

## **Steering Committee for the Global Technical Strategy for Malaria (2015–2030)**

**Active 2013-2015**

The Steering Committee for the Global Technical Strategy consisted of 14 members and three ex-officio members under the chairmanship of Dr Pedro Alonso, at that time Director of the Barcelona Institute for Global Health (ISGlobal), Spain.

### **Nomination of members**

A nomination panel comprised of representatives from the WHO Global Malaria Programme (GMP) and the Malaria Policy Advisory Committee (MPAC) selected the Steering Committee members. They were nominated for their variety of experiences, technical expertise, competencies and skills to assist in the development of the Strategy. Special consideration was made for the following criteria:

- Appropriate geographical representation from endemic countries;
- Representation from different areas of technical expertise and experience with malaria and cross-cutting maternal child health issues; and
- Gender balance.

Four Steering Committee members were also members of the Global Malaria Action Plan 2 (GMAP2) Task Force to ensure complementarity of these documents.

Members served in an independent and personal capacity for a period of two years. Prior to being appointed, nominees were subject to a conflict of interest assessment by WHO, based on information that they disclosed on the WHO Declaration of Interest form, and were required to sign a WHO confidentiality agreement.

### **Key objectives and responsibilities of the Steering Committee**

The Committee did not have a regulatory or an executive function. Its roles and responsibilities included, but were not limited to:

- Providing guidance to the WHO Secretariat, under the direction of the MPAC, on the development of the Global Technical Strategy and reporting to the MPAC on progress;
- Ensuring that the process to develop the Strategy is rigorous and inclusive of national and regional inputs and engages non-malaria specific stakeholders that work on maternal and child health issues; and
- Coordinating the development of the Strategy with the Roll Back Malaria GMAP2 Task Force to ensure that the documents are complementary in scope.

**Attached:**    **List of members**  
                  **Terms of reference of the Steering Committee**

## List of members and affiliation

- Professor Pedro L. Alonso (Chair)  
Director, Barcelona Institute for Global Health (ISGlobal)
- Doctor Abdisalan Noor  
Research Fellow at KEMRI/University of Oxford-Wellcome Trust Research Programme, Kenya
- Doctor Ana Carolina Santelli  
National Malaria Control Programme Coordinator, Brazil
- Professor Azra Ghani  
Chair in Infectious Disease Epidemiology, Faculty of Medicine, School of Public Health, Imperial College London, United Kingdom
- Doctor Ciro de Quadros  
Executive Vice President and Director of Vaccine Advocacy and Education at the Sabin Vaccine Institute
- Doctor Corine Karema  
Head of Malaria and other Parasitic Diseases Division (national malaria and NTDs control programme)-Rwanda Biomedical Center, Ministry of Health of Rwanda
- Professor Gao Qi  
Director, Jiangsu Institute of Parasitic Diseases and National Key Lab for Parasitic Diseases, China
- Doctor J. Kevin Baird  
Director, Eijkman Oxford Clinical Research Unit, University Research Lecturer and Group Head / PI Research, Indonesia
- Doctor Lesong Conteh  
Senior Lecturer in Health Economics, Faculty of Medicine, School of Public Health, Imperial College London, United Kingdom
- Doctor Margaret Gyapong  
Director of the Dodowa Health Research Centre, Ghana
- Sandii Lwin  
Founder & Managing Director at the Myanmar Health and Development Consortium, Myanmar
- Professor Tom Burkot  
Professor and Tropical Leader, Australian Institute of Public Health and Medicine, James Cook University, Australia
- Doctor Wichai Satimai  
Senior Advisor, Department of Disease Control, Ministry of Public Health, Thailand

- Professor Zulfiqar A. Bhutta  
Founding Director, Center of Excellence in Women and Child Health, Aga Khan University,  
Pakistan

#### **Ex-Officio Committee Members**

- Doctor David Brandling-Bennett  
Senior Advisor, Malaria, Global Health Division, Bill & Melinda Gates Foundation, United  
States
- Doctor Fatoumata Nafo-Traoré  
Roll Back Malaria Executive Director, Switzerland
- Doctor John Reeder  
Director of the Special Programme for Research and Training in Tropical Diseases (TDR)

**STEERING COMMITTEE**  
**FOR**  
**DEVELOPMENT OF THE**  
**GLOBAL TECHNICAL STRATEGY FOR MALARIA CONTROL & ELIMINATION 2016 - 2025**

