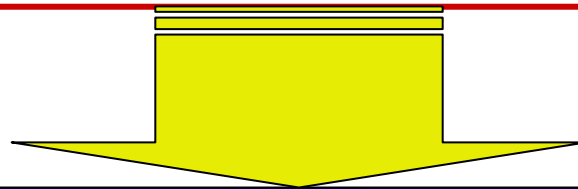


IVM update

Raman Velayudhan and Jacob Williams

IVM

*A rational decision-making process
for
the optimal use of resources
for vector control*



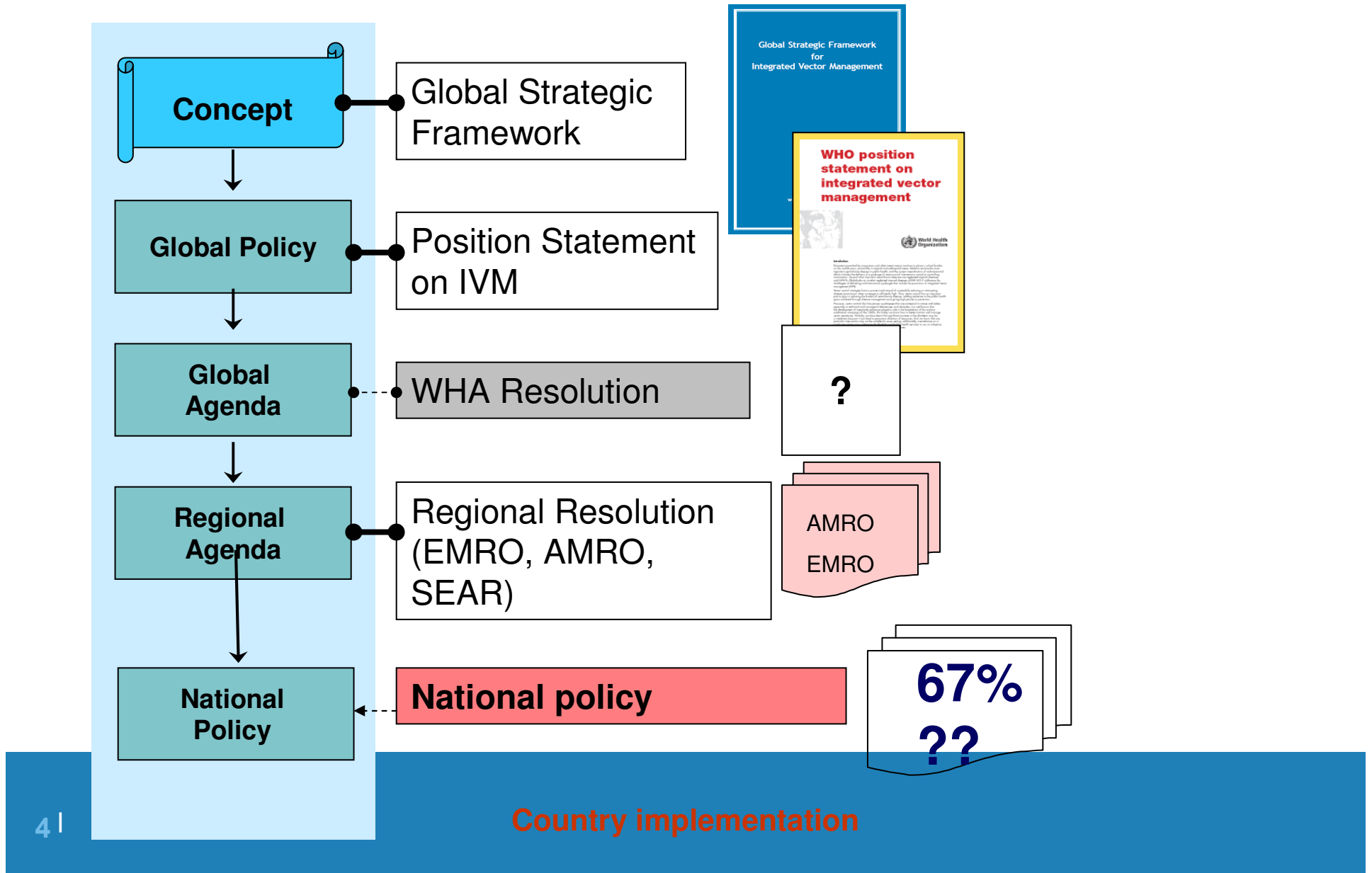
**Its goal to make a significant contribution to
the prevention and control of vector-borne diseases.**

