**RBM MiP Working Group meeting, February 17, 2022**

**Meeting Minutes**

1. Kristen Vibbert, Jhpiego
2. Abena Poku-Awuku, MMV
3. Emmanuel Otolorin, Jhpiego
4. Estrella Lasry, The Global Fund
5. Gabrielle Hunter, JHU
6. Jackson Sillah, WHO AFRO
7. Julie Gutman, CDC/PMI
8. Mildred Komey, MOH Ghana
9. Chonge Kitojo, USAID Tanzania
10. Katherine Wolf, Jhpiego
11. Matt Chico, LSHTM
12. Jenny Hill, LSTMED
13. Kwame Ankobea, USAID/PMI
14. Charlotte Eddis, PSI
15. Abdalah Lusasi, MOH Tanzania
16. Ashley Malpass, USAID/PMI
17. Sattu Issa, MOH Sierra Leone
18. Pascal Magnussen, University of Copenhagen
19. Lia Florey, USAID
20. Wani Kumba Lahai, MOH Sierra Leone
21. Patricia Gomez, Jhpiego
22. Sandra Incardona, MCDI
23. Catherine Dentinger, CDC Madagascar
24. Camille Bignon Houetohossou, MOH Benin
25. Kayode Afolabi, MOH Nigeria
26. Elisa Miguel, MOH Angola
27. Elaine Roman, Jhpiego
28. Azucena Bardaji, ISGlobal
29. Hailey Chen
30. Koki Agarwal, Jhpiego
31. Meredith Center, PSI
32. Valentina Buj, Unicef
33. Ousmane Naroua, PSI Niger
34. Myrte Wassenaar, ISGlobal
35. Silvia Schwarte, WHO
36. Valentina Buj, UNICEF
37. **Update on Call to Action** 
    * Event on Dec. 14th had very good participation with over 100 participants
      + Aimed to target decision makers around UHC day on Dec. 12th
      + Key Note Speaker: Joy Phumaphi, Executive Secretary of the African Leaders Malaria Alliance (ALMA)
        1. Other speakers from: Malaria No More, TIPTOP Manager in Mozambique, NMEP Manager, Nigeria
    * New web site: [https://endmalaria.org/speed-up-scale-up-of-iptp](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fendmalaria.org%2Fspeed-up-scale-up-of-iptp&data=04%7C01%7CKristen.Vibbert%40jhpiego.org%7C96e4d3c0c9704a3b3ae208d9bbb5b332%7C26ef7fd22a7f4135a2e4de9acf168b2a%7C0%7C0%7C637747211353061630%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=uvvPiqizvbif9F0bZg9t6HcLXTx30lIpvIN%2BUGksPZk%3D&reserved=0)
      + Tied to MiP WG page on RBM site
      + Published letter to key decision makers on this site
        - Site has designated space to add your signature to the letter
        - Plan is to deliver letter to top level decision makers ahead of AU Summit, 2023
        - The more signatures the better so please sign!
        - Please also share the link with your networks
        - Please when you do sign the campaign, please don't forget to tick the box to make your name visible.
      + Champion videos have been added to the site
        - Thus far we have 8 videos from the following:
          1. Yvonne Chaka Chaka
          2. Helga Fogstad
          3. Sheila Tlou
          4. Henrietta Fore
          5. Marijke Wijnroks
          6. Lilies Njanga
          7. James Whiting
          8. George Jagoe
38. **Presentation:** Presentation: *Sulfadoxine-pyrimethamine resistance and intermittent preventive treatment in pregnancy (IPTp) for the prevention of malaria in pregnancy: A systematic review and meta-analysis*, Annemieke Van Eijk, LSTM

**Discussion**

Matt: The guidelines for IPTp say that SP should be administered in areas of moderate to high transmission. And moderate to high when we’re looking at the Malaria Atlas project has much higher cutoffs with high being greater than 50%. So low is actually is still actually very high in the MiP context. Might these really important results serve to help define what moderate and high transmission is in the MiP context. You are showing a protective effect even down to transmission intensity at 3% or 3-10%, clearly there is still benefit to protection.

* Q: So I’m wondering how these results might be used to advocate for clarifying that in policy and policy recommendations.
* A: The data has been summarized specifically for the GDG and we are not sure how they will use it. It is striking that indeed at such low levels of transmission you can still see benefit.
  + The problem with this data is that while this is an update to a previous study and there are an additional 30+ studies included, they are not necessarily in areas that provide the answers to the questions we have. No studies were in the highest resistance strata. There were very few studies in the low transmission strata. To ability to really truly define what the correct cutoff should be is limited by the limited data at the extremes of growth resistance and transmission.

Estrella: Important for us to know that effect remains in low transmission areas, but other things need to be taken into account---feasibility, cost effectiveness, etc. but it guides us in the right direction.

