**RBM MIP Working Group meeting, December 12, 2017**

**Meeting Minutes**

Participants:

1. Julie Gutman, CDC
2. Kristen Vibbert, Jhpiego
3. Elaine Roman, Jhpiego
4. Matt Chico, LSTMH
5. Lisa Nichols, Abt Associates
6. Mike Toso, HC3
7. Barney McManigal, WWARN
8. Mary Nell Wegner, MHTF
9. Maddie Marasciulo, Malaria Consortium
10. Jackson Sillah, WHO AFRO
11. Abidemi Okechukwe, USAID Nigeria
12. Lee Pyne-Mercier, Bill & Melinda Gates Foundation
13. Azucena Bardaji, ISGlobal
14. Susan Youll, PMI
15. Xavier Ding, FIND
16. Viviana Mangiaterra, The Global Fund

**Agenda Items:**

1. **CRSPC Update**, ***Elaine Roman***

As part of the RBM restructuring process there has been an unfolding of different partner committees. Recently the chairs of the Country/Regional Support Partner Committee (CRSPC) reached out to Elaine and Viviana to request their participation in the Steering Committee. This is an opportunity to broaden visibility for MiP, set the stage for the prioritization of MiP, and help countries with the right tools/products to support their malaria programming. The RBM Board is reviewing and/or finalizing its work plan for next year so Elaine and Viviana had a chance to look at the work plan and see how the MiP WG can contribute to it. These contributions include, but are not limited to: advocacy, dissemination of MiP tools and products, support for the development of country funding proposals, regional workshops, review of national strategic plans as they pertain to MiP, and the engagement of WG partners to support countries as needed. One RBM work plan activity is the revamping of the RBM website. This is exciting because there are many updates we haven’t been able to share as a WG for almost a year so once the website is ready, we can go back to using the MiP WG page as a center point for highlighting tools, products, meeting minutes, etc.

Elaine has participated in two Steering Committee meetings and a big part of their role is to support countries in the preparation of their Global Fund proposals and to assist with disseminating products and tools. The MiP WG contribution as part of the Harmonization WG was more ad hoc so this participation on the CRSPC is better because it gives us a chance to see what their priorities are and how they sync with what we are doing as a WG. There will always be new opportunities to advance efforts further as we move forward.

This round of the Global Fund Facility application process is nearing completion and there are very few countries that still need to submit their grant proposals. An important part of this cycle is for countries to be able to absorb the resources and, different from previous rounds/cycles, implementation capacity in these three years will influence how much money will be allocated. Whatever the WG can do to support implementation in countries will help impact the grant cycle.

1. **Review of WG Workplan**

The activities in the work plan will be completed/funded by the different partners that make up the WG as there is no WG budget to support these activities. The development of the work plan is an organic process so this review is an opportunity to sharpen the activities and outline what we know we can do as a WG.

**Discussion of WG activities:**

**ADVOCACY:**

**1.1: *Advocate for availability of quality assured SP supply at global level and point of care, and advocate for QA SP and low dose folic to be included in Essentials Medicine List***

* Need to confirm with WHO regarding timing of Essential Medicines List. Jackson and Julie are looking into this.

**1.3: *Hold meeting focused on MiP programming and strategy in low transmission regions***

* The Global Fund is looking into holding a meeting in Latin American, the Central American region or perhaps in Asia. There is the FIGO meeting in Brazil that could be coordinated with this meeting, however there won’t be that many MiP people present.

**1.5: *Promote greater integration of MiP in investment pieces through the Global Funding Facility***

* Currently a GFF workshop is being planned for early February. This will be an opportunity to start to discuss MiP in the context of the GFF. All of the main countries from the GFF will be there, as well as the Gates Foundation, so this will be a forum for starting some specific discussions on MiP.
* Abt Associates has been looking at the economics of malaria and health financing. They are working on a costing of various malaria packages in Senegal (some countries are doing stratification of elimination, but also include routine services, including MiP). More information on this can be found in the webinar: Achieving Malaria Elimination: The Role of Country-Specific Economic Evidence, accessed through the following link: <http://malaria-econ-research-community-of-practice.org/site/events/recentwebinars/>
* There is a community of practice (CoP) researching the economics of malaria, including private sector services. The CoP is producing a field guide and will also discuss if there is a product that could be used towards mobilizing investment. The CoP is open to all WG members who would like to sign up using the attached link: <http://malaria-econ-research-community-of-practice.org/site/?utm_source=Alena%20Test&utm_campaign=38d2d5a37e-EMAIL_CAMPAIGN_2017_10_26&utm_medium=email&utm_term=0_096aad3ab2-38d2d5a37e-437459961>
	+ Even if there isn’t a product developed, if there is enough info yielded, the MiP WG would love for Abt to share that information in a future teleconference.

**PRODUCTS & TOOLS**

**2.2: *Finalize and disseminate MiP country profiles***

* MCSP/Jhpiego and PMI are working on these and hope to have them ready for sharing in February. This will just be for a subset of countries.

**2.4: *Perform webinar to support promotion and utilization of products & tools such as the CM Job Aid, IPTp toolkit, etc.***

* It would be good to have a small team to organize the webinar, ideally in conjunction with WHO, and determine the best way to organize/structure this.

**SUPPORT OF COUNTRY-LEVEL IMPLEMENTATION**

**3.3: *Document and disseminate country best practices and lessons learned in MiP programming***

Question: What platform are we using for this dissemination, aside from WG meetings?

The hope is that dissemination goes beyond the WG meetings. There may be opportunities from partners to share best practices at global events and in countries where partners are working, for example through Technical Working Group meetings. Another mode of dissemination is through the connection with the CRSPC. They have many regional meetings planned where they bring countries together so this is also a great platform for disseminating best practices.

**COORDINATION & COLLABORATION**

**4.2: *Convene MIP WG annual meeting***

* Viviana and Elaine discussed the timing of the annual meeting and believe summer/September is a really challenging time to hold an annual meeting. Mainly it is difficult to do the planning over the summer recognizing people’s holiday schedules. We’re not delving into planning too much at this time, but the co-Chairs are considering looking at January/February of 2019 as an alternative.
	+ Fall is particularly difficult for academic institutions so a winter meeting is a great idea.
	+ Winter is preferable to Spring because PMI Malaria Operational Planning begins in Spring, typically March-June.
	+ It’s important to confirm meeting dates well in advance.
	+ We also need to coordinate with other WGs as the Vector Control WG has a large meeting in February and we may or may not want to have similar timing depending on how many people plan to attend both meetings.
* A step that was taken in the past and was skipped this year, is to have a small team who will work together in the planning of the annual meeting, including the development of the meeting agenda. This lends to the breadth and depth of the discussion, the sharing of the information and the country selection for participation. This year we had challenges with country representation due to visa issues and we hope to avoid this next year.

**4.4: *Invite the Vector Control WG to participate in WG meetings to provide updates on ITNs, insecticide resistance issues, etc.***

* This activity has been updated to include the Case Management WG

**RESEARCH OPPORTUNITIES/PRIORITIES**

**5.3: *Conduct clinical trials on the safety and efficacy of alternatives to SP in areas of high SP resistance***

* ISGlobal is about to start a clinical trial of DHA-PPQ for IPTp in Mozambique and Gabon. (These countries were confirmed by Azucena after the meeting.)