow-up discussion, Plucinski noted the troublesome lack of correspondence between the results of the health survey and health management information systems.

1.2 New tools for making the most of facility data

Jui Shah, MEASURE Evaluation

Jui Shah discussed a suite of draft health facility data tools comprising a standardized set of indicators for malaria case management and malaria in pregnancy, a malaria module for health facility surveys, and a manual for understanding the role of facility data. As technical resources for conducing HFS resources remain few, MERG members reiterated the need for this suite of tools. WHO and MEASURE Evaluation will work together to identify a path and timeline for finalizing and disseminating this work.

Participants suggested the continued progress on the set of health facility tools discussed during Jui Shah's presentation. MERG will setup a working team to move forward with these tools as an action item.

Action Item: *Working team to come to a decision point on core set of facility indicator guidance*

1.3 MalariaCare's electronic data system for monitoring and improving case management in the public sector

Sarah Burnett, PATH

Sarah Burnett discussed MalariaCare's Electronic Data System (EDS), currently being used to monitor and improve malaria case management. The EDS, active in seven countries, targets health facilities and tracks performance through outreach training and supportive supervision. Given the success of the EDS in several key areas of performance, there will be a push to transition ownership to MOH/NMCPs with potential HMIS integration.

1.4 Updates to the RBM SBCC Malaria Indicator Reference Guide: Using health facility data to measure health worker behaviors

Jessica Butts, CDC

Jessica Butts provided a brief overview of the RBM Social and Behavior Change Communication Working Group (SBCC WG) and the updates to the Malaria SBCC Indicator Reference Guide. Initial feedback for the reference guide noted a lack of focus on health workers, an excess of indicators and lack of guidance on how to use the indicators in relevant settings. To address this feedback, the RBM SBCC WG will produce a revised guidance with the health worker as the target audience. The revised guidance will be more streamlined and user-friendly, provide more emphasis on how to prioritize indicators and provide more guidance on data use and interpretation. SBCC WG is open to feedback from MERG and expects a completed draft by end of March.

1.5 Health facility surveys to improve provider performance

Alex Rowe, CDC

Alex Rowe presented on health facility survey data collection methods and the surrounding practical issues. There are a number of different data collection methods used for health facility surveys – each with various tradeoffs. Rowe suggests that for best estimates of treatment quality for simple conditions, a simulated client (SC) data collection format is most suitable. If SC is not possible, consider using surveys with patient re-examination. If re-examination is too expensive or difficult, then consider chart reviews of charts with data on patient signs & symptoms specifically.

In follow-up discussion, participants discussed the utility of the Service Provision Assessments (SPA). Rowe believes that if the goal is to strengthen programs, there is a need for more regular information. SPAs are large, expensive and collect a lot of information on longer internals. A continuous or more nimble survey that provides a small amount of high quality data on a more frequent basis may be more suitable in achieving this goal.

1.6 Discussion on improving health facility data

Participants initially discussed whether health facility data should be looked at through a disease specific or broader systems perspective. Several guests noted that health facility surveys capture health system topics of interest (e.g. supervision) just as much as disease specific information. Such information exceeds disease specific boundaries and provides insight into the broader health system.

MERG members also discussed how to best target health facility tools. Some members believe that if there is a desire to identify programmatic issues involving health facilities, it may be best to consult with in-country national level figures to understand and identify the problematic health facilities. Once the facilities are identified, the utilization of already existing health facility tools like outreach training and supportive supervision can be applied.

Objective 2: Discuss DHIS2 and routine data sources

2.1 Monitoring the effect of DHIS2 scale up

Nathalie Zorzi, Global Fund

Nathalie Zorzi briefed participants on DHIS2 and the scale-up efforts of Global Fund. DHIS is currently adopted in more than 45 countries. The choice by governments to use DHIS2 in a rapidly growing number of countries has created an important opportunity for donors to support strengthening national health information systems in countries in an efficient and coordinated manner. GF support to DHIS2 contributes significantly to software development, country system development, the extending of HMIS coverage to all key service providers and many other ways.

2.2 DHIS2 Malaria Module for Routine Information Systems

Ryan Williams, WHO

Ryan Williams briefed MERG participants on a forthcoming malaria specific module for DHIS2. The module would provide a means of standardized malaria data, reports and analysis outputs, data quality stock management reporting and enable prompt decision making action. The module is currently being finalized and pilot testing will tentatively begin after March. The module can be included in the package for any new DHIS2 systems, and the team is currently discussing how the module can be incorporated into countries that are already rolling out DHIS2, which includes most malaria endemic countries in sub-Saharan Africa.

