Country Cooperation Strategy 2023-2027, Eritrea

Transforming Eritrea Together to Achieve UHC and SDGs

World Health Organization

Eritrea

Country Cooperation Strategy 2023-2027, Eritrea

Transforming Eritrea Together to Achieve UHC and SDGs

World Health Organization

Eritrea

Country Cooperation Strategy 2023-2027, Eritrea

ISBN: 978-929023500-2

Designed in Asmara, Eritrea

Contents

Foreword
Message from the Minister of Health

The Government of State of Eritrea (GoSE) has made remarkable progress in the health sector since 1991 through the strong Primary Health Care (PHC) base in Eritrea that enabled the achievement of health MDGs in the country.

Some of the notable achievements in the health sector include life expectancy which has increased along with decreases in maternal and child health mortality and morbidity rates associated with communicable diseases.

During the period of implementation of the second Health Sector Strategic and Development Plan 2017-2021, maternal mortality ratio (MMR) the infant mortality rate (IMR) and the under-5 mortality rate (U5MR) declined.The neonatal mortality and stillbirth rates remained static.

The same period also witnessed a reduction in the numbers of people testing positive for HIV while the number of those accessing ART increased. TB notification rate decreased whilst TB treatment success rate remained high. These achievements have laid a strong foundation for the country to achieve Universal Health Coverage (UHC) and other SDG 3 targets.
In Eritrea there has been significant efforts to movtowards UHC through health promotion, prevention, curative, rehabilitative, and palliative interventions that the country aims to provide to all its population, by age group and at each level of care. The Country's third Health Sector Strategic and Development Plan (HSSDP III) 2022-26 aspires to maximize the country focus and efforts on SDGs and UHC; through provision of resilient health services that are integrated, and people-centered without those accessing the services facing any form of financial barrier.

I am glad to note that this Fourth Country Cooperating Strategy (CCS4) 2023-2027 has been designed as a vehicle to drive the collaboration between WHO and the health sector of Eritrea through the HSSDP III strategic priority

Minister of Health of the State of Eritrea Amina Nurhussien.
Photo © WHO Eritrea/2022

interventions. The Ministry of Health (MoH) therefore welcomes this CC4 that lays the foundation of our collaboration to achieve common health goals and targets.

The MoH therefore recommits to collaborate with WHO on the implementation of the Country Cooperation Strategy 2023-2027 to achieve UHC and health related SDGs in Eritrea

Honorable Minister Amina Nurhussien
Minister of Health, Government of State of Eritrea

Message from the WHO African Regional Director

The World Health Organization's (WHO) revised Third generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity and ensure that its delivery better meets the needs of countries. It reflects the transformation agenda of the African Region as well as the key principles of the Thirteenth General Programme of Work (GPW13) at the country level. It aims to increase the relevance of WHO's technical cooperation with Member States and focuses on identifying priorities and effectiveness measures in the implementation of WHO's programme budget. The objective of the CCS is to make WHO more effective in its support to countries, through responses tailored to the needs of each country.

The revised third generation CCS builds on lessons learned from the implementation of earlier country cooperation strategies; the countries' priorities reflected in the national policies, plans and priorities; and the United Nations Sustainable Development Partnership Frameworks (UNSDCFs). These CCSs also align with the global, continental and regional health context and facilitate the acceleration of investments towards Universal Health Coverage (UHC). Its implementation will be measured using the Regional Key Performance Indicators, which reflect the country focus policy and the strengthening of the decision-making capacity of Governments to improve the quality and equity of public health programs.The evaluation of the Third Country Cooperation Strategy (CCS 3) in WHO Eritrea,highlighted the progress made, the constraints and obstacles encountered, drew lessons and made recommendations to improve the Fourth Country Cooperation Strategy (CCS4) 2023-2027.

Progress towards Universal Health Coverage requires an approach that improves quality of services, ensures integration of intervention, is people-centred and inclusive and provides affordable health services. I commend the leadership role played by the Government of State of Eritrea in the process leading to the development of the new CCS4 including conducting CCS 3 review exercise. I particularly note the remarkable progress in the health sector in Eritrea since 1991 including achievement of health related MDGs. It is

inspirational to note that this was achieved through the strong Primary Health Care (PHC) base and community involvement.

I call on all WHO staff to redouble their efforts to ensure the effective implementation of the programmes described in this document in order to improve health and wellbeing of the population. For my part, I can reassure you of the full commitment of the WHO Regional Office for Africa to provide the necessary technical and strategic support for the achievement of CCS 4 objectives with a view to achieving the "triple billion" goals and the Sustainable Development Goals.

I recognize that increased efforts will be needed in the coming years, but I remain convinced that with strong leadership demonstrated by the Government of State of Eritrea during the implementation of the previous CCSs, and more a resolute collaboration between all the stake-holders, together we can work towards the achievement of national, regional, and continental health objectives.

Dr Matshidiso Rebecca Moeti
WHO Regional Director for Africa

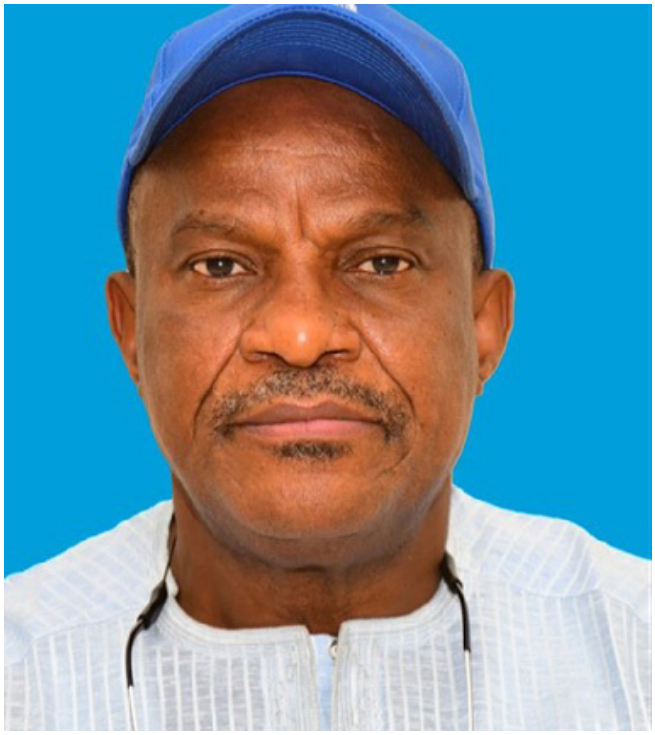
Message from the WHO Eritrea Representative

I applaud the Government of the State of Eritrea for the significant progress made over the last 30 years to improve the health of its population. These impressive results include a rise in life expectancy and meeting several of the health-related Millennium Development Goals (MDGs), including reducing child mortality and maternal mortality.Furthermore,the country has been applauded by WHO and health partners in Eritrea for reversing the spread of HIV/AIDS and tuberculosis during this period is commendable. This success has catalyzed the country to commence the process of systematical validation of Elimination of Mother to Child Transmission of HIV, Syphilis and Hepatitis B.

Eritrea has built on the successes of the MDGs to continue towards the achievement of the SDGs as evidenced by increment of of the country's UHC service coverage index. In order to crystallize these gains, the country aspires to modernize the health services and implement strategies to expand resilient and comprehensive public health services as outlined in the third Health Sector Strategic and Development Plan (HSSDP III)

The WHO Country Office (WCO) in Eritrea has contributed immensely to the achievement of the above results and improvement of service delivery through provision of agile,fit for purpose technical and setting of norms and standards.The WCO assisted MOH to develop key strategic national policies,strategies and sector program guidelines like the National Health Policy, HSSDP III and the Essential Health Care Package. Moreover,health emergency response and preparedness technical support to MOH for COVID-19 and Monkey Pox response was also provided by WHO including strengthening the health system at national and sub-national levels.

There lies an enormous task for Eritrea to meet its ambitious goals of achieving UHC and SDGs, hence this Fourth Country Cooperating Strategy (CCS4) for Eritrea is timely. This CCS4 is the outcome of a collaborative effort by the MoH, WHO and stakeholders and it outlines WHO's work for the next five years in areas that matter most for Eritrea. It was also guided by the HSSDP III (2022-2026) and the United Nations Country Cooperation Framework for Eritrea. Implementation of the identified CCS Strategic priorities will build on Eritrea's health sector achievements to further bolster Eritrea towards attainment of SDG goals. The CCS is a dynamic document and incorporates robust monitoring and evaluation mechanisms to measure progress.



We look forward to further strengthening our partnership with the Government of the State of Eritrea.

