



**FOURTH MEETING OF
THE RBM PARTNERSHIP
MALARIA IN PREGNANCY WORKING
GROUP**

**21-23 September 2004
Kigali, Rwanda
Novotel Hotel**

MEETING MINUTES

Participants: Elaine Roman, (MNH/ACCESS); Barbara Kinzie, (MNH/ ACCESS); Alison Bell (Malaria Consortium/ EARN); Antoine Serufulira (WHO/AFRO); Chilunga Puta (MIPESA); Peggy McLaughlin (Core Group); Noel Chisaka (SAMC); Juliana Yartey (WHO); Sename Baeta (RAOPAG/ WARN); Trent Ruebush (USAID-Washington); Monica Parise (CDC); Chewe Luo (UNICEF); Claude Rwagacondo (MOH/NMC); Jules Mihigo (USAID/ Rwanda); James Banda (RBM Secretariat); Laurence Nyiramasarabwe (WHO/Rwanda)

Acting Chair: Elaine Roman

Acting Co-Chair: Antoine Serufulira

Meeting Objectives:

- 1. Identify how the RBM MPWG can support RBM strategy and approach for scaling up programming for sustainable impact**
- 2. Understand and discuss Rwanda MIP strategy and implementation**
- 3. Discuss technical updates related to the prevention and control of malaria during pregnancy**
- 4. Review consensus statements as developed in Ghana and outline next steps for adoption and use**
- 5. Develop an MPWG workplan including products and or projects being supported through MPWG partners in the next year (Oct. 04- Nov. 04)**

DAY ONE

Tuesday 21 September 2004

Objectives:

- 1. Discuss technical updates related to the prevention and control of malaria during pregnancy**
- 2. Understand and discuss Rwanda MIP strategy and implementation**

Elaine Roman welcomed participants to the fourth RBM Malaria in Pregnancy Working Group (MPWG) meeting and apologized on behalf of the Chair, Judith Robb-McCord, and Co-Chair, Seipatti Mothebesoane-Anoh for their absence. Ms. McCord was planning to attend the MPWG meeting, however, as Director of the ACCESS Program, the successor to the MNH Award- she is developing the ACCESS year one workplan, with the core team. Dr. Anoh was unable to attend due to illness. Ms. Roman reviewed the agenda with participants and emphasized that discussions would focus on how the MPWG can support the RBM agenda towards scale up and sustainability for the prevention and control of malaria during pregnancy. Ms. Roman noted that Dr. James Banda will be attending the meeting days 2 and 3 to discuss RBM progress to date and priorities for the future. The MPWG representatives elected Elaine Roman as the Acting Chair and Antoine Serufilira as the Acting Co-Chair.

The meeting minutes from the MPWG meeting held in Ghana (28-30 April- 2004) were officially adopted, with minor revisions. The meeting minutes raised key issues that members of the MPWG felt should be addressed during this meeting- as the MPWG works towards defining a pathway for scale up. Specific issues to address include closer examination of programmatic strategies in light of the relationship between malaria and HIV among pregnant women and re-examination of alternatives for IPT in low transmission settings. Once again, it was pointed out how important cross-representation is between the RBM working groups - aiming towards understanding the technical issues that impact the MPWG but also to advocate for the issues the MPWG is trying to address.

Finally, Ms. Roman pointed out that there is a new Malaria in Pregnancy (MIP) Research Group (Research - MPG) forming that will be completely devoted to the MIP research agenda. The RBM MPWG and Research MPG should collaborate closely for effective and appropriate focus for both working groups. The RBM MPWG should be a voice at the Research MPG - to influence key issues for research addressing the prevention and control of malaria during pregnancy. The Research MPG should be a voice at the RBM MPWG that can disseminate the most up to date research findings that will influence technical advice for program support.

Action- The Secretariat of the RBM MPWG should follow up with the Chair of the Research MPWG to discuss cross-collaboration and to facilitate a working relationship.

