



ROLL BACK MALARIA PARTNERSHIP

## **Meeting Report**

# **10<sup>th</sup> Meeting of the Malaria Monitoring and Evaluation Reference Group [MERG]**

**Geneva (Switzerland), 9-10 January 2008**

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## Acronyms

ACT	Artemisinin-Based Combination Treatment
AFRO	Africa Regional Office (WHO)
AMFm	Affordable Medicines Facility for Malaria
BCG	Boston Consulting Group
CDC	Centers for Disease Control
DDIU	Data Demand and Information Use
DHS	Demographic and Health Survey
DQA	Data Quality Audit
GF	Global Fund (GFATM)
GFATM	Global Fund against HIV/AIDS, TB and Malaria
GMP	Global Malaria Programme (WHO)
HMIS	Health Management Information System
HMN	Health Metrics Network
HR	Human Resources
HWG	Harmonization Working Group
IDSR	Integrated Disease Surveillance Response
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
MERG	Monitoring and Evaluation Reference Group
MESST	Monitoring and Evaluation Systems Strengthening Tool
MICS	Multiple Indicator Cluster Survey
MIP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MIST	Malaria Implementation Support Team
MOH	Ministry of Health
NMCP	National Malaria Control Programme
PDA	Personal Digital Assistant
PMI	US President's Malaria Initiative
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
TOR	Terms of reference
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WG	Working Group (RBM)
WHO	World Health Organization
WIN	Working Group for Scalable Vector Control

## **Participants**

Chair: Rick Steketee (MACEPA-PATH)

Co-Chair: Tessa Wardlaw (UNICEF)

Participants: Gulia ALLABERGENOVA (GFTAM), Maru AREGAWI (WHO), Fred ARNOLD (Macro International), Suprotik BASU (Malaria No More), Hana BILAK (MACEPA-PATH), Jean-Marc BOUCHEZ (Access to Medicine-Sanofi Aventis), Richard CIBULSKIS (WHO), Misun CHOI (USAID/PMI), Anne-Marie DEANS (Boston Consulting Group), Erin ECKERT (MEASURE Evaluation/Macro International), Thom EISELE (Tulane University), Khoti GAUSI (WHO), Nathalie le GUILLOUZIC (GFTAM), Jenny HILL (Malaria in Pregnancy Consortium), Ilze KALNINA (GFTAM), Albert KILIAN (Malaria Consortium), Hannah KOENKER (Johns Hopkins University), Ryuichi KOMATSU (GFTAM), Eline KORENROMP (GFTAM), Marcel LAMA (GFTAM), Nadia LASRI (RBM Secretariat), Christopher LUNGU (MACEPA-PATH), Matthew LYNCH (Johns Hopkins University), Cedric MAHE (GFTAM), Peter MBABAZI KWEHANGANA (WHO), Sylvia MEEK (Malaria Consortium), Abigail MORELAND (Boston Consulting Group), Mercy MWANZA-INGWE (Ministry of Health, Zambia), Bernard NAHLEN (USAID/PMI), Robert NEWMAN (CDC/PMI), Rich ORFORD (PSI), Mac OTTEN (WHO), Jesse PATTERSON (USAID/PMI), Amy RATCLIFFE (CDC/PMI), Melanie RENSHAW (UNICEF), Trent RUEBUSH (USAID/PMI), Don de SAVIGNY (Swiss Tropical Institute), Paul SCHUMACHER (GFTAM), George SHAKARISHRILI (GFTAM), Angus SPIERS (UNICEF), Lori SPIVEY (Boston Consulting Group), Lakshmi SUNDARAM (World Economic Forum), Anja TERLOUW (Liverpool School of Tropical Medicine), Nicolas THEOPOLD (Dalberg), Boi-Betty UDOM (RBM Secretariat), Joseph VALADEZ (World Bank)

Logistics: Nelia Hoffman (MEASURE Evaluation/Macro International)

## 1.0 Meeting Objectives

- Update and identify actions needed on data collection and analysis activities: survey work and routine reporting or other special studies
- Update and identify actions needed on work in building/strengthening capacity for M&E at the country level
- Update and identify actions needed on disease burden measurement
- Updates and identify actions needed from other MERG Task Forces and RBM Working Groups
- Discuss emerging challenges for M&E: low transmission settings and the call for elimination and eradication
- Review MERG Administrative issues: To discuss MERG roles and responsibilities in the RBM Partnership and its “harmonized workplan”, membership, participation in and actions of the Task Forces, and other MERG issues.

