**RBM MIP Working Group meeting, April 4, 2018**

**Meeting Minutes**

Participants:

1. Kristen Vibbert, Jhpiego/MCSP
2. Elaine Roman, Jhpiego/MCSP
3. Lisa Noguchi, Jhpiego/MCSP
4. Viviana Mangiaterra, The Global Fund
5. Wani Lahai, NMCP, Sierra Leone
6. Erin Ferenchick, The Global Fund
7. Nicholas Furtado, The Global Fund
8. Kate Wolf, Jhpiego/MCSP
9. Silvia Schwarte, WHO
10. Maud Majeres Lugand, MMV
11. Mary Nell Wegner, MHTF
12. Julie Gutman, CDC
13. Bolanle Olapeju, JHUCCP
14. Prudence Hamade, Malaria Consortium
15. Azucena Bardaji, ISGlobal
16. Kate Wright, MSH
17. Marianne Henry, PMI/USAID
18. Maddie Marasciulo, Malaria Consortium
19. Lia Florey, PMI/USAID

**Agenda Items:**

1. ***WHO Technical Consultation Meeting Debrief***

*WHO GMP brought together partners in Geneva to take a deep dive, looking at all technical areas across malaria including IPTp and MiP. The meeting looked at coverage/targets and there was some collective group work about how to increase coverage with a real focus on targeting high burden countries.*

* Elaine presented a paper on IPTp looking specifically at coverage across the health system continuum (community to policy). This paper was a collaborative effort developed between Jhpiego, PMI and The Global Fund with review from other key partners.
	+ There was agreement on IPTp, on data quality challenges across the board, on the need for real time data, and on provider motivation issues.
	+ Additionally more needs to be done at the community level and it was discussed that there are countries now piloting efforts such as community IPTp to augment coverage.
	+ The discussion included looking more specifically at MiP indicators and providing guidance to countries on this.
	+ The ALMA scorecard does not include IPTp, but there are reproductive health cards that do include IPTp and a number of countries have taken action to address IPTp based on those score cards. This is something the WG can keep at the forefront in IPTp discussions.
* The meeting was a great and important opportunity to raise visibility about the realities of MiP and to underscore the importance of where MiP fits into the spectrum of malaria control as we’re moving towards elimination in countries.
* In addition to MiP, the meeting covered the need for surveillance, private sector involvement, SMC, etc. as well as collaboration between different programs (malaria, reproductive health, laboratories, supply, etc.) to make better use of resources.

**Discussion:**

* Q: Were there any recommendations for countries like Rwanda and Burundi who don’t do IPTp?
	+ A: It is believed that Burundi introduced IPTp a few years ago. For MiP the focus was on IPTp, but they also discussed and recognized the importance of MiP in countries where IPTp is not policy or is only one component of a strategy in a country that does use IPTp. The meeting wasn’t focused solely on MiP so there are plenty of other technical areas that were discussed and these outcomes will be included in the meeting report.

**Next Steps:**

* There will be a meeting report coming out as well as a “strategy technical document” developed by GMP to guide support to high burden countries, based on discussions across the technical areas, not just MiP.
* The meeting report has been drafted and was shared with meeting participants for comments and then revised. The revised version has gone to MPAC members for their meeting next week. Day 2 of that meeting will focus on the report and the potential impact on 10+1 initiative based on outcomes of the Technical Consultation Meeting.
1. **Update on status of MiP session at WHO ANC Meeting in New Delhi**

*The WHO ANC meeting is confirmed in New Delhi from June 11-14. A small, internal group of WG members put together a short concept note for a special MiP session.*

* After many internal discussions, the idea is now to add a few hours into the existing meeting agenda, rather than a full-day side meeting. This is reflected in the concept note and a draft was shared with WHO for review.
* The 90-120 minutes will be used to focus on country experiences in the region and how they have been managing the intregration of MiP in Maternal Health programs. Myanmar and Thailand are two possible countries that could share best practices.
	+ Myanmar can share their process for updating ANC guidelines at the national level.
	+ Thailand can share their experiences with the electronic M&E component that has been developed and includes MiP.

**Discussion:**

* Q: Is the meeting about ANC in the Asian region only and how MiP strategies are being integrated or will it include LAC?
	+ A: We are thinking how we could target MiP in regions that don’t have high prevalence and piggyback on the existing meeting which is similar to the meeting held in Kigali, supported by The Global Fund. Other opportunities for LAC still need to be discussed.

