



Eritrea And The 2030 Agenda

Voluntary National Review of Progress
Towards the Sustainable Development Goals





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Development Goals
July 2022

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Ministry of Finance and National Development
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THE SUSTAINABLE DEVELOPMENT GOALS



The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 Sustainable Development Goals, which are an urgent call for action by all countries – developed and developing – in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.

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LIST OF ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
AMR	Antimicrobial Resistance
BUR	Biennial Update Report
CBD	Convention on Biological Diversity
CBIT	Capacity Building Initiative for Transparency
CBOs	Community-Based Organizations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COVID-19	Coronavirus Disease
CRC	Convention on the Rights of the Child
CRDs	Chronic Respiratory Diseases
CSW	Commercial Sex Work
CVDs	Cardiovascular Diseases
EN	Eritrean Nakfa
ESD	Education for Sustainable Development
EU	European Union
FDI	Foreign Direct Investment
FGM/C	Female Genital Mutilation/Cutting
GCED	Global Citizenship Education
GDP	Gross Domestic Product
GEF	Global Environmental Facility
GHG	Greenhouse Gas
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HRC	Human Rights Council
ICT	Information and Communication Technologies
IHR	International Health Regulations
IPC	Infection and Prevention Control
KM	Kilometer
MDA	Mass Drug Administration
MDGs	Millennium Development Goals
MDR	Multidrug-Resistant
MEM	Ministry of Energy and Mines
MFND	Ministry of Finance and National Development
MIHAP	Minimum Integrated Household Agricultural Package
MLSW	Ministry of Labour and Social Welfare
MLWE	Ministry of Land, Water and Environment
MoA	Ministry of Agriculture
MoH	Ministry of Health
MT	Megatonnes
NAPA	National Adaptation Program for Action
NAPHS	National Action Plan for Health Security
NBSAP	National Biodiversity Strategy and Action Plan

NCs	National Communications
NCDs	Non-Communicable Diseases
NDC	Nationally Determined Contribution
NIP	National Immunization Programme
NSO	National Statistics Office
NST	National SDGs Taskforce
NTDs	Neglected Tropical Diseases
NUEYS	National Union of Eritrean Youth and Students
SDGs	Sustainable Development Goals
SMCP	Savings and Micro-Credit Programme
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFCCC	United Nations Framework Convention on Climate Change
UNICEF	United Nations Children's Fund
UNS	United Nations System
UNSC	United Nations Security Council
UPR	Universal Periodic Review
VNR	Voluntary National Review
WHO	World Health Organization

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Although we are not able to exhaustively list them all, our deepest and most sincere gratitude goes to all the individuals, ministries, groups and organizations, and other entities who offered their unremitting support and played a positive and facilitative role in the completion of this report.

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Thanks also go to the Ministry of Information for their support with the preparation of the audiovisual presentation and provision of high-quality photographs.



MESSAGE FROM THE MINISTER OF FINANCE AND NATIONAL DEVELOPMENT

It is an honor to present Eritrea's inaugural Voluntary National Review report to the 2022 United Nations High-Level Political Forum on Sustainable Development under the auspices of the United Nations Economic and Social Council. Conducted in the spirit of constructive peer learning and mutual exchange, with a view towards strengthening partnerships and accelerating progress, this report recognizes Eritrea's experiences, including its successes, remaining gaps and challenges, and key takeaways, in creating a more equal, prosperous, and inclusive nation and implementation of the 2030 Agenda for Sustainable Development. Importantly, as Eritrea's first Voluntary National Review, this report also provides a crucial foundational baseline for future national reporting to build upon.

31 years ago, our resilient nation emerged out of a long, bitter struggle, waged not only for national independence and emancipation, but to bring about social justice, gender equality, shared prosperity and poverty elimination, and human rights. Blessed with rich diversity, vibrant communities and culture, resources, and natural beauty, Eritrea set out a number of medium- and long-term objectives, including achieving and maintaining full employment with a real GDP per capita growth rate significantly higher than the annual growth rate of the population; an equitable distribution of national income and social services; meeting the population's increasing demand for consumption with steady investments; maintaining and controlling price stability.

As is reflected in the following report, across a relatively short period of time and amidst difficult circumstances, Eritrea has made strides and achieved great results in a number of different developmental areas, such as health, education, access to drinking water, transport and communication, energy, raising agricultural productivity and environment among others. Additionally, throughout the COVID-19 pandemic, Eritrea has maintained among the lowest death and infection rates in Africa, with a high recovery rate and minimal community transmission. At the same time, however, despite the country's various positive achievements and encouraging progress in several areas, we recognize that a number of challenges remain and readily acknowledge that much more work needs to be done.

Moving forward, Eritrea is firmly committed and strongly determined to take the necessary steps and appropriate measures to build on its progress and overcome its challenges. It will redouble its efforts as it works closely and collaboratively with partners and stakeholders to realize its multifaceted development aspirations, shape a better, more inclusive, peaceful, and sustainable future, tangibly improve the lives and well-being of the entirety of its people, and drive ahead towards implementation of the 2030 Agenda.

*H.E. DR. GIORGIS TEKLEMIKAEI
MINISTER OF FINANCE AND NATIONAL DEVELOPMENT
GOVERNMENT OF THE STATE OF ERITREA*



MESSAGE FROM THE UNITED NATIONS RESIDENT COORDINATOR IN ERITREA

This inaugural Voluntary National Review (VNR) report has been prepared in close collaboration between the Government of the State of Eritrea (GoSE) and the United Nations Development System (UNDS). The Resident Coordinator's Office pulled together the input from the UN system with technical lead from UNDP and backstopping from UNICEF, UNFPA, and WHO. The report's release follows closely the signing and launch of the Strategic Development Cooperation Framework (2022-2026) between the parties earlier in the year. The release of the VNR report marks yet another important milestone in the consolidation of the partnership between the GoSE and the UNDS in Eritrea.

This report provides an immense opportunity to take stock of SDG implementation in the “Decade of Accelerated action for the SDGs” and to build on the impressive achievements made by Eritrea in the MDG era. The UN commends the GoSE for the strong leadership role it played in developing this report through a whole-of-government process which was highly participatory and robust. The UN was able to accompany the process from the outset and to provide technical and logistical support, including facilitating the participation of senior government officials in important preparatory meetings and workshops, as well as cross-country learning and exchanges fora.

Focusing on SDG 3 (on health and well-being) and SDG13 (on climate action), this report presents Eritrea's unique experiences, including successes and lessons learned. Eritrea's achievements on the two SDGs are impressive and offer important insights for other countries operating in resource constrained environments. The report also reflects on challenges on Eritrea's development trajectory towards attainment of the priorities in its National Charter and attainment of the SDGs.

On its part, the UN commits to being a trusted and objective partner to Eritrea and will continue to mobilize its global, regional, and national assets and technical expertise to support the GoSE to accelerate the pace of economic and social transformation in line with Eritrea's own firmly held principles of self-resilience and social justice and its commitment to the 2030 Agenda for Sustainable Development.

*AMAKOBE SANDE
UNITED NATIONS RESIDENT COORDINATOR*



Image 1: Government officials meeting with UN delegation

EXECUTIVE SUMMARY

Eritrea's first Voluntary National Review (VNR) report aims to share the country's experiences, including its successes, remaining gaps and challenges, and key takeaways, in implementation of the 2030 Agenda for Sustainable Development. It is conducted in the spirit of constructive peer learning, mutual exchange, and promoting transparency, as well as with a view towards consolidating local ownership of the 2030 Agenda, promoting awareness, strengthening partnerships, and accelerating progress.

Spearheaded by the Ministry of Finance and National Development, the VNR preparation process involved the contributions and participation of range of entities, including ministries, departments, civil society organizations, and the UN system in Eritrea. Embodying the key principles of the 2030 Agenda, while also remaining uniform with the rest of the national review process, the development of Eritrea's VNR report was locally-owned, highly collaborative, and transparent. In line with the proposed guidelines detailed in the VNR preparatory handbook, the present report briefly touches upon the status of implementation of all the Sustainable

Development Goals (SDGs). However, due to limited data availability and their close inter linkages with other goals, special emphasis is given to SDGs 3 and 13.

For Eritrea, sustainable development, in all of its fundamental elements and principles, remains an integral part of the country's long-term vision and policy architecture. The majority of national policies and action plans, which are based upon prevailing socio-political, historical, cultural, and ecological realities, are closely aligned with the SDGs. One pertinent example is the National Charter. Adopted in 1994, the Charter lays out the guiding vision and aspirations for the country, summarizing them into a number of basic goals: national harmony; political democracy; social and economic development; social justice; cultural revival; and regional and international cooperation.

Eritrea's development and nation-building processes are grounded on social justice and leaving no one behind. Unwavering emphasis is placed on ensuring that all citizens, regardless of any difference (religion, language, locations... etc.), can freely and fully participate in, contribute to, and benefit from the




progress in national development programs. National laws and policies, underpinned by long-standing socio-cultural values, establish a foundation for development, while guaranteeing and promoting a range of fundamental rights. Various legal instruments and social protection programs address the specific needs of and catalyze progress for the historically marginalized groups. These interventions cultivate peace and unity within Eritrea's multilingual society, aim to eliminate disparities and level the playing field so all have an opportunity to excel, and seek to ensure that everyone is empowered and able to enjoy the fruits of sustainable development.

Guided by the principle of self-reliance, Eritrea has fostered a conducive environment for sustainable development that promotes inclusive, whole-of-government, whole-of-society approaches, leverages the country's rich diversity and wealth of local, indigenous knowledge systems, and catalyzes collective actions and contributions from all regions, communities, and groups.

As another pillar of its development agenda, Eritrea has established cooperative frameworks and cultivated close partnerships with a range of bilateral and multilateral partners, regional and international organizations, and other entities. Meaningful engagement and effective cooperation are built, with concerted efforts being based on complementarity and guided by the country's locally-defined priorities and specific needs. The country's diaspora also continues to play an active role in assisting development.

Eritrea is one of the few countries that entered the SDGs period having achieved most of the MDGs, particularly related to health. The country's experiences and noteworthy achievements during the MDGs period have offered useful lessons and valuable insights, as well as provided a firm platform to build on successes and drive forward with momentum in the SDGs period.

With regard to SDG 3, the national health policy aims to maximize the health and well-being of all citizens at all ages and seeks to ensure equity and access to essential health services, utilizing primary health care as a key strategy and consistent with universal health coverage



(UHC) principles. Since 2016 a wide set of interventions have been implemented to expand access and improve care for all, and progress is being registered towards achievement of UHC. Health service continues to be heavily subsidized, with patients required to make only nominal payments (which are wholly waived in cases of financial need). Many essential health services are provided completely free of charge, while all patients with chronic diseases and other disorders are provided with free care and prescribed medications.

Accessibility, the expansion of health infrastructure, and human resource development have been areas of major focus, with the country constructing and renovating many health facilities, as well as considerably increasing the number of doctors and health professionals. There are now 335 health facilities distributed across the country (comprising hospitals, health centres, health stations, and clinics) – a nearly fourfold increase from 1991, while the number of doctors has been increased from 100 in 1997 to 291 by 2021. Across the same period, the number of dentists rose from 6 to 59, nurses from 625 to 1,474, assistant nurses from 1,220 to 2,918, dental therapists from 11 to 165, pharmacists and pharmacy technicians from 97 to 486, laboratory technicians from 99 to 517, radiologists from 28 to 132, physiotherapy technicians from 6 to 140, and specialized doctors from 5 to 74.

Distribution is also being improved, with more health workers now serving in rural and hard-to-reach areas. Approximately 80 percent of the population lives within a 10 km radius of a health facility and 70 percent within a 5 km radius, representing major improvements from just a few decades ago.

Considerable progress has been made in improving reproductive, maternal, newborn, child, and adolescent health. The maternal mortality ratio dropped from 998 per 100,000 live births in 1990 to 228 in 2015, and 184 in 2019 – an overall reduction of 82 percent during the period 1990-2019. The proportion of deliveries by skilled health workers has risen to 71 percent, the percentage of pregnant women attending at least one antenatal care visit has increased to 98 percent, and more mothers and newborns are now receiving postnatal care within two days of childbirth. Also, between 1990 and 2020, the neonatal mortality rate was reduced by 49 percent, from 35 deaths per 1,000 live births to 18, while the under-five mortality rate was reduced by 75 percent, from 153 to 39. The average annual rate of reduction for under-five mortality between 1990 and 2020 is estimated at 4.5 percent – among the fastest in the world.

Through a series of high-impact interventions and a comprehensive, multi-sectoral approach, HIV prevalence and new infections have been reduced, the country is transitioning from pre-elimination towards elimination of malaria, and there have been major inroads against


tuberculosis, hepatitis B, and neglected tropical diseases. Additionally, tremendous strides have been made with regard to national vaccination. The proportion of the target population covered by all vaccines included in the National Immunization Programme is nearly universal, with more than 95 percent of children fully immunized for their age. According to the United Nations Statistics Division, life expectancy at birth has shown improvement, rising from 49.6 years in 1990 to 65.1 in 2016 and 67.1 years in 2021.

In terms of SDG 13, Eritrea has signed and ratified a number of international climate change agreements and instruments. The Ministry of Land, Water and Environment, working closely with other ministries, offices, and stakeholders, has prepared and submitted a range of climate change- and biodiversity-related reporting documents. Eritrea continues to undertake climate change mitigation and adaptation actions, focusing on the areas of energy, industry, transport, forestry, and waste.

Annual greenhouse gas emissions remain relatively low and there are only small fluctuations per year. In 2018, GHG emissions were approximately 6.396 megatons of carbon dioxide equivalent (Mt CO₂ eq.), about a 20.17 percent (or 1.073 Mt) increase from 2000 emissions and a slight decrease of 0.37 percent (or 0.0237 Mt) from 2015 emissions. Renewable energy is being prioritized, while steps are actively being taken to improve energy efficiency and promote clean alternatives in transport, manufacturing, and household consumption. A number of projects are also in place to conserve, restore, and enhance natural areas, including regular nationwide afforestation campaigns involving the participation of communities, students, and youth groups, as well as water and soil conservation programs.

In order to achieve a climate-resilient future, Eritrea is working towards the development of renewable energy and efficiency improvement in all sectors, particularly in energy production, transmission, distribution, and consumption, as well as in transport, manufacturing, and household energy consumption. Concurrently, an array of adaptation and mitigation efforts are also underway, including the expansion of irrigation schemes, and construction of terraces, dams, and ponds. There are plans for desalination of sea water for domestic and economic sectors, while degraded land is being restored and rehabilitated. Households and communities, especially those in at-risk areas, receive support with adaptation strategies and technologies, helping to reduce vulnerability, strengthen resiliency, and secure livelihoods.

Eritrea is vulnerable to a number of natural hazards, such as recurrent droughts, flooding and storms, high winds (especially with coastal areas), locust



swarms, and volcanic activity. National responses to and management of hazards and disasters involve a comprehensive approach. The Ministry of Defence, along with different levels of government and administration, and various other partners work collaboratively to mobilize resources, coordinate activities, and assist communities to recover.

Global Citizenship Education and Education for Sustainable Development and many of their themes are mainstreamed and tightly integrated within different aspects of Eritrea's national education system: in national education policies and guidelines, being measured at approximately 0.81; in teacher education (0.72); in curricula (0.76); and in student assessment (0.73).

In other areas of development, there has been laudable improvement in developing infrastructure, expanding the national roads network, raising agricultural production and productivity, and ensuring food and nutrition security, while access to electricity, water, sanitation, and hygiene, among other critical services, have been expanded, with notable expansions in rural areas. In education, the number of schools and enrolments have grown, gender gaps have narrowed, and education remains free across all levels. As well, youth and adult literacy rates have increased, and the country has achieved one of the largest increases in youth literacy anywhere in the world over the past 50 years.

Among the highest of Eritrea's priorities is advancing gender equality, the empowerment of women and girls, and the promotion and protection of their rights.

Over the years, noteworthy achievements have been recorded in the areas of women's health, education, and participation in civil, cultural, economic, political, and social life.

Throughout the COVID-19 pandemic, Eritrea has maintained among the lowest death and infection rates in Africa, with a high recovery rate and minimal community transmission. As of May 23, 2022, the total number of confirmed cases was 9,755, with 9,644 recoveries and 103 total deaths. Success has been based upon sustained aggressive action, frequent and clear communications from authorities, high levels of public buy-in and solidarity, and past experience and success in controlling endemic and communicable diseases.

While much overall progress has been made, there is still considerable room for improvement. Looking ahead, the high level of commitment of the government, strong technical leadership, policy and strategic guidance, robust local governing structure which reaches to the grassroots level, dedicated workforce, improved economic and social infrastructure, and high willingness and active participation of communities in development activities offer a conducive setting and context for addressing challenges and expanding progress. Eritrea must continue to work, expend resources, foster cooperation, and cultivate partnerships to support a sustainable, resilient, and equitable COVID-19 recovery, improve the well-being of the population, fully realize its developmental aspirations, and ensure the implementation of the 2030 Agenda.

1



INTRODUCTION



1. INTRODUCTION

1.1 Background And Outline

In September 2015, Eritrea and 192 other Member States adopted the 2030 Agenda for Sustainable Development at the United Nations General Assembly. This historic initiative provides an important shared blueprint for peace, dignity, and prosperity for people and the planet, both now and into the future. At its fundamental core are the 17 Sustainable Development Goals (SDGs), which are an urgent collective call for action by all countries – large and small, developed and developing - in a global partnership. They recognize that eliminating poverty and other deprivations must go hand-in-hand with multifaceted strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve the world's oceans and forests.

Since pledging its commitment at the United Nations (UN) in 2015, Eritrea has exerted considerable efforts and made progress towards achieving the 2030 Agenda. Notwithstanding various challenges and a difficult regional socio-political climate characterized by generalized instability, it continues to strive to create a present and a future that is socially inclusive, just, and harmonious, economically sustainable, and environmentally resilient. The current report, which presents Eritrea's first voluntary national review, aims to share the country's experiences, including its successes, remaining gaps and challenges, and key takeaways, in implementation of the 2030 Agenda. It is conducted in the spirit of constructive peer learning,

mutual exchange, and promoting transparency, as well as with a view towards strengthening partnerships and accelerating progress.

To a large extent, the structure and elements of this inaugural report are consistent with that proposed under the United Nations Secretary-General's Guidelines, albeit with several minor variations. Accordingly, in the remaining part of this introductory section, a brief overview of Eritrea's general context is provided. Subsequently, Section 2 covers the methodology and process of preparing the Voluntary National Review (VNR), while Section 3 details the policy and enabling environment vis-à-vis SDG implementation in Eritrea. In Section 4, the progress made in achieving the SDGs in the country is appraised, with a particular focus on SDG 3 and SDG 13. Section 5, which closes the report, discusses several remaining gaps and challenges.

1.2 Country Profile And General Context

Possessing a rich history, blend of beautiful cultures, and vibrant diversity, Eritrea is one of the world's youngest countries, having achieved its independence in 1991. It is located in the Horn of Africa and strategically situated on the western shore of the Red Sea. The country's total land area is approximately 124,320 km², with a coastline spanning 3,150 km including its 350 islands. Mainly arid and semi-arid, with little and erratic rainfall, Eritrea has six main political administrative regions, which vary substantially in terms of their respective size, population, biodiversity, geography, and socio-economic conditions.