Dr. Martins Ovberedjo
Representative, WHO Eritrea

Abbreviations

AEFI	Adverse events following immunization
AFRO	WHO Regional Office for Africa
AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral treatment
ARVs	Antiretroviral drugs
bOPV	Bivalent oral polio vaccine
CCS	Country cooperation strategy
CDC	Centres for Disease Control
DHIS	District Health Information System
DRS	drug resistance survey
DR-TB	Drug-resistant tuberculosis
EBS	Event-based surveillance
EDPLN	Emerging and Dangerous Pathogens Laboratory Network
EML	Essential Medicines List
EPI	Expanded Program on Immunization
EU	European Union
FCTC	Framework Convention on Tobacco Control
FAO	Food and Agricultural Organization
GAVI	The vaccine alliance
GCP	Good clinical practice
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPW	General Program of Work
GVAP	Global Vaccine Action Plan
HIV	Human immunodeficiency virus
HIV-DR	HIV drug resistance
HPV	Human papillomavirus
HRH	Human Resources for Health
HSSDPIII	Health Sector Strategic and Development Plan III
HTC	HIV testing and counselling
IBS	Indicator-based surveillance
ICDMM	Integrated Chronic Disease Management Model
ICOPE	Integrated care of the older people
ICPOGA	Integrated Care of People of Grace Age
IDSR	Integrated Diseases Surveillance and Response Strategy
IHR	International Health Regulations
ILO	International Labour Organization
IOM	International Organization for Migration
IPT	Isoniazid preventive therapy
ISHP	Integrated School Health Program
IST	Inter-Country Support Team
IVD	Immunization and vaccine development
JICA	Japan International Cooperation Agency

MCV	Measles-containing vaccine
MDGs	Millennium Development Goals
MDR-TB	Multidrug-resistant tuberculosis
MNCD	Major noncommunicable diseases
MoH	Ministry of Health
NCDs	Noncommunicable disease conditions
NDP	National Development Plan
NHC	National Health Council
NHI	National Health Insurance
NHIF	National Health Insurance Fund
NHLS	National Health Laboratory Services
NHO	National Health Observatory
NRA	National Regulatory Authority
NSP	National Strategic Plan
NTDs	Neglected tropical diseases
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PCV	Pneumococcal conjugate vaccine
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHC	Primary health care
PHEMC	Public Health Emergency Management Committee
PMTCT	Prevention of mother-to-child transmission of HIV
PTB	Pulmonary tuberculosis
R&D	Research and development
SDG	Sustainable Development Goals
SOS	Sustainable Outreach Services
SRMNCAH	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health
STI	Sexually Transmitted Diseases
TB	Tuberculosis
UHC	Universal health coverage
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nation Development Program
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WCO	WHO Country Office
WHA	World Health Assembly
WHO	World Health Organization

Executive Summary

The WHO Eritrea Country Cooperation Strategy (CCS4) was jointly developed by the Ministry of Health and stakeholders such as development partners, other UN agencies and the WHO Country Office. The objective of the CCS is to demonstrate how WHO as a Secretariat (i.e. the Country Office, Regional Office in Brazzaville and Headquarters in Geneva) would jointly contribute to the attainment of national health development goals of Eritrea. In that regard, this strategy aligns WHO work on the Eritrea's Health Sector Strategic and Development Plan III (HSSDPIII) 2022-2026 aimed at improving the health status of its people.

Four strategic priorities have been set for WHO Cooperation in Eritrea. These are based on the country's health priorities indicated in the HSSDPIII, the WHO 13th General Program of Work; international commitments including the Sustainable Development Goals; and the comparative advantage of WHO and its contribution relative to the activities and priorities of other multilateral and bilateral agencies.

The first strategic priority is the support to increase achievement toward Universal Health Coverage, leaving no one behind.

The Eritrean health system is Primary Health Care (PHC) oriented. The new approach to primary health care is central to achieving the SDGs and UHC. Individuals and communities shall be the central focus of all efforts to move towards PHC for achieving UHC and SDGs. Given the recent increasing burden of noncommunicable diseases in the country, activities aimed at achieving global targets and honoring national commitments on its prevention and control have been elucidated in this CCS.

Achievement of UHC will require equitable distribution of health workforce with appropriate skills mix at all levels of the health system. The limited availability of specialized and mid-level health care workers continues to constrain the delivery of quality health services.

The second strategic priority focuses on the enhance health security through strengthened prevention, detection and response.

Eritrea has faced recurrent disease outbreaks and environmentally related adverse events such as droughts and locust invasions. To ensure that the people of Eritrea can enjoy health and wellbeing without the threat of shock events disrupting, this strategy will focus on providing and strengthening appropriate capacity to prevent, detect and timely respond to known and/or unknown shock events that may affect the health and wellbeing of the people.

The third strategic priority is to promote and optimize synergy, coordination and leadership on the determinants of health for improved health and well-being.

The health of a people is determined by their circumstances and environment, resulting from a combination of factors. The broad determinants of health shall be addressed through actions that involve multiple sectors of government, civil society, and the private sector, and sustain societies and environments that foster health and well-being.

There will be attention to promote policies and practices for healthy communities and environments, which help people to make the appropriate behavioural choices and receive quality care that promotes longer healthier lives. Close collaboration among sectors such as social protection, housing, education, agriculture, finance, environment, transport, energy, and urban planning.

The fourth strategic priority is to help Eritrea enhance health systems functionality to sustainably modernize medical services and expand resilient and comprehensive public health services.

Basing this on the Eritrea Essential Health Package (EHCP), the critical intervention gaps relate to clinical, rehabilitative, and palliative services particularly for noncommunicable conditions. This strategic agenda will focus on introduction of new interventions with emphasis on those that can be introduced with the existing capacity, and those whose availability is critical for the country. These interventions should be sustainable and provide services that are accessible to the vulnerable, and hard to reach populations.

WHO in Eritrea will endeavor to expand its health partnerships in all technical areas and use this CCS to inform the development of the new United Nations Strategic Cooperation Framework. Such partnerships are critical

to achieving the Sustainable Development Goals including cross-sectoral collaborations, promoting gender and human rights, and reducing inequities.

As part of the UN Country Team, WHO will fully participate in UN consultations on localization and implementation of the SDGs. The successful implementation of the strategic priorities outlined in this strategy will build on the achievements of the previous CCS, the Government's strong collaboration and good relationship with its counterparts, other major partners, and stakeholders. The WHO Country Office, guided by the provisions of WHO Reform and the African Region Transformation Agenda, will provide focused technical support to selected areas as reflected in the strategic priorities. This will require strengthening the supporting functions of the country office, mobilizing resources, shifting resources to new areas of work, strengthening teamwork and building partnerships with other stakeholders.

Furthermore, the monitoring and evaluation system of scoring each illustrative intervention accomplished annually will provide an objective assessment of WHO's performance on the CCS, identify gaps and provide timely mitigations, thereby contributing to the goal of the MoH to improve the well-being for all Eritreans at all ages.

The triple billion goals of the 13th WHO General Programme of Work (2019-2023)


WHO

1 Introduction

The Country Cooperation Strategy (CCS) is a medium-term strategic framework for cooperation between WHO and countries and outlines a shared agenda with priority areas of work for five years. The aim of this CSS is to define medium term vision for WHO technical cooperation with the State of Eritrea for a 5-year period, 2023-2027, in support of the country's Health Sector Strategic and Development Plan III (HSSDPIII) 2022-2026 aimed at improving the health status of its people.

The CCS will guide WHO in its work with Eritrea in line with WHO's global health priorities, core functions and comparative advantages. The formulation of a strategic agenda ensures that the main priorities continue to be addressed irrespective of changes of government and ministry officials as well as continuity in the programme of technical assistance delivered by WHO. The CCS is also the main instrument for harmonizing WHOs cooperation in countries with that of other United Nations (UN) Agencies and development partners. Furthermore, this CCS highlights Eritrea's contribution to the global health agenda in general and to WHO.

The first Country Cooperation Strategy for the State of Eritrea was developed for the period 2009-2013. The second was for 2014-2017 and the third covered the period 2018 -2021. The fourth CCS 2023-2027 was elaborated over several months with relevant stakeholders. The process involved internal and external consultations and provided an opportunity to evaluate the aims, objectives, targets and priorities in its various active policies, strategies, and action plans of Eritrea.

The current CCS takes cognizant of the oversight nature of the CCS as WHO's business plan that aligns its work with key national plans, aspirations and interventions including the National Health Policy, HSSDP III and related thematic technical strategic plans that mostly runs from 2022-2026.
In addition, the 2023-2027 timeframe will allow the CCS unique mandate to provide oversight over the UHC/SDG priorities, ongoing health partnerships and population needs in Eritrea including the approved SPCF. The timeframe will allow the CCS to be aligned with dynamic changes, emerging issues, and moving targets in the health landscape as the country implement related UHC/SDG priorities. This will ensure that the WHO Country Office in Eritrea is well positioned to provide relevant, fit for purpose health advisory and illustrative interventions.

This CSS has also ensured that actions taken are aligned with current strategic developments such as (i) the 13th General Programme of Work (2019-2025) of WHO introducing the triple billion goals; (ii) the development of the new UN Strategic Cooperation Framework (UNSDCF: 2022-26); (iii) Universal Health Coverage and SDGs; (iv) United Nations Reforms; (v) Regional and global transformation agenda for the World Health Organization (vi) Eritrea's introduction of the Health Sector Strategic and Development Plan III (HSSDPIII) 2022-2026 by the MoH; and (vii) the lessons learned from the COVID-19 pandemic.

The current CCS has identified four strategic priorities aligned to the country and global agenda, which are to:

1. Increase achievement toward Universal Health Coverage, leaving no one behind
2. Enhance health security through strengthened prevention, detection and response
3. Optimize synergy, coordination and leadership on the determinants of health for improved health and well-being; and
4. Enhance health systems functionality to modernize medical services and expand resilient and comprehensive public health services.

The CCS is structured around five chapters: After the introduction, chapter 2 assesses the public health status and health system in Eritrea as well as the collaboration with WHO in the past years. Chapter 3 outlines the strategic agenda for cooperation between Eritrea and WHO and provides details on the areas of collaboration between both partners. Chapter outlines the implications for WHO in implementing this CCS, and finally, chapter 5 describes the monitoring and evaluation process for the progress in the implementation of the strategy.

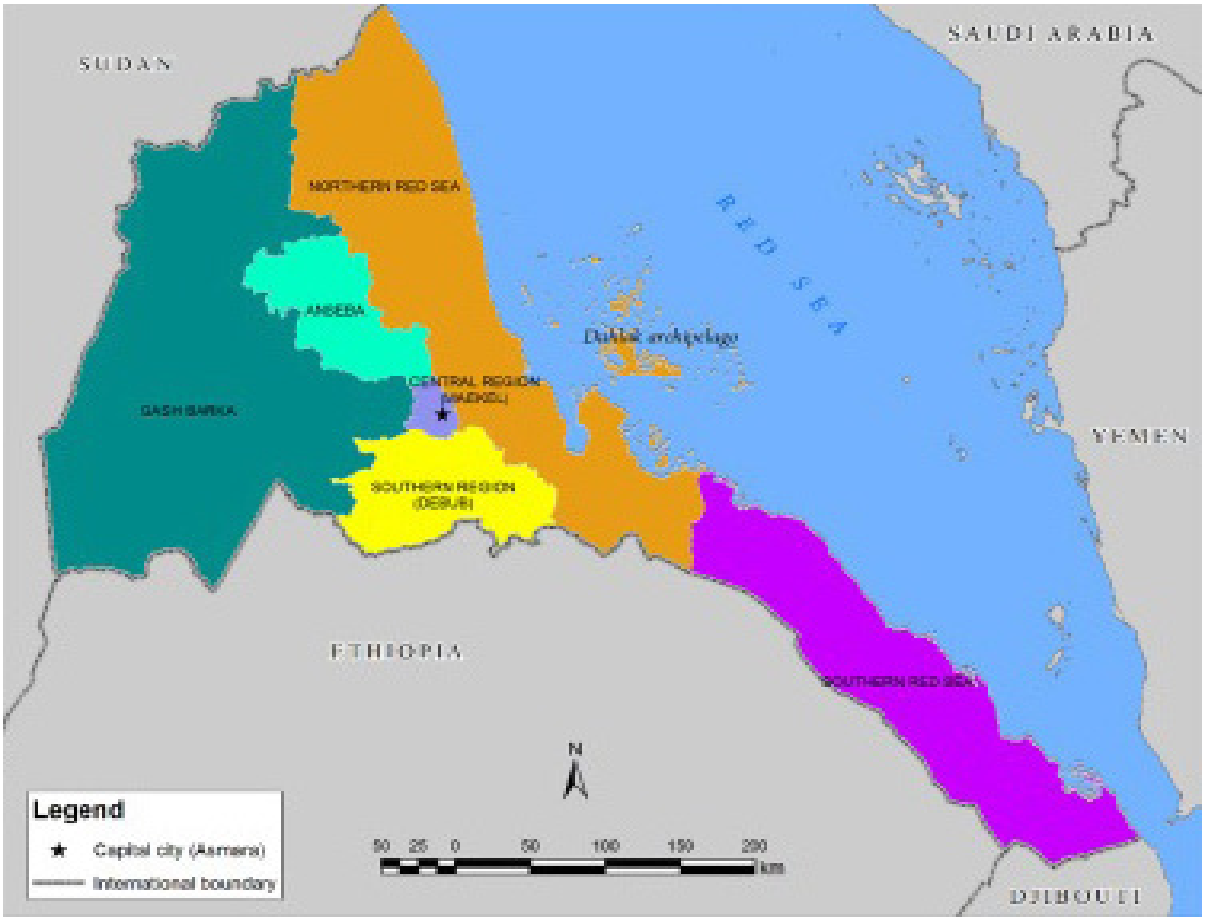
2 Country context

2.1 Political, Social and Economic Context

Eritrea is located in the Horn of Africa and borders the Red Sea to the east, the Republic of Djibouti to the South-East, Ethiopia to the South and the Republic of Sudan to the north and west (Figure 1). The surface area is over 124,000 square kilometers. The coastline with the Red Sea is approximately 1,000 kilometers and there are over 350 islands scattered off the coast in the Dahlak archipelago.

Eritrea is administratively divided into six regions, known as Zobas, namely, Gash Barka (GB), Anseba, Debub, Debubawi Keih Bahri (DKB), Maekel (MA) and Semenawi Keih Bahri (SKB). Efforts are ongoing to establish 58 district health structures which are aligned to the 58 administrative sub-zobas or districts. The country's altitude ranges from 1,800 to 3,000 meters above sea level. The mean annual temperature ranges from 15°C in the moist and arid highlands to 32°C in the semi-desert areas. Annual precipitation varies from less than 200 mm in semi-desert to 1,100 mm in the sub-humid Zobas. The population is estimated to be 3,650,000 (UNDESA 2021) as of 2021 and is projected to grow to 3,937,197 (increase of 7.9%) by 2026. However, Eritrea has not conducted a census since the liberation. According to the 2010 Eritrea Population and Health Survey, about 65 percent of the people live in the countryside.

Figure 1. Map of Eritrea showing the major cities and the surrounding countries



About 50 to 60 percent of the population lives in the highlands. As of 2020, about 41.1% and 14.0% of the total population was under the age of 15 years and under 5 years, respectively. The population that is 65 years and above is estimated at about 4.5%. Life expectancy at birth is estimated to be 67 years as at 2020 (UNFPA 2020).

The country has a stable political situation. Eritrea's economy is agriculture-based with 70% of the Eritrean workforce employed in agriculture, accounting for about one-third of the economy. There is a is broad potential of additional economic growth by exploiting other sectors such as mining, tourism, fisheries, port services and industries. Eritrea is party to various environmental international agreements, including the Convention on Biological diversity, UN Framework for Control of Climate Change and its Kyoto Protocol, UN Convention to combat desertification, Convention on control of trans-boundary movement of hazardous waste, Protocol on Ozone Layer Protection. However, the country remains vulnerable to droughts, on the average, every three to five years, and to natural hazards such as floods, volcanic activity, earthquakes, and desert locust infestation. The interventions in this CCS have been adapted to this unique geo-socio-political situation of Eritrea to ensure that health services get to even the hard-to-reach areas and populations.

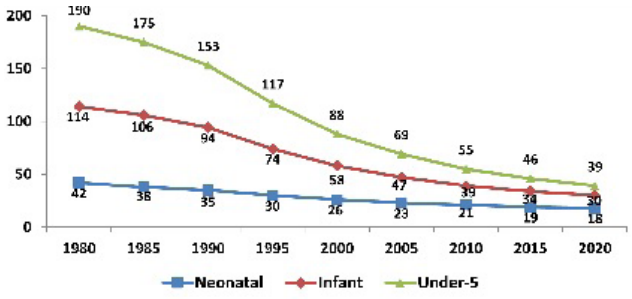
2.2 Health and Equity Situation

2.2.1 Health and Equity

The progress towards the attainment of the SDG health and health related targets was influenced by major external factors, specifically the emergence of the COVID-19 pandemic. Regardless of this, the neonatal, infant and under 5 mortalities have been on the downward trend, estimated at 18, 30 and 39 per 1000 live births by 2020 respectively (Figure 2). Similarly, the maternal mortality ratio has declined to an estimated 184/100,000 live births in 2019 (Figure 3). However, maternal and neonatal deaths still continue due to preventable or treatable diseases or conditions.

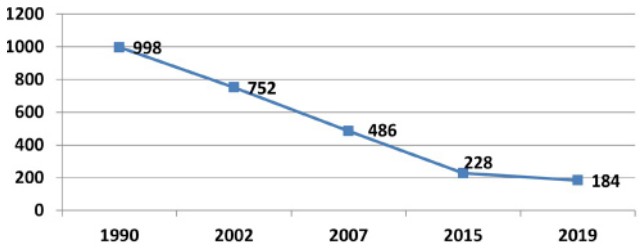
Majority of maternal deaths is due to postpartum hemorrhage, pre-eclampsia/ eclampsia, complications of unsafe abortion and sepsis. Significantly, neonatal deaths occur mainly due to preterm birth, birth asphyxia, neonatal sepsis and other causes related to poor maternal health. The neonatal mortality and still birth rates remained static at 18/1000 and 25/1000 live births respectively against the SDG target of 12/ 1000 total births. Over 40 per cent of all stillbirths occur during labour – a painful loss that could be avoided with improved quality and respectful care during childbirth including routine monitoring and timely access to emergency obstetric care when required. Moreover, significant regional disparities on performance of these indicators exist among the regions and the bulk of these deaths occur in Gash Barka and Anseba.

