



MEETING OF STRATEGIC MONITORING 1-2017

EMMIE REGIONAL FUNDING



26 AND 27 OF APRIL OF 2017
MECANISM OF REGIONAL COORDINATION
COMMITTEE OF STRATEGIC MONITORING

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SUMMARY
MEETING OF STRATEGIC MONITORING
Sub headquarters of SISCA, El Salvador, April 26 and 27 of 2017

I. INTRODUCTION

In accordance with the responsibilities of the RCM in the strategic monitoring of the regional funding of malaria (EMMIE), the first in-person meeting was held in 2017 to check the advances of the implementation of the activities of the main recipient – PSI/PASMO with its headquarters in Guatemala.

For the development of the meeting the following information was requested ahead to the RP:

1. PUDR 2016
2. Presentation of advances of MR and transition extent up to December 2017.
3. Report on the number of malaria cases in 2016.
4. Verification reports of malaria data in 2015.
5. External audit report of 2016.

The commission of strategic monitoring carried out a series of activities in 2016 being the results checked in this meeting where the following inputs for analysis were presented:

1. Implementation map of the EMMIE.
2. Consolidated of opinion poll in the fourth meeting of the EMMIE. This poll was carried out in February of 2017 and it was completed by government representatives of the countries, civil society and present cooperators and it had as an objective to evaluate the management of the MR and development of the meeting.
3. Presentation of advances of the strategic monitoring of the RCM 2016.
4. Summary of the fourth meeting of the EMMIE.
5. SISCA/RCM Budget 2017-2018 for strategic monitoring.

The RCM made sure to have feedback from key participants who provide a general view of the implementation of the EMMIE based on the established in the proposal. In that sense, the feedback from countries (Government, Civil Society), and the EMMIE Advisory Committee (EAC) and cooperating partner was requested. The recommendations of the Advisory Committee of the EMMIE, which is made of international experts with high experience in Malaria, are also part of this revision.

The funding of the EMMIE is in the closing of the first implementation stage in which PSI/PASMO finishes its responsibility as the main recipient in December 2017; thus, for the RCM it is key to provide follow up to the work of the MR including the transition extent from July to December 2017, the administrative closing of the project and any other cross-cutting activity of the implementation of the proposal.

The expected results from the meeting are the conclusions and recommendations of the revision of the information provided by the MR to the committee and the updating of the Strategic Monitoring Plan 2017.

II. PARTICIPANTS

Name	Position and organization	Host country
María Naxalia Zamora	Coordinator of the strategic monitoring committee, secretary of the RCM and representative of the regional league of the civil society against malaria.	Nicaragua
Otoniel Ramirez	Vice-president of HIV of RCM and Regional Secretary of REDCA+	El Salvador
Lucrecia Castillo	Full member of the cooperation area of RCM and Program Manager of USAID	Guatemala
Oscar Morales	Representative of SE-COMISCA, person in charge of monitoring and evaluation	El Salvador
Rosibel Cruz	Technical Secretary of RCM	El Salvador
Iraida Izaguirre	Representative of MR-Specialist of Sub-fundings, PASMO Regional office	Guatemala

Participated in a virtual way in a question session: Norma Padilla, consultant of PSI/PASMO.

III. ESTABLISHMENT OF INTEREST OF CONFLICT

In accordance with the politic of interest conflict management of RCM, the coordinator of the committee, Maria Naxalia Zamora, establishes that there is no conflict of interest for the development of the agenda and explains the objectives of the meeting.

IV. RESULTS OF THE MEETING

A feedback based on the objectives of the strategic monitoring was done based on the established by the Global Fund and the role not only of the MR but also the RCM in the follow up of the implementation of the EMMIE. The manual of strategic monitoring and the internal regulation of RCM were shared with the MR.

Technical feedback of MR about the factors stopping the countries from reaching the goals:

- There are many concepts the countries do not have clear to redirect their programs.
- It has not been possible to evaluate if the strategies and interventions in the region and countries are working.
- Lack of external analysis from the donors about the impact of the interventions.
- Bilateral coordination of the partners of EMMIE with the countries.
- Weather situations and natural disasters which contributed to the reproduction of the mosquito.

Technical feedback of MR about the regional coordination with the countries which did not receive the start-up funds:

It was not possible to coordinate the national funding and get together for the advance of the countries with those funds since it was not taken into account in the TdR from the staff of MR.

