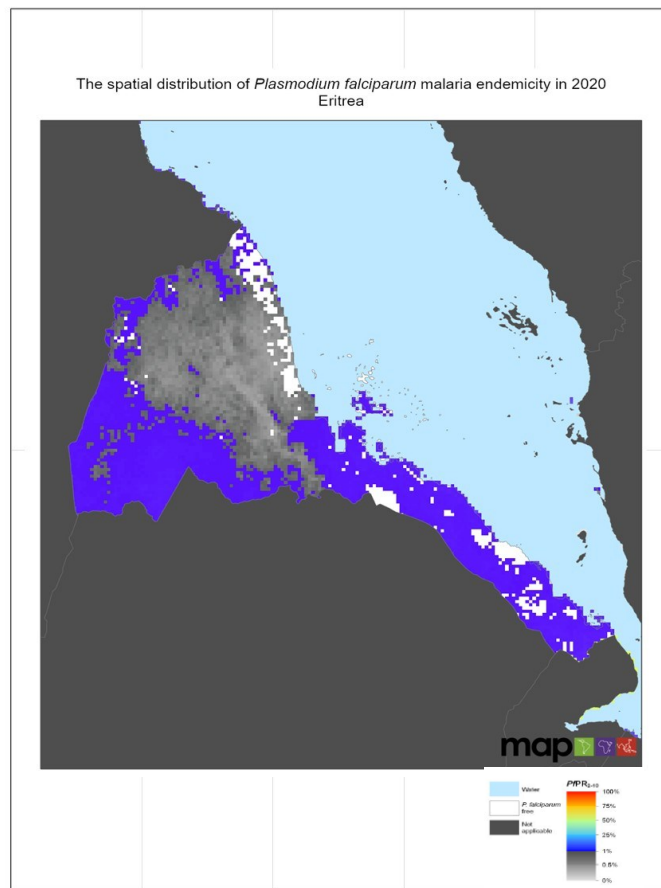


Eritrea ALMA Quarterly Report

Quarter Two, 2026

Scorecard for Accountability and Action



The annual reported number of malaria cases in 2024 was 169,158 with 3 deaths.

Metrics

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 resistance monitored since 2020 and data reported to WHO		
% of vector control in the last year with next generation materials		100
ACTs in stock (>6 months stock)		
RDTs in stock (>6 months stock)		
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, %)(2024)		10
% of Neglected Tropical Disease MDAs Achieving WHO Targets		67
National Budget Allocated to NTDs		
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2025)		63
DPT3 coverage 2025 (vaccination among 0-11 month olds)		96
Climate Change and VBDs in NDCs		

Key

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

Malaria - The Big Push towards 2030

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, 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. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. 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. WHO have also recently approved the use of Spatial Repellents. 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. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$245 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Eritrea cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 454,427 additional cases, 864 more deaths, and GDP loss of US\$6.4 million between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Eritrea there will be a US\$77.9 million increase in GDP.

Global Fund Allocation

The Global Fund allocation for Eritrea for Grant Cycle 8 is US\$37.9 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$16.1 million. The allocations to the individual disease components are not fixed, and can be adjusted at country level. Eritrea is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain coverage as much as possible.

Progress

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, President Advocate Duma Gideon Boko, 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 2024 was 169,158 with 3 deaths.

Key Challenges

- The invasion of the *Anopheles stephensi* mosquito threatens to increase urban malaria transmission.
- The emergence of artemisinin partial resistance and Pfhrp2 deletions
- Insufficient resources to fully implement the National Strategic Plan

Previous Key Recommended Actions

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 positively to the recommended actions addressing insecticide resistance testing reporting, and WHO estimated increases in malaria cases and deaths.

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 and schistosomiasis. In 2024, preventive chemotherapy coverage was 100 % for lymphatic filariasis and for trachoma (under surveillance); and 0% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Eritrea in 2024 is 10, which represents a substantial decrease compared with the 2023 index value (78). The country didn't reach WHO MDA coverage target for schistosomiasis only. Eritrea has included Vector-borne diseases in the country Nationally Determined Contributions.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Establish a Budget line for NTDs	Q4 2025		The country has no budget line for NTDs and is now integrated within the malaria programme, where NTD routine interventions benefit from malaria programme budget.
NTDs	Work to implement Preventive Chemotherapy for schistosomiasis and reach WHO targets	Q4 2026		Deliverable not yet due

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due