Meeting Report

13th Meeting of the Malaria Monitoring and Evaluation Reference Group [MERG]

Washington, DC, 17-19 June 2009

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Acronyms

ACT	Artemisinin-Based Combination Treatment
AIDS	Acquired Immune Deficiency Syndrome
AIS	AIDS Indicator Survey
CDC	Centers for Disease Control
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
GBD	Global Burden of Disease
GF	Global Fund (GFATM)
Global Fund	Global Fund against HIV/AIDS, TB and Malaria
GMP	Global Malaria Programme (WHO)
HIV	Human Immunodeficiency Virus
HSSP	Health Services and Systems Programme
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
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)
Co-Chair: Tessa Wardlaw (UNICEF)

Participants: Maru Aregawi (WHO/Global Malaria Program), Fred ARNOLD (ICF Macro), James BANDA (RBM Secretariat), Suprotik Basu (UN Special Envoy for Malaria), Hana Bilak (MACEPA-PATH), Ian Brown (Gallup), Valentina Buj (UNICEF), Steve Chapman (PSI/ACT Malaria), Misun CHOI (USAID/PMI), Mady Cisse (World Bank), Renia Coghlan (Medicines for Malaria Venture), Mike Coleman (IVCC/Liverpool School of Tropical Medicine), Erin ECKERT (MEASURE Evaluation/Macro International), Ananda Grant (Malaria No More), Busiku HAMAINZA (NMCP Zambia), Emily White Johansson (UNICEF), Albert Killian (Malaria Consortium), Hannah KOENKER (JHUCCP), Marcel LAMA (Global Fund), Matthew LYNCH (JHUCCP), Gilma Mantilla (Earth Institute), Manoj MENON (CDC/PMI), Melisse Murray (Global Fund), Bernard Nahlen (PMI), Mac OTTEN (WHO), Alexander Rowe (CDC), Rene Salgado (PMI), Tanya Shewchuck (ACT Watch), Kevin Starace (UN Foundation)

Logistics: Elizabeth Patton, Ashley Garley (MEASURE Evaluation/ICF Macro)

0.0 Meeting Objectives

1. Provide update on recent work and initiatives
2. Review activities related to high-level report on 2010 RBM targets
3. Discuss MERG support to M&E systems strengthening
4. Update on recent methodological and survey work
5. Discuss MERG business issues
6. Update on MERG Task Force activities

1.0 Updates on recent work and initiatives

1.1 RBM Executive Board Meeting

James Banda (RBM Secretariat)

James Banda, Coordinator of Partnership Facilitation for the RBM Partnership Secretariat, presented highlights from the RBM Executive Board meeting held in May 2009. The Executive Board discussed a full session of ministers of health in Africa, expectations for MERG, the 2-year work plan including objectives, universal net coverage, and preparations for elimination. Banda shared the 2010 RBM Targets discussed during the meeting, which included:

- 80% use of appropriate malaria-specific preventive methods, ITN, IRS, and others where appropriate.
- 80% of malaria patients treated
- Universal coverage by 2010, sustain through 2015

The RBM Executive Board stressed the importance of providing support to countries, keeping malaria high on the agenda, making funding work, and strengthening quality reporting and monitoring country progress. Technical support of MERG will be necessary to make this happen. The board also decided that in order to obtain universal coverage, work should be conducted outside of Africa.

The following dates have been set for future meetings:

- 9 – 16 July 2009: Meeting held in Namibia for Southern African countries
- 3 – 8 August 2009: Meeting for West African countries (location TBD)
- 1st week in September 2009: Meeting for Central African countries (location TBD)
- Dates TBD: Meeting for Asian countries (location TBD)

The board decided that there should not be an independent forum held in 2011; however, there should be an event to report the achievement of the RBM targets and goals coordinated with the General Assembly around September. It will need help from MERG with reporting for this event.

