

SME and SNT resources in the planning cycle

RBM Surveillance, Monitoring and Evaluation Working Group: supporting Pillar 3 of the Big Push – Toward strong strategic intelligence for decision-making

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RBM Partnership Unity 2030

National Strategic Plan Development

PROCESS	REFERENCE MATERIAL	OUTPUT
1. NSP	WHO MALARIA NSP MANUAL	**NATIONAL STRATEGIC PLANS** **with strong** **SME and SNT components**
	WHO SNT MANUAL	
2. SME PLAN (NSP)	WHO SME MANUAL	
	WHO SURVEILLANCE ASSESSMENT	
	WHO NMDR GUIDE	
3. SME BUDGET	RBM SME BUDGET GUIDANCE	

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GAP TABLES AND FUNDING REQUESTS

PROCESS	REFERENCE MATERIAL	OUTPUT
SME PLAN PRIORITIZED AND OPTIMIZED	RBM SME PRIORITIZATION FRAMEWORK	**PRIORITIZED PLAN** based on combined available resources from donors and national government
⇩		
SME GAP TABLE	SNT MATURITY ASSESSMENT TOOL (EXEMPLARS)	**Up-to-Date Funding Gaps** for SME and SNT
⇩		⇄
FUNDING REQUEST	US DoS GLOBAL HEALTH STRATEGY GLOBAL FUND RESOURCES GAVI FUNDING GUIDLINES	Clear and prioritized SME and SNT activities in **DONOR REQUESTS**

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RBM Gap Tables

Budget Guidance for SME

Theme	Costable Item	Prompts for Review	Costing Guidance
Routine Surveillance Operations (1)	Printing and distribution of	Does your program have data	Lumpsum printing and
	Data quality audits (DQA): travel,	Are data quality audits/assessments	Lumpsum DQA costs taking into
	Supervision visits: transport, per	Does your program include	Lumpsum supervision visit costs
	ANC1 surveillance strengthening,	Does your program implementi ANC	Costs for ANC1 strengthening?
	Private sector data integration	What % (estimate	
	Trainings for SME focal points and	Does your progra	
	Compilation/updating of geocoded	Does your progra	
Community-based surveillance (1)	Supervision visits: transport, per	Does your progra	
	CHW salaries/per diems	Does your progan	
	Printing and distribution of	Are recroding and	
	Distribution and maintenance of	Does your progra	
	DQAs	Does your progra	
	CHW trainings	Does your progra	
	Matintenance of geocoded CHW	Does your progra	
Surveillance Logistics and Supply Chain (1)	Printing/procurement of	Does your progra	
	Distribution costs	How are SME toc	
	Cold chain/sample transport	Does your progra	
	LMIS integration for surveillance	Does your progra	
Epidemic Surveillance and Response (1)	Establishment and operation of	Does your progra	
	Sentinel site monitoring	Does your progra	

SME Programatic Gap Table

Strategy	Component	Sub-component	Unit Cost	2026	2027	2028	2029	Funding Source	Funding Gap
	Passive Case Surveillance (1a)	reporting (case							
		case surveillance							
		Supervision							
		collaboration							
	Active Case Surveillance (1b)	Detection (PACD)							
		proactive case							
		border surveillance							
		Supervision							
	Surveillance for Elimination (1c)	and classification							
		Detection and Foci							
		Supervision							
	Outbreak Monitoring (1d)	investigations and							
		verification & AARs							
		Preparedness							
POC Surveillance (1)		Epidemic Response							
CASE SURVEILLANCE TOTAL									
	Vector Bionomics (2a)	Collection							
		Larval Collections							
		monitoring							
	Resistance (2b)	Resistance Testing							

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Difficult Decisions: A Framework for Prioritizing Surveillance to Match Available Resources

RBM SME Working Group

Webinar, 20 May 2026

Jui Shah

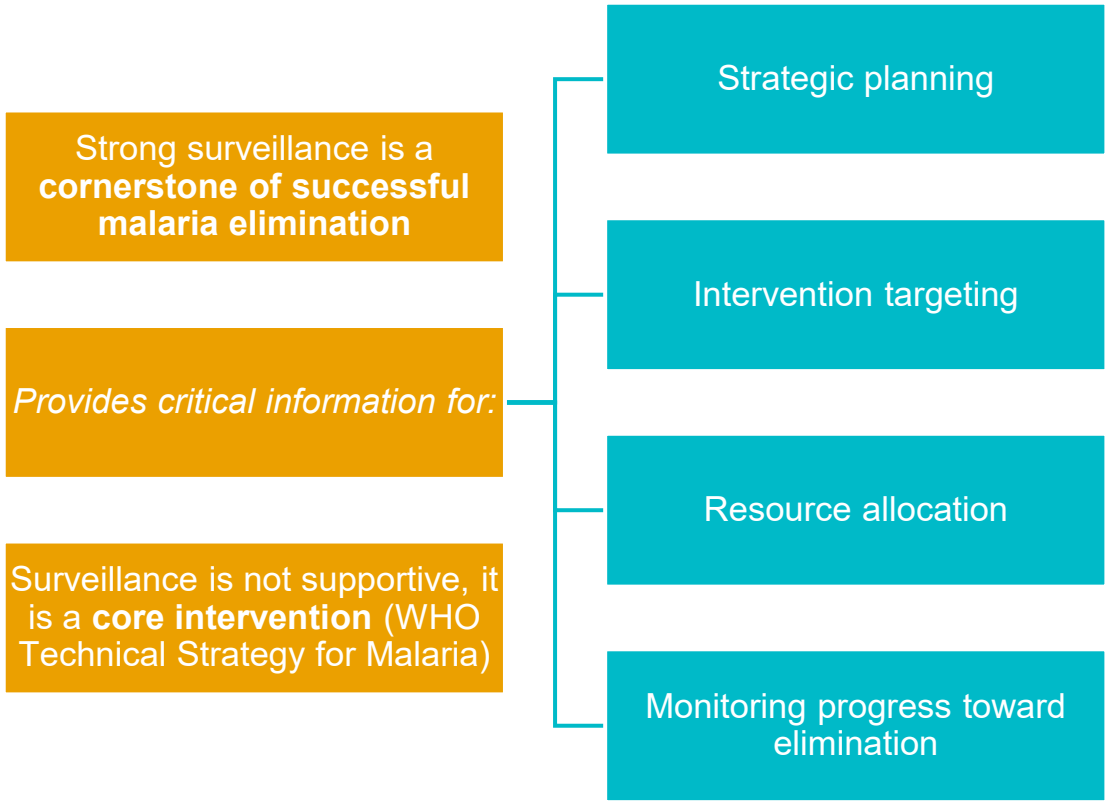
Deepa Pindolia

Outline

- Introduction
- What is surveillance
- Considering transmission heterogeneity
- Practical prioritization process / use case
- Key take aways
- Q&A

Emerging Challenge

- Significant **reductions in malaria funding**
- Pressure to protect “life-saving interventions” → **risk that surveillance is seen as expendable**
- Current funding environment requires new approaches to **prioritization**
- NMPs must make deeper **structural choices to sustain programs**



Purpose and target audience

- **Support NMPs** to adapt malaria control and elimination programs to fit available resources in 2026

- Build on previous prioritization and reprogramming discussions e.g.
  - **Funding disruptions**
  - **Global Fund planning and GC8 preparation**
  - **Subnational tailoring during National Strategic Plan development**

No “minimum essentials” package

- A prioritized mix of surveillance interventions will look different in each country, based on:
  - epidemiology
  - maturity of the surveillance system
  - mix of intervention uptake
  - information needs and gaps
  - history of intervention success since sufficient coverage of surveillance activities is essential for success

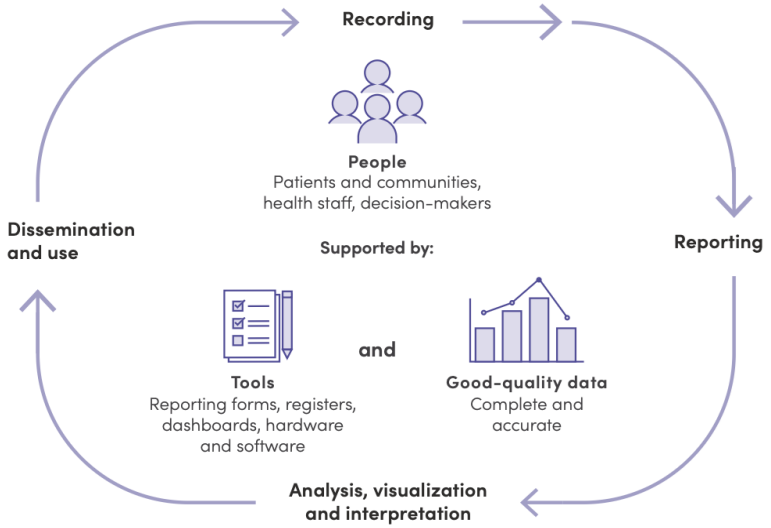
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What counts as surveillance?

