

Engaging the public in support of Area-wide Integrated Pest Management

Pamela Pennington, Ph.D.
Universidad del Valle de Guatemala
pamelap@uvg.edu.gt

Sandra De Urioste-Stone, Ph.D.

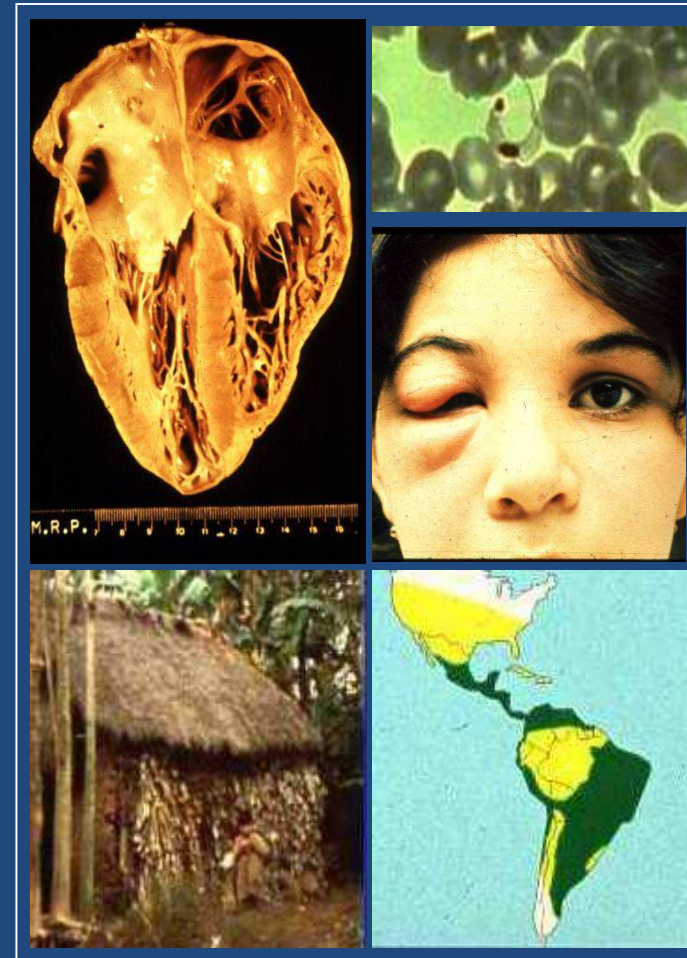
Area-Wide Management of Insect Pests: Integrating the
Sterile Insect and Related Nuclear and Other Techniques
Vienna, Austria
May 26 2017

Content

1. Central American Chagas disease control initiative and sustainability challenges
2. Implementation of Area-wide Integrated Vector Management to control Chagas disease
3. Lessons learned in Area-wide IVM

Chagas is a deadly disease that affects vulnerable populations in Latin America

- 9 million infected with *Trypanosoma cruzi*
- Silent chronic disease
- Transmitted by triatomines infesting houses under extreme poverty conditions



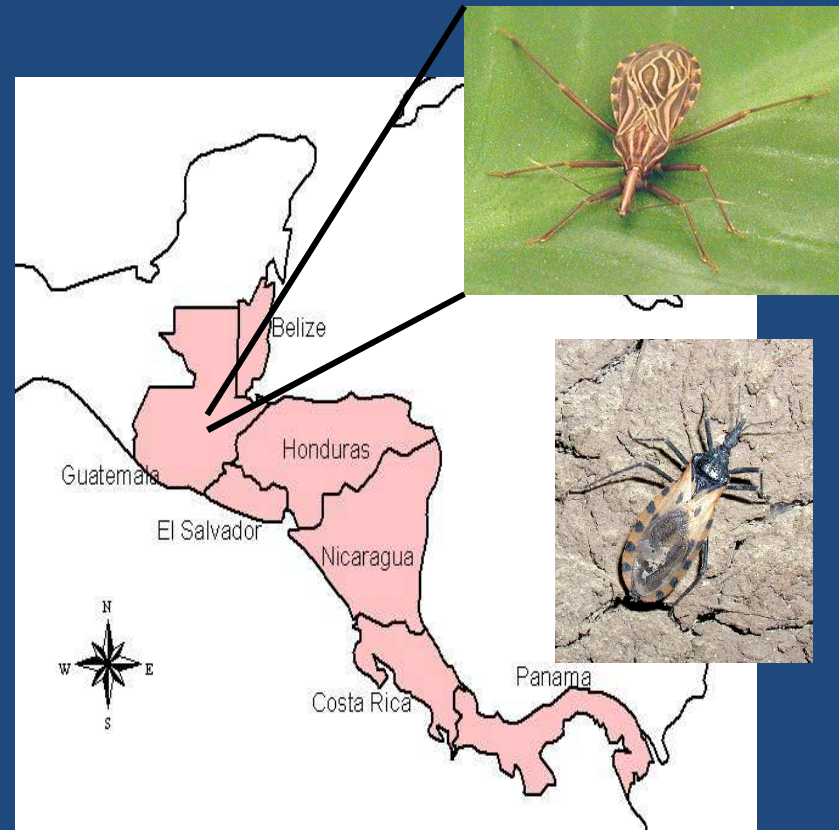
Chagas disease is mainly transmitted by vectors



- Vector-borne >80%
- Blood 16%
- Congenital 2%
- Other routes <1%
- (i.e. oral, organ transplant, laboratory accident)

The Central American initiative focused on interruption of vectorial transmission

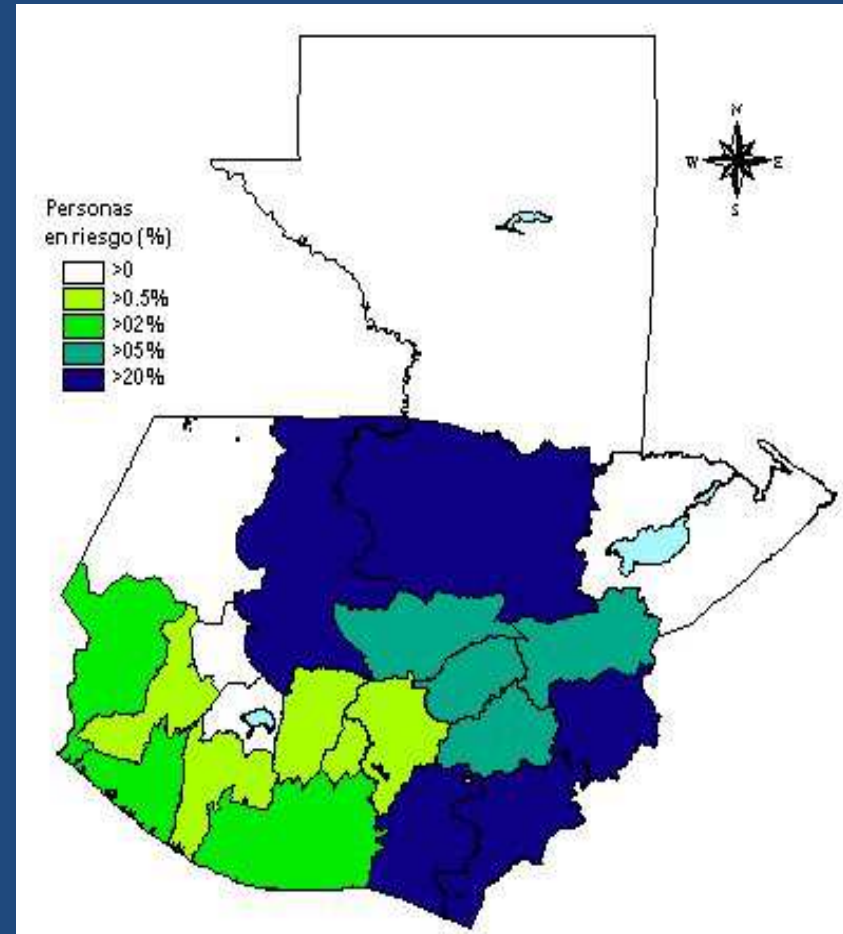
- October 1997
- Interrupt transmission by *Rhodnius prolixus* and *Triatoma dimidiata*



