

**Report of the
Training workshop on data collection, information exchange and informed
decision-making within the IVM approach for disease vector control to reduce
reliance on DDT**

Held in

International Centre of Insect Physiology and Ecology (*icipe*), Nairobi, Kenya

29th -31st August 2012

Stockholm Convention Secretariat in Collaboration with the World Health Organization

I. Introduction

1. DDT is one of the Persistent Organic Pollutant (POP) pesticides regulated by the Stockholm Convention. The Conference of the Parties to the Convention allows the use of DDT for public health interventions for disease vector control as recommended by the World Health Organization (WHO). Strengthening of in-country decision-making on Integrated Vector Management (IVM) is one of the key elements of bringing sustainable solutions to reduce reliance on DDT for disease vector control.
2. The fifth meeting of Conference of the Parties by decision SC-5/6, concluded that countries that are relying on DDT for disease vector control may need to continue such use until locally appropriate and cost-effective alternatives are available for a sustainable transition away from DDT. It also decided to evaluate the continued need for DDT for disease vector control with the objective of accelerating the identification and development of locally appropriate cost effective and safe alternatives. The Secretariat was requested to take active steps to facilitate the related activities.
3. IVM contributes to the reduction on the reliance on DDT for vector control by increasing the efficiency of operations and by optimizing effectiveness of other complementary interventions and resources for vector control. Evidences to base the decision and skill to properly integrate all available vector control tools where they are feasible and effective under the local circumstances are often limited in disease endemic countries. Two initial workshops were conducted by the Secretariat in collaboration with the WHO and *icipe* focusing on Kenya, Ethiopia, Zambia, Tanzania, Rwanda, Malawi and Uganda to increase the knowledge for the implementation to IVM in national disease vector control initiatives. The countries now require support on properly establishing the national infrastructure with enhanced multi-sector coordination to facilitate evidence based decision making in disease vector control. This will form the basis for IVM.
4. Concurrently the WHO has initiated implementing a project titled “Establishment of efficient and effective data collection and reporting procedures for evaluating the continued need of DDT for disease vector control” in selected DDT using and potential user countries in Africa. The project is supported by the Global Environmental Fund (GEF) and countries included in this project were Eritrea, Ethiopia, Madagascar, Mauritius, Mozambique, Morocco, Namibia, Senegal, South Africa, Swaziland, Uganda, Yemen, Zambia and, Gambia. Strengthening the coordination among key stakeholders particularly Environmental Authorities and related national disease vector control programmes has been identified as one of the important focus areas under this project.
5. The current workshop was conducted in consultation and collaboration with WHO, for national coordinators of vector control programmes, and Stockholm Convention Focal Points from Ethiopia, Gambia, Madagascar, Mauritius, Mozambique, Senegal, Swaziland, Uganda, and Zambia. The workshop was aimed at strengthening in-country coordinating mechanisms of all stakeholders for data collection and information exchange on vector management towards achieving the objectives of the two initiatives. The presence in the workshop of most of the countries participating in the DDT reporting project was seized to discuss on the aim, objectives, expected outcomes and other relevant issues of the project.

II. Opening of the workshop

6. The workshop began at 09.00 a.m. on Wednesday 29 August 2012, with a welcome speech from the host institution represented by Prof. Richard Mukabana, speaker, Integrated Vector and Disease Management (IVDM) cluster. Opening remarks were made by Dr Birkinsh

Ameneshewa, World Health Organization, Regional Office for Africa (WHO-AFRO), Mr. Jan Betlem, Head Monitoring, the United Nations Environment Program (UNEP), Office for Operations and Corporate, Kenya and Mr. Gamini Manuweera, Programme Officer of the Secretariat of the Stockholm Convention, Geneva.

7. Prof. Mukabana, in his welcome speech, highlighted importance of promoting IVM for enhanced sustainability of disease vector control efforts and the contributions by research institutions similar to *icipe* in the African region towards achieving these objectives. The IVDM cluster of *icipe* is actively involved in various projects that aim to reduce the burden of malaria and other vector borne diseases. Such projects include IVM, trapping mosquitoes using chemical attractants, mosquito oviposition behavior and managing arbovirus vectors among others.
8. Dr. Ameneshewa welcomed the participants on behalf of WHO and highlighted the objectives the project on strengthening in-country capacity to report on the use of DDT for disease vector control under the Stockholm Convention. She then presented the objectives of the present workshop related to the project and expected outcomes including an update on the status of its implementation.
9. Mr. Betlem, in his opening remarks, noted that UNEP plays a key role in coordinating activities on the use of DDT for disease vector control. He emphasized on collaboration with the Stockholm and Rotterdam Conventions where the former addresses issues related to the use of DDT in malaria vector control and the latter works closely on issues related to pesticides management and environmental safety.
10. Mr. Manuweera, on behalf of the Secretariat of the Stockholm Convention, welcomed the participants to the workshop and mentioned that the workshop was organized in collaboration with WHO to enhance the synergy in achieving the objectives the DDT reporting project implemented by WHO and the follow-up activities by the Secretariat in promoting the establishment of IVM towards reducing reliance on DDT. He highlighted the importance of contributions by the participating countries in achieving these objectives. He also mentioned that the Global Environment Facility (GEF) plays a significant role in providing support for countries strengthening capacity to manage and reduce reliance on DDT. Mr. Manuweera emphasized that significant advances in malaria vector control are anticipated in the next five years and that there are calls for a common interest by organizations to enhance the efforts towards malaria vector control.

III. Organizational matters

11. The workshop was participated by country delegates, Mr. Tilahun Shmi of Ethiopia, Mr. Njie Mbye and Mr. Muhammed Jallom Jabang of the Gambia, Ms. Haritiana Rakotoarisetra and Mr. Simon Rakotondrazafy of Madagascar, Mr. Basant Doorgakant and Mr. Khouildi Bin Elahee of Mauritius, Dr. Joseph Costans John Gungunhana and Dr. Maria do Rosario Pondja of Mozambique, Ms. Eunice Misiani of South Africa, Mr. Vusumuzi F. Simelane and Mr. Quinton T. Dlamini of Swaziland, Mr. Geoffrey Egitat and Dr. Lugemwa Myers of Uganda, Mr. David Kapindula and Mr. Chadwick Sikaala of Zambia. The resource persons and representatives of Intergovernmental Organizations included Dr. Birkinés Ameneshewa, Prof. Richard Mukabana, Ms. Aurélie Bottelin, Dr. Henk Van den Berg, Dr. Clifford Mutero, Ms. Irene Kanyi, Mr. Jan Betlem, and Mr. Gamini Manuweera (Annex I).
12. Proposed agenda for the three day workshop (Annex II) was adopted with minor changes to the order of the items. It was targeted to facilitate participants strengthening inter-agency coordination and reporting for informed decision making in disease vector control within IVM

approach and for the reporting on DDT under the Stockholm Convention. First day of the workshop was dedicated to provide necessary background information and country presentations. Elements related to information sources, data collection and reporting mechanisms currently in place at national level and areas for improvement were extensively discussed in the last two days.

IV. Matters considered during the technical sessions

A. Technical sessions I: Background information

13. Following background technical presentations were made at the beginning of the session:

Speaker	Title of presentation
Gamini Manuweera	The scope of restriction under the Stockholm Convention on Persistent Organic Pollutants (POPs)
Birkinesh Ameneshewa	Establishment of efficient and effective data collection and reporting procedures for evaluating the continued need of using DDT for disease vector control
Henk Van den Berg	Principles of IVM from concept to practice
Clifford Mutero	Integrated Vector Management (IVM) in practice

14. The aspects highlighted during the presentations and ensuing discussion are summarized below:

- Persistence, bioaccumulation, potential for long range transport and adverse effects are the properties considered when a chemical is assessed under the Convention for persistent organic pollutant characteristics. The assessment is based on the information, requirements and screening criteria set out in the Convention. The scientific work of the assessment is undertaken by the POPs review committee, established by the Conference of the Parties representing experts from all UN regions.
- The Conference of the Parties of the Stockholm Convention during its last meeting held in 2011 has concluded that countries relying on DDT may still need to continue its use until locally appropriate alternatives are available and noted the necessity to provide technical, financial and other assistance to countries to overcome the challenges. To this end the Conference of the Parties also requested the POPs review committee to assess chemical alternatives to DDT for disease vector control towards assuring human health and environmental safety of alternatives to DDT.
- Implementation of the DDT reporting project by project countries will help the Stockholm Convention on the assessment of continued need for DDT for disease vector control which is undertaken in every regular meetings of the Conference of the Parties.
- To achieve an efficient reporting system in project countries it is important to identify a central coordinating point, seek full commitment of key stakeholders and access to relevant guidance documents. Establish and strengthen inter-sectoral information sharing mechanisms particularly between the health and the environmental sectors. Other aspects include strengthening capacity to train spray operators, institutionalizing training activities on resistance of vectors to insecticides for follow-up activities.

