



SIXTH MEETING OF THE RBM PARTNERSHIP
Monitoring and Evaluation Reference Group (MERG)

6-8 December 2005 – New Delhi, India
SEARO – Shangri-La Hotel

MINUTES

I. Welcome and Introductions

Bernard Nahlen, GFATM

Dr Nahlen convened the 6th meeting of the RBM Partnership MERG and thanked Dr. Krongthong Thimasarn, Regional Malaria Adviser, WHO South East Asia Regional Office (SEARO) for hosting the meeting. Participants introduced themselves and then Nahlen introduced the objectives for the meeting and reviewed the next steps that were outlined in the minutes of previous RBM MERG meeting held in Cairo, Egypt last May 2005.

II. Review of Objectives and Agenda

Bernard Nahlen, GFATM

Nahlen reviewed the agenda and objectives of the meeting, which included:

1. To report on progress of the MERG Capacity Building Task Force and discuss priority issues related to capacity building in M&E of malaria;
2. To evaluate the need for global guidance on core/priority process and output indicators;
3. To review the current work in assessing M&E systems and data quality;
4. To discuss current initiatives in burden of disease estimation;
5. To provide and update on initiatives related to RBM;
6. To review and discuss tools and methods for monitoring coverage and impact of malaria in pregnancy.

He also presented the history of the RBM MERG and its task forces for the new members of the group. Several products which have come out of the RBM MERG and its task forces this year were presented and discussed. A key product of WHO/RBM Partnership is the World Malaria Report 2005, which will be published every 2 years and the MERG was closely involved in its development.¹ Also with the input and direction of the MERG the Global RBM Database is being developed.²

¹ World Malaria Report can be found: www.rbm.who.int/wmr2005/

² For more information on the Global RBM Database, please visit: www.who.int/globalatlas

III. Key Outcomes of RBM Task Forces 2005³:

Bernard Nahlen, GFATM

The below list includes some of the major outcomes and products of the work of the RBM MERG and its task forces over the course of 2005. Information regarding these materials can be found on the RBM MERG website or via other websites noted below.

Mortality Task Force

1. Recommendations for mortality monitoring for different disease intensities for African countries:
 - i. *Options for evaluating impact of malaria control on mortality in African countries with high malaria burden (Alex Rowe)*
2. Report on burden of mortality directly attributable to malaria for children under 5 years of age in Africa for the year 2000

Morbidity Task Force

1. Consensus among technical partners on the estimation method for estimating the incidence of clinical malaria episodes in all countries.
 - i. *Estimates of Malaria Morbidity in Africa in Children under the Age of 5 Years, May 2005*

Anaemia Task Force

1. Recommendations supporting use of anaemia in children under 5 years as additional impact indicator in stable malaria-endemic settings.
2. Recommendation that Anemia should be measured in household surveys as haemoglobin level, using HemoCue measurement on fingerprick blood, in children aged 6-59 months.

Survey and Indicator Guidance Task Force

1. *Guidelines for Core Population Coverage Indicators for RBM: To be Obtained from Household Surveys July 2004* (update out in spring/summer 2006)
2. *Malaria Indicator Survey (MIS): Basic Documentation for Survey Design and Implementation*, published in July 2005 and made available in November 2005

Strengthening National Capacity for M&E Task Force

1. [*Building capacity in monitoring and evaluating Roll Back Malaria in Africa: A Conceptual Framework for the Roll Back Malaria Partnership*](#)
2. Budgeted work plan for country support to improve capacity for M&E based on task force report.

From 18-19 November, the 5th Global Forum meeting of the RBM Partnership “Unite against Malaria” took place in Yaoundé, Cameroon⁴. Summary action points from this meeting included:

- Move towards one M&E plan, one implementation plan and one malaria coordinating body (modeled after the HIV/AIDS “Three Ones”)⁵;

³ Please visit the RBM MERG website for information on all RBM MERG products: www.rbm.who.int/merg

⁴ For more information on the RBM Global Partners’ Forum V, visit: www.rbm.who.int/forumV

- Build capacity at all levels of the health system for malaria control;
- Focus on coverage and impact measures to inform malaria programme scale up;
- Develop methods and systems to monitor health systems implementation and use.

