STATE OF ERITREA

MILLENIUM DEVELOPMENT GOALS REPORT

FINAL REPORT

Asmara, 02 October 2015

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FOREWARD

The Government of the Sate of Eritrea has during the last 24 years strived hard to further develop the economic, social and cultural life of its citizens. The running themes in this development effort have been that development must be rapid, sustainable and widely shared among the population. As a member of the UN system, Eritrea has incorporated the ideals and the program objectives of the Millennium Development Goals (MDGs) in its overall development agenda and cooperated with the UN country team in implementing them.

This is the third MDGs report the country has produced. The first full-fledged MDGs report was published in 2006. In 2014, Eritrea presented its health-related MDGs report at the side event of the UN General Assembly Meeting in New York.

Our belief and practice that "no one should be left behind" in development have paid off in many ways. Today, there are in most parts of the country, including in remote communities, schools, health centers, and sources of safe drinking water, among others. As we close the MDGs era and embrace the SDGs epoch, we remind ourselves that, despite the progress we have made, there is a lot more work ahead of the People and Government of Eritrea if phenomenon like poverty and hunger are to be substantially reduced, if not eradicated.

We have not been alone in our development efforts. Members of the UN system and our bilateral partners have been with us all along. We thank them all.

As we embark upon the SDGs era come January 2016, we look forward to raising our global partnership for development to a new level.

ACCRONYMS

EDHS	Eritrea Demographic and Health Survey
EPHS	Eritrea Population and Health Survey
ESI	Eritrea Standards Institute
GDP	Gross Domestic Product
GoSE	Government of the State of Eritrea
GWh	Giga Watt hour
KWh	Kilo Watt hour
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
MDGs	Millennium Development Goals
MDGsR	Millennium Development Goals Report
MoMR	Ministry of Marine Resources
MND	Ministry of National Development
MoLWE	Ministry of Land, Water and Environment
MoTI	Ministry of Trade and Industry
NCHE	National Commission for Higher Education
NER	Net Enrolment Ratio
NSEO	National Statistics and Evaluation Office
NSO	National Statistics Office
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
PPP	Purchasing Power Parity
PTA	Parent Teacher Association
SDGs	Sustainable Development Goals
UBN	Unmet Basic Needs
UNCT	United Nations Country Team
UNDP	United Nations Development Program
UNEP	United Nations Environment Program

ERITREA AT A GLANCE

LOCATION: In the Horn of Africa, lying north of the equator between latitudes 12° 22' N and 18° 02' N and longitudes 36° 26 '21 E and 34° 13' E.

LAND AREA: 122,000 km² with 1,200 km coastal line along the Western Red Sea, extending from Ras Kasar in the North to Dar Elwa in the southeast.

BORDERS: Sudan in the north and west; Ethiopia in the south; Djibouti and the Red Sea in the east and southeast.

DEVELOPMENT ZONES: Three Development/Economic Zones: The Central Zone, comprising areas lying between 1,500 and 3,000 above sea level; the Western Zone, having land areas below 1,500 above sea level and lying to the west of the Central Zone; and the Eastern Zone (also known as The Red Sea Coastal Plains), lying east of the Central Zone; in addition to the 1,200 km coast line along the Western Red Sea, the Eastern Zone also has 1,300 km of coastline around its 356 islands in the Red Sea.

THE CENTRAL ZONE

Population: 2.376 million, accounting for 66% the country's total population of 3.6 million.

Population Density: 91 persons per km square.

Land Area: 26,000 km², 21 % of Eritrea's total land area.

Development Status: Relatively more developed human, capital, economic and social institutions, physical infrastructure; home to the major urban population centers.

Natural Resources: Significant deposits of precious minerals, base metals and construction materials; temperate climate with high to moderate annual rainfall, averaging 450 mm.

THE WESTERN ZONE

Population: 756,000 people, approximately 21% of Eritrea's population.

Population Density: 16 persons per km².

Land Area: 46,000 km², i.e. 38% of the total land area of the country.

Development Status: Less developed infrastructure and economic services relative to the Central Zone.

