Eritrea Health Update

Issue 2 No.13

23rd July – 5th August, 2007

PROFILES

Eritrea Population: 3,447,060 - (1997 Projection)

Number of Zobas (Regions): 6

Humanitarian Target population: 2.3 Million

Main Sources of humanitarian funding:

- **UN CERF**
- **ECHO**

HIGHLIGHTS

- Outbreak monitoring
- IDSR capacity building activities
- Antenatal care, skilled delivery attendance and immunization coverage
- Events:
  - Meeting of the Inter Agency Standing Committtee

ERITREA HEALTH UPDATE

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Outbreak Monitoring: Week 28 (9th – 15th July, 2007)

Report Completeness and Timeliness

The health facilities are submitting timely reports to the Zobas, thus maintaining optimal report completeness and timeliness. Most Zobas have submitted reports up to week 26 of the year (Table 1). The average health facility to Zoba report completeness was 94.7%, while the average timeliness was 87%. All Zobas except Gash Barka have optimal report completeness, while Gash Barka and Southern Red Sea have sub optimal report timeliness.

Cerebro-Spinal Meningitis (CSM)

No new suspected meningitis cases have been reported in the last 6 weeks. The total meningitis cases so far reported in the year remain 10 with 1 death, all from Zoba Northern Red Sea and the isolated pathogen was N. meningitidis type A.

Rainy season has set in in the meningitis zone and thus the threat of outbreaks is minimized. Even Northern Red Sea Zoba has received some rainfall.

Table 1: Average Health facility to Zoba weekly report completeness and timeliness as at week 26 (15th June – 1st July, 2007)

Zoba	Total Population	No. of HFs	Timeliness	Completeness
Anseba	554552	34	97.2	100.0
Debub	916467	60	97.1	99.4
Gash Barka	684972	65	66.9	87.6
Maekel	653639	31	100.0	100.0
NRS	556952	37	79.1	90.2
SRS	80481	15	27.7	99.0
Total	3,447,060	242	87.0	94.7

Malaria

Malaria cases in Gash Barka have been approaching the 3rd quartile threshold level for the last few weeks (figure 1). This is despite the fact that less than 70% of the health facilities are reporting. This is alarming in view of the fact that it is in Gash Barka where malaria is still a public health concern in Eritrea, and this is the malaria season in that Zoba. There could be foci of on going outbreaks in that Zoba. The attention of malaria control program is now focussed there.

The other Zobas did not show any sign of increased malaria activity, even though Debub Zoba is slightly behind schedule in reporting. The weekly numbers of cases at national level remain well below the third quartile threshold level (figure 2).

Diarrhoea and Bloody Diarrhoea:

The weekly numbers of cases of bloody diarrhoea (shigellosis) has been reaching the 3rd quartile threshold level at national level as seen in figure 3. This is due to increased reporting of cases from many Zobas including Gash Barka, NRS and Maekel (Figures 4, 5 and 6). No outbreak has however been reported from any of these Zobas.

No outbreaks of other diarrhoeal diseases were reported.

Other Outbreaks:

No outbreaks of other diseases have been reported in the reporting weeks.

Measles Situation:

Total suspected measles cases reported this year so far are 33. Only Northern and Southern Red Sea Zobas have not reported suspected measles cases this year. About half of the suspected cases were reported from Gash Barka.

All the suspected measles cases tested negative for measles IgM.

About 14% of the suspected cases tested positive for Rubella.

Figure 1

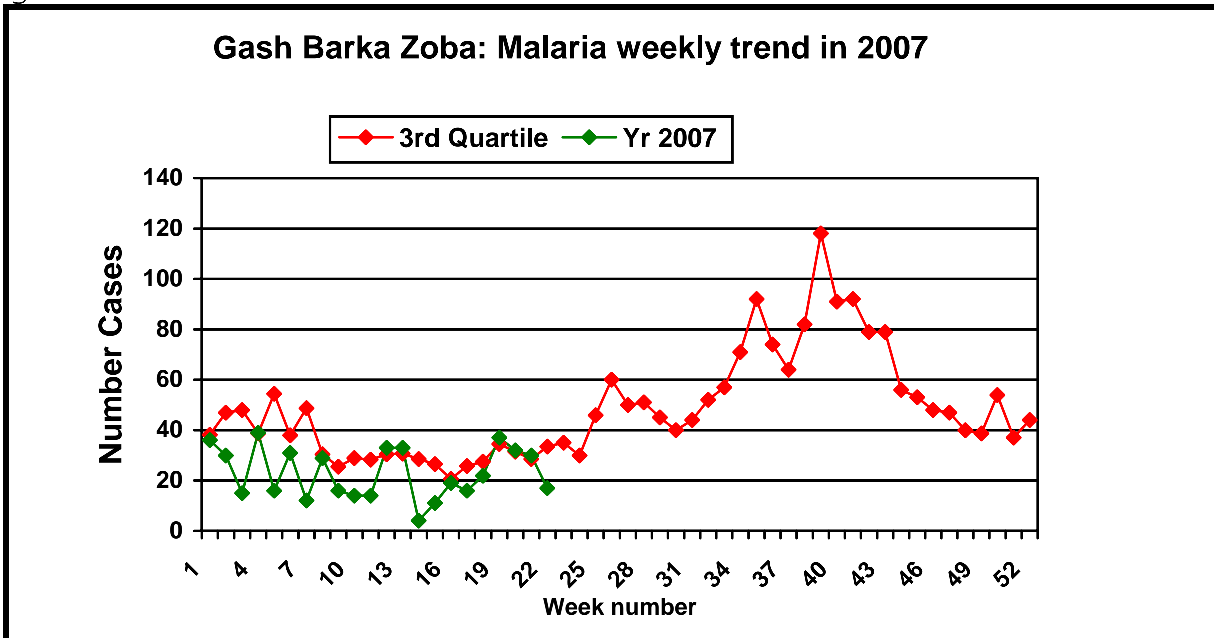


Figure 2

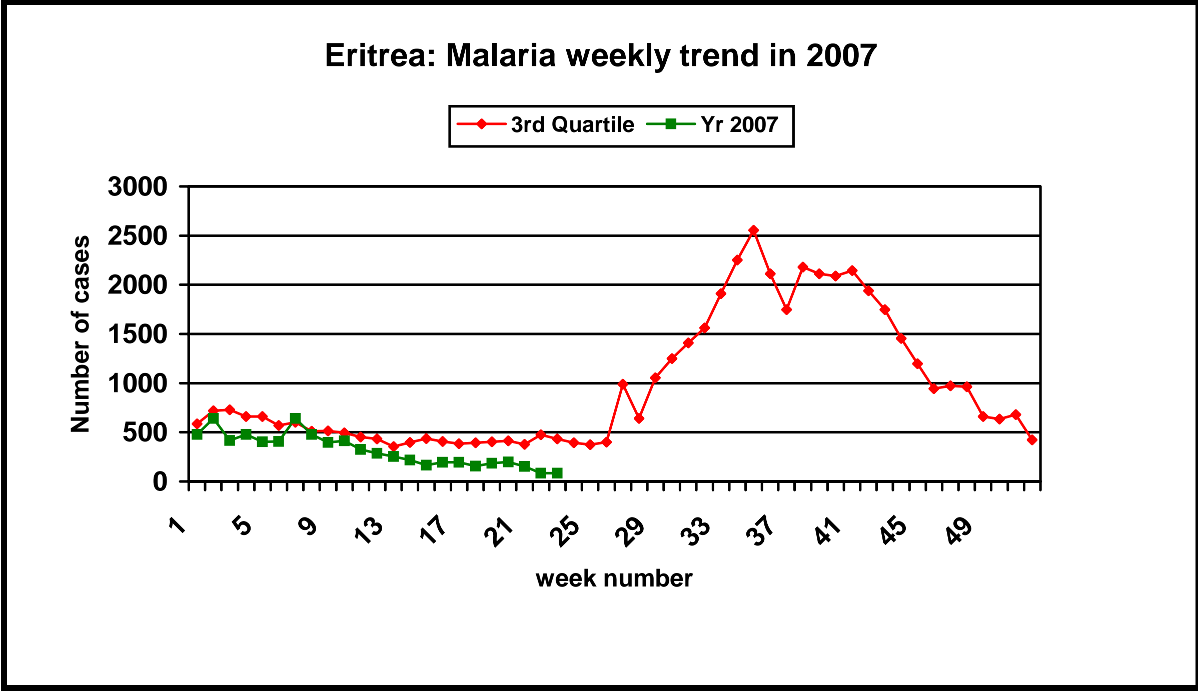


Figure 3

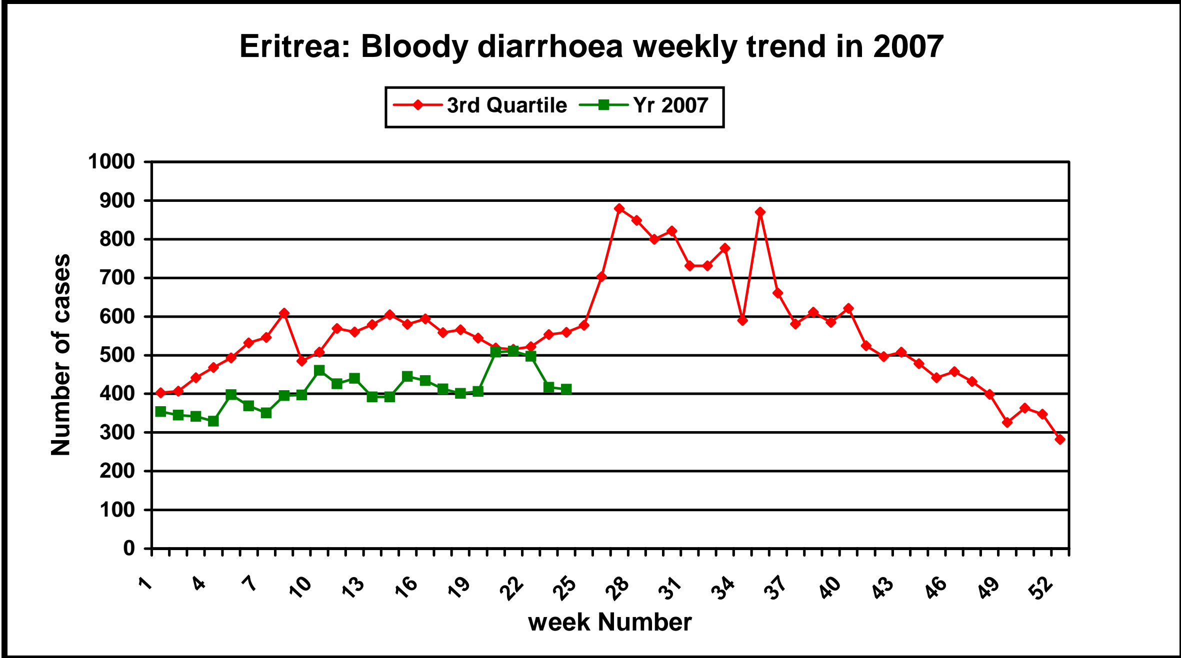


Figure 4

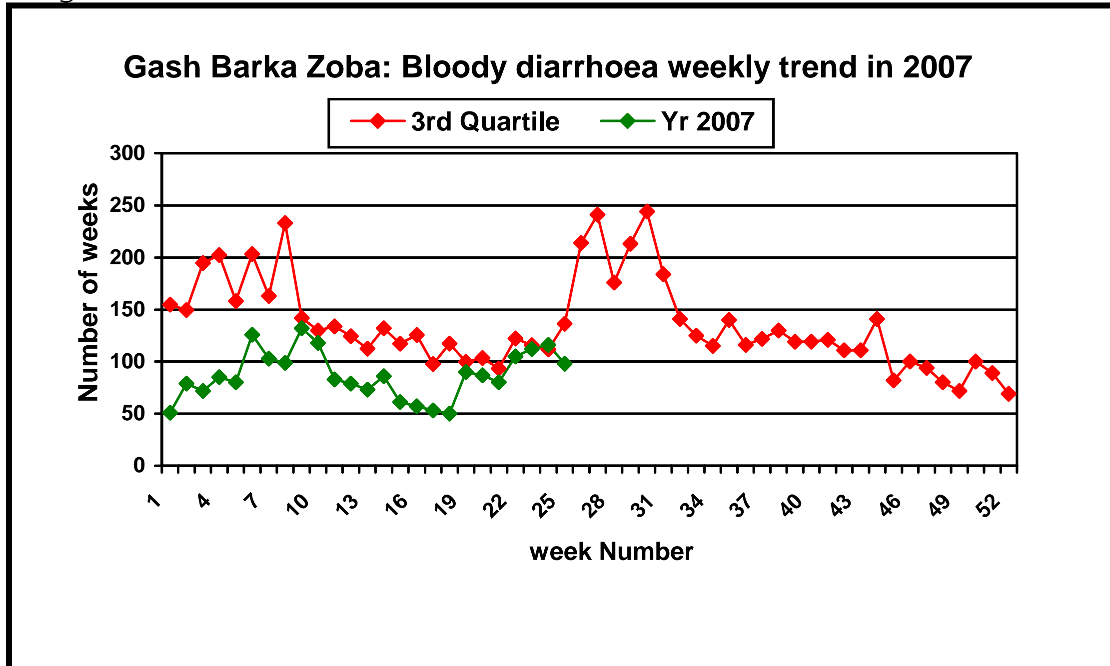


Figure 5

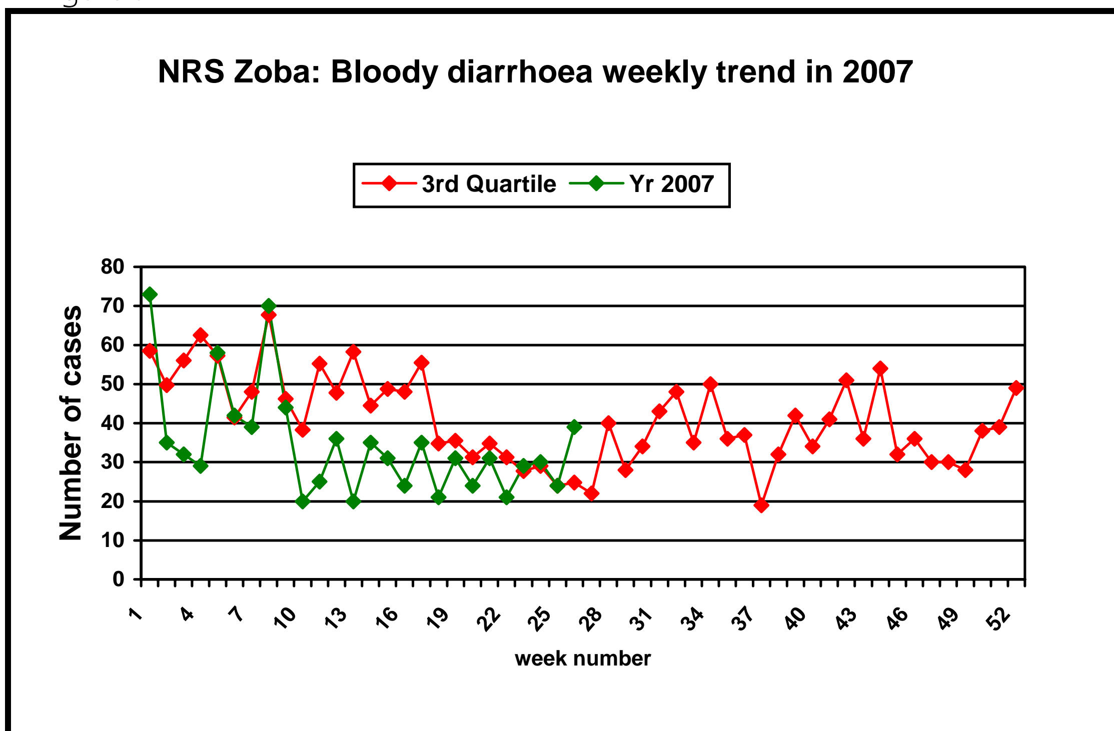
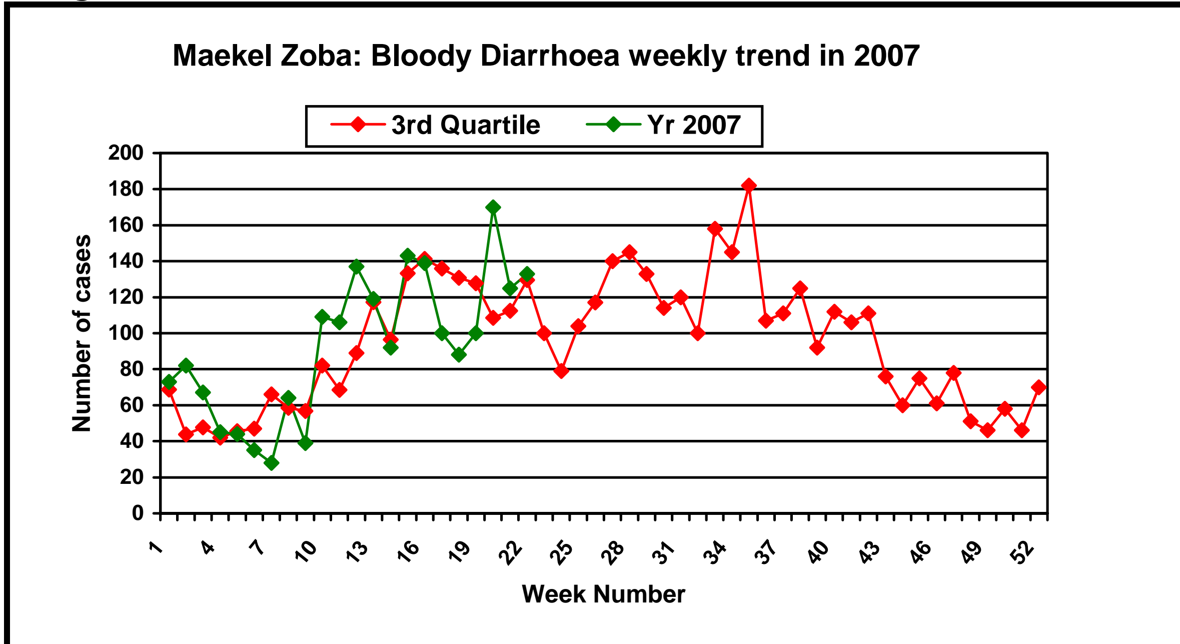


Figure 6



Antenatal Care, Skilled Delivery Attendance and Immunization Coverage:

In the previous issues of this bulletin, it was noted that the child and maternal mortality figures are very high and that to reduce these mortality figures, there is need to improve the utilization of some vital maternal and child health (MCH) services. These critical MCH services included antenatal care (ANC), skilled delivery attendance and immunization coverage. The emergency and humanitarian program has been providing these services as an integrated outreach service especially among the coastal and IDP re-settled populations. In order to achieve a sustainable improvement in these services however, there is need to improve routine utilization within the country's health system.

