World Health Organization

Country Cooperation Strategy at a glance

Eritrea

http:// www.who.int/countries/en/

WHO region	Africa
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2010)	68.7
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	95
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	67.0 (Female) 62.4 (Male) 64.7 (Both sexes)
Population (in thousands) total (2016 estimate)	3.65 million
% Population under 15 (2016)	49.9
% Population over 60 (2016)	9.3
Poverty headcount ratio at $1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	69
Gender Inequality Index rank (2014)	...
Human Development Index rank (2016 estimates for 2015)	179
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	…
Private expenditure on health as a percentage of total expenditure on health (2014)	…
General government expenditure on health as a percentage of total government expenditure (2014)	….
Physicians density (per 1000 population) (2016)	0.59
Nursing and midwifery personnel density (per 1000 population) (2016)	3.5
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	17.7 [10.8-29.2]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	44.5 [28.6-70.0]
Maternal mortality ratio (per 100 000 live births) (2015)	501 [332 - 750]
Births attended by skilled health personnel (%) (2016)	57 (HMIS2017)
Public health and environment	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) ()	

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Eritrea has witnessed significant improvements in life expectancy and improved health situation as demonstrated by many of the key health impact targets, in particular adult mortality, Infant and Child mortality, and maternal mortality. Eritrea is one of the few countries that has achieved MDG4.

Commendable progress was made with child survival, under 5 mortality from 151 per 1000 live births in 1990, to 63 per 1000 live births in 2010 (EPHS) to 44 per 1000 live births in 2016 with a 4.8% annual rate of reduction. Likewise, infant mortality rate has decreased from 93 per 1000 live births in 1990, to 42 per 1000 live births in 2010, to 33 per live births in 2016. However, the neonatal mortality rate has only modestly decreased. Overall, the health status of the population has improved significantly.

The eight major vaccine-preventable diseases no longer pose any major public health challenge. The country has eliminated maternal and neonatal tetanus and reduced measles incidence to less than 90% of the 1991 levels. It has been certified as "Dracunculiasis-free" (guinea-worm disease) and has achieved polio-free status with the last polio case reported in 2006. The prevalence of HIV/AIDS is showing a declining trend from year to year. HIV prevalence has reduced from 1.3% in 2005 to 0.84% in 2015, according to WHO global health data observatory. ARV coverage has reached to 75%; Prevention of Mother to Child Transmission (PMTCT) services scaled up; and TB treatment success rate for new smear positive cases increased and the country is moving towards pre-elimination of malaria.

The country has sustained polio-free environment; maintained immunization coverage of all antigens above 90%; introduced Rotavirus and Pneumonia vaccine to the routine immunization program; and developed specific programs to address NCD, NTDs and strengthened the emergency program in the country

Non-communicable diseases, especially incidence of hypertension and diabetes, cardiovascular diseases, chronic obstructive pulmonary diseases and cancer, are on the rise. Malnutrition remains also one of the major public health problems in the country. Although Eritrea has yet to ratify the Framework Convention on Tobacco Control, it is a state party to the International Health Regulation (IHR 2005).

Key gaps and challenges to justify the 4th generation CCS strategic agenda include: low percentage of pregnant women who have access to skilled birth attendance; high neonatal mortality; the need to prevent, control/manage the double burden of communicable and non-communicable diseases; access to progressive technological advancement in health; high demand for appropriately skilled health personnel, improving the quality of health care, establishing a well-functioning referral system, strengthening the health information system, identification and documentation of traditional medicines, and vulnerability to natural disasters including earthquakes and volcanic eruptions

HEALTH POLICIES AND SYSTEMS

Various policies, plans and strategies were developed/updated with the strong National ownership and leadership which contributed to the achievements in different program areas. . At the same time frameworks for robust health systems have been developed and elaborated in HSSDP II and national M & E plan.

The existing national health policy aims to ensure equity and access by majority population to essential health services at affordable cost, consistent with the Universal Health Coverage principles. The policy and health sector strategic plan prioritize to address maternal and child health issues in the spirit of SDGs. Programs specific strategic plans are well aligned to the national health sector plan and National health policy. Other priorities include control of communicable and non-communicable diseases, as well as strengthening health system designed around the strategic priorities to contribute for healthy lives and well-being for all at all ages.

The structure of Eritrea's national health system and health services is organized in a three-tier system, with the primary level constituting community health services, the health stations, health centres and community hospitals, while the secondary level constitutes the Zoba regional hospitals and the tertiary level with national referral hospitals. As a matter of government policy, there are no private health facilities operating in the country. However, there is a system of private practice within government health facilities by way of partnership between the Government and health workers. The development of a health care financing policy and a clear strategy for health system financing remains a gap to be addressed.

