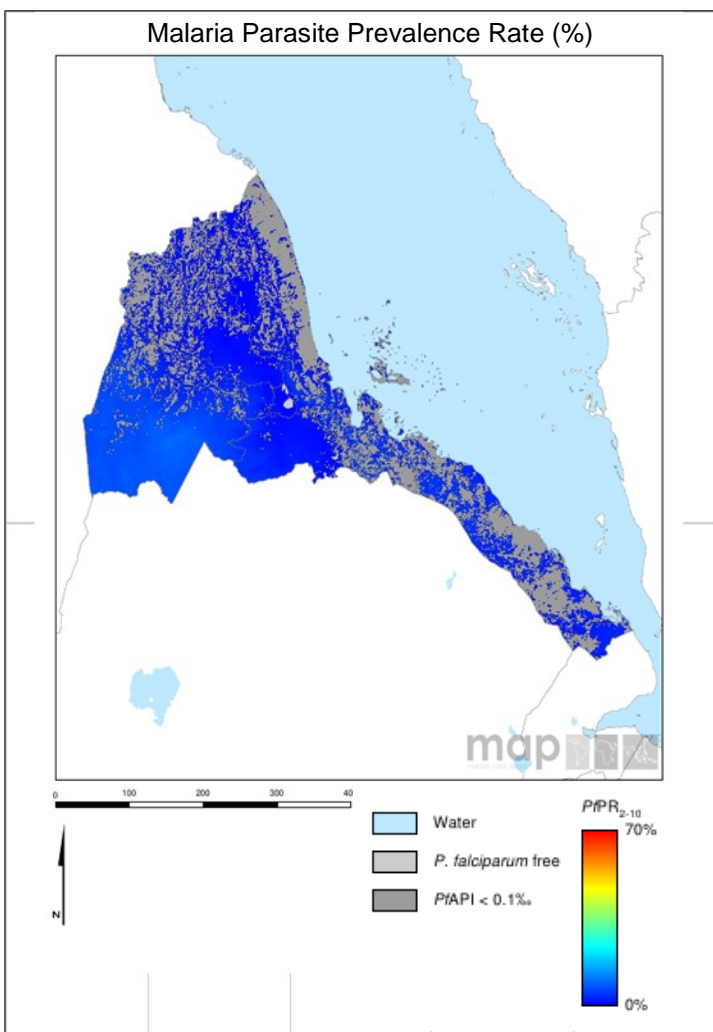


Scorecard for Accountability and Action



Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2015)	Target achieved or on track
Community case management (Pneumonia)(2015)	Target achieved or on track
Community case management (Malaria)(2015)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D)	2.6
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	100
Public sector RDT financing 2015 projection (% of need)	100
Public sector ACT financing 2015 projection (% of need)	100
Operational LLINIRS coverage (% of at risk population)	86
>75% Decrease in Malaria Incidence Projected 2000–2015	Target achieved or on track
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)	52
% deliveries assisted by skilled birth attendant	34
Exclusive breastfeeding (% children < 6 months)	69
Vitamin A Coverage 2013 (2 doses)	37
DPT3 coverage 2014 (vaccination among 12-23 month olds)	94
Postnatal care (within 48 hrs)	No data/Not applicable

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

Progress

Eritrea has made significant progress in scaling-up malaria control interventions. The country has made policy changes including the banning of oral artemisinin-based monotherapies and the introduction of a policy of Community Case Management of malaria and pneumonia. Eritrea has secured sufficient financing to maintain universal coverage of key anti-malarial interventions in 2015.

Eritrea has also achieved good coverage of the tracer MNCH interventions of DPT3 and exclusive breastfeeding. Eritrea has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990.

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.

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	Identify and address reasons for decreasing DPT3 coverage	Q2 2016		Deliverable not yet due

Eritrea has responded positively to the MNCH recommended actions addressing low coverage of skilled birth attendants, vitamin A and postnatal care and continues to track progress as these actions are implemented.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address vector control coverage	Identify and address reasons for decreasing vector control coverage	Q4 2016

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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