Natural Resources: Endowed with significant deposits of precious minerals and construction materials; plenty of relatively rich soils and water, with large parts of the zone receiving 600-800 mm of annual rainfall; potentially the breadbasket of the country.

THE EASTERN ZONE

Population: 468,000 people representing 13% of Eritrea's total population.

Population Density: 9 persons per km².

Land Area: 50,000 km², the largest of the three Zones, accounting for 41% of the country's land area.

Natural Resources: Parts of the escarpment that are 1,500 above sea level receive 700-1,000 mm of annual rainfall; the coastal plains and the islands, which comprise most of the Zone's land area, however, get 200 mm of rainfall or less annually; high potential for agricultural production from spate irrigation; abundant marine resources; high tourism potential; significant deposits of construction materials, especially for cement production; reach deposits of potash; good prospects for developing solar, wind and geothermal energy; the city ports of Massawa and Assab, which are strategically situated to serve as trading gateway for Eritrea and the Horn of Africa linking them with global commercial centers, are located in this region.

DEVELOPMENT ZONES

Saudi Arabia

Sudan

Yemen

Red Sea

Ethiopia

EXECUTIVE SUMMARY

The MDGs, which comprise of eight global objectives and a set of measureable time bound targets, commit UN Member States to reduce poverty and hunger, and improve, health, education, gender equality, environmental sustainability, including the global partnership to achieve these goals. In Eritrea, the targets constitute a major subset of the national development agenda.

This MDGsR, which is the second full-fledged report for Eritrea, examines the latest progress made toward the achievement of the MDGs, the challenges faced, and the way forward. In the majority of indicators, data was available from 1993-1995 to 2012-2013, albeit with some missing data for one year or another for one or the other indicator. In a few cases, data for 2014 was available. Thus, with regards to ministry/sector data, 1993-1995 and 2012-2013 were, unless data availability dictated, respectively used as the beginning value (base year value) and ending value of an indicator in assessing progress toward the achievement of a given target. Assessments based on the EDHS and EPHS reports used respectively 1995 and 2010 as their base year and ending year of indicator values. The exception was Goal1, where the base year was 2002.

Annual growth rates have been computed using the intrinsic model, whereas best fitting curves were used to project the values for the projected indicators in 2015. The projected values of the indicators are then compared with the MDG targets of Eritrea.

A summary of assessment progress toward the achievement of the MDGs is provided in E1 below. Overall, remarkable achievement has been made in the health sector as each target of the three goals- Reduction of Child Mortality, Improving Maternal Mortality and Combating HIV/AIDS, Malaria and Other Diseases- have essentially been achieved, except for the proportion of births attended by skilled personnel. Achievement of the remaining four MDG Goals that have not been achieved- Eradication of Poverty and Hunger, Achieving Universal Primary Education, Promoting Gender Equality, Empowering Women and Ensuring Environmental Sustainability- is qualitatively assessed by describing progress made in each of their targets as "No Progress", "Little Progress", "Some Progress" or "Major Progress". It is to be recalled that no target has been set for Goal8- Develop Global Partnership for Development.

Some progress has been made in poverty reduction while little progress was made both in universal education and gender parity. The proportion of poor people declined from 70% in 1995 to 61% in 2010, and it is projected to fall to 58% in 2015. The proportion of pupils starting grade one and who complete grade 5 increased from 70% in 1995 to 76% in 2013, and it is projected to decline to 75% in 2015. Similarly, the ratio of girls to boys increased from 80% in 1995 to 82% in 2013, and it is projected to increase to 85% in 2015. Major progress has been

made both in net primary school enrolment and ratio of females to males with some education 15-24 year olds. The former increased from 30% in 1995 to 81% in 2013, and it is projected to increase to 85% in 2015. Similarly, the latter increased from 77% in 1995 to 86% in 2010, and it is projected to increase to 94% in 2015.

In the Health Sector, all but two targets have either been surpassed or will have been achieved or surpassed by 2015. Infant mortality rate is very nearly achieved as the projected value for 2015 is 34% as opposed to Eritrea's target of 31%. Progress has also been made in the proportion of births attended by skilled health personnel. It increased to 55% in 2013 from 21% in 1995, an increase of 162%. The estimated value for 2015 is 59%, lower by 11% than MDG target value of 70% for Eritrea.