Update on International Best Practices (IBP) Conference - Uganda- Elaine Roman/ Chilunga Puta

Dr. Puta briefly described the purpose of the WHO IBP Conference, which brought together multiple African nations to examine, learn and develop plans for country action and scale up - linking to reproductive health. This meeting served as an opportunity to highlight Kenya's experience in the adoption and implementation of focused antenatal

care (ANC) as a best practice and entry point to comprehensive reproductive health (RH) services. Using ANC as the best practice- Kenya linked the prevention and control of malaria during pregnancy and all essential health services including orientation to the prevention of mother-to-child transmission of HIV. This provoked country level discussion around the integration of RH services - as promoted through the RBM MPWG. Dr Puta and Ms. Roman informed participants of the RH best practices through the delivery of focused ANC- including malaria during pregnancy- that were highlighted during the conference.

Health promotion through ANC and community linkages: Increasing coverage for IPT/SP and ITNs—

Réseau pour la prévention et le traitement du paludisme pendant la grossesse dans les pays francophones d'Afrique de l'Ouest- RAOPAG

Malaria in Pregnancy East and Southern Africa Coalition- MIPESA

There have been multiple country achievements to date targeting the prevention and control of malaria during pregnancy. RAOPAG and MIPESA both support these efforts at the regional level through south-to-south exchange and dissemination of best practices in West Africa and East and Southern Africa respectively. Common themes presented in both presentations include a) the challenge of uptake of IPT2; b) the need to further support advocacy efforts targeting both providers and communities- both RAOPAG and MIPESA have sponsored advocacy training efforts; c) the need for continued support for ITN promotion and distribution-- all countries within the Coalitions are committed to the distribution and promotion of ITNs through ANC, however, national efforts vary by country; and d) the link between the community and the health center are often not realized and deserve more attention. *As countries work towards achievement of the Abuja targets and beyond—the issues and challenges (both unresolved and addressed) should guide the MPWG as it develops technical advice to the RBM Partnership Board.*

Key issues/ challenges identified from both the MIPESA and RAOPAG presentations include:

- 1) Uptake of IPT2:** There are multiple reasons why uptake of IPT2 through ANC is still a challenge. These include: women presenting late in pregnancy, provides confusion on timing of dose, women not returning after first visit and non-reporting to name a few. Malawi has overcome this challenge and uptake of IPT2 is now at 60%. While the lessons learned from Malawi are discussed at the sub-regional level, the WHO/AFRO Malaria in Pregnancy Strategic Framework will be an important tool to officially disseminate to countries. While the draft framework has been unofficially shared with countries- until the official version is at the country level, countries cannot easily adopt the recommendations within- particularly those focusing on the timing of IPT doses.
- 2) Growing Resistance to Sulfadoxine Pyrimethamine (SP):** As growing resistance to SP becomes more prevalent and countries are changing 1st line treatment policies- there is growing concern and questions being raised at the country level. Specifically, what alternatives to SP exist for IPT? CDC pointed out that the results of a ten-year study in Malawi focusing on the efficacy of SP for IPT should be disseminated within the month. This study can provide insight to countries as they focus on scale up of the prevention and control of malaria during pregnancy. Further, the Democratic

Republic of Congo is implementing a study that will compare the efficacy of SP in pregnant women to the efficacy of SP in children.

- 3) **Insecticide Treated Nets:** As countries implement efforts to prevent and control malaria during pregnancy - focused attention is appropriately being given to the promotion and distribution of ITNs. Kenya and Uganda have both decided to not move forward with their intended voucher scheme policies and are now supporting mass-free distribution of ITNs through ANC. Tanzania is moving forward with implementation of its voucher scheme policy - recognizing that free nets will not be available infinitely and available resources now should be used to develop sustainable systems that will support continued distribution of ITNs in the near and distant future.
- 4) **Linkages between HIV and Malaria:** There is a growing body of evidence and recognized link on the interactions between HIV/AIDS and malaria. Together these two diseases are probably the most important global health problems of our time. As efforts to reduce the spread of HIV and efforts to prevent and control malaria during pregnancy continue- there are important program linkages that should be realized. HIV/AIDS and malaria among pregnant women are reproductive health challenges. An integrated policy at the country level- incorporating HIV & malaria interventions with all essential health services will allow countries to draw on greater resources to combat these diseases. Mozambique is one example of where this is happening.