In this issue of the bulletin, we examine the utilization of ANC, skilled delivery attendance and immunization services. What is presented here is the routine report and does not include achievements recorded through the adhoc services provided through the humanitarian assistance.

Antenatal Care (ANC) Services:

ANC is the care provided to pregnant women to ensure normal pregnancy and fetal growth. It reduces the preventable causes of mothers and new born by providing necessary care and supplementation as well as screen and attend to pregnancies that poses high risk for both the mother and the child.

Figure 7

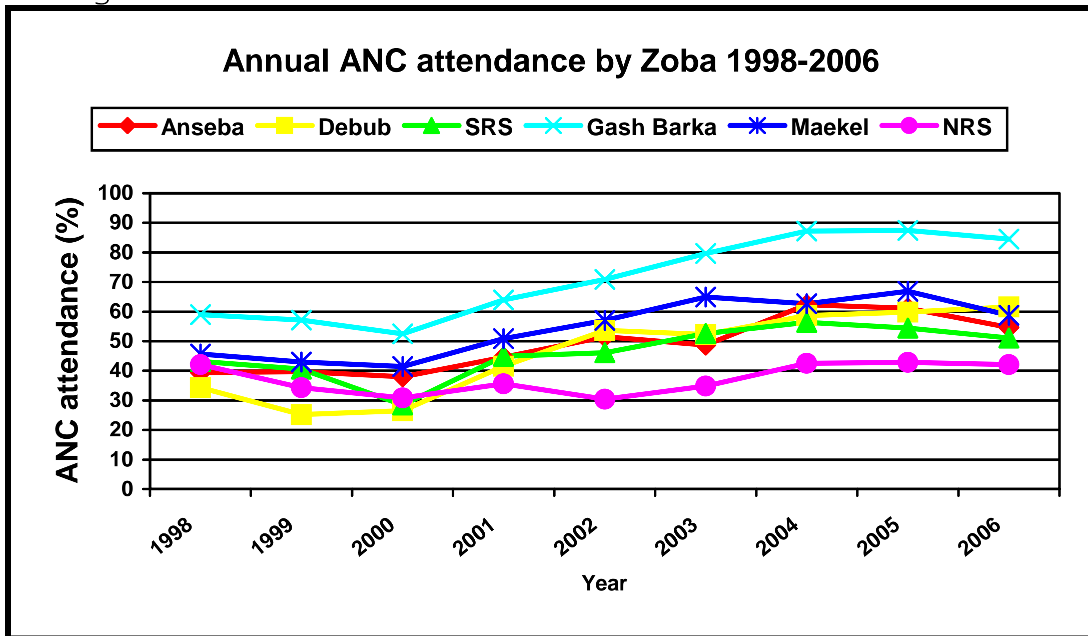
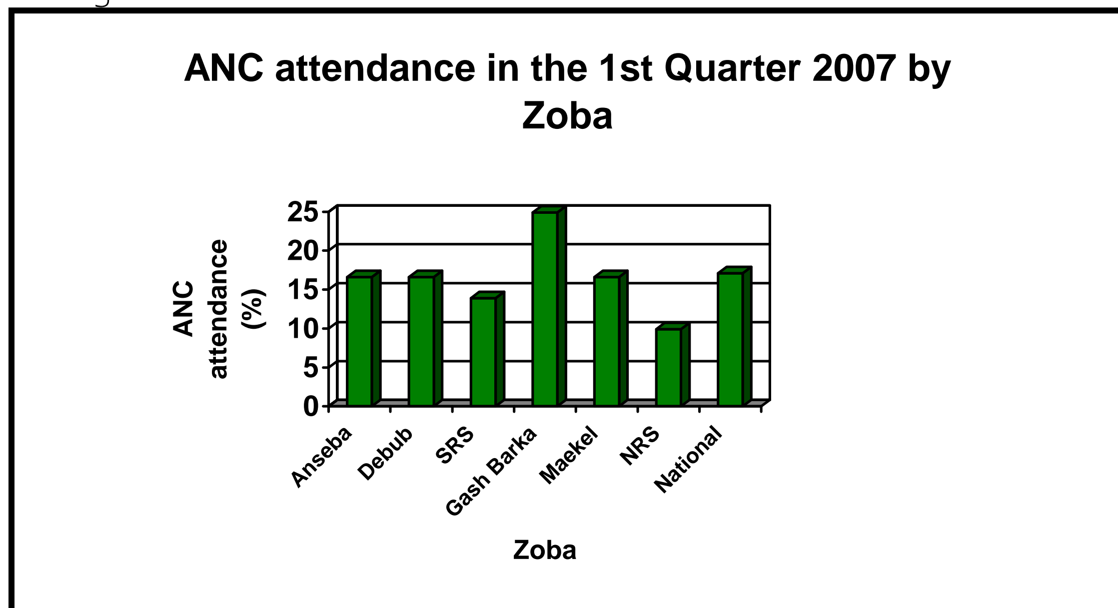


