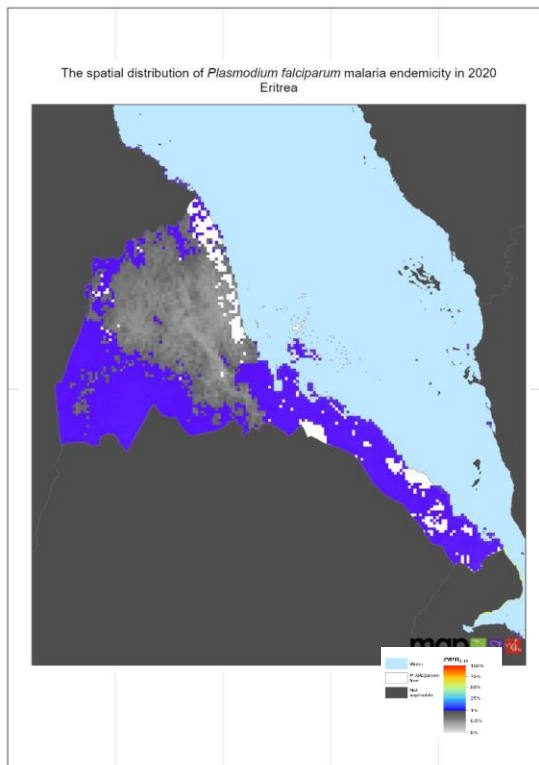


Scorecard for Accountability and Action



The annual reported number of malaria cases in 2022 was 65,853 with 5 deaths.

Metrics

Financing		
LLIN financing (2024-2026) projection (% of need)		100
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)		100
% of National Malaria Strategic Plan Financed (2024-2026)		84
Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		3
Insecticide resistance monitored since 2015 and data reported to WHO		
RDTs in stock (>6 months stock)		
ACTs in stock (>6 months stock)		
LLIN/IRS campaign on track		
% of vector control in the last year with next generation materials		0
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)		5
% of Neglected Tropical Disease MDAs Achieving WHO Targets		33
Estimated % of children (0-14 years old) living with HIV who have access to antiretroviral therapy (2022)		43
Vitamin A Coverage 2022 (2 doses)		
DPT3 coverage 2022 (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

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$50 million

Progress

Eritrea secured sufficient financing to cover the estimated ACTs, RDTs and LLINs for the period 2024-26. 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 carried out drug resistance testing since 2018 and has reported the results to WHO. The national strategic plan includes activities targeting refugees.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, 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 Hub.

Impact

The annual reported number of malaria cases in 2022 was 65,853 with 5 deaths.

Key Challenge

- The invasion of the *Anopheles stephensi* mosquito threatens to increase urban malaria transmission.
- Insufficient resources to fully implement the National Strategic Plan

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Q1 2023		No progress reported
Impact	Investigate and address the reasons for the increase in estimated malaria incidence and mortality since 2015, which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths	Q4 2024		The country has identified the following bottlenecks in the fight against malaria: the emergence of <i>An. stephensi</i> , the increased prevalence of HRP gene 2/3 deletions, vector resistance to insecticides; and seasonality of malaria transmission in the country which sometimes leads to creating favourable conditions for increased malaria burden and transmission. To address these problems, the country continues to map the prevalence of PFHR2 – negative parasites, artemisinin resistance and is adapting procurement and case management strategies as well as increased monitoring of vector resistance to guide choices of vector control interventions. This includes the planned procurement of next generation mosquito nets.
Vector Control	Work to increase coverage of vector control	Q4 2024		The country is planning to target 200,000 households with Indoor Residual Spraying in Q2-Q3 2024. Additionally over 1.6 million ITNs have been delivered to the country in the last six months

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

Eritrea has achieved good coverage of the tracer RMNCAH intervention of DPT3.

Neglected Tropical Diseases





Progress

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. In 2022, preventive chemotherapy coverage was 88% for lymphatic filariasis, 15% for schistosomiasis and zero for trachoma (0%). Overall, the NTD preventive chemotherapy coverage index for Eritrea in 2022 is 5, which represents a very substantial decrease compared with the 2021 index value (83). The country reached WHO MDA coverage target for lymphatic filariasis only.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Work to implement preventive (PC) chemotherapy for trachoma and increase schistosomiasis PC coverage and reach WHO targets.	Q4 2024		Deliverable not yet due

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due