

### Defining Key Monitoring Indicators for Targeting Resources and Actions Global Fund Indicator Landscaping Update

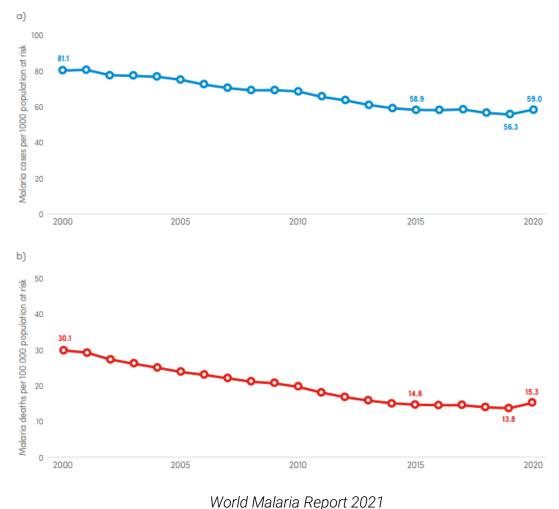
SMERG Meeting May 23, 2023



### **OVERVIEW**

### **Project Rationale**

- From 2000-2015 global funding for malaria from Global Fund, PMI and other donors increased each year and the cost of core interventions such as LLINs decreased
- This led to rapid increases in coverage and reductions in cases and deaths
- However, in the past few years, several challenges including insecticide resistance, malaria funding plateaus and COVID-19 have led to increased cases in many countries
- A more tailored approach is now needed to get the right interventions to the right places with the limited funds available and indicators need to be adapted to measure sub-national tailoring



Global trends in a) malaria case incidence (cases per 1000 population at risk) and b) mortality rate (deaths per 100 000 population at risk), 2000–2020; and c) distribution of malaria cases and d) deaths by country, 2020 *Source: WHO estimates.* 



## **Project Activities**

This project sets out to review the current data sources, collection methods and indicators used by the Global Fund to track country progress on Malaria and Malaria-relevant RSSH indicators and to assess opportunities for a) reduction in current indicators, b) refinement of current indicators, and c) addition of new indicators and data collection methods, where such changes could improve Global Fund programming, alignment with national malaria control program work, or both.

#### PHASE 1: CURRENT INDICATORS (Oct-Dec 2022)

- Conduct a landscaping of current data sources, interview key informants at global and national levels, and categorize current indicators
- PHASE 2: INDICATOR UTILITY (Jan-Mar 2023)
  - Develop a decision-making framework and flowchart to identify intended use and context for indicator application.
  - Identify possible refinements and/or new indicators
- PHASE 3: INDICATOR REFINEMENT (Mar-Jun 2023)
  - Assess indicators for useability & feasibility
  - Conduct pilot studies in Madagascar and Tanzania

### Methods

### Key Informant Interviews (KIIs)



### **Objectives**

- Primary objective: To explore strengths, weaknesses, and gaps in current Global Fund indicator reporting and performance measurement processes
- Secondary objective: To provide a set of recommendations for improving indicator reporting and performance measurement processes for how to improve Global Fund indicator processes and use

### Participants

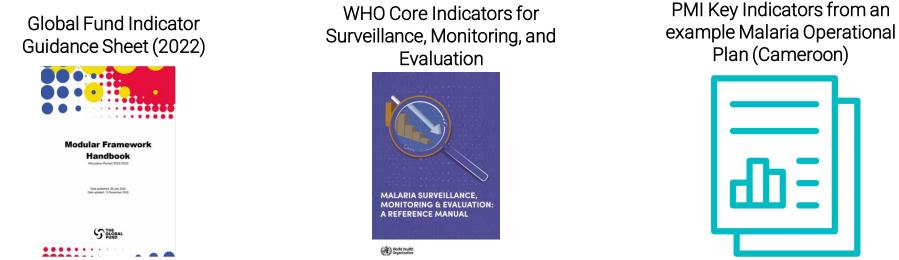
- Sample size: 11 individual interviews, 3 focus group discussion (n=8)
- Backgrounds: Direct and indirect users of GF indicators (M&E experts, surveillance experts, technical staff, country program teams)
- Interview length: 30 minutes to 1 hour

