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THE ROLE OF INTERNATIONAL, REGIONAL AND
NGO AGENCIES FOR SUPPORT, PROMOTION AND
IMPLEMENTATION OF VECTOR CONTROL IN PHC

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Introduction

A substantial number of agencies, multilateral, bilateral and non-governmental, are involved, in one manner or another, in the support, promotion or implementation of vector control activities in the disease-endemic tropical countries. Such support may range from direct participation in the funding of the vector control activities, to the provision of commodities and supplies such as pesticides and equipment, or the provision of short or long term advisors on the technical aspects of the programmes or on their organization and implementation. The provision of assistance in the training of national staff at all levels but particularly as part of primary health care activities is a growing aspect of external agency support as well as by non-governmental organizations.

The following observations will relate only to the support and involvement by agencies in vector control programmes and not to such involvement in other health connected activities or the support of activities in fields other than health.

The extent to which an agency providing any of the above types of support may attempt, or wish to attempt, to influence the manner in which governments organize and implement their vector-control operations will vary greatly from one agency to another and from one donor country to another. Generally, there has been a reluctance to impose or propose any given delivery system to the recipient country; there is evidence, however, that this attitude is changing, albeit, slowly. Many agencies are elaborating strategy guidelines for the manner in which their support they provide is to be used and examination of these will show that virtually all agencies that have such guide lines have made clear commitments towards ensuring that vector control programmes, as other health interventions, are carried out through PHC.

It is the contention of this paper that the donor or advisory agencies have an obligation to consider the manner in which the country receiving assistance or support proposes to organize and carry out the vector control activities it intends to implement. The planning of the programmes, the extent to which they will be implemented as a component of primary health care, the soundness of the epidemiological base on which the control measures are selected, the capability of the infrastructures to support the proposed programme and the feasibility of obtaining the objectives which have been set should all be taken into consideration by the supporting agency and each of these topics should be reviewed and discussed with the authorities of the disease-endemic countries in the development of a mutually acceptable plan of operations against which the assistance will be provided, whatever its nature.

The external agency should wish to ensure that the populations subject to attack by the vector-borne diseases will be protected to the greatest possible extent and that the resources available to the government are utilized in as an effective and relevant manner as possible to achieve this. The first step which

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the agency itself must take, is to establish a policy regarding the nature of the type of programmes it wishes to encourage and support, and the manner in which they feel that these programmes should be implemented. However, no attempt should be made to propose a particular approach for the implementation of a large scale vector control programme or to try and influence a national programme in one direction or another before the agency has closely studied the particular problems and needs of the recipient country and has consulted its government regarding their wishes and their ideas as to how they propose to proceed.

Inasmuch as all countries have voted to support primary health care systems it is indeed in order for the outside agency to try and determine the extent that the programmes proposed for their support will truly be implemented through such systems or whether, in reality, it is intended that they be mainly implemented through a vertically structured programme.

If the latter is indeed the intention of the recipient, is this a bad thing? The answer in the vast majority of the cases must be that it is not desirable to follow such a course. Few of the developing, disease-endemic countries have the funds or the personnel available to implement large-scale vector control programmes through single purposed organizations; moreover it can no longer be accepted that such vertical programmes are the most cost/effective approach to the implementation of vector-borne disease control programmes. Such an approach is costly and all too frequently does not take into account the specific needs and certainly not the wishes of the population to be protected and may have little relevance to local needs.

The non-governmental organizations, national or international may well have a special role to play in promoting and implementing vector control practices through primary health care; having no particular political or economic association, their advice will usually be well received for what it should be, disinterested and purely technical.

It can, in summary, be said that external agencies not only have a role but a responsibility to work with the disease endemic countries to ensure that the vector control programmes for which support is being sought are planned and developed with feasible and realistic objectives. Such programmes should reflect the real needs and wants of the community and, to the greatest extent possible, should involve the community in their own protection through the country's primary health care system.

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