MEETING REPORT

Thirty-first Virtual Meeting of the RBM Partnership
Surveillance, Monitoring, and Evaluation Reference Group (SMERG)
23-25 September 2020

Acronyms

ACT	Artemisinin-Based Combination Therapy
ANC	Antenatal Care
CDC	Center for Disease Control and Prevention
COVID	Corona Virus Disease
DHIS2	District Health Information Software 2
DHS	Demographic and Health Surveys'
HBHI	High Burden High Impact
HCW	Health Care Workers
HMIS	Health Management Information System
HNQIS	Health Network Quality Improvement System
IPTp	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Nets
LLIN	Long-Lasting Insecticide-Treated Net
M&E	Monitoring & Evaluation
MAP	Malaria Atlas Program
MERG	Monitoring and Evaluation Reference Group
MIP	Malaria in Pregnancy
NMEP	National Malaria Elimination Program
NMCP	National Malaria Control Program
OTTSS	Outreach Training and Supportive Supervision
PPE	Personal Protective Equipment
QOC	Quality of Care
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
SMC	Seasonal Malaria Chemoprevention
SME	Surveillance, Monitoring, and Evaluation
SPA	Service Provision Assessment
TPR	Test Positivity Rate
WHO	World Health Organization

Meeting Objectives

1. Review COVID-19 country experience in using routine data for detecting and addressing potential disruption of malaria service
2. Discuss challenges and emerging issues related to routine HIS and surveillance data
3. Non-routine data sources/Survey updates
4. Discuss strategy to streamline coordination to ensure optimum leveraging of partner and country efforts in supporting SME activities
5. Address RBM and MERG business issues and updates from other RBM groups.

Meeting Notes

Objective 1: Review COVID-19 country experience in using routine data for detecting and addressing potential disruption of malaria service

Guinea Conakry's Experience

Alioune Camara, NMCP

Overview:
The pandemic started in March and the Guinean government intervened rapidly by decreeing a state of emergency and implementing a mitigation plan for service continuity in April that led to a drop in the incidence of COVD-19 cases. Measures put in place to curb COVID-19 cases include closing the borders, mandatory wearing of face masks, hygiene practices (hand sanitization and hand washing), distribution and use of personal protective equipment (PPE), surveillance measures to track cases and trends, and provision of funds to manage the pandemic. These funds allow for the provision of services ranging from logistics (allocation and distribution), prevention and control, service delivery, communication, coordination, and monitoring & evaluation. Challenges encountered include holding of face-to-face meetings, management of malaria due to reduced flow of patients in the outpatient department (OPD) in health facilities, lack of PPE for health personnel, insufficient knowledge of COVID-19 at onset of the pandemic, and postponement of some malaria intervention activities such as the Malaria Indicator Survey. Lessons learned comprise of establishing health relief reserve funding to mitigate health crises, revision of the modalities of implementation of certain activities, strengthening communication, compliance with barrier measures, promotion of videoconferencing, non-disruption of routine and non-routine malaria control activities (e.g. data collection, data analysis and decision making).

Discussion:
Participants were intrigued to know the differences observed in the impact of COVID-19 cases in different regions. Camara explained that there was a general drop in Malaria cases across the country due to low hospital attendance that led to a drop in the number of malaria cases, however the trend in incidence remained the same. Moreover, heavy rains and floods might have contributed to increases in malaria cases in certain parts of the country. Clarifying on the question on disparity in the number of malaria cases across the country, Camara stated that Conakry was the most populated and most affected region and with the restrictive measures put in place, the spread was contained. Responding to the question on how seasonal malaria chemoprevention (SMC) campaigns were carried out during the pandemic, Camara said training mothers to administer medications to their children instead of the typical health worker administration approach contributed greatly to the success of the SMC intervention. Guinea did not experience stockout as they had enough commodities in stock before the pandemic. Some

shortages recorded in health facilities were more a problem related to logistics rather than the pandemic. Data collection and reporting was uninterrupted because of the re-strategizing of the reporting relay process.

Senegal's Experience

Medoune Ndiop, NMCP

Overview:
In Senegal, four regions were greatly affected having 90 percent of all COVID-19 cases; 70 percent in Dakar. However, contingency measures were immediately adopted from Ebola's experience in March to better manage the pandemic. The development of a contingency plan was based on identification of activities that could be impacted by the pandemic. The drop in hospital attendance observed between April and June was much more remarkable in the four regions most affected by COVID-19 and is partly attributable to the panic of the population borne of the fear of infection in health facilities. Lessons learned and contingency measures to mitigate impact of the pandemic include incorporating needs assessment for protective equipment for the various interventions, district support for local communication, drafting of SOPs to community workers for compliance to control measures put in place with regards to community interventions, and adapting the implementation of certain interventions such as SMC with respect to the enforcement of new control measures.

Discussion:
Participants were interested to know how recycling the contingency plan for Ebola helped in curbing the pandemic. It was not a recycling per say, but the experience from Ebola prompted them to act urgently in adapting to COVID-19 since the system was already in place. They were better prepared and could act rapidly in emergency. Concerning SMC contingency plan measures, mothers were trained to give medications to their children which has been phenomenally successful. Typically, treatment would be administered by health workers but with the pandemic, this has since stopped to avoid the risk of contracting COVID-19. Senegal did not experience stockouts as they had enough stock before the pandemic. Data collection and reporting was also not impacted by the pandemic as data could be reviewed remotely and there was reinforcement of the use of DHIS2 for transmission of routine data. Also, teleconferences were organized to review malaria indicators to ensure continuity of monitoring of data completeness and quality.

