National Integrated Vector Management (IVM) course 2012
28th October - 3rd November 2012
Kuala Lumpur
Background Information

• Consultative workshop, management of vector control programmes, 2008 (ACTMalaria)
• Regional IVM TOT course – 2010
• Malaysia is the first country in WPR region to organize national IVM course -2011, also participated by Lao PDR and Solomon Islands
• IVM is now part of the National Vector Control Policy in Malaysia
IVM – transform the conventional system of vector control by making it more evidence based, integrated and participative.

The IVM approach aims to make vector control more efficacious, cost-effective, ecologically sound and sustainable.
WORK PLAN FOR IMPLEMENTATION OF IVM (source-Malaysia Ministry of Health)

Preparation phase 2010-2012

Application of IVM strategy approach into VC program

Training on IVM for entomologist and health personnel (MO, HI)

Workshop to prepare the paperwork and advocacy plan

Implementing an advocacy

To get an approval

Vector control through IVM concept on malaria, dengue, chikungunya.....
Participants and Countries

- Malaysia – 29 (State entomologist, Medical Officers)
- Bhutan -1
- Cambodia - 3
- China -1
- Fiji -1
- Indonesia -2
- Thailand – 1
- Vietnam - 1
- Vanuatu – 1

- Seven (7), Western Pacific
- Four (4), South East Asia Regions
- All Malarious countries except (Fiji), dengue endemic countries
- PacMISC supports all International participants

Total 40.
Training goal

• To develop Malaysia states/countries entomologists equipped with necessary knowledge and skills to support capacity building and application of IVM approach
Tentative programme & Expectation of the training course

Objectives:

• To develop an entomologist and PH professions equipped with necessary knowledge and skills to support capacity building for the implementation of IVM.

Expectation:

• Participants / group of participants to come out with a plan of action and or proposal on small scale implementation project on IVM.
Training objectives

1. Review the current vector control policies and institutional arrangements;
2. Use relevant information to address the current situation, propose new policy options and institutional arrangements in favor of IVM;
3. Perform and train others regarding IVM strategies, approaches, and measures according to standards;
4. Relate the IVM program’s performance to its outcomes;
5. Re–define the existing structures, roles and responsibilities that best fit organizational structure of vector control along the principles of IVM strategies;
6. Develop a training plan or action plan for implementing pilot activity on IVM;
7. Develop a sound, efficient, effective and ecologically sound vector control or IVM plans
Curriculum Contents

• Module 1 – Basics on Vectors of Human Diseases
• Module 2 - Planning and Implementation
• Module 3 - Organization and management
• Module 4 - Policy and Institutional Arrangement
• Module 5 - Advocacy and Communication
• Module 6 - Monitoring and Evaluation
### IVM Training - MODULES

**Six (6) Modules:**

<table>
<thead>
<tr>
<th>Module</th>
<th>Chapter/ Topic</th>
<th>Content</th>
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<tbody>
<tr>
<td>I</td>
<td>BASIC INTRODUCTION ON VECTORS OF HUMAN DISEASE</td>
<td>1.1 Vector identification</td>
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<td>1.2 Vector lifecycle</td>
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<td>1.3 Vector ecology</td>
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<td>1.4 Disease Transmission</td>
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<tr>
<td>II</td>
<td>PLANNING AND IMPLEMENTATION</td>
<td>2.1 Epidemiological Assessment</td>
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<td>2.2 Vector Assessment</td>
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<td>2.3 Stratification</td>
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<td>2.4 Local Determinants of Diseases</td>
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<td>2.5 Selection of Vector Control Methods</td>
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<td>2.6 Needs and Resources</td>
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<td>2.7 Implementation strategy</td>
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</tbody>
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</table>
| III    | ORGANIZATION AND MANAGEMENT | 3.1 Integration within the health sectors  
3.2 Partnership with the other sectors  
3.3 Mobilization of resources |
| IV     | POLICY AND INSTITUTIONAL FRAMEWORK | 4.1 Problem analysis on vector control  
4.2 Policy environment for IVM  
4.3 Institutional Arrangement |
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| V      | ADVOCACY AND COMMUNICATION | 5.1 Advocacy to policy makers  
5.2 Communication strategies  
5.3 Community empowerment |
| VI     | MONITORING AND EVALUATION | 6.1 Indicators  
6.2 Methods of evaluation  
6.3 Vector surveillance |
Course Activities

• The course applied the active participatory training approaches, introduced basic theory.
• The participants were divided into six work groups to discuss group exercises as well as to contribute their ideas, compare and analyse problems involving vector-borne diseases with the instruction and assistance of a group of Malaysian trainers.
Local determinants of Disease
Course Activities

Core Lecture

Group Work
Training Activities

Discussion with a working group

Brainstorming session
<table>
<thead>
<tr>
<th>Group</th>
<th>Titles of the proposals</th>
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<tbody>
<tr>
<td>1</td>
<td>To achieve a sustainable reduction of Dengue cases in Taman Kenanga, Melaka Tengah, Melaka using Integrated Vector Management (IVM)</td>
</tr>
<tr>
<td>2</td>
<td>Incorporation Integrated Vector Management (IVM) into the Lymphatic Filariasis Program in Malaysia</td>
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<td>3</td>
<td>To reduce the malarial incidence among plantation workers through IVM implementation in Tawau, Sabah Malaysia</td>
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# Country proposals

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<tr>
<th>Country</th>
<th>Title of the proposals</th>
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<tr>
<td>4. Cambodia)</td>
<td>Control malaria among the migrant population in Pailin province</td>
</tr>
<tr>
<td>5. Indonesia)</td>
<td>Reducing malaria cases through Implementation an Integrated Vector Management at Sebatik Sub-District</td>
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<tr>
<td>6. Bhutan, China, Vietnam, Thailand</td>
<td>Collaborating implementation of malaria integrated vector control management among cross border countries</td>
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<td>7. Fiji, Philippines and Vanuatu</td>
<td>INTEGRATED VECTOR MANAGEMENT APPROACH IN THE PREVENTION AND CONTROL OF DENGUE AND MALARIA IN DAVAO CITY, PHILIPPINES</td>
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