Larval Source Management Work Stream

5th Meeting

Friday 21st February, 13.00-15.00
Auditorium, ICRC
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<th>Time</th>
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| 12.00 – 13.00 | Lunch  
Poster viewing                                                                                     |                           |
| 13.00 – 13.15 | Welcome  
Review of 4th meeting, Geneva, February 2013  
Review of progress in 2013 | Steve Lindsay  
Lucy Tusting |
| 13.15 – 13.45 | Draft 2014 work plan:  
1. Updating the environmental management handbook  
2. Developing manuals for LSM in SE Asia and S America  
3. WHOPES approved larvicides  
4. Increasing advocacy to funders/donors  
5. Supporting NMCPs doing LSM (10 mins) | Steve Lindsay  
Shiva Murugasampillay  
Silas Majambere |
| 13.45 – 14.00 | Urban Malaria Control Scheme, India  
LSM in Pakistan | Ranjander Sharma  
Muhammad Mukhtar |
| 14.00- 14.55 | AOB / Discussion                                                                                   | All                       |
| 15.00      | Close                                                                                             | Steve Lindsay             |
Main points from 4th Meeting, Geneva, 30th January 2013

Steve Lindsay
What was discussed

1. Progress on 2012 Work Plan:
   • Country case studies – Steve Lindsay
   • LSM Operational manual – Shiva Murugasampillay
   • Decision-making framework – Steve Lindsay

2. How to make LSM work for IVM – Silas Majambere

3. LSM in malaria elimination – Birkinessh Amenesheway

4. Discussion
Main conclusions

1. 26 countries are already conducting LSM – so our primary focus should not be on whether to use it, but where and how

2. LSM can and is already playing a role in elimination in many countries e.g. Morocco

3. LSM should also play a role in integrated vector management (IVM), with opportunities for sectors outside health to contribute e.g. those involved in water management.
Next steps agreed

• LSM Operational Manual:
  • Publish and disseminate asap

• WHOPES Approved Products:
  • A list of specific products available for LSM should be drawn up with information on WHOPES status

• Engaging outside the health sector:
  • As well as training program managers in LSM it is important to engage with those in the areas of urban agriculture, ‘healthy homes’, sanitary engineers and others outside the health arena
  • Make contact with relevant contacts in water etc through WHO/IVM, SIMA, Habitat for Humanity, Danish architecture networks and through associations e.g. South African Civil Engineering Association
Review of progress in 2013

Lucy Tusting
Review of 2013

1. Cochrane Review
2. Operational Manual
3. LSM Symposium at MIM Durban
4. Multisectoral approaches to malaria
1. Cochrane Review


Main results and conclusions:
- 13 studies included, up to 75% reduction in incidence and up to 90% reduction in prevalence in appropriate settings
- In Africa and Asia, LSM is an option with LLINs and IRS, in both urban and rural areas, where sufficient larval habitats can be targeted.
- Further research is needed to evaluate whether LSM is appropriate or feasible in rural Africa where larval habitats are more extensive

2. Operational Manual

• Published July 2013

• Contributors:
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3. RBM-sponsored LSM Symposium at MIM

1. Steve Lindsay: Larval source management for malaria control in Africa.

2. Lucy Tusting: A systematic review and meta-analysis of mosquito larval source management for controlling malaria.


4. Multisectoral approaches to malaria

Multisectoral Action Framework for Malaria Control, RBM/UNDP, September 2013:

- LSM can be integrated into many sectors including agriculture, water and sanitation management and planning and construction

- e.g. Encourage construction sector to apply larvicide to oxidation ponds; integrate LSM into urban agriculture

- This approach is already being pioneered e.g. Khartoum, Sudan as part of the Khartoum Malaria Free Initiative
Draft 2014 Work Plan

Steve Lindsay
Shiva Murugasampillay
Silas Majambere
Draft 2014 Work Plan

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