RBM Case Management Working Group

Brief update of CMWG-14 annual workshop

16-18 September 2025 in Abidjan, Côte d'Ivoire

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-14 workshop took place in Abidjan, Côte d'Ivoire, attracting a total of 132 attendees, with 92 participating in person. Participants represented 39 countries across four WHO regions: Africa (AFR), Eastern Mediterranean (EMR), Americas (AMR), Europe (EUR) and Western Pacific (WPR) (see Figures 1a & 1b). **A significant 74% of the attendees were from the African region, reflecting strong representation from the Global South.**

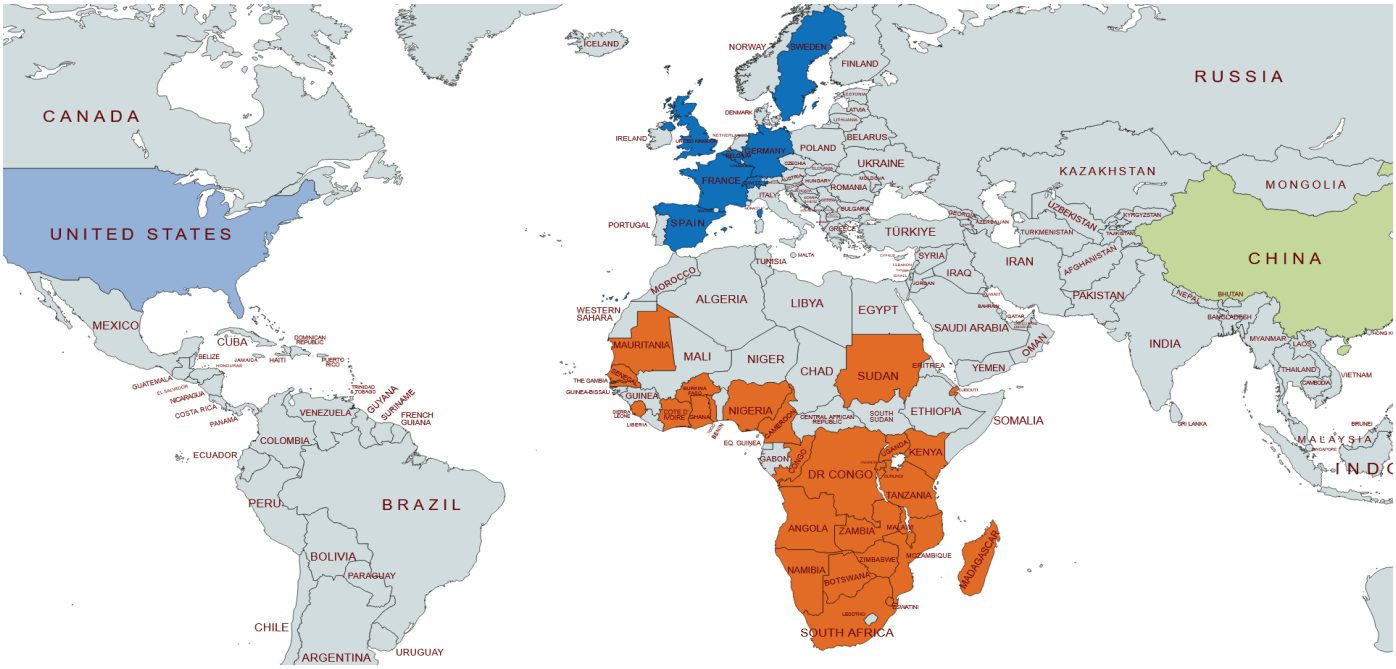


Figure 1a **Country Regions of Participants at CMWG-14**

AFR *Angola, Botswana, Burkina Faso, Burundi, Cameroon, Comoros, Congo (Republic), Cote d'Ivoire, Djibouti, DRC, Eswatini, Gambia, Ghana, Kenya, Madagascar, Malawi, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe*

EUR *Belgium, France, Germany, Spain, Sweden, Switzerland, United Kingdom*

AMR *USA*

WPR *China*

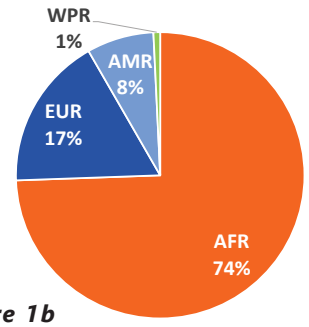


Figure 1b

CONSTITUENCIES

The majority of participants were affiliated with organizations from the governmental agencies (41%), civil society (22%), research/academia (17%) and the private sector (10%). UN and multilateral institutions accounted for 7% of the attendees (see Figure 2).

