

RBM Case Management Working Group

Brief update of CMWG-12 meeting

22-25 August 2023 in Accra, Ghana

ABOUT THE CASE MANAGEMENT WORKING GROUP

The RBM CMWG is a dynamic and systematic coordination, convening and facilitating mechanism at a global level that aims to minimize wasteful duplication and maximize synergies, encourage harmonization and pooling of efforts for faster uptake and scale-up of malaria case management strategies. The Working Group aims to achieve consensus on complex strategic issues concerning scaling up implementation of policies for malaria case management, and on synthesizing and disseminating evidence-based best practices. This is done without duplicating the essential responsibility of WHO expert committees and consultations, which is to advise on norms and standards for products and services and their appropriate use.

THIS YEAR, the RBM CMWG-12 meeting was held in **Accra, Ghana**, and welcomed **130 attendees** (85 in person, 45 via zoom). Participants came from **36 countries**, representing five WHO regions (African AFR, Eastern Mediterranean EMR, Americas AMR, South-East Asia SEAR and European EUR Regions) (see *Figures 1a & 1b*). **The majority of the participants were drawn from the South.**

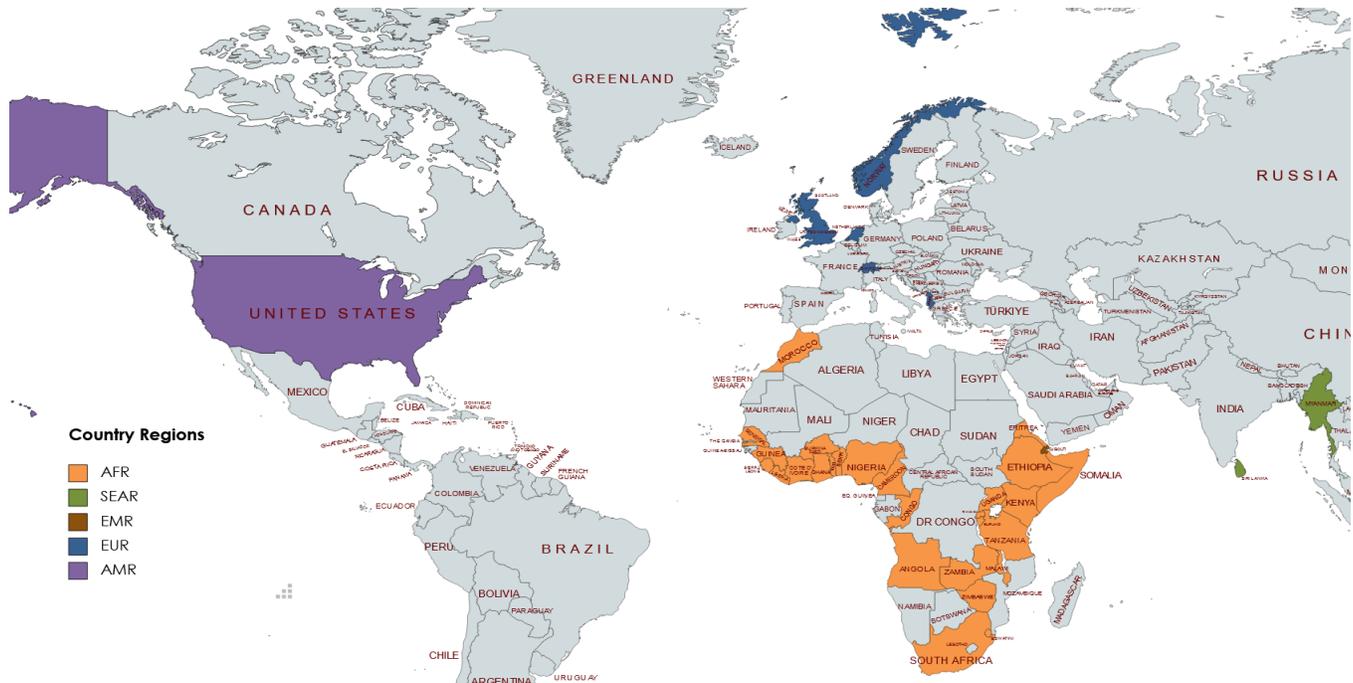


Figure 1a Country Regions of Participants at CMWG-12

- AFR** Angola, Benin, Burkina Faso, Burundi, Cameroon, Congo, Cote d'Ivoire, Eritrea, Eswatini, Ethiopia, Ghana, Guinea, Kenya, Liberia, Malawi, Morocco, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, Tanzania, Togo, Uganda, Zambia, Zimbabwe
- SEAR** Myanmar, Sri Lanka
- EMR** Djibouti
- EUR** Albania, Netherlands, Norway, Switzerland, United Kingdom
- AMR** USA

