

Summary report on the

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Meeting on sustainable alternatives to DDT and strengthening of national vector control capabilities in the Eastern Mediterranean Region

Tehran, Islamic Republic of Iran
9–11 June 2015



World Health
Organization

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	3
3.	Recommendations.....	7

1. Introduction

The WHO Regional Office for the Eastern Mediterranean convened a meeting on sustainable alternatives to DDT and strengthening national vector control capabilities in the Region in Tehran, Islamic Republic of Iran, on 9–11 June 2015. The objectives of the meeting were to:

- present the final results of the Global Environmental Facility (GEF) project on sustainable alternative vector control interventions;
- share the lessons learnt from GEF project with all countries of the WHO Eastern Mediterranean Region;
- present the experience of joint efforts by WHO, the United Nations Environment Programme (UNEP) and Food and Agriculture Organization of the United Nations (FAO) in addressing vector control needs in the Region;
- adopt the updated regional strategy on integrated vector management 2016–2020; and
- review the draft regional malaria action plan 2016–2020.

The meeting was attended by national project coordinators from four countries supported by the GEF project (Islamic Republic of Iran, Morocco, Sudan and Syrian Arab Republic), national malaria programme managers (Afghanistan, Pakistan and Sudan) and national focal points for integrated vector management (IVM) from (Afghanistan, Bahrain, Islamic Republic of Iran, Kuwait, Lebanon, Libya, Oman, Pakistan, Somalia and Tunisia). From the African Region, two participants from Madagascar and WHO staff from the Ethiopia country office participated. Also in attendance were partners from FAO, UNDP, research institutes, members of the Scientific, technical and Advisory Committee of the GEF project and IVM experts.

Dr Jihane Tawilah, WHO Representative to the Islamic Republic of Iran, inaugurated the meeting and delivered a message from Dr Ala Alwan,

WHO Regional Director for the Eastern Mediterranean. In his message, the Regional Director summarized briefly how the project started in 2005, in eight countries, its rationale and the three components and the key achievements. He requested countries to review the updated regional IVM framework 2016–2020 based on the experience and challenges encountered in IVM implementation since its adoption in the Region.

Dr Nasser Kalantari, Ministry of Health and Medical Education, welcomed the participants and noted that during the past 35 years, the Islamic Republic of Iran had improved significantly the quality and quantity of health services at all levels, which included the control of vector-borne diseases. This had been critical due to the changing nature of public health threats, such as climate change for example. The need to scale up control interventions had been successfully demonstrated in the Islamic Republic of Iran, which was on the verge of malaria elimination.

The first day of the meeting included presentations on general and strategic issues in vector-borne diseases in the Region. Experiences were also shared from countries in the Region implementing the GEF Project and from two countries in the African Region. The second day included presentations and discussion on progress and challenges in implementation of IVM, for both countries supported by GEF projects and other Member States not involved in the GEF-supported project. The updated regional framework on integrated vector management 2016–2020 was presented followed by group work to review the strategy and revisions to the documents were made accordingly and approved by all attending Member States. The role of development of partners in the prevention of vector-borne diseases was presented and discussed. The third day focused on the draft Eastern Mediterranean regional action plan for implementing malaria global technical strategy 2016–2020 followed by plenary discussion on country priorities for its implementation.

2. Summary of discussions

Findings from GEF demonstration projects

Capacity building funding is a concern for some countries such as Sudan. Bednet utilization and coverage rates are very low except in Sudan in the GEF project areas. The movement of people has completely changed the epidemiology of the disease hence the needs for new vector control tools and plans in the Region. The GEF-supported study trial in the Islamic Republic of Iran raised concerns over the quality of the local larvicide *Bacillus thurigeinsis*, which was found to be ineffective in the field.

Disposal of DDT stocks

Safeguarding and disposal has been completed in the Islamic Republic of Iran, Jordan and Morocco, with a total of 94 950 kg of DDT and contained containers. Non GEF countries have also benefited from public health pesticide management activities, as GEF resources were used to support the following countries: Lebanon in April 2011 and March 2013, to identify priority activities to strengthen public health pesticide management; Tunisia, July 2012 and June 2013, to develop action plan for public health pesticide management; Pakistan for situation analysis of public health pesticide management 23 November – 1 December 2013.

Strengthening of national capacity for integrated vector management

GEF-supported countries in the Region have made important progress in IVM and pesticide management. For countries not supported by GEF, a short questionnaire was sent to each country to solicit responses related to some key indicators of IVM with emphasis on selected topics namely: policy on IVM and pesticide management, vector control unit, mechanism for intersectoral coordination on vector control, training/capacity building. Nine out of 14 non GEF-supported countries

responded: Bahrain, Kuwait, Lebanon, Libya, Oman, Palestine, Pakistan, Somalia, Tunisia.

Analysis of the questionnaires showed that huge differences exist between countries of the Region. Some countries have major shortcomings in policy development on integrated vector management and pesticide management. Vector control units do not always cover all vector-borne diseases or have sufficient capacity. Mechanisms to coordinate on vector control with other sectors have not been established in some countries. Although some training on IVM and pesticide management has been conducted, it is insufficient. Finally, the status of the evidence base of operational research and implementation of IVM remains unknown.

IVM framework 2016–2020

During group work, groups thoroughly reviewed the draft IVM framework and provided input to the facilitators which was incorporated and presented in the meeting, after which the participants endorsed the document.

Participants requested technical assistance to clearly define the vision of IVM in terms of coordination, institutional arrangements and the efforts in integrated vector control. Trainers from GEF countries will be used to support IVM in non-GEF countries.

Priority actions July–December 2015

WHO: Finalize the project including final regional project and country mission reports; disseminate data through publication of articles in order to share important experiences and lessons learnt; complete the insecticide resistance database; ensure finalization, translation and printing of the regional strategic framework for IVM strategy (2016–2020).

FAO: Develop an outline national strategy for managing production of new empty pesticide packaging in Morocco, Jordan and Islamic Republic of Iran; support obsolete pesticide stocks inventory and data management training, including a field training visit and supervision of first days of inventory work in Sudan; and finalize the project terminal report.

Draft regional malaria action plan 2016–2020

The plan was presented and participants commented in each section in plenary session. The following are the key points raised by the meeting to be considered in finalization of the project.

Pillar 1. Ensure universal access to malaria prevention, diagnosis and treatment

- A. Promote and facilitate application of effective preventive measures against malaria for populations at risk: the meeting discussed the need to: revise the indoor residual spraying (IRS) terminology; broaden the scope for environmental management to ensure intersectoral involvement; highlight the potential existence of outdoor residual transmission and pilot future prevention tools and continue to encourage research institutions to conduct innovative research to address the key programme concerns.
- B. Promote and facilitate universal access of populations at risk to quality assured diagnosis and effective treatment of malaria: participants requested the Regional office to support countries to prevent severe malaria and mortality through malaria mortality reduction projects, especially in Sudan and Afghanistan; operational research studies should be conducted to investigate if counterfeit/substandard drugs are an issue in the Region; efforts will be made alongside the essential medicine unit in the Regional Office to address drug enforcement regulations in countries such as Sudan and Pakistan.

Pillar 2. Accelerate efforts towards elimination and attainment of malaria-free status

Several malaria free countries have requested to be included under this pillar to prevent malaria introduction and sustain the practice of malaria elimination. Feasibility studies for malaria elimination should be implemented in all endemic countries. Some Member States felt the strategy should clearly differentiate between the multisectoral approach and the public–private partnership strategy as the latter has implications for malaria case management and will lose its value if it is replaced with multisectoral terminology.

Pillar 3. Transform malaria surveillance into a core intervention

Some revisions were requested to the targets to be as follows:

- By the end of 2017, all endemic and malaria free countries will have updated malaria monitoring and evaluation plan according to their updated strategy.
- By the end of 2020 at least 100% of expected health facility reports received at national level in endemic countries, analysed and feedback provided to subnational level.
- By the end of 2020 at least 90% of the expected health facility reports received at national level in endemic countries, analysed and feedback provided to subnational level – this should include the private sector.
- By the end of 2020, malaria will be a compulsory notifiable disease in all countries of the Region.
- By end of 2017, malaria will be a compulsory notifiable disease in 80% of countries of the Region.
- By the end of 2020, all endemic countries will have malaria elimination investment plan with approved allocation of at least 60% of the needs from national resources.

Participants agreed that private sector health facilities should all be engaged and encouraged to report to the national health system. To support prediction, prevention and control of malaria in epidemic and humanitarian situations, participants requested technical guidance and training on complex emergency situations.

With regard to supporting element 2: Strengthening the enabling environment, participants highlighted the importance of supporting countries to strengthen the capacity of malaria control programmes at national and district level as part of health system strengthening approach and the role of medical education to train future generations of the medical profession.

With regard to strengthening partnership and coordination, participants stated that coordination efforts need to be strengthened within the Region, i.e. through regular intercountry meetings, and suggested publishing regional annual reports (including malaria free countries) and undertaking strong advocacy efforts to mobilize political commitment. The Regional Office should spearhead a taskforce comprising technical experts from the Region to identify operational research priorities and identify proposals, which should later be delegated to research institutions.

3. Recommendations

To Member States

1. Conduct routine biochemical monitoring following investment in capacity-building of staff.
2. Develop/update vector control needs assessments and develop IVM and insecticide resistance management strategies.

To WHO

3. Share the draft regional malaria action plan 2016–2020 with all countries in the Region to seek their input and finalize for presentation to the technical meeting preceding the Regional Committee in October 2015.
4. Advocate with all relevant stakeholders to mobilize resources for implementing the regional malaria action plan and the IVM framework 2016–2020.
5. Finalize and publish the regional IVM framework 2016–2020 and construct core monitoring and evaluation indicators for assessment of progress and implementation of IVM.
6. Identify centres in the Region which will act as custodians of qualitative insecticide resistance data which will be provided to countries for the purpose of informing their policy.
7. Establish a network for exchange of information among countries to fine-tune their policies to incorporate all vector-borne diseases.
8. Develop specific insecticide susceptibility guidance for testing *Aedes*, *Culex* and sandfly vectors.



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