**RBM MIP Working Group meeting, September 18, 2020**

**Meeting Minutes**

Participants:

1. Kristen Vibbert, Jhpiego/IMPACT
2. Elaine Roman, Jhpiego
3. Maurice Bucagu, WHO
4. Julie Gutman, CDC/PMI
5. Patricia Gomez, Jhpiego
6. Emmanuel Otolorin, Jhpiego
7. Katherine Wolf, Jhpiego/IMPACT
8. Matt Chico, LSHTM
9. Lisa Nichols, Abt Associates
10. Maddie Marasciulo, Malaria Consortium
11. Prudence Hamade, Malaria Consortium
12. Jasmine Chadewa, Jhpiego Tanzania
13. Chonge Kitojo, USAID Tanzania
14. Nicole Carbone, PSI/IMPACT
15. Jackson Sillah, WHO AFRO
16. Ashley Malpass, USAID/PMI
17. Lisa Noguchi, Jhpiego
18. Sarah Shankwaya, Jhpiego
19. Patrick Condo, CDC
20. Jenny Hill, LSTM
21. Triphonie Nkurunziza, WHO AFRO
22. Estrella, Global Fund Malaria Team
23. Ashley Riley, JHU CCP
24. Marie Rose Kayirangwa, Jhpiego Rwanda
25. Ckachali
26. Bhargavi Rao, MSF
27. Azucena Bardaji, ISGlobal
28. Abena Poku-Awuku, MMV
29. Valentina Buj, UNICEF
30. Mulakwa Kamuliwo, Jhpiego Zambia

**Agenda Items:**

1. **Call to Action (C2A):** 
   1. This year is the 5 year anniversary of the C2A
      1. Highlight achievements over past 5 years as well as gaps that remain
      2. Opportunity to also highlight need for continuing ANC and MiP within this COVID context
   2. Launch: Oct. 6th through virtual media briefing sponsored by RBM. See Save the Date attached to email and please register using this link: <https://zoom.us/webinar/register/WN_JkXSthGqQDOulxF1HyxLAA>
      1. Moderator:
         1. Mildred Komey, Malaria in Pregnancy Focal Person, National Malaria Control Programme, Ghana Health Service
      2. Speakers:
         1. Dr. Anshu Banerjee, Director Department of Maternal, Newborn, Child, Adolescent Health & Ageing,
         2. Pedro Alonso, Director Global Malaria Programme, WHO
         3. Dr. Aminata Cisse ep. Traore, Director, Direction Générale de la Santé et de l’Hygiène Publique, Ministére de la Santé et de l’Hygiène Publique, Mali
      3. 500 person capacity on zoom call and then a facebook livestream for additional participants
      4. Media briefing will be in English and French

*ACTION ITEM: We ask any partners to please share the Save the Date (in English/French) & registration link with MiP/MH networks and for those with ability to retweet/share on Facebook the information to give us more visibility!*

1. **ASTMH:** MiP symposium with Kate Wolf and Maurice Bucagu as facilitators
   1. Discussion:
      1. Q: Will it include info on ACTs in 1st trimester?
      2. A: No. It will be mostly focused on the Call to Action
         1. Presentations will be recorded so Pedro might not actually be available to answer questions
      3. Q: What is the status of ACTs in 1st trimester policy change?
      4. A: The committee that originally approved this back in 2017 was disbanded. The new committee to review this is in a state of flux.
         1. There have been changes in the guidance development process. This will be reviewed as part of the malaria treatment guideline group in 2021
            1. Brief on ACTs in 1st trimester is developed and ready to go

MMV is working on a new pregnancy register to support policy implementation

Liverpool School is working on collecting additional data to add to what already exists

* + - * 1. Some countries have already made the change to using ACTs in the 1st trimester, ex: Burundi

Kenya has withdrawn quinine so it is no longer available in 1st trimester

1. **Impact of COVID:**

***Continuity of malaria services***

* 1. Webinar 9.17.20: Dr. Mohammed Abdulaziz, Africa CDC: Update on status of COVID in Africa and what they are learning
     1. Impact on essential health services: concordant with MiP WG discussions to date
     2. Partnership for Evidence Based Response to COVID-19 posed questions to countries
        1. Why were health services being skipped? Worry about risk of catching COVID, affordability, facilities were closed/locked down, distance
        2. Types of services missed or delayed: ANC was quite low , but malaria services came in second at 15% after routine services
        3. 45% of respondents said they missed or delayed services
        4. Member states are taking collective approach: testing, tracing, enhanced surveillance, cross border testing
        5. Reinforced importance of community engagement, strong enforcement of public health measures (social distancing, hand washing, etc.), resiliency of health systems
  2. Would be good to know the barriers so that we are able to address them (ie: fear of contracting COVID vs. lockdowns)
  3. GF survey includes qualitative and quantitative data, but it is not very specific
     1. Updates provided during previous meeting:
        1. GF survey of 106 countries
           1. Less than half of countries were in lockdown
           2. Malaria service delivery disruption:

