**RBM MIP Working Group meeting, September 10, 2018**

**Meeting Minutes**

Participants:

1. Kristen Vibbert, Jhpiego/MCSP
2. Elaine Roman, Jhpiego/MCSP
3. Kate Wolf, Jhpiego/MCSP
4. Nicholas Furtado, The Global Fund
5. Kathryn Bertram, JHU/CCP
6. Prudence Hamade, Malaria Consortium
7. Maddie Marasciulo, Malaria Consortium
8. Matt Chico, LSHTM
9. Lisa Nichols, ABT Associates
10. Viviana Mangiaterra, The Global Fund
11. Nicaise Ndam, IRD
12. Ali Cameron, UNITAID
13. Kate Wright, MSH

**Agenda Items:**

1. **Report on regional WHO ANC SEARO meeting in New Delhi**

* The WHO SEARO ANC meeting took place July 10-13
* Objective: Review and disseminate documentation for ANC in the region
* The meeting was very well attended from countries in the region except for PRK
* WG Priority: to ensure there was an opportunity to discuss MiP
  + 3 hour session on MNCH
    - Nick presented on MiP giving a primer on the MiP WG, pathology of MiP and key issues for MiP in low transmission settings
    - Regional malaria advisory group presented on options for integration
      * MNCH program can be used for active surveillance to prevent re-establishment of malaria (for ex in Sri Lanka)
      * Improving case management in ANC context
      * Countries came up with suggestions on how to improve MiP
        + Better intergration of MiP interventions and key platforms to be focus of work for high burden countries such as India
        + Improve testing for pregnant women (ex: Timor Leste)
        + Gestational age assessments, including early fetal ultrasounds
        + Updating MiP guidance (ex: Myanmar)
        + Bhutan, Nepal, Thailand, Maldives: Didn’t place too much emphasis on what they will do
      * Overall: there was a lot of interest in taking MiP interventions forward where relevant in specific countries

**Discussion:**

* Q: What kind of testing did countries decide to use for MiP?
  + A: There was not too much time spent on details of testing and resistance, but we could go back and get in touch with regional advisors with specific questions
    - This would be important since MiP incidence is very low in these countries, but can have very large impacts on the fetus
    - MiP is also difficult to diagnose in a routine setting
* Q: Have they considered any form of IPTp, in particular, Chloroquine for vivax?
  + A: There was not enough time to delve into these issues, but these are very key questions
  + Q: This issue also came up during the World Malaria Congress. Has there been any thinking around an appropriate space to discuss this or is the situation so diverse across countries that there isn’t a practical option for this?
    - A: The Global Fund is organizing regional workshops, mostly on elimination, but it is worth looking at some of the countries facing identical problems to see how to include discussions on IPTp, testing, etc.
  + Q: What can the role of the WG be in the region? For example is there a need for reference documents to support WHO policy?
    - A: It would be worth reaching out to regional malaria advisors (PMI, TGF, etc.). There is a lot of interest in the greater Mekong sub-region regarding coverage issues that can be leveraged through the RMNCH platform. We need to see how and where we can get engaged.
    - There are two WHO regional offices supporting this region SEARO and WIPRO (Cambodia, Vietnam, Thailand, etc.)

**Next Steps:**

* Nick to share regional advisor contact information
  + Nick has shared the following contact: Eva-Maria Christophel, Regional Advisor for Malaria with the WHO SEARO office ([ChristophelE@who.int](mailto:ChristophelE@who.int))
  + Nick also shared some key takeaways from the meeting in which some participating countries have expressed interest in exploring opportunities and modalities for MNCH and malaria programs to collaborate on mutually beneficial goals. These are as follows:
    - Sri Lanka (malaria eliminated): Use of MNCH platform (s) (almost 100% coverage), for surveillance and active case management.
    - Gr. Mekong SR: Collaboration between MNCH and Malaria to use multi-country initiatives to cover hard to reach women and children. Myanmar MNCH delegate has expressed interest to explore this
    - Nepal/Bangladesh: Collaboration between MNCH and malaria elimination efforts on border areas and outbreaks as Nepal is going for elimination.
* Partners working in the regions listed above can see if there are opportunities for supporting the integration/collaboration identified.

1. **Annual Meeting**

* Date: Meeting is confirmed for February 12-14, 2019 in Maputo, Mozambique
  + If you have not received a Save the Date, please let Kristen know.
* Agenda: There is a small team working on confirming themes, objectives, etc. and they will reach out to others individually for inputs
* MOH Participation: WG is in the process of trying to confirm MOH participation from various countries identified as priority countries
  + Representation will be from both Reproductive Health and Malaria Control
  + This year we are aiming to have representation from 10 countries

**Next Steps:**

* Team to confirm meeting themes/objectives and then draft an agenda to be made available at the end of the year
* Continue follow-up with countries regarding MOH participation

1. **Planning and coordination for ASTMH:**

* Presentations: We’re asking WG members to please share any MiP abstracts, posters, oral presentations that you are aware of taking place at ASTMH
* WG Meeting at ASTMH:
  + Want to bring together WG members and key MiP stakeholders who do not regularly participate in WG teleconferences/meetings
  + This will be quick breakfast meeting on Monday, October 29th
  + The focus will be on key pertinent updates and country needs

**Next Steps:**

* Kristen will send out a matrix of ASTMH presentations and would like people to add their inputs with a due date of ***October 20th***.
* Kristen will send out a Save the Date
* Feel free to send any questions about the meeting to Elaine, Viviana and Kristen

1. **Partner Updates**

* **Matt Chico/LSHTM**:

SP has protective effects for infections beyond malaria, sulfadoxine is not an optimal treatment for reproductive tract infections.

