WHO COUNTRY OFFICE FOR ERITREA

THE WORK OF WHO IN ERITREA BIENNIUM 2012-2013

World Health Organization

REGIONAL OFFICE FOR Africa

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Foreword

The successes recorded during the biennium, clearly demonstrates the strength, capabilities and advantages of "One WHO" at work.

Eritrea has achieved substantive progress in the health sector through the leadership of the Ministry of Health, the hard work of the health workers and the support of partners including WHO. The current focus is not only on sustaining the gains made, but also building on them to move forward until Universal Health Coverage is achieved. This requires in addition to implementing proven high impact interventions, a systematic identification of obstacles and addressing them in an innovative way. Thus WHO contribution becomes ever more relevant in line with one of the reform outcome of "effective technical and policy support for all member states".

In line with its core functions, WHO was constantly asked to support stimulating the generation, translation and dissemination of valuable knowledge; setting norms and standards; and articulating ethical and evidence-based policy options. In addition, WHO continued to strengthen partnerships as well as support the implementation of proven public health interventions.

The successes recorded during the biennium, clearly demonstrate the strength, capabilities and advantages of "One WHO" at work. The achievements recorded in the biennium have been tremendous. Evidence was generated to guide programmatic implementation for non-communicable diseases, malaria, maternal health, child health among others. Important policy and strategy documents to guide resources mobilization and interventions were finalized. The Country Office was able to satisfactorily manage substantial voluntary contribution (VC) resources including the CERF funds for emergencies. The quality of our technical support to the Ministry of Health was highly appreciated. The respect for WHO among partners is high. These achievements would not have been possible without the support of Inter-country team for Eastern and Southern Africa, the Regional Office and the Headquarters. The cooperation from Government, especially the Ministry of Health, the Ministry of Foreign Affairs, the Ministry of National Development and the partnership from the UN country team have been instrumental.

I would like to thank all the country office staff for their loyalty and hard work. Our special appreciation goes to the DG Dr. Margaret Chan and the RD/AFRO Dr. Luis G. Sambo for their continuous support at all times. We highly appreciate the support received from the IST coordinator and his administrative and technical staff for the back-up support both remotely and through missions, the DRD, Directors, PACs, RAs and their staff for both the technical and financial support. Our special appreciation goes to GMC department especially AFM, PSS, HRM, RAS, ITM and FSU units. We have also received tremendous support from CAS and PBM. We also extend our appreciation to various departments from HQ that supported us during the biennium. The country focus/ support team at the regional office and HQ deserve our special appreciation.

Finally our special appreciation goes to the Honorable Minister of Health and the staff of the Ministry; the UN RC/HC and UNCT; and the health sector partners.

It is my pleasure to present to you the highlights of the work of WHO in Eritrea during the biennium 2012/2013.

Dr Abdulmumini Usman,

WHO Representative to Eritrea.

ACRONYMS

ADR	Acquired Drug Resistance
AFP	Acute Flaccid Paralysis
ANC	Antenatal Care
ART	Antiretroviral therapy
CCS	Country Cooperation Strategy
DBP	Diastolic Blood Pressure
DDR	Diagnosed Drug Resistance
DFCs	Direct Financial Contribution
DHS	District Health System
DOTS	Direct Observation Treatment Strategy
DST	Drug Susceptibility Testing
EDHS	Eritrean Demographic Health Survey
ENCC	Essential New - born Care Course
EPHS	Eritrean Population Health Survey
EPI	Expanded Programme on Immunization
EPR	Epidemic Preparedness and Response
EU	European Union
FBS	Fasting Blood Sugar
GAVI	Global Alliance for Vaccine and Immunization
GF	Global Fund
GMP	Good Manufacturing Practice
HHA	Harmonization for Health in Africa
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HIVDR	Human Immunodeficiency Virus Drug Resistance
HMIS	Health Management Information System
HOAs	Heads of Agencies
ICC	Inter-Country Coordination Committee
IDSR	Integrated Disease surveillance and Response
IHR	International Health Regulation
IMAI	Integrated Management of Adolescent and adult Illnesses
IMNCI	Integrated Management of New-born and Childhood Illnesses
IMPAC	Integrated Management of Pregnancy And Child birth
IST	Inter-Country Support Team
IT	Information Technology
JICA	Japan International Cooperation Agency
LSS	Life Saving Skills
MCV2	Measles Containing Virus 2
MDGs	Millennium Development Goals
MDR-TB	Multiple Drug Resistance - Tuberculosis
MDSR	Maternal Death Surveillance and Response
MLM	Mid level Managers
MNCAH	Maternal New-born Child and Adolescent Health

ACRONYMS

MPR	Malaria Programme Review
NCDs	Non Communicable Diseases
NHP	National Health Policy
NHPSP	National Health Policy and Strategic Plan
NIDs	National Immunization Days
NRS	Northern Red Sea
NSP	National Strategic Plan
NTCP	National Tuberculosis Control Programme
NTDs	Neglected Tropical Diseases
OPV3	Oral Polio Vaccine 3
PBM	Pediatric Bacterial Meningitis
PEN	Package for Essential Non Communicable Diseases
PMTCT	Prevention of Mother To Child Transmission
POE	Point of Entry
REC	Reaching Every Child
RED	Reaching Every District
RPE	Request for Price Estimation
SANA	Situational Analysis and Needs Assessment
SBP	Systollic Blood Pressure
SNCU	Special Neonatal Care Unit
SNID	Sub National Immunization Day
SOPs	Standard Operating Procedures
SOS	Sustainable Outreach Services
SPCF	Strategic Partnership Cooperation Framework
SRS	Southern Red Sea
SS	Sentinel Surveillance
WHO - STEPs	World Health Organization - STEP wise Approach
TB	Tuberculosis
TDR	Transmitted Drug Resistance
TET	Therapeutic Efficacy Testing
TOT	Training of Trainers
UNDG	United Nations Development Group
UNICEF	United Nations Children's Fund
UNLP	United Nations LAISSEZ-PASSER
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day
WCO	World Health Organization Country Office
WHO	World Health Organization
WR	World Health Organization Representative

Introduction

Eritrea is located in the Horn of the Africa region and is bordered by the Red Sea, Djibouti, Ethiopia and the Sudan. Administratively, the country is divided into six Zobas (Regions): Anseba, Maekel, Debub, Northern Red Sea, Southern Red Sea and Gash Barka. The estimated population in 2010 was 3.2 million (EPHS+ 2010). The population is essentially rural with about 75% of the people living in the country side.

The Ministry of Health takes the lead in health matters, however other sectors including Agriculture, Environment, Water resources and Education play key roles on health especially in multisectoral action for disease control, social mobilization and in addressing social determinants. Relevant stakeholders also play their own role including the international organizations mainly the agencies of the UN system, the EU, the GF, GAVI and JICA; civil society organizations; Faith-based organizations; and communities directly or indirectly.

The WHO contributions were addressed during the implementation period of the 2nd Generation of the CCS especially in the areas of '' Scaling up priority programs'', as well as in ''the strengthening capacities and performance of health Systems''. In, most areas, significant performance against the planned interventions were achieved.

A review of the CCS concluded that nearly all the planned priority areas were successfully achieved through the collaborative effort of WHO, the MOH and the other relevant partners. The CCS has significantly contributed to the improvement of health in the country. Each program component within the CCS was relevant, well designed and well managed to enhance access to basic health services aimed at reaching the health related MDGs.

WHO has a permanent representation in the country. The WHO Country Office in Eritrea was established in 1994. Currently, the organizational framework includes three clusters namely: WHO presence, Health systems and Programme support clusters. There are about 25 staff including 8 technical officers which include 1 international staff and a representative of WHO to Eritrea.

The inter-country support team (IST) for East and Southern Africa based in Harare, Zimbabwe provides the first line back-up support. Further support is mobilized through the roster of regional and headquarters experts in line with the WHO reforms. The presence of the Inter Country Team has significantly improved the timeliness of technical support. In addition, we have utilized the resources available in the neighboring countries such as Kenya and Uganda to support us.

UNDG Mission visiting Health Projects in Dubarwa Health Centre

Country Presence

The WCO country presence cluster is responsible for administration and finance management, support to the country office, human resource management, building partnerships, providing leadership and mobilization of resources. Budget and Finance management unit performed constant review and continuous monitoring of the status of budget implementation, awards management, adherence to financial rules and regulations during implementation and reporting as per WHO and donor requirements. The logistics unit ensures that all goods and services procurements, whether local or international are in accordance with the WHO best practices procedures. It also ensures that assets are managed according to guidelines, while inventories are kept up to date. The unit also organizes all travel logistics arrangements for staff, consultants and Government officials for both in-coming and out-going travels. The HR unit is responsible for human resources management and welfare as well as ensuring a conducive working environment. The cluster is also responsible for the management of WCO premises including cleanliness, security, functional IT equipment and communications. Partnerships are also maintained and resources mobilized.

Table 1: Budget Implementation Rate

Projects	Funds Available	Expenditure	Balance	% of budget Implementation
Program support	4,409,677	4,306,839	102,838	98
Policy and systems	273,066	267,644	422	100
WCO-country Presence	350,885	350,883	2	100
Salary work plan	1,898,531	1,793,900	104,631	94
Totals	**6,932,159**	**6,724,266**	**207,893**	**97**

Key Achievements

* About 97% of the biennial budget allocation of USD 7.6 million (USD 6.9 million) was mobilized including locally mobilized resources of over USD 2 million.

* WCO Eritrea's implementation rate against funds available at the end of this biennium was around 97%.

WCO staff during 2013 retreat.

* Various medical equipment and medicines worth $3,266,580.82 procured, cleared and donated to the government institutions.

