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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>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</td>
<td>Q2 2020</td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence and deaths between 2015 and 2018</td>
<td>Q4 2020</td>
</tr>
</tbody>
</table>
**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.