Figure 2. Trend in neonatal, infant and under-five mortality.



Source: UN IGME, 2021 (and previous UN IGM estimates)

Figure 3. Trend in Maternal Mortality ratio/100k live births.

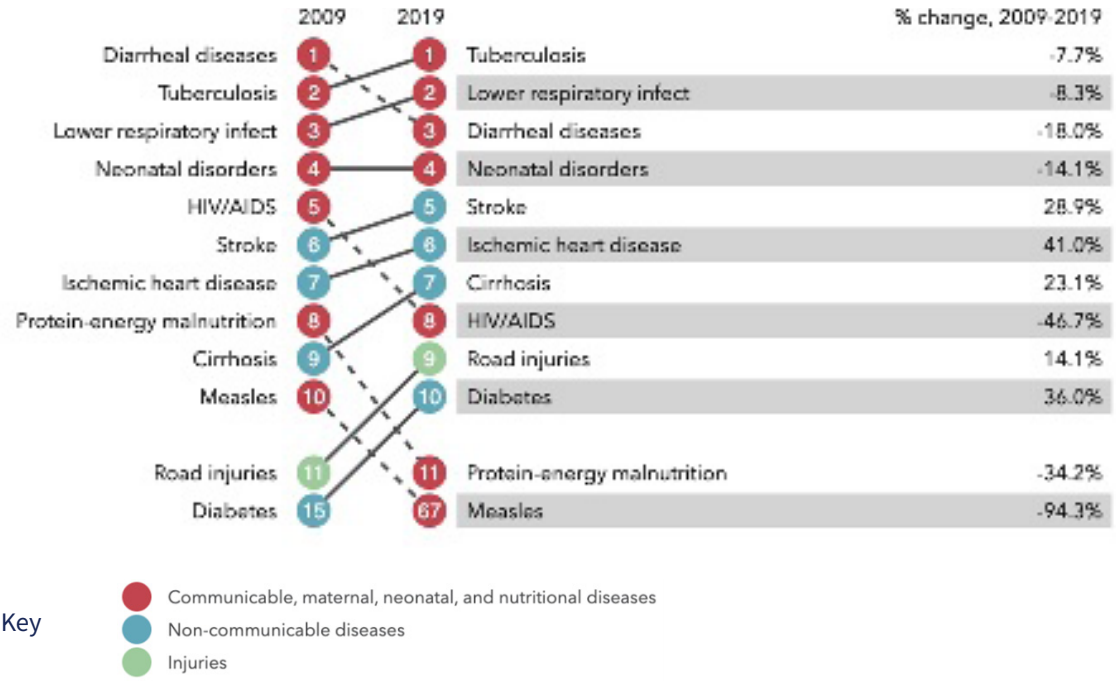


Data Sources: 1990 (EDHS 1995); 2002 (Mismay Ghebrehiwet et al, 2003): 2007 (EPHS 2010); 2015 (MoH estimate): 2019 (MoH estimate).

Though, the coverage of critical MNH interventions has increased over time, the quality of ANC and intrapartum care is suboptimal to reverse the current mortality trajectory. There have been changes of the top ten leading causes of death over a ten-year period (2009 to 2019), showing that while the prevalence of most of the communicable diseases are declining those of noncommunicable diseases (NCDs) are increasing (Figure 4). Eritrea is not spared from this rising incidence of NCDs, so, now has a dual burden of communicable and noncommunicable diseases (NCDs).

Accordingly, the country has developed a Major Non-communicable Diseases (MNCD) Five Year Strategic Plan and policy to combat major noncommunicable diseases (cardiovascular diseases, diabetes, cancer and chronic respiratory diseases) and to reduce the associated risk factors.

Figure 4. Changes of the Top 10 leading Causes of Mortality in the African Region



2.3 Universal Health Coverage Services

Universal Health Coverage (UHC) has been defined by WHO as means that all individuals and communities receive the health services, they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course. The Country developed and implemented a set of interventions including the Eritrea EHCP. The health care package is defined at each level of health facility from the national to the lowest level health station and the community.

The scope of services is comprehensive, covering promotion, prevention, curative and rehabilitation services for all. Eritrea is making progress towards the achievement of UHC with the UHC service coverage index increasing from 47.6% to 54.9% between 2016 and 2019. The UHC Service coverage index is contributed by Communicable diseases, Noncommunicable Diseases, Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH), and service capacity indices which are generated based on a set of indicators. It is projected that if the country continues with the current set of interventions with the assumption of the current estimates, there is a likelihood to achieve the SDG target of 70/100,000 of maternal mortality ratio. However, there is need to accelerate other health interventions that will significantly improve the health and well-being of the entire population in every relevant parameter/indicator.

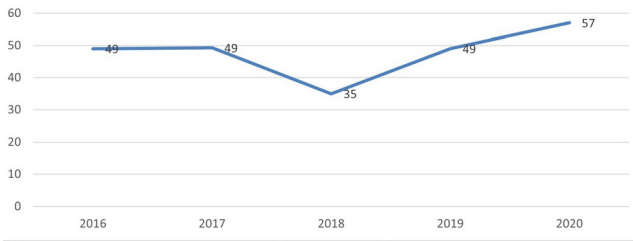
2.4 Emergency preparedness and response

2.4.1. Preparedness for health emergencies

Eritrea has completed its National Action Plan for Health Security, based on the Joint External Evaluation (JEE) for the International Health Regulations (IHR 2005). It has also conducted IHR core capacity assessment annually through the State Party Annual Self-Assessment Reports (SPAR) since 2017. Consequently, the country has made substantive progress in health emergency preparedness. The overall IHR core capacity index has increased from 49.3 (2017) to 57 (2020) (Figure 5), with improvements noted across the 13 capacities. Specifically, the country has enhanced its laboratory and surveillance capacities significantly. Following the revision of SPAR tool, the overall IHR core capacity index dropped from 57% in 2020 to 41% in 2022 due to introduction of a new tool.

Furthermore, specific multi-sectoral initiatives have been established. For instance, the coordination of antimicrobial resistance (AMR) (with Ministry of Agriculture, marine resources, land water and environment) is functional. The AMR national action plan 2021-25 is in place and is being implemented accordingly.

Figure 5. Trends of Overall International Health Regulations Core capacity index in Eritrea, 2016-2020



Eritrea has developed the 2022 – 2026 version of NAPHS (National Plan for Health Security), that addressed the gaps noted in the previous version as identified by the revised JEE tool. To ensure operational readiness, Eritrea conducted Vulnerability, Risk Assessment & Mapping (VRAM), which helped to identify the vulnerabilities and capacities at the Zoba and Sub-Zoba levels across the nation. Ten hazards/risks were prioritized as the most significant for the health sector in Eritrea: Cholera, pandemic influenza, Chikungunya, Dengue fever, migratory pests (Army worm, American Army Worm and Desert Locust), Brucellosis, drought, VHFs (Rift Valley Fever, Ebola Virus Disease and Yellow Fever), Zika and Road Traffic Accidents (RTAs).

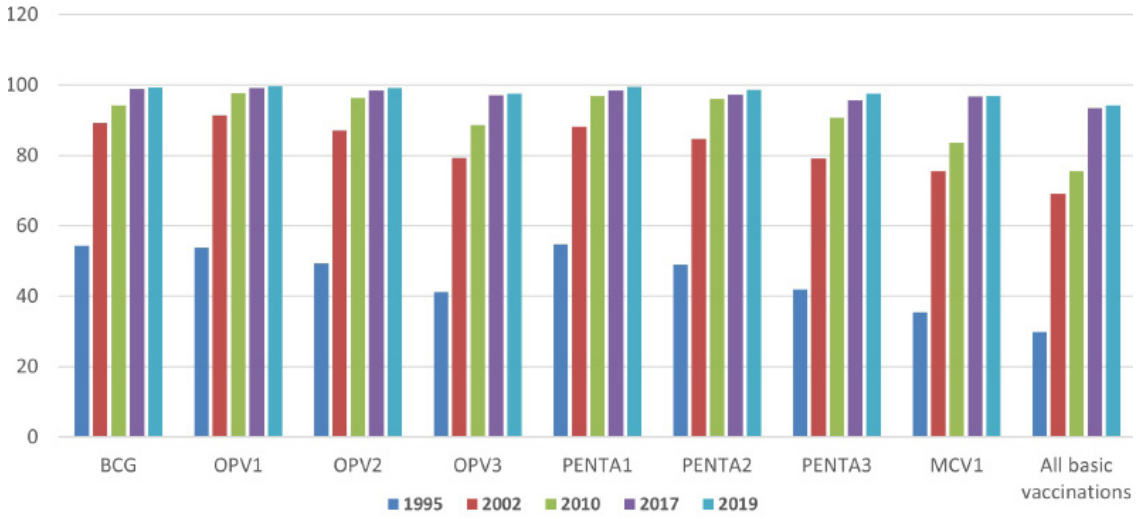
The VRAM and other structures in place were leveraged upon to implement appropriate and timely response to the COVID-19 pandemic. Regardless of these gains, Eritrea has not yet implemented operational readiness activities to address identified risks and vulnerabilities. Also, Eritrea has not yet developed a multi-hazard response plan (MHRP) or hazard specific contingency plans for the already identified priority hazards. Risk profiling is expected to be updated after every two years. Therefore, Eritrea is due for another risk profiling exercise.