Image 2: Part of Eritrea's rich culture and diversity





Figure 1.1 - Geographic setting

The total population of Eritrea was estimated to be about 3.475 million in 2019, comprising nine ethnolinguistic groups and nearly split evenly between two main faiths, specifically Islam and Christianity. Almost 40 percent of Eritreans are under the age of 15 years, indicating a young overall population and presenting significant potential for a demographic dividend in the future. About two-thirds of the country's population lives in rural areas, while population density in the country stands at approximately 35 people per km² of land area, which is less than the global and Sub-Saharan Africa averages. Urbanization is increasing, a transition that offers great opportunities but also poses significant challenges.

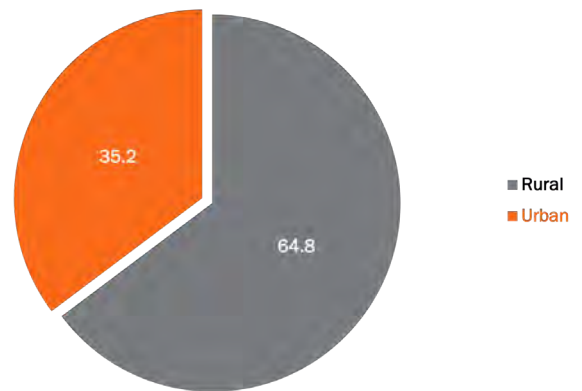


Figure 1.3 - Population living in rural and urban areas (percent)

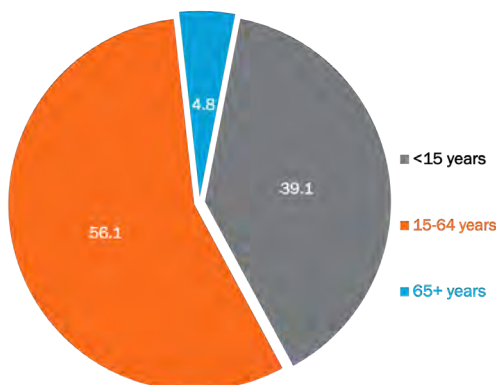



Figure 1.2 - Population composition by age (percent)

Eritrea accords health a prominent place in its priorities and it is committed to improving the health and well-being of its people. Since independence, Eritrea has made significant progress in ensuring access to health care services through health infrastructure development, the provision of adequate supplies of drugs and equipment, the expansion of available health services to communities where they are lacking, and training of qualified health personnel.

In the years since achieving its independence, Eritrea has underpinned its long-term development strategy on the principle of self-reliance to achieve rapid, balanced, home-grown and sustainable economic growth with



social equity and justice. Eritrea is classified as a low-income, developing country. While economic growth has been characterized by dramatic swings, there is a positive outlook for the near future. Modest growth is projected moving forward, driven by several different factors.

An important part of Eritrea's economy is rain-fed agriculture and pastoralism. Farming, animal herding, and fishing are the mainstay of livelihoods for approximately 65-70 percent of the population. With the country's significant agricultural potential remaining untapped, further development through critical interventions can help to unlock a wealth of positive outcomes. While still in its early stages of development, the manufacturing sector holds great promise and potential to facilitate industrialization, attract investment, promote diversification and drive sustainable growth, and create employment opportunities.

In recent years, mining (copper, gold, zinc, silica, marble, granite, and potash) has emerged as an increasingly significant sector. It now accounts for the vast majority of exports and foreign direct investment (FDI). The government has established favorable terms and a highly sophisticated regulatory framework, broadly consistent with global best practices. There is growing foreign interest and investment, with engagement by multinational companies on exploration and mining. Given the country's large natural resource endowment, vigilance against corruption, and attractive regulatory regime, there is abundant potential for further growth and expansion.

Notably, Eritrea's long, pristine shoreline on the Red Sea holds significant potential for the establishment of a thriving blue economy, while its geo-strategic location, positioned along one of the world's most important international maritime shipping routes, offers boundless opportunities to become a major transshipment and logistics hub. Furthermore, the country's rich

biodiversity, abundance of unique socio-cultural and historical sites, untouched islands, and favorable climate, combined with Eritrea's peace and security and the general warm hospitality of its people, present fantastic possibilities for a thriving tourism sector.

As a part of its political-legal framework, Eritrea has enacted numerous regulations and laws pertaining to nationality, monetary and banking systems, the fiscal and financial system, transport and communications, health, national security, education, social welfare, land tenure, mining and energy, management, and water, wildlife, and the environment. This is in addition to its highly sophisticated, decentralized indigenous local governance systems that remain in operation nationwide with local elections taking place regularly. As well, there are a number of registered national unions and civic organizations, including for women, youth and students, veterans, and workers, along with several registered non-governmental organizations, expert groups, and associations for teachers, doctors, lawyers and other professionals, those living with disabilities, and religious groups.

Notably, in July 2018, Eritrea signed a historic and much-celebrated peace agreement with Ethiopia, bringing an end to decades of devastating war and tensions. Not long after, in September 2018, the two countries, this time joined by Somalia, inked a tripartite cooperation agreement, while in November 2018, the United Nations Security Council (UNSC) unanimously agreed to lift a nearly decade-long international sanctions regime on Eritrea. These dramatic developments offer Eritrea significant opportunities to reallocate public resources to socio-economic development, update development strategies and frameworks, create jobs for youth, and expand regional and international cooperation.

2



METHODOLOGY AND PREPARATION OF THE REVIEW



2. METHODOLOGY AND PREPARATION OF THE REVIEW

2.1 Process Of Preparation Of The Review

As a cornerstone of its follow-up and review mechanisms, the 2030 Agenda for Sustainable Development encourages all member states to assess and present progress made in achieving the SDGs and the pledge to leave no one behind. There are several fundamental principles that underlie the 2030 Agenda follow-up and review process: it is to be voluntary, country-led, participatory, transparent, and effective. In addition, it is to embrace all dimensions of sustainable development and look at the means of implementation, as well as being evidence-based, building on sound data sources and pursuing a multi-track approach.

Eritrea's inaugural VNR process formally commenced with its expression of interest communicated to the President of the United Nations Economic and Social Council. Central to the country's decision is the genuine desire to remain actively engaged and contribute within the framework of mutual exchange and learning. Furthermore, through participating in this key procedure, Eritrea seeks to strengthen and consolidate local ownership of the 2030 Agenda, promote awareness, and accelerate progress towards implementation.

Subsequently, under the guidance of the Minister of Finance and National Development, a multi-institutional National SDGs Taskforce (NST) was established to provide direction and oversight to all processes leading to the VNR report. Led by the National Statistics Office (NSO), the NST was composed of high-level focal points from the Ministry of Finance and National Development (MFND), Ministry of Health (MoH), and Ministry of Land, Water, and Environment (MLWE), along with representatives from the Office of the United Nations system (UNS) in Eritrea.

The NST prepared and approved a comprehensive concept note, roadmap and detailed work plan, the terms of reference, outlines of the report, and all other technical engagements related to the entire review process. In line with the decision to prioritize reporting progress on SDGs 3 and 13, it also commissioned two thematic working groups, headed by senior experts and technical officials from the MoH and the MLWE, and comprising members from a total of 23 stakeholders, including ministries, departments, local authorities, and civil society organizations, to comprehensively review and report national progress on goals and targets. Throughout the duration of the review process, the

UNS in Eritrea remained highly engaged with both the NST, extending considerable technical, logistical, and financial support.

It was of great importance to the NST that the process of preparation for the review was a participatory and all-inclusive exercise. Accordingly, consultations were convened at frequent, regular intervals, and they included the substantive involvement and critical contributions of a broad spectrum of stakeholders at the national and sub-national levels. Participants included local authorities, representatives from different ministries and national unions (including those representing youth, students, women, and workers), and officials from various agencies of the UN system in Eritrea.

During the process of preparing the VNR, the NST and its concomitant thematic working groups closely adhered to the recommendations and guidelines outlined in the "Handbook for the Preparation of Voluntary National Reviews" developed by the Division for Sustainable Development of the United Nations Department of Economic and Social Affairs. In addition, members of the NST and working groups took part in several formal preparatory activities, including a series of multi-day regional and global workshops. These were complemented by a local sensitization and training seminar organized and delivered by the MFND and the United Nations Development Programme in Eritrea (UNDP) to the members of the National Union of Eritrean Youth and Students (NUEYS).

2.2 Data And Scope

Prior to data gathering and analysis, preliminary assessments were conducted during multi-stakeholder consultations convened by the NST and working groups. These sessions addressed the general availability and quality of data, as well as identified possible sources and mechanisms for collection or estimation. Furthermore, detailed collection and reporting instruments and procedures were developed, in order to ensure consistency across working teams and maintain a high degree of quality and rigor.

The overarching purpose of the review process is to assess progress made in the achievement of the SDGs set out in the 2030 Agenda. In line with the proposed guidelines detailed in the VNR preparatory handbook, the present report briefly touches upon the status of implementation of all the goals. However, due to limited data availability and their close inter-linkages with other SDGs, special emphasis is given to SDG 3 and SDG 13.



2.3 Development Of The Report

Embodying the key principles of the 2030 Agenda, while also remaining uniform with the rest of the national review process, the development of Eritrea's VNR report was locally-owned, highly collaborative, and transparent. Preliminary drafts of the report were developed by the thematic working groups, overseen by the NST. The draft development process was guided by the common framework detailed in the preparatory handbook.

As the substantive body of the report was progressively developed and steadily updated, working drafts were continuously shared with a diverse set of stakeholders. This provided a vital opportunity for ongoing review and enrichment through critical feedback and the incorporation of diverse perspectives, as well as helped to maintain a high degree of accuracy, refinement, and common understanding. A final working draft was shared during a workshop, where it was validated and endorsed by various stakeholders following thorough review and open consultation.

3



POLICY AND ENABLING ENVIRONMENT

CIVIL PROCEDURE CODE OF THE STATE OF ERITREA

CRIMINAL PROCEDURE CODE OF THE STATE OF ERITREA

PENAL CODE OF THE STATE OF ERITREA

CIVIL CODE OF THE STATE OF ERITREA



3. POLICY AND ENABLING ENVIRONMENT

3.1 Incorporation Of The Sustainable Development Goals Into The National Framework

Although realizing the lofty ambitions of the 2030 Agenda calls for a whole-of-society approach, with citizens, civil society, and the private sector, among other stakeholders, all having a pivotal role to play, national governments remain the entity primarily responsible for driving sustainable development outcomes. In particular, the alignment and inter-linkages between government policy or planning and the SDGs are key towards achievement of the latter.

Sustainable development, in all of its forms, elements, and fundamental principles, remains an integral part of the country's long-term vision and policy architecture. Prior to the international community's collective formulation and adoption of the global Millennium Development Goals and SDGs, Eritrea fully embraced and was wholly committed to very many of the same development priorities and objectives. The country emerged out of a long, bitter struggle, not only for national independence and emancipation, but to bring about social justice, gender equality, shared prosperity and poverty elimination, and human rights. Various documents, statements, and declarations, crafted both before and after the country's independence, have articulated Eritrea's bold vision to become a prosperous, developed nation where the full potential of its entire people, including women, children, and the historically marginalized, under-represented, and vulnerable, is realized in a healthy, clean, and safe environment with peace, strong national unity and cohesion, sustained economic growth, and social justice.

At present, the vast majority of Eritrea's national policies, action plans, and cross-cutting priorities, which are collectively based upon and informed by the country's prevailing socio-political, historical, cultural, and ecological realities, are closely aligned with the SDGs and have been identified as being highly supportive of the country's progress towards the realization of the global Agenda 2030. These include, inter alia, the National Charter, the Macro Policy, the National Indicative Development Plans, various sector-specific strategic development plans (including the Health Sector Strategic Development Plan, the Education Sector Strategic Plan, the Agricultural Sector Development Plan, the Ministry of Land, Water, and Environment Strategic Plan, and the

Food Security Strategy, among others), the National Adaptation Program for Action (NAPA), and the National Environmental Management Plan.

Significantly, Eritrea has also signed onto an array of important regional and global agreements, conventions, protocols, and frameworks that help to reinforce the implementation of the 2030 Agenda and its associated goals. These include the African Union's Agenda 2063, the Beijing Declaration, various environmental conventions and agreements, such as the Convention on Biological Diversity (CBD), the United Nations Framework Convention on Climate Change (UNFCCC), the United Nations Convention to Combat Desertification, the Kyoto Protocol, the Paris Agreement, and numerous regional and global human rights frameworks.

In addition, Eritrea has undertaken a number of tangible steps to foster a conducive environment for sustainable development that promotes inclusive, whole-of-society approaches, leverages the country's rich diversity and wealth of local, indigenous knowledge systems, and catalyzes collective actions and contributions from all regions, communities, and groups.

Inclusive, sustainable development is at the core of Eritrea's national vision and policies

Inclusive sustainable development, in all its forms, elements, and fundamental principles, is a central element of Eritrea's long-term national vision and policy framework. Many of the country's national policies and priorities, both historically and contemporary, are well aligned with the main principles and key objectives of the SDGs. One pertinent example is the National Charter. Adopted in 1994, the Charter lays out the guiding vision and aspirations for the country, summarizing them into six basic aspirational goals:

1. National Harmony: for the people of Eritrea to live in harmony, peace, and stability, with no distinction along regional, ethnic, linguistic, religious, gender or class lines.
2. Political Democracy: for the people of Eritrea to be active participants and become decision-makers in the administration and conduct of their lives and of their country, with their rights guaranteed by law and in practice.
3. Economic and Social Development: for the country to progress socially and economically in the areas of education, technology, and the standard of living.

4. Social Justice: to ensure equitable distribution of wealth, services, and opportunities, with special attention directed to the most disadvantaged sections of society.

5. Cultural Revival: to develop a national culture characterized by love of country, respect for humanity, solidarity, love of truth and justice, respect for law, hard work, self-confidence, self-reliance, open mindedness, and creativity.

6. Regional and International Cooperation: for Eritrea to become a respected member of the international community, by coexisting in harmony and cooperation with its neighbors, and by contributing to regional and global peace, security, and development.

3.2 Partnerships And Cooperation

It is widely recognized that achievement of the SDGs can only be realized through effective partnerships and strong cooperation between governments and different stakeholders across a broad range of areas. Indeed, reaching the SDGs is only possible through renewed emphasis on multi-sector, multi-stakeholder, transformative partnerships at scale. Therefore, building strong regional and global cooperation and complementarity between and across countries is among the key goals of the Eritrean government. As a fundamental pillar of its national development agenda, Eritrea has established cooperative frameworks and cultivated close partnerships with a range of international organizations and specialized agencies.

Many of these relationships are robust and long-standing, dating back to the earliest years of the country's independence. Meaningful engagement and effective cooperation have been built upon a solid platform of common principles, transparency, and mutual trust, with concerted efforts being based on complementarity and guided by the country's locally-defined development priorities and specific needs.

In addition to its multifaceted cooperation with various organizations and agencies of the UN system, Eritrea has maintained steady relations with other partners and entities. It is a member of the Common Market for Eastern and Southern Africa (COMESA), a regional economic bloc promoting prosperity through trade and integration. Eritrea has been working with different international organizations in the North-South and South-South framework.

Cooperation to promote inclusive development

Globally, over 1 billion people lack access to electricity. Eritrea, too, has faced significant energy deficits, with many of its people, especially those in rural areas, lacking electricity or only having access to unreliable, expensive power. This has posed barriers to progress, and impacted a range of development-related areas, including health, education, water access, and economic productivity.

With the aim of increasing access to affordable, clean, and sustainable energy, the Eritrean government, in collaboration with the EU and the UNDP, launched a solar power energy project in Eritrea's Debub region.

The project, worth a total of €11.76 million, provides 24/7, solar-powered energy to two towns, Areza and Maidma, along with 33 surrounding villages, reaching about 7,000 households and more than 45,000 people. Additionally, 12 schools and 7 health institutions, along with hundreds of small enterprises, offices, and organizations, are connected to the 3-megawatt capacity solar photo-voltaic mini-grids.

Implemented by the MEM, the project has had full local buy-in and support, with the community contributing labour and donating land to establish the solar stations.

The project showcases a reliable off-grid solution for energy, while also demonstrating how cooperation can be an effective lever for promoting inclusive development. In addition to contributing to the achievement of SDG 7, the project is helping to address SDGs 1, 2, 3, 4, and 13.

Importantly, the landmark 2018 peace and cooperation agreements between Eritrea, Ethiopia, and Somalia promise to create a conducive setting for regional peace and security, closer trade and market integration, common physical and institutional infrastructure, and substantial socio-economic and development gains. Further beyond, Eritrea shares robust ties and close understanding with a number of bilateral partners, including several Gulf countries, China, Japan, India, and Russia. Alongside deepening commercial relations, cooperation with these partners extends to a range of mutually shared interests, such as poverty reduction, agriculture, health, education, capacity building, and infrastructure development.

Eritrea's large diaspora, resident in an array of countries around the world, plays a positive role in assisting development processes in the country. In addition to making substantial financial and in-kind contributions to a range of initiatives and projects in different areas, the Eritrean diaspora promotes trade and

investment opportunities, is highly active in business creation and entrepreneurship, provides diverse volunteer support, and assists in the transfer of new knowledge and skills.

3.3 Leaving No One Behind

Leaving no one behind

“As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the goals and targets met for all nations and peoples and for all segments of society. And we will endeavor to reach the furthest behind first.”

-Transforming our World: The 2030 Agenda for Sustainable Development Declaration

With the adoption of the 2030 Agenda for Sustainable Development in September 2015, 193 UN Member States pledged to ensure that “no one will be left behind” and to “endeavour to reach the furthest behind first.”¹ The central transformative promise of the 2030 Agenda and its associated SDGs, leaving no one behind represents the unequivocal commitment of all UN Member States to eradicate poverty in all its forms, end

discrimination and exclusion, and reduce the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals, communities, and humanity as a whole.

Eritrea’s development and nation-building processes are firmly grounded on the principles of equality and social justice, and the country places an unwavering emphasis on ensuring that all Eritreans, regardless of any particular distinction or characteristic, can freely and fully participate in, contribute to, and benefit from the achievement of sustainable development.

In particular, the country’s laws, regulations, and policies, which are underpinned by strong and long-standing socio-cultural values, establish a platform for inclusive socio-political and economic development, while guaranteeing and promoting a wide range of basic and fundamental rights. Discrimination, exclusion, restriction, or preference that is based on the grounds of disability, ethnicity, color, religion, socio-economic status, language, opinion, gender, or other similar distinctions are strongly prohibited and punishable by national law.

Since attaining its independence in 1991, Eritrea has crafted a broad spectrum of policies and adopted a variety of legal instruments to help address the specific needs of and catalyze progress for vulnerable groups, such as the poor, women, children, persons living with disabilities, nomadic populations, and those residing in extremely remote or hard-to-reach areas. These interventions play a critical role in cultivating peace and unity within Eritrea’s multi-ethnic, multicultural society, aim to mitigate disparities and create a level playing field on which all Eritreans have a genuine opportunity to excel, and seek to ensure that each and every individual is empowered and able to enjoy the fruits of inclusive economic growth and social progress.



