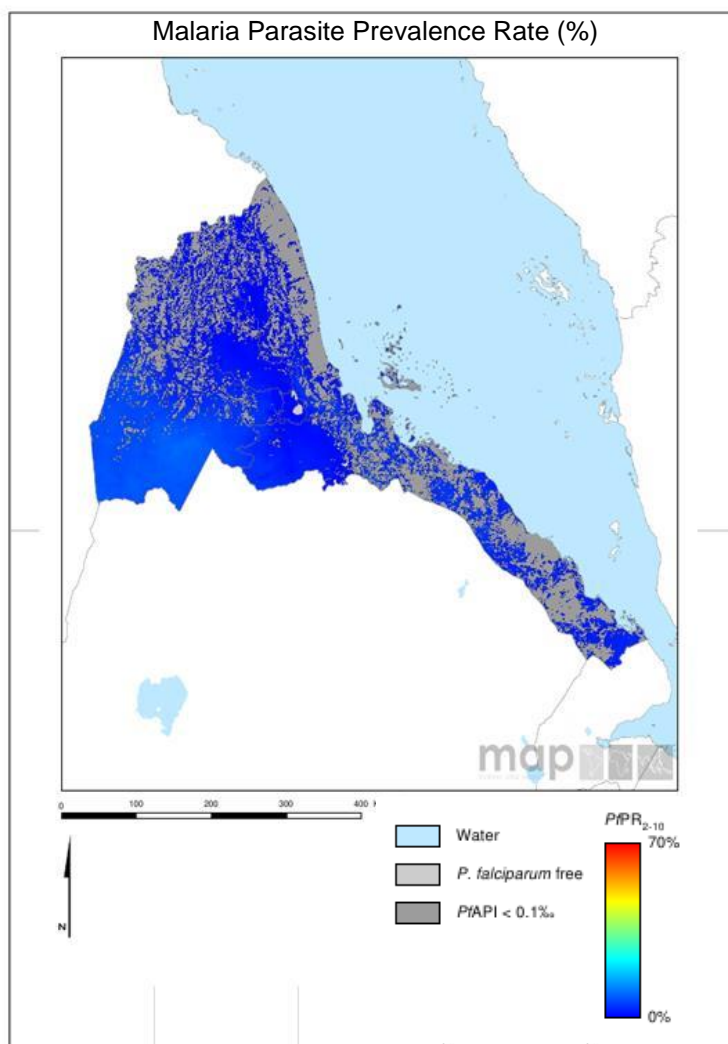


Scorecard for Accountability and Action



70% of the population of Eritrea is at high risk of malaria. The annual reported number of malaria cases in 2012 was 42,178 with 30 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Target achieved or on track
Community case management (Malaria)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	2.6
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	100
Public sector RDT financing 2014 projection (% of need)	100
Public sector ACT financing 2014 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	24
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	Target achieved or on track
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	46
% deliveries assisted by skilled birth attendant	34
Exclusive breastfeeding (% children < 6 months)	69
Vitamin A Coverage (2 doses)	46
DPT3 coverage 2011 (vaccination among 12-23 month olds)	99
Postnatal care (within 48 hrs)	No data/Not applicable

Key

Target achieved or on track
Progress but more effort required
Not on track
No data/Not applicable

Urgent Global Fund Update

The Global Fund has announced that Eritrea will receive US\$ 84.8 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Eritrea's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Eritrea this is calculated at US\$ 36.1 million, including US\$ 27 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Eritrea is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Eritrea has made significant progress in scaling-up malaria control interventions. The country has been successful in attracting resources through the Global Fund. Additionally, the country has made policy changes including the banning of oral artemisinin-based monotherapies and the introduction of a policy of Community Case Management of malaria and pneumonia. The country secured sufficient financing to maintain universal coverage of key anti-malarial interventions in 2014. Eritrea has achieved impressive coverage of DPT3 and has significantly increased PMTCT coverage, and has recently increased the coverage of exclusive breastfeeding, and has made gains in the coverage of skilled birth attendants. Eritrea has achieved a 65% reduction in under-five child mortality since 1990.

Impact

Eritrea has made significant progress in malaria prevention and control. The number of malaria cases (probable and confirmed) has decreased from 125,746 in 2001 to 42,178 in 2012. In the same period, malaria admissions (inpatient cases) declined from 10,886 to 6,780 and deaths from 133 to 30. As such, the country is on track to achieve a 75% decrease in malaria incidence 2000-2015.

Key Challenge

- Delays in procurement of LLINs to sustain universal coverage.





Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Address decreasing vector control coverage	Q2 2014		Deliverable not due but 20,000 LLINs procured in the last quarter with an additional 1.7 million LLINs under procurement

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due