Monitoring and Evaluation and Data System Investments in Grant Cycle 7

Information Session – 16 March 2023

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Key Messages (1/3)

Modular Framework Changes in the M&E Module: Interventions & Indicators

Modular Framework **M&E Module** includes new and adjusted interventions for budgeting.

New Modular Framework M&E Module Interventions
Surveillance for HIV, tuberculosis and malaria
Surveillance for priority epidemic-prone diseases and events
Operational research

Modular Framework **M&E Module** includes new and adjusted **indicators**.

New Modular Framework M&E Indicators
Digital HMIS Maturity
Digital case-based surveillance
Joint data use & interoperability - logistics
Joint data use & interoperability - lab
Private sector reporting

Key Messages (2/3)

M&E Essential Investments

- Global Fund [RSSH Info Note](#) contains main guidance and resources for M&E investments.
    - M&E guidance is in Section 4.4 Monitoring and Evaluation Systems on page 20.
    - Annex 6.4 Essential M&E Investments Table page 75 (and part 5 of this deck) is important for CCMs and PRs to review.

- While there is M&E technical assistance (TA) centrally funded in 2023, this is expected to be reduced in 2024 without the Data Strategic Initiative. GC7 grants are highly encouraged to include M&E TA in funding requests.

Key Messages (3/3)

Health Management Information Systems updated approach

Updated health management information systems (HMIS) approach:

- "HMIS" term is used at the Global Fund as short-hand to refer to any/all routine programmatic data systems.

- Based on routine data system needs in the new Global Fund Strategy (2023-2028).

- Shift to using maturity models as framework to prioritize HMIS foundations and governance while tailoring to country context.

- Supporting digitalization remains high focus.

Modular Framework M&E Module Interventions and Indicators

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M&E Modular Framework Indicators

|	Type	Code	Description	Disaggregation	Grouping
New	Outcome	RSSH/PP O-2	**Digital HMIS maturity** profile score	n/a	0
Change in dis-aggregations	Coverage	RSSH/PP M&E-1	**Completeness of reporting**: Percentage of expected monthly reports (for the reporting period) that are actually received.	**Type of report** (HIV reports, TB reports, malaria reports, integrated report, notifiable diseases and event surveillance reports); **Type of provider** (public, community, private).	3
Change in dis-aggregations	Coverage	RSSH/PP M&E-2	**Timeliness of reporting**: Percentage of submitted monthly reports (for the reporting period) that are received on time per the national guidelines.	**Type of report** (HIV reports, TB reports, malaria reports, notifiable diseases and event surveillance reports); **Type of provider** (public, community, private).	3
New	Coverage	RSSH/PP M&E-3	Percentage of health facilities which are reporting key programmatic indicator results on at least a monthly basis using a **digital, individual level data system**.	**Disease/program** (HIV, TB, malaria, notifiable diseases and events); **Health facility** (hospitals, health centers, health posts).	3
New	Coverage	RSSH/PP M&E-4	Percentage of reporting units **which triangulate programmatic/consumption data and logistics data** on at least a quarterly basis.		3
New	Coverage	RSSH/PP M&E-5	Percentage of labs which are able to **return patient lab results electronically to the patient-level programmatic data system**.		3
New	Coverage	RSSH/PP M&E-6	Percentage of **private health units that report data** into the national HMIS.	**Type of report** (HIV reports, TB reports, malaria reports, integrated reports, notifiable diseases and event surveillance reports).	3
Slight wording change	Coverage	M&E-4.1	Percentage of **service delivery reports from community health units integrated/interoperable** with the national HMIS.		3
Slight wording change	Coverage	M&E-5.1	Percentage of reporting units which **digitally enter and submit data at the reporting unit level** using the electronic information system.		3
Wording change, added disaggregations	Coverage	M&E-6.1	Percentage of districts that produce at least **semi-annual analytical reports**.	**Type of report** (HIV reports, TB reports, malaria reports, integrated reports).	2