Figure 8



As can be seen from figure 7 above, the utilization of this service has always been low (below 60%) except in Gash Barka Zoba. There is however an encouraging increasing trend. In fact the first quarter figures for 2007 as presented in Figure 8 show a more promising trend except in Northern and Southern Red Sea Zobas. Other Zobas have already achieved more than 15% of the annual target at the end of first quarter and slight increase in efforts will result in achievement of more than 60% coverage at the end of the year.

The major problems have consistently been in Northern and Southern Red Sea where ANC coverage was always low. The reason is mostly lack of access due to terrain and nomadic lifestyle. The current effort to provide this service as an outreach has to be made sustainable through appropriate strategies.

Skilled Delivery Attendance:

Skilled delivery attendance is the delivery attended by trained skilled personnel such as midwife. This is an important service as skilled care is provided both to the mother and the child and complications are promptly addressed.

This service coverage has been consistently low in all the Zobas (Figure 9) and the trend at the end of first quarter (Figure 10) shows that a good coverage will not be achieved at the end of the year if maintained as less than half of the first quarter target has been achieved.

The reasons for low skilled delivery are multiple and they include access and socio-cultural factors.

Even though the issue of access is being addressed through the provision of maternity waiting homes, the socio-cultural aspects need to be addressed. These are wide range of factors including cultural beliefs, convincing Traditional Birth Attendants (TBAs) to make referral and female education among others.

