



Partnership
To End Malaria

Vector Control Working Group

15 April 2024

Welcome to the 19th Annual Meeting Vector Control Working Group

Anticipating future challenges in malaria vector control

15 April 2024

Session 1: Plenary: introductions, objectives, key updates

Justin McBeath (Outgoing Co-Chair VCWG)

El Hadji Amadou Niang, VCWG (New Co-Chair VCWG)

A warm welcome and thank you for joining the
19th Annual RBM VCWG meeting here in Kigali

Objectives of the RBM - Vector Control Working Group

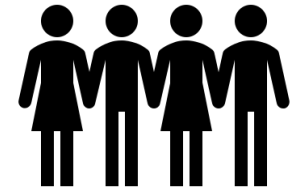
Purpose:

- To align RBM partners on best practices to reach and maintain universal coverage with effective vector control interventions.
- To support the implementation of Vector Control Guidance generated by WHO and to galvanise efforts towards achieving specific country and global malaria elimination targets.

MEMBERS

- National programs
- Product manufacturers
- Academia
- Implementers
- Policy makers
- Multi-laterals
- CSOs

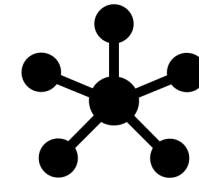
Convene



Facilitate communication



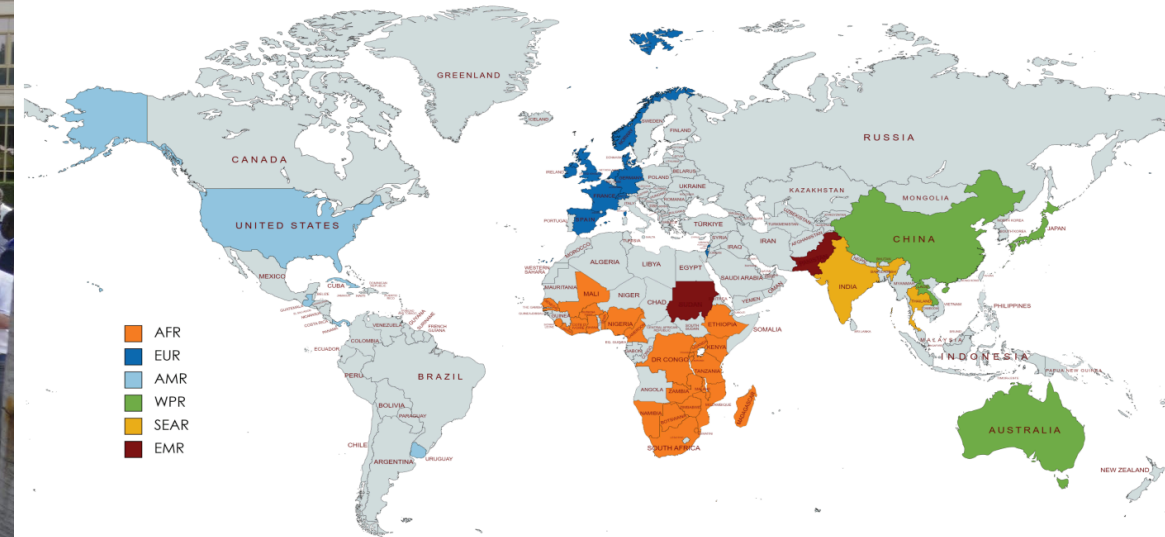
Coordinate



VCWG - 18th annual meeting 2023 – Accra Ghana



THIS YEAR, the RBM VCWG-18 meeting was held in **Accra, Ghana**, for the first time in an African country, and had **339 attendees**. Participants came from **49 different countries**, representing six WHO regions (African AFR, Americas ARM, Eastern Mediterranean EMR, European EUR, South-East Asian SEAR and Western Pacific WPR Regions) (see *Figures 1a & 1b*).



VCWG 18th annual meeting, Feb 2023
~339 participants from 49 countries
(34 malaria-affected countries)

Meeting presentations and photos are
available on the RBM website

Progress towards Malaria Elimination in Rwanda

19th Annual RBM Vector Control Working Group Meeting

15-17 April 2024

Dr. Emmanuel Hakizimana

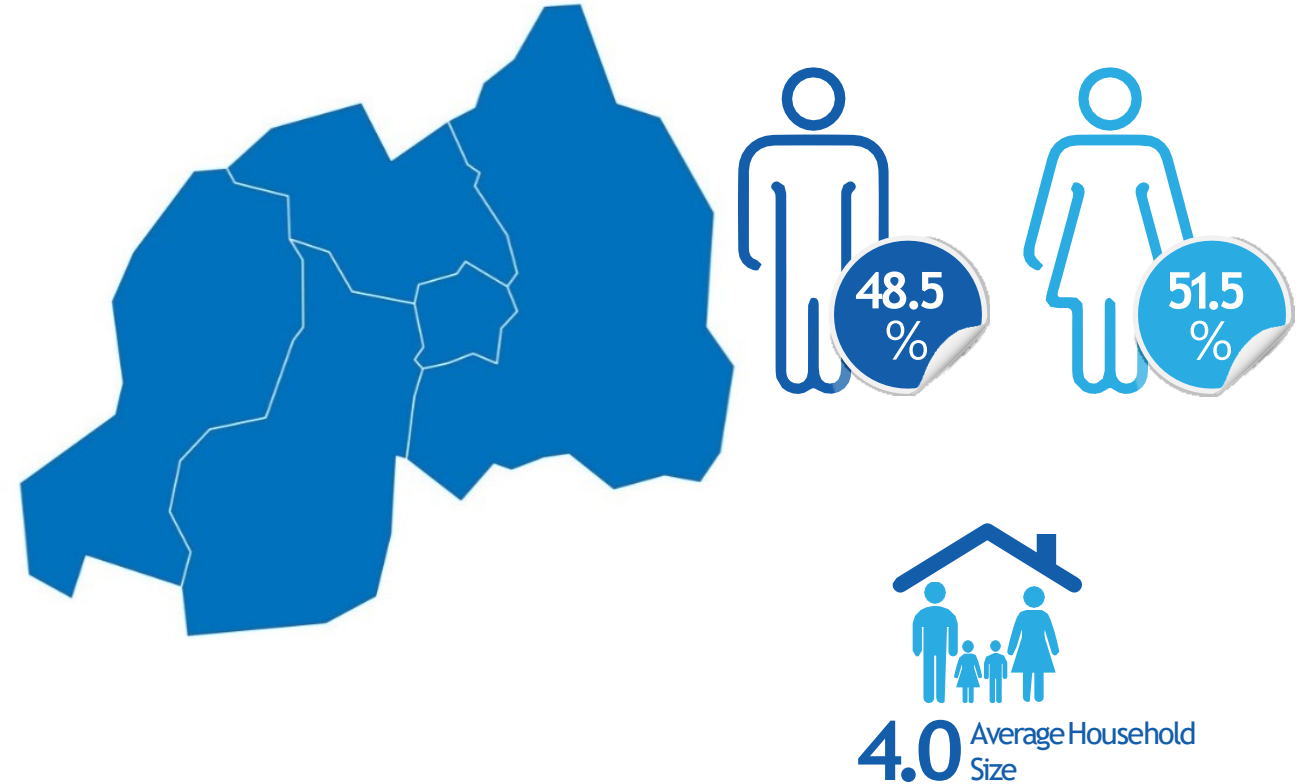
Rwanda Biomedical Center

April 15th, 2024

Rwanda Country Profile



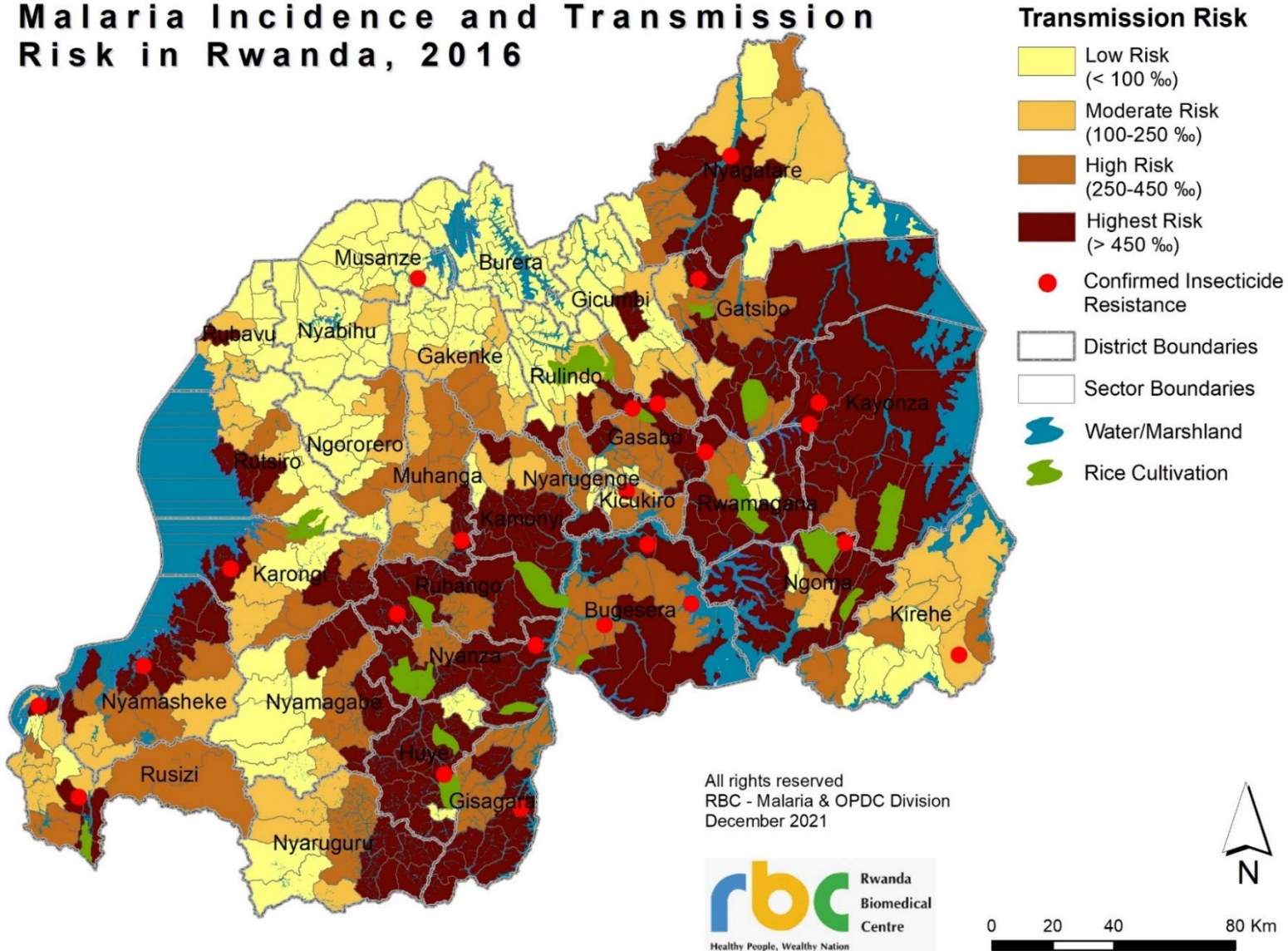
Population: 13,246,394



Source: 5th Rwanda Population and Housing Census, 2022

Malaria control: Learning from the past

Malaria Incidence and Transmission Risk in Rwanda, 2016



National Malaria Incidence from 36 (2011) to 409 (2016) per 1000 people: From 200K to **around 5** millions cases

Responses to Malaria Resurgence

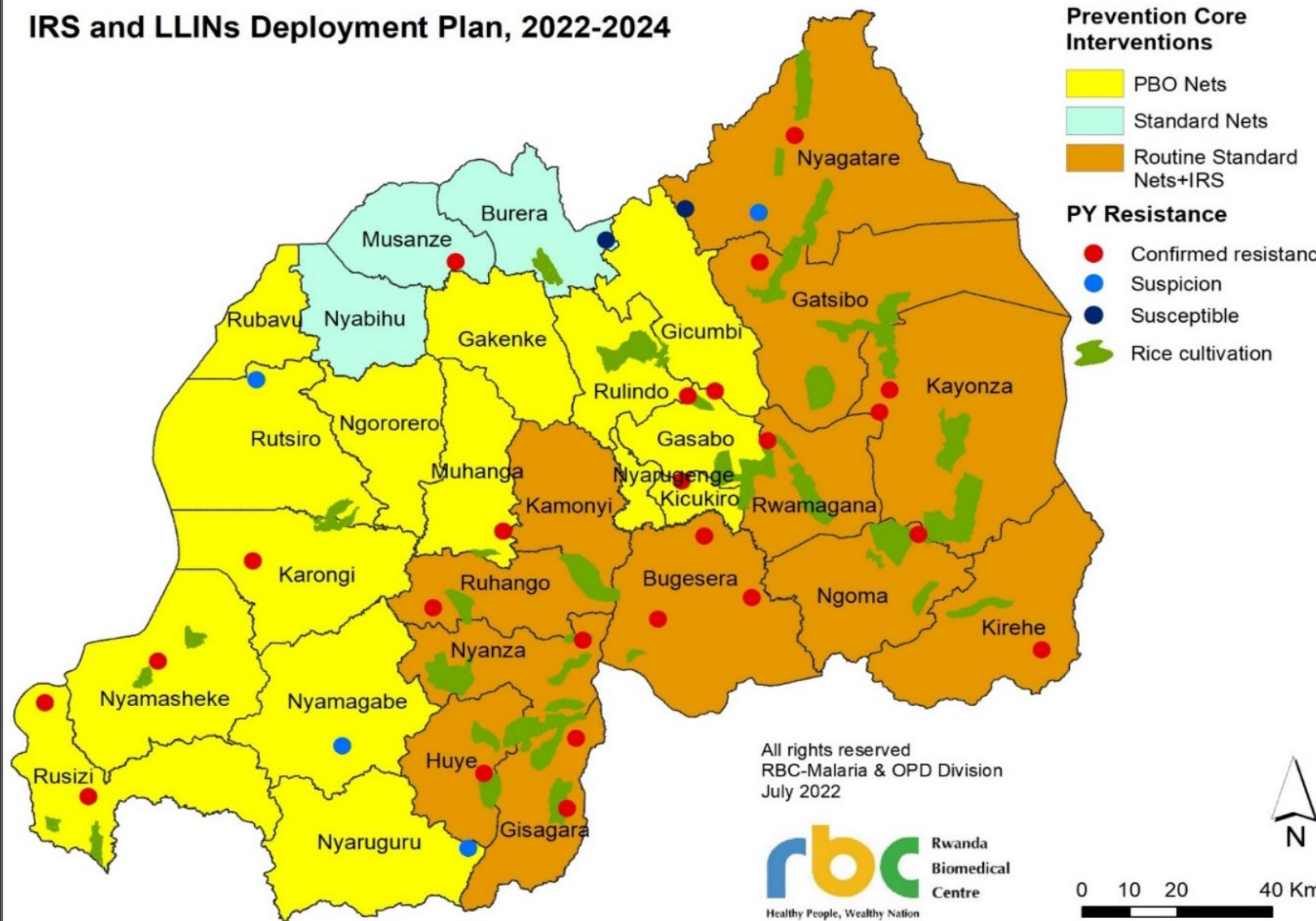
Key Policy Changes

- Scaling up IRS with blanket coverage in high endemic districts (over 85% of cases)
- Scaling up HBM, from Under 5 Children to all Group of Ages
- Implementation of IRM-SP: rotation of NG insecticides and ITNs
- Mapping of VC Interventions with clear geographical blocks
- The choices of interventions/tools guided by local data
- Strengthening surveillance for quality and impact monitoring (epidemiology, entomology and TES)
- An integrated responses: decentralization, non health public sectors, Civil Society organizations (CSOs) for mainly for SBCC.

Deployment of VC interventions, 2020-2024

Key Policy Changes

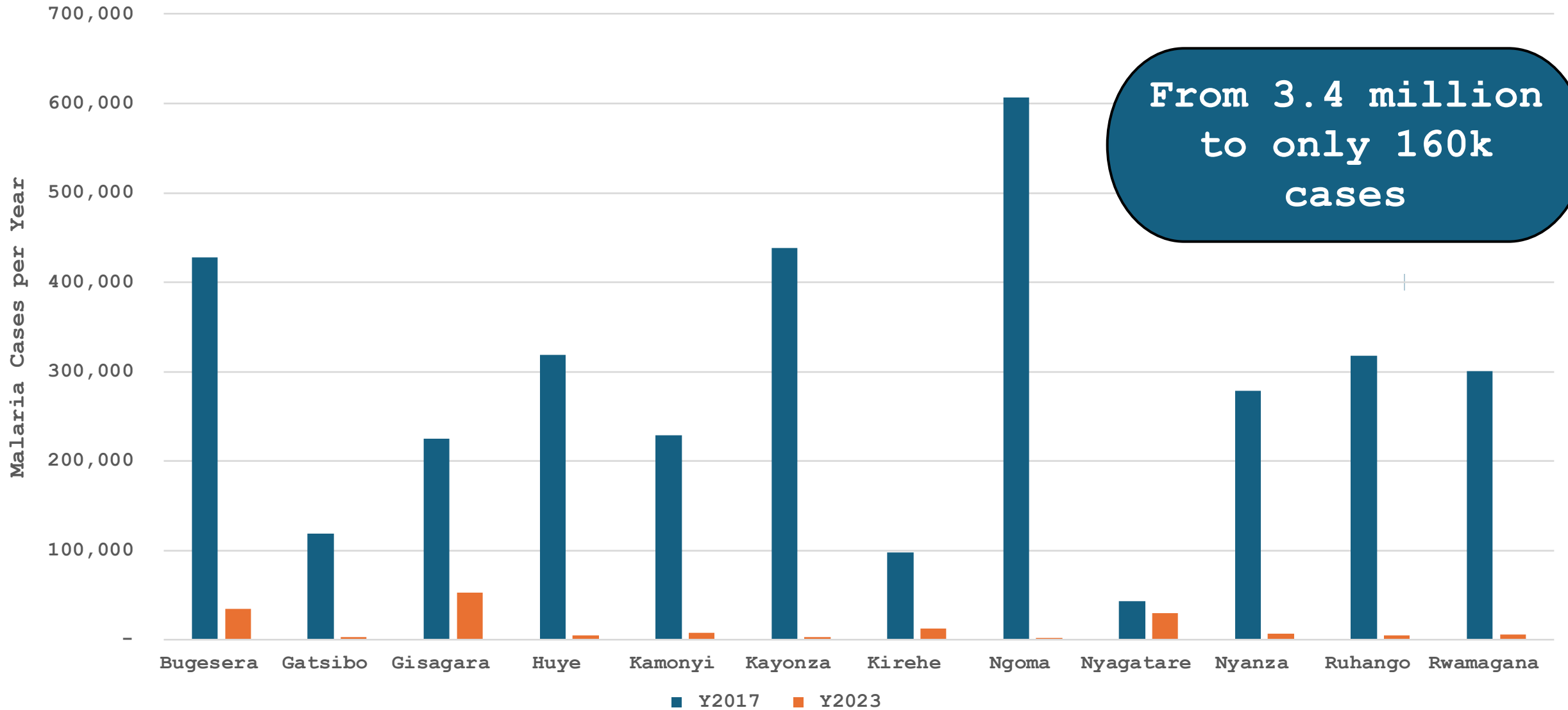
IRS and LLINs Deployment Plan, 2022-2024



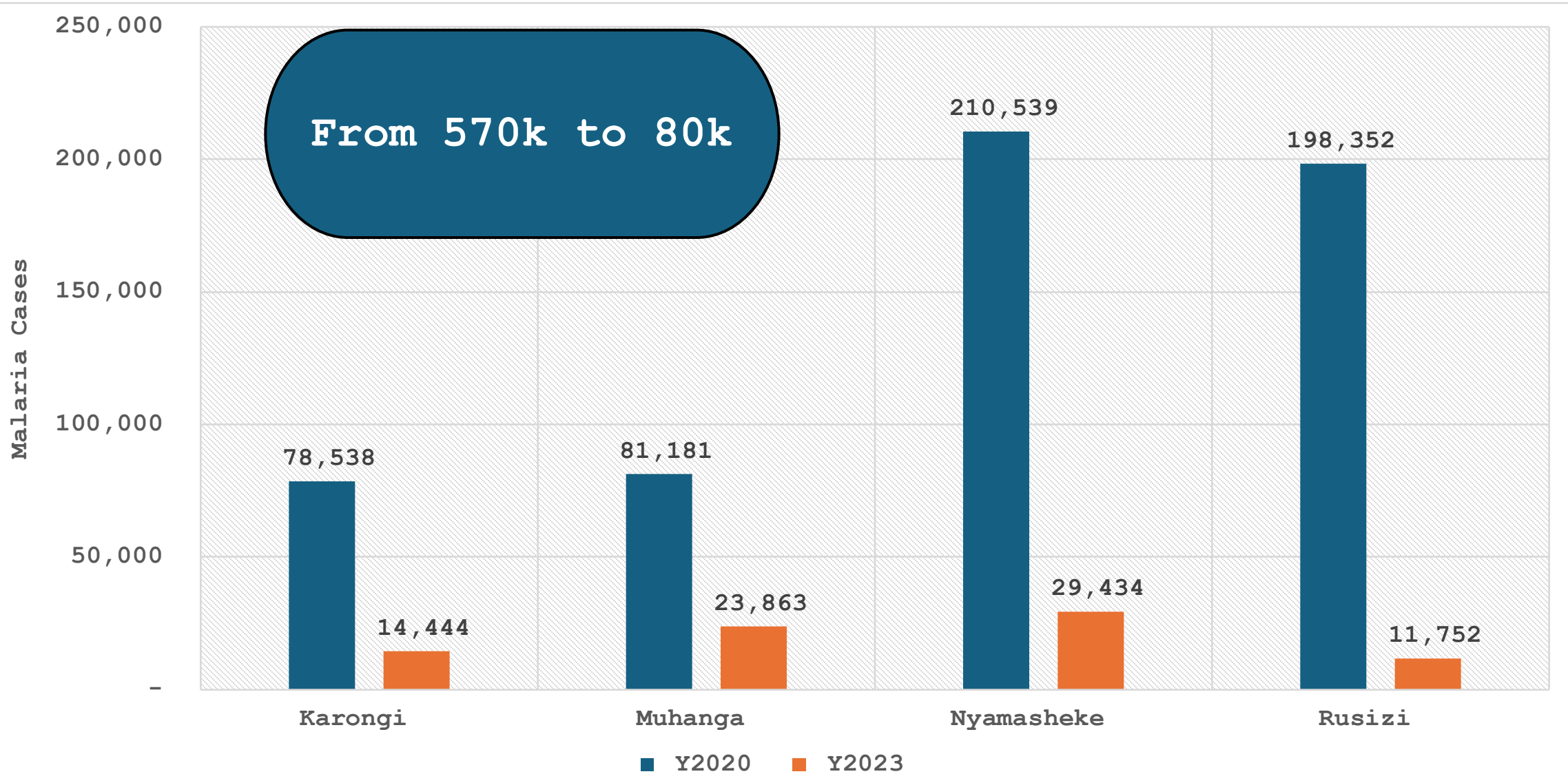
VC Interventions
in Blocks
following:

Incidence,
Resistance status,
land use, impact
of ITNs)

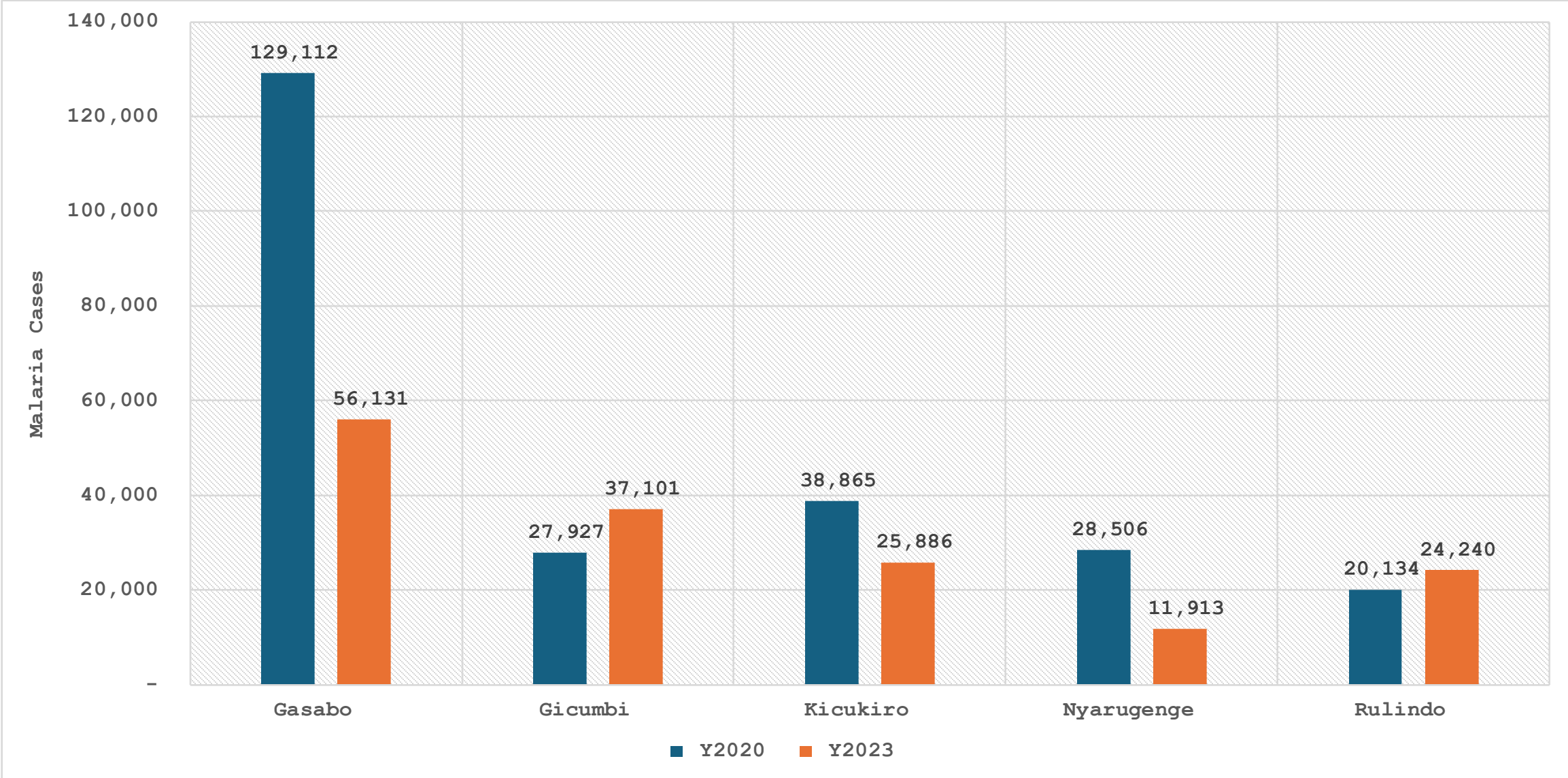
Impact of Sustained IRS in 12 Districts 2017 Vs 2023



