

RBM MiP Working Group meeting, April 29, 2016

Meeting Minutes

Participants:

1. Katherine Bertram, JHU CCP
2. Peter Ouma, Kemri
3. Joseph Lewinski, MSH
4. Matt Chico, London School of Tropical Hygiene & Medicine
5. Kristen Vibbert, MCSP/Jhpiego
6. Elaine Roman, MCSP/Jhpiego
7. Mary Nell Wegner, Maternal Health Task Force
8. Lisa Noguchi, MCSP/Jhpiego
9. Erin Ferenchick, Columbia University
10. Emily Ricotta, JHU CCP
11. Lisa Nichols, Abt Associates

Agenda Items:

1. Annual Meeting Dates & Agenda

July 11-13 in Nairobi Kenya

This year the meeting will be linked with the MiPc meeting in which research findings will be disseminated during the first 1.5 days. This will target country MOH RH and malaria control representatives as well as PIs from country teams. The countries who will be participating are: Zambia, Malawi, Mozambique, Kenya and Tanzania. These representatives can then stay on to join the RBMMiPWG meeting.

ACTION: Please let [Kristen](#) know if you did not receive an invitation.

Agenda:

The agenda is currently going through initial internal review process and we hope to share a draft agenda in the coming weeks. As always we welcome suggestions and input from the WG!

Agenda Overview:

This year our meeting is only going to be 1.5 days (as opposed to the usual 3 days) so we have to be very selective in what it can include.

Day 1:

- Afternoon session: Country team sharing
The general feeling from partners is that hearing directly from countries about their experiences/challenges in scaling up IPTp and net use helped frame the rest of the discussion at the last WG meeting.

Day 2:

- Session 1: Updates on new partner developed tools/resources that will contribute to MiP scale-up. (Discussion of new tools and how they can be accessed.)

ACTION: If you are aware of a tool that the MiP community needs to know about and should be showcased at this meeting, please let [Elaine](#), [Viviana](#) and [Kristen](#) know.

- Session 2: Given our link with the GFF and the meeting is in Kenya, which is a priority GFF country, we want to have a discussions learning from Kenya and Tanzania about their experiences with the GFF and accelerating MiP/RMNCH.
- Session 3: Other work plan efforts or partner experiences (For example: will reach out to Clara and Azucena about speaking on malaria in low transmission settings; will reach out to Matt Lynch since his team just released an article on the prioritization of net use among pregnant women, etc.). We want to share relevant updates mandated to our priorities as a WG.
- Session 4: Reflection on our WG priorities and thinking through what makes sense for the upcoming year, including a discussion on where we fit in with the recent RBM changes. Will also look at our TOR.

ACTION: If you have questions about logistics or registration, please email [Kristen](#). If you have questions about the content of the meeting, please email [Elaine](#), [Viviana](#) and [Kristen](#)

2. World Malaria Day

Highlights from what organizations were engaged in for WMD:

- Infographic:
 - Matt Chico: The infographic has made its way into the LSTHM weekly blast announcement
 - Lisa Nichols: Infographic was circulated amongst AIRS partners in 18 countries
 - The infographic is also on the MMV site, the Jhpiego/MCSP websites and other partner websites
- Elaine: PMI held a tweet-a-thon and 30 minutes was devoted to MiP. Elaine and Julie Gutman participated in the tweet-a-thon.

3. MiP Messages/Infographic

- Heads up—a newer version of the infographic is coming out very soon.
 - There are no content changes, but the MiPWG likes to recognize contributing donors and one donor’s logo was left off so the new version will have this added.
 - We’re hoping people will re-send it out, letting people know it’s the same infographic, just with updated logos.

4. MiP Advocacy Strategy – Kathryn Bertram, CCP

- CCP is leading this effort.
 - Emily and Matt spoke about it at last year’s meeting when it was in its infancy.
- The tool is completed and a draft is available.
 - Have created an abridged version because full document is 66 pages with all of the annexes and it would be nice to have something at the country level that people could flip through easily.

Content: This outlines a 4-step process with each step containing tools that can be completed at the country level so that the resources that partners have created (infographic, messaging guide, consensus statements, etc.) can be looked at, reviewed, and put to good use through the stages in this process.

- 4 stages: Assessment, Making the case, Igniting, Monitoring
- Throughout the process a tool can be tailored to use in specific advocacy contexts based on what has been identified as priorities at the country level.

- There is also guidance for the development of a technical working group at the country level.

Next Steps:

- The tool will go to USAID for review
- Review USAID comments and revise accordingly
- Want to hear from people in the WG with valuable experience/inputs to share.
- Once that feedback is received it can be finalized

Note: This is a very partner driven process and getting input from partners is a critical next step. The review should not be labor intensive as the current version is clearer than previous versions.

Expectations from the WG:

In the past with developing tools we have followed a “model” in which there is a smaller task force that gets engaged based on interest/expertise (similar to way we developed infographic).

ACTION: Any members who want to be more engaged, please email [Kathryn](#) directly.

Joe Lewinski, MSH, is happy to support Kathryn on this advocacy tool and will participate in the review. Thanks Joe!

5. Partner Work Plan Updates

Any partner updates on things you are working on that you want to announce/share:

- Joe Lewinski, MSH: working with the Malaria Consortium on a UNITAD project that provides access to malaria commodities mostly in West Africa. There was recently a Guardian article about the need for increased expenditure in Nigeria and it references MiP. The link is here: [article from the Guardian](#)
- Elaine: MCSP has worked closely with PMI on a case management job aid for providers. This will be field tested in the coming months and then hope to have a final version to disseminate and share across countries.
- Elaine: MCSP has also worked closely with PMI on a toolkit for providers to assess early GA recognizing the guidance that pregnant women can get the first dose of IPTp at 13 weeks. Providers are trained in some level of GA assessment, but most are not comfortable doing this so the toolkit is meant to provide that guidance through a variety of tools. This is being field tested in Madagascar and Mozambique.

Elaine hopes to bring copies of the job aid and toolkit to the annual meeting

- Matt Chico: Currently doing a study in East Africa on DHA piperaquine (DHA-P) which is a leading candidate for replacing SP, but the drawback is that it is a 3 day dose.
 - DHA-P has been shown to be superior to SP in reducing cases of clinical malaria
 - Need to confirm its cardio safety---making sure it doesn't alter the natural functions of the heart in the longer term or a consequential manner (as malaria and chloroquine do)
 - Currently waiting for Tanzania Food and Drug Authority to give the go-ahead on this and hope to have green light soon
 - Matt is writing an article about this and it should go out in a few months
 - 200 women will be enrolled (100 receiving DHA-P and 100 receiving SP)
 - Outcomes they are looking for: Change in QTC interval as compared from day 0, day 3, day 7 so a return to day 0 levels at day 7