



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

**6-8 June 2007  
Washington, DC, USA**

**Discussion Summary  
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## List of Acronyms

AIS	AIDS Indicator Survey
AED	Academy for Educational Development
AFRO	Africa Regional Office (WHO)
CDC	Centers for Disease Control
DHS	Demographic and Health Survey
GF	Global Fund (GFATM)
GFATM	Global Fund against HIV/AIDS, TB and Malaria
GIS	Geographic Information System
GMP	Global Malaria Programme (WHO)
GPS	Global Positioning System
HFS	Health Facility Survey
HH	Household
HIMS	Health Information Management System
HIS	Health Information System
HMN	Health Metrics Network
HWG	Harmonization Working Group
IDSR	Integrated Disease Surveillance Response
IMCI	Integrated Management of Childhood Illness
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
JHU	Johns Hopkins University
LLIN	Long-Lasting Insecticidal Net
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MACEPA	Malaria Control and Evaluation Partnership in Africa
MARA	Mapping Malaria Risk in Africa
MAWG	Malaria Advocacy Working Group
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group
MIAM	Malaria Institute at Macha
MICS	Multiple Indicator Cluster Survey
MIP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MIT	Malaria Indicator Template
MOH	Ministry of Health
NMCP	National Malaria Control Programme
OPD	Outpatient Department
PMI	US President's Malaria Initiative
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
SEARO	Regional Office for South-East Asia (WHO)
TOR	Terms of reference

UNICEF	United Nations Children's Fund
WG	Working Group (RBM)
WHO	World Health Organization
WIN	Working Group for Scalable Vector Control
WPRO	Regional Office for the Western Pacific (WHO)

## **1. Summary of Objectives**

- **One M&E System:** To examine next steps in supporting countries to achieve One M&E System for Malaria Control
- **Data Collection:** To review current work in data collection activities
- **Data Management and Analysis:** To review current work in data management and analysis
- **Disease Burden and Burden Reduction:** To review current work in burden of disease estimation
- **Information Dissemination:** To report on status of global reports and to review current dissemination work and initiatives
- **MERG Administration:** To discuss MERG workplan (2007); MERG actions for 2007-8 and future MERG leadership

## **2. Outcomes/Action Points of Meeting**

- Costed M&E plans will be developed by the end of the year for 10 to 15 African countries through stakeholder workshops.
- The Capacity Building Task Force will choose and complete one or two action items to generate more interest in the work of the RBM MERG.
- The HAWG will support countries in submitting better applications to the GF for round 6 and round 7.
- A list of upcoming and completed DHS surveys will be circulated among MERG members.
- A concept note on the M&E framework for the ACT subsidy will be circulated.
- The report on the MIT scorecard will be presented at the next MERG meeting.
- The Database Development Working Group will develop a set of core indicators for the malaria scorecard.
- The child survival model will be revised in the upcoming year. Review teams will be given contracts this summer.
- The Economic Taskforce will complete a draft TOR by July 2007.
- The Morbidity Taskforce will test proposals (see “MERG morbidity taskforce” section) in partnership with Ministries of Health and other stakeholders.
- The MERG will develop a comprehensive budget with partners for RBM board.
- A user survey will be sent out for the malaria M&E listserv.
- M2 will update the core indicator document with IRS indicators.
- The HH survey TF will work on harmonizing malaria indicators (see section 3.3).
- The “grid” will be finalized (see section 3.3).

### 3. Summary of Presentations and Discussions

The 9<sup>th</sup> meeting of the Roll Back Malaria Partnership's Monitoring and Evaluation Reference Group was held from June 6–8, 2007 at the World Bank in Washington, DC, USA.

#### 3.1 Day One – Wednesday, June 6, 2007

After participants briefly introduced themselves, the Chair Bernard Nahlen opened the meeting by reviewing the overall meeting goals and agenda (see objectives listed in section 1), and by reviewing the previous meeting minutes.

#### **Objective 1: One M&E System: To examine next steps in supporting countries to achieve One M&E System for Malaria Control**

*Update on RBM Harmonization Working Group (Suprotik Basu)*

The Harmonization Working Group identified 3 priority areas:

1. Gap analysis and implementation support;
2. Matching resources to identified gaps; and
3. Information dissemination and tool development.

A comprehensive budget will be submitted to the RBM Partnership Board on July 1<sup>st</sup>, 2007.

**Action Item: The HAWG will support the process for getting countries to put together better applications to the Global Fund. The goal is to double the success rate from Round 6 to Round 7.**

If partners decide at the country level that money would be better spent somewhere else, it is incumbent for the donor to change the workplan. The Global Fund is moving toward supporting strategic plans instead of individual proposals, doing away with the proposal writing process. Twenty countries attended the mock TRP workshop for the upcoming Global Fund Round 7 applications.