RSSH – M&E Systems Module: Interventions in GC7

Intervention	Change from GC6	Description (see Modular Framework for full description and examples)
Routine reporting	**Some change – split certain surveillance aspects out**	Activities related to establishment, expansion, maintenance, strengthening of national programmatic data systems, such as health management information systems (HMIS), both disease specific and/or cross-cutting. This includes aggregate and/or patient level reporting, any level (national, sub-national) and providers (public, private, community), for either paper based or digital reporting systems (such as DHIS2 or other software). It includes key population and adolescent girls and young women (AGYW) monitoring.
Surveillance for HIV, tuberculosis and malaria	**New – previously part of Routine Reporting**	Activities related to setting up and operationalization of systems for continuous and systematic collection, analysis, interpretation and the use of disease-specific or behavioral data for public health response for HIV, TB and malaria.
RSSH/PP: Surveillance for priority epidemic-prone diseases and events	**New**	Activities related to supporting the development and implementation of a national public health disease surveillance systems based on IHR requirements with emphasis on early warning surveillance, event verification and investigation and analysis and information sharing.
Surveys	**Some changes**	Activities related to assessment of morbidity, mortality, service coverage and bio-behavioral surveys/studies in general populations or identified populations at risk.
Data quality	**Significant change**	Activities related to monitoring and improving data quality. It includes data generated through routine systems (facility, community and private health sector), surveys and assessments.
Analyses, evaluations, reviews and data use	**Some change**	Activities related to analysis, visualization, interpretation and use of available data at national and sub-national level, collected through various sources, such as routine reporting, surveys, special studies, evaluations, reviews and others
Administrative data sources	**Significant change** Removed finance & HR data sources → respective RSSH sections	Activities related to establishment, expansion, maintenance or strengthening, including digitalization, of national administrative and service availability data sources, systems and registries, whether disease specific and/or crosscutting.
Civil registration and vital statistics	**Minimal change**	Activities related to establishing/strengthening and scale-up of vital registration information system.
Operational research	**New**	Operational research studies for HIV, TB, malaria and RSSH programs. F

2 HMIS & Digital: Strategy & Priorities
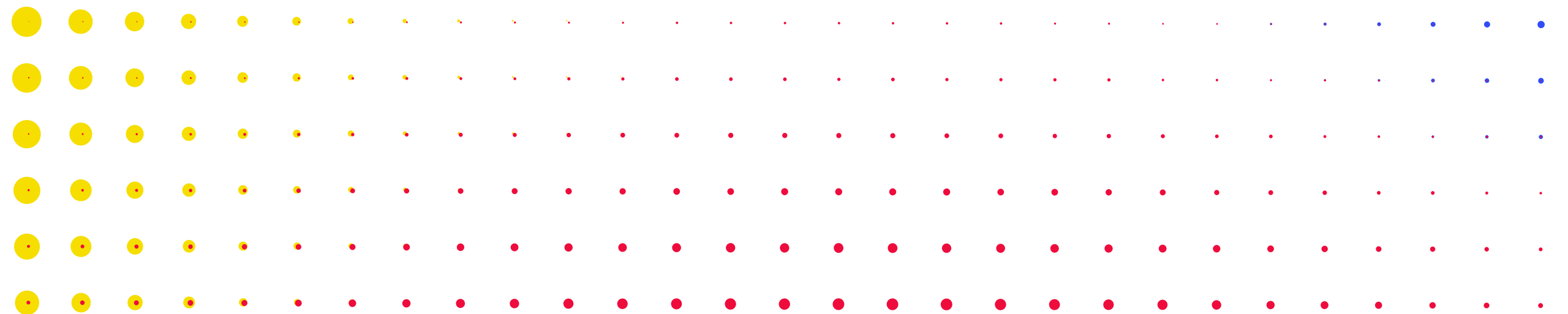
Global Fund HMIS / M&E Routine Reporting

Global Fund definition of "HMIS" or "M&E routine reporting":

- "Short-hand" for all data systems and tools for routinely collecting, analyzing and/or using **programmatic** data
  - o Not specific only to aggregate HMIS data and systems.
  - o Includes "aggregate" and individual level programmatic data systems (EMR, case-based, etc.), any level (national, sub-national) and any providers (public, private, community), prevention as well as care and treatment.
  - o Includes other related programmatic data & systems, e.g., national repositories, aspects of regular mass campaigns monitoring, mobile apps for community routine reporting, etc.
  - o Includes digital and/or paper-based
  - o Within the M&E Module of MF, this most directly relates to the Routine Reporting and Surveillance for HIV, tuberculosis and malaria Interventions, but aspects in other M&E Module interventions as well.


Global Fund organization between HMIS/programmatic and other routine reporting data systems

- In the Modular Framework: other routine data systems – Supply chain/logistics, Lab, Finance, HR – are each in those respective Modules.
- Interoperability between data systems generally falls in the M&E Module.

