



LABIOFAM EXPERIENCE IN LARVAL SOURCE MANAGEMENT AS PART OF THE IVM FOR MALARIA CONTROL.

GENERAL OBJECTIVE:

To control the vector that transmit malaria and other diseases to decrease in significant manner and/or eliminate the prevalence of these diseases, and maintaining sustainability of the results.

BASE ON:

- 1.- Application of biological larvicides.
- 2.- Training and capacitation of local personnel in the application methodology with the assistance of the Cuban experts that design, participate and execute the project.
- 3.- Create incentive for community participation in the application activities and in the organization of the environment.
- 4.- Sanitary Education activities at community levels.

COMMITMENT:

- 1.- Transfer of application methodology of the biolarvicides to the different levels during the implementation of the projects
- 2.- Training and Capacitation of local persons in the intervention of vector actions and community participation.
- 3.- Transfer of production technology of bio-pesticides with the construction of the planned factories.

LABIOFAM PROJECT PROPOSALS INCLUDES:

Entomological and epidemiological uprising with the proper risk stratification at community level;



The biolarvicides application (terrestrial and aerial) in the 100% of positive breeding sites identified in the Project area (around to 5 km), to protect the 100% of the risk population.



Community interventions to support sanitary education and basic environment rearrangement background.

As well as the training of local personnel at different levels involved in this project, through the cuban vector control experts assistance, aimed to transfer the work methodology after 2 years with sustainable results.



PROGRESS REPORT IN ANGOLA.

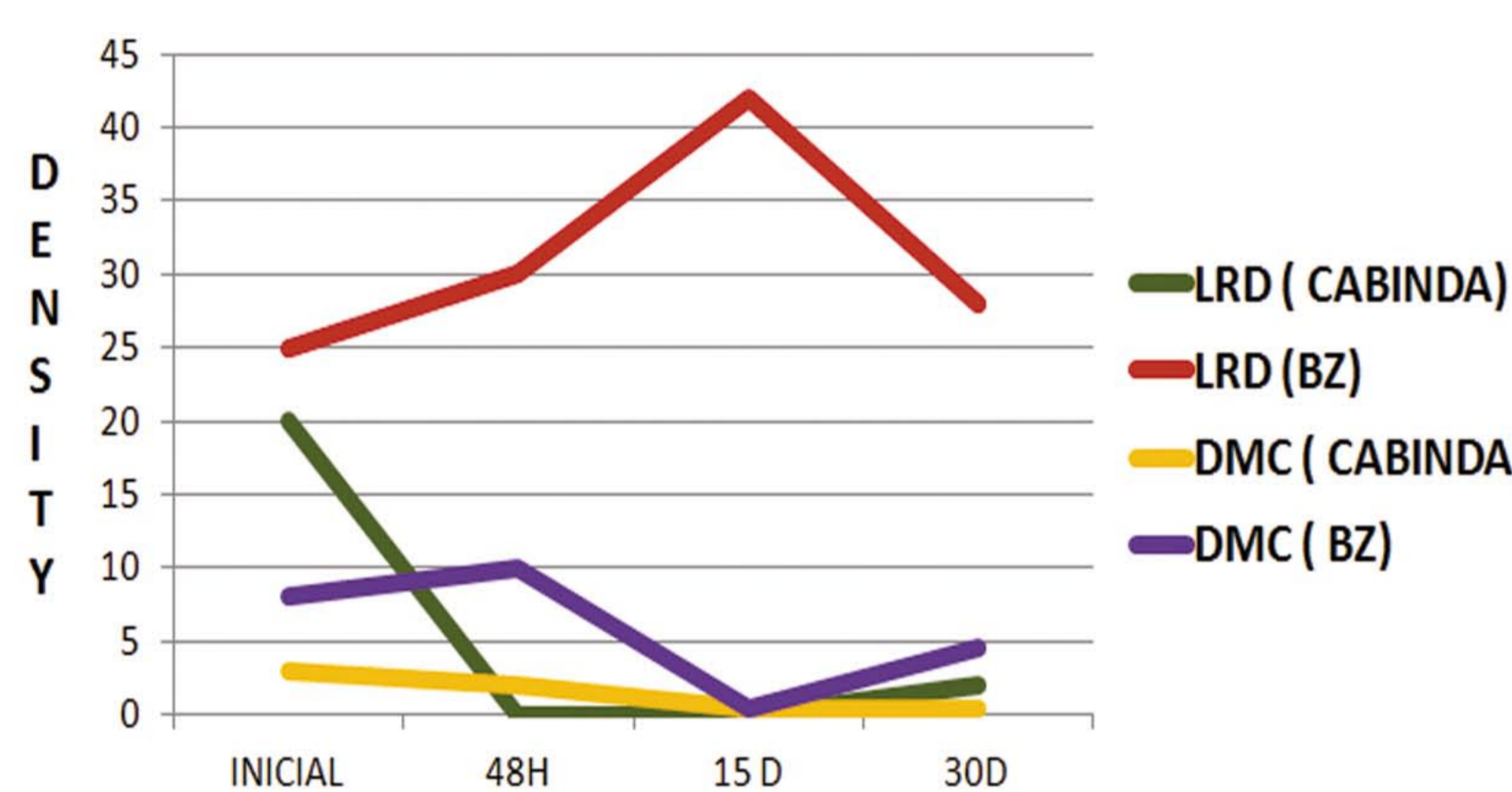
Malaria in Angola, a major cause of morbidity and mortality affecting all age groups and population groups with higher incidence in children under 5 years and in pregnant women.

The entire country is endemic and epidemiological strata persist 3 (hyper endemic mesoendemic and endemic stable and unstable). The complex of Anopheles gambiae and Anopheles funestus are the main vectors involved in transmission.

