1. Background

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: 50 countries are on track to meet World Health Assembly (WHA) and Roll Back malaria (RBM) targets to reduce malaria case incidence by 75% by 2015. However, while there has been much progress in programme implementation our 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 99 countries with on-going malaria transmission 41 countries 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.

Weaknesses in surveillance, monitoring and evaluation stem partly from the fragmented availability of guidance to countries on how to monitor and evaluate programmes. There has been some progress in the development of such guidance in the past decade, notably:

1. Household surveys – the RBM Monitoring and Evaluation Reference Group (MERG) has worked to harmonize indicators that can be derived from households, principally for insecticide-treated net (ITN) coverage, uptake of intermittent preventive treatment in pregnancy (IPTp), parasite prevalence and, more recently, diagnostic testing.

2. Surveillance manuals – in 2012 WHO released 2 manuals on malaria surveillance covering programmes in the control and elimination phases, respectively. See http://www.who.int/malaria/surveillance_monitoring/operationalmanuals/en/index.html

However, significant gaps remain, such as how to monitor the extent of diagnostic testing and the appropriate use of antimalarial medicines (key components of the T3: Test. Treat. Track initiative). Overall guidance on what strategies a country should use to monitor programmes, and how data can be used to support decision-making, is also lacking (such as the respective role of household surveys, health facility surveys and routinely derived information).

A principal reason for the gap is that there is no single body with a dedicated interest in developing comprehensive guidance that is genuinely useful to national programme managers and other national and subnational public health staff. The RBM MERG was established at a time when investments in malaria programmes were low and the availability of information was scarce, and made considerable advances in ensuring that approaches used in the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Malaria Indicator Surveys (MIS) are consistent. However, the RBM MERG’s focus has been on deriving information for international monitoring rather than developing guidance on establishing systems that can be used to support programmes, and hence has focussed on household surveys rather than routine systems. The RBM MERG has also worked according to the agendas of its constituents and its advice has at times been at variance with that of WHO potentially leading to confusion at country level. For example, following WHO’s recommendation to ensure ITNs are supplied to all age groups, MERG continued, until recently, to recommend the proportion of children under 5 years of age sleeping under and ITN as its lead indicator.
As a result of the need to develop more comprehensive guidance on monitoring and evaluation, it is proposed that an technical expert group be established called the Surveillance, Monitoring and Evaluation (SME TEG) The SME TEG would develop guidance on what strategies endemic countries can employ to monitor and evaluate malaria programmes which covers financial tracking, programme coverage, and disease trends -- including burden estimation. Such guidance should be reviewed on a regular basis, in conjunction with latest MPAC recommendations or methodological developments in order that it reflects current best practice.

2. Membership of SME TEG

Members of SME TEG will be expected to provide GMP with high quality, well considered advice on matters related to malaria surveillance, monitoring and evaluation. The provisional plan is that SME TEG will comprise up to 12 members, who will serve in their personal capacity and will be drawn from persons who have specific expertise in monitoring finances, vector control, diagnostic testing and treatment, morbidity and mortality, elimination as well as methodologies for generating information including health information systems, household surveys and demographic surveillance systems. As far as possible, members will be selected on the basis of the principles of equitable geographical representation from developed and developing countries and be balanced with regard to gender.

An open call for inviting submissions and/or nomination of experts to serve on SME TEG will be posted on the WHO web site and sent out through other appropriate channels. SME TEG members, including the Chairperson, will be appointed by Director of the Global Malaria Programme based upon the recommendations from a panel composed of the Coordinator of the Strategy, Economics, and Elimination unit, a regional WHO malaria advisor, the MPAC Chairperson, and one additional MPAC member. The panel may also consult with other relevant WHO departments. Members of SME TEG, including the Chairperson, will be appointed to serve for an initial term of three years, renewable once, for a period up to an addition three years. 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.

Membership of SME TEG may be terminated for any of the following reasons:

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

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.

3. SME TEG Operating Procedures

The SME TEG will meet at least once a year in open and closed meetings. 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. Recommendations from the SME TEG will be referred to the MPAC for consideration.

A web page will be established for SME TEG which will be used to allow access to supporting documentation and the agenda of SME TEG, and to disseminate the recommendations and meeting reports of SME TEG.