1. **Background and rationale**

In March 2013, MPAC endorsed the creation of a surveillance, monitoring and evaluation technical expert group (SME TEG) to develop guidance on what strategies endemic countries can employ to monitor and evaluate malaria programmes which would include financial tracking, programme coverage, disease trends, and malaria burden estimation.

The past decade has witnessed tremendous expansion in the financing and coverage of malaria control programmes which has led to significant decreases in malaria cases and deaths. However, while there has been much progress in programme implementation, the ability to track programme financing, coverage, and impact remains weak particularly in countries where both burden and malaria control investments are greatest. For example, of the 99 countries with on-going malaria transmission, 41 of them were unable to submit sufficiently complete and consistent data to reliably assess trends in malaria cases. These countries account for 85% of estimated malaria cases and xx% of external investments.

Weaknesses in surveillance, monitoring and evaluation stem partly from the fragmented availability of guidance to countries on how to monitor and evaluate programmes. Much progress in the development of such guidance has been made in the past decade: WHO-GMP released two surveillance manuals in 2012, and the RBM Monitoring and Evaluation Reference Group (MERG) has worked to harmonize household survey indicators for ITN coverage, uptake of IPTp, parasite prevalence and, more recently, diagnostic testing. However, significant gaps remain, such as how to monitor the extent of diagnostic testing and the appropriate use of antimalarial medicines, which are key components of the T3: Test. Treat. Track. initiative, launched by the WHO Director General in April 2012.

At its March 2013 meeting, MPAC members noted that all guidance to countries should be consistent with WHO recommendations, and there should be no confusion on what the indicators for monitoring programme coverage should be. Such guidance should be reviewed on a regular basis, in conjunction with latest MPAC recommendations or methodological developments, in order to reflect current best practice. WHO-GMP should work closely with RBM and its working groups to help ensure that the guidance from the SME TEG is implemented at country level.

2. **Role and function of the SME TEG**

The SME TEG is constituted by and reports to MPAC, although it may provide advice directly to WHO-GMP when necessary. It is tasked with reviewing evidence, providing guidance and making draft recommendations on issues related to surveillance, monitoring and evaluation.
The responsibilities of the SME TEG will be to:

Provide advice to WHO on surveillance, monitoring and evaluation at the national, regional and global level; this includes but is not limited to:

a) choice of indicators for monitoring the financing, coverage, quality and impact of malaria control interventions at national level 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) evaluating the accuracy and integrity of SME data at the national, regional and global level;

e) identifying gaps in evidence and suggesting priority research areas in the field of SME.

3. Membership and structure of the SME TEG

The TEG will have up to 15 members. TEG members will serve in an independent, personal and individual capacity. The TEG composition should strive for appropriate geographical representation and gender balance, and should comprise individuals representing different areas of expertise and experience within surveillance, monitoring and evaluation.

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

- monitoring finances
- monitoring vector control
- monitoring diagnostic testing and treatment,
- estimating, and improving measurement of morbidity and mortality
- tracking elimination
- methodologies for generating information, including but not limited to, health information systems, health facility surveys, household surveys, and demographic surveillance systems.

In addition, the TEG should include members who have worked or are currently working as national malaria control programme managers with experience in SME, as well as general malaria control.

Following an open invitation to submit nominations, SME TEG members, including the Chairperson, will be appointed by Director of the WHO Global Malaria Programme based upon the recommendations from a selection panel composed of the Coordinator of the Strategy, Economics, and Elimination unit, a WHO Regional Malaria Advisor, the MPAC Chairperson, and one additional MPAC member. The panel may also consult with other relevant WHO departments.

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 of the TEG may be terminated by WHO 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, 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 (Annex 1). In addition, TEG members have an ongoing obligation throughout their tenure to inform WHO 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 in TEG reports.

In addition, prior to confirmation by WHO of their appointment as TEG members, TEG nominees shall be required to sign a WHO confidentiality agreement (See Annex 2). 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 labeled as such and will only be provided to TEG members for discussion.

4. Responsibilities of SME TEG members

Members of the SME TEG have a responsibility to provide MPAC 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 MPAC.

TEG members may be approached by non-WHO sources for their views, comments and statements on particular matters within SME, and asked to state the views or details related to TEG discussions. TEG members should refer all such enquiries to WHO-GMP.

5. SME TEG Operating Procedures

The SME TEG will meet at least once a year in open and closed meetings and have additional meetings and/or teleconferences as needed. Open meetings can be attended by anyone interested in SME issues and are intended for discussion of new tools, technologies and approaches and issues related to the agenda item(s) of the closed meeting. Closed meetings will follow the open meetings and will be restricted to SME TEG members and the other independent experts to be invited by GMP. WHO will provide support for travel and accommodation for the purpose of TEG meetings. Decisions on TEG recommendations 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.

WHO Regional Offices and other WHO departments will be invited as members of the Secretariat to participate in SME TEG meetings and deliberations as appropriate. Additional experts will 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. However, only TEG members can participate in voting or decision by consensus. Observers shall not take the floor unless requested to do so by the chairperson and shall under no circumstances participate in the formulation of TEG recommendations.
Recommendations from the SME TEG will be referred to the MPAC for consideration. The Chairperson of SME TEG will be invited as a resource person to all MPAC meetings at which surveillance, monitoring and evaluation issues are being discussed.

6. Dissolution of TEG

The relevance of the TEG will be assessed annually by the MPAC. The terms of reference will also be reviewed once a year by the TEG. Any proposed changes in the ToR must be submitted to and approved by the MPAC.