* Q: Are you linking this to studies the SMC community is doing---looking at the relationship between presence of molecular markers of resistance and the effectiveness of the intervention?
* A: This hasn’t been done yet because the populations are very different so it’s not clear that the results for LBW or the effects in pregnant women who are older and have more pre-existing immunity would be reflective of what we would see in children, particularly for LBW. We are quite certain there are non-malaria effects that are influencing the growth of the fetus.
  + A team did an analysis on SMC results, but this could be looked into further and perhaps a side conversation would be useful.
* Estrella:
* Q: There was a presentation at the MPAG looking at relationship between resistance and chemoprevention and looking at the different types of chemoprevention and the relationship with resistance and it seems like this work is strongly contributing to that stream of work.
* A: This was provided to the GDG for the guideline development review process at WHO.

Azucena: Hot spots with high SP resistance in East Africa – wonder with concentration of data on SP resistance if we should consider what is translating is that even though many studies have been done we don’t have a complete picture about SP resistance because all of the research efforts are not equally distributed throughout the regions.

* Q: Looking at the effectiveness of the intervention depending on levels of SP resistance – the slides show significant reduction for low and medium levels of transmission and a trend towards reduction in the risk in high transmission areas. For some areas, low and middle, there is still a protective effect which is good news.
* A: The message is very positive and SP generally works except for in the hot spots. Assessing levels of SP resistance – we have done this by matching, but there is a problem between this review and the previous one in terms of obtaining data on SP resistance levels in the area. Before SP was much more used and common and people were doing more testing for it. Now, especially for East Africa, it was hard to find studies to look into this because it’s not a policy issue anymore. In West Africa it was better because there is still more molecular testing being done to assess the level of SP resistance making it easier, but in East Africa it’s becoming a problem when you want to do studies like this. It would be great if there were more testing in Rwanda and areas that are near the hotspots. We have done a fair bit of testing across Tanzania and it does largely seem to be in very restricted areas based on that study. So these extremely high areas of resistance are not universally identified. They’re in relatively small areas. This message needs to be made clear to countries that just because there is high resistance in one area, doesn’t mean that SP is not working in the entire country or in neighboring districts.

Wani:

* Q: What might be possible for reasons for high SP resistance?
* A: Countries of East and Southern Africa experienced chloroquine treatment failure before West Africa and, therefore, adopted SP for first line treatment first. Thus, malaria parasites have had more years of exposure to SP. Chloroquine treatment and they adopted SP first, but there may be other factors. It doesn’t seem to be only related to the number of years that SP has been in use. It’s probably a more complex interaction between the number of parasite strains circulating and we tend to see more resistance developing in areas of lower transmission because there are fewer circulating parasites and circulating strains and it becomes easier for a new strain to outcompete other strains. It is interesting why these hot spots are not in other areas. The level of resistance that we are seeing in Eastern and Southern Africa and the places where we are seeing has been there for at least 5+ years and in some cases in many more and it doesn’t seem to have dramatically spread beyond those sites, at least to the extent it’s been measured.

1. **International Women’s Day: March 8**

* This year’s theme for International Women Day is [#BreakTheBias](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.internationalwomensday.com%2F&data=04%7C01%7CKristen.Vibbert%40jhpiego.org%7Cdc205bc6537f4df5ba3508d9d4186773%7C26ef7fd22a7f4135a2e4de9acf168b2a%7C0%7C0%7C637774025969187520%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=I0BNQVf3KIxaN1L8kzFWiUgNeDQr6mNO82%2BbJXDxp%2Fc%3D&reserved=0): “Imagine a gender equal world. A world free of bias, stereotypes and discrimination. A world that's diverse, equitable, and inclusive. A world where difference is valued and celebrated. Together we can forge women's equality. Collectively we can all [#BreakTheBias](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.internationalwomensday.com%2FTheme&data=04%7C01%7CKristen.Vibbert%40jhpiego.org%7Cdc205bc6537f4df5ba3508d9d4186773%7C26ef7fd22a7f4135a2e4de9acf168b2a%7C0%7C0%7C637774025969187520%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=G0lmzI%2B6i8hGuUeWkJcUQFeJLPM9vanhSwxcoKaSGEk%3D&reserved=0). Celebrate women's achievement. Raise awareness against bias. Take action for equality.”
* Campaign around IWD will focus on the many facets of women in malaria and break the bias of what women in malaria mean in people’s minds. Women during pregnancy, adolescent girls and children under the age of five are more vulnerable, etc.
* We are envisioning to have a digital campaign and ask that you please help to share this through your malaria networks

1. **Partner/ASTMH Updates**
   1. Wani
      1. Finalized workplan for Sierra Leone this year and started assessment of IPTp coverage in 10 districts.
         1. Capturing this info in DHIS2 and realigning with IPTp3, IPTp4, IPTp5 vs. IPTp3+
      2. This work is supported by IMPACT Malaria
      3. Looking at revising interventions to boost coverage based on the data
         1. Can present on this in a future teleconference