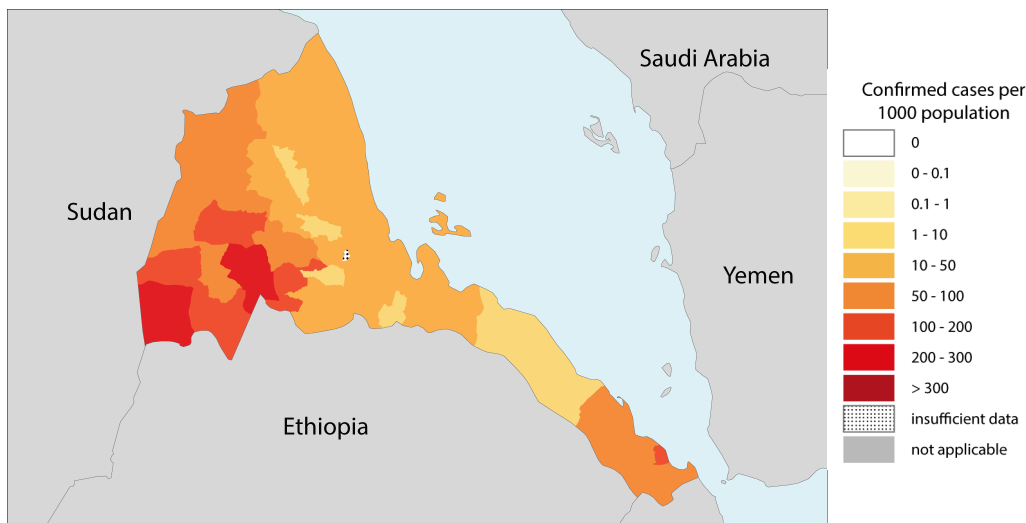


State of Eritrea

African Region



I. Epidemiological Profile

Population Distribution (Country reported)

| Population | 2024 | % |
|---|-------------|-------------|
| High transmission (>1 case per 1000 population) | 2.5M | 68.7% |
| Low transmission (0-1 case per 1000 population) | 610.7K | 16.5% |
| Malaria free (0 cases) | 547.9K | 14.8% |
| Total | 3.7M | 100% |

Parasites and Vectors

Major *Plasmodium* Species

*P. falciparum**: 81.75%

P. vivax: 17.71%

*Includes mixed infections and other species of Plasmodium

Major *Anopheles* Species

An. arabiensis

Reported Cases and Deaths

| | |
|--|--------|
| Total cases (presumed + confirmed) | 169.2K |
| Reported indigenous confirmed cases | 167.1K |
| Confirmed cases from public sector (health facility) | 121.3K |
| Confirmed cases at community level | 45.8K |
| Confirmed cases from private sector | 0 |
| Indigenous deaths | 3 |

WHO Estimates

| |
|--------------------------------------|
| 362.1K |
| Estimated Cases |
| Confidence Interval: [232.0K,505.0K] |
| 786 |
| Estimated Deaths |
| Confidence Interval: [320,1.4K] |

II. Intervention policies and strategies

Interventions and Policies

| Intervention | Policies/Strategies | Policy | Year |
|--------------|---|------------------------|------|
| Diagnosis | Malaria diagnosis with either microscopy or RDTs are free in the public sector | Yes | 2007 |
| Treatment | ACTs for malaria treatment is free in the public sector | Yes | 2007 |
| | ACT is delivered at community | No | - |
| | Pre-referral Rx with rectal artesunate suppositories at community level | Yes | 2015 |
| | Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i> | Yes* | 2015 |
| | The sale of oral artemisinin-based monotherapy drugs | has never been allowed | - |
| IPT | IPT used to prevent malaria during pregnancy | No | - |
| | Community based delivery of IPTp (c-IPTp) is used to prevent malaria during pregnancy aligned with WHO recommendation | No | - |
| | Seasonal malaria chemoprevention (SMC) is used, aligned with WHO recommendation | No | - |
| | Perennial Malaria Chemoprevention (PMC) is used, aligned with WHO recommendation | No | - |
| | Intermittent Preventive Treatment in school-aged children (IPTsc) is used, aligned with WHO recommendation | No | - |
| Surveillance | Malaria is a notifiable disease | Yes | - |
| | Case investigation and classification is undertaken | No | - |
| | Foci investigation and classification is undertaken | No | - |
| | Case reporting from private sector is mandatory | No | - |
| ITN | ITNs distributed free of charge through through mass campaign to all age groups | No | - |
| | ITNs distributed free of charge through routine channels to all age groups | No | - |
| | ITNs durability is monitored | No | - |
| IRS | IRS is an intervention at the NMP | Yes | 1995 |

Antimalarial Treatment Policy

| Antimalaria 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 |
| For treatment failure of <i>P. falciparum</i> | AL | 2019 |
| Treatment of severe malaria | AS | 2015 |
| Treatment of <i>P. vivax</i> | AS+AQ | 2007 |

Type of RDT used (public)

