



MEETING REPORT

Fifteenth Meeting of the RBM Partnership
Monitoring and Evaluation Reference Group (MERG)
21-22 June 2010
Glion, Switzerland

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Acronyms

ACT	Artemisinin-Based Combination Treatment
CDC	Centers for Disease Control
DHS	Demographic and Health Survey
Global Fund	Global Fund against HIV/AIDS, TB and Malaria
GMP	Global Malaria Programme (WHO)
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
IVCC	Innovative Vector Control Consortium
JHUCCP	Johns Hopkins University Center for Communication Programs
LLIN	Long-Lasting Insecticidal Net
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MalERA	Malaria Elimination Research Agenda
MACEPA	Malaria Control and Evaluation Partnership in Africa
MDG	Millennium Development Goal
MDSS	Malaria Decision Support System
MEG	Malaria Elimination Group
MERG	Monitoring and Evaluation Reference Group
MESST	Monitoring and Evaluation Systems Strengthening Tool
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Survey
MOH	Ministry of Health
NGO	Non-governmental Organization
NMCP	National Malaria Control Programme
PATH	Programs for Appropriate Technology for Health
PMI	US President's Malaria Initiative
PSI	Population Services International
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
TA	Technical Assistance
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

Participants

Chair: Rick Steketee (MACEPA-PATH)

Participants: Edward Addai (Global Fund), Nathan Bakyaita (WHO/AFRO), Hana Bilak (MACEPA-PATH), Jane Bruce (Malaria Consortium), Richard Cibulskis (WHO), John Paul Clark (World Bank), Renia Coghlan (Medicines for Malaria Venture), Mike Coleman (IVCC/Liverpool School of Tropical Medicine), Erin Eckert (MEASURE Evaluation/ICF Macro), Thom Eisele (Tulane University/ MEASURE Evaluation), Lia Florey (MEASURE DHS/ICF Macro), Hannah Gould (CDC/PMI), Ryuichi Komatsu (Global Fund), Eline Korenromp (Global Fund), Marcel Lama (Global Fund), Matthew Lynch (Johns Hopkins), Tessa Mattholie (DFID), Tom McLean (IVCC), Eric Mouzin (RBM), Melisse Murray (Global Fund), Bernard Nahlen (PMI), Holly Newby (UNICEF), Kathryn O'Connell (ACTwatch), Mac Otten (WHO), Amanda Ross (Swiss TPH), Rene Salgado (PMI), Tanya Shewchuck (ACTwatch), Chansuda Wongsrichanalai (USAID/RDMA), Steven Yoon (CDC/PMI), Nathalie Zorzi (Global Fund),

Logistics: Elizabeth Patton (MEASURE Evaluation/ICF Macro)

0.0 Meeting Objectives

1. Review findings of expert consultation on mortality and implications for impact evaluation
2. Review the role of modeling in M&E
3. Discuss support to GF initiatives including the next round of applications, current initiatives on M&E, and programmatic measurement
4. Review current status of data collection, use of data, and global level reports
5. Consider new indicators and new estimation methods based on survey data
6. Update on recent capacity building initiatives and discuss future needs
7. 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.

1.0 Expert consultation on mortality and implications for impact evaluation

1.1 Mortality Meeting – Results and Progress

E. Eckert-MEASURE Evaluation/ICF Macro, Hannah Gould-CDC/PMI

Erin Eckert reviewed the results and progress of the Experts Consultation on Malaria Specific Mortality which took place in Washington DC in April. She demonstrated a list of issues that will need to be examined in order to create an updated guidance document that will be released in the fall and help guide countries to measure impact in regards to mortality. Concern was expressed about whether enough people and enough time are available to accomplish this, as all of these issues are difficult to address, especially over time as the malaria profile changes. Hannah and Erin responded that while they are coordinating this effort, they not doing the work alone. Names were assigned to each of the issues at April meeting.

PMI is attempting to test this methodology in Tanzania and Angola concurrently while working on these methods. IHME has gotten funding to do this in Zambia and one other high-burden African country.

Work has been done in Zanzibar to show what will happen to all cause mortality if malaria control is not continued. The group needs to continue to think about health burden and economic burden and to position malaria as a development issue. There is anecdotal evidence of the effects of decreased burden on health system, but it is not scientifically shown. Global Fund has projected economic burden using modelling and is looking into doing this on a malaria-specific burden.