**Next Steps:**

* Once feedback is received from WHO, the concept note will be updated and the agenda for the session will be finalized.
1. **Update on Nutrition/MiP discussions**

*There is a need to address the issue of supplementation of iron and folate in areas highly endemic for malaria because this is an intersection of focus for malaria and nutrition programs. There was a teleconference between the WHO Nutrition Department, GMP and The Global Fund about how to update the WHO guidance and how the WG can contribute to this.*

Key action points:

* The malaria and nutrition programs will be looking at evidence that exists for updating the WHO guidance regarding policy for folate supplementation, fortification, micronutrient powders, and post malaria treatment in highly malaria endemic geographic regions.
	+ Plan is to conduct a geographic scoping of current nutritional practices looking at using Nutrition program and GMP databases to see what is being done in these areas.
		- There is a cooperative agreement with the CDC for the report to be prepared. It is due in August, 2018.
* There will also be a look at what programs are doing at operational level, in terms of what health care providers are doing in clinical practice. This is where it was felt by the group that some of the MiP WG partners could help to look at clinical practices occurring within their programs in countries.
	+ The GMP and Nutrition Departments will come out with a tool or protocol to map current clinical practices.
		- This has not yet been shared, but once the tool is produced it will be shared with all WG members to see if it is feasible for collecting information about iron/folate supplementation in clinical practices.
* Something that still needs to be discussed is if an interim step is needed, before the WHO guidance is updated, to target Program Managers to improve iron/folate supplementation practices in the context of malaria prevention and treatment.
* This interconnection between nutrition/MCH/malaria is very important at this particular moment. It is important to have entry points to highlight the importance of MiP. If we can try to ensure that some of the policies and recommendations for the nutrition program are targeting malaria outcomes, it is a win-win for our MiP agenda.

**Discussion:**

* Q: Should partners go ahead and share these questions about clinical practices with their country offices or is it better to wait for the tool to come out? For example with the MSH program in Malawi they are really trying to push integration into general service provision. There is the question of counseling on nutrition particularly around MiP with ranging degrees of success for the community-based maternal and newborn health workers. Lots of the counseling is around ANC and maybe there are opportunities or challenges in making sure women are getting the right information about how to handle MiP.
	+ A: Malawi was included as a priority for nutrition under the GFF so it will be very important to position malaria into this program. Please do whatever you can do with your team in Malawi to make sure MiP is highlighted in national discussions. The WG can provide support for this, including many key MiP resources.

**Next Steps:**

* Kate Wright will reach out to program managers to see what opportunities are for looking into clinical practices for iron/folate supplementation.
1. **Partner Updates & World Malaria Day Plans**

***NMCP, Sierra Leone:***

* In Sierra Leone, they have/are:
	+ Updated their malaria policies and have distributed this to health facilities
	+ Training community health workers to give SP to pregnant women
	+ Promoting the importance of nutrition and bednets in MiP education
	+ Doing mass sensitization on MiP and working with partners to promote ANC
* For World Malaria Day: Sierra Leone has developed key messages on MiP which will be aired in community meetings in all 16 districts in Sierra Leone.
* Currently IPTp3 coverage in Sierra Leone is 31%.

***MCSP:***

* There is a new resource: ***2016 WHO Antenatal Care Guidelines Malaria in Pregnancy Frequently Asked Questions (FAQ)***
* This is an FAQ sheet regarding MiP in the context of the new ANC guidelines.
* It is currently being translated into French and Portuguese
* The English version can be found here: <https://www.mcsprogram.org/resource/2016-who-antenatal-care-guidelines-malaria-in-pregnancy-frequently-asked-questions-faq/>
* MCSP is also working on putting together a package of materials which will include the following:
	+ Implementing Malaria in Pregnancy Programs in the Context of World Health Organization Recommendations on Antenatal Care for a Positive Pregnancy Experience (Brief developed by the WG)
	+ Treatment of Uncomplicated Malaria among Women of Reproductive Age (Job Aid)
	+ Toolkit to Improve Early and Sustained Uptake of Intermittent Treatment of Malaria in Pregnancy (Job Aid)
	+ Investing in Malaria in Pregnancy in Sub-Saharan Africa: Saving Women’s and Children’s Lives (Infographic)
	+ 2016 WHO Antenatal Care Guidelines Malaria in Pregnancy Frequently Asked Questions (FAQ)
* These packages are being compiled into hard and electronic copies and will be mailed to NMCPs in PMI countries in SSA, either directly shipped to NMCP office or through the local Jhpiego office.
* We’re excited that this will be a good resource for NMCPs to use for advocacy or for helping to train providers at the national level.

**Discussion:**

* Q: Will the packets also be mailed to Reproductive health managers?

A: The electronic versions will be easily shared to ensure they reach Reproductive Health managers.

* Q: We’ve talked in the past about doing a global webinar to reinforce the distribution with some orientation on the use of the materials. This has been done in the past for a few materials and they were very useful and widely attended.

A: This is something we can look into.

***WHO:***

* This year for the World Malaria Day theme: “Ready to beat malaria”, WHO GMP has developed a key messages paper that can be found on the WHO webpage: <http://www.who.int/malaria/media/world-malaria-day-2018/en/>
	+ This paper reinforces the need for greater investment and expanded coverage of proven tools that prevent, diagnose and treat malaria. The paper also stresses that we are not on track to reach the 2020 targets of the WHO Global Technical Strategy for Malaria 2016-2030, and the need to support high burden countries to get back on track.
* This year’s World Malaria Day coincides with the 70th anniversary of WHO so there will be a launch of a year-long series by WHO to commemorate this anniversary. The GMP will mark this day with a series of malaria-focused interviews with leaders and advocates in the global response to malaria. These interviews will be published on the WHO webpage starting the 25th of April.