



## Summary of Indoor Residual Spraying in South Africa

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 South Africa.

<b>Year of Initiation<sup>a</sup></b>	1932
<b>Operational Coverage 2006-2007<sup>a</sup></b>	83% targeted structures sprayed
<b>Population Covered 2006-2007<sup>a</sup></b>	4 million people (89% of population at risk)
<b>Insecticide(s) Used<sup>a</sup></b>	DDT, deltamethrin, alphacypermethrin
<b>Global Fund Support<sup>b</sup></b>	LSDI Round 2

a. Implementation of Indoor Residual Spraying of Insecticides for Malaria Control in the WHO African Region Report:

[http://www.afro.who.int/vbc/reports/report\\_on\\_the\\_implementation\\_of\\_irs\\_in\\_the\\_african\\_region\\_2007.pdf](http://www.afro.who.int/vbc/reports/report_on_the_implementation_of_irs_in_the_african_region_2007.pdf)

b. The Global Fund to Fight AIDS, Tuberculosis and Malaria: <http://www.theglobalfund.org/en/>

A Round 2 Global Fund malaria grant by the Lubombo Spatial Development Initiative (LSDI) was awarded in 2003. According to the Grant Performance Report, targeted structures were sprayed and targeted people were reached with IRS. A Round 5 Global Fund grant by the LSDI was awarded in 2006. The Original Proposal did not request funding for IRS in South Africa.

The South African Government provides sufficient funding from the national fiscus for malaria control operations in the country. The IRS activities form the foundation of malaria control and are widely recognized to be successful and well run. Since the 1930s, well managed IRS programs have significantly reduced malaria transmission and the burden of malaria to the country. Malaria control activities are devolved to the three malarial provinces of Limpopo, Mpumalanga and KwaZulu Natal. For various reasons, pyrethroids were adopted as the insecticide of choice from 1996 to 2000 - when high malaria transmission of epidemic proportion was reported due to the emergence of pyrethroid resistance. In 2000, DDT was reintroduced to the IRS program and since then malaria cases have been well contained. The geographical extent and intensity of transmission of the disease has been greatly reduced due to IRS. However, further success in reduction or even elimination of malaria in South Africa might be difficult without similar successes in neighboring countries. The IRS program has a history of practicing good management and monitoring systems. The capacity for IRS is sufficient at all levels.

South Africa's relative economic power in the region as well as the scientific expertise and experience in malaria control at its disposal makes it a regional leader for malaria control. South Africa's political leadership on IRS as well as technical guidance and assistance for malaria control in sub-Saharan Africa has been impressive.