Technical Feedback of MR about the decision of redistributing the funds of civil society: By the end of December 2016, all the funds that have not been used must have been redistributed to cover the cost of the second verification that resulted to be more expensive than the first one.

About the roles of RCM and MR in the follow up of the EMMIE: It was concluded that there was a lack of understanding of the roles in the implementation of the EMMIE. It was clarified that the RCM is the one in charge of supervising the implementation of the MR proposal not the executor of activities. The MR took on the role of the administrator of the start-up funds and made sure that the working plans of those countries

were implemented; besides of coordinating the logistic of the EMMIE meetings and the compliance of the cross-cutting activities.

FINDINGS OF THE STRATEGIC MONITORING

The evaluated areas of strategic monitoring were Finances, procurement, implementation, results and reports.

Area of strategic monitoring	Findings
Finances	<ul style="list-style-type: none"> ◦ Delay in the execution of funds by the SR. (Due to the delay in the signing of the agreements and change in the working plan). ◦ Lack of prompt approval of the working plans of the countries by the global fund. ◦ Some countries used their own funds to execute the activities established in the EMMIE working plan due to internal policies which prevented the execution with the funds of the project. ◦ The execution of Haiti has been minimum compared to the time they have had to execute it. ◦ Poor communication and feedback from the Global Funding about the processes and requirements of the MR. ◦ Lack of official notice about the changes in representatives or focal points of information as for the PAHO as for the GF, which limited the prompt guarantee to the administrative processes by the MR. ◦ Poor follow up of the MR or low capacity of resolution of administrative burdens reported by the country for the execution of funds.
Procurement	<ul style="list-style-type: none"> ◦ There were changes in the requests of purchase by the countries due to the change of work plan or to the difficulties in the purchase processes of their countries. ◦ There was a delay in the approval by the Global Funding for the rescheduling of purchases.
Implementation (*Based on the opinion poll Feb, 2017)	<ul style="list-style-type: none"> ◦ A greater approach from the MR to its sub recipients is needed*. ◦ MR management needs more leadership*. ◦ Poor feedback from the MR for the engagement of all key actors and technical partners of the initiative*. ◦ The MR needs to improve the communication with the countries*. ◦ The EMMIE Advisory Committee (EAC) should be more active and consulted*. ◦ Flexibilities of the MR to provide the countries with opportunities of modifying the working plans according with the situations that are coming out in the implementation process; however there has been a lack of prompt responses from the GF for the approval of the plans. ◦ Some activities were not executed in time and were re distributed in the budget, without previous approval from RCM. (e.g., Support to the civil society vs second verification) ◦ From the activities included at the beginning of the proposal, the following ones were not executed promptly: <ol style="list-style-type: none"> 1. Implementation of the start-up funds. Haiti still in execution. 2. Signing of the agreements with Global Fun to get to the reward funds. 3. Scheduling of the verification. It was extended more than expected due to the constant change of dates by the countries. 4. Weak coordination with the technical cooperation. 5. Poor coordination from bilateral support with Mexico and Colombia. 6. Lack of coordination with other malaria initiatives. 7. Weak strengthening of the civil society.
	<ul style="list-style-type: none"> ◦ 55% of the countries have had an increase of malaria cases in the last two years.