P.f + P.v specific (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

| Medicine | Year | Min | Median | Max | Follow-up | No. of studies | Species |
|----------|-----------|-----|--------|-----|-----------|----------------|---------|
| AL | 2017-2017 | 0 | 0 | 0 | 28 days | 3 | Pf |
| AS-AQ | 2016-2023 | 0 | 2.2 | 4.7 | 28 days | 12 | Pf |

Resistance status by insecticide class (2020-2024) and use of class for malaria vector control (2024)

| Insecticide class | (%) sites ¹ | Vectors ² | Used ³ |
|-------------------|------------------------|----------------------|-------------------|
| Carbamates | - | - | Yes |
| Neonicotinoids | - | - | Yes |
| Organophosphates | - | - | No |
| Pyrethroids | - | - | Yes |

¹ Percent of sites for which resistance is confirmed and total number of sites that reported data

² Vectors reported to exhibit resistance to insecticide class

³ Class reported as used for malaria control in 2024

| Intervention | Policies/Strategies | Policy | Year |
|--------------------------|---------------------------------|--------|------|
| | DDT is used for IRS | No | - |
| Larval source management | Use of Larval source management | No | - |

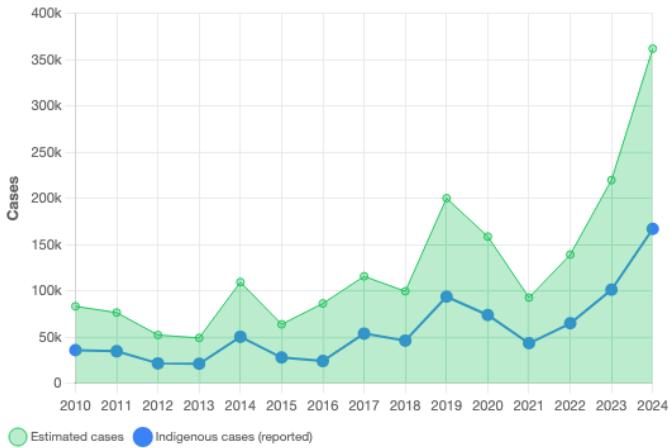
Yes* = Policy adopted, but not implemented in 2024, or no data exist to support implementation

No = Policy does not exist or policy has been discontinued

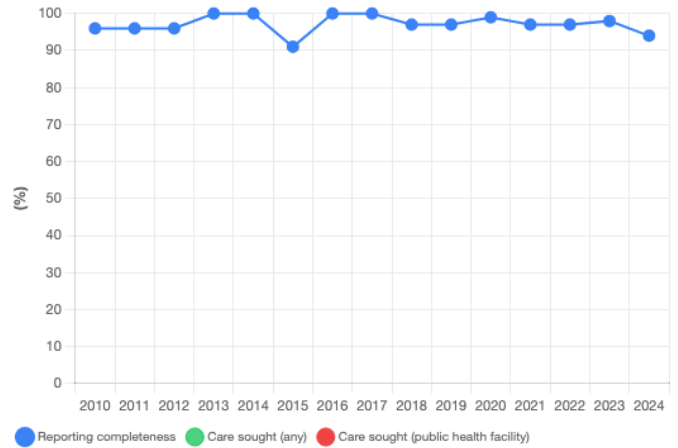
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

III. Data Visualization

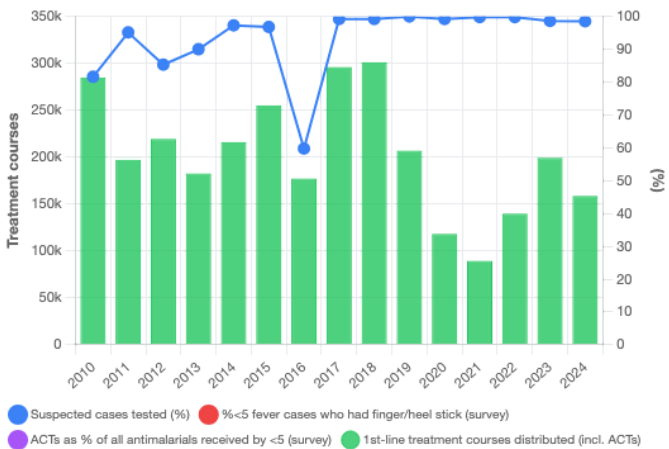
Estimated and reported cases



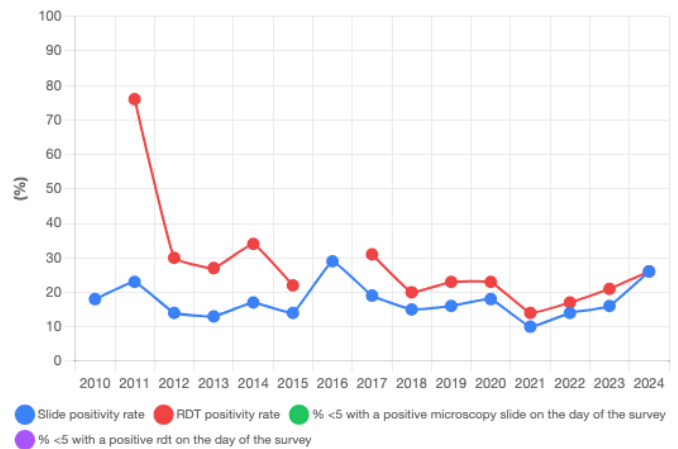
Treatment seeking and reporting completeness