Global Fund HMIS Approach: Shifts for strengthening routine reporting systems

1. Focus on **institutionalizing the foundations and governance** of integrated and resilient national data systems.
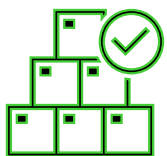
2. Use **maturity models as a framework** for prioritizing foundations and enabling clear measurement of progress, while tailoring to country-specific contexts

3. Optimize more advanced levels of **digitalization and interoperability of HMIS** as a critical enabler for better data analysis and use, based on country context and digital readiness.

4. Prioritize HMIS investments to **meet RSSH, HIV, TB and malaria data needs** – updated based on new Global Fund Strategy, right →

4. RSSH, HIV, TB and malaria routine reporting priority data needs:

- **HIV data:**
  - Increased **prevention** data availability & use,
  - Granular data on **testing by group & testing modality**
  - HIV **case surveillance** of sentinel events digitized, with **cascade analysis automated**.
- **TB data:**
  - Deployment, scale-up and maintenance of **real-time digital case-based surveillance** systems
  - That are interoperable and able to monitor individual TB cases **through the care continuum**.
- **Malaria service delivery data:**
  - **Completeness** from all levels and sites (public, private and community- including campaign interventions),
  - Improvements in **standard recording and reporting practices of how clinical encounters are approached**, for example starting from acute febrile illness.
  - **Case-based information** system for full case and foci investigation and response in **elimination settings**.
- **Community health services data** integrated.
- **Private sector health services data** integrated.
- **Integration and/or interoperability** between HMIS (aggregate and individual level) and other data systems, particularly logistics, lab information systems and financial management **for joint data analysis for patient care and program planning.**
- Disease-relevant **disaggregation to inform and improve equitable** health care programming and outcomes.

Global Fund HMIS Approach: Objectives

HMIS Objectives are designed to meet the HIV, TB and malaria & RSSH data needs prioritized in the new Global Fund Strategy.

1. Data system governance

- **Data system governance mechanism in place** that oversees, coordinates and prioritizes data system activities according to national strategies and across disease programs.

- Increased focus on **strengthening countries' data agility, transparency.**

2. Foundations

- **Digital HMIS foundations strengthened**, including security, infrastructure, workforce and advanced digitalization.

- Improved MFLs and accessibility of **routine data on facility/site service availability & readiness and other denominator data.**

- Continued improvements in **data quality** - reporting timeliness, completeness and accuracy -in countries' HMIS.

3. Community & private health services data integration in HMIS

- **National reporting on community level service delivery (CHIS) including KP/AGYW in place, integrated with national HMIS** and aligned with UNICEF CHW Strategic Information guidance.

- System in place to collect, analyze and use **community-led monitoring (CLM) data.**

- Availability of **private health service data in the national HMIS** significantly increased.

4. Interoperability, including with logistics and lab

- National **digital data systems architecture** planned or implemented.

- **HMIS and Logistics Management Information Systems (LMIS) data are used jointly on routine basis**, via interoperability or other mechanism.

- National **individual level program data system(s) interoperable with Lab Information Systems.**

5. Case surveillance & individual level monitoring

- Support countries to **develop and maintain individual-level information systems** that are integrated across disease programs and health services.

- These systems enable the country to **conduct accurate and timely digital case surveillance** for HIV, including prevention, key populations and treatment; for TB; and for case and foci investigation in malaria elimination settings.

6. Data use in the HMIS

- **Data-driven decision-making increased**, by enabling rapid generation, analysis and use of disaggregated in the HMIS.

- HMIS **geo-enabled** in priority countries.

- HIV and TB **cascade analyses are automated and used** in digital routine information systems. This includes for key populations.

- Digital **national malaria data repository and analytics in place** in priority countries.

Global Fund HMIS Approach: Priority Interventions/Outcomes

Governance
- **Costed HIS/digital health strategy** & implementation plan in place, including national digital data system inventory, & implemented
- **Digital health/data governance mechanism(s)** in place and well-functioning

Foundations
- **Master Facility List** digital registry completed with mechanisms for routine use across systems
- **Community Health Care Worker Master List** digital registry completed with mechanisms for routine use across systems
- **Digital HMIS data security & operational processes** enhanced
- **HF attribute routine self reporting package** installed in the digital HMIS and used routinely
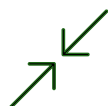
Capacity/HR development
- **HIS/digital health HR capacity development plan** developed and being implemented, includes community.

