**RBM MIP Working Group meeting, June 5, 2020**

**Meeting Minutes**

Participants:

1. Kristen Vibbert, Jhpiego/IMPACT
2. Elaine Roman, Jhpiego/IMPACT
3. Maurice Bucagu, WHO
4. Emmanuel Otolorin, Jhpiego
5. Julie Gutman, CDC/PMI
6. Patricia Gomez, Jhpiego
7. Katherine Wolf, Jhpiego
8. Erin Ferenchick, The Global Fund
9. Matt Chico, LSHTM
10. Lisa Nichols, Abt Associates
11. Jackson Sillah, WHO AFRO
12. Maddie Marasciulo, Malaria Consortium
13. Prudence Hamade, Malaria Consortium
14. Bright Orji Clement, Jhpiego, Nigeria
15. Aishatu Gubio, NMEP, FMOH, Nigeria
16. Ousmane Badolo, Jhpiego Burkina Faso
17. Agnes Kosia, Jhpiego Tanzania
18. Mercia Dimene, NMCP Mozambique
19. Zipporah Wandia, Jhpiego Tanzania
20. Ambachew Yohannes, Unitaid
21. Silvia Schwarte, WHO
22. Dr. Ngendakumana, USAID
23. Valentina Buj, UNICEF
24. Catherine Dentinger, USAID Madagascar
25. Dale Halliday, Unitaid
26. Koki Agarwal, Jhpiego
27. Jasmine Chadewa, Jhpiego Tanzania
28. Azucena Bardaji, ISGlobal
29. Angela Acosta, JHUCCP
30. Kassahun Belay, USAID Uganda

**Agenda Items:**

1. **Call to Action (C2A):**
	1. Developed rollout plan prior to COVID
		1. Have rolling dissemination of key materials/products
			1. Developed short 2-pager on C2A which will be disseminated to WG and through RBM
			2. Developed an infographic that was released on WMD
		2. Promote C2A at in-person meetings for visibility
			1. African Regional Committee Meeting in August in Togo will most likely be held virtually
	2. Will move forward in some format, but this will change due to COVID
		1. Continuous low-intensity online pushes of information and reminders recognizing the importance of calling attention to IPTp
			1. Potential webinar
		2. Find balance between maintaining momentum for C2A and engagement of countries to digest new information
	3. Discussion:
		1. How do we fit in with the ongoing efforts by WHO?
			1. Could tie in C2A with Year of the Midwife/Nurse
2. **Impact of COVID:**

Discussion: What are countries/partners seeing on the ground?

* 1. Jhpiego/Momentum survey: 4 questions to 33 countries regarding service delivery disruption, demand on MNCH services, level of supply of essential commodities and PPE materials, etc.
		1. Jhpiego is seeing a downward trend in service utilization, including malaria services
			1. Planning to have webinars for country dialogue to discuss how they are approaching maintaining essential services and the strategies they are using
		2. Research has been done regarding impact of decreases in service utilization on ANC. This was published in The Lancet.
	2. Malaria Consortium is distributing SMC drugs to children across the Sahel and addressing malnutrition at the community level
		1. Would it be possible to increase the community distribution of SP? It’s more important now than ever.
	3. UNICEF: Collating official information from countries on disruption to services on ongoing basis and posted to publicly available dashboard: <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>
		1. Quantitative data from 64 countries supported by qualitative data
			1. Examples of how this is being used
				1. Supply division has been supplying several drugs
				2. Digital health platforms to propagate messaging, dispel rumors
				3. Where they’ve seen disruptions in ANC they have stepped up community engagement to ensure women are using health services in a safe way
				4. Providing PPE to health facilities
	4. Tanzania: ANC visits are declining
		1. Jhpiego, with the MOH, developed a guide for ANC/MiP to ensure providers individualize protective care and promote safety of these services in COVID-19
			1. There are separate areas/sites for treating COVID-19
			2. All pregnant women are screened for COVID-19
			3. Implementing social distancing, encouraging mask wearing, staggering visits
	5. Nigeria:
		1. Seeing a decrease in ANC and IPTp uptake in different states
			1. Planned national response of total lockdown disrupted some services in areas with high concentration of COVID
			2. Nigeria expanded testing sites where those showing more than fever are referred
			3. Nigeria National Programs developed a research agenda for malaria/COVID looking at 10 topics and using DHIS2
	6. Senegal:
		1. Abt Associates has a bilateral HSS program covering specific areas
		2. DHIS2 Analysis: Review 1st quarter of data for 2020 and compared it to last year for 14 regions
			1. Not finding a major difference across whole quarter, but data from April shows strong decline in IPTp3
			2. Fear of cases being imported from urban centers into rural areas
			3. Quality of data can be impacted by several factors
				1. Average shows an increase, but we’re looking at a trend
	7. TIPTOP: Unitaid-supported project for community distribution of IPTp
		1. Developed brief to contextualize continued distribution of IPTp during COVID
		2. Support procurement of PPEs for essential health workers and CHWs in project sites
		3. We are seeing variations in IPTp uptake and ANC utilization across countries, particularly in April
			1. Has spurred a need for creative strategies and strengthened partnerships with civil society organizations, etc.
	8. Discussion:
		1. Need to understand why these trends are happening: Fear, told to stay at home, transportation networks are disrupted, etc. so we can get at the root of them
		2. Need to understand how people have reacted, how systems have coped with the virus
			1. As a network we should plan to document this through continued data collection and create a specific product for MiP/IPTp
		3. Need to work closely with RH colleagues to think about novel strategies for IPTp delivery and how the whole package of ANC services can be delivered
			1. What are the critical elements that need to happen to minimize maternal and neonatal deaths?
			2. What are the perceptions of pregnant women seeking ANC with health care workers wearing PPEs? How off-putting is this? This could alone curb care seeking.
		4. Can reach out to partners working in family planning. Having fewer pregnant women needing IPTp/ANC right now would be ideal.
			1. It is unknown what the impact is of fetuses exposed to COVID in utero, but it’s possible there could be issues
			2. Considerations for delaying pregnancy are complicated and it’s important to keep this in mind as part of any message development
1. **Partner Updates**
2. WHO has developed many tools:
	1. GMP: Tailoring malaria interventions in the context of the COVID response: <https://www.who.int/malaria/publications/atoz/tailoring-malaria-interventions-in-the-covid-19-response/en/>
		1. Highlights recommendations on IPTp, SMC, etc. (page 11 covers MiP)

