



HANDBOOK for Integrated Vector Management



**World Health
Organization**

HANDBOOK FOR INTEGRATED VECTOR MANAGEMENT



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PREFACE

The intention of this handbook on integrated vector management (IVM) is to provide guidance to the managers of vector-borne disease control programmes, including comparable officials in health and other sectors involved in vector-borne disease control. The target audience is managers and officials at central, district and lower administrative levels. The handbook provides background information to complement the *Core structure for training curricula on integrated vector management* and associated training materials. A separate document, *Guidance on policy-making for integrated vector management*, was prepared for policy-makers.

The handbook was conceptualized at the first IVM Working Group Meeting on Capacity Building and Training, held 28–30 May 2009 in Washington DC, USA, organized jointly by the World Health Organization (WHO), the United States Agency for International Development and RTI International, a scientific research and development institute. The outline of the handbook was shared at a meeting of stakeholders in Geneva on 11–13 November 2009.

The first draft was prepared by Dr Henk van den Berg (Wageningen University, The Netherlands), Dr M. Kabir Cham (consultant, Gambia) and Dr Kazuyo Ichimori (WHO, Geneva). That draft was reviewed during the Second IVM Working Group Meeting on Capacity Building and Training, held 20–22 October 2010 in Washington DC (Annex 1). Dr van den Berg revised and finalized the document, in consultation with Dr Raman Velayudhan (WHO, Geneva).

The principal source of financial support for the preparation of this handbook was the Government of Japan, which is gratefully acknowledged. WHO also wishes to thank USAID and RTI International for support and collaboration throughout the preparation of this handbook.

EXECUTIVE SUMMARY

Integrated vector management (IVM) is a rational decision-making process to optimize the use of resources for vector control. The aim of the IVM approach is to contribute to achievement of the global targets set for vector-borne disease control, by making vector control more efficient, cost effective, ecologically sound and sustainable. Use of IVM helps vector control programmes to find and use more local evidence, to integrate interventions where appropriate and to collaborate within the health sector and with other sectors, as well as with households and communities. By reorientating to IVM, vector control programmes will be better able to meet the growing challenges in the control of malaria, dengue and other vector-borne diseases in the face of dwindling public sector human and financial resources.

This handbook presents an operational framework to guide managers and those implementing vector-borne disease control programmes in designing more efficient, cost-effective systems. As a national IVM policy and an intersectoral steering committee are essential for establishing IVM as a national strategy, the handbook begins with the policy and institutional framework for IVM. Policy analysis is a means for identifying options for policy reform and suggesting instruments for implementing policy.

IVM transforms the conventional system of vector control by making it more evidence-based, integrated and participative. This may require changes in roles, responsibilities and organizational links. The transition to IVM involves both reorientation of vector-borne disease control programmes and embedding IVM within local health systems. Intersectoral partnerships and collaboration at both national and local levels will result in cost savings and benefits to other health services. Other relevant sectors, such as agriculture, environment, mining, industry, public works, local government and housing, should incorporate IVM and vector control into their own activities to prevent vector proliferation and disease transmission.

Planning and implementing IVM involve assessing the epidemiological and vector situation at country level, analysing the local determinants of disease, identifying and selecting vector control methods, assessing requirements and resources, and designing locally appropriate implementation strategies. Solid evidence on the cost effectiveness of interventions and their underlying parameters and a comprehensive vector surveillance

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