## 2.0 Data Collection and Analysis

### 2.1 *Planning schedule for DHS, MICS and MIS surveys in the near term* *Tessa Wardlaw (UNICEF); Fred Arnold (Macro International)*

Wardlaw discussed the general background and purpose of the Malaria Indicator Cluster Survey (MICS). The most recent round of mixed MICS surveys (round 3) was conducted in over 50 countries and was disseminated in October 2007. The results of the round 3 MICS can be found on [www.childinfo.org](http://www.childinfo.org). An evaluation of the MICS will be completed by JSI this year. Another round of surveys is planned for 2009-2010 and will target 60 countries. The plan is to increase the periodicity of the MICS from 5 years to 3 years and focus on new survey tools such as PDAs. All revisions to the MICS will be completed by Q2 of 2008.

Arnold presented a list of MIS surveys and DHS surveys with a malaria component that have been completed or will be completed in the future. Countries include Angola, Ghana, Kenya, Madagascar, Rwanda, Tanzania, Uganda, Senegal and Liberia. Presently, anemia and parasite testing are included in a little more than half of the standard surveys.

### 2.2 *MIS workshop concept and MIS rollout/analysis plan* *Albert Killian (Malaria Consortium)*

Killian summarized the discussion from the “Survey and Data Collection” Taskforce that took place on Jan. 8, 2008. The MIS tools need to be updated, especially regarding indicators, overall structure and skip patterns. Countries need more support in implementing an MIS. Assistance is especially needed in the areas of planning, development of MOUs, PDA programming and templates for preliminary reports. Killian presented plans for an MIS workshop, where countries that are planning an MIS will come together to discuss the different steps needed to implement an MIS and to build capacity. The first workshop is planned to take place in March/April 2008 by MACEPA.

#### Agreements and follow-up actions: Data Collection and Analysis

The “Survey and Data Collection” (new name) taskforce will meet in early February 2008 to discuss updating the MIS, planning for MIS workshops and secondary analysis and archiving options for the DHS, MICS and MIS. MERG members will send Killian suggestions for the MIS and indicator refinement. The MIS workshop plans will be developed and shared. The MERG will participate in revising the M&E Tool Kit to include revisions to IRS indicators and case management.

### 3.0 Health Facility Assessments

#### 3.1 Health Facility Assessments: PMI *Nelia Hoffman (MEASURE Evaluation/Macro International)*

A series of rapid assessments was completed in 4 countries: Angola, Tanzania, Uganda and Zambia during the fall of 2007 by MEASURE Evaluation. The goal of these assessments was to assess the impact of the rapid scale up of PMI interventions in targeted areas for advocacy purposes. In Uganda and Zambia, the teams found some evidence of the decline in malaria burden. In all countries, there was clear evidence of process-related successes such as implementation of ACT and dramatic increases in IPTp. The bottom line, however, is that rapid assessments such as these are not impact evaluations and therefore it is difficult to establish a link between rapid scale up and decreases/increases in malaria burden.

#### 3.2 Health Facility Assessments: WHO *Maru Aregawi (WHO)*

The goal of these assessments was to demonstrate impact of scaling up of key interventions on malaria morbidity and mortality using trend analysis of surveillance data. The assessments were completed in Ethiopia, Ghana, Rwanda, Zambia, Tanzania, Senegal, DRC and Nigeria. The surveillance data show consistent trends where interventions have been “scaled-up”. These types of tools have the potential to strengthen capacity for countries in an effort to establish regular monitoring tools.

#### Agreements and follow-up actions: Health Facility Assessments

The term “health facility assessment” will be changed to a more appropriate term. PMI, WHO and GF will convene February 22<sup>nd</sup> to collaborate on joint efforts. During these discussions, standardized guidance for health facility assessments will be developed.

### 4.0 Routine Data Collection Systems

#### 4.1 Overview: Set the stage for discussion of HMIS, IDSR, EPI-Contact, Sentinel Site, Demographic Surveillance Systems, LQAS, other routine data collection systems *Rick Steketee (MACEPA-PATH)*

The information from intermittent data collection and routine data collection systems provides information for decisions at different levels. Locally generated information is extremely important in local decision-making and ownership of information. One of the challenges is the definition of a survey and of routine data collection. There are many data collection systems “in between.” Can we find one main system of routine data collection that can be flexibly supported for the variety of needs? For example, HMIS with sentinel site work from some HMIS sites to “enhance” but also ultimately further strengthen the entire system. If we must invoke additional systems, we need to have critical thought about the information need, the decisions that will be made and a “business method” for establishing this additional system.

