The annual reported number of malaria cases in 2019 was 96,500 with 3 deaths.
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.

For Eritrea, it was of vital importance to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) and the Indoor Residual Spraying Campaign scheduled for 2020 went ahead, whilst taking into account physical distancing, in accordance with the 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, 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.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2021 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

Progress
Eritrea secured sufficient financing to maintain universal coverage of key anti-malarial interventions in 2021. 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.

In line with the legacy agenda of the ALMA chair, His Excellency President Uhuru Kenyatta, Eritrea has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard, however this scorecard is not yet publicly shared on the ALMA Scorecard Knowledge Hub.

Impact
The annual reported number of malaria cases in 2019 was 96,500 with 3 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, malaria and NTDs.
### 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>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td></td>
<td>LLINs which were delayed were finally delivered and the planned mass campaign was completed. The country continues to report that there are sufficient stocks of ACTs and RDTs. Orders for PBO nets and Actellic insecticides are underway under the new GF grant.</td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2019, which means that the country is not on track to achieve the 2020 target of a 40% reduction in malaria incidence</td>
<td>Q4 2021</td>
<td></td>
<td>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</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 high for schistosomiasis (93%), lymphatic filariasis (86%) and low for trachoma (23%). Overall, the NTD preventive chemotherapy coverage index for Eritrea in 2019 is 57, which represents substantial increase compared with the 2018 index value (8).
## Previous Key Recommended Actions

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<tr>
<td><strong>RMNCAH¹</strong>: Impact</td>
<td>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</td>
<td>Q4 2020</td>
<td>No progress</td>
<td>No progress reported</td>
</tr>
<tr>
<td>NTDs</td>
<td>Given the high coverage of Preventive Chemotherapy (PC) for schistosomiasis and lymphatic filariasis, work to increase the preventive chemotherapy coverage for trachoma. Ensure that NTD interventions including Mass Drug Administration, vector control and Morbidity Management and Disability Prevention are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic. This includes prioritising key necessary catch-up activities</td>
<td>Q4 2021</td>
<td>Deliverable not yet due</td>
<td>Deliverable not yet due</td>
</tr>
</tbody>
</table>

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

- **Green**: Action achieved
- **Yellow**: Some progress
- **Red**: No progress
- **Gray**: Deliverable not yet due

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¹ RMNCAH metrics, recommended actions and response tracked through WHO