Chagas disease vector control was prioritized by JICA in Guatemala

(Annual meeting CA initiative, 1999)

- 4 million at risk
- Prevalence: 9.8/100 inhabitants
- Annual incidence: 28-30 thousand cases
- >1,500 new cases/year



Tabaru et al. 1999

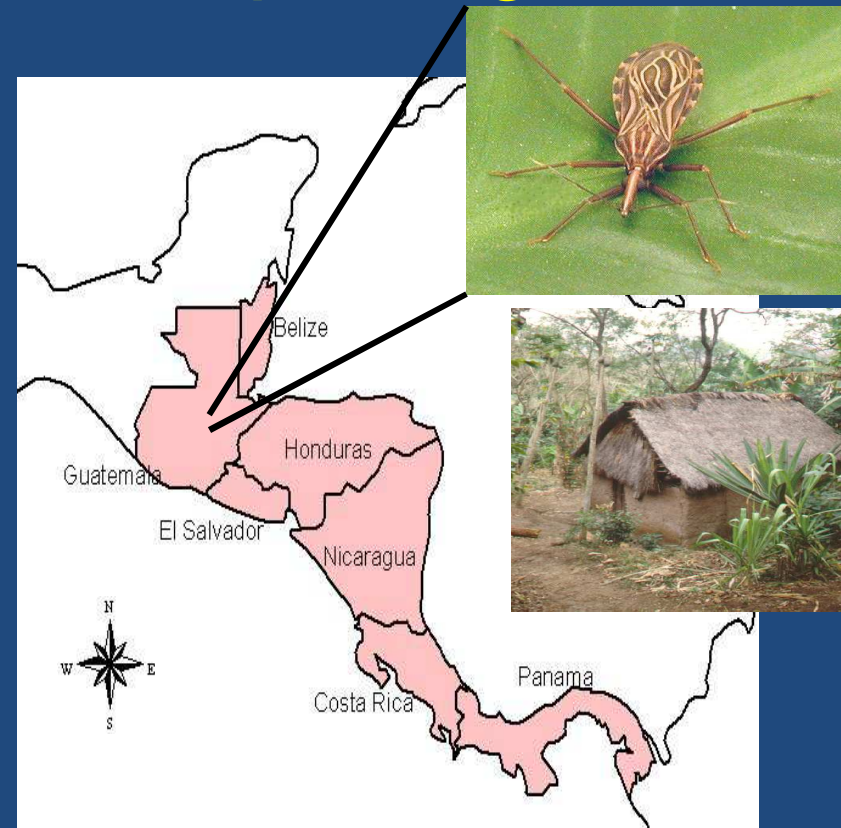
Chagas disease vector control programs are based on insecticides and house improvement

- Indoor residual pyrethroid formulations
- Surveillance
- Community participation:
 1. Surveillance
 2. House improvement
 3. Health education



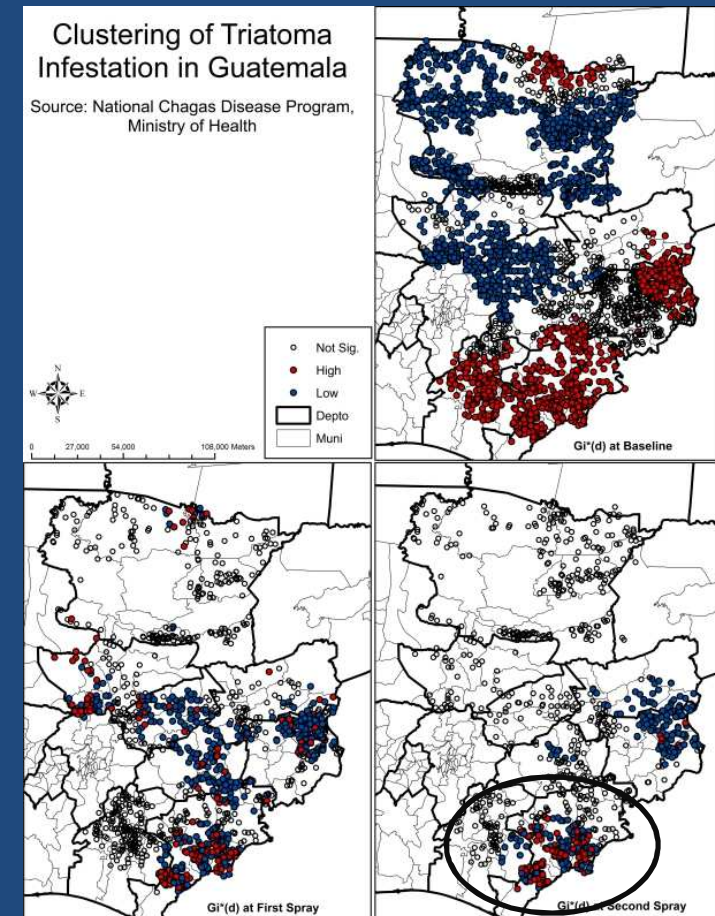
Vector control sustainability is a challenge to the interruption goal

1. Insecticide cost (\$10/house)
2. Insecticide resistance
3. Sylvatic or peridomestic vectors
4. Slow house improvement process
5. **Loss of political will**



T. dimidiata control is a challenge in Guatemala

Focalized persistent *T. dimidiata* infestation after insecticide-based control



Content

1. Chagas disease Central American control initiative and sustainability challenges
2. Implementation of Area-wide Integrated Vector Management
3. Lessons learned in Area-wide IVM

Our objectives:

1. Improve Chagas disease prevention through an improved understanding of **ecological, biological and social** determinants of persistent vector infestation
2. Develop and evaluate a **community-based** and **intersectoral intervention** for peridomestic animal management to reduce vectors in human habitats