Actions

- The Secretariat of the RBM MPWG should follow up with the Chair of the Research MPWG to understand what studies are happening or are planned that will lend to new alternatives for IPT.
- The Strategic Framework should be disseminated as soon as possible as a tool to support the implementation and scaling up of the prevention and control of malaria during pregnancy.
- Results and lessons learned from the Malawi 3 year study should be shared with the MPWG members for further dissemination through regional networks and coalitions to countries. Dissemination will lend to efforts aiming towards scale up and sustainability.

Rwanda Presentation: Dr. Rwagacondo Claude Emile - National Malaria Control Program

Dr. Rwagacondo presented Rwanda's strategic plan for malaria in pregnancy including the issues and challenges Rwanda is facing with implementation. Priorities for implementation of the prevention and control of malaria during pregnancy are promotion of ITNs, implementation of IPT, prevention of anemia and management of care cases. Rwanda is moving forward with implementation of IPT with SP nationally- although there are areas of low transmission. It is expected in Nov. 04 that a national consensus meeting will be held to officially adopt IPT with SP and launch implementation. Although NMC is supporting and advocating for IPT with SP—there is debate and concern within the MOH as to the efficacy of SP for IPT, when resistance levels are so high (range 10% to 29%). Further, there is no global recommendation at this time for IPT in areas of low transmission - which exist throughout Rwanda. Rwanda's current 'transitional' policy for 1st line treatment is AQ/SP with the expectation that Rwanda will change to ACTs for 1st line treatment next year.

Key questions asked of the MPWG RE: growing resistance to SP- is not only relevant to Rwanda but also to countries facing similar resistance to SP.

MPWG Feedback

- IPT Alternatives - Currently, SP is the only recommended safe and efficacious drug for IPT. There is no alternative drug for IPT at this time.
- Rapid transition to ACTs will protect the efficacy of SP for IPT longer.
- It will be highly advantageous to have recognized and respected technical advisors at the consensus meeting to ensure a) questions around growing resistance for SP and implications for IPT can be addressed adequately and b) the meeting agenda is not derailed.
- It will be important to continue to monitor resistance levels within sentinel sites.
- There are currently ongoing studies examining alternatives to SP for IPT & studies examining the efficacy of SP for IPT.
- Discussions around the EARN IPT statement (discussion Day 2) will be useful for countries like Rwanda and those facing similar issues of resistance.

Rwanda was also seeking advice on implementation issues for IPT. What are the lessons learned from other countries- including key areas to address during implementation? It was recommended that this conversation develop further with a smaller group- e.g. the Malaria Action Coalition.

Review of MIP in Emergency Settings - Alison Bell

Alison Bell of the Malaria Consortium presented an overview of the prevention and control of malaria during pregnancy in complex emergency settings. An estimated 30% of mortality from malaria occurs in countries affected by complex emergencies. The definition of complex emergency applies to a whole continuum of situations; both malaria and reproductive ill health are exacerbated in these situations. This is due to the breakdown of health services, higher fertility rates, rape, higher prevalence of HIV and other compounding factors.

It was recognized that different interventions are appropriate to be employed at different stages of an emergency. Mobilized through RH, the Minimum Initial Services Package (MISP) should be used during the acute phase of an emergency. The MISP focuses on reducing HIV transmission through condoms and resources for universal precautions and reducing excess maternal and neonatal mortality through distribution of clean delivery kits. Currently, there are no drugs for IPT or case management of MIP in this package, and these interventions are essential to reduce maternal and neonatal morbidity and mortality in areas of stable malaria transmission (either where displaced come from or where they settle). In the stabilization phase of emergencies there is recognition of the role of malaria treatment and in some cases where physical access is possible-- ITNs, largely for children under five years. However, as part of the comprehensive RH package that is implemented in the stabilization phase, there is a need for advocacy for IPT to be included in the package, where indicated.