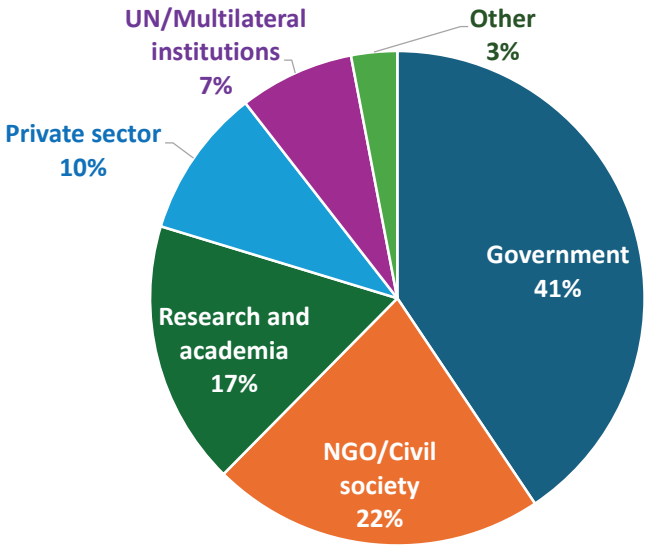


Figure 2 Constituencies at CMWG-14

MALARIA-AFFECTED COUNTRIES

Out of the 39 represented countries, 30 were malaria-affected, accounting for 75% of the participants (see Figure 3). Côte d'Ivoire, as the host country, had the highest representation, followed by Kenya and Malawi.

GENDER BALANCE

Regarding gender balance, participants comprised 52% male and 48% female (see Figure 4).

SPONSORS

The event was sponsored in various ways by the Swiss Tropical and Public Health Institute (Swiss TPH) through the GlobMal Project, Phase 4, funded by the Swiss Agency for Development and Cooperation (SDC), as well as by the RBM Partnership to End Malaria, Novartis, Abbott, Medicines for Malaria Venture (MMV), Mitigating Antimalarial Resistance Consortium in Southern and East Africa (MARC SE) and University of Cape Town (UCT) (EU/EDCTP3).

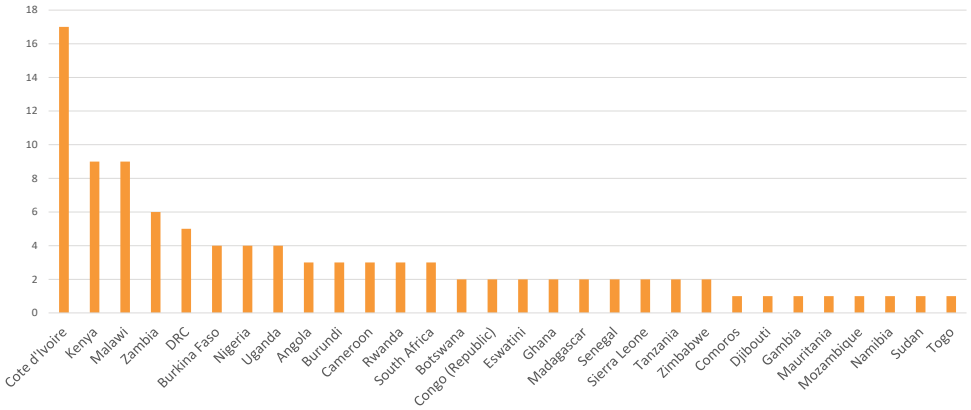


Figure 3 Malaria-affected countries at CMWG-14

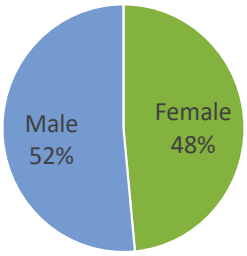


Figure 4: Gender at CMWG-14



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