2.3 DHIS2 and the use of routine private sector data for malaria surveillance

Cristina Lussiana, PSI

Cristina Lussiana discussed two new DHIS2 compatible apps: The Health Network Quality Improvement System (HNQIS) and the Malaria Case Surveillance app (MCS). The HNQIS is an Android app which aims to improve the quality of health services in health care networks and is composed of 4 modules: PLAN, ASSESS, IMPROVE and MONITOR. The MCS is a phone-based app used to report malaria cases linked to the DHIS2.

In the follow-up discussion, MERG participants discussed the various challenges of incentivizing the private sector to report data. Interestingly, though most areas required incentives to give data, PSI has had success with obtaining private sector data particularly in the Greater Mekong region regardless of whether incentives were in place.

2.4 Discussion on the changing landscape of routine malaria data

Participants initially discussed whether MERG has a role in standardizing how health facility and DHIS2 data is used. Many participants voiced that giving prescriptive recommendations on how to use data would be difficult given the contextual nature of some data sources like HMIS and routine data. Representativeness and standardization may not be feasible with this data. Other participants believe it is possible to provide broad recommendations. Though there were still some ambiguity in the approach to

take, MERG members agreed that there is a role for MERG to play in helping the global community to understand the different ways data is collected for both HFS and routine data. Given the particular interest in HMIS, MERG will setup a task force for HMIS/routine data in collaboration with the SME TEG.

Action Item: *Task Force for HMIS/routine data in collaboration with SME TEG.*

Objective 3: Review updates in M&E for SMC, MDA, and IRS programs

3.1 SMC M&E approaches and tools: Lessons learned from a large-scale multi-country ACCESS SMC project

Arantxa Roca-Feltrer, Malaria Consortium

Arantxa Roca-Feltrer presented on the lessons learned from a large-scale multi-country SMC ACCESS project. One major challenge for the project was ensuring that all implementers were utilizing the same indicator definitions. In order to ensure sustainability of platforms, the project aims to sync their data with DHIS2. To further discussions on SMC, members will organize an SMC working group.

Action Item: *Organize SMC working group.*

3.2 Measuring MDA programs

Thomas Eisele, MEASURE Evaluation

Thom Eisele provided an overview of MDA programs. Aside from a few in Zambia, there are no routine MDA programs to scale. This is due to the challenging and highly specific conditions required for successful MDA programs. According to WHO recommendations, routine MDA routine programs should be: implemented only in areas approaching interruption of transmission; time limited; highly targeted to specific populations; conducted in areas with high coverage of surveillance, access to case management, vector control; and in areas with strong community support. Success also requires high coverage (>80%) of the target population with good adherence to drugs.

3.3 Preliminary results of IRS coverage across sub-Saharan Africa from 2-stage cluster surveys

David Larsen, Syracuse University

David Larsen highlighted the importance of appropriately measuring IRS indicators. Currently, IRS coverage is measured at the household level. However, Larsen believes it would more appropriate for IRS to be treated as a cluster-level intervention. To reflect this, Larsen suggests changing the IRS indicator to the number of houses sprayed over the number of houses in the targeted area.

3.4 Measuring IRS programs

Molly Robertson, PATH

Molly Robertson discussed various data collections methods used to measure IRS programs and the challenges associated with them. Robertson suggests that GPS geo location done in tangent with ground enumeration may be the best method to gather accurate data.

MERG participants debated the difficulties often associated with IRS indicators. Defining a dwelling or structure, for example, is often a challenging experience. Other challenges, such as the self-reporting nature of household surveys can often lead to erroneous data. While some participants questioned whether IRS indicators should be removed from DHS since IRS programs are rarely full coverage, IRS coverage information is difficult to for national malaria control programs to capture.

There are also concerns regarding validity of IRS GPS data. Some participants believe GPS trainers may be effective intervention targets in the future.

Participants also noted how overwhelmed community engagement teams often are. Although these teams are the best teams to conduct activities, they are responsible for collecting data for many other interventions.

Given the level of discussion generated by IRS indicators, interested MERG participants will organize a working group to strengthen collection and interpretation of IRS data, standardize definitions, improve current indicators.

Action Item: *Organize IRS indicator working group*

3.5 Market shaping for key commodities

Katerina Galluzzo on behalf of Alexandra Cameron, Unitaid

Katerina Galluzzo spoke on Unitaid's role in the market shaping for malaria commodities in malaria. Unitaid is currently engaged with Malaria Consortium to target the market shaping of SMC in the Sahel region. Unitaid is also working with IVCC to improve the affordability of new insecticides for resistance management. Unitaid is also working to document their impact through the use of Impact Stories.

Objective 4: Discuss large scale evaluations in declining burden

4.1 Prospective country evaluations

Ryuichi Komatsu, Global Fund

Ryuichi Komatsu briefly reviewed Global Fund's strategy for 2017-2022 and the Technical Evaluation Reference Group (TERG) before speaking on Global Fund's Prospective Country Evaluations (PCE). The goal of PCEs is to generate evidence on program implementation in order to accelerate progress towards the Strategic Objectives of the Global Fund strategy.

4.2 Mapping and tracking malaria mortality: Accounting for access to in-patient care

Thomas Smith, Swiss Tropical Institute

Thomas Smith discussed why we need strong malaria mortality data. Access to in-patient care for severe malaria varies considerably between endemic countries in Africa with little correlation between access-to-care for uncomplicated diseases and access to in-patient care for severe disease.

4.3 Improving private sector case management in Kinshasa: programmatic and M&E updates

Stephen Poyer, PSI

Stephen Poyer discussed the market shaping activities PSI is involved with in Kinshasa, DRC. In Kinshasa, the private-sector largely supplies the anti-malaria commodity market. Unfortunately, the majority of ACT available is largely non-QAACT. To address this, PSI's intervention focuses on reducing consumer QAACT price, increasing consumer and trade demand of QAACTs and improving private sector case management.

4.4 Using indicators to identify unreached and excluded groups in malaria programs

Edwige Fortier, Global Fund

Edwige Fortier discussed the ways Global Fund is investing to protect and promote human rights and gender equality. On September 2016, four organizations were selected as part of the Community, Rights and Gender Special Initiative. One of these organizations, International Public Health Advisors has been developing a set of community engagement modules to help countries in identifying "who," educating individuals "how," and facilitating "what" can be done specifically to increase the impact of malaria programs in helping identify and address barriers and inequalities in access.

4.5 How might we think about evaluating impact of malaria elimination strategies in low transmission settings

Thomas Eisele, MEASURE Evaluation/Tulane University

Thomas Eisele, using Haiti as an example, gave a brief overview of what elimination strategies look like in locations where the malaria burden has decreased to low transmission.

4.6 Discussion on future of impact evaluations in the context of declining burden

During the discussion, participants debated whether impact evaluations were necessary in locations where basic diagnostic tools alone have been shown to be effective in approaching elimination. Members in support of this cited that Sri Lanka was able to reach elimination through active case detection and strong case management. Other members, however, disagreed noting that Sri Lanka was unique due to the country's strong surveillance system infrastructure.

Members discussed the risks of losing momentum as countries approach elimination. Utilizing an interrupted time series study design to show cost saved per case averted can provide a powerful message to countries with declining burdens. MERG partners must emphasize the importance of continued support for countries approaching elimination so as to not follow in the steps of other diseases like polio. MERG partners should remain committed to key interventions while also supporting malaria surveillance systems which inform programs, track disease burden and allow for timely responses to cases.

MERG members also discussed the need for additional tools and methods for countries like Senegal and Rwanda which have lower disease burden, but have not met elimination. In order to discuss this further, members will organize a task force to prepare an impact evaluation guideline for countries with a declining burden.

Action Item: *Task Force for preparing an impact evaluation guidance for countries with a declining burden.*

Action Item: *Circulate RDT statement to WHO and to MERG participants*

Objective 5: Address RBM and MERG business issues

5.1 The new RBM board and MERG

David Reddy, RBM

David Reddy updated participants on the new RBM architecture. The new RBM board has met three times and is preparing to welcome the new CEO, Kesete Admasu. Reddy engaged MERG participants and encouraged open dialogue between working groups and RBM. Under the new architecture, RBM partner committees will receive direct support and funding from RBM in order to focus on three key priorities of the Partnership: Advocacy and Resource Mobilization, Strategic Communications, and Country and Regional Support. Aside from these partner committees, working groups, like MERG, can be affiliated with RBM through an accreditation process but will not receive direct funding.

