Technical Expert Group on Malaria Chemotherapy

Terms of Reference

I. Background and rationale

The Malaria Policy Advisory Committee (MPAC) has been constituted to provide independent advice to the Global Malaria Programme (GMP) of the World Health Organization (WHO) for the development of policy recommendations for the control and elimination of malaria. The mandate of MPAC is to provide strategic advice and technical input aligned with the Global Technical Strategy for Malaria 2016-2030 as part of a transparent, responsive and credible policy setting process, and extends to all aspects of malaria control and elimination. In addition to the MPAC, standing Technical Expert Groups (TEGs) have been established to provide WHO/GMP with advice within specific technical areas. WHO/GMP recognises that a standing TEG on malaria chemotherapy is needed to review new evidence on malaria chemotherapy, draft recommendations on necessary policy, and set research priorities.

II. Role and functions of the TEG on malaria chemotherapy

The TEG is constituted by and provides advice to WHO/GMP. The TEG on malaria chemotherapy is tasked with reviewing evidence, providing guidance and making draft recommendations on issues of malaria diagnosis and use of antimalarial medicines both for treatment and prevention. The TEG on malaria chemotherapy will function in close collaboration with the TEG on antimalarial drug efficacy and response because the use of antimalarial medicines is inextricably linked with the development of resistance and the appropriate response.

The responsibilities of the TEG on malaria chemotherapy will be to:

i. review new evidence on malaria case management and define the implications for strategy, policy and planning; specific areas include:
   - Policies on malaria diagnostic testing
   - Review of evidence on safety and efficacy of antimalarial medicines and their use, defining their role in the treatment and/or prevention of malaria within the context of public health;
ii. formulate technically sound and feasible policy on the therapeutic use of antimalarial medicines based on evidence generated through research and experiences from field operations;
iii. when requested by WHO/GMP, may also review evidence and formulate policy on preventive uses of antimalarial medicines;
iv. propose to WHO/GMP norms and standards in malaria chemotherapy, and develop guidelines which provide simple and straightforward treatment recommendations based on sound evidence that can be applied even in severely resource-constrained settings;
v. identify gaps in evidence and suggest specific priority areas of research and development in the field of malaria chemotherapy.

III. Membership and structure of the TEG

The TEG will comprise 10 core members, and up to 5 co-opted members to meet the requirements for expertise depending on the specific issues which need to be addressed. They shall serve in their personal capacity and represent the range of disciplines relevant to the area of work. The membership of the TEG should include acknowledged experts on malaria chemotherapy and public health from
around the world, and policy makers and implementers from endemic countries. The TEG composition should also strive for appropriate geographical representation and gender balance. In addition, the TEG should include members who have worked or are currently working as national malaria control programme managers with specific expertise in development of policies in malaria case management.

Members of the TEG must have excellent technical knowledge of malaria, scientific publications in peer-reviewed journals and more than 10 years of experience in at least one of the areas listed below.

The following areas of expertise should be represented in the TEG:

- Epidemiology and public health
- Clinical management - Paediatrician/adult physician
- Clinical trials of antimalarial medicines
- Pharmacology and therapeutics
- Pharmacokinetics of antimalarial drugs
- Pathology and pathophysiology of malaria
- Guidelines development methodology

Following an open invitation to submit nominations, the TEG members will be selected by a nomination panel appointed by WHO/GMP. Members of the TEG shall be appointed to serve for an initial term of up to three years, renewable once, for a period of up to an additional three years.

Membership in the TEG may be terminated by WHO/GMP, including for any of the following reasons:

- failure to attend two consecutive TEG meetings;
- change in affiliation resulting in a conflict of interest;
- a lack of professionalism involving, for example, a breach of confidentiality.

Prior to being appointed as a TEG member and prior to renewal of term, and prior to each meeting, nominees shall be subject to a conflict of interest assessment by WHO, based on information that they disclose on the WHO Declaration of Interest (DOI) form. In addition, TEG members have an on-going obligation throughout their tenure to inform WHO/GMP of any changes to the information that they have disclosed on the DOI form. Summaries of relevant disclosed interests that may be perceived to give rise to real or apparent conflicts of interest will be noted during the meeting and posted on the WHO/GMP website.

In addition, prior to confirmation by WHO of their appointment as TEG members, TEG nominees shall be required to sign a WHO confidentiality agreement. Although all papers presented at the TEG may be made publicly available on the WHO/GMP website, pre-publication manuscripts or confidential documents will be clearly labelled as such and will only be provided to TEG members for discussion.

IV. Responsibilities of TEG members

Members of TEG have a responsibility to provide WHO/GMP with high quality, well considered, evidence-informed advice and recommendations on matters described in these ToR. The TEG has no executive or regulatory function. Its role is to work with the WHO/GMP Secretariat to provide draft recommendations to WHO/GMP.

TEG members may be approached by non-WHO sources for their views, comments and statements on particular matters with regard to antimalarial chemotherapy and asked to state the views of TEG or details related to TEG discussions. TEG members should refer all such enquiries to WHO/GMP.
V. Structure

The TEG will have a chairperson who will be selected from among the appointed TEG members. Each chairperson will serve for 3 years, renewable once. Rapporteurs will be elected at each meeting as required. The Prevention, Diagnosis and Treatment (PDT) unit, WHO/GMP will serve as secretariat for the TEG on malaria chemotherapy.

VI. Working Procedures

The TEG will be convened ideally once per year by WHO/GMP and have additional meetings and/or teleconferences as needed to ensure timely review of new evidence. WHO/GMP will provide support for travel and accommodation for the members of the TEG to participate in TEG meetings. Staff from WHO Regional Offices and other WHO departments may be invited as members of the Secretariat to participate in TEG meetings and deliberations as appropriate. Additional experts may be invited to participate in meetings, also as appropriate, to ensure that a sufficiently broad base of expertise is available for the specific agenda items at each meeting. Key partner organizations can be invited as observers at their own expense. However, only TEG members can participate in formulation of recommendations by consensus. Observers shall not take the floor unless requested to do so by the chairperson.

Decisions on TEG recommendations to WHO/GMP will, as a rule, be taken by consensus. In the exceptional situation that consensus cannot be reached the chairperson shall report the majority and minority views. It is also the chairperson's responsibility to ensure there is clarity for TEG members on what exactly is being decided.

In addition to attendance at TEG meetings, active participation will be expected from all TEG members throughout the year, potentially including participation in Evidence Review Groups, video and teleconferences, as well as interactions via e-mail. Review of documents may also be solicited. TEG members may be requested to participate as observers in other important WHO departmental or cross-departmental meetings. It is estimated that the time commitment required from TEG members is up to a total of three weeks over the course of a year.

Recommendations from the TEG will be referred to WHO/GMP for consideration. The Chairperson of TEG may be invited as a resource person to MPAC meetings at which chemotherapy or diagnosis issues are being discussed.

VII. Dissolution of TEG

The relevance and terms of reference of the TEG will be assessed regularly by WHO/GMP.