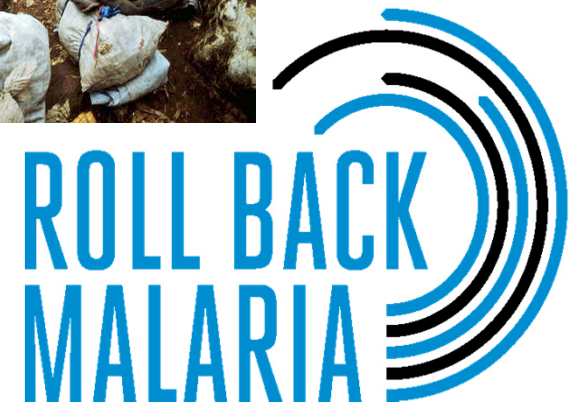


Project 5: Vector Control In Humanitarian Emergencies

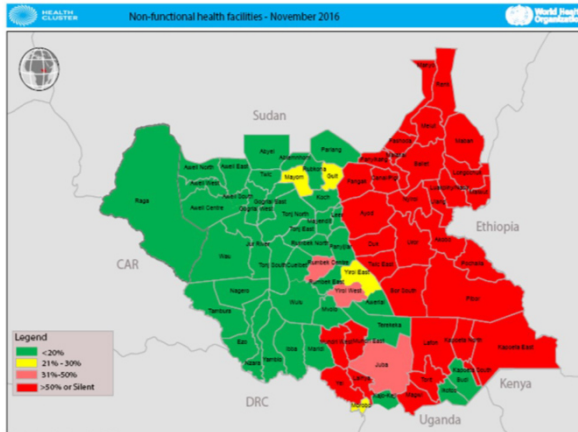
Different Challenges of Static & Mobile Communities



Valentina Buj - UNICEF
Richard Allan – MENTOR Initiative



MENTOR UNICEF VC Strategy in Bentui and Malakal IDP Camps – South Sudan



Combining Old Tools :

- Indoor Residual Spraying (IRS)
- Larval Source Management
- Universal LLIN coverage
- Fly Control
- IEC



Changing Active Ingredients to Achieve Control

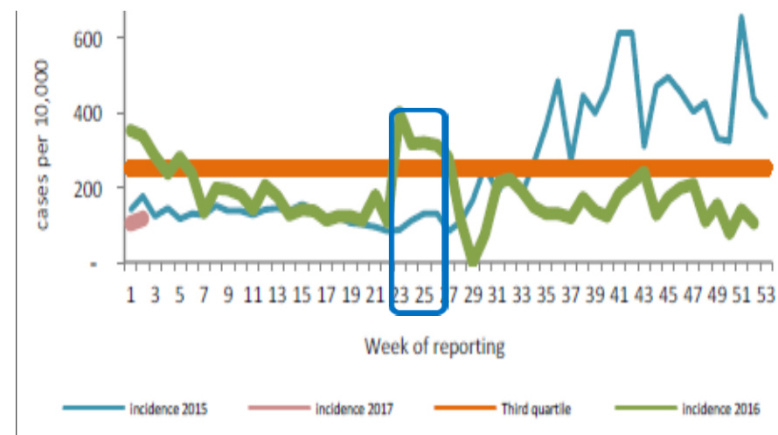
Bentiu 2015 & 16

- IRS & IEC reached 92,647 beneficiaries
- LLIN 100% in 2015
- LSM-4,986 sites treated
- Fly Control-6,625 sites treated

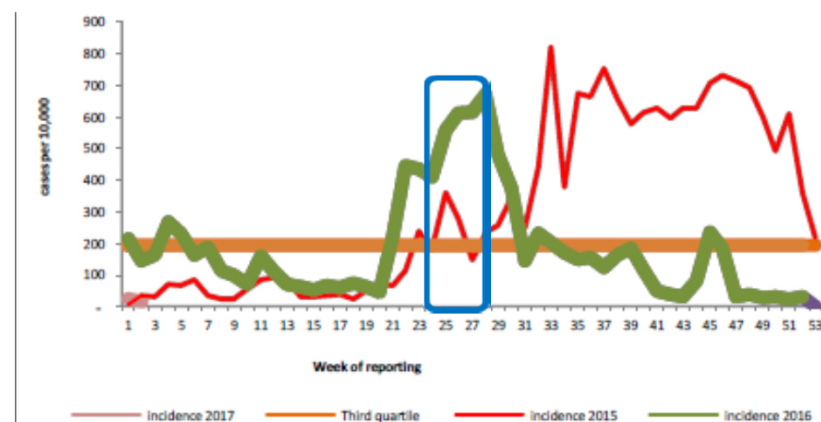
Malakal 2015 & 16

- IRS & IEC reached 41,172
- LLIN 100% 2015
- LSM-336 sites treated
- Fly Control-1,094 sites treated

Malaria trends for IDPs in Malakal PoC 2015-2017 (blue indicates implementation of IRS)



Malaria trend for IDPs in Bentiu PoC 2015-2017-(blue indicates implementation of IRS)



Same suit of VC in 2015 & 16

**No control in 2015
Good control in 2016**

**Only change was the
IRS active ingredient
(ICON to Actelic)**

Mobile communities need tools

- ITPS (2001) shown to protect from malaria as well as LLINs or IRS when used as temporary shelter (adapted also for container lids, aedes control).
- Demuria LLIN (2001) shown to be well suited to outdoor sleepers and durable
- LLIC (2002) shown to work in malaria, dengue and leish control in tents or houses.
- Blankets (1999) shown to help protect in or outside sleepers
- Purpose built to fit the needs of mobile communities
- Supported in Interagency Handbook for Malaria Control in Humanitarian Crises



Current Status of New Tools:

Despite these new purpose built tools having been available for over 16 years, uptake has been very slow as UN and many donors bodies have required additional regulatory approvals from WHO normative systems.

We have fallen back on making the best use of the now largely failing old tools, relying on IRS with new actives currently, but unable to meet the needs of people who are on the move. New toolkits exist to help partners.

Few if any tool manufacturers would be willing to invest further in adapting active ingredients in these tools for mobile communities, unless there is significant change in the uptake and usage of the tools.

Changing the Status Quo - Points for Discussion:

How can this working group really best help move this forward and improve the reality of Vector-Borne Disease Control in Humanitarian Emergencies?

Are we mandated to create new tools? Maybe not?

Are we able to convince manufacturers to invest further? Unlikely?

Are we able to use the mandate that we have already to advance the monitored scale up of the existing purpose built tools, and build a more significant operational evidence base? Maybe.....if so who has a role?

Can we use lobbying media, websites (RBM? Our own institutional sites?) etc. to increase understanding and acceptance amongst other potential users to increase uptake and standardise practice and monitoring approaches?

Can we build donor support and raise funds to scale up large field pilots of new tools where these have already been through basic testing steps? Maybe.....if so, who has a role in this?