

Eritrea

African Region



I. Epidemiological profile

Population (UN)	2015	%	Parasites and vectors			
High transmission (> 1 case per 1000 population)	3,710,000	71	Plasmodium species: <i>P. falciparum</i> (75%), <i>P. vivax</i> (25%)			
Low transmission (0-1 cases per 1000 population)	1,520,000	29	Major anopheles species: <i>An. arabiensis</i>			
Malaria-free (0 cases)	0	-	Reported confirmed cases (health facility):	19,372	Estimated cases:	65,000 [38,000 ; 100,000]
Total	5,230,000		Confirmed cases at community level:	8,664	Reported deaths:	12
					Estimated deaths:	130 [7 ; 290]

II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	Adopted
ITN	ITNs/ LLINs distributed free of charge	Yes	2002
	ITNs/ LLINs distributed to all age groups	Yes	2002
IRS	IRS is recommended	Yes	1995
	DDT is authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1995
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1997
	Malaria diagnosis is free of charge in the public sector	Yes	1997
Treatment	ACT is free of charge for all ages in public sector	Yes	2007
	The sale of oral artemisinin-based monotherapies (oAMTs)	Never allowed	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2015
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2002
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring adverse reactions to antimalarials exists	Yes	2013
Surveillance	ACD for case investigation (reactive)	Yes	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	-	-
	Case reporting from private sector is mandatory	No	-

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+AQ	2007
First-line treatment of <i>P. falciparum</i>	AS+AQ	2007
Treatment failure of <i>P. falciparum</i>	QN	2002
Treatment of severe malaria	QN	2002
Treatment of <i>P. vivax</i>	AS+AQ+PQ	2007
Dosage of Primaquine for radical treatment of <i>P. vivax</i>		0.25 mg/Kg (14 days)
Type pf RDT used	P.f + P.v specific (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)

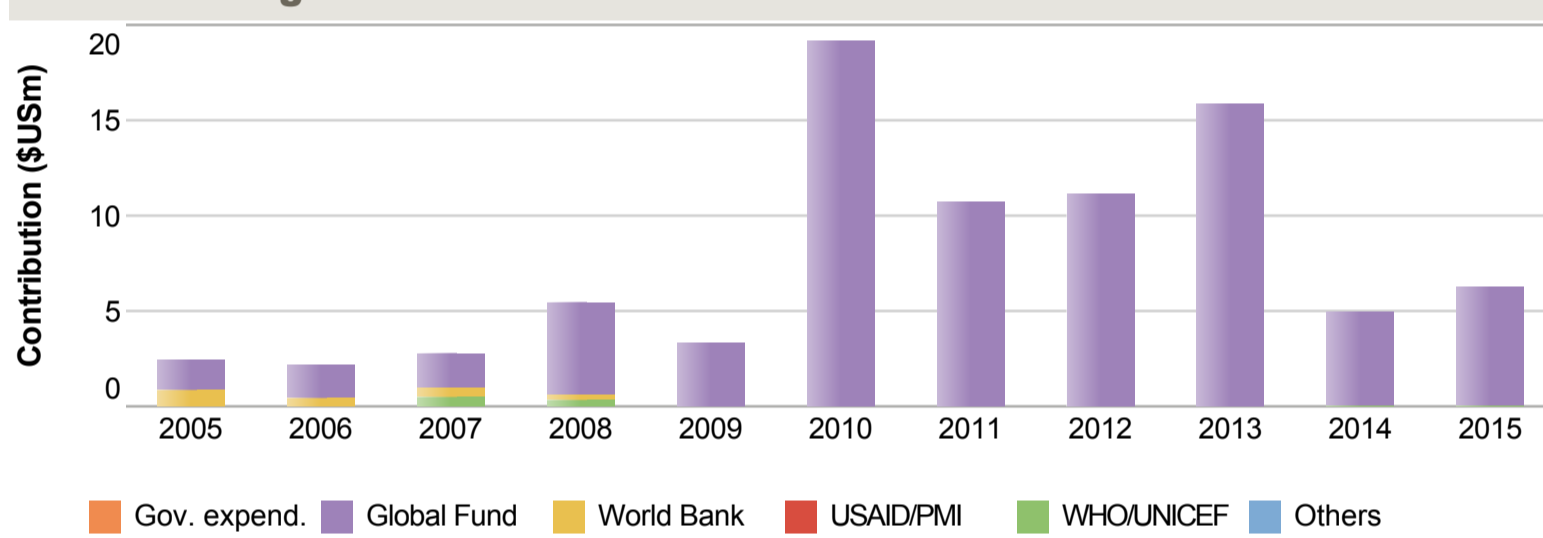
Medicine	Year	Min	Median	Max	Follow-up	No of studies	Species
AS+AQ	2006-2015	0	2.2	9.3	28 days	17	<i>P. falciparum</i>

Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	No	No	<i>An. funestus s.l.</i> , <i>An. gambiae s.l.</i>

III. Financing

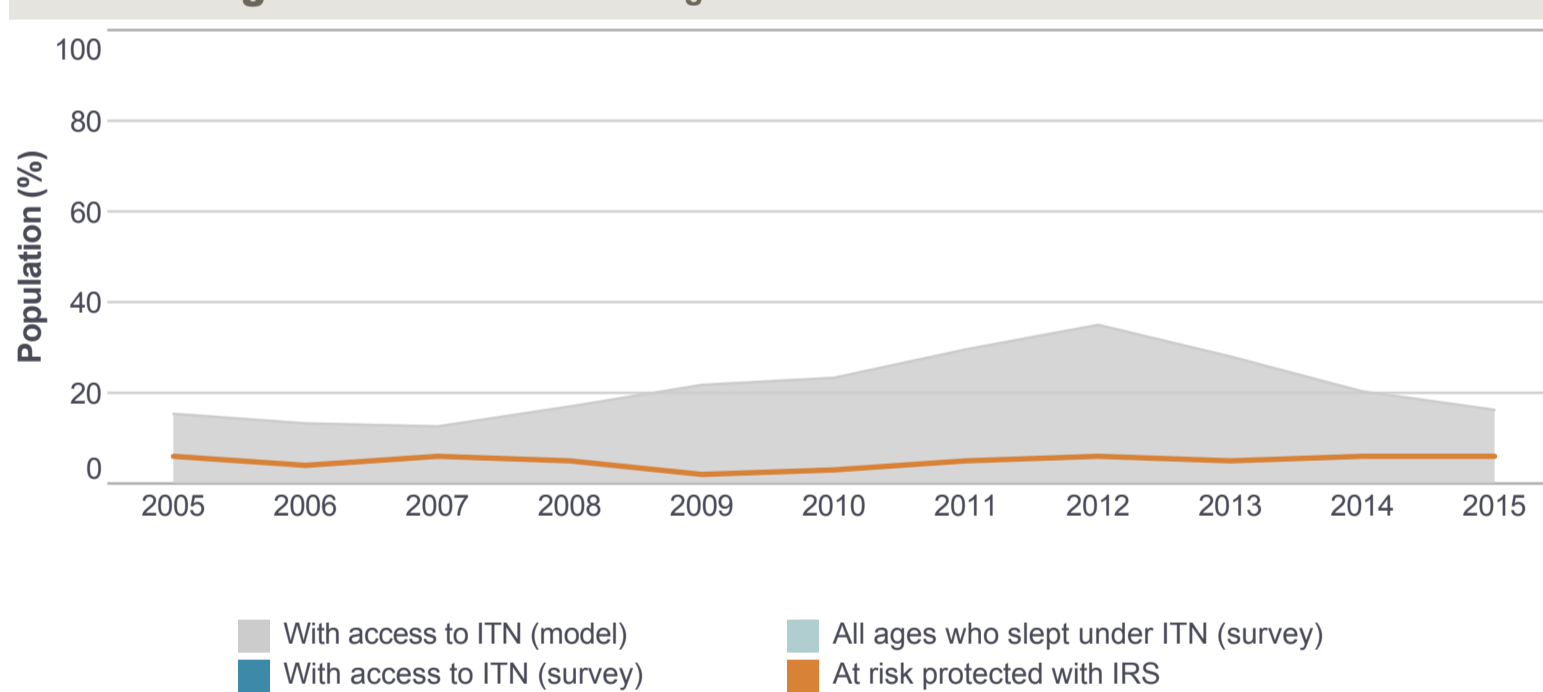
Sources of financing



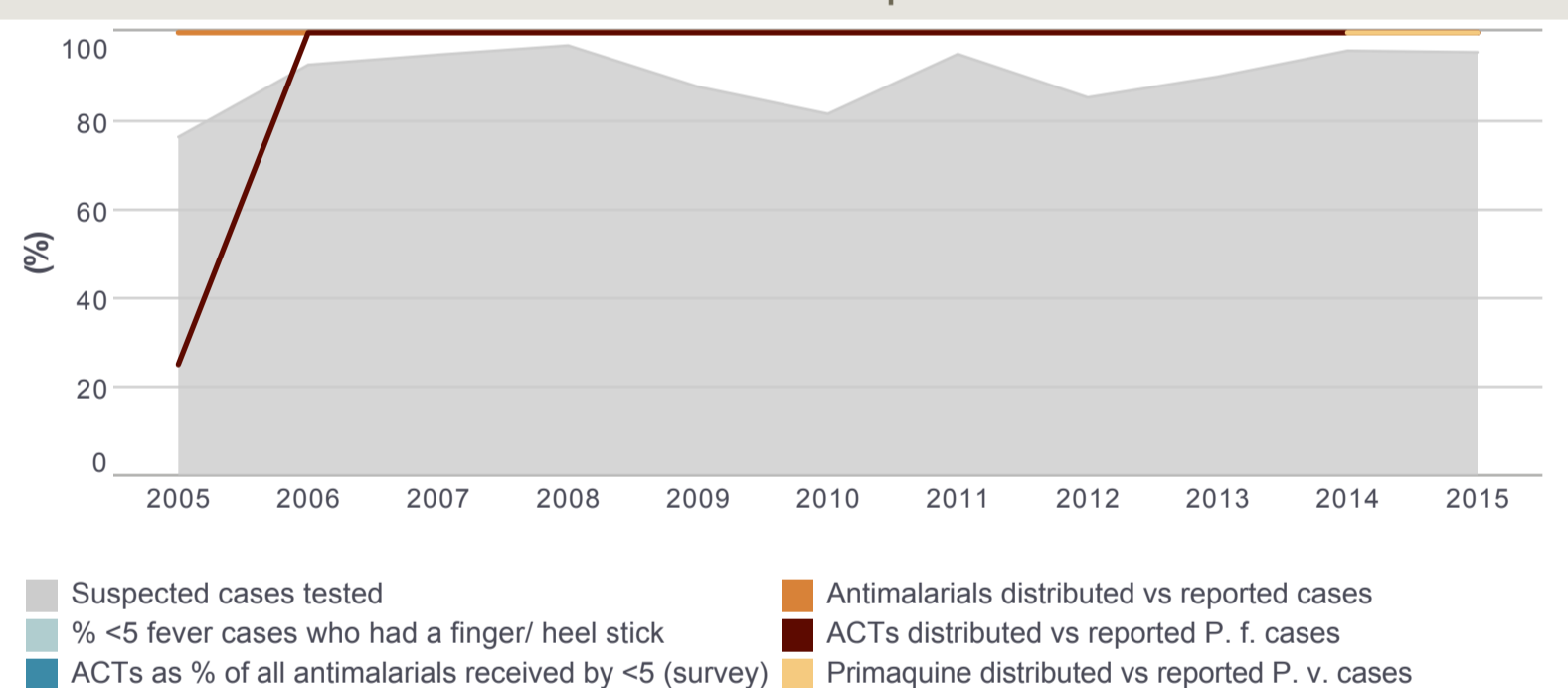
Government expenditure by intervention in 2015