* A total of 129 external missions for MOH staff and other Government partners worth $574,248.00 were facilitated. This is aimed at capacity building and experience sharing.

* A total of 56 missions worth $227,303.00 to provide technical support to government were facilitated. This does not include travel arrangement organized by IST/ AFRO/HQ. These missions were at the request of the government to provide critical technical support.

* A total of 182 internal missions and local consultancies worth $94,825 were facilitated to provide support to government. The local missions provided opportunites to carry out in country situational assessment. Utilization of local expertise was aimed at capacity building and cost saving.

* Direct financial contribution worth over USD 2 million was provided to the government in support of important activities.

* The office resources (financial, human and physical) were managed according to WHO rules and regulations with emphasis on staff welfare, cost savings, environment friendliness (use of solar) and efficient use of resources.

* More than 128 users from academic institutions, government ministries and the general public including students, staff and private researchers utilized the services of the WCO Library. The library offers internet access, current periodicals, reference books and other publications.

* Staff capacity building activities were encouraged and facilitated. Majority of staff benefitted from trainings organized by IST, AFRO and HQ, as well as those sponsored by the WCO.

* The Office participated/co-organized events together with other UN agencies including field visits to project sites, fairs and exhibitions as well as commemorations of key UN and WHO events.

UN organized event with WHO participation in an exhibition.

Challenges and Opportunities:

- Regular outages of electricity and fuel shortages, delay timely implementation of activities.
- Slow absorption of funds resulting in late justification of DFCs.
- Short noticed invitation to meetings and workshops, and delay in nomination of workshop participants from the MoH posing a challenge to timely organization of travel arrangements.
- Difficulties or impossibilities of obtaining visas to many countries for non UNLP holders. This poses a challenge for participation in key events outside the country.
- Considerable delay in RPE pricing, leading to delays in procurements with consequent late implementation of activities and lose of funds due to expiration.
- The hard working and value for investment nature of the country is a big opportunity.
- The investment in solar power supply and upgrading of the IT equipment to solar compatible provides opportunity to ameliorate the power shortages.

Group work discussions.

Group work discussions.

Researchers at the WHO library.

Health systems Strengthening

Health systems seek to achieve overall health improvement through a provision of promotive, preventive, curative and rehabilitative health services. It encompasses the population they serve and a set of six functions, namely: service delivery; health workforce; information and research; medical products, vaccines and technologies; financing; leadership and governance. Health systems operate at and across national, district, community and individual levels to improve health outcomes. The health delivery system in Eritrea is organized in three-tier system namely primary, secondary and tertiary levels and currently there are 28 hospitals, 63 health centers, 340 health stations.

Significant number of results have been achieved to support the Ministry of Health attain encouraging health outcomes including the progress so far recorded towards achieving Health related MDGs. The achievements gained are related to the WHO core functions are providing leadership and engaging partnerships namely health; setting norms and standards; providing technical support; shaping the research agenda; articulating evidence based policy options and monitoring health situation and trends; and are aligned.

Honorable Minister and her team participating in the NHSSP workshop

Key Achievements

Health and Nutrition Thematic Group in session.

- Support provided to strengthen national ownership and leadership in the management of health systems through development and implementation of various policies, plans and strategies. Some of the tools developed with WHO support include: NHP and NHSSP; Five Year National Strategic Plan for Research; Referral System Policy and Guidelines; Blood Donors Mobilization Strategy; National Health Research Agenda.
- Capacity of the Health Promotion unit of the MOH was built to be self-dependent. This was achieved through a one month modular training on Health Promotion for 25 health workers identified as focal points from all regions of the country.
- WHO convenes UN Health and Nutrition Thematic Group meetings to ensure coordinated UN support to the government.
- Strengthened capacity for research through the development and production of the National Health Research Agenda and the National Strategic Plan for Health Research.
- Supported the generation of evidence and production of guidelines to promote the rational use of medicines including the monitoring of adverse drug reactions.
- Capacity of national authorities built on the process of developing sound National Health Policies, Strat-

egies and Plans (NHPSP).

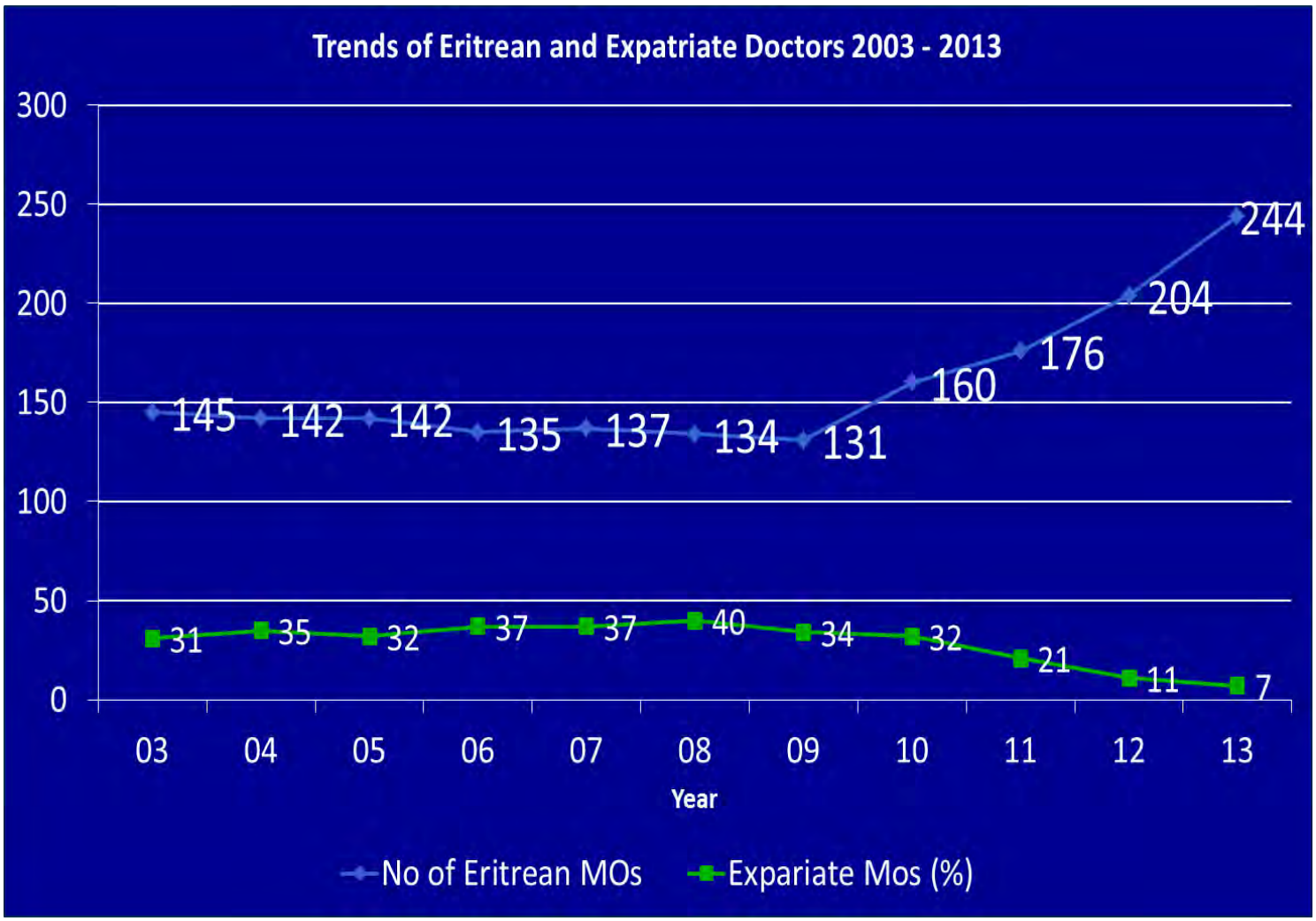
- Technical support provided to Strengthen Medicines Registration: thus, capacity is built on medicines dossier assessment, reviewed registration guidelines and developed SOPs (Standard Operating Procedure) for registration, GMP (Good Manufacturing Practice) inspections and post marketing surveillance.
- Supported the establishment of 14 District Health Offices to Strengthen DHS in Gash Barka Region.
- WHO supported Pathology Diagnosis in the National Laboratory: the main objective being to improve the quality of diagnosis especially for cancers.
- Situational Analysis and Needs Assessment Report on Health and Environment (SANA) produced as part of the implementation of the Libreville declaration.
- Orotta Medical and Dental School Supported with supplies to strengthen the Dental Faculty of the institution.

