

Eritrea

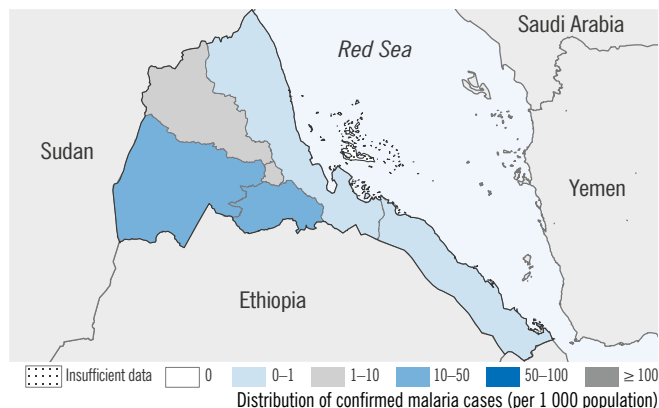
Phase: Control. Coverage: In 2010, ITN/LLINs delivered were sufficient to protect >50% of the population at risk.

I. EPIDEMIOLOGICAL PROFILE

Population (UN Population Division)	2010	%
High transmission (≥ 1 case per 1000 population)	3 730 000	71
Low transmission (0-1 cases per 1000 population)	1 520 000	29
Malaria-free (0 cases)	0	0
Total	5 250 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (71%), *P. vivax*
 Major anopheles species: *An. arabiensis*



II. INTERVENTION POLICIES AND STRATEGIES

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN	ITNs/ LLINs: distributed free of charge	Yes	2002
	ITNs/ LLINs: distributed to all age groups	Yes	2000
IRS	IRS is recommended	Yes	1995
	DDT is used for IRS	Yes	1997
IPT	IPT used to prevent malaria during pregnancy	No	-
Case management	Patients of all ages should receive diagnostic test	Yes	1997
	RDTs used at community level	Yes	2008
	ACT is free for all ages in public sector	Yes	2007
	Pre-referral treatment with recommended medicines	Yes	2002
	Oral artemisinin-based monotherapies are not registered	Yes	-

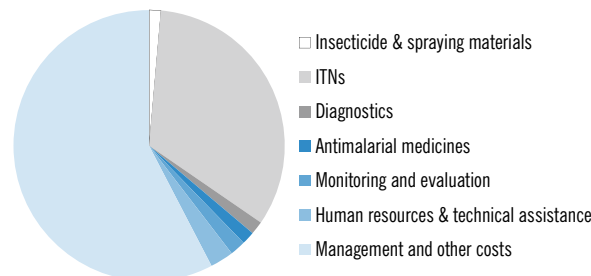
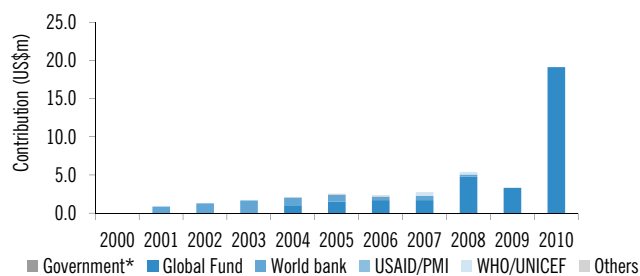
Antimalarial policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	CQ + SP	2007
First-line treatment of <i>P. falciparum</i>	AS + AQ	2007
Treatment failure of <i>P. falciparum</i>	QN	2007
Treatment of severe malaria	QN	2007
Treatment of <i>P. vivax</i>	CQ + PQ	2007

Therapeutic efficacy tests (therapeutic or parasitological failure, %)

Medicine	Year	No. of Studies	Min	Median	Max	Follow-up
AS + AQ	2006-2009	8	1.5	4.1	12.5	28 days

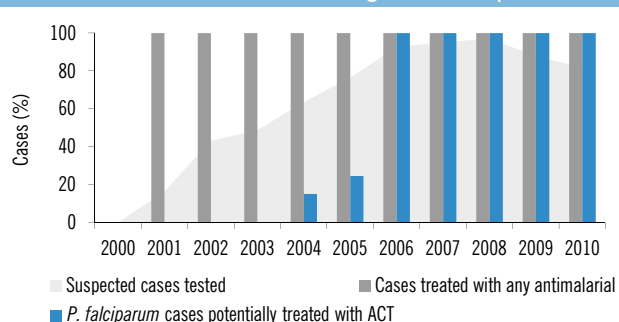
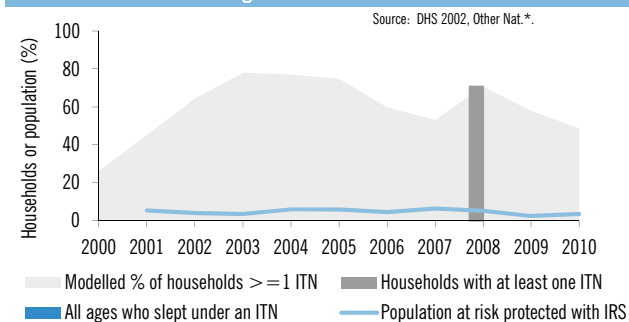
III. FINANCING – Government and external financing

Expenditure by intervention in 2010



IV. COVERAGE – Coverage of ITN and IRS

Cases tested and ACT delivered: Programme data (public sector)



V. IMPACT – Malaria test positivity rate and ABER

Confirmed cases, admissions and deaths (per 100 000)

