

Malaria in Pregnancy Working Group- Telecom

Meeting Minutes
January 7, 2014



Participants: Koki Agarwal, Viviana Mangiaterra, Elaine Roman, Susan Youll, Clara Menendez, Mary Nell Wegner, Triphonie Kurunziza, Allyson Moran, Edna Jonas, David Branding-Bennet, Lee Pyne-Mercier, Bill Brieger

Review of priority MIP WG activities: This discussion was done in combination with emerging priorities from the HWG meeting

Update on Harmonization Working Group meeting: Viviana Mangiaterra attended the HWG meeting held in Nairobi, Kenya in Dec. 2013. The 3 days meeting was attended by 29 countries including a few Asian countries (Indonesia, Thailand and Laos). This meeting was followed by the annual meeting of the HWG. Viviana reported the following:

There were several opportunities throughout the first 3 days workshop to highlight the importance of reproductive, maternal, newborn and child health (RMNCH) as it relates disease-specific programming and health system strengthening. Both malaria in pregnancy (MiP) and integrated community case management (iCCM) were presented as key component of global malaria strategies.

- **MIP-** At the beginning of the workshop WHO presented the updated IPTp-SP policy and reminded countries that when completing their gap analyses they must take into consideration the recommended 3+ doses of SP when quantifying commodities (i.e., SP). The three-pronged approach for MiP was also reviewed, and WHO emphasized the importance of strengthening the ANC platform and advocating for integrated care as an underpinning of successful service delivery.
- **iCCM-** UNICEF gave a presentation on iCCM and outlined three country examples where GF has supported iCCM (Ethiopia R5 Malaria, Malawi R5 HSS, Uganda R10 Malaria). An iCCM gap analysis tool was also presented and countries were encouraged to include appropriate activities in both malaria and HSS concept notes.
- **Roundtable with NPOs-** WHO-organized a roundtable discussion with NPOs from 10 countries present at the workshop. Current MiP interventions and iCCM were discussed, and WHO surveyed SSA countries to determine if the national IPTp policy had been updated and, if so, what were the barriers to implementation.
- **MAWG-** The MiP WG (co-chaired by WHO) and the Malaria Advocacy Working Group (MAWG) met to discuss developing an advocacy strategy and package of MiP messages that can then be modified based on each country-context and target audience. Generating the right messages for the right audience will be critical if key MiP interventions, mainly IPTp, are to be scaled-up. Additionally, these two groups must pull together their expertise to work on advocating for improved harmonization between the malaria and RMNCH communities. There will be a two-day workshop in Geneva in late January 2014 to move this work forward.

- **High-Level Symposium on MiP-** WHO meet with Ms. Tjipo Mothobi, Focal Point for SADC Private Sector Constituency, to discuss the possibility of organizing a high-level symposium in late February 2014 on RMNCH. The symposium will highlight MiP, as well as PMTCT and the treatment of pediatric TB, as key lifesaving interventions for mothers and children. The First Lady of Zambia has expressed a strong interest in hosting this event in Livingstone, Zambia and has identified other high-level representatives from nine African countries.

Additional points include:

- There is recognition among HWG member that an opportunity exists to improve integrated services through linkages with integrated community case management and malaria in pregnancy as a comprehensive component of reproductive maternal, newborn and child health services.
- The MIP working group will also foster partnership with the Reproductive, Newborn and Child Health (RMNCH) Fund to promote effective and smart integration to promote HIV services. This includes support for linkages through Global Fund.
- There is a need to link with HIV partners with respect to the development of Global Fund applications and program implementation. In Malawi, there is confusion around co-administration of cotrimoxazole (CTX) and IPTp-SP.
- Moving forward, all guidance needs to reflect and recognize HIV+ women. This is critical since approximately 1-3 million women receive CTX.
- AFRO noted there are 18 countries with access to the RMNCH fund. It will be important to strategize and target some countries that need technical assistance. *See sub-regional network update.

Prioritization of MIP WG Work Plan Efforts: This is directly linked to the priorities discussed at the HWG meeting. These include:

- Continued support to countries in the development of Global Fund proposals to help accelerate MIP programming as a comprehensive component of MIP programming.
- Support updating the Country Gap Analysis Tool
- Support for orientation of grant managers
- Technical support to countries (through MIP WG partners)

Sub-regional Network Update: Each of the four sub-regional networks held their annual meeting in the last 6 months. The meetings brought together both RH and malaria control managers for a special session focused on MIP; specifically, dissemination of new IPTp policy and orientation to new resources. The meeting reports will be shared with MIP working group participants in the near future. Additionally, a table of country assistance needs is under development and will be shared when ready. As working group members continue to support countries it will be important to keep in mind the following:

- Fostering partnerships between RH and malaria control as well as HIV and TB.
- Promoting MIP as a comprehensive package with three prongs.
- Sharing the updated MPAC guidance that reinforces the 2012 IPTp policy change
- Supporting efforts to address folic acid dosage and procurement as well as confusion across countries.

Annual meeting: Pending further exploration in countries, the annual meeting will be held either April 28- May 2 or May 5- May 9. This will be confirmed in the coming weeks. Please hold these dates. Possible venue locations include: Zambia, Ghana, or Senegal.

Meeting themes include:

1. MIP in the context of eradication
2. M&E
3. Integration/ Harmonization
4. Advocacy