



MALARIA IN PREGNANCY WORKING GROUP

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PURPOSE OF MIP WG

The purpose of the Malaria in Pregnancy Working Group (MiPWG) is to align RBM partners on best practices and lessons learned in MiP programming to help achieve higher coverage in MiP interventions globally.

Promotes and supports WHO strategy to control MiP:

- Insecticide treated bed net use (ITN)
- Effective case management
- Intermittent preventive treatment (IPTp) *in areas of moderate to high malaria transmission*

AREAS OF FOCUS

- Alignment of RBM partners on **best practices** and **lessons learned** in MiP programming to help achieve higher coverage in MiP interventions globally.
- Advocacy through the development of **key tools** and **products** targeting policy makers and program managers with the most up to date information in MiP programming
- Supporting **research** and documentation of best practices and lessons learned
- Coordination and **collaboration** with other RBM mechanisms
- Promoting **partnership** between reproductive health and malaria control programs
- Supporting **Call to Action for IPTp** to achieve higher coverage



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GENERATIONS
**PROTECT MOTHERS
AND THEIR UNBORN BABIES
FROM MALARIA**

SUPPORT THE CALL TO ACTION
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CHALLENGES & CONSIDERATIONS FOR MIP

OPPORTUNITIES FOR COLLABORATION AND COORDINATION WITH OTHER RBM MECHANISMS & RH PARTNERS

Challenges	Considerations
1. Discordant national level documents (e.g., policies, guidelines, training materials)	<ul style="list-style-type: none">• Harmonizing national level documents can reduce provider confusion and improve efficiencies in implementation
2. Vertical and disproportionate funding streams	<ul style="list-style-type: none">• Identifying maternal/reproductive health champions early• Prioritization of national technical working groups
3. Growing healthcare provider responsibility	<ul style="list-style-type: none">• Task shifting• Streamlined/ linked support
4. Generally poor IPTp uptake and late, interrupted ANC attendance	<ul style="list-style-type: none">• Community engagement is critical• Behavioral change communication (BCC)
5. Stock-outs of SP and ITNs at ANC	<ul style="list-style-type: none">• Maternal/reproductive health involvement in forecasting for MiP commodities at ANC
6. Case management as the forgotten prong	<ul style="list-style-type: none">• Coordination across technical areas and among partners

MIP WG WORKPLAN 2017-18 PRIORITIES

UPDATES PENDING, FEBRUARY 2019

I. Policy

1. Support WHO in the country application of new ANC guidelines with emphasis on NMCP/RH collaboration
2. Promote new evidence and new WHO guidance to countries to help expand MiP programming

II. Advocacy

1. Dissemination of MiP M&E Brief
2. Continue to support countries in the adaptation of the 2016 WHO ANC recommendations in the context of MiP programming
3. Strengthen platform of ANC for integrated service delivery, including MiP interventions
4. Identify and develop strategies to get women into ANC early
5. Advocate for increased supply for quality assured SP for IPTp



MIP WG WORKPLAN PRIORITIES (CONT.)

III. Programmatic Initiatives, Products and Tools

1. Rollout of toolkit to assess early 2nd trimester pregnancy
2. Rollout of case management job aid for women of reproductive age

IV. Research

1. Safety and efficacy of antimalarial drugs in women on CTX
2. Assessment of adherence to CTX among HIV-infected pregnant women
3. Updated maps of IPTp-SP effectiveness by different strata in SSA
4. Clinical trial on safety and efficacy of IPTp with DHA-PPQ in areas of high SP resistance.

V. Coordination

1. Continued collaboration with RBM WGs as well as new structures (e.g. partner committees)
2. RMNCAH integration



THANK YOU!