IV. Coverage

Coverage of ITN and IRS

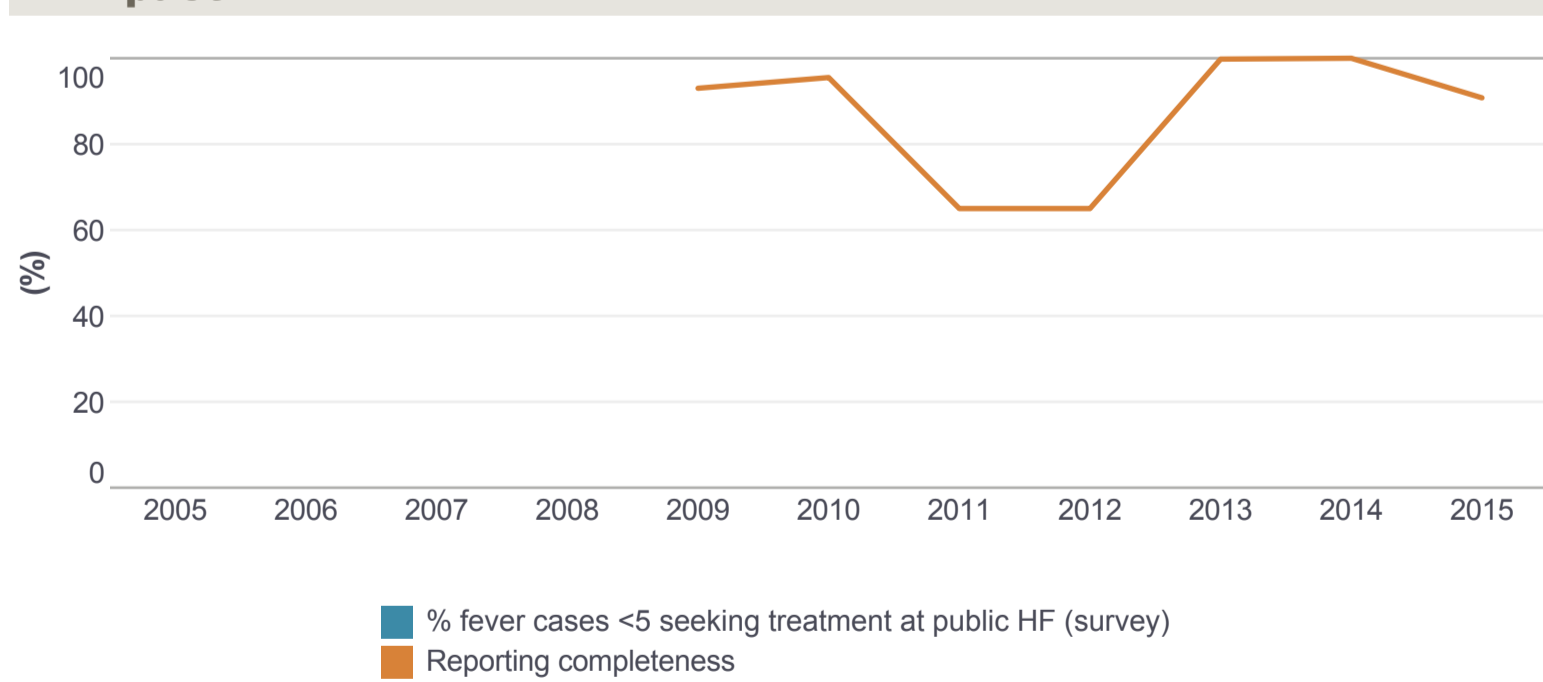


Cases tested and treated in public sector

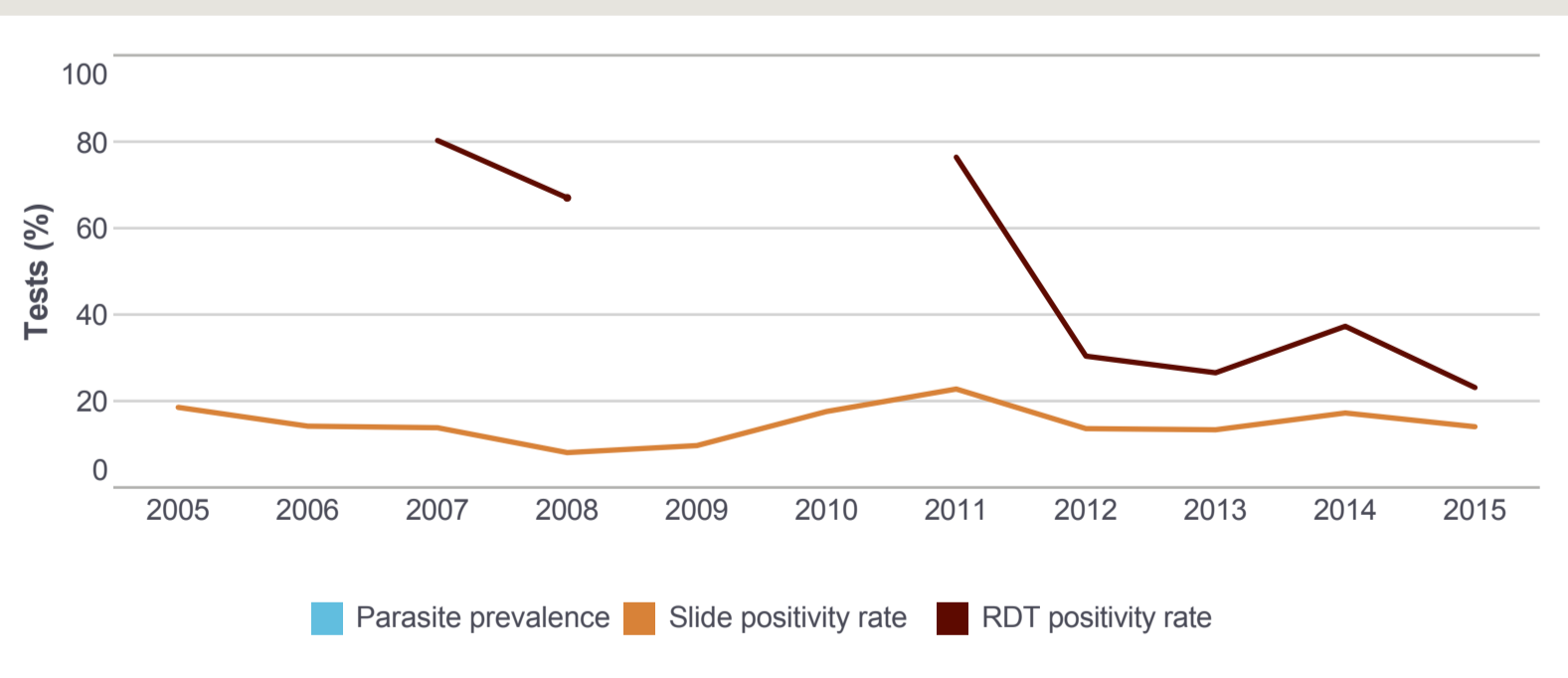


