**RBM MIP Working Group (in-person) meeting at ASMHT, October 27, 2015**

**Meeting Minutes**

**Participants:** Jane Coleman, Tabitha Kibuka, Maud Majeres Lugand, Elaine Roman, Viviana Mangiaterra, Azucena BardajÃ, Julie Gutman, Emily Ricotta, Lisa Nichols, Susan Youll, David Brandling-Bennett, Bill Brieger, Larry Slutske, Konstantina Boutsika, Peter Okuma, Jenny Hill, Matthew Chico, Jean Chippaux, Ousmane Badolo, Jasmine Chadewa, Noella Umulisa, Augustine Ngindu, Sean Blaufuss, Laura Norris, Patricia Gomez, Andrea Bosman, Tolli Arowolo, Okechukwa Abidemi, Godwin Ntadom, Ester Ayandipo, Matthew Lynch, Kassahen Belay, Ayengbe Bolatito, Audu Bala, Michael Toso, Kwame Ankobea, Bright Orji, Olufemi Ajumobi

1. Introduction to the working group and commitment:

* The working group stays committed to moving the malaria in pregnancy agenda forward in collaboration with WHO, Ministries of Health, donors, researchers and technical partners. The working group aims to foster partnership with reproductive health and malaria control programs, document and disseminate best practices and lessons learned and promote WHO’s policy through advocacy and country dissemination efforts. Country level engagement participation is central to the mandate of the MIP working group.

2. The Global Call to Action to increase coverage of preventive treatment for malaria during pregnancy throughout sub-Saharan Africa:

* The Call to Action was launched in April during World Malaria Day events. Now in the second phase of dissemination and action planning, it is important to engage with countries on how the Call can be embedded into their national strategic plans. This phase was initiated during the MIP working group’s annual meeting in July 2015, held in Geneva. The Call to Action aims to improve maternal and newborn outcomes by scaling up IPTp-SP. It calls on national malaria programs, donors, researchers, pharmaceutical industry and civil society to reinforce national IPTp policy adoption, and implement the 2012 WHO guidelines to maximize the public health impact of the prevention of malaria in pregnancy.

3. Working Group Work Plan:

* Based on discussions at the MIP working group annual meeting 2015, a draft work plan has been developed. The work plan is available for partner input at <https://docs.google.com/spreadsheets/d/16Q1_Y0W6bRrniI26xQMQvBuOQKcpU6rp0FaF8Tk_xpY/edit?usp=sharing>
* The group reviewed and discussed some of the outlined work plan priorities
* At this moment, the RBM transition will not affect the functionality of the working group and with donor support, the working group will remain a commitment and will continue to support the global malaria in pregnancy activities.
* Matt Lynch gave an update on the need for and the development of the draft advocacy strategy.
	+ **Action Item: If any partners have case study examples on where advocacy has worked well for malaria in pregnancy, please send to Matt Lynch.** **mlynch@jhu.edu**
	+ **Participants that said they would provide feedback within a few weeks to the document: Bill B, Lisa N, Matthew C, Susan Y, Jenny H, Julie G.**
* During the July annual meeting, it became evident that policy makers need simple digestible information that speaks to the burden of MIP on maternal and newborn health and the continued importance of IPTp-SP, with ITNs and effective case management. The work plan includes the development of a top ten list that will produce these key messages. Since July a smaller group has been working on the messaging and has developed a draft infographic. The infographic is going through further review and updates. It was pointed out during this meeting that the working group should not only develop this for policy makers but separate messaging should be developed for both program managers and health care providers. When the draft/s are available, they will be shared with the working for final comment.
* **Action Item: Any partner that would like to support and input into the development of the infographic/s should contact Elaine.** **Elaine.Roman@jhpiego.org**

4. Partner Updates

* The Gates Foundation stressed their commitment to and support for the working group. They have two groups working on malaria in pregnancy, 1) Foundation Strategy Team- that works on elimination and although malaria in pregnancy is less of a focus, they are aware of the importance, and 2) MCH Team-that looks at scale up models and other malaria in pregnancy interventions. The MCH Team is working with MMV on drug development.
* ISGlobal is currently working on the readiness of IPTp-SP and in what countries could they pilot community based IPTp-SP. They are in phase 1 of country evaluation, and from the selection they will move into phase two and developed the study pilots.

5. General Comment:

* A question was raised on the M&E indicators and surveillance; specifically what should countries monitor and report for IPTp uptake. All countries where IPTp is implemented should be reporting on three doses based on the 2012 WHO updated guidance on IPTP-SP.