Major progress has been made in access to safe drinking water. The proportion of total population without access to safe drinking water declined from 87% in 1995 to 42% in 2010. It is projected to further decline to 33% in 2015. Little or no progress has been made in the provision of toilets both in urban and rural areas. The challenge is more acute in rural areas as 87% of the population is projected not to have toilets as opposed to 33% in the urban areas in 2015.

Despite the stiff challenges the people and government of Eritrea faced during the last 18 years or so - the 1998-2002 war with Ethiopia and its lingering status of 'no-war-no-peace', an increasingly unstable region, the unjustified UN sanction of 2009, and the global economic crisis that began in 2008 - the country has made significant gains in achieving the MDGs. Furthermore, it realizes a lot more needs to be done if the MDGs, along with other development objectives, are to be achieved, and achieved rapidly.

Table E1: MDG Progress and Prospects: A Summary (percentage)

Goals and Targets	Starting Value 1993-95	Ending Value 2012-13	Eritrea MDG Target value (2015)	Projected Value (2015)	Progress Evaluation
1. Proportion of poor people	70	64	35	58	Some progress
2. Prevalence of Underweight children	--	39	24.4 (?)	40	No progress
3. Net Primary school enrolment	30	81	100	85	Major progress
4. Proportion of pupils starting grade who reach grade 5	70	76	100	75	Little progress
5. Ratio of girl to boys in primary school	80	82	100	85	Little progress
6. Ratio of females to males with some education, 15-24 years old	77	86 (2010)	100	94	Major progress
7. Under five mortality	151 (1990)	89	50	47	Target achieved
8. Infant mortality	92 (1990)	58	31	34	Target achieved
9. Proportion of children 12-23 months old with measles vaccination	51	75	80	89	Target Achieved
10. Maternal mortality ratio	1700 (1990)	670	425	352	Target achieved
11. Proportion of birth attended by skilled personnel	21	55	70	59	Major progress
12. HIV prevalence ration per 1000		0.74	2.4	0.25	Target achieved
13. Malaria cases per 1,000		19	<20	12	Target achieved
14. TB Prevalence per 100,000	484 (1990)	121 (2005)	242	74	Target achieved
15. Proportion of population without access to safe water	87	42 (2010)	20.5	33	Major progress
16. Proportion of households without toilets	87	70 (2010)	35	68	Some progress
17 Proportion of urban households without toilets	34	35 (2010)	33		No progress
18 Proportion of rural households without toilets	99	90 (2010)	87		Some progress

CHAPTER1. INTRODUCTION

Eritrea prepared its first Millennium Development Goals Report (MDGsR) in 2006. The Ministry of National Development (MND), as the lead government agency on the subject, guided and managed the preparatory process and publication of the Report. The UN Country Team (UNCT) provided the MND with the necessary support to carry out the work. In 2014, Eritrea prepared a health-related MDGsR and presented it at the side event of the 2014 UN General Assembly Meeting in New York.

This Report is the second full-fledged MDGsR of Eritrea, also guided and managed by the MND. Likewise the UNCT facilitated the work by providing the necessary support.

The overall purpose of this report is to provide an assessment of the progress made in achieving the MDGs. The principal specific objectives are to:

➢ Make an assessment on progress made on achieving the MDGs;
➢ Identify key policies and investment strategies and programs that would help accelerate the overall progress, especially in the lagging MDGs;
➢ Provide evidence-based inputs and information for national planning and budget process for a post-2015 development agenda; and
➢ Document innovations and best practices.

Moreover, Eritrea views the MDGsR preparatory process as an important mechanism for, among other things (1) promoting public dialogue on public policies and actionable programs of stakeholders, and (2) strengthening partnerships, both domestic and international, for the purpose of mobilizing resources necessary for policy formulation and program implementation.

