

ERITREA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, UNDP, UNFPA, UNODC, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

While Eritrea managed to limit the socioeconomic impact of the COVID-19 pandemic, the Joint Team focussed its support in maintaining the gains on the epidemic control and improving access to HIV services among vulnerable and hard to reach populations during the pandemic. Mobile Clinic Services made HIV and essential health services accessible to nomadic populations and communities with little access to healthcare. Early infant diagnosis and viral load testing services were decentralized at regional level, improving access, and consequently reducing results turnaround time. Community healthcare workers were trained, and supportive supervisions were provided to healthcare facilities strengthening access and quality of maternal and childcare, including prevention of vertical transmission of HIV services in the country. Existing youth-friendly centres in health facilities were strengthened and new ones were opened to reach more young people with HIV prevention services. Finally, the national capacity of COVID-19 diagnosis, surveillance and case management was strengthened, and additional resources were mobilized to support Eritrea's preparedness and pandemic response.

HIV TESTING AND TREATMENT

In 2020-2021, the Joint Team in Eritrea made critical contributions to bolstering the national COVID-19 response and ensuring the continuity of HIV and other essential health services during the pandemic. These included strengthening national capacity for identification of COVID-19 cases, surveillance, infection prevention and control, case management, risk communication, and community engagement. US\$ 8 678 154 was also mobilized through the Global Fund COVID-19 Response Mechanism to support ongoing efforts.

The Ministry of Health was supported to decentralize viral load testing and early infant diagnosis (EID) using GeneXpert platforms—the services are now available in six regional hospital laboratories and four national referral hospitals. The Joint Team will also continue to support the National Health Laboratory to guide and monitor the viral load testing and EID performed the referral hospitals and monitors quality assurance. Following financial and technical support provided by the Joint Team, the number of ART sites increased from 21 in 2013 to 53 in 2020. The Government continues to provide antiretroviral treatment (ART) free of charge for all people living with HIV.

Successful World AIDS Day 2021 commemoration events offered significant opportunities to promote the global vision of ending AIDS using a rights-based approach. In this view, the Joint Team engaged thousands of people, including sex workers and other key populations at risk, for community discussions on HIV prevention, testing, treatment, and care. Information, education, and communication (IEC) materials and other promotional goods were produced and distributed to raise public awareness around HIV prevention, care, and support services. During one of the events, 13 000 face masks, 600 health promotion bags, and 3000 IEC leaflets were also distributed to promote COVID-19 prevention.

In 2021, the Joint Team provided both financial and technical support to the Government of Eritrea ensuring implementation of the sixth Eritrean National AIDS Strategic Plan 2021-2026 (ENASP VI), which is informed by the 2021 Political Declaration on HIV and AIDS, and the Global AIDS Strategy 2021-2026. Following the mid-term review of the 2017-2021 ENASP V, which highlighted reductions in new HIV infections and AIDS-related deaths, the testing and treatment targets were revised to 95-95-95 in the ENASP VI. In 2020, the Joint Team also supported the Government in the development of a successful Global Fund grant proposal for the 2021-2023 period.

PMTCT AND FAMILY TESTING

In 2020, the Government was supported to conduct three rounds of Mobile Clinic Services in areas with less access to services and nomadic populations in Western and Eastern lowlands of Eritrea (Gash Barka, Anseba & Northern Red Sea Zone) and four rounds in Southern Red Sea Zone reaching 1810 women with prevention of mother-to-child transmission (PMTCT) and paediatric HIV services.

A total of 203 community health workers were trained on providing a home-based basic maternal and child health care service package, including antenatal care and PMTCT. Meanwhile, logistical support was provided to the Ministry of Health to ensure the quality of reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services in the country. These included supportive supervisions of more than 40 health facilities, and sensitization of 25 media professionals on RMNCAH, including HIV resulting in the production and dissemination of national radio and TV programmes reaching an estimated 1 million people across the country with information on RMNCAH and promotion messages to access services.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team, in partnership with the Foundation of Professional Development, conducted a five-day training of trainers (ToT) on comprehensive sexuality education (CSE) for 11 trainees representing four implementing partners—Ministry of Health, Ministry of Education, National Union of Eritrean Youth and Students, and National Union of Eritrean Women—improving their ability to teach CSE that helps students gain knowledge and develop skills to lead safe and responsible lives. Besides, 20 health workers received capacity building training on the delivery of adolescent- and youth-friendly health services, which led to an increased uptake of health services among young people.

The Joint Team provided technical support and procured materials to strengthen existing and establish new Youth Friendly Corners (YFCs) affiliated with health facilities in the different regions of the country. As a result, the number of YFCs in health facilities increased from 5 in 2017 to 12 in 2021. Besides, in commemoration of the International Youth Day 2021, IEC materials on SRH and HIV were widely distributed to communities, particularly adolescent and young people.

Technical assistance was provided for the development of the second Eritrean National Condom Programming Strategic Plan 2021-2026 and the costed operational plan, which are aligned with ENASP VI. The strategic plan, which is fully funded by the Joint Team, will substantially help improve HIV prevention and condom distribution programmes in the country.

Representatives from the Ministry of Labour and Social Welfare were also supported to participate in a multi-stakeholder consultation workshop on sexual and reproductive health (SRH) and HIV programming targeting sex workers, further strengthening their capacity in programming towards this population group.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team provided financial and technical support to the national HIV response, in full alignment with the 2021-2026 Global AIDS Strategy, in particular for the development of the new ENSP VI. The multisectoral efforts contributed to strengthening partnerships and mobilization of resources for an effective response to COVID-19 and improving the overall health system, directly contributing to Sustainable Development Goals 3, 5, 10 and 17.

CHALLENGES AND LESSONS LEARNED

While Eritrea made a steady progress in reducing new HIV infections and AIDS-related deaths among the general population, the new infections rate among key population remains high, at 14.8 % among female sex workers, 4.3% among long distance truck drivers, and 1.4% among inmates (IBBS 2019). Engaging with prisoners to ensure their access to HIV prevention, testing and counselling, treatment, and care services needs strengthening.

There is a need to accelerate HIV testing and counselling efforts to reach the 95-95-95 targets. Despite the low rate of mother-to-child transmission of HIV and the high coverage of first antenatal care visit in Eritrea, coverage of the fourth antenatal care visit and rates of skilled birth attendance remain low. Lessons learned stressed the need to scale up technical and financial support to scale up HIV self-testing, pre-exposure prophylaxis (PrEP), and PMTCT services.

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