1.2 RBM Evaluation Update

James Banda (RBM Secretariat)

Banda reported that the RBM evaluation is currently taking place. All relevant parties should provide information for the surveys. Matthew Lynch, of the Global Program on Malaria at JHUCCP, stated that the

last MERG meeting focused on achieving 2010 targets and that the need is urgent. He mentioned there is a trend to institutionalize partnership to help with efficiency and a 2-year work plan with budget instead of a 1-year work plan. He also stated that an external evaluation is required by the World Bank, which gives the partnership a chance to look back at working groups, sub-regional networks, etc., and helps to develop recommendations for making the partnership more effective. He further stressed that help from all partners are needed for the RBM evaluation.

1.3 Malaria Elimination Meeting
Bernard Nahlen (USAID/PMI)

Bernard Nahlen, Deputy Coordinator at USAID/PMI, reported that the 3rd Malaria Elimination Meeting was held on 2 April 2009. Two documents are currently available on the web: (1) Shrinking the Malaria Map and (2) Guide on Malaria Elimination for Policymakers. Nahlen expressed that malaria elimination efforts are nibbling at the edges of the malaria zone: Namibia, Swaziland, and South Africa. Malaria elimination in Africa requires country collaboration, including from Angola and other African countries. There is a need for sustained malaria control in the heartland. The South Pacific is working to eliminate malaria in Solomon Islands, Vanuatu and other countries. The Malaria Elimination Group is advocating for funds and working on cost analyses for elimination in various countries.

1.4 MalERA Activities
Albert Kilian (Malaria Consortium)

Albert Kilian, Director of Monitoring and Evaluation for the Malaria Consortium, provided updates from Malaria Elimination Research Agenda (MalERA) meeting held in Barcelona in January 2009 and funded by the Gates Foundation. Issues that sprung up from the discussion included further developments in drugs, vaccines, etc. needed to eradicate malaria. Further research needed to move forward towards elimination was discussed including: communication methods, GIS, and other tools that can be used, such as telephones, map modeling, and zoology. Diagnostics were also discussed as progress on malaria control.

1.5 Global Fund 5-Year Evaluation (Health Impact)
Marcel Lama (Global Fund)

Marcel Lama, Senior M&E Officer with the Global Fund, reported on the Global Fund 5-year evaluation. A selected number of countries were assessed in three areas for the global- and country-level environment and malaria elimination. Selected countries were chosen based on their capacity to report. However, countries continue to have M&E problems and must invest in improving their M&E systems and data quality. In his presentation, "Global Fund Scaling-Up for Impact Results Report," Lama reported that 7% of GF funding for all three diseases is designated for M&E. GF relies on partners at the country-level to ensure that funds are used effectively. The current proportional allocation of GF malaria funds is 39% prevention, 43% treatment, and 18% other, yet it can be shifted.

Richard Steketee of MACEPA PATH recommended that the partnership use information from the Green Report to see where resources can be influenced for future funding. Funding can be lined up with targets. He also mentioned that prevention should have a higher proportion of funding than treatment.

Marcel also identified a need to pay special attention to programs during their first six months of grants as this is the time period when they have the most issues with scale-up and performance during this time; however, health systems strengthening grants should aid in this area.

1.6 WHO World Malaria Report 2009
Mac Otten (WHO)

Mac Otten, Surveillance M&E Coordinator with the WHO Global Malaria Program, reported that WHO is on track to publish the World Malaria Report in October 2009. The report includes countries' routine surveillance data, focuses on 30 countries, and will map data by at the district-level for the first time. Otten informed participants of three new collaborations:

- Oxford Group: Cases and endemicity mapping and burden of malaria. Mapping will likely be more sophisticated in the upcoming edition of the report due partly to the availability of harmonized estimates.
- University of Washington: Estimating coverage using a combination of survey and administrative data, which can be used for tracking universal coverage targets.
- CDC: Conducting an in-depth analysis of surveys from 2006 – 2008. WHO noticed that more could be gained from survey data with more intensive analysis of existing survey data.