## **Comparison of Global Malaria Frameworks**

#### **Objectives**

- To compare and contrast Global Fund malaria indicators with other key malaria indicator lists used by partners and country programmes
- To identify areas of alignment and misalignment between lists to help partners and country programmes more efficiently measure and report on indicators

### **Indicator Lists**



\*For the PMI lists, only the indicator wording was compared as other metadata was not available in the source list



### Indicator Review and Preliminary Categorization Exercise

#### **Objectives**

- Identify and assess all current Global Fund malaria and malariarelevant RSSH indicators\*
- Categorize indicators based upon qualitative and quantitative assessment of indicator clarity, data source appropriateness and availability, usefulness of indicator to different levels of decision makers, and possibility of sub-national reporting
- Use expert review and consensus

\*Indicator names, definitions, and data sources defined from most recent Indicator Guidance Sheet available.



### **Data Source Review Exercise**

#### Objectives

- Conduct an initial landscaping of existing data sources used to report Global Fund malaria, and RSSH data elements and indicators
- Elicit user perspectives on the methods used to measure the updated indicators
- Summarize the strengths, weaknesses, and gaps in available global and country data
- Summarize the existing data sources' robustness, current use, and ability to inform malaria risk stratification and sub-national tailoring of interventions

### **Pilot Studies**

Pilot studies

- Madagascar: March 20-31
- Tanzania: April 17-28

#### <u>Methods</u>

- Qualitative interviews in capital regions and in low and high endemicity zones
- Examine data availability and flow at various levels of the health system

#### Pilot goals:

- Elucidate the indicator data that local decision makers use when making decisions
- Determine the feasibility of instituting changes recommended in Phase 1 to existing Global Fund malaria and RSSH indicators
- Determine the feasibility of collecting data to fill information gaps identified in Phase 1 and Phase 2.





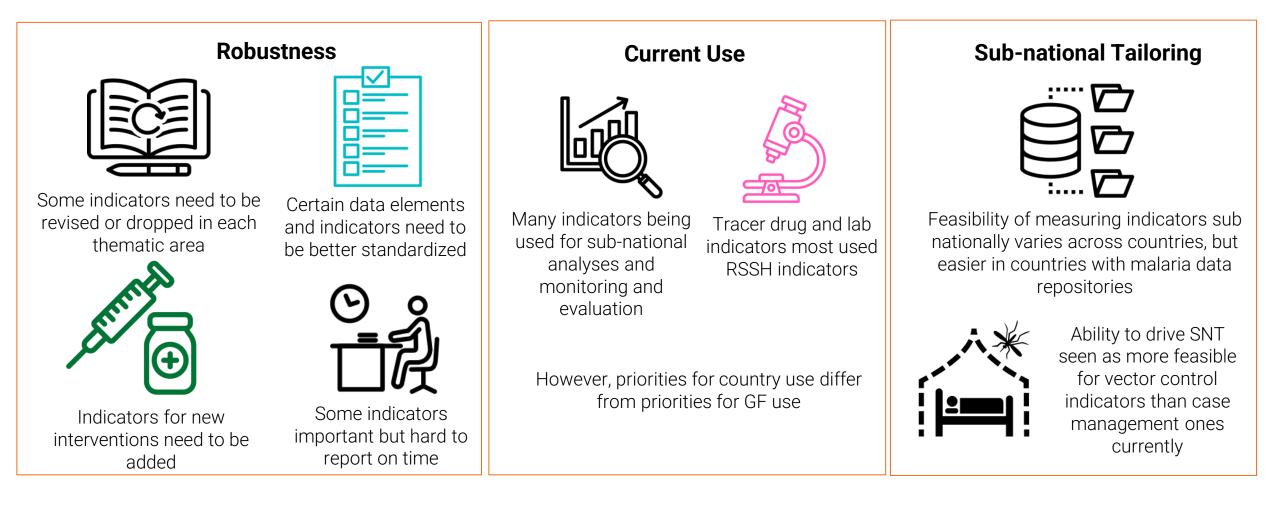
**Preliminary Findings** 

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### **Emerging Themes: Core Activities**

Emerging themes from the qualitative KIIs, comparison exercise, and indicator review/ categorization exercise included:



### **Emerging Themes: Data Source Reviews**

Emerging themes from the qualitative KIIs and FGDs, indicator review exercise and data source review suggest a pathway from fragmented data collection to data repositories and new data collection methods



Many countries start to develop data repositories and do routine quality checks. More indicators can easily be pulled from HMIS directly.

