

## Summary of Indoor Residual Spraying in Namibia

AFM summarized indoor residual spraying (IRS) activities occurring in African countries based primarily on reports from the World Health Organization (WHO), Global Fund and the President's Malaria Initiative (PMI). Little information was available from other sources. AFM hopes IRS activities will be sustained and expanded as appropriate, and that all donor agencies supporting IRS with public funds will make available detailed and accurate reports in the future. Below is the summary of IRS activities in Namibia.

Year of Initiation <sup>a</sup>	1965
<b>Operational Coverage 2006-2007<sup>a</sup></b>	86% targeted structures sprayed
Population Covered 2006-2007 <sup>a</sup>	0.4 million people (57% of population at risk)
Insecticide(s) Used <sup>a</sup>	DDT, deltamethrin
Global Fund Support <sup>b</sup>	Round 2, Round 6

a. Implementation of Indoor Residual Spraying of Insecticides for Malaria Control in the WHO African Region Report: <u>http://www.afro.who.int/vbc/reports/report\_on\_the\_implementation\_of\_irs\_in\_the\_african\_region\_2007.pdf</u> b. The Global Fund to Fight AIDS, Tuberculosis and Malaria: <u>http://www.theglobalfund.org/en/</u>

A Round 2 Global Fund malaria grant was awarded in 2005. According to the Original Proposal, support was requested to strengthen vector control in all malaria endemic regions including increasing coverage with IRS through the procurement of spraying equipment and the training of spray personnel. According to the Grant Score Card, all targets for IRS/vector control were met. A Round 6 Global Fund grant was awarded in 2007. According to the Original Proposal, support was requested to increase coverage of vector control interventions including improving IRS coverage and quality.

According to the WHO's 2006-2007 summary of IRS activities in Namibia, the Ministry of Health is providing funding for IRS. The IRS program has shown progressive changes in improved operational coverage and quality of spraying during the last 3-4 years. The chronic problems of quality and low coverage have been resolved through persistent efforts including training of staff and improving the quality of supervision. The impact of IRS on malaria transmission and burden is not regularly assessed and reported and needs to be strengthened in order to facilitate informed decision and program planning.