



World Health Organization



Consolidating Achievement of UHC in Eritrea
WHO Biennium Report 2020—2021





WHO Biennium Report 2020 - 2021

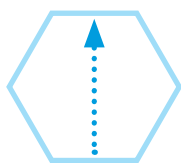
Left: Dr. Martins Ovberedjo, WHO Representative for Eritrea. Photo © WHO Eritrea/2022

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This biennium report 2020-2021 has been produced by the WHO Office for Eritrea and builds on WHO Eritrea's annual report for 2020 which highlighted successes, challenges and areas of opportunities - Dr. Martins Ovberedjo
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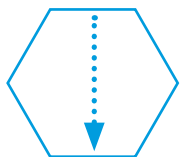
Eritrea is one of the few countries that achieved the health-related Millennium Development Goals (MDGs) and is building on the successes of the MDGs to continue towards the achievement of Sustainable Development Goals (SDGs). The country has made significant progress towards the achievement of SDG 3 targets including a gain of 20 years in life expectancy from 48 years in 2000 to 68 in 2020; Increase in Universal Health Coverage (UHC) service coverage index from 47.6% to 54.9% between 2016 and 2021; reduction in under 5 mortality rate, infant mortality rate and neonatal mortality rate by 75%, 68%, 49% respectively from 1990 to 2020; Decreased incidence

and prevalence of major communicable diseases like TB, Malaria and HIV. This biennium report highlights WHO contribution to public health development in Eritrea in the biennium 2020-2021. The country aspires to modernize the health services including implementation of strategies to strengthen resilient and comprehensive public health service for the benefit of the Eritrean population. WHO focused on supporting these national aspirations for the country and the support aligns to WHO's GPW13 Goals and strategic mission to promote health, keep the world safe and protect the vulnerable.

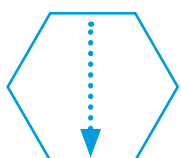
Key Results



Universal Health Coverage: Increase in Universal Health Coverage (UHC) service coverage index from **47.6%** to **54.9%** between 2016 and 2021



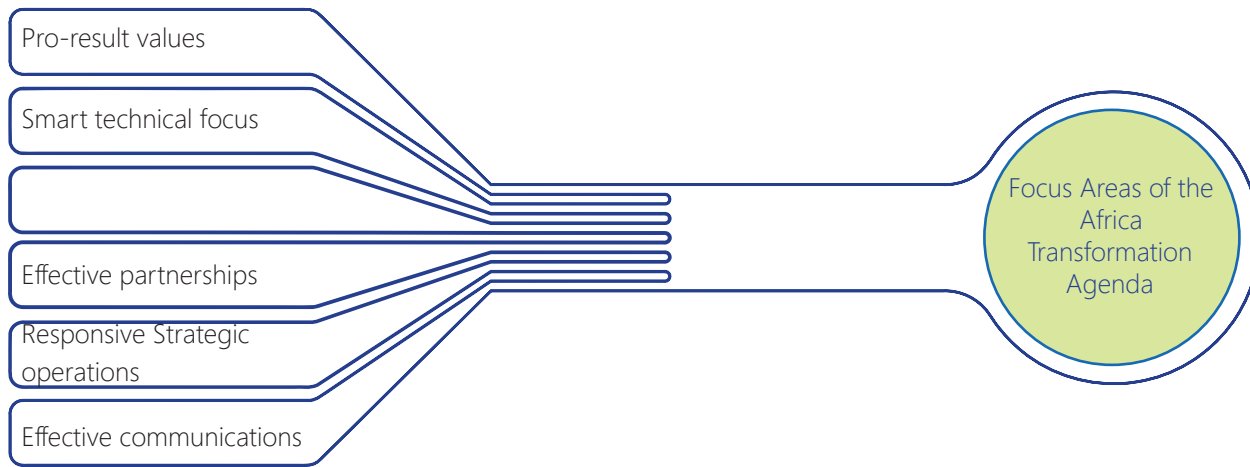
Reduction of Mortality: Reduction of under 5 mortality rate by 75%, infant mortality rate by 68% and neonatal mortality rate by 49% between 1990 and 2020.