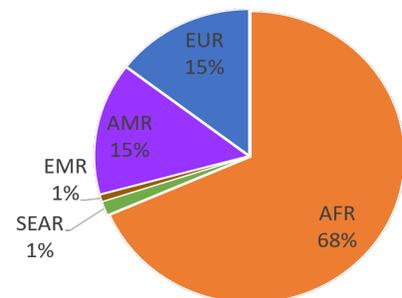


Figure 1b

CONSTITUENCIES

Over half of the participants were affiliated with organizations from the South: governmental agencies (35%) and civil society (13%), private sector (4%) and research/academia (3%). In addition, 20% of participants were affiliated with organizations of the north (11% civil society, 5% private sector, 4% research/academia) and UN/Multilateral Institutions at 25% (see *Figure 2*).

MALARIA-AFFECTED COUNTRIES

28 of the 36 represented countries were malaria-affected (see *Figure 3*) which accounted for 70% of participants. Ghana was the highest (host country), followed by Kenya, Nigeria and Malawi.

GENDER BALANCE

In regards to gender balance, there were 55% male and 44% female and 1% I don't prefer to answer among the participants (see *Figure 4*).

SPONSORING

The annual meeting welcomes partners and participants who join at their own cost. A registration fee covers the rental

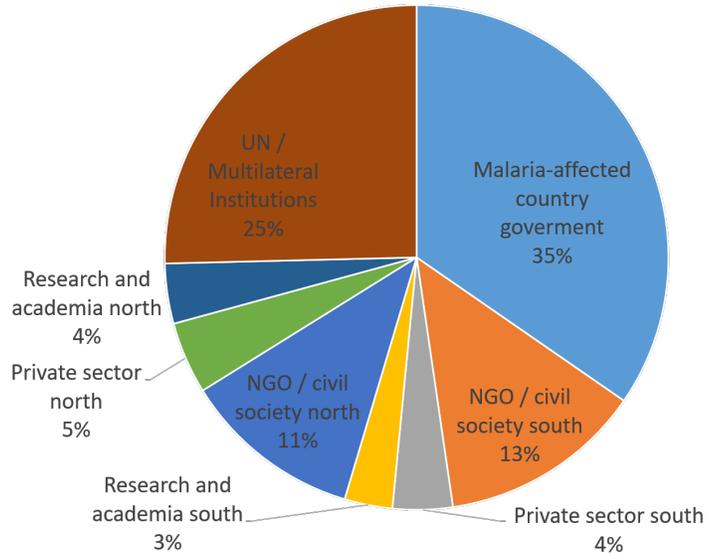


Figure 2 Constituencies at CMWG-12

of the meeting rooms, catering and technical expenses of the annual venue.

The participation of selected NMCP Officers and speakers was funded by the Swiss Agency for Development and Cooperation (SDC) through the GlobMal project at Swiss Tropical and Public Health Institute (Swiss TPH), the President's Malaria Initiative (PMI) through the PMI Impact Malaria Project and the Medicines for Malaria Venture (MMV).

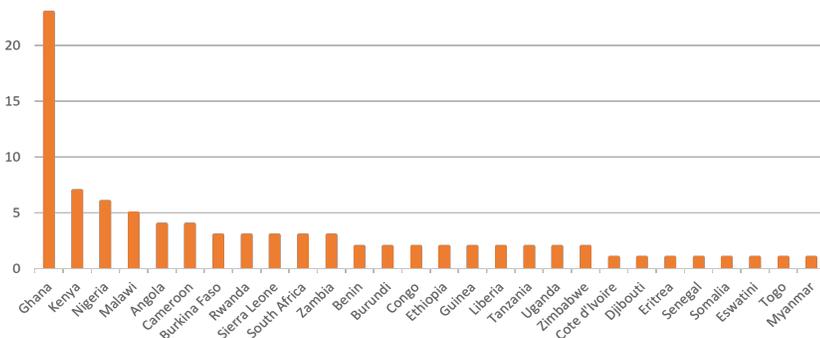


Figure 3 Malaria-affected countries at CMWG-12

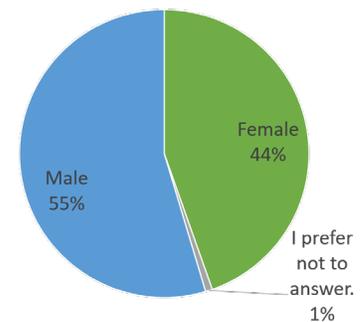


Figure 4: Gender at CMWG-12