A multidisciplinary project pre-proposal

1

- MoH epidemiological data

2

- Central area MoH administrative support

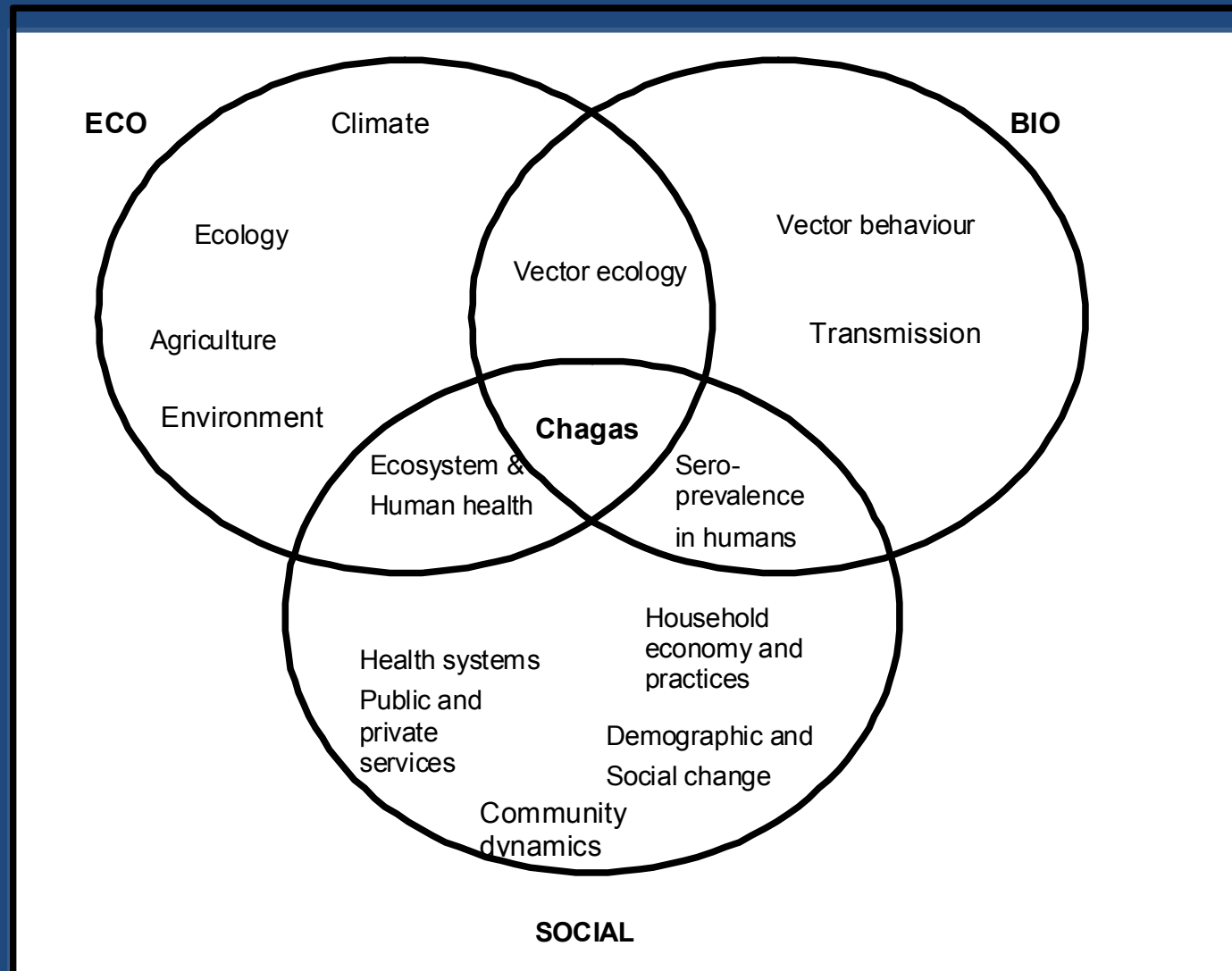
3

- Local area MoH support

4

- Multidisciplinary proposal

Our strategy is multidisciplinary



Our strategy is iterative

PRECEDE: SITUATIONAL ANALYSIS

Phase 5:
Administrative
Policy
Assessment

Phase 4:
Educational and
Ecological
assessment

Phase 3:
Behavioral and
Environmental
Assessment

Phase 2:
Epidemiological
Assessment

Phase 1:
Social
Assessment

- Health Services
- Health Education
- Health Promotion
- Policy, Regulation

Predisposing factors

Enabling factors

Reinforcing factors

Behavior and
lifestyle

Environment:

Vector and
reservoir
distribution

Quality of life:
reduce
Chagas
disease
transmission

Phase 6:
Implementation

Phase 7: Process
evaluation

Phase 8: Impact
evaluation

Phase 8:
Outcome
evaluation

PROCEED:
INTERVENTION

PRECEDE: SITUATIONAL
ANALYSIS



Phase 5:
Administrative
Policy
Assessment

Phase 4:
Educational and
Ecological
assessment

Phase 3:
Behavioral and
Environmental
Assessment

Phase 2:
Epidemio-
logical
Assessment

Phase 1:
Social
Assessment

Quality of life:
reduce
Chagas
disease
transmission

Phase 1: Social assessment

- Establish rapport with communities
- Presentations to authorities, communities, municipal leaders
- Socioeconomic case study



PRECEDE: SITUATIONAL
ANALYSIS

Phase 5:
Administrative
Policy
Assessment

Phase 4:
Educational and
Ecological
assessment

Phase 3:
Behavioral and
Environmental
Assessment

Phase 2:
Epidemio-
logical
Assessment

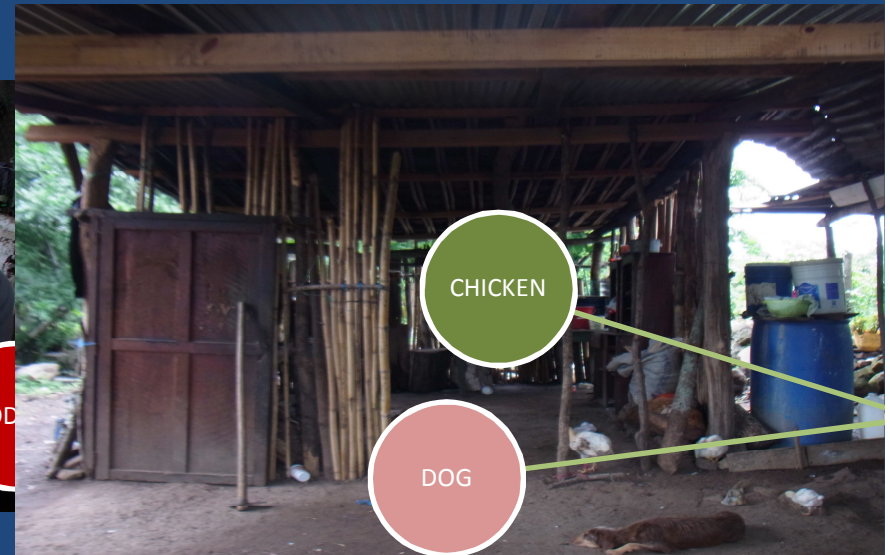
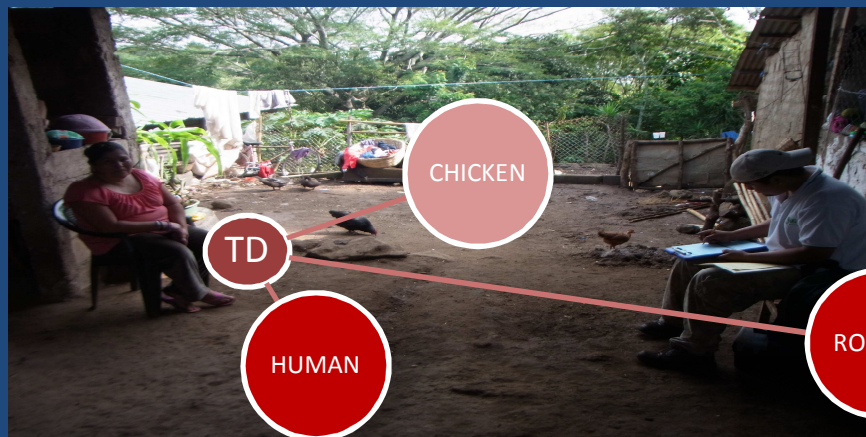
Phase 1:
Social
Assessment