Otten also reported that new data from Zambia and Zanzibar demonstrate that reducing the malaria burden can reduce the overall health system burden. Suggestions/ideas for further exploration were discussed. One can compare country and manufacturer reports, however, this would require an extensive amount of work. Work by John Milner focuses more on the manufacturing side. However, it was noted that the procurement of nets does not necessarily equate to the net distribution. There is an ongoing issue regarding MIS survey data availability – some countries do not release data. During discussions, it was suggested that a requirement to share data be included in the memorandum of understanding. A draft can be included in the MIS package.

Agreements and follow-up actions:

Recommendation that MERG members be involved in the World Malaria Report review. Identify representatives to read sections of the report and provide feedback and inputs in August and September 2009.

2.0 Review of Activities Related to High-level Report on 2010 RBM Targets

2.1 Overview of Plans for High-level Report on 2010 RBM Targets
Richard Steketee (MACEPA PATH)

Rick Steketee presented an overview of 2010 RBM and universal coverage targets and reporting for the high-level report on 2010 RBM targets scheduled in September 2011. He provided updates on tentative plans for MICS, DHS, and MIS household surveys in 2009 and 2010. Participants discussed the message, purpose and audience of M&E reporting, RBM partnership engagement, and next steps for MERG. Responsibilities for the report were later allocated on day 3 of the meeting.

Erin Eckert (MEASURE Evaluation/ICF Macro) pointed out that national surveys are representative at the national level, not the campaign level. So if there is a large bednet campaign after a national survey has been completed, it will be detected in the following survey. Tessa Wardlaw (UNICEF) called attention to the strengths and weaknesses in all surveys and suggested that procurement and manufacture data can be

used for updated information in addition to survey data. Fred Arnold (ICF Macro) also suggested that survey data can be used as a baseline and trends can be gathered from surveillance data.

It was suggested that there be more on coverage data and less on impact data for the high-level event. The report should answer the questions: Did we reach the targets or not? Do we focus on universal coverage of bednets and ACTs in public facilities only? Can we decide as a group which countries are going to make it or not? Did the money translate to bednets distributed? However, it was also acknowledged that impact data is still important to note and report for other audiences.

2.2 Monitoring Universal Coverage Targets – Process for Defining Indicators and Targets
Erin Eckert (MEASURE Evaluation/ICF Macro)

Erin Eckert presented on defining universal coverage. RBM goals and the MDGs focus on 'universal coverage,' however there is no set definition to date. Clear definition of universal coverage is needed for reporting against targets and goals. A discussion followed the presentation on what is meant by 'coverage.'

New bednet data is available from Mozambique regarding the lack of bednet use, including the bednet having been washed and not yet dry amongst other reasons.

Alexander Rowe (CDC) mentioned that one can base information on original indicators used in trials. The trials were conducted in places where sleeping spaces were covered by nets. Two indicators to focus on include: (1) the proportion of sleeping spaces covered by a bednet and (2) the proportion of people sleeping under a bednet. The operational definition of coverage varies by country. For example, in Madagascar the definition is two people per net, yet three nets per household in the DRC. An indicator by person is more attractive than household for advocacy purposes. Also, use of bednet is more appropriate than bednet possession. However, prescribing "use" as the only indicator can lead to underestimates, particularly if the survey is conducted during the dry season.

Eckert proposed that a more detailed analysis of bednet coverage can be prepared for the next MERG meeting. Emails and video conferences can be used to facilitate this process led by Eckert and Manoj Menon (CDC), which could lead to a published paper.

Agreements and follow-up actions:

Make data from malaria indicator surveys available for further analysis.

Organize a group discussion of indicators and targets for universal coverage (*M. Menon and E. Eckert*)

2.3 Monitoring Burden Reduction – Process for Defining Methods and Data Sources
Emily White Johansson (UNICEF)

Johansson reported on the malaria-specific mortality consultation meeting planned for the fall of 2009 to be hosted by UNICEF and MEASURE Evaluation. The purpose of the consultation will be to shape RBM guidance on monitoring malaria-specific mortality, with a view towards 2010 targets. New data available allows for more in-depth assessments. The anticipated meeting outputs include a meeting summary and consensus statement. The task force hopes to invite a wider audience to the meeting including the Health Metrics network and university of Montreal colleagues, etc.