Burkina Faso's Experience

Gauthier Tougri, NMCP

Overview:
Burkina Faso's experience is like that of Senegal and Guinea Conakry with regards to low attendance at OPD. Burkina also witnessed low completeness and timeliness of data (caused by fewer health workers due to reorientation to COVID activities), decreased incidence of malaria cases, and increased lethality of malaria cases. Some challenges faced during the pandemic while undertaking malaria control interventions comprise maintaining of malaria control activities in the context of COVID (training, monitoring and supervision), data availability and validation challenges, compliance with national guidelines, improving completeness and timeliness of data reporting, and provision of services. Lessons learned relevant to SME include regularly monitoring the progress and linkage of notified malaria cases from new consultations, evaluating the incidence of malaria considering the data completeness and confounding factors, calculating the case fatality of malaria based on the quality of the data, digitizing data at the level of health facilities and at the community level, and follow-up coordination activities by teleconference.

Discussion:

The drop of incidence of malaria cases at the same time as an increase in malaria mortality and a decrease in OPD attendance raised curiosity among participants to ascertain if this trend is due to the impact of COVID-19 or whether it is a data reporting issue. Gauthier acknowledged that there was a strike by health personnel in June 2019 that affected data quality (data collection and reporting) so, it is likely the increase in mortality was due to data quality issues. Participants were updated of ongoing investigations to confirm this trend observed in mortality. Responding to the question on SMC interventions, Gauthier affirmed that the three first cycles have been completed as planned. Some difficulties were encountered during the first campaign since it was the first activity after lifting of COVID-19 restrictive measures and people were reticent; however, with media sensitization and the help of community leaders, the intervention was successful. Burkina Faso never experienced stockouts at the national level; shortages at peripheral health facilities were due to poor stock management and logistic issues. Burkina was also successful in using mothers to administer medications to their children. A question was asked if nets acceptance was measured and tracked during the pandemic, the answer to which was. that distribution is still ongoing, so the evaluation of the intervention is yet to be analyzed.

Nigeria's Experience

Perpetua Uhomoibhi, NMEP

Overview:

Following the first case of COVID-19 registered in Nigeria towards the end of February 2020, the Nigeria government put in place measures to contain the pandemic in March, which included initial total restriction of movements within and across the, and international movements were banned. The NMEP and its partners immediately put in place a business contingency plan to ensure continuity of malaria interventions at both state and national levels. A comparative analysis of routine data reported in March- June 2019 and that of 2020 showed a decrease in reporting at health facilities in 2020, which could be attributed to initial restriction of movements and may be the reluctance of people leaving their houses for fear of contracting COVID-19. These could also account for the decline in OPD attendances between March and May 2020 compared to 2019. Some peaks in malaria cases observed were normal increases due to seasonal increase in transmission observed in the rainy seasons. There was also a slight increase in fever cases between January and March 2020 as compared to 2019 which could be due to the start of the pandemic. The decline in malaria cases observed from April- June 2020 as compared to same periods in 2019 as reported in the DHIS2 may be due to the movement restrictions put in place. The upward trend in confirmed malaria cases observed towards the end of June 2020 was due to the ease of movement restriction leading to increase in consultation and increased testing in health facilities. Some activities planned for 2020 like the MIS were postponed to 2021. Seven LLIN distribution campaigns were planned for 2020 and only one has been successfully carried out in one of the states; four are still in progress. These campaigns have been affected by the pandemic and contingency measures were put in place to best contain the pandemic. Unlike previous years where LLIN distributions were done at targeted distribution points, measures put in place reorientated LLINs and some PPEs towards door-to-door distributions after household immunization to avoid the risk of contact associated to COVID-19 infection due to mass gathering. Also, timelines were reviewed to accommodate late arrival of commodities due to shutdown of logistic services.

Discussion.

Responding to a question from a participant inquiring if further analysis was carried out to confirm the trends observed, Dr. Perpetua confirmed that data on malaria mortality was not considered in the presentation because of the inconsistency of the reports from health facilities; however, Nigeria has analysis of malaria data which they are ready to share ([link]).

Participants were inquisitive to know the challenges encountered during SMC campaigns; Dr. Perpetua explained that these campaigns take into consideration the reviewed approaches to adhere to recommended safety measures and use of PPEs for house-to-house distribution of SP-AQ. The third cycle has been completed and plans for fourth cycle are on-going. SMC campaigns have been successful. False information from social media stopping people from receiving treatment were immediately handled through community sensitization. There were some challenges reaching out to the internally displaced persons (IDPs) due to stockouts which was a logistic issue of transporting the communities to the site. The MIS planned for 2020 has been postponed to 2021. With regards to SME contingency plan, NMEP and partners developed a business continuity plan that looked at routine reporting, trainings, surveys and surveillance activities. The document aims to support continuity of Surveillance, Monitoring & Evaluation and Operations Research (SMEOR) implementation amid COVID-19 pandemic without exposing our frontline staff to the infection, and recommends innovative approaches through virtual meetings and where not possible, face-to-face meetings should adhere strictly to the mitigation measures using PPEs, frequent hand washing/hand sanitizers while maintaining social distancing.