Data fragmented across sources and difficult to access. Large surveys and modelling main ways to measure indicators. Most data available in HMIS and ideally could be easily sent to GF. Anything not collected by routine reporting collected by alternative low-cost methods.



### **Potential New Data Sources**

The interviews and indicator review discussions also identified potential new data sources that will be explored further in Phase 2:

- Data sources commonly used by other programs such as NTDs
  - Lot Quality Assurance Sampling (LQAS)
  - Health Facility Surveys
- Existing sources that can be improved and better utilized
  - Supervision checklists
  - Campaign data collection (including from other programs that are trying to measure same denominators)
- Innovative new data sources
  - Mobile phone surveys
  - Community data collection by community members



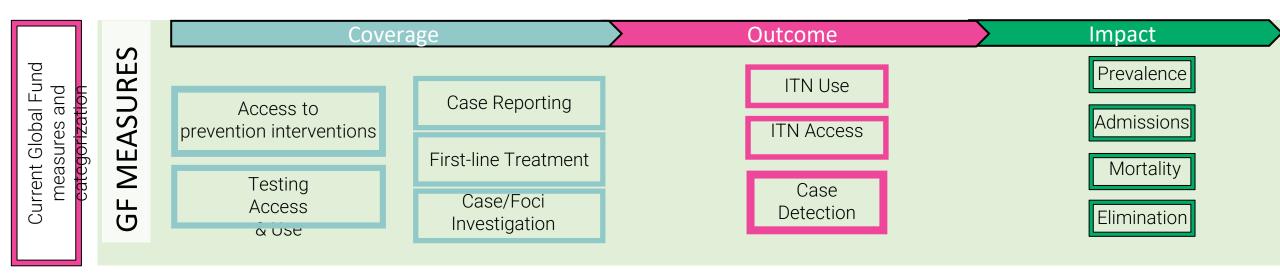
Preliminary Indicator Categorization

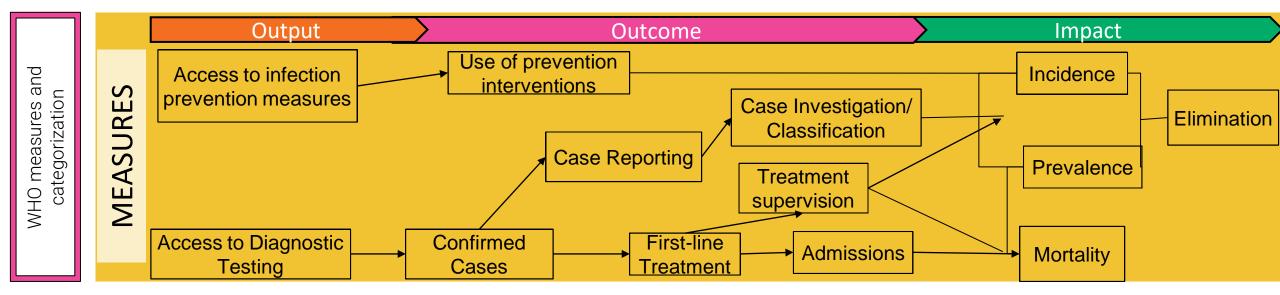


### **Indicator Categorization**

		Indicator Quality	
		High	Low
Data Source Quality	High	Malaria Indicators: 15 RSSH Indicators: 7	Malaria Indicators: 11 RSSH Indicators: 3
	Low	Malaria Indicators: 9 RSSH Indicators: 0	Malaria Indicators: 10 RSSH Indicators: 3

# Comparing the measures in each of the frameworks raises the possibility that some Global Fund indicators could be recategorized





# 4 thematic areas of inquiry were identified for the pilot studies

Theme 1:	More Frequent Data Collection	Number of pilot indicators: 8
Theme 2:	Improved Population Estimates	Number of pilot indicators: 10
Theme 3:	8 Verify Data Availability	Number of pilot indicators: 21
Theme 4:	Verify Data Quality	Number of pilot indicators: 12

# NEXT STEPS

### **Next steps**



- Analyze findings from all phases and produce a final report with recommendations for improving the quality and timeliness of Global Fund malaria and malaria-relevant RSSH indicators
- Disseminate findings to the Global Fund
  Week of June 26th

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