IV. Key Outcomes and Presentations of the 6th RBM MERG Meeting

The sixth RBM MERG meeting brought together existing and new partners to agree upon a harmonized approach to monitoring and evaluating malaria programs. A key focus of this meeting was the work and guidance the MERG is proposing to harmonize capacity building in M&E for national malaria control programs, their managers and M&E advisors. After presentations that focused on current M&E Plan development and status in two countries by Mercy Mwanza, National Malaria Control Centre, Zambia, Rick Steketee, PATH/MACEPA and Alex Rowe, CDC, discussion ensued around how to operationalize these plans and provide a draft/template for other countries to use. During the second day of the meeting some parameters were agreed upon in a presentation by Erin Eckert, MEASURE Evaluation/ORC Macro, which reflected ongoing discussions within this MERG meeting and other Capacity Building Task Force Meetings. It was suggested that a draft terms of reference be developed and agreed upon, and a consultant recruited to develop this template. Many members noted that the template should include the outline and general body of an M&E Plan, which should include logical frameworks for key aspects of a national malaria program, sample indicators and generic body of a document that can be adapted for a particular country's needs.⁶ The Capacity Building Task Force agreed to plan a meeting for early 2006 to present the consultant's draft work and build upon it for use with countries.

Additional capacity building discussions focused on training and how the MERG can guide the standard in training curricula for M&E of malaria programs. Several major partners (World Bank, WHO, PATH/MACEPA, USAID and GFATM) understand the need in this area and are willing to work with the MERG on these harmonized initiatives. Both WHO and MEASURE Evaluation have plans to develop new and improved training curricula for malaria M&E; the two plan to coordinate with each other and with additional country level partners to share information and develop consistent, not overlapping training curricula that are part of one plan for a harmonized approach to capacity building.

Other issues discussed during the meeting included rolling out the malaria indicator survey (MIS) in countries and the discussion of biomarkers (anemia and parasite prevalence testing) in these surveys. The MIS is currently being planned in Zambia and in Angola. The MIS will be translated into French in the next several months and is currently available on the RBM MERG website at: www.rbm.who.in/merg; please see updates to the questionnaire and other components in the attached document ("MIS prelim changes Jan 6 2006").

Alex Rowe, CDC also presented *Options for Evaluating the Impact of Malaria Control Efforts on Mortality in Africa*, and shared a draft paper outlining this tailored to the US President's

⁵ For more information on the "Three Ones" please visit: www.unaids.org

⁶ This "M&E template" would also assist national malaria control programs in planning M&E for the next round of national strategic plans and eventually include a costing component to assist donors and managers.

Malaria Initiative (PMI) and asked for comments/feedback from RBM MERG colleagues. This is an effort echoed by many partners of the MERG and will be discussed during the next Mortality Task Force, which will be held 30-31 January 2006 in New York.

One area that received feedback and need for follow up was the MERG's role in providing guidance on lower level indicators, such as process and output indicators. Erin Eckert of MEASURE Evaluation/ORC Macro provided insight into the importance of standardizing, to some extent, these indicators and why it is important for the national level to collect these indicators. Further, it was noted by members that simply offering countries a 'shopping list' of possible indicators at these levels would not assist in monitoring; rather it would be important to provide clear guidance on selection of lowered level indicators which would provide quality data for making relevant decisions in a timely manner. It was discussed by members that by providing logical frameworks for major malaria program areas that include input, process, output, and outcome and impact level indicators, in the M&E plan template document being developed would be helpful. Members agreed that this should be discussed further during the Capacity Building Task Force meeting, once the draft template is developed, to decide how to move guidance forward.

Ronald Tran-Ba Huy helped explain how the GFATM uses process and output indicators in performance-based management and decision making. He also presented the work of the GFATM in developing a self-assessment tool with MEASURE Evaluation for use by the US President's Emergency Plan for AIDS Relief (PEPFAR) and GFATM to assess the quality of HIV/AIDS data. This tool is still in development, however, there is a need to adapt it for the context of malaria as well—Tran-Ba Huy asked for feedback and discussion around how to ensure a solid self-assessment tool that national malaria control programs/Ministries of Health and partners can use to help begin answering data quality questions and issues.