Architecture & standards
- **Health enterprise architecture framework & roadmap** developed and being implemented with adherence to open data and technology norms and standards

Interoperability & data use: logistics & lab
- **Means of sharing programmatic and logistics data routinely in the digital systems** in place and in use at national and/or sub-national levels.
- **Labs able to return/exchange patient lab results electronically to the patient-level programmatic data system**

Community data Integration
- **CHIS incorporated** in the HIS/digital health strategy; strategy is being implemented to integrate community health services data in the national HMIS

Private sector data integration
- **Private sector data successfully integrated** into HMIS, high completeness
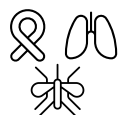
HIV, TB and malaria case surveillance
- **HIV, TB and malaria surveillance systems strengthened** - enabling national programs to generate, **analyze and use** real-time and better-quality data for epi profiling, trend analysis and robust data-driven decision making.

Use maturity models as a framework for prioritizing HMIS programmatic and digital foundational gaps to be addressed...

....While tailoring investments and support to country context and enabling clear measurement of system progress.

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Example: DHIS2 Maturity profile tool structure (1/2)

- Because this model and tool is software system specific, it is possible to be more depth than the Global Fund Digital HMIS model, while still quick enough to be able to update annually.

- Used for current TA planning prioritization and to inform FR prep, since system used in over 80% of HI and Core countries.

- Supports key partners collaboration and coordination of support for the DHIS2 – e.g., this activity was co-funded with GAVI

Domains

1. **Foundational**: most important foundations needed to support effective and efficient Aggregate and Individual level (Tracker) domains
2. **Aggregate**: for HMIS overall and for each relevant disease/program
3. **Individual level**: for Tracker capabilities generally and for each relevant disease/program.

Sub Domains

1. **Foundational:**
   - Leadership & governance
   - Strategy & Investment
   - Security & Compliance
   - Core team/staff for DHIS2 administration
   - DHIS2 metadata and org units
   - Training the end users
   - Facility and population profiles
   - Infrastructure
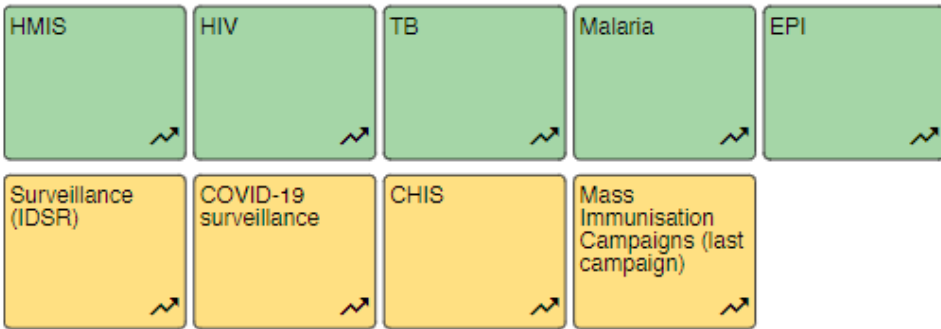
2. **Aggregate**
   - Each applicable disease/program.

3. **Individual Level** (e.g., case-based surveillance)
   - Each applicable disease/program.

Tracker

| Generic tracker capacity | HIV | TB | Malaria | EPI electronic immunisation registry |
| COVID-19 electronic immunisation registry | AEFI | Case Based Surveillance | COVID-19 surveillance | |

Aggregate

| HMIS | HIV | TB | Malaria | EPI |
| Surveillance (IDSR) | COVID-19 surveillance | CHIS | Mass Immunisation Campaigns (last campaign) | |

Foundational

| Leadership and governance | Strategy and investment | DHIS2 security and compliance | Core team for DHIS2 maintanance | DHIS2 metadata and org units |
| Training the end users | Facility and population profile | Infrastructure | | |