*Global Fund Support for M&E for National Malaria Control Programs (Bernard Shwartlander)*

Two of the problems the Global Fund is facing include harmonization alignment (how to support national processes that are strong enough so that everyone can align around them); and how to get donors to buy into this plan. Global Fund Grantees are not told how to undertake a program, and are encouraged to find technical assistance from other organizations. Because the Global Fund works on the principle of transparency, information on DQ audits and evaluations of M&E needs should be available to all relevant partners.

The M&E systems strengthening tool will be useable by all donors. As of Round 6, this tool has to be implemented prior to grant signing. If not, the Global Fund will retroactively renegotiate the grant. In 2007, 39 malaria grants will use this tool. The goal is to have all grants use it.

*Update on the PMI and World Bank Booster Meeting on M&E Systems (Joe Valadez)*

One problem the RBM board noted was a lack of M&E operational plans at the country level, and a harmonized approach for agencies to address the problem. An action point at the recent RBM Partnership board meeting was to identify countries in which to have stakeholder workshops. The World Bank, PMI, and contractors from USAID recently discussed this. PMI and the World Bank listed the 23 countries they are working in. Twelve of these countries have been identified as priority countries. Resource support mechanisms are also needed, possibly from WB credits or GF monies supporting tools and country processes.

**Action item: The group will come up with costed M&E plans by the end of the year for 10 to 15 African countries through stakeholder workshops.**

*RBM Partnership Secretariat Update (Boi-Betty Udom)*

As discussed at the recent RBM Partnership Board meeting, sub-regional networks (arms of RBM Secretariat) are effective. The existing networks in West and East Africa have been implemented. The network in Central Africa is weak but is also up and running. As part of RBM Change Initiative, there was a clear recommendation to strengthen existing networks and to make sure the networks for Central and Southern Africa have been set up. It will be useful for the MERG to be able to use these networks—most partners are represented in these sub-regional networks. However, people need to be aware of the networks and how they can be used.

*Update on Development of M&E Systems Strengthening Toolkit and the Capacity Building Task Force (Albert Kilian)*

The M&E support team has identified a template for a costed M&E plan. The process of agreeing on how to process a plan is more important than the actual plan. One way to approach this will be to give countries an outline of the components of the plan and ask them to work through it instead of giving them an example of a plan.

People in-country need to be supported and informed of new tools, resources, and training as they become available. Members of the MERG do not have enough human resources to do this work; countries will need to take ownership. Once the action plan is developed, the GF will allocate resources from grants; however, the GF will not be able to cover all of the costs.

Local consultants are important to this process. Governments could allocate a portion of their Bank credits to training. Another approach is to use consultants from the CORE Group, learning from CORE's networking and surveillance experience with polio eradication.

The group agreed on the need to roll out an M&E systems strengthening tool and having an action arm to focus on this. A good example of addressing capacity is Tulane supporting Ethiopia in local training of M&E in a Master's program. The CB TF could give that kind of approach to others it would be a longer term solution.

Action Item: The Capacity Building Task Force will choose and complete one or two action items to generate more interest in the work of the RBM MERG.

**Objective 2: Data collection: To review current work in data collection activities**

*Data Collection*

MICS3 malaria information is now available for 22 countries and will become publicly available over the coming months. It is available at [www.childinfo.org](http://www.childinfo.org).

Action Item: A list of DHS surveys underway and being planned will be circulated soon.

*New M&E Initiatives*

- **IRS guidelines:** IRS guidelines are to be published by RTI and on behalf of RBM. They will be published and distributed in a similar format to the core population coverage guidelines. The guidelines will be added to the current guidance document, perhaps also printing the full IRS document alone. Timeframe: next 3 months
- **Global Fund 5-Year Evaluation:** An update was provided on the evaluation that is underway. Rick Steketee is the focal point on malaria on this project.
- **RTI support to IRS M&E:** There is a need to discuss tools for monitoring process indicators (particularly post-spraying wall treatments).
- **Climate mapping and IRS program:** There is a need too discuss how this tool could be better used for analyzing malaria intervention programs, particularly IRS.
- **ACT subsidy M&E:** The group discussed the M&E framework for the ACT subsidy.

Action Item: A concept note for the M&E framework for the ACT subsidy will be circulated to MERG by the end of June.