The importance of advocacy was put forward. Engagement of the MAWG and Finance and Economics Working Group to make arguments about impact (malaria-specific mortality) is necessary to continue mobilizing funding to maintain coverage at high levels. The issue of malaria specific mortality measurement also needs to go up to board and put on the executive committee agenda.

The mortality task force met and discussed this topic further the day after the MERG meeting.

Agreements and follow-up actions:

- Time line for completing this work will continue to be followed (**Hannah Gould and Erin Eckert**)
- IHME and CHERG to be engaged early and for the duration of this work (**Thom Eisele with CHERG**)

2.0 Review the role of modeling in M&E

2.1 [LiST update](#)

Thom Eisele-Tulane/MEASURE Evaluation

Thom Eisele updated the group on the LiST Model which was designed for analyzing package interventions for child survival. The model is based on estimates of coverage from each year and looks at incremental changes over time. It can demonstrate the effects of not investing in malaria program by creating an output graph showing mortality in the absence of ITN funding. He clarified that universal coverage is defined in the model as the possession of at least one ITN in 100% of houses and that a household protected owns at least one ITN or has received indoor residual spraying (IRS) in the last 12 months. Protection from malaria during pregnancy was defined as women who received IPTp or slept under a net the previous night which is probably an underestimation of protected women due to recall bias of what happened during ANC. These data are collected through household surveys. The model estimates that a minimum of 12% of child mortality is direct malaria mortality. There is no way to use LiST to look at indirect mortality which Eisele estimates to be ~30-50%. Eline Korenromp made the point that it is important to emphasize the indirect effects above the 12% that contribute to MDG 4.

2.2 [Swiss TPH Modeling Activities](#)

Amanda Ross- Swiss Tropical Public Health

Ross discussed a model from STPH which looks at what happens with malaria in the absence of any intervention. The model requires many inputs such as human demography, drug resistance, interventions, and case management. Heterogeneity adjusted for in the model, not for just one cause. She cautioned that a healthy level of skepticism is necessary when looking at models. They are helpful to fill in gaps where other data is not available. Others pointed out that it is helpful to use modeling to provide counterfactual, for planning and looking into future.

There was interest in using the model to look at intervention and routine data, to aid in advocacy initiatives, and to help validate the LiST Model. Amanda and Thom agreed to follow up with each other to explore opportunities for collaboration. Lia Florey mentioned that it may be helpful to get in touch with CHAI which is using modeling for program purposes. Rick Steketee suggested that non-modelers engage those involved in modeling to look at pertinent questions

Agreements and follow-up actions:

- LiST manuscript and report to be produced and disseminated (**Thom Eisele**)
- LiST & STPH collaborating to examine linkage in methods and outputs (**Thom Eisele and Amanda Ross**)
- Examine the role of MERG in continuing to engage in modeling – in terms of understanding the models and using the information generated (**Agenda item at next Meeting**)

3.0 **Support to various GF initiatives including the next round of applications, current initiatives on M&E, and programmatic measurement**

3.1 [Global Fund Evaluation Strategy](#)

Edward Addai-Global Fund

Dr. Addai reviewed the Global Fund evaluation strategy. One part of the evaluation framework looks at system effects, which is the interaction between program and countries. This is examined to recognize impact, either positive or negative on national systems. The Global Fund strategy is not interested in attribution. There is a resource tracking program that tracks funds over time. All of us need to ensure stability of funds over time. However, access to funds is certainly contingent on national performance. The more a country performs, the more predictable the funding is over time.

3.2 [Global Fund Data Quality Strategy](#)

Edward Addai-Global Fund

Grant recipients are currently given a tool for use in Data Quality. The tool needs a bit more work, but is progressing in the right direction. It attempts to link M&E system strengthening with what is occurring on the ground. Moving forward, GF would like to link this with funding.

3.3 [Community Systems Strengthening Framework](#)

Marcel Lama-Global Fund

This framework document was developed in collaboration with civil society organizations (CSO) in countries to standardize and improve quality of wide array of indicators.

Concern was expressed that the language in the document was more conducive to HIV as in the malaria field there is not much use of CSO/Community Based Organizations (CBO), but instead, community health workers. The group was encouraged to be critical when adding these indicators, making sure that this information can actually be collected and interpreted.