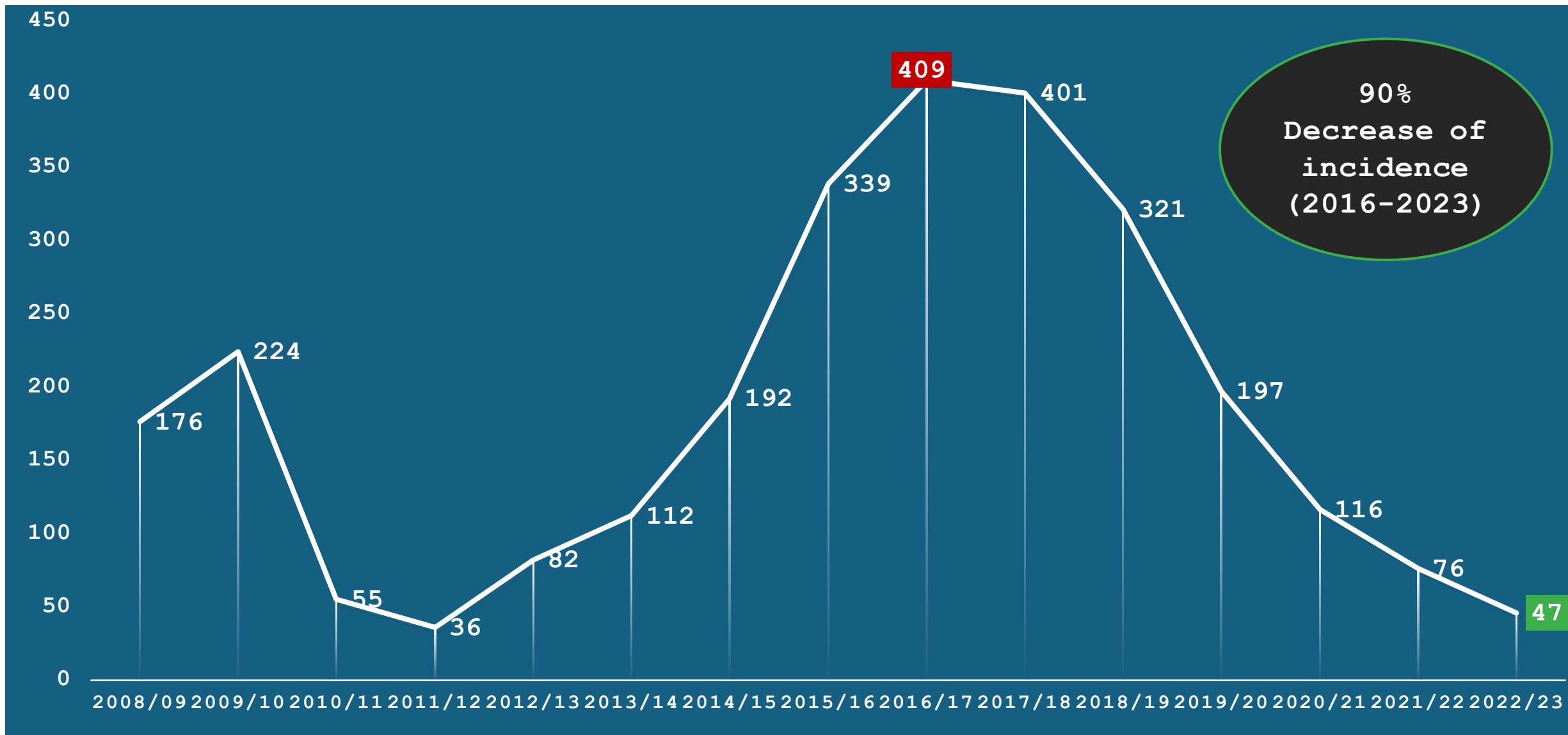
Impact of IG2 Nets 2020 Vs 2023



Impact of PBO Nets 2020 Vs 2023



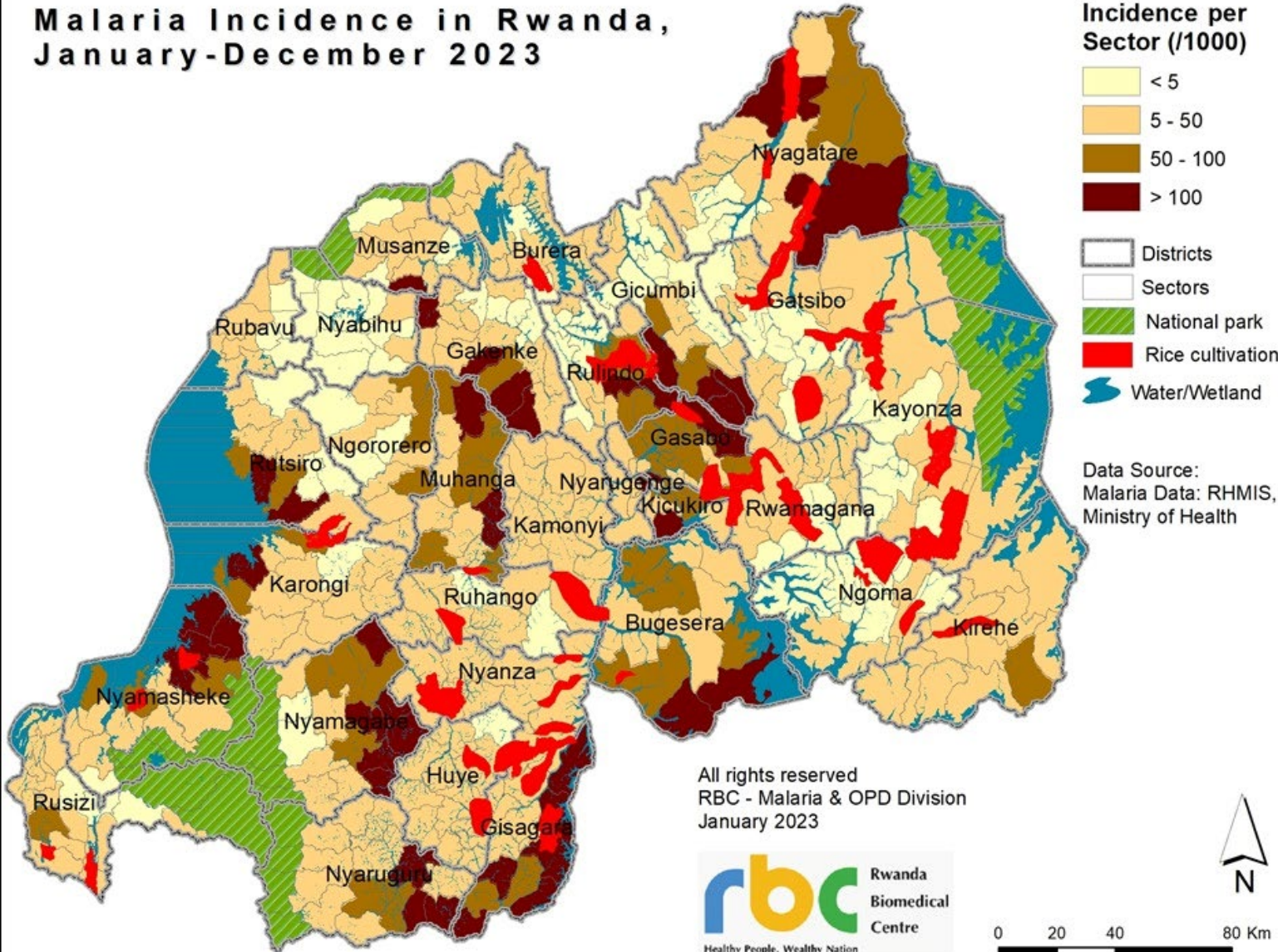
Trends of Malaria Incidence per 1,000 people 2008-2023



Impact of malaria resurgence responses

Aggregation of data per sector: 2016-2023

Malaria Incidence in Rwanda,
January-December 2023



- ✓ 2016-2020: Root causes, experimenting responses, mobilization of funds
- ✓ High impact from 2020 with scaling up of VC interventions
- ✓ 85% of Sectors <100 malaria cases per 1000
- ✓ Residual malaria Hotspots despite coverage of effective interventions!!!

Lessons Learnt from deployed interventions

- New generations of vector control Interventions (IRS, ITNs) are effective.
- IRS with blanket coverage showed a high impact in reducing malaria and indoor vectors.
- Usage of local evidences (data) in general for taking appropriate decisions.
- Aggregated malaria data at the lowest level of health systems enable to detect residual malaria transmission foci (better at HH level?).
- High needs of multi-sectorial and cross-border collaborations (Key Ministries, Private Sector, CSOs).
- Capacity building at all levels for sustainability, on-time detection and response.
- Community empowerment for effective engagement (HBM, IVM, CBCC).

Current Challenges Towards Malaria Elimination

- IRS works but it is financially expensive
- Paper-based work, HMIS availing aggregated monthly Data (delayed detection and response)
- Adequate management of mosquito resistance and behavior changes:
 - further tools/technologies
 - strong surveillance
 - capacity building
- Emerging threats (increasing antimalarial resistance in the region, **invasive Anopheles spp: An. stephensi**)
- Gaps in functional and active cross-border collaboration

Preliminary thoughts towards malaria elimination

- Countrywide digitalization of malaria cases.
- Empowering community based interventions: HBM at 95%, IVM at villages and targeted and vulnerable groups
- Strengthening management of malaria cases in transmission hotspots
- Experimenting malaria elimination strategies through operational researches
- Enhance local capacity, multi-sectorial and cross border collaborations
- Integration of surveillance: epidemiology, entomology, TES and climates (meteorology parameters)
- Move from **malaria control strategies** TO **progressive malaria elimination strategies**



THANK YOU