### 3.2 Day Two: Thursday, 7 June 2007

Morning Chair: E. Eckert

#### **Objective 4: Disease Burden and Burden Reduction: To review current work in burden of disease estimation**

*Update on Malaria Database Meeting—Tessa Wardlaw*

A meeting was held in New York in February on the development of a joint coordinated malaria database. The objectives of the meeting were to review the content of the databases maintained by partners; to develop a consensus on core malaria indicators for the database; to develop a consensus on principles for coordinated RBM Partnership database and to develop a consensus on moving forward with the database. As an outcome of the meeting, the partners will provide feedback on the MIT scorecard database and have reached agreement on a number of principles. J. Valadez is to report on this in the upcoming meeting.

*Update on the status of the database development working group—Hannah Koenker*

The database development working group has a beta version of the database which includes the malaria scorecard. This Beta 1 version is available on the JHUCCP VOICES website. There are plans to expand the Scorecard to include all African countries. They have also had an initial vote on the core indicators for use in the database. The indicators comprise the most useful information for decision-making. Google has expressed interest in developing a visualization tool for the database. The idea is to use partner data and linking it to Google Earth. The MAWG and the HAWG are also interested in developing stories for activity mapping. AllAfrica.com might help develop user tools to get information into the database.

**Action Item: The group will reach agreement on the set of core indicators.** Then, data will be collected for the Beta 2 version. Google is working on prototype development and the World Bank and WHO are working on financial information for the database. The Beta 3 version should hopefully be ready by the next RBM MERG meeting.

*Update on the Child Survival Model—Neff Walker*

The child survival model has been developed to assess the impact of increased coverage of interventions on cause-specific mortality. The assumptions in the model are being updated by working through existing structures. The CHERG is being used as the overall framework and they are commissioning reviews.

**Action Item: The model will be revised based on the MERG's review and with support from GF.** Review teams are currently being developed and will be given a contract by this summer, with final inputs by late spring 2008.

The group is seeking agreement on a single or dual approach with various costing modules. The static model will be ready for “internal” use this summer; the cohort model with updated impact assumptions by summer 2008; and the full version with basic costing modules in late 2008/early 2009.

IRS has not been included in the model yet. Until IRS is added, a temporary solution is to add the number of people covered by ITNs or IRS into the model. The Global Fund is doing some mortality estimates right now for ACTs and ITNs. They have found consistency between their results and this model.

#### *MERG Morbidity Task Force—Richard Cibulskis*

The objective of the MERG morbidity task force is to come up with estimates of malaria morbidity focusing on clinical episodes rather than just parasite prevalence. The group wants to come up with country-level estimates that are updatable over time and that focus on the population at risk.

The group came up with several proposals:

- 1.) There is a need for better estimates and maps of populations at risk; routinely-collected data should be used down to lowest administrative level possible; cut-offs should be empirically verified; and there should be strengthened HIS reporting and focus from MOH.
- 2.) In low transmission settings, there should be a focus on parasitologically confirmed cases; an adjustment will be made for health service coverage and the lack of case confirmation and missing HIS reports; in high transmission settings, the focus on parasite prevalence is derived from MIS, which uses reported or measured fever/ transmission models to infer incidence. There is a need for more MIS surveys;
- 3.) There will be a focus on some sentinel sites to monitor trends in morbidity; a catchment population will be defined and there will be assistance in data collection and lab confirmation. In many if not all PMI countries, there will be an effort to support sentinel sites.

**Action Item: Test the proposals in 3 settings in partnership with Ministries of Health and other stakeholders using available data. Data will be made freely available to the WHO and partners institutions.**

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#### *Economic Task Force Update—John Paul Clark*

The task force has determined that there is complementarity between the WHO TGF group and the Econ MERG TF. A draft of a working paper on the estimation of cost of malaria in sub-Saharan Africa was completed and submitted to the task force in March 2007. There was a consensus that the task force should reanalyze data on macro-economic impact, but should focus on the assessment of the household level impact of malaria.

Action Item: The next step for the Task Force is to complete a draft of the terms of reference by the end of July, 2007. The group will also establish task force membership, establish funding, and have their first meeting by the end of September 2007.

Rick Steketee has been working with partners at Emory University to put information together on tools that exist on the MIS with household assessments. There has been discussion on field testing such a module in Zambia.

The World Bank will likely focus on the household level and will probably make a recommendation to look at the central level as well so they can look at productivity, school attendance, and cognitive changes. This research could be undertaken through operations research by other partners.

**Objective 5: Information Dissemination: To report on status of global reports and to review current work/proposed initiatives for dissemination activities**

*Review of Work Plan*

Task forces reviewed the workplan. It will be submitted shortly to the RBM board.

*Update on status of global reports—E Johansson*

UNICEF did a preliminary presentation of the Malaria Coverage Report to be released in Fall 2007.

