

FEEDBACK

12TH MEETING OF THE RBM CASE MANAGEMENT WORKING GROUP

22-25 August 2023 in Accra, Ghana

THANK YOU

We would like to thank everyone who participated in the online feedback of the 12th CMWG annual meeting in Accra, Ghana. Out of 90 recipients, 58 persons (64.4%) provided insightful responses that are summarized below. The meeting received mostly positive feedback.

Regarding the results of the feedback survey, five-star satisfaction ratings are regarded as very satisfied, somewhat satisfied (4 stars), neither satisfied nor dissatisfied (3 stars), somewhat dissatisfied (2 stars) and very dissatisfied (1 star). In the survey, ratings of 4-5 stars are denoted as <u>"satisfied"</u>.

DATES, VENUE, SERVICES

More than 90% of respondents were pleased with the meeting in general (see *Figure 1*). In particular, almost 90% were satisfied with the duration of the meeting, and 88% were pleased with the date and timing. Over 63% were satisfied with the location (Holiday Inn Accra Airport Hotel) but more than 79% were pleased with the transportation from the airport to the hotel, which took only 5 minutes by shuttle. More than 70% were satisfied with the meeting room (see *Figure 2*).

Also, more than 82% of respondents were happy with the interpretation services. Around 74% were pleased with the sound/audio services, and 60% were pleased with the catering/meal services during the meeting. Look at *Figure 2*.

ORGANIZATION, SESSIONS, SPEAKERS

Figure 3 shows that over 96% of respondents were satisfied with the registration process as well as the information provided. More than 94% were pleased with the attendee app/web to check the daily schedule and information of speakers and participants. In addition, over 92% were satisfied with the event websites (see Figure 3).

More than 97% of respondents were satisfied with the field trip as well as the quality of the speakers. Also, 96% were pleased with the quality of the sessions, and almost 94% were happy with the number of sessions (see *Figure 4*)

All sessions were very much appreciated by respondents. Most favorite sessions were contin-

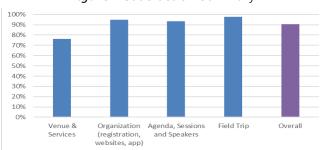
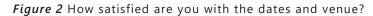


Figure 1 Satisfaction Summary



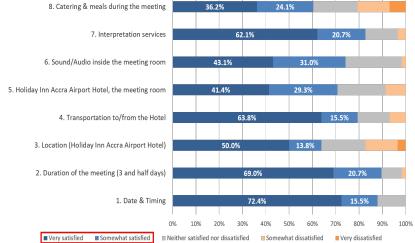


Figure 3 How satisfied are you with the organization?

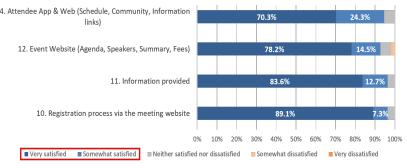


Figure 4 How satisfied are you with the sessions and speakers?

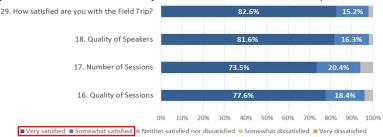
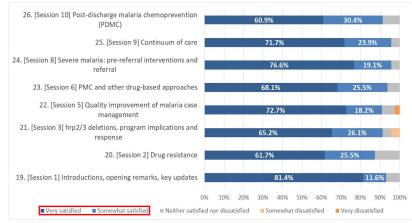


Figure 5 How satisfied are you with each session?



uum of care and severe malaria (over 95%), followed by PMC & other drug-based approaches and introduction part (93%), sessions of PDMC, hrp2/3 and quality improvement (over 90%), and drug resistance (87%). Look at *Figure 5*.

The collected feedback on the reasons for satisfaction, dissatisfaction and suggestions for the next meetings are described in the following chapter.

MOSTLY LIKED!!

The most liked parts of the meeting were 1) Sessions, topics and speakers, followed by 2) Field trip, 3) Knoweldge and experience sharing, 4) Networking, 5) Time management, and 6) Organization and coordination. See *Figure 6*.

1) Sessions, topics and speakers

The respondents liked the sessions and covered topics more than anything else. The interactive learning and discussions were the preferred parts of the sessions. Moreover, messages from WHO were well received.

