

Health and Human services

Health care

Eritrea employs an exemplary approach to ensure the provision of health services to its citizens. Since independence the Ministry of Health played a great role in building and rehabilitating hospitals, developing its human resource, controlling vaccine-preventable diseases and the spread of HIV and, improved its emergency services. Like the rest of the country's sectors, this was in ruins during the colonization. At the time of liberation in 1991, the Government of the State of Eritrea inherited a health care system, totally inadequate in terms of physical facilities, trained human resource as well as an inequitable distribution of resources, availability of drugs and other medical supplies. In the past fifteen years (1991–2007), the Government and the people of Eritrea worked hard to reverse the health and health services situation that was prevailing at the time of liberation. Despite the country's engagement in active war with Ethiopia from 1998 to 2000 and during only relative peace (no peace-no war situation) since then, many of Eritrea's achievements in the health sector were exemplary even at the global level.

Since liberation in 1991, 13 new hospitals, 19 new health centres and 112 new health stations have been constructed, which made an increase of 56 percent, 61 percent and 156 percent respectively over the number of health facilities that existed before the liberation. Virtually 100 percent of the currently existing health centres were built after the liberation. Among the hospitals, a national referral and training hospital, the Orotta Surgical Medical National Referral Hospital and four new Zonal Referral Hospitals namely Barentu, Mendefera, Ghindae and Assab Zonal Referral Hospitals were constructed at a cost of around half a Billion Nakfa (equivalent to around 33 Million USD). However, this doesn't increase the number of hospitals as they were replacing the pre-existing hospitals in order to improve the quality of their services and to expand the functions they provide. Thus, the percent increase in the number of facilities grossly underestimates the effort made in building, expanding and replacing health facilities.

The number of health facilities that were built in the past 15 years after the liberation is more than the total number of health facilities that were built in a full century prior to the liberation (an increase of more than 100 percent since liberation). Concomitantly the Ministry of Health faced a tremendous challenge of fulfilling the human, financial and material need for effective running of the newly constructed and expanded health facilities.

In the past fifteen years, since the liberation in 1991, the different schools of the current College of Nursing and Health Technology had trained close to 3,000 health professionals. Doctor to population ratio has increased by more than 100 percent from 1:37,500 in 1991 to 1:15,000 at the moment, while nurse to population ratio has also increased by more than 100 percent from

1:9,500 in 1991 to 1 in 3,400 at the moment. The ratio of health professionals to health facilities was maintained (remained almost the same) since 1998 despite of expansion of health facilities and increased demand.

The Ministry of Health is now in the process of founding a Health University consisting of the Orotta School of Medicine, the Asmara collage of Health sciences and the Asmara collage of Nursing and Health Technology, and other health training institutions in the country. The Health University will offer MD degree, degree and diploma programs in Nursing, Clinical Laboratory Science (Medical Laboratory Technology), Pharmacy, Public Health etc... The Orotta School of Medicine began its educational program with its first intake of 32 medical students; 6 females and 26 males on 16th February 2004. With a continuous intake in the past four years, the total number of medical students has now been fivefold, from 32 in 2002 to 150 at the moment (1st year 49, 2nd year 39, 3rd year 31 and 4th year 31).

Since liberation in 1991, as a matter of principle and practice the Ministry of Health was and still is working to improve availability and accessibility of essential drugs at all levels of services. Survey reports show that the availability of essential medicines nation wide was sustained at above 90 percent, with greater than 95 percent in 1995, greater than 92 percent in 1998 and in 2001-2005 about 90 –93 percent.

As the result of the concerted efforts made to build new health facilities and upgrade and rehabilitate the existing ones accompanied with the efforts made in equipping them with the necessary equipments, drugs, other supplies and most important of all with the necessary trained human resource, access to health care with in 10 Km radius increased from around 40 percent at the time of liberation to around 70 percent at the moment, while more than 50 percent of the population live with in 5 kms from a health facility.

Eritrea's success in controlling vaccine preventable diseases, controlling malaria and HIV-AIDS are among exemplary successes even world wide. Although Immunization program was began in Eritrea in 1980, until the liberation in 1991 only about 10 percent of children were immunized for the third dose of DPT. With a continuous improvement made since liberation, at the moment more than 85 percent of Eritrean children have received the third dose of DPT and were immunized against measles. As the result of the efforts made in vaccinating children, Eritrea has eliminated neonatal tetanus measles and there was no report of polio since 1997, except the single imported case that was reported in April 2005, which was fully controlled, indicating a strong routine and supplementary immunization program.