COOPERATION FOR HEALTH

The Government has a policy that aims to promote self-reliance. Therefore, the country has partners that support local capacity building to achieve this objective. Currently, the main development partners are the multilateral agencies of the UN system, bilateral partners (EU, Italy, German, Egypt, Sudan, Finland, China, Japan, Australia etc) and GFATM, GAVI, the Vaccine Alliance and JICA provide direct or indirect development assistance to support health development.

These agencies contribute to health care financing in the country mostly through specific programmes for disease control and maternal/child health, among others.

In 2016, a Strategic Partnership Cooperation Framework (SPCF II) was prepared. In the SPCF the main development partners are the multilateral agencies of the UN system that are to provide continuous support to the Government. The SPCF 2017-2021 came into operation at a strategic period in global development, with the commencement of the 2030 Agenda for Sustainable Development adopted in September 2015, which places the Sustainable Development Goals (SDGs) at its core. Therefore, it provides an opportunity for the refinement of national goals and priorities towards sustainable resilient development that "leaves no one behind."

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WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Promote and increase access to the evidence based interventions for improving health of women, new-born, children, adolescents and the elderly.	• Capacity of health workers in all health facilities and reproductive community health promoters in all villages (kebabis) strengthened for maternal and neonatal health services and maternal and perina tal death surveillance and response by December 2021 • 50% of Health facilities capacity strengthened for providing new born, child and adolescent h ealth services by December 2021 • Policies and Plans adapted/developed and implemented for healthy ageing by 2021 • Multisectoral policy and plans for nutrition adapted/developed and implemented by 2021.
STRATEGIC PRIORITY 2: Strengthening institutional and human capacities to reduce morbidities and mortalities due to NCDs, Mental health and Injuries and addressing their determinants through inter-sectoral collaboration.	• Develop/Review, implement, monitor and evaluate the national NCD policy and strategic plan of action through intersectoral collaboration by for the period 2018 – 2021 • Capacity of at least 80% of health facilities (Community hospitals and Health Centers) strengthened in the detection, monitoring and treatment of Mental disorders by 2021 • Multi-sectoral plan of action developed/reviewed and implemented to prevent injuries, with a focus on achieving the targets set under the Decade of Action for Road Safety (2011 – 2020) by 2021.
STRATEGIC PRIORITY 3: Accelerate approaches to reduce, eliminate and/or eradicate HIV/AIDS, Malaria, NTDs, some vaccine preventable diseases; and strengthen the prevention and control of TB, hepatitis and other Communicable Diseases.	• All National and sub-national focal persons' capacities enhanced to deliver key HIV, Hepatitis, TB and Malaria interventions towards elimination and/or control by 2021 • Achieve control and sustain elimination of the major neglected tropical diseases by 2021 • Achieve and sustain elimination of measles and Maternal and Neonatal Tetanus, eradicate polio and sustain immunization coverage of vaccine preventable diseases above 95% in accordance to the National immunization strategic plan and Global Vaccine Action Plan by 2021.
STRATEGIC PRIORITY 4: Accelerating and sustaining the Universal Health Coverage through health system strengthening to improve quality, equity in access and utilization of health services.	• Strengthen MOH capacity to implement appropriate policies, strategies and guidelines for HRH and to innovative health financing policy that safeguards increased quality, equity, efficiency, effectiveness and access of health services • Built capacity to support HMIS and data quality reviews, assessments, evaluation and research including advocacy of civil registration and vital statistics systems, to produce evi dence and inform policy decisions and program interventions • Strengthen national health regulatory authority and pharmaceutical services to improve access and rational use of, safe, efficacious and quality medicines and health technologies (vaccines, diagnostics and devices) by 2021 • Support national and sub nationals to advance access to comprehensive and integrated health services in line with the definitions and functions of levels of health facilities • Support the promotion on Environment health and development of gender-responsive plans, programs and policies with human rights framework.
STRATEGIC PRIORITY 5 : Scaling up interventions to control outbreaks and emergencies in order to sustain national Health Security.	• Support the development and implementation of long-term intersectoral strategy to prevent and control infectious diseases and events by 2021 • Strengthen and implement a resourced and efficient system for detection and risk assessment of outbreaks and events/emergencies by 2021 • Support capacity building of 4 designated Points of Entry and 6 Zonal Medical Offices built on all-hazards emergency preparedness, mitigation and response by 2021 • Enhance surveillance and ensure high population immunity (above 90%), including containment of all residual polioviruses and in preparation for certification of polio eradication by 2019.

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