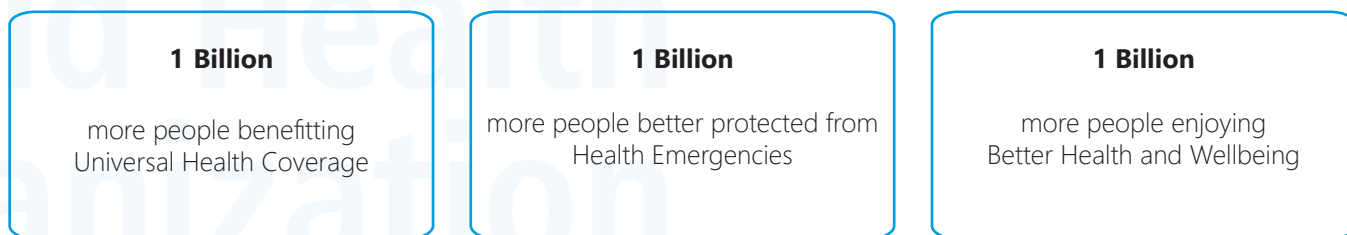
Decrease of major disease: Decrease in incidence of Tuberculosis, malaria and HIV



Overview of WCO priorities and targets at Local, Regional and Global levels.

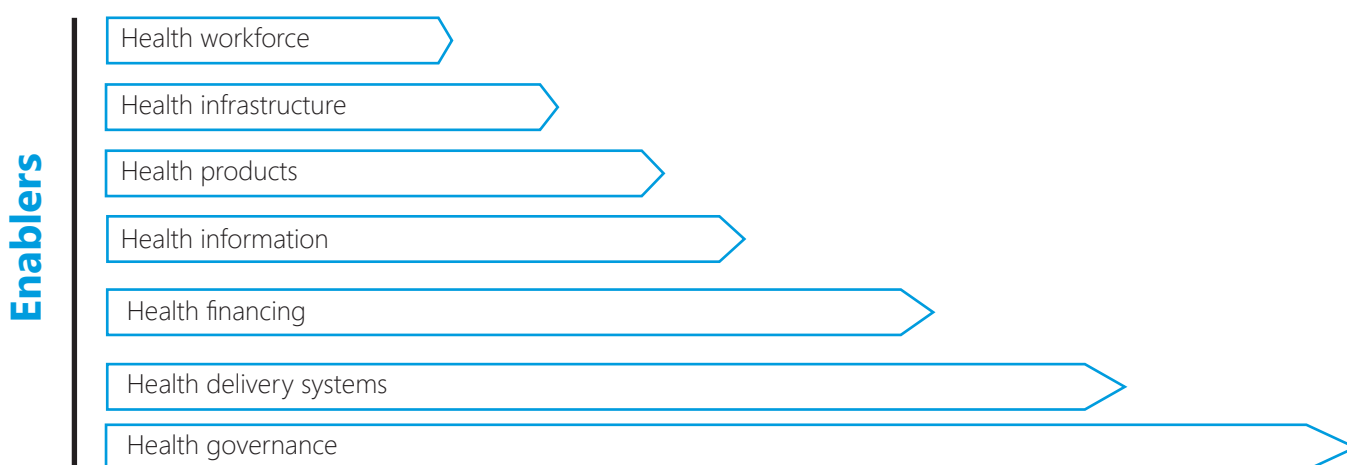


Triple Billion Targets of GPW13



Strategic Priority Areas of the HSSDPHII 2022 - 2025

- 01 Modernize medical services, and
- 02 Expand resilient and comprehensive public health services



Key Highlights of this Biennium Report



Eritrea Public Health — reduction of high priority diseases like malaria and HIV has increased survival rates. However, emerging issues such as new diseases are a cause for concern for the health system.



Universal Health Coverage — Eritrea's UHC stands at **54.9 percent**. Emphasis to attain **100 percent** coverage in coming years



Human Resources for Health — significant steps have been made to address human resource capacity. **10,208 healthcare staff in 2018 up from 4,464 in 1999.**



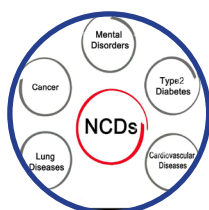
Service Delivery — health service delivery is a priority of the Government. Country has seen a **significant increase** in access and coverage of services over the years.



Health products and medicines — Eritrea's main regulatory legal provision is the Proclamation No. 36/1993 . Vigilance in medical products scored the highest (minimum score of 3) . From 2017, country has **introduced sound regulation** of medicines and medical devices, with guidelines for registration.



Data and information — District Health Information Software (DHIS 2) rolled out in 2019 in all Zobas. Offline system has resulted in high report rates with accurate data sets. Reporting in Eritrea **above the 75 percent threshold** required by WHO for data.



