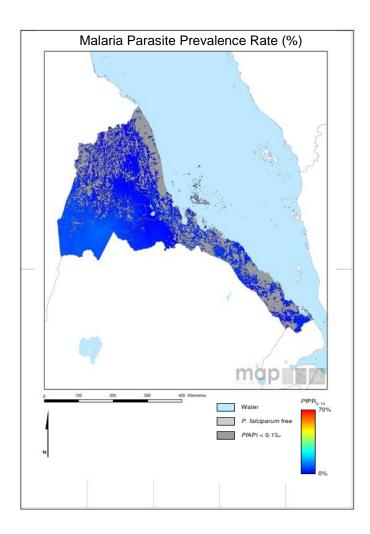
Eritrea ALMA Quarterly Report Quarter Three, 2018



Scorecard for Accountability and Action



Metrics Commodities Financed and Financial Control LLIN financing 2018 projection (% of need) 100 Public sector RDT financing 2018 projection (% of 100 need) Public sector ACT financing 2018 projection (% of 100 need) World Bank rating on public sector management 2.5 and institutions 2017 (CPIA Cluster D) Insecticide Resistance Monitoring, Implementation and Impact Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010 Insecticide resistance monitored since 2015 and data reported to WHO National Insecticide Resistance Monitoring and Management Plan Scale of Implementation of iCCM (2017) Operational LLIN/IRS coverage (% of at risk 100 population) Reduced Malaria Incidence by >40% by 2020 (vs 2015) (projected) Tracer Indicators for Maternal and Child Health and NTDs Mass Treatment Coverage for Neglected Tropical 31 Disease (NTD index, %)(2016) Estimated % of Total Population living with HIV who 62 have access to antiretroviral therapy (2017) Estimated % of children (0-14 years old) living with 35 HIV who have access to antiretroviral therapy (2017) 34 % deliveries assisted by skilled birth attendant Postnatal care (within 48 hrs) 69 Exclusive breastfeeding (% children < 6 months) Vitamin A Coverage 2016 (2 doses) DPT3 coverage 2017 (vaccination among 0-11

The annual reported number of malaria cases in 2016 was 47,055 with 21 deaths.

Key

month olds)



95

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Malaria

Progress

Eritrea has secured sufficient financing to maintain universal coverage of key antimalarial interventions in 2018. The country has scaled up implementation of iCCM. Eritrea has recently increased coverage of vector control with 100% operational coverage. 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 2016 was 47,055 with 21 deaths. The country experienced a more than 20% increase in malaria cases between 2015 and 2016, and investigating and addressing the key underlying reason for this upsurge has been a key priority for 2018.

Previous Key Recommended Actions

Eritrea has responded positively to the previous recommended action addressing CPIA cluster D and continues to track progress as these actions are implemented.

MNCH and NTDs

Progress

Eritrea has achieved good coverage of the tracer MNCH 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 31% for lymphatic filariasis (31%) and 52% for schistosomiasis. Coverage for trachoma is low (18%). Overall, the NTD preventive chemotherapy coverage index for Eritrea in 2016 is 31, which represents an improvement compared with the 2015 index value (3).

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	Investigate and address the reasons for the lack of reported data on vitamin A coverage	Q2 2019		Whilst vitamin A data are recorded at health facility level, the data are not collated through the health facility reporting forms. These forms are currently being reviewed by the nutrition department so that they can capture Vitamin A coverage in the HMIS

Eritrea has responded positively to the MNCH recommended actions addressing low coverage of skilled birth attendants, ARTs in children under 14 years of age and postnatal care. The country continues to track progress as these actions are implemented.

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

