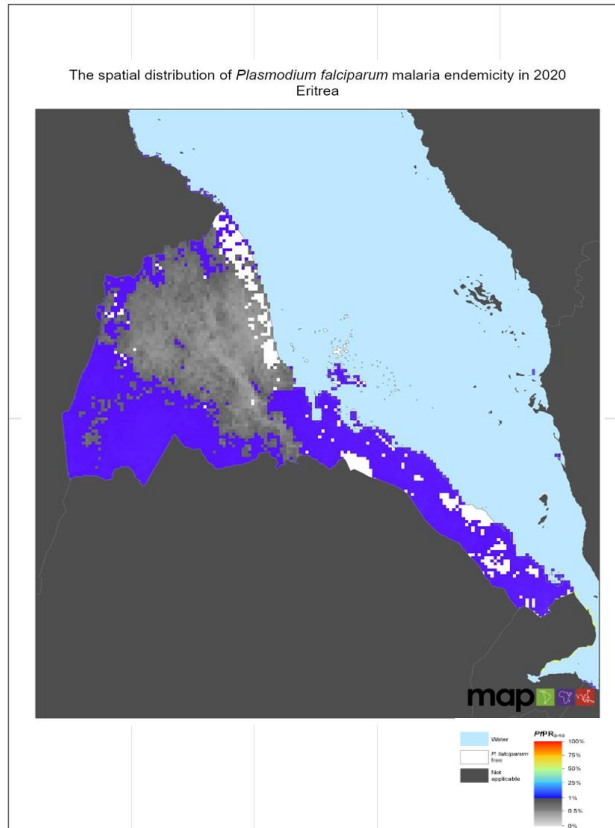


### Scorecard for Accountability and Action



#### 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		
% 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 (2023)	39	
Vitamin A Coverage 2022 (2 doses)		
DPT3 coverage 2023 (vaccination among 0-11 month olds)	95	
Climate Change and VBDs in NDCs		

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

#### Key

<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span>	Target achieved or on track
<span style="background-color: #FFFF00; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span>	Progress but more effort required
<span style="background-color: #FF0000; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span>	Not on track
<span style="background-color: #A9A9A9; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span>	No data
<span style="background-color: #FFFFFF; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span>	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\$75 million.

### **Progress**

Eritrea secured sufficient financing to cover the estimated ACTs, RDTs and LLINs for the period 2024-26. Eritrea has 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 Umamo 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 Challenges**

- 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

The country has responded to the recommended action on increased malaria cases and deaths and continues to track progress as these actions are implemented.

## Reproductive, Maternal, Newborn, Adolescent and Child Health

### Progress

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

### Previous Key Recommended Action

The country has responded to the recommended action on low coverage of ARTs in children, as well as the lack of data on vitamin A coverage, and continues to track progress as these actions are implemented.

## 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. The country has included Vector-borne diseases in their Nationally Determined Contributions.

### 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		The country has been implementing NTD prevention and control interventions as planned. In Q2 2024, the country completed Mass Drug Administrations (MDAs) for Trachoma in the only remaining endemic district (the rest of the country has a prevalence of less than 5%, with no need of MDA) and is working on the MDA report and on trachoma elimination dossier. Schistosomiasis MDA was also conducted in Q2 2024 and the report is under elaboration. The country is also running surveillance activities in sentinel sites. Based on sentinel site reports, Schistosomiasis prevalence is considerably decreasing and zero case of Soil Transmitted Helminthiasis was reported. Trachoma surveillance is also being conducted.

## Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due