<p style="text-align: center;">Results</p>	<ul style="list-style-type: none"> ◦ According with the definition of control and elimination of malaria, all the countries are in the control phase. ◦ The lack of spacing between each of the verifications and the lack of socialization of results have not allowed the countries to make meaningful changes over the recommendations. ◦ Some countries have not signed the agreement of reward funds which has limited other countries which have reached their goal to get funds to continue the interventions. ◦ The methodology of delivering the reward funds is not known yet. ◦ Poor technical support from MR to advise the RCM and the countries in the implementation of action which would allow to have impact in the expected results. ◦ Limiting factors in the management of MR for the development of verifications: <ul style="list-style-type: none"> ✓ Internal policies of the PAHO for the organization and logistics of the verifications, which allowed the follow up by the MR. ✓ Difficulty for the reception of the reports due to the confidentiality of the data. ✓ Lack of prompt confirmation of the dates to make the malaria data verification of 2015, consequently neither RCM nor the civil society could go to the mission in some countries. ✓ High cost of the verifications, which lead to negotiations between the MR and PAHO, redistribution of non-executed funds for the SR and delay in the signing process of the implementation agreement. ✓ Lack of follow up from the PAHO to attend the requests and requirements from the MR to sign the agreement, improve the development of the verification and delivery of reports. ✓ Delay in the shipping of PUDR and reports by the PAHO.
<p style="text-align: center;">Reports</p>	<ul style="list-style-type: none"> ◦ Information requested to MR and not available for analysis at the moment of the meeting. ◦ Number of cases of Haiti. According with the MR, it is done in June unlike other countries. ◦ Verification report of malaria cases 2015 of Guatemala, El Salvador and Nicaragua. ◦ External auditory report of 2016. ◦ The reports of advances from the MR have not met the requirements and information quality requested by the RCM. ◦ Delay by the sub recipients and PAHO to hand in the expenses report to the MR (PUDR). ◦ Lack of prompt follow up from the MR to the delivery of reports of the sub recipients. ◦ The RCM did not receive the report from the MR about the fourth EMMIE meeting, which has delayed the feedback to the countries. ◦ Confidential management of the verification data reports of malaria, which does not allow socializing the results with key national, regional actors including the civil society.

V. CONCLUSIONS

1. For the strategic monitoring committee of the RCM has been very difficult to evaluate the implementation of the initiative since the MR has not provided a yearly working plan and the requested advance reports have not met the expectations of the committee.

2. The MR focused on the administration of the EMMIE funds with weak implementation of cross-fitting activities and follow up of strategic partners getting a low performance in the achievement of expected results of the project.

3. There was poor follow up to the activities describes in the concept note of malaria by the technical team of malaria from the RCM.

4. The countries must establish a cross-sectional structure which provides follow up to the recommendations of the verification in the countries and prioritize them based on the existing capacity.

5. Regardless the fact that the methodology of verification and the instruments are standard the situation of the country must be considered (Epidemiologic situation and external factors) for the prioritization of the implementation of recommendation before conducting new verifications.

6. The challenge with the PAHO are the procedures and internal policies which do not allow to respond to the recommendation made by the RCM to improve the processes, reports and socialization of the results of verifications.

VI. COMMITTEE RECOMMENDATIONS

<p>For the main recipient: PSI/PASMO</p>	<ul style="list-style-type: none"> ◦ Direct funds to provide Technical Assistance which help the countries to close gaps in the recommendations of the second verification. ◦ Send the Closing Plan of the project for the follow up of the committee. ◦ Sending of the updated technical report and the presentation of report of advances presented by Norma Padilla last year. ◦ Send the reports pending of revision: Report of verification of malaria cases in 2015 of Guatemala, El Salvador and Nicaragua. External auditory 2016, Report of malaria cases of Haiti (June). ◦ Consult with GF if with the funds of the EMMIE, it would be able to hire a consultant to agree on regional indicators of Malaria which could be reported through SE-COMISCA. ◦ That the MR corrects the roles of implementation of the EMMIE from the MR and the RCM based on the revised in the meeting. ◦ To define the technical products to be delivered by Norma Padilla as the consultant of the project and to notify the RCM. ◦ Follow the recommendations of the ACE for the report of number of malaria cases per year.
<p>For the board of directors and secretariat of the RCM</p>	<ul style="list-style-type: none"> ◦ Notify PSI about the changes in focal points of the EMMIE in the RCM. ◦ Go to the Analisse Hirschmann when limitations of communication by the MR and RCM. ◦ Provide follow up to the support of the cooperating partners to provide technical assistance to the countries and articulate the regional work towards the elimination, including the incorporation in the membership of RCM, previously consulting the countries. ◦ Involve the PCM of the region for the feedback of the results of verifications and request to follow up the recommendations through its strategic committee of monitoring or the structure they consider convenient. Send the analysis tool to request feedback. Request support to establish a follow up plan to the recommendations. ◦ Recommend the RCM to request EAC to work on quantitative and qualitative indicators for the malaria proposal and be able in that way to measure a better implementation of the funding. ◦ Send the PAHO the feedback about the verification process so that they can take into account the observations in the following verifications and support the countries in a prompt way in the implementation of actions.
<p>For the technical team of malaria</p>	<ul style="list-style-type: none"> ◦ Request the countries involved in the EMMIE to search for alternatives for evaluating the strategies and national interventions taking into account the increase in the number of cases in some countries. ◦ Monitor the impact of the strategies being implemented in the region. ◦ Improve the coordination and communication among the focal points of malaria of the RCM to carry out the activities of regional and cross-fitting aspect of the proposal.

