

**Malaria in Pregnancy Working Group  
Monthly Teleconference  
21 November 2013, 4pm CET**

**Participants:**

Agarwal, Koki	MCHIP
Brieger, Bill	Jhpiego
Ferenchick, Erin	WHO HQ
Gutman, Julie	CDC
Hill, Jenny	Liverpool School of Tropical Medicine
Jonas, Edna	MSH
Lucas, Ann	ISGlobal
Mangiaterra, Viviana	WHO HQ
Pyne-Mercier, Lee	Gates Foundation
Roman, Elaine	MCHIP
Wegner, Mary-Nell	MHTF
Youll, Susan	USAID/PMI

**Update on RBM Work Plan (Koki & Viviana)**

- MiP WG has received a generic approval
- All RBM mechanisms received a flat amount of \$70,000 USD for 2014, yet to be approved by the RBM board
- Also received \$950 in Supplemental Activity Framework (SAF) for activities related to advocating for MiP in Global Fund proposals
- Possible extra “global funding” from RBM in 2014
- Nancy Nachbar to represent MiP WG at RBM Board Meeting
  - o Focus of board meeting is on future of WGs
  - o No specific MiP presentation planned

**Update on RBM Work Plan Activities (Koki & Viviana)**

- Need to prioritize activities given funding constraints
- Priority activities should strongly link with strategic objectives of RBM
- Several priority areas highlighted in initial workplan:
  - o Document best practices (requested from Dr. Nafo)
  - o Develop package of MiP guidance
  - o TA (needs based on feedback from SRN APRMs)
  - o Annual Meeting
- **ACTION: Viviana to send final version of workplan (no changes since last version) with clear guidance on how WG members should prioritize key activities**
- Viviana noted that she has extra money for LAC review
  - o Work similar to previous work on Asia-Pacific region
  - o **ACTION: Viviana to send TOR for LAC work**
  - o MHTF also had conversations with Clara regarding LAC in past, will follow-up
- Jenny inquired about the status of MiP messages

- Has been difficult to work with MAWG but Viviana and Erin corresponding with Prudence Smith at RBM to identify technical support in advocacy team for this work
- Development of MiP messages part of work WHO is doing via PATH grant so remains a priority activity
- Opportunity for anthropological work of MiPc to inform development of messages
- **ACTION:** Erin to follow-up with Jenny regarding MiP messages

### **MiP WG Annual Meeting**

- At last TC agreed that meeting should be in-country, likely Africa. If possible, should also be in conjunction with another meeting.
- Koki suggested Ghana in March (piggyback on meeting on malaria in childhood)
  - Viviana commented that this could be an opportunity to expand from just MiP to MCH more broadly
  - Mary Nell noted that MHTF to announce call for papers on Nov 26<sup>th</sup> for PLOS (year 3 collection) on integration
    - 8-12 weeks for submission, though somewhat rolling
    - **ACTION:** Mary Nell to share more information
- Susan clarified that annual Malaria Operational Plans (MOP) meetings that PMI conducts in-country with the NMCP and partners would not be ideal candidates.
  - A MIP Stakeholder consensus meeting in Uganda planned for January or February may be too early to link with the annual RBM MIP WG meeting
- Jenny commented that knowing what the focus/objectives of the meeting will be will help determine participation and location
  - Plans to bring the RH and malaria control community together?
- Viviana to inquire if HWG will have a second meeting in Spring 2014
- If MiP WG doesn't piggyback on another meeting, need to consider cost
  - Cost-efficient locations include: Kenya, Uganda, Senegal, Burkina Faso
- Perhaps consider a country that can serve as a model of successful programming
  - Zambia, Ghana
- If planning to do broader invite, need to plan ahead
- **ACTION:** WG to take decision in next few weeks, discussion via email

### **Update on ASTMH Meeting**

- MiP Symposium (Elaine)
  - Turn out less than hoped because symposium scheduled at 7pm
  - Attendees included regular MiP community
  - Focused on Zambia (project supported by PMI) and Ghana (successes)
  - Rick Steketee gave a presentation on the future of MiP
  - Elaine suggest that next year consider a symposium that focuses on integration
- Agenda also included a maternal health symposium
- Jenny thought there was very little on MiP (focus on elimination)
- Plethora of posters where MiP had presence but really needed to look for it
- Meeting next year will be in New Orleans in early November

### Update on Impact & Progress Series (Jenny)

- Awaiting additional inputs from colleagues, article taking longer than expected
- Not able to use LiST tool because doesn't address maternal health aspect
  - o Need something in place to quantify impact of MiP interventions
  - o Patrick Walker working on modeling for MiP impact (presented at MIM)
  - o **ACTION: Jenny to circulate MiP abstracts from MIM and add to MiPc Library, Mary Nell also to post on MHTF website**

### Additional Business

- Update on Consensus Statement
  - o French text is final version (cleared for distribution), awaiting final layout
  - o PMI to support Portuguese translation with funding provided to MCHIP for the RBM MIP WG
  - o **ACTION: Elaine to follow-up translation**
- UN Commission on Life-Saving Commodities
  - o List of priority medications does not include IPTp-SP and currently refers to the 2010 WHO malaria treatment guidelines which do not mention the importance of SP availability for IPTp
    - Susan suggested that the maternal malaria reference in the document should be linked to the updated WHO IPTp policy recommendations
  - o Several WG members will be attending meeting in NYC next week, will advocate for MiP
  - o Viviana noted that Nigeria has included SP on national list
- Julie commented that she heard WHO will recommend IV artesunate for MiP as part of new treatment guidelines
  - o **ACTION: Viviana to follow-up with Andrea for confirmation**
  - o Per Julie, we do not have evidence but there is a general feeling that benefits of treating complicated malaria in first trimester with IV artesunate outweigh the risks

**NEXT TC: TBD**