This report is organized around five chapters. The scope of the study, data sources and methodology are presented in Chapter2. Chapter3 provides the national development context in which Eritrea is facing the challenges of development in general and that of achieving the MDGs in particular. In Chapte4 is presented the progress made to-date in achieving the MDGs. An outline of the way forward in addressing the challenges in the lagging MDGs is also indicated in this chapter. Chapter5 presents an outline of Goal8- Develop Global Partnership for Development- along with an indicative action plan for Eritrea's cooperation with its global partners come January 2016.

CHAPTER2. SCOPE, DATA SOURCES AND METHODOLOGY

Scope of the Study

The report assesses all eight MDG Goals, namely:

- ➢ Goal1: Eradicate extreme poverty and Hunger;
- ➢ Goal2: Achieve universal education;
- ➢ Goal3: Promote gender equality and empower women;
- ➢ Goal4: Reduce child mortality;
- ➢ Goal5: Improve maternal health;
- ➢ Goral6: Combat HIV/AIDS, malaria and other diseases;
- ➢ Goal7: Ensure environmental sustainability; and
- ➢ Goal8: Develop a global partnership for development.

Energy is not part of the MDGs. Nevertheless, energy, or more appropriately, its inadequacy, plays a major role in Eritrea's fragile environment and the wellbeing of the people. A brief assessment of the country's energy status is thus included as part of Goal7.

Due to lack of or insufficiency of data, assessment has focused on the more essential targets. In all, the assessment includes the following 11 targets:

Goal1: Target1-Halve, between 1990 and 2015, the proportion of the poor.
Target2- Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Goal2: Target3-Ensure that by 2015 boys and girls will be able to complete a full course of Elementary education.

Goal3: Target4-Eliminate gender disparity in education and empower women.

Goal4: Target5-Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Goal6: Target6-Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio;
Target7-Have halted and begun to reverse the spread of HIV/AIDS; and
Target8- Have halted and begun to reverse the incidence of malaria and other diseases.

Goal7: Target9-Integrate the principles of sustainable development into country policies and Programs and reverse the loss of environmental services;
Target10: Halve the proportion of people without access to safe water; and
Target11-Halve by 20015 the proportion of the population without sustainable access to basic sanitation.

Goal8: Develop Global Partnership for Development.

Data Sources

Data sources on which assessment of progress in achieving the MDG goals has been based are: (a) the focal MDGs ministries/ sectors, and (b) the 1995 and 2002 Eritrea Demographic and Health Survey (EDHS) and the 2010 Eritrea Population and Health Survey (EPHS) published reports of the National Statistics Office (NSO) of Eritrea. Focal ministries/ sectors submitted information on data templates provided them by the MND.

For the great majority of indicators, data was available from 1993-1995 through 2012-2013, albeit with some missing data for one year or another or for one or the other indicator. In a few cases, data for 2014 was available. Thus, with regards to ministry/sector data, unless data availability dictated otherwise, 1993-1995 and 2012-2013 were respectively used as the beginning value (base year value) and ending value in assessing progress toward achieving a given MDG target. In assessing progress using data from the NSO, indicator values in 1995 and 2010 were respectively used as the beginning value (base year value) and ending value. Data sources other than those used to assess whether or not a given MDGs target has been achieved have been appropriately cited. This, for instance, has been the case in discussions regarding macroeconomic indicators and Eritrea's aid flows over the years.

Methodology

All values for 2015 are projections. These projections were made by fitting curves that best represent the trends. Various curves were tried for every indicator and the best fitting curve, as judged by the explained variation, i.e. R^2, was used for projections. However, best fitting curves that yielded values that were judged either as too high or too low were dropped and replaced by the next best fitting curve. In most cases, linear, logarithmic and exponential curves were used, but quadratic and growth curves were also used for certain indicators.

Details of the estimation models are as follows:

1. No projection is made beyond the target year 2015; projected values are indicated by green font on the charts.
2. Intervals (periods) were used in lieu of years in curve fitting. Periods were generated by assigning values as follows: Base year (t_0) = 1; t_{0+1} =2; t_{0+2} =3; t_{0+n} = n+1.
3. All annual change (growth) rates are computed using the intrinsic model, that is, $P_t = P_0 e^{rt}$ where P_t is value in year t, P_0 is value in base year, e is natural logarithm, t is time   and r is annual rate of change.
4. Indicators for which data is not available, or where data were not comparable across the years under consideration, have been dropped from the report.