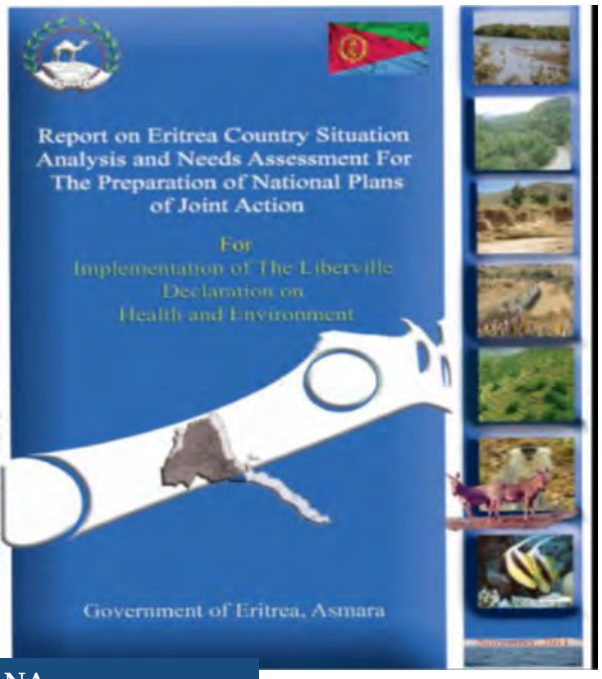
NHSSP Workshop Participants

Course participants on Health Promotion

National Consultative Experts Working Group meeting on Research & Development

Impact of Medical Training





Multisectoral Country Task Team for SANA

Challenges and Opportunities:

Health systems have to deal with many challenges. As the spectrum of ill-health changes, so health systems have to respond. The key health system challenges and opportunities are:

Challenges:

- The need for improving human resources for health management including skill mix and retention
- Addressing health information fragmentation.
- Developing appropriate health financing policy and strategies. The introduction of National Health Account is also a challenge.
- Establishing and sustaining sound referral system. The challenge is in addressing the inadequate transportation and communication facilities as well as lack of adherence to referral directives by the majority of patients who attend health facilities
- Providing integrated response to fully recognize the inter-dependence of each part of the health system

Opportunities:

- Health system partnership with UN agencies in the context of SPCF and the concept of HHA
- High commitment of national staff to achieve set objectives
- Existence of committed community volunteers in the health sector
- Availability of resources to strengthen health system from global health initiatives including global fund and GAVI alliance.
- Partners confidence towards appropriate use of available funds by government organizations

WHO Technical Support - Pathology Laboratory

"Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources"

Communicable Diseases Prevention and Control

The National Health Policy and Health Sector Strategic Plan has identified communicable diseases control as one of the major priorities within its basic health care package. In addition to the major communicable diseases, namely, malaria, TB and HIV, the other priorities diseases include the Neglected Tropical Diseases (NTDs) and those diseases categorized under surveillance and response of IDSR, IHR and outbreak response. WHO plays a major role in communicable disease surveillance, prevention and control of the country in line with the above priorities.

Neglected Tropical Diseases

Globally, the burden of NTDs is high in endemic countries disproportionate to the importance given or resources allocated for their control. The known NTDs endemic to Eritrea are dengue, leishmaniasis, leprosy, lymphatic filariasis, schistosomiasis, intestinal helminthiasis, and trachoma. They exclusively affect the most poor and vulnerable communities.

Consensus building Workshop on NTDs Masterplan

Major achievements

- NTD program has been established within the MOH.
- The National NTD Master-plan 2013 – 2016 has been developed, printed and disseminated.
- The National NTD Mapping plan for the Preventive Chemotherapy (PCT) finalized.
- Supported mass drug administration among school children against Schistomiasis in the most endemic regions of the country.

Challenges and Opportunities

- NTDs are still poorly resourced in contrast to other major communicable diseases.
- The need to coordinate multiple sectors (inter-sectoral and intra-sectoral), to achieve proper control is another challenge.
- The new and growing partnership in support of NTDs provides good opportunity to accelerate control and prevention.
- There is a growing government's commitment towards NTDs.

Surveillance and Response

This area of work covers the Integrated Disease Surveillance and Response (IDSR), International Health Regulations 2005 (IHR-2005) and outbreak responses. The Integrated Disease Surveillance and Response (IDSR) which was developed a decade ago aims at rational use of resources through integrating and streamlining common surveillance activities for early detection and response of targeted diseases and events.

The IHR (2005) which came into force in June 2007 in all Member States and launched in Eritrea by the end of 2009 subsequent to an internal self-assessment followed by an external situation analysis and needs assessment.

The implementation time-line to achieve minimum core capacity was until June 2012, with subsequent 2 years extension till 2014.

The main outputs of the IHR (2005) are that countries attain adequate capacity in various areas including in coordination, legal and policy issues as well as in addressing all public health events of international concern while avoiding unnecessary international trade and travel restrictions. In Eritrea IHR is being implemented under the frame work of IDSR.

Early detection and appropriate response to outbreaks is the core objective of the epidemic preparedness and response unit of the MOH. The response components include activities like convening district Public Health Emergency Management committees, mobilizing response teams, implementing response activities, regular recording and reporting. Interventions under the IHR contribute significantly to the preparedness and response to Public Health Events of International Concern.

Major achievements

- Prompt detection and response capacities to disease outbreaks and events enhanced in all regions. Outbreaks such as measles and dengue were timely detected and controlled.
- The National IDSR Technical Guidelines is updated and implemented nationwide.
- IDSR data management system has been strengthened for evidence based decision making and appropriate action,
- Institutional and human capacities of the major officially designated Point of Entries namely Asmara Airport, Massawa Sea Port, Assab Sea Port and Tela-ta-Asher (Gash-Barka) strengthened through training, establishment of coordination committees and provision of necessary equipment.
- Case based measles surveillance, Pneumococcal Bacterial Meningitis (PBM) and Rota Virus Sentinel surveillance were maintained at optimal levels through direct technical and financial support including laboratory and data management.

Challenges and Opportunities

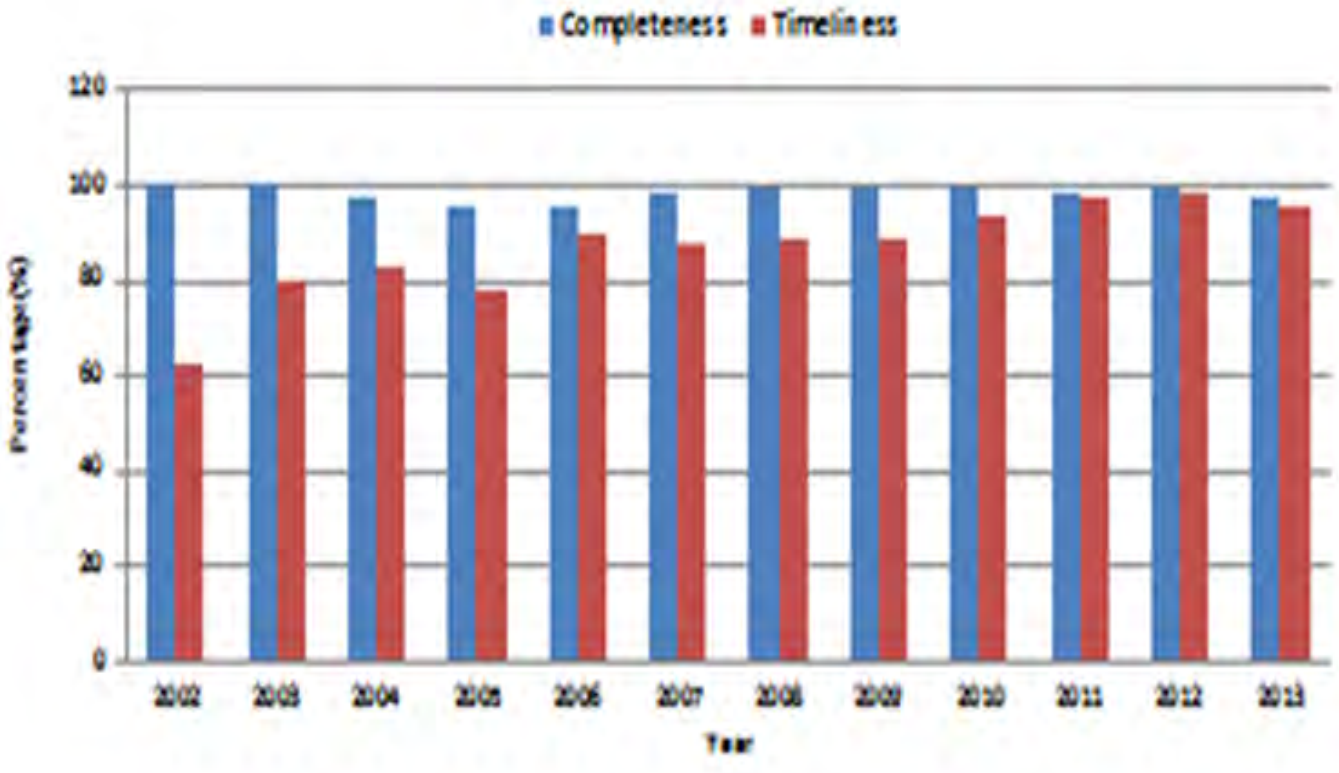
- Inadequate experience and difficulties in inter-sectoral and intra-sectoral coordination for IHR.
- Inadequate human and financial resources at all levels to implement IHR optimally and to achieve minimum core capacities by mid 2014, is the second major challenge.
- High commitments of Government and WHO as well as presence of international networks to support implementation of IHR (2005) is an opportunity.

Diplomatic community being briefed on IHR at the Massawa point of entry.