*Update on World Malaria Report—Maru Aregawi*

The World Malaria Report will be ready to be published and disseminated by the end of the year. UNICEF and WHO will be the main implementers of this product and will build on the work that was done for development of the World Malaria Report 2005.

There will be synergy between the World Malaria Report and UNICEF's Coverage Report in terms of the data that will be in both reports. The number of countries that have country profiles has been a political issue. The physical report will not be as exhaustive, but the electronic version will.

*Malaria Advocacy Working Group (MAWG) Update—Nicole Bates*

The 1st meeting of the MAWG convened in London 10-11 January 2007. Although starting with just over 40 participants, it now has a listserv of 110 individual members representing 60 organizations and 30 countries. Two Co-chairs were elected: Nicole Bates of Global Health Council, and Prof. Wilfred Mbacham of the Cameroon Coalition Against Malaria (CCAM).

The MAWG advocacy objectives include:

- Increase Resources For Malaria Prevention, Treatment and Research

- Promote Effective Policies in Endemic Countries and Globally
- Raise the Profile of Malaria on Development Agendas

The MAWG “next steps” are to communicate board decisions to partners, implement approved work plan & report progress, develop RBM brand building strategy to be presented at the 13th Board meeting, further efforts to collaborate with HWG, regional, national and local advocacy networks, and convene second MAWG global meeting in late July with participation of at least 10 representatives from endemic country advocacy groups. Longer-term planning exercises are underway.

*Improved RBM Website and Dissemination—Hannah Koenker*

There was a discussion on the needs for a branding strategy and if it is necessary for the RBM MERG to develop a symbol to identify MERG products. It was determined that the MERG will have to reach out to the MAWG through a focal point rather than developing another task force.

*Update on the Malaria Listserv—Reena Sethi*

**Action Item:** A user survey will be sent to members of the Malaria M&E Listserv.

**Objective 6: MERG Administration: To discuss the MERG workplan (2007) and future leadership of MERG**

**Action Item:** The MERG will develop a comprehensive budget with its partners for the RBM Board. For example, if you are doing a training of the trainers workshop, the Board would need to know the activities planned and a rough budget in terms of travel, including participants from countries if they cannot afford to pay for own travel.

There is a consensus that the group needs to figure out the cost of the work they plan to do, even though the ultimate sources of funding would be from different organizations. The group has to ensure that developing country partners and academic partners are part of working groups, beyond the semi-annual meetings. This is one thing they should ask RBM Secretariat to finance.

*Future leadership of MERG—B. Nahlen/T. Wardlaw*

The updated Terms of Reference call for an election of the co-chairs every two years. Tessa Wardlaw and Bernard Nahlen have been co-chairs for 4 years now because they were asked to continue a year ago during a meeting in Geneva. Bernard Nahlen will be stepping down as co-chair.

Chair: Rick Steketee nominated. Position accepted.

Co-chair: Tessa Wardlaw stated that she is committed to the Malaria MERG. She voiced concern that a changing both chairs might compromise continuity. She is committed to seeing MERG

through this transition. She is committed to continuing for at least next 6 months—perhaps a year. UNICEF will be committed to serving as co-chair for at least one more year.

One issue to be addressed in the future is the procedure for election of the co-chairs and should who can actually vote versus having a general consensus

#### *Membership in MERG*

A suggestion was made to review the membership of the RBM MERG. The revised TOR states that the core membership should consist of 15-20 members. Another suggestion was made to document the change in processes/procedures that were made when revising the TOR.

Representation from WHO regional office and every UNICEF regional office is welcomed by the MERG. A commitment from all partners is needed in order to be able to move the work of the group forward. Ideally, WHO and UNICEF will develop guidance on who to invite.

### 3.3 Day Three – Friday, June 8, 2007

The majority of day three was devoted to finalizing the workplans for each task force for submission to the RBM Secretariat.

#### *Malaria Indicators—Rick Steketee*

Indicator definitions by RBM, GF M&E Toolkit and the Zambia malaria M&E system differ. There is difficulty in harmonizing these indicators, such as mortality and severe anemia. There are cases of blank RBM MERG definitions.

IRS has been added to the original core indicator guidelines. It is useful to have comments on how denominators are defined and how this information is collected. **Action Item: M2 will update the core indicator document with IRS indicators.** It is confusing for countries to report on slightly different indicators. Some of lower indicators need guidance, but people at country level will decide on those for their own reasons. There is a need for agreement on higher level indicators.

**Action Item: There is a need to harmonize these indicators for the workplan for this coming year. The HH survey TF could work on this by having a discussion by email initially.**

It is important that country staff of organizations such as World Bank and PMI receive training in these indicators. We need a workshop for those staff that is in country long-term.

**Action Item: Finalize the document that R. Steketee developed (the grid)**