In the following day session, UNICEF's Multi-Indicator Cluster Surveys (MICS) were discussed. The MICS have been implemented over the last 10 years and have rounds every five years—the MICS are in their 3rd round currently and Tessa Wardlaw, UNICEF explained that they are conducted in conjunction with civil society organizations and harmonized with the Demographic and Health Surveys (DHS). UNICEF will compile the 'World Fit for Children' report from the MICS after this round is complete. The report will look at basic trends over time, but there is a need for more analysis of this information.⁷

Following, several important presentations were given, one by Abdoulaye Sadio of the UNICEF Regional Office for West and Central Africa and one by Anja Terlouw, Liverpool School of Tropical Medicine. Sadio spoke about Lessons Learned from the Accelerated Child Survival and Development (ACSD) project and the MERG discussed the methodology behind the projected statistics for this project.⁸ Terlouw shared the preliminary results in coverage and impact from the Togo Measles/Insecticide Treated Nets (ITN) campaign survey.

The final day of the meeting covered several important presentations including impact estimation in monitoring trends in burden of disease for malaria from key regional partners: the WHO South

⁷ For more information or statistics from MICS, please visit: www.unicef.org or www.childinfo.org

⁸ For more information on ACSD, please visit: www.unicef.org/health/23958

East Asia Regional Office (SEARO) where Krongthong Thimasarn presented information on Myanmar and Kumar Rai presented the situation in Indonesia. Eva Maria Christophel provided an update on the Western Pacific Region (WPRO). These presentations assisted the group in understanding what additional guidance and assistance the RBM MERG task forces on morbidity and mortality need to address, as well as how the regional offices can assist the RBM MERG. P.L. Joshi from the National Vector Borne Disease Control Programme in India shared the program's strategy and its components: parasite elimination and disease management, integrated vector management for transmission risk reduction (indoor residual spraying [IRS], ITNs, etc.) and supporting interventions (behavior change communications [BCC], etc).

In the early part of the day, Tessa Wardlaw presented information on measuring low birth weight and how this is often underestimated since few children are weighed at birth and often if they are weighed it is in a facility in an urban area to more educated, possibly healthier mothers. An adjustment procedure to account for this lack of weighing was proposed by Boerma and colleagues (1996) that use additional information on the mother's assessment of the child's size at birth.⁹ MICS and DHS collect information on mother's assessment of birth size and numerical birth weights through three questions: when [child's name] was born, was he/she very large, larger than average, average, smaller than average, or very small? was [child's name] weighed at birth? If yes, what did [child's name] weigh?¹⁰ Wardlaw further discussed this procedure and the results that it has yielded.

Wardlaw also attended the Millennium Development Goals (MDG) Indicator Meeting in Rome and updated the MERG members on the outcomes of the meeting. The objective of the meeting was to review and improve MDG Indicators and a final decision on the proposed changes will be made at the next IAEG meeting in March 2006.

Other initiatives relevant to RBM MERG were briefly presented including:

- *The World Bank Booster Program*, of which the Global Strategy and Action Plan have been released in April 2005. The importance of M&E has been emphasized among major malaria donors and the objective is to help reach the 60% Abuja targets in 17 countries (including all of the RBM 'category 1' countries).¹¹ The Booster Program is a 10 year program, with a 3 year initial intensive period. Two programs have already been approved by the Board in Congo/DRC and Zambia.
- *US Presidential Malaria Initiative (PMI)* was launched during the G8 summit in June 2005. The commitment made is for 1.2 Million over 5 years. The three first countries to receive the program are Uganda, Angola and Tanzania. Country assessments have been finished and strategies have been developed (and are currently under review). The goal is to reduce malaria mortality by 50%. PMI will fund commodities (ACT, ITNs, etc), technical support and monitoring and evaluation.¹²

