

## Seminar on activities based on Long Lasting Insecticide Treated Nets (LLIN) interventions

San Pedro, Belize, 11 and 12 May 2011

### Expected Outcomes:

1. Joint analysis of the regional experiences on interventions of prevention and control of malaria using LLIN, to be used to strengthen interventions in progress or to be undertaken.
2. Consensus on basic elements for development of a "Manual for the standardized regional implementation of interventions based on LLIN", including orientation of baseline survey, planning, implementation, monitoring, and evaluation.

### Agenda

#### Day 1: Wednesday, 11 May 2011

8:30–8:45

#### **Opening**

Welcoming remarks:

Representative of the Ministry of Health

PAHO/WHO Belize Representative

8:45–9:00

#### **Introduction and presentation of the participants**

PAHO

Malaria situation in Belize: advances in the prevention and the control, J. Marengo

9:00– 10:30

**Session 1: Presentations of experiences on the part of the countries of the Amazon basin** (every Amazon country it should bring to the seminar an oral presentation and a written document of support of not more than 10 pages on the experience presented).

For the preparation of the oral presentation and the preparation of the written document, see **Guidelines for the presentations** of the experiences of the countries (**Annex 1**, to this agenda)

- Bolivia (:20 minutes), questions (:10 minutes)
- Brazil (:20 minutes), questions (:10)
- Colombia (:20 minutes), questions (:10 minutes)

10:30–10:45

#### **Coffee break**

10:45–12:45

#### **Continuation presentations of countries**

- Ecuador (:20 minutes), questions (:10 minutes)
- Guyana (:20), questions (:10)
- Peru (:20), questions (:10)
- Suriname (:20), questions (:10)

12:45–2:00

#### **Lunch**

2:00– 3:45

**Session 2: Working group sessions to analyze the experiences presented by the countries** (using **Guide, Annex 2**, of this document)

<b>3:45–4:00</b>	<b><i>Coffee break</i></b>
<b>4:00–5:30</b>	<b>Report of the working groups, conclusions and recommendations</b> on the experiences of interventions with LLIN in the countries of the region

## **Day 2: Thursday, 12 May 2011**

<b>8:30–9:30</b>	<p>Advances in the standardization of the protocol of colorimetric tests for measurement of residualidad of insecticides in mosquito nets, CDC (:15)</p> <p>Advances in the standardization of the protocol for measurement of integrity and longevity of mosquito nets, CDC (:15)</p> <p>Proposal of building blocks of the structure of the “Manual for the standardized regional implementation of interventions based in LLIN, M, Sojo-Milano (:15)</p>
<b>9:30–10:30</b>	<p>Discussion and agreement on the structure of the manual (:15)</p> <p><b>Session 3: Basic contents of the chapters of a “Manual for the standardized regional implementation of interventions based on LLIN”</b></p> <p>Return to the working groups and each group will be requested to develop the basic contents of the principal chapters of the manual (a different chapter for every group).</p>
<b>10:30-10:45</b>	<b><i>Coffee break</i></b>
<b>10:45–12:30</b>	<b>Continuation teamwork</b>
<b>12:30–2:00</b>	<b><i>Lunch</i></b>
<b>2:00- 5:30</b>	<p><b>Report on the basic contents of each chapter of the manual</b></p> <p><b>Conclusions, recommendations, and commitments</b></p> <p><b>Closing</b></p>

## **Annex 1**

### **Guidelines for the preparation of presentation of the experiences of interventions with LLIN of the countries of the Amazon basin**

Following the parameters established in AMI/RAVREDA for interventions pilot with LLIN, a 20 minute presentation and 10 minute session of questions and observations, there is presented an experience per country.

#### **1. Criteria for the selection of intervened localities**

- Burden of disease–incidence
- Access to services of diagnosis and treatment
- Operation of the information system and surveillance
- Evidence of household transmission (epidemiological–entomological)
- Knowledge of customs of use of mosquito nets in the community
- Availability of MTILD for adequate coverage
- Vectors susceptible to the insecticide of the MTILD

#### **2. Operational requirements**

- Improvements in the information system and management of cases
- Survey of knowledge, attitudes, and practices
- Preparation of educational material
- Consensus-building with authorities and community
- Methodology for the distribution of the mosquito nets
- Educational actions
- Reached coverage

#### **3. Monitoring and Evaluation**

- Epidemiological
- Entomological
- Surveys on use of mosquito nets

## **Annex 2**

### **Guidelines for the analysis of intervention experiences with LLIN for malaria prevention and control in the Amazon countries**

After learning experiences of countries, working groups will be formed. A representative of the country who presented the experience will be designated to each group, together with representatives of different countries, as well as AMI RAVREDA partners.

Each working Group will nominate a Coordinator and a Rapporteur. Based on the questions below, each group will revise and analyze a given experience, during an hour and forty-five minutes. They will support this activity based on a copy of the written report the country prepared, onr experience with nets interventions. At the end of group work, a plenary will be held with ten minute-presentation by Relator and five minutes for questions and comments.