Quality of life:
reduce
Chagas
disease
transmission

Vector and
reservoir
distribution

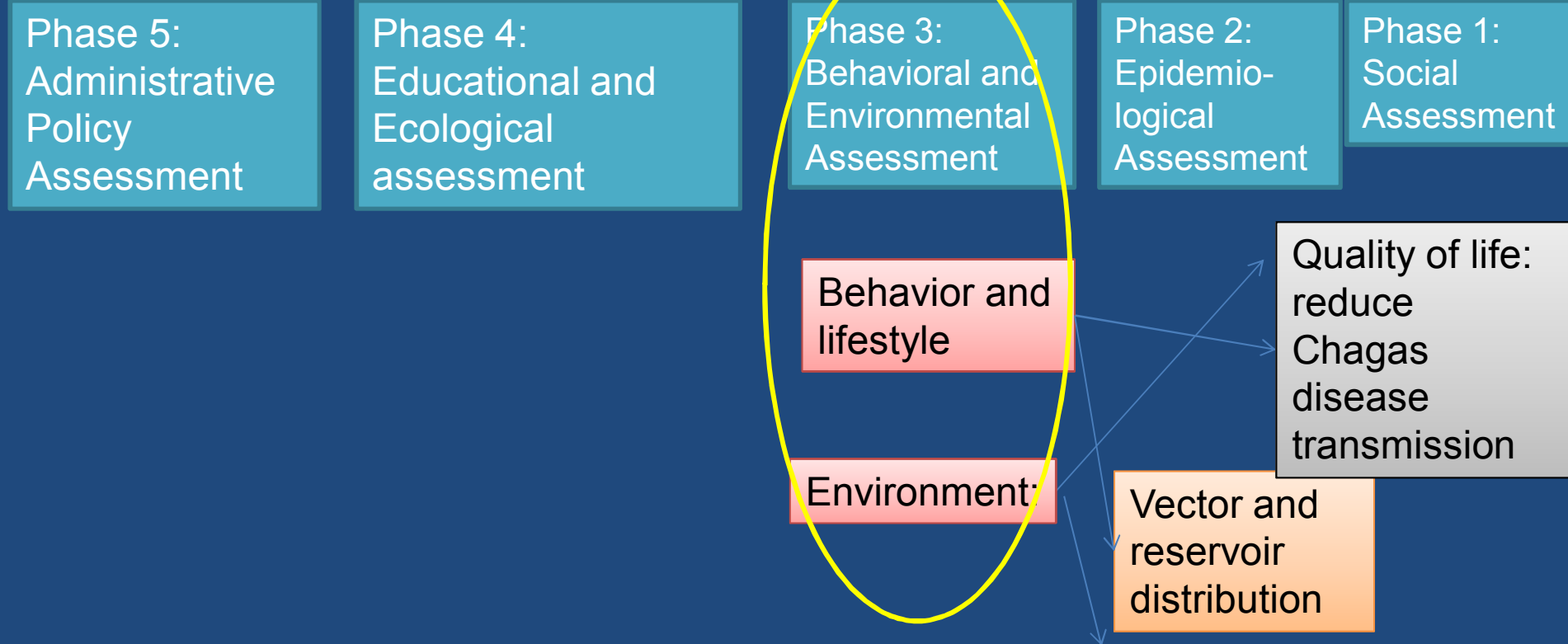
Phase 2: Situational Analysis

Diagnostic of eco-bio-social context and risk factors



Rats are infected and associated with persistent *T. dimidiata* infestation

PRECEDE: SITUATIONAL ANALYSIS



Participatory meetings

1

- Food storage practices, natural resources

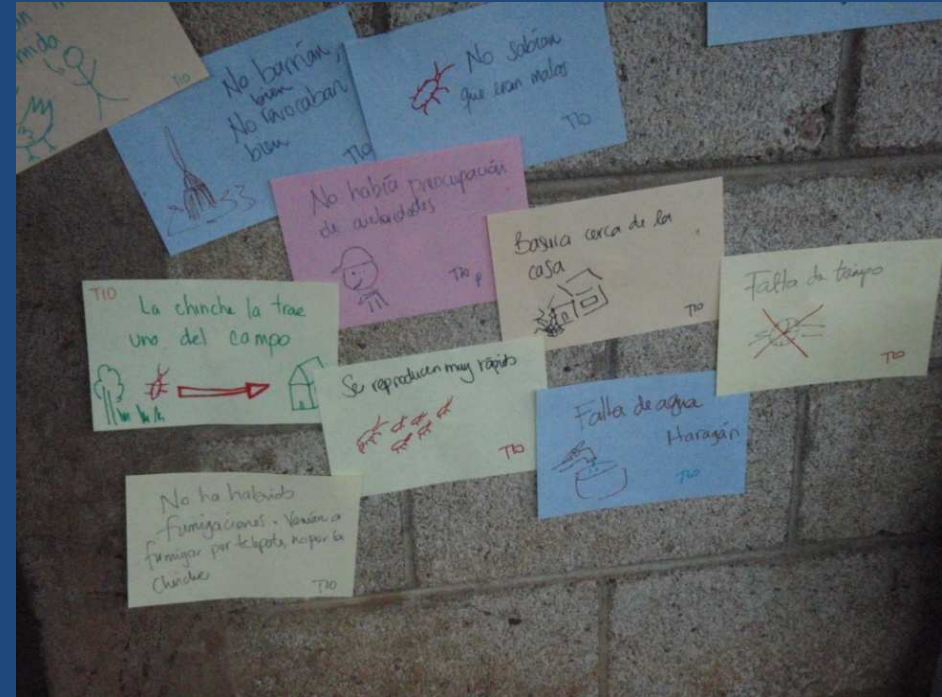
2

- Land ownership, animal management, production systems
- Chagas disease

3

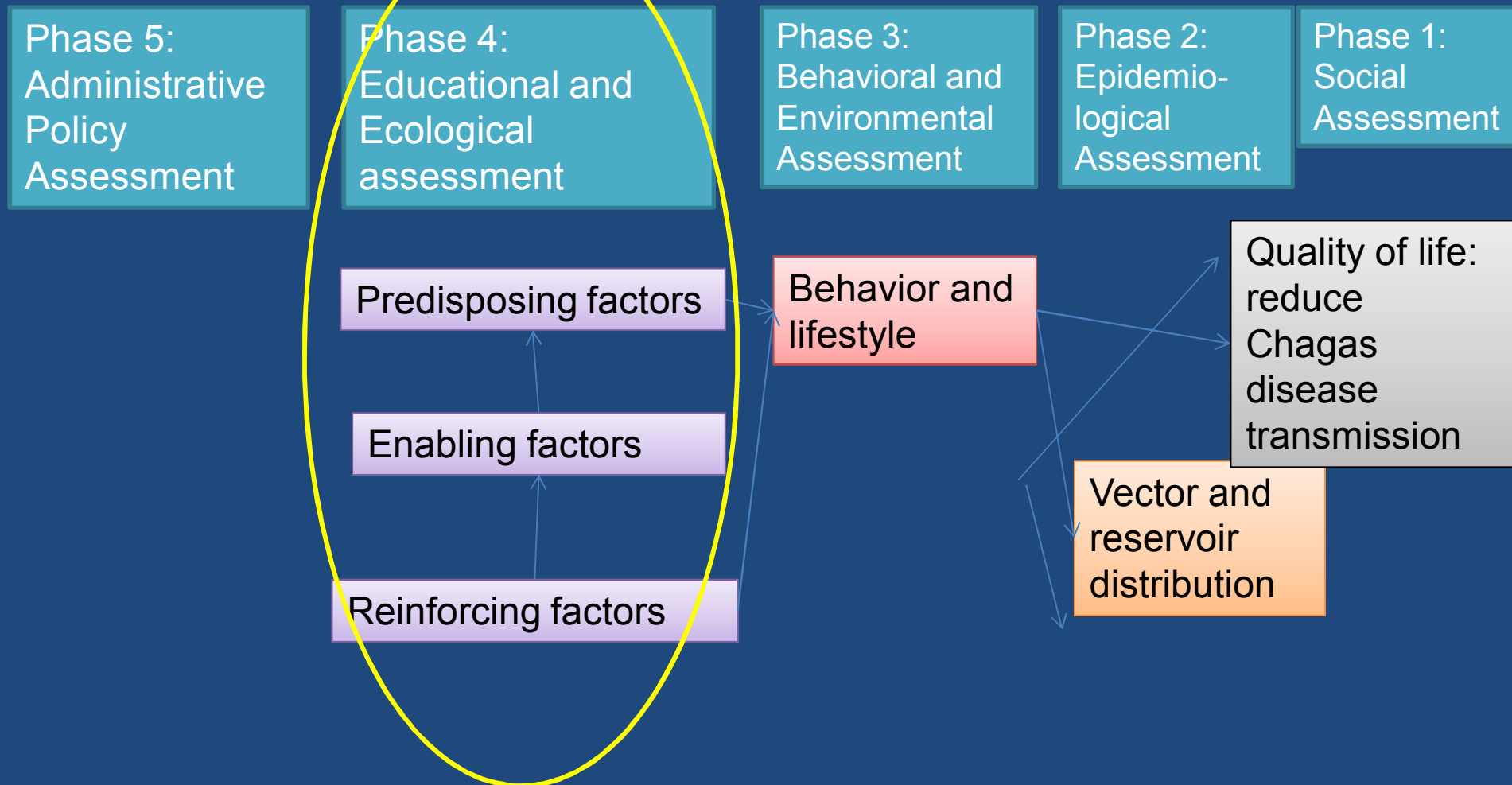
- Chagas history in the area, identifying key players and roles, local challenges, expectations

