

GLOBAL AIDS RESPONSE REPORTING
NARRATIVE REPORT-ERITREA (JAN 2013-DEC 2013)

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1. Status at a Glance

The Communicable Disease Control Division (CDCD) has been actively working to strengthen the existing PMTCT/VCT sites and fulfil the increasing demand of care and support requirements for people infected and affected with HIV and AIDS and the overall monitoring and evaluation of the program. The CDCD has completed the 2013 reporting requirement and detailed core indicators for the Global AIDS Response Report on behalf of the Ministry of Health of Eritrea. The source of data for these reports are based on the routing report of the program and Lot Quality Assurance Sampling (LQAS) Survey conducted during the reporting period.

2. Overview of HIV epidemic Eritrea

The State of Eritrea is experiencing a generalized epidemic with pockets of concentrated epidemic fueled by the sex workers and truck drivers; who constitute part of the Key Populations at Higher Risk (KPHRs). For example, 19 percent of the new infections are attributed to the truck drivers (MoT 2011). Similarly, the HIV prevalence among the sex workers and truck drivers is above the national average (special surveys 2011). After the second strategic plan was launched in 2003, five sentinel sero-prevalence surveys were conducted among pregnant women attending ANC services which indicated that HIV prevalence decreased from 2.47% in 2003 to 2.38% in 2005, 1.33% in 2007, 1.31% in 2009 and 0.79% in 2011. The results from Eritrea Population and Health Survey 2010 (EDHS+) which included sero-testing has also indicated that 0.93% of Eritrean adults aged 15-49 are infected with HIV. It also shows that the percentage of young people aged 15-24 who are infected with HIV has decreased from 2.1% in 2003 to 0.28% in 2010.

The findings from all the national surveys show that Eritrean epidemic has declined tremendously from 2.38% in 2005 to less than 1% in 2011. The Demographic and Health Survey results also confirmed that women still have a higher prevalence compared to men: women 1.13 percent against 0.5 percent for men (EDHS+ 2011). Sex differential is pronounced among young women 15-24 age group who are two times HIV infected than males of the same age group. According to the study, 0.15% of women of 15-19 age group were HIV positive compared to 0% HIV infection among boys of same age group.

3. National Response

Eritrea established a national HIV and AIDS programme in 1992 but its comprehensive and multinational response was mounted since 1997(the year the country drafted its first National Strategic Plan and National Action Framework). After the second strategic plan was launched in 2003, several sero-prevalence surveys were conducted among pregnant women attending ANC services, among long distance truck drivers, and among commercial sex workers.

Prevention of infection has remained the main stay of the Eritrean response against the epidemic. The prevention strategy is supported by a number of interventions since the early period of the national response. These interventions include:

- Prevention of Mother to Child Transmission(PMTCT)
- Condom Promotion and Distribution
- Counselling and Testing for HIV
- Treatment and Control of Sexually Transmitted Infections
- Transfusion of Safe Blood
- Knowledge and Awareness about HIV/AIDS
- Targeting Key Population at Higher Risk(KPHR)

4. Best Practice

- The proportion of pregnant women who attended their first ANC visit and who were counselled and tested for HIV increased from 2.6% in 2004 to 98.8% in 2013. On the other hand the HIV positivity rate in pregnant women reduced from 2.5% in 2004 to 0.35% in 2013.
- The cumulative number of people (including children) on treatment has increased from 709 patients in 2005, to 8419 in 2013.This means that there has been tremendous increase in the Percentage of eligible adults and children currently receiving antiretroviral therapy (using WHO eligibility criteria) that now stands at
- The ministry of health has been providing antiretroviral drugs since the third quarter of 2005. As of December 2013, about 8419 AIDS patients were receiving ART.
- One of the interventions provided to PLHAS is prophylaxis and treatment of opportunistic infections. All the ART sites and VCTs provide opportunistic infection prophylaxis and treatment to those eligible.

5. Major Challenges and Remedial Actions

Whilst significant progress has been made by the national response program in improving the HIV/AIDS situation in the country, there were several challenges.

- Inadequate PMTCT sites
- Paediatric treatment is limited outside of the capital and so rural children are missed
- Most facilities particularly health stations staffed by newly trained associate nurses with insufficient experience and skills for more complex HIV service delivery.
- Lack of space for counselling and testing in health stations
- Delay and incomplete report and under reporting of all HIV related activities

6. Monitoring and Evaluation

The communicable disease control division collects routine data on HIV and AIDS deaths, ART, HCT/VCT, PMTCT and condom distribution. The program also conducted Lot Quality Assurance Sampling (LQAS) Survey to monitor knowledge, behaviour and coverage in different population groups in HIV and other programmes.