Figure 9

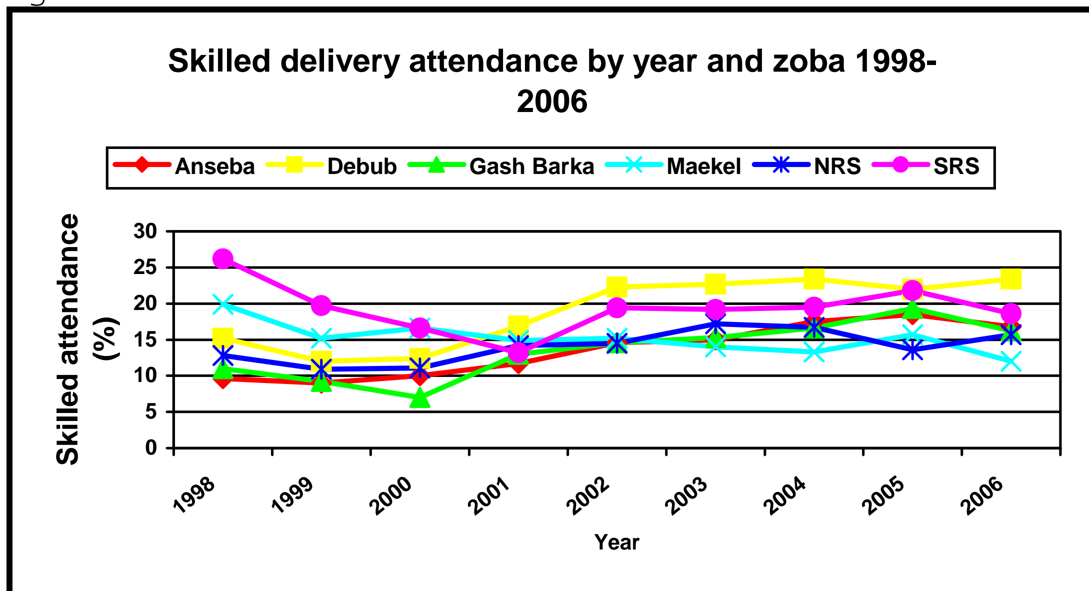
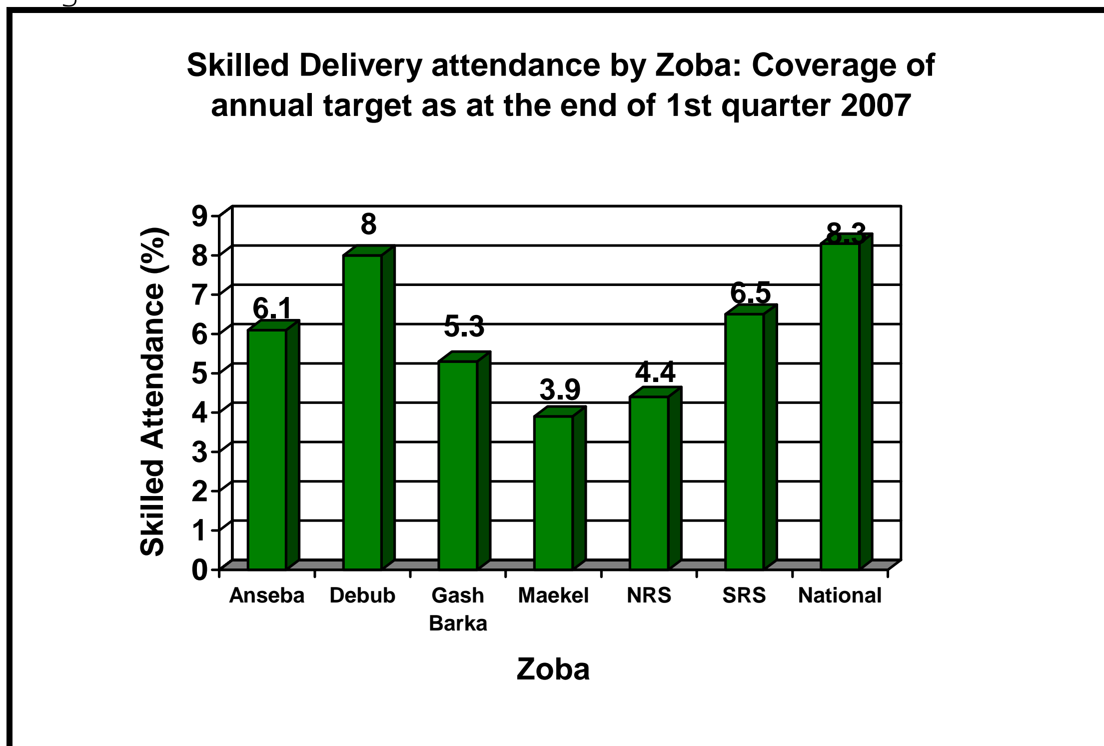


Figure 10



Immunization Coverage:

The routine immunization coverage in Eritrea has been consistently high and increasing since 2002 in all Zobas except Northern and Southern Red Sea (Figure 11). Thus most of the vaccine preventable diseases have been controlled and elimination targets reached for some like neonatal tetanus.

As shown in figure 12, this trend of high routine immunization coverage for all Zobas except Northern and Southern Red Sea has been maintained in 2007 with most of the Zobas approaching their targets for the quarter (25%).

The major reason for low immunization coverage in Northern and Southern Red Sea is poor access. This is being addressed by the humanitarian response through facilitation of outreach services, but has to be integrated within the system for sustainability.

Figure 11

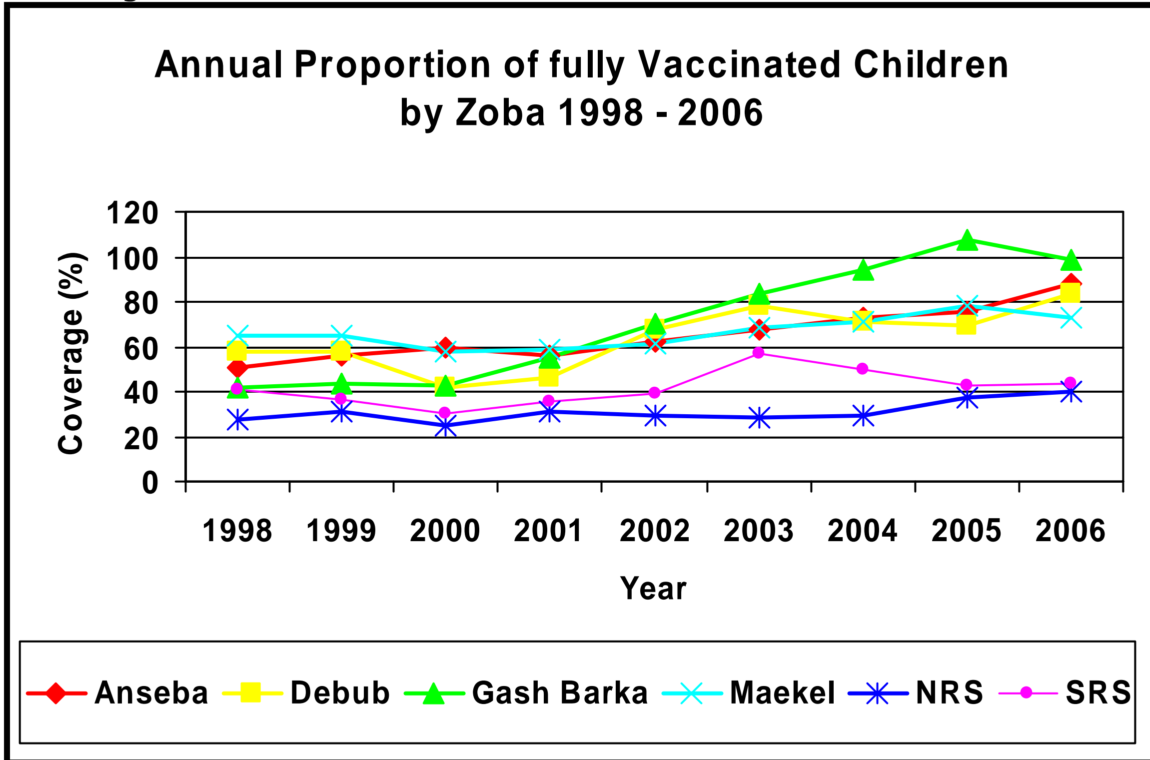
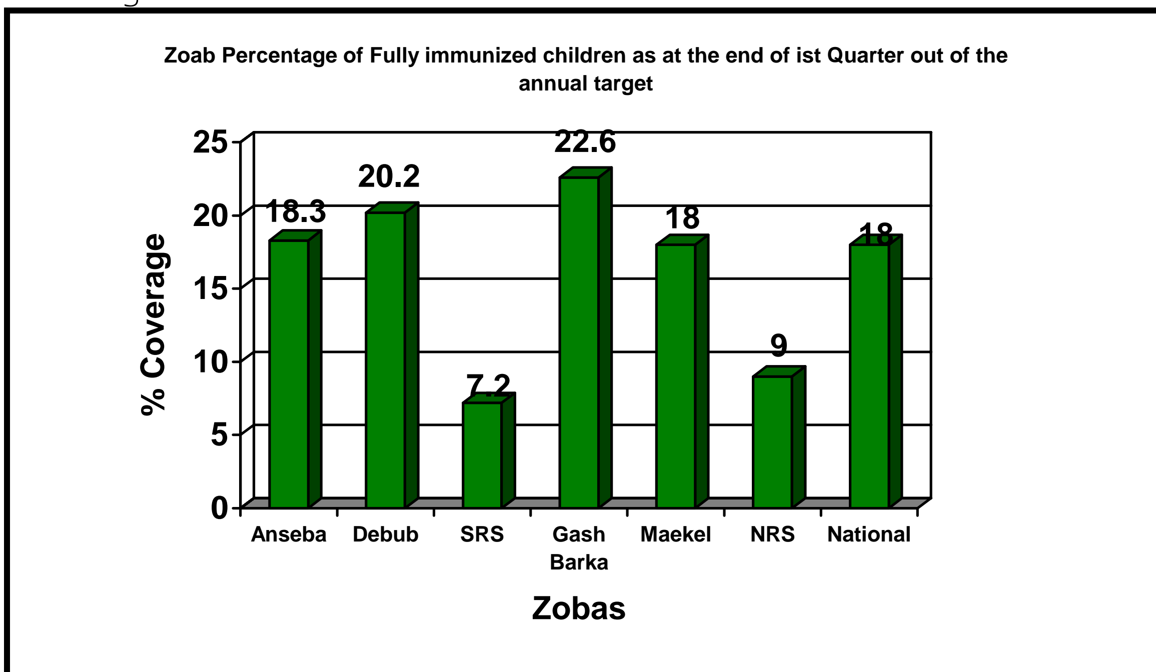


Figure 12



Events:

Inter agency Standing Committee-Country Team (IASC-CT) Meeting:

The IASC-CT meeting was held at the UNCT meeting room on 17th July, 2007. The meeting was chaired by the UN Resident Coordinator/ Humanitarian Coordinator – Mr. McLeod Nyirongo and was attended by UN agencies, NGOs, other humanitarian organizations and donor agencies.

The meeting discussed extensively on progress on humanitarian clusters, progress on CHAP, joint monitoring visits, follow up on issues raised during the visit of United Nations Secretary General's Special Humanitarian Envoy to the Horn of Africa, Mr. Kjelle Magne Bondevik and briefing on the outcome of the Nairobi Regional Food Security consultation meeting. The WHO shared a presentation on acute diarrhoeas.

The meeting in session

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