IVM – NTD

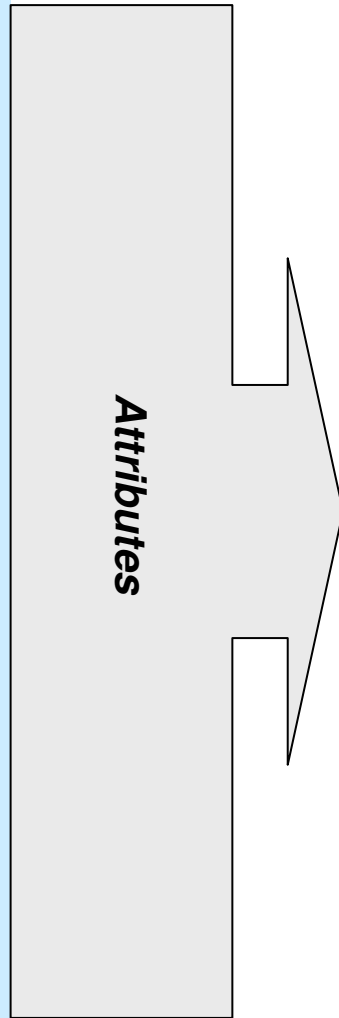
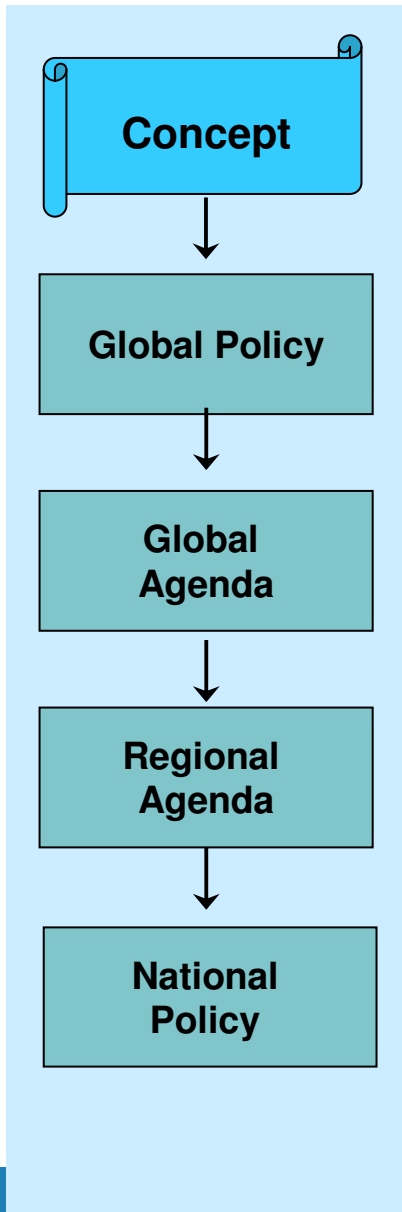
Multi disease approaches

- Some vectors are responsible for multi diseases, and some interventions are effective against several vectors.

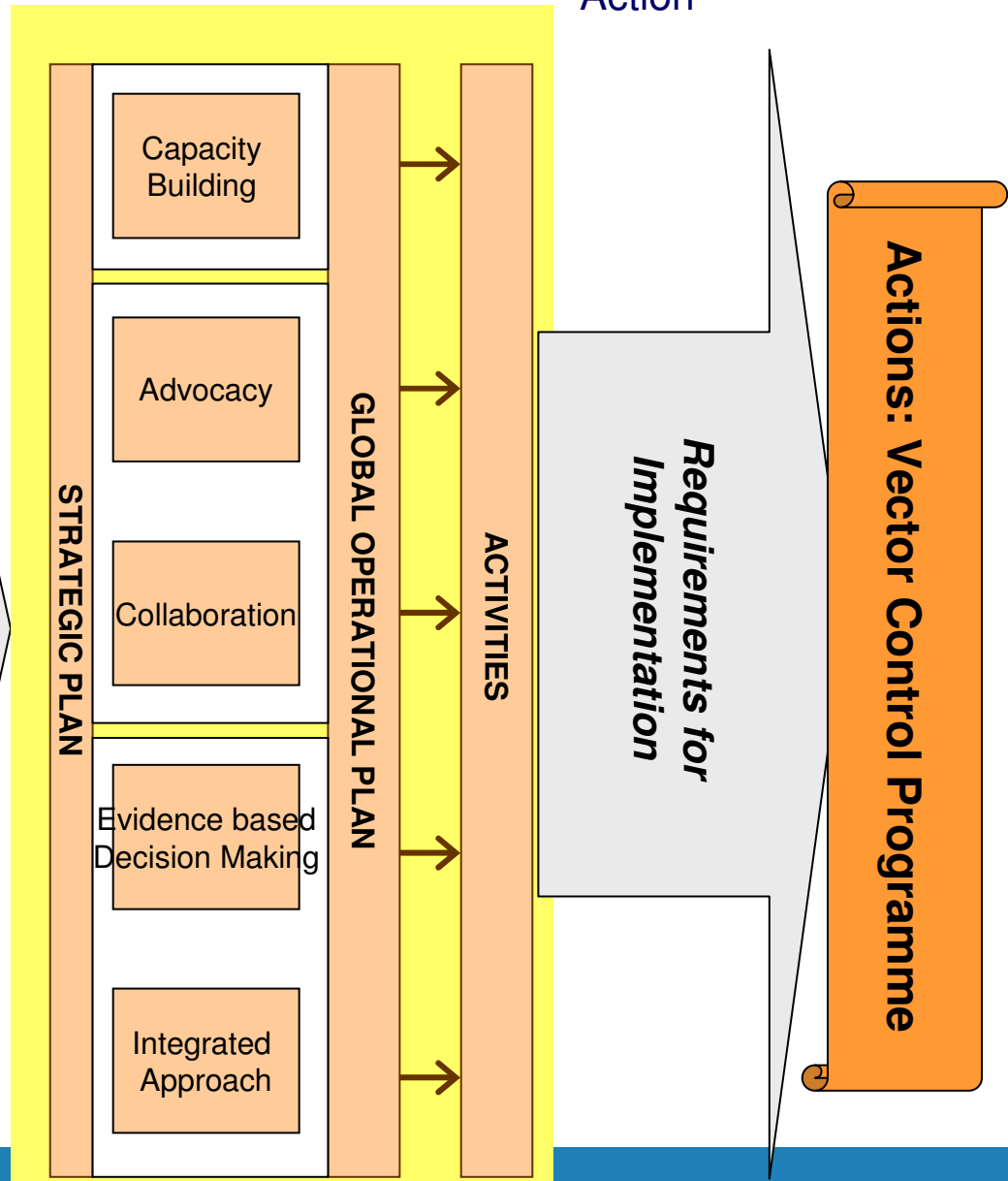
Guidance on national policy development for IVM