⁹ Boerma, JT; Weinstein, KL; Rutstein, SO; Sommerfelt, AE. (1996). Data on birth weight in developing countries: can surveys help? *Bulletin of the World Health Organization*. 74(2):209-16. See www.pubmed.gov and other information: www.childinfo.org/area/birthweight/LBW_WHO_UNICEF%202000.pdf

¹⁰ For information on the UNICEF MICS: www.childinfo.org and on ORC Macro DHS: www.measuredhs.com

¹¹ For more information on the World Bank Booster program, please visit: www.web.worldbank.org . For more information on the Abuja Targets, see: www.rbm.who.int/docs/abuja_declaration.pdf . For the RBM Partnership and strategy, visit: www.rbm.who.int

¹² For the US PMI: www.fightingmalaria.gov

- *Malaria Transmission Intensity and Mortality Burden Across Africa, MTIMBA-Project, Malaria group of INDEPTH Network*, which included an update of the current research being conducted through the Tanzania site. This is the largest existing platform to monitor in a standardised way malaria transmission intensity, cause specific mortality and malaria control in Africa. The goals for the project include: To determine all-cause and malaria-attributed mortality burden by age, and explore the relationship to malaria transmission intensity, malaria control activities and other factors in INDEPTH sites across Africa and through continuous monitoring and evaluation, this will document trends in mortality and malaria control activities in support RBM.¹³

Joe Valadez of the World Bank provided a presentation on Lot Quality Assurance Sampling (LQAS), which has been used in several different settings and can be used at the community level with malaria programs. Valadez also presented a World Bank developed framework/spreadsheet for monitoring and evaluation of HIV/AIDS programs. In this framework, indicators are compiled for each program area (in malaria that might be IRS, ITNs etc) where they are categorized under levels (input, process, output and outcome). For each indicator, complimentary practical information is provided, such as data-source, frequency of data collection and responsible person for collecting the information. These indicators are drawn from internationally recognized sources (e.g., UNGASS, GFATM, etc.) and countries can then “pick and choose” the most appropriate indicators for their program. It may be a useful approach for malaria program managers/M&E units.

The last presentation of the day was a brief overview of a rapid assessment tool for malaria in pregnancy given by Alex Rowe, CDC for Meghna Desai, CDC. This is a rapid assessment of burden of malaria in pregnancy using multiple modules to collect data on the dimensions of the problem. This tool will be published in the coming months after clearance from various partners.

V. Follow up Steps/Key Actions

Bernard Nahlen, GFATM

The Chair of the RBM MERG closed the meeting by presenting the group with the next steps and key action points that the MERG members agreed upon during the meeting and plan to address over the next few months. ***The next MERG meeting will take place in June 2006 outside of Geneva, Switzerland.*** The next steps for the task forces are listed below.

Country Capacity Building Task Force

- Develop template/framework for M&E planning as part of national malaria control plan (and, where possible, as part of national M&E plan) which should include:
 - Costing for the M&E plan component;
 - Logical framework for each malaria intervention;
 - Guidance for core lower level indicators for improved program management;
 - Identification of training needs.
- ***ACTION: consultant to be identified to work with major partners to draft product by March***

¹³ Visit: Ifakara Health Research and Development Centre, www.ihrc.org/information/ongoing_projects06.html

- Development of harmonized training module(s) and guidance through the work of MEASURE Evaluation and WHO.
 - The RBM MERG will explore how these above mentioned activities of the Capacity Building Task Force relates to Health Metrics Network supported activities for HIS strengthening (and the Ellison Institute work).¹⁴
- ***ACTION: meeting of Task Force in March/April 2006***
- Chair—MEASURE Evaluation