Non Communicable Diseases — WHO continues to provide support on surveillance , prevention and control of non-communicable diseases.

Key Highlights of this Biennium Report



Communicable Diseases — HIV/AIDS prevalence has **dropped** from 1.1 percent in 2005 to 0.6 percent in 2019. mortality has dropped from 1,400 deaths in 2005 to 310 in 2019. TB incidences have reduced from 108/100,000 in 2016 to 89/100,000 in 2018 while death reduced from 19 to 16/100,000 in the same period.



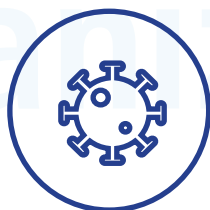
Malaria — Eritrea has made **significant progress** in addressing malaria incidences towards pre-elimination. Between 1998 and 2019, incidences have reduced from 157 to 25.6 cases per 1000 people per year. The country has **registered a 99 percent decrease** in mortality, from 404 deaths in 1998 to 3 deaths in 2019.



Sexual Reproductive Health — maternal and child health is a priority for the Government of Eritrea. Maternal mortality rate **remains exceptionally high** with 486 maternal deaths per 100,000 live births.



Neglected Tropical Diseases — Eritrea's Neglected Tropical Disease Programme (NTDP) is **responding to 7 of the 13 common** Neglected Tropical Diseases.



COVID-19 Response — first case recorded on 21 March 2020. WHO supported the Government to develop and adapt operational guidelines for addressing the pandemic. As at **May 2022**, **recorded cases** stand at 9,735 with 103 recorded deaths.



Immunizations — immunization provided in **85 percent of the health facilities throughout the country in 2020 and 2021**, during the COVID-19 pandemic. Immunization (PIRI) services for nomadic population groups and people **living in 16 hard to reach and less accessible districts** were conducted every quarter. As of December 2021, the National Immunization targets is available for 12 vaccine preventable diseases.



Environmental Health — The environmental Health Division in close cooperation with all its units and specially the workplace health and safety unit is committed to improve the health conditions of the working force of the people of Eritrea by introducing standard working and living conditions in the country.

Major Achievements Per Program



EPI and Surveillance of Vaccine Preventable Diseases in 2020-2021

3

Number of rounds of Sustainable Outreach Services (SOS) conducted in 16 hard to reach areas, and nomadic population

95%

Rate of the National immunization coverage for Penta3



Zero Neonatal Tetanus cases and measles associated deaths reported in 2020-2021

Optimal non-polio free environment sustained



Financial and technical support provided Eritrea to conduct a comprehensive EPI Review and Post Introduction Evaluation of Meningitis vaccine.

The program reviewed and identified the strengths, weaknesses and gap of the EPI and surveillance activities conducted in the previous 5 years and provided recommendations in formulating objectives, strategies, and interventions for the National Immunization strategic plan (2022-2026).

99%

Percentage of children were fully vaccinated according to the EPI survey in February and March of 2020 using WHO tools and guideline.



650 healthcare workers trained on EPI and IDSR Modular training



Supported the country to conduct Laboratory Containment Inventory and Survey in 2020. A total 38 (100%) major laboratories/facilities were surveyed. 38 (100%) laboratories/facilities did not have WPV3 or cVDPV3 infectious materials and potentially infectious materials in the labs.



Supported the country to conduct measles and rubella surveillance. Results show that the country has now reached measles elimination phase (>95% JRF). National level target of Non-Measles Febrile Rash Illness cases per 100,000 population (NMFRI) of 2020-2021 has been met.

Reproductive, Maternal, New-born, Child and Adolescent Health



Implementation of integrated service delivery strategies:

the WHO supported the MoH to implement integrated service delivery strategies and evidence-based interventions for Maternal, Newborn and Child Health.

Maternity Waiting Homes: The WHO supplied essential equipment and supplies to support the full functionality of the Maternity Waiting Homes in remote areas.

Finalization of the Maternal and Perinatal Death Surveillance and Response (MPDSR) strategy:

the WHO supported the finalization of the MPDSR strategic guideline and is on the printing process for implementation through capacity building and monitoring.

Cervical Cancer Prevention, Control and Management guideline:

WHO supported the MoH to develop of the Cervical Cancer Prevention, Control and Management guideline. Additional 20 cryotherapy machines and 20 gas cylinders are procured for scale up the intervention to all regional hospitals.

Healthy & Active Ageing (HAA):

WHO supported the MoH to finalize the Healthy and Active Ageing Framework (HAA) and the Integrated Care of the Older People (ICOPE) guideline. The documents are currently being printed for implementation and capacity building of health workers and stakeholders for the HAA interventions.