Agreements and follow-up actions:

- MERG to review and comment on Global Fund CSS and malaria indicators (**Marcel Lama**)
 - “Volunteers” identified and provided with documents
 - Comments to be received by July 30, 2010

3.4 [New round of GF applications](#)

Nathalie Zorzi and Marcel Lama-Global Fund

Nathalie Zorzi and Marcel Lama reviewed the changes and priorities in Round 10 of Global Fund applications. You can no longer submit HSS as stand alone. There are new criteria for burden of disease as GF wanted to include morbidity so that some vivax countries could be included. There are now 4 lists of countries which will be reviewed and revised. This has the benefit that funding will not decrease with success as countries should be viewed at a 2006 baseline. A list of countries in each category will be presented.

3.5 [ACTwatch and independent evaluation of AMfM](#)

Kate O’Connell and Tanya Shewchuk-ACTwatch

ACTwatch provided an update to their presentation from the 14th MERG meeting and spoke about the progress and results that since then. The presentation summarized the more important points from the larger ACTwatch report on recent outlet surveys and an household survey in Cambodia. The full report also includes information on types of ACTs available, an emphasis that many monotherapies that are used are SP (for IPTp). Data on use is collected using RBM guidelines and compliments what they are finding in outlet surveys.

ACTwatch provides these data to others. More household surveys will take place in 2011. They have worked with national governments at launch meetings. There are country program coordinators in each country to keep this interaction going. Additionally, there is dissemination of results in each country.

There was interest in the results of the surveys in Cambodia. Rick Steketee wondered if there were lessons learned about measuring fever and diagnostics and whether this series of questions has been used in SSA. Tanya replied that ACTwatch had used the same series of questions in DRC are willing to share this information. While ACTwatch is willing to look at the diagnostics issue, not all baseline data has info on this.

4.0 Current status of data collection, use of data, and global level reports

4.1 [MICS update](#)

Holly Newby-UNICEF

Holly Newby presented on a list of upcoming MICS surveys and provided an update on the changes to the most recent MIC survey. The net roster will now be included in the MICS, when it was not in the past. Holly clarified that the MIMS in Zimbabwe is simply a renaming of MICS.

Concern was expressed over the possibility that countries may have both a MICS and DHS at the same time. MICS tells countries not to do a MICS when other data collection planned, but sometimes more than one survey occurs due to issues outside of UNICEF's control.

4.2 [DHS/MIS Update](#)

Lia Florey-MEASURE DHS/ICF Macro

A list of recently completed and updated DHS and MIS surveys was provided. A malaria-surveys.org site also exist, but no one aside from DHS has posted data yet. Others were encouraged to do so.

Parasitemia protocol was discussed. Lia stated that both RDT and Microscopy are done in most countries but that Cameroon will only be utilizing RDT.

Agreements and follow-up actions:

- Create a map of all surveys leading up to 2010 reporting and their timing (**Lia Florey**)

4.3 [World Malaria Report and other upcoming reports](#)

Richard Cibulskis-WHO

Richard Cibulskis updated the group on the 2010 World Malaria Report. Rick Steketee expressed that sometimes there can be information overload and that there is a need to work with colleagues on advocacy side to provide appropriate messaging and make sure that messages are not conflicting. Additionally, as Morocco was just certified, it would be nice if this were highlighted.

With the MDG summit coming up, there is an RBM report addressing this; however, WMR from this year will not directly feed into this. WHO has worked with UNICEF on a series of reports that address this. One report touches on financing and this year they will try to get a better idea of financing in order to link it with rapid assessments. The aim is to determine the difference in investing \$5 per head vs. \$10.

4.4 [Commitment to the RBM Progress & Impact Series "High Level Event Report for the UN General Assembly timing in Sept 2011" - Timeline, tables, analysis, writing](#)

Rick Steketee-MACEPA/PATH

MERG has been put forward as having responsibility for the data in the High Level Event Report. It is clear that unless we start now we will not have enough time to complete this report. MERG should contribute to:

1. DHS, MICS, MIS report compilation
2. Assigning responsibility for each component
3. Data analysis and assembly
4. Authorship

Matt Lynch pointed out that it is the MERG's responsibility to assure that the information in the report is credible. It is in the MERG's best interest for partners to get involved and make sure report is high quality. World Malaria Report 2010 info will be looked at in conjunction with surveys.