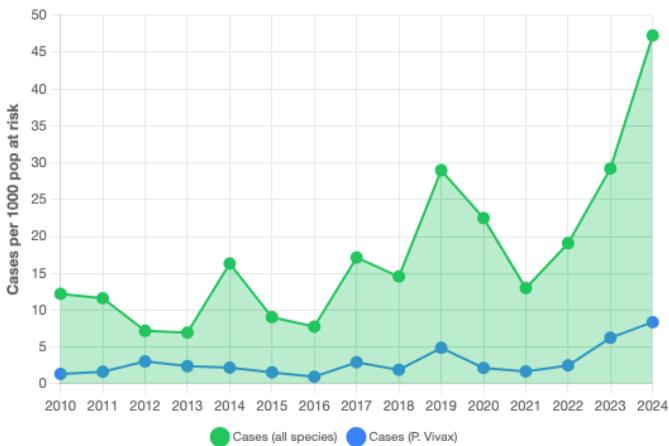
Cases tested and treated



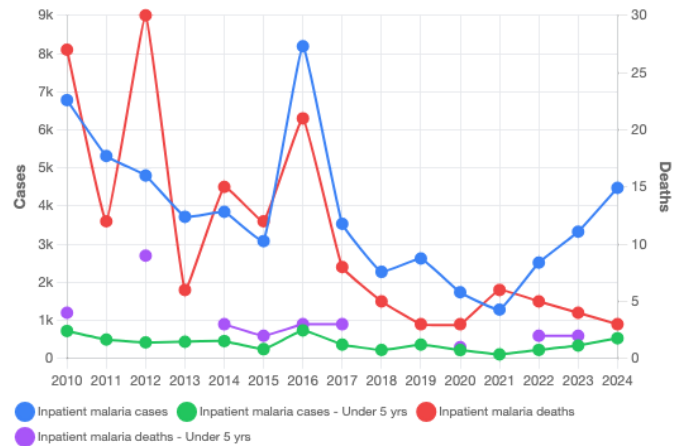
Test positivity



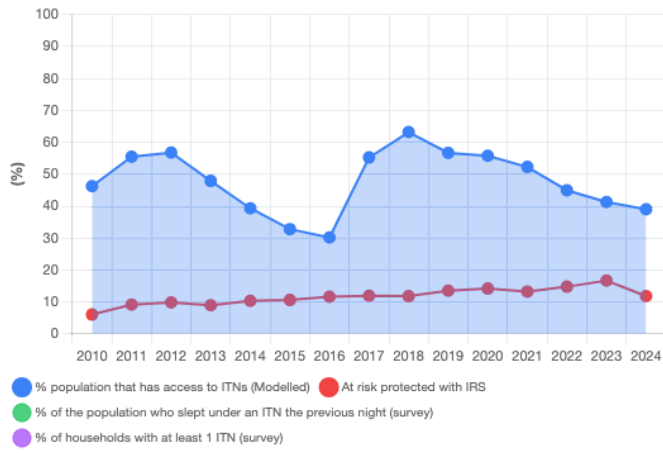
Confirmed malaria cases per 1000 population at risk



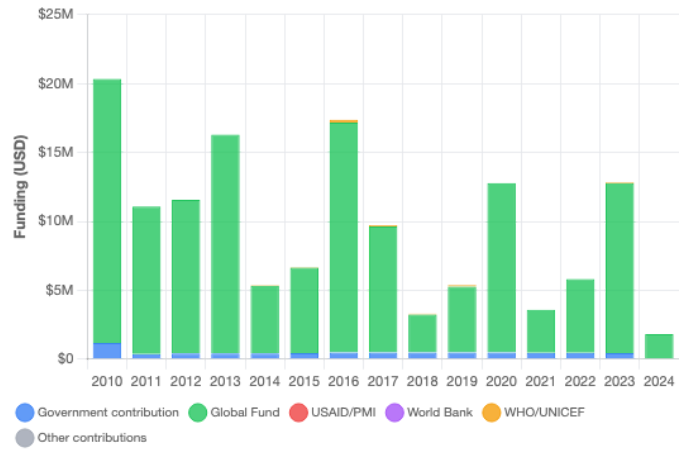
Malaria inpatients and deaths



Coverage of ITN and IRS



Sources of financing



Footnotes

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and areas asked to report to the Malaria and Neglected Tropical Diseases Programme annually. Country profiles are based on data validated by the countries as of 15 October 2025.

Further information on the methods used to estimate malaria cases and deaths can be found in Annex I of the 2025 WMR, and an explanation for the gap between estimated and reported confirmed indigenous cases is provided in [mpac-april2018-erg-report-malaria-burden-session6.pdf](https://cdn.who.int/media/docs/default-source/malaria/mpac-april2018-erg-report-malaria-burden-session6.pdf) (https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782_2).

World Malaria Report 2025