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Selection of vector control methods; 4.3.1 Available methods; 4.3.2 Selection criteria; 4.3.3 Multiple diseases; 4.4 Requirements and resources

4.5 Implementation strategy 4.5.1 Target vectors; 4.5.2 Timing of implementation; 4.5.3 Areas of implementation; 4.5.4 Entities involved in implementation; 4.5.5 Entities responsible for implementation; 4.5.6 Entities responsible for monitoring and evaluation; 4.6 Generating an evidence base; 4.6.1 Types of evidence; 4.6.2 Strengthening the evidence base; 4.7 Vector surveillance; 4.8 Monitoring and evaluation; Chapter 5 Advocacy and communication; 5.1 Framework; 5.2 Advocacy; 5.2.1 Advocacy tools; 5.2.2 Preparing an advocacy strategy; 5.3 Communication and empowerment; 5.3.1 Media 5.3.2 Information, education and communication 5.3.3 Communication for behavioural impact; 5.3.4 Farmer field schools; 5.3.5 Comparison of tools; 5.4 Monitoring and evaluation; Chapter 6 Capacity-building; 6.1 Learning environment; 6.2 Core functions and required competence; 6.2.1 National and subnational level; 6.2.2 District and village level; 6.3 Curriculum preparation; 6.3.1 Structure; 6.4 Training and education; 6.5 Infrastructure; 6.6 Monitoring and evaluation; Chapter 7 Monitoring and evaluation; 7.1 Framework; 7.2 Methods; 7.2.1 Design; 7.2.2 Data collection; 7.2.3 Use of results 7.2.4 Roles

Sommario/riassunto

Integrated vector management (IVM) is a rational decision-making process for optimal 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 p