Our development strategy is anchored on giving priority to deprived regions and segments of the population. The strategy strives to ensure fairness and equity through structured governance configurations, as well as a social contract that promotes equal opportunities and a level playing field for all stakeholders. Our central objective, and for which we have paid precious sacrifices in a long struggle, is indeed to secure and enhance effective participation of the population within the fair framework described above and which is vital for political stability, national cohesion, economic and social development, social justice, and cultural progress.

H.E. Isaias Afewerki, President of the State of Eritrea



¹ Transforming our World: The 2030 Agenda for Sustainable Development 2015

Education and health

In Eritrea, health and education are regarded as essential elements of sustainable development. They also both constitute fundamental rights to which all individuals are entitled. National policy in the country provides for access to education free-of-charge to all, extending from the primary to the tertiary level.

Mother language in education

Eritrea is a country that is blessed with rich cultural diversity, and it is home to a colorful array of ethnolinguistic groups. This great diversity is central to Eritrea's national identity and is deeply cherished as one of its greatest assets and strengths. The country's mother language policy, which was developed and implemented by the Ministry of Education, mandates multilingual education based on the mother language from pre-primary until the end of elementary level. This is an important tool for protecting human rights, preserving diversity, culture, and tradition, and fostering peace, tolerance, and respect for others. In addition, the policy helps to increase access and ensure inclusive, quality education for all, particularly through reducing dropout rates, improving academic results, fluency, and literacy, and leading to greater family and community involvement.

This is complemented by several other programs and measures that aim to promote inclusion and equal opportunities for all Eritreans, including the provision of subsidized and free learning materials, financial assistance to vulnerable households to keep children enrolled, the mother language policy, adult and outreach learning programs, the establishment of boarding schools for students from remote communities or nomadic groups, literacy and skills programs for rehabilitee prisoners, and transport assistance (such as bicycles or donkeys for disabled youth).

Additionally, selected schools in different parts of the country provide meals to students, an important social protection tool that leads to multiple health and learning benefits. Boarding schools have been constructed in the historically and economically disadvantaged communities, and they operate with public funding at all levels of learning. Notably, continued substantial investment and support for technical and vocational education is helping to promote greater opportunities for decent, productive work, sustainable livelihoods, personal empowerment, and improved incomes, especially for youth, women, and the generally disadvantaged.

Eritrea's national health policy aims to maximize the health and well-being of Eritreans at all ages and seeks

to ensure equity and access to essential health services at a nominal cost, utilizing primary health care as a key strategy and consistent with universal health coverage (UHC) principles. Health service is heavily subsidized by the government. Patients are required to make only nominal payments (which are further reduced or wholly waived in cases of financial need), and many health services are provided free of charge (including all public and preventive services, such as immunization and growth monitoring, pre- and post-partum care, nutrition and supplementation, health education, etc.). All patients with chronic diseases and other disorders, such as tuberculosis, HIV/AIDS, hypertension, diabetes, and mental disorders, among others, are provided with free care and prescribed medications.

Keeping with the country's steadfast commitment to inclusion and the goal of tackling long-standing regional disparities in accessibility and opportunities, the government has directed a considerable amount of investment and effort on constructing, renovating, and furnishing many health and education facilities, as well as expanding roads networks, in remote, hard-to-reach areas that were historically marginalized and neglected.

"For a young, relatively small country, Eritrea is endowed with considerable and diversified resources. It has massive potential within the extractive industry, rich and diverse marine resources, a unique blend of wildlife, extensive travel and tourism possibilities, and significant locational advantages. Notwithstanding these tremendous advantages, the Eritrean government's policy is and has always been firmly centred on investing in human capital and youth, which are, without question, our most important resource and greatest asset."

-H.E. Yemane Ghebremeskel, Minister of Information

Poverty and social protection

Poverty eradication remains the greatest global challenge facing the world today and it is an indispensable requirement for sustainable development. In Eritrea, a number of progressive, egalitarian policies and social protection measures have been put in place to help lift individuals and households out of poverty.

This includes various efforts and national assistance programs to ensure that an array of basic needs, including housing, land plots, food, water, sanitation, and health care, are met. Moreover, through the provision of small loans and extension of other forms of credit, the Saving and Micro-Credit Program and village banks have opened up reliable access to financial services, expanded socio-economic opportunities, and reinforced autonomy and independence for tens of thousands of beneficiaries across the country, the vast majority of whom are women.

Minimum Integrated Household Agricultural Package

Eritrea is a primarily rural country, with agriculture remaining the mainstay of livelihood for a large percentage of the population. As part of the country's unwavering commitment to promoting inclusion and sustainable development, it has developed the Minimum Integrated Household Agricultural Package (MIHAP).

Through the support package, each rural household receives 1 improved cross-breed dairy cow or 12 goats, as well as 25 chicken, 2 beehives, 20 trees (comprising 10 fruit trees, 5 leguminous trees, and 5 trees for firewood), a vegetable plot, land for crops, and regular support with modern inputs and management.

Since its commencement, the MIHAP has reached thousands of households, many poor and headed by women, ultimately promoting food and nutrition security, reducing poverty and inequality, and ensuring that more families can lead lives of dignity.

One of Eritrea's flagship social protection measures, the Minimum Integrated Household Agricultural Package (MIHAP), distributes agricultural inputs and extends different types of assistance to tens of thousands of poor or vulnerable rural households, many of them headed by single women. Over the years, the MIHAP assistance

initiative has significantly helped to enhance smallholder agricultural production and strengthened rural livelihoods in a sustainable, climate-resilient manner.

Another nationwide social support scheme in the country is the National Martyrs Fund, which assists the families of those who sacrificed their lives for the country's independence and to defend its sovereignty. Regular financial assistance allows recipient families to lead dignified lives and meet their basic needs for food, clothing, housing, and other necessities. The initiative also offers loans, grants, resources, and extensive training to support individuals or families to establish new business enterprises or small income-generating activities, which plays a positive role in encouraging independence and self-sufficiency.

Of note, the continued implementation of significant nationwide salary increases for all civil workers, who comprise a significantly large segment of the national labour force in Eritrea, is playing a beneficial role in improving living standards. As well, the measure serves to strengthen the protection of citizens against vulnerability to shocks.

Persons living with disabilities

In Eritrea, the legal rights of persons living with disabilities are enshrined in national law and their fulfilment is augmented by several national proclamations, policies, and the National Charter. Additionally, a draft national policy on persons living with disabilities, which is expected to reinforce the national

Image 3: Persons with disabilities remain an integral part of society





Image 4: Boys and girls attending class

“When we secure the rights of people with disabilities, we move closer to achieving the central promise of the 2030 Agenda – to leave no one behind.”

-António Guterres, UN Secretary-General

framework for ensuring equal opportunity, full participation, independent living, and economic self-sufficiency, is in the early stages of discussion and development.

Government-led or sponsored institutional support to persons living with disabilities, embodying Eritrea’s deeply-rooted

culture of solidarity, mutual support, and tolerance, includes myriad health-related assistance, such as care and supportive equipment, as well as community-based rehabilitation and reintegration programs that serve individuals in all regions of the country. A number of organizations and associations, active at the local and nationwide level, also offer counselling, skills development, training, and viable employment opportunities or self-financing activities for persons living with disabilities, encouraging their empowerment and helping them to lead more independent, dignified, and rewarding lives. Government cash transfers and budgetary support to disabled veterans (which includes a large percentage of women) are a means of promoting financial inclusion, while regular health care and services, along with mobility aids and other assistance equipment, are provided free of charge, reflecting the deep commitment to equitable access and full participation.

Also important are local community and national media campaigns. Conducted in different languages and taking place frequently, these multi-stakeholder campaigns play a vital role in raising public awareness, combating stigma and fostering a climate of understanding, and mobilizing general support.

Children

Children, who make up approximately a third of the total global population, are among the most vulnerable,

marginalized and forgotten groups of people in the world. Ensuring the health, well-being, and rights of children and reaching those who are the furthest behind is a prerequisite for achieving the 2030 Agenda.

Although Eritrea is richly endowed with natural resources, its people, particularly its children, are undoubtedly the country’s greatest resource and most precious asset. The country has long worked for the fulfilment of child rights and the reduction of children’s vulnerability in society. The first international convention ratified by the Eritrean government after the nation won its independence was the Convention on the Rights of the Child (CRC), while it also acceded to the African Charter on the Rights and Welfare of the Child (ACRWC) in December 1999, not long after the Charter entered into force – reflecting the very high priority accorded to promoting and protecting child rights, well-being, and development. Children’s legal rights, freedoms, and protections are set out in national law and policies, while a national child policy document, which will further safeguard and promote the rights and general well-being of children, is in the process of drafting and finalization.

There are a large number of policy initiatives and programs in place aiming to ensure that every Eritrean child is protected, healthy, and educated, with a particular focus on vulnerable children. In addition to several policies and measures promoting inclusive education and health, strict laws prohibit child labour, trafficking, abuse, exploitation, under-age marriage, and female genital mutilation/cutting (FGM/C), with multi-stakeholder, cross-sectoral initiatives put in place to help address their underlying causal factors. Of note, orphans and vulnerable children receive a broad range of support through the Ministry of Labour and Social Welfare (MLSW), different organizations, and government-supported host families and group homes, which protects them from a multitude of risks and helps to improve their standard of living.

Several nationwide youth groups and associations, particularly the NUEYS, exist to empower youth and children, provide them with the necessary skills, support and opportunities needed to reach their potential, and offer a platform through which their voice can be amplified and their engagement advanced. They also serve to celebrate the country's rich ethnolinguistic diversity and promote mutual understanding, civic engagement, national cohesion, and unity.

Women

"A society that does not respect the rights and equality of women cannot be truly liberated."

-National Charter of Eritrea, 1994

Achieving gender equality and women's empowerment does not only represent one of the standalone SDGs, but it is also absolutely critical to achieving each of the other 16 SDGs. Globally, it is increasingly understood and widely recognized that only through ensuring the full rights

of women and girls across the world will we be able to get to justice and inclusion, economies that work for all, and sustaining our shared environment now and for future generations.

Eritrea's indomitable women played an unparalleled role during the liberation struggle. They made up approximately a third of independence fighters and helped to ensure emancipation. Since independence, they have remained the backbone of families, communities, and national progress. Eritrea remains firmly committed to advancing gender equality, the empowerment of women and girls, and the promotion and protection of their human rights. Among other regional and global human and gender rights instruments, it has signed and ratified the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which sets international standards for eliminating gender discrimination. The country has also actively participated



Image 6: Beneficiary of women empowerment programme

at international conferences and gatherings on women, such as the Fourth World Conference on Women in Beijing and the United Nations Commission on the Status of Women, which have been key catalysts to move the agenda forward on gender equality, the empowerment of women and girls, and gender rights.

Importantly, Eritrea has established relevant institutional and policy frameworks, as well as detailed gender action plans, for achieving gender equality and women's empowerment, with a particular focus on reaching the most vulnerable and marginalized, in line with international, regional, and national gender equality standards and obligations. Women are reserved 30 percent of seats in regional and national parliaments, with the possibility of gaining more through the process of competition. In addition, they are also guaranteed a similar share of representation within the legal system, with reference to community courts. Given the unequal and discriminatory treatment that women and girls have historically experienced in Eritrea, equality rights and legal protections from discrimination, violence, or other problematic issues are of the utmost significance.

Recognizing different life conditions, and aiming to redress past inequities and historical disadvantages or discrimination, Eritrea has enacted affirmative action measures, most notably within the spheres of education, employment, and public life. In a short period of time these have helped to increase equal opportunity and women's participation and representation in civil, cultural, economic, political, and social life. Strong national proclamations on labour, citizenship, and land reform have been enacted and enforced to guarantee women equal access to citizenship and allow them the opportunity to access and utilize land without discrimination. Moreover, national laws and firm enforcement measures exist to protect women from violence and also prohibit harmful, traditional practices, such as FGM/C, child or under-age marriage,



Image 5: Eritrean women working in the health sector

bride price, dowries, and kidnapping. Collectively, these measures are having a far-reaching impact and positively transforming lives.

In addition, the MLSW extends various forms of support to women engaged in commercial sex work (CSW), including essential health, housing, and family services, counselling, peer support, and skills training or development to offer opportunities for alternative employment. With the full backing and across the board cooperation of the government, a number of organizations, including the National Union of Eritrean Women and the Eritrean Women's Agribusiness Association, also conduct nationwide programs and initiatives to assist poor or disadvantaged women's economic activities, strengthen livelihoods, improve access to finance and basic services, such as education, housing, and health, mobilize against violence and harmful, traditional practices, and help ensure that women's specific needs, concerns, and perspectives are taken into account and addressed.

3.4 Covid-19 Containment And Impact Mitigation


Eritrea reported its first positive COVID-19 case on March 21, 2020, with the first reported COVID-19-related death occurring on December 22, 2020, a remarkable achievement in terms of both containment and care. Throughout the pandemic, the country has maintained among the lowest infection rates and the lowest deaths per infection in Africa. As of May 23, 2022, the total number of confirmed cases was 9,755, with 9,644 recoveries and 103 total deaths².

The government took strong, aggressive action quickly, based on the clear recognition and understanding that a large outbreak would overwhelm the health care system and have a devastating exponential impact, particularly on vulnerable populations, including the poor, the elderly, and those with co-morbidities. Prior to the first confirmed case, a national taskforce – the High-level Task Force on COVID-19 – was established, comprising senior-level government officials from different sectors, health authorities, and experts, to lead the country's response to the pandemic. As the central coordinating mechanism for the pandemic response, the Task Force extends to reach all regions of the country, with structures at the sub-regional and village levels.

On March 11, 2020, 10 days prior to the first confirmed positive case, the MoH released a statement outlining the global dimensions of COVID-19 and urging people to avoid all foreign or domestic travel, except for essential or emergency purposes. Screening at airports was introduced, with all arrivals from a number of countries then with high and rapidly increasing case-loads being placed into mandatory quarantine.



Image 7: The national lab conducting COVID-19 tests



2020 it was reaffirmed that there was a considerable spike in cases. The containment measures for Eritrea reveal three waves associated with the pandemic. The first was slow with fewer infections and no deaths until December 10, 2020. Subsequently, the second wave, appearing more contagious, increased the infection rate 2.5 times in the space of about a month (from 754 cases and zero deaths from the first case until December 19, 2020, to 1,877 cases and 7 deaths by January 15, 2021) with evidence of community transmission. As national containment measures and restrictions were progressively eased in April and May 2021, an upsurge in new infections and fatalities was observed. During the early months of 2022, a third wave unfolded in the country before a steep decline in the number of new infections.

The nationwide closure of all learning institutions, adopted on March 27, 2020, led to the closure of 1,843 schools and disrupted the learning of 670,624 children and adolescents from pre-primary to secondary levels during the 2019/2020 academic year.³ However, 11th grade and college students resumed their education in July 2020, three months after the announcement of school closures, while all other students did not resume their education until the beginning of April 2021, thus resulting in the loss of a full academic year.

Although the full extent of COVID-19's impacts cannot be ascertained due to data challenges, the pandemic has likely impacted progress on the implementation of the SDGs. Lost incomes, limited social protection, and rising prices have meant that even those who were previously secure could find themselves at risk of poverty.⁴ The observed impacts, which are not unique to Eritrea, have ranged from a sudden drop in or complete loss of income due to the reduction or cessation of economic activities from workplace closures, loss of business and jobs, curtailing of the transportation sector, and restrictions on movements. There is qualitative evidence to suggest that the pandemic likely has affected those engaged in informal and precarious

employment the most. Moreover, there has been disruption of essential production and supply chains, as well as reduced government revenue and public spending. The pandemic has also led to stresses on the national health care system.

Importantly, the scaling up of the national social protection program during the height of lock-down and stringent containment measures have cushioned the harmful effects on the most vulnerable and helped reduce the impact on poverty and income. Eritrea has undertaken a whole-of-society approach inclusive of community-led responses, acknowledging their vital role in assisting the most vulnerable populations; in bringing economic and livelihood opportunities and adapting responses to the community context; and in providing critical food, medical, and prevention services directly to people at high risk. Government actions have included uninterrupted payment of salaries to all civil service and parastatal employees, deferring collection of various fees (e.g., electricity, water, telephone, etc.), ensuring the availability of and fair prices for different goods and services (with restrictions on hoarding), cancelling evictions, compensating those who lost income from work stoppages, and extending loans, cash handouts, food, and basic essential items to vulnerable individuals, families, and businesses.

Notably, these initiatives were buttressed by a national fundraising campaign that involved financial and material contributions from individuals and groups (local and living abroad), businesses, religious institutions, associations, and cooperatives. Throughout the country, workplaces, neighborhoods, and communities have also utilized deeply-rooted traditional forms of mutual assistance and collective support to ensure that no one, particularly the elderly, female or single-headed households, the disabled, the poor or unemployed, and other vulnerable populations, is forgotten or otherwise left behind during what has been a difficult and uncertain period.