Ghana's Experience

Nana Yaw Peprah, NMCP

Overview
The first COVID-case in Ghana was reported in March 2020 and as of 17th September 2020 the number of cases stand at 46,004 with 297 deaths. The government put in place measures to successfully fight against COVID-19 and one of the key interventions was the institution of directed or restricted movement. Because of the restricted movements, some planned malaria interventions were suspended, and others had to be carried out online. The interventions that needed physical presence were undertaken under strict guidelines following the protocol put in place. Nonetheless, Ghana was able to carry out almost all its planned interventions like SMC. Generally, SMC takes place between July-October; so at the time of the meeting the third round had been completed and the fourth round was in progress. During this period, the movement restriction was eased so interventions were not disrupted. Moreover, the hotspots for COVID-19 are in the southern and middle parts of Ghana and SMC interventions are in the northern part of the country, so challenges faced in implementing SMC activities were not too severe. The health workers just had to ensure that they put on their protective equipment and educate communities to respect the safety measures put in place and get medications for their children. Nevertheless, there was a great challenge in distributing nets in schools especially primary 2 and 6 since the schools were closed at that level; this was the only intervention that Ghana could not implement. Unlike previous years, there was a decrease in IPTp3 uptake in April-July 2020 in both the public and private sectors; however, this did not affect IPT4-5. In 2020, uptake of LLINs increased marginally both for pregnant women at ANC and children under 5 at Children Welfare Clinics as caregivers got their nets during vaccination unaffected by COVID-10. A comparative analysis of data for January-July 2020 and that of the last three preceding years (2017-2019) shows a decrease in number of malaria cases with increased testing rates.

Lessons learned included that a well-structured and coordinated HMIS system is critical for consistent and resilient uninterrupted routine data management system; limited supervisory activities conducted mostly through phone, WhatsApp and e-mail were extremely helpful. Physical supervisory visits resumed after the lockdown with adherence to COVID-19 protocols.

Discussion
A question was raised about the accessibility of data at the level of health facility and whether the increase in malaria case fatality was real or if it could have been due to COVID cases misclassified as malaria (that is, false negative COVID tests that had comorbidity with malaria).

Peprah confirmed that monthly data analysis is done at all levels and with more investigations from data from the preceding years, it suggests this decrease is not real but rather due to COVID-19 fears. Also, people tend to look for other options to carter for their health like self-medication and come to the hospital too late when the case has reached a difficult stage. This may explain the increase in malaria mortality in March and April 2020 unlike previous years where mortality was stable. This was mitigated by engaging the media to sensitize the public that malaria too is dangerous just as COVID is. There was also a decrease in OPD attendance and hospitalization in both the public and private sectors in March and April 2020 compared to the last three years. Again, reporting at health facilities is not 100 percent so the data quality may not be reliable.

Marcos Bustillo commenting on the chat said, "We also need to keep in mind that due to COVID-19 the number of supervisions and data quality missions have been drastically reduced.' which has an impact on data quality.

Breakout/Plenary Discussion

There were three breakout groups to discuss country experiences: one French language group and two English language groups. The breakout session was immediately followed by a plenary discussion in which each group reported out key aspects of their discussion reflecting on the COVID-19 country experience presentations, listing key lessons learned during the COVID-19 response in the SM&E space, and identifying remaining SM&E challenges and priority actions relevant to the MERG. Participants recommended that suggestions from the plenary discussion should be included as MERG action points.

Objective 2: Discuss challenges and emerging issues related to routine HIS and surveillance data

NMCP Survey Results

Yazoume Ye, PMI Measure Malaria/ICF

The aim of the survey was to increase NMCP involvement in SMERG activities, solicit NMCP feedback to better inform MERG meeting content, and collect NMCP priorities and challenges in malaria SME. Participants questioned the reliability of the results based on the disparities in the number of responses from the different countries which might have led to bias. Addressing this question, Yazoume clarified that the questionnaires were sent to 104 NMCP contacts and only 37 responded giving a response rate of 36 percent. These respondents are active in the MERG, and the results show similar trends across the countries. Moreover, a committee has been put in place to encourage more country involvement. Another major concern from participants which seems to be recurrent was the issue of involvement of all partners in MERG activities and the need for a more holistic and systematic approach to programs. This could be achieved by introducing surveillance as a key component in monitoring and evaluation. Arantxa concurred with this observation and added that the name change from MERG to SMERG was necessitated by this observation. She further updated participants of the creation of a committee by MERG secretariat to address the issue of surveillance and good documentation of resources for easy accessibility and utilization by all partners. Participants were also concerned about the low response rate and the recurring priority needs and challenges over the years. In response to this, it was clarified that the newly created surveillance practice committee will investigate the quality of data (completeness and timeliness) reported. A participant also suggested that surveys may also be undertaken from the technical partners' viewpoint which may give a deep

insight of the actual problem. The next steps will be to disseminate these detailed results with participants and share results with MERG members. The SP&DQ committee will organize a webinar to discuss further the results and develop an action plan.

Surveillance Assessment Toolkit for Malaria

Deepa Pindolia, CHAI and Dr Abdisalan. Noor, WHO

The Malaria Surveillance Assessment Toolkit presentation was given jointly by D. Pindolia and A. Noor. The presentation updated participants about the toolkit, provided insight of its content showed where it has been used, and outlined the next steps envisaged. The Geneva MERG meeting identified gaps and recommended the development of a standardized tool that will handle data quality and data use across countries. The standardization between tools and approaches used in different countries will allow for comparison of metrics that could be replicable and reproducible depending on the context and the country system under consideration. This tool is substantial though much streamlining is underway as reports from pilot countries (Burkina Faso, Benin, DR Congo, Ghana, Cameroon) are being received. The review process will continue to allow countries to choose the model that best suit their context. A review is expected by late 2020 by WHO. A malaria surveillance assessment is a systematic approach to assess the performance of existing systems and understand determinants of this performance (strong or weak), to provide actionable and prioritized recommendations on how to strengthen surveillance systems for malaria control and elimination. An assessment can be implemented in 4 main phases: Phase 1: Country-specific project initiation, Phase 2: Data collection, Phase 3: Data analysis, and development of outputs, and Phase 4: Prioritization of recommendations and dissemination. There are nine main tools that form the toolkit, with various partners contributing to their development. These tools include indicator tables, an implementation protocol outline, a desk review guide, question banks, a data quality assessment (DQA) guide, analysis tools, a report outline, and an assessment plan.