#### 4.2 HMIS: recent experience with using health facility data collection and analysis *Khoti Gausi (WHO-AFRO)*

Gausi discussed the purpose and composition of HMIS systems. With the advent of the Global Fund, HMIS has improved. HMIS is not just epi surveillance; it includes logistics, finance, HR and drug supplies. The challenges to HMIS strengthening include lack of human resources, capacity, lack of “DDIU”, inadequate institutional frameworks, limited support at the facility level, lack of computers at the facility level, and weak linkages between various data sources. Gausi also discussed a “way forward” for HMIS strengthening. This includes increased discussion at the country level, increased

resources for HMIS, finding solutions to data collected at the community level, using IDSR or weekly surveillance systems in epidemic prone areas and going beyond “flags” in data.

After Gausi’s presentation, there was discussion among MERG members in using the revision of the Global Fund M&E toolkit as an opportunity to influence HMIS strengthening. There was also discussion of adding a malaria component to the work that HMN is already accomplishing.

4.3 *Report on meeting: EPI-contact and LQAS methodologies*  
*Amy Ratcliffe (CDC-PMI)*

A meeting was held in Atlanta October 11-12 2007 to discuss the EPI-contact and LQAS methods to monitor outcomes in malaria control programs. LQAS and EPI contact provide estimates of outcome indicators more frequently and for smaller geographic areas than is possible through national, cross-sectional surveys. Ratcliffe reviewed the advantages and disadvantages of each method. For the EPI-contact method, there are disadvantages related to bias to over/under reporting net use. In addition, there is not an easy way to aggregate district level data to national estimates. LQAS is a simple methodology in the application but not in the design. Local managers can use it fairly easily; however, it should not be used for national estimates.

4.4 *Updates on sentinel sites*  
*Amy Ratcliffe (CDC-PMI); Mac Otten (WHO)*

Ratcliffe discussed the purpose of facility based surveillance and the importance of sentinel sites. PMI envisions sentinel sites as a “bridge” to strengthening the HMIS system. Sentinel sites are selected health facilities that will report monthly on malaria cases and deaths as well as other indicators of care. These sites will effectively implement health facility surveillance for malaria control. The sites should meet national malaria control program objectives.

Otten presented on WHO’s vision of sentinel sites as well and presented the difference between sentinel sites for drug resistance and sentinel sites for monitoring morbidity and mortality events.

Agreements and follow up actions: Routine Data Collection Systems

A taskforce will be developed that focuses strictly on HMIS strengthening and adding a malaria component as part of the larger system. Ratcliffe will circulate report of LQAS, EPI-contact meeting to MERG members for comment. CDC and WHO will continue discussions on writing joint guidelines on sentinel sites for monitoring malaria morbidity/mortality.

## 5.0 **Analysis Planning and Information Dissemination**

5.1 *Malaria in Children report*  
*Tessa Wardlaw (UNICEF)*

Wardlaw presented the major findings of the Malaria in Children report. The purpose of the report was to assess progress on key interventions that reduce the malaria burden using new survey data for sub-Saharan African countries. There was major progress for all program areas: ITNs, effective treatment and IPTp. In regards to IRS, RBM MERG is developing list of core indicators and manual of appropriate data collection methods. The report details substantial progress, but points to areas for improvement if international goals are to be achieved. The report was distributed to Malaria Forum participants, all UNICEF regional and country offices; RBM and WHO distribution. All statistical tables are publicly available at [www.childinfo.org](http://www.childinfo.org).



5.2 *Analysis plans (surveys and routine data systems)*  
*Albert Killian (Malaria Consortium)*

There is a need for secondary analysis of the DHS, MICS and MIS. This could provide information on such factors as impact of interventions, the equity of various interventions, patterns of mosquito net use within household and details of nets (age, source etc...) There is a need for a guide on how to accomplish this, on a standardized or at least comparable way of data preparation and open access to data.