- Malaria surveillance includes **interconnected processes, people, tools, and systems** required to collect, manage, analyse, interpret, and use data for two main purposes:
  - **Measurement**
  - **Guidance for decisions and response**
- Defining **costed surveillance components is complex** (can be assigned to other technical categories)
- **Routine data (integrated HIS) forms the backbone of malaria surveillance**, providing alternative metrics e.g. when large scale surveys are difficult to finance
  - ANC data – prevalence estimates

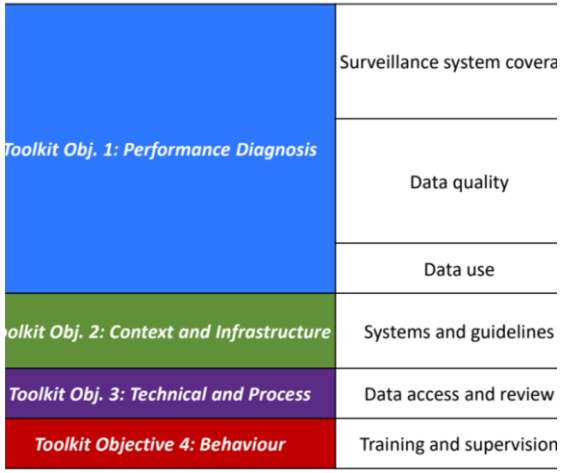
Fig. 3. The health information cycle, centred on a competent, adequately resourced health workforce with appropriate tools and good-quality data



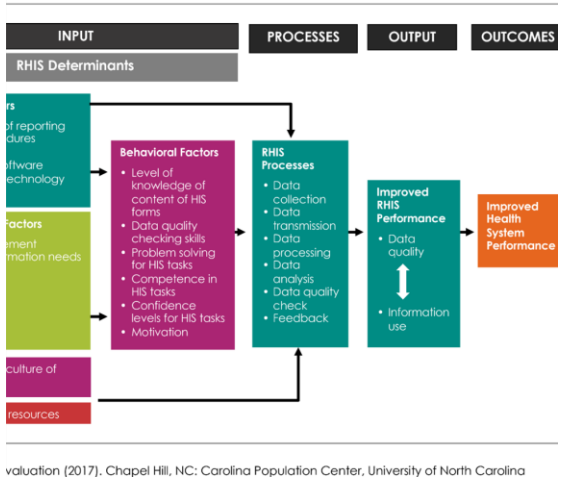
WHO Malaria Surveillance Monitoring and Evaluation Reference Manual, 2025 update

Surveillance components

- The framework identifies approximately **100 surveillance sub-components organized across 30 components and 7 board strategies** to help countries systematically review, prioritize, cost, and document surveillance investments during GC8 planning.

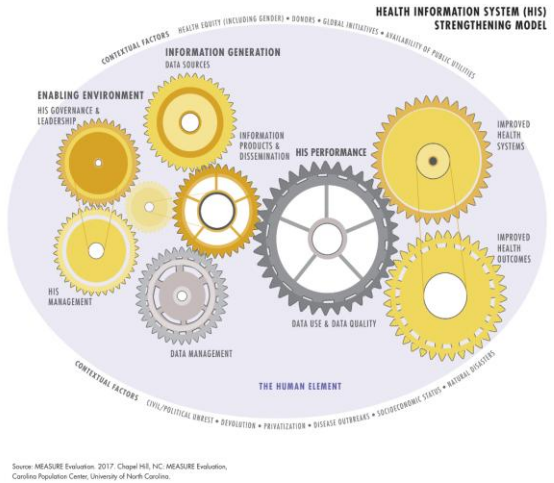


WHO Surveillance Assessment Toolkit
WHO Surveillance Strengthening Roadmap



MEval Stages of Continuous Improvement (SOCI)

MEval PRISM Framework



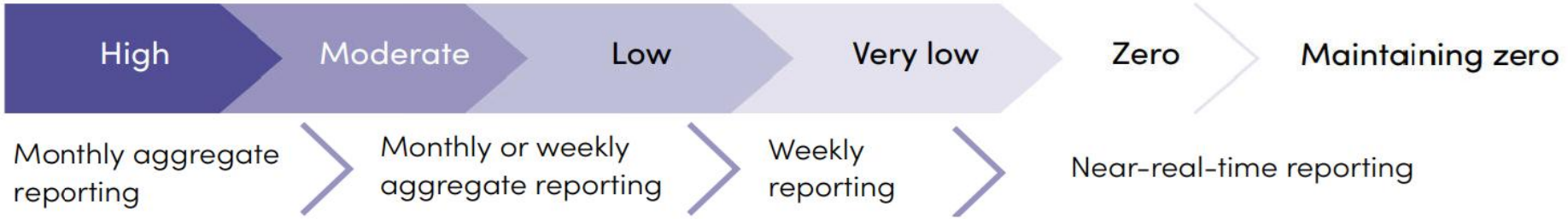
MEval HIS Strengthening Model

CHAI Malaria Disease Surveillance Framework

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Priority Needs by Transmission Intensity



High Transmission	Moderate Transmission	Low Transmission	Very Low/Zero Transmission
Goal			
Track trends and guide large- scale interventions.	Identify persistent hotspots for intervention targeting.	Interrupt transmission by identifying foci and investigating every case.	Quickly detect and stop transmission and prevent re-establishment.
Priority surveillance activities			
Aggregate case reporting Data quality audits Sentinel entomological surveillance[1] District-level data analysis	Aggregate case reporting with high completeness Periodic data review meetings Sentinel entomological surveillance Subnational hotspot analysis	Case investigation and classification Targeted reactive case detection Enhanced data analytics for decisions	Real-time case notification systems Rapid case investigation Reactive case detection Cross-border data sharing
Supporting surveillance activities			
	Case investigations in low- incidence districts Targeted reactive case detection	Entomological surveillance in hotspots Cross-border surveillance	Molecular markers Rapid response teams

Guiding principles for prioritization

Although the transmission setting may suggest technical priorities for surveillance, budget constraints may dictate a need for an additional prioritization process -

- Priority surveillance functions are those for **measurement, decision-making, and response**
- Surveillance **components are interconnected**, both within malaria and with other health programs, so any decision may have ripple effects
- A surveillance system's most **precious component is its workforce**; thus, decisions about surveillance activities will also affect people's skills, motivation, and confidence
- Targeting facilities, districts, or populations where the **potential impact** is greatest is crucial to overall country success
- Reductions may **disproportionately affect populations that are less visible** in routine data

Sample prioritization outputs and country case studies have been developed to illustrate application of these principles.

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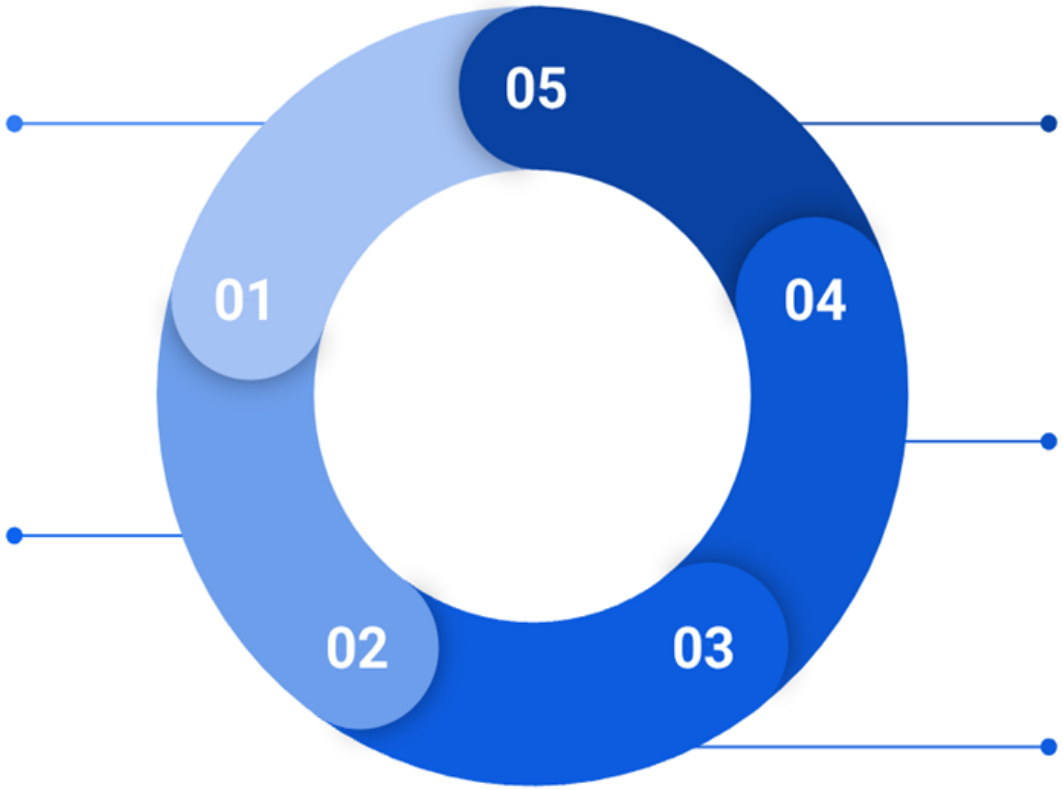
Prioritization steps