**1. Background**

At its meeting in May 2012, the Roll Back Malaria (RBM) Partnership Board established a task force to determine a process for updating the Global Malaria Action Plan (GMAP II) and in September 2012, the Malaria Policy Advisory Committee (MPAC) called for an over-arching review of the currently accepted technical strategies for combating malaria to underpin revisions to the GMAP II. The Global Technical Strategy for Malaria Control & Elimination 2016-2025 (GTS) Steering Committee (SC) is being convened by the WHO Global Malaria Programme (WHO/GMP) to guide and support the development of an evidence-based strategy through a transparent and inclusive process of malaria endemic countries, and technical experts and scientists. The GTS Steering Committee will ensure the development of a high-quality strategy owned by malaria endemic countries to provide the technical basis for the complementary GMAP II. MPAC advised that development of the GTS should be done in close coordination with the GMAP II Task Force and the terms of reference for the Task Force indicate that the GTS should serve as a foundation for GMAP II. Finally, because both documents are planned to be launched in 2015 it will be critical that they are developed in close coordination rather than in sequential workstreams.

**2. Objectives & Responsibilities of GTS Steering Committee**

- Provide guidance to the WHO Secretariat, under the direction of the MPAC, on the development of the GTS 2016 - 2025 and report to the MPAC on progress
- Ensure that the process to develop the GTS is rigorous and inclusive of national and regional inputs and engages non-malaria specific stakeholders that work on maternal and child health issues
- Coordinate the development of the GTS with the RBM GMAP II Task Force to ensure that the documents are complementary in scope.
  - Ensure that it is clearly articulated from the beginning which elements will be included in each document
  - Work together with the GMAP II Task Force on the development of malaria goals for 2025 which include both technical and political elements
- Identify the need and provide oversight, along with the WHO Secretariat, of the terms of reference and outputs of consultants and working groups to support the development of the GTS.

**3. Composition of GTS Steering Committee**

- The Steering Committee will have 10-14 members including a chair, all serving in an independent, and personal capacity from Q3 2013 for a period of two years.
- The composition will strive for appropriate geographical representation including endemic countries and gender balance and will comprise individuals representing different areas of

technical expertise and experience with malaria and cross cutting maternal child health issues.

- Four members should also be members of the GMAP II Task Force to ensure complementarity of these documents
- The Steering Committee will be selected by a nomination panel of GMP staff and MPAC members
- Prior to being selected, Steering Committee nominees shall be subject to a conflict of interest assessment by WHO, based on information that they disclose on the WHO Declaration of Interest form, and will be required to sign a WHO confidentiality agreement
- Participate in at least monthly teleconferences and at least four face-to-face meetings including joint meetings with the GMAP II Task Force.
- Review and comment on draft versions of the GTS and supporting documents.

#### **4. Anticipated Deliverables and Timeline**

- Constitution of the Steering Committee (Q2 - Q3 2013)
- Progress report to MPAC by Steering Committee chairperson (September 2013)
- Draft zero of the GTS to provide basis for Regional Expert meetings (Q4 2013)
- Regional Expert meetings (Q4 2013 – Q2 2014)
- Progress report to MPAC by Steering Committee chairperson (March 2014)
- Submission of draft GTS for MPAC review (August 2014)
- GTS submitted to Executive Board of World Health Assembly (November 2014)
- Comments from Executive Board incorporated into GTS and presented to MPAC for final review and comment (March 2015)
- GTS reviewed by the World Health Assembly (May 2015)
- Joint launch of the GTS and the GMAP II to be coordinated with RBM Partnership and the GMAP II Task Force

#### **5. Key Issues**

The MPAC provided input on the development of the GTS at the March 2013 meeting. The following specific guidance was provided:

- The goal is that the GMAP2 and the GTS are developed in a parallel, collaborative process and launched as companion documents
- Stratification based on epidemiology and malaria risk is an underpinning principle, but it must be done at country level to inform malaria program decision making
- The GTS should be a living document that allows updates as necessary
- New tools on the horizon and how they might be applied should be included, but the development of the GTS should not be timed based on potential recommendations for the RTS,S vaccine or other tools in development
- Web consultation is a useful tool, but not sufficient to engage regional and national input