In a brief follow-up discussion, MERG participants encouraged collaboration with other working groups to draft the new Terms of Reference (TOR) agreement between RBM and RBM working groups.

Action Item: *Organize phone call between RBM and RBM WG to discuss TORs.*

5.2 Harmonization Working Group under the new RBM architecture

Peter Olumese, WHO

Peter Olumese provided an overview of how the Harmonization Working Group transitioned to a RBM Partner Committee under the new RBM architecture. While the working group will now recognized as the Country/Regional Support Partner Committee, it will function the same as before. Members agreed that there should be greater communication between working groups and RBM partner committees in the future.

5.3 Malaria in Pregnancy Working Group (MiPWG) under the new RBM architecture

Barbara Rawlins, Jhpiego

Barbara Rawlins gave an overview of MiPWG. Changes to the architecture of RBM have not directly impacted the function and activities of the working group. The MiPWG is in the process of updating the Malaria in Pregnancy M&E Guidance and is seeking MERG participation and collaboration. Participants are encouraged to liaise with the MiPWG to strengthen support for the guidance.

Action Item: *Provide input on Malaria in Pregnancy M&E Guidance when requested by Malaria in Pregnancy Working Group.*

5.4 MERG and WHO SME TEG

Abdisalan Noor, WHO

Abdisalan Noor and Pedro Alonso spoke briefly on the relationship between MERG and newly reconstituted SME TEG. Future collaboration between the two will be encouraged and emphasized going forward. A list of current SME TEG members and observer organizations was distributed.

5.5 Review Indicators and Data Sources Task Force topics and action items

Albert Killian, VectorWorks and Lia Florey, The DHS Program

Lia Florey and Albert Killian provided an overview of the discussions from the July 2016 Indicators and Data Sources Working Group meeting. Lia Florey led a discussion regarding proposed changes to several standard indicators derived from DHS.

The proposed changes include: eliminate questions on IRS and questions on retreatment of bednets from standard household survey questionnaires; reduce the number of net categories in standard tables to include only "anynet" and "LLIN" options; stop referring to the "households with 1 ITN for every 2 people" indicator as "universal coverage" and use the ITN access indicator instead; change the IPTp indicator from "the proportion of women with a live birth in the past 2 years who took at least 3 doses of SP for prevention of malaria, at least 1 of which was received through ANCF" to "the proportion of women with a live birth in the past 2 years who took at least 3 doses of SP for prevention of malaria."

Following the discussion, the following actions will be taken: standard DHS and MIS household questionnaires will be modified to drop IRS questions and drop questions on the retreatment of nets; standard DHS and MIS women's questionnaires will be reviewed to ensure that the source of the SP question included community health workers as a source in countries that have programs for IPTp distribution through community health workers; standard DHS and MIS tables will be revised to (1) delete all IRS indicators, (2) remove columns with current "ITN" indicators and rename current "LLIN" indicators to use "ITN" terminology with appropriate notations, and (3) remove the footnote in the IPTp table specifying "at least one of which was received from an ANC visit."

Further changes will be discussed at the Vector Control Working Group and proposed IRS MERG working group.

Action Items

Work Areas	Responsible parties
Organize IRS indicator working group	Molly Robertson and David Larsen
Working team to come to a decision point on core set of health facility indicator guidance	Jui Shah, Erin Eckert, Abdisalan Noor

Task Force for HMIS/routine data in collaboration with SME TEG	John Painter
Organize phone call between RBM and RBM WG to discuss TORs	Konstantina Boutsika
Task Force for preparing an impact evaluation guidance for countries with a declining burden	Thom Eisele, Ruth Ashton, Yazoume Ye, Jui Shah, Erin Eckert
Circulate RDT statement to WHO and to MERG participants	Abdisalan Noor, Mike Paula, Erin Eckert
Provide input on Malaria in Pregnancy Guidance when requested by Malaria in Pregnancy Working Group	Barbara Rawlins
Organize SMC Working Group	Arantxa Roca-Feltrer

Participants agreed that the next MERG meeting will take place late 2017. Once the best time and location for a next meeting has been determined, MERG members will be contacted.

During this time, the co-chairs and secretariat will also be coordinating the election for the next co-chair and will be in communication with MERG members in the coming months.