We implemented a Participatory Action Research approach



- Communities actively participate in proposing solutions
- Iterative process of reflection and action

PRECEDE: SITUATIONAL ANALYSIS



Phase 4: Situational analysis

Ethnography

Anthropologists lived for one month in selected communities

- Housing construction practices
- Household economic activities
- Agricultural and animal management practices



PRECEDE: SITUATIONAL ANALYSIS

Phase 5: Administrative Policy Assessment

- Health Services
- Health Education
- Health Promotion
- Policy, Regulation

Phase 4: Educational and Ecological assessment

Predisposing factors

Enabling factors

Reinforcing factors

Phase 3: Behavioral and Environmental Assessment

Behavior and
lifestyle

Environment:

Phase 2: Epidemiological Assessment

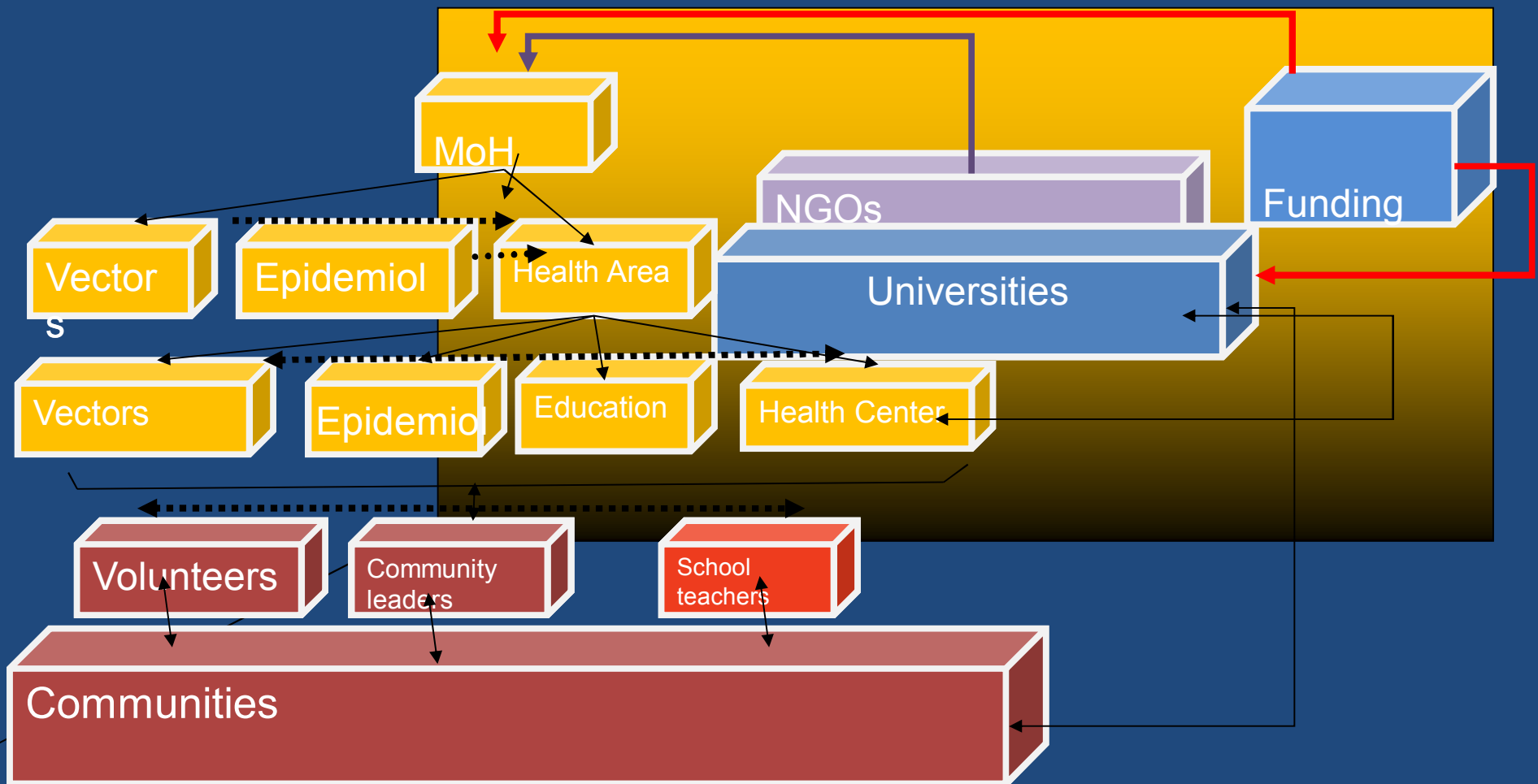
Vector and
reservoir
distribution

Phase 1: Social Assessment

Quality of life:
reduce
Chagas
disease
transmission

Phase 5: Situational analysis

Stakeholder map and policy analysis



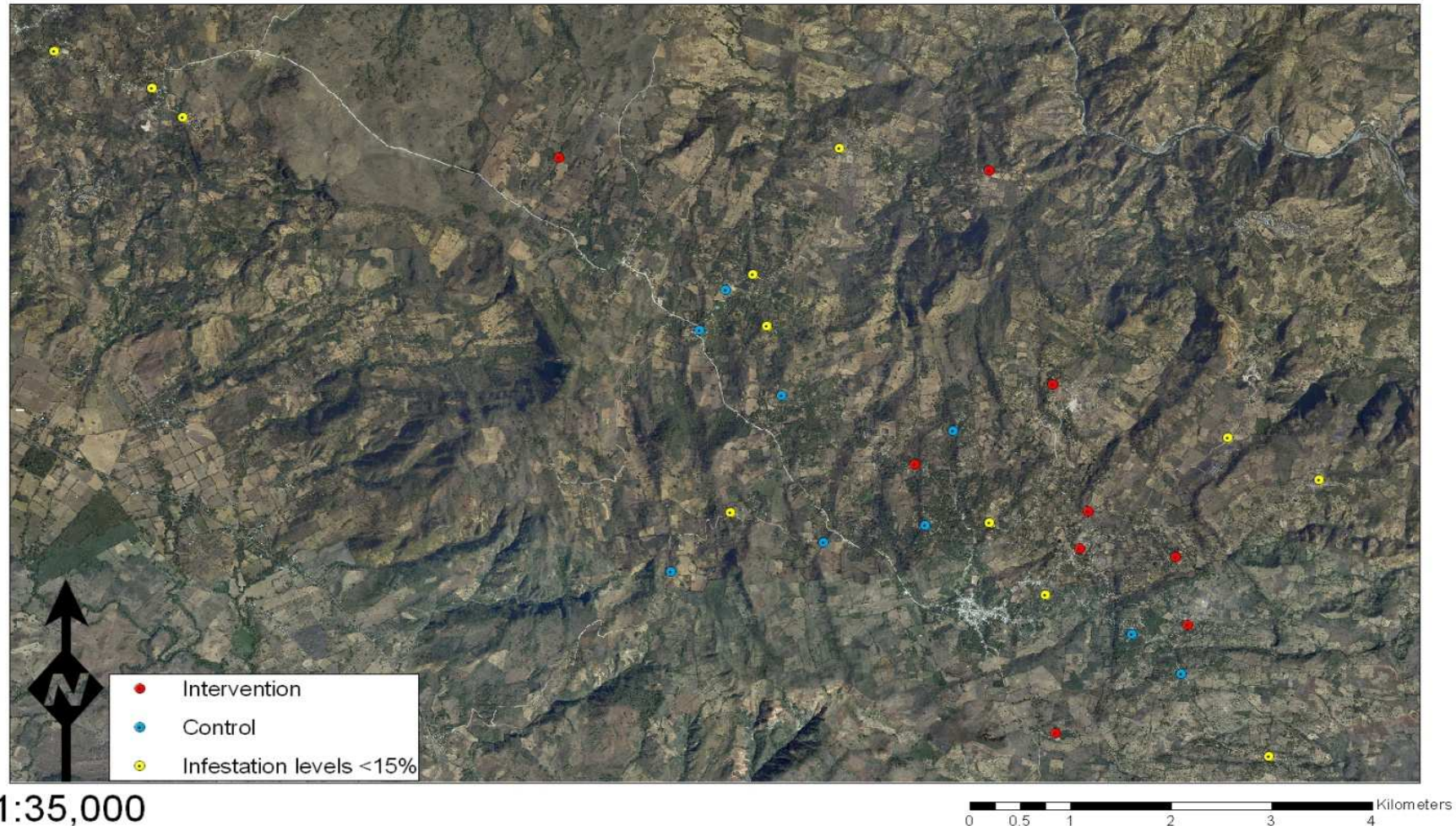
Our hypothesis:

- Rodent nests maintain a constant source of infestation and transmission in the house
- If rodent nests are reduced, transmission should also be reduced

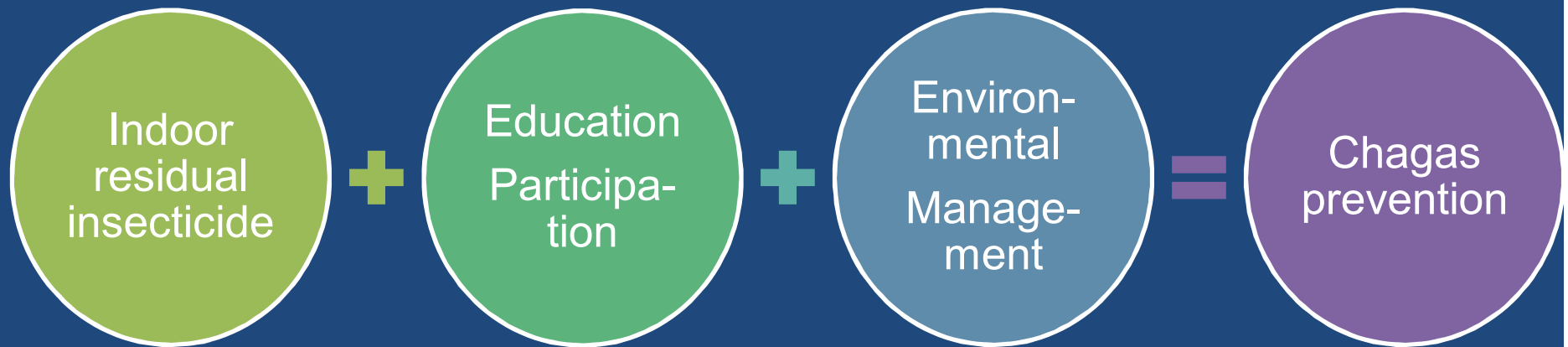


We chose a cluster randomized cohort study design

Distribution of communities selected for the study intervention 2012-2013