Program experience from Northern Uganda targeting implementation of MIP during a chronic emergency was presented. Eighty thousand ITNs and doses of IPT have been distributed to pregnant women who are displaced. The distribution of free ITNs through ANC brought about an increase in ANC attendance and in some areas, delivery services, but a more extensive evaluation will assess program impact within the next two months

and this will be shared with partners. However, results to date have shown that it is possible to mobilize good quality RH services including MIP interventions in an insecure, unstable situation.

Given the burden of malaria in areas affected by complex emergencies, the group agreed that this is an important area for the MIPWG to advocate for inclusion of proven interventions in health care packages for these settings (see workplan for more details).

DAY TWO

Wednesday, 22 September 2004

Objectives:

- 1. Outline how the RBM MPWG and other networks and coalitions can support RBM's strategy and approach for scaling up programming for sustainable impact**
- 2. Review consensus statements as developed in Ghana and outline next steps for adoption and use**

Dr. Serufilira provided an overview of the Day 2 agenda. Dr. James Banda, RBM Secretariat joined the MPWG on Day 2.

Regional Updates: Scaling Up Implementation—Issues, Challenges and Opportunities

Roll Back Malaria – Where are we? Future Directions—James Banda James Banda, RBM Secretariat

Update on RBM MPWG Terms of Reference endorsement from RBM and ITN-Statement—James Banda

Dr. Banda provided an update on the status of the where RBM initiative. The new Executive Secretary, Awa Marie Coll-Seck, began in March 2004. The critical nature of the partnership was highlighted, as no one partner can achieve impact alone. Until 1997 there was little organized malaria efforts in Africa. In 1997, a meeting in Harare decided to focus on malaria with the Harare Declaration; this was followed by the Abuja Declaration in 2000.

Dr. Banda discussed the importance of the RBM Working Groups to identify critical issues and develop technical advice to the RBM Board for regional dissemination. Policy recommendations endorsed through the RBM partnership will be disseminated to all key policy makers at country level. Best practices should be disseminated through the sub-regional networks and coalitions. Dr. Banda discussed the importance of the sub-regional networks to engage countries. Four overarching challenges facing the RBM Partnership are—a) policy; b) tools; c) translating tools into policy; and d) employment, documentation and dissemination of best practices. Dr. Banda shared with the MPWG three draft RBM documents:

1. *Saving Lives and Reducing Poverty: The Roll Back Malaria Partnership Global Strategic Plan 2005 to 2015*
2. *Roll Back Malaria Partnership By Laws*
3. *The Roll Back Malaria Partnership's Operating Framework*

Dr. Banda recommended that the MPWG members read these documents and re-examine them on day three of the meeting. This would include feedback to the documents; namely, one & two. The 'By Laws' serve as the overarching point of reference for all of the RBM Working Groups—therefore the MPWG TOR does not need to be officially endorsed by the RBM partnership. Dr. Banda did not have feedback for the MPWG on the WIN Statement. Dr. Thomas Teuscher is responsible for the Working Groups' workplans as well as statements. The MPWG wanted to know how the partnership can be more proactive in policy development? Dr. Banda said the Working Groups could support this effort by providing guidance and technical input. This is a challenge—however, in light of global criticism, the Secretariat must manage this.

It was clarified that the MIP Research Group is not a WHO group but is a group of researchers who are formulating the research agenda targeting the prevention and control of malaria during pregnancy. WHO is a member of the research group. A strong research component is needed in order to make policy statements. A suggestion was made that the MPWG and the MIP Research Group should communicate and facilitate collaboration in an effort to coordinate efforts.