Number of Cases

	Clinical Diagnosis	Anseba	Debub	G/Barka	Maekel	NRS	OPH	SRS	Total	Incidences/100,000
1	All types dierrhea	19286	18499	17792	12273	8938	4399	2464	83651	2192.1
2	All Pneumonie	16511	20391	13145	14006	10463	3283	2122	79921	2094.4
3	All types of malerie	1378	4689	15046	687	203	123	5	22131	580.0
4	Vaginel Discherge	111	772	309	281	77	0	3	1553	40.7
5	Rabies	334	734	140	27	27	0	2	1264	33.1
6	Measles	106	1	214	44	106	5	134	610	16.0
7	HIV/Aids	117	65	53	83	22	38	5	383	10.0
8	Male_Urdischerg	85	66	135	16	19	0	3	324	8.5
9	Hepatitis	6	18	57	71	11	87	12	262	6.9
10	Schistosomiasis	22	184	4	0	0	0	0	210	5.5

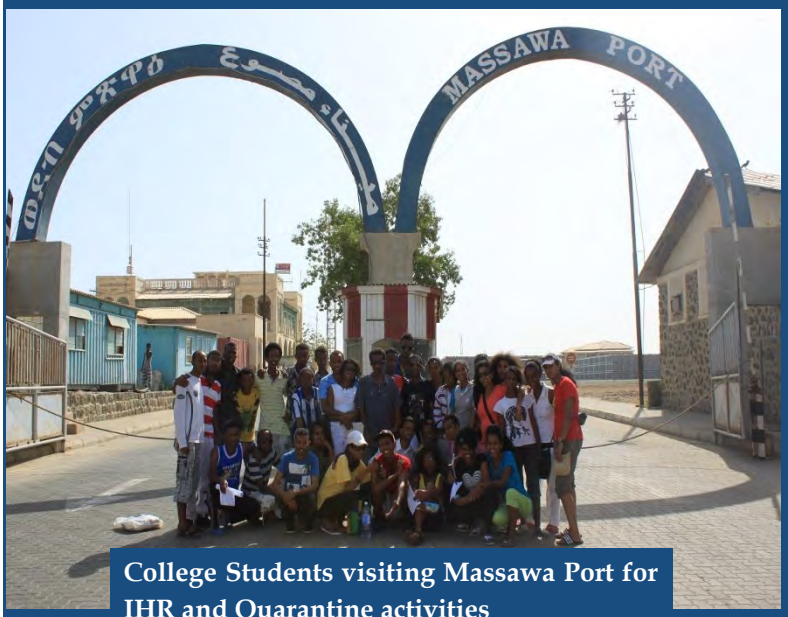
Top ten diseases reported through IDSR in year 2013



Timeliness and completeness of the monthly surveillance report.

Meeting with NRS Zonal Director on establishment of IHR Coordinating Committee

Meeting on IHR at Arbaete Asher Ground Crossing (Gash-Barka)



College Students visiting Massawa Port for IHR and Quarantine activities

Massawa Port, an officially designated point of entry.

Debriefing on IHR and Quarantine at Massawa Port

Immunization and Vaccine Preventable Diseases

The Mission of EPI is to make immunization services accessible, affordable and available to all Eritrean children. The overall goal of EPI is to reduce mortality, morbidity and disability from vaccine preventable diseases among the under -five population to a level that they will no longer be a public health problem. The EPI Unit in the Ministry of Health with support from partners including WHO has developed and established a strong national immunization program. The population has access to immunization activities through 205 static and 207 outreach sites throughout the country. Reaching Every District/ Reaching Every Child (RED/REC) approach is already being implemented. In the biennium, WHO provided support in areas related to scaling up routine and supplementary immunization activities and maintaining Polio free status, Maternal and Neonatal Tetanus (MNT) elimination status and progress towards measles elimination.

Major achievements

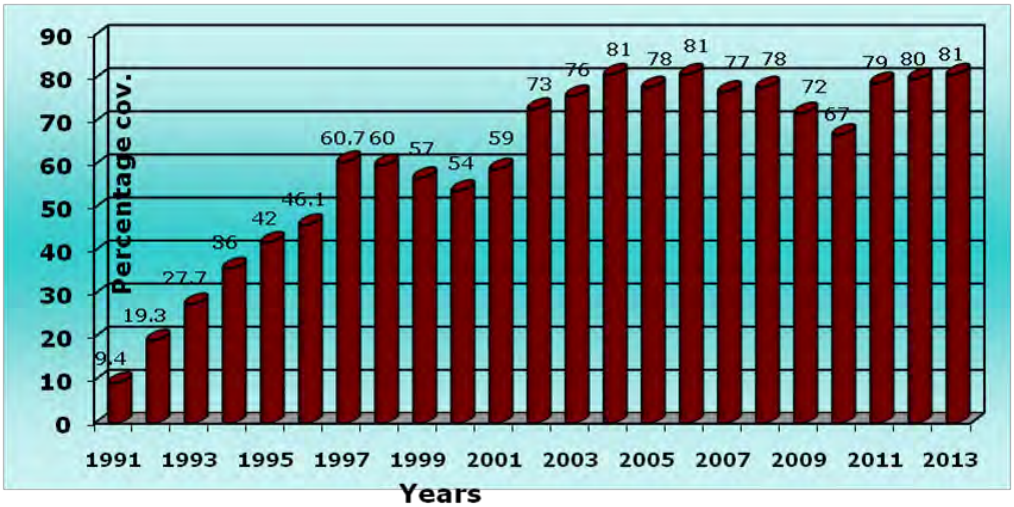
- Administrative coverage for Penta3 increased from 79% in 2011 to 81% in 2013 through enhanced routine and outreach immunization services. The 2013 EPI coverage survey showed 88% immunization coverage and 94% card retention by parents.
- Immunization coverage for measles increased from 70% in 2011 to 80% in 2013. In addition, Measles Vaccine 2nd dose (MCV2) was introduced into the routine immunization schedule.
- The quality of vaccination services improved through strengthening of vaccine and cold chain management in all regions. This was achieved mainly through capacitating 461 health workers and Mid-Level Managers (MLM) in vaccine and cold chain management.
- An implementation plan for the introduction of new vaccines (Rota Virus and Pneumococcal) has been approved and fund secured.
- About 12,000 un-vaccinated children were traced & vaccinated for different antigens and Vitamin A during the 3rd Edition of the African Vaccination Week.
- Polio free status has been maintained since 2005 through active AFP surveillance with adherence to optimum indicators, regular quarterly polio risk assessment and appropriate interventions. These interventions include 2 rounds sub-national polio immunization campaign in seven Sub Zobas bordering Sudan and 2 rounds of national immunization days. The coverage reached 96% and 85% respectively.

Challenges and Opportunities

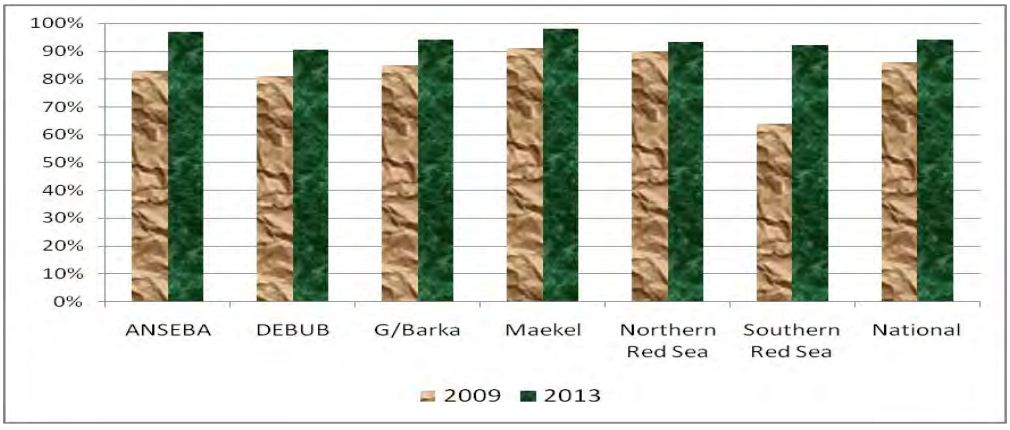
- Sustaining the outreach services including performing regular supervision in view of shortages of fuel, inadequate transport facilities and shortage of trained staff especially in rural areas.
- Difficulties in estimating coverage due to variable denominators is another challenge.
- The presence of many partners including UNICEF, GAVI and JICA to support immunization is an opportunity

Vitamin A supplementation to under-fives twice yearly, has reached over 90% of children

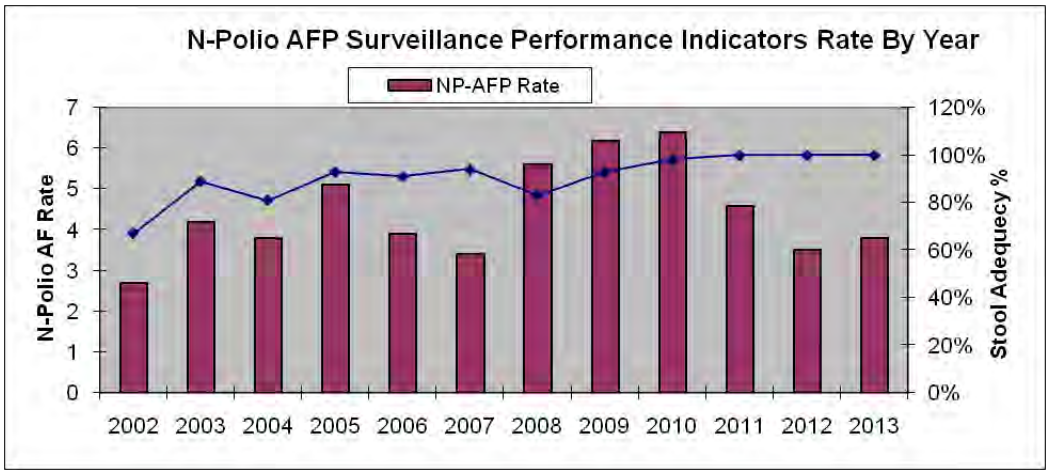
WHO participating in an immunization activity.



Eritrea routine OPV3 coverage (1991-2013)



Percentage of card retention in 2009 and 2013 immunization coverage surveys.



Immunization Services in the Field

A mother happily watching her child being immunized

Supporting Services in remote villages

Administering Polio Vaccine

Turn-out for NIDs

Health education session

Immunization in action

HIV/AIDS

HIV prevalence from the 2011 ANC Sentinel Surveillance is 0.89% which is showing a decline from that of 2009 ANC Sentinel Surveillance of 1.31%. Access to VCT and PMTCT services have been scaled up, VCT sites increased from 184 (2011) to 250 (2013) and PMTCT sites increased from197 (2011) to 208 (2013). Currently, the ART coverage is 68.9% and ART sites have been scaled up from 19 (2011) to 21 (2013).

