**RBM MIP Working Group meeting, February 7, 2018**

**Meeting Minutes**

Participants:

1. Clara Menéndez, ISGlobal
2. Kristen Vibbert, Jhpiego/MCSP
3. Elaine Roman, Jhpiego/MCSP
4. Lisa Nichols, Abt Associates
5. Susan Youll, PMI
6. Roopal Patel, The Global Fund
7. Bill Brieger, Jhpiego/JHU SPH
8. Viviana Mangiaterra, The Global Fund
9. Wani Lahai, NMCP, Sierra Leone
10. Erin Ferenchick, The Global Fund
11. Nicholas Furtado, The Global Fund
12. Kate Wolf, Jhpiego/MCSP
13. Silvia Schwarte, WHO
14. Matt Chico, LSTMH
15. Mike Toso, HC3
16. Julie Gutman, CDC
17. Bolanle Olapeju, JHUCCP
18. Mary Nell Wegner, MHTF
19. Azucena Bardaji, ISGlobal

**Agenda Items:**

1. ***Validity of a minimally invasive autopsy for cause of death determination in maternal deaths in Mozambique: An observational study*, Clara Menéndez, ISGlobal**

*Please see the full paper and presentation slides attached in the email*.

**Discussion:**

* Q: Did all of the deaths occur at the hospital?

A: Yes. This is a limitation in terms of extrapolation. Now that the limitations are known, the next step is to do Minimally Invasive Autopsy (MIA) in rural areas.

* Q: Did the measurement include how soon the women came to the hospital during their pregnancy/delivery?

A: The majority of women came into hospital shortly before death. A few women were referred from another hospital, but in general, time between admission and death was quite short.

* Q: Doing autopsies can be quite sensitive and relatives may refuse permission. How did this work with your verbal consent process and were there refusals?

A: Informed consent was routinely done in the hospital to perform autopsies on all maternal deaths. The clinician always asks for an autopsy and the families rarely refuse. The study researchers asked for informed consent for other groups and the largest refusal was from parents for autopsies of children. The study team observed that families are more reluctant to give approval for full autopsies, but are more likely to accept the MIA.

* Q: Was there any information gathered on whether the women had been using bednets or had taken IPTp during their pregnancy?

A: The clinical records in urban settings do not collect this information well so the study team does not have the information regarding IPTp and bednets.

* Comment: In Sierra Leone, nutrition is being prioritized to combat anemia in pregnant women. Response: It’s important to recognize the contribution of infectious diseases to maternal mortality. It has been classically said, that because women have a high level of immunity they don’t die of malaria, but this is clearly not the case. The MIA is fairly easy to do, rapid, and doesn’t make a mark, and this can provide some answers on malaria’s contribution to maternal mortality and possibly lead to more intensive malaria control measures.
* Q: Was there a death audit done on any of these mothers to look at other causes, not just the parasitological and microbiological causes?

A: The complete autopsy includes the clinical assessment so it looks at everything. The microbiological analysis was very complete, but it also looked at other causes. The focus of the study was the validation of MIA and this didn’t require a large number of cases. The study could have explored determinants, risk factors, etc., but that was not the purpose of this study.

***Next Steps:***

* The study team is planning to present this study at the MIM conference in April in Senegal.
* This work is funded by the Gates Foundation. The next step is to extrapolate results in rural facilities, but the Gates Foundation interest is focused on children under 5 years of age. Discussions about working with other population groups, especially pregnant women, are being held.
* All of the results, for all populations, will be part of a presentation at the next ASTMH in New Orleans in October/November, 2018.

1. **Partner Updates**

MCSP:

***New web-based platform for MiP materials***: <https://www.mcsprogram.org/resource/malaria-pregnancy-resources/>

MCSP has worked on a couple of different tools, briefs, etc. in collaboration with many WG partners and is now currently putting together a website that houses links to all of these resources. This will include the case management job aid, the IPTp toolkit, a recording of the ANC guideline webinar conducted in May, 2017, etc. An FAQ document on the ANC guidelines will be added soon. There will also be a link to the WG website.

***MiP Country Profiles:*** These have been evolving since they were presented at the annual WG meeting in September. It is expected that they will be finalized by the end of February and then shared.

Working Group:

***MiP ANC Brief:*** This brief is a joint product of the Working Group and WHO to provide guidance to countries on how to adapt the updated WHO ANC guidelines to a local country context. Minor updates were added to the original version produced in May and the updated MiP ANC Brief is now available in English, French and Portuguese. They can be accessed on the MCSP MiP platform: <https://www.mcsprogram.org/resource/malaria-pregnancy-resources/> and will soon appear on the RBM MiP WG website.

The Global Fund:

***MiP in low-transmission settings:*** As part of the WG work plan development there were discussions around the possibility of a meeting focused on MiP in low transmission settings. WHO is organizing a meeting in June in New Delhi to launch the new ANC guidelines with representatives from countries in Latin America and Southeast Asia. This will be a three-day meeting with a similar agenda to the meeting in Kigali last year. Viviana would like to add a one-day session to focus on MiP in low transmission countries.

***ACTION ITEM:*** *Please let Viviana, Elaine and Kristen know if you are interested in joining a task force group to draft a meeting agenda and begin to prepare a list of meeting participants.*

***GFF:*** Viviana participated in a GFF workshop in Ghana organized by the World Bank with the new wave of 10 countries targeted by the GFF Initiative: Burkina Faso, Afghanistan, Cambodia, Central African Republic, Haiti, Indonesia, Ivory Coast, Malawi, Madagascar, and Rwanda. Viviana can share the next steps of the GFF, but wanted to highlight that this was an opportunity to position MiP within the GFF. A big focus of the GFF in many countries is nutrition so one of the big entry points for MiP is through anemia and low birth weight. The GFF Secretariat has requested a webinar to look at nutrition during MiP and in childhood. During the annual meeting we discussed the opportunity to review and update the anemia brief. The preparation of this webinar can help us to revisit the anemia brief and have visibility within GFF main priority areas.