The overall malaria morbidity has been reduced by 90 percent from 1999 to 2006. Some of the programmatic factors which contributed to the success in malaria control include the high use of ITNs (Impregnated Bed Nets) and an improvement in the rate of reimpregnating, larviciding, source reduction and the improvement in early detection, treatment and follow up of cases and in controlling epidemics of malaria, improvement in public awareness as well as the availability of efficacious anti-malaria drugs.

Examining the data on trends in the annual number of AIDS cases and AIDS deaths, as well as trends in available data on HIV prevalence among pregnant women, blood donors, and VCT clients suggest a stabilization of HIV infection rates at a relatively low level in the general population. The most recent (2005) estimate of HIV prevalence in the general population in Eritrea is 2.46 percent, which is likely to be an overestimate as the rural population is underrepresented in the survey.

At the time of liberation in 1991 only 19 percent of pregnant women received at least one antenatal care during their pregnancy. The 1995 EDHS data revealed that 49 percent of mothers were getting antenatal care in the three years prior to the survey (1995), more than double the percentage at the time of liberation. The 2002 EDHS findings indicate that at least one attendance for antenatal care has increased to around 80 percent at the moment. Over all antenatal care attendance has increased by four fold (400 percent) from 1991 to 2006.

At the time of liberation in 1991, only 6 percent of deliveries were attended by a trained health worker, which has now increased to 37 percent. Although attendance of delivery by skilled personnel at the moment, as compared with 1991 has increased by 6 fold from 1991 to 2006, the progress has been slow.

The annual trend of the met-need for emergency obstetric care (including abortion) has been rapidly improving from 12 percent in 1998 to 65 percent at the moment. The increase in the met-need indicates improvement in quality of maternal health care and/or improved health seeking behaviour of mothers. The increasing trends of the met need could be attributed to the different interventions such as Life Saving Skill (LSS) and emergency obstetric surgery training undertaken and other interventions undertaken to increase access and care-seeking behaviour for emergency obstetric care. Availability, quality and utilization of emergency obstetric care is one of the most important interventions to decrease maternal mortality.

These and many other progresses made since liberation in health and other sectors, led to an

unprecedented reduction in infant mortality from 72 per 1,000 live birth in 1995 to 48 per 1,000 live birth in 2002 and in under-five mortality from 136 per 1,000 live birth in 1995 to 93 per 1,000 live birth in 2002. A maternal mortality study undertaken in 2003 revealed a Maternal Mortality Ratio of 752 per 100,000 live births, for the period of 2002 to 2003, using a household survey on a nationally representative sample. The current estimate for maternal mortality ratio (752 per 100,000) is 25 percent less than the 1995 EDHS estimate (998 per 100,000). Crude Death Rate has decreased from 18 per 1,000 population at the time of liberation in 1991 to 11.8 per 1,000 at the moment, while the Crude Birth Rate has also decreased from 47 per 1,000 to 39 per 1,000.

Trends in Life expectancy are usually taken as a summary or resultant of trends of many other health indicators. Life expectancy at birth increased significantly from 49 years in 1991 to 59 years in 2003 (World Health Report 2005). While most other countries show a decline in life expectancy due to the rising toll in deaths related to HIV/AIDS, life expectancy at birth in Eritrea is showing a positive growth, among other things due to reduction of infant and child mortality due to measles, malaria and other communicable diseases as well as the reduction in adult mortality due to malaria and other communicable diseases.

Labor and Human Welfare

The Ministry of Labor and Human Welfare aims at ensuring “Social Justice and Social Equity” for all citizens irrespective of race, creed, language, ethnicity and religion. It has a multi-faceted responsibilities such as, attaining full employment, promoting harmonious labour relations in all the sectors of the economy, ensuring safety, health and working conditions to the advantage of workers, besides social security, community development, rehabilitation of senior citizens and disabled persons, child care and protection, and family welfare.

Employment: Employment exchange services have been provided in the six regions and urban centres. As per statistical report of employment exchange offices, 193,171 job seekers have been registered. Out of the registered job seekers, 78,421 have been placed. On average 12,073 job seekers join the labour market annually, with an annual placement of 41%. As part of unemployment alleviation program, the Ministry provides services by issuing directives to Eritrean nationals that are willing to work abroad and up to now 11,292 citizens were allowed to work in foreign countries.

To fill the gaps of varied skilled manpower, work permit is issued to foreign workers and through this approach 14,457 foreigners were given work permit. Annually an average 807 Eritreans are sent abroad to work and 1,033 expatriates arrive to work in Eritrea.

Labor Inspection: To protect the safety and health of workers and to maintain the minimum

labour conditions, routine and follow-up inspections of establishments as well as special and emergency inspections were carried out. Since 1998, inspection of working conditions has been carried out on 8,098 establishments.