3 UN 2020

4 UNDESA 2020

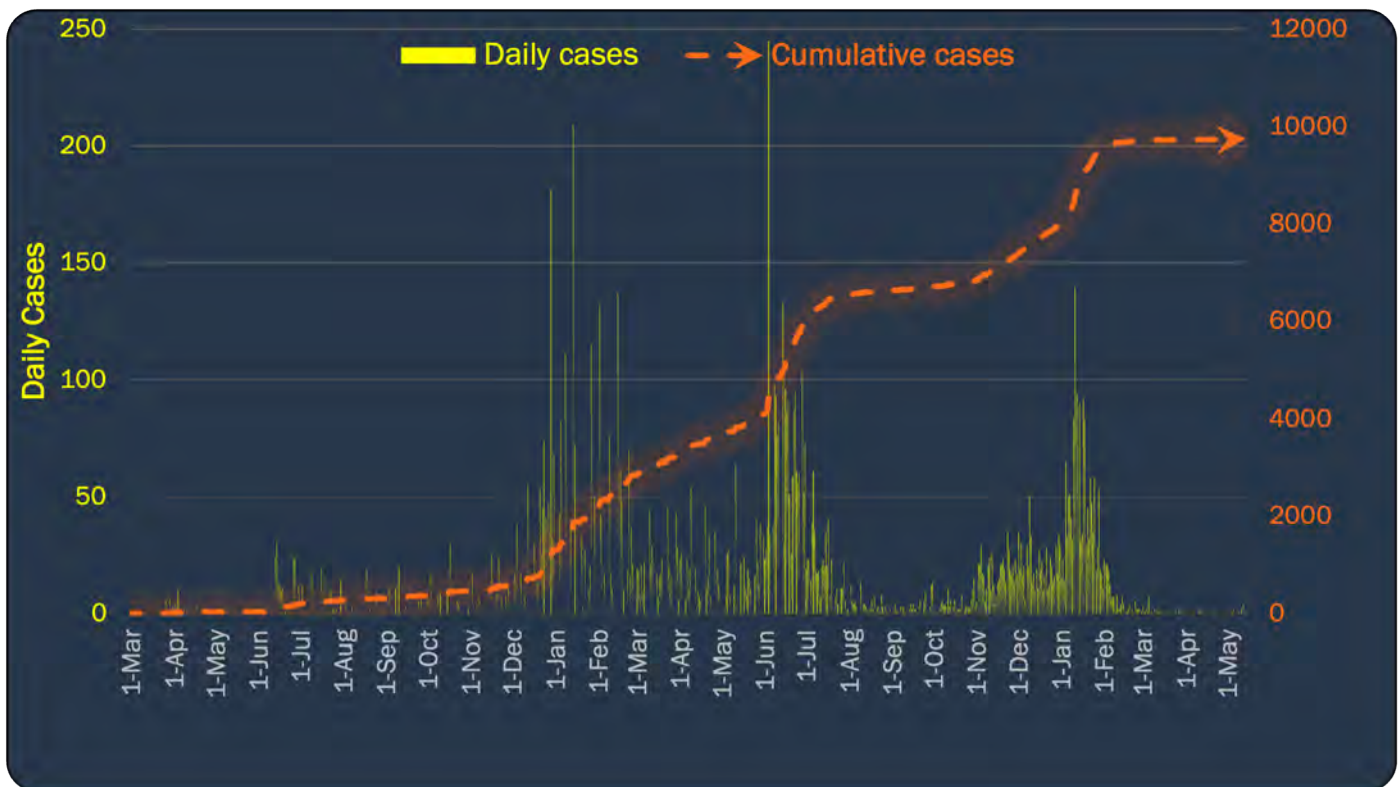


Figure 3.1 - COVID-19 daily and cumulative cases, March 1, 2020 - May 23, 2022

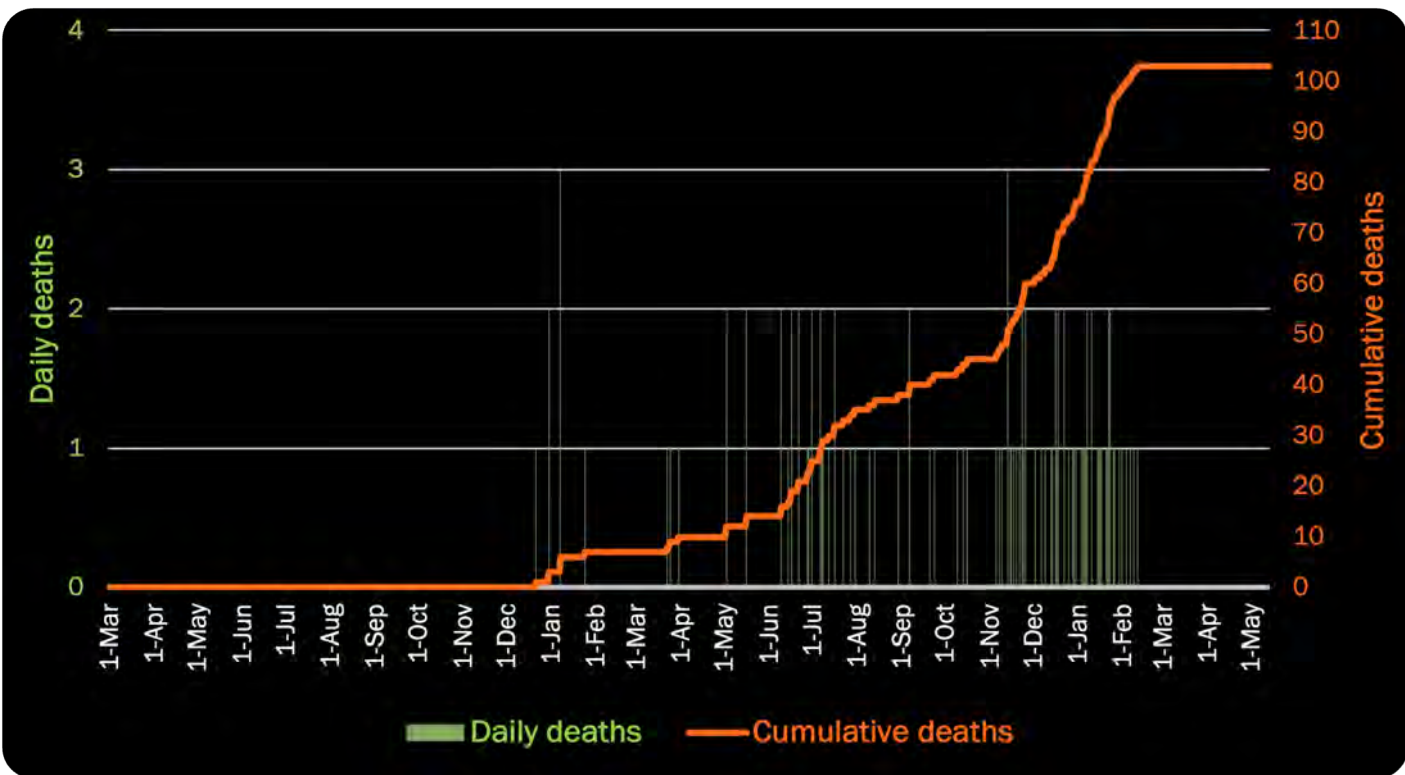


Figure 3.2 - COVID-19 daily and cumulative deaths, March 1, 2020 - May 23, 2022

4



PROGRESS TOWARDS ACHIEVING THE SUSTAINABLE DEVELOPMENT GOALS

3 GOOD HEALTH
AND WELL-BEING



13 CLIMATE
ACTION



4. PROGRESS TOWARDS ACHIEVING THE SUSTAINABLE DEVELOPMENT GOALS

Eritrea is one of the few countries that entered the UN SDGs period having achieved most of the health-related UN Millennium Development Goals (MDGs). The country's experiences and noteworthy achievements during the MDGs period have offered useful lessons and insights, as well as provided a firm platform to build on successes and drive forward with momentum. Notwithstanding myriad challenges, including illegal, unjust sanctions and a difficult regional geopolitical context characterized by conflict and instability, great strides have been achieved in several areas in recent years. This section reports on Eritrea's SDG progress. In the first sub-section a detailed review of the country's progress for SDG 3 is presented, while the second sub-section reviews progress achieved for SDG 13. Subsequently, Eritrea's progress in other areas of development is discussed.

4.1 Sustainable Development Goal 3

Good health and general well-being are fundamental requisites for sustainable development. SDG 3 seeks to ensure health and well-being for all, at every stage of life. It addresses the range of major health priorities, including reproductive, maternal, and child health; communicable, non-communicable, and environmental diseases; UHC; and access for all to safe, effective, quality, and affordable vaccines and medicines. SDG 3 also calls for more research and development, greater levels of health financing, and strengthened capacity of all countries in health risk reduction and management.

Globally, there have been significant strides made, particularly in terms of increasing expectancy and reducing some of the most common causes of child and maternal mortality. Worldwide progress has also been achieved on increasing access to clean water and sanitation, as well as reducing malaria, tuberculosis, polio, and the spread of HIV/AIDS. At the same time, however, an abundance of challenges remains and the world is significantly off-track in numerous areas. Major disparities both between and within countries persist, while there are a range of different persistent and emerging health issues. Overall, global efforts will need to be substantially scaled up, inequities eliminated, and progress must be significantly accelerated if SDG 3 is to be achieved.

4.2 Eritrea's progress on Sustainable Development Goal 3

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live birth.

Indicator 3.1.1: Maternal mortality ratio

Indicator 3.1.2: Proportion of births attended by skilled health personnel

Considerable progress has been made in improving reproductive, maternal, newborn, child, and adolescent health. The MoH estimates that the maternal mortality ratio dropped from 998 per 100,000 live births in 1990 to 752 in 2002, 486 in 2007, 228 in 2015, and 184 in 2019 – an overall reduction of 82 percent during the period 1990-2019.⁵

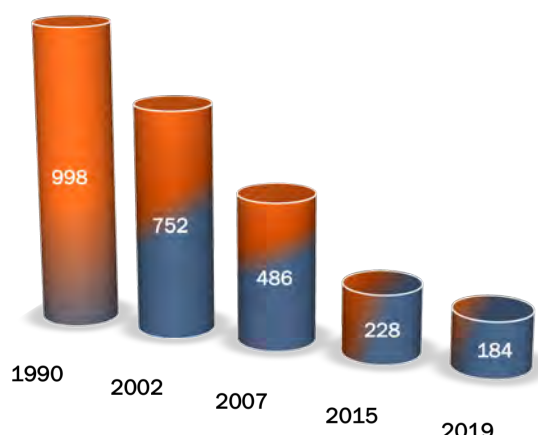


Figure 4.1 - Maternal mortality ratio

Success is driven by several factors, including: expansion of infrastructure to historically under-served regions; strengthening community health promoters and the supervisory role of village health committees; development of maternity waiting homes; improving access to transport for emergency cases; increasing the number of staff with lifesaving skills; increasing the number of facilities that can provide comprehensive emergency newborn and obstetric care services; and strengthening maternal-perinatal death surveillance and response.

It is projected that the country is likely to achieve the SDG target of reducing maternal mortality ratio to 70 per 100,000 live births by 2030. However, there is

⁵ EDHS 1997; EPHS 2013; Ghebrehiwet and Morrow 2006; MoH 2021

great need to strengthen and expand interventions that improve the health and well-being of mothers during and after pregnancy.

In addition, there has been steady improvement with regard to the proportion of births attended by skilled health personnel. In 2019, the proportion of births attended by skilled health personnel was approximately 71 percent, a significant increase from 62 percent in 2017. Moreover, the percentage of pregnant women attending at least one antenatal care visit has increased to 98 percent, and more mothers and newborns are now receiving postnatal care within two days of childbirth.⁶



Image 8: Maternal and childhood care

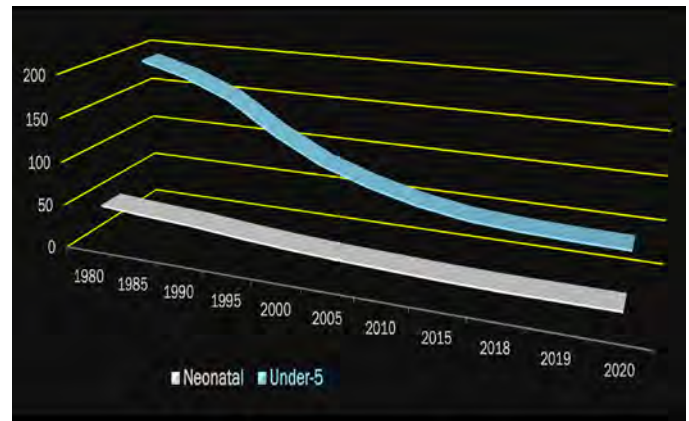


Figure 4.2 - Neonatal and under-five mortality rates

At present, neonatal mortality in Eritrea accounts for about 43 percent of under-five deaths and 60 percent of infant deaths, suggesting that continued reductions in infant and under-five mortality will be largely contingent upon further improvements in neonatal mortality. Importantly, plans are in place to begin providing more holistic and comprehensive health care for children based on integrated management of neonatal and childhood illnesses in communities and facilities around the country, as well as improving the quality of care in the peripartum period by strengthening health worker skills in early essential newborn care and scaling up access to neonatal intensive care.

Target 3.2: By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

Indicator 3.2.1: Under-five mortality rate

Indicator 3.2.2: Neonatal mortality rate

Between 1990 and 2020, the neonatal mortality rate was reduced by 49 percent, from 35 deaths per 1,000 live births to 18, while the under-five mortality rate was reduced by 75 percent, from 153 to 39. The average exponential annual rate of reduction for under-five mortality between 1990 and 2020 is estimated at 4.5 percent, which is among the fastest in the world.⁷

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age, and key populations

Through sustained implementation of high-impact interventions and a well-coordinated multi-sectoral approach, notable success has been achieved in halting the spread of HIV and sustaining a decline in prevalence and incidence. From 2005 to 2020, HIV prevalence declined from 1.1 percent to 0.6 percent, while the incidence rate declined from 0.43 per 1,000 population to 0.1. Across the same period, AIDS-related deaths fell from 1,400 to 270. Importantly, HIV testing is nearly universal among pregnant women (around 95 percent), and the mother to child transmission rate is estimated to be 1.8 percent. Between 2003 and 2020, the percentage of pregnant women testing positive declined from 2.5 to 0.2, while positive tests dropped from 4.3 to 0.3 among those in the general population voluntarily seeking

6 MoH 2019a ; MoH 2020
7 UN IGME 2021

testing. These notable measures of progress position Eritrea to apply for validation and ultimately certification of elimination of mother-to-child transmission of HIV.

Recent epidemiological studies indicate that although HIV prevalence and new infections are decreasing among the general population, several key groups, including women engaged in CSW, long-distance truck drivers, and the incarcerated, remain particularly vulnerable and disproportionately affected. Collectively, these population groups account for about 21 percent of HIV-positive cases. In 2019, prevalence among women in CSW was 14.8 percent, among long-distance truck drivers was 4.3 percent, and among the incarcerated was 1.4 percent.⁸

Indicator 3.3.2: Tuberculosis incidence per 100,000 population

There were 2,873 tuberculosis (TB) cases (including HIV-associated TB) in 2020, for an incidence rate of 81 per 100,000 population, and 74 cases of multidrug-resistant (MDR) TB, for an incidence of 2.1 per 100,000. The number of notified cases of TB decreased from 2,242 in 2016 (equivalent to 66.5 per 100,000) to 1,616 (45.6 per 100,000) in 2020, with an average annual rate of reduction of approximately 6 percent. 28 cases of MDR TB were notified, an increase from 17 in 2019.⁹

In 2020, treatment coverage was 55 percent, while the treatment success rate was 92 percent – up from 89 percent in 2016. High treatment success rate contributes significantly to reducing transmission, complications, and mortality.¹⁰

Indicator 3.3.3: Malaria incidence per 1,000 population

Malaria has been a long-standing challenge and the risk of malaria remains moderate to high within large swathes of the country. However, over the years the country has made major inroads against the disease. Through the combination of an array of control and prevention interventions, which has included the mass distribution of long-lasting insecticide-treated nets, indoor residual spraying, drainage and larval source management, effective case management and surveillance, and strong community mobilization, awareness, and reception, the national malaria burden has been significantly reduced.

In 2021, there were 6 deaths due to malaria, a drop from 23 in 2016 and 405 in 1998. Between 1998 and 2016, malaria incidence dropped significantly, declining from 157 to 34 cases per 1,000 people. Following further reductions to 18 cases per 1,000 in 2018, there has been a slight increase in cases in recent years, to 30 cases per 1,000 in 2020. Despite the recent small rise in cases, the country is transitioning from pre-elimination

towards elimination of malaria, with the long-term goal of ultimately eliminating and preventing the reintroduction of malaria by 2030.

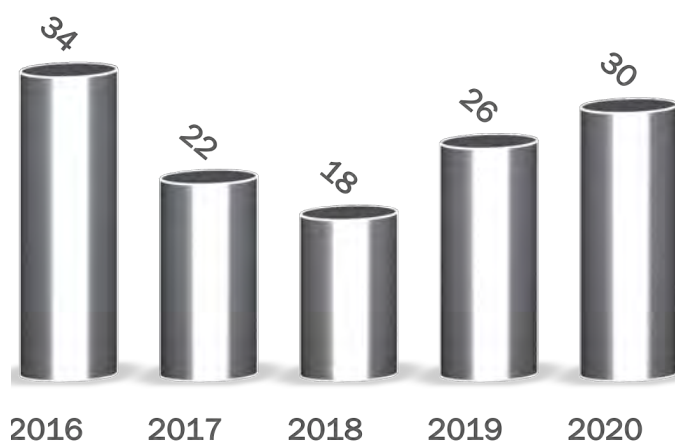


Figure 4.3 - Malaria incidence per 1,000 at risk



Image 9: Malaria prevention and control

Indicator 3.3.4: Hepatitis B incidence per 100,000 population

Although monitoring and service programs have only been initiated recently, routine surveys shed critical light on hepatitis B prevalence among key population groups. Between 2015 and 2019, prevalence among antenatal care attendants dropped from 3 to 2.6 percent. For the same period, hepatitis B prevalence dropped from 1.8 to 1.5 percent among women in CSW, increased from 2.4 to 2.9 percent among long-distance truck drivers, and fell from 4.7 to 3.7 percent among the incarcerated.¹¹

The 2021 World Health Statistics report estimates hepatitis B surface antigen prevalence among children under 5 years at about 1.02 percent for 2019.¹²

8 MoH 2019b; MoH 2019c
 9 NTLCP 2020; WHO 2021a
 10 NTLCP 2020; WHO 2021a
 11 MoH 2019c
 12 WHO 2021b

Indicator 3.3.5: Number of people requiring interventions against neglected tropical diseases

Considerable efforts have been made to control, eliminate, and eradicate neglected tropical diseases (NTDs). Several multi-year national master plans have been developed, while various interventions have been employed, including mass drug administration (MDA) in high burden areas, vector management, veterinary public health, and water, sanitation, and hygiene.

The National NTD Program conducted annual sentinel site surveys for schistosomiasis and soil-transmitted helminthiasis in 29 schools among the 91 schools that have moderate prevalence for schistosomiasis. Findings from successive surveys showed significant reduction of prevalence in the majority of the surveyed schools. Comparing the mapping study results of 2014 and 2015, out of the 29 surveyed 48 percent of the schools showed decreasing prevalence, 35 percent showed zero prevalence, and the remaining 17 percent showed increasing prevalence. These results indicate the need for additional prevention and control strategies, such as snail control, environmental sanitation, raising community awareness, and MDA.

The 2021 World Health Statistics report estimates the number of people requiring interventions against NTDs at 427,112 for 2019.¹³

Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Indicator 3.4.1: Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

Non-communicable diseases (NCDs) have become the leading cause of morbidity and mortality among hospital and health centre inpatients. In recent years, the number of deaths from cancer, diabetes, and cardiovascular diseases (CVDs) has increased, while the number of deaths from chronic respiratory diseases (CRDs) has remained constant. Specifically, between 2015 and 2021, the number of deaths due to CVDs increased from 139 to 396, the number of deaths due to diabetes increased from 60 to 101, the number of deaths from cancers increased from 23 to 49, and deaths from CRDs has remained at 10.¹⁴ However, the 2021 World Health Statistics Report estimate for the probability of dying from any of cancer, diabetes, CVDs, and CRDs between age 30 and 70, which stands at nearly 27 percent, is greatly overestimated.¹⁵

These trends and developments indicate a shift in the national disease burden from communicable diseases to NCDs, associated with a variety of different factors, such as diet, lifestyle, and behaviors. Sustained efforts and further work will be required in order to reduce major modifiable risk factors, both develop and implement effective legal frameworks, and orient the health system through people-centered health care.

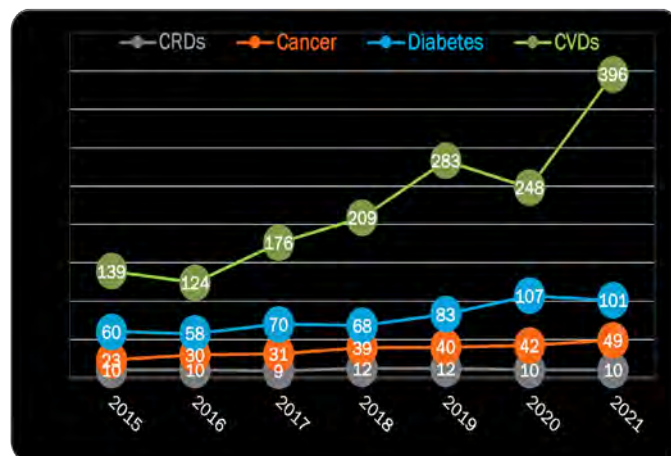


Figure 4.4 - Deaths from major non-communicable diseases

Indicator 3.4.2: Suicide mortality rate

The estimated suicide mortality rate remains relatively low. However, recent years have witnessed a modest increase, from about 1.85 per 100,000 population in 2015 to approximately 3.67 in 2021. This upward trend is closely associated with and driven by a number of factors, including improved reporting and monitoring mechanisms. While the overall estimates for Eritrea are modest, the importance of mental health and access to psychosocial support, particularly for youth, is a key component of Eritrea's comprehensive health care package.

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and after-care services) for substance use disorders

Indicator 3.5.2: Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

Comprehensive and accurate data on coverage of treatment interventions for substance use disorders and alcohol consumption is unavailable. However, from 2015 to 2020 the number of diagnoses and treatment

13 WHO 2021b
14 MoH 2021
15 WHO 2021b

of alcohol-related mental disorders increased from 14 to 21, while the number of diagnoses and treatment of substance abuse-related mental disorders increased from 95 to 245. Overall, alcohol- and substance abuse-related mental disorders are estimated to comprise about 10 percent of all diagnosed and treated mental disorders.

The 2021 World Health Statistics Report estimates the alcohol per capita (≥ 15 years of age) consumption at 2.1 litres of pure alcohol.¹⁶

Target 3.6: By 2020, halve the number of global deaths and injuries from road traffic accidents

Indicator 3.6.1: Death rate due to road traffic injuries

Deaths due to road traffic injuries remain relatively low and have declined compared to previous years. In 2021, the death rate due to road traffic injuries recorded in health facilities was approximately 2.8 per 100,000 population, a considerable drop from 3.95 in 2015. While recent trends have been influenced by the reduced overall traffic due to COVID-19-related national lockdowns, continued and long-term reductions will require a multifaceted approach and range of preventative interventions.

Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

The MoH estimates the contraceptive prevalence rate for modern methods among all women aged 15-49 years at about 13.5 percent in 2019. For 2021, the UNFPA estimates the unmet need for family planning among all women aged 15-49 years at 18 percent, while among women 15-49 years that are married or in a union it is estimated at 29 percent. As well, it is estimated that the proportion of demand satisfied with modern methods among all women aged 15-49 years is 32 percent. These estimates suggest that the potential for rapid uptake and a large impact is large.¹⁷

16 WHO 2021b
17 UNFPA 2021
18 WHO 2021c

Indicator 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

The adolescent fertility rate (births per 1,000 women aged 15-19 years) has decreased considerably over the years, dropping from 88.6 per 1,000 women aged 15-19 years in 2000 to 55.7 in 2015 and 48.9 in 2019. The long, extended decline can be attributed to a number of closely interlinked factors, such as investments in the human capital of women and girls, the rising age at marriage and better protection of women's and girls' rights, increased educational and economic opportunities for young women, and progressive changes in traditional social customs.

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Indicator 3.8.1: Coverage of essential health services

Indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income

The national health policy aims to maximize the health and well-being of all citizens at all ages and seeks to ensure equity and access to essential health services at an affordable cost, utilizing primary health care as a key strategy and consistent with universal health coverage (UHC) principles.

Since 2016 a wide set of interventions, including the Essential Health Care Package, have been developed and implemented to expand access and improve care for all. Modest progress is being registered towards achievement of UHC, as illustrated by improvements on the UHC service coverage index. In 2019, it was 54.9, an increase from 47.6 in 2016.¹⁸

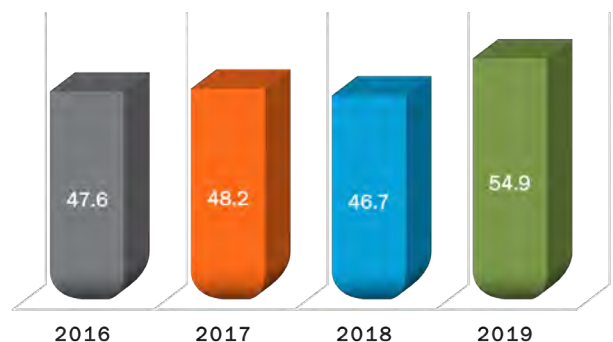


Figure 4.5 - UHC service coverage index

Health service continues to be heavily subsidized, with patients required to make only nominal payments (which are wholly waived in cases of financial need). Many essential health services are provided completely free of charge, including all public and preventive services, such as immunization and growth monitoring, pre- and post-partum care, nutrition and supplementation, and health education. All patients with chronic diseases and other disorders, such as TB, HIV/AIDS, hypertension, diabetes, and mental disorders, among others, are provided with free care and prescribed medications.

Importantly, accessibility, the expansion of health infrastructure, and human resource development have also been areas of major focus, with the country constructing and renovating many hospitals, health centres, health stations, and clinics, as well as considerably increasing the number of doctors and health professionals. There are now 335 health facilities distributed across the country (comprising hospitals, health centres, health stations, and clinics) – a nearly fourfold increase from 1991. At present, approximately 80 percent of the population lives within a 10 km radius of a health facility and 70 percent within a 5 km radius, representing major improvements from just a few decades ago.¹⁹



Image 10: Health laboratory technicians

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Indicator 3.9.1: Mortality rate attributed to household and ambient air pollution

Indicator 3.9.2: Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)

Indicator 3.9.3: Mortality rate attributed to unintentional poisoning

The 2021 World Health Statistics Report estimates the age-standardized mortality rate attributed to household and ambient air pollution at 173.7 per 100,000 population for 2016. As well, the mortality rate attributed to exposure to unsafe water, sanitation, and hygiene services is estimated at 45.6 per 100,000 population for 2016, while the mortality rate from unintentional poisoning is estimated at 3.3 per 100,000 population for 2019.²⁰

Notable improvements are being made in expanding access to safe, clean water and basic sanitation. Through significant investments and a range of interventions, nationwide access to clean water is approximately 85 percent, whereas it was 13 percent in 1991. Importantly, the rural-urban gap is steadily being bridged, with access to water in urban areas rising from 30 percent to 92 percent and in rural areas from 7 percent to above 70 percent. Additionally, access to water has also improved in schools, with greater than 50 percent of all schools now having access to safe, clean water service, which is much greater than in previous years. In health facilities, increased access to clean, safe water has promoted infection prevention and control, supported healthy deliveries, and helped reduce neonatal mortality risk.

Similarly, access to basic sanitation and hygiene facilities has been expanded. Whereas in 1991 about 12.8 percent of households had access to toilets or latrines, at present about 33 percent of all households do. Additionally, greater than 67 percent of the country's schools have toilets or latrines, while about 77 percent of villages nationwide have been declared to be "open defecation free". Notably, there are also greater levels of public awareness of good hygiene practices and their role in reducing the spread of disease.

To consolidate improvement and build upon progress, the country has undertaken a number of initiatives, including development of the One WASH Strategy and One WASH Investment Plan for 2019-2030, monitoring and improving water safety and quality at different levels, public education campaigns, and investment in expanding infrastructure.

¹⁹ MoH 2020
²⁰ WHO 2021b



Image 11: Safe drinking water supply in the community

Target 3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

Indicator 3.a.1: Age-standardized prevalence of current tobacco use among persons aged 15 years and older

The 2021 World Health Statistics Report estimates the age-standardized prevalence of current tobacco use among persons aged 15 years and older at approximately 7.2 percent for 2018.²¹

Target 3.b: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

Indicator 3.b.1: Proportion of the target population covered by all vaccines included in their national programme

Indicator 3.b.2: Total net official development assistance to medical research and basic health sectors

Indicator 3.b.3: Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis

Tremendous strides have been made with regard to national vaccination. In 1991, only 6 vaccines were administered to children, with an overall coverage rate of less than 10 percent. However, the national routine vaccination schedule has steadily grown and now provides an array of vaccines to protect against a variety of serious or potentially fatal diseases. At present, the proportion of the target population covered by all vaccines included in the National Immunization Programme (NIP) is nearly 100 percent, with more than 95 percent fully immunized for their age.

Under the oversight of the MoH and the NIP, a total of 295 health facilities in the country provide routine vaccination services 6 days per week. In addition, vaccination service is provided at 450 outreach sites nationwide, while nomadic groups and those residing in extremely remote or difficult to reach areas receive service through the “Reach Every District” approach, along with mobile health units and mass vaccination campaigns organized in close cooperation with community coordinators, volunteers, and local contacts. Presently, a total of 12 vaccines are administered to young children, with coverage rates of approximately 95 percent or higher.

The 2021 World Health Statistics Report estimates the total net official development assistance to medical research and basic health sectors per capita at \$US7.16 for 2019.²² The 2013-2017 national health research agenda has been updated, helping to bring it more in

21 WHO 2021b
22 WHO 2021b

line with the WHO's protocols and guidelines. Between 2016 and 2021, approximately \$US50 million was received from the Global Fund and GAVI Alliance grants, of which about 0.5 percent was allocated to development and health research.

The 2021 World Health Statistics Report estimates the domestic general government health expenditure as a percentage of general government expenditure at approximately 2.4 percent for 2018.²³

The National List of Medicines, the Standard Treatment Guidelines, and the National Formulary collectively aim to satisfy the priority health care needs of the population, with due regard to disease prevalence and public health relevance, evidence of efficacy and safety, and comparative cost-effectiveness. Procurement, storage, and distribution of all medical and pharmaceutical supplies is overseen by the Pharmaceutical Corporation of Eritrea, a parastatal organization. Supplies are subsequently distributed to health facilities throughout the country. Availability of essential medicines in public health facility, zonal medical warehouses, and private pharmacies is estimated at 82, 93, and 61 percent, respectively, while availability in hospitals is estimated at 87 percent, health centres 85 percent, and health stations 73 percent.

Health service and medicines are heavily subsidized, with fees wholly waived in cases of financial need, while many essential services are provided free of charge. All individuals with chronic diseases and other disorders, such as TB, HIV/AIDS, hypertension, diabetes, and mental disorders, among others, are provided with free care and prescribed medications.

Target 3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

Indicator 3.c.1: Health worker density and distribution

Expanding the health workforce remains a key area of national focus and investment. The government covers the full costs of education, training, and salaries for all health workers, and there are no recruitment ceilings or constraints. In recent years, the national health workforce has grown by 3 to 4 percent annually; in 2021, it was a total of 11,068, comprising 56 percent skilled health professionals and 44 percent administrative and support staff.

The number of doctors has been increased from 100 in 1997 to 291 by 2021. Across the same period, the number of dentists rose from 6 to 59, nurses from 625 to 1,474, assistant nurses from 1,220 to 2918, dental therapists from 11 to 165, pharmacists and pharmacy technicians from 97 to 486, laboratory technicians from 99 to 517, radiologists from 28 to 132, physiotherapy technicians from 6 to 140, and specialized doctors from 5 to 74. Importantly, distribution is also being improved, with more health workers now serving in rural areas and historically under-served communities. Accordingly, in 2021 per 10,000 population the density of medical doctors, nursing and midwifery personnel, dentists and dental therapists, pharmacists and pharmacy technicians stand at 0.8, 12, 0.6 and 1.3 respectively.

Despite the considerable progress, however, shortages remain, and there is a relatively low density of doctors and dentists, as well as a small number of specialized health professionals (e.g., intensive care nurses, psychiatrists, psychologists, etc.). Importantly, Eritrea continues to invest in training professionals, while also working to push forward cooperation with international organization and various partners for local capacity-building.

Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Indicator 3.d.1: International Health Regulations (IHR) capacity and health emergency preparedness

As a signatory to the International Health Regulations (IHR 2005), Eritrea remains committed to improving health security and it has taken tangible steps to develop, strengthen, and maintain core public health and emergency preparedness capacities. In 2017, the first National Action Plan for Health Security (NAPHS, for 2017 to 2021) was developed, with a focus on implementing the IHR and strengthening capacity to detect, assess, report, and respond to public health events. After the inaugural NAPHS was reviewed and evaluated, the new NAPHS for 2022 to 2026 was developed with an aim to enhance public health core capacity and further strengthen the health system.

Eritrea annually conducts and submits IHR self-assessment reports, consistent with World Health Assembly guidelines and requirements. The overall IHR core capacity index score was 71 percent 2015. After dropping for a period of several years it has begun climbing again, reaching 57 percent in 2020.

Indicator 3.d.2: Percentage of bloodstream infections due to selected antimicrobial resistant organisms

Consistent with its endorsement of the 2015 Global Action Plan on Antimicrobial Resistance (AMR), Eritrea is working to tackle threats from AMR. A national action plan for AMR, embracing the “One Health” approach, has recently been established and put into place. Developed by a multi-sector committee comprising multiple ministries and other stakeholders, the action plan aims to promote appropriate and effective use of antimicrobials in human and animal health, strengthen prevention and control measures, and raise public awareness and knowledge.

In addition, infection and prevention control (IPC) guidelines have been finalized, with IPC committees found in all hospitals, while laboratory and surveillance capacities continue to be enhanced. Both indicator and event-based systems have been established and are functioning at all levels, while zoonotic surveillance, food safety, and security initiatives are conducted through collaboration between the MoH and the Ministry of Agriculture (MoA).

Of note, the National Health Laboratory, which monitors and collects data on common bacterial infections, is moving towards greater standardization, coordination, and quality management. The percentage of bloodstream infections due to selected AMR organisms has tended to vary by year, while of the *Escherichia coli* and *Staphylococcus aureus* isolated between 2017 and 2021, a large percentage was resistant.

4.3 Sustainable Development Goal 13

Climate change is one of the most significant challenges ever faced by humanity. SDG 13 urges the world to take action to combat climate change and its associated impacts. Globally, there is not a single country that is not experiencing the drastic effects of climate change. It is disrupting national economies and affecting lives. Weather patterns are changing, sea levels are rising, and extreme weather events, such as heat waves, droughts, floods, and tropical cyclones, are increasing in frequency and intensity. This aggravates water management, reduces agricultural production and nutrition and food security, increases health risks and interrupts essential services, such as water and sanitation, energy, and education. Of note, while climate change and its impacts affect people everywhere, they disproportionately harm the poorest and the most vulnerable, especially women and children.



Despite a pandemic-related fall in emissions (arising from a temporary reduction in human activities), the global climate crisis continues largely unabated. At present, the world remains woefully off-track in meeting the Paris Agreement target of limiting global warming to 1.5 degrees Celsius above pre-industrial levels and reaching net-zero carbon dioxide emissions globally by 2050. Without immediate and concerted action, climate change threatens to create long-lasting changes to our climate system, which may lead to dire and irreversible consequences for all.

4.4 Eritrea's progress on Sustainable Development Goal 13

Target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries

Indicator 13.1.1: Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population

In recent years there has been a large increase in the number of persons affected by disasters. In 2021 and 2020, there were a total of 20,110 and 15,008 people affected by disasters (551 per 100,000 population and 422 per 100,000 population, respectively), a considerable rise from 2015, when there was 815 people affected (26 per 100,000 population).

Along with improved monitoring and coverage, the steep increase has been the result of droughts and desert locust swarms. The latter, which have rapidly spread across several countries at rates not seen in decades, pose an enormous risk to food security and livelihoods, as they can cause large-scale damage to crops and pastures. Droughts have also remained a constant threat, and they are becoming much more frequent, lasting longer, and intensifying in severity across the entire surrounding region. At present, the Horn of Africa is experiencing one of its most severe La Niña-induced droughts in recent history following three back-to-back poor rainy seasons – with a fourth currently in the process of unfolding.

National responses to and management of hazards and disasters involve a comprehensive approach. The Ministry of Defence, the MoA, MLSW, the MoH, different levels and branches of government and administration, and various other partners work collaboratively to mobilize resources, coordinate activities, and assist communities to recover from disasters and their tragic



Figure 4.6 - People affected by disasters

Several different natural hazards generally affect the country, having an impact on livelihoods and agricultural productivity, threatening food security and health, and also significantly heightening the vulnerability of individuals and communities. These hazards include recurrent droughts, flooding and storms, high winds (especially with coastal areas), desert locust swarms, and volcanic activity.

consequences. The MLSW has led the development of a plan to share data and harmonize efforts, as well as better address and coordinate public safety and emergency management issues. In addition, there are continued efforts, involving the cooperation of different ministries, government administrations, and

other stakeholders, to prevent and reduce the impacts of hazards and disasters on at-risk communities and vulnerable populations.

Additionally, intensive greening and water and soil conservation programs are being expanded, including regular campaigns involving communities, students, and youth clubs. Concurrently, an array of adaptation and mitigation efforts are also underway, with the close cooperation of regional and international partners. These include the establishment of enclosures and protected areas, expansion of irrigation schemes, and construction of terraces, dams, and ponds. There are plans for desalination of sea water for domestic and economic sectors, while degraded land is being restored and rehabilitated. Households and communities, especially those in at-risk areas, receive support with adaptation strategies and technologies, helping to reduce vulnerability, strengthen resiliency, and secure livelihoods.

Target 13.2: Integrate climate change measures into national policies, strategies and planning

Indicator 13.2.1: Number of countries with nationally determined contributions, long-term strategies, national adaptation plans and adaptation communications, as reported to the secretariat of the United Nations Framework Convention on Climate Change

Eritrea has signed and ratified a number of international climate change agreements and instruments. The MLWE, working closely with other ministries, offices, and stakeholders, has prepared and submitted a range of climate change- and biodiversity-related reporting documents to the secretariats of the UNFCCC and the CBD. These include several National Communications (NCs), the NAPA, the National Determined Contribution (NDC), the National Biodiversity Strategy and Action Plan (NBSAP), and the first Biennial Update Report (BUR). National climate change- and biodiversity-related documents retain particular relevance to and especial bearing on a number of different SDG 13 indicators.

The first NDC, submitted in 2018, outlines climate change mitigation and adaptation actions focusing on the areas of energy, industry, transport, forestry, and waste. In order to achieve a climate-resilient future, the country is working towards the development of renewable energy and efficiency improvement in all

Image 12: One of Eritrea's recently constructed dams, critical for sustainable development

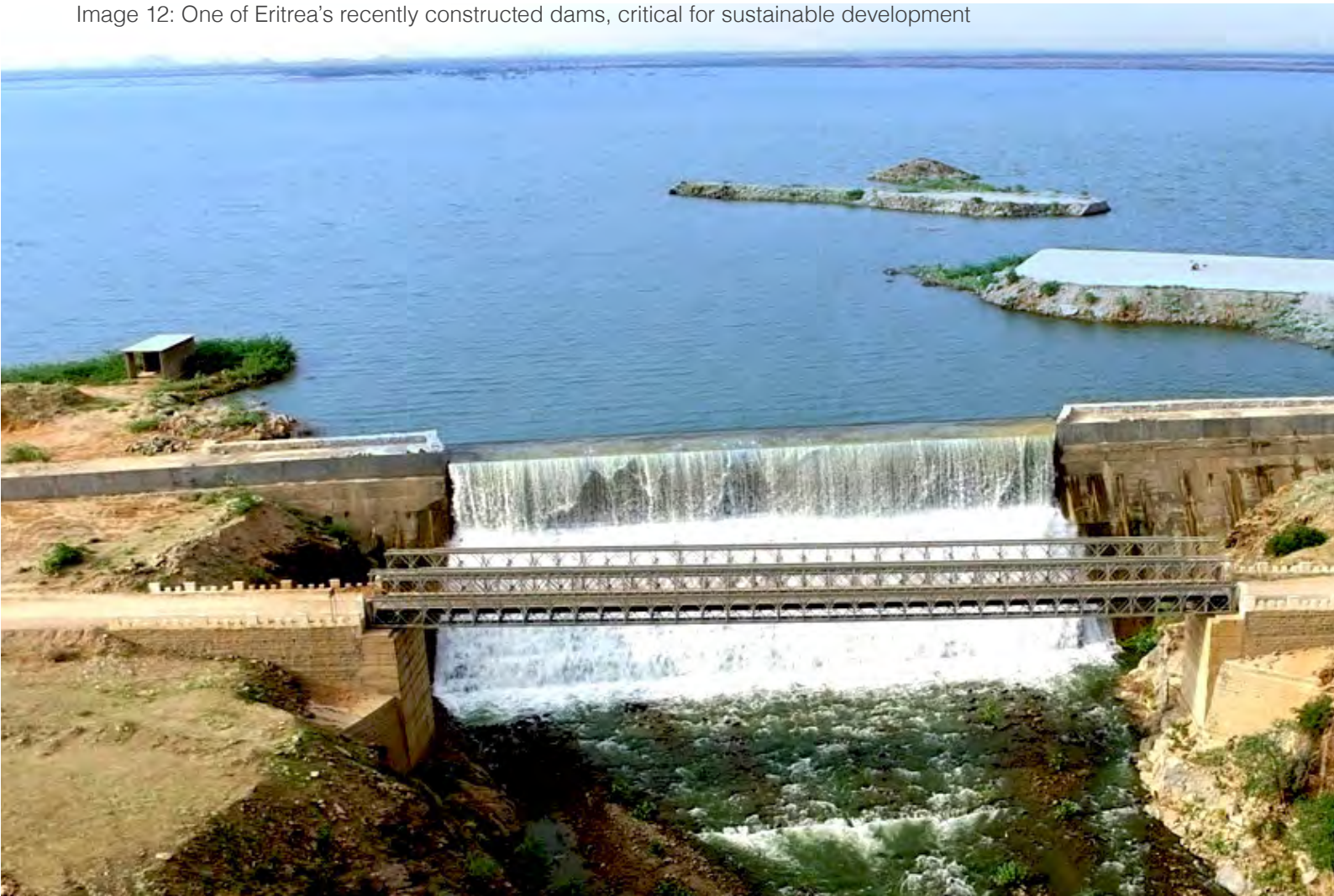




Image 13: Solar energy plant in Areza

National Documents	Impacts on SDG-13 Indicators					Submission	
	13.1.1	13.2.1	13.2.2	13.3.1	13.b.1	To	Year
First National Communication			●			UNFCCC	2001
National Adaptation Program for Action	●	●				UNFCCC	2007
Second National Communication			●			UNFCCC	2012
Intended Nationally Determined Contribution		●				UNFCCC	2015
Nationally Determined Contribution		●				UNFCCC	2018
Third National Communication	●		●			UNFCCC	2021
National Biodiversity Strategy and Action Plan	●	●				CBD	2015
First Biennial Update Report		●	●		●	UNFCCC	2021

Figure 4.7 - National climate change-related documents and their application to SDG 13

sectors, particularly in energy production, transmission, distribution, and consumption, as well as in transport, manufacturing, and household energy consumption.

Under its commitments as a party to the UNFCCC, Eritrea has periodically drafted and submitted several NCs (in 2001, 2012, 2021), while its first BUR was submitted in 2021. Overseen by the MLWE, all documents were prepared and delivered in accordance with adopted guidelines and other guidance. NCs have reported on the country's GHG inventory and scenarios, mitigation measures, vulnerable groups, mitigation and adaptation measures and assessments, and international cooperation, while the BUR provides an update on Eritrea's GHG inventory, mitigation measures and their impacts, general constraints and gaps (particularly with relation to financial, technical, and capacity needs), and resources received.²⁴

Eritrea recognizes the need to maintain a healthy environment and it is concerned about the degradation of ecosystems and the loss of species and genetic diversity which result from human activities and natural causes. The NBSAP, developed in 2015, defines the status of biodiversity in the country, the threats leading to its potential degradation, and the strategies and priority actions required to ensure its conservation and sustainable use within the framework of the socio-economic development of the country. Eritrea's approach to the protection, conservation, and sustainable use of the biological resources is on an ecosystem basis, with targets and plans established for agricultural biodiversity, terrestrial biodiversity, and coastal, marine, and island biodiversity. Both a guide to implementation of the CBD and a vision for the future, the NBSAP aims to ensure that by 2040, the state of the natural environment in the country is stable and capable of sustainably ensuring people's well-being.

Eritrea remains actively engaged in a multi-year, multi-country project to enhance climate transparency and support the transition towards a more climate-resilient pathway. In addition to strengthening national policy and decision-making in the management of natural resources, as well as promoting the sustainability of nature-based economic sectors, such as agriculture and tourism, the Global Environmental Facility (GEF) co-sponsored project is expected to yield improved technical capacities and institutional frameworks to transparently plan, monitor, report, and verify climate targets and actions, better quality climate change-related data, and the development of GHG inventories. The project, the first multi-country CBIT project approved by the GEF Council, is also providing critical opportunities for peer learning, sharing of experiences and expertise, and knowledge dissemination on transparency-related activities.

The variegated impacts of climate change are affecting countries across the Horn of Africa, threatening lives and livelihoods and damaging infrastructure, ecosystems, and social systems in communities throughout the region. Eritrea's NAPA, released in 2007, aims to protect individuals and communities from extreme weather and emerging climate risks, and help make the country more resilient and better prepared for the devastating impacts of climate change.

Developed through a collaborative, whole-of-society approach, involving extensive consultation with and active participation of communities, different sectors, and numerous experts and stakeholders, the NAPA sets out priorities, goals, and concrete objectives, as well as identifies critical challenges and vulnerable sectors or populations. Subsequently, many actions to advance climate change adaptation and build or strengthen resilience to climate impacts have been taken, while a large number of cross-cutting projects to protect vulnerable sectors and groups have been implemented. Adjustments in various systems remain ongoing (e.g., ecological, social, economic, etc.), with efforts to scale up and reinforce preparation for future impacts continuing.

Indicator 13.2.2: Total greenhouse gas emissions per year

Annual GHG emissions remain relatively low and there are only small fluctuations per year. In 2018, GHG emissions were approximately 6.396 megatonnes of carbon dioxide equivalent (Mt CO₂ eq.), about a 20.17 percent (or 1.073 Mt) increase from 2000 emissions and a slight decrease of 0.37 percent (or 0.0237 Mt) from 2015 emissions. Overall, the country accounts for among the smallest shares of total global GHG emissions. The predominant sources of emissions are agriculture and energy, while waste, land-use change and forestry, and industrial processes account for far smaller shares of the country's total.

In recent years, the COVID-19 pandemic and resulting limitations on human activities, travel, and economic sectors most likely led to falls in emissions (although full data is not available).

Renewable energy is being prioritized (which will help to minimize the dependence on unsustainable imported fossil fuels and reduce emissions from national power generation), while steps are actively being taken to improve energy efficiency and promote clean alternatives in transport, manufacturing, and household consumption. One unique intervention has been the introduction of improved traditional stoves, locally known as "Adhanet", which are energy efficient (decreasing consumption by 50 percent), minimize deforestation, and reduce safety and health hazards. Designed by the Ministry of Energy and Mines and distributed by the MoA, approximately 170,000 of these units have been

²⁴ MLWE 2001; MLWE 2012; MLWE 2021a; MLWE 2021b

installed in households and communities nationwide since 1998. Additionally, a number of projects are in place to conserve, restore, and enhance natural areas, including regular nationwide afforestation campaigns, involving the active participation of communities, students, and youth groups, as well as water and soil conservation programs.

and global challenges and to take informed decisions and actions for environmental integrity, economic viability and a just society for present and future generations, while respecting cultural diversity.

GCED and ESD and many of their themes – such as rights, tolerance and understanding, peace, respect,

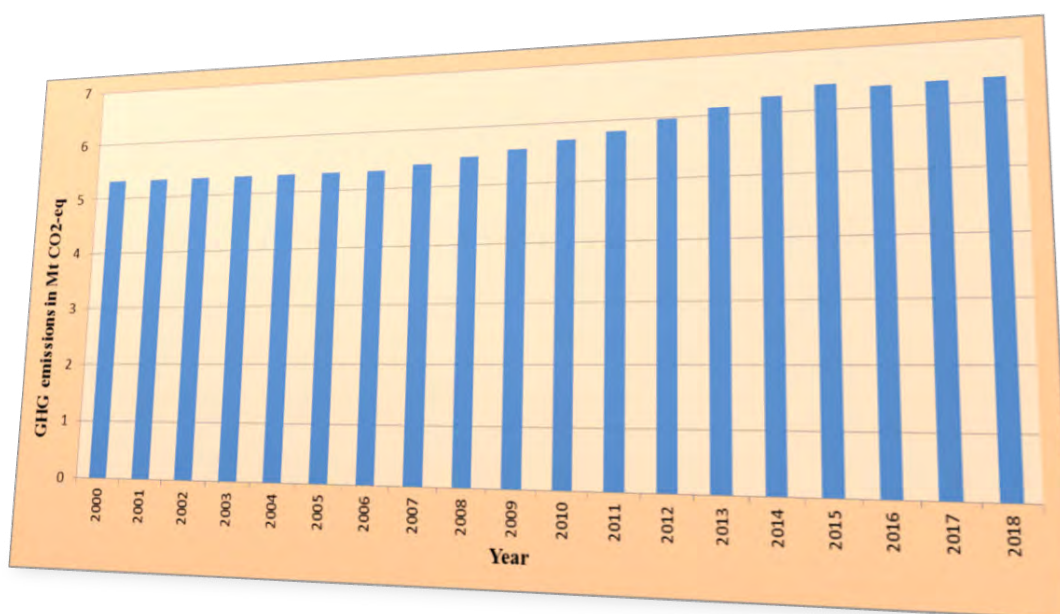


Figure 4.8 - Greenhouse gas emissions (Mt Co2 eq.)

Target 13.3: Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

Indicator 13.3.1: Extent to which (i) global citizenship education and (ii) education for sustainable development are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment

Global Citizenship Education (GCED) and Education for Sustainable Development (ESD) are a fundamental part of the 2030 Agenda for Sustainable Development and crucial to ensuring development that meets the needs of the present generations without compromising the ability of future generations to meet their needs. Together, GCED and ESD nurture respect for all, build a sense of belonging to a common humanity, foster responsibility for a shared planet, and help learners become responsible and active global citizens and proactive contributors to a more peaceful, tolerant, inclusive, secure and sustainable world. They also aim to empower learners of all ages to face and resolve local

inclusion, equality and social justice, sustainability, ethics, citizenship, and responsibility in a global and local context – are mainstreamed and tightly integrated within different aspects of Eritrea’s national education system: in national education policies and guidelines, being measured at approximately 0.81; in teacher education (0.72); in curricula (0.76); and in student assessment (0.73).

In Eritrea, education is regarded as a strong foundation for sustainable development and recognized as a critical component in building a more just, peaceful society and world. GCED and ESD themes are prioritized within the national legal framework and core educational policies, as reflected in the National Charter, several legal proclamations and notices, the National Education Policy, the National Curriculum Framework, the National Policy and Strategy on Inclusive Education, the National Adult Education Policy, the Implementation Guideline for Child Friendly Schools, and the National Guideline on Admission Criteria for Technical and Vocational Education and Training Students. In addition, an array of GCED and ESD themes are embedded within several other important guiding documents, such as the Guidelines for Students’ Campaign for Development and the School Emergency and Disaster Preparedness Policy.

Teachers and educators in Eritrea are distinguished as key persons in society and integral to establishing

a conducive learning environment. They are widely recognized as having the potential to help students develop the general knowledge, skills, values, and behaviors needed to thrive, spark innovation and positive transformation, and address complex local, national, and global challenges. Initial and in-service preparation and training programs for teachers and educators incorporate ESD and GCED topics and themes, while seeking to build their competencies and provide them with information, resources, activities, and initiatives that they can utilize and adapt in daily teaching practice. Teachers and educators also receive training to understand and integrate complementary and intertwined dimensions of learning (e.g., cognitive, socio-emotional, and behavioral).

As a multicultural, ethnolinguistically diverse nation, particular emphasis is placed on peace, tolerance, mutual understanding, and knowledge of indigenous history, groups, languages, lifestyles, and cultures across the curriculum. Regular reviews of curricula and assessments are conducted to update or reorient content, ensure appropriate coverage of critical and developing issues, and further integrate GCED and ESD themes and concepts. A range of extracurricular, community-based, volunteer, and other non-formal learning activities provide students with unique, invaluable opportunities for holistic development, growth, and deeper understanding, and also directly lend themselves to the themes of sustainability and global citizenship.

	Extent to which GCED and ESD are Mainstreamed
Laws and policies	0.81
Teacher education	0.72
Curricula	0.76
Student assessment	0.73

Figure 4.9 - Extent to which GCED and ESD are mainstreamed in policies, curricula, teacher education, and student assessment

Pedagogical tools, teaching instruments, and various instruction or guidance materials have been revised and updated to incorporate more GCED and ESD themes, as well as to critically engage with emerging issues and salient topics. Additionally, there are ongoing efforts to promote the use of information and communication technologies (ICT), which is currently minimal, in order to enhance and enrich GCED and ESD teaching and learning. Notably, there is strong commitment to ensuring that training, preparation, and continuing professional development emphasize supporting teachers and educators to be aware of the social, economic, political, cultural, and environmental relevance and impact of what they teach, and to encourage a sense of local, national, global, and environmental responsibility.

National curricula and student assessments aim to go beyond a focus on literacy and numeracy, instead aspiring to empower students and equip them with the diverse and holistic knowledge, skills, critical thinking, values, and attitudes that they require to contribute to creating a more inclusive, just, peaceful, and sustainable nation, region, and world. The themes of sustainable development and global citizenship can clearly be recognized in a range of subjects, topics, and assessment instruments across different levels, although to differing degrees. Also, variations may be found among individual schools due to differences in individual capacities of teachers.

Target 13.b: Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities

Indicator 13.b.1: Number of least developed countries and small island developing States with nationally determined contributions, long-term strategies, national adaptation plans and adaptation communications, as reported to the secretariat of the United Nations Framework Convention on Climate Change

Eritrea has demonstrated a strong commitment and growing urgency to address climate change and its potentially devastating impacts. Considerable investment and resources are being directed towards projects and initiatives associated with climate change adaptation, mitigation, and related issues, including the construction of water structures, soil and water conservation, the promotion of clean, renewable energy, and energy efficiency, among others. Importantly, the country has received financial support and other assistance from a

number of partners, such as the GEF, and other multilateral initiatives. This support has focused on building capacity, training programs, improving management and planning, GHG inventory processes, strengthening quality control and assurance, earth observation and data analysis, and early warning systems. However, as a young, developing country located in a region that is among the most vulnerable to climate change and its impacts, much more support and cooperation are required in a number of areas.



Image 14: "Adhanet" energy efficient and safe stove

4.5 Eritrea's progress on other Sustainable Development Goals

The inter-linkages and integrated nature of the SDGs are crucial to realizing the vision of the 2030 Agenda. The five P's – comprising people, prosperity, peace, planet, and partnerships – provide a vital lens to see the interconnectedness of the SDGs.

Poverty and Agriculture (SDG 1 and 2)

Significant progress has been achieved in reducing poverty, raising agricultural production and productivity, and ensuring food and nutrition security. While food supply gaps exist, it does not result in hunger. Although comprehensive end data are unavailable, the proportions of poor people and those suffering from food insecurity in the country are believed to have declined substantially since independence in 1991.²⁵ The following initiatives, among several others, have been implemented by the government in an effort to reduce poverty, promote agriculture, and improve livelihoods:

- **Model Agricultural Transformations:** this initiative is aimed at agricultural transformation, poverty

elimination, and income generation of households and vulnerable groups through voluntary resettlement to fertile, productive areas near the newly-constructed dams in Kerkebet, Gerset, and Logo.

- **Minimum Integrated Household Agricultural Package (MIHAP):** through this support package, each rural household receives 1 improved cross-breed dairy cow or 12 goats, as well as 25 chicken, 2 beehives, 20 trees (comprising 10 fruit trees, 5 leguminous trees, and 5 trees for firewood), a vegetable plot, land for crops, and regular support with modern inputs and management. Over the years, the MIHAP has reached thousands of households, many poor and headed by women, ultimately promoting food and nutrition security, reducing poverty and inequality, and ensuring that more families can lead lives of dignity.
- **Transforming the conditions and circumstances of isolated settlements and villages in pastoralist and semi-pastoral communities, as well as small, scattered settlements (in the Anseba, Gash Barka, Northern Red Sea, and Southern Red Sea regions),** with the aim of promoting agriculture and livestock development, expanding social services, and improving livelihoods.
- **Savings and Micro-Credit Programme (SMCP):** the SMCP extends loans and credit through 538 village banks. More than 69,000 individuals (66 percent women) have received support from the SMCP, resulting in greater financial inclusion, gender equality, and economic empowerment.
- **New civil service remuneration system:** in line with the country's recent modest economic growth and as a part of ongoing efforts to promote macroeconomic stability, a new remuneration system introducing substantial wage increases for civil workers was launched in 2017. Approximately 18.5 percent of all employed persons in the country are employed in public administration and civil service.

A key part of the government's strategy is reducing dependence on rainfed agriculture and modernizing the agricultural sector to increase productivity and adapt to agriculture to climate change. Numerous dams and ponds have been constructed throughout all regions of the country, with the aim of raising availability of water for irrigation and household consumption. A variety of programs and initiatives are conducted by the MoA to assist farmers in increasing productivity and output, including water harvesting, increasing arable land, introducing better seeds, applying more efficient farming techniques, containing soil erosion, applying environment- and health-friendly fertilizers

and pesticides, and promoting household income supplementing packages. Technical experts from the MoA and the College of Agriculture at Hamelmalo also regularly conduct workshops and provide consultations to farmers and communities throughout the country.

Education (SDG 4)

Education is regarded as a fundamental right, key to development, and remains a central pillar of Eritrean society. The country aims to ensure equitable access and delivery of quality education at all levels for all citizens, guided by the principle of social justice. Significant resources continue to be invested in expanding infrastructure. In both urban and rural areas, hundreds of new schools, learning centres, and libraries have been built, while older ones have been renovated and upgraded. The number of schools at all levels has increased significantly from 526 in 1991/92 to 1,930 in 2015/16 and to 2,254 in 2020/21. This has helped increase capacity, reduce overcrowding, and raise enrolments. Enrolment at all levels was 346,266 in 1997/98 and has increased to 583,269 and 619,180 in 2015/16 and 2020/21, respectively.

“Our education system aspires to produce all around citizens along with a firm commitment to country, people and social justice. This aspiration includes the development of creative and productive individuals who are capable of contributing towards the attainment of a modern, competitive, harmonious and self-reliant Eritrea.”

-National Education Policy, 2011

As well, the national roads network has been expanded, public transportation services have been greatly improved, and bicycles have been distributed, easing travel for students and broadening accessibility to education for all. Nomadic populations and other hard-to-reach groups have received opportunities to learn, the majority for the first time, through the establishment of boarding facilities and mobile schools in remote areas.

Basic education is compulsory for both girls and boys, and child marriage legislation has been enacted and is strictly enforced, thus keeping more youths in school and helping reduce historically massive gender disparities. School feeding programs in some areas and the policy of universal free education, covering pre-primary to higher education, ensures that every child, irrespective of background, distinction, or status, has the opportunity to enroll in education, become literate, and maximize their potential.

Encouragingly, investments and focus are increasingly being directed to teacher recruitment, training, and support systems, in order to raise standards, enhance quality, and promote positive learning outcomes. The mother language policy, which mandates multilingual education based on the mother language from pre-primary until the end of elementary level, has not only played a role in preserving heritage and culture, it has meant more equitable access for all ethnolinguistic groups and greater enrolment, retention, and comprehension. While incorporation of ICT in education is minimal, there are efforts to deepen its integration in order to strengthen and enrich the overall teaching and learning experience. Adult education programs are providing learning opportunities to those

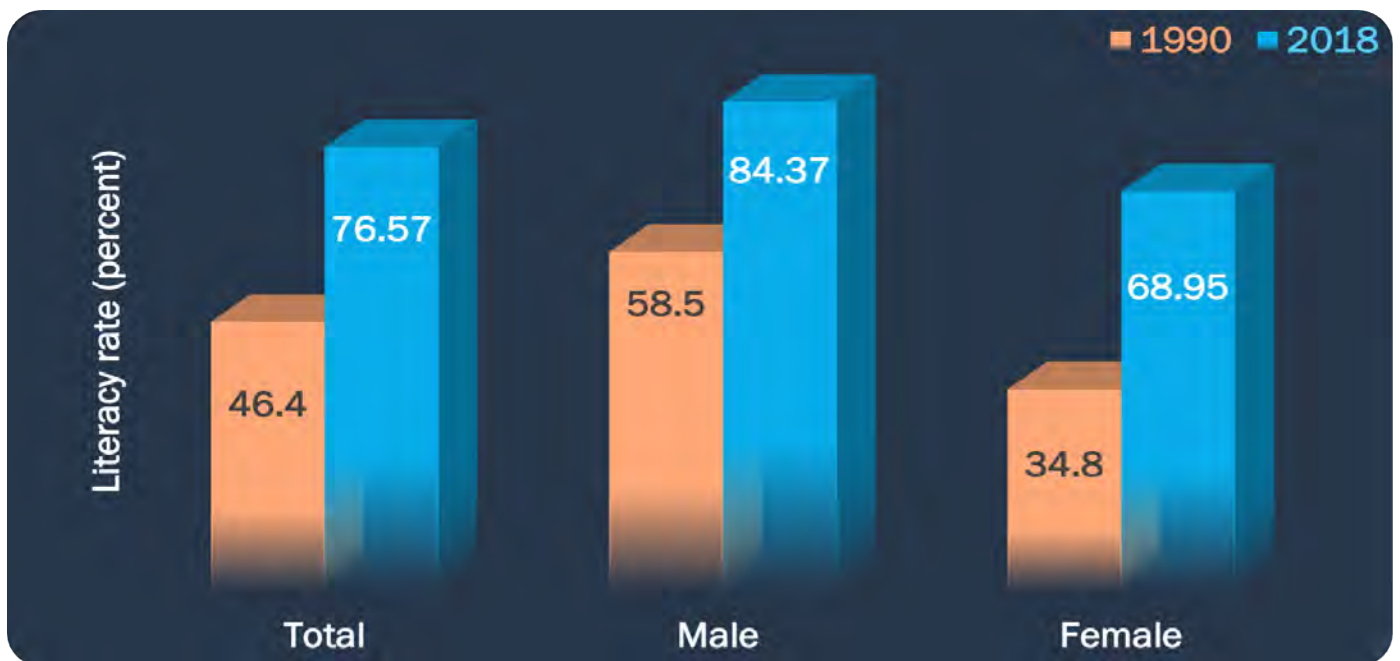


Figure 4.10 - Adult literacy rate



Image 15: Education is a central pillar of society

who may have been missed by the system, and are also an effective means of addressing gender inequality and promoting intergenerational learning.

In 1990, the adult literacy rate in Eritrea was 46 percent, with male literacy standing at 59 percent and female literacy at 35 percent. By 2018, adult literacy had improved to about 77 percent, with male literacy moving to 84 percent and female literacy increasing to 69 percent. During the same period, even steeper increases were achieved in youth literacy, indicating that the country's efforts to strengthen the supply and quality of basic education programs have largely been

successful. In 1990, youth literacy was about 61 percent, with male literacy at 73 percent and female literacy lagging behind at 49 percent. However, in 2018, youth literacy had climbed to 93 percent, with male literacy rising to 94 percent and female literacy jumping to 93 percent.²⁶ The United Nations Educational, Scientific, and Cultural Organization's (UNESCO) Institute for Statistics states that Eritrea has achieved one of the largest increases in youth literacy anywhere in the world over the past 50 years.²⁷

Enrolments have likewise demonstrated improvement, with increases across all levels, although to varying

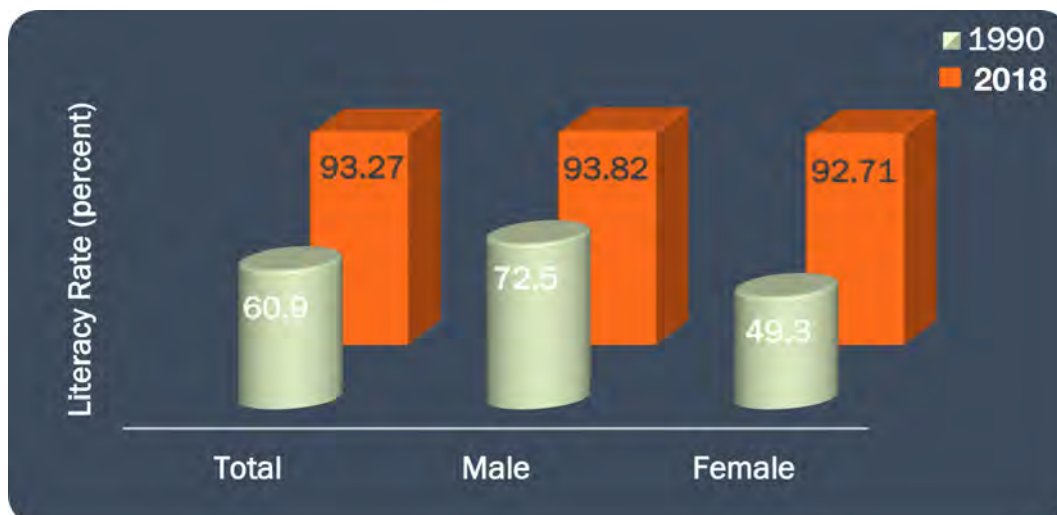


Figure 4.11 - Youth literacy rate

²⁶ UIS 2021; UNESCO 2002
²⁷ UIS 2017

degrees. The adjusted net enrolment rate at primary level increased slightly from 83.5 percent (female: 81.2 percent) in 2019, to 83.7 percent (female: 81.5 percent) in 2020, which means a slight decline in the proportion of primary age out-of-school children from 16.5 percent in 2019, to 16.4 percent in 2020. Female enrolment continues to steadily grow and the historically huge gender gap is being narrowed. Parity between boys and girls in primary education has been achieved, while gender disparities in secondary and tertiary education enrolment continue to be reduced. Overall enrolments in technical and vocational education and training are also steadily increasing (with female enrolments nearing parity), providing youths with a viable avenue towards employment and sustainable livelihoods. Despite overall improvements, wastage at all levels remains a challenge. Several policy measures have been developed to reduce wastage over the next five years.

While the quality of education has been enhanced, particularly at the elementary and middle school levels, issues remain. Efforts have focused on strengthening the relevance of education, promoting student-centered learning, ensuring efficiency and effectiveness, changing the role of teachers, and improving educational management. Learner achievement levels and attainment targets are regularly assessed, with transformation of the monitoring system being a priority.

Gender Equality (SDG 5)

Among the highest of Eritrea's priorities is advancing gender equality, the empowerment of women and girls, and the promotion and protection of their human rights. It has signed and ratified many regional and global human and gender rights instruments, as well as actively participated at international conferences and gatherings on women. The country has established relevant institutional and policy frameworks, as well as detailed gender action plans, for achieving gender equality and women's empowerment, with a particular focus on reaching the most vulnerable, in line with international and regional gender equality standards and obligations.

Recognizing the differing life conditions and experiences of women and girls, and seeking to redress past inequities and historical disadvantages or discrimination, progressive and affirmative action measures have been enacted, most notably within the spheres of education, employment, and public life. National proclamations on labour, citizenship, and land reform have been passed and are strictly enforced to guarantee women equal access to citizenship and allow them the opportunity to access and utilize land without discrimination. Moreover, national laws and firm enforcement measures help protect women from violence and also prohibit harmful, traditional practices, such as FGM/C, child or under-age marriage, bride price, dowries, and kidnapping.

Eritrea has been a party to the CEDAW since 1995, reflecting its genuine commitment and action to prohibit all forms of discrimination against women and bring tangible progress on equality and empowerment. Consistent with its obligations under the CEDAW, it submitted its combined initial, second, and third periodic reports in 2004, and its fourth, fifth, and sixth periodic reports in 2008, 2012, and 2019, respectively. Preparation of the periodic reports benefited from an all-inclusive consultation process that involved line ministries, national unions and associations, and community-based organizations (CBOs). This ascertained ownership and collective responsibility in the mainstreaming of women's equality and empowerment, as well as the follow-up on the CEDAW recommendations.

Over the years, noteworthy achievements have been recorded in the areas of women's health, education, and participation in civil, cultural, economic, political, and social life. Long-standing disparities in education continue to be narrowed, a growing percentage of women now have land and are highly active in agriculture or other activities, and women constitute about 50 percent of the country's estimated 1-million-person labour force. In addition to their primary responsibility of family care, food processing and preparation, along with community activities, women contribute significantly to crop production and subsistence farming, while also being highly prominent and influential within a range of sectors.

Notably, the MoH, in close collaboration with a number of partners, is working towards the goal of fistula elimination. The MoH, supported by partners, provides patients with free fistula repair services, coverage for transportation, a comprehensive rehabilitation program, and support with reintegration into the community. The National Fistula Diagnosis and Treatment Centre, located in Mendefera and equipped with modern equipment, also provides free diagnoses, treatment, care, and accommodation services to patients from different regions of the country. The prevalence of fistula in Eritrea is estimated at approximately 0.34 per 1,000 women, with prevalence higher among females under 18 years of age.

As a part of Eritrea's wide-ranging, whole-of-society efforts to reduce and ultimately eliminate FGM/C, since 2014 the MoH, MLSW, and National Union of Eritrean Women have cooperated to conduct a series of FGM/C mapping studies to critically assess the level of readiness of the communities to make public declarations to abandon the practice. Although the studies did not cover all of the communities in the country, and thus not nationally representative, they do offer compelling evidence that the prevalence of FGM/C has been significantly reduced in recent years.

The 2016-2018 studies showed that the prevalence of FGM among girls under 15 was estimated at 3.8 percent. The prevalence among the oldest girls, aged 10-14, was 9.5 percent, while among younger girls, aged 5-9 and under 5, it was 3.3 percent and 1.1 percent, respectively. The lower prevalence among the younger cohorts indicates the continuing decline of the practice. By comparison, in the 2010 Eritrean Population and Health Survey, it was estimated that 33.2 percent of girls under 15 and 12.4 percent of girls under five years of age had experienced FGM/C.²⁸

The recent and swift reduction in FGM/C is an encouraging, positive step towards the eventual complete elimination of the practice in the country. Not only does it demonstrate the deep, genuine commitment towards women's and girls' basic rights, inherent dignity, and equality, it also reflects the integrated, coordinated efforts exerted by the government, communities, and other stakeholders.

Water (SDG 6)

Eritrea is an arid and semi-arid country and not endowed with rich water resources. As part of Sahelian Africa, it has experienced recurrent and devastating droughts. Groundwater, though limited, is often the most dependable source of freshwater in the country. Water levels in many parts of the country are declining due to over exploitation of groundwater and limited recharging practices. There are also clear indications that some wells used for irrigation purposes are becoming salinized or depleted due to overexploitation.

Surface water resources have been divided into five river basin systems: Setit, Mereb-Gash; Red Sea Basin, Barka Ansebas and Danakil Ba. The total estimated mean annual runoff from the five river basins sums up to 9,967 Mm³ per year. Of this, 932.2 Mm³ per year flows to the east, a large portion of it reaching and entering into the Red Sea, and similarly some 8,612.9 Mm³ per year flows to the west. . The rest, 421.9 Mm³ per year remains along the route of the depressions. All the five river basins support the agricultural sector that the irrigation and farms located along the river use water from surface water.

The water sector remains critical for sustainable development, playing a significant role in economic growth, poverty alleviation, food security, and environmental sustainability. It also has great contribution in enhancing modernization, industries, tourism and agricultural activities. Accordingly, the MLWE, has sought to put in place a comprehensive

policy and legal framework for effective and sustainable management of the water sector. The Water Policy, Water Law, Water Sector Institutional Framework, and Water Sector Human Development document were drafted in 1997, before being revised in 2007. The Water Policy promotes the principles of integrated water resources management as a means to ensuring sustainable management and utilization of water resources, as well as promoting the full participation of women in all water management and development activities.

Owing to investments in water infrastructure and conveyance systems, appropriate policies and regulations, and other efforts, access to safe, clean water has increased nationwide. The proportion of rural population with access to safe drinking water has significantly increased from almost none (7 percent) in 1991 to 70 percent in 2021, while in urban areas access stands at 92 percent, up from 30 percent.

Despite commendable achievements and progress made, renewed vigilance towards overall water resources planning and management in the face of chronic droughts, falling water tables, and gaps in hydro-geological data is required. Data on hydrological, hydro-geological, and geophysical conditions is necessary to ensure holistic understanding of the status of water resources and identify critical gaps. Furthermore, the rapidly falling water table in many agricultural areas where irrigation is practiced is a concerning, not only for agriculture, but also for human development needs.

Energy (SDG 7)

Eritrea aims to develop the energy sector and ensure affordable, reliable access to electricity for all in the long-term. Targets include electrifying 50 villages per year. In 2020, the percent of the population with access to electricity was about 52 percent, up from approximately 40 percent in 2010 and about 46 percent in 2015. Access in urban areas in 2020 was 76 percent, while in rural areas it was 39 percent.²⁹ Non-renewable energy use accounts for 78 percent of all energy consumption, due to significant biomass, wood, and cow dung for cooking and heating, whereas access to clean fuels and cooking technology remain low. With the country's energy output below the national requirement to meet the needs of all citizens, biomass remains the main source of energy, especially among rural households. The completion of more than 5,000 water catchments and dams, including the Hirgigo electricity project, has more than doubled the power generating capacity from 52 to 136 megawatts.

28 EPHS 2013

29 World Bank 2022a; World Bank 2022b; World Bank 2022c

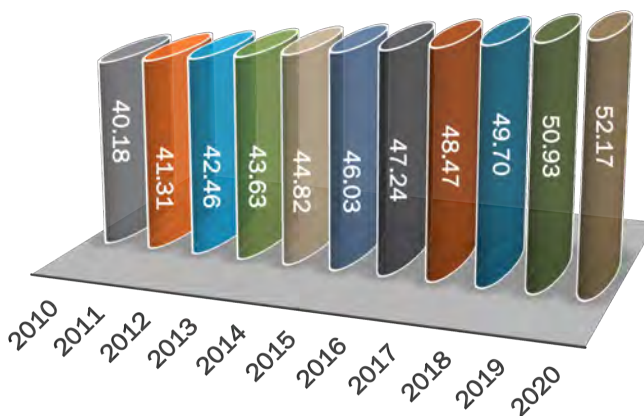


Figure 4.12 - Access to electricity (percent)

Employment (SDG 8)

The national unemployment rate is approximately 3.5 percent, with similar rates for men and women. Agriculture accounts for about 43 percent of all employment, manufacturing for less than a tenth, while the service sectors account for a little less than 50 percent. Approximately 57.4 percent of jobs are considered vulnerable. Vulnerable employment is more common among females (69.4 percent) and rural residents (68.8 percent), compared to their male and urban counterparts. Close to one-sixth (17 percent) of the labour force remains not gainfully employed (time-related underemployed plus unemployed), while the labour underutilization rate of youth (ages 14 to 40 years) among urban residents was reported at 16.1 percent and 18.5 percent respectively for men and women and was higher than the national average of 15.6 percent. The informal economy accounts for 31.5 percent of employment in the country (excluding the agricultural sector); when including the agricultural sector in the informal economy, the rate rises to 58.2 percent. Rates of employment in the informal economy are much higher in urban than rural areas and much higher for females than males.³⁰

Strict laws and robust enforcement measures exist to combat child and under-age labour, as well as exploitation. The compulsory basic education policy, enforced by the Labour Proclamation, helps to combat child labour by mandating that all individuals must be enrolled for a minimum of eight years, while the Department of Labour conducts public awareness and sensitization campaigns. As well, vulnerable children receive financial assistance from the government to remain in school. In accordance with Article 143.1 of the Labour Proclamation, monitoring and enforcement of child labour laws are conducted collectively by the Labour Inspection Service, local administrations, and police authorities. During the period 2015 to 2017, 1,505 establishments were inspected, with no instances of child labor observed.

Urbanization, Roads, and Transportation (SDG 9 & 11)

About two-thirds of Eritrea's population resides in rural areas, while national population density stands at approximately 35 people per km² of land area, which is less than the global and Sub-Saharan Africa averages. Urbanization is increasing, a transition that offers great opportunities but also poses significant challenges. Despite the growing urban settlements, land consumption to population growth rates indicates urbanization is increasing at a controlled pace, with limited sprawl and land consumption, concentrated along major routes. Urban development plans exist for main cities (such as Asmara and Massawa, among others) or parts of them. Well-planned, designed, managed, and financed urbanization in Eritrea offers a huge opportunity to grow domestic production due to rising urban demand and consumption. This is driven by urban income growth with corresponding supporting infrastructure and employment opportunities.

Although there is still room for further expansion, Eritrea's national road network has grown, expanding from approximately 4,930 km in 1991 to more than 15,100 km at present. Over 85 percent of cities and villages in the country are now connected by roads. Likewise, the availability of public transportation in the country has been improved. The number of buses in rural areas has increased from about 267 in 1991 to more than 2,000, while 85 percent of all cities and villages have access to public transportation.

Natural Resources and Biodiversity (SDG 15)

Eritrea's abundance of minerals, natural resources, and biodiversity, as well as its long, pristine shoreline on the Red Sea offer immense opportunities for economic



growth. The presence of natural and biological resources, and their diversity, provide raw materials and inputs for domestic and commercial production along with consumption, as well as providing a range of ecosystem services which support human populations and their economic activities. In recent years, mining has emerged as an increasingly significant sector and now accounts for the majority of exports and FDI, while making up about 20 percent of the economy. The government has established favorable terms and a highly sophisticated regulatory framework, broadly consistent with global best practices. There is significant and growing foreign interest and investment, with engagement by multinational companies from around the world. Given the country's large natural resource endowment, strong vigilance against corruption, generally attractive regulatory regime, and overall upside, there is substantial potential for further growth and expansion.



Rich biodiversity also allows for the possibility of future economic growth and holds intrinsic cultural, bequest and heritage values for the country. Eritrea has taken concrete steps to protect its unique cultural and natural heritage. Two cornerstones for the country were the “Cultural and Natural Heritage Proclamation”, which, since 2015, lists immovable assets eligible for having national significance and the inclusion, in 2017, of Asmara in the UNESCO World Heritage List. To protect and sustainably manage both terrestrial and marine ecosystems in the country, extensive natural resources conservation measures have been undertaken by the government, development partners, and CBOs.

Moreover, recognizing the critical role of biodiversity and ecosystems in terms of social, economic, and environmental benefits for sustainable development, the government has demonstrated strong commitment to the CBD. The NBSAP, which has been revised and updated, is helping the country to systematically direct its human

and financial resources towards the achievement of the conservation and sustainable use of biodiversity and livelihood development, with an aim to ensure that by 2040, the state of the natural environment in the country is stable and capable of sustainably ensuring people's well-being.

Peace, Stability, and Partnerships (SDG 16 and 17)

Peace, stability, and strong institutions are fundamental to Eritrea's well-being and economic prosperity. Except for a few short years after independence, the country has endured long periods of conflict, tensions, and illegal, unjust international sanctions. These circumstances have impacted the country's state-building and general development processes in multiple ways. Notably, in July 2018, Eritrea signed a historic and much-celebrated peace agreement with Ethiopia, the Peace and Friendship Agreement, bringing an end to decades of devastating war. Not long after, in September 2018, the two countries, this time joined by Somalia, inked a tripartite cooperation agreement, while in November 2018, the UNSC unanimously agreed to lift a nearly decade-long international sanctions regime on Eritrea. These dramatic developments offer Eritrea significant opportunities to reallocate public resources to socio-economic development, update development strategies and frameworks, create jobs for youth and demobilized soldiers, and expand regional and international cooperation.

As another one of its development agenda pillars, Eritrea has established cooperative frameworks and cultivated close partnerships with a range of bilateral and multilateral partners, regional and international organizations, and other entities, placing emphasis on strengthening inclusive governance and its related systems, processes, and institutions for development effectiveness and accountability. Close collaboration between national and local government structures is strengthening linkages between implementation of policy, sustainability, and ownership. The main objective is to drive transformation in public service delivery by targeting key government institutions and improving service provision, civic participation, and innovation, with a specific focus on youth, women, and vulnerable groups.

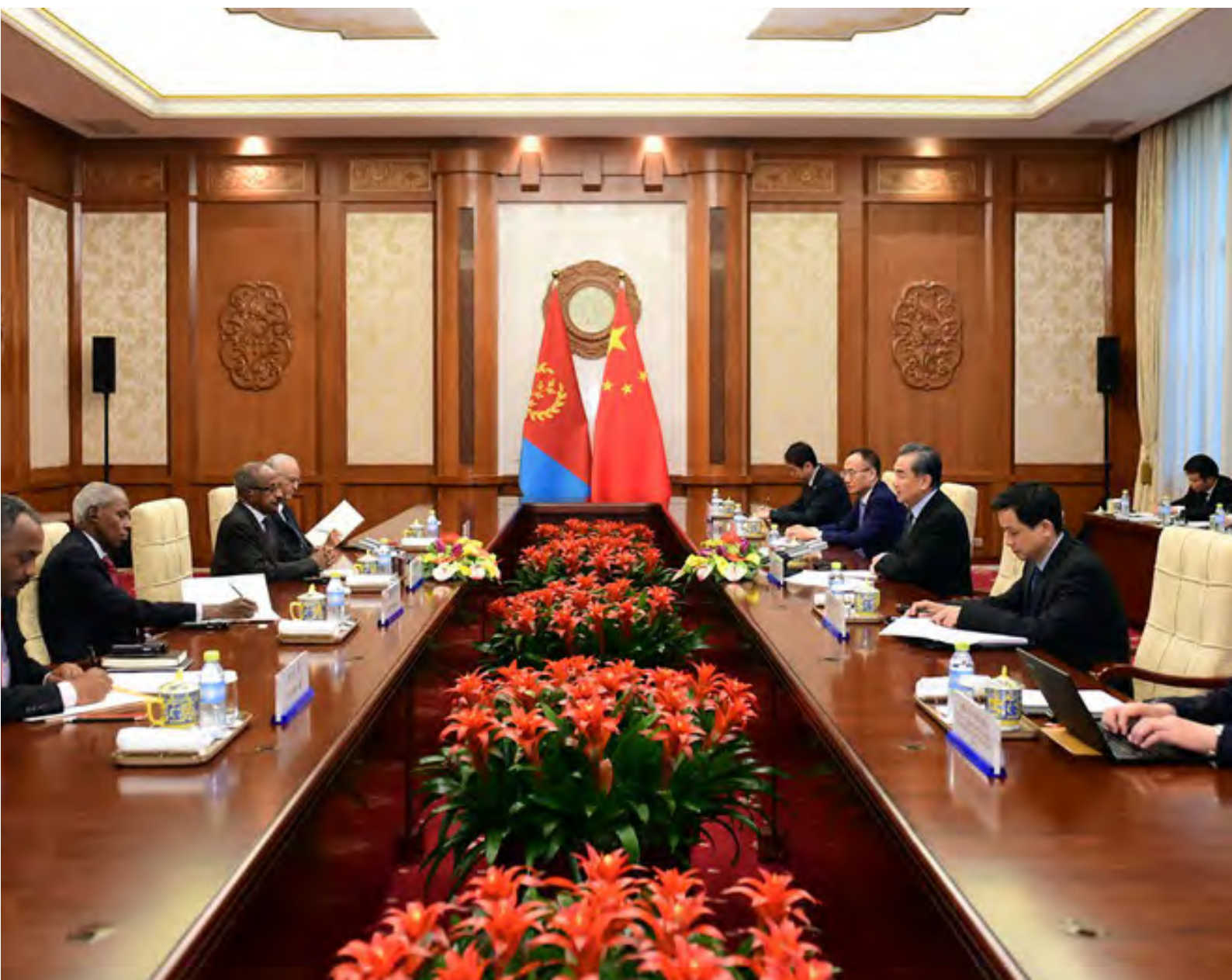
Eritrea has also actively participated in three cycles of the Universal Period Review (UPR) process. Across the three UPR cycles since 2009 it has received a total of 761 recommendations and has made remarkable progress by accepting 595 (approximately 60 percent). In addition, Eritrea is a party to a range of core regional and international human rights instruments, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social, and Cultural

Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the CEDAW, the CRC, the ACRWC, and the African Charter on Human and Peoples' Rights (the Banjul Charter). Moreover, the government is in the process of preparing to accede to the remaining core international human rights treaties.

In recent years, Eritrea has twice been elected to serve on the Geneva-based United Nations Human Rights Council (HRC; for the consecutive periods 2019-2022 and 2022-2024). During its membership on the HRC, Eritrea has made a modest contribution to ensuring an efficient and effective Council. It has remained committed to protecting and promoting human rights at a national and international level through supporting international partnerships and dialogue on human rights, and strongly advocating for an effective, non-politicized, and credible HRC. Significantly, it has also been working closely with members of the

Council and the broader membership of the UN for the principled implementation of the UN human rights declarations, action plans, conventions, and resolutions.

The Community Courts of Eritrea are the foundation of the judicial system in Eritrea. The courts typically hear cases regarding minor infractions, involving sums of less than approximately EN100,000 (about \$US6,700). Individual cases are heard by an individual magistrate. Defence counsels are permitted to present cases but are typically appointed by the court because defendants are often unable to meet the costs of private representation. Community magistrates are elected by the communities within which they will serve. These courts are supervised by the Ministry of Justice. The community courts tend to promote out-of-court settlements and have a small appeal rate (2.9 percent). Eritrea has also recently drafted four legal codes: the Civil Procedure, Penal, and Criminal Procedure Codes.



5



FINAL POINTS



The issuance of these laws is a watershed moment in the country's legal history and marks the removal of some of the last vestiges of Ethiopian colonial rule.

5. FINAL POINTS

Eritrea has achieved significant and notable progress in a number of different areas. Furthermore, taking into account the high-level commitment of the government, strong technical leadership, policy and strategic guidance, robust local governing structure which reaches to the grassroots level, dedicated workforce, improved economic and social infrastructure, and high willingness and active participation of communities in development activities, there is much room for additional progress and more improvement moving forward. At the same time, however, the government readily recognizes and acknowledges that considerable challenges remain. Eritrea must continue to work, expend resources, foster cooperation, and cultivate partnerships to fully realize its developmental aspirations and the implementation of the 2030 Agenda for Sustainable Development.

Over the years, external aggression, conflict, and illegal sanctions have posed a considerable obstacle to Eritrea's general development and achievement of the 2030 Agenda. Long running conflict and external aggression have led to severe destruction and a range of profound consequences, required the diversion of critical human and fiscal resources to national defence and security, and greatly delayed peace and the normalization of relationships among countries of the region. Furthermore, Eritrea has been saddled with illegal, unjust sanctions, as well as a spate of additional hostile restrictions and coercive measures, which collectively have: severely inhibited trade, credit and loans, and investment; considerably complicated or even prevented attempts to obtain critical materials and much-needed resources, thus hampering reconstruction and efforts to promote sustainable development; caused substantial economic, commercial, and financial damages; and resulted in innumerable lost or forfeited opportunities.

Eritrea's achievement of its general development aspirations and the SDGs can be realized through effective local and global partnerships, strong cooperation, and efficient coordination between the government and different stakeholders across a broad range of areas. The country has forged strategic partnerships that create value for all actors and that leverage and reinforce the interconnectedness of all societal actors. In this context, revitalising and further expanding technical, financial, and other cooperation with bilateral and multilateral partners will help to accelerate progress, drive positive momentum, and scale up successful interventions. In addition, it will


play a positive pivotal role in supporting a sustainable, resilient, and equitable COVID-19 recovery, as the country seeks to build forward stronger and to secure a better future for its people, as well as advance the full implementation of the 2030 Agenda.

With specific regard to SDG 3, despite the sustained focus on UHC, gaps exist in services for adolescents, adults, and the elderly, as well as health promotion, rehabilitative, and palliative care services. As well, there continues to be sub-optimal access and utilization of services among hard-to-reach populations.

Even though child and maternal mortality have been drastically reduced, with the country encouragingly remaining on track to achieve the associated SDG targets, overall levels of child and maternal mortality are still unacceptably high. Moving forward, there must be continuous focus on communicable diseases and reproductive, maternal, and child health issues, including nutritional deficiencies, diarrheal diseases, and acute respiratory infections. Additionally, the recent shift in the national disease burden from communicable diseases to NCDs, which is closely associated with a variety of different factors, such as urbanization and changing diets, lifestyles, and behaviors, calls for renewed efforts and further work to reduce major modifiable risk factors, develop and implement effective legal frameworks, and orient the health system through people-centered health care.

Importantly, Eritrea is yet to develop an overall health financing framework to provide strategic guidance for the evolution of an equitable health financing approach, while the general capacity of the health system and multi-sectoral responses must be strengthened in order to increase resilience to shocks. Moreover, at present, there is a limited level of digitization within the health sector, and despite the considerable growth in the health workforce, shortages remain. There is a relatively low density of doctors and dentists, as well as a small number of specialized health professionals (e.g., obstetricians, gynaecologists, paediatricians, surgeons, internal medicine specialists, intensive care nurses, psychiatrists, psychologists, etc.), while there is need to address the gap for specialists at the Orotta National Referral Hospital and zonal referral hospitals.

In terms of SDG 13, particularly as a result of its geographic location and relatively limited human and institutional adaptive capacity, Eritrea is especially vulnerable to the adverse impacts of climate change – despite the fact that the country continues to be responsible for only a negligible amount of total global GHG emissions. The country faces a gap in policy, with a lack of adequate national and sectoral climate change policies. Significant technical and financial cooperation will be required to strengthen capacity to address



climate change, introduce clean technologies, pursue research and innovation, and promote a just energy transition.

Although Eritrea is susceptible to a variety of natural disasters, such as droughts, locust swarms, floods, and volcanic activity, a comprehensive national response strategy has yet to be developed and overall disaster preparedness can be strengthened in order to ensure the country is suitably equipped. With Eritrea blessed with an abundance of natural resources, appropriate and sustainable management must continue to be a guiding principle and priority. Additionally, public awareness and sensitization to mitigate unsustainable exploitation of natural resources must be expanded.

There is a great need to strengthen the national statistical system and build capacity with regard to domestic data generation, processing and analysis, and dissemination through enhancing collaboration and coordination between data producers in the country. The production of timely, robust, and disaggregated data will help to promote transparency and significantly enhance the monitoring infrastructure for tracking progress in various core developmental areas, including but not limited to, education, the economy and employment, housing, health services, energy. Additionally, the establishment of a strong and efficient national statistical system, as well as provision of adequate and high-quality data will play an important role in guiding and supporting evidence-based planning, decision-making,

policy formulation, and resource allocation towards achievement of Eritrea's broad development aspirations and the 2030 Agenda for Sustainable Development.

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ANNEX OF STATISTICAL TABLE

SDG3-Good Health and Well-Being

SDG Indicator code	SDG indicator Name	Unit of Measurement	2015	2016	2017	2018	2019	2020	Data Source	Notes/Remark
3.1.1	Maternal mortality ratio	Per 100,000 live births	228				184		MoH Estimate	Wide discrepancy with the UN estimates
3.1.2	Proportion of births attended by skilled health personnel	Percent (%)			62		71		MoH, LOAS	Similar results in EPI Coverage survey
3.2.1	Under-5 mortality rate	Per 1,000 live births	46	42	41	40	40	39	UNI IGME	Similar with National Estimates
3.2.2	Neonatal mortality rate	Per 1,000 live births	19	18	18	18	18	17	UNI IGME	Similar with National Estimates
3.3.1	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Per 1,000 uninfected population	0.12	0.11	0.1	0.09	0.08	0.07	Spectrum modelling	MOH estimates
3.3.2	Tuberculosis incidence per 100,000 population	per 100,000 population		74	67	89	86	81	WHO Global TB Report	
3.3.3	Malaria incidence per 1,000 population	Per 1,000 population		34	22	18	26	30	MOH Estimate (Stratification)	
3.3.4	Hepatitis B incidence per 100,000 population	Percent (%) of pregnant women	3		2.43		2.56		ANC Surveillance, MOH	
3.3.5	Number of people requiring interventions against neglected tropical diseases	Number in thousands					427		World Health Statistics report, 2021	
3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Number of Health facility based Deaths	232	222	286	328	418	407	MOH, HMIS data	Only Health Facility Based Data (WHO (WSR 2021 estimate is 26.8% for 2019, which is highly overestimated)
3.4.2	Suicide mortality rate	Per 100,000 population	1.85	2.22	2.43	3.3	3.37	3.33	Police, Eritrea	The WHO (WSR 2021, estimate is 10.9 per 100,000 population for 2019, which is highly overestimated)
3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Number of cases treated in health facilities	95	135	128	200	211	245	MOH, HMIS data	
3.5.2	Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	Number of cases treated in health facilities	14	11	16	19	24	21	MOH, HMIS data	The WHO, 2021 WHR estimates the alcohol per capita (≥ 15 years of age) consumption at 2.1 liters of pure alcohol for 2019.
3.6.1	Death rate due to road traffic injuries	Deaths recorded in health facilities per 100,000 Population	3.95	3.85	4.13	4.66	2.89	1.89	MOH, HMIS data	The WHO (WSR 2021, estimate is 37.9 per 100,000 population for 2019.)
3.7.1	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	Percent (%)						31	UNFPA, State of the World Report, 2020	
3.7.2	Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	Births per 1,000 women ages 15–19	55.7	54.1	52.6	50.7	48.9		https://data.worldbank.org	The World Bank, January of 2022 report estimates are more realistic, but much higher than the UNFPA, State of the World Report data.
3.8.1	Coverage of essential health services	UHC Service coverage Index (unit less scale of 0 to 100)		47.6	48.2	46.7	54.9		MOH estimates based on WHO template (excel sheet)	
3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income	Percentage (%)	11.8						The 2015/16 Eritrea National Food Security and Livelihood Survey	
3.9.1	Mortality rate attributed to household and ambient air pollution	Per 100,000 population		173.7					World Health Statistics report, 2021	
3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	Per 100,000 population		45.6					World Health Statistics report, 2021	
3.9.3	Mortality rate attributed to unintentional poisoning	Per 100,000 population					3.3		World Health Statistics report, 2021	
3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Percent (%)					7.2		World Health Statistics report, 2021	
3.b.1	Proportion of the target population covered by all vaccines included in their national programme	Percent (%)		98	98	98	98	98	MOH, EPI Coverage Surveys	
3.b.2	Total net official development assistance to medical research and basic health sectors	Per capita in USD					7.16		World Health Statistics report, 2021	
3.b.3	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis							82	Ministry of Health	Calculated from total number of health workers divided by population size per 10,000
3.c.1	Health worker density and distribution	Per 10,000 population						17	MoH, NSO	
3.d.1	International Health Regulations (IHR) capacity and health emergency preparedness	Core capacity index		49	49	35	49	57	MOH estimates based on WHO template (excel sheet)	Same with WHS reports

SDG13-Climate Action

SDG indicator code	SDG indicator Name	2015	2016	2017	2018	2019	2020	2021	Data Source	Notes/Remark
13.1.1	Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	26	47	31	37	67	421	551	Ministry of Labour and Social Welfare, Ministry of Health, Ministry of Agriculture	Data collected using Questionnaire
13.2.1	Number of countries with nationally determined contributions, long-term strategies, national adaptation plans and adaptation communications, as reported to the secretariat of the United Nations Framework Convention on Climate Change	2			1			2	Ministry of Land, Water, and Environment	The National Documents submitted to the Convention are INDC and NBSAP in 2015, NDC in 2018, TNC and BUR1 in 2021
13.2.2	Total greenhouse gas emissions per year	6.42	6.35	6.38	6.40	na	na		Ministry of Land, Water, and Environment	The 2015 data are from TNC while the remaining from the BUR1 submitted to the UNFCCC.



