

6. Monitoring RBM in the Countries and in the Region

During one satellite meeting, the topic of evaluation and planning for the RBM initiative was introduced by Dr Renato Gusmão. He began the session explaining that the general impression was that the technology, knowledge and conditions that permit the control of malaria exist, but lack in sufficient efforts to implement the activities to *Roll Back Malaria* in the countries of the region. Within this context it seems that efforts to control the determinants of the transmission of malaria are still missing. These determinants are related to epidemiology and very strongly to economic and social development.

Dr. Pedro Tauil made a short presentation about indicators. He said that since the 1950s malaria control programs have been using the same indicators that were established during the eradication period. Indicators of infrastructure, process and impact are missing. Due to the approach of the Global Strategy for Malaria Control to prevent severe cases of malaria, monitoring indicators were related to health services, like number of hospitalizations of malaria patients, reporting malaria cases according to species, the estimation of vector transmission, and indicators about housing conditions. He also mentioned that an indicator about accessibility to the infrastructure for diagnosis could be useful.

During the discussions, a mention was made of the need to develop indicators for the management of malaria programs, diagnostic and treatment opportunities, financing and quality control. There is also a need to develop indicators for appropriate number, distribution and staffing of local and reference laboratories, as well as indicators to monitor efficiency and efficacy of case management and entomological indicators. Finally, the need to identify and adopt standard indicators, related to the six basic elements of *Roll Back Malaria*, was also mentioned.

Dr. Kamini Mendis said that the RBM Initiative is highly interested in the discussion of possible indicators due to the idea that monitoring and evaluating should become broader. The programs should emphasize not only the number of cases but also the number of deaths caused by the disease. One indicator that was mentioned as an example was that of the percentage of people who receive treatment within a certain period after contracting the disease.