Collate informational inputs

Performance and maturity data
Cost data

Use prioritization method

Score and vet surveillance components into Highest priority, Middle priority, and Lower priority or deferrable categories



Document final prioritization

Document final decisions, delayed or deferred activities, and gaps using Surveillance Gaps Table template

Apply the efficiency and integration checklist

Identify opportunities to redesign activities, reduce costs, or revive components

Cost ranked components

Match ranked technical priorities to available budget

Step 1: Collate informational inputs

Performance & System Maturity

- Digital and activity coverage
- Data platforms (adoption and renewal dates)
- Surveillance assessment findings
- Supervision and data quality review results

Cost Considerations

- Budgeted and allocated resources
- Shared costs with other programmes
- Actual (incurred) costs

Step 2: Use Prioritization Method

1. **Decision Utility:** How essential is this surveillance component to timely NMP decision-making?
2. **Measurement Utility:** How essential is this surveillance component to measurement or reporting needs?
3. **Value for Money:** Is the result or insight generated proportional to the cost?
4. **Operational Feasibility:** Can the activity be implemented at high quality and coverage?
5. **Irreplaceability:** Are there alternatives to the surveillance data (or proxies) or surveillance components?

Step 2: Use Prioritization Method

Score	Decision Utility	Measurement Utility	Value for Money	Operational feasibility	Irreplaceability
3	Informs essential strategic decisions or program adjustments	Significant for measuring malaria or interventions	High output or insight for high or low cost	Implementation will confidently be high quality and coverage	No options exist for integration or alternative data collection
2	May offer some insight on strategy or program adjustments	Some significance for measuring malaria or interventions	Some output or insight for high cost; low output or insight for low cost	Historical implementation has had challenges in quality or coverage	Integration or alternative data collection can be considered
1	Little to relevance on strategy on program adjustments	Little to no significance in measuring malaria or interventions	Limited output or insight for high cost	Historical implementation has been seriously challenged	Integration or alternative data could confidently suffice

- Score each surveillance component across 5 criteria
- Sum 5 scores for a total score for each surveillance component
- Rank scores to classify components into Highest priority, Middle priority, and Lower priority or deferrable categories.

Step 3: Cost ranked components

- Match technical ranking with costing data from NSP for draft prioritization
- Include costs for both **national and subnational needs**
- Align with available funding envelope

- Surveillance building blocks are **long-term investments with slow progress**
- Strategic choices **deliver value for money** but may not be fast or low cost
- **Costs increase toward elimination** as surveillance becomes primary malaria intervention

Step 4: Assess efficiency & integration

- Checklist guides discussion on opportunities to **redesign or restore activities**:
  - Removing duplications spanning health programs or systems
  - Integrating with other disease areas
  - Revising format, frequency, structure
  - Leveraging digitalization or automation
  - Reducing primary data collection
  - Geographic targeting
  - Aligning with broader national initiatives

Step 5: Document final prioritization

- Template for Country-level Surveillance Gaps Table to document decisions:
  - Facilitate advocacy for innovative funding
  - Accelerate adjustments during implementation
  - Support understanding of how surveillance goals may be compromised
- Include domestic and external funding to represent full program need

Year: 2026					
Surveillance component	**Priority level**	**Target coverage**	**Total cost**	**Already funded**	**Funding gap**

Step 5: Document final prioritization

- Deferred or postponed activities:
  - May lead to loss of momentum, skills, or motivation among staff
  - May reduce confidence in surveillance data or the system itself
  - Impact may be greater in elimination contexts or where malaria sets a standard for other health programs

- Monitor key indicators to mitigate compromises to surveillance performance and decision-making capacity.

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Key takeaways

- **Surveillance is a core intervention** that enables targeting, outbreak detection, and program adaptation
- Surveillance can be systematically prioritized to preserve essential roles in **decision-making and measurement**
- There is **no universal minimum surveillance package**; priorities should reflect epidemiology, transmission setting, system maturity, and operational realities
- **Integration, digitalization, redesign, and geographic targeting** may improve efficiency and reduce costs
- **Participatory processes and documentation** can strengthen advocacy for new resources, allow program adaptation, and mitigate risks

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