

innovating to save lives



an affiliate of Johns Hopkins University



# Roll Back Malaria- Malaria in Pregnancy Working Group *Findings from the 14<sup>th</sup> Annual Meeting*



Elaine Roman  
Malaria Team Leader, MCHIP/Jhpiego  
26 June 2012

## Overview

- Advisory body to RBM Secretariat to accelerate MIP implementation and scale up
- Partners include technical, programmatic and researchers
- Key Functions & Support
  - Fostering collaboration between reproductive health and malaria control
  - Documentation and dissemination of best practices and lessons learned
    - Malawi, Senegal, Zambia
  - Development of key documents and tools

# Kigali, Rwanda: April 18-20, 2012

## Meeting Objectives:

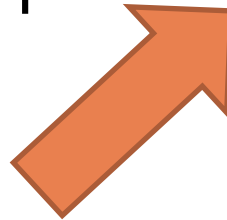
1. Review and discuss the current status of MIP programs
2. Review and discuss latest evidence for MIP implementation
3. Orient national malaria control and reproductive health managers to MIP program framework
4. Review and update MIP working group work plan
5. Discuss and identify opportunities for MIP scale up at country level.



# Meeting Highlights (1)- Country Updates

*Tool to help accelerate country dialogue, implementation and realization of MIP scale up.*

- Kenya, Ghana, Guinea, Rwanda, Tanzania, Mozambique Uganda and Zambia
- Current status: IPTp uptake and ITN coverage
- Successes, challenges, lessons learned



## **MIP Program Areas**

1. Policy
2. Integration
3. Commodities
4. Capacity Building
5. Community Involvement
6. Quality Improvement
7. Monitoring and Evaluation
8. Financing

## Meeting Highlights (2)- Research



1. SP resistance on IPTp-SP effectiveness
  1. WHO Technical Review Meeting in July
2. Coverage of malaria protection in pregnant women
3. Quality of Care
  1. Observation of IPTp provision & iron and/or folic acid

# Simple Solutions Identified (1)

## 1. Community

1. Safe motherhood action groups sensitizing communities
2. Interventions that focus on 'bridging the link' between communities and facilities

## 2. National Technical Working Groups

1. Representation from both RH and Malaria

## 3. Circular

1. Short, direct, powerful!

## 4. Quality of Care

1. Empowering on-site managers and health workers to track standards in care

## Simple Solutions Identified (2)

1. Text Messaging
  1. Targeting pregnant women and/or providers
2. Addressing SP stock-outs
  1. Memo directing SP free of charge
  2. Separate account for SP procurement and distribution
3. Recording/ reporting
  1. Integrating record keeping into routine training



## What's Next?





# Working Group- Way Forward

1. Support countries to develop similar MIP updates
  1. Coordination with WHO/AFRO
2. Development of consensus meeting
  1. IPTp- Based on outcome of WHO Technical Review meeting
  2. Supporting operations research for community directed interventions
3. Reengage core working group partners as well as renewed engagement with other RBM WGs
4. Revitalize MIP working group web page- <http://www.rbm.who.int/mechanisms/mpwg.html> with key resources and tools for MIP program implementation