V. Impact

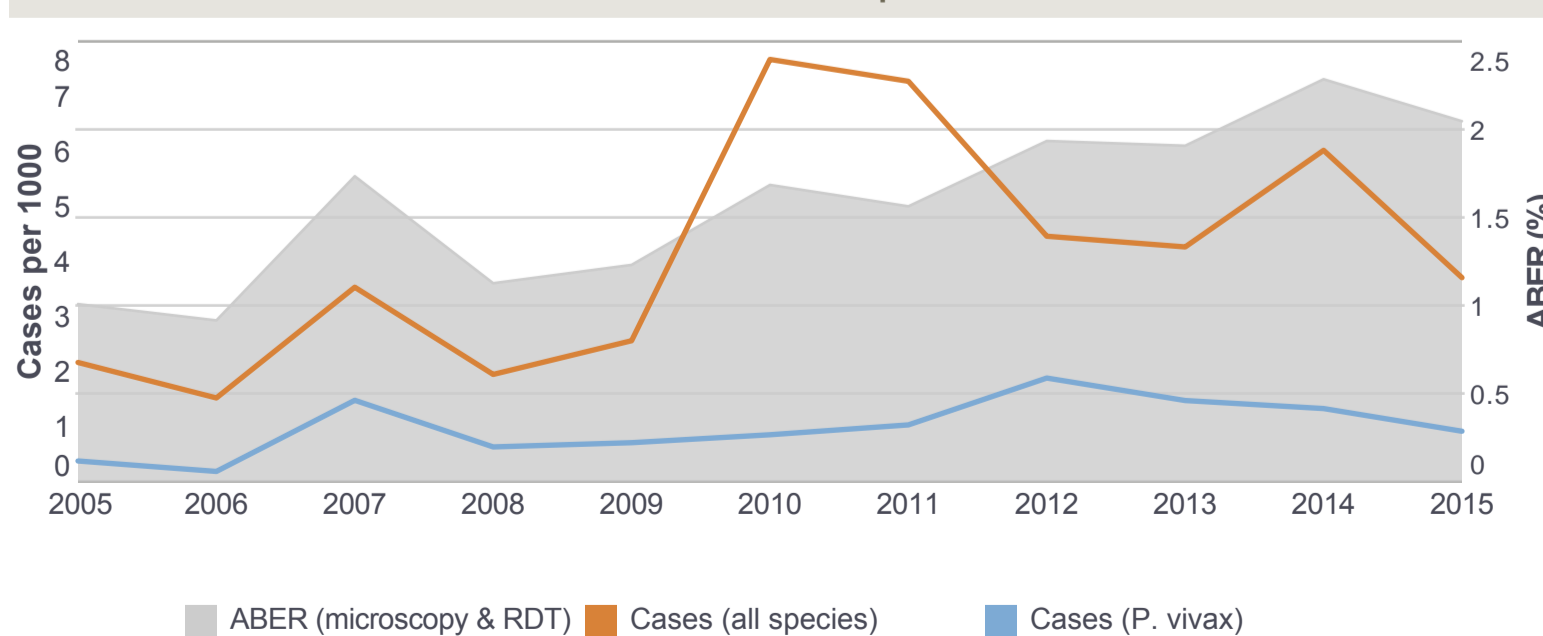
Cases treated



Test positivity



Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths (per 100 000)