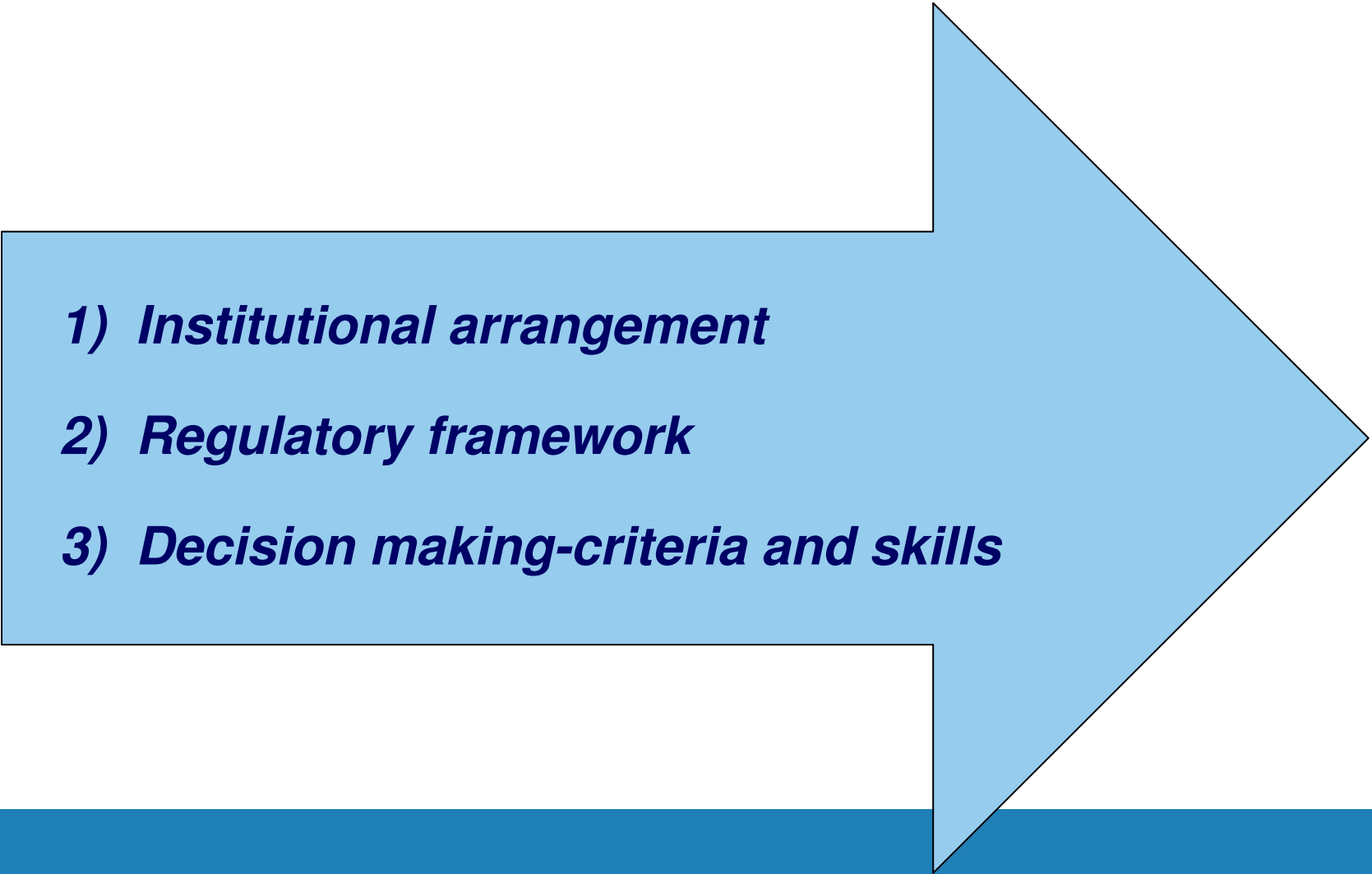
Concept



Action

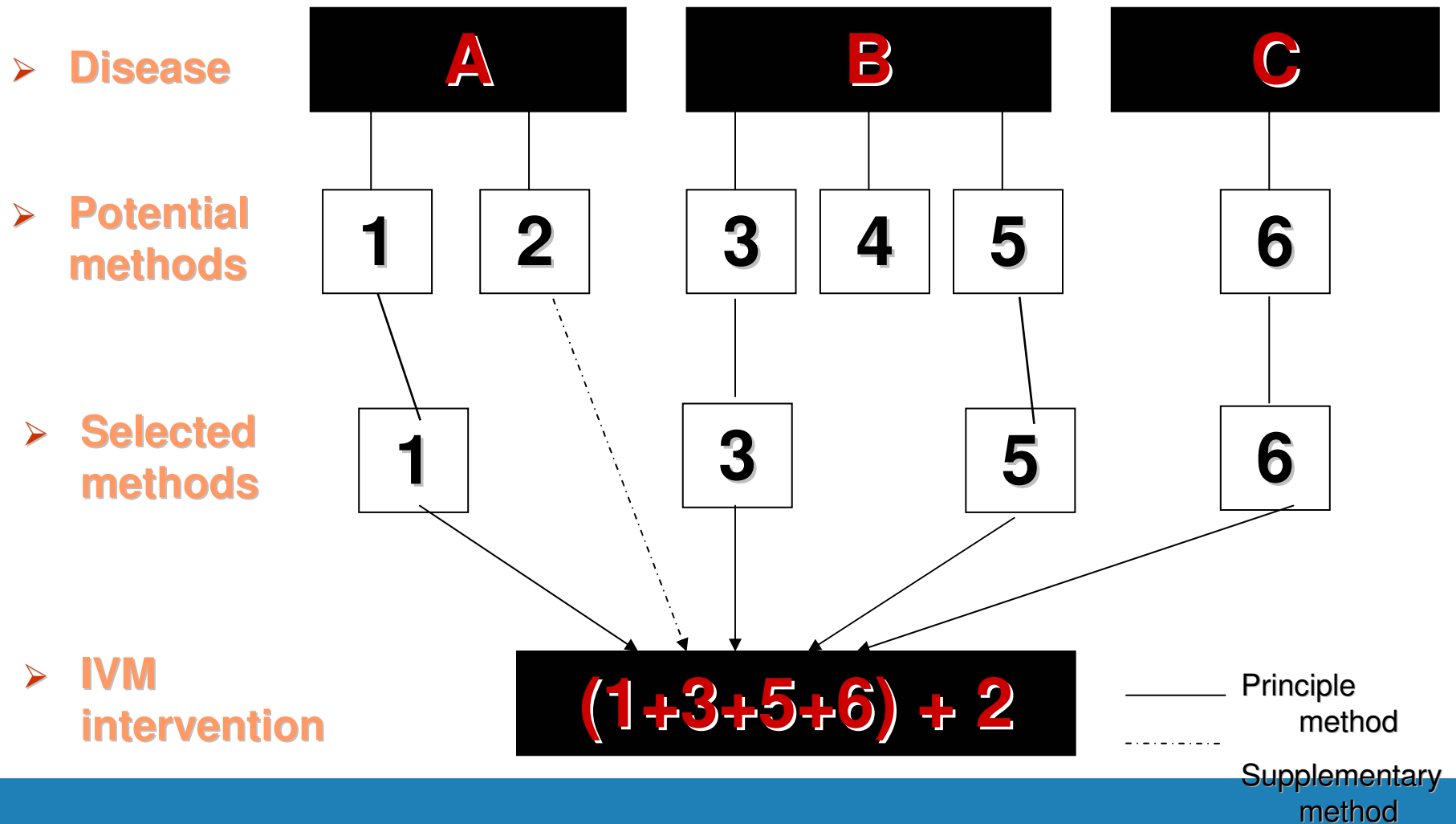


Concept to Programme

- 
- 1) Institutional arrangement***
 - 2) Regulatory framework***
 - 3) Decision making-criteria and skills***

