5th Case Management Working Group Meeting
Geneva, 27-28 July 2011

RBM Objectives and targets

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5th CMWG meeting

• Welcome you to Geneva to the 5th Case management Working Group meeting

• The purpose of this meeting is 2 fold:
  – Review progress made in CMWG Work Plan implementation
  – Identify your coordinated response to the revised GMAP targets and milestones

• WG outputs identify area where partners work in a coordinated fashion to enhance impact of their own work and avoid duplication.
The RBM Board has updated main GMAP objectives for 2015

1. Reduce global malaria deaths to near zero
2. Reduce malaria cases by 75% (baseline 2000)
3. Eliminate malaria in 10 additional countries (baseline 2008) and European region

Near zero deaths targets through:

- Achieve universal access to case management in the public sector;
- Achieve universal access to case management, or appropriate referral, in the private sector;
- Achieve universal access to community case management (CCM) of malaria;
Universal Access - Public sector

• Milestone 2013: 100% suspected cases receive diagnosis and appropriate treatment
  – Engage IMCI as service provider
    • Health worker compliance with new procedures
    • User adherence to new guidelines
    • Introduction of new treatment algorithms....
  – Ensure drug availability and affordability
  – Ensure equitable access

Universal Access - Private sector

• Milestone 2013: 50% of fever syndrome in private sector receive diagnostic tests and 100% of confirmed cases receive appropriate treatment
  – Engage private caregivers
  – Ensure adherence to procedure
  – Ensure availability, affordability and equity
  – Promote over the counter policy

• or referral
Universal Access - Community case management

• **Milestone 2012:**
  • All countries where CCM is an appropriate strategy have adopted policy in support of CCM (incl. diagnosis & treatment at community level)

• **Milestone 2013:**
  • In all countries where CCM is an appropriate strategy, 80% of fevers are tested and 80% of positive patients recieve effective treatment

Challenges

• Weak health system (SCM, HR…..)

• Resistance surveillance and containment

• Reaching the poorest of the poor, marginalized populations, refugees and migrants.

• Case management of non malaria fever

• Financing……..
Another key output of this meeting

- Election of a new co-chair (2 year mandate)
- Congratulations to Dr. Larry Slutsker (CDC) for leadership in revitalizing this working group
- Congratulation to the working group secretariat, Malaria consortium for mentoring the group work and for organizing this meeting
- Wish good deliberations