"I liked the sessions, they were lively and contextual."

"Topics about malaria cases management and experiences shared by other countries."

"Topics were relevant and will improve my approach to CM interventions in my country."

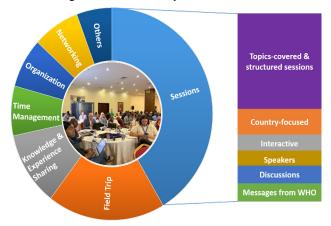
"I liked the interactive nature of the discussion and hearing country experiences and appreciated the active participation of WHO to explain their position "

2) Field trip

The field trip was the second favorite part of the meeting among the respondents. The management and teamwork at the hospital and health center/CHPS were highly valued.

"I really liked the field trip, because it helped visualize a health facility with good leadership."

"The field trip helped to expose some of the weaknesses we have in our health facilities in Nigeria and the strategies to adopt as the country moves towards." Figure 6 What did you like most?



3) Knowledge & experience sharing and 4) Networking

The diverse experiences from the countries was an attractive element for the attendees for learning through exchanging good practices with each other and enhancing their networking opportunities.

"Meeting and collaborating with other participants and learning new approaches from the presentations." "All the topics covered were relevant to the sharing of experience."

"Excellent networking opportunity"

5) Time management and 6) Organization & coordination

The timekeeping of presentations and discussions were well managed. The responders also appreciated the meeting organization.

"Well-organised meeting. All the speakers were well-informed. Timekeeping"

"Ample time for side conversations with other participants." "The overall organization great work done"

7) Others

Additionally, some respondents picked the venue, translation services and Ghanaian performance event as their favorite part of the meeting.

SUGGESTIONS for NEXT MEETINGS

Sessions, inputs, topics, discussion points

Throughout the meeting, there were over 35 speakers, more than 25 presentations and plenty of country-focused discussions. Suggestions for the next meeting are:

- more inclusive in asking for participants' input and sharing experiences
- best practices from pre-elimination and elimination countries
- discussions on supply chain and access issue
- latest research outcomes and innovations in treatment and diagnostics
- community management of malaria
- cross-learning from elimination countries in Asia
- sharing experiences of prevention strategies in children (CPP, CPS and Vaccination)



- more in-depth discussion on the threat of anti-malarial resistance and how to optimize response
- discussion of the effective use of impregnated mosquito nets (behavior change)
- non-falciparum malaria and the management of hypnozoites
- topics of uncomplicated malaria, complications of severe malaria
- inputs from Global Fund (support for HSS and the changes for the next few years)
- Burkina Faso's experience of introducing pyramax

Field trip

We have received the following suggestions:

- visiting both of best and poor practices of health facilities
- one-day field visit (e.g. 8 am to 4:30 pm) to have sufficient discussion time
- visiting both sites
- visiting NMCP/NMEP and making a short presentation of both groups (highlighting strengths, weaknesses and suggestions)

Time management

Although the timekeeping was the best part of the meeting, some responders suggested:

- more time for discussions, Q&A
- more time to digest all the information

Organization and administration

Respondents gave us further suggestions:

- certificate: nice to have a certificate of participation and speaker's presentation
- administration: earlier ticketing of flights would be nice for the visa application
- feedback: via attendee app to collect real-time feedback after each session

Venue, location, duration, services

We have received the following comments: Location

- another country for the next meeting (e.g. Uganda, Morocco, Algeria, Nigeria)
- not necessarily near the airport
- Duration
- 4 full days or 5 days, more time

Additionally, some respondents suggested having a program of historical/cultural visits.

SUMMARY

The CMWG meeting was hosted in Accra, Ghana. It was a wonderful time to meet colleagues and get networking in person. The venue in Ghana enabled the participation of various stakeholders from the South mostly. Also, the meeting was accomplished for participants to exchange knowledge and experience and learn interactively about well-balanced case management topics by involving NMCP representatives from various endemic countries.

Receiving this positive feedback and insightful suggestions for the upcoming meetings, we are happy to move on with the organization of the CMWG-13 meeting. Thank you very much again for your participation, commitment, continuous support and helpful feedback.



Larry Barat and Noella Umulisa, Co-chairs of <u>RBM Case Management Working Group</u> Konstantina Boutsika, Coordinator