| Not yet achieved | Early progress | Adequate | Mature |

In development   Pilot   Scaling/scaled
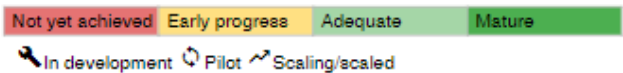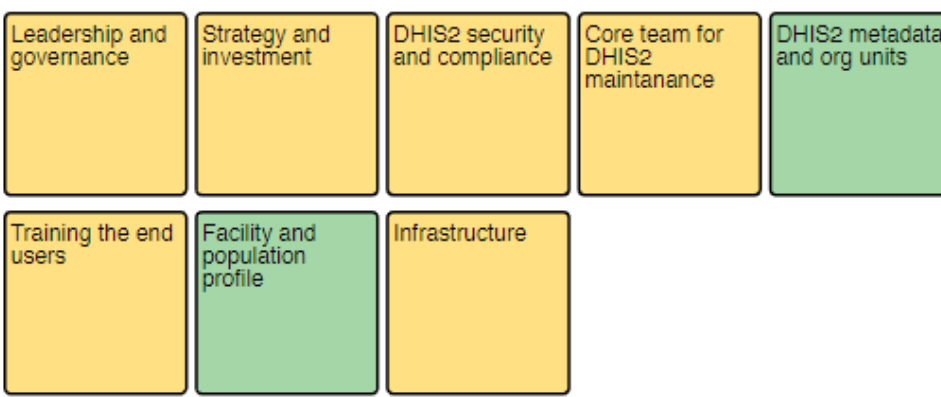
DHIS2 Maturity Profile Tool Structure (2/2)

- 2 – 10 questions per sub-domain
- Each question is scored by selecting the most applicable of the 4 criteria per question

Subdomain	Not yet achieved	Early progress	Adequate	Mature
Core team for DHIS2 administration				
Core team dedicated to working on DHIS2 at the national level	Country does not have a dedicated core team to handle DHIS2 related work, and is highly reliant on external support	Core team exists, but with major capacity gaps (skills or time) and no capacity building plan.	Core team exists, but with some capacity gaps (skills or time). There are job descriptions and a capacity building plan. There is gaps in funding to implement the capacity building plan	Core team with sufficient capacity. Job descriptions and a capacity building plan exist and the plan has funding and is implemented.
Personnel responsible for server management exists	No dedicated server management personnel exist	One person is responsible for server management; substantial reliance on external support	One or two persons are responsible for server management; some reliance on external support	Minimum two people with relevant skills are responsible for server management
Processes on upgrading DHIS2 to new versions	There is no SOP for DHIS2 updates, and an unsupported DHIS2 version is used	There is no SOP for DHIS2 updates, but updates happen regularly and a supported DHIS2 version is used most of the time.	There is an SOP for regular DHIS2 updates, but it is not fully followed. One or more production instance of DHIS2 does not run on a supported version or the latest patch release.	There is an SOP for regular DHIS2 updates which is followed, and the latest patch release of a supported DHIS2 version is used in production environments.
SOPs for system management (e.g. adding new users, changing metadata)	No SOPs exists	Some SOPs exist, but there are major gaps in SOPs and/or adherence	SOPs exist and are followed for key activities, but there are some gaps in SOPs and/or adherence	SOPs exists for all key activities related to system management, and are followed by administrators/users.
Local teams can identify and respond to DHIS2 training needs to provide relevant training opportunities	The local training team relies on external support for training and there is no plan to scale up local training offerings.	Local training team has a training plan that is not always followed. They are able to arrange a mix of advanced (configuration, data quality, data use, server) training using external support and provide basic training (aggregate data entry, dashboard use, use of DHIS2 apps) on their own.	The local training team arrange a mix of advanced training (configuration, data quality, data use, server, etc.) using external support and provide intermediate training (tracker/android data entry, advanced use of core DHIS2 analysis apps, basic system maintenance, etc.) on their own. They regularly learn approaches and concepts from external support when provided to increase their own internal training capacity.	Local training teams have are able to provide different levels of training based on needs within the system and have plans to regular build their own capacity. They reach out to external support independently on advanced topics and learn from them regularly through technical assistance, joining communities, and reviewing resources provided to them.
Routine evaluation and improvement of training approaches, outcomes	A framework for evaluating training is not present	Training is evaluated through immediate evaluation/reactive surveys	Training is evaluated through the use of immediate reaction and knowledge checks during the training	Training is evaluated through the use of immediate reaction, knowledge checks during the training, and follow-up post-training to determine the effect on workplace practice
Section notes for "DHIS2 administration and maintenance"				

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3 HMIS & Digital: Resources for Planning and Budgeting in Funding Requests/Grants