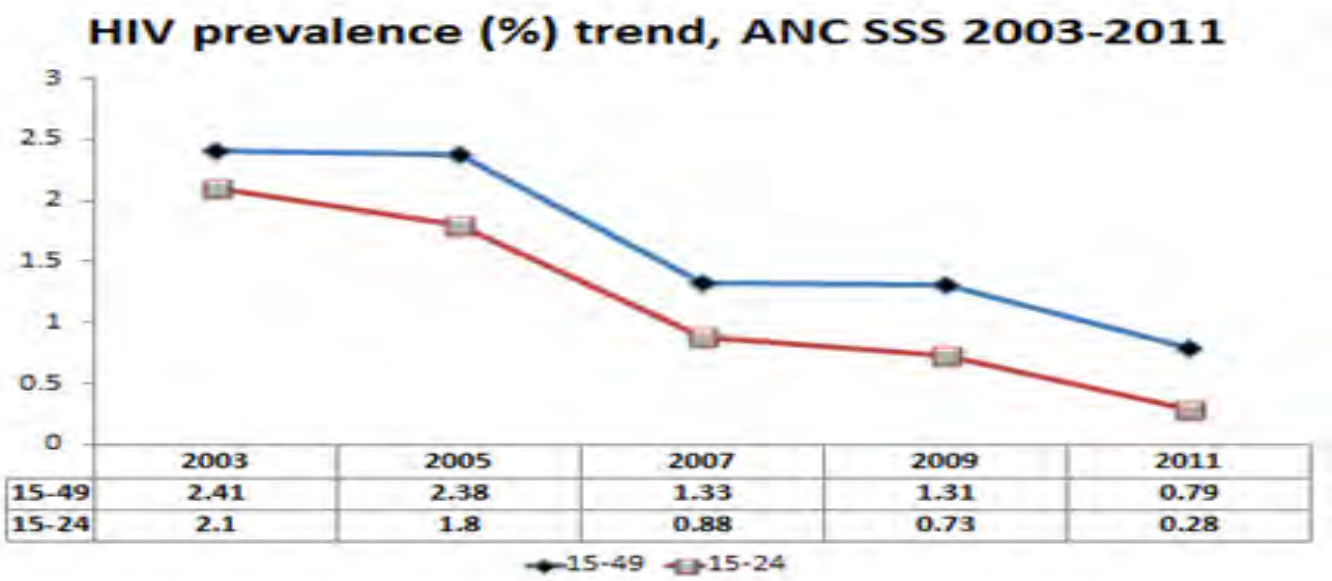
- A Five Year HIV Drug Resistance (HIVDR) Strategic Plan 2014 -2018 has been reviewed and finalized. These includes Early Warning Indicators for regular monitoring of HIVDR at all ART clinics.
- HIVDR monitoring protocols have been developed to conduct annual surveys. These protocols will guide to assess acquired HIVDR (ADR); pilot surveys for transmitted drug resistance (TDR), and periodic surveys of HIVDR in infants < 5 years of age.
- The WHO IMAI/IMPAC/IMCI training materials have been adapted. Capacity of health workers in all the regions has been built using these materials.
- The HIV prevalence in high risk groups (TB patients, truck drivers and female sex workers) ascertained through the prevalence study conducted among these groups.
- Unit costs of HIV/TB/Malaria services has been defined in order to facilitate the costing of the 2014-2018 National Strategic Plans (NSPs).

Major challenges and opportunities

- Inadequate human resources at all levels causing delay in implementation of some of the priority activities.
- Limited availability of qualified local consultants leading to reliance on international experts with resultant delays and high cost is another challenge.
- High government commitment and joint UN Team on HIV/AIDS facilitates implementation technical and financial Assistance from WHO/HQ/AFRO/IST are the major opportunites

UN Representatives participating in the commemoration of World AIDS day.

HIV Drug Resistance technical working team



	2003	2005	2007	2009	2011
15-49	2.41	2.38	1.33	1.31	0.79
15-24	2.1	1.8	0.88	0.73	0.28

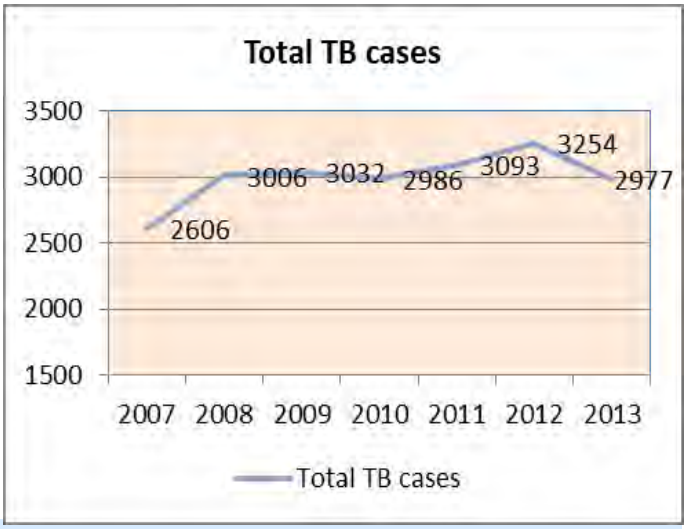
Tuberculosis

TB is still a major public health problem in the country with an estimated incidence of TB at 93/100,000 population, prevalence at 152/100,000 population and mortality at 4.6/100,000 population for the year 2012. For the same year, the prevalence of MDR-TB has been estimated at 1.8% among new cases and 19% among previously treated cases (Ref: WHO Global TB report, 2013).

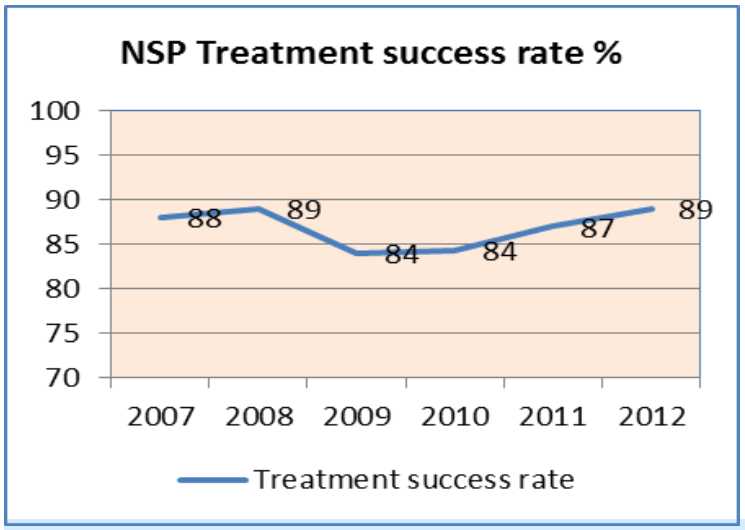
The Ministry of Health launched Directly Observed Treatment Short-course Chemotherapy (DOTS) to control TB in 1996 and adopted Stop TB strategy in 2006.

Major achievements

- Eritrea has already achieved MDG goals of TB by remarkably reducing prevalence of TB by 69% and mortality by 62% of 1990 levels (WHO estimates).
- About 9 million US dollars has been mobilized through a successful phase II proposal to the Global Fund with WHO technical assistance.
- The National TB & Leprosy control guidelines, TB/HIV policy, guidelines for MDR-TB and infection control developed/revised and implemented.
- The review of the National TB Programme was conducted with the technical support from WHO and the recommendations implemented.
- With WHO technical and financial support, the MoH launched GeneXpert, a rapid molecular diagnostic tool for TB and rifampicin resistance. The GeneXpert has been rolled out in 5 major referral hospitals across the country.
- The National TB Reference Laboratory has resumed Culture & DST services. This has been materialized through human and institutional capacity building, as provided by WHO.



The trend of notification of total number of TB cases



The trend of treatment success rate of new sputum positive TB cases

The importance of Gene Xpert explained to UNDG mission in Mendefera

Gene Xpert installed in Mendefera Hospital

Major challenges and opportunities

- Challenge of correct population denominator and absence of reliable local studies lead difficulty in estimating burden
- Suboptimal performance of culture & DST and quality assurance
- Reducing number of functional microscopy laboratories due mainly to shortage of skilled personnel
- Inadequate implementation of TB/HIV collaborative activities
- Inadequate facilities for diagnosing extra-pulmonary TB and TB in children
- Need of expanding activities targeted to high risk groups
- The Global Fund New Funding Model and existence of other relevant sectors & civil society organizations are major opportunities

Malaria

In Eritrea, malaria was one of the major public health problems. The malaria Indicator survey conducted in 2012 showed that prevalence of malaria is 1.1% . The disease remains particularly serious in Gash Barka zoba which bears more than 60% of the burden. Currently, the construction of mini-dams, introduction of irrigation schemes, gold and other mining projects and movement of non-immune people to these areas is a major risk to malaria control in Gash Barka.