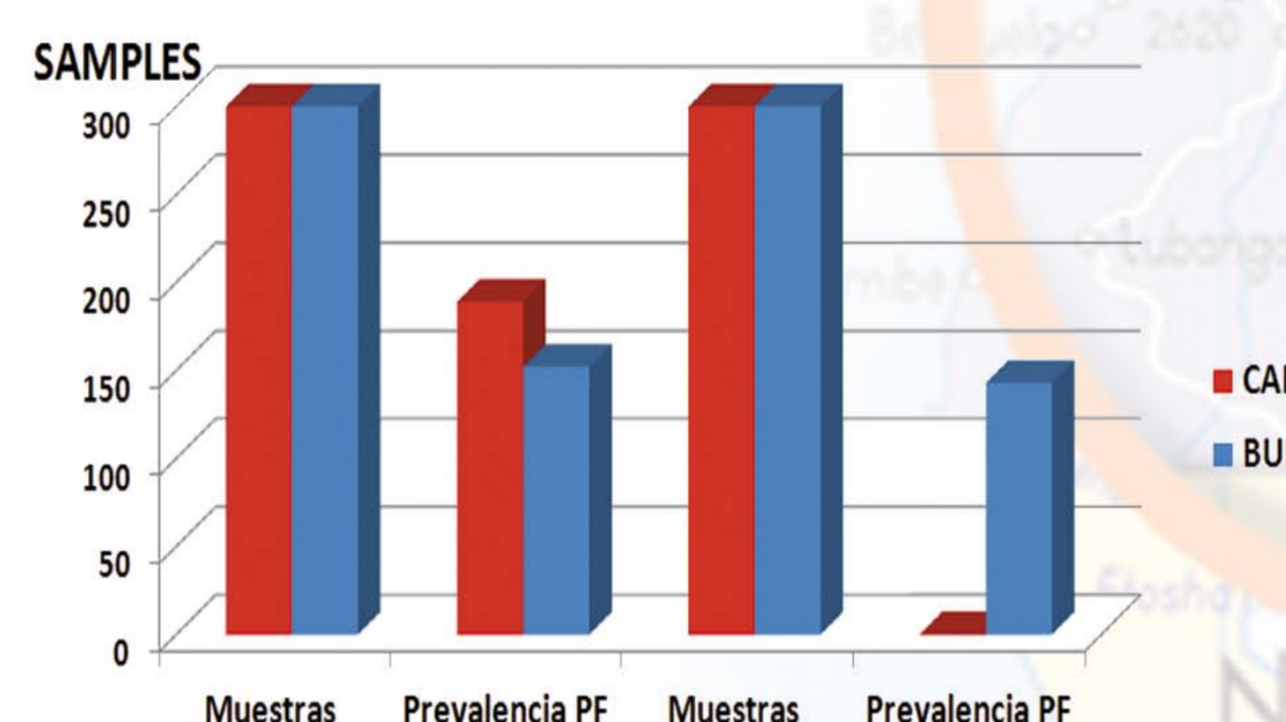


COMPARISON AMONG AN INTERVENTED AREA (BIOLARVICIDE) AND OTHER WITHOUT INTERVENTION (VECTOR CONTROL).

CABINDA CITY: AREA WITH INTERVENTION.
BUKO ZAO MUNICIPALITY: AREA WITHOUT INTERVENTION

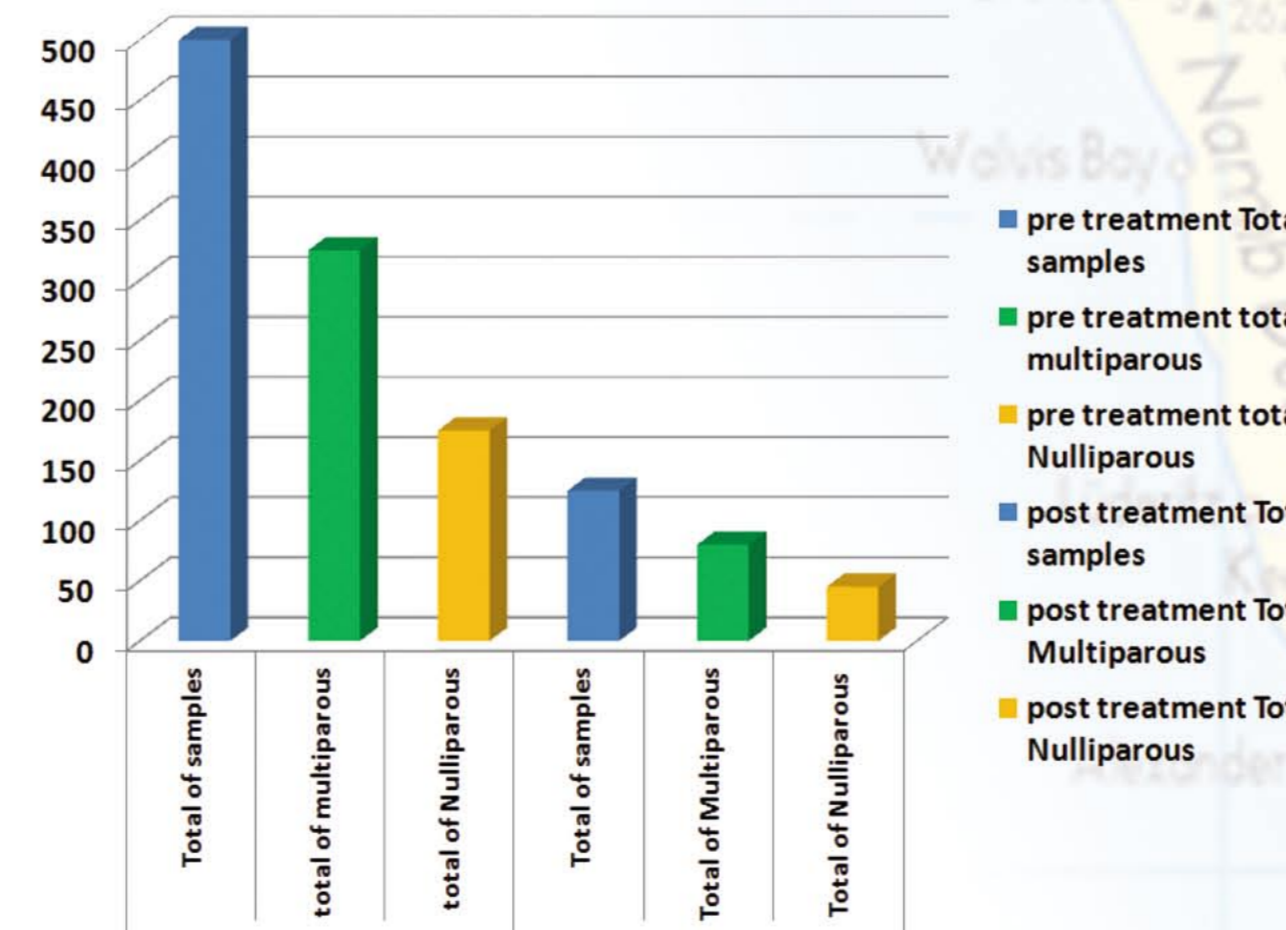
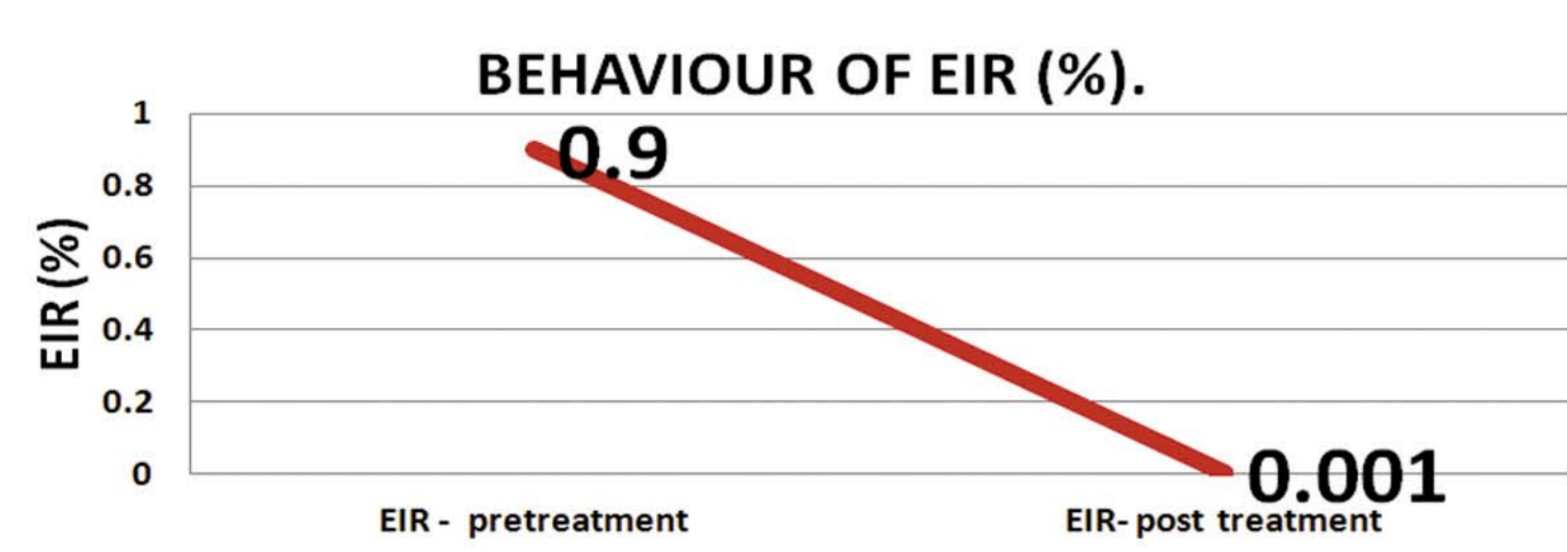