- There are several programmes on capacity strengthening related to DDT funded by GEF-UNEP with WHO as the executing agency. Duration of the current project is 36 months with a possibility for extension but not desirable.
- Inter-sectoral collaboration including that of Ministry of Health, Ministry of Agriculture and Ministry of Environment is one of the major challenges in implementing IVM in several African countries. To resolve, it may require:
 - Intervention from higher level of the Ministry of Health to form a steering committee that invites other sectors for collaboration;
 - Raising awareness on the health and environmental benefits of implementing IVM using factual data and success stories;
 - Documenting the progress of IVM for circulation to the regional committee for endorsement and further submission to WHO for global publication.
- Vector control methods not adapted to local conditions, increasing reliance on chemicals, missed opportunities for integrating other sectors and local communities in vector control activities are some of challenges in disease vector control.

B. Technical sessions II: Country presentations

15. Country presentations were made by Mr. Tilahun Kebede Shumi (Ethiopia), Mr. Mbye Njie (Gambia), Dr. Simon Rakotondrazafy (Madagascar), Mr. Khouaildi Bin Elahee (Mauritius), Dr. Joseph Costans John Gungunhana (Mozambique), Mr. Quinton T. Dlamini (Swaziland), Mme. Fagamou Sy (Senegal), Dr. Lugemwa Myers (Uganda) and Mr. Chadwick Sikaala (Zambia).
16. The presentations were aimed at capturing how the reporting on vector control, especially on DDT is undertaken in participating countries towards proper planning and implementation of the project on DDT reporting. Ethiopia, Mauritius, Mozambique and Swaziland showed progressive improvement in strengthening information systems. Gambia and Uganda had challenges in coordinating IRS activities. With Madagascar and Senegal the focus of existing legal framework on pesticides is more towards the agricultural sector and thus support was needed to initiate a national consultation process to adequately integrate aspects related to public health sector. Further, lack of inter-sector collaboration coupled with political will is a major setback in policy making on malaria vector control approaches. Zambia is affected by competing institutional mandates, lack of inter-sectorial communication, limited local information on alternatives for decision making and failure to mainstream IVM in sectorial policies and programs.
17. Other common challenges highlighted by participating countries included: insufficient funds to sustain IRS, capacity building of technicians involved in application of insecticides for malaria vector control, inter-sector collaboration between ministries of health and environment, monitoring and evaluation of vector resistance, legislation on pesticide use and regulatory enforcement mechanisms.
18. The following aspects were highlighted during the ensuing discussion:
 - When planning and implementing malaria control measures, use of information gathered in workshops and engage in discussions with in-country stakeholders;
 - Strengthening inter-sectorial collaboration and national coordination mechanisms;
 - Need for further research to evaluate alternatives to DDT for malaria vector control to eliminate continued reliance on DDT;

- Importance of implementing insecticide resistance monitoring and management programmes. Donors such as Global Fund support the funds earmarked to support monitoring and evaluation insecticide resistance as part of IRS and LLINs projects however, in many cases the funds are utilized for the intended purposes and so insecticide resistance remains a threat for vector control ;
- Capacity building activities to be strengthened to include training of supervisors, technicians and field applicators in all related aspects of the malaria vector including safety measures in insecticide handling and disposal;
- Laboratories to equip with molecular tools for mosquito identification;
- Efficient communication tools and systems for reporting and dissemination of information. Some African countries experience problems accessing internet;
- Countries using insecticides to implement solutions for proper disposal including agreements in procurement contracts to return obsolete stocks to the supplier or manufacturer and establishment of incinerators, where feasible;
- WHO has published interim recommendations on the sound management of packaging of long lasting insecticidal nets and old nets. The findings of a one-year project in Kenya, Tanzania and Madagascar on sound management of end-of-life LLINs are currently being assembled into a global project report;
- Integrated vector management approaches to target both the vector and the parasite in order to reduce the disease burden. Mass screening of the patients to be encouraged to reduce issuance of drugs to malaria-free patients.