Our Intervention: Healthy environments for Chagas disease control



PRECEDE: SITUATIONAL ANALYSIS

Phase 5:
Administrative
Policy
Assessment

Phase 4:
Educational and
Ecological
assessment

Phase 3:
Behavioral and
Environmental
Assessment

Phase 2:
Epidemio-
logical
Assessment

Phase 1:
Social
Assessment

- Health Services
- Health Education
- Health Promotion
- Policy, Regulation

Predisposing factors

Enabling factors

Reinforcing factors

Behavior and
lifestyle

Environment:

Vector and
reservoir
distribution

Quality of life:
reduce
Chagas
disease
transmission

Phase 6:
Implementation

Phase 7: Process
evaluation

Phase 8: Impact
evaluation

Phase 8:
Outcome
evaluation

PROCEED: INTERVENTION

We chose a community-based participatory strategy



- 9 Participatory activities
- Education, reflection and discussion of risk factors and the disease
- SWOT analysis

We chose a community-based participatory strategy



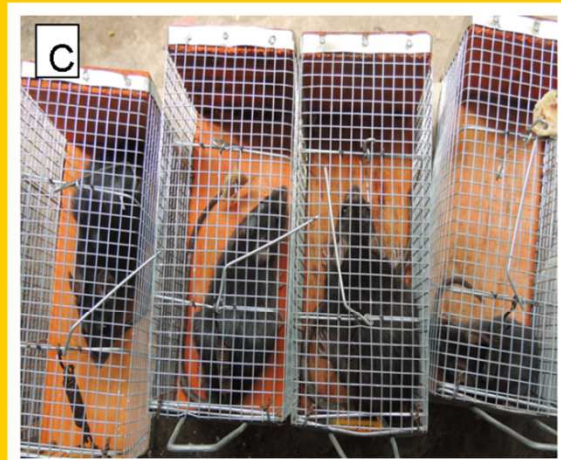
- Combined bottom-to-top and top-to-bottom strategies
- Vector personnel supervised community volunteers to spray insecticide

We chose a community-based participatory strategy



- We taught participants to use mechanical rodent traps and effectively reduced rodent infestations
- Participants tested different trap designs to ensure adoption

We chose a community-based participatory strategy



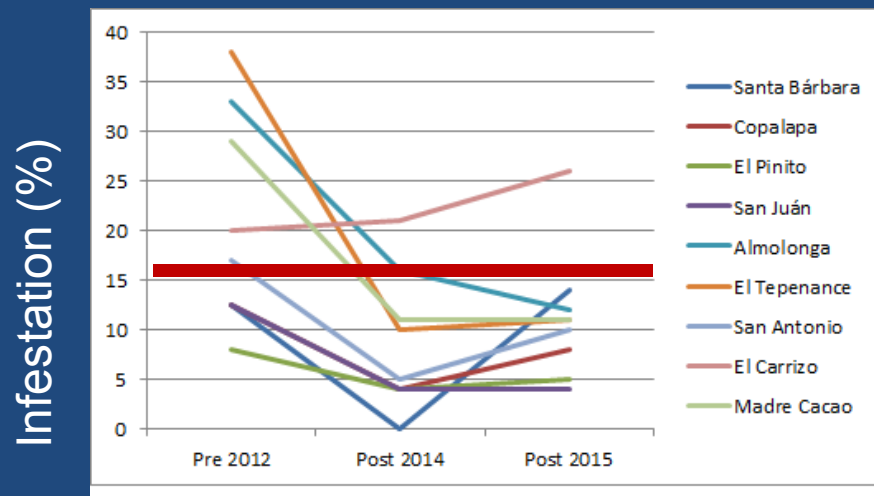
Intersectoral environmental management to reduce rodent infestations