2.4.2 Epidemics and pandemics prevention

Certain parts of the country are vulnerable to context-specific infectious high-threat pathogens. Modelling where and when these diseases are likely to occur and developing tools and interventions to manage the risks are imperative. Scaling and fully implementing effective control strategies for known infectious diseases such as cholera, yellow fever, and zoonotic diseases are critical. From the year 2010 to date, Eritrea has experienced outbreaks of measles, dengue fever malaria and zoonotic diseases like brucellosis and anthrax. These outbreaks have been managed by the MoH at national, Zoba and Sub-Zoba teams of the affected areas. However, the collaboration between MoH and MoA needs to be strengthened for better surveillance and control of priority zoonotic diseases.

Eritrea has sustained high vaccination coverage for all the antigens (Figure 6, now as 13, needs to be deleted). Eritrea has been polio free for over 15 years. However, in May 2022, an outbreak of circulating vaccine derived polio virus type 2 was reported suggesting that more efforts are needed to sustain and improve on the gains achieved in the EPI programme.

Figure 6. EPI Coverage Survey report for theyear 2020



2.4.3 Detection and response to health emergencies

To facilitate rapid detection and response to public health events, Eritrea has been implementing Integrated Disease Surveillance and Response strategies (IDSR). Both indicator Base Surveillance (IBS) and event-based surveillance (EBS) systems are in place at the community and facility levels, but EBS guidelines are not available. A total of 38 priority diseases, conditions and events are reported through the IBS system. The national reporting completeness and timeliness of priority diseases for health facilities is above 90%.

In May 2022, Eritrea adapted the 3rd Edition of IDSR Technical guidelines with a more structured evidence-based focus on the critical aspects of health emergencies. Eritrea has developed the capacity to detect all the priority diseases within the country except for polio and influenza. The country has designated laboratories for detection of priority diseases. The laboratories have varying levels of capacity to test for various human and animal health related hazards. The specimen referral network is documented for each priority disease and is effective.

The country participates in regional and international laboratory network and uses the agreed SOP for specimen collection packaging and transportation. Furthermore, Eritrea has established a multi-sectorial Public Health Emergency Management Committee (PHEMC) and subnational EPR committees to manage and coordinate disease outbreaks and hazards response.

2.5 Development partners

2.5.1 Main health and development partners in Eritrea

The main development partners within the health system include the multilateral agencies WHO, UNICEF, UNFPA, OCHA, FAO, UNAIDS, UNDP, UNHCR, JICA, the People's Republic of China) and public-private partnership organizations, non- governmental organizations, civil society organizations. In addition, there are south-south cooperation as well as collaborations with other ministries (Land, Water and Environment, Education, and Agriculture) within Eritrea.

2.5.2 Collaboration with the United Nations system at country level

WHO collaborates with the other UN Agencies that are operational in Eritrea. These include both the agencies resident in the country (FAO, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UN-OCHA and WHO) and those that are non-resident (UNESCO, IOM, IFAD, ILO, UNEP, UNIDO and UNODC) under the leadership on the UN Resident Coordinator. The UN cooperation framework with the Government, the "Sustainable Development Cooperation Framework between Government of The State of Eritrea and The United Nations 2022-2026", guides the areas and mode of cooperation among the UN Agencies with the Government of the State of Eritrea. The broad areas of cooperation are:

1. Human Development and Wellbeing
    - People: Equitable access to quality essential social services.
    - Peace: Accountable and efficient Institutions
2. Inclusive, Diversified and Climate Resilient Economy
    - Prosperity: Livelihoods, inclusive & diversified economy.
    - Planet: Climate resilient, sustainable environment & natural resources

2.6 WHO and Eritrea: A Collaborative History

The WHO office in Eritrea has been supporting the MoH technically and with catalytic funding to achieve its targets, thereby improving the health of the Eritrean people. The state of Eritrea has adopted the spirit of self-reliance. As such, the WHO has established innovative ways in brokering solutions with partners that are acceptable to the national authority while ensuring that such interventions comply with WHO rules. All the 3 levels of WHO and the national authorities are involved in providing the support to the country according to the magnitude of the interventions required.

The WHO country office has also adopted multi-sectoral approach that encourages the engagement of other sectors outside the health sector to address determinants of health. This is in line with the "health in all policies" as a way of "leaving no one behind". So, in collaboration with other partners and stakeholders WHO contributed significantly to the implementation of previous strategies of the CCS resulting in the achievement of multiple health related outcomes.

The performance of WHO in the previous CCS of Eritrea was assessed in a blinded survey of the relevant stakeholders. The overall assessment of WHO collaboration with MoH in Eritrea was judged as

satisfactory. The inputs of WHO in Eritrea was considered to have been impactful by 100% of the stakeholders, and 91.6% of them indicated that the work of WHO was important and indispensable to the country. When the stakeholders were asked to indicate which area of WHO's work was most impactful, the following three activities were the most frequent of the options:

1. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
2. Setting norms and standards, promoting and monitoring the implementation of any health agenda; and
3. Providing technical support, catalyzing change and building sustainable institutional capacity.

These choices are gratifying as they include the core functions of WHO. On the other hand, the stakeholders requested WHO to prioritize the following top four activities:

1. People centered health services based on primary health care;
2. Non-communicable diseases (diabetes, hypertension, cancer; mental health; violence and injury);
3. Strengthening the national health workforce; and
4. Increasing access to essential medicines, vaccines, diagnostics, devices and essential health services.

2.6.1 Key achievements over the past 5 years

During COVID-19 pandemic, WCO activated the business continuity plan and supported the country to ensure continuity of essential health services. WHO Regional Office for Africa (AFRO) included Eritrea as one in the Flagship program on UHC. Therefore, WCO supported the country to develop National Health Policy (NHP), HSSDP and the establishment of sustainable development goals (SDG) steering mechanisms that will facilitate progress in UHC. Interestingly, UHC service coverage increased from 49.3% to 54.9% (WHO) over two years and still progressing.

Communicable Diseases

WHO Eritrea provided normative technical support to the country in the last 5 years for the development of the following important technical products: HIV, Tuberculosis and Malaria strategic plans review; development of the Global Fund funding request for HIV, TB, and Malaria; RMNCAH programme review and development of the new RMNCAH strategic plan and EPI programme review and development of the National Immunization Strategic Plan among others.

The implementation of these have impacted positively as evidenced by a reduction of TB incidence from 108/100,000 to 89/100,000, and death from 19 to 16/100,000 from 2016 to 2018. HIV prevalence dropped from 1.1% in 2005 to 0.6% in 2019, and also HIV-related from 1,400 deaths in 2005 to 310 in 2019 or 9 out of every 100,000 people. Similarly, incidence of malaria has reduced from 157 to 25.6 cases per 1000 people per year (MOH 2020), (MOH 2020), (MOH 2020) . As a result of the progress made, Eritrea is taking steps to accelerate towards HIV, Syphilis and malaria elimination. Interestingly, as expected with these improvements in health indices the life expectancy which has increased from 55.7 in 2015 to 67 in 2020 (UNFPA 2020).

Noncommunicable Diseases

WHO provided leadership and managed to set up norms and standards for surveillance, prevention, and control of NCDs. The National Multi-Sectoral Strategic Plan for Noncommunicable Diseases (NCDs) 2019-2023 that guides prevention and control of NCDs in Eritrea was developed with WHO's technical guidance. In addition, WHO has facilitated capacity building on identification of risk factors and activities for the reduction of chronic NCDS and mental illness (MOH 2018).

Health throughout the life course

WHO Eritrea supported MoH to implement the integrated service delivery strategies and evidence-based interventions for Maternal, Newborn and Child Health; conduct End Term Program review of the Reproductive, Maternal, Neonatal, Child, Adolescent, Nutrition and Elderly Health; as well as the development of the comprehensive RMNCAHN & HAA 2022-2026 Strategic plan; conduct three rounds of Sustainable Outreach Services (SOS) in 16 hard to reach areas, and nomadic population. The support of WHO also contributed to the national immunization coverage for Penta3 sustained above 95% (2017-2021; and to finalize the Healthy and Active Ageing Framework (HHA) and the Integrated Care of the Older People (ICOPE) guideline.

2.7 Highlights, Lessons Learned and Opportunities

1. Given the high-level political support to improve the health of the population as evidenced by

allocating 29% of national budget for health, WHO will strengthen its collaboration with MoH and other health partners to mobilize resources as well implement the interventions in this CCS

2. The absence of a formal/statutory multisectoral coordination body for SDGs in the country is a fundamental weakness for accelerating progress. WHO with other partners will advocate for the creation of a government body to coordinate SDGs implementation. This will reduce waste of resources in duplication of activities in some while neglecting other equally important ones.

