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Development of a draft regional plan on vector control

In order to align regional targets and activities with those endorsed in resolution WHA70.16, adopted by the Seventieth World Health Assembly in May 2017, the WHO Regional Office for Europe has prepared a draft proposal for the development of a regional plan on vector control for the European Region. This document presents the rationale for a regional plan on vector control and describes the way forward, including a proposed consultative process with Member States.

The Regional Committee is invited to review and provide feedback on this proposal.



Information document

Development of a draft Regional plan on Vector Control Consultation with the Member States

SUMMARY

1. The Seventieth World Health Assembly, in its resolution WHA70.16 welcomed the strategic approach for integrated global vector control and response and urged Member States to develop or adapt, as appropriate, existing national vector control strategies and operational plans to align them to the strategic approach for integrated global vector control and response, and consistent with the International Health Regulations (2005). The resolution also requested the Director-General to develop, in consultation with Member States and through regional committees, as appropriate, regional action plans aligned with WHO's technical guidance on vector control, including the priority activities as described in the report.
2. The 63rd Regional Committee endorsed the regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne disease in the WHO European Region 2014-2020. With the increase of vector borne diseases and in order to align Regional targets and activities with the WHA70.16 resolution, the WHO Regional Office for Europe is consulting the Member States at the sessions of the regional committee in 2017 on the development of a Regional plan on vector control.

BACKGROUND

3. The recent upsurge in vector-borne diseases has generated renewed attention to and reiterates the need for a comprehensive approach to vector control. The major vector-borne diseases together account for around 17% of the estimated global burden of communicable diseases and claim more than 700 000 lives every year. More than 80% of the global population lives in areas at risk from at least one major vector-borne disease, with more than half at risk from two or more. Morbidity and mortality rates are often disproportionately high in poorer populations. People who survive these diseases can be left permanently disabled or disfigured. Vector-borne diseases exact an immense toll on economies and restrict both rural and urban development.
4. Achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) relies on effective vector control, and work towards other targets under the 2030 Agenda for Sustainable Development, such as those in Goal 6 (Ensure availability and sustainable management of water and sanitation for all), Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) and Goal 13 (Take urgent action to combat climate change and its impacts) will further contribute to that end.

5. The burden of neglected tropical diseases in the WHO European region is not high, but the public health risk of vector borne diseases should not be underestimated. It is noteworthy that a number of vector-borne diseases such as leishmaniasis, West Nile fever, Crimean-Congo haemorrhagic fever, Lyme borreliosis and tick-borne encephalitis among others are still reported in the European Region. In addition the region has reported outbreaks of dengue and Chikungunya since 2007 in several member states with the latest cases, registered in August of 2017. Imported cases of these diseases are on the rise.
6. Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases in the WHO European Region 2014-2020 was adopted by the 63rd session of the WHO Regional Committee for Europe (EUR/RC63/R6) in response to the introduction, establishment and spread of Aedes mosquito species (Aedes albopictus and Aedes aegypti) into the WHO European Region and increasing number of dengue and chikungunya outbreaks reported in the Region
7. A number of other guiding documents were developed by the Regional office to support Member States to develop and implement diseases-specific strategies and action plans.
8. After the WHO Director-General declared the consequences of the Zika outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations, in February 2016 the Regional office published a Zika virus risk assessment for the European Region, to support countries in targeting preparedness work and prioritizing activities, in May 2016, and held a European technical consultation in Lisbon, Portugal in June. In December 2016, the Regional Office hosted a global meeting on classifying countries according to the risk posed by Zika virus, aimed at reaching a consensus on common classification by WHO and key partners. WHO published the updated classification scheme in March 2017. Training curriculum on invasive mosquitoes and (re-)emerging vector-borne diseases in the WHO European Region published in 2016 was translated into Russian and published. The curriculum aims to provide non-specialists with an understanding of the key issues related to invasive mosquitoes and (re-)emerging vector-borne diseases, and with the analytical skills to improve strategic planning and implementation of activities in their country context. A number of training courses have been conducted to strengthen national capacities on invasive vector species surveillance and control. The Regional Office continues to monitor the situation closely.
9. It is also important to mention that recently, significant achievement has been reached in the WHO European Region in controlling vector-borne diseases. The European Region is the first in the world to have achieved interruption of indigenous malaria transmission. Vector control was one of the key components of the strategy for controlling and then, eliminating malaria. The gained experience can and should be used to reorient and strengthen the systems that have been put in place in order to prevent and/or contain other vector-borne diseases as early as possible.
10. The Global vector control response 2017-2030 was developed through an extensive consultation process with Member States and stakeholders, including organizations of the United Nations system, scientific and research groups, non-State actors and implementation partners.
11. The Global vector control response aims to support the implementation of a comprehensive approach to vector control that will enable the setting and achievement of