We chose a community-based participatory strategy

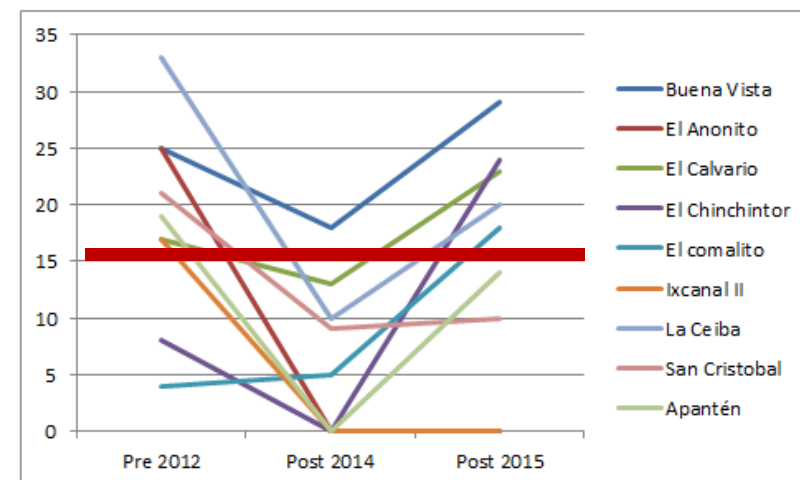


Our intervention achieved sustainable vector control levels

Intervention



Control



Significant difference,
GLMM $p < 0.05$

“ I feel happy because... we respect life by taking care
of our health and preventing a deadly disease”

(R1, comunidad 3, sept. 2012)

Our strategy is iterative

PRECEDE: SITUATIONAL ANALYSIS

Phase 5:
Administrative
Policy
Assessment

Phase 4:
Educational and
Ecological
assessment

Phase 3:
Behavioral and
Environmental
Assessment

Phase 2:
Epidemiological
Assessment

Phase 1:
Social
Assessment

- Health Services
- Health Education
- Health Promotion
- Policy, Regulation

Predisposing factors

Enabling factors

Reinforcing factors

Behavior and
lifestyle

Environment:

Vector and
reservoir
distribution

Quality of life:
reduce
Chagas
disease
transmission

Phase 6:
Implementation

Phase 7: Process
evaluation

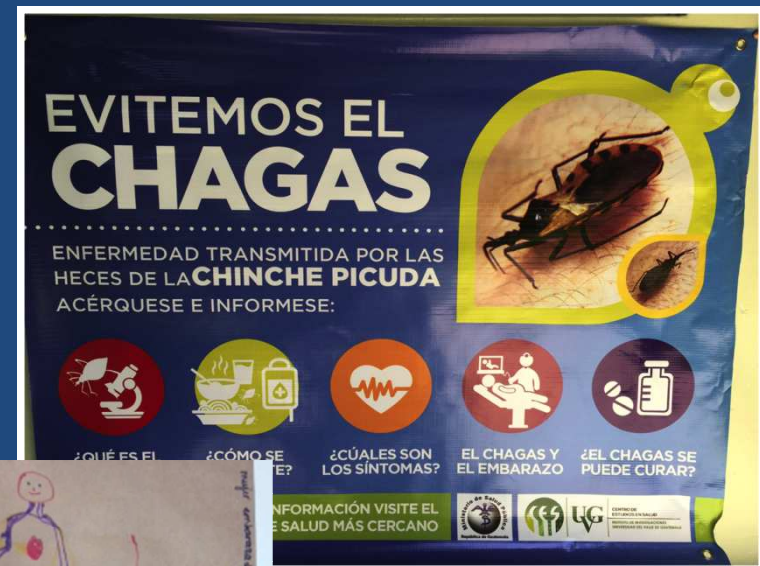
Phase 8: Impact
evaluation

Phase 8:
Outcome
evaluation

PROCEED:
INTERVENTION

What is the importance of congenital Chagas disease?

- 1% seropositive children in 2015
- 10% seropositive women of child-bearing age in 2015
- We have started a program with midwives to refer pregnant women and their newborns for neonatal screening

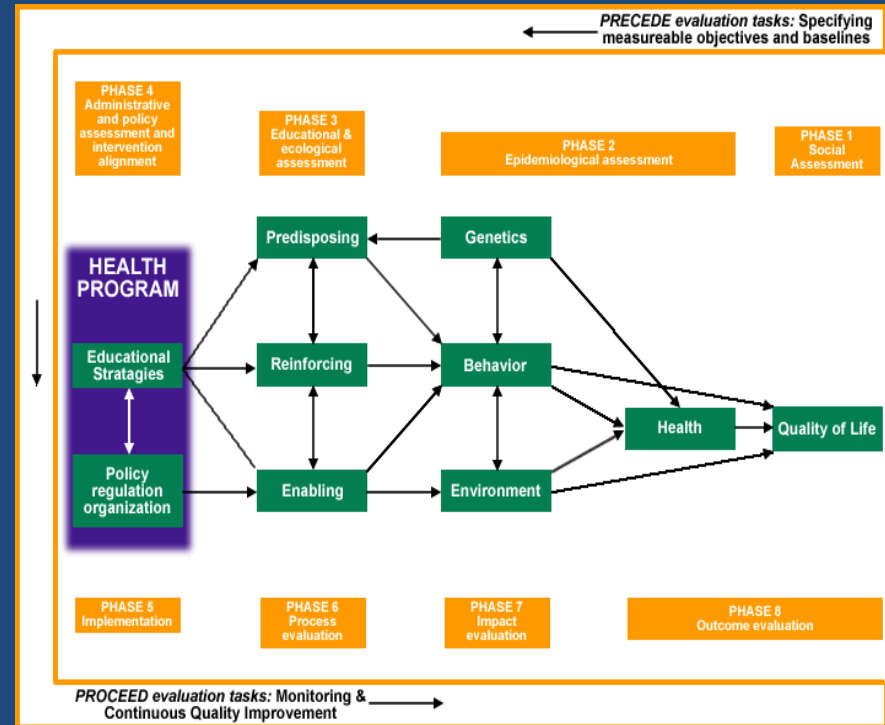


Content

1. Chagas disease Central American control initiative and sustainability challenges
2. Implementation of Area-wide Integrated Vector Management
3. Lessons learned in Area-wide IVM