The DQA guide within the toolkit provides guidance on how best to conduct a DQA tailored for malaria surveillance. The toolkit builds on existing WHO and other DQA guidance tools For any type of DQA approach a standardized set of DQA metrics and malaria-relevant indicators is provided within the toolkit. It specifies priority data quality indicators for DQA at both desk and service delivery and intermediary levels and provides a list (and definitions) of key DQA metrics used to assess data quality for malaria programs.

The next steps include continuation of review and implementation of the toolkit by partners, after which WHO will incorporate feedback and improve the design of the toolkit and develop pending content elimination content in Q3/Q4 2020 and formal review by WHO (MPAC) in late 2020.

Malaria Risk stratification, how to effectively respond to NMCP needs?

Punam Amratia, Telethon Kids Institute

During the presentation, Punam gave an exposé on how countries have been using routine surveillance data from the DHIS2 to develop their risk stratification profile. However, the DHIS2 data whilst temporally rich (which is what parasite prevalence surveys lack) can be have spatial challenges because they often come aggregated at district level or may suffer of reporting completeness. Faced with these challenges and how to effectively respond to NMCP needs, HBHI embarked on finding a way to best use all available country level data to create bespoke maps for HBHI countries. Using the example of Nigeria and Senegal, participants were updated on the two models used in these countries with the former being able to determine the annual mean PfPR prevalence and incidence for 2018/19, allowed for building monthly prevalence maps to

identify the seasonal profile, and also had the capacity to produce Incidence surfaces; malaria attributable fever rates and asymptomatic proportions. The Senegal model is a spatio-temporal Bayesian model that combines survey data on the prevalence of both malaria and non-malarial febrile illnesses from DHS. This new approach is highly flexible but still epidemiologically plausible, allowing the signal in the data to determine the prevalence-incidence relationship. One improvement of this model is that it necessarily results in epidemiologically plausible relationships between background fevers, *Pf.* prevalence and case counts, but in a way which allows for the signal in the data to reveal the relationship between prevalence and incidence. This is a work in progress and future iterations may incorporate previously used catchment style models if complete geolocated health facility lists are available within the country. Currently the model is also computationally expensive to run and thus uncertainty metrics are not yet available. Adding a catchment component to the modelling framework allows the relationship between cases and environmental variables to be learned from areas surrounding facilities points, rather than just at the facility point itself.

Challenges faced with using DHIS2 for maps are reporting completeness/bias, inability to link to health facility locations, true zeros vs. missing information, and double counting of different diagnostics tests. Current work includes using causal inference algorithms for covariate selection (led by Rohan Arambepola), improving computational complexity to be able to draw out uncertainty metrics (led by Tasmin Symons), and inclusion of catchment models for health facility level data (led by Ewan Cameron).

Assessing the accuracy of malaria surveillance data using test positivity rates

Michael Humes, USAID

Michael Humes highlighted discrepancies in test positivity rates (TPR) reported from health management information system (HMIS) and Deki readers (automated RDT readers), and discussed implications, existing work, and how TPR can be better used to assess the accuracy of malaria surveillance data and improve the quality of HMIS data. Deki Readers have shown to have high sensitivity and specificity in interpretation of RDTs as compared to visual interpretation by a trained healthcare worker. A major factor driving these observed differences is that healthcare workers do not always adhere to RDT results, particularly negative RDTs. TPR Norms – Seasonality, indicates that RDTs work very well during the rainy season, but do not work during the dry season. In medium to high burden settings it is reasonable to expect to see at least a 50 percent increase between low and high transmission seasons. A cross correlation analysis shows a well-established correlation between malaria transmission and meteorological variables. Furthermore, rainfall, humidity, and soil moisture have been shown to be strong predictors of malaria transmission.

Responding to the question if there is seasonality in the difference between reported Deki positivity, Michael clarified that this is possible with the data quality but not with the interpretation since health care workers were well trained. It has been proven that TPR could be a good indicator for identifying data quality issues and using TPR as a data quality tool may be easier/more efficient than other methods. Participants observed some inconsistency with the TPR reported in this presentation to that of the previous presenters. To buttress this fact, Susan Rumisha said, all other metrics seems to have a correct/expected trend over months, the issues of TPR could be then how the indicator is defined [more of the denominator problem]. Instead of inputting everything into DHIS, it should be split into components so data could be pulled out and analyzed outside the DHIS2. Lola asked on the chat box whether the high/stable TPR despite seasonality could not be explained by the fact that only sick people come to the health facilities to get tested? Especially as the number of positive cases follow the expected seasonal pattern. Arantxa Roca also wondered if discrepancies of TPR at health facility and community

health worker (CHW) levels were investigated separately. Michael explained that some determinants driving the flat lined TPR phenomenon and lack of adherence to negative RDTs are known, but there is need to expand our understanding of these factors and identify strategies to address them and implicates M&E, case management, and social behavior change (SBC). Biased TPRs that appear flat lined or inflated can greatly impact case counts and incidence rates making it difficult to use HMIS data to monitor trends accurately and masks progress in driving down case counts. Deki readers (or some other 'gold standard') could help us calibrate expected TPRs (or expected case counts, or expected incidence) and thus help us further understand the order of magnitude of the problem and aid in monitoring progress of country programs.

