

RBM MiP WG Annual Meeting Sept. 12-13, 2023, Geneva Switzerland Key Takeaways

Day 1:

The meeting opened with powerful remarks from Dr. Michael Charles, CEO RBM, and Dr. Daniel Ngamije, WHO GMP Director. Dr. Charles noted that “No woman should die from MiP” and challenged us to dare to dream of a day when no woman, no child will die of malaria. This was followed by remarks from Dr. Ngamije, who welcomed the effort of the RBM MiP WG to advance control and prevention of MIP, and also highlighted the critical importance of controlling malaria in pregnancy.

Broader support of the ANC platform

We opened the day with a session on accelerating a Gender-Transformative Approach to Malaria in Pregnancy Advocacy by Dr. Deborah Atobrah, CEGENSA, University of Ghana. This session highlighted the importance of employing gender-transformative approaches to MiP interventions. Advocacy is a key avenue for accelerating a gender-equitable approach to eradicating MiP in a sustainable and transformative way. The critical role of CHWs and compensating CHWs was highlighted- if we compensate work, the value of a sector goes up, and more men go into it. At the institutional level, adequate opportunities and career advancement will help to encourage women. We then heard from Elizabeth Arlotti-Parish, Jhpiego, on Listening to women’s voices: A client-centered approach to preventing malaria in pregnancy through ANC. This presentation highlighted that gender encompasses roles, responsibilities, rights, obligations, expectations and power relations associated with being female or male, and that considerations can change over time. We learned that gender transformative program should aim to change gender norms towards more equal roles and relationships between people of different genders. We need to consider these issues in strategies being rolled out, and think about how to engage men. Including sexual harassment training is critical. We then heard about PMI-S Gender Rapid Assessment, Strategy Development and Implementation from IniAbasi Nglass, MSH. She highlighted that to have gender inclusive malaria interventions, 5 key areas are of great importance:

- Programs (public and private sectors): Who is doing what at national and state levels?
Opportunities to harmonize joint programming efforts, address gaps.
- People: Key or potential gender champions to mobilize
- Communications: Opportunities to harmonize and amplify messages
- Cross-sectoral partnerships: Link with Gender teams, Community-based partners?
- Measurement: How is this work being captured and used to inform decision making?

Meredith Mikulich, USAID, presented on Maternal Health & Malaria: Opportunities for Collaboration and Integration, highlighting that gains in maternal and neonatal mortality have stagnated since 2015. While significant attention has been given to increasing ANC attendance, we need a greater focus on

quality of care, and will work to identify areas for collaboration. MiP is just one piece of a bigger, more complex reality for pregnant women.

ANC Policy & Practice

- We heard from two presenters, Eberechukwu Ede, Jhpiego and Julie Gutman, CDC, on implementation of Group ANC (GANC) as a novel strategy to improve uptake and quality of ANC, in which women attend ANC in groups by gestational age. In Nasarawa State, Nigeria, introduction of GANC in 104 facilities was associated with increases in coverage of both ANC and IPTp-SP at facility level, while in Benin, no effect was seen at the community level in 20 facilities where GANC was implemented, though women who participated in group care saw a benefit. GANC has the potential to improve ANC quality, but more thought is needed for it to work at low volume facilities.
- Bolanle Olapeju, Uniformed Sciences University, presented a multi-country analysis of the impact the WHO ANC policy change (from 4 to 8 visits) has had on uptake of IPTp. Multi-national survey data since 2016 reveals persisting sub-optimal trends in ANC and suggests minimal impact of this policy on IPTp3. The 8 contact policy should be supplemented with clear guidance on how to improve ANC, including, but not limited to, group ANC, social and behavior change communication (SBC), and health system strengthening.
- Dr. Anna Munsey, CDC, presented on Equity of ANC Services in Atlantique, Benin & Geita, Tanzania, 2021-2022, where different health financing structures are operational. In both areas, the wealthiest, most educated women complete more ANC visits than the poorest, least educated, but women of all SES categories fall short of the recommended minimum number of visits, highlighting the need to ensure that we are addressing equity in program development.

