Integrated Vector Management: building the evidence & providing practical guidance to users.

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RBM, IVM Workstream Meeting
Geneva, Switzerland
28-30 January 2015
Overview

• Burden of VBD
• Integrated vector management
• The problem with vector control currently
• The toolkit
82% of the global population (5.68B people) live in areas at risk of one or more major VBD diseases.

VBDs are **co-endemic** in many parts of the world.

Vector control is the major tool for controlling these diseases.
Status of current vector control

1. Insecticide resistance
2. Resource constraints – financial, human capacity etc
3. Disease specific silos
4. Inter-sectoral action is weak
5. Not generating / using evidence effectively
Integrated Vector Management

- IVM is a World Health Organisation recommended management approach for the control of VBDs globally.
- Aims to make vector control more efficient, cost effective, ecologically sound and sustainable.
- It is not a type of vector control, it is the future of all vector control.
How IVM works

1. Multiple methods against a single disease

Method A  Method B

Disease X
## IVM characteristics

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<th>1. Integrated approach</th>
<th>Addresses several diseases using vector control tools, often in combination and synergistically. Uses chemical and non-chemical vector control methods.</th>
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<td>2. Evidence-based decision making</td>
<td>Strategies are adapted to local vector ecology and disease epidemiology and are guided by operational research, surveillance and monitoring and evaluation.</td>
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<td>3. Intra- and inter-sectoral collaboration</td>
<td>Collaboration within the health sector and with other sectors</td>
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<td>4. Advocacy, social mobilisation and legislation</td>
<td>Principles of IVM promoted and integrated into policies. Community engagement and empowerment to increase sustainability</td>
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<td>5. Capacity building</td>
<td>Availability of infrastructure, financial and human resources at central and local level</td>
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Where are we with IVM?

- More than half of all 110 WHO member states have adopted an IVM policy.
- There are no clear guidelines on how to do IVM.
Overview and aims of toolkit

• Provide guidance on design, implementation and monitoring & evaluation of IVM programmes.
• Targeted at programme managers at national and first admin level (region / province).
• Separate toolkits for Africa, South America and Asia.
• Take into account heterogeneity in the capacity of countries to carry out IVM.
• Paper based but hope to move towards interactive web-based interface.
Putting the meat on the bones
Key points

- Musa is a vector control programme manager at the central or regional level of a country.
- He is busy & has few resources
- These tips are for people like him – they are the most important things to do
- Also important for speed readers – this is a lengthy document.
Framework for planning & implementation

1. Disease situation
   - Epidemiological assessment
   - Vector assessment
   - Stratification
   - Local determinants of disease

2. Selection of vector control methods

3. Needs & resources

4. Implementation

5. Monitoring & evaluation
Toolkit sections

Based on format of WHO IVM manual

• Chapter 1: Introduction
• Chapter 2: Framework for IVM
• Chapter 3: Local determinants of disease
• Chapter 4: Disease situation analysis
  – Broad level (national / regional)
  – Lower level (district and below)
Toolkit sections

- Chapter 5: Selection of vector control methods
- Chapter 6: Needs and resources
- Chapter 7: Implementation strategy
- Chapter 8: Generating an evidence basis
  - piloting and scaling up
- Chapter 9: Monitoring and evaluation
- Chapter 10: Vector surveillance
The process

- Writing team:
  Anne Wilson & Steve Lindsay (Durham University), Willem Takken (Wageningen University), Nick Golding (University of Oxford)
- Contributions also from a panel of over 20 VBD/IVM experts at two meetings in Palm Springs & Durham, UK
- Final review by an independent panel of experts who met in Geneva Jan 2015.
- Manuscript is now under revision and will be submitted to WHO for final editing in Feb 2015.