

# Vector Control in Humanitarian Emergencies

## Roll Back Malaria Vector Control Working Group

- First meeting: 14-15 September 2017, Basel Switzerland
- This initial meeting included a *steering group* meeting with representatives from RBM, UNICEF, MSF, the London School of Hygiene and Tropical Medicine and the MENTOR Initiative. Additional partners at this meeting also included WHO, Global Fund and UNHCR (refer to Annex). Several other relief agencies and NGOs were not able to attend but are engaged in follow-up.

### **Mission Statement**

- To reduce human suffering and death from vector-borne diseases in complex operating environments by:
  - a) improving delivery, uptake, integration and evaluation of existing vector surveillance and control tools;
  - b) facilitating the development of an evidence-base and uptake of supplementary and emerging tools.

**“More “problem solving” instead of just “solution implementing”.**

Emergency situations are often challenged by:

- insecurity and lack of access;
- insufficient human resources;
- weak or broken supply chain;
- destroyed infrastructure;
- weak coordination;
- inadequate funding;
- Lack of communication between Shelter, WASH, Health clusters; and
- poor data & information management.

# Opportunities

- Clear definition of roles and responsibilities is vital to help ensure coordination (e.g. within a cluster-based system) and break down silos;
- Flexible funding is needed for the rapid deployment of Technical Assistance;
- Strengthening community health systems in fragile settings is key to ensure population having access to services;
- Technical Assistance needs a longer-term in-country solution through partners;
  - Local actors are key to effective response before and after the emergency;
  - the state of devastation will depend on preparation, preparedness and in-built resilience.
- Mission-specific deployment plans tailored to the local context.
- Where possible take services to populations (e.g. mobile clinics).