**RBM MIP Working Group meeting, July 31, 2020**

**Meeting Minutes**

Participants:

1. Kristen Vibbert, Jhpiego/IMPACT
2. Elaine Roman, Jhpiego/IMPACT
3. Maurice Bucagu, WHO
4. Julie Gutman, CDC/PMI
5. Patricia Gomez, Jhpiego
6. Katherine Wolf, Jhpiego
7. Matt Chico, LSHTM
8. Lisa Nichols, Abt Associates
9. Maddie Marasciulo, Malaria Consortium
10. Prudence Hamade, Malaria Consortium
11. Silvia Schwarte, WHO
12. Dale Halliday, Unitaid
13. Koki Agarwal, Jhpiego
14. Jasmine Chadewa, Jhpiego Tanzania
15. Lyndsey Mitchum, JHU/SBC WG
16. André Tchouatieu, MMV
17. Cheick Compaore, NMCP, Burkina Faso

**Agenda Items:**

1. **Call to Action (C2A):**
	1. Moving forward with C2A this year
		1. Important in this current setting to call out need for continuing ANC and MiP within this COVID context
			1. Goal is to have one online event per month for the remainder of the year
				1. This includes a virtual side meeting to ASTMH in November
			2. Currently revamping and finalizing key messages
				1. Also revising the Global call to Action 2-pager
			3. Engaged with RBM Partnership to use platform to spread the messaging
				1. Strong support from MMV and Speak up Africa

**ACTION ITEM**: *We ask any partners with ability to retweet, share on Facebook, enhance the message to do so to give us more visibility*

1. **Impact of COVID:**

***Continuity of malaria services***

* 1. GF conducted a survey in which they contacted 106 countries (*see survey document attached*)
		1. 78% have a national response plan in place
		2. Less than half of countries were in lockdown
		3. Malaria service delivery disruption:
			1. Over 65% of countries show some level of disruption from very high to moderate
			2. National availability of malaria commodities:
				1. 49-50% disruption in availability
				2. Up to 24% disruption for distribution of commodities
		4. Low or no disruption to communication between stakeholders
	2. Results from Webinar with Tanzania, Zambia, Rwanda to discuss how their programs are affected by COVID and their needs
		1. All mentioned inadequate funding for IPTp
		2. Decided to move to community distribution of LLINs with CHWs protected to avoid transmission to communities
			1. There are cost implications of these changes
	3. Summary:
		1. These elements are correlating with what we have seen from WHO surveys conducted on impact of COVID
		2. Disruptions at all levels for funding, service provision, commodity stocks and distribution
		3. Need to strengthen MiP programming and to address gaps in MCH services
			1. Strong argument to maintain plan for C2A

***Discussion:***

* Q: During this restricted period are we moving towards trying to enhance ANC contact, at community level, for IPTp?
	+ Response: For the 3 countries in the webinar, ITN was being distributed at community level, but the discussion did not include IPTp
	+ Even if services are being provided, ANC care seeking may decrease so the community delivery might be an essential part of that.
* Q: Are the CHWs distributing nets also doing messaging for PW?
	+ Response: There is messaging around COVID and the need to maintain basic services; people should not avoid accessing services
* Q: Has WHO done a model on the effect of disruption of services to MH and neonatal health and what can be done to mitigate that?
	+ Response: The method is still being discussed
1. **Parter Updates:**
2. ***PPE:***
	1. TIPTOP: Confidence level to continue services has been positively impacted by distribution of personal protection equipment (PPEs)
		1. TIPTOP countries are becoming creative and adapting to using virtual platforms to support teams at regional/district levels until travel restrictions are lifted
	2. Malaria Consortium: is hearing that certain countries are having trouble getting masks/disinfectant
		1. Challenges procuring PPE: Puts health care workers at risk when ensuring service contiuity
	3. There is a community health impact coalition that has engagement from global partners who are supporting CHW efforts: <https://chwimpact.org/>
		1. Securing PPE for health care workers has been at the forefront of their discussions
	4. There are some countries where there has been local production of PPE
		1. It’s becoming increasingly clear that if you choose the correct fabrics that the masks have value
		2. Important for HCWs, but also the people they are treating
	5. CDC: will be doing some projects to ensure facilities are working safely and have adequate PPE in Kenya, Uganda and Nigeria ANC with substantial SBC component
	6. Global Fund: added additional funding to support countries to address COVID for countries to have available to additional funds for access to commodities, including PPE, for malaria
		1. This process is still being finalized and this is in addition to what countries can currently access. Information can be found on the GF website.
3. ***Tanzania:*** Disruption to IPTp
	1. Partly due to stockouts: Some facilities have dedicated money to buy SP so some regions have improved SP stocks, but some are not prioritizing SP or do not have funds
	2. Pregnant women are afraid to come to ANC
		1. June: decrease in IPTp uptake, ANC utilization and ITN use
4. ***SBC WG***: new product: <https://endmalaria.org/our-work/working-groups/social-and-behaviour-change-communication>
	1. SBC guidance in the context of COVID
	2. Audience focused: types of messaging for individuals, CHWs, HCWs, community leaders
5. ***Jhpiego/IMPACT:*** They are doing virtual mentorship for malaria in Zimbabwe, Cameroon and Cote d’Ivoire
	1. Looking at data to see if it is worth sharing as an example of a successful programmatic shift
6. **Documenting impact of COVID on MiP**
	1. Important to call attention to disruption in services
	2. Highlight degree of disruption and how this has evolved over course of pandemic
		1. Many African countries are just now starting to see a true increase in cases
	3. Accentuate our message that at this time we cannot lose sight the importance of ANC and continue to draw focus to ANC/MiP
		1. Could support C2A
	4. Possible format: published data, consensus statement
		1. Published data would provide strength to MiPWG efforts to improve focus on MiP/ANC
		2. Could follow this with consensus statement
	5. Balance documentation of disruption with how countries are moving services forward.
		1. How is COVID setting the stage for engendering more resiliency across countries?
		2. How are countries adapting to be able to continue services?
		3. What does continuity mean?
			1. TIPTOP is seeing good data of continuity because CHWs are still able to operate
	6. Documenting lessons learned in countries

**ACTION ITEM***: Partners can let Kristen know if they have data to share and if they are interested in joining a smaller WG for this*