disease-specific national and global goals and contribute to attainment of the Sustainable Development Goals. It also aims to support countries in mounting coherent and coordinated efforts to counter the increasing burden and threat of vector-borne diseases.

12. The document provides strategic guidance to countries and development partners for urgent strengthening of vector control as a fundamental approach to preventing disease and responding to outbreaks. This objective calls for significant enhancement of vector control programming, supported by increased numbers of technical staff, stronger monitoring and surveillance systems, and improved infrastructure.
13. The vision of this response is a world free of human suffering from vector-borne diseases, with the aim of reducing the burden and threat of vector-borne diseases through effective locally adapted and sustainable vector control.
14. The response sets an ambitious target of at least 75% reduction in mortality and 60% reduction in case incidence due to vector-borne diseases globally by 2030 relative to 2016, with epidemics prevented in all countries in line with Sustainable Development Goal 3. Interim milestones have been set, with reductions in mortality of at least 30% by 2020 and at least 50% by 2025, and reductions in morbidity of at least 25% and 40% over the same time periods.
15. The response comprises two foundational elements:
 1. Enhanced human, infrastructural and health systems capacity and capability for vector control and vector surveillance within all locally relevant sectors, and
 2. Increased basic and applied research to underpin optimized vector control, and innovation for development of new tools, technologies and approaches.
16. Action is required in four key areas (pillars) to attain effective locally adapted and sustainable vector control. These four pillars are:
 - Pillar 1. Strengthen inter- and intrasectoral action and collaboration.
 - Pillar 2. Engage and mobilize communities
 - Pillar 3. Enhance vector surveillance and monitoring and evaluation of interventions.
 - Pillar 4. Scale up and integrate tools and approaches
17. Three enabling factors are needed to implement the response: (1) country leadership; (2) advocacy, resource mobilization and partner coordination; and (3) regulatory, policy and normative support.
18. The secretariat is consulting the Member States on the need and the process of development of a Regional plan on vector control.

RATIONALE FOR A REGIONAL PLAN ON VECTOR CONTROL

19. By adopting a Regional plan on vector control, WHO European Region Member States would endorse a bold vision of a Region free from vector-borne diseases and set ambitious targets for improved systems, policies and capacity to enable effective vector control delivery. A major boost to vector control systems will enable the achievement of diseases specific goals and will not only help countries reach the health-related targets for 2030 and Health 2020, but also contribute to poverty reduction and more broadly, to the Sustainable Development Goals. Furthermore, the Regional plan would facilitate documenting and exchanging good practices among the Member States. The proposed regional plan on vector control would be built on the lessons learnt from implementation

of framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne disease in the WHO European Region 2014-2020, and address its gap in the field of vector control.

PROPOSED WAY FORWARD FOR THE CONSULTATIVE PROCESS FOR THE DEVELOPMENT OF REGIONAL PLAN ON VECTOR CONTROL

20. If the Regional Committee approves, the secretariat will work with relevant partners on the content of the Regional plan on vector control and the key issues to be reflected in the plan.
21. The plan will be built on the Global Pillars, taking into account the WHO European Region context and specificities.
22. The Secretariat proposes to conduct a Regional consultation on the content of the plan that includes Member States and other key stakeholders.
23. The purposes of this Regional consultation would be:
 - To discuss the progress and main challenges faced by Member States and WHO in implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases in the WHO European Region 2014-2020, and to identify further steps to accelerate its implementation.
 - To discuss and prepare a draft Regional plan on vector control aligned with WHO`s technical guidance on Global Vector Control Response;
24. If supported by the Member States, the draft Regional plan on vector control will be presented for consideration to the 68th Regional Committee for Europe or future Regional Committees.

ACTION BY THE REGIONAL COMMITTEE

25. The Regional Committee is invited to review and provide their views on the notion of developing a Regional plan on vector control and the proposed way forward.