



DSME

Digital Solutions
for Malaria Elimination

The Digital Solutions for Malaria Elimination Community of Practice is a community of technology providers, implementers, and subject matter experts who use, develop, or support digital tools in country-led efforts to eliminate malaria. [LEARN MORE](#)

GUINEA

Using DHIS2 to track project activities using a MERLA approach

CURRENTLY, THIS PROGRAM SUPPORTS 5 REGIONS, 19 DISTRICTS, AND 207 HEALTH FACILITIES IN GUINEA

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Stop Palu + project staff discuss the facility monthly malaria report

RTI International developed the Monitoring, Evaluation, Research, Learning, and Adapting (MERLA) approach to move beyond using monitoring and evaluation (M&E) results for just reporting and integrate research, learning, and adapting into our M&E strategy. In our USAID funded malaria activity in Guinea, StopPalu+, the team has systematically applied this approach in the first six months of implementation.

A key component of this approach is using activity results from both M&E and research to learn and then adapt implementation.

Without easy access to our data, this type of evidence-based decision-making is not possible. The StopPalu+ team is solving this problem by implementing DHIS2 as their activity database. We have integrated data from the national Health Management Information System (HMIS) facility monthly malaria report and donor specific indicators into the database with the goal of being able to clean, validate, and report to USAID, the Ministry of Health (MOH) and the National Malaria Control Program (NMCP) directly from DHIS2.

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INDIA, ZAMBIA, ETHIOPIA, CAMEROON, TANZANIA, MALI, GHANA

The Disease Data Management System (DDMS) – Vector-Borne Disease Entomology and IRS Analytics

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Continuous surveillance, monitoring and evaluation using real time data, enables malaria control programs to identify disease prevalence, monitor specific intervention effectiveness, and plan appropriate interventions. However, many disease programs have fragmented and disaggregated datasets. The DDMS was developed by the Liverpool School of Tropical Medicine together with TerraFrame as a custom-made data management software program that works as a modular, integrated system, bringing diverse data sets together for informed decision making.

DDMS Entomological Surveillance capabilities:

- **Ontology data model** - the taxon of the vector, the collection methods used, and various other elements require a true hierarchy that is sometimes meshed.



Collecting data for DDMS

- **Complex indicators** - abundance calculations include iterative extrapolation up and down the taxon tree.
- **Import of entomological data** - using synonym inference algorithms, existing entomological data with disparate terminology and location formats can be imported through a wizard interface.
- **Integration with DHIS2** - indicators can be exported into the DHIS2 data model.

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Reveal uses GPS to navigate spray operators through assigned catchment areas, providing real time updates on accurate spray coverage.

ZAMBIA

Precision Public Health Tool, Reveal, is Clearing Data Cobwebs in Malaria Elimination

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The Clinton Health Access Initiative and Vital Wave are teaming together with an Akros-led consortium, including Ona and the University of California San Francisco, to integrate and expand existing platforms (mSpray and DiSARM) to create Reveal, a solution that optimizes malaria surveillance and response activities through uncovering more accurate granular data and directing decision-making for maximum impact. Reveal uses spatial intelligence and GPS-guided implementation apps to clear out the cobwebs from age-old malaria elimination efforts. In areas where Reveal has been applied, IRS has reduced malaria burden by 22%, a figure more than double that of traditional IRS. With the support of the Digital Solutions for Malaria Elimination (DSME) grant, Reveal's capacity will expand to include a wide range of malaria interventions, including integration with DHIS2 to improve reactive case detection. Reveal will be initially tested in three to four countries in diverse geographies and further implemented in CHAI-supported malaria countries.

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