It must be note that data accuracy and inadequacy posed major difficulties. Even many of the EPHS data for 2010 were not comparable with the EDHS data of 1995 and 2002 due to differences in reference populations and changes in definitions. This, for instance, was the case with the prevalence of underweight children

CHAPTER3. NATIONAL DEVELOPMENT CONTEXT

Having ensured its sovereignty through a thirty-year protracted war, Eritrea is the third newest Member State of the UN country membership system. On its first Independence day in May 1993, the then Provisional Government of Eritrea inherited a devastated social, economic, and physical infrastructure and, for all practical purposes, an empty treasury. This heritage was, of course, the result of the thirty-year armed struggle for independence. Moreover, there were large parts of the country that had been marginalized due to development dualism, brought about by extended European colonial rule. Above all, the emergent nation state had to face the rather daunting task of nation building right away after independence. It had to urgently set up government organs, including sector ministries, diplomatic missions, commissions, autonomous public enterprises and the like that were essential for laying the ground for the overall social and economic progress of the new nation.

The social and economic institutions and physical infrastructure that were built during the liberation struggle did indeed provide a strong basis on which to start nation building. There was little doubt, however, as to the immense challenge the Government faced in addressing these multiple of development issues.

Economic, Social and Environmental Indicators

The NSO's estimate for 2015 puts Eritrea's population at 3.6 million, of which 69% is rural. The male to female ratio is 100.7 males to 100 females. Details of the report shows that Eritrea has a young population with 49.2%, 48.4% and 8.7% of the population respectively falling in the age brackets of <15 years, 15-59 years and 60+ years of age. Assuming that people under 15 years of age and 65 years of age and above are dependents, the dependency ratio for Eritrea is 95. Details of Eritrea's population profile are provided in Annex1.

Eritrea's nearly 2.5 million people live in rural areas and derive their livelihood from rain-fed crop production, cattle raising and artisanal fisheries, which are all based on traditional production systems. The use of modern agricultural inputs (fertilizers, pesticide, farm machinery, cooling facilities, etc.) is minimal. Recurrent droughts, an erratic rainfall regime, and low soil fertility due to severe land degradation are all impediments to production. In the best of years, the country produces around 50% of its food requirement. In what follows, an overview of Eritrea's progress in the economic, social and environmental sectors is presented both at the macro and micro levels.

Macro-indicators

The economy's growth performance is presented in Table3.1. Gross Domestic Product (GDP) is measured in current dollars, i.e. in $2014, in purchasing power parity (PPP)- international $ and GDP. The GDP figures are averages for the periods indicated. Growth in GDP averaged USD 0.73 billion in 1992-2003 and grew up to USD 1.44 billion and USD 3.25 billion respectively during 2004-2010 and 2011-2014, indicating that average nominal GDP grew by 91.2.%

between 1992-2003 and 2004-2010 and by 125.7% between 1992-2003 and 2011-2014. GDP in PPP also shows strong growth rates between the periods. In particular, the high growth rates both in nominal and PPP terms between 2004-2010 and 2011-2014 are believed to have been driven largely by a growing mining sector, which began production in 2010 (www.MoEM.gov.er).

Table3.1 GDP: At US$ 2014, (PPP)-International$ and Real Growth, billion.

	1992-2003	2004-2010	2011-2014	Change (%)			2015-2019 (Projected)
				(1992-2003)—(2004-2010)	(2004-2010)—(2011-2014)	(1992-2003)—(2011-2014)	
GDP-US$ 2014	0.73	1.44	3.25	71	181	252	5.6
GDP-PPP	4.13	5.83	7.43	170	160	330	8.98
GDP-Real	4.33	0.11	4.75	-422	464	42	2.66

Source: opendataforafrica.org/Eritrea

Average Real GDP declined from USD 4.33 billion in 1992-2003 to 0.11 billion in 2004-2010, a decline of 422%. This sharp drop in real GDP had its roots in low agricultural production, high inflation, 12% in 2012 and 2013 (Magidu and Okumu, 2015, p. 11), and scarcity of hard currency and high oil prices during that period. With an average of USD 4.75 billion in 2011-2014, real GDP is almost what it was in 1992-2003.