Use of data visualization tools – What will be more practical for NMCP?

Michael Hainsworth, PATH

During this presentation, participants' attention was drawn to some of the barriers to data use which comprise inaccessibility and unavailability of data to decision makers, reports may not summarize data at the different levels for planning, stratification, and targeting, and data are often not easily digestible and actionable. Integrated data is optimal for analysis that is timely, digestible, and action oriented. There are many data analytics and visualization tools available including viz, DHIS2, Tableau, Microsoft Power BI, Apache Superset, Shiny, and Zenysis. An effective use of data visualization requires extracting, viewing, and cleaning the data, combining/transforming the data, hosting and making available the dashboards, and finally automatically creating and sending alerts, notifications, and reports. To achieve this, government commitment to financially support the system is required, even if initially supported through partner and donor organizations. NMCP, and other relevant agencies must also, commit to staff positions dedicated to supporting the system and building capacity among employees of government agencies, if currently lacking, recruit skilled personnel from universities or private sector, create data analytics and visualization section to support all MOH departments and government policies regarding data management and security.

Moving forward the following steps are essential: assess the use of currently deployed dashboard systems by users and decision-makers at all levels of the health system; conduct a landscape of available data management, visualization, and analytics tools and develop a shortlist of data analytics and visualization tools; and identify the entity that can negotiate preferred pricing for MOHs. Furthermore, necessity is laid upon donors for proper coordination to support capacity building in this area. Lastly, learn from countries that have developed strong human resource base in this area.

Desk Analysis to Assess Quality of OPD Data and Inpatient Mortality Data
John Painter, CDC
The MERG Secretariat anticipated a presentation on Desk analysis to assess quality of OPD data and inpatient mortality data by John Painter, (CDC) who was unavoidably absent. However, here is the Video Presentation link *(link)*

Objective 3: Non-routine data sources/Survey updates

End-of-cycle LQAS surveys for monitoring key indicators and driving improvements in the delivery of Malaria Consortium's SMC programme in the context of COVID-19

Sol Richardson, Malaria Consortium

After a brief discourse on the background of lot quality assurance sampling (LQAS) which includes challenges faced in using LQAS in the SMC surveys, Sol Richardson presented results of secondary analysis of COVID-19 study. The study was conducted to test the association between delivery of COVID-19 information by SMC distributors and caregivers' knowledge of COVID-19 prevention behaviors and symptoms, and belief on three common "myths". The results show that the receipt of COVID-19 information from distributors was significantly associated with 78 percent and 74 percent higher odds of knowledge prevention behaviors and symptoms, and 8 percent lower odds of belief in myths.

A comment on the chat box reads by Ghislain Nana reads, "Is the adherence to treatment per cycle extrapolation based on lots result; if so, how can we make sure the lots are representative of the whole target population knowing household/caregiver reacts differently in their committing to the treatment. In the past the adherence to treatment were addressed by asking and checking blister for the whole target population following the first dose" Participants were elucidated on the fact that the SMC delivery was adapted due to COVID-19 but had concerns to ascertain to what extent NMCP partners have been involved and how those changes will be incorporated into the system. Sol shared that Malaria Consortium is developing a monitoring and evaluation framework (link) to assess the outcomes of SMC, and effectiveness of its processes, to inform decision-making and priority-setting.

Service Provision Assessment (SPA)

Cameron Taylor, DHS/ICF and Lia Florey, PMI/USAID

Cameron Taylor led a discussion about the SPA Revision Process which has as goal to increase survey utilization and development of a leaner instrument focused on quality of care across priority health areas. The revision envisages including a combination of standardized measures and indicators that can be comparable across countries, and a set of customizable indicators that are country specific. More than half of SPA indicators report service readiness, followed by adherence to guidelines. The malaria indicators in the SPA can be categorized under four main topics 1) Malaria Service Availability, 2) Malaria Service Readiness, 3) Malaria Prevention, and 4) Diagnosis and appropriate treatment. In recent years, The DHS Program has conducted two malaria specific further analysis reports examining 1) gaps in service utilization and service provision and 2) quality of diagnostic services for non-severe suspected malaria cases. These two reports are malaria specific and outlined limitations to the current SPA malaria data, which will be an important reference/topic of discussion for the SPA redesign. Challenges to consider while revising the SPA includes:

- Lack of universally agreed-upon list of quality of care (QoC) indicators and the multiple demands for indicators from distinct entities.
- Some data elements are unique, particularly the direct observations and exit interviews. These could be priority areas for strengthening the SPA.
- Lack of standardization for common indicators, which would affect whether a periodic assessment like the SPA is an appropriate method of assessment.

- Need a clear vision for the next SPA with focus on quality of care and outcome indicators so that difficult decisions on what content to prioritize can be made in service of that vision.