	INITIAL	48 HOURS	15 DAYS	30 DAYS
LRD (CABINDA)	20	0	0	2
LRD (BZ)	25	30	42	28
DMC (CABINDA)	3	2	0.5	0.5
DMC (BZ)	8	10	0.5	4.5



ENTOMOLOGICAL INDICATORS.

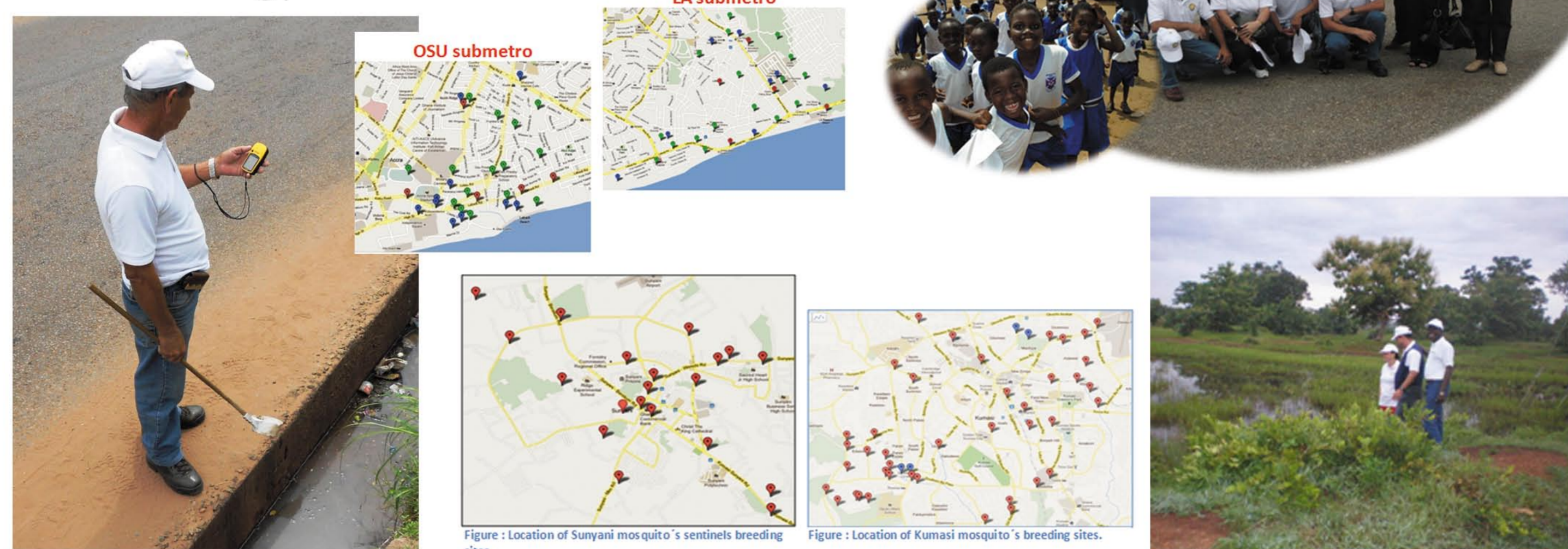
Physiological Stage: Diminish of the multiparous 80% and nulliparous 70% in the municipalities interventions. In the interventions only through the use of biolarvicides, the multiparas reduction was the 60% and nulliparous the 70%.



PROGRESS REPORT IN GHANA.