Agreements and follow-up actions:

- Discuss preliminary reports of surveys leading up to 2010 reporting with parties responsible to make sure that needed indicators will be included in preliminary report; Potentially create a template of what would need to be included in preliminary report **(Rick Steketee, DHS and UNICEF)**
- Put together for email group to follow up on 2010 reporting **(Elizabeth Patton)**
 - Group-UNICEF, CDC, PMI, World Bank, WHO (Richard Cibulskis, Nathan Bakyaite, Khoti Gausi), Global Fund (Marcel Lama, Ryuichi Komatsu, Eline Korenromp, Daniel Low-Beer) DHS, MEASURE, Thom Eisele, Rick Steketee
to be involved in:
 - Planning for Data availability
 - Data analysis and information assembly across multiple sources
 - Authoring
 - Compiling data

4.5 WHO Surveillance and Reporting

Mac Otten-WHO

WHO is continuing to support efforts to strengthen routine data systems. In the past there were no requirements/incentives for measuring impact and so coverage was measured. Often the country is short staffed and needs assistance. Most people are not consistently tracking surveillance data and not much progress has been seen.

Otten felt that rapid assessments provide the opportunity to strengthen routine systems. Rapid assessments use data that have been captured already. They provide an opportunity to actually use these data that is not very resource intensive and is very useful. These may be more difficult as disease profile changes in various regions of each country.

Eventually, there will be enough good routine information that rapid assessments will not be needed but ongoing assessments will occur instead. Rwanda and Zambia have graduated from rapid assessment, but this will take some time in other countries, perhaps a few years for some countries. Currently, there is no strategic initiative or incentive for countries to move forward with this.

By using this information, the hope is to eliminate stockouts at the national level. There are national level stockouts of ITN, ACT, etc often.

Agreements and follow-up actions:

- WHO requests review support for Global malaria surveillance guidelines and suggests potentially creating a standard M&E plan template that includes surveillance (**Mac Otten and Nathan Bakyaite**)
- Dissemination of PMI reports which identify strengths a gaps in the M&E Plans of 18 countries to other members of the MERG (**Steve Yoon**)

5.0 New indicators and new estimation methods based on survey data

5.1 [M&E of BCC Programs](#)

Matthew Lynch- JHUCCP

Matt Lynch presented progress that has been made in the creation of indicators for behavior change communications programs. He stated that it may or may not be possible to create standard set of questions that can be used across countries, but this would be ideal. While DHS and MICS core questionnaires are quite overburdened, household surveys would only be used to collect information that focus groups could not supply. Household survey data is just to make sure the programs are on track and identify areas of concentration. Small surveys are better for focusing message in a formative sense.

This topic was discussed further at the Survey and Indicators Task Force meeting.

Agreements and follow-up actions:

- Matt Lynch to pull together a group of interested individuals to draft BCC indicators and tab plan before the next MERG meeting (**Matt Lynch**)
- PSI to share data on behavior that may be useful to those interested in BCC (**Kathryn O'Connell**)

5.2 [New estimation method for LLIN procurement](#)

Matthew Lynch- JHUCCP

Matt Lynch presented on a method which is intended to estimate the number of LLIN needed to achieve universal coverage. This method uses a "correction factor" of 1.78 persons per net as opposed to the use of 2 persons per net, which has been used in the past. In Zambia and Ethiopia, 35% of households were missed even though distribution was universal.

Concern over the consistent changes in the recommended number of nets per household was mentioned. There is pushback from ministries of finance on this. They do not believe that these incremental changes are having positive incremental increase in coverage. Having a consistent message is very important. Rick Steketee emphasized the importance of promoting the right correction factor so that there is no continued need to have incremental changes. He also cautioned that investments will break even if programs end up paying more for case management than they would have paid to buy the nets in the first place.

The conversation then turned to how current net coverage indicators do not necessarily represent progress in coverage and use. To better represent what is going on in terms of use, Rick Steketee recommended looking at analysis and reconsidering the numerator/denominator for use. He questioned whether the

denominators should be all children under 5 or children under five in households with nets or if the indicator should include anyone in the household. He asked whether the field is harming itself with these indicators that make it seem like nets are not being used when they are. The survey task force was solicited to look at the tab plan for these indicators.

5.3 'Hung Nets' methodology

There was a brief discussion about the hung nets methodology. By looking at hanging nets, use of nets can be validated. Surveys may not have all of the questions needed to look at this.