There is a process in place to identify some of the gaps and participants were invited to join and contribute the working group because this is an opportunity to have a standardized document. Technical working groups will recommend standard QoC indicators for USAID priority health areas and propose methods for data collection and measurement. To consolidate ideas on the MERG next steps, Lia Florey and Cameron Taylor will help gather input from MERG members. Participants can contact Cameron Taylor at Cameron.Taylor@icf.com

Quality of Care Indicators - QoC

Tabitha Kibuka, PMI Impact Malaria

PMI Impact Malaria has as one of its objectives to support case management by improved access to quality malaria diagnosis, improved access to targeted quality malaria treatment, and improved access to quality prevention and management of malaria in pregnancy (MiP). Impact Malaria supports improvement in quality of care at national, subnational, and facility levels, as well as outreach training and supportive supervision (OTSS). Digital tools to advance supportive supervision (OTSS+) include the Health Network Quality Improvement System (HNQIS) which has four key phases: plan, assess, improve, and monitor. The electronic (tablet/mobile phone-based) tool helps to improve efficiency and quality of malaria supportive supervision and improve facility performance through offline capabilities, on-site tailored feedback, tailored health supervisors' catchment area, and facilitates prioritization.

Responding to this chat box question (Regarding HQNIS, have you somehow assessed Provincial/District understanding and use of dashboards produced? What kind of actions are planned/implemented and what behavioral changes in local health program managers have you seen that reflects use of data collected through OTSS into specific actions?), PMI Impact Malaria works with other partners and technical support is at higher levels with authorities where data is being reviewed for decision making. Mentorship is at Health Facility level, but that there is need of mentorship at National level as well. As follow up to the above question, Anja Terlouw underscored the importance of integrating generic leadership training at national level that will help authorities to develop their skills and become more effective in decision making.

Another question regarding HQNIS on the chat box reads, "Have you somehow assessed Provincial/District understanding and use of dashboards produced? What kind of actions are planned/implemented and what behavioral changes in local health program managers have you seen that reflects use of data collected through OTSS into specific actions?" Tabitha responded that PMI Impact Malaria also supports the NMCP teams and subnational supervisors to hold post-supervision lessons learnt during workshops to review the process and results of the supervision and make follow up plans to prioritize facilities needing further support.

Incorporating qualitative aspects in SME strengthening efforts

Debra Prosnitz, PMI Measure Malaria/ICF

Debra highlighted on the importance of including qualitative aspects in SME strengthening efforts. Qualitative methods can provide further and valuable insights to program performance, that are unable to be attained from quantitative methods, shedding light on other significant contributing factors. These methods include observations, interviews, and participatory tools. Debra outlined some preliminary thinking about how to incorporate quality approaches to SME at each step of the information cycle (recording, reporting, analysis, presentation, interpretation

and evaluation and dissemination), and the purpose of integrating qualitative approaches at each step.

Debra opened up to the group for discussion on key questions to help further develop the approach for integrating qualitative approaches in SME:

- From your perspective, how do you see role of qualitative approach in malaria SME strengthening?
- What are some of the gaps in SME strengthening that the qualitative approach will help address?
- How will we measure the contribution of qualitative approach in SME strengthening?
- How can the MERG play a role in this approach?
- What are your suggestions on the way forward?

Participants thought qualitative approaches could help understand current context and constraints around, and ultimately be useful for building a culture for, data use. Participants also noted that a qualitative approach to SME could help to understand the perception of records officers or data producers on quality of data and potentially help shape strategies that could address any behavioral factors. As many digital tools and virtual platforms continue to be rolled out and are expected to be used, using qualitative approaches could also be used to capture how personnel are using these tools and how they can be more useful will be important.

Objective 4&5: Coordination/Partner Updates; & Address RBM and MERG business issues and updates from other RBM groups.

Update from Multi-Sectoral Working Group -MSWG

Albaster Graham, UN Habitat Switzerland

The MS WG's 2nd and 3rd meetings of 2019 and 2020 were held in Geneva, Switzerland, with 37 and 69 participants in attendance from 37 and47 countries respectively. MS WG plans to consider a virtual/ hybrid annual meeting in 2021. Top upcoming activities for 2021 include making Multisector Action for the Elimination of Malaria the 2020 World Malaria Day theme (postponed to 2021, due to COVID-19) inviting key speakers from other sectors to the MSWG meetings, updating the Multisectoral Action Framework, organizing information dissemination events, and promoting mapping of relevant non-health sector stakeholders by country.

Update from MIP Working Group

Julie Gutman, CDC/DDPHSIS/CGH/DPDM

Julie Gutman provided a succinct presentation on Supporting the Call to Action for IPTp to achieve higher coverage, debriefing of October 6th RBM media broadcast, MIP in the time of COVID-19 & Collaboration with MERG. This year, the MiP WG will launch a new call to action since it's the 5th anniversary; this is a renewed or sustained commitment and potentially an acceleration of efforts. The Call to Action motto is Speed Up/Scale Up IPTp! All efforts put in place are to reinforce what's already happening and the rationale to continue to prioritize/address MiP. The MiP WG and PMI/CDC developed a guidance on behalf of the working group on delivering MiP services safety during COVID-19. Important dates/ activities the MiP WG has been and will be involved in include the 2020 Call to Action rolling campaign in March, International Women's Day in April, the RBM Media Briefing, International Day of the Girl, Malaria in adolescence/MiP statement from 2 first ladies, the American Society of Tropical Medicine and Hygiene conference (ASTMH) in November, and the MiP Symposium, which is a series of virtual events plus online social media engagement. Collaboration in M&E will require a joint product of MiP WG, MERG & WHO. Next steps include providing guidance to countries on

routine metrics, encourage uniform recording of data so that there is less variability across countries and awaiting final WHO approval.