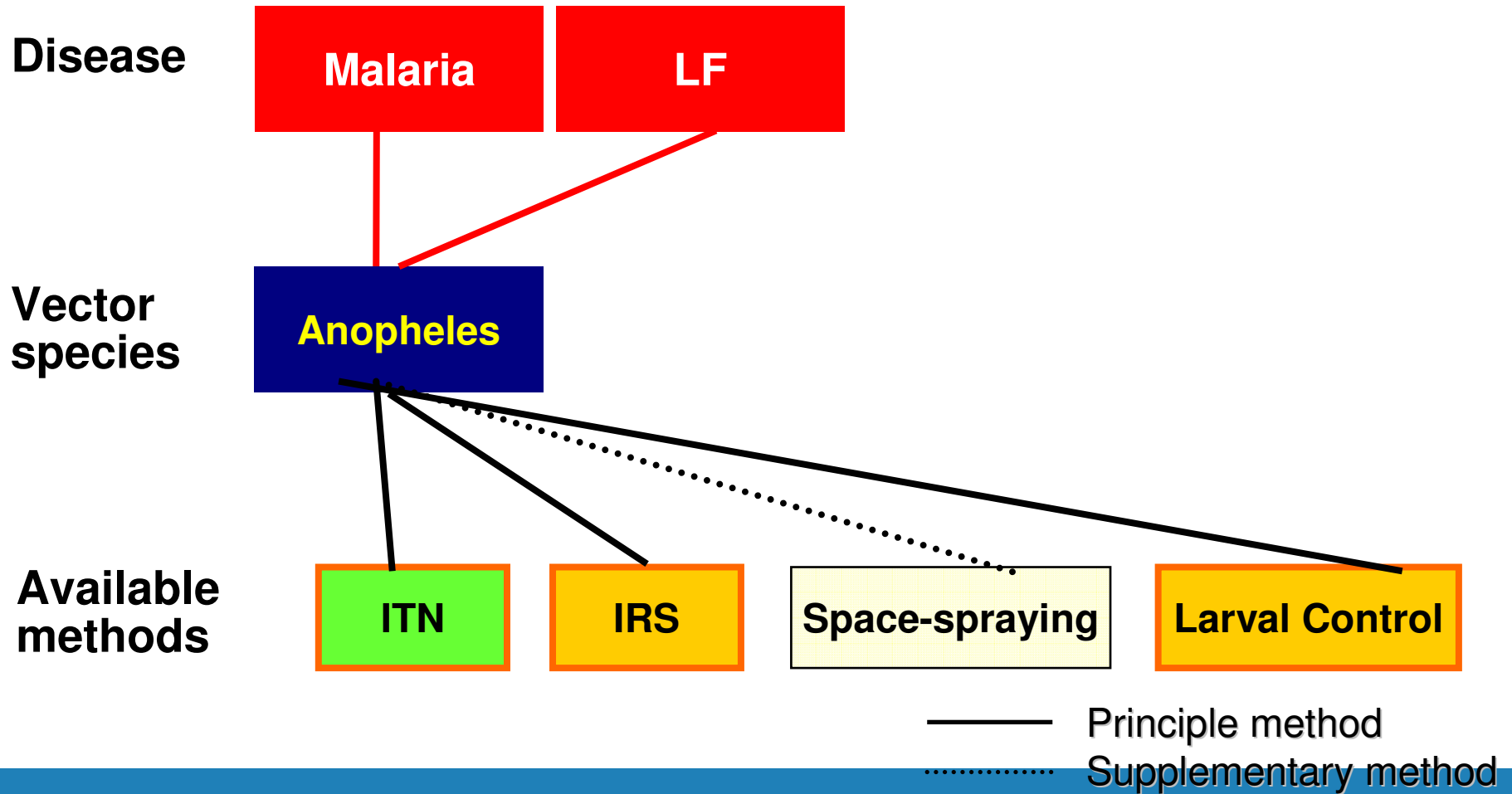
Example of a process for selecting and combining methods for IVM

(Handbook for Integrated Vector Management 2012)