V. Reporting systems for disease vector control including reporting on DDT under the Stockholm Convention

19. In session III, the country-based groups worked on systematic assessment of national reporting systems based on a questionnaire provided (Annex III).
20. During session IV, the groups brainstormed on the development of improved national reporting and information sharing mechanisms. The participants identified barriers encountered in communicating data and optimal use of the data for decision making.
21. The session V was dedicated by the groups to identify needs for training and infrastructure development and to prepare provisional budgets, indicating available resources and contributions requested from the project.
22. The outcomes of sessions III-V indicated that in some countries, the situation of insecticide reporting is rather complex, with many agencies involved in the data reporting on the lifecycle of pesticides. In some other countries, the situation is simpler. Coordination between the identified agencies will be critical. Countries identified major gaps in information on various aspects of pesticide reporting. Main barriers identified in pesticide reporting systems were the weak coordination between sectors, inadequate mechanisms for information collection, poor feedback of data to decision makers, and inadequate competencies and equipment. Countries proposed a number of actions to improve their vector control pesticide reporting systems, in terms of coordination, communication, record keeping, data management, competencies and capacity.

23. Based on the deliberations of above sessions, each country prepared a one year project implementation plan including budget. The draft country implementation plans were discussed further to ensure conformation with the project objectives. It was noted that most of the implementation plans developed by participating countries require funding beyond the budget ceiling of \$ 35,600 per country.
24. In summing up Dr. Ameneshewa highlighted some important steps to follow from the initial work undertaken by the participants on the development of the project through to submission of the consolidated implementation plans for possible funding, and outlining the role of WHO-country offices:
- Discuss the completed draft of the implementation plan with stakeholders at national level for further review to agree and finalize the plan;
 - Designate a national coordinators;
 - Work out a collaboration mechanism among main stakeholders;
 - Agree on the implementation process;
 - Present the final implementation plan including precise action plan and elaborate budget to the government for endorsement;
 - Submit the endorsed proposal to WHO - country office by 31st October 2012;
 - Keep the regional coordinator/focal person informed on the progress;
 - WHO-country office receives the proposals on behalf of the WHO - Africa Regional Office (AFRO);
 - Well executed work plans are funded while work plans for review will be sent back to respective countries for amendments.
25. Once accepted, it is recommended to proceed with the following steps:
- Funds for successful proposal will be channeled through the WHO country office;
 - Submit 6 months technical progress reports to WHO;
 - Submit quarterly financial reports to WHO;
 - Submit end-of-project technical and financial reports to WHO by 31st Dec 2013;
 - Ensure project completion by Dec 2013;
 - Other useful information:
 - A standard reporting format from UNEP will be available for use by each country in preparing technical progress reports and quarterly financial reports;
 - Project is expected to be completed by Dec 2013;
 - The timeline is open to extension but no extension of funds will be guaranteed;
 - Considering the budget ceiling of \$ 35,600, projects are expected to be completed in the shortest time possible;
 - Monitoring and evaluation of insecticide resistance will be conducted by few selected countries;

- An external consultant will be assigned to execute the review;
- Final project evaluation will be implemented by UNEP.

26. Mandate of WHO-country office:

- Follow up and facilitate finalization and submission of the budgeted plan of work;
- Once submitted, review the plan and communicate to National Malaria Control Programme (NMCP);
- Discuss and agree disbursement of the funds received from WHO-AFRO. The disbursement method then depends on the country's rules and regulations on funds management. Preference would be to channel through NMCP and not Ministry of Health (MOH);
- Facilitate and monitor project implementation at country level;
- Provide technical support in planning and implementation of project activities;
- Facilitate and support organization of trainings and workshops;
- Facilitates and supports development of guidelines (where applicable);
- Conduct mid-term evaluation which will then be implemented by WHO headquarters.

VI. Success stories on IVM

27. In this session, participants shared information and experiences about IVM, brainstormed on strategies for strengthening advocacy of IVM, and suggested action plan for next steps in IVM at the national, district and local level.
28. In his introductory remarks to the session, Dr. Mutero indicated that *icipe* is one of the African centres actively involved in integrated pest and vector management, insect and entomological research as a capacity-building and advocacy hub for the African region on IVM.
29. Zambia shared two success stories consequent to its adoption of IVM protocols. One is on an initiative of the National Malaria Control Program (NMCP) to guide other partners for properly coordinated activities and the other is on monitoring other diseases besides malaria vectors. Managing collaboration and overcoming challenges were attributed to initial engagement of policymakers by whom other stakeholders were invited to participate. Documentation on IVM was reinforced by targeting malaria vectors and other disease causing vectors at household level. Follow-up documentation on IVM application at specified period of time is stipulated. It demonstrated documenting success stories of IVM was a key to advocacy and embracing the approach.
30. In Gambia, malaria morbidity has declined by 75% due to use of LLINs and IRS. Acceptance of households to have their house sprayed was commendable. In addition, screening of doors, window and eaves has demonstrated successful reduction of house entry rate by about 65% in field trials. Initial costs may be high for screening but the long-term impact on health is cheaper compared to net-replacements over time.
31. Since IVM has been reported effective in some countries, documentation and dissemination of success stories was recommended by the group. Informal network within the participants was encouraged in order to create a central moderator for the collective inter-country information.

32. Besides success stories, failure stories were also encouraged in order to plan for improvement. In future, aspects of resistance to insecticide, misuse of insecticides, managing other vector borne diseases, IVM and capacity building will need to be fully addressed.
-

Annex 1: LIST OF PARTICIPANTS

COUNTRY PARTICIPANTS

Ethiopia

Mr. Tilahun Kebede Shumi
Officer
Health Promotion and Education
Ministry of Health
Around Germen Circle/Adebabay
Addis Ababa
Ethiopia
Tel.: +251 115536302
Mobile: +251913294466
Email: tilahunk93@gmail.com /
gaddumese@gmail.com

Gambia

Mr. Muhammed Jallom Jabang
Senior Program Officer
Environmental Quality
National Environment Agency
c/o NEA, Gambia Environment House
Jimpex Road, Kanifing, PMB 48
Banjul
Gambia
Tel.: +220 9988580
Fax: +220 4399430
Email: muhammedjallomjabang@yahoo.com

Mr. Mbye Njie
Program Officer ITN / Vector Control
National Malaria Control Program
Ministry of Health and Social Welfare
Plot 17 Kanifing Institutional Layout
Kanifing
Gambia
Tel.: +220 9997346
Fax:
Email:

Madagascar

Ms. Haritiana Rakotoarisetra
Point Focal National de la Convention de
Stockholm
Direction Générale de l'Environnement
Ministère de l'Environnement et des Forêts
B.P. 571 Ampandrinomby
101 Antananarivo
Madagascar
Tel.: +261 (33) 11 947 09 / +261 (20) 34 05 623
80
Fax: +261 (20) 22 419 19
Email:

Mr. Simon Rakotondrazafy
Entomologiste
Service de la Lutte Anti-Véctorielle
Programme National de Lutte contre le
Paludisme
Madagascar
Tel.: +261 (34) 20 748 97
Fax:
Email:

Mauritius

Mr. Basant Doorgakant
Principal Health Inspector
Port Health Unit
Ministry of Health and Quality of Life
Atchia Building, Port Louis
Mauritius
Tel.: +230 (212) 1162
Fax: +230 (211) 2439
Email:

Mr. Khouaildi Bin Elahee
Scientific Officer
Vector Biology and Control Division
Ministry of Health and Quality of Life
1st Floor, National Laboratories Complex
Redit
Mauritius
Tel.: +230 (466) 6276
Fax: +230 (464) 2362
Email:

Mozambique

Dr. Joseph Costans John Gungunhana
Chief, Environmental Quality Department and
Focal Point of Stockholm Convention
National Directorate for Environment
Management
Ministry for Coordination of Environmental
Affairs
Av. Acordo de Lusaka 2115
P.O. Box 2020
Maputo
Mozambique
Tel.: +258 51465947
Mobile:+258 82 9627581
Fax: +258 21465849
Email:

Ms. Maria Pondja
Biologist/Entomologist
National Malaria Control Programme / Public
Health Direction
Ministry of Health
E. Mondlane / Salvador Allende Avenue
P.O. Box 264
Maputo
Mozambique
Tel.: +258 (82) 778 6741/ +258 840135960
Fax: +258 (21) 426547
Email:

Senegal

Mme. Fagamou Sy
Directrice Adjointe au Centre Régional des
Conventions de Bâle et de Stockholm
pour les pays Francophones d'Afrique
Direction de l'Environnement et des
Etablissements Classés
Ministère de l'Ecologie et de la
Protection de la Nature
106, Rue de Carnot
BP 6557,Dakar
Senegal
Tel.: +221 33 821 0725
Fax: +221 33 822 6212
Email:

Swaziland

Mr. Vusumuzi F. Simelane
Environmental Inspector
Environmental Assessment and Compliance
Swaziland Environment Authority
P.O. Box 2602
Top Floor, Plot 335 of Farm 2
Sheffield Road, Industrial Estate
H 100 Mbabane
Swaziland
Tel.: +268 24046960 / +268 24047893
Fax: +268 24041718
Email:

Mr. Quinton T. Dlamini
National Malaria Control Program
Ministry of Health
P.O. Box 53
Manzini
Swaziland
Tel.: +268 (760) 40060
Fax: +268 (250) 53804
Email:

Uganda

Mr. Geoffrey Egitat
Vector Control Officer
Vector Control Division
Ministry of Health
P.O. Box 1661
Kampala
Uganda
Tel.: +256 (772) 629 728
Fax: + 256 (414) 346 885
Email:

Dr. Lugenwa Myers
Senior Medical Officer
National Malaria Control Program
Ministry of Health
Plot 6 Lourdel Road, Nakasero
P.O. Box 7272
Kampala
Uganda
Tel.: +256 (772) 466 941
Fax: +256 (414) 231 584
Email:

Zambia

Mr. David Kapindula
Principal Inspector
Environmental Council of Zambia
Corner Church and Suez Roads
P.O. Box 35131
Lusaka
Zambia
Tel.: +260 (211) 254 023 / +260 (211) 254 059
Fax: +260 (211) 254 164
Email: /

Mr. Chadwick Sikaala
Principal Indoor Residual Spraying Officer
Public Health and Research Department
National Malaria Control Centre
Chainama Hills College Premises
Great East Road
P.O. Box 32509
Lusaka
Zambia
Tel.: +260 (211) 282455
Fax: +260 (211) 282427
Email:

RESOURCE PERSONS AND IGOs

Dr. Henk Van den Berg
Visiting Scientist
Laboratory of Entomology
Wageningen University, Netherlands
c/o Postheim 16
172686 Templin
Germany
Tel.: +49 (3987) 4394970
Mobile: +49 176 396 04 681
Email: henk.vandenberg@wur.nl /

Dr. Wolfgang Richard Mukabana
P.O. Box 30772-00100, Nairobi, Kenya
Telephone: + 254 59 222 16/7/8 / + 254 20 863
2000
Fax: + 254 59 221 90 / + 254 20 863 2001
Email: / icipe@icipe.org

Dr. Clifford Mutero
Visiting Scientist,
International Centre of Insect Physiology and
Ecology (*icipe*), Kenya/
Integrated Vector Management Specialist
University of Pretoria
Centre for Sustainable Malaria Control
South Africa
Tel: +254 (20) 8632000
Fax:
Email:

Dr (Ms). Sophie Ondiaka
P.O. Box 30772-00100, Nairobi, Kenya
Phone: +254 (20) 8632091
Fax: +254 (20) 8632001/2
Email : sondiaka@yahoo.co.uk

World Health Organization (WHO)

Mr. Michael Macdonald
Consultant
Global Malaria Programme
World Health Organization (WHO)
22 Avenue Appia
1211 Geneva
Switzerland
Tel.: +1 410 788 2550
Fax:
Email:

Dr. Birkinesh Ameneshewa
Scientist, Integrated Vector Management
Protection of Human Environment (PHE)
World Health Organization - Regional Office for
Africa
Harare
Zimbabwe
Tel.:
Fax:
Email:

Ms. Aurélie Bottelin
Consultant, Vector Control and Prevention
Global Malaria Programme
World Health Organization (WHO)
20, Avenue Appia
1211 Geneva 27
Switzerland
Tel.: +41 (22) 791 1088
Fax:
Email: bottelina@who.int /

Secretariat of the Stockholm Convention

Mr. Gamini Manuweera
Programme Officer
Secretariat of the Stockholm Convention
United Nations Environment Programme
(UNEP)
International Environment House-1
11-13, chemin des Anémones
1219 Châtelaine
Switzerland
Tel.: +41 (22) 917 8604
Fax: +41 (22) 917 8098
Email: gmanuweera@pops.int

Annex II. Provisional Agenda of the Workshop

Day 1: Opening of the workshop, country presentations and background information		
08:30 - 09:00	Registration of participants	
09:00 - 09:15	Opening remarks and objectives of the workshop	Richard Mukabana, ICIPE Birkinés Amenshewa, WHO/Afro Irene Kanyi UNEP/GEF Gamini Manuweera, Secretariat of the Stockholm Convention
09:15 - 9:30	Adoption of the agenda, introduction of the participants and warm-up session	Gamini Manuweera
9:30 - 9:50	<i>Coffee break</i>	All participants
<i>Technical session I (Chair: ICIPE)</i>		
9:50 -10:00	POPs Convention	Gamini Manuweera
10:00-11:00	DDT reporting project	Birkinés Amenshewa
11:00–11:50	Principles of IVM	Henk Van den Berg
11:50 -12:30	IVM in practice	Clifford Mutero
12:00-14:00	<i>Lunch break</i>	
<i>Technical session II (Chair: WHO/Afro)</i>		
14:00 -15:30	Country presentations on the reporting system, coordination and gaps	All participants
15:30 - 15:50	<i>Coffee break</i>	
15:50 -17:50	Country presentations on the reporting system, coordination and gaps (cont.)	All participants
17:30-18:00	Summary and closure	All participants
Day 2: Reporting systems for disease vector control including reporting on DDT under the Stockholm Convention		

<i>Technical session III (Chair: WHO/Afro)</i>		
08:30-08:40	Introductory remarks	Henk Van den Berg
08:40-09:30	Working groups on systematic analysis of national reporting systems, including types and sources of data, dealing with information gaps, and data flows and data utilization	All participants
09:30-09:50	<i>Coffee break</i>	
09:50-10:00	Introductory remarks	Henk Van den Berg
10:00-12:00	Working groups on development of improved national reporting and information sharing mechanisms	All participants
12:00-12:30	Group presentations and conclusion	All participants
12:30-14:00	<i>Lunch</i>	
<i>Technical session IV (Chair: WHO/Afro)</i>		
14:00 -14:10	Introductory remarks	
14:10 -15:30	Working groups on identification of capacity needs: (1) Training for reporting on IRS and Insecticide Resistance Monitoring	All participants
15:30 -15:50	<i>Coffee break</i>	
15:50-17:20	Working groups on identification of capacity needs (cont.): (II) Identification of need for guidance documents for reporting and updating of existing training materials (III) Budgeting on activities	All participants
17:20 -17:50	Group presentations and conclusions	All participants
17:50 -18:00	Summary and closure	
Day 3: Reporting systems for disease vector control including reporting on DDT under the Stockholm Convention (cont.)		
<i>Technical session V (Chair: ICIPE)</i>		

08:30- 09:30	Presentation and discussion on country project implementation plan	All participants
09:30-10:00	Success stories on developments in IVM and pesticide management	All participants
10:00-10:15	<i>Coffee break</i>	
10:15-10:45	Opportunities for national capacity strengthening	Birkines Ameneshewa
10:45-12:30	Regional collaboration and information exchange: experiences, benefits, opportunities	Panel discussion
12:30-14:00	<i>Lunch</i>	
14:00-15:30	Work plan/roadmap for reporting on DDT and alternatives	Plenary discussion
15:30-15:45	Conclusions and recommendations	Richard Mukabana Birkines Ameneshewa, Gamini Manuweera,
15:45-16:00	Evaluation forms and closing session	Richard Mukabana