Ideas that emerged from the discussion included looking at routine data and triangulating, funding special studies in India, Indonesia and other countries driving malaria-specific mortality, combining mortality and morbidity task forces because of existent overlaps in membership, and reflecting on what to report for the MDG report.

It was also noted that in high malaria prevalence countries there is more overlap in cause of death. It is concerning that a lot of the reduction in deaths (approximately 40%) has come from adults and there is a similar pattern by quarter. This observation may be influence by the association with HIV deaths being reported as malaria-related deaths. Therefore, it is necessary to engage the HIV community.

There was also a proposition of reevaluating malaria-attributable deaths in Zambia and Zanzibar as it may be much higher than previously believed. This could be due to indirect deaths and is an area that can be further explored.

Agreements and follow-up actions:

Prepare background materials in advance of the Mortality Task Force meeting, so that informed decisions can be made at the November meeting.

2.4 Contribution of the Morbidity Task Force
Mac Otten (WHO)

Otten provided a summary of two main projects of the Morbidity Task Force:

- Collaboration with Simon Hayes Group (Richard Cibulskis, Simon Hayes, Tom Eisele)
    - Outside Africa: Adjusted disease surveillance method. Cibulskis will check this method against Haye's methods. This method could also be used in other low incidence countries in Southern Africa, for example.
    - Africa: Endemicity maps based on malaria parasite prevalence that can provide estimates to the pixel level.
- Effort to synchronize the relationship between parasite load and morbidity between groups (WHO and Oxford) who in the past used different literature reviews to underpin their different methods. It was suggested the WHO engage RBM in decisions about malaria burden reduction so that RBM can better communicate changes. It should be made clear if changes in malaria burden measurements are an actual reduction or just a change in methods. There is a desire to put new burden estimates in the World Malaria Report, however it is unclear whether this will be done this year or next year.

Agreements and follow-up actions:

Further discussion on the following issues:

- What should be used as 2000 baseline for malaria morbidity estimates since methodology was changed and the numbers therefore changed?
- How to deal with the communication issues around these changes.
- How to reconcile the different reference years of GBD estimates (2005) and the WHO GMP estimates (2008).

Recommendation was made to publish methodology for morbidity estimation methodology in white paper series or peer-reviewed journal article.

2.5 Data Needs for Monitoring and Universal Coverage Targets

2.5.1 DHS Plans for 2009 – 2010 (*Fred Arnold, ICF Macro*)

DHS is considering switching to a different RDT brand. PMI is currently taking samples from the field and retesting them. Carefirst RDT trials are still in progress. Changing brands may be premature, as it may affect trend data and low-level infections are only common in high endemicity areas. Arnold also reported that Ethiopia does not want to include malaria question in its DHS for fear that their MIS estimates will go down. There was discussion around whether malaria questions can be added to the AIS and if prevalence estimates should be limited to at-risk populations in Ethiopia.

Agreements and follow-up actions:

Further discussion on the following issues:

- Should DHS switch to using new RDTs? No, they should wait for results of WHO review of these RDTs in October.
- Will the change to a new RDT type affect the trend?
- AIDS Indicators Surveys – Try to get key malaria questions added on to the AIS surveys
- Populations at risk in the population based surveys – can they be separated out in reporting results? This was specifically an issue in Ethiopia.
- Need to work together to make sure microscopy is used instead of RDTs in parasite prevalence surveys. Microscopy should be gold standard for parasite prevalence testing and RDTs should not be used.

2.5.2 MICS Plans for 2009 – 2010 (*Tessa Wardlaw, UNICEF*)

Tessa Wardlaw reported that the MICS frequency will increase from every five years to every three years. MICS4 will be conducted in 2009 – 2010. New MICS regional coordinators and more in-country technical assistance will be made available. The MICS4 questionnaire to be conducted in 2009 – 2010 will include items to measure the latest RBM core indicators, including household net availability, net use by children under five and pregnant women, IRS, treatment, diagnostics, and IPT. MICS4 will tentatively be conducted in 16 countries in Sub-Saharan Africa.

