**RBM MIP Working Group meeting, January 19, 2017**

**Meeting Minutes**

Participants:

1. Erin Ferenchick, the Global Fund
2. Maud Majeres Lugand, MMV
3. Julie Gutman, CDC
4. Jenny Hill, LSTM
5. Samantha Salcedo-Mason, PSM
6. Kristen Vibbert, MCSP/Jhpiego
7. Elaine Roman, MCSP/Jhpiego
8. Matt Chico, LSTMH
9. Kate Wolf, MCSP/Jhpiego
10. Mary Nell Wegner, MHTF
11. Madeleine Marasciulo-Rice, Malaria Consortium
12. Ebenezer Sheshi Baba, Malaria Consortium
13. Azucena Bardaji, ISGlobal
14. Silvia Schwarte, WHO
15. Valentina Buj, UNICEF
16. Triphonie Nkurunziza, WHO
17. Meri Sinnitt, USAID
18. Bill Brieger, JHU/Jhpiego
19. Prudence Hamade, Malaria Consortium

**Agenda Items:**

1. **Post ASTMH Updates:**
   1. MiP Brief in the context of the updated WHO ANC guidelines:

WHO recommended drafting a brief with further guidance to countries to continue to roll out and accelerate MiP programming in the context of the updated recommendations. Elaine has created a first draft which she has shared with Viviana and will then share with a small group of WG members this week before sharing with WHO.

*Discussion:*

* Currently there are no immediate plans for guidance for countries outside of Africa, but WHO will discuss this internally and see if it’s possible to address this.
* Vivax in pregnancy is something that WHO also needs to provide guidance on.

1. **Annual Meeting Update:**
   1. Dates are confirmed for September 18th-20th
      * 2.5 day meeting to be held in Geneva at the Global Fund offices
      * Stay tuned for more information including a Save the Date email
2. **Partner Updates:** UNICEF: Valentina Buj
   1. There are many critical gaps across the continuum of care
      * West Africa has the biggest gaps
      * Poor women are 4 times less likely to access IPTp
   2. Priorities:
      * Strengthening the community platform
      * Quality of Care
      * Increasing access to commodities
      * Equity: advancing policies that reduce disparities
   3. Opportunities:
      * Prioritization of vulnerable populations
      * Improve governance
      * Build capacity of providers
      * Dedicated financing for MiP
      * Using mhealth opportunities
      * Reduce stigma and ignorance
      * Ensure continuum of care and consider incentives/subsidies for service utilization
   4. Ethiopia case study:
      * Provision of health and nutrition services
      * Provision of training for health extension workers and health facilitators
      * LLIN distribution campaign
   5. Kenya case study:
      * Provision of anti-malaria commodities
      * Provision of training for community health volunteers

*Discussion*:

* + - Community involvement: Efforts are devolving down to district and community levels and the use of task shifting which is aligned with the updated WHO ANC guidelines.
    - Financial barriers: In a few countries, UNICEF is working on cash transfers for women to access transport to a health facility or to enable them to buy the drugs/vitamins that they need.
    - % of women sleeping under an ITN: The coverage is higher where countries have sustained financing to do universal coverage campaigns as well as financing for routine coverage.
    - Cross-sectoral approach: UNICEF has programs such as adolescent-targeted programs, WASH, education---these are important programs to sensitize women to their health rights and the importance of ANC and help to increase service demand.
    - Commodities: UNICEF works on the global harmonization of supplies and works with manufacturers to make sure there is a diversity of suppliers. UNICEF is working to strengthen commodity systems at all levels, all the way down to client demand so there is a positive feedback loop to push for consistent supply chains.
    - SP use as monotherapy: UNICEF is working to improve supportive supervision, and advocacy for respecting WHO norms on guidelines for use of medications e.g. via SMS reminders and other m-health activities (e.g. U-Report for community notification of stock-outs). They are improving incentives for supervisors to visit hard to reach areas to reinforce messaging on the proper use of medication.

***Please contact Valentina directly with any additional questions:*** [vbuj@unicef.org](mailto:vbuj@unicef.org)

**Partner Highlights:**

We’d like to begin having partners present during the WG meetings to share what we are doing and highlight better practices in MiP.

**ACTION:** *If you have something you are working on or something you want to highlight beyond just a quick update, please send Elaine, Viviana and Kristen a note. We’ll also be reaching out to partners to volunteer for presenting highlights!*

1. **Work Plan Overview and Update**

* Updates:
  + CDC has a study looking at IPTp-SP vs. DP in Malawi and hope to have the study completed by the end of next year---results will likely only be in 2019.
  + There is an additional study on DP in Tanzania, Malawi and Kenya led by LSTM and funded by EDCTP. It is a 3 year trial with results expected in 2019/2020.
  + LSTMH is doing a study on the cardio-safety of DP in Tanzania.
  + A study by LSTMH on the protective effects of SP beyond malaria was recently accepted.
* A big focus of the work plan this year in terms of accelerating MiP is working really closely with WHO to support the dissemination of the new ANC recommendations and to use this as an opportunity to highlight the importance of MiP.
  + The infographic launched last year before World Malaria Day is a great example of a WG product about the continued importance of addressing MiP and what countries can do to follow the MiP recommendations.
  + Collectively partners are working at the country level to develop and disseminate new tools to advance MiP, in the context of the new recommendations.
  + The updated ANC guidelines provide a great opportunity to increase the focus on MiP.
  + It’s important to recognize that this is a global issue and this support extends beyond Africa.
* Case Management Job Aid: Jhpiego received very positive feedback from the field testing and is in the process of incorporating that feedback with the hopes of being able to share a final version by the next WG meeting.
  + There is evidence for changing first line treatment, but there won’t be anything released officially until next year. Jhpiego is watching for this policy change and will update the tool once this happens.
* Is anyone looking into if the current recommended dosing for antimalarials in pregnancy is adequate and effective?
  + We are tabling this for possible future discussion since we are out of time.