3. Build on existing COVID-19 structures by Government to strengthen country responsiveness for future pandemic and outbreak response.

4. The HRH production still faces challenges in meeting demands of the population. WHO will forge strategic partnerships with the UN sister agencies to accelerate implementation of the interventions to modernize medical services and expand resilient and comprehensive public health services.

5. The numerous demands on WHO from the country is an opportunity to innovate, adapt, leverage on the capacity of bilateral and multilateral partners and prioritize activities in addressing the needs.

3 Strategic agenda for WHO cooperation: 2022-2025

This CCS has taken into consideration the policy programs of the Eritrean government, the 13th General Programme of Work of WHO, the recently adopted Sustainable Development Goals for 2030 by the United Nations, the strategic priorities in the HSSDPIII of Eritrea, as well as the strength and weaknesses in the health service of the country. WHO adapted the following strategic priorities for their collaboration with MoH and other partners in order to sustain the gains made and provide the services required to meet the health needs of the people of Eritrea (MOH 2021):

1. Increase achievement of Universal Health Coverage, leaving no one behind;
2. Enhance health security through strengthened prevention, detection and response;
3. Optimize synergy, coordination, and leadership on the determinants of health for improved health and well-being; and
4. Enhance health systems functionality to sustainably modernize medical services and expand resilient and comprehensive public health services.

The associated text details the rationale behind the selection of these priorities, indicates the focus areas of the priority with strategic objectives that WHO and Eritrea plan to collaborate on for the period 2023-2027 (Table 1). Most of the Focus areas and strategic objectives have been derived from Eritrea's HSSDPIII thereby aligning WHO's support to the country's aspirations and goals. The collaboration will take many different forms, including technical, political, scientific, and financial, and may involve WHO at the country, regional and global levels. WHO's collaboration will be to support in the illustrative interventions, which will be the basis for the monitoring and evaluation of its performance in this CCS. The expected impact/outcome is as desired by the government of Eritrea and will be the basis for evaluating the effect of the interventions that have been implemented.

Table 1: Overview of the CCS 2023-2027 Strategic Priorities and focus areas

PRIORITY 1: INCREASE UHC COVERAGE	PRIORITY 2: ENHANCE HEALTH SECURITY	PRIORITY 3: IMPROVE DETERMINANTS OF HEALTH	PRIORITY 4: ENHANCE HEALTH SYSTEMS FOR SUSTAINABLE MODERNIZATION OF MEDICAL SERVICES
FOCUS AREAS	FOCUS AREAS	FOCUS AREAS	FOCUS AREAS
Availability of essential medical services	Strengthening capacity to Prevent and Prepare for health emergencies	Social determinants of health	Sustainable Modernization of Medical Services
Availability of essential medical services	Detection of threats	Economic determinants of health	Expansion of resilient and comprehensive public health services
Financial risk protection	Response to threats	Environmental determinants of health	
Service delivery systems		Political determinants of health	

3.1 Strategic Priority 1: Increase achievement of Universal Health Coverage, leaving no one behind

Universal health coverage is a global agenda demanding from countries to provide a healthcare system that assures access to health care to all individuals at affordable costs. Progress towards UHC means the health sector investments are:

1. Expanding the range of services available for Eritreans,
2. Taking these services to all Eritreans even those in hard-to-reach areas, and;
3. This is happening without imposing financial hardships to the people.

Under this strategic priority, there will be collaboration in the following action areas with illustrative interventions and desired outcome over the period of this Strategy:

Priority 1. Increase achievement of Universal Health Coverage, leaving no one behind	
Focus area 1.1 Availability of essential services	
WHO Illustrative Interventions	Country's expected Outcome indicator
1.1.1 Develop implementation plan for systematic introduction of Integrated Care of People of Grace Age (ICPOGA)	Improving proportion of health facilities providing ICPOGA from 20% to 100%
1.1.2 Support accelerated implementation and monitoring of the ICPOGA plan	Improving proportion of health facilities providing ICPOGA from 20% to 100%
1.1.3 Expand the efforts aimed at reaching unreached zero dose children and women, in hard-to-reach areas and nomadic population.	Improving immunization coverage in hard-to-reach for zero dose populations, from 79 to 90%
1.1.4 Provide evidence and guidelines to facilitate implementation of policies to promote Immunization Agenda 2030 (IA2030) for new vaccine introduction. (Hepatitis B birth dose vaccine, Malaria vaccine (when applicable), Yellow Fever vaccine etc)	New vaccines introduced to close gap in EPI according to IA2030.
Focus area 1.2. Coverage of essential services	
1.2.1 Advocate, encourage and incentivize the frequent use of antena tal services as a positive experience in childbirth.	Proportion of women with +4 Antenatal care visits increased from 46% to 72%
1.2.2 Promote and support the use of maternity waiting homes for populations living more than 10km from the nearest health facility	Proportion of deliveries by skilled birth attendants increased from 66% to 88%

1.2.3 Expanding the health promotion/intervention outreach sessions including hard to reach villages especially for pregnant women and children under five	Proportion of ITN use among people in malaria endemic areas increased from 59% to 95%
1.2.4 Strengthen the implementation of the END TB strategy	Improving TB and MDR-TB treatment coverage and success rate from70% to 84%
1.2.5 Expand TB and MDR-TB diagnostic and treatment services through the use of either established treatment centers or regular out-reach sessions, including hard to reach villages.	Improving TB and MDR-TB treatment coverage and success rate from70% to 84%
1.2.6 Strengthen efforts aimed at reaching global treatment and care targets for HIV	Improving HIV ART coverage from 81% to 90%
1.2.7 Expand HIV testing and treatment services through the use of either established treatment centers or regular outreach sessions, including hard to reach areas.	Improving HIV ART coverage from 81% to 90%
1.2.8 Increase surveillance of vaccine preventable disease to monitor the impact of the vaccines for disease elimination and eradication.	Annualized investigation VPD rate sustained above at 2/100,000 population
Focus area 1.3. Financial risk protection	
1.3.1 Improve health seeking behaviour; harmonize user fees	Financial risk protection for UHC by Standardized user fees and equity in access to health services across the nation
1.3.2 Advocacy for resource tracking using the National Health Accounts (NHA) tool s and standard indicators including Out of Pocket Expenditure.	Financial risk protection for UHC by Standardized user fees and equity in access to health services across the nation
1.3.3 Health Financing Policy/strategy	Improved Universal Health Coverage achievement (UHC Index level)
Focus area 1.4. Service delivery systems	
1.4.1 Establish and strengthen service accreditation systems for the health facilities providing the services	Proportion of health facilities providing 50% of rehabilitative interventions in line to the EHCP increased from 35% to 50%
1.4.2 Facilitate implementation of the Essential Health Care Package	Proportion of health facilities providing 50% of rehabilitative interventions in line to the EHCP increased from 35% to 50%

3.2 Strategic Priority 2: Enhance health security through strengthened prevention, detection and response.

Health security is meant to ensure that the people of Eritrea can enjoy health and wellbeing without the threat of shock events disrupting this. It encompasses the presence of appropriate ability to prevent, detect and respond to known and/or unknown shock events that may affect the health and wellbeing of the people. Eritrea is determined to reduce the morbidity, mortality and socio-economic losses caused by disease epidemics, disasters and other IHR hazards (IHR 2005). The WHO Country Office will work with other UN agencies and development partners to support the Government in implementing outlined interventions as well as other actions based on the National Action Plan for Health Security 2022-2026. This support will focus on:

1. Strengthening capacity to Prevent and Prepare for health emergencies;
2. Detection of threats; and
3. Effective and timely response to disease outbreaks.

Priority 2. Enhance health security through strengthened prevention, detection, and response.	
Focus area 2.1. Strengthening capacity to Prevent and Prepare for health emergencies	
WHO Illustrative Interventions	Country's expected Outcome indicator
2.1.1 Building national core capacities for the International Health Regulations	Increased proportion of IHR core capacities that are at least at level 3 from 66% to 80%
2.1.2 Collaborate with the MoH to develop, implement and monitor the NAPHS annual operations plan	Increased proportion of IHR core capacities that are at least at level 3 from 66% to 80%
2.1.3 Make functional the multisectoral committees to plan and monitor implementation of the NAPHS	Increased proportion of IHR core capacities that are at least at level 3 from 66% to 80%
Focus area 2.2. Detection of threats	
2.2.1 Increase the laboratory capacity to detect priority diseases and public health threats within the Zobas	Increase the number of priority diseases that are effectively diagnosed across the tiered laboratory networks from 5 to 10
2.2.2 Strengthen the implementation of Event Based Surveillance (EBS) by facilitating the development and implementation of the guidelines	EBS guideline available and being implemented.
Focus area 2.3. Response to threats	
2.3.1 Establishment of emergency operations centers at national and zoba levels to facilitate faster and coordinated response to health threats	Proportion of Sub-Zobas with risk profiles for high threat pathogens increased from 0% to 25%
2.3.2 Expand the surveillance system to include surveillance of essential services and system capacity changes	Proportion of Sub-Zobas reporting on the resilience of their health system as part of annual health sector monitoring increased from 5% to 25%

3.3 Strategic Priority 3: Optimize synergy, coordination, and leadership on the determinants of health for improved health and well-being

Health cannot be understood, assessed, and monitored through a single lens. A number of factors affect the health status and outcomes observed and experienced by individuals, households, and communities. These health determinants include a wide range of factors that are socio-cultural, economic, environmental, and political. This, therefore, calls for robust multi-sectorial action and collaborative efforts from stakeholders beyond the formal health sector. Although Eritrea has made considerable progress in many of the social determinants of health, there is still the need to make progress in several areas highlighted in the table associated with

1. Social determinants of health;
2. Environmental determinants of health;
3. Economic determinants of health; and
4. Political determinants of health.

