World Health Organization

Country Cooperation Strategy at a glance

Eritrea

Area in square kms	124,400
Estimated population[1] in 2007	3,447,060
Rural population	80%
GDP per capita[2] in USD	200
Fertility rate/woman[4]	4.8
Access to potable water	60%
Access to improved sanitation	5%
IMR[4]	42 per 1000 live birth
CMR [4]	93 per 1000 live births in 2002
MMR	450 per 100,000 live births in 2005
Life expectancy rate	51
HDI rank [3] out of 177 countries	157
% Population below poverty line[3]	37
Access to health facility	70%

Sources
[1] Ministry of Local government
[2] (UNDP -2007)
[3] (UNDP -2007)
[4] (EDHS, 2002)
[5] (National Nutrition Survey – 2006)
[6] MOH 2005 Survey

Country context

Eritrea is situated in the Horn of Africa and lies north of the equator. It has an area of 124,400 square kilometers. Administratively, the country is divided into six zobas (regions). The estimated population[1] in 2007 was 3,447,060. There are nine ethnic groups and two major religions, namely, Christianity and Islam. About 80% of the population lives in rural areas and agriculture including pastoralism is the main source of livelihood. The GDP per capital [2] is US$200. The country ranked 157 out of 177 countries with 37% of the population living below the poverty line[3]. The fertility rate is estimated at about 4.8 children per women [4]. Nearly 60% of the population has access to potable water. Access to improved sanitation increased from 2% to 5%. The country has suffered considerable set back as a result of the border conflict with Ethiopia (1998-2000).

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HEALTH & DEVELOPMENT

Since independence in 1991, Eritrea has made considerable progress in promoting equitable, accessible and affordable health services to the majority of its citizens with the support of its partners. This is demonstrated by the significant improvement of health indicators

The health infrastructure has made considerable progress. Currently, there are 25 hospitals, 52 health centers, 180 health stations and 113 clinics. Over sixty different medicine products are locally produced; key medicines are available in 95% of health facilities and there is no shortage of supplies and equipment. There is a National Drug Laboratory that undertakes the quality control. Blood for transfusion is screened for transmissible infections including HIV/AIDS, Hepatitis and syphilis. Chronic diseases like Diabetes, Hypertension, Mental Health and infectious diseases like Tuberculosis, HIV/AIDS and other Sexually Transmitted Diseases are treated free of charge. The Government sustains the payment of all health professionals, maintenance of infrastructure and equipment and other running and capital investments.

The infant mortality rate decreased from 72 per 1000 live births in 1995 to 42 per 1000 live births in 2002 while the child mortality rate decreased from 136 per 1000 live births in 1995 to 93 per 1000 live births in 2002. The MDG targets for infant mortality rate and child mortality rate by 2015 are 18 per 1000 live births and 34 per 1000 live births respectively. Between 1995 and 2005, the maternal mortality rate decreased from 998 to 450 per 100,000 live births with the MDG target by 2015 at 250 per 100,000 live births. To date 1,015 nurses, midwives and associate nurses have been trained in emergency maternal and neonatal care service provision and 90% of health facilities have at least one basic emergency obstetric care service provider.

Although the global acute malnutrition rate falls above WHO cut-off points, sustainable efforts are underway to mitigate it and not to have it as public health problem. The country is located within the meningitis belt and lies on the path of migratory birds and is therefore prone to outbreaks of major communicable diseases including meningococcal meningitis and avian influenza. Outbreaks such as meningococcal meningitis and cholera occurred but were however detected and managed timely and appropriately. In 2007, more than 80% of suspected outbreaks were notified in time; laboratory confirmed and responded to with WHO recommended strategies.
The five major vaccine preventable diseases (Poliomyelitis, Measles, Diphtheria, Tetanus and Whooping Cough) no longer pose any major public health problem in Eritrea. The country has eliminated maternal and neonatal tetanus. Measles morbidity and mortality have been reduced to less than 90% of the 1991 levels. The country is heading towards achieving the Polio free status.

The prevalence of chronic Neglected Tropical Diseases (NTDs) such as Schistosomiasis, Leishmaniasis and re-emerging diseases like Brucellosis and Dengue Fever are not well documented. Non-Communicable Diseases (NCDs) especially Diabetes, Cardiovascular Diseases, Chronic Obstructive Pulmonary Diseases and Cancers are on the rise.