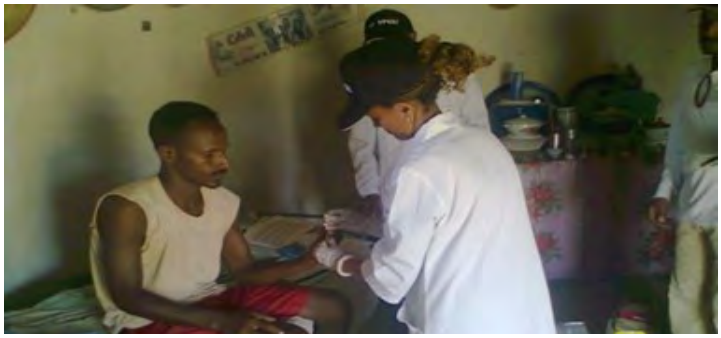
Key Achievements

- Malaria indicator survey, Parasitaemia survey and Health Facility survey were conducted successfully in four malarious regions of the country. These surveys evaluated the implementation status of the first three years of 2010-2014 strategic plan and identified the best practices, challenges, constraints and lessons learnt.
- Therapeutic Efficacy Testing (TET) Study was conducted on anti-malarial drugs to produce evidence based decision making and policy change. This study is conducted as a regular operational research to monitoring malaria drug resistance and showed that Artusenate and Amodiaquine treatment success rate is still above 95%.
- Bed net Bioassay and susceptibility study was conducted to assess the Insecticides Resistance, using the WHO accredited Insecticide Resistant Test Kits in Entomology Laboratory in Gash Barka.
- A comprehensive Malaria Program Review (MPR) was conducted with technical support from WHO. To commit the implementation of the recommendations, Aide Memoire is signed by the high level officials. Thus, Eritrea is acclaimed to move from control to pre -elimination phase after a year of consolidation phase .
- A New Five Year Malaria Strategic Plan 2014-2018 is developed according to the MPR recommendation where pre-elimination strategies are included

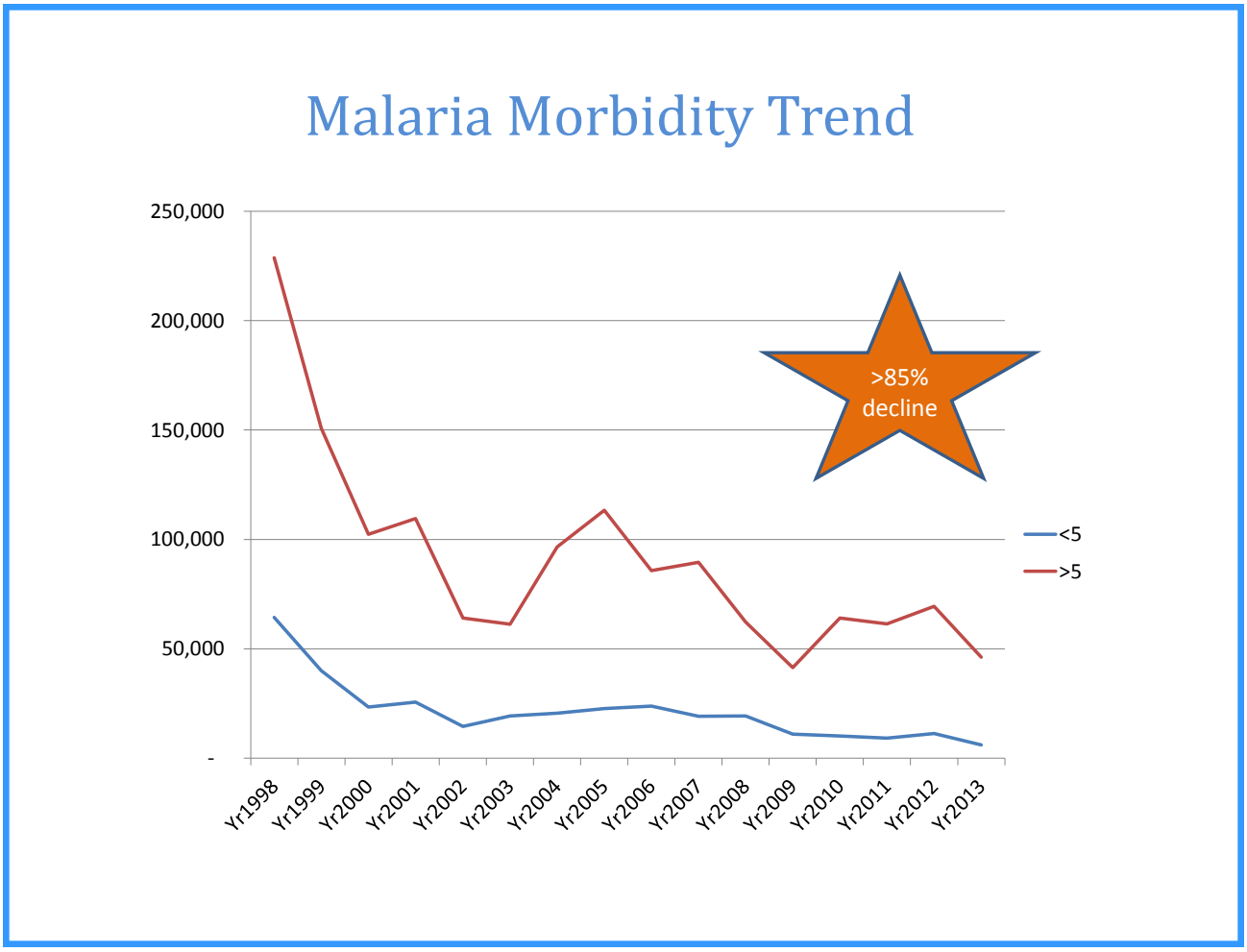
Major challenges and opportunities

- Limited number of human resource in the program leads to prioritization of activities to be implemented resulting in delayed implementation.
- Limited availability of qualified local consultants leading to reliance on international experts with resultant delays and high cost.
- High government commitment facilitates implementation and technical and financial Assistance from WHO/HQ/AFRO/IST are major opportunities.

Training of data collectors for MIS before field missions.



One of the teams during the field missions of MIS.



Annual Trend of Malaria Deaths per 1000 Population at Risk

Signing of AideMemoire for Malaria pre-elimination by Government Ministers and UN HOAs

Aide Memoire Signature WHO Representative

Senior Government and UN officials at Signature

Aide Memoire Signature UNICEF Representative

AideMemoire Signature_UNDP Representative

Aide Memoire Signature_Minister of Health

Group Photo4

HE_Minister of Health_Closing Remarks

Dr Mismay Presentation_Health MDGs

Dr Araia Presentation AideMemoire2

Non-Communicable Diseases Prevention and Control

NCDs are the most common cause of morbidity and mortality next to communicable diseases, creating a double burden to the already existing communicable diseases. Consequently, the MOH has identified NCDs prevention and control as one of its priorities in the National Health Sector Plan within the Basic Health Care Package. The major NCDs include: diabetes mellitus, cardiovascular diseases, Asthma and cancers. Currently, the trend is towards preventing the predisposing risk factors as in promoting improved diet, physical activity, and avoiding alcohol and tobacco use.

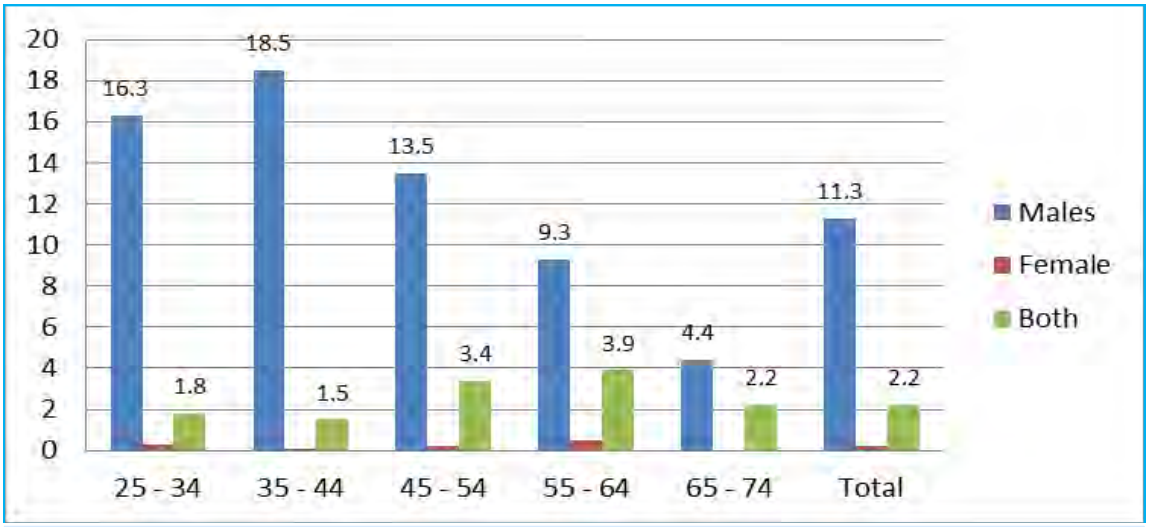
About 80% of heart diseases, stroke and diabetes mellitus as well as a third of cancers can be prevented by eliminating shared risk factors including physical inactivity, alcohol consumption and tobacco use.