Prospects for future economic growth are high with nominal GDP, GDP at PPP, and Real GDP projected to grow to an average of USD 5.6, 8.98 and 2.66 billion, respectively, during the five-year period of 2015 and 2019.

Eritrea's human development index in 2011 was 182 out of 187 countries. Adult literacy rate was 68.8% in 2012 (UNDP, Eritrea).

Table3.2 shows the structure of the Eritrean economy in 2009 and 2012. By far the largest contributor to GDP was public administration and defense, making up 29.5% in 2009 and 28.1% in 20012. Significantly, the manufacturing sector is the second least contributor to GDP. This status of the manufacturing sector is incongruent with the country's history during the 40-year period of 1930-1960, when Eritrea had a small but vibrant light industrial sector.

Table3.2. GDP by sector (percentage of GDP at current prices)

Economic Sector	Year	
	2009	2012
Agriculture, forestry, fishing & hunting	14.5	16.9
Mining and quarrying	0.0	0.0
Manufacturing	5.7	5.9
Electricity, gas and water	1.7	1.7
Construction	15.1	15.5
Wholesale & retail trade; repair of vehicles household goods; Restaurants and hotels	20.4	19.4
Transport, storage and communication	13.1	12.4
Finance, real estate and business services	0.0	0.0
Public administration and defense	29.5	28.1
Other services	0.0	0.0
Gross domestic product at basic prices / factor cost	**100.0**	**100.0**

MAGIDU and OKUMU, African Economic Outlook; Eritrea 2015

Sector-Specific Advances

The Government has made significant investments in some key economic and social sectors. Progress made in these sectors may not have been wholly captured in the macro statistics. Some of the more important sectors include the following:

- ➢ Raising agricultural output and productivity;
- ➢ Protecting the environment;
- ➢ Electricity production;
- ➢ Investment in the social sectors, particularly in education and health;
- ➢ Road rehabilitation and reconstruction; and
- ➢ Enhancing national security and communal harmony.

Table3.3 provides a summary of some of the progress made in these sectors in percentage changes during the 21-year period of 1993-1995 and 2012-2014. Progress made in these sectors is self evident from the Table. Progress made in fruit and vegetable production, afforestation, conservation works, water development and enhancing national solidarity and communal harmony stand out as major advances in these sectors.

Overall, Eritrea made significant progress towards sustainable development since liberation in 1991, especially up to 1998. However, a number of challenges had emerged since then, that compelled the Government to redirect its priorities. In particular the 1998-2002 border war with Ethiopia, the subsequent imposition of the no-war-no-peace condition by Ethiopia with the tacit approval of the international community and the unjustified UN sanctions in 2009 have forced the people and Government of the State of Eritrea (GoSE) to make national security and the enhancement of domestic peace and communal harmony to be their top priority.

The global economic crisis that began in 2007 has also negatively impacted development progress, especially with regards to the historically high level of remittances and tourist visitors from Eritrea's large Diaspora communities around the world. As a net importer of two essential commodities – fossil oils and food - and with an underdeveloped export sector, Eritrea suffered also the brunt of steep price increases in these imports during the crisis. The subsequent economic out-migration of Eritreans is only one manifestation of the heavy cost the country pays as it cops up with these challenges.

Given Eritrea's industrial production history, the manufacturing sector should have been a major driver of economic growth. As noted earlier in Table3.2, however, its contribution to GDP is marginal at present. One of the main causes of this state of affairs is the long war of independence, which brought about the destruction of the sector. The country finds itself also in an unstable and conflict-ridden region of the world that pushes countries to invest more in non-productive areas such as national security than in productive sectors.

Notwithstanding these challenges, the Government pursued its development agenda investing heavily in its human resources, infrastructure and communal and ethnic harmony, all essential elements of sustainable development. Moreover, the country's prospects for rapid and sustainable development has significantly increased with the production of minerals that begun in 2012. More than 60% of Eritrea's land area is known to contain large deposits of copper, zinc, potash, gold and silver (www.MoEM.gov.er).