Update from Case Management Working Group - CMWG

Elizabeth Juma, WHO

Elizabeth Juma presented on updates from CMWG highlighting their new structure: co-chairs- Elizabeth Juma (WHO AFRO) and Larry Barat (PMI Impact Malaria Project) and Coordinator: Konstantina Boutsika (Swiss TPH). The CMWG abolished the open mandate workstreams in favor of task forces focused on delivery of specific work products and plans to consider a virtual meeting like that of MERG. However, the year has been spent in implementing agreed actions from 2019. The first round of collected documents on best practices, tools and resources for operationalization interventions and supply chain management has been compiled and will soon be posted to the CMWG website.

Update from SBC Working Group

Mariam Wamala, NMCP Uganda

The working group developed and launched a document on guidance for malaria during COVID-19 in April 2020. This is available in English and French on RBM website. SBC has a new leadership as of June: Co-Chairs Gabrielle Hunter (Johns Hopkins University) and Nabukenya Mariam Wamala (Uganda NMCP), and two new members were elected to the Steering Committee. A virtual meeting is slated for October 21 & 22, 8h-10h Eastern on: Malaria SBC during COVID-19, Championing malaria SBC in Global Fund requests, workstream updates, Zero Malaria Starts with Me, & more.

Update from Vector Control Working Group -VCWG

Dr. Keziah Malm, NMCP Ghana

The Working Group is currently under restructuring to capitalize on related (but not currently connected) activities within the existing work streams. The aim is to focus the energies on priorities and deliver more tangible outcomes which support the goals of the working group. The new structure will be announced in October 2020. VCWG plans to consider a virtual/hybrid annual meeting in 2021.

Action items for MERG

The action items were not reviewed in detail during the meeting and are being shared with participants via this meeting report for review and inputs. Based on the feedback from partners, SMERG and the new Committee will jointly set up a coordination and prioritization process to identify how some of these items could be immediately approached while items that will take a longer term may be handled with time.

Action items		Party Responsible
English	**French**	
COVID – 19 – Related		
Institute virtual technical training and supervision – Using virtual platform beyond COVID-19	Mettre en place une formation et une supervision techniques virtuelles – Utiliser la plateforme virtuelle au-delà de la COVID-19	

Develop a protocol to review subnational, and further stratification of trends to cover potential disruptions, challenges – both service delivery and data quality issues	Élaborer un protocole pour l'examen des tendances infranationales et une stratification plus poussée des tendances afin de couvrir les perturbations potentielles, les défis – à la fois la prestation des services et les problèmes de qualité des données	
Develop a protocol for interpretation of TPR and febrile illness indicators in areas with incomplete access to COVID testing	Élaborer un protocole pour l'interprétation des indicateurs de taux de positivité et des indicateurs de maladie fébrile dans les régions où l'accès au dépistage de la COVID-19 est incomplet	
Document lessons learnt and best practices for developing effective contingency plans during COVID-19, with focus on SME components	Documenter les leçons apprises et les pratiques exemplaires pour l'élaboration de plans d'urgence efficaces pendant la pandémie de COVID-19, en mettant l'accent sur les composantes des experts en la matière	
Based on COVID-19 experience, develop a protocol for a minimum package of SME activities (including indicators) to maintain during challenging period.	En fonction de l'expérience liée à la COVID-19, élaborer des directives pour un ensemble minimal d'activités des PNLP (y compris des indicateurs) à maintenir pendant la période difficile.	
Data Quality and Analysis, Interpretation and Use		
Develop a protocol for using TPR analysis to further identify and address data quality issues, specially at the subnational level	Élaborer un protocole sur l'utilisation de l'analyse taux de positivité pour mieux cerner et régler les problèmes de qualité des données, en particulier au niveau infranational	
Develop a protocol for interpretation of mortality data and indicators e.g case fatality rate	Élaborer un protocole pour l'interprétation des données sur la mortalité et des indicateurs, p. ex., taux de létalité des cas	
Design a model to better capture and analyze data from the private sector into DHIS2	Concevoir un modèle pour mieux saisir et analyser les données du secteur privé dans DHIS2	
Define process for addressing data quality/accessibility in DHIS2 –to further inform risk stratification	Définir le processus d'examen de la qualité et de l'accessibilité des données dans le DHIS2 – pour éclairer davantage la stratification des risques	
Use the surveillance assessment toolkit to standardize metrics for malaria surveillance systems across countries – Next steps	Utilisation de la boîte à outils d'évaluation de la surveillance pour normaliser les mesures des systèmes de surveillance du paludisme dans les pays – Prochaines étapes	

Non- routine data		
Contribute to the revision of SPA survey tools to better address malaria information needs: • Link to health facility indicators developed by MERG • Link to routine quality care assessment • Better coordination among partners (SARA by WHO)	Comment MERG pourrait contribuer à la révision des outils des enquêtes SPA afin de mieux prendre en compte les besoins en information pour le paludisme : • Lien avec le document des indicateurs niveau structure sanitaire • Lien avec l'évaluation de la qualité de soins • Collaboration entre partenaires (Lien avec SARA par WHO)	
Reflect further on qualitative aspects of malaria SME strengthening • Potential link to the malaria assessment toolkits • Potential link to supported supervision assessment • Define clear value added and contributions	Continuer la réflexion sur la prise en compte de l'approche qualitative dans le renforcement de SSE • Lien potentiel ave l'outils d'évaluation de la surveillance • Lien potentiel avec les supervisions formatives • Définir clairement la valeur ajoutée	
Link with SMC working group for SME aspects	Lien avec le groupe de travail CPS – aspects SSE	
Engagement and Coordination		
Discuss further on MERG contribution to leadership skill strengthening (SME): • MERG contribution – any thoughts on the process? • Discuss further with NMCP to get their thoughts • Mentorship role?	Renforcement des compétences en leadership : • Contribution du MERG- réflexion sur le processus • Consultation avec le PNLP pour avoir leurs réflexions sur la question • Mentoring – Quel rôle pour MERG	
Follow up on NMCP engagement survey • Stimulate further engagement of the NMCP to increase response rates • Discuss further the results and develop an action plan – Webinar	Suivi du sondage sur l'engagement du PNLP • Stimuler l'engagement du PNLP pour augmenter les taux de réponse • Discuter davantage des résultats et élaborer un plan d'action – Séminaire en ligne	
Conduct a partner engagement survey to further understand their priorities, needs and gaps in malaria surveillance	Faire une enquête auprès des partenaires pour mieux comprendre leurs priorités, leurs besoins et leurs lacunes en matière de surveillance du paludisme	