Over 65% of countries show some level of disruption from very high to moderate

National availability of malaria commodities:

49-50% disruption in availability

Up to 24% disruption for distribution of commodities

* 1. From Triphonie Nkurunziza: RMNCH services have been interrupted due to lockdowns, but there is also competing attention from partners
     1. It was difficult to get a plan on RMNCH because MOH staff were repurposed to focus on COVID
     2. It’s difficult to address MiP without looking at whole ANC
     3. Some countries have resumed RMNCH services, but there is not enough visibility of this
        1. Many partners are doing things, but it needs to be reported and it needs to be included in their response plans
  2. From Matt Chico:
     1. Mix of effects on birth outcomes during the pandemic
        1. Emerging evidence of reductions in pre-term delivery
           1. Cause of this is unknown, but could be lockdown related and women are not doing as much physical labor
        2. Increase in stillbirths: cause/effect is difficult to establish
     2. Expect many waves of COVID, but it’s possible the peak in Eastern Africa may have already passed in April/May. See article in The Guardian: <https://www.theguardian.com/global-development/2020/sep/16/confounding-covid-may-have-already-peaked-africa>
        1. Perhaps this is due to age demographics – younger generations resulting in less severe cases
        2. Could also be low reporting
        3. Theoretical possibility about prior related exposure to COVID or something similar
  3. From Lisa Nichols: DHIS2 comparisons in Senegal by Abt Associates for ANC show no significant changes between similar periods in 2019 and 2020

Discussion:

1. Q: What is the impact on community interventions such as bednet distribution and community delivery of IPTp?

A: Bednet distribution is ongoing and Community IPTp is still happening in TIPTOP countries

* 1. Difficult to try to rollout a new approach during a pandemic, but may be worth having subsequent discussions on implementing C-IPTp in other countries through additional waves of COVID
  2. In TIPTOP, C-IPTp has played an important role in maintaining continuity of services, including advocacy/promotion of early and comprehensive ANC attendance
     + 1. Primary effect is IPTp uptake: IPTp3
       2. Counter effect: early and comprehensive ANC
  3. ANC in Malawi does not seem to have dropped dramatically while C-IPTp is being implemented
     1. Just conducted endline and will have a better measure once the data are processed
  4. TIPTOP is continuing to focus on what is being learned as a testing project
     1. Good to come together collectively to share what we know on continuity and potential adaptation in other countries if the approach is proven successful
     2. Engender learning within TIPTOP countries and across the region

1. Q: Is there a toolkit for C-IPTp?

A: There is a learning resource package designed to be adapted to countries interested in piloting C-IPTp recognizing that it is not yet global policy <http://resources.jhpiego.org/resources/C-IPTp-LRP>

1. Task-shifting: CHWs
   1. There are a lot of activities in the GF grants to be redirected to CHWs
      1. Have to be careful not to overburden CHWs so that quality is not impacted
   2. There is GF COVID related funding to ensure services are maintained and that health workers are protected
      1. Probably isn’t enough PPE to ensure safety of CHWs
2. RBM global malaria platform looks at campaigns that are at risk
   1. Would be good to liaise with Andrea to see whether ANC/IPTp could be monitored in this tracker as well
3. Malaria cases:
   1. Nigeria could see a rebound in malaria cases
   2. Surges of malaria cases reported in West Africa as well as ACT shortages
4. **Partner Updates:**
   1. From Lisa Noguchi: Article in Malaria Journal: *Effect of group versus individual antenatal care on uptake of intermittent prophylactic treatment of malaria in pregnancy and related malaria outcomes in Nigeria and Kenya: analysis of data from a pragmatic cluster randomized trial* <https://malariajournal.biomedcentral.com/track/pdf/10.1186/s12936-020-3099-x>
   2. SBC Working Group: in lieu of annual meeting they will be doing a 2-day virtual forum Oct. 21st & 22nd from 8-10am EST
      1. Several different panel options
      2. Will put out a call for presentations next week
      3. Part of the focus will be on continuing malaria SBC in COVID context
   3. Malaria Consortium: Seeing an increase in cases of P. vivax in Asia with no clear policies on management of P. vivax in pregnant women, especially in relation to radical cure
      1. None of the drugs approved for radical cure can be given to pregnant/ breastfeeding women
      2. Countries either approach this by immediately putting women on CQ prophylaxis until after delivery or they wait and if there is a relapse then they use prophylaxis from then on
         1. Radical cure is only after baby is born and baby is at certain age