	<ul style="list-style-type: none"> ◦ Send the committee of strategic monitoring its feedback about the advances in the implementation of recommendations of the verifications and if they are capable of conducting a third verification this year. ◦ Evaluate, objectively, the relevance of presenting a follow up proposal of this funding, since most of the gaps found should be covered by the national proposals. Consider a second phase of the strengthening to the civil society.
For the Global Fund	<ul style="list-style-type: none"> ◦ Update the contacts or focal points who attend the doubts from RCM and PSI to solve promptly the situations limiting the implementation. ◦ The committee suggests not to perform the third verification in 2017, but to provide the countries with enough time to work on plans to improve the findings in the second verification. There must be more time for the countries to create a plan to reduce the gaps based on the prioritization of recommendations based on the possibilities of each country. Some of the budgeted funds could work for reducing some of the gaps in 2017. ◦ Send information to the RCM about the reward funds. Signing of agreements and methodology.

VII. AGREEMENTS

1. Approve the Plan of Strategic Monitoring of the RCM for 2017.
2. Send the president of the RCM the report of the meeting together with the annexes and the updated plan of strategic monitoring for the recommendations to be sent to the respective bodies.
3. Strengthen the communication and spreading of results from the strategic monitoring through the creation of bulletin boards, computer graphics and documents to publish them on the webpage of the RCM, social networks and broadcast it through electronic media with members of the RCM, SE-COMISCA, MCP's, Civil society among other key actors.
4. Make emphasis on when sending information of strategic monitoring via email, the name of the institution sending the information must be included.
5. Consolidate a matrix of follow up to agreements and recommendations of the committee and revise it based on the work plan.
6. Have the first virtual meeting with the MR on May 31 to check the advances of the recommendations and closing plan.
7. The members of the committee supported by the Advisory Committee of the EMMIE and the technical secretariat of the RCM will check the reports of verification of malaria cases from 2014 to 2015 to make a comparative analysis of the advances and fulfillment of the recommendations done by the countries. The analysis will be conducted in virtual meeting by the end of June, assuming that all the reports have been received on time.

The objective of this revision is to analyze the cost and benefit of these verifications vs the result obtained in the countries in relation to the number of cases.

The criteria for revision are:

1. % of fulfilled recommendations.
2. % of non-fulfilled recommendations.
3. List the news recommendations (if existing)

The revision per countries is assigned in the following way:

1. Belize: Michel Chang	6. Costa Rica: Trent Ruebush
2. Guatemala: Lucrecia Castillo	7. Panama: Rosibel Cruz
3. El Salvador: Otoniel Ramirez	8. The Dominican Republic: Yasmin Rubio
4. Honduras: Oscar Morales	9. Haiti: Quique Basat
5. Nicaragua: María Naxalia Zamora	

ANNEXES

1. FEED BACK ABOUT THE VERIFICATION OF MALARIA CASES

Done during the fourth meeting of the EMMIE, San Jose Costa Rica, February 2 of 2017.

Participants: Representatives of malaria and/or vector programs, laboratory of the Ministries and Secretary of health of the region, members of the national league of civil society against malaria, cooperating partners, PSI/PASMO, members of committee board and technical secretariat of the RCM.