Set up a plan/strategy for better coordination of malaria surveillance activities across SMERG partners, NMCP, and WHO/GMP: • Framework for better link between SMERG products and WHO/GMP • Create synergy between SP&DQ committee with WHO/MSIRG • Develop an online platform to compile tools, protocols, results and facilitate access	Mettre en place un plan/une stratégie pour une meilleure coordination des activités de surveillance du paludisme entre les partenaires de SMERG, PLNP, et OMS/GMP : • Cadre pour mieux lier les productions/documents de SMERG aux différentes recommandations/directives de l'OMS/GMP • Créer une synergie entre le comité *SP&DQ* – Pratique de la surveillance et qualité des données et le comité OMS/*MSIRG* -Groupe de référence sur l'information stratégique pour le paludisme • Développer une plateforme pour compiler les outils, protocoles, rapports afin de faciliter l'accès

Closing and Next Steps

The new Co-chair Molly Robertson updated participants on some actions MERG has undertaken that members could build on which comprise of the production of specific guidance tool developed with the collaboration of WHO. The outgoing Co-chair Arantxa Roca, appreciated this starting point as she enlightens participants of the usefulness of this operational framework in identifying specific tools and mapping out the missing links. Participants recommended that in addition to the annual meeting, virtual platforms may be used more often since it is cost effective and creates opportunity for more participants to attend.

Participants also emphasize the need for better coordination of tools, documentations, and activities among partners to avoid duplication of efforts as countries move from malaria control to malaria elimination. Yazoume concluded that MERG will check with WHO on the operational modus operandi, map out existing activity tools to close gaps, and form a surveillance committee. Updates will be shared with all the members together with the partners update template (Partners update template link).

Participants

Co-chairs

Arantxa Roca	Malaria Consortium
Medoune Ndiop	NMCP Senegal, MERG Co-Chair
Molly Robertson	PATH, MERG Co-Chair

Secretariat

Yazoume Ye	PMI Measure Malaria/ICF
Debra Prosnitz	PMI Measure Malaria/ICF
Patricia Mbah Nchamukong	ICF

Participants

Abd Alla Ahmed Ibrahim	CNCDCD Sudan
Abdinasir Amin	PMI Measure Malaria/ICF
Abdisalan Noor	WHO
Abimbola Phillips	Malaria Consortium
Adilson DePina	Malaria Pre-Elimination Program, Cabo Verde
Agostinho de Sousa	Focal Point Modial
Ali Abdirahman	Malaria Program Manager Ministry of Health & Human Services-Federal Government of Somalia
Alison Winstead	CDC
Angela Anna De Tommasi	UNDP
Anja Terlouw	LSTM
Anna Bowen	CDC
Anne Linn	USAID
Ann-Sophie Stratil	Malaria Consortium
Arnaud Le Menach	CHAI
Ashley Garley	PMI Measure Malaria/ICF
Ashley Riley	JHU CCP
Balla Gibba Kandeh	NMCP Gambia
Bridget Shandukani	NMCP South Africa
Brittany Iskarpatyoti	PMI Measure Malaria/UNC
Busisani Dube	NMCP Zimbabwe
Cameron Taylor	The DHS Program/ICF
Cheik Saïd Compaoré	Malaria Consortium
Chris Lourenco	PSI
Christelle Gogue	PATH
Christian Burri	Swiss TPH
Daddi Wayessa	RBM Partnership to End Malaria
Daniel Kyabayinze	UNOPS
David Owolabi	UNDP Istanbul Regional Hub Turkey
Deepa Pindolia	CHAI
Donnie Mategula	Malawi-Liverpool Wellcome Trust Clinical Research Programme

Dr Gauthier Tougri	PNLP Burkina Faso
Eliane Mbounga	PMI
Eline Korenromp	Avenir Health
Elizabeth Juma	WHO
Eric Diboulo	PMI Measure Malaria/ICF
Grace Ikahu-Muchangi	NMCP Kenya
Graham Alabaster	UN Habitat
Hannah Koenker	Tropical Health, LLP
Helen Counihan	Malaria Consortium
Ibrahim Maikore	WHO
Ismael Nana	CRS
Jessica Rockwood	IPH Advisors
Jimee Hwang	CDC
John Painter	CDC
John Seppeh	NMCP Sierra Leone
Jui Shah	RTI
Julia Dunn	CHAI
Julie Gutman	CDC
Katelyn Woolheater	WHO
Kemi Tesfazghi	GEMS Project/PSI
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Khoti Gausi	WHO
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Lia Florey	PMI
Lolade Oseni	Jhpiego
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Olimatou Kolley	NMCP, Gambia

Perpetua Uhomoibhi	NMEP Nigeria
Peter Olumese	WHO
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Prof Alioune Camara	PNLP Guinea
Punam Amratia	Telethon Kids Institute
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