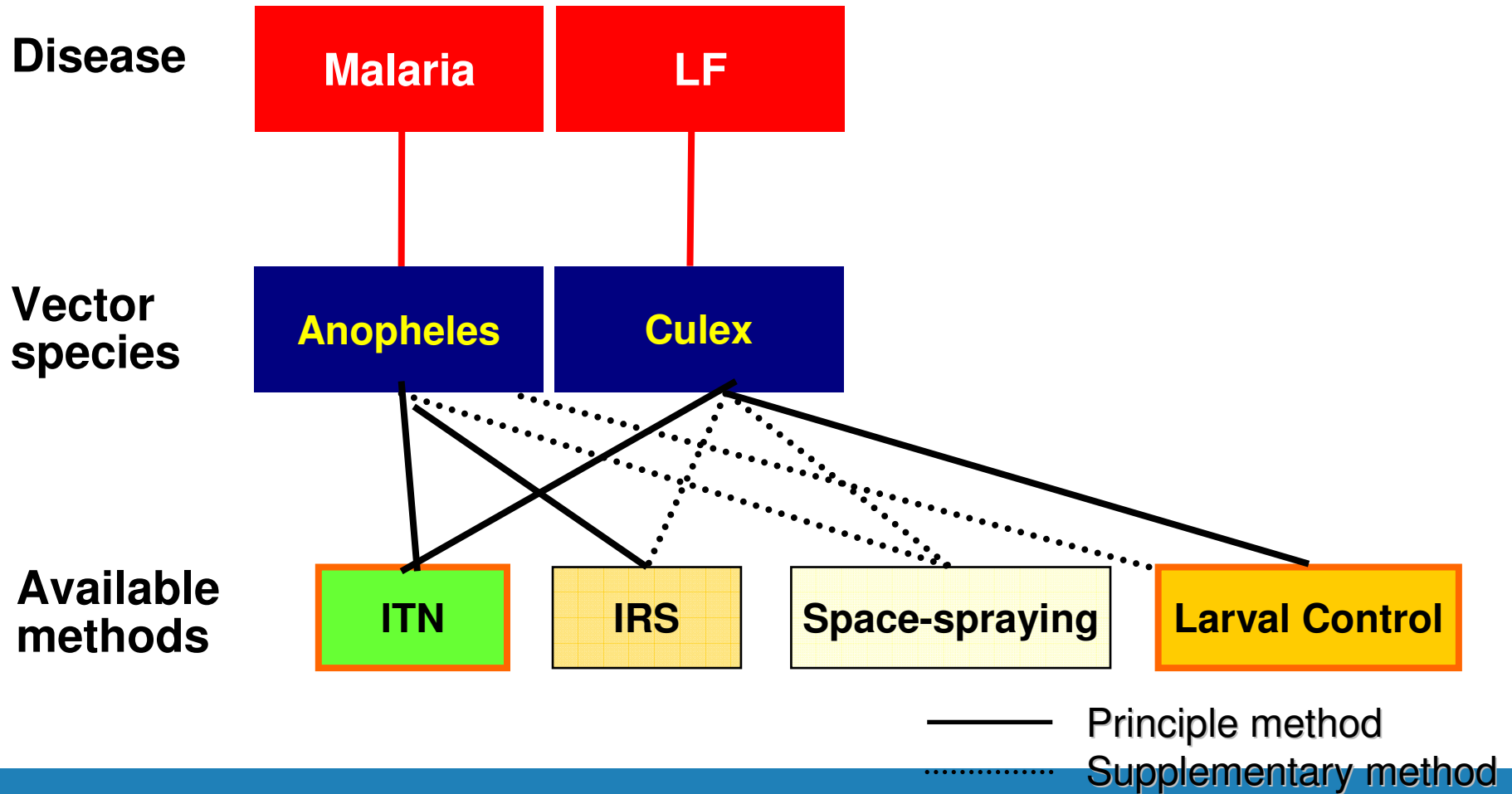
Decision-making criteria for IVM

Example (1) Malaria + LF (Anopheles)



Decision-making criteria for IVM

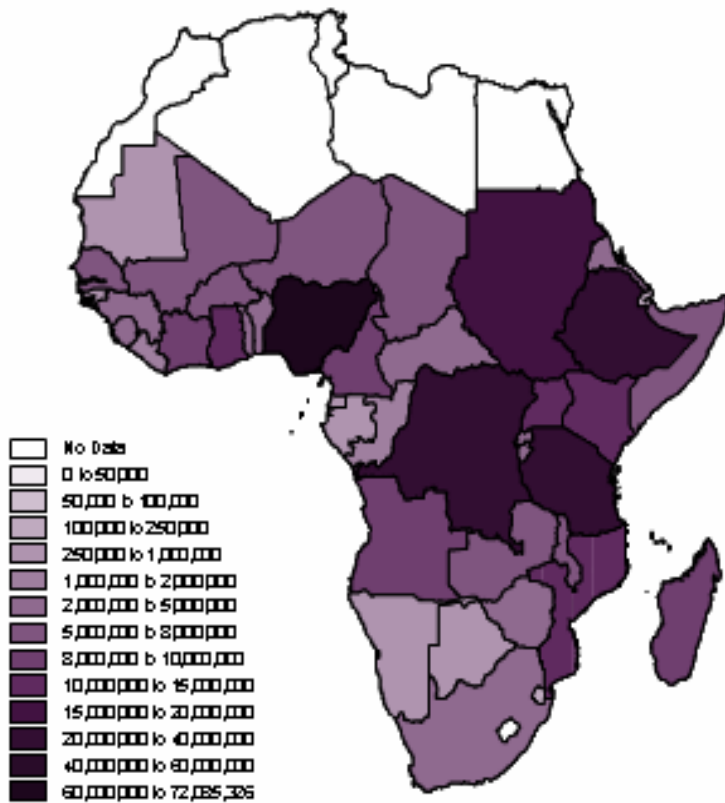
Example (2) Malaria + LF (Culex)