Major achievements

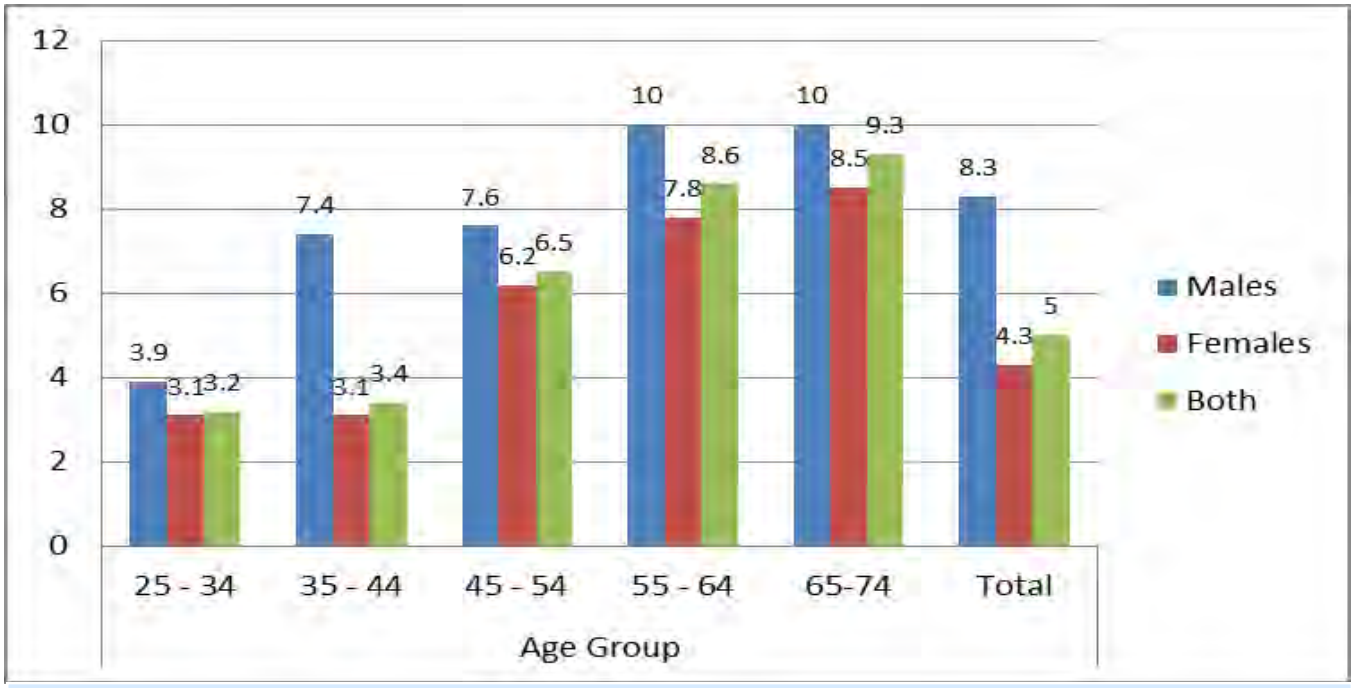
- STEPs Survey data is available for evidence based decision making, the development of various plans and scientific publications.
- WHO Package for Essential NCDs (WHO PEN) was pilot tested in six districts and currently on expansion phase to all the regions,
- NCDs information from health facilities integrated with IDSR reporting enhanced.
- National Strategic Plan for Injury and Violence Prevention and Control (2012-2016) developed.
- WHO Based surveillance Reporting Form was introduced and Injury surveillance system strengthened.
- National Mental Health Policy and Strategic plan (2012 – 2016) developed,
- National strategic plan for Nutrition (2012 – 2016) drafted.

Major Challenges and Opportunities

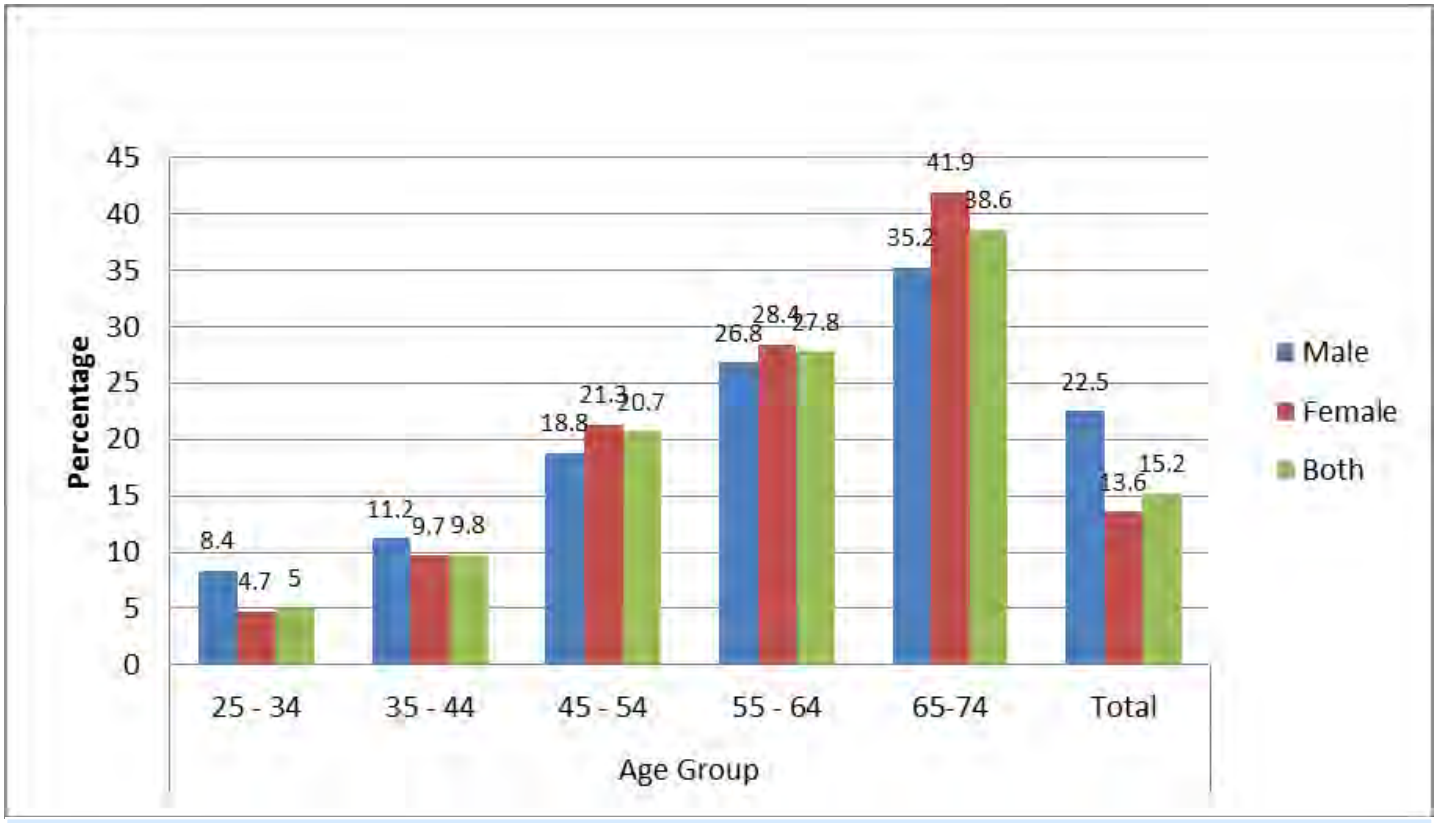
- Difficulty in the coordination of multiple sectors (inter sectoral and intra-sectoral coordination).
- Inadequate human and financial resources is another challenge.
- Reliable technical and financial support from WHO.
- Growing global interest and partnership on NCDs and high government commitment on NCDs are major opportunites.



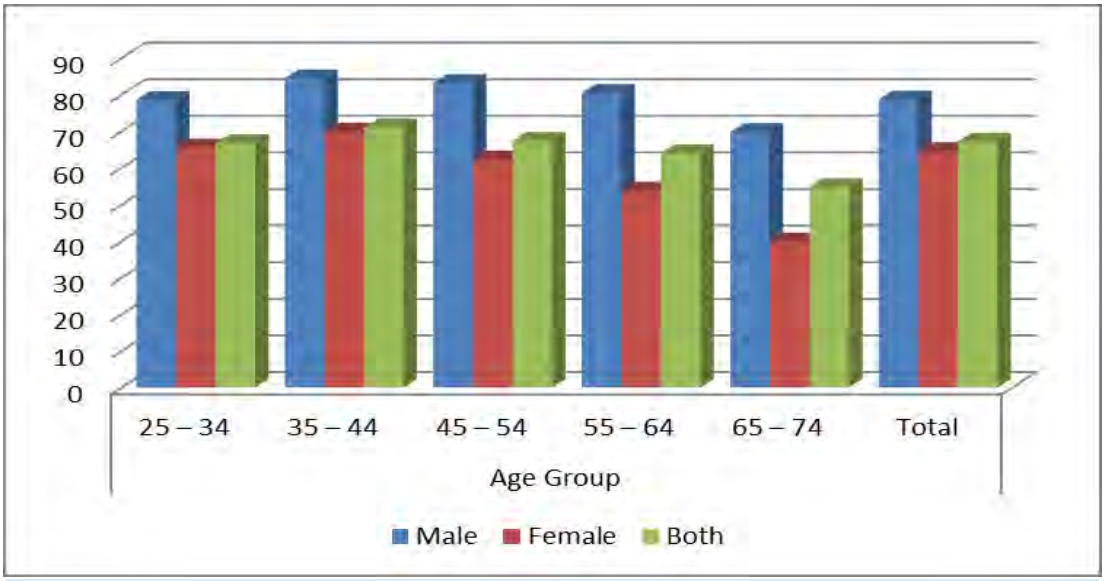
Percentage of Daily Smokers by Age group and Sex (STEPs survey result)



Percentage of FBS > 110 mg/dl or taking Medication for Diabetes, STEPs



Percentage distribution of raised SBP ≥ 140 and or DBP ≥ 90 and or those with medication, STEPs



Percentage distribution of High Physical Activity by Age and Sex (WHO STEPs)

