**Roll Back Malaria- Malaria in Pregnancy Working Group Annual Meeting**

**September 18 – 20, 2017, Geneva, Switzerland**

**Location: The Touring Club Suisse**

Malaria in pregnancy (MiP) is a significant contributor to maternal and newborn morbidity and mortality.  To control MiP, the World Health Organization promotes: a) use of a long-lasting bed net throughout pregnancy; b) effective case management among pregnant women showing signs and symptoms of malaria; and c) in areas of moderate to high malaria transmission, intermittent preventive treatment.

Malaria in pregnancy contributes to 10,000 maternal deaths each year. It is also responsible for approximately 100,000 newborn deaths globally and 11% of newborn deaths and 20% of stillbirths in sub-Saharan Africa. While some countries across sub-Saharan Africa have made good progress towards increasing coverage of MiP interventions, the majority of countries are far from achieving target goals. Continued prioritization of MiP by countries is key to reaching these targets and moving from malaria control to elimination. Integration of MiP and the partnership between national reproductive health and national malaria control programs is paramount to the scale up and sustainability of MiP interventions.

The RBM Malaria in Pregnancy Working Group (MiPWG) maintains its commitment to quality implementation and scale-up of interventions for the prevention and control of malaria during pregnancy at the global, regional, and national levels. The MiPWG continues to play an important role in MiP policy development, advocacy, research dissemination and country support, including support to countries to accelerate MiP programming in the context of the updated WHO ANC recommendations. Through its global partnership made up national reproductive health and malaria control leaders, technical partners, researchers and donors, the MiPWG will continue to support acceleration of MiP programming within the constantly changing MiP landscape.

The 19th RBM MiP Working Group meeting will focus on the key meeting objectives listed below.

Objectives:

1. To review current working group priorities, structure and activities
2. To debrief on the dissemination and implementation of WHO’s new ANC recommendations
3. To share best practices in MiP programming from countries
4. To present and discuss key research in MiP programming
5. To present and discuss new opportunities for innovation in MiP programming
6. To identify future working group priorities, strategies and workplan for MiP prioritization

|  |
| --- |
| **DAY ONE: September 18, 2017****Daily Objective:*** To review working group priorities, structure and activities
* To debrief on the dissemination and implementation of WHO’s new ANC recommendations
* To share best practices in MiP programming from countries
 |
| **Time** | **Session** | **Responsible/Chair** |
| 8:00-8:30 | **Registration & Coffee**  |  |
| 8:30-9:10 | **Opening Session:** |  |
|  | * Welcome and Introductions
* Review of agenda and meeting objectives and expected outcomes
* WG overview and key achievements
 | Elaine Roman & Viviana Mangiaterra,WG co-Chairs |
| 9:10-9:45 | **Shaping the global MiP agenda to ensure prioritization of MiP**  |  |
|  | * WHO
* The Global Fund
 | Silvia Schwarte, WHODr. Roopal Patel, The Global Fund |
| 9:45-10:3010:30-11:00 | **Global Technical Updates:****Updated WHO ANC recommendations & Implications for MiP Programming****COFFEE/TEA BREAK** | Özge Tunçalp, WHO |
| 11:00-12:00 | **Panel Discussion: Applying the recommendations & Accelerating MiP Programming*** Susan Youll, PMI
* Houssy Diallo, The Global Fund
* Gladys Brew, Ghana Health Service
* Claude Arsène Ratsimbasoa, Ministry of Health (MOH), Madagascar
* Aline Uwimana, Rwanda Biomedical Center