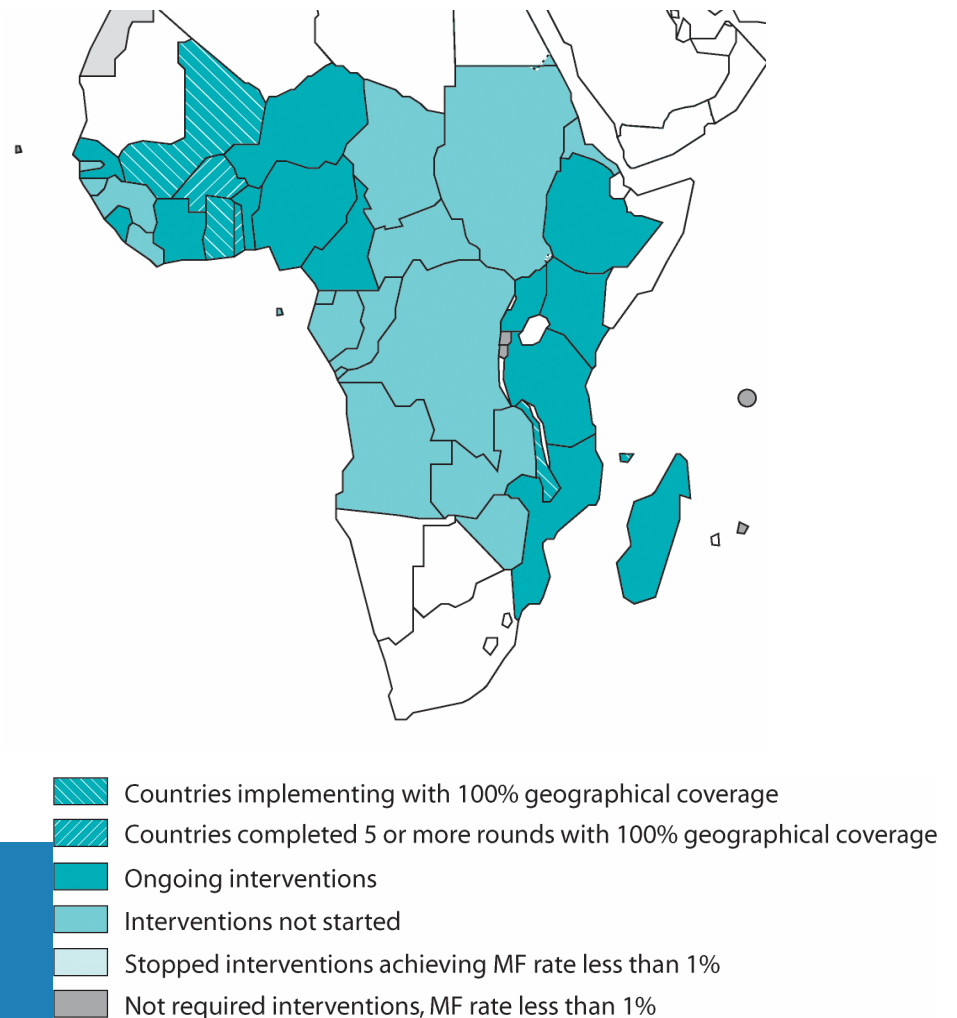
Disease Programmes : LF and MALARIA

Overlapping distribution of Malaria and LF

Geographical coverage of LLINs in GMP

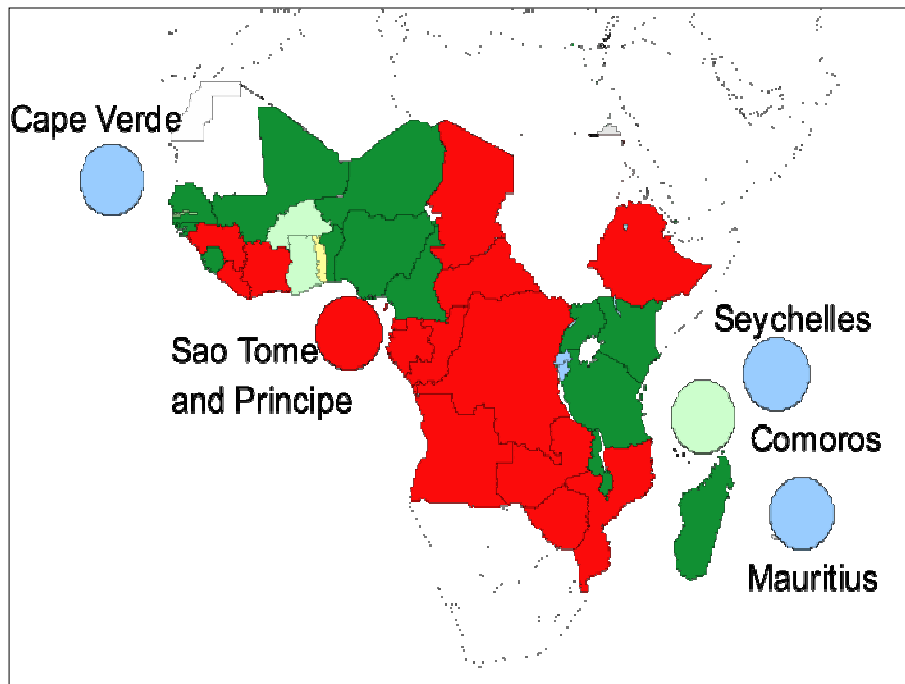


Geographical distribution of LF

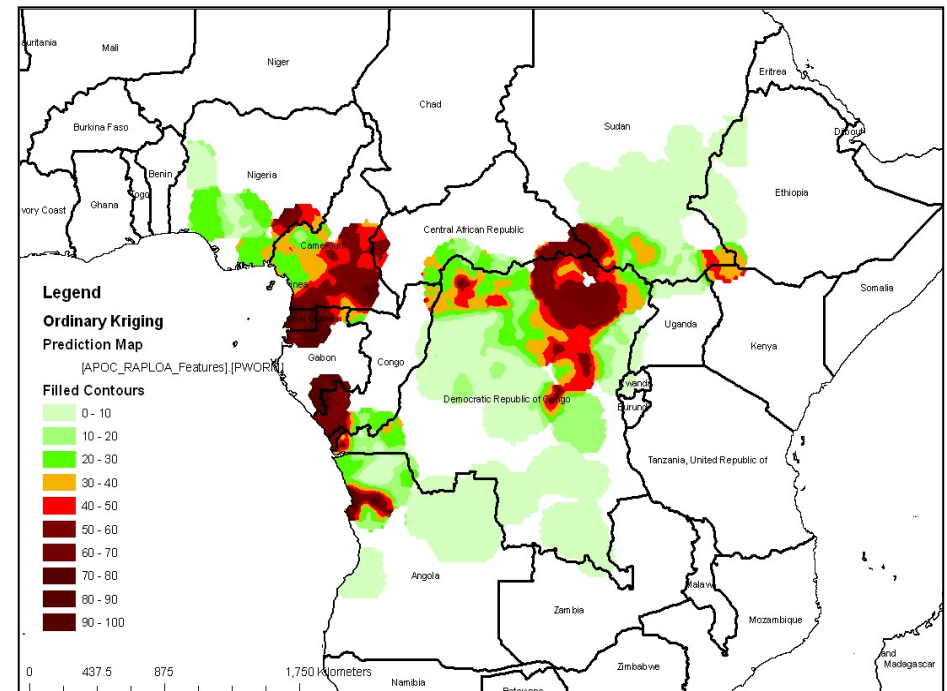


Start and Scale up

Implementation of specific strategy for elimination of Lymphatic filariasis in Loa loa co-endemic areas



LF endemic countries



Loa loa co-endemic areas

VC-LF-MAL

Joint WHO Statement

1) Institutional arrangement

- Agreement of GPELF and GMP on the concept of IVM


2) Regulatory framework

- Global policy for VC for VBDs -LF and Mal- through IVM 5 key elements


3) Decision-making criteria and skills

- GPELF: strategic plan
- GMP: ITN, IRS action plan

Integrated vector management
to control malaria and
lymphatic filariasis



WHO position statement



Introduction

WHO promotes integrated vector management (IVM) to improve the cost effectiveness of vector control operations, and to strengthen the capacity of programmes, partnerships and intersectoral collaboration in their efforts to control vector-borne diseases. IVM is a system of rational decision-making developed to optimize the use of resources for vector control (Box 1). The IVM approach aims to contribute to achieving the global targets set for vector-borne disease control by making vector control more efficacious, cost-effective, ecologically sound and sustainable.

This document addresses the use of IVM for two of the most important vector-borne diseases: malaria and lymphatic filariasis. The IVM approach is useful and appropriate for jointly managing control activities against malaria and lymphatic filariasis in terms of planning, implementation and monitoring control activities, particularly in areas where both infections are transmitted by the same species of mosquito vectors. IVM may concurrently reduce the incidence of both diseases so that control efforts have synergistic effects. In this way, IVM enables resources to be used more efficiently to control multiple vector-borne diseases and thus they have a greater impact on public health than would be the case with control programmes aimed at a single disease.

The multidisease strategy can be applied to other vector-borne diseases within the framework of IVM and an integrated approach to controlling neglected tropical diseases.

To be successful, IVM requires an inventory of essential functions and organizational structures that prioritize the use of financial, human and technical resources for controlling vector-borne diseases. The five key elements are summarized in Box 1.