* + London School with partners in Zambia will carry out a trial looking at SP vs DP combining it with metronidazole because the incidence of co-infection is very high and we may not get birth outcomes from just treating malaria without treating the co-infections
  + With SP the key benefit is that it’s a single dose treatment. DP is a three day regimen. In Zambia they will be looking at a single day regimen.

**Discussion:**

* + Q: Is there any thought to including an antibiotic in this study, such as azithromycin? Streptococcus B has big impacts on newborns.
    - A: Right now the current study in Zambia is looking at: can this be delivered and is it protective? Separate from this trial is the ongoing multi-country trial (Kenya, Tanzania and Malawi) which is a quarter of the way through recruitment. SP is being compared to DP and the third arm is DP + azithromycin. Maybe a future study can compare DP + metronidazole + azithromycin. There is a concern with azithromycin with gonococcal resistance.
* **Kate Wolf: IMPACT Malaria**:

Transition on MCSP funding. IMPACT malaria is a new global malaria award focused on malaria service delivery

* + Funding for the WG has moved from MCSP project to IMPACT malaria
  + IMPACT is the new mechanism supporting the WG and a lot of the MiP work funded by PMI will be shifting to IMPACT as well

**Discussion:**

* + Q: What countries will IMPACT be working in?
    - A: There will be work at the global level as well as funding for USAID missions
      * + IMPACT is starting off in 7 countries: Cameroon, Ghana, Sierra Leone, Niger, Mali, Cote D’Ivoire, Kenya, and there will be ad hoc work in Zambia and DRC
* **Nicaise Ndam, IRD**:

Implementation of pilot study in Ghana in 2015 to evaluate the implementation of the new IPT policy in an urban (Accra) and peri-urban (Kpon-On-sea) area.

* + In 2016 the study was extended to two rural sites (Battor and Adidome) in the Volta region.
  + This study was able to enroll about 3500 women presenting for the first ANC or delivery.
  + Another component of the study was carried out in the community on a limited number of women to address the socio-anthropological factors for optimal implementation.
* Conclusions: The major findings on the first track clearly show a beneficial effect of taking more doses of SP (at least 3) on birth weight and not necessarily on infections, most of which persisted at low density parasitemia. Detection of these low density parasitemia depended on the type of PCR used.
  + These observations of the beneficial effect of more SP doses were further supported by the actual plasma level of SP in the blood of the women at delivery.
  + There is potential for links/integration with the TIPTOP project.
* **Elaine Roman: TIPTOP**

Unitaid-supported Transforming Intermittent Preventive Treatment for Optimal Pregnancy

* + DRC, Madagascar, Mozambique and Nigeria
  + Aim: to help generate evidence for WHO to review their global policy on IPT and set the stage with countries for replication and scale-up, if the TIPTOP approach is proven successful
  + Introducing community-based approach for IPTp so there are no missed opportunities for IPTp for eligible pregnant women who can get SP at the community and facility levels
  + Main outcomes: Increase IPTp3 uptake to 50% in TIPTOP project communities without detracting from ANC
  + Implementation has started in 3 of 4 countries. Mozambique is expected to start implementation in October.
    - Jhpiego is the main implementing partner
    - There were a number of baseline research studies that needed to happen prior to implementation. These are being led by research partner ISGlobal and included household and anthropological surveys, plus monitoring of SP drug resistance.
    - MMV and WHO are enabling partners on the project
* Project Phases: Based on what is learned in Phase 1 there will be a go/no-go period looking at outcome indicators to ensure TIPTOP is able to expand into Phase 2 sites.
* Burkina Faso and Malawi are looking at this approach through studies funded by PMI
  + - * Implementation of PMI supported Malawi study will begin in October. MSH has been working very closely with the MOH. The baseline has been completed and there are a few final steps to take before implementation begins. There will be some costing studies as well.
      * Once TIPTOP moves to Phase 2 they’d like to have a regional partners meeting of those supporting/implementing C-IPTp, not just within TIPTOP, but from all participating projects/countries, to be able to learn from each other.
    - Zimbabwe is also piloting C-IPTp

**Discussion:**

* + Q: Is the expectation that TIPTOP will produce what is needed to influence WHO policy?
    - A: This is the cornerstone of the project. WHO was very involved in the proposal design to ensure the project would produce the evidence needed.
  + Q: Is part of this research also including cost-effectiveness?
    - A: There are going to be costing studies across countries led by ISGlobal. These will begin next year. Success for community implementation of IPTp is not just a five year marker of success. We’re really looking at success beyond the life of the project. The proposal phase involved PMI, TGF, etc. to look at how we can collaborate together to leverage support at local and national levels so efforts are supported moving forward.
  + Q: There will be a meeting in October looking at community health systems. USAID will be participating in that meeting and it would be good if during that meeting there is a discussion about C-IPTp being part of the community health package. Looking at long term sustainability it would be good to get the discussion going now.
    - A: With WHO task shifting guidelines, the new ANC guidelines and the brief developed by the WG last year, there is acknowledgement that more can be looked at from the community level and IPTp has been mentioned as part of that.
  + Q: The drug resistance monitoring is very important. In East Africa we have to be careful with using IPTp-SP.
    - A: This is exactly why we are doing the DRS studies. ISGlobal can provide more information and details on the resistance studies.