RBM Partnership To End Malaria | Case Management Working Group

RBM Case Management Working Group
A brief update to the 11th annual meeting on June 28-30, 2022

About the RBM Case Management Working Group

The RBM CMWG is a dynamic and systematic coordination, convening and facilitating mechanism at 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 practice. This will be 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.

Rationale

One of the four essential elements of the RBM strategy is access to prompt diagnosis and effective treatment for malarial disease. Ensuring universal access to malaria diagnosis improves the quality of care and ensures that antimalarial medicines are used rationally and correctly. Ensuring universal access to quality-assured antimalarials in the public and private sectors will ensure that all malaria patients receive prompt treatment. Scaling up access to effective treatment of malaria cases will be contingent on well-coordinated, multi-disciplinary action towards defined objectives, systems, services and products. Challenges to achieving universal access to quality malaria case management including the threat of drug resistance, increasing prevalence of parasites with HRP2 deletions and weak health systems need to be systematically addressed by national programs and their partners.

RBM CMWG Code of Conduct

The RBM Partnership to End Malaria Case Management Working Group is committed to providing a safe, productive, and welcoming environment for all Working Group members, meeting participants and CMWG staff, based on values of professional respect, courtesy, embracing diversity and recognition of the different constraints and operating environments, which we all operate in.

The 11th Annual Meeting of the Case Management Working Group

This year, the annual meeting took place at the Lemigo Hotel in Kigali, Rwanda. We counted 94 participants. The participants were from 30 countries (25 malaria affected and five malaria free countries).

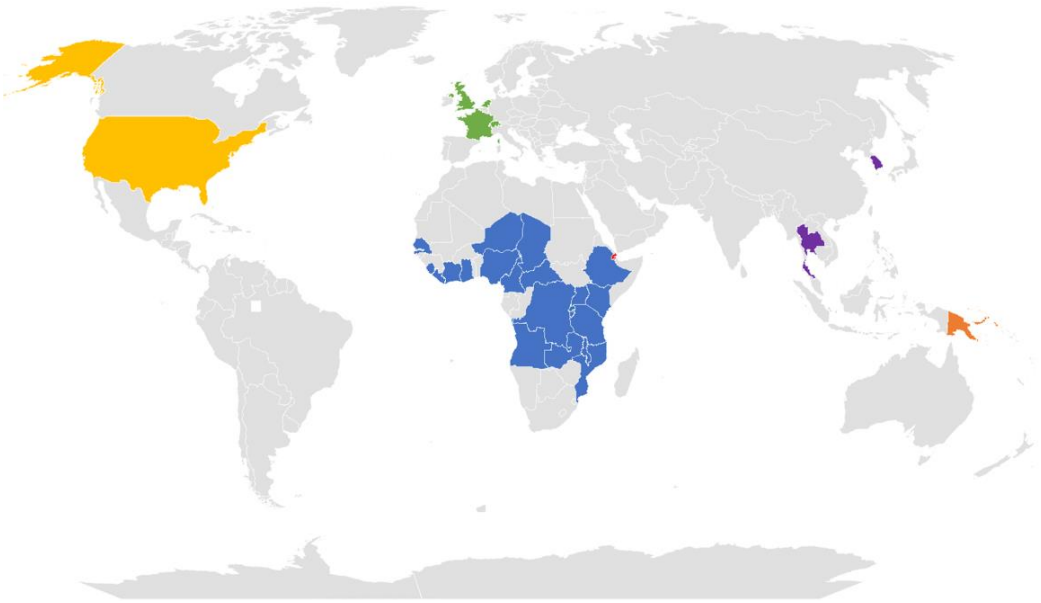

Figure 1. Countries represented at the 11th CMWG annual meeting

Represented counties

AFRO: Angola, Burundi, Cameroon, Central African Republic, Chad, Cote D'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Tanzania, Uganda, Zambia
EMRO: Djibouti
PAHO: USA
EURO: France, Netherlands, Switzerland, United Kingdom
WPRO: Papua New Guinea
SEARO: Republic of Korea, Thailand

Constituencies

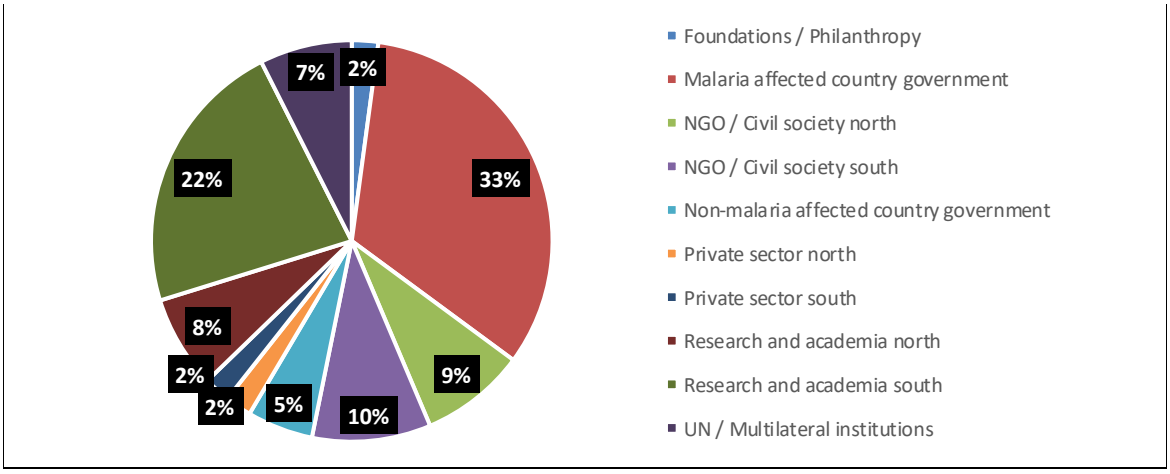

Figure 2. Constituencies represented at the 11th CMWG annual meeting

67% of the participants are affiliated with organizations based on malaria affected countries. From those 33% are linked with government, 10% with NGO/civil society, 22% with research and academia and 2% with private sector. 33% of the participants are affiliated with organizations based on malaria free countries. From those 8% are linked with research and academia, 9% with NGO/civil society, 2% with private sector, 7% with UN/multilateral institutions, 5% with government, 2% with foundations. For a full overview please consult figure 2. In total our participants represented 40 organizations and affiliations.

Gender balance

In regards to the gender balance, 49% of the participants are female and 51% are male.

Speakers

26 speakers and moderators took part during the 3 days.

Registration fee and sponsoring

The meeting welcomed partners and participants who joined on their own costs (EUR 200). The participation of selected national malaria control managers at the annual meeting ensured with funds by the Swiss Agency for Development and Cooperation (SDC) through the GlobMal project at Swiss TPH and PMI through the Impact Malaria project at PSI.