Priority 3. Optimize synergy, coordination, and leadership on the determinants of health for improved health and well-being.	
Focus area 3.1. Social determinants of health	
WHO Illustrative Interventions	Country's expected Outcome indicator
3.1.1 Enrichment of exclusive breastfeeding publicity in the society, including from antenatal clinics, immunization sites and other available platforms	Proportion of infants (0–6 months) exclusively breastfed increased from 69% to 90%
3.1.2 Advocate and support for the implementation of the Nutrition strategic plan	Reduce prevalence of stunting among <5 reduced from 45% to 35%
3.1.3 Develop national strategies, policies guidelines and training manuals for health workers and community health workers for the prevention and management of all forms of malnutrition	Reduce prevalence of stunting among <5 reduced from 45% to 35%
3.1.4 Incorporate health packages into the existing MIHAP nutritional programme to further ameliorate health outcome	Reduce prevalence of stunting among <5 reduced from 45% to 35%
3.1.5 Nationwide and regular Publicity of risks of FGM/C.	Reduce proportion of girls aged <5 years who have undergone FGM/C from 0.6% to 0.0%
3.1.6 Educating the FGM/C operators to stop the act and get them alternative jobs	Reduce proportion of girls aged <5 years who have undergone FGM/C from 0.6% to 0.0%
Focus area 3.2. Economic determinants of health	
3.2.1 Integration into health-sector policies and programmes of equity-enhancing, pro-poor, gender-responsive, ethically sound approaches	Available policy to reduce disparity in access to health care services according to socio-economic status
3.2.2 Strengthen collaboration between MoH and MoLHW/MoA with TOR to ensure food safety	Food quality control laboratory established

3.2.2 Advocate for improved access to cheap and nutritious good quality food to food safety	Platform for regular meetings between MoH and MoA established with the goal to improve access to cheap and nutritious food.
Focus area 3.3. Environmental determinants of health	
3.3.1. Increase access of households to safe water and proper sanitation.	Proportion of population using basic sanitation services, including a hand-washing facility with soap and water (SDG 6.2.2) increased from 77% to 100%
Focus area 3.4. Political determinants of health	
3.4.1 Advocate for policy to establish and empower a health coordinating body that sets health prioritizes and channels funding and activities accordingly.	National coordinating body for health stakeholders with TOR established
3.4.2 Creating new opportunities for improved partnerships and an enabling environment that brings together the different stakeholders to undertake transformational change.	National coordinating body for health stakeholders with TOR established
3.4.3 Identify ways to optimize the contributions from a multiplicity of stakeholders and the different resources to build a resilient health system that will sustainably address the health and well-being of all the people without leaving anyone behind	National coordinating body for health stakeholders with TOR established
3.4.4 Innovate and implement health financing/insurance reforms that mobilize and pool funds to provide access to quality essential health care services.	Proportion of health to national budget in alignment to regional and global agreements
3.4.5 Advocate government funding for health according to regional and global agreements	Proportion of health to national budget in alignment to regional and global agreements

3.4 Strategic Priority 4: Enhance health systems functionality to modernize medical services and expand resilient and comprehensive public health services

Public health has been defined as the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society. Societies and countries change over time, causing the public health issues to alter across different populations. The challenge for public health is to ensure that services adapt and respond to these changes and reflect the current and future public health threats and risks. This is crucial in ensuring investments made are impacting directly on the health of the populations.

Priority 4. Enhance health systems functionality to sustainably modernize medical services and expand resilient and comprehensive public health services.	
Focus area 4.1 Sustainable Modernization of Medical Services	
WHO Illustrative Interventions	Country's expected Outcome indicator
4.1.1 Conduct a correlation analysis between available health staff, infrastructure and medicines to the disease burden to identify gaps	Comprehensive HWF observatory at national and Zoba levels. Inventory of infrastructure and essential and specialized medicines mapped according to Zobas. Established HWF needs at national and Zoba levels.
4.1.2 Scale up HWF training that is fit for purpose, with emphasis towards mid-level and specialized cadres.	Improve Human Resources for Health functionality by: Increase number of specialist doctors from 2 to 5 per 100,000 population Increase Nursing staff (including midwives and associate nurses) from 14 to 18 per10,000 population
4.1.3 Develop new HRH and Retention strategy	Improve Human Resources for Health functionality by: Increase number of specialist doctors from 2 to 5 per 100,000 population Increase Nursing staff (including midwives and associate nurses) from 14 to 18 per10,000 population
4.1.4 HRH deployment strategy for equitable deployment of HRH especially the mid-level and specialized cadres	Improve Human Resources for Health functionality by: Increase number of specialist doctors from 2 to 5 per 100,000 population Increase Nursing staff (including midwives and associate nurses) from 14 to 18 per10,000 population
4.1.5 Formulate national infrastructure development plan.	Improved health infrastructure by increasing: From 10.6 to 14 hospital beds /10,000 population From 5 to 20 Critical care beds (ICU) per 100,000 population
4.1.6 Support for Resource Mobilization drives for Expansion of health infrastructure to meet gaps	Improved health infrastructure by increasing: From 10.6 to 14 hospital beds /10,000 population From 5 to 20 Critical care beds (ICU) per 100,000 population
4.1.7 Establish adequate telephone and internet facilities	Improved health infrastructure by increasing: From 10.6 to 14 hospital beds /10,000 population From 5 to 20 Critical care beds (ICU) per 100,000 population
4.1.8 Establish procurement and donation of medicines guidelines	Improve availability and access to essential and good quality medicines by: Reduce Stock out rate of essential products from 10 to 5% Accredited Drug Quality Control Laboratory established
4.1.9 Develop innovative and coordinated medicine distribution approaches	Improve availability and access to essential and good quality medicines by: Reduce Stock out rate of essential products from 10 to 5% Accredited Drug Quality Control Laboratory established

4.1.10 Conduct patient satisfaction surveys	Improve availability and access to essential and good quality medicines by: Reduce Stock out rate of essential products from 10 to 5% Accredited Drug Quality Control Laboratory established
4.1.11 Strengthen the national regulatory authority (NRA) to ensure access to safe quality medical products	Improve availability and access to essential and good quality medicines by: Reduce Stock out rate of essential products from 10 to 5% Accredited Drug Quality Control Laboratory established
Focus area 4.2 Expansion of resilient and comprehensive public health services	
4.2.1 Support activities to improve competencies and quality of care provided by CHWs, including competency-based training, mentorship, and exchange programs	Availability of training modules for comprehensive and quality care for CHWs

4 Implementing the Strategic agenda: Implications for the secretariat

4. Implementation of the Strategic Agenda: Implications for the Secretariat

The current CCS will guide the strategic collaboration between WHO and MoH of Eritrea throughout the five years from 2022 to 2026. WHO and MoH of Eritrea will work together to implement the strategic agenda described in this CCS using resources made available by both parties to achieve the mutually agreed goals. Implementation of the strategic priorities set forth in this strategy will build on the achievements of previous country cooperation strategies, existing strong collaboration and good relationships with government counterparts.

The broad stakeholder consultation held in developing this CCS is to facilitate the buy-in of the stakeholders that should result in their active involvement in the sections relevant to their operations and interest. In implementing this strategy, the WHO will adopt the approach of The Transformation Agenda of the World Health Organization Secretariat in the African Region, which seeks to engender a regional health organization that is foresighted, proactive, responsive, results-driven, transparent, accountable, appropriately resourced and equipped to deliver on its mandate; an organization that meets the needs and expectations of its stakeholders.

Accordingly, the implications for WHO include maintaining 1)focused technical programmes as outlined in this strategy 2) implementing WHO core functions; efficiently utilizing technical resources at all levels of WHO; 3)strengthening partnerships; 4)improving communications; and 5) strengthening the administrative and financial functions of the country office.

4.1 Ensuring smart technical focus

The priorities were defined as part of a consultative process involving WHO, the Government of Eritrea and key stakeholders. The technical areas of WHO's work in the African region will be prioritized in line with country priorities and commitments. While new priorities may arise, it is critical for WHO to focus on and see through the priorities outlined in this CCS, and these interventions will be based on evidence and lessons learned from experience.