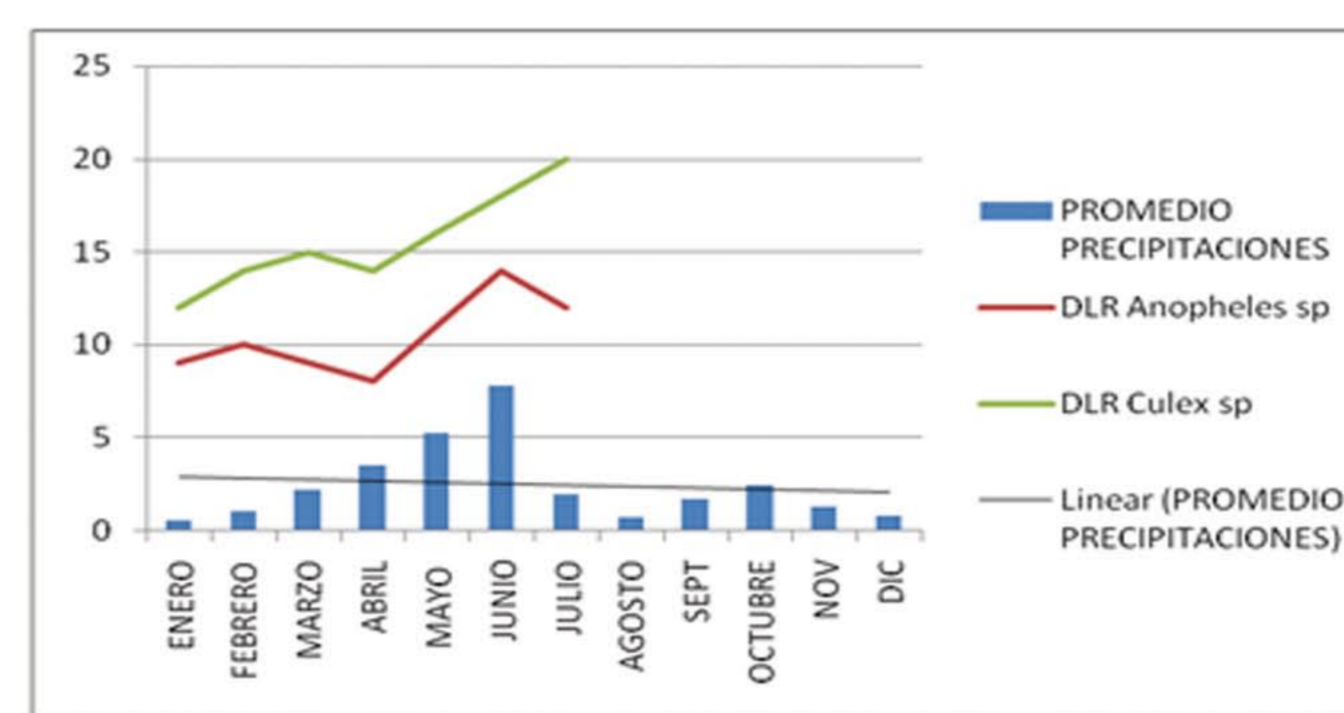
ENTOMOLOGICAL FIELD ACTIVITIES DURING THE FIRST PHASE.

Location (GPS), active area and characterization of the sentinels breeding places.



ENTOMOLOGICAL ANALYSIS

BEHAVIOUR OF RLD IN ACCRA



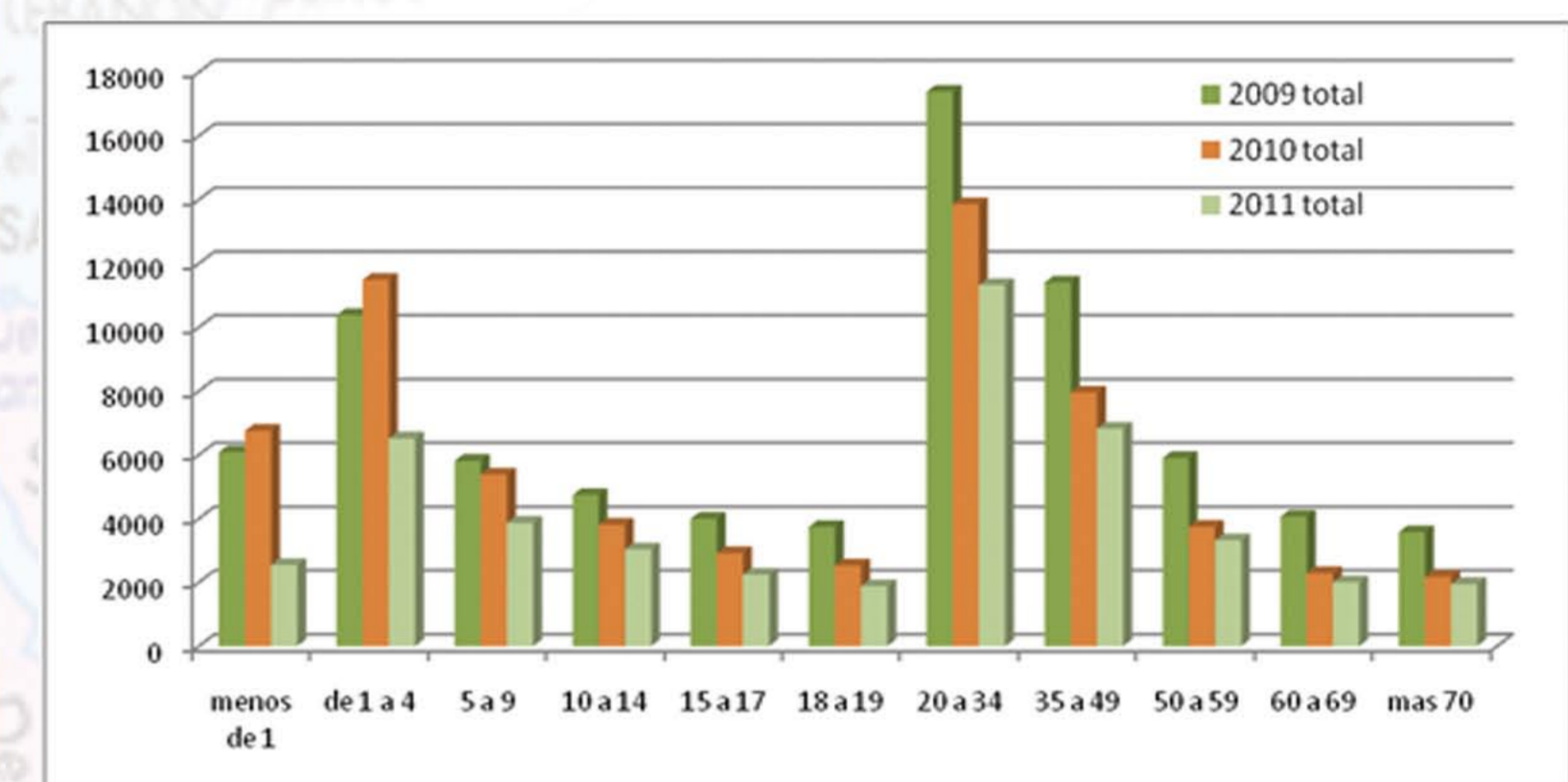
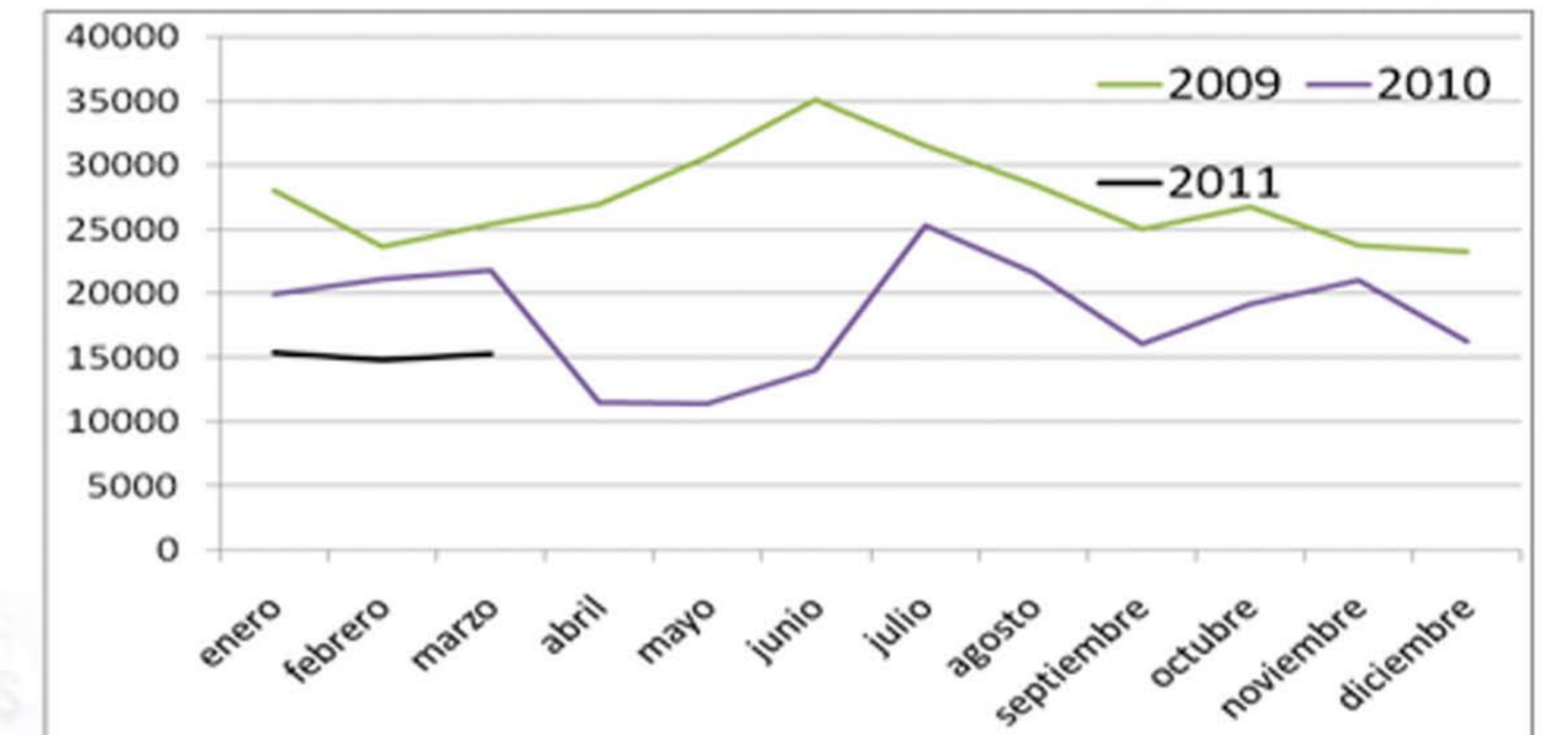
ADULTS DENSITIES

SUBMETROS	Mosquitoes Density/House before applications		Mosquitoes Density/House after applications	
	Anopheles	Culex	Anopheles	Culex
Ablekuma North	2	18.4	0.02	1
Ablekuma Central	0.8	9	0	0
Ablekuma South	1.2	10.2	0.02	0
Ayawaso East	2	10	0	0
Ayawaso Central	1	7	0	0
Ayawaso West	2.2	12	0	0.05
La	2	6	0.005	0
Osu	2.4	10.4	0.02	0.02
Okai Koi North	2	9	0	0
Okai Koi South	1	11	0	0.001
Ashiedu Keteke	2	11	0	0.005

EVALUATION

EPIDEMIOLOGICAL ANALYSIS

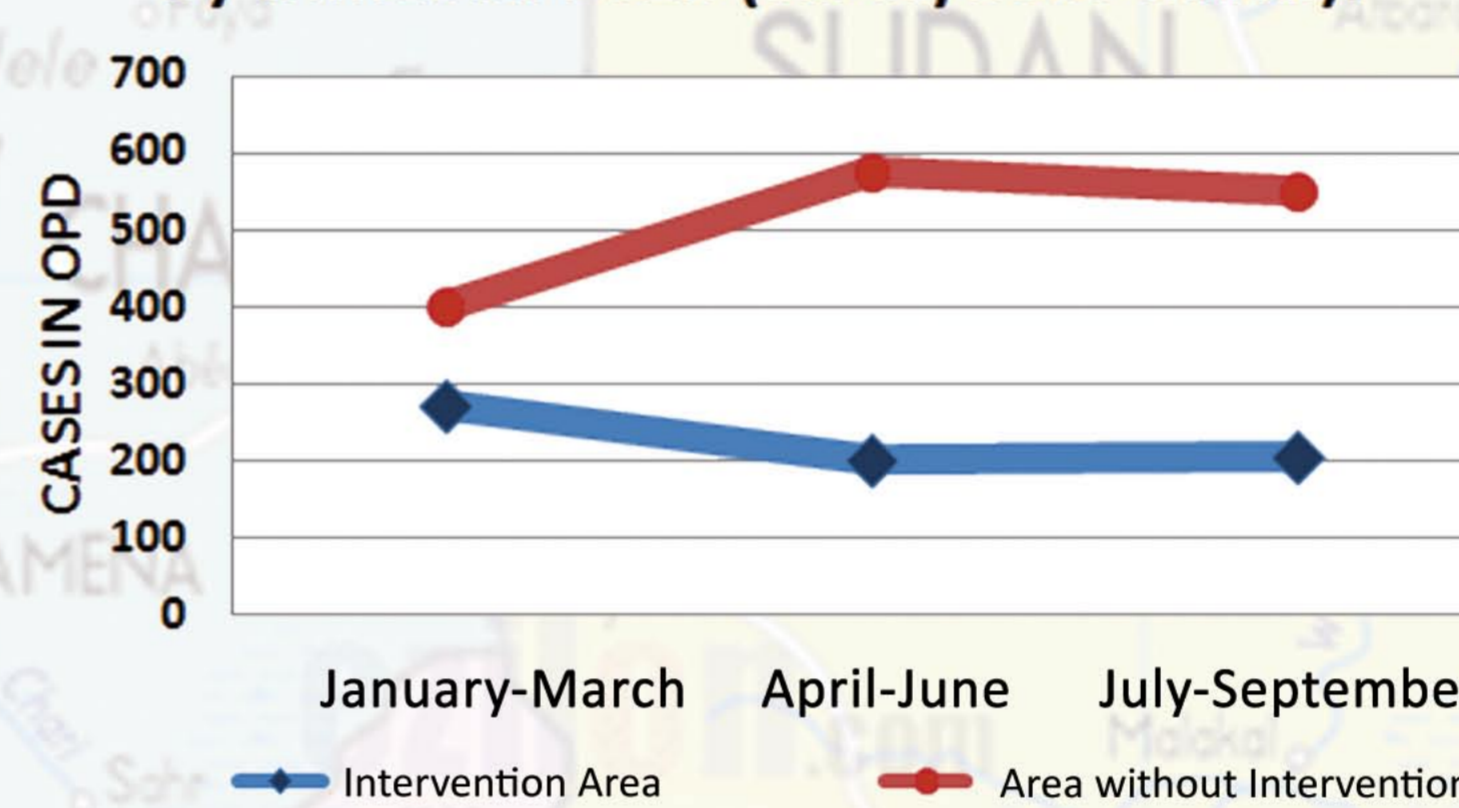
INCIDENCE OF MALARIA IN ACCRA METROPOLIS. (QUARTERLY)



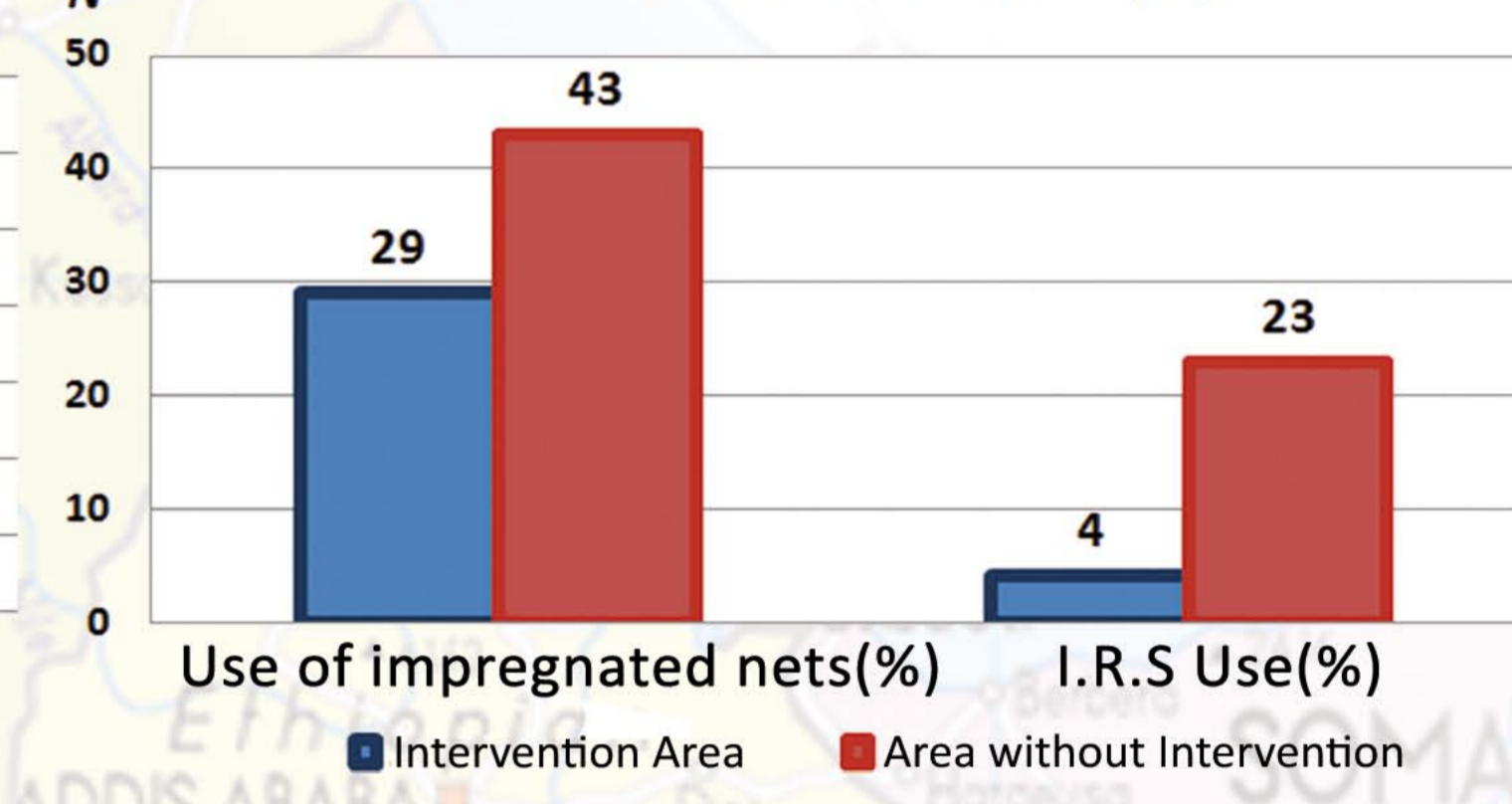
During 2011 the LLNs coverage was 20% in Greater Accra. Total Population benefit: ONLY 856 228 inhabitant.

EVALUATION AND VALIDATION

Malaria cases rate in children 10 years by trimester 2011 (cases/1000 inhab).



Protected population by other interventions from NMCP (%)



PROGRESS REPORT IN ZAMBIA.

10 Cuban experts which arrive in the country on August 24 of 2010, and 6 Zambians appointed by the cabinet are today in charge of introducing in Zambia the new concept of a community owned intervention for malaria control under Ministry of Health named National Larviciding Programme.



MAPPING AND LARVICIDING.

Visiting 100% of the breeding sites referred by the Community Health Workers.

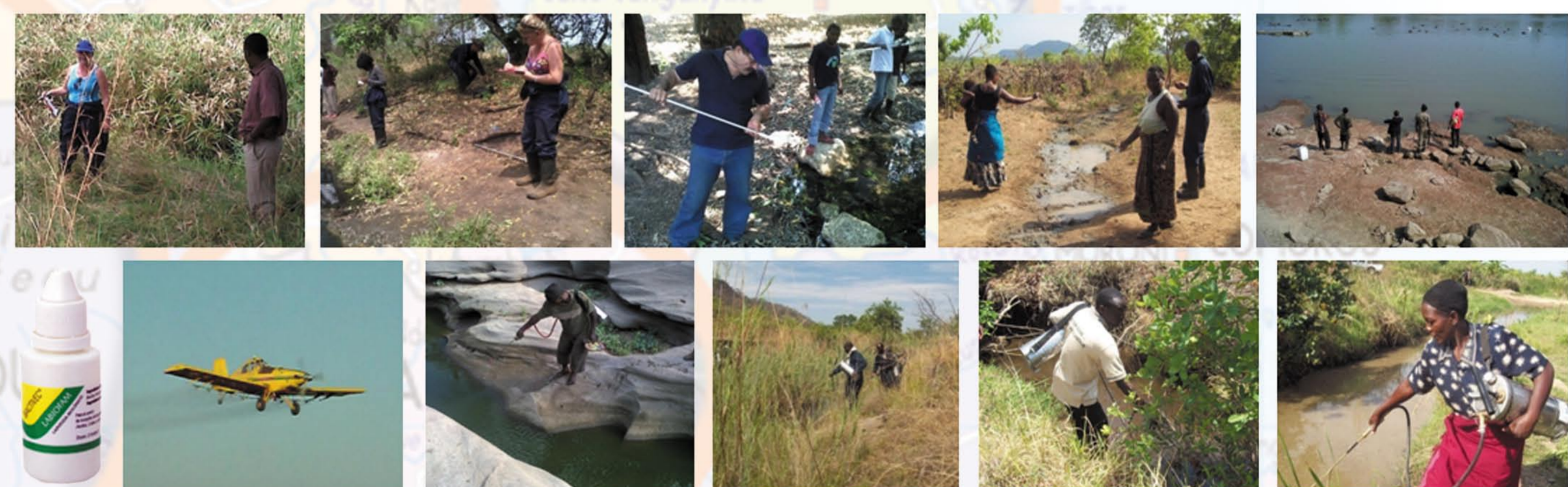
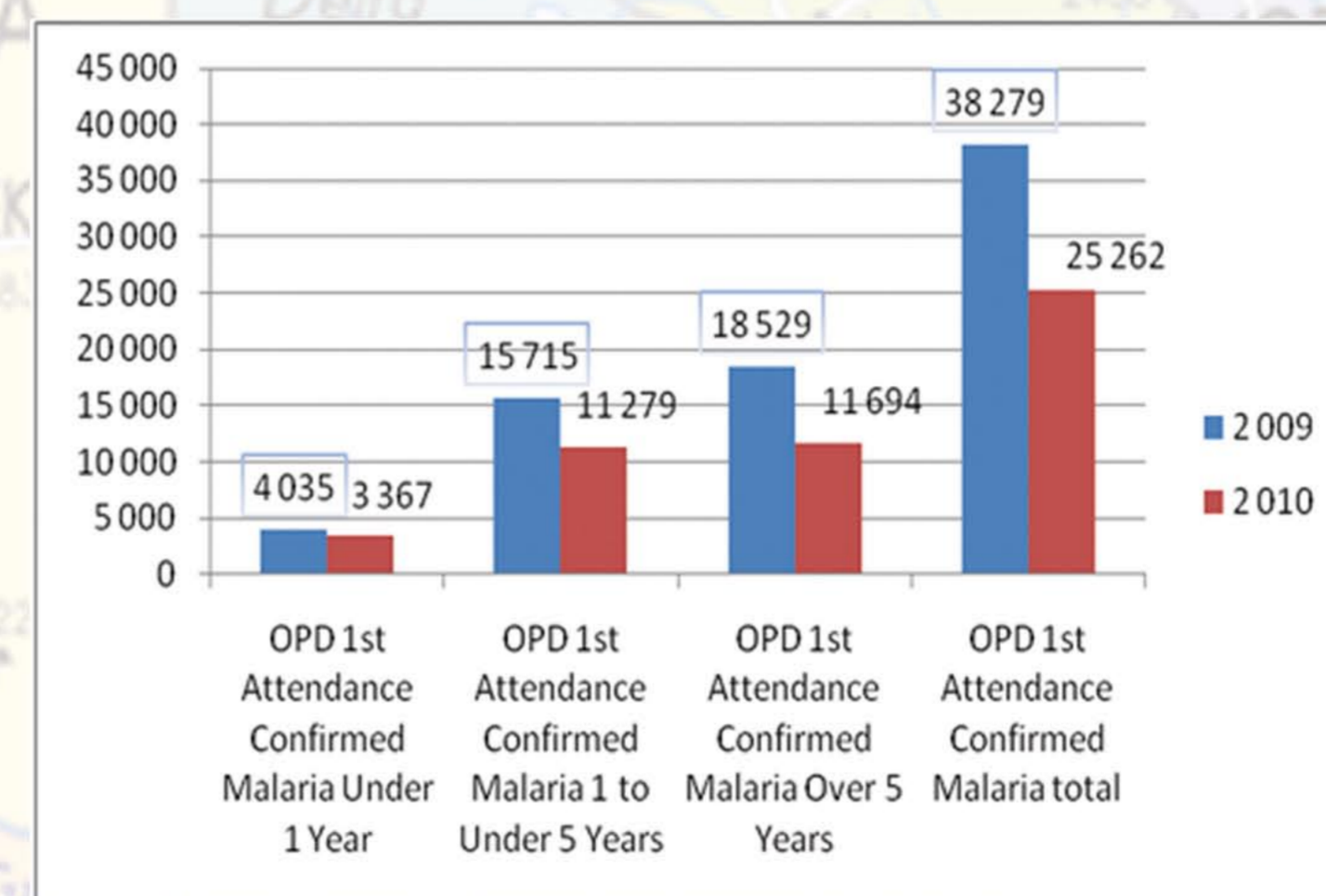
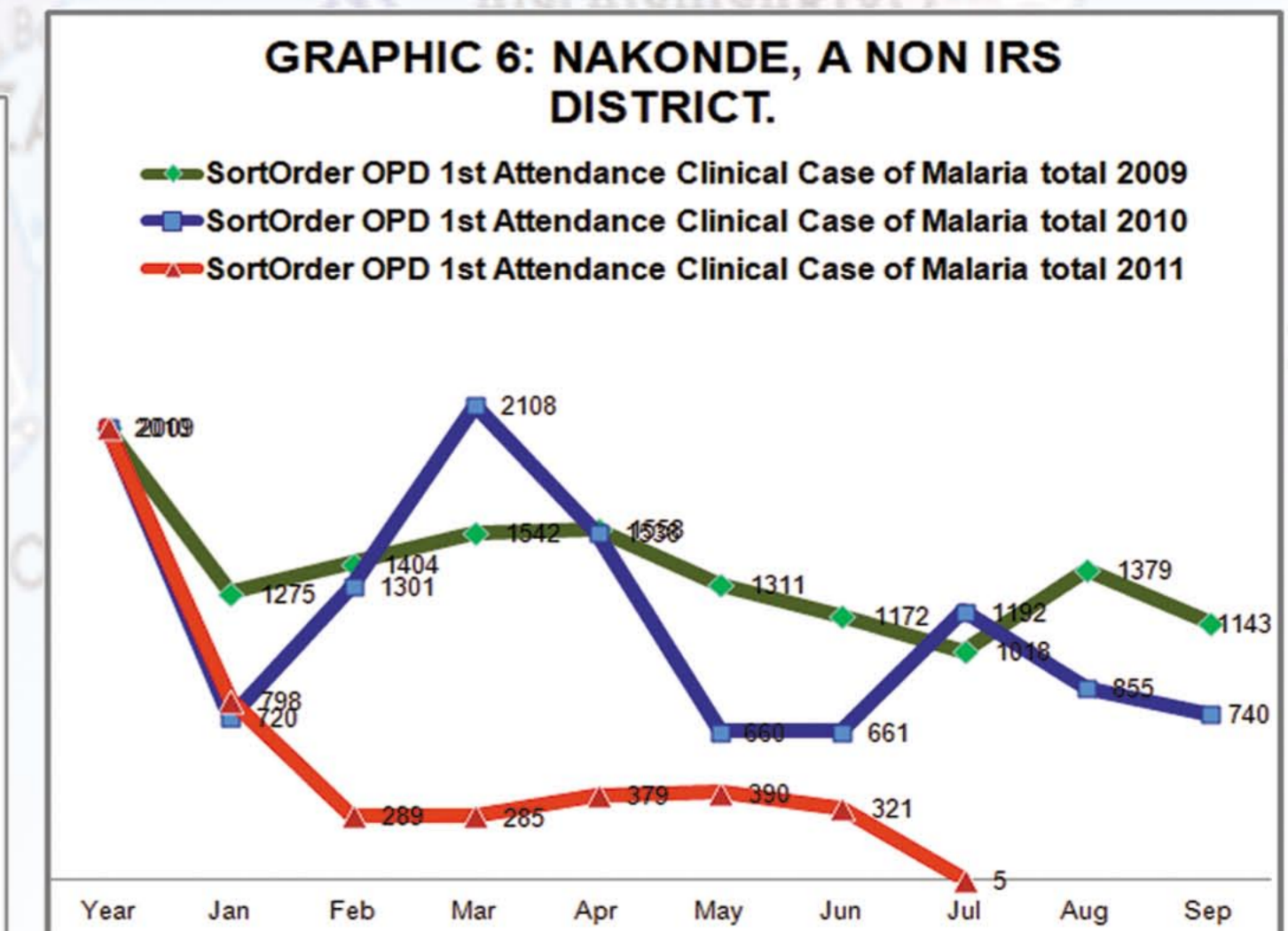


