**RBM MIP Working Group meeting, February 8, 2020**

**Meeting Minutes**

Participants:

1. Kristen Vibbert, Jhpiego/IMPACT
2. Elaine Roman, Jhpiego
3. Maurice Bucagu, WHO
4. Julie Gutman, CDC/PMI
5. Melody Miles, Miles Consulting
6. Tara Bracken, United Nations Foundation
7. Patricia Gomez, Jhpiego
8. Emmanuel Otolorin, Jhpiego
9. Matt Chico, LSHTM
10. Dale Halliday, Unitaid
11. Tabitha Kibuka, PSI
12. Ashley Malpass, USAID/PMI
13. Silvia Schwarte, WHO
14. Estrella Lasry, Global Fund Malaria Team
15. Koki Agarwal, Jhpiego
16. Valentina Buj, UNICEF
17. Maud Majeres Lugand, MMV
18. Lisa Nichols, Abt Associates
19. Dr. Aishatu Gubio, MOH Nigeria
20. Deborah Freitas Lopez, URC
21. Susan Youll, USAID/PMI
22. Jackson Sillah, WHO AFRO
23. Jean Modeste Harerimana, Jhpiego/IMPACT Rwanda
24. Katya Halil, MMV
25. Katherine Wolf, Jhpiego
26. Abuchahama Saifodine, USAID/PMI Mozambique
27. Kwame Ankobea, USAID
28. Abena Poku-Awuku, MMV
29. Anna Lucas, ISGlobal
30. Ashley Riley, JHU CCP
31. Chonge Kitojo, USAID Tanzania
32. Gabrielle Hunter, JHU CCP
33. Maddy Marascuilo, Malaria Consortium
34. Samba Coumare, PSI
35. Bhargavi Rao, MSF
36. Ashley Garley, USAID/PMI

**Agenda Items:**

1. **Update on Call to Action**
   1. Technical webinar on MiP M&E Brief held in January
   2. Series of initiatives around key events: AU Summit, International Women’s Day, etc.
      1. International Women’s Day: Working on developing a template where people can input their photo to tie the theme of IWD “Choose to Challenge” with the SpeedupScaleup campaign
         1. WG will share template with example
         2. Would like a lot of visibility on social media

**ACTION: Ask partners to please share with your networks/countries**

* 1. Submitted concept note to OAFLAD with long-term engagement plan for First Ladies

1. **Presentation: *Global Financing Facility & Malaria: New Financing and Engagement Opportunities for MiP Programs*, Melody Miles, Miles Consulting & Tara Bracken, United Nations Foundation** (See presentation slides attached to email)