RBM MIP Monitoring and Evaluation (M&E) Framework- Monica Parise

Monica Parise of CDC presented the recent findings from the RBM MIP M&E Framework pilot that was conducted in Kenya, Uganda and Nigeria. The RBM team supporting this effort will disseminate the findings to the RBM M&E Working Group (MERG) (Nov. 04) and at the annual MIPESA meeting (Sept. 04). Dissemination to countries will be done through WHO/AFRO and MPWG members. The goal of the pilot was to examine if the indicators could be adopted into existing HMI systems- without creating an undue burden. Data collection during the pilot was collected through supervisory visits and ANC & delivery registers. Monica pointed out that process and outcome indicators are probably most important since the impact indicators are multi-factorial and perhaps more challenging to collect. Key programmatic findings include: a) it is essential to avoid multiple registers as this lends to over-burdened staff; b) supervision with feedback is essential for sustainability; c) MIP programming efforts—including M&E—need to be integrated into routine RH services; d) resources supporting M&E efforts are needed to support scale up efforts; e) training needs to be integrated into other RH training; and f) data can be used for action and programming.

The RBM M&E group recommended core indicators for country programs to include in their monitoring efforts. These include:

1. % of ANC staff trained/retrained in last 12 months – collected through training records or supervisory visits;
2. Stockouts –collected through pharmacy records and/or supervisory visits;
3. % of women who received IPT 1 and 2 under DOTS /number of first ANC visits – collected through ANC clinic register (part of HMIS).

Discussion

Many parallel systems for HMIS are being developed under the umbrella of RH; PMTCT and TB also need systems for collecting data; the systems themselves need to be strengthened, as they are likely to overburden people in the field.

While all indicators are important, it is not feasible to collect all indicators through national programs. The MPWG recommended that while it would be good for the RBM team to propose core indicators, it was important to allow countries to collect other information they will find beneficial- if resources are available. Sentinel sites may be developed for collecting some of the more difficult-to-collect indicators that were not included on the short list. With this in mind, MIP needs to support collection of good low birth-weight data.

Recognizing the need to strengthen systems and promote the integration of services- it is important to advocate for MIP M&E indicators to be included in the RH system HMIS data. How can the MPWG advocate and support this effort? One immediate plan is the WHO/AFRO RH-MIP-HIV Managers meeting planned for Harare (Nov. 04) for integration of MIP and HIV/PMTCT interventions into RH services. Also, countries that receive global fund resources have money to develop monitoring systems, so this should be a place to integrate all indicators; Uganda and Kenya are discussing this. It was also recommended that the sub-regional networks will be an important forum for dissemination of the M&E framework. This could occur at the same time as dissemination of the WHO/AFRO "Policy Framework for Malaria Prevention and Control in the Africa Region".

Presentation of RBM East Africa Network (EARN) IPT Statement- Alison Bell

Growing resistance to SP has provoked many countries to change first line treatment of malaria from SP to ACTs. With this in mind- countries are asking what alternatives to SP exist for IPT. The EARN has developed a draft statement targeting programming managers entitled, "Statement on The Use of Sulphadoxine- Pyrimethamine for Intermittent Preventive Treatment During Pregnancy, in areas with increasing resistance," to address growing concerns around IPT with SP. The draft statement was presented to the MPWG for technical feedback- so that the statement could be presented at the EARN annual meeting in Nov. 04. The statement addresses efficacy, safety; program compliance- and the question of alternatives.

The MPWG agreed the statement was an important and good idea. It was agreed that a small team would revise the EARN statement with collective feedback for not only the EARN but also for the MPWG to adopt and send to the RBM Board for endorsement. This would be presented to the MPWG on day three. Broad recommendations from the group include reorganization of information to flow more coherently, keeping the statement short- one page if possible and although the relationship between HIV and Malaria is important- it was agreed that this is not part of the scope of this statement.

Concern was expressed about initiating an IPT program with SP if there is known SP resistance. The consensus of the MPWG was that if a country already has an IPT program using SP, they should continue, since we do not have evidence to suggest an alternative. However, the group could not say that a program should be initiated if resistance levels are high. Such situations need to be considered individually. The

EARN statement does not over-ride WHO policy; rather, it is a statement to standardize advice between technical partners within the East African region.

Review of Consensus/Recommendations Statements developed in Ghana and discussion of next steps regarding their adoption use

Elaine Roman provided a brief background to the development of the consensus/recommendations statements developed at the previous MPWG meeting. It was agreed that these statements needed to be re-examined for further input and relevancy.

