

## RBM MIP Working Group meeting, September 20, 2016

### Meeting Minutes

#### Participants:

1. Mike Toso, HC3
2. Jackson Sillah, AFRO/WHO
3. Erin Ferenchick, the Global Fund
4. Patricia Gomez, MCSP/Jhpiego
5. Azucena Bardaji, IS Global
6. Maud Majeres Lugand, MMV
7. Julie Gutman, CDC
8. Jenny Hill, LSTM
9. Susan Youll, PMI
10. Mary Nell Wegner, MHTF
11. Meri Sinnitt, PMI
12. Joseph Lewinski, MSH
13. Kristen Vibbert, MCSP/Jhpiego
14. Elaine Roman, MCSP/Jhpiego
15. Katherine Wolf, MCSP/Jhpiego
16. Lisa Nichols, Abt Associates
17. Maurice Bucagu, WHO
18. Lisa Noguchi, MCSP/Jhpiego
19. Matt Chico, LSTHM

#### Agenda Items:

##### **1. Malaria in Pregnancy in Low Transmission Settings**

###### ***Azucena Bardaji***

Outside of sub-Saharan Africa which has the largest malaria burden there are still 94 million pregnancies at risk annually. These are mostly in low transmission settings, with *P. falciparum* coexisting with *P. vivax*, and while the cases tend to be less severe, there are no clear control measures. There is a need to evaluate if current strategies for malaria control in pregnant women in low resource settings are adequate. Much less is known about *P. vivax* and the impact on pregnancies, but there is some evidence of increased susceptibility to *P. vivax* in pregnancy as well as an association with maternal anaemia, preterm birth, miscarriage and severe disease.

#### Discussion:

- This is an important area that needs focus by additional researchers. Given the changing malaria trends, this is crucial and will play a critical role in the ability to monitor changes in transmission and also how to understand how this translates into response.
- Sensitivity of diagnostics of measuring parasitemia is better at first ANC visits than at later visits. Is that the experience in these low transmission settings? This is true in low transmission settings: 70-80% in first visits vs. 20-30% in later visits. It's likely this would apply in Latin America too, but we don't have the data to confirm this.

## 2. Work Plan Overview and Next Steps

The work plan is based on ideas developed during the WG meeting, but is not expected to be finalized until Oct. What we have listed are activity themes and then we'd like to flesh out what activities are going to happen along those themes and who will responsible for them. We encourage all WG partners to review the work plan and consider which activities your organizations might be interested in working on. Please send those ideas to Kristen, copying Elaine and Viviana, by September 30<sup>th</sup>. The list reflects on the discussions from the meeting in July and we are excited to move forward on these.

## 3. Partner Updates:

### *i. MiP Country Reviews:* Kate Wolf, MCSP/Jhpiego

- We are looking at sending out a brief questionnaire to countries asking basic info about MiP Policies, how MiP is being implemented/tracked, etc. Once we receive the results we would pick a few countries to look at in more depth, probably through country interviews. This would be countries that are doing well or could be countries that are struggling and need more support. This is through MCSP with PMI funding so they would PMI countries. We're going to be talking with PMI about what this will look like and to get their input. At the annual meeting we felt this was a priority given the Call to Action and the change in WHO policy in terms of what these mean for MiP implementation. We'll be looking to Susan, Julie, and Mary getting your inputs on how to move this forward.

### *ii. SBCC Strategy Guide:* Michael Toso, HC3

- HC3 is looking to change the SBCC interventions at the country level. The guide, SBCC for MiP: Strategy Development Guidance, was circulated among the WG last year and as a result of that feedback, they have an updated version. They've added a service provider SBCC portion for the facility level and community level. This is a supplement for countries that are revising their national malaria SBCC strategy or want to improve their MiP interventions.

Four key things noted in the updated SBCC guide:

- They found a lot of generic MiP indicators for strategic communication.
- The segmentation of audiences and the developing of problem statements.
- "Pregnant women" is not very specific. Need to also acknowledge HIV-infected pregnant women for example.
- Choosing appropriate communication and behavioral objectives. Communication objectives should be the way you attempt to change behavior. Behavioral objectives you are looking at the actual behavior.
- The guide includes a template that countries can use for how to put together an MiP SBCC strategy, if they don't already have one.
- HC3 will be hosting the Roll Back Malaria (RBM) Communication Community of Practice (CCoP) annual meeting in two weeks in Dakar, Senegal, September 27-29, 2016. This meeting will have good NMCP participation so they will be circulating the guide then and they're looking to get the guide into as many hands as possible.

### Discussion:

- Matt Chico: Based on his work in Tanzania, he wanted to point out the importance of getting the message out that IPTp is better than screening and treating pregnant women, even in areas with SP resistance. There is a misperception that this is not the case. Julie Gutman said that we need more data on how Tanzania is actually implementing this approach; there may be differences between policy and practice.

- There are a number of useful global documents in the SBCC Strategy Guide and it does point out the importance of IPTp-SP and that it cannot be replaced by IST. There are several examples of approaches that work well.

**ACTION ITEMS:**

- *If there is anything you want to add, input, edit on the strategy guide, please let Mike know at: [Michael.Toso@jhu.edu](mailto:Michael.Toso@jhu.edu)*
- *If anyone is planning on attending the meeting in Senegal, please let Mike know. It would be great to have WG representation at the meeting.*

**iii. Malaria in Pregnancy Consortium:** Jenny Hill, LSTM

- MIPc East Africa Meeting: Meeting notes from the meeting held in Nairobi July 11<sup>th</sup> & 12<sup>th</sup> can be found here: <http://www.mip-consortium.org/documents/FinalMeetingReportPDF.pdf>
- MIPc West Africa Meeting: MIPc is planning their West Africa meeting and will send out a "Save the Date" to the WG once the details are confirmed.

**4. ASTMH:**

- Like the last 2 previous years, we would like to compile a table outlining all of the MiP posters, symposia and oral presentations occurring at ASTMH to share with WG members so you know where all of the MiP sessions are.
- We will be hosting a WG meeting on the morning of Tuesday, Nov. 15<sup>th</sup>. More information about this will be sent out at a future date. We have found that having this meeting at ASTMH is a nice value-add for the WG. It's an opportunity for WG partners to come together face to face, but also an opportunity to give visibility to the WG and our efforts amongst people/organizations not typically involved in the WG (ex: PMI RAs, MOH representatives, etc.). An agenda will be shared in advance of the meeting and breakfast will be served.

**ACTION ITEMS:**

- *Please send your oral presentation, poster, and symposia information to Kristen at: [kristen.vibbert@jhpigo.org](mailto:kristen.vibbert@jhpigo.org) using the template provided by Friday, October 14<sup>th</sup>.*
- *If you know for certain that you will be at the meeting this year, please let Kristen and Elaine know.*

**5. RBMMiPWG Website Update:**

The RBMMiPWG website: <http://www.rollbackmalaria.org/architecture/working-groups/mip> is currently down. We are working directly with WHO on this and once it is up and running again we will post the WG Annual Meeting Report, as well as PDFs of all of the meeting presentations.