5.4 [Discussion of SE Asia Proposed Regional Indicator Set](#)

Chansuda Wongrichanlai

A regional indicator set is being created for the Southeast Asia region. This indicator set takes into account the malaria situation and addresses some of the challenges faced by malaria control programs in the region. Specifically, drug resistance is an issue on the Thai/Cambodia border. There is declining drug efficacy among migrant populations. A number of vulnerable populations exist, but are defined differently in different countries. In Thailand, migrants often delay treatment because of illegal status, but pregnant women are not as much of a problem because of low fertility. In Vietnam and West Cambodia, ethnic minorities are at greater risk of malaria. Chansuda also mentioned that there is a JICA program to bring NMCP staff from Africa to see the Thai program for 6 weeks.

ICF Macro is coordinating and developing framework/indicators. Malaria Consortium is working at the country level. WHO is coordinating the effort, including meetings. It has been difficult to coordinate with China and Burma needs very advanced notice of meetings and has no clear point of contact.

Some participants were struck by differences in epidemiology and situation. SE Asia may be a glimpse of the future in Africa if all goes well. Once you push transmission down, household surveys at the national level are not appropriate for collecting information in low transmission settings. Increasingly focal malaria indicates that methods of measurement will need to be updated. SE Asia and Mexico are good examples of this. M&E of malaria between the current situation and elimination should be thought about systematically.

Agreements and follow-up actions:

- PMI, Malaria Consortium, MEG and WHO/EMRO and others to pull together a group to systematically look at the M&E needs on the road towards elimination **(Steve Yoon)**
- To consider writing an editorial or manuscript on ITN use in response to articles based on anecdotal evidence that have been circulating recently **(Thom Eisele)**
- Develop a table and tabulation plan for DHS/MICS/MIS surveys from net roster data to address "use" **(Survey Task Force, UNICEF and DHS)**

5.5 Task Forces Updates

5.5.1 Mortality Task Force

To meet June 22, 2010.

5.5.2 Survey and Household Indicators Task Force

To meet June 22, 2010.

5.5.3 IT Task Force

The IT Task Force is still looking for members with experience working with IT issues. A number of individuals from various organizations were suggested to Tom McLean, who will lead the group.

Agreements and follow-up actions:

- MERG members to provide leads on potential members for an IT Task Force, which will begin communication before the next MERG meeting in January **(Tom McLean)**

5.5.5 Economics Task Force

A final report by Deb McFarland on malaria work in the copper mine and the sugar industry is coming out soon. Issues with data delayed this. These two large industries in Zambia provide prevention and treatment and cost/productivity analysis was done. It demonstrated that for every dollar invested they get approximately two dollars back in productivity. As the burden declines industry starts relying on public system. When they cut down on investment, malaria returns. This is something that could potentially be seen in both private and public sector.

There is also work being done to look at outpatient and inpatient visit costs. Rick Steketee will follow up with Manoj Menon and Deb McFarland about this.

One other investment will be made in the cotton outgrowers group. This is very different from business model of mines and sugar. It reached about 100,000 farms/600,000 persons in some of the more rural and impoverished areas. These cases can demonstrate return on investment in malaria control.

5.5.6 Capacity Building Task Force

To meet before the next MERG meeting.

5.5.7 Routine System Task Force

The task force would like to meet, but perhaps not in person in the near future. A meeting announcement will be disseminated. If you would like to be added to the list please inform Steve Yoon.

6.0 Recent capacity building initiatives and future needs

6.1 [MEASURE Evaluation Course in Ghana](#)

Elizabeth Patton-MEASURE Evaluation/ICF Macro

Elizabeth Patton gave a presentation on the MEASURE Evaluation M&E of Malaria Programs course that was held in partnership with the University of Ghana on May 31-June 8, 2010. This annual course commenced this year. The course was overall successful and some improvements will be made to address issues next year. The course will in the future take place over a two week period, adding two days of class time to provide more time for group work. Materials from this curriculum will be included in an M&E course to be taught at the School of Public Health, University of Ghana.

6.2 [Post-campaign survey training in Nairobi/Dakar](#)

Steve Yoon-CDC

Steve Yoon presented on the AMP post campaign survey workshops. The English version of the training took place in Nairobi in May and the French version in Dakar in June. Participants initially assumed that all campaigns need surveys. This was discussed and it was concluded that this was not the case and more countries than not realized that they did not need survey. Nigeria was shown as an example for countries which provided a guide as to what to focus on in terms of issues and procedures. Timing of surveys was discussed and it was clearly conveyed that these need to take place in the high transmission season. The link to EPI was deemphasized so that LLIN could be more fully covered. This workshop focused on Post-LLIN Campaign Surveys because there are huge campaigns going on and partners will want to know the results of the investment as soon as possible, whether the campaign has achieved target and if remedial action is needed to fill in identified gaps.