Statement 1- Case Management

Alison Bell provided a review of the statement, which included outstanding issues- not yet addressed at the global level.

- Alternative drugs are needed for case management
- Resistance monitoring is needed
- Diagnosis

Although there has been dialogue with the RBM Case Management Working Group (CMWG) for their input to these issues- it was agreed that the MPWG probably had as much information around these issues to develop an advisory statement- as did the CMWG. It was then agreed that the MPWG should develop a statement addressing gaps in ‘case management programming advice’ for pregnant women. This statement, once finalized will be sent to the CMWG for endorsement. A small team worked on this draft statement for presentation on day three.

Statement 2: Community-distribution (CBD) of IPT

Elaine Roman provided a brief background to the MPWG on the discussions that took place at the previous MPWG towards the development of this statement. The MPWG agreed that the current WHO/AFRO “Policy Framework for Malaria Prevention and Control in the Africa Region” has sufficient language to guide this issue and there was no need to develop a new MPWG statement. However, the MPWG felt that it could play a role in advocating for appropriate operations research through the MIP Research Group.

Statement Three: Integrated Reproductive Health Services: Malaria and HIV in pregnant women

Juliana Yartey reported on the second consultation on the interaction between HIV and malaria held at WHO in June 2004. The summary recommendation recognizes that there are interactions between HIV and malaria and a joint RBM, WHO (HIV and Malaria) statement was developed: “Malaria and HIV/AIDS Interactions and Implications: Conclusions of a technical consultation convened by WHO, 23-25 June, 2004”. The statement emphasizes that HIV-MIP needs to be integrated within RH services and was presented at the AIDS conference in Thailand stating the key recommendations:

- As people living with HIV/AIDS in areas of malaria transmission are particularly vulnerable to malaria, their protection by insecticide-treated nets has high priority.
- HIV-positive pregnant women at risk of malaria should always be protected by ITNs, and in addition – according to the stage of HIV-infection – receive either IPT with SP (at least 3 doses) or daily CTX prophylaxis.
- Programs for control of the two diseases should collaborate to ensure integrated service delivery, in particular within the framework of RH services, and a peripheral

health services, where the provision of better diagnostic tools for both diseases, ARV treatment and more effective antimalarial medicines should be undertaken in cooperation.

- Additional research on interaction between ARVs and antimalarial drugs is urgently needed.

With this statement available, the MPWG members felt that the statement developed in Ghana 04- was no longer needed. With this in mind- the MPWG needs to advocate for integrated services and document findings from country experiences (e.g. Mozambique and Zambia).

WHO MIP Strategic Framework - Update on dissemination

The “Policy Framework for Malaria Prevention and Control in the Africa Region” is finalized; CDC has printed the document and it is ready for dissemination. The MPWG strongly recommended that the Strategic Framework be disseminated as quickly as possible.

WHO Clinical Guidelines/ IPT Dose Fact Sheet

Monica Parise gave an update on the WHO/AFRO Clinical Guidelines pointing out that the existing guidelines are duplicative of the existing “Policy Framework for Malaria Prevention and Control in the Africa Region”. It was also emphasized that the MPWG and independent organizations already provided extensive feedback for inclusion in the development of the Clinical Guidelines. It was pointed out that the MPWG needs to decide what it needs in addition to the “Policy Framework for Malaria Prevention and Control in the Africa Region” to support countries in scaling up efforts. The MPWG decided that an implementation guide would be beneficial for IPT implementation. The Malaria Consortium has developed a Policy to Strategy Implementation Brief (PSIB) that the MPWG will look at to see if it can serve as the implementation guide for countries. If not, the MPWG will look to other partner support for the development of an implementation guide. This was further discussed during Day three under workplan development.

Identify Areas for RBM MPWG Support and Action

The day was concluded by developing a list of issues that need to be addressed on day three in developing the action plan.