Agreements and follow-up actions:

Make a list of survey gaps for Global Fund so that they can support implementation using Round 8 grant money.

2.5.3 MIS Plans for 2009 – 2010 (*Misun Choi, USAID/PMI*)

Misun Choi presented on MIS plans scheduled for 2009 – 2010. There is a desire to have a complete list of countries where the MIS is planned. Global Fund wishes to build surveys into grants of countries where no survey is planned. Choi suggested that the gold standard status of microscopy be examined because RDT is often more accurate. A list of all net campaigns in all countries will come out in the next 2 – 3 months.

2.5.4 Update on www.malariasurveys.com website (*Fred Arnold, ICF Macro*)

RBM has requested that ICF Macro create a website combining resources from all malaria related surveys, regardless of the country/organization which implemented each survey. The website is preliminary and not yet complete. The intent is to have all countries post their data on the website. The website will have information on surveys and links to resources, including DHS/MIS (ICF Macro) final reports. Site visitors

will be able to request datasets and decision will be made about eligibility within two to three days. Fred Arnold proposed similar registration for non-ICF Macro MIS. ICF Macro is willing to operate this process.

Agreements and follow-up actions:

- MERG members should provide feedback on questions posed by Fred Arnold (ICF Macro). Questions can be found on the MERG Meeting June 2009 CD.
- Fred Arnold will facilitate the process of completing and publisizing the www.malariasurveys.com website.

2.5.5 "Dashboard" Mapping Interface and 2010 RBM Targets (*Kevin Starace, UN Foundation*)

Starace reported that the UN Foundation would consider deploying the AWhere interface for MERG, to increase the ease of sharing data amongst various partners in a user-friendly and geographic interface. This will allow the database to grow and update over time, instead of recreating databases multiple times. The AWhere interface may be most useful for reporting and for in-country management of programs. There is currently no timeline for moving forward. At this point they are still gauging interest. One limitation to having real data used is permission. Once permission is granted, it takes little time to upload the data. Starace is the contact person for this effort.

3.0 MERG Support for M&E Systems Strengthening

3.1 County Perspectives on M&E System Strengthening Needs

3.1.1 Zambia (*Busiku Hamainza, Ministry of Health/Zambia*)

Hamainza presented MOH lessons learned from its efforts to strengthen the M&E system in Zambia. Lessons learned include the importance of having national malaria M&E and yearly action plans and working with strategic groups with an interest in M&E. The MOH recognized the different needs at the local level. Zambia's epidemiological profile and capacities vary by region, and thus decision must be made by region. There are challenges related to staffing, however, the MOH is tackling this challenge by developing partnerships with technical working groups. HSSP and MACEPA staff are based at the NMCP. PMI and WHO also have staff working part-time on M&E, but there is a need for more assistance at all levels, especially at the provincial and regional levels. Efforts to improve core M&E system components have helped in the progress made over the past 5 years.

James Banda (RBM Partnership Secretariat) stressed the importance of flexible funding. He stated that most funds have to be programmed before needs are known. However, managers on the ground need some flexibility to make decisions.

Progress has been made, but further efforts are needed for provincial and district-level reporting.

3.1.2 Senegal (*Mady Cisse, World Bank/Senegal River Basin Project*)

Mady Cisse presented on the M&E system strengthening needs of the four countries included in the Senegal River Basin Project. Human resources are and issue as there are people in M&E positions with no skills. Cisse suggested that partners and donors should make sure M&E money is used for that purpose instead of something else; that they put more emphasis on other, non-survey, data, so that data could be available more quickly and meet the needs of managers, and that they align the currently incongruent reporting cycles.