Digital HMIS Planning and Budgeting: Key Resources

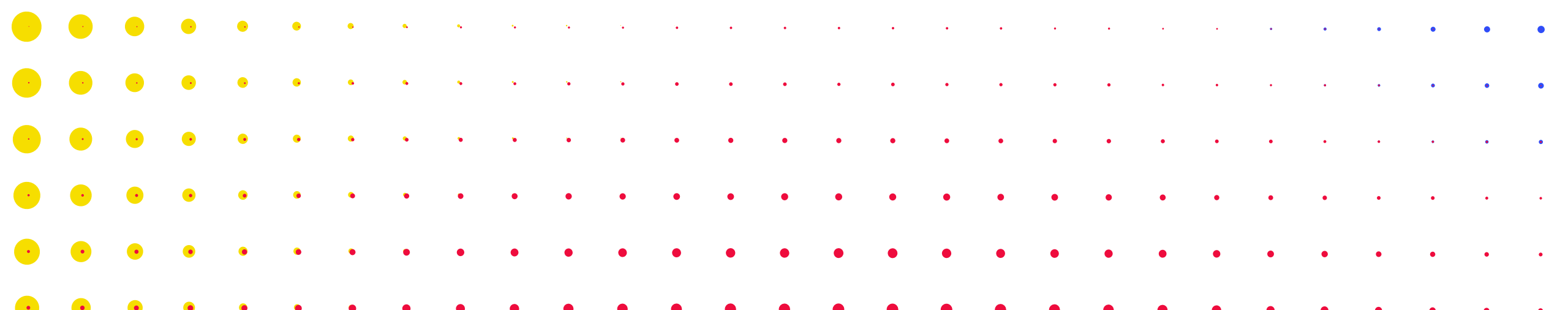**1. One-pagers & toolkits of key digital HMIS investment topics for PHME/PR audiences:**

- **Interoperability**:
  - Stepwise Toolkit for Planning & Budgeting Interoperability of Digital Health Solutions here DiCE

- **Servers and hosting:**
  - Server hosting general guidance here. DHIS2

- **Security:**
  - Security considerations here. DHIS2
  - Toolkit for planning and reviewing needed security, confidentiality & privacy in patient-centric / individual level HIV, TB and malaria digital data systems. DiCE, end 2023.

2. DHIS2 Planning and budgeting guidance and tools

- **Planning and budgeting DHIS2 Implementations online course:**
  - Designed for PR & PHME-type audience
  - Free, online and self paced, ~8 hrs.
  - Available on the DHIS2 Academy site here

- **DHIS2 planning & budgeting:**
  - Planning and budgeting landing page here
  - Tracker Implementation Guide here
  - DHIS2 Budgeting Excel tool here

4 Data Quality and Data Analysis and Use

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Data Quality Review Planning and Budgeting: Key Resources

1. Investments in HMIS components facilitating data quality and data assurance monitoring

Revision of paper/digital tools, printing/logistics, training
- Data quality assurance and monitoring
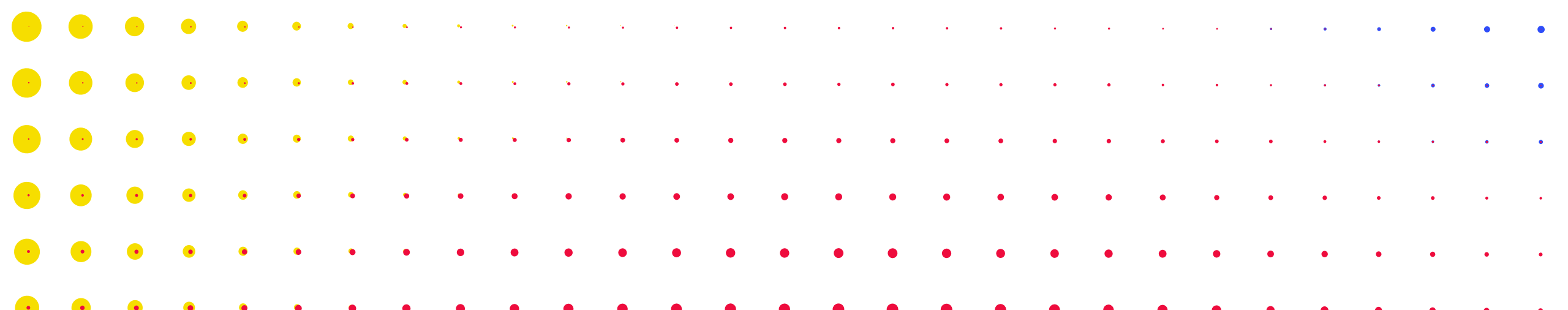- Data quality DHIS2 analyses, formative supervision, RDQA, DQA, etc.