5.3 *Maintaining updated information on RBM Web site*  
*Rick Steketee (MACEPA-PATH)*

Publishing reports is a lengthy process and it would be better if information was posted on the RBM website as it becomes available. The RBM website can reproduce key tables.

5.4 *Data Warehouse Update*  
*Joseph Valadez (World Bank)*

The World Bank and Johns Hopkins University are developing a joint malaria database. Key features of the warehouse include the ability to upload data over the web, secure user ID/password and authentication for data providers (partners) to ensure security / confidentiality, data updates/corrections made by partners and not by WB and the availability of validation reports on the web to flag potential data problems requiring partner attention

**Agreements and Follow-Up Actions: Analysis Planning and Information Dissemination**

Plans for secondary analysis of the DHS, MICS, and MIS will be discussed at Survey and Data Collection Taskforce in early February. UNICEF will give information on MIC report for posting on RBM website. JHU Voices and WB will locate resources and develop a budget for a consultant to develop the joint malaria database. The outcome indicators will be updated and any ongoing maintenance budget (after initial development) will be presented at next MERG.

## **6.0 M&E Capacity Building**

6.1 *Five Year Evaluation of the Global Fund to Fight Tuberculosis, AIDS and Malaria*  
*Cedric Mahe (GFTAM)*

Mahe explained background related to the five year evaluation: the framework, participating countries, data sources, malaria-related indicators and the benefits of the evaluation to countries. One of the main objectives of this evaluation is to develop a model impact platform as well as an "evidence-based" sustainability plan where all partners can participate and benefit. Country work plans have been drafted and approved, subcontracts have been signed in most countries and additional data collection is starting. The final report is expected in June 2008.

6.2 *Data Quality Audit tool (Methodology, pilot tests and implementation plans) and discussion*  
*Gulia Allabergenova (GFTAM)*

The purpose of the DQA tool is to verify the quality of reported data for key indicators at selected sites; to assess the ability of data-management systems to collect manage, and report quality data; and to contribute to M&E systems strengthening and capacity building. The methodology of the DQA tool involves two protocols: "Data Verifications" and an "Assessment of Data Management Systems." Pilot tests of the DQA tool have been completed in a number of countries. The Global Fund plans to implement the DQA in up to 3-5 countries per quarter.

6.3 *M&E Systems Strengthening Tool and getting to a costed, implementable M&E Plan*  
*Paul Schumacher (GFTAM)*

Schumacher explained the purpose of the MESST tool and the integration of the tool into the life cycle of Global Fund grants. The MESST tool assesses three areas: the M&E plan, data management capacities and data collection/reporting systems. The final product of a MESST workshop is a costed M&E plan. Many countries have already implemented a MESST workshop and there are plans to implement the workshop with the remaining round 7 countries.

6.4 *GFATM support to malaria grants*  
*Marcel Lama; Nathalie Zorzi (GFTAM)*

Lama explained grant review process for round 7 and round 8 grants. Lama reviewed M&E tools that countries can use during the life of the Global Fund grant. The M&E toolkit needs to be revised, especially for the “top ten” indicators, malaria case definition, indicators for universal access, gender issues and specific HSS indicators. The full review of the toolkit is to be accomplished by July 2008.

6.5 *Affordable Medicines Facility for Malaria (AMFm) and M&E plans – an overview and steps toward MERG comments*  
*Rick Steketee (MACEPA-PATH)*

The AMFm M&E plan has been released. There are 12 indicators and 8 supplemental indicators around costing issues. There is a need to establish clarity on operations research required to determine whether the global subsidy works. There are a lot of indicators that are already being collected, yet these same indicators would not have an outcome based on the AMFm.

Agreements and Follow-Up Actions: M&E Capacity Building

The Global Fund proposes to work with the RBM MERG partner institutions towards eventual:

- Endorsement the DQA methodology and tool for publishing.
- Establishing and using the DQA methodology and tool as the standard by RBM partner institutions.
- Mutual recognition and acceptance of outputs of Data Quality Audits by RBM partner institutions.

