

Gaps and Priorities

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1. Assessing the sustained impact of the intervention. If interventions are delivered to the control group this group will be lost as a control. However, if other groups are kept as they are, the long term impact may be assessed after a specified time period (e.g. 2 years). Even if the comparative groups are lost, an assessment of the extent to which the interventions are still in place are valid.
2. Assessing the cost-effectiveness of the interventions. If data on cost are in existence or could be collected, a cost effectiveness analysis to compare the combined intervention with other competing approaches could be made.
3. Scaling up the intervention. Consider developing and piloting approaches to scale up the intervention to demonstrate the scalability of the interventions.
4. Duplicating the research in another country. This is a strong team with a track record investigating combined diarrhoea-dengue interventions! I would first recommend duplicating this research in another country, perhaps in Asia (Thomas).

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- Prioritizing the next steps in integrating water/sanitation and vector interventions:
 - cluster randomized trial of improved water management and sanitation at the household level to control dengue vectors and water quality
 - cost effectiveness analysis of the impact of improving household water management and sanitation on vector and water borne pathogens
 - the impact of modified irrigation (intermittent drying) on malaria vectors and rice crop production (agricultural link).

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- Randomization of schools and spatial analysis:
- Identify the catchment areas of children for each school. Use GIS.
- What is the proximity of childrens homes in relation to the schools? Average distances. Could this be used in some additional analyses?
- Further relationships between the health of school children and the sanitary conditions in the schools.
- Dengue in rural areas.
- The impact of integrated interventions.

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- Effect of education on/in interventions (and vice versa).
- Comparative assessments of the effect of WASH interventions with versus without an educational component. The guiding question is if it is more effective with an educational component.
- What are the best educational methods?
- WET implementation projects to assess the impact on health, the behavioural changes and its relationship to the KAP (Knowledge, Attitude and Practices) of individuals, groups and communities.