

# RBM Case Management Working Group

Brief update of CMWG-13 meeting

24-26 September 2024 in Kigali, Rwanda

## ABOUT THE CASE MANAGEMENT WORKING GROUP

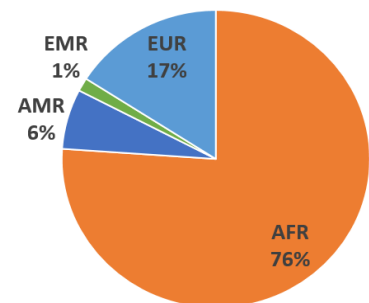
The RBM CMWG is a dynamic and systematic coordination, convening and facilitating mechanism at a global level that aims to minimize wasteful duplication and maximize synergies, encourage harmonization and pooling of efforts for faster uptake and scale-up of malaria case management strategies. The Working 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-13 meeting took place in Kigali, Rwanda, attracting a total of 144 attendees, with 125 participating in person. Participants represented 34 countries across four WHO regions: Africa (AFR), Eastern Mediterranean (EMR), Americas (AMR), and Europe (EUR) (see Figures 1a & 1b). **A significant 76% of the attendees were from the African region, reflecting strong representation from the Global South.**



**Figure 1a** Country Regions of Participants at CMWG-13

- AFR** Angola, Benin, Burkina Faso, Burundi, Cameroon, DRC Congo, Republic Congo, Eswatini, Ghana, Kenya, Liberia, Malawi, Mali, Mauritania, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, Tanzania, Togo, Uganda, Zambia, Zimbabwe
- EMR** Djibouti, United Arab Emirates
- EUR** Belgium, France, Switzerland, United Kingdom
- AMR** Canada, USA



**Figure 1b**

## CONSTITUENCIES

The majority of participants were affiliated with organizations from the Global South, including governmental agencies (44%), civil society (16%), the private sector (5%), and research/academia (6%). Additionally, 18% of participants represented organizations from the Global North, comprising 2% from government, 6% from civil society, 4% from the private sector, and 6% from research/academia. UN and multilateral institutions accounted for 9% of the attendees, while foundations and philanthropy represented 1% (see Figure 2)

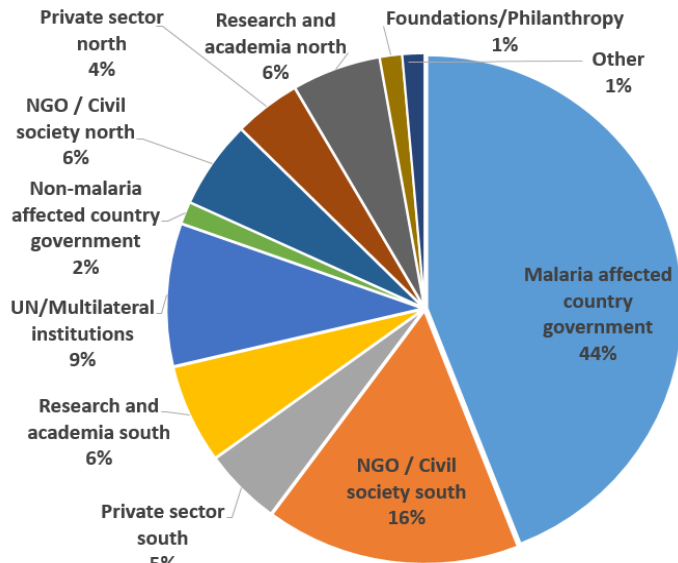


Figure 2 Constituencies at CMWG-13

## MALARIA-AFFECTED COUNTRIES

Out of the 34 represented countries, 27 were malaria-affected, accounting for 76% of the participants (see Figure 3). Rwanda, as the host country, had the highest representation, followed by Kenya and Nigeria.

## GENDER BALANCE

Regarding gender balance, participants comprised 61% male and 39% female (see Figure 4).

## SPONSORING

The annual meeting welcomed partners

and participants who attend at their own expense, with a registration fee covering room rental, catering, and technical costs. Selected NMCP officers and speakers funded by the Swiss Agency for Development and Cooperation (SDC) through the GlobMal Project, Phase 4 at the Swiss Tropical and Public Health Institute (Swiss TPH), along with the RBM Secretariat, the President’s Malaria Initiative (PMI), the Clinton Health Access Initiative (CHAI), and the Medicines for Malaria Venture (MMV). Novartis also supported venue expenses.

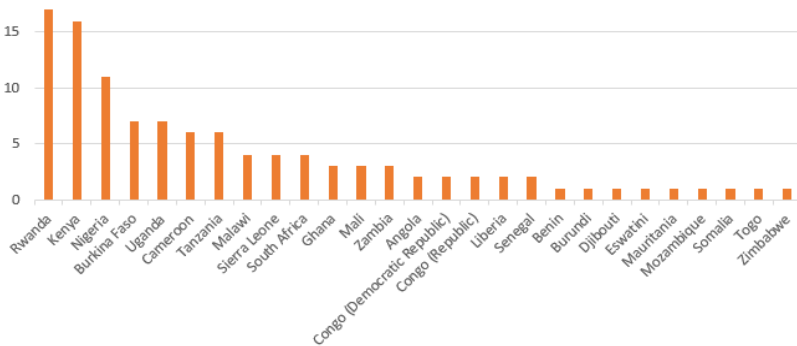


Figure 3 Malaria-affected countries at CMWG-13

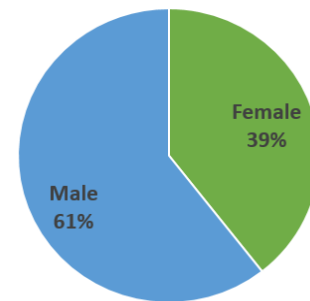


Figure 4: Gender at CMWG-13