Reproductive, Maternal, Newborn, Child, and Adolescent health (RMNCAH) strategic plan (RMNCAH):

developed the new 2022-2026 reproductive, maternal, newborn, child, and adolescent health (RMNCAH) strategic plan after conducting a comprehensive the end term review of the previous strategic plan.

Comprehensive Emergency Obstetric and Neonatal Care (c-EmONC):

empowered twelve Junior medical doctors from the remote hospitals of the country to decide and perform caesarian section and resuscitate newborns.

Neonatal Intensive Care Unit (NICU):

Out of the total 22 Hospitals in the country, only 09 have NICUs, with some being semi equipped. Thus, WHO supported the procurement of the essential equipment and supplies to expand the Neonatal Intensive Care Unit in eight Hospitals and strengthened the NICUs that were partially equipped

Major Achievements Per Program



HIV/AIDS

HIV drug resistance monitoring

HIV DR study conducted. Report finalized with support of WHO HQ and is in process for publication.

2014

National HIV DR monitoring and prevention strategy set up with WHO technical support

2018

7.1% Overall prevalence of pre-treatment HIVDR (PDR) resistance to non-nucleoside reverse transcriptase inhibitors (NNRTI).



No resistance to NRTI or PI observed among ART initiators.

Prevalence of PDR to NNRTI was significantly higher among ART initiators with prior exposure to ARV (42.4 percent) compared to the ART initiators without prior ARV exposure (3.9 percent).

Prevalence of PDR to NNRTI was significantly higher among male ART initiators without prior ARV exposure (9.3 percent) compared to female ART initiators without prior ARV exposure (0.9 percent).

HIV End Term Program Review: Resources mobilized from the Global Fund. The WHO provided technical support for conducting the HIV end term review of the 2017-2021 strategic plan was conducted. Recommendations were issued while evidence was provided for the new 2021- 2026 strategic plan development and Global fund funding proposal development.

HIV/STIs Strategic Plan: The WHO staff provided technical support to conduct the end term program review of the existing strategic plan 2017-2021. This is to provide evidence for the development of the 2021-2026 HIV strategic plan for implementation of the integrated high impact interventions including elimination of HIV and syphilis.

Global Fund funding requests for HIV: the WHO CO supported and facilitated the development and submission of the 2021-2023 Global Fund funding requests for HIV, TB and Malaria which was successful

2020 & 2021 WHO Global HIV Report: the WHO supported the MoH in collection, compilation, validation, and submission of HIV data to monitor the health trends which also informed the WHO HIV global report of 2020/21

Tuberculosis



TB drug resistance monitoring

TB DR study was conducted, and the report finalized with support of WHO HQ and is in process for publication.

2014

National TB DR monitoring and prevention strategy set up with WHO technical support

2018

Prevalence: The study result showed that the prevalence of multidrug-resistant (MDR) TB was 1.0 percent and 3.8 percent among new and previously treated cases, respectively, as was the prevalence of rifampicin resistance (RR) without isoniazid resistance. All RR cases had a phylogenetic marker causing capreomycin resistance, confirming the presence of a predominant resistant TB sub-lineage in the Horn of Africa region.



Extensively drug-resistant (XDR) TB not detected.

TB End Term Program Review: Resources mobilized from the Global Fund. The WHO provided technical support for conducting the HIV end term review of the 2017-2021 strategic plan was conducted. Recommendations were issued while evidence was provided for the new 2021- 2026 strategic plan development and Global fund funding proposal development.

TB Strategic Plan Development: the WHO provided technical support to conduct the end term program review of the existing strategic plan 2017-2021. This has provided evidence generation for the development of 2021-2026 TB strategic plan for implementation of the integrated high impact interventions including ending TB.

2020 WHO Global TB Report: the WHO supported the MoH in the TB data collection, compilation, validation and submitting it on the online website of TB to monitor the health trends. Additionally, this contributed for the WHO TB Global report of 2020/21.

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TB Strategic Plan Development: WHO provided technical support to conduct the end term program review of the existing strategic plan 2017-2021 and the development of the 2021-2026 TB strategic plan

Major Achievements Per Program



Malaria

Antimalarial Drug Resistance Monitoring:

A study on Therapeutic efficacy and safety study of Artemisinin and Amodiaquine was conducted, with the results showing that quality assurance of malaria diagnosis and treatment is a focus, thus a need to conduct therapeutic efficacy studies (TES) and monitor the prevalence of Histidine-rich protein II (HRP-II) deletion in *P. falciparum* parasites from infected patients, as stipulated in WHO guidance.