In order to prevent industrial illness and accidents, studies have been conducted on basic industrial hygiene as well as on occupational safety and health of textile, tannery, and plastic shoe factories. Moreover, survey has also been conducted to identify the working condition where special groups such as young persons, women, and persons with disability are not allowed to work.

Social Security: In 2003 social security scheme has been introduced in Eritrea. According to the proclamation of 2003 the social security involves: (i) the National Pension Scheme, (ii), the Public Sector Pension Scheme, (iii) the Martyrs' Survivors Benefit Scheme. Furthermore, regular employees in civil service between the age ranges of 18-65 eligible to join the scheme. A rough estimate puts potential contributors at around 70,000 to 80,000. Registered number of persons to the new pension scheme is 22,500 and this does not include the military.

The Eritrean Children: The term "Our children are our future" is not strange to the ears. That is why children are the major concern in Eritrea. The Government of the State of Eritrea has signed and ratified the United Nations Convention on the Rights of the Child in August 1994. This shift was imperative in ensuring the protection of the rights, freedoms and dignity of children. In order to popularize the CRC among the public an English version of the CRC was translated and published in to six local- languages and distributed to all regions. There are several factors that have been given attention in the ministry labor and human welfare concerning children social problems. These include: orphaned children, street and commercially exploited children, children with disabilities.

The border war with Ethiopia has resulted in physical and psychological damages over the Eritrean society with the majority of the population left without shelter. In the Southern Region alone, 24,221 war-displaced children have been identified and registered. A canteen center has been established at Senafe and provides services for 1,710 war affected unaccompanied children and more than 66,000 personal effects, such as clothes and shoes have been provided for displaced children living in camps, 7 generators, audio-visual equipment and amplifiers were installed in all temporary camps in order to educate and entertain the displaced people. Other programs also include supporting children with disabilities.

Rehabilitation: This is concerned with the parts of the society who has been victimized by various social problems with the view of enabling them to be self supportive and for those who are unable to support themselves to provide long term life security, these include: civilians and veterans with various types of disabilities and disabilities due to accidents, diseases and land mines. To support these sections of the society, a community based rehabilitation program will be implemented into 43 sub-regions and will cover 80% of the whole country. Since independence 22,579 persons with disabilities were provided various appliances such as prostheses, orthoses, splint, crutches, arch support, spinal corset, baby's trolley, collar, compensation and wheel chairs. And also during the previous years about 2,000 war-disabled

combatants who were provided services at Mai habar institution were reintegrated in their respective communities through economic and psycho-social support.

Households headed by war-disabled veterans are vulnerable from poverty. In order to help them and their families to cope with the many risks that they face, the Ministry of Labour and Human Welfare is providing a monthly financial and medical assistance for 5,350 war-disabled combatants and 400 severely disabled war veterans in Denden Camp. The ministry also provided those who can't support themselves and their families with 500 houses at the cost of 365,000,000 Nakfa. Other associations, such as the Eritrean National Association of the Blind, War Disabled Combatants and National Eritrean Deaf Association are provided financial and technical support from the ministry.

Care for the elders: It is estimated that older people in Eritrea form 4% of the total population. In the Eritrean culture, older people are generally taken care by the extended families. Of the overall beneficiaries of the social protection program 40% are older people who are being provided Martyrs' Survivors Benefit, 40% of the orphan care taking older people were provided income generation scheme. 200 disadvantaged older people have been reintegrated in their communities.

Family Welfare and Community Service: Assisting the needy families in the society is also part of the responsibility of the ministry. These include: the martyr's family and HIV/ AIDS Affected Families. About 84,000 citizens gave their lives in the struggle for independence and defending their country after the independence. Beginning from 1994, these families are being provided a lump sum of financial support. About 62,000 families of martyrs whose total number of beneficiaries 103,732 are acquiring 368,344,500 Nakfa of martyrs' survivors benefit annually.

Reports show that about 4,000 HIV/ AIDS persons are living in various forms of families including households headed by, single parents, grandparents and other families. These families have been traced and offered a monthly financial support for children education and household facilities. About 4,000 families are beneficial of this opportunity and more than 1,300 were granted to start a small-scale income generating activities.

Community development: The two community centres in Asmara and Keren have provided skill training to 800 disadvantaged women, which is helpful for gainful employment. The centres have also offered pre school education for 2,146 children disadvantaged children.

500 community change agents from the six Regions have been trained on the training of trainers' course in HIV/AIDS. Several seminars and workshops were conducted for community change agents to strengthen their capacity and create a favourable working relation in the community. An audio-visual cassette that deals on the causes and impacts of sexually transmitted diseases including HIV/AIDS was reproduced and distributed to all regions for sensitization activities.