Partners will assist in implementation of the MESST tool, where appropriate. MERG will review M&E toolkit and provide comments/feedback. GFTAM encourages MERG members to send new M&E tools or guidance that will assist in strengthening Global Fund grants for malaria. MERG members will review AMFm plan and provide comments by Jan. 25, 2008

## **7.0 Disease Burden Measurement**

7.1 *Impact Modeling and CHERG*  
*Thom Eisele (Tulane University)*

Eisele updated the MERG on the outcomes of the Child Health Epidemiology Reference Group meeting that was held at UNICEF-New York in December 2007. During the meeting, the malaria core team reviewed current work to date in case definitions; a conceptual model for malaria morbidity, sequelae; and mortality and outcomes of interest. The team also reviewed current estimates of intervention efficacy and coverage data.

Eisele proceeded to review the IMPACT model, which is used to estimate the impact of the scaling up of interventions that reduce maternal, neonatal and child deaths. Eisele explained the development schedule and timeline of the model, basic structure and assumptions (both the cross-sectional and cohort model), technical issues and example outputs of the model. MERG participants discussed how the model could be useful for advocacy purposes as this is the “best example” in finding out how many lives are being saved rather than reductions in malaria.

7.2 *Update from MERG Morbidity Task Force*  
*Richard Cibulskis (WHO)*

Meetings of the MERG Morbidity Task Force have recently considered (i) Updates of the MERG Morbidity Model. The original MERG morbidity model appeared to produce over-estimates of case incidence especially outside of Africa. Accordingly, adjustments were made for use in the Global Burden of Disease 2004 interim update. The future emphasis is on improving estimates of population at risk. (ii) Improving Estimates of Case Incidence at Country Level. The methods proposed for low transmission settings focus on cases reported through routine health information systems (parasitologically confirmed), adjusting for missing HMIS reports, health service utilization (e.g. private sector use) and lack of case confirmation. In high transmission settings it is also possible to look at parasite prevalence derived from Malaria Indicator Surveys and use transmission models to infer incidence from parasite prevalence. Zambia, Mozambique, Angola, Ethiopia, Kenya have all recently undertaken MIS. Guidelines written have been written on burden estimation at country level and WHO is working with Ministries of Health, research institutes and other stakeholders to obtain consensus estimates for a selection of countries. (iii) Recent experience of morbidity trends from surveillance data. Data from routine health information systems have been found to be potentially useful in assessing recent progress in malaria control. However, data are frequently not available at national level in all countries, or are of limited quality. Sentinel sites can partially fill this gap in the short term but should not be viewed as an end point in malaria surveillance; rather as an interim step to strengthening HMIS throughout countries.

7.3 *Update on GMP M&E Guidance*  
*Mac Otten (WHO)*

GMP believes that more emphasis needs to be placed by countries on routine surveillance and routine logistics stock/stock-out monitoring for ACTs, LLINs, and RDTs, along with support services of supervision and regular meetings of community leaders, health facility staff, and district team members to examine and use data for decision-making. In line with those gaps, WHO is recommending that countries use program monitoring indicators that can be routinely measured at all health facilities and districts. For impact, WHO recommends four indicators: 1) in-patient malaria cases, 2) in-patient malaria deaths, 3) malaria slide positivity rate, and 4) laboratory-confirmed malaria cases. WHO also recommends two key operational items: 1) completeness of health facility and district reporting of data on surveillance and logistics, 2) % of health facilities and district stores with stock-outs of ACTs, RDTs, and LLINs, by month. Two main indicators for ACT and LLIN use measured by surveys remain the same, except LLIN use, which has been expanded to LLIN use in all persons (including adults).

7.4 *World Malaria Report Plans*  
*Maru Aregawi (WHO)*

Aregawi reviewed plans for the release of the World Malaria Report. The report will cover prevention, case management, resource mobilization, the epidemiological status of countries and success stories and future directions. The report layout will be released in June. The MERG discussed including a section on counterfeit drugs.

**Agreements and Follow-Up Actions: Disease Burden Measurement**

Eisele will have more refined morbidity/mortality estimates via the IMPACT model by the next MERG meeting. MERG members will provide feedback to WHO on GMP M&E Guidance and on World Malaria Report

## **8.0 MERG Taskforces and Working Groups**

### *8.1 Update on 13<sup>th</sup> RBM Board Meeting, HWG, MIST Suprotik Basu (Malaria No More); Melanie Renshaw (UNICEF)*

The TORs from the Harmonization Working Group were reviewed during the 13<sup>th</sup> RBM board meeting. These include securing additional resources from the Global Fund, PMI, World Bank and others in support of country scale-up; assisting countries to identify support needs for scaling-up through comprehensive needs assessments; coordinating a process to support the development of and adherence to the “3-ones” concept at country level; harmonizing partner efforts to fill country-identified gaps; facilitating the development of a “rapid-response” mechanism to support countries to overcome implementation bottlenecks (reactively and proactively); tracking and facilitating resource flows from partners to countries. For the needs assessments, there are plans to support 45 national programs to develop malaria needs assessments and business plans over the next 12 months that will result in achievement of 2010 RBM Goals.