He also stated that there is no incentive to collect and use data even in countries where there is extensive technical assistance. There is a need to find a way to incentivize performance so that time will be put in to reporting.

3.2 Partners' Perspectives on Support Needed for M&E System Strengthening
PMI, WHO, World Bank, UNICEF, Global Fund

PMI is willing to provide support for M&E system strengthening through guidance, training, and funding. However, there is some confusion on what constituted a national M&E plan. The importance of data collectors at the clinic-level have a way of seeing and demonstrate their data and take ownership of the data was recognized during the discussion. It was acknowledged that there is little impact evaluation. It is important to have continuous information and provincial supervision. It was proposed that a national bulletin at the district level be produced monthly to benchmark progress and incentivize at the sub-regional level. Another important point that emerged from the discussion was the need to invest more in data analysis and use and to bring in policy makers. The monitoring and evaluation systems strengthening tool (MESST) is available to assist countries make progress on M&E plans. Global Fund participants stated that they do not provide TA, but they do provide resources for training and plan development.

3.3 Malaria M&E Training Workshops
Erin Eckert (MEASURE Evaluation/ICF Macro)

MEASURE Evaluation is assembling the beginning of the malaria-specific M&E training curriculum. There are malaria-specific PowerPoint presentations for national malaria program managers in editing phase. Eckert stated that they are looking for reviewers, contributors, and possible presenters. The course is scheduled to be finished in the Fall and implemented in the Spring. It was noted that there are other partners planning on implementing other trainings in the region and that there should be collaboration on training activities.

Agreements and follow-up actions:

Measure Evaluation to identify reviewers and contributors for Malaria M&E Training Curriculum and presenters for trainings to start after October 2009.

4.0 Recent Methodological and Survey Work

4.1 Continuous Survey Methodology
Alexander Rowe (CDC)

Rowe presented on the potential of integrated continuous surveys and quality management to support monitoring, evaluation, and the scale-up of health interventions in developing countries. He noted that this approach will not necessarily work in all countries, but would be interested in piloting it in a small country to assess its potential. It could be problematic for measuring IPT and treatment indicators. If irregularities are discovered, it could cause people to lose confidence in the system. There may also be significant human resource challenges. It was mentioned that there is continuous monitoring being conducted in Ghana and all of Ghana's GF grants are now performing very well.

4.2 Gallup Malaria Surveys
Ian Brown (Gallup)

Brown presented on malaria surveys conducted by Gallup. Vendors used are established private polling firms and not foreign governments. Supervision is provided at the field level and training on methods questionnaires are conducted. Supervised pretests are also implemented. Brown reported that the Gallup name is not used in the polling. Antimalarial drugs in the survey can be any treatment; it is not limited to true antimalarials. There is concern about standardizing information, which could be addressed with further communication with the MERG. Several articles/reports have been published on malaria data/analysis for Gallup News since 2006. Gallup is open to collaboration with ministries of health, international health organizations, and NGOs and is available for customized polling and analysis.

4.3 ACT Watch
Steve Chapman (PSI/ACT Watch)

Chapman reported results from baseline outlet surveys conducted in five countries (Benin, DRC, Nigeria, Uganda, and Zambia) as part of ActWatch, a five-year study funded by BMGF with the main objective of providing local and international policymakers with evidence on trends in availability, price, quality, and the use of antimalarials. ActWatch is a partnership between PSI, LSHTM, USP, and Nielson.

4.4 Diagnostics Measurement Issues in the Zambia MIS Context
Richard Steketee (MACEPA PATH)

Steketee presented a summary of diagnostic measurement issues in the Zambia MIS context, highlighting issues related to the denominator, diagnostic type, diagnosis results, and survey vs. facility reporting. He noted that there was low use of diagnosis for malaria treatment and that it is important to look at case management and resolve indicator questions as we look toward 2010 progress event.