2. Data analysis and use of data

To strengthen district, regional and national analytical skills, production of periodic analytical outputs and use of results for program improvement and impact

- Capacity building in data analysis and use at all levels of the health pyramid; use of disaggregated data (by gender, age, population groups, geographic location); local capacity development (workshops, on-site support, mentorship, etc.) on data use.
- Strengthening analytical capacity and use of disease specific data, e.g.:
    - HIV: national/subnational cascade analysis, including for key populations
    - TB: patient pathway analysis
    - Malaria: stratification and differentiation of intervention mix at sub-national level
    - Epidemiological analyzes
- Periodic performance reviews – systematic data analysis linked to quarterly/six monthly reviews including for community data.
- Ongoing: In-country partners & Global Fund joint forums to review success and challenges and draw actions

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(5) HMIS/Digital M&E Essential Investments

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M&E Essential Investments*: HMIS & Digital

Items	Technical guidance or tool	

1. Routine Health Information Systems & digital health
    a. national strategy(ies)
    b. governance mechanism(s)
	• WHO Toolkit for Routine Health Information Systems Data
	• WHO Digital Implementation Investment Guide
	• WHO ITU National eHealth strategy toolkit
	• WHO SCORE Technical package	

2. HMIS readiness or maturity assessment and costed workplan, including digital	• Summary of Global Digital health Resources and Maturity Models, Measure Eval • Navigator of digital health capability tools, Digital Square	• Global Digital Health Index • DHIS2 Maturity Profile • RHIS Rapid Assessment Tool • HIS Stages of Continuous Improvement • PAHO IS4H Toolkit: Maturity model • PRISM
3. National inventory of digital systems & assets, routinely updated	• WHO Digital Health Atlas • Map and Match	• WHO Digital Health Atlas • Map and Match
4. Data governance, security, privacy, and confidentiality legislation and policies for paper & digital data systems	• Health Data Governance Principles • Security considerations when implementing DHIS2	• UNAIDS Privacy, Confidentiality, and Security Assessment Tool • A legal review of legislation, regulations and guidelines relevant to registries (patient level systems) • OECD recommendation on health data governance • ISO 27799:2016

*See full M&E Essential Investments Table in the RSSH Info Note, Annex 4, page 75.

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M&E Essential Investments: HMIS & Digital

Items   **Technical guidance or tool**

5. HMIS workforce and capacity building including:	
a. Core HMIS staff, including digital b. Disease program staff w/ official coordination role w/ HMIS core staff c. User training: data use + digital data systems d. Regular (e.g., semi-annually) Technical Assistance for digital HMIS	• Planning and budgeting guidance and tools for sustainable DHIS2 systems • DHIS2 budgeting tool • RHIS Curriculum Measure Evaluation • WHO ITU Digital Health Platform: Building a Digital Information Infrastructure for Health

6. Digital data system infrastructure including:	
a. Devices and other hardware b. Connectivity and power c. Hosting and server maintenance d. Routine software maintenance	• Server and hosting guidance, DHIS2 • Planning and budgeting guidance and tools for sustainable DHIS2 systems • Tracker Implementation Guidance • DHIS2 budgeting tool • RHIS Curriculum Measure Evaluation • WHO ITU Digital Health Platform: Building a Digital Information Infrastructure for Health

7. Digital data system standards and interoperability:	
a. National digital data system architecture or Health Information Exchange blueprint b. Adoption of national data standards c. Master data (e.g., Facility and CHW Master Lists)	• Stepwise Toolkit for Planning & Budgeting Interoperability of Digital Health Solutions • Health Information Systems Interoperability Maturity Toolkit • Open Health Information Exchange (OpenHIE)

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M&E Essential investments: Data Quality and Use

Items	Technical guidance or tools
8. Investments in HMIS components facilitating data quality and quality assurance	• DQR toolkit: https://www.who.int/data/data-collection-tools/health-service-data/data-quality-assurance-dqa • Reference documents/Standards: https://apps.who.int/iris/handle/10665/274287
9. Investments in HMIS components facilitating data analysis and use	• WHO RHIS Toolkit: Integrated health service analysis for national, district and health facility levels: https://www.who.int/data/data-collection-tools/health-service-data/toolkit-for-routine-health-information-system-data/modules

