



Summary of Indoor Residual Spraying in Zimbabwe

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 Zimbabwe.

Year of Initiation^a	1947
Operational Coverage 2006-2007^a	82% targeted structures sprayed
Population Covered 2006-2007^a	2.2 million people (40% of population at risk)
Insecticide(s) Used^a	DDT, lambda-cyhalothrin
Global Fund Support^b	Round 1

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

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

A Round 1 Global Fund malaria grant was awarded in 2004. According to the Original Proposal, support was requested to reduce the rate of malaria transmission in 20 districts most affected by malaria including increasing coverage of the vector control program to 100 percent using IRS and distribution of insecticide treated nets. In addition, private sector pharmaceutical companies would provide chemicals and supplies, train casual workers to spray and educate communities. Agro-chemical and big mining companies would carry out vector control interventions (IRS, provision of insecticide treated materials, larvaciding and thermal fogging) in their areas of operation. According to the Grant Performance Report, 88% of targeted service deliverers were trained in IRS and 87% of targeted structures were reached with IRS. According to the Grant Score Card, good achievements were made for spraying of houses/structures – good absolute numbers were reached. A Round 5 Global Fund grant was awarded in 2007. The Original Proposal did not request funding for IRS due to support from the Round 1 Global Fund grant.

According to the WHO's 2006-2007 summary of IRS activities in Zimbabwe, funding for IRS has been provided by the Ministry of Health, local authorities, the Global Fund and other partners. Application of IRS continued until 1970 when it was interrupted due to the war of liberation. Spraying was re-initiated in 1981 covering all malarious areas. Over the past few years, geographical size and population coverage of the IRS program have been fluctuating due to inconsistent supply of resources. In 2003, spraying was conducted only in a few localities as a result of inadequate financial resources to secure insecticides. The country has a history of managing quality and effective IRS. In recent years, resource constraints and scarcity of technical capacity has been challenging to the IRS program – this has impacted the quality and extent of the intervention. To date, IRS management is improving and coverage is increasing as more resources are made available. More effort should be put in place to monitor the impact of the intervention on vector and malaria burden in the target areas.