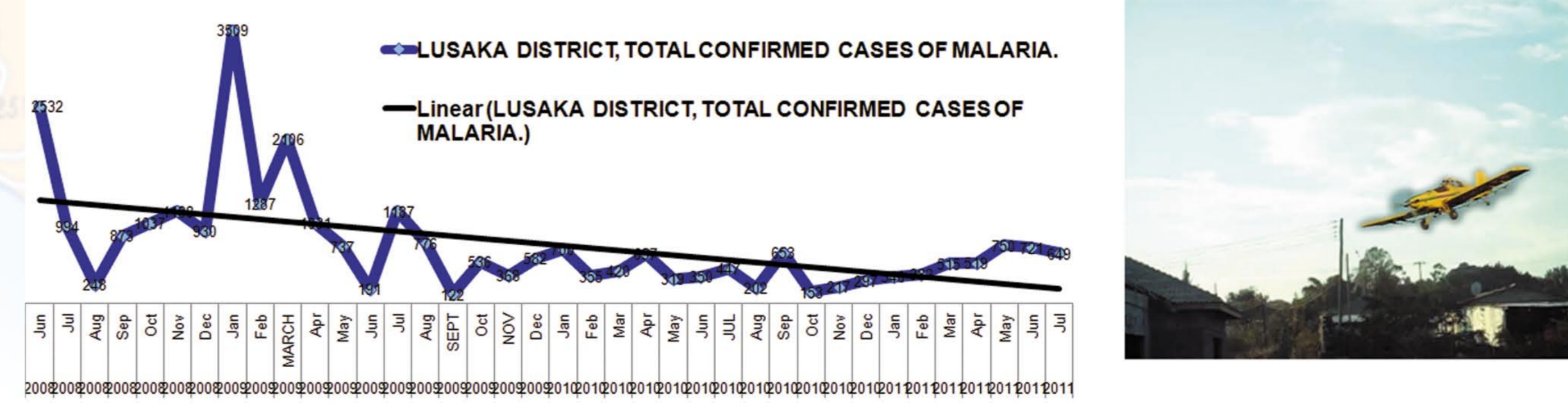
TABLE 1: Total malaria confirmed cases a month after implemented the programme in Petauke District in the Eastern Province.



Malaria cases in non IRS districts before and after implemented the National Larviciding Programme.



GRAPHIC 1: LUSAKA DISTRICT, TOTAL CONFIRMED CASES OF MALARIA AND TRENDS. JUNE 2008 TO JULY 2011.



AERIAL APPLICATION.

628 Hectares were treated in Lusaka and Kafue district.