M&E Essential Investments: HMIS & Digital

Items

Technical guidance or tools

Items	Technical guidance or tools

10. Community data system & integration/interop with national HMIS:
 a. National CHIS strategy aligned with RHIS & digital strategies
 b. Measurement framework includes community data
 c. Operationalization of revised community indicators and tools per new normative guidance
 d. Data quality review mechanisms with regards to private health sector data
	• Global Guidance for community health workers strategic information and service monitoring (and metadata by indicator) here
	   • Video: CHW guidance on strategic in formation - Launch video.mp4
	   • Webinar: https://www.youtube.com/watch?v=P6aiwb9vR28
	
	 • CHIS/DHIS2 implementation guidance here

11. Private sector reporting integration into National HMIS: a. Assessment of private sector reporting b. Costed workplan and relevant SOPs to address bottlenecks in private health sector data reporting and integration in the national HMIS c. Data quality review mechanisms with regards to private health sector data	• WHO's country connector on private sector in health • Global Fund resources to be available soon.

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M&E Essential Investments: Program Review

Items

Technical guidance or tools

12. Program review (or country evaluation) - including epi & impact analysis: integrated or disease specific

13. Analysis, evaluations and reviews

- Guide to conducting program reviews for the health sector response to HIV
  https://apps.who.int/iris/bitstream/10665/90447/1/9789241506151_eng.pdf

- Framework for conducting reviews of tuberculosis programs:
  https://www.who.int/publications-detail-redirect/9789241507103

- Malaria program review manual:
  https://apps.who.int/iris/handle/10665/325003

- Practical manual for malaria program review and malaria strategic plan midterm review: https://www.afro.who.int/publications/practical-manual-malaria-programme-review-and-malaria-strategic-plan-midterm-review

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M&E Essential Investments: HIV

Items	Technical guidance or tools
10. HIV Case-based surveillance and patient monitoring, integrated or interoperable with aggregate national HMIS	• WHO HIV Surveillance • DHIS2 Tracker Implementation Guide • Digital Square Global Goods Guidebook
11. Key Populations - sentinel surveillance **12. Key populations - service coverage monitoring** **13. Key populations - IBBS, Key pop size estimation, programmatic mapping**	Refer to HIV Information Note https://www.theglobalfund.org/media/4765/core_hiv_infon ote_en.pdf
14. Prevention outcome monitoring for AGYW and Key Populations **15. HIV service cascade analysis** **16. National Joint HIV Data Quality Audit** **17. Drug resistance surveillance** **18. Incidence Pattern Model**	Refer to HIV Information Note https://www.theglobalfund.org/media/4765/core_hiv_infon ote_en.pdf

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M&E Essential Investments: TB

Items	Technical guidance or tools
19. TB Digital real-time case-based surveillance system strengthening. integrated or interoperable with aggregate national HMIS	• [WHO TB digital cased-based surveillance](#) • [Stop TB Digital TB Surveillance System Assessment Report](#) • [DHIS2 Tracker Implementation Guide](#) • [Digital Square Global Goods Guidebook](#)
20. TB Care cascade analysis **21. Patient Pathway Analysis** **22. TB treatment cohort analyses**	Refer to the Tuberculosis Information Note https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf
23. Patient Catastrophic cost survey **24. National TB prevalence survey 25. Drug Resistance Survey** **26. Inventory studies**	Refer to the Tuberculosis Information Note https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf 26. Not mandatory.

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M&E Essential Investments: Malaria

Items

Technical guidance or tools

27. Malaria Surveillance system assessment & strengthening, integrated or interoperable with aggregate national HMIS	Patient level surveillance recommended in elimination phase. • DHIS2 Tracker Implementation Guide • Digital Square Global Goods Guidebook • WHO Global Malaria Programme surveillance assessment and digital surveillance tools
28. Malaria Data Repository **29. Malaria specific analysis: access, coverage and epi trends; stratification** **30. Malaria indicator survey (as needed)** **Insecticide resistance monitoring**	• Refer to the Malaria Information Note https://www.theglobalfund.org/media/4768/core_malaria_infonote_en.pdf
31. Therapeutic efficacy surveillance (TES) **32. HRP2 deletion studies**	• Refer to the Malaria Information Note https://www.theglobalfund.org/media/4768/core_malaria_infonote_en.pdf

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6 **Q&A**

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Thank you!
Merci !
¡Gracias!
Obrigado!

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