A Deeper Dive into C-IPTp Programming: Learning from countries & partners

- Silvia Schwarte, WHO, presented on the soon to be released Field guide: Community deployment of intermittent preventive treatment of malaria in pregnancy with sulfadoxine-pyrimethamine. A final copy will be shared with the group when available. C-IPTp should be a complimentary exercise to ANC, not supersede it. ANC is still necessary for a full and comprehensive package. In deciding whether/where to implement C-IPTp, countries should consider the level of existing community programs as well as IPTp coverage.
- Several MOH speakers presented their country's experience with implementing C-IPTp (Yacouba Nombre, Burkina Faso; Emmanuel Shekerau, Nigeria; Camille Houetohoussu, Benin; Brune Estelle Ramiranirina, Madagascar). Maud Majeres Lugand, MMV, provided an update on QA SP commodities, and Susan Youll, PMI, and Anne-Sophie Briand, The Global Fund, presented on their SP procurement policies. Of note, dispersible SP tablets taste better, but are more expensive. If the demand increases, the price may go down. SP is available in blister packs vs tubs; blisters are preferred for tablet stability, but these cost more than the large tubs.

Research Symposia: What's new in MiP

- Drs. Halimatou Diawara (MRTC), Sara A. Healy (NIH), Alassane Dicko (MRTC), Patrick E. Duffy (NIH), presented on safety and efficacy results from pre-conception vaccination with *Plasmodium falciparum* sporozoite vaccine (PfSPZ) for prevention in pregnancy. Drs. Tom Richie and Stephen Hoffman, Sanaria, presented on current PfSPZ vaccines, highlighting plans for an upcoming safety study in pregnant women, starting in the third trimester then moving to the second trimester using a radiation attenuated product; they also have a genetically-attenuated vaccine, a late liver stage arresting, replication competent (LARC) parasite made by deleting two genes (*mei2* and *linup*)

required for transformation to asexual blood stages, which may supplant the radiation attenuated product if it meets milestones for equivalent safety and improved efficacy.

- Dr. Sequoia Leuba, Imperial College London, presented her work on quantifying the impact of malaria in pregnancy on maternal anemia, Sequoia Leuba. Hemoglobin declines over the course of pregnancy and is even lower among malaria positive women. The impact of malaria on hemoglobin concentration lessens with gravidity, especially in areas of higher malaria transmission, because of pregnancy-specific immunity to malaria. Dr. Leuba found that ~700,000 cases of severe anemia (hemoglobin < 7 g/dL) occur related to malaria among women of all gravidities, with >50% of this burden among primigravidae.
- Dr. Hellen Barsosio (KEMRI) presented on a trial of intermittent preventive treatment with dihydroartemisinin-piperazine for malaria in pregnancy in women living with HIV, which demonstrated the adding monthly IPTp with dihydroartemisinin-piperazine (DP) to the standard of care with daily unsupervised cotrimoxazole (CTX) in areas of high antifolate resistance has the potential to improve malaria chemoprevention substantially in pregnant women-living-with-HIV on dolutegravir-based cARTs.
- Dr. N. Aba Geiser, MMV, highlighted that pharmacokinetics can be affected by pregnancy, thus it is important to identify which medications require an adjustment in dose to optimize treatment. MMV's Malaria in Mothers and Babies (MiMBa) initiative aims to address the significant gaps that remain in understanding how to best dose drugs for pregnant and lactating women.

Day 2:

Country Advisory Board (CAB)

Dr. Nnenna Ogbulafor, NMEP Nigeria, discussed CAB activities. The CAB was established in 2021 to improve outcomes in MiP and enhance partnership and collaboration among member countries. Current representatives from Nigeria, Ghana, Sierra Leone, Uganda, Burkina Faso, and Burundi conduct routine discussions with a total of 21 African countries.

→ **ACTION: MOH reps should let Kristen or co-Chairs know if they are interested in joining the CAB**

MiP Call to Action: Speed Up IPTp Scale Up campaign

Abena Poku-Awuku, MMV, highlighted that >1000 people signed a letter under the umbrella of the campaign calling on decision makers to provide all eligible pregnant women with the malaria preventive treatment they need. A book with the signatures was handed over to the African Leaders Malaria Alliance at the 2023 African Union Summit. As part of the Organization of African First Ladies in Development's meeting at the United Nations General Assembly in September 2023, four African First Ladies (East, West, Central and Southern) will champion this campaign in their region. A pilot campaign is planned in Kenya to increase uptake of IPTp by pregnant women and girls in the country.

