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## MEETING REPORT

25<sup>th</sup> Meeting of the RBM Partnership  
Monitoring and Evaluation Reference Group (MERG)  
7-9 October 2015  
Istanbul, Turkey

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## Acronyms

ACT	Artemisinin-Based Combination Therapy
AIM	Action and Investment to Defeat Malaria 2016-2030
CHAI	Clinton Health Access Initiative
CHW	Community Health Workers
DHS	Demographic and Health Surveys
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTS	Global Technical Strategy for Malaria 2016-2030
HMIS	Health management information systems
IRS	Indoor residual spraying
ITN	Insecticide-treated net
MAP	Malaria Atlas Project
MARA	Mapping Malaria Risk in Africa
M&E	Monitoring and evaluation
MERG	Monitoring and Evaluation Reference Group
MIS	Malaria Indicator Survey
MRRS	Malaria Rapid Reporting System
NGO	Non-Governmental Organization
PfPR	Plasmodium falciparum parasite rate
PMI	US President's Malaria Initiative
RBM	Roll Back Malaria
RDT	Rapid diagnostic testing
SDG	Sustainable Development Goal
SMC	Seasonal malaria chemoprevention
SME TEG	Surveillance, Monitoring & Evaluation Technical Expert Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WMR	World Malaria Report

## Participants

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## Meeting Objectives

1. Discuss monitoring and evaluation (M&E) needs in countries preparing for malaria pre-elimination
2. Review advances in malaria measurement
3. Discuss M&E of malaria in emergency settings
4. Address RBM and MERG business issues

## Meeting Notes

### Objective 1: Discuss M&E needs in countries preparing for malaria pre-elimination

Expected outputs:

- M&E challenges and gaps for countries approaching pre-elimination defined
- Ways to address pre-elimination needs outlined

#### **1.1 Understanding the pre-elimination landscape and measuring progress**

*Adam Bennett, UCSF*

Adam Bennett updated MERG participants on the pre-elimination landscape of malaria, particularly the progress in Africa that is leading to decreasing disease burden. This progress has created a need for updated guidance in the fields of surveillance, monitoring, and evaluation.

During the discussion, participants discussed how cost projections and proper funding allocation will continue to play an important role as we move towards elimination. Future malaria elimination efforts may benefit from the collaboration with other vector-based disease control programs that already involve important elimination components such as active case detection. The risk of resurgence as programs move toward elimination requires MERG partners to move forward with the elimination agenda with realistic goals and continued advocacy.

#### **1.2 Lessons learned from Turkey's path to elimination**

*Seher Topluoglu, Turkey Ministry of Health*

Seher Topluoglu shared lessons learned from Turkey's path to elimination. The importance of continued advocacy and funding was highlighted during the 1970's when Turkey witnessed a resurgence of malaria. Turkey's struggle between elimination and resurgence exemplifies how the road to elimination is long and difficult – one which requires substantial financial resources.

Discussion noted the in-country collaboration between the agriculture, irrigation, and tourism sectors. Each of these played a role in maintaining political commitment when efforts were difficult to justify due to lower burden numbers.

#### **1.3 Adapting M&E for subnational pre-elimination**

*Busiku Hamainza, Zambia NMCC*

Busiku Hamainza discussed Zambia's malaria control and elimination efforts. Zambia is currently focused on improving surveillance efforts to take into account focalized transmission patterns. The weekly system, known as Malaria Rapid Reporting System (MRRS), complements the national HMIS

reporting through the continual monitoring of progress by offering weekly reporting of simplified malaria information in focal areas. The program is also currently extending and operationalizing their surveillance strategy at the community level through the utilization of CHW networks.

During the discussion, Dr. Hamainza was asked about the large number of CHWs involved in the program. He noted that strong financial incentives were major factors behind the successful maintenance of a CHW volunteer pool.

#### **1.4 M&E strategies as Senegal approaches pre-elimination**

*Medoune Ndiop, Senegal PNL*

Medoune Ndiop discussed several strategies Senegal implemented as it approaches pre-elimination. The success of Senegal's program was attributed to: a well-organized health system, the continuous DHS for monitoring, capacity building through malaria workshops, malaria data review at the district and regional level, data quality control, partnership with private and public sectors and active community involvement.