Household Survey Task Force

- MIS: Basic Documentation for Survey Design and Implementation package was launched December 2005:
 - CDC to finalize parasite testing component for inclusion in the package.
 - Wider discussion will commence on biomarkers in the MIS (and how this relates to microscopy?)—RBM MERG should involve WPRO in these discussions.
 - RBM MERG should capture the experience that has been gained in this area (in the current roll out of the MIS and past similar surveys).
 - RBM MERG should discuss if questions related to equity and costs be added to the MIS.
 - First MIS to be rolled out in Angola and Zambia:
 - RBM MERG would like to ensure that adequate TA has been assured.
 - How should the RBM MERG best capture these roll out experiences to share with others implementing the MIS?
 - The MIS provides an opportunity to pilot other questions (e.g. IRS?) that should be agreed upon.
 - Revised *Guidelines for Core Population Coverage Indicators for Roll Back Malaria: to Be Obtained from Household Surveys July 2004*, available Spring/Summer 2006.¹⁵
 - Togo Measles/ITN Study:
 - Additional experience should be documented from surveys using parasite prevalence & anaemia testing and how this relates to the potential for using data collected from patients accessing health facilities to estimate ITN coverage.
- ***ACTION: meeting of Task Force will be in March/April 2006 to further discuss these issues.***

¹⁴ For the Health Metrics Network (HMN), visit: www.who.int/healthmetrics/en/ and for the Ellison Institute, visit: www.pop.upenn.edu/news/files/EllisonInstituteHarvardUniversity.pdf

¹⁵ *Guidelines for Core Population Coverage Indicators for Roll Back Malaria: To Be Obtained from Household Surveys* previous version available on the RBM MERG and MEASURE Evaluation websites: <http://www.cpc.unc.edu/measure/publications/index.php>

- Chair—MEASURE DHS

Morbidity Task Force

- WHO/HQ and Regional Offices to discuss country-level estimates resulting from RBM MERG estimation method (presented at the 5th RBM MERG Meeting in Cairo May 2005)¹⁶
 - WPRO is moving ahead to update the endemicity map and to assess the burden of disease for malaria.
- ***ACTION: Meeting to bring together different endemicity mapping initiatives to develop consensus on way forward to produce an updated endemicity map for country-level estimations of burden of malaria, meeting date TBD.***
 - Chair—WHO

Mortality Task Force

- “Options for evaluating impact on mortality” review draft document by Alex Rowe, CDC.
 - Further comments are welcome on the document, but please provide them within the next few weeks to Alex Rowe (end December 2005).
- Evaluating mortality impact for malaria: PMI has decided on one option, UNICEF has used other methods in Accelerated Child Survival Program; CDC used Preceding Birth Technique in Benin—several options need to be discussed and decide how to harmonize partners.
- Discussion has focussed on mortality among children—there is a need now to extend this discussion to older age groups.
 - ***ACTION: Meeting for further discussion of key issues related to mortality monitoring 30-31 January 2006 in NY.***
 - Chair—UNICEF

Anaemia Task Force

- Final results of the studies completed by this task force will be published and the information will be circulated once confirmed.
- The final results of the study should be shared and discussed with nutrition colleagues through the MERG.
- Additional data for this discussion and continued work will come from DHS surveys:
 - However, the group should decide who will analyze the data and this need to be confirmed to move forward.
 - The experience from Togo and Malawi also should be captured in this work.
- ***ACTION: Follow up meeting will be planned, TBD.***

Economic Impact Task Force

¹⁶ Also found on the RBM MERG website: www.rbm.who.int/merg

- Recognizing the importance of monitoring changes in the economic burden of malaria, the MERG has decided to convene a new task force which will be chaired by the World Bank. The Task Force will provide guidance on indicators for monitoring the economic burden and methods for collecting reliable data for analysis, reporting and use.
 - ***ACTION: email dialogue and a potential meeting will be held, TBD.***
 - Chair—World Bank

Other areas where follow up is needed before the next RBM MERG Meeting in June 2006:

Reporting

- WHO has agreed to work with the six regional offices to develop separate regional malaria reports. The next World Malaria report will be in 2007, in accordance with the consensus that a global progress report every two years would be adequate. WHO will again play the lead role in putting this report together with UNICEF on behalf of the RBM partners. A progress report on progress on the reports should be provided at each MERG meeting.

Data Quality

- MERG will have a focal point for linkages to the work being done by GFATM/PEPFAR/MEASURE Evaluation/HMN on the Data Quality Assessment tool.
 - Erin Eckert, MEASURE Evaluation will be the link within the RBM MERG.
- Explore the relevance of using/adapting the Data Quality Assessment tool for the World Bank Booster Program and PMI.