4.5 Research on Routine Disease Surveillance Systems and Meeting on Malaria Surveillance
Mac Otten (WHO)

Otten presented research on routine disease surveillance systems in African countries and provided an update on the recent meeting on malaria surveillance. He provided guidelines for surveillance for high and low incidence countries. There are currently no indicators for elimination countries. Otten noted that more context should be provided around data and limitations of data should be clarified. Studies have shown that under-five campaigns targeting 20% of the population is not working as well as initially thought in high transmission areas. Countries should be implementing universal distribution of bednets instead of under-five campaigns.

4.6 IVCC Decision Support System for Insecticide-related Choices
Mike Coleman (IVCC/Liverpool School of Tropical Medicine)

Coleman presented on the malaria decision support system (MDSS) developed by the Innovative Vector Control Consortium (IVCC), an operational surveillance tool, all open source software written in JAVA, which does not require a license. The software can be used through the internet and is a generic system that can be adapted to various needs of a country such as mapping, report writing, program management and basic data analysis. The software is currently being used in Zambia, Mozambique, and South Africa to drive decision-making on the ground. Other countries are in the plans. There is a big launch approaching. IVCC is also talking to donors about rolling out MDSS in other countries. A report regarding the rollout will be available soon.

4.7 Economic Assessment in Malaria Control – A Brief Introduction
Bernard Nahlen (USAID/PMI)

Nahlen provided a brief introduction to economic assessments in malaria control.

4.8 Economic Assessment in Household Surveys
Richard Steketee (MACEPA/PATH) for Deborah MacFarland (Emory)

Steketee presented on behalf of MacFarland on economic assessments in household surveys. The Economic Burden Task Force requested that MacFarland:

- put together a meeting to review preview work,
- provide guidance on questions to monitor economic burden of malaria at the household level,
- further document case studies of the benefits of private sector investment in malaria control, and
- develop strategies for future activities in monitoring changes in economic burden of the disease.

4.9 Examples of Assessing Economic Benefit Due to Controlling Malaria
Richard Steketee (MACEPA/PATH) for Deborah MacFarland (Emory)

Steketee presented a case study on malaria and copper mines and the sugar industry in Zambia. In both companies highlighted in the study, there were drastic reductions in malaria cases among employees and their dependents following the implementation of occupational malaria interventions. These interventions were shown to save companies substantial amounts of money. Recommendations that emerged from this case study include conduction national studies on malaria expenditure, designating a company department to collate and manage data so as to provide guidance for implementing malaria activities, and create a position dedicated to malaria programs in private enterprises/companies. Management commitment and support, collaborations and partnerships, and taking a holistic approach to prevention and control are crucial components for success of reducing the economic burden of malaria on industries.

5.0 MERG Business Issues

5.1 MERG Workplan for 2009 – 2010

Measure Evaluation is working with the Secretariat to provide a draft of the 2009 – 2010 workplan to MERG members for inputs.

5.2 MERG Leadership

Every two years MERG discusses leadership roles per TOR. The chair and co-chair are elected every two years and be renewed. It was decided that no changes will be made regarding MERG leadership. Tessa Wardlaw and Richard Steketee will remain in their current positions as chairs through May 2011.

5.3 Plans for Upcoming MERG Meeting

The next MERG has been proposed to be held in Mexico in January 2010, to be confirmed by the MERG Secretariat. Further details will be provided in the coming months.

6.0 Update on MERG Task Forces

6.1 Survey and Indicator Guidance Task Force
Erin Eckert (MEASURE Evaluation/ICF Macro)

Eckert reported that the Survey and Indicator Guidance Task Force is looking at targets for 2010 reporting. The task force is examining the way data is reported instead of changing questionnaires by adding/modifying questions. Marcel Lama (Global Fund) added that they are finding more and more that countries are unable to reach the targets in their grants. He suggested that a task force can be created to tackle this issue.

6.2 Capacity Building Task Force
Erin Eckert (MEASURE Evaluation/ICF Macro)

The Capacity Building Task Force is working with various partners on designing a workshop and training curriculum to be held in the Spring of 2010.

