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 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).