Malaria End Term Program Review: The WHO provided technical support for the conduct of the end term review. A report has been generated to provide evidence both for the new strategic plan and GF funding request.

Malaria End Term Program Review: Malaria Strategic Plan: provided technical support through WHO staff at all levels in conducting the end term program review of the existing strategic plan 2017-2021. This is to provide evidence generation for the development of 2021-2026 Malaria Strategic Plan for implementation of the integrated high impact interventions including its elimination.

Global Fund funding requests for Malaria: Supported and facilitated in the development and submission of Global Fund funding requests for TB and grant confirmation received for implementation.

WHO 2020/21 Global Malaria Report: Supported MoH in the Malaria data collection, compilation, validation and submitting it on the online website of Malaria to monitor the health trends and for the World Malaria Report of 2020.

Health Systems Strengthening

Health Governance

- 01 The country finalized the National Health Policy (NHP) (2020) which is the overall guiding policy document for the health sector.
- 02 The developed the Health Sector Strategic Development Plan 2022-26 (HSSDPIII). This will be the main implementation guide for the achievement of Universal Health Coverage and SDG 3.
- 03 The Health Research Agenda document was also developed
- 04 The midterm review (MTR) of the Health Sector Strategic Development Plan II (2017-2021) was conducted and the report finalized in the first quarter of 2020.

Human Resources for Health

- 01 The MOH was supported to develop a Licensing and Certification Policy that aims to improve the quality and safety of health services.
- 02 The Continuous Professional Development (CPD) Policy and guideline which are complementary to the registration policy were developed.
- 03 The WHO supported MOH to assess the country's research system. The assessment investigated the various elements of research, including the various stakeholders' role and responsibilities, enabling and constraining factors, and actions needed at the country level.
- 04 The Health Workforce Assessment was conducted based on the health work- force standardized regional questionnaire, looking into health workforce in the country and was dis- aggregated by cadres over a period of three years.

Major Achievements Per Program



Service Delivery

The Essential Healthcare Package (EHCP) was developed in 2021 with the support of WHO.

The national guideline on IPC was developed and updated to incorporate current information on COVID-19 using the interim WHO guide- lines and other tools for reference.

Current Good Manufacturing Practice (cGMP) marathon training: With the support of WHO, the cGMP training was provided over 12 sessions (from 7 Sep to 30 Nov 2021) for key personnel of the national regulatory agency.

Updating working documents: WHO supported the MoH to update the standard operating procedures (SOPs) and tools of working documents, namely: Recall protocol for medical products, Pharmacovigilance data management process, Pharmacovigilance (PV) signal management process and Risk communication plan

Technical support was provided for the assessment of the microbiology laboratory of the National Health Laboratory and needs for upgrading of the Zoba level laboratories.



Data and Information

With WHO support the country established the National Health Observatory with a Steering Committee, Technical Committee and a technical focal person in place.

The national server for DHIS2 as well as updated version of the software has been installed and the server upgraded.

COVID-19 Preparedness and Response



- 1. Readiness Assessment:** WHO supported the MoH to conduct a baseline readiness assessment which guided the implementation of identified evidence-based interventions
- 2. Coordination:** Supported development of the initial COVID-19 preparedness and response plan which guided COVID-19 response efforts.
- 3. Guidelines:** Provided guidelines WHO guidelines for surveillance, laboratory diagnosis, infection prevention and control, case management and continuity of essential health services
- 4. Capacity Building:** Provided training materials, videos, and interim guidelines to the national and sub-national health facilities to build human resource capacity.
- 5. Surveillance:** Provided COVID-19 Standard Operating Procedures and case definition tools and orientated health workers on the updated guidelines
- 6. Laboratory:** Procured one PCR machine and supported and facilitated the National Health Laboratory to join the WHO EQA system for quality control
- 7. Infection prevention and control:** Supported capacity building for health professionals in Zoba health facilities on IPC and procured PPEs. Supported development and dissemination of SOPs on use of chlorox based on WHO guideline
- 8. Case Management:** Supported development of Case management SOPs and capacity building on COVID-19 case management
- 9. Risk Communication and Community Engagement:** Supported development, printing, and distribution of IEC materials in collaboration with the UNICEF.
- 10. Continuity of Essential Health Services:** Supported continuity of essential health services

Picture Stories



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