

Roll Back Malaria- Malaria in Pregnancy (MIP) Working Group Annual Meeting July 12 – 13, 2016, Nairobi, Kenya Location: Fairview Hotel, Kijiji Room A&B

Malaria in pregnancy (MiP) is a significant contributor to maternal and newborn morbidity and mortality. To control MiP, the World Health Organization promotes: a) use of a long-lasting bed net throughout pregnancy; b) effective case management among pregnant women showing signs and symptoms of malaria; and c) in areas of moderate to high malaria transmission, intermittent preventive treatment.

Malaria in pregnancy contributes to 10,000 maternal deaths each year. It is also responsible for approximately 100,000 newborn deaths globally and 11% of newborn deaths and 20% of stillbirths in sub-Saharan Africa. While some countries across sub-Saharan Africa have made good progress towards increasing coverage of MiP interventions, the majority of countries are far from achieving target goals. The 2015 World Malaria Report revealed 52% of eligible pregnant women received at least one dose of IPTp-SP and 17% received 3 doses. According to a 2015 Global Call to Action seminar report, ITN use among pregnant women is similarly low at 38%. This indicates more needs to be done to increase the coverage of integrated, quality MiP programming and achieve better health outcomes for mothers and newborns.

The purpose of the RBM Malaria in Pregnancy Working Group (MiPWG) is to align RBM partners on best practices and lessons learned in MiP programming to help achieve higher coverage in MiP interventions globally. The MiPWG also plays an important role in MiP advocacy through the development of key tools and products targeting policy makers and program managers with the most up to date information in MiP programming. The MiPWG's diverse partnership, made up of Ministry of Health leaders from both national reproductive health programs and national malaria control programs, technical partners, researchers and donors, positions the WG to uniquely bridge global policy to country practice to support acceleration of MiP program implementation.

With this in mind, the 18th RBM MiP Working Group meeting will focus on the following key meeting objectives:

- 1. Present and discuss best practices for scaling up prevention, including IPTp3 and ITN interventions, in different country contexts.
- 2. Review and discuss approaches for effective case management to advance MIP programming and RMNCH related programming.
- 3. Present and discuss strategies for integration between MIP and RMNCHA platforms with a focus on the prevention and case management of malaria in pregnancy.
- 4. Present and discuss key malaria in pregnancy updates and tools from partners.
- 5. Outline workplan priorities and future actions to be taken to accelerate MIP programming and achieve global targets.



DAY ONE: July 12, 2016 Daily Objective:

Review current RBMMiPWG work plan priorities and the contribution of the Working Group in advancing MiP programming and improving coverage for both the prevention and treatment of malaria in pregnancy. Present and discuss best practices for scaling up IPTp3 and ITN interventions in different country contexts.

Time	Session	Responsible/Chair
9:00-12:30	Registration	·
12:30-1:30	Lunch	
1:30-2:30	 Opening Session: Welcome and Introductions Review of agenda and meeting objectives and expected outcomes WG Priorities and Workplan Priorities and Achievements 	Elaine Roman & Viviana Mangiaterra
2:30-3:30	Snapshot: Global Priorities in MiP World Health Organization President's Malaria Initiative UNICEF Global Fund UNITAID	Maurice Buçagu Daniel Wacira Marie-Reine Fabry Viviana Mangiaterra Alexandra Cameron
3:30-4:00	TEA/COFFEE BREAK	
4:00-5:15	Where Are We in Achieving Targets and Increasing Coverage for IPTp3 and ITN Interventions: Country Experiences • Kenya • Tanzania • Malawi Discussion: Scaling up IPTp3 and ITN Interventions	Peter Njiru & Elizabeth Washika Georgina Msemo Shadreck Mulenga & Diana Khonje
5:15-5:30	Day One Wrap-up and Close	Elaine Roman & Viviana Mangiaterra
6:00-7:30	Evening Reception, Hosted by Jhpiego in the Aquarist Room	



DAY TWO: July 13, 2016 Day Objectives:

Present and discuss key malaria in pregnancy updates and tools from partners. Outline workplan priorities and future actions to be taken to accelerate MIP programming and achieve global targets.

Time	Session	Responsible/Chair
8:30-8:45	Overview of Day 2	Viviana Mangiaterra
8:45-9:40	Achieving Targets and Increasing Coverage for IPTp3 and ITN Interventions: Country Experiences, continued • Mozambique • Zambia	Baltazar Candrinho & Marcelino Adui Victor Chalwe & Busiku Hamainza
9:40-10:40	 New MiP Tools & Resources from Partners Maternal and Child Survival Program: Early Second Trimester Gestational Age Tool & Case Management Job Aid Maternal and Child Survival Program: Malaria Game Johns Hopkins Center for Communication Programs MiP Advocacy Tool 	Elaine Roman Patricia Bentil & Kristen Vibbert Matthew Lynch
10:40-11:10	TEA/COFFEE BREAK	
11:10-12:00	Expanding MiP Services in Coordination with GFF: Country Experiences • Kenya	Gandham N.V. Ramana Peter Kimuu
12:00-12:40	 Partner Experiences WHO update on ANC Guidelines Integration of MiP Services to Improve Health Outcomes for Women and Newborns: Ideas for Exploration & Analysis 	Femi Oladapo Mary Nell Wegner
12:40-1:30	LUNCH	
1:30-2:30	 Partner Experiences, continued MiP in low transmission settings Addressing Malaria Prevention in HIV-infected pregnant women Prevention of Placental Malaria Discussion: Partner Experiences 	Azucena Bardaji Raquel Gonzalez Nicaise Ndam
2:30-3:00	TEA/COFFEE BREAK	
3:00-4:30	Moving Forward & Next Steps for RBMMiPWG Update on changes within Roll Back Malaria. Review of workplan priorities and how to move the RBMMiPWG agenda forward in the coming year	Elaine Roman & Viviana Mangiaterra
4:30-5:00	Day Two Wrap-up and Close of Meeting	Elaine Roman & Viviana Mangiaterra