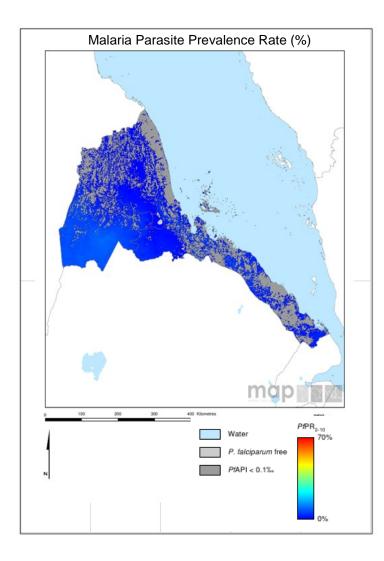
Eritrea ALMA Quarterly Report Quarter Three, 2016



Scorecard for Accountability and Action



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 (2013)	
Operational LLIN/IRS coverage (% of at risk population)	98
>75% Decrease in Malaria Incidence Projected 2000–2015	

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

The annual reported number of malaria cases in 2014 was 35,725 with 15 deaths.

Key



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



Malaria

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. Eritrea was awarded the 2016 ALMA Award for Excellence for achieving the Millennium Development Goals (MDGs) target for malaria.

Impact

Eritrea has made significant progress in malaria prevention and control. The number of malaria cases (probable and confirmed) has decreased from 125,746 in 2001 to 35,725 in 2014. In the same period malaria deaths declined from 133 to 15. WHO projects that the country will achieve a greater than 75% decrease in malaria incidence between 2000 and 2015.

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address vector control coverage	Identify and address reasons for decreasing vector control coverage	Q4 2016		190,000 LLINs were delivered to the country in the second quarter of 2016 increasing operational coverage to 98%

Previous Key Recommended Action

MNCH

Progress

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) Identify and address reasons for decreasing DPT3 coverage	Q2 2016		Eritrea has increased DPT3 coverage to 95%
	 b) 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

Previous Key Recommended Actions

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

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	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA