



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## ERITREA

Eritrea is Africa's youngest independent nation. The first case of AIDS was reported in the port city of Assab in 1988. According to the Ministry of Health, the average national adult HIV seroprevalence is under 3 percent. Even at this moderate level, in 2002, AIDS became the leading cause of in-patient death among persons above the age of 5 years.

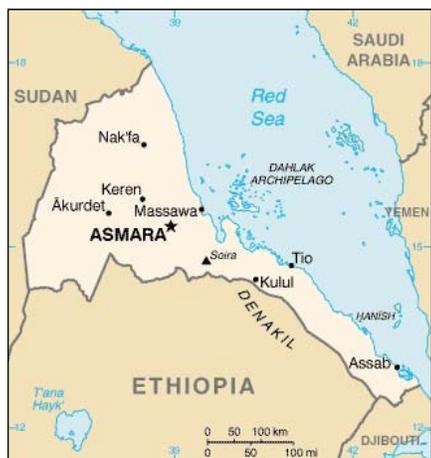
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	60,000
Total Population (2001)	3.6 million
Adult HIV Prevalence (end 2003)	2.4%
HIV-1 Seroprevalence in Urban Areas	2003
Population most at risk (sex workers)	24.1%
Population at low risk	0.1%
	(secondary students, 2001); to 2.4% (antenatal attendees 2003)

Sources: Ministry of Health, UNAIDS

The cumulative number of AIDS cases reported in Eritrea exceeded 17,000 by the end of 2003. Approximately 70 percent of reported cases are among young adults aged 20 to 39, and approximately 5 percent are among children under age 15. Most AIDS cases are reported in urban centers including Asmara (49 percent), Massawa (6 percent), and Keren (3 percent). Members of the Eritrean Defense Forces accounted for 26 percent of the reported AIDS cases in 2000.

A national HIV behavioral and seroprevalence survey conducted by the Ministry of Health in 2001 showed rates of HIV infection of 0.1 percent among secondary school students, 2.8 percent among antenatal clinic attendees, 4.6 percent among the military, and 22.8 percent among female bar workers (including sex workers).

Both the 2001 study and the 2002 Eritrea Demographic and Health Survey found a high level of AIDS awareness: more than 95 percent of respondents reported that they had heard of HIV and AIDS. The Demographic and Health Survey also found that most women know at least one effective way to avoid HIV and AIDS, e.g., limit sex to one partner (71 percent), use condoms (54 percent), and abstain from sex (47 percent). However, only 2 percent of the women interviewed mentioned avoiding sex with persons who have many partners, which is particularly relevant to women in Eritrea. Despite high awareness about HIV and AIDS, the 2001 study, the 2002 Demographic and Health Survey, and others studies found a very low perception of personal risk of HIV infection. Of those surveyed in 2001, 72 percent believed they were at no risk of contracting HIV. Women were more likely than men to report they had no risk of infection, although more than 56 percent of the women surveyed reported their husbands or partners had had more than one partner. High percentages of bar workers (60 percent) and soldiers (62 percent) also believed they were not at risk of infection.



Map of Eritrea: PCL Map Collection, University of Texas

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According to UNAIDS and other sources, Eritrea faces the risk of a rapidly expanding HIV/AIDS epidemic in the next few years. Reasons for concern include the high proportion of Eritreans aged 18 to 40 in the armed forces and the planned demobilization of 200,000 or more national service recruits. UNAIDS also cites as concerns the internal population displacement, economic vulnerability, high levels of denial at all levels of the population, and significant stigma and discrimination against persons living with HIV/AIDS and their families.

## **NATIONAL RESPONSE**

The first five-year plan for HIV/AIDS was developed in 1997, and policies and guidelines for HIV/AIDS and sexually transmitted infections were adopted in 1998. In late 2002, the Ministry of Health carried out an analysis of the current situation and led a multisectoral effort to develop the National Strategic Plan for HIV/AIDS and Sexually Transmitted Infections, 2003–2007. The reorganization of the Ministry of Health in 2003 upgraded the National AIDS Control Program to the National AIDS/Sexually Transmitted Infection and Tuberculosis Control Division.

With its partners, the Ministry of Health has led a comprehensive response to the HIV/AIDS epidemic in Eritrea. Prevention activities have included behavior change communications, advocacy, voluntary counseling and testing, condom promotion and distribution through government outlets and social marketing, blood screening, and sexually transmitted infections prevention and control. The Ministry of Health has led efforts to provide care, support, and counseling for persons living with HIV/AIDS and those affected by the epidemic, especially children and orphans. In addition, the ministry is working to improve the medical management of HIV/AIDS by training health care providers in diagnosis of HIV/AIDS and other sexually transmitted infections, and in care for those infected. In 2003, the Ministry of Health piloted the introduction of antiretroviral drugs for the prevention of mother-to-child transmission of HIV, for post-exposure prophylaxis in health facilities, and for the treatment of HIV/AIDS in selected cases. In 2004, the ministry issued revised the guidelines for the clinical management of HIV/AIDS, including new policy and implementation guidelines for treating patients with antiretroviral drugs.

In 2001, Eritrea signed a \$40 million credit agreement with the World Bank to finance the HIV/AIDS, Malaria, Sexually Transmitted Infections and Tuberculosis (HAMSET) Project. The HAMSET Project is a long-term, multisectoral, multilevel program that is being implemented through the collaborative efforts of numerous government ministries, nongovernmental organizations, and other partners, with the Ministry of Health as the coordinating body. In 2004, the Global Fund to Fight AIDS, Tuberculosis and Malaria approved Eritrea's proposal (written with technical support from USAID) for two years of support for approximately \$8 million to scale up prevention activities as well as care and support for people living with HIV/AIDS.

## **USAID SUPPORT**

USAID allocated \$2.3 million to HIV/AIDS activities in Eritrea in 2003, up from \$1.5 million in 2001. The Mission also requested a \$2.3 million allocation for 2004.

USAID supports activities in the following areas:

### ***Behavior change communications***

USAID/Eritrea has supported the development and implementation of the national HIV/AIDS behavior change communications strategy titled *Winning Through Caring*. Activities include community sensitization campaigns, mass media campaigns, the development of a radio soap opera, as well as posters, leaflets, stickers, and billboards. An estimated 30,000 Eritreans are being reached through peer education discussion groups organized at the community level. Other activities undertaken with the support and technical assistance of USAID/Eritrea include mobile video unit presentations, concerts, drama performances, school debate events and essay contests, production of a popular television program that discusses sex and health issues, and celebrity television spots promoting HIV/AIDS prevention.

## **Advocacy**

USAID has worked closely with UNAIDS and the U.S. Embassy Public Affairs Office to promote HIV/AIDS awareness through study tours and in-country events, including presentations by a photojournalist, traditional story-teller, and an American living with AIDS who is active in faith-based and business community HIV efforts. In collaboration with UNAIDS, USAID sponsored an Ambassadors of Hope Mission in November 2000 through which Ugandan HIV activists met with thousands of Eritreans, from cabinet ministers to frontline troops, to alert them to the threat of HIV/AIDS. The U.S. Embassy and USAID have an active HIV and AIDS workplace prevention program to inform employees about HIV/AIDS, to distribute condoms, and to make appropriate referrals for people who need additional resources.

In September 2002, USAID supported training for 85 members of the Interfaith Committee, representing the Catholic, Eritrean Orthodox, Evangelical Church of Eritrea, and Muslim communities, on incorporating HIV prevention into their programs. The committee released a joint statement supporting HIV prevention activities in Eritrea, urging that "... HIV/AIDS needs its own emergency response with a proper national strategic plan in concert with other concerned bodies in Eritrea and by our churches."

In May 2003, USAID conducted an advocacy stakeholders' analysis and will develop and implement a full advocacy strategy as part of the overall behavior change communication strategy. In July 2003, nurses from Eritrea Nursing Council received advocacy training.