6.3 [Malaria Program Reviews](#)

Nathan Bakyaita-WHO/AFRO

Malaria Program Reviews utilize a periodic joint program management process for reviewing progress and performance of country programs within the national health and development agenda. The findings will contribute to improving performance and/or redefining the strategic direction thus focusing and strengthening program delivery structures and systems. This is a platform that can be built on for other partners to adapt to suit their needs. It is still a work in progress. Malaria program reviews can work as a reality check for countries to realize where they are in their program and if they need to revisit some aspects before proceeding. Original countries took 9 months to complete the process, now they are taking approximately 6 months. It could potentially take less time, but this depends on the country.

The final product in Senegal was long list of strengths and weaknesses and country did not know what to do with it. This is not uncommon. The way forward is through external peer review. This allows country to distill which key steps need to be taken to move forward. In some countries they have a retreat to sort out what needs to happen in the action plan for the year. In the case of Senegal there was not as much external peer review as in other countries.

Agreements and follow-up actions:

- Former MERG notes and capacity building task force notes to be reviewed and involved parties to be contacted to document past capacity building efforts and current needs and issues in the field (**MEASURE Evaluation**)
- Final report from M&E of Malaria Programs Workshop in Ghana to be shared (**Elizabeth Patton**)
- Materials from M&E of Malaria Programs Workshop in Ghana to be posted on RBM Toolkit (**Elizabeth Patton**)
- Partners present at meeting will encourage country level partners to get engaged in Malaria Program Review

7.0 MERG Administrative issues: 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

7.1 RBM Board May Board Meeting update

Eric Mouzin-RBM

The board has requested information on the activities that are being carried out in relationship to RBM by the partner organizations and their costs. Matt Lynch explained that the board would like to be more helpful and that this information will allow it to better see the activity of working group and to identify issues that are facing the working group that the board could help address.

The board has no funding. This comes from the secretariat and partners. However, the board would like to have groups identify priorities which can be approved by board and floated as highly fundable activities. There are no guarantees of funding.

The RBM Board recommends that WHO, represented by Richard Cibulskis, become a co-chair in MERG. Changes in co-chairs will be discussed at the January 2011 MERG meeting.

The jobs of co-chair(s) include:

1. Providing leadership overall for MERG agenda and activities
2. Building consensus and communication among the many MERG partners
3. Representing MERG at the RBM Board meeting and following close work with the MERG Secretariat
 - a. Submitting work plans
 - b. Submitting any budget items for which MERG would be responsible for the product of the funding
4. Assuring that MERG meets 2 times per year, engages the broader RBM community, identifies and works on priority issues and activities
5. Representing MERG to the countries and global community
6. Other duties as they arise, typically with the MERG secretariat and members

Membership in the MERG is open because RBM is a partnership. People get involved as there are activities relevant to their organizations. Task forces are another way to engage so people who are only interested in a specific topic can get involved that way. Despite being an open organization, we don't want this group to get too large as it could become dysfunctional. AMP, Clinton Foundation and IHME should be invited.

RBM is supposed to provide money for endemic country participants to attend meeting. Use of these funds has ebbed and flowed. It is necessary for the meeting organizers to know at least two months in advance to be able to arrange for this. It was suggested that it would be a good idea to identify individuals who can continuously participate. Members should suggest representatives to the chairs/secretariat.

7.2 Other business issues (next meetings, etc.)
Erin Eckert-MEASURE Evaluation/ICF Macro

The next MERG meeting will be held in early January in Thailand, Cambodia, or Abu Dhabi.

Agreements and follow-up actions:

- Skills matrix/listserv to be created and utilized for MERG Co-Chair to consult with interested MERG members about certain questions/decisions **(Rick Steketee and Elizabeth Patton)**
- WHO (Richard Cibulskis) recommended to become MERG co-chair
- Timeline of MERG meeting planning to be created **(Erin Eckert and Elizabeth Patton)**
- Identify point people to represent other RBM working groups in MERG and provide these groups with contact information for MERG point people **(MEASURE)**
- Find point people from Clinton Foundation and IHME to attend future MERG meetings **(MEASURE Evaluation)**
- Identify regular members to represent endemic countries **(MEASURE Evaluation)**