#### **1.5 M&E strategies as Madagascar approaches pre-elimination**

*Arsène Ratsimbaoa, Madagascar PNL*

Arsène Ratsimbaoa shared the experiences of Madagascar, which was preparing for preelimination in 2011. After available data show increasing incidence, however, the PNL refocused its strategic plan on control activities in 2014. MERG participants discussed possible explanations for these data, including better reporting or an actual increase in cases caused by funding gaps or the political crisis and subsequent weakening of the health infrastructure. Another contributing factor for the increase in the rate may be over-washing of ITNs, which results in the fading of the insecticide. The PNL is optimistic about moving toward preelimination now, with government elections complete and a growing community health system.

#### **1.6 Discussion on M&E needs in countries preparing for malaria pre-elimination**

Participants discussed the contribution of the private sector in surveillance. Cambodia, for example, has partial integration of private-sector data positive cases in its national HMIS system. In other countries, the role of the private sector is to funnel cases into the public sector.

Discussion shifted to use of large-scale household surveys in countries approaching pre-elimination, i.e. where we no longer require national-level data. Members believe that parasitemia data, for example, are critical even if estimates are low. Perhaps these data could be collected less frequently, which could make more funding available for improving surveillance, which is critical in these contexts. Some MERG members are hesitant to alter the schedule of national surveys, which continue to provide the best coverage data, even if this comes with substantial expense.

#### **Objective 2: Review advances in malaria measurement**

Expected outputs:

- Ways to integrate information systems defined
- Ways to strengthen M&E for innovative financing outlined

## **2.1 Assessing case management in the private sector**

*Megan Littrell, ACTwatch*

Megan Littrell spoke about ACTwatch's fever case management module, which was tested in Uganda and Cambodia in 2015. The module comprises observation, exit interviews, and provider interviews. ACTwatch is also supporting M&E efforts for UNITAID's Private Sector RDT Project.

As part of the discussion, MERG members debated the different roles the private sector can play in the malaria landscape. PSI has shown some success with private sector surveillance in remote locations in Cambodia. Another notion debated in the discussion was whether the private sector's primary function should be to funnel cases to the public sector. While ACTwatch and PSI have demonstrated examples of the success of the private sector within malaria, there is a need to coordinate the resources between the private and public sectors.

## **2.2 Real-time strategic information system (rSiS)**

*Etienne Magloire Minkoulou, WHO AFRO*

Malaria data is housed in scattered, separate databases with varying formats across countries. Etienne Magloire Minkoulou introduced rSiS, a system that can be used as a common platform to support evidence based decisions. rSiS allows for the real-time data entry, data validation, prediction analytics, and scalability of several diseases such as tuberculosis, HIV, and malaria. While access is currently limited to WHO, MoH, and key partners, Dr. Minkoulou extended access to MERG participants.

Discussion of rSiS broke into the challenges of sharing sensitive national information at the global level. While WHO has a mandate to share data, countries usually have legal obligations to prevent the spread of data. This highlighted the importance of having initial country buy-in into international systems like rSiS.

## **2.3 M&E for subsidy projects: UNITAID's Access SMC project**

*Paul Milligan, LSHTM*

Paul Milligan discussed M&E for UNITAID's SMC project in the highly seasonal Sahelian region, where there is high endemicity and short transmission periods. MERG members recommended more costing data for the various delivery approaches, which could be useful for NMCPs strategizing about which areas are high enough incidence to warrant use of SMC. To better understand how SMC may interrupt transmission and what the potential consequences of stopping SMC may be, MERG members discussed modeling SMC data. In Senegal, cases have been seen among children aged 5-10 years, so there may be reason to track older children in other countries as well. MERG members also discussed mortality measurement, including challenges establishing baseline data (recall deteriorates beyond 5 years).

## **2.4 M&E for results-based financing**

*Estifanos Shargie & Ryuichi Komatsu, Global Fund*

Estifanos Shargie and Ryuichi Komatsu updated MERG participants on the shifting funding policies at the Global Fund. Global Fund's funding policies will gravitate towards results-based financing, with payment made upon verification that agreed-upon results have been delivered. The Global Fund is still exploring the details for this shift in policy.