<p>Positive aspects of the verification</p>	<ul style="list-style-type: none"> ⊕ It allows evaluating the situation of countries with a view to eliminating and seeking certification, identifying specific findings for improvements in the surveillance, care, diagnosis and treatment system. ⊕ The inclusion of external experts in the country creates a better perspective of the work that is done avoiding the biases in the analysis of the progress of the countries. ⊕ The profile of the participants in the verification commission (monitoring experience, Dx, Tx) has been key in identifying the important findings that the countries require to improve malaria surveillance. ⊕ It helps to discover weaknesses. ⊕ It strengthens areas. ⊕ The recommendation itself is the most important. ⊕ It is important for countries to comply with the recommendations. ⊕ It is a feedback. ⊕ Improvement of the timely delivery of results. ⊕ That the information reaches the decision makers both cooperating and focal points. ⊕ The validation process is evaluation of the program, not just verification of data. ⊕ Mission teams are cross-fitting: microscopists, surveillance; other countries have expert team contributions. ⊕ Visits at community level - the ColVols are known - and you have a better idea of the processes. ⊕ A "work path" is established and the priorities to be followed and the areas to be improved from the operational level to the managerial level. ⊕ Visits help improve countries' strategic plans.
<p>Feedback on the findings</p>	<ul style="list-style-type: none"> ⊕ Based on the first verification, the channels of communication and the fluidity of reports have to be improved. ⊕ Promote the socialization within the technical group and other actors of the Ministries of Health, both the preliminary report and the final report for decision making. ⊕ Excess information requested. ⊕ Delayed delivery of results. ⊕ Failure to follow the changes generated by the countries in the light of the recommendations of the verification of the data. ⊕ Minor importance to vector control. ⊕ Experience has been good given the varied points of view of the multidisciplinary panel. ⊕ The team has points of view that do not always agree which allows the country to participate in the discussions.
<p>Areas of improvements in the following verifications</p>	<ul style="list-style-type: none"> ⊕ It will be important to establish within the countries teams of follow-ups of the fulfillment of the findings of the verifications including at the political and managerial level of the Ministries. ⊕ Request countries a follow-up plan. ⊕ That the verification is according to the specificities of each country and according to the stage in which they are. ⊕ It is not possible to apply the same form for the countries, but to take into account the situation of each country (MR-Program vertical and Costa Rica has no Program) ⊕ Timely delivery of results. ⊕ Increased emphasis on vector control during data verification.

	<ul style="list-style-type: none"> ⊕ It is suggested that the team should be a little larger to be able to divide into groups according to the tasks planned to ensure that the scope of the mission is expanded. ⊕ Time between verification and reporting is very limited and limits the country's ability to implement recommendations. In Honduras and Belize, the data for 2015 were verified in November 2016 and the report was received in early February 2017. ⊕ The mission time should be extended to visit more communities and talk to more volunteers to ensure that the information / perception is more balanced ⊕ If only one or two volunteers are interviewed, these comments are generalized to the whole geographical area, although perhaps not the case, they even generalize to the whole country. ⊕ It is recommended to carry out the verification missions in the first quarter of the following year to minimize the continuity of errors in the country. ⊕ Consider the limitations of resources in prioritizing recommendations. ⊕ Classify recommendations by level of urgency within each topic.
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2. RECOMMENDATIONS FROM THE EMMIE ADVISORY COMMITTEE (EAC)

1. TRENTON RUEBUSH-USA (Coordinator of EAC)
2. MICHELL CHANG-USA
3. QUIQUE BASAT-ESPAÑA
4. YASMIN RUBIO-VENEZUELA

Although EMMIE countries continue facing challenges in moving from malaria control programs to elimination it also has an excellent opportunity to redirect their efforts and accelerate towards elimination.

The verification missions being organized by PAHO in each country provide valuable data for the National Malaria Programs. Although the focus of these missions is on malaria surveillance and the validity of reported data, verification teams are multidisciplinary and make observations and recommendations on many other aspects of the Program. I think one of the best things the Programs can do is focus their efforts on responding to the recommendations and correcting the weaknesses observed by the verification missions. They should not wait until 2 or 3 weeks before the next verification mission in 12 months, but start at the end of the mission. When it comes to PAHO, reports would be more useful if they prioritize recommendations in order of importance. Also, it would be useful to try to send the final reports to the Programs no more than 3 or 4 weeks after the mission. In addition, it would be good to try to follow up 2 or 3 months after each mission to find out how the Program is responding to the recommendations.

Based on the experience over the last 18 months with some verification missions, a general problem is that the National Malaria Programs are talking about "elimination" but are still thinking and acting as if they were managing a "control." There are still doubts about:

1. When and how to use the active and passive search of cases;
2. The appropriate use of different methods of vector control in elimination programs;
3. How and in which situations to use TDR vs. taking thick drops;
4. How to do a good investigation of a confirmed case;
5. How to identify and respond to an outbreak of malaria; and
6. How to file and prepare reports and data in preparation for a disposal certification visit.

The best way to share the official recommendations on these issues would be through a series of workshops with the technical staff of the programs organized by PAHO during 2017.

The programs have done an excellent job on documenting the progress made in reducing or maintaining the low number of cases. The main challenges that countries have observed are classified in broad categories: 1) political and financial, 2) specific technical gaps. However, it appears that most programs are aware of the standards and recommendations presented by PAHO / WHO for the elimination of malaria.