**Regarding the experience that was presented by the country, please indicate:**

**Country name:** \_\_\_\_\_

**Departments – States – Provinces of intervention:** \_\_\_\_\_

**Number of LLINs utilized by type and date of distribution:** \_\_\_\_\_;  
\_\_\_\_\_; \_\_\_\_\_;

**Institution- Main responsible Organization** \_\_\_\_\_. **Other participant institutions:** \_\_\_\_\_

- 1. Criteria for selection of communities for intervention** (mark with x, the space between brackets, those you took into account)

**Which ones of the following criteria did you use for the selection of the communities for intervention?**

- ( ) Localities with the highest concentration of malaria cases (disease burden) Number of years of previous data used \_\_\_\_
- ( ) Localities with highest API (Annual Parasite Incidence). Number of years of previous data used: \_\_\_\_
- ( ) Adequate access to diagnosis and treatment services
- ( ) Functioning epidemiological information system base on individual record of malaria cases (number of consolidated malaria cases)
- ( ) Epidemiological evidence of indoor transmission (children and women groups with an important proportion of cases)
- ( ) Entomological evidence of indoor transmission (indoors biting time, correspondence with sleeping people time)
- ( ) Insecticide susceptibility of vectors responsible for malaria transmission in foci where interventions were performed (Susceptibility to LLIN insecticide)
- ( ) Localities where no insecticide residual spraying (IRS) was to be used.
- ( ) Available information regarding the degree of population acceptance for using nets in the community
- ( ) Availability of LLINs to reach population coverage higher than 80%
- ( ) Did you apply the criterion of universal coverage of risk population or you focused specific groups in the population? If you focused specific groups, which one(s) you may mention:  
\_\_\_\_\_

**Others:**

- ( )
- ( )

**Observations:**

**2. Operational requirements**

- ( ) Before starting the intervention, the information system for individual entry of malaria cases was improved, to locality level (the system informed individual malaria cases per locality)
- ( ) Before starting the intervention, population access to a high quality diagnosis as well as proper and safe treatment was ensured (if necessary)
- ( ) Recent information from the Census (population and household conditions) was used as a base for the planning of the intervention.
- ( ) A standardized survey was used to perform the census of population and household conditions.
- ( ) An adequate system for the management and procurement of LLINs is available. The PAHO/WHO Strategic Fund utilized \_\_\_\_\_; Which other mechanisms do you use for this management: \_\_\_\_\_; were the warehouses adapted to store the LLINs?: \_\_\_\_\_
- ( ) Based on the methodology of the "Strategies for the decision making process in rational malaria vector control", an entomological baseline in the foci for intervention was performed, taking into account: vector species identification \_\_\_\_; indoors-outdoors biting rate \_\_\_\_; mean parity percentage \_\_\_\_; susceptibility – resistance to insecticides \_\_\_\_; you planned to perform residuality tests.
- ( ) Before starting the intervention a survey on knowledge, attitudes and practices was performed/ or a formative study / or a social study / over the population in the area of intervention. This allowed for knowing the population habits and preferences regarding nets usage (type, shape, size, colour, etc).
- ( ) A standardized survey was used to make a KAP study/or formative/or social
- ( ) Based on the results of the social study, education material was developed, taking into account the cultural viewpoint, to 1) support the LLINs intervention (included suggestions to prevent allergic reactions to the insecticide, for usage and washing), 2) improve the request of diagnosis and treatment before fever occurrence and the intake of a complete treatment course.
- ( ) There were sufficient and multidisciplinary staff (epidemiologist, entomologist, social scientist, administrator, supervisors, technicians, storage responsible, drivers, etc.), to execute the intervention, properly.
- ( ) For each household or home, an educational intervention was performed, and educational materials were distributed.
- ( ) There was support from the mass media to promote logistics and enhance the educational activities.
- ( ) The intervention was planned and executed by the Malaria Program and local health authorities and community organizations. If other sectors participated, inform which ones: \_\_\_\_; if other health programs participated, identify which ones \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_;
- ( ) LLINs were installed by Malaria Program technicians, with participation of community leaders.
- ( ) Conventional not treated nets were collected and replaced by LLINs, previous agreement with the community regarding this as well as their final disposal
- ( ) With the conventional non treated nets an intervention was performed, using the long-lasting insecticide impregnation kit.
- ( ) Conventional non treated nets were left in the households, to be used together with LLINs
- ( ) A standardized register was employed to record entries and outputs from storage.
- ( ) A standardized register was employed to record the needs for type of LLIN, delivery and installation of LLINs in the communities. A formal letter signed by community representatives, indicated the community in accordance with the delivery act terms.
- ( ) There was political willingness from the authorities to execute the intervention.
- ( ) There were enough financial resources for the proper execution of the intervention.
- ( ) The reached coverage of LLINs installation per bed or per sleeping place, was higher than 80%.
- ( ) Plans developed for replacement of nets in the future

**Others:**

( )  
( )

**Observations:**

### **3. Monitoring and Evaluation**

( ) For each of the localities where a LLINs intervention was performed, a monthly and quarterly epidemiological analysis compared the local situation before and after the intervention.

( ) Entomological parameters were assessed in "representative" localities, at the transmission foci, in defined periods, during the months/years following the intervention.

( ) New KAP/Social/Formative studies are performed, in a standardized fashion, at least every 6 to 12 months. These include information on net usage the last night, ownership, method for washing and number of washes.

( ) Every 6-month supervision visits are planned, in order to complete coverage or replacing LLINs.

( ) There is interest for using the colorimetric tests, to measure residuality of the insecticide in LLINs. If you have some advance in the standardization of this test, please explain:

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( ) There is interest in measuring physical integrity-longevity of LLINs. If you have some advance in the standardization of this protocol, please explain: \_\_\_\_\_:

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**Others:**

( )  
( )

**Observations:**

4. Difficulties and constraints you identified in the experience you have analyzed.

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5. What do you recommend to improve the phases of planning, execution, monitoring, evaluation, sustainability and intervention results.

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