As part of the discussion, MERG participants deliberated on the new challenges results-based financing would create in the current landscape. Participants raised concerns that many countries have just recently

become familiar with the previous funding policy of performance-based funding. Moving from performance to results funding is quite a shift and may create difficulties if outcomes are at the mercy of unforeseen factors such as political instability or other crises. While this shift is intended to reward and promote interventions that achieve results, it's critical to also have an understanding of the context in which these results take place. MERG members also asked questions regarding how varying levels of reporting and performance among countries will be taken into account and whether this policy will be “all or nothing.”

## 2.5 Discussion on integrated information systems and their relevance in pre-elimination settings

MERG participants discussed how to improve integration of information systems in pre-elimination settings, which require more than the status quo reliance on survey data or routine data. We need to look at both of these sources together and also need to be utilizing private sector data and quality of care data, which should ideally be integrated into new real-time systems. However, MERG members also recognize the difficulty of sharing data globally while maintaining the privacy of sensitive national data. Country representatives have expressed hesitations regarding data utilization and accessibility, highlighting the importance of country buy-in; partners must explain who will have access to the information and ensure countries that this data will be used in a constructive way.

Other challenges for integrated systems involve the question of how quality of care can be captured by a real time system and how quality of care can be aggregated at the country level in order to see how programs mature.

### Objective 3: Discuss M&E of malaria in emergency settings

Expected outputs:

- M&E challenges and gaps for countries experiencing unique challenges defined
- Ways to strengthen M&E prior to and during political, economic, or epidemic crisis outlined

### 3.1 [Malaria in the post-Ebola setting](#)

*Mateusz Plucinski, CDC*

Mateusz Plucinski discussed how M&E played a crucial role in detecting changes in malaria care delivery during the Ebola crisis in Guinea. A rapid health facility survey confirmed results from analysis of routine data that indicated decreases in patient attendance, febrile patients, and malaria treatments. These combined results helped in the NMCP's advocacy efforts. The study supports the hypothesis that more people died from malaria than from Ebola as a result of deteriorating conditions and lack of emphasis on malaria efforts.

MERG participants noted that the analysis looked at either suspect or febrile cases but not confirmed cases, as RDT availability was curbed during the crisis. Participants recommended further analyses on confirmed cases. Other points brought up involved the status of health facilities; according to Dr. Plucinski, health facilities largely remained opened and would not explain a drop in reporting rates. The Guinea MoH made a concerted effort to keep facilities open through financial incentives.

### 3.2 [Experience from EMRO: Maintaining M&E systems during political strife](#)

*Ghasem Zamani, WHO EMRO*

Ghasem Zamani gave an overview of how political strife can impede the progress of malaria efforts – specifically referring to countries within the Eastern Mediterranean region. Political strife shifts the priorities of countries from long term to short term, often interrupting programs which focus on disease prevention such as malaria. Yet, despite the many challenges during time of political strife, M&E officers within country remain motivated to work through difficult times and often are able to maintain impressive malaria programs amidst chaos. Dr. Zamani suggested support for these officers, stating the significant impact that support would have on the long term success of disease prevention programs.

During the discussion, many similarities were made between EMRO and AFRO countries. A proposal was made during the discussion to create a task force to look at M&E issues in conflict settings. When a question about what M&E expectations donors should have for countries in political strife arose, Global Fund iterated that a different approach is normally taken to allow for more flexibility. While some participants made suggestions of creating standardized guidelines for countries in political strife, most echoed this was not necessary as a case-by-case approach must be used.

### **3.3 Working session on M&E in emergency settings**

*Yazoume Ye, MEASURE Evaluation*

While noting the reactive approach often utilized to deal with emergency situations, participants discussed how MERG may take proactive steps to maintain M&E efforts in emergency scenarios. Members agreed that there is an inherent difficulty with standardizing approaches to emergency situations due to their individual complexities. However, recommendations and lessons learned may still be valuable.

The discussion highlighted examples of solutions utilized in emergency settings such as the use of CHWs to solve staffing problems and adoption of solar panels to solve energy shortages. Members also noted the problems associated with interpreting data in emergency settings. Incomplete sampling frames resulting from inaccessible populations present questionable survey data and must be interpreted with caution. Yazoume Ye of MEASURE Evaluation will coordinate a working group to discuss potential MERG actions or products on this theme.