The HIV prevalence decreased from 2.41% in 2003 to 1.33% in 2007, the PMTCT is estimated at 95%, the ARV coverage is 46% and VCT services have increased from 3 sites (in 2003) to over 110 sites (2007). Tuberculosis has become a public health problem with the advent of HIV/AIDS. The Tuberculosis HIV/AIDS co-infection rate is estimated at 35%, and the prevalence of TB is 90/100,000 population[6]. The status of resistance to TB drugs (MDR and XDR) isunknown since there is currently no facility for culture and drug sensitivity test. Malaria was one of the leading public health problems in Eritrea. However, after the introduction of the Roll Back Malaria (RBM) Initiative in 1999, Malaria morbidity and mortality have been reduced significantly, to less than 80% of the 1998 levels.

Although there is a Primary Health Care Policy, the over all national health sector policy is yet to be finalized and endorsed by the higher authorities. The country still experiences acute shortage of human resource particularly at the peripheral level of the Health Care delivery System. The health service is delivered in a three tier system in the country however; the referral system is not adequately followed by the majority of those who attend health facilities.

Information, evidence and research are essential for strengthening the health system. However networking for information sharing is still limited. The capacity to conduct research and utilization of evidence for decision making is limited and further support is needed to train and promote access to scientific information.

The sustainability of the existing health care financing scheme poses a challenge. This scheme is to be reviewed in line with the principles of the self reliance policy of the government. The concept of National Health Account is not fully understood by most members of the relevant sectors and as such, the required emphasis for the finalization of the health financing policy is not obtained yet. Monitoring and evaluation is a relatively new concept at the Ministry of Health. The challenge therefore, is the creation of a single data warehouse to produce harmonized, timely and reliable information for evidence based decision making, taking account of the actual structure.

PARTNERS

The UN system is one of the major contributors towards development and humanitarian assistance. During the period (2002-2006), eight UN Agencies, namely UNDP, WHO, UNICEF, UNFPA, FAO, UNIDO, UNTAD and IFAD supported the implementation of the UNDAF framework. The other development partners are the World Bank (WB), and bilateral agencies (Italian Cooperation, EU/ECHO, Norway/NORAD, IUTLD, GAVI, UK/DFID, Japan/JICA, China Development Assistance, and the Global Fund). The World Bank provided loans and grants to Ministry of Health under HAMSET projects (HIV/AIDS, Malaria, STD and TB), and for the Early Childhood Development projects.

There are a few international (Oxfam) and local NGOs such as the National Union of Eritrean Youth and Students (NUEYS), the National Union of the Eritrean Women (NUEW), Vision Eritrea and Faith Based Organizations (FBOs). They are mainly implementing partners.

OPPORTUNITIES	CHALLENGES
• *Existence of various partnership coordination mechanisms and tools to avoid duplication and strengthen joint programming (Existence of joint UN programs)* • *Partners confidence towards appropriate use of available funds by the government organizations* • *High commitment of national staff to achieve set objectives* • *Availability of committed community volunteers* • *Availability of strong community associations (Youth and Women)*	• *Limited number of partners at the grass root level* • *Limited access to health services in remote areas* • *Shortage of transportation and communication* • *Decreased resource absorption capacity* • *Low level of community participation (to promote ownership and sustainability)*

WHO STRATEGIC AGENDA

Priority areas for the second generation CCS were identified following a detailed review of the previous CCS and extensive discussions with MoH and other health related line Ministries, UN Agencies, NGOs and other partners in health. It takes into account technical challenges identified from the previous CCS and addresses them in the strategic areas. The implementation will take place within the context of the major Government achievements toward the health related MDGs and the WHO paradigm shift from a resource based to result based approach.

Guiding Principles

- *The strategic agenda reflects national health policies strategies and plans as discussed and agreed with the Ministry of Health during the preparation of this second generation CCS*
- *The strategy is guided by Millennium Development Goals, the WHO Eleventh General Programme of Work, the Medium Term Strategic Plan 2008-2013, the Strategic Orientations for WHO Action in the African Region and WHO Global and Regional Resolutions*
- *The WCO will concentrate on its core functions as a normative technical agency leader in health and work with the Government and partners within the framework of Paris Declaration and Accra Agenda for Action principles*
- *The WCO in its capacity as UNDAF Health and Nutrition Cluster and Humanitarian Health Cluster leader will work closely with the UN Country Team and other stakeholders to harmonize the UN and Partners contributions towards effective response to the National Health needs*

ADDITIONAL INFORMATION