### *8.2 Update on Malaria in Pregnancy Working Group Jennifer Hill (Malaria in Pregnancy Consortium/Liverpool School of Tropical Medicine)*

The goal of the MiP consortium is to evaluate new and existing interventions to improve the control of malaria in pregnancy across a range of malaria transmission settings in Africa, Asia and Latin America. Hill reviewed the various research agendas of the MiP consortium. Potential linkages between the MiP consortium and the MERG include assistance in the design of tools, collection of data on MiP indicators, opportunities to improve data collection of MiP indicators through existing surveys and routine collection systems and using MiP as a platform to test hypotheses.

### *8.3 Update on the WIN working group Don de Savigny (Swiss Tropical Institute)*

There was a WIN meeting in October 2008. A new workplan, budget and TOR were developed. The goal of the group is to document best practices on scale up of LLINs and IRS, identify bottlenecks and to facilitate consensus. The workplan needs to be revised in light of the call for eradication. A workgroup on insecticide resistance monitoring is planned.

### *8.4 Other MERG Taskforces*

Individuals involved in World Malaria Day folks should be in touch with Dissemination Taskforce. There was discussion about how the dissemination taskforce should be involved in the dissemination of MIS results in the future.

There has not been very much activity in regards to the Capacity Building Taskforce. There is a need for a malaria M&E curriculum; however, the Global Fund is moving forward to address capacity building needs through the MESST. WHO is implementing trainings on malaria and needs assistance on the M&E component of the curriculum. The MIST would like MERG to provide technical expertise with capacity building.

The Economic Taskforce has proposed economic issues regarding the HH survey instruments.

There was discussion surrounding the lack of funds to coordinate task forces. World Bank will explore the possibility of hiring someone to administer certain taskforces.

Agreements and Follow-Up Actions: MERG Taskforces and Working Groups

MERG will assist HWG and MIST in the acceleration of Round 7 grants. MERG will provide guidance on RBM needs assessments. The MIP consortium will participate in MERG in the future. The MIP consortium will be contacted to provide guidance on the MIS revisions. JHU-VOICES will be contacted regarding follow up to MERG dissemination issues. There is no need to have a formal capacity building taskforce. Capacity surrounding HMIS will be addressed in a "HMIS" taskforce. Marcel Lama will contact MERG members for assistance in M&E module of malaria training. Partners will be contacted about the WHO trainings on malaria. The MIST will continue working with the MERG to provide technical expertise in capacity building. The World Bank will explore funding to hire someone to administer taskforces. The Economic Taskforce will be contacted about economic issues regarding the HH survey instruments

## **9.0 Emerging Challenges: The Call for Eradication and Malaria in Low Transmission Settings**

### *9.1 The call for eradication and the Global Business Plan: what does it mean for M&E and MERG Abigail Moreland (Boston Consulting Group)*

The goal of the Global Malaria Business Plan is to establish a forum for the RBM's short and long term vision. The objectives, structure, timeline and governance of the plan were presented. Possible MERG involvement in the Global Malaria Business Plan includes assistance in base lining, country frameworks, dashboards and impact modeling. The group discussed concerns about the timeline, the specific purpose of the plan and the fact that it is called a "business plan".

### *9.2 M&E in low transmission settings: what adaptations are necessary for M&E? Thom Eisele (Tulane University)*

Eisele presented issues surrounding M&E in low transmission settings. There is confusion on the definition of low transmission. A core set of indicators need to be developed/refined. As transmission falls there needs to be a shift from active to passive case detection and a focus on different data collection methods. The practicality of doing household surveys in low transmission settings was discussed among the MERG. MERG can contribute to M&E in low transmission settings by creating a taskforce that will address issues of definitions, indicators and data collection tools.

Agreements and Follow-Up Actions: Emerging Challenges

The BCG will organize a conference call with MERG members to discuss GMBP and MERG involvement. A taskforce will be developed that will address malaria in low transmission settings.