  | Lisa Nichols, Abt Associates |
| 12:00-1:00 | **LUNCH** |  |
| 1:00-2:30 | **Roundtable Discussions: Learning from countries** * Successful strategies for early ANC attendance- Ghana
* Prioritizing MiP in the national agenda- Madagascar
* Implications for MiP Programming in the context of elimination –Rwanda
 | Gladys Brew, Ghana Health Service Claude Arsène Ratsimbasoa, MOHNivonirina Rajoelina Raveloaritrema, MOHAline Uwimana, Rwanda Biomedical CenterFelix Sayinzoga, Rwanda Biomedical Center |
| 2:30-3:00 | **TEA/COFFEE BREAK** |  |
| 3:00-4:00 | **Partner Updates*** MiP country profiles development and application
* Update on Abt’s MiP activities
 | Katherine Wolf, MCSP/JhpiegoLisa Nichols, Abt Associates |
| 4:00-4:30 | **Day One Wrap-up and Close** | Elaine Roman & Viviana Mangiaterra |
| **DAY TWO: September 19, 2017****Day Objectives:**To present and discuss key research in MiP programming; to present and discuss new opportunities for innovation in MiP programming |
| **Time**  | **Session** | **Responsible/Chair** |
| 8:00-8:30 | **Welcome Coffee** |  |
| 8:30-8:45 | **Overview of Day 1** | Viviana Mangiaterra, The Global Fund |
| 8:45-9:30 | **Optimal delivery and continued challenges with MiP programming :*** Low Dose Folic Acid Policy
* Group ANC: Lessons from the field and links to WHO ANC recommendations
 | Clara Menéndez, ISGlobalKoki Agarwal, MCSP/Jhpiego |
| 9:30-10:15 | **Diagnostics for MiP*** Highly sensitive mRDT and relevance to MiP
* Pregnant women and children as sentinel populations for monitoring malaria prevalence
 | Iveth Gonzalez, FINDJulie Gutman, CDC |
| 10:15-10:45 | **TEA/COFFEE BREAK** |  |
| 10:45-11:30 | **C-IPTp*** Unitaid Strategy & Malaria Projects
* TIPTOP Project & Burkina Faso Study
 | Alexandra Cameron, UnitaidElaine Roman, Jhpiego |
| 11:30-12:00 | **PQE Initiative (Program Quality & Efficiency Initiative for Integrated Service delivery at ANC)** | Nicholas Furtado, The Global Fund |
| 12:00-1:00 | **LUNCH** |  |
| 1:00-2:30 | **Research Updates** * Results from clinical trials on IST, SST, IPTp with DP in Indonesia and sub-studies on acceptability, feasibility, cost effectiveness
* Text messaging to increase IPTp coverage
 | Rukhsana Ahmed, LSTMPrudence Hamade, Malaria Consortium |
| 2:30-3:00 | **TEA/COFFEE BREAK** |  |
| 3:00-3:45 | **Research Updates**, continued * The protective effect of IPTp-SP against the dual burden of malaria and STIs/RTIs in pregnancy
 | Matthew Chico, LSHTM |
| 3:45-4:15 | **Day Two Wrap-up** | Elaine Roman & Viviana Mangiaterra |
| 5:00-6:30 | **Evening Reception in the 10th floor lobby of The Global Fund Building** |  |

|  |
| --- |
| **DAY THREE: September 20, 2017****Daily Objective:**To identify future working group priorities and strategies for MiP prioritization |
| **Time** | **Session** | **Responsible/Chair** |
| 8:00-8:30 | **Welcome Coffee**  |  |
| 8:30-8:45 | **Applying the ANC recommendations & Accelerating MiP programming** | Valentina Buj, UNICEF |
| 8:45-9:30 | **Products & Tools to Support MiP Implementation**MiP M&E BriefMiP Implementation Kit | Elaine Roman, MCSP/JhpiegoMike Toso, JHU CCP |
| 9:30-10:15 | **Harmonization Across RBM: Improving Collaboration with other Working Groups** | Peter Olunese, WHO Mike Toso, JHU CCP |
| 10:15-10:45 | **TEA/COFFEE BREAK** |  |
| 10:45-12:15 | **Moving Forward & Next Steps for RBMMiPWG** Update on changes within Roll Back Malaria. Identification of priority activities needing MiP WG support. Review of workplan priorities and how to move the RBMMiPWG agenda forward in the coming year | Elaine Roman & Viviana Mangiaterra,WG co-Chairs |
|  |  |  |
| 12:15-12:3012:30-1:30 | **Meeting Wrap-up****LUNCH** | Elaine Roman & Viviana Mangiaterra,WG co-Chairs |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |