IVM and Entomological monitoring

- 1. Reorientation of the program
- 2. Capacity building and career pathway
- 3. Decision making process and Inter Sectoral Actions
- 4. IVM in Emergency management

1. Reorientation of the program

- How to define IVM for a broad audience? Some definitions...
 - Multiple methods against a single disease; Single/multiple methods against multiple diseases
 - Utilization of integrated approach, evidence based decision making, building capacity.
 - "rational decision making process for the optimal use of resources for vector control"
 - Platform to tap resources available across programmes to strengthen VBD control

2. Capacity building and career pathways

- IVM as a platform for best use of limited resources for vector control
- Need for ongoing training and capacity building, in particular public health entomology
- Need to ensure transition is made from training to long term stability of programmes

3. Decision making process and Inter Sectoral Actions

- IVM Toolkit: practical guide to IVM (design, implementation, M&E)
 - beyond text and web-based presentation of information (eg. simulations, gaming)
 - need for evidence base to support IVM in different settings (eg crisis and disaster situations)
- MDAST and tools for combined vector control and disease management
- Lymphatic filiariasis and malaria

4. IVM in Emergency management

- Malaria in South Sudan (LLIN, larviciding, IRS) and Leishmaniasis in Syria (LLINs, IRS, LLICs, and waste removal)
- Epidemiology changes in crisis situations, and a stronger evidence base is needed to support decision making in these settings
- Need to integrate the tools used and distributed for disaster relief with VBD control, eg using insecticide treated tarpolines, tents, clothing.
 - Limited avenues for crisis procurement, and tools need WHO stamp of approval, prior to use.
 - Need for non-pyrethroid based tools to be made available for use in crisis situations
 - Nets fail in disaster situations due to low durability in poor housing conditions, misuse (excessive washing), and high fall off rates/low acceptability and use by individual in crisis

- 5. Networking and experiences of PAMCA
 - Next meeting Tanzania
- 6. Moving forward
 - Priority areas
 - Need to work across diseases, but keep malaria a priority.
 - How to convince donors of importance of IVM, need to work across diseases
 - Building the evidence base (case studies, etc)
 - Emphasizing collateral benefits for vector control for malaria
 - Better capacity on mosquito identification in Africa, taxonomy
 - Tools: microbial larvicides, curtains, xenobiotics,
 - AQSIQ china and IHR/WHO, real-time taxonomic tool for vector identification.