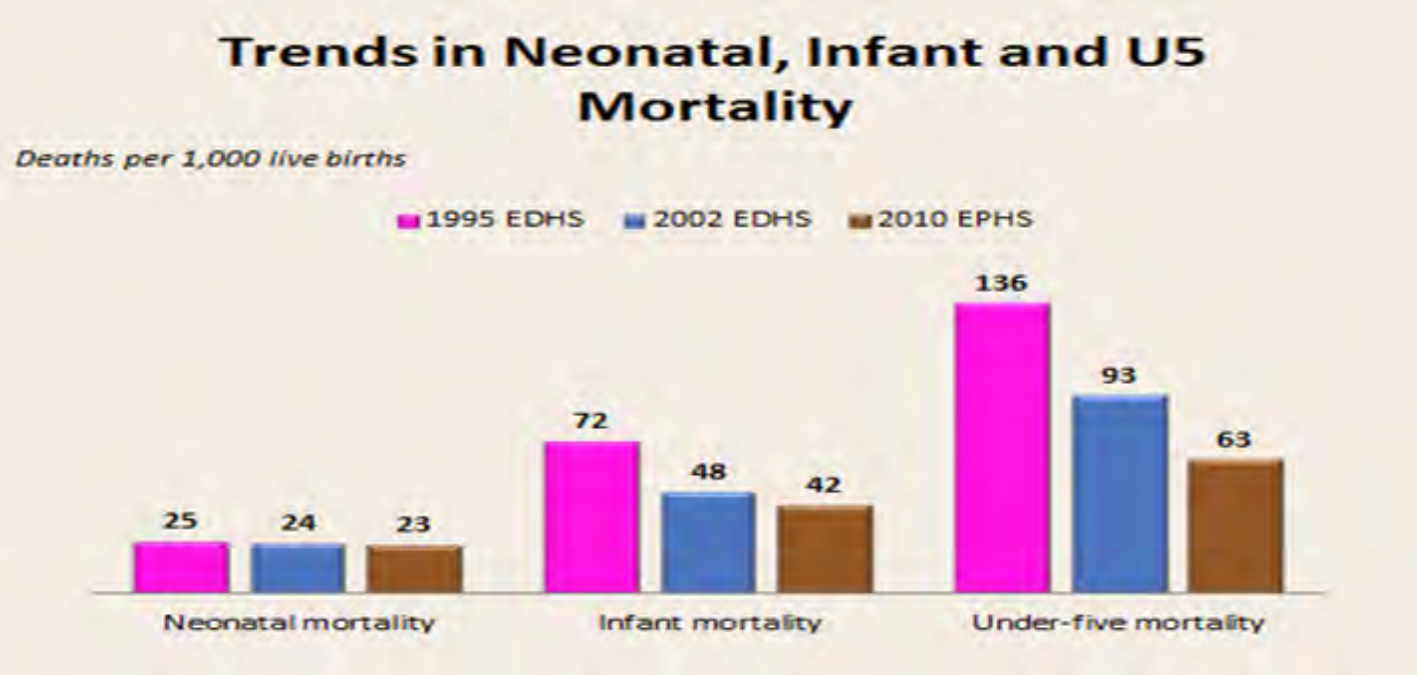
Implementation of WHO PEN in one of the six Sub-zones in Central Zone

Godaif Community Hospital where WHO PEN was pilot tested

Maternal, New-born, Child and Adolescent Health (MNCAH)

Maternal and child health service is one of the priority programs that constitute the Basic Health Care Package as defined in the National Health Policy and Health Sector Strategic Plan. One of the key areas of concern for the government toward sustainable development is improving sexual and reproductive health, particularly maternal, new-born and child mortality reduction (MDG4 and 5). To respond to this challenge, the government, in collaboration with partners and stakeholders, developed and adopted the Road Map for accelerating the attainment of the MDGs related to maternal and new-born health as a national strategy for addressing the maternal and new-born mortality. The 2012 -2016 Road Map emphasizes the importance of skilled attendance in pregnancy, childbirth and postpartum periods. It also recognizes that family planning is the first pillar of safe motherhood and a key intervention for sustained maternal morbidity and mortality reduction. The strategy calls for the prevention and management of unwanted pregnancies and unsafe abortion.

Eritrea has made consistent progress in reducing child deaths with an average annual reduction of around 4% over the last decade through a strategy focused on reaching high coverage of basic public health services. It is showing a decline in infant, child and neonatal mortality rates and is on track to achieve MDG 4 targets. In Eritrea, the trend of neonatal mortality from EDHS 1995, 2002 and 2010 shows 25, 24 and 23; Infant mortality rate 72, 48 and 42 and U5 mortality 36, 93 and 63 respectively as shown in the below.



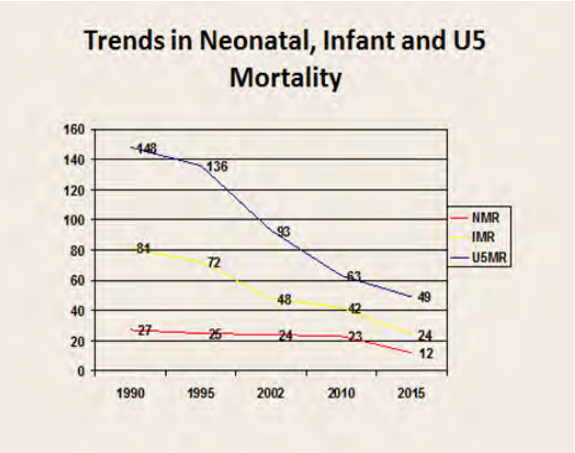
Trends in early childhood mortality rate

Key Achievements of MNACH

1. Programmatic bottlenecks towards achievement of MDGs 4&5 were identified through a mid-term review of the Sexual Reproductive Health Strategic Plan 2011 –2015. Strategic interventions for the acceleration of the attainment of program targets were proposed.
2. National child survival strategic plan 2014-2018 was developed and adopted through direct technical and financial support. The goal is to scale up high impact child survival interventions towards achieving MDG 4.
3. Best practices on maternal and new born health were documented using the WHO guide for documenting and sharing best practices in health programs. Three best practices were identified as follows:
   - **Special Neonatal Care Units (SNCU)** for reducing hospital neonatal case fatality rates.
   - **Maternity Waiting Homes** for improving access to emergency obstetric and new-born care
   - **Solar Suitcase** for providing a highly efficient lighting and power source for maternal and new -born health practice.
4. Access to Cesarean Section in remote areas is improved through training on caesarian section for the newly graduated medical doctors that are to be deployed in rural hospitals.
5. Safe delivery services and survival of new born babies including those with low birth weight were enhanced in all health facilities through training of health workers on Life Saving Skills (LSS) and supply of essential equipment.
6. Many rural and remote health facilities faced challenges in providing delivery services at night due to lack of lighting leading to suffering and death of mothers and babies. To address this issue, 60 remote health facilities were equipped with solar lighting leading to improvement in access to skilled care attendance. To ensure durability, staff from these facilities were trained on installation, use and maintenance of the equipment.
7. Neonatal care services expanded in all six regions for the improvement of quality of care given to new born babies. This was achieved through training of health workers on Essential New-born Care Course (ENCC) and supply of essential drugs and equipment.
8. Each health facility in the country is staffed with at least one health worker capable of managing common causes of child death. This was achieved through the standard training course on Integrated Management of New born and Childhood Illnesses (IMNCI). In addition, essential drugs and supplies were provided.
9. Maternal death surveillance and response is integrated in to IDSR system to strengthen the monitoring and reporting of maternal death.

Major challenges and opportunities

- Limited availability of qualified local consultants
- Difficulties in removing the root causes of neonatal mortality, the main cause of child mortality in Eritrea.
- Broad partnership on maternal, neonatal and child health and technical and financial Assistance from WHO/HQ/AFRO/IST are major opportunities.



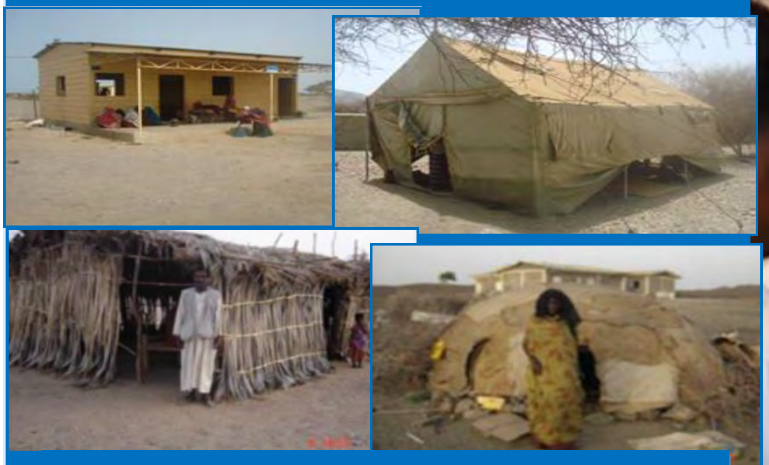
Trends of Childhood mortality in attain-

A neonate with severe meconium aspiration and severe RDS before treatment and after treatment in SNCU, Mendefera Hospital; a one year old healthy child.

Trainers and trainee of Essential new-born.

WHO Representative, Dr Usman Abdulmumini showing one of the 30 solar suitcases delivered to Foro (Health center) Maternity Waiting Home, in Northern Red Sea

Training session–plenary, demonstrations and video shows



Different models of Maternity waiting homes

A demonstration on the ease of installation and utilization

Conclusions:

Substantive progress has been achieved in the health sector. The State of Eritrea has succeeded to reduce its child mortality and is currently recorded as being on track with regard to attainment of MDGs 4, 5 and 6. Life expectancy has progressively increased from 49 in 1990 to 60 in 2000 and 63 by 2007, higher than the Sub-Saharan African average of 51, 50, and 51 during the same years (WHO, 2009). The current focus is to sustain and improve on these achivements. This requires the refinement of existing interventions using evidence. Thus the inputs of WHO is ever more pertinent.

The WHO contribution is within the context of a reform approved by both the Executive Board and the World Health Assembly with the objective among others of *"improved health outcomes, with WHO meeting expectation of its member states and partners in addressing agreed Global Health priorities focused on the actions where the organization has unique functions or comparative advantages and financed in a way that facilitates this focus"*. The reform envisages several outcomes one of which is "effective technical and policy support for all member states".

Annexes: WHO Organogram