## **Capacity building**

USAID/Eritrea provides training and technical support to the Ministry of Health and the National AIDS/Sexually Transmitted Infection and Tuberculosis Control Division to strengthen capacity to provide technical and policy guidance on HIV/AIDS activities. With USAID support, long-term technical advisors work side-by-side with ministry staff to develop systems and to build capacity for prevention, care, and support programs. With USAID support, the Ministry of Health conducted a situation analysis of sexually transmitted infections in 2003 and a comprehensive HIV/AIDS and sexually transmitted infections situation and response analysis in 2002–2003; reestablished HIV antenatal sentinel surveillance in Eritrea during 2003; and finalized a comprehensive care and support manual. In addition, USAID/Eritrea has begun to strengthen the capacity and technical skills of the Ministry of Health and its partners to conduct behavioral surveillance of vulnerable groups (e.g., sex workers and their clients), track trends, monitor interventions, and periodically assess the status of the epidemic.

## **Voluntary counseling and testing**

USAID/Eritrea has provided technical support and training to establish voluntary counseling and testing in 20 hospitals and four freestanding voluntary counseling and testing centers in Eritrea. More than 100 counselors have been trained, including trainers of trainers. There is now a functioning system for initial training, refresher training, and supervision of counselors. With technical assistance from USAID/Eritrea, the HIV testing guidelines were revised and now provide for same-day HIV test results to facilitate the functioning of voluntary counseling and testing.

## **Condom social marketing**

USAID/Eritrea has supported the Eritrean Social Marketing Group to implement a national HIV/AIDS prevention condom social marketing program since 1997. Sales of *Abusalama*-brand condoms were launched in 1998 and, as of the second quarter 2003, 18 million condoms had been sold. The Eritrean Social Marketing Group was the first organization permitted to distribute condoms outside of traditional pharmaceutical outlets. Sales points now include more than 3,000 bars, hotels, kiosks, nightclubs, and condom vending machines located around the country, particularly in high-risk areas. This program has made condoms affordable and widely available. The Eritrean Social Marketing Group HIV/AIDS prevention activities include messages promoting abstinence and fidelity, in addition to condoms.

## **Sex workers**

USAID/Eritrea has supported activities that help to strengthen HIV education, voluntary counseling and testing, and treatment of sexually transmitted infection among sex workers. USAID/Eritrea has provided technical support to raise

awareness and build consensus about the need for interventions focused on sex workers. A 2004 behavior surveillance study, as well as associated qualitative studies on sex workers in Eritrea, will provide useful information with which to address the special needs of women who engage in sex work

### **Military**

In collaboration with UNAIDS and U.S. Department of Defense, USAID/Eritrea has assisted the Eritrean Defense Forces to develop its HIV counseling capacity and to promote voluntary counseling and testing services among military personnel. The Eritrean Defense Forces has trained health workers and non-health workers as counselors to meet the increasing demand for voluntary counseling and testing among military personnel. Eritrea has supported efforts to provide effective and widespread behavior change communications in the Eritrean Defense Forces in the form of interpersonal communication, mass media, and the development and production of pamphlets, posters, and other print materials specifically aimed at military populations.

### **Youth**

Since the border war with Ethiopia in 1998–2000, the majority of men 18 to 40 years of age and many young women serve in the military or the national service. Preventive efforts by the military are, therefore, also important for protecting young people from HIV infection. USAID/Eritrea has helped to support HIV/AIDS education through the youth centers and community activities of the National Union of Eritrean Youth and Students. USAID/Eritrea also supported UNICEF in the development of a life skills curriculum for schools that will provide basic information about health, hygiene, and reproductive health, including education on HIV/AIDS and other sexually transmitted infections.

### **Care and support**

USAID/Eritrea sponsored consultations by experts living with AIDS for the establishment of *Bidho* (*Challenge* in the Tigrigna language), the first Eritrean association of people living with and most affected by HIV/AIDS. The organization conducts workshops, training courses, and support groups to educate people about HIV/AIDS. It also plans to set up an HIV/AIDS information hotline.

## **FOR MORE INFORMATION**

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USAID HIV/AIDS Web site, Eritrea:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/africa/eritrea.html](http://www.usaid.gov/our_work/global_health/aids/Countries/africa/eritrea.html)

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*For more information, see [http://www.usaid.gov/our\\_work/global\\_health/aids/](http://www.usaid.gov/our_work/global_health/aids/) or <http://www.synergyaids.com>.*

**May 2004**

