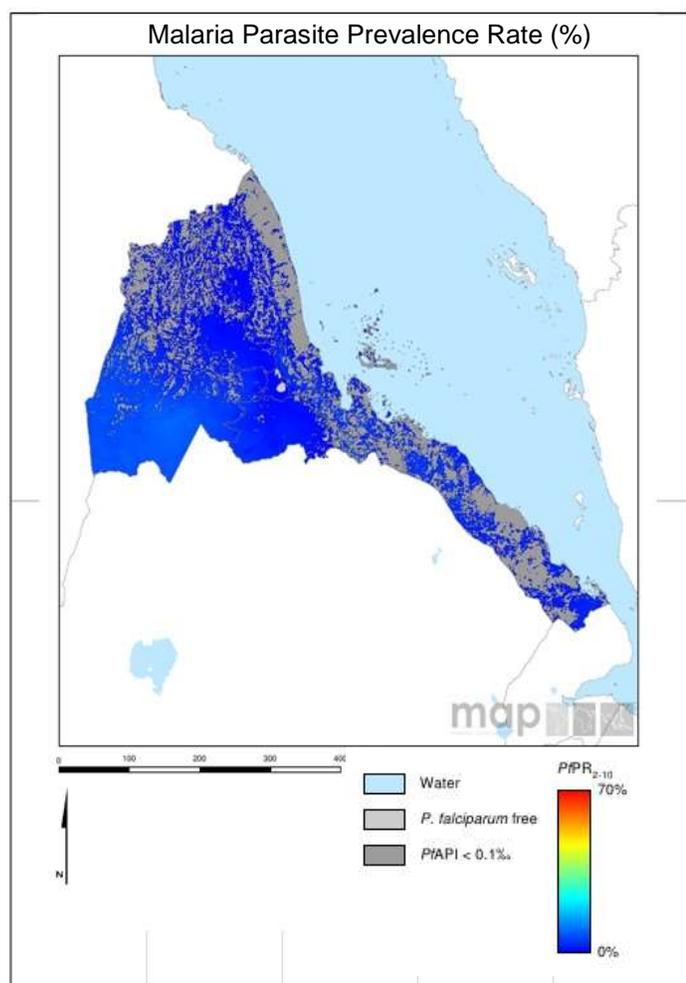


Scorecard for Accountability and Action



The annual reported number of malaria cases in 2015 was 24,310 with 12 deaths.

Metrics

Commodities Financed and Financial Control

LLIN financing 2016 projection (% of need)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	2.5

Insecticide Resistance Monitoring, Implementation and Impact

Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	2
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2016)	
Operational LLIN/IRS coverage (% of at risk population)	100
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	

Tracer Indicators for Maternal and Child Health

Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	60
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	35
% deliveries assisted by skilled birth attendant	34
Postnatal care (within 48 hrs)	
Exclusive breastfeeding (% children < 6 months)	69
Vitamin A Coverage 2014 (2 doses)	49
DPT3 coverage 2015 (vaccination among 0-11 month olds)	95

Key

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

## Malaria

### Global Fund Update

The Global Fund has announced that Eritrea will receive US\$ 43.7 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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\$ 21.6 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 sustain the gains made in recent years, and achieve its malaria targets.

### Progress

Eritrea has made significant progress in scaling-up malaria control interventions. Eritrea has secured sufficient financing to maintain universal coverage of key anti-malarial interventions in 2016. The country has scaled up implementation of iCCM. Eritrea has recently increased coverage of vector control. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO and has recently completed the national insecticide resistance monitoring and management plan.

### Impact

The annual reported number of malaria cases in 2015 was 24,310 with 12 deaths. WHO estimates that the country has achieved a decrease of 20 - 40% in the malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

### New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q1 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q1 2017

## MNCH

### Progress

Eritrea has achieved good coverage of the tracer MNCH interventions of DPT3, and exclusive breastfeeding in the total population.

### Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH <sup>1</sup> : Optimise quality of care	Work to accelerate coverage of ARTs in children under 14 years of age	Q1 2017		Deliverable not yet due but Eritrea has increased ART coverage by 5% in the total population and by 6% in children

<sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA

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

**Key**

	Action achieved
	Some progress
	No progress
	Deliverable not yet due