**Discussion:**

* Q: How is this info being disseminated to countries?
* A: First country workshop to be held this month hosted by RBM CRSPC: Invited NMCPs from GFF eligible countries and NMCPs from Uganda and Mozambique who can share experiences with GFF
  + Will present guide and run through advocacy road map
  + Hoping to create links between countries to set up peer learning experiences
  + Want partners to help disseminate the guide as widely as possible
  + Guide will be posted to GFF’s [Knowledge and Learning Portal](https://www.globalfinancingfacility.org/knowledge-and-learning-portal) and their [CSO Hub](https://www.csogffhub.org/)
* Q: What is the country platform: GF CCM or MOH leadership?
* A: A lot of countries have repurposed other groups, including GF CCM, but the MOH and MOF are both actively engaged
  + There is a country platform which all countries are invited to participate in—contribute to strategic document prioritizing public health
  + Country platform chair is MOH senior leader and this person leads prioritization process with WB tasking leader
  + Need to empower NMCPs to have key meetings with GFF chair and drive these conversations
    - Every country has an investment case that includes malaria, but still very few are prioritizing malaria in the actual funding
    - Technical partners play less of role than ministry decision makers so we can help advocate/support countries in the process
    - The RMNCH country focal points and the GFF country focal points are outlined in detail in the guide: these can be used by NMCPs as entry points
  + GFF is committed to improving essential coordinating mechanism
* Q: Can GFF funds be used to recruit CHWs for C-IPTp?
* A: Yes, this is a great use for GFF that might not be available for other funding sources
  + Anything that involves paying staff, supervision, core health systems costs, etc. would be supported in the GFF context
* Q: Can WG members reach out for clarification/assistance or with country specific questions?
* A: Please reach out to Tara or Melody: [TBracken@UNFoundation.org](mailto:TBracken@UNFoundation.org) and [melody@mmilesconsulting.com](mailto:melody@mmilesconsulting.com)
  + If there are any questions they can’t answer, they can connect to colleagues at the CRSPC who are working on country engagement
  + GFF is run as a financing mechanism within the World Bank, rather than through a malaria specific donor World Bank policies/procedures apply to GFF so there is a learning curve
  + All of the budgets for each country and all priorities that have been funded are available on WB website: <https://www.globalfinancingfacility.org/where-we-work>
  + As the malaria community learns more about loan-based health financing mechanism you can understand GFF better and how to work with it
* GFF vs GF funding:
  + Helpful section in guide comparing GFF and Global Fund funding: ways in which they differ/are complimentary and how to use them jointly
  + Encourage partners to look at this to better understand how to strategize as a global community to more fully fund malaria programs by using GFF and GF together
* Q: How do you coordinate to ensure synergies at country level with Malaria and RMNCH and to ensure there is no overlap?
* A: Timing makes this difficult logistically. It is happening and the idea is there is complete coordination, but the timing of the GFF and GF funding cycles are not harmonized and this makes it challenging
  + GFF is not in regular cycles like the GF (it’s just 5 years from whenever the country initiated the interaction) so it’s hard to know when a country is going to be preparing an investment case unless they are renewing.
  + GFF and GF are talking about this at a higher level

***Reminder: Please do not share materials since they are not yet approved. We will let you know once they receive formal approval and can be further disseminated.***

1. **Work plan:** Thank you to those who contributed updates to the 2021 work plan.

**ACTION: Ask that partners please review the updated work plan (attached to email) to confirm any other activities/support/timing so that we can have a comprehensive and complete work plan for the year.**

1. **Partner Updates:**

* Valentina/UNICEF: There were past MiP WG discussions around getting 4 micrograms (0.4mg) folic acid added to Essential Medical Supplies list 0.4
  + Valentina passed this comment to UNICEF supply division and this particular formulation of folic acid was added to UNICEF catalog
  + They now have quite a lot of stock in hand
  + What should be done with this supply?
    - These stocks will expire in Jan 2022
    - Are there specific countries to work with to use these stocks?
* **ACTION: Ask that partners reach out to country counterparts to see if there is a use for this folic acid**
  + Please reach out to Valentina directly if you have ideas: [vbuj@unicef.org](mailto:vbuj@unicef.org)
  + WHO GMP confirmed they have reached out to countries and is looking for places where the folic acid can be used.
* Matt: Article: *Sulfadoxine‑pyrimethamine parasitological efficacy against Plasmodium falciparum among pregnant women and molecular markers of resistance in Zambia: an observational cohort study*
  + Study of parasite sensitivity to SP in rural area of Zambia where transmission is high
  + Results from a pregnancy study where retrospectively looked at parasite clearance rate of pregnant women in an IPTp observational study
    - Looked at specific mutations associated with SP resistance
  + Takeaways: SP and IPTp-SP is to be advocated for and is better than no treatment
    - The more doses PW receive the better pregnancy outcomes they will have
    - 1 of 5 women had parasitological prophylactic failure; 4 of 5 women cleared the parasites
    - WHO guidance on when to change first line treatment is 90% so we need to continue to monitor this
  + Please reach out to Matt with any questions about the article: [Matthew.Chico@lshtm.ac.uk](mailto:Matthew.Chico@lshtm.ac.uk)