Annex III. Questionnaire for profiling the country status

Session 1: Systematic assessment of national reporting systems	
1.1. Which agencies are responsible for, or have information on, each data type (indicate also whether more than one agency is responsible):	
Data type	Agency:
Legislation/regulation on insecticides, including DDT	
Quality control of insecticides, including DDT	
Prevalence of disease (malaria)	
DDT production/formulation, if applicable	
DDT export/import, if applicable	
Transport and distribution of insecticides, incl. DDT	
Usable stocks of insecticides, including DDT	
Use amounts of insecticides for vector control	
Indoor residual spraying operations	
Vector ecology and behaviour	
Insecticide resistance monitoring	
Implementation of DDT alternatives	
Research on DDT alternatives for VC	
Resistance management strategy	
Entomological laboratory facilities	
Training on insecticide use (application)	
Monitoring human exposure to DDT/insecticides	
Monitoring environmental exposure to DDT/insecticides	
Public awareness about safety	
1.2. Identify gaps in information (none, minor, major, or ?)	
Legislation/regulation on insecticides, including DDT	
Quality control of insecticides, including DDT	
Prevalence of disease (malaria)	
DDT production/formulation, if applicable	
DDT export/import, if applicable	
Transport and distribution of insecticides, incl. DDT	
Usable stocks of insecticides, including DDT	
Use amounts of insecticides for vector control	
Indoor residual spraying operations	
Vector ecology and behaviour	
Insecticide resistance monitoring	
Implementation of DDT alternatives	

Research on DDT alternatives for VC	
Resistance management strategy	
Entomological laboratory facilities	
Training on insecticide use (application)	
Monitoring human exposure to DDT/insecticides	
Monitoring environmental exposure to DDT/insecticides	
Public awareness about safety	
1.3. Which is the central unit or agency with regard to disease vector control?	
Name of central unit/agency	
1.4. Indicate (with +, - or ?) which information is <u>communicated</u> to the central unit	
Data type	
Legislation/regulation on insecticides, including DDT	
Quality control of insecticides, including DDT	
Prevalence of disease (malaria)	
DDT production/formulation, if applicable	
DDT export/import, if applicable	
Transport and distribution of insecticides, incl. DDT	
Usable stocks of insecticides, including DDT	
Use amounts of insecticides for vector control	
Indoor residual spraying operations	
Vector ecology and behaviour	
Insecticide resistance monitoring	
Implementation of DDT alternatives	
Research on DDT alternatives for VC	
Resistance management strategy	
Entomological laboratory facilities	
Training on insecticide use (application)	
Monitoring human exposure to DDT/insecticides	
Monitoring environmental exposure to DDT/insecticides	
Public awareness about safety	
1.5. Identify which type of regional or bilateral collaboration, or information exchange, exists on the management on insecticides, including DDT	
Regional/bilateral collaboration:	

Session 2: Development of improved national reporting and information sharing mechanisms	
2.1. Identify barriers in communicating the data, for example in terms of:	
- communication	

- record keeping and data management	
- competencies and capacity	
2.2. Identify barriers in the optimal use of data for decision making, for example in terms of:	
- decentralization	
- competencies and capacity	
2.3. Propose how the national reporting system could be improved, for example in terms of:	
- central coordination	
- communication	
- record keeping and data management	
- competencies and capacity	

Session 3: Identification of needs	
3.1. Identify needs for training and infrastructure development with respect to vector control insecticide use and reporting, for example, on:	
- application of insecticides (e.g. for IRS)	
- insecticide resistance monitoring	
- data management and decision making	
3.2. Identify needs for revision of training manuals and guidance documents with respect to vector control insecticide use and reporting, for example on:	
- application of insecticides (e.g. for IRS)	
- insecticide resistance monitoring	
- data reporting and informed decision making	
3.3. Prepare provisional budgets, indicating available resources and contributions requested from the Project, e.g. for:	
- workshops	
- training courses	
- development of documents	
- infrastructure for reporting on DDT	
Additional question	
Who is the contact person in the health sector that coordinates with the the official POPs focal point in your country	