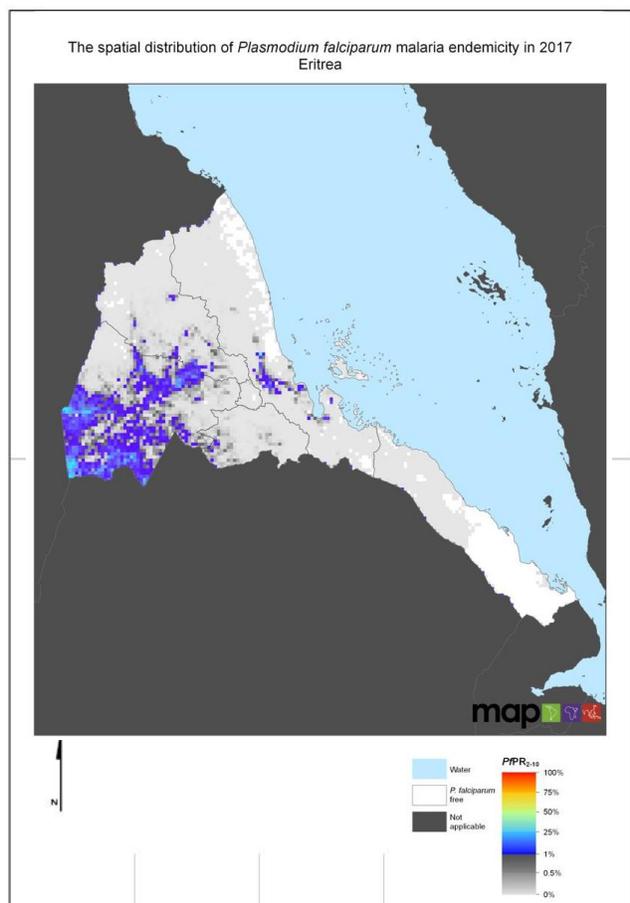


Scorecard for Accountability and Action



The annual reported number of malaria cases in 2018 was 23 808 with 5 deaths.

Metrics

Commodities Financed and Financial Control		
LLIN financing 2019 projection (% of need)	100	100
Public sector RDT financing 2019 projection (% of need)	100	100
Public sector ACT financing 2019 projection (% of need)	100	100
World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)	2.6	2.6
Insecticide Resistance Monitoring, Implementation and Impact		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3	3
Insecticide resistance monitored since 2015 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
Scale of Implementation of iCCM (2017)		
Operational LLIN/IRS coverage (% of at risk population)	100	100
On track to reduce case incidence by ≥40% by 2020 (vs 2015)		
On track to reduce case mortality by ≥40% by 2020 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)	1	1
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018)	51	51
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018)	37	37
% deliveries assisted by skilled birth attendant	34	34
Postnatal care (within 48 hrs)	5	5
Exclusive breastfeeding (% children < 6 months)	69	69
Vitamin A Coverage 2017 (2 doses)		
DPT3 coverage 2018 (vaccination among 0-11 month olds)	95	95

Key

100%	Target achieved or on track
75%	Progress but more effort required
50%	Not on track
25%	No data
1%	Not applicable
0.5%	
0%	

Malaria

Global Fund Update

The Global Fund has announced that Eritrea will receive US\$44.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. 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\$18 million. 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, as well as from domestic resources, to accelerate progress.

Progress

Eritrea has secured sufficient financing to maintain universal coverage of key anti-malarial interventions in 2019. The country has scaled up implementation of iCCM. Eritrea has recently increased coverage of vector control with 100% operational coverage of the targeted at risk population. Eritrea has recently reported the results of the insecticide resistance monitoring to WHO and has completed the national insecticide resistance monitoring and management plan. Eritrea has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard.

Impact

The annual reported number of malaria cases in 2018 was 23,808 with 5 deaths.

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q2 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2020
Impact	Investigate and address the reasons for the increase in estimated malaria incidence and deaths between 2015 and 2018	Q4 2020

RMNCAH and NTDs

Progress

Eritrea has achieved good coverage of the tracer RMNCAH interventions of DPT3, and exclusive breastfeeding.

Progress in addressing Neglected Tropical Diseases (NTDs) in Eritrea is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, schistosomiasis, and trachoma. Preventive chemotherapy coverage in Eritrea is very good for lymphatic filariasis (88%). The country did not implement preventive chemotherapy for trachoma (0%). Preventive chemotherapy coverage data for Schistosomiasis was submitted to WHO and is under validation process. The index value is not yet calculated.

Previous Key Recommended Actions

Eritrea has responded positively to the RMNCAH recommended actions addressing low coverage of skilled birth attendants, ARTs in children under 14 years of age (with a recent 5% increase in coverage), and postnatal care, as well as lack of data on vitamin A coverage. The country continues to track progress as these actions are implemented.