The annual reported number of malaria cases in 2013 was 34,678 with 6 deaths.
Progress
Eritrea has made significant progress in scaling-up malaria control interventions. 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. Eritrea has secured sufficient financing to maintain universal coverage of key anti-malarial interventions in 2015. Eritrea has achieved impressive coverage of DPT3 and exclusive breastfeeding and has recently increased PMTCT coverage. Eritrea has achieved MDG4 by reducing under-five child mortality by over two-thirds 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 34,678 in 2013. In the same period malaria deaths declined from 133 to 6. As such, the country is on track to achieve a 75% decrease in malaria incidence 2000-2015.

Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNCH¹: Optimise quality of care</td>
<td>a) Identify and address reasons for decreasing PMTCT coverage</td>
<td>Q3 2015</td>
<td>Green</td>
<td>Eritrea has significantly increased PMTCT coverage from 38% in 2013 to 52% in 2014</td>
</tr>
<tr>
<td></td>
<td>b) Identify and address reasons for decreasing DPT3 coverage</td>
<td>Q2 2016</td>
<td>Grey</td>
<td>Deliverable not yet due</td>
</tr>
</tbody>
</table>

Eritrea has responded positively to the recommended actions addressing low coverage of skilled birth attendants, vitamin A and postnatal care and continues to track progress as these actions are implemented.

Key

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG