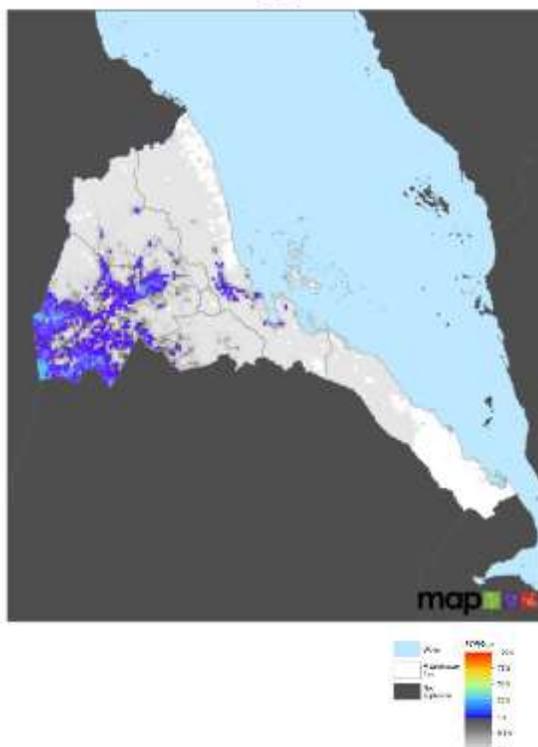


### Scorecard for Accountability and Action

The spatial distribution of *Plasmodium falciparum* malaria endemicity in 2017  
Eritrea



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

#### Metrics

| Commodities Financed and Financial Control  |    |     |
|---|----|-----|
| LLIN financing 2020 projection (% of need)  |    | 100 |
| Public sector RDT financing 2020 projection (% of need)   |    | 100 |
| Public sector ACT financing 2020 projection (% of need)   |    | 100 |
| World Bank rating on public sector management and institutions 2019 (CPIA Cluster D)                      |    | 2.8 |
| Insecticide Resistance Monitoring, Implementation and Impact  |    |     |
| Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010        | 3  |     |
| Insecticide resistance monitored since 2015 and data reported to WHO                                      |    |     |
| National Insecticide Resistance Monitoring and Management Plan  |    |     |
| RDTs in stock (>9 months stock)   |    |     |
| ACTs in stock (>9 months stock)   |    |     |
| LLINIRS campaign on track   |    |     |
| Country Reporting Launch of Zero Malaria Starts with Me Campaign  |    |     |
| Scale of Implementation of ICCM (2017)  |    |     |
| Operational LLINIRS coverage (% of at risk population)  | 9  | 11  |
| 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)                               |    | 8   |
| Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2019)          | 62 |     |
| Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2019) | 22 |     |
| % deliveries assisted by skilled birth attendant  |    | 34  |
| Postnatal care (within 48 hrs)  |    | 3   |
| Exclusive breastfeeding (% children < 6 months)   |    | 69  |
| Vitamin A Coverage 2018 (2 doses)   |    | 34  |
| DPT3 coverage 2019 (vaccination among 0-11 month olds)  |    | 95  |

#### Key

|   |                                   |
|---|-----------------------------------|
| <span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> | Target achieved or on track       |
| <span style="background-color: #FFFF00; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> | Progress but more effort required |
| <span style="background-color: #FF0000; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> | Not on track                      |
| <span style="background-color: #A9A9A9; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> | No data                           |
| <span style="background-color: #FFFFFF; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> | Not applicable                    |

## **Malaria**

### **Sustaining Essential Health Services During the COVID-19 Pandemic**

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying. Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Eritrea, it will be of vital importance to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) scheduled for 2020 goes ahead, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Additionally, it is of vital importance that case management of malaria and other diseases is maintained through the health service during this difficult time. Without the LLIN campaign, coupled with the need to sustain essential health services including malaria case management, there will be an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 6.9% increase in malaria cases, and a 19.8% increase in malaria deaths in Eritrea. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

### **Progress**

Eritrea has secured sufficient financing to maintain universal coverage of key anti-malarial interventions in 2020. 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.

### **Key Challenge**

- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

## Previous Key Recommended Actions

| Objective | Action Item  | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report   |
|-----------|--|--------------------------------|----------|---|
| Impact    | Investigate and address the reasons for the increase in estimated malaria incidence and deaths between 2015 and 2018   | Q4 2020                        |          | Eritrea has developed a new strategic plan which proposes intensifying interventions in the areas with the highest burden, and targeting interventions in settings with very low and focalized transmission whilst strengthening surveillance systems. These actions are expected to help drive the country towards malaria elimination |
| Impact    | Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic | Q4 2020                        |          | The country reports that the IRS campaign is on track, however the LLIN campaign may be a little delayed due to the late delivery of LLINs as a result of the COVID-19 pandemic   |

## New Key Recommended Action

| Objective      | Action Item                          | Suggested completion timeframe |
|----------------|--------------------------------------|--------------------------------|
| Vector control | Work to accelerate the LLIN campaign | Q1 2021                        |

## 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 is 53%. The index value is low at 8%.

## Previous Key Recommended Actions

| Objective                    | Action Item  | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
|------------------------------|--|--------------------------------|----------|---|
| NTDs                         | Implement preventive chemotherapy for Trachoma   | Q4 2020                        |          | Deliverable not yet due   |
| RMNCAH <sup>1</sup> : Impact | Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities | Q4 2020                        |          | Deliverable not yet due   |

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.

### Key

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

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