#### **Objective 2: Review advances in malaria measurement, *continued***

Expected outputs:

- Updates in malaria estimation and reporting understood

### **2.1 Developing a platform for automated risk mapping**

*Adam Bennett, UCSF*

Adam Bennett introduced a project testing automated malaria risk mapping with the Google Earth Engine. Risk mapping and spatial analyses are useful for optimizing where and when to intervene. The Engine makes use of Google's computing power and access to huge volumes of satellite data and allows for real-time global-level data analysis. An expansion will allow the Engine to integrate with DHIS2.

During discussion, MERG members discussed the utility of an additional multinational platform. Participants revisited previous discussions on the challenges with multiple platforms. MERG members also raised concerns about in-country use because of the system's complexity.

### **2.2 SDGs and related indicators for malaria**

*Agbessi Amouzou, UNICEF*

Agbessi Amouzou updated participants on the Sustainable Development Goals (SDGs). While there are 17 SDGs, health is only covered in one. More specifically, malaria is mentioned in SDG 3.3 which aims to “end the epidemic of malaria” and other communicable diseases.

During the discussion, several participants noted that the vague wording and the phrasing “end the epidemic of malaria” does not reflect an accurate understanding of disease transmission. Participants agreed that although a similar “epidemic” phrasing can be seen in some partner organizations, MERG members should advise moving away from this wording in the future. Further discussion turned towards the standardization of indicators on a global level. While indicators provide a means to measure outcomes within malaria, some participants feel there are simply too many to measure. Although there is a call for investment to reach these goals, maybe there should be a call for investing in the standardization of indicators.

### **2.3 World Malaria Report: Updates to morbidity and mortality across countries**

*Cristin Fergus, WHO*

Cristin Fergus updated MERG participants on the changes in malaria morbidity and mortality estimation used in WHO’s World Malaria Report (WMR). In the WMR 2014, the number of malaria cases estimated was based on Mapping Malaria Risk in Africa (MARA) risk adjusted for ITN/IRS coverage. In WMR 2015, the estimation is based on the Malaria Atlas Project (MAP) PfPR risk using an evolving model developed by the Child Health Epidemiology Reference Group (CHERG).

MERG members noted that there are limitations to the quality of these data. Several participants also had reservations with a one cause, one death methodology, in which comorbidities become difficult to define. WHO is looking for methodological improvements, especially for prospective data. Although these methods were previously discussed in internal SME TEG meetings, this is the first time the changes have been shared with MERG. Participants, particularly other donor agencies, voiced a desire for increased transparency from WHO in future critical changes that influence MERG-related work.

### **2.4 World Malaria Report: Methodological changes to burden estimation in sub-Saharan Africa**

*Samir Bhatt, University of Oxford*

Samir Bhatt spoke about the methodological changes to burden estimation in sub-Saharan Africa. He also briefed members on the malaria model being utilized at Oxford that approximates prevalence and incidence using environmental and socio-economic determinants, interventions, and other factors. The final model suggests that infection prevalence in Africa was halved from 33% in 2000 to 16% in 2015. 19 countries are achieving a >50% decline in clinical malaria with seven reaching a >75% decline. The model predicts that interventions have averted 663 million clinical cases.

MERG members discussed actual and potential inconsistencies between the model and country-level information found at the health facility level. Dr. Bhatt stated that the model provided a macroscopic view and while rigorous, is not perfect. Such inconsistencies may need to be analyzed further to understand better. Further discussion clarified that the model also included urbanization through population shifts.

### **2.5 Changes in global malaria measurement: Implications for MERG partners**

*Bernard Nahlen, USAID*

MERG members discussed the importance of transparency for policy makers and encouraged partners to actively publicize and communicate changes in malaria measurement thinking and methods to the entire malaria community. Partners must be able to understand the processes and caveats behind how these

figures were reached to maintain credibility in discussions among M&E officers, policy makers, and funding agencies. Models are useful tools but must be interpreted appropriately.

Participants also emphasized the importance of creating realistic goals that are measurable and deliverable. MERG can and should be advocating for investments in improving data and statistical systems that are agreed upon as realistic for country use. Some things cannot be measured well, and MERG has a responsibility to be clear about this.