# GMP has landing page for finding all related recent guidance: Jointly addressing endemic malaria and pandemic COVID-19 (which can be accessed via the following <https://www.who.int/malaria/areas/epidemics_emergencies/covid-19/en/>), including a general GMP Statement, Q&A, modelling exercise, etc. Comprehensive WHO guidance on COVID-19 can be found at this page: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

* + 1. Community based health care in the context of COVID: <https://www.who.int/publications/i/item/community-based-health-care-including-outreach-and-campaigns-in-the-context-of-the-covid-19-pandemic>
		2. The document “Maintaining essential health services: operational guidance in the COVID context” has been updated, the 1 June version supersedes the 25 March version: <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>
		3. Q&A tackling different areas where responses are needed and hints to a modeling exercise which provides different scenarios of impact of COVID: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/malaria-and-the-covid-19-pandemic>
			1. This includes a statement on herbal remedies, including Artemisia plant material (<https://www.who.int/publications/i/item/the-use-of-non-pharmaceutical-forms-of-artemisia>)
1. The Global Fund: A brief <https://www.theglobalfund.org/en/covid-19/>
2. Jhpiego:
	1. Bilaterals and global IMPACT Malaria project: reinforce messaging around COVID response and continuation of malaria service delivery
		1. Learning from facilities about challenges they are facing
3. Tanzania:
	1. Conducting virtual meetings on mainland and Zanzibar for MiP and case management to share data and discuss mitigation of challenges, including SP shortages
4. LSHTM:
	1. Three clinical trials in East Africa
		1. Zambia: slowed new enrollment
			1. Unique opportunity to look at effect of COVID-19 in pregnancy because there is an established cohort of pregnant women followed prior to and during pandemic
5. FIND: Request to let them know about any studies conducted or in progress using highly sensitive RDTs for diagnosis of malaria in pregnant women:

*On behalf of the Foundation for Innovative New Diagnostics (FIND), we would like to ask members of the RBM MIP WG to contribute to a review on the performance of a highly-sensitive P. falciparum malaria RDT (HS-RDT, Abbott 05FK140) for the diagnosis of malaria in pregnant women that is currently underway. In order to gather a more complete picture of the potential added-value of this test for pregnant women, FIND is compiling all existing evidence on its performance and use case scenarios in the context of pregnancy, including all relevant published and, if possible, non-published evaluations.*

*The main objective of this evidence review is to look at the data collectively and summarize them in a report to inform policy makers (e.g. WHO confidential document), and to inform the research community on existing knowledge gaps (public document –online or in a peer-reviewed journal– with aggregated data if need to preserve unpublished results).*

***If you are involved in such a study, please reach out to Elisa Serra at Elisa.Serra@finddx.org to provide the necessary details.***