For the broader context of political and financial challenges:

1. Cumbersome administrative procedures or lack of financial mechanisms to disburse available funds, even when funds are available from an external donor.
2. Challenges with changes in national priorities and systems (e.g., vertical to horizontal program change).
3. Insufficient or unsustainable financial resources to hire staff to carry out elimination activities (e.g., case investigations).
4. The lack of harmonization between administrative policies when operating plans using different funding streams (e.g., staff employed by project funds/external funding is paid more, this leads to conflicts between staff and leads to limited capacity of the national program to eventually absorb project staff if necessary).

Everyone recognizes these very big challenges and it seems that we need to identify people who are well positioned to help them cope with them. It will be difficult at the technical level to succeed without the support of political and administrative advocates. The recommendation is to identify and involve key political advocates.

The technical challenges identified by the countries are complex and cross-country. As countries fight for elimination, much work is devoted to continually examining cases through microscopy, maintaining excellent microscopic competence, ensuring the absence of ruptures, providing logistics for case investigations and reaching remote areas, etc. In light of these complex system challenges, the question is

how can we make these systems more efficient and easier for programs? Are there any new tools that can be used? Or novel approaches to active surveillance? The recommendation is to explore the utility of additional tools such as serology or ultra-sensitive diagnostic kits for surveillance. Additional discussions will be scheduled between countries, the EAC and PAHO to see what can be done in this area.

The example of Belize, where only 8 cases were reported in 1963, but where malaria was virulently reasserted, should make us reflect on the dangers of relaxing surveillance, even in countries with few annual cases.

It would be important to learn from other national or regional elimination initiatives that are occurring elsewhere (Mozambique, Zambia, etc.)

Reconsider the use of drugs more proactively (and not only reactively) in focal efforts of mass drug administration, especially in areas where outbreaks are confirmed.

Monitor the "live" efficacy (and prevalence of mutations conferring resistance) of isolated *P. falciparum* parasites to ensure that the increase in the last two years is not associated with the occurrence of resistance.

Possibility of organizing a specific course on "the science of malaria elimination" as it is being taught (once a year) between Harvard-Basle-Barcelona and how it has been done in a regional way in Brazil (2016) or in Africa (2016).

Strengthen training at a technical and professional level in entomological surveillance:

Determination of anopheles species, abundance, habits of rest, hematophageal activity and susceptibility to insecticides. Identification and characterization of breeding sites.

To install the necessary infrastructure (laboratories and insectaries) in the countries which do not possess it for the entomological surveillance.

Review vector control programs: applied methods, insecticides used, assessment of applied measures (IRS, LLINs). In the case of Belize, it is important to change the scheme used for IRS, since they are using pyrethroids as well as LLINs, which will quickly generate resistance to pyrethroids.

Importance (empower) to train local leaders for entomological surveillance.

3. FEEDBACK OF THE COORDINATOR OF THE EAC TO THE REPORT OF NUMBER OF CASES OF MALARIA 2016 AND TO THE REPORT OF STRATEGIC MONITORING

This report is using some non-official WHO terms:

1. There is no missing case classification - I suppose they are referring to cryptic cases but I think we should follow WHO terminology.

2. Although I understand that it means "a secondary case," the official WHO term is "introduced," and I think we should use this term.

Speaking more generally of the EMMIE initiative, my main concern is that I feel we have to recognize that the cash on delivery system is not working as we had hoped. The staff of several countries are demoralized when not receiving their "prizes," for not meeting the goals, or for delays in the procedures.

Trying to measure the progress of a public health program using only one indicator (no. Of autochthonous cases) is not working. There are many factors that a National Malaria Program cannot control like a hurricane (such as the one that struck Haiti last year) or an outbreak of Zika, dengue, or chikunguna that can affect your ability to control / eliminate malaria.

Given my participation in 4 of PAHO's verification missions over the last 6-8 months and in my opinion countries are progressing rather well in terms of improvements in their surveillance systems and implementation of their control measures, but you cannot prove that only by number of cases reported. I

believe that the RCM should advocate for a change in the way progress is measured by EMMIE countries - perhaps by focusing on more qualitative measurement and using more indicators.