- M&E dissemination needs to be included in the workplan - including integration within comprehensive RH HMIS systems.
- ~~MPWG EARN~~ IPT statement will be reviewed **and adopted**.
- Communicate research needs to the MIP research group.
- Draft case management recommendation will be reviewed.
- Community based distribution of IPT- operations research is needed.
- AFRO will use current feedback to finalize clinical guidelines.
- An implementation document is needed. Alison will share the PSIB that has been developed by the Malaria Consortium for review.

DAY THREE

Thursday, 23 September 2004

Objective:

Develop RBM MPWG Plan of Action for the period October 2004 – September 2005

The Acting Chair, Elaine Roman, opened the day with a review of day three agenda.

Feedback to RBM Secretariat documents:

1. *Saving Lives and Reducing Poverty: The Roll Back Malaria Partnership Global Strategic Plan 2005 to 2015;*
2. *Roll Back Malaria Partnership By Laws;*
3. *The Roll Back Malaria Partnership's Operating Framework.*

The MPWG provided feedback to the RBM Secretariat with special emphasis on documents one and two. These documents will be finalized before Oct. 04 by the RBM Board- they can be found on the RBM website.

Strategic Plan:

- Concern was expressed that ITNs were given more emphasis than IPT.
- On page six, an older version of the “Policy Framework for Malaria Prevention and Control in the Africa Region” is referenced.
- On page seven, number five- It was pointed out that we can be stronger in our recommendations for best practices for IPT for HIV-positive women. The “Policy Framework for Malaria Prevention and Control in the Africa Region” has language around this.
- Some people who read this document may not be familiar with the basic fact that we have a limited number of interventions, and we know that they work well. This type of introduction may be necessary for some audiences.
- On page six, the first paragraph should also include men and children. It should be stated that pregnant women and children should be targets for ITN.
- The group expressed satisfaction with the timelines and measurables stated in the table on page 14.

By Laws:

- It was suggested to James that some clarification be added on the relationship between the Working Groups and the Sub-regional networks within the partnership. The functioning layers of RBM and the linkages between the layers of RBM need to be clarified. Dr. Banda said that this should be clarified by the Working Groups on an individual basis. “Synthesis” implies relationships.
- The question was asked about how the advice given by the MPWG to the Partnership will be translated into action. Note was made to clarify this point.
- Consensus statements submitted to the RBM Partnership Board will be returned to the WG for dissemination. Additional work by the WG can be carried out through virtual meetings.
- Concern was expressed about the wording “Working groups are expected to” since members of the WG are very busy with many commitments, and we need to be sure that expectations are realistic.

- Concern was expressed that there is no mechanism to reflect field level issues and realities within the expectations. Dr. Banda said that the first bullet implies that “synthesizing” involves interaction with the field. (See first bullet as well).

Group Review- Revised Statement: Statement Recommending the Use of SP for IPT during Pregnancy in Areas with Increasing SP Resistance - Trent Ruebush/Alison Bell

The MPWG looked at the revised draft EARN statement on the use of SP for IPT. MPWG members agreed that this statement should be adopted and endorsed. The new draft of the statement is intended to be adopted by the MPWG rather than only being an EARN statement; this will enable broader dissemination beyond EARN countries. *See attached.*

Group Review: Case Management Statement- Monica Parise, Noel Chisaka and Antoine Serufulira

The group reviewed the revised statement on Case Management. The statement will be developed further by the core team and sent on to the MPWG Secretariat for dissemination and feedback from the MPWG members. The Statement, once finalized- and MPWG endorsed- will be sent to the CMWG for their endorsement.

Workplan Development

A MPWG Workplan Draft supporting RBM for scale up of the prevention and control of Malaria in Pregnancy, from October 2004 to September 2005, was developed. See Attached.

Meeting Wrap Up

The Acting Chair and Acting Co-Chair closed the meeting by thanking all participants for their tireless efforts throughout the meeting. It was noted that there is quite a bit to do before the next meeting- however, with the commitment shown- this can be achieved. The developed workplan will guide efforts over the next six-seven months and discussion at the next MPWG meeting. The next meeting will be in April/May 05. The recommended country venues include South Africa, Switzerland-Geneva and Zimbabwe (in order of preference).