Update on Malaria Burden Estimation ERG Recommendations and Surveillance, Monitoring and Evaluation Technical Expert Group (SME TEG)

MPAC meeting
WHO HQ, 14 March 2014

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Strategy, Economics and Elimination
Malaria Burden ERG Recommendations: Cases

1. For the 2014 WMR, WHO should use MAP’s case estimates from the “cube” for African countries without strong surveillance systems.

   MAP “cube” outputs will be used to produce estimates for SSA - first draft expected July/August for review by SME TEG.

2. WHO should discuss with partners to determine the feasibility of collecting prevalence data through MIS on all age groups, not just 6-59 month age group.

   Issue raised at MERG in context of surveillance in changing transmission settings. Can be brought to SME TEG.

3. The analysis examining parasite prevalence stratified by type of care-seeking behavior should be supplemented with more recent surveys and surveys from outside of Africa.

   Work is ongoing

4. As with cases and deaths, WHO should show the reported country-level parasite prevalence alongside the modeled parasite prevalence in the WMR 2014.

   Will be done
Malaria Burden ERG Recommendations: Deaths

1. Using the STPH model, WHO should calculate deaths by the same age groups as IHME and Nick White, and compare the results.

Awaiting data sets

2. Reach out to 10 hospitals in endemic areas to determine whether they are willing to share their data on the age distribution of severe malaria. The goal is to develop a list of hospitals for adult malaria mortality research.

Malcolm Molyneux sent a letter to 10 mid-size hospitals in malaria endemic countries, inquiring about the availability of admissions and parasitological diagnosis data.

3. Assembled all available data to examine adult death from malaria. This will include a literature search for hospital and other studies, including RTS,S trial data when made available.

WHO has conducted a literature review of studies that include verbal autopsy-classified adult malaria deaths.

Tom Smith (STPH) is working on a meta-analysis of the EIR-mortality relationship in MTIMBA datasets. This analysis will be used in conjunction with an analysis of the relationship between prevalence and EIR to help account for case management in the WHO malaria mortality estimates.
Malaria Burden ERG Recommendations: Deaths

1. In an attempt to validate the InterVA methodology, a sample of INDEPTH records should be sent to Malcolm Molyneaux to determine whether, based on his field experience in hospital, he would code the deaths the same.

   Awaiting response

2. A draft protocol for a study using hospital data on mortality and RDT results should be drafted and circulated to the ERG for comment.

   Awaiting response

   WHO should maintain the same methodology for the World Malaria Report malaria mortality estimates until further research is conducted.

   Plan to use MAP cube in CHERG estimates and present results to SME TEG

4. WHO and the malaria community should consider eliminating the over-five/under-five dichotomy; the message is confusing because “over-five” is often termed “adult”.

   "Global Malaria Programme"
Responsibilities of SME TEG

Provide advice to WHO on SME at national, regional and global level:

a) choice of indicators for monitoring the financing, coverage, quality and impact of malaria control interventions at national and global level;

b) strategies for obtaining, synthesizing and disseminating information on the indicators globally, including modeled estimates of intervention coverage and disease burden;

c) guidance that WHO provides on (i) surveillance of infections, cases and deaths and the use of the data in decision-making, (ii) establishing systems for monitoring programme financing and coverage, (iii) evaluating the impact of malaria interventions and programmes.

d) evaluation of the accuracy and integrity of SME data at the national, regional and global level;

e) approaches for strengthening the capacity of member states to generate and use key information

f) identification of gaps in evidence and suggesting priority research areas in the field of SME.
Composition of SME TEG: areas of expertise

- Monitoring finances
- Monitoring vector control
- Monitoring preventive therapies
- Monitoring diagnosis and treatment
- Measurement of morbidity and mortality
- Tracking progress of elimination
- Health information systems
- Household surveys
- Health facility surveys
- Demographic surveillance systems
- Members working in NMCPs
- MPAC members

Currently 18 members selected
Ways of working

- Up to two meetings per year: February & August
- Membership: initial term of up to three years, renewable once
- Invited observers - key partners
- Call on specific expertise for certain issues
- Working with MERG
  - SME TEG discussed at MERG in June 2013 and MERG in Feb 2014
  - WHO continued involvement with MERG (but no longer co-chair)
  - SME TEG and MERG memberships overlap
  - SME TEG to share recommendations, draft documents with MERG
  - MERG used as filtering mechanism for issues that SME TEG should consider
  - Look to MERG to help implement recommendations