6.3 Dissemination Task Force
Hannah Koenker (JHUCCP)

The Dissemination Task Force is currently working on 2010 reporting. Koenker suggested that the task force be dissolved for now and that those interested should assist Fred Arnold (ICF Macro) and others to establish a 2010 reporting task force instead.

6.4 Routine Systems Task Force
Mac Otten (WHO) for S. Yoon

Otten presented updates on the Routine Systems Task Force on behalf of Yoon. He provided highlights from the WHO GMP Surveillance and M&E Technical Advisory Group meeting held in April 2009. During the meeting, participants discussed guidelines for surveillance, guidelines for indicators, and the mortality and morbidity declin

7.0 Summary of Agreements and Follow-Up Actions

1. **Provide update on recent work and initiatives**
    - Identify MERG MERG point person to organize representatives to read sections of World Malaria Report and get inputs in August.
    - UNICEF and WHO to harmonize on the intervention coverage estimates for World Malaria Report.
    - MalERA to publish white paper on Elimination sometime next year (Albert Kilian)

2. **Review activities related to high-level report on 2010 RBM targets**
    - Malaria Indicator Surveys – need to link funding to a requirement that countries to make data available for further analysis
    - Get group together to discuss indicator and targets for universal coverage. More analysis of available data will be undertaken and findings will be the be presented in a scientific article to provide a basis for universal coverage (Menoj Menon and Erin Eckert)

- Prepare background materials in advance of the Mortality Task Force Meeting so informed decisions can be made at November meeting.
- Minutes of WHO-led Morbidity Task Force to be made available on RBM website.

- Morbidity task force should publish methodology for morbidity estimation methodology in white paper series or peer reviewed journal article.
- Make a list of survey gaps for GFATM so that they can support implementation using Round 8 grant money.
- AMP will have a list of the ITN distribution campaigns in the next 2-3 months (Protik Basu).
- MERG members to provide feedback on the questions about MIS website posed by Fred Arnold.

3. **Discuss MERG support to M&E systems strengthening**
    - Partners to dialogue with countries on case-by-case to identify specific needs in an rapidly changing malaria environment
    - More rigorous follow up from partners (?) and MERG
    - Create a simple tool to motivate staff at lower level (HF chart, bulletin, etc)

4. **Update on recent methodological and survey work**
    - Follow-up with Gallup on to gage interest and potentially standardize methods/questionnaire for comparability of results
    - IVCC Decision support system to continue work with MACEPA and report at the next meeting (Mike Coleman)
    - Economic Burden Task Force to request that Deb MacFarland put together a meeting to review preview work, provide guidance on questions to monitor economic burden of malaria at HH level, further document of case studies of the benefits of private sector investment in malaria control, and develop strategies for future activities in monitoring changes in economic burden of the disease

5. **Discuss MERG business issues**
    - Rick Steketee and Tessa Wardlaw to continue serving as Co-Chairs of the MERG
    - Measure Evaluation to work with the secretariat to provide a draft workplan to MERG members for inputs (Erin Eckert)
    - Next MERG meeting proposed venue and dates: Mexico in January 2010, to be confirmed by MERG secretariat (Elizabeth Patton)

6. **Update on MERG Task Force activities**
- Dissemination task force to dissolve.
- Task force on High-Level report for 2010 to convene
    - CDC, WHO, and UNICEF to have conference call to decide which scientific updates are needed. (Richard Steketee, Tessa Wardlaw)
    - UNICEF to coordinate/lead high level report (Tessa Wardlaw/Emily White Johansson) and MERG co-chairs will provide final oversight (Rick Steketee, Tessa Wardlaw)
    - Matt Lynch and Kevin Starace will urge Protik Basu to aid in Quarterly Tracking efforts
    - MACRO and MACEPA (Rick Steketee) will decide which interval updates are necessary and liaise with the advocacy working group through Hannah Koenker.
    - Matt Lynch will circulate TORs for the new Task Force on the High level report
- Measure Evaluation to identify reviewers and contributors for Malaria M&E Training Curriculum and presenters for trainings to start after October 2009.