The five key elements of integrated vector management

- Integrated approach – ensures the rational use of resources through implementation of a disease-control approach that targets multiple diseases; integrates the use of evidence-based nonchemical and chemical methods of vector control; and integrates a multidisease approach with other disease-control measures.
- Evidence-based decision-making – adapts strategies and interventions to local vector ecology, epidemiology and resources; adaptations are guided by operational research and by data from routine monitoring and evaluation.
- Collaboration within the health sector and with other sectors – considers all options for collaboration within and among the public and private sectors; applies the principles of subsidiarity in planning and decision-making; strengthens channels of communication among policymakers, programme managers for vector-borne disease control and other IVM partners.
- Capacity building – strengthens physical infrastructure and financial resources; ensures adequate human resources are available at national and local levels to manage IVM programmes based on analyses of the local situation.
- Advocacy, social mobilization and legislation – promotes and embeds IVM principles in development of policies by all relevant agencies, organizations, and in civil society; establishes or strengthens regulatory and legislative controls for public health; empowers communities.

Statement (1)

- GMP and GPELF have similar targets, goals and strategies, and both have the same beneficiaries.
- All vector control programme strategies should be supported by the IVM concept. Vector control in a multi-disease approach through IVM is recommended for malaria and LF under the following conditions:
 - overlapping geographical distribution of malaria and LF
 - equivalent vector control interventions (insecticide-treated nets, indoor residual spraying, larval control)

Statement (2)

- As part of multi-disease integrated strategies, WHO Member States should strengthen the use of IVM.
- Donors, partners, international organizations, and the private sector also are encouraged to support the use of IVM by the vector control programmes.

KEY PUBLICATIONS

- Handbook for IVM.
- Guidance for policy development on IVM
- Core structure of curriculum for IVM
- **Monitoring and Evaluation for IVM
(under development)**
- **Case studies (in progress).**

CAPACITY BUILDING

- IVM workshop in SEAR
- **IVM workshops planned for 2012**

Thank you