Complex socioeconomic problems need multidisciplinary approaches

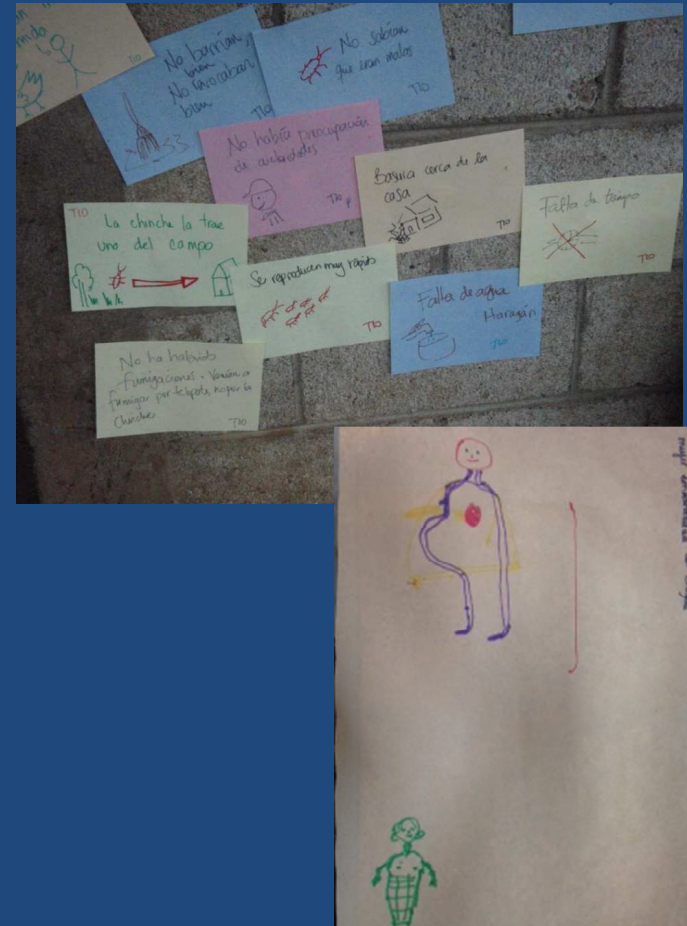
- Use an iterative process
- Combine bottom-up and top-to-bottom strategies
- There is no single magic bullet
- Use all the tools in the toolbox!



(Green and Kreuter 2005, as cited by the University of Kansas 2012)

Understand the needs

- A participatory process is more than education, it leads to empowerment
- Participants propose solutions
- Participants are your collaborators and your champions
- **Listen carefully!**



Understand the community

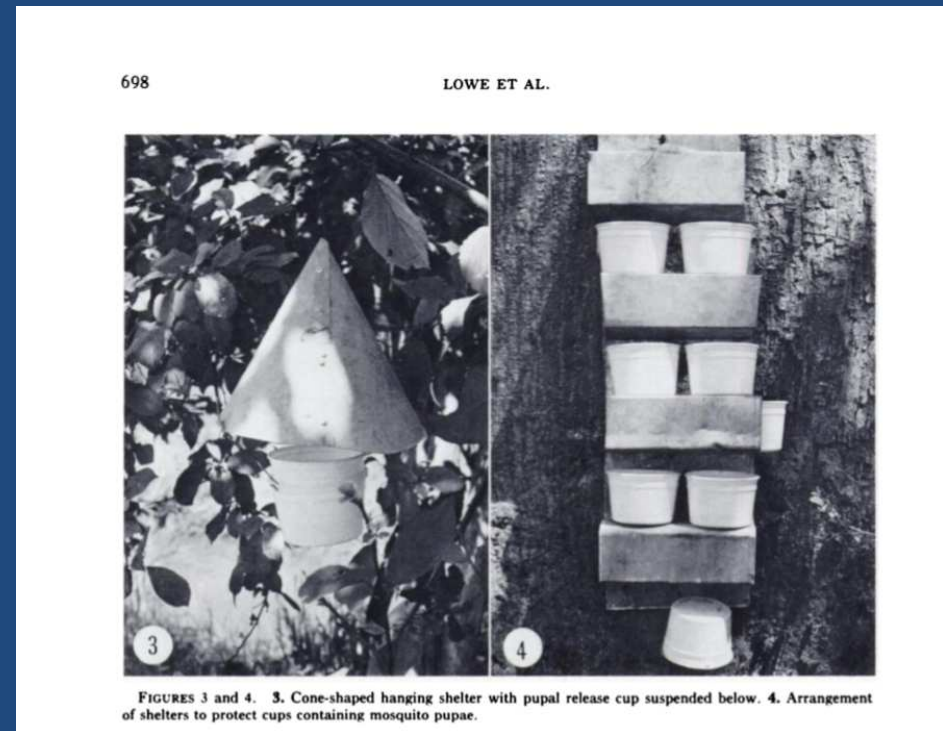
- Map stakeholders
- But, be aware that the recruitment process will affect the end product
- Ex. house-to-house processes will produce gender bias
- **Involve leaders as participants, not only supporters!**

Conclusions

1. Persistent *T. dimidiata* infestation associated with peridomestic rats threatens Chagas disease transmission interruption in Guatemala
2. Our Integrated Vector Management Program is more sustainable than vertical insecticide-based control
3. Iterative, participatory, multidisciplinary processes can sustain relevant disease control

Future IVM studies: Sterile Insect Technique for malaria elimination

- 1970s, USDA/CDC released chemosterilized males of *Anopheles albimanus* in El Salvador



Lowe et al 1980

Potential SIT application in malaria elimination

- Guatemala 4,000 malaria cases in 2014
- Focalized to sites with sugar cane water reservoirs and coastal tourist areas
- **SIT: “An alternative that must be carefully evaluated”-MoH Vector Control Program Officer**



Collaborators

UVG

- Sandra De Urioste-Stone (Natural resource management)
- Celia Cordón (Biology)
- José Guillermo Juárez (Biology)
- Hugo Perdomo (Microbiology)
- Hugo Enríquez (Mastozoology)
- Nancy Sandoval (M.D.)
- Elizabeth Pellecer (International development)
- Jorge Sincal (Technician)
- Edgar Pereira (Social scientist)
- Teresa Aguilar (Development specialist)
- Andrés Álvarez (Anthropology)



Ministry of Health

- Dra. Elsa Berganza (Epidemiologist)
- Ranffery Trampe (Vector control)

CDC

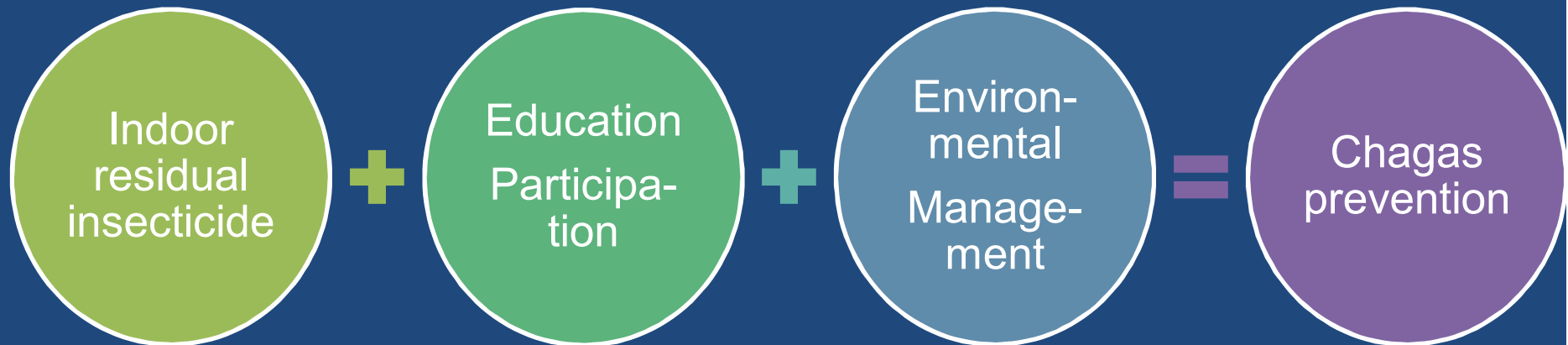
- Joe Bryan (Congenital Chagas and Zika)
- Ellen Dotson (Chagas and Malaria)

Communities

- COCODES and communities of Comapa and Zapotitlán



Thank you



Pamela Pennington, Ph.D.
Universidad del Valle de Guatemala
pamelap@uvg.edu.gt