Larval Source Management Work Stream

Summary

Presented by: Steve Lindsay
What was discussed

1. 2012 Work Plan:
   - **Country case studies** – Steve Lindsay
   - **LSM Operational manual** – Shiva Murugasampillay
   - **Decision-making framework** – Steve Lindsay

2. How to make LSM work for IVM – Silas Majambere

3. LSM in malaria elimination – Birkinesh Amenesheway

4. Discussion
Main conclusions

• 26 countries are conducting LSM, therefore the priority is not whether it should be used, but providing guidance on how to implement and evaluate LSM.

• LSM is playing a role in elimination in many countries (e.g. Morocco) and is likely to do so elsewhere, especially as malaria declines so IRS and LLINs are perceived by local communities as less necessary, where residual outdoor transmission is maintained or hotspots maintain. There is scope for this both in Africa and elsewhere.

• LSM should also play a role in IVM, with opportunities for other sectors to contribute e.g. those involved in water management. LSM in USA evolved from malaria and other disease control into general mosquito abatement and as Africa develops this is likely to be a natural progression.
Next steps

A list of specific products available for LSM should be drawn up with information on WHOPES status

As well as training program managers in LSM it is important to engage with those in the areas of urban agriculture, ‘healthy homes’, sanitary engineers and others outside the health arena

- Make contact with relevant contacts in water etc through WHO/IVM, SIMA, habitat for humanity, Danish architecture networks and through associations e.g. South African Civil Engineering Association

Publish and disseminate LSM manual as soon as possible