

## Technical Expert Group on Antimalarial Drug Efficacy and Response

### 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, 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. Time-limited Evidence Review Group (ERG) are convened by WHO/GMP to review evidence on key technical questions as needed.

The MPAC recognizes and recommend that a standing TEG on antimalarial drug efficacy and response to be created and maintained as there is now - and will be in the future - a continual need to review new evidence on drug resistance, make recommendations on necessary actions, and set research priorities.

#### II. Role and functions of the TEG on antimalarial drug efficacy and response.

The TEG on antimalarial drug efficacy and response is constituted by WHO/GMP and reports to WHO/GMP. The TEG on antimalarial drug efficacy and response is tasked with reviewing evidence, providing guidance and making draft recommendations on issues of drug efficacy, resistance and response. While the issue of resistance to artemisinins is of urgent concern, resistance to other antimalarial medicines is also of prime importance.

The role of the TEG is to provide advice to WHO/GMP on the department's activities and strategic questions. The MPAC may be consulted on key issues.

The responsibilities of the TEG on antimalarial drug efficacy and response will be to support updates and development of WHO/GMP documents and answer WHO/GMP questions on issues regarding antimalarial drug efficacy, resistance and response.

The TEG will do this by:

- Evaluating the accuracy and integrity of data on antimalarial drug efficacy and resistance, in particular data suggesting new foci of antimalarial drug resistance;
- Providing evidence-based advice on norms, standards and technical guidelines on monitoring of antimalarial drug efficacy and resistance;
- Providing evidence-based advice on policies, strategies and approaches for drug resistance prevention and response in general, as well as in specific situations. This includes:
  - determining the triggers for urgent actions related to the detection of artemisinin resistance or resistance to an ACT partner drug;
  - provide recommendations on appropriate strategies to detect, prevent and respond to antimalarial drug resistance based on ongoing evaluation and evidence;
- Identifying priority research areas in the field of drug resistance and response.

### **III. Membership and structure of the TEG**

The TEG will have up to 15 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 TEG composition should also strive for appropriate geographical representation and gender balance, and should comprise individuals representing different areas of expertise and experience within antimalarial drug efficacy and resistance from around the world, and policy makers and implementers from endemic countries. In addition, the TEG should include members who have worked or are currently working as national malaria control programme managers with experience in conducting routine monitoring of antimalarial drug efficacy, as well as general malaria control.

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

- Molecular markers of antimalarial drug resistance;
- In vitro assays of antimalarial drugs;
- *Plasmodium vivax* drug resistance;
- Clinical trials of antimalarial drugs;
- Pharmacokinetics of antimalarial drugs;
- Modelling on malaria control and elimination in the context of antimalarial drug resistance;
- Cultural geography or political science with a focus on population movement;
- Entomology/vector control;
- Public health economics.

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 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, 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/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 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 GMP website, pre-publication manuscripts or confidential documents will be clearly labeled 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 this ToR. The TEG has no executive or regulatory function. Its role is to work with the GMP secretariat to provide draft recommendations to WHO/GMP, and MPAC if needed.

TEG members may be approached by non-WHO sources for their views, comments and statements on particular matters within drug efficacy and resistance, 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 chairperson will serve for 3 years, renewable once. Future chairpersons will be selected from among the appointed TEG members. No more than 2 members of the MPAC should serve as a member of the TEG. A non-TEG member will be appointed by WHO/GMP to serve as rapporteur at each meeting. Drug Efficacy and Response (DER) unit, GMP will serve as secretariat for the TEG.

TEG members shall be appointed to serve for an initial term of up to 3 years, renewable once, for a period of up to an additional 3 years. The first set of appointments will be staggered such that 1/3 persons each will be renewed for 1, 2 or 3 years during their second term in order to avoid a full turnover.

#### **VI. Working procedures**

With the coordinator of the DER unit, the chairperson of the TEG will develop a plan for routine operations of the TEG. The TEG will meet at least once per year and have additional meetings and/or teleconferences as needed to ensure timely review of new evidence. The TEG meetings should be anticipated at least three months in advance of the meeting. WHO will provide support for travel and accommodation for the members of the TEG to participate in the TEG meeting. When deemed necessary and feasible, the TEG meetings will be scheduled in association with meetings of the TEG on chemotherapy or will share a session with the TEG on chemotherapy.

Where appropriate, specific topics may be addressed by an Evidence Review Groups (ERG) following the request of the TEG or the MPAC. In addition the TEG may commission external analysis and reviews to address specific technical and programmatic questions.

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.

Additional experts and technical resource persons may also be invited to meetings as co-opted TEG members by the secretariat with approval of the chairperson, as appropriate, to further contribute to specific agenda items. No standing observers should be accepted. However, WHO/GMP may invite observers to a specific TEG session. These observers can include representatives from non-governmental organization, international professional organizations, technical agencies, and donor organizations. 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. Relevant staff from WHO Headquarters and Regional Offices will attend as members of the secretariat.

#### **VII. Dissolution of TEG**

The relevance of the TEG will be assessed regularly by the WHO/GMP department based on a regular review of the terms of reference.

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