Integrated Vector Management in Humanitarian Emergencies
MENTOR Initiative

Vector-borne disease control in Humanitarian Emergencies

- South Sudan
- Syria
- CAR
- Chad
- NE Kenya
- Angola
- Liberia

DEVOTED TO REDUCING MALARIA DEATHS & SUFFERING IN HUMANITARIAN CRISES
South Sudan

- Long history of conflict, gained independence in 2011
- Since 2011 relatively stable until fighting broke out on 15th December 2013
- A ceasefire has been signed but is regularly violated
- Simmering ethnic tensions continue to threaten humanitarian actions

- **7.3 million** people in need
- **1 million** people internally displaced
- **270,000** refugees in South Sudan

- MENTOR has been in SS since May 2012
MENTOR Initiative in SS

- MENTOR has 6 programme areas in South Sudan:
  - Kodok
  - Warrap (Kajok)
  - Abyei
  - Malakal
  - Maban
  - Awerial (Bor)

Devoted to reducing Malaria deaths & suffering in humanitarian crises
Malaria in South Sudan

- Malaria is the number one cause of health seeking behaviour in South Sudan
- 20% of deaths in South Sudan are attributable to malaria
- Many people do not have immunity to malaria and also live in shelters that make them very vulnerable to catching and dying from malaria

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Kala azar in South Sudan

Comparison of weekly kala azar cases by epi-week and year 2013-2014, South Sudan. Graph prepared by WHO

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IVM case study: Maban, South Sudan

- 4 refugee camps (117,095 refugees)
- Biggest = Doro
- Doro – home to 47,989 refugees
IVM for malaria in Doro refugee camp, Maban

Devoted to reducing Malaria deaths & suffering in humanitarian crises
Malaria cases, Doro Refugee Camp, South Sudan

2013

Larviciding started wk44

UNHCR LLIN distribution 100% coverage

Rainy season starts

The Mentor Initiative

Devoted to reducing malaria deaths & suffering in humanitarian crises
Malaria cases, Doro Refugee Camp, South Sudan

2013/2014

IRS campaign starts wk22 2014
IRS campaign ends wk27 2014
Larviciding started wk44 2013
Periodic larviciding in 2014

Rainy season starts

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Summary - IVM in South Sudan

- **Malaria** - IVM (IRS, larviciding, and LLINs) used to halve cases in 2014 vs 2013 and smooth peaks in case loads

- **Visceral Leishmaniasis** - MENTOR not yet collected any data on this but nation-wide cases on the increase - another argument for use of IVM for VBD control
Syria

- On going heavy conflict since early 2011
- MENTOR been working in North Syria since late 2013
- 10.8 million people need assistance
- 6.4 million of them being IDPs
- 3,008,007 refugees in the neighboring countries
CL cases across Syria

MENTOR operating area

Sept '13- NGOs & Health Authorities reporting 200,000 cases of CL

Cutaneous Leishmaniasis
Number of cases (2008)

- 32 - 70
- 186 - 394
- 455 - 1427
- 2219 - 3883
- 18603

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Leishmaniasis in Syria

• CL is a major public health problem in the WHO EMRO (57% of global burden)

• In Syria, whilst some VL cases are reported, the main type of leishmaniasis present is CL

• Before the war, Syria was one of just 7 countries where 90% of all CL transmission took place

• The war has caused huge increases in CL transmission and it is now the number 1 health problem in Syria, according to SINA (Syria Integrated Needs Assessment)
Types of Leishmaniasis

There are three types of leishmaniasis, caused by different *Leishmania* species

1. Visceral (VL; kala-azar) the most deadly form
2. Cutaneous (CL) the most common
3. Mucocutaneous
IVM for Leishmaniasis

• Indoor Residual Spraying - adult sandflies- 3.5M beneficiaries to date, still to do- 1.8M beneficiaries between now & May 2016
• Distribution of LLIN - adult sandflies- 317,000 LLINs distributed so far, in pipe line- 764,000
• Distribution of LLIC - adult sandflies- 100,000 LLICs distributed so far, in pipe line- 75,000
• Waste removal - remove larval sandfly breeding grounds
• Large scale campaigns carried out annually since Sept/Aug 2013
• Diagnostic and case management support
Average number of CL cases per facility, 2014, Aleppo

(Average # facilities per month= 48)

IVM campaigns
Summary – IVM Syria

- 200,000 reported cases when MENTOR started working in North Syria
- Accuracy & standardisation of case reporting has improved enabling monitoring of IVM and case numbers
- 2014 HF data shows consistent impact of strategy in CL control
- Same package of interventions used successfully twice as epidemic responses for VL in Idlib
Current gap to be addressed-
We are using IVM in our programmes in humanitarian emergencies for malaria and Leish but we are lacking the evidence base and guidance behind this approach.
Currently available resources

- WHO Handbook for IVM - a thorough guide to IVM but no information specific to emergencies

- Malaria Control in Humanitarian Emergencies - Interagency Handbook with no information on IVM
Toolkit for IVM in Humanitarian Emergencies

In partnership with WHO, IFRC, donors, NGOs & MoH

The toolkit will:

- Be a practical guide for programme managers, field managers etc.
- Compliment and build on the WHO handbook and toolkit currently under development by a team at Durham University, UK
Evidence base for Toolkit

• Systematic Review & Meta-analysis- all published literature on IVM in Humanitarian Emergencies

• Unpublished/Grey Data- collected from MI programmes, other NGO run programmes, military base data, WHO regional data, MoH data etc.

If you have or know of any sources of data on the use of IVM in emergencies we would love to hear form you!
Please email: Georgia@mentor-initiative.net
Workshops - IVM in Humanitarian Emergencies

• One day IVM in humanitarian emergencies workshops

• A total of four regional workshops
  ➢ 2 in Africa (one Francophone, one Anglophone)
  ➢ 1 in East Asia
  ➢ 1 in Middle East

• A further 4 workshops in countries affected by humanitarian emergencies

MALARIA & VECTOR BORNE DISEASES IN HUMANITARIAN CRISES

Neglected
Misunderstood
Overlooked
Controllable

INTENSIVE 5 DAY TRAINING COURSE

MALARIA DEATHS & SUFFERING IN HUMANITARIAN CRISIS

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Any Questions?

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