## **10.0 MERG Administrative issues**

### *10.1 MERG workplan (2007-08) and next steps*

*Boi Betty Udom (RBM Secretariat; Erin Eckert (Macro International)*

Last year, the workplan was developed and harmonized through FSG consultants. Following this, the RBM organized a workshop to reach consensus. The activities were revised based on the suggestions from the workshop. The board reviewed it and approved it. More information is on RBM website.

### *10.2 Other Business Issues*

*Erin Eckert (Macro International)*

The MERG members concluded the meeting by discussing possible dates and venues for the next MERG meeting for spring 2008.

#### Agreements and Follow-Up Actions: Administrative Issues

A 3 ½ day meeting will be planned for either May or June. MEASURE Evaluation will follow up with dates and venue for next MERG. An e-mail will be sent out with MERG member's addresses

## **Summary of Agreements and Follow-Up Actions**

### Data Collection and Analysis

The “Survey and Data Collection” (new name) taskforce will meet in early February 2008 to discuss updating the MIS, planning for MIS workshops and secondary analysis and archiving options for the DHS, MICS and MIS. MERG members will send Killian suggestions for the MIS and indicator refinement. The MIS workshop plans will be developed and shared. The MERG will participate in revising the M&E Tool Kit to include revisions to IRS indicators and case management.

### Health Facility Assessments

The term “health facility assessment” will be changed to a more appropriate term. PMI, WHO and GF will convene February 22<sup>nd</sup> to collaborate on joint efforts. During these discussions, standardized guidance for health facility assessments will be developed.

### Routine Data Collection Systems

A taskforce will be developed that focuses strictly on HMIS strengthening and adding a malaria component as part of the larger system. Ratcliffe will circulate report of LQAS, EPI-contact meeting to MERG members for comment. CDC and WHO will continue discussions on writing joint guidelines on sentinel sites for monitoring malaria morbidity/mortality.

### Analysis Planning and Information Dissemination

Plans for secondary analysis of the DHS, MICS, and MIS will be discussed at Survey and Data Collection Taskforce in early February. UNICEF will give information on MIC report for posting on RBM website. JHU Voices and WB will locate resources and develop a budget for a consultant to develop the joint malaria database. The outcome indicators will be updated and any ongoing maintenance budget (after initial development) will be presented at next MERG.

### M&E Capacity Building

The Global Fund proposes to work with the RBM MERG partner institutions towards eventual:

- Endorsement the DQA methodology and tool for publishing.
- Establishing and using the DQA methodology and tool as the standard by RBM partner institutions.
- Mutual recognition and acceptance of outputs of Data Quality Audits by RBM partner institutions.

Partners will assist in implementation of the MESST tool, where appropriate. MERG will review M&E toolkit and provide comments/feedback. GFTAM encourages MERG members to send new M&E tools or guidance that will assist in strengthening Global Fund grants for malaria. MERG members will review AMFm plan and provide comments by Jan. 25, 2008

### Disease Burden Measurement

Eisele will have more refined morbidity/mortality estimates via the IMPACT model by the next MERG meeting. MERG members will provide feedback to WHO on GMP M&E Guidance and on World Malaria Report

### MERG Taskforces and Working Groups

MERG will assist HWG and MIST in the acceleration of Round 7 grants. MERG will provide guidance on RBM needs assessments. The MIP consortium will participate in MERG in the future. The MIP consortium will be contacted to provide guidance on the MIS revisions. JHU-VOICES will be contacted regarding follow up to MERG dissemination issues. There is no need to have a formal capacity building taskforce. Capacity surrounding HMIS will be addressed in a “HMIS” taskforce. Marcel Lama will contact MERG members for assistance in M&E module of malaria training. Partners will be contacted about the WHO trainings on malaria. The MIST will continue working with the MERG to provide technical expertise in capacity building. The World Bank will explore funding to

hire someone to administer taskforces. The Economic Taskforce will be contacted about economic issues regarding the HH survey instruments

Emerging Challenges

The BCG will organize a conference call with MERG members to discuss GMBP and MERG involvement. A taskforce will be developed that will address malaria in low transmission settings.

Administrative Issues

A 3 ½ day meeting will be planned for either May or June. MEASURE Evaluation will follow up with dates and venue for next MERG. An e-mail will be sent out with MERG member's addresses