8.0 Summary of Agreements and Follow-Up Actions

8.1 Review findings of expert consultation on mortality and implications for impact evaluation

- Timeline for completing this work will continue to be followed (**Hannah Gould and Erin Eckert**)
- IHME and CHERG to be engaged early and for the duration of this work (**Thom Eisele with CHERG**)

8.2 Review the role of modeling in M&E

- LiST manuscript and report to be produced and disseminated (**Thom Eisele**)
- LiST & STPH collaborating to examine linkage in methods and outputs (**Thom Eisele and Amanda Ross**)
- Examine the role of MERG in continuing to engage in modeling – in terms of understanding the models and using the information generated (**Agenda item at next Meeting**)

8.3 Discuss support to various GF initiatives including the next round of applications, current initiatives on M&E, and programmatic measurement

- MERG to review and comment on Global Fund CSS and malaria indicators (**Marcel Lama**)
 - “Volunteers” identified and provided with documents
 - Comments to be received by July 30, 2010

8.4 Review current status of data collection, use of data, and global level reports

- Create a map of all surveys leading up to 2010 reporting and their timing (**Lia Florey**)
- Discuss preliminary reports of surveys leading up to 2010 reporting with parties responsible to make sure that needed indicators will be included in preliminary report; Potentially create a template of what would need to be included in preliminary report (**Rick Steketee, DHS and UNICEF**)
- Put together for email group to follow up on 2010 reporting (**Elizabeth Patton**)
 - Group-UNICEF, CDC, PMI, World Bank, WHO (Richard Cibulskis, Nathan Bakyaíta, Khoti Gausi), Global Fund (Marcel Lama, Ryuichi Komatsu, Eline Korenromp, Daniel Low-Beer) DHS, MEASURE, Thom Eisele, Rick Steketee to be involved in:
 - Planning for Data availability
 - Data analysis and information assembly across multiple sources
 - Authoring
 - Compiling data
- WHO requests review support for Global malaria surveillance guidelines and suggests potentially creating a standard M&E plan template that includes surveillance (**Mac Otten and Nathan Bakyaíta**)

- Dissemination of PMI reports which identify strengths a gaps in the M&E Plans of 18 countries to other members of the MERG **(Steve Yoon)**

8.5 Consider new indicators and new estimation methods based on survey data

- Matt Lynch to pull together a group of interested individuals to draft BCC indicators and tab plan before the next MERG meeting **(Matt Lynch)**
- PSI to share data on behavior that may be useful to those interested in BCC **(Kathryn O'Connell)**
- PMI ,Malaria Consortium, MEG and WHO/EMRO and others to pull together a group to systematically look at the M&E needs on the road towards elimination **(Steve Yoon)**
- To consider writing an editorial or manuscript on ITN use in response to articles based on anecdotal evidence that have been circulating recently **(Thom Eisele)**
- Develop a table and tabulation plan for DHS/MICS/MIS surveys from net roster data to address "use" **(Survey Task Force, UNICEF and DHS)**

8.6 Update on recent capacity building initiatives and discuss future needs

- Former MERG notes and capacity building task force notes to be reviewed and involved parties to be contacted to document past capacity building efforts and current needs and issues in the field **(MEASURE Evaluation)**
- Final report from M&E of Malaria Programs Workshop in Ghana to be shared **(Elizabeth Patton)**
- Materials from M&E of Malaria Programs Workshop in Ghana to be posted on RBM Toolkit **(Elizabeth Patton)**
- Partners present at meeting will encourage country level partners to get engaged in Malaria Program Review

8.7 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.

- MERG members to provide leads on potential members for an IT Task Force, which will begin communication before the next MERG meeting in January **(Tom McLean)**
- Skills matrix/listserv to be created and utilized for MERG Co-Chair to consult with interested MERG members about certain questions/decisions **(Rick Steketee and Elizabeth Patton)**
- WHO (Richard Cibulskis) recommended to become MERG co-chair

- The next MERG meeting will be held in January in Cambodia. The MERG Secretariat will send out a save the date, explaining visa considerations to MERG members in September. **(Elizabeth Patton)**
- Timeline of MERG meeting planning to be created **(Erin Eckert and Elizabeth Patton)**
- Identify point people to represent other RBM working groups in MERG and provide these groups with contact information for MERG point people **(MEASURE)**
- Find point people from Clinton Foundation and IHME to attend future MERG meetings **(MEASURE Evaluation)**
- Identify regular members to represent endemic countries **(MEASURE Evaluation)**