About the structure of EMMIE

There have been problems in all the areas of monitoring reviewed on the EMMIE aspects and we must do our best to correct them. However, EMMIE's problems with multiple and different responsible groups (RCM, MR, and PAHO) should also be taken into account without clarifying the responsibilities of each group or establishing how they should work as a team. Another identified problem is the use of a single indicator to measure progress towards malaria elimination because it is unrealistic to expect that a public health program with a single indicator can be evaluated.

Elaborated by: Rosibel Cruz, Technical Secretary of the RCM
Revised by: Members of the Strategic Monitoring Commission, approved on May 17, 2017.

RCM STRATEGIC MONITORING PLAN

Regional subsidy of EMMIE initiative

2017

MONITORING AREA	ACTIVITIES TO BE EXECUTED	Description	Verification methods	People in charge	Support	Budget	Jan	Feb	Mar	Apr	may	jun	jul	aug	sep	oct	nov	dec	
IMPLEMENTATION	Meetings with the MR	Virtual or in-person meetings every 3 months to follow up the agreements and recommendations of the commission (11 am)	Meeting minutes	Members of the SM commission	Technical secretariat of the RCM														
	Gathering of information for the strategic monitoring	Request of information to the MR, feedback of the MCP's, civil society, EAC and other actors related to monitoring of EMMIE advances	Emails	Technical secretariat of the RCM	RCM Presidency assistant														
	Meeting of analysis of strategic information	Programmed based on the documents under revision	Meeting report	SM commission	RCM secretariat	\$ 7,500.00													
	Development of indicators of EMMIE processes	Request EAC to develop a proposal of process indicators for EMMIE follow-up.	Suggested indicators	EAC	Technical secretariat of the RCM														
	Follow-up of MR work plan (Closure plan)	The MR will send to RCM a work plan for 2017 including the closing activities of the project.	Work plan	PSI/PASMO, Members of the commission	Technical secretariat of the RCM														
Finances	Revision of PU/PUDR	The MR will send to the strategic monitoring commission in PU or PUDR in the corresponding periods.	PU/PUDR	PSI/PASMO, Members of the commission	Technical secretariat of the RCM														
Results	Corporate analysis of the results of malaria data verifications	Documental revision of verification reports of malaria cases 2014 and 2015	Report	Members of the SM commission	Technical secretariat of the RCM, members of EAC														
	Visits of strategic monitoring	Visits to countries where difficulties in the execution with participation of the civil society was found	Visit report	Members of the SM commission, civil society, strategic partners	Technical secretariat of the RCM	\$ 17,037.00													
	Revision of advances of the strategic monitoring plan	Every 6 months	Updated plan	Miembros de la comisión	Technical secretariat of the RCM														
	Presentation of strategic monitoring and feedback to the countries	The RCM through the presidency and the secretariat will share, periodically, with GF, SE-COMISCA the revision reports of the commission	Report	SM commission	RCM secretariat														
	Follow-up to agreements and recommendations of the commission	The follow-up to the agreements and recommendations of the commission will be consolidated in one matrix to identify difficulties in its fulfillment and will be revised every 3 months.	Follow-up matrix	Coordinator of SM commission	Technical secretariat of the RCM														
Procurement	Verify the closure plan related to the asset inventory	The MR will send the plan of disposition of assets from the project	Purchase plan and MR report	PSI/Commission	RCM secretariat														
Reports	Presentation and analysis of the MR reports	The MR will send to the strategic monitoring the external auditory report 2016, reports of verification of malaria cases 2015, technical reports of advances, report on the number of cases in Haiti (Jun) and other required for the analysis.	Emails/ reports	PSI/Commission	RCM secretariat														
	Broadcast of activities and results of the strategic monitoring	Elaboration of bulletin boards/ infographs and informative documents for the broadcasting to internal and external audience.	Web page, facebook, emails	Technical secretariat of the RCM	Members of the SM commission	\$ 750.00													
	Presentation of the advances of the strategic monitoring	Broadcast and inform about the progress of the implementation of the corrective activities planned by the EM (RCM, COMISCA, MCP's, etc)	Report	Members of the SM commission	RCM secretariat														
	Provide follow-up to the request of funds petition for the second phase of EMMIE and selection of new MR	Support the technical group of malaria and committee board in the revision of TdR, selection of MR and follow-up of the process of elaboration of funding request	Emails	Members of the SM commission	RCM secretariat														
BUDGET						\$ 25,287.00													