MERG members discussed how to improve communication among partners and with the SME TEG. Open lines of communication and responsiveness are key expectations of MERG partners and critical to the group's functioning. GMP has committed to increasing interaction between the two groups to discuss specific topics.

Finally, participants discussed potentially reviving an economic working group to highlight the economic consequences of malaria or a finance working group on how malaria resources are allocated.

#### **Objective 4: Discuss RBM and MERG business issues**

Expected outputs:

- Plan for collecting data required for AIM monitoring framework defined
- MERG action items outlined

#### **4.1 Structural changes at RBM and implications for working groups**

*Bernard Nahlen, USAID*

Bernard Nahlen updated MERG participants on changes at RBM. The next RBM meeting in December will be the handover from the old board to a new, smaller governing board. There will be a new, smaller secretariat with three key areas being maintained: advocacy, resource mobilization, and country support. Working groups that have independent support are expected to continue work as normal. As the restructuring process evolves, feedback and communication with partners will be necessary to ensure that countries are supported in the push to elimination.

As one of the successful working groups within the RBM structure, the participants and constituents encouraged MERG to continue its work under the new partnership structure. The MERG secretariat will continue to work toward existing goals, while adapting to the new RBM structure and context. The MERG will also need to revisit its financing structure to ensure that resources are available to host meetings and to ensure the participation of endemic country governments in the MERG processes.. While RBM has had a focus on Africa, countries with elimination goals such as those in the Eastern Mediterranean region will also be engaged.

#### **4.2 AIM monitoring framework**

*Sally Stansfield, consultant, RBM*

Sally Stansfield spoke about the AIM monitoring framework, which MERG members contributed to in Maputo. The purpose of AIM is to maintain momentum and financing to achieve GTS targets. AIM Monitoring framework has focused on a small number of indicators focused on enabling factors, such as multi-sectorality of commitment, resource commitment, accountability to citizens, engagement to private sector and research innovation.

The discussion revolved around the identification of a group to collect and compile data as well as the consideration of the channels and periodicity for reporting and disseminating findings. Participants agreed to form a MERG taskforce with NMCP representation to think about periodicity of data collection, how to define and measure success, collecting data on private and domestic investment, and dissemination although RBM will take responsibility for conducting and compiling this work. It was suggested that NMCP representatives should be on taskforce in order to make this framework useful for countries.

### **4.3 Linking MERG and WARN/CARN**

*Anthony Oforu, Ghana Health Service*

Anthony Oforu spoke on his experience attending the WARN/CARN malaria program managers meeting in Benin as a representative of MERG. WARN and CARN members requested MERG to release guidance on setting up community health information systems, develop standardized indicators for monitoring community treatment of malaria, and provide guidance on monitoring and evaluating the impact of SMC.

MERG participants noted that these program manager meetings will provide a good venue for collecting country-level requests, engaging countries in MERG discussions, and disseminating MERG products.

### **Action items**

<b>Work areas</b>	<b>Responsible parties</b>
Circulate access information for rSIS	Etienne Magloire Minkoulou and Michael Paula
Form working group on malaria in emergency settings	Yazoume Ye
Form working group on M&E Framework for AIM	Sally Stansfield, MERG co-chairs
Complete MIS toolkit revisions and explore possibility of French translation	Data & Indicator Sources Taskforce co-chairs
Finalize MERG statements: <ul style="list-style-type: none"> <li>• Comparisons and costs of biomarkers</li> <li>• Investment in surveillance</li> <li>• Entomological and epidemiological data</li> </ul>	MERG co-chairs and secretariat

Participants agreed that while MERG will continue to work toward its goals and planned projects, the meeting schedule will be reassessed as changes take place at RBM. Members discussed potentially having just one plenary meeting in 2016, perhaps supplemented by smaller meetings or more frequent task force meetings. Some participants encouraged maintaining the current schedule of two meetings per year to avoid losing momentum. The co-chairs and secretariat will coordinate regular communication with MERG members to determine the best time and location for a next meeting, particularly since the 25<sup>th</sup> RBM MERG meeting took place so late in the year. MERG may also update its Terms of Reference in 2016.