4.2 Financing implementation of the CCS

The estimated budget for the implementation of the fourth CCS is USD 32,184,470 with Strategic Priority 1 and 4 accounting for the majority

Table Estimated 5-year Budget (in USD) for the 2023-2027 CCS

Strategic Priority	Budget required (in USD)
Increase achievement of Universal Health Coverage, leaving no one behind	9,891,000
Enhance health security through strengthened prevention, detection, and response	4,354,600
Optimize synergy, coordination, and leadership on the determinants of health for improved health and well-being.	2,512, 370
Enhance health systems functionality to sustainably mordenize medical services and expand resilient and comprehensive public health services	12 690 000
Corporate services, cross-cutting and enabling services	2 736,500

Investment Case and Country Resource Mobilization Plan

Implementing this strategy will require additional shifts in human and financial resources in accordance with technical priorities, and the need for mobilization of additional resources by the WCO and MoH for areas that are currently under-resourced but feature among the priorities of the CCS. The WCO will continue to advocate for increased domestic financing for health in line with the GoSE's principle of self-reliance to fund the CCS and HSSDP III priorities. Other sources of funding include industry, private sector, and other international organizations that have interest in specific priority areas.

An Investment Case and Resource Mobilization Plan will be developed to mobilize additional resources to fully implement the CCS priorities. The WCO will prioritize evidence generation as a way of underscoring the investment in these priorities that will impact positively on the health of the population.

WCO will also advocate for other stakeholders including the GoSE to invest their financial resources for the highest impact on health in Eritrea. The cost of implementing the interventions in this CCS will be related to gain in health services rendered, improved quality of life and lives saved, thereby justifying the cost and efforts.

4.3 Focusing on WHO functions

WHO will not replace the government but rather work towards systematic capacity-building through counterpart relationships and continuous transfer of skills and knowledge. WHO staff will need to concentrate on its comparative advantage relative to many stakeholders in the health sector, add value to ongoing efforts, and fully carry out its six core functions of technical advisory support for activities that will have a measurable and sustainable impact.

4.4 Harnessing WHO resources at all levels of the Secretariat

Technical professionals are the principal resource of the WHO. The effective implementation of the four strategic priorities requires harnessing technical support at all levels of the WHO Secretariat from the MCATs to the Regional Office, and the WHO Headquarters.

One of the key results of the Transformation Agenda of the World Health Organization Secretariat in the African Region was the Functional Review exercise to create an agile, fit for purpose WHO Country Office in Eritrea that will support the MOH.

The Eritrea WCO has been transformed through implementation of the Functional Review recommendations and has strengthened its technical base and support through a new structure for the country. The exercise also created hubs of expertise within WHO in some countries, known as Multi-Country Assignment Teams (MCATs), that provide technical support to other WHO offices when needed in 6 priority areas.

These areas are

(i) RMNCH

(ii) HIV, TB & HEPATITIS

(iii) Tropical and Vector Borne diseases

(iv) NCD Prevention & Control

(v) Health Financing

(vi) Nutrition.

The MCATs supporting Eritrea on these 6 areas is based in Uganda, while that on health emergency is in Kenya. and will provide high-level real-time health technical support to the six critical program areas in an integrated manner to implement strategies aimed at achieving program goals and contributing to achievement of CCS and GPW13 goals. Therefore, the WCO when faced with technical challenges in implementation of this CCS has sources for assistance ranging from the MCATs in Uganda/Kenya to AFRO in Brazzaville-Congo and ultimately the Headquarters in Geneva-Switzerland.

4.5 Strengthening and expanding relationships with partners

WHO Eritrea will continue to actively participate in the existing health sector coordination mechanisms and provide the required technical support and health leadership. WHO engagement in the health landscape will ensure that the CCS and UNSDCF strategic priorities continue to be aligned with the national health policy and strategies. In the process, WHO will continue to support effective multi-sectoral and multidisciplinary collaborations, strengthen strategic partnership and promote engagement across relevant government entities, non-governmental organizations, civil society, and the private sector and facilitate their involvement in the implementation of this CCS.

4.6 Improving communications

WHO will strengthen its communication functions to better reach the public, its partners, and the media on its initiatives to improve health and welfare. The WCO would have to develop information products for dissemination online and to the media, revamp and regularly update its website, and generally improve documentation and dissemination of WHO activities and products.

5 Monitoring and Evaluation of the Country Cooperation Strategy 2023 -2027

This CCS has four strategic priorities. Each strategic priority has focus areas with associated strategic objectives. Achieving the strategic objectives will entail having one or more illustrative interventions as indicated in Chapter 3. WHO's role is to implement the illustrative interventions for the various strategic priorities in this CCS, and this will form the basis of assessment of performance. If indicated, the Eritrean government's performance would be assessed by the proportion of the expected impact/outcome indicators achieved.
The numbers of strategic priorities, focus areas, strategic objectives, and points per strategic priority are summarized in Table 2. A scoring system has been adopted to monitor the performance of WHO in this CCS by evaluating the proportion of the illustrative interventions implemented.

Table 2: Scoring according to illustrative interventions of the strategic priorities in CCS 2022-2026

Strategic Priority	Number of Focus areas	Number of Illustrative Interventions	Total Points per Strategic Priority
1	4	17	22 (100%)
2	3	7	7(100%)
3	4	15	15 (100%)
4	2	22	22 (100%)

For monitoring and evaluating the performance in this CCS, the WHO Country Office will constitute a core coordination working group, composed of members from within the office, MoH and if necessary, from WHO Regional Office or WCO in another country. The core coordination working group will undertake to review the extent of implementation of the CCS on an annual basis. The process will entail that each technical officer from WCO Eritrea in-charge of a strategic focus area and the associated illustrative intervention(s) tenders account of stewardship to the core coordination working group.

The coordination working group will ask questions and seek evidence to ascertain level of implementation and score 0, 0.5 or 1 for each illustrative intervention that was not implemented, partially or fully implemented, respectively. Thereafter the total number of points for each strategic priority as well as the overall CCS will be derived. Next, the percentage of the total points in that Strategic Priority will be determined. For instance, if in Strategic Priority 1, the sum of the points is 12 out of the total 17 points (Table 2), it scores 70.6%. The same process will be undertaken for all the 4 Strategic Priorities. Thereafter the overall performance of WHO on the CSS will be calculated by the percentage of the total number points from all illustrative interventions that have been implemented out of the total 61.
The performance on each Strategic priority as well as the overall CCS will be plotted each year throughout its duration.

At each M&E the illustrative interventions that are yet to be implemented will be identified and will become a point of focus for the subsequent years while efforts will be made to sustain those already achieved. This approach should M&E objective, enhance specificity in addressing strengths and weakness, and guide focus on capacity and resource needs.

5.1 Communication Plan

The outcome of the annual M&E assessment of the CSS will form the basis of WCO Eritrea Annual/Biennial Reports. These reports should consist of three major components:

1. The first part should briefly describe the objective of CCS and how the CCS was aligned to the national agenda with indication of the number of strategic priorities, strategic objectives and illustrative interventions planned. It should include that WCO has been scored according to the proportion of the illustrative interventions implemented per strategic priority in the year(s) of evaluation.
2. The second part should show results of the M&E using bar charts and graphs etc. the performance of WCO per each strategic priority as well as for the entire CCS. Where and when necessary appropriate diagrams should be used to show progression over the performance previous year.
3. The third part will highlight areas that need focus in the next year, the adjustments being made to tackle the identified gaps in the implementation. It will also focus on the status of achievement of HSSDP III, GPW13, SDGs and UHC strategic goals in Eritrea.

The full report should be made available for use within WHO at every level required. An abridged version including different information products derived from it will be used as tools for resource mobilization, partnerships and sharing the contribution of the WCO to achievement of results in Eritrea. A summary of it that highlights the achievements and actions to sustain the gains made as well as tackle the illustrative interventions not yet implemented could be put in a Newsletter for circulation to major stakeholders.

References

1. MOH. “Health Sector Strategic Development Plan 2022-2026.” Strategic Plan, 2021.
2. MOH. “National Malaria Strategic Plan (2021-2026).” Strategic Plan, 2020.
3. MOH. “National Multi-Sectoral Strategic Plan for Non-Communicable Diseases (NCDs) 2019-2023.” Strategic Plan, 2018.
4. MOH. “National Tuberculosis and Leprosy Control Program National Tuberculosis and Leprosy Strategic Plan 2021-2026.” Strategic Plan, 2020.
5. MOH. “The Sixth Eritrean National HIV/AIDS/STI Strategic Plan: 2021 – 2026.” Strategic Plan, 2020.
6. UNDESA. United Nations Department of Economic and Social Affairs; World Population Prospects 2022. 2021. https://population.un.org/wpp/Download/Standard/MostUsed/ (accessed October 2022).
7. UNDESA 2021: World-Social-Report-2021_web_FINAL.pdf (un.org)
8. UNFPA 2020: Annual report 2020 | United Nations Population Fund (unfpa.org)

WHO Country Office in Eritrea

Adi Yacob Street No.173,
House No.88/89, Geza Banda

P.O. Box 5561, Asmara, Eritrea

Tel: +291 11 41 71 /75 /67

Email: afwcoer@who.int

World Health Organization

Eritrea