Using data for MiP programming decisions

- Molly Robertson, The Global Fund, highlighted that subnational tailoring and stratification of intervention response is become more and more important as resources are limited; improving connections between SME and MiP WGs and determining specific areas of overlap is important so that we can align on key aspects in our workplan and support each other. Key items to consider include matchbox indicator surveys and including gender metrics.

- Maria Barreix, WHO, presented on the WHO ANC SMART Guideline to advance guideline implementation and data use. This is a new approach to using clinical, public health, and data recommendations in the digital age. Smart Guidelines are a comprehensive set of reusable digital health components (e.g., standards, code library access, algorithms, technical and operational specifications) that transform the guideline adaptation and implementation process to preserve fidelity and accelerate uptake. Each “Layer” offers customizable components that can be integrated into country health systems, supporting better care and analytics (establishing standardize data elements, and improving individual level data to be aggregated for national and global indicators). When applied in the context of country health systems, the components within each layer can contribute to improved data quality, the overall systems and ultimately, health services. These recommendations can be found here: <https://www.who.int/publications/i/item/9789241549912>
- Drs. Anna Munsey, CDC, and Joseph Hickey, Imperial College, presented on the utility of ANC attendees as a sentinel surveillance population. Routine national-level malaria surveillance at first antenatal clinic allows us to track prevalence trends at a finer spatial and temporal resolution than has been previously available. Mechanistic models can be used to reconstruct transmission and burden trends relevant to both pregnant women and the community. Applying these trends to alternative policy scenarios gives vital information for sub-national decision making --- what interventions should be applied, when and where?

Engaging innovative private sector opportunities— examples of digital health initiatives

- Edna Anab and Samuel Nderi, Kasha, provided an overview of how Kasha, a digital retail and last mile distribution platform that provides a broad integrated basket of health products discretely to low-income consumers in Africa, direct-to-consumer as well through pharmacies, retailers, facilities and into communities, is increasing Malaria in Pregnancy Services in Kenya.
- Victoria Goodfellow, Maisha Meds, presented on their digital Infrastructure for malaria care in the private sector, which provides direct incentives to providers and patients, subsidizing care to ensure that the correct testing is done and appropriate treatment given – currently serving ~15,000 patients/ month. Additionally, their system tracks retail pharmacy use of a wide variety of drugs.

SBC and Advocacy for MiP

- Ashley Malpass, USAID/PMI, discussed the need to ensure that ANC is recognized and included in discussions on primary health care (PHC) and universal health coverage (UHC). There are many barriers to ANC attendance, but one of the under-addressed barriers is the lack of availability of ANC services at all health facilities at least 5 days a week, limiting where and when women can receive services; this could be advocated for as part of discussions on PHC and UHC.
- Peter Mbabazi, presented on Multisectoral Mass Action Against Malaria (MAAM) for a Malaria Free Pregnancy, highlighting that malaria is both a cause and result of poverty, and that women’s economic empowerment reduces malaria. Visit MSWG page <https://endmalaria.org/our-work-working-groups/multi-sectoral-action>
- Angela Acosta, JHU CCP presented on SBC for early ANC initiation, highlighting that SBC encompasses any set of interventions designed to increase the adoption of healthy behaviors and influence the social norms that underpin those behaviors. Malaria Behavior Survey data show that factors associated with early ANC initiation vary significantly by and within countries emphasizing the importance of tailoring SBC interventions to the context. Communication interventions should seek to boost complete and accurate knowledge, self-efficacy, positive attitudes toward IPTp, and partner communication. Non-communication interventions can include collaborating with service

delivery partners to automate pregnancy screening and referrals and to make ANC services more accessible to communities.

Workplanning

The following key WG priorities were identified; the action plan which will be circulated separately:

- 1st trimester ANC
- Quality and sustained ANC
- Gender and MIP
- C-IPTp
- Policy adoption and implementation Stakeholders, collaboration, partnership
- Advocacy and funding