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Summary report on the

Consultation on updating the regional integrated vector management strategic framework

Cairo, Egypt
11–12 March 2015



World Health
Organization

Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean convened a technical consultation on updating the regional integrated vector management (IVM) strategic framework in Cairo, Egypt, on 11–12 March 2015.

The objectives of the consultation were to:

- review the current situation and progress in control/elimination of various vector-borne diseases in the Region;
- assess the achievements, challenges and lessons learnt in implementation of IVM in the Region since its adoption in 2005;
- identify specific issues that need to be considered in the regional IVM strategic framework 2016–2020, in consultation with key experts representing various sectors and selected countries with a high burden of vector-borne diseases.

Participants included ministry of health staff from Morocco and Sudan, as well as academia from Sana'a University, Yemen; Al-Azhar University, Egypt; International Centre of Insect Physiology and Ecology, Kenya and Tehran University of Medical Sciences, Islamic Republic of Iran. WHO consultants and staff from the Regional Office for the Eastern Mediterranean also attended the meeting.

The meeting was opened by Dr Ezzeddine Mohsni, Acting Director of Communicable Diseases Prevention and Control, WHO Regional Office for the Eastern Mediterranean, who emphasized the need for an updated regional strategic framework on IVM considering the changes in epidemiology of vector-borne diseases, emergence of new diseases, spread of insecticide resistance and new developments in vector control tools. He stressed that this was a valuable opportunity to share information and experience on issues related to IVM, specifically on implementing cost-effective and sustainable vector control interventions and strengthening

inter- and intrasectoral coordination, partnerships and community participation, and ensuring safe and judicious application of public health pesticides and sound management throughout their life-cycle.

2. Summary of discussions

In general, policy for an integrated approach to vector-borne disease control is lacking and several countries have yet to establish a central vector control unit to guide, support, oversee and monitor vector control operations for all endemic and emerging vector-borne diseases. There is also a lack of timely and adequate evidence to support decision-making for vector control.

In addition, many countries have failed to develop national policy for public health pesticide management and review pesticide legislation and regulations to address sound management of these chemicals throughout their life-cycle. Political support and resources for insecticide resistance prevention and management have been insufficient and the majority of countries have yet to develop a national plan for this purpose, under the umbrella of IVM. Collaboration, coordination and communication within and between different sectors on IVM and pesticide management have been limited in many countries in the Region.

In general, there is no certification requirement on IVM and pesticide management for vector control managers among Member States and no such certified training courses in the Region. There is a lack of well-documented regional success stories on implementation of IVM and notable lack of regional and national advocacy strategies and plans.

Most countries suffer from critical human resource deficiencies for vector control including professional, technical and support staff. Managerial training lags behind academic training, and there are few specialists such as economists, environmental engineers, social scientists, statisticians and

surveillance experts trained to work in IVM-related activities. Facilities for technical and vocational training are lacking. Few managerial staff have had their skills in working in an intersectoral context developed. This fundamental weakness can only be overcome if governments integrate vector control in their overall strategies for strengthening human resources in the health sector.

Critical assessment of strengths, weaknesses and available opportunities is crucial to planning for the full employment of IVM in the Region. Further political support and resources for IVM are required to sustain achievements and address regional elimination targets, as well as to address the increasing challenge of emerging vector-borne diseases.

The long history of malaria vector control in the majority of countries and the existence of a strong pool of scientists and research institutions in the Region, as well as existing regional disease elimination initiatives and the integrated multisectoral approach promoted by WHO and other key stakeholders for malaria control, provide excellent opportunities that should be explored/capitalized on for further and full employment of IVM by Member States.

In addition, key priority actions for WHO and Member States were discussed and presented in the draft IVM framework.

3. Recommendations

To Member States

1. Ministry of health, in close collaboration with relevant stakeholders, to establish a national IVM coordination committee with clear terms of reference and sufficient funding, and with the remit to establish specific task forces including:

- a task force to develop, through multisectoral collaboration and civil society participation, a comprehensive pesticide policy; to review and where necessary revise pesticide legislation in line with the recommendations of the International Code of Conduct on Pesticide Management, within an agreed timeframe;
 - a multisectoral task force to formulate non-chemical vector control measures (e.g. environmental management) to support and sustain other control interventions;
 - a multisectoral pesticide resistance management task force to develop and implement a national plan for insecticide resistance management in vectors and pests of public health importance, with clear milestones and a target date for development of the plan.
2. Formulate and/or update a national policy, strategic framework and implementation plan for IVM, through a multi-stakeholder approach and based on a vector control needs assessment; evaluate and report progress of the plan, using WHO recommended core indicators.
 3. Raise public awareness, promote political support and encourage stakeholder engagement, including community empowerment, for implementation of IVM; ensure optimum use of media and relevant groups for social mobilization, and allocate adequate resources for these activities.
 4. Develop career pathways for vector control professionals, managers and technicians, including opportunities for skill improvement and lateral staff movement, to enhance expertise in all concerned government institutions.
 5. Develop and implement a national plan for capacity strengthening of vector control at all levels of the health system, including establishment/strengthening of central and peripheral vector control units and the certification of vector control managers on IVM and pesticide management.

6. Establish mechanisms to strengthen communication and collaboration with academia and other stakeholders in order to develop research priorities, and support their implementation.
7. Develop IVM orientation training in collaboration with relevant sectors and incorporate IVM principles in the curricula of public health education.

To WHO

8. Finalize and publish the draft IVM strategic framework (2016–2020) with concise IVM monitoring indicators.
9. Develop a work plan for, and support implementation of, the IVM strategic framework in countries through provision of technical support and other resources, including guidelines for vector control in emergencies, guidance for risk assessment of emerging vector-borne diseases and core indicators to support national IVM strategy.
10. Support interregional exchange of experience, promote international networking and facilitate interagency collaboration on IVM.
11. Establish a mechanism to support information exchange on implementation of IVM and sound management of public health pesticides among Member States; support intercountry collaboration in these areas, and document case-studies.
12. Assess progress in implementation of the regional strategic framework for IVM (2016–2020) and the framework for action on the sound management of public health pesticides (2016–2020), and publish lessons learnt.



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