Table 3.3: Outcome of Public Investment in Some Key Sectors

Description	1993	2014	Annual Rate of Change (%)
AGRICULTURE / ENVIRONMENT	(1993-1995 Average)	(2012-2014 Average)	
Food Production • Crops (tons)	168,749	343,601	3.8
• Fruits (tons)	2,345	96,483	21.6
• Vegetable (tons)	46,677	314,817	10.6
• Livestock (mill TLU)	1,851.9	3,056.7	2.4
Water development • Number of ponds and dams	97	826	10.7
• Water holding capacity (Mill m^3)	6.2	137.6	15.9
ENVIRONMENT			
Land area covered by forest and wood land (open and closed forest, riverine and mangrove forest , wood land (Km^2)	17,003	19,948	0.8

Afforestation			
Trees planted (mill),	34.7	112.7	9.8
trees survived (mill)	20.8	67.6	9.8

Conservation Works			
Terraces (ha)	8334	54,284	9.3
Soil and stone bunds(km)	31,636	87,090	4.9
Check dams (mill m^3)	1.55	7.64	7.9

ELECTRICITY			
Total generation (GWh)	151.2	(2010) 310.2	4.3
Per capita generation (KWh)	70.8	(2010) 91.5	1.5
Total consumption (GWh)	116.8	(2010) 256	4.7
Consumption as % of production	77.2	(2010) 82.6	-
Per capita consumption (KWh)	54.7	(2010) 75.5	1.9
Electricity from Solar PV (GWh)	0.04	(2010) 1.86	25.3

EDUCATION			
Number of schools:		(2013)	3.1
• Primary	491	909	
• Middle	497	908	3.1
• Secondary	32	100	5.7

HEALTH	- Health Sector Challenges articulated in two major documents - The National Health Sector Policy - Health Sector Development Program - Health Sector Infrastructure 29 hospitals, including nine referral hospitals, 56 health centres 191 health stations 60 clinics, and 8 facilities specialized in maternal and child care services - The Public Health Care System's total number of employees is 9096, of which 5913 are professionals and the remaining 3,183 are administration and other support staff. The professional staff comprise: 204 doctors; 1,397 nurses; 2,735 associate nurses; and 1,577 professionals including pharmacists and pharmacy lab, dental and radiology technicians.

ENHANCING NATIONAL SECURITY AND ETHINIC AND COMMUNAL HARMONY	• Radio and TV programs in nine and three local languages, respectively; • Print media published in three languages; • The Universal Declaration of Human Rights; translated into the nine ethnic languages; • The English version of the convention of the Rights of the Child translated in six ethnic languages.

ROAD CONSTRUCTION	Phase 1: 1992-97:Rehabilitation and Reconstruction (KM)
	• Asphalt roads, 620
	• Gravel roads, 500
	• Earth roads, <u>5,800</u>
	  Sub-total 6,920
	Phase 2: 1998-2010:New construction (KM)
	• Asphalt roads, 516
	• Gravel roads, 1,444
	• Earth roads, <u>3,669</u>
	  Sub-total 5,629
	Grand total 12,549

CHAPTER4: PROGRESS TODATE AND PROSPECTS
FOR
ACHIEVING THE MDGs

Goal1. Eradicate Extreme Poverty and Hunger

Poverty reduction and enhancing food security are the cornerstones of the development policies, programs and projects of the GoSE. These policies, programs and projects are articulated in a number of documents, including the Macro Policy Paper (1994); the Transitional Economic Growth and Poverty Reduction Strategy (2002-2003); the Interim Poverty Reduction Strategy Paper (2003-2004); and the National Indicative Development Plans (2009-2013 and 2014-2018). The running theme in these documents is that development must be rapid, widely shared among the population and sustainable. As about 70% of the Eritrean population live in rural areas, and derive their livelihood from agriculture, agro pastoral and fisheries, the Government pursues a rural-lead development agenda.

Target 1: Halve, between 1990 and 2015, the proportion of poor people.

Progress towards this goal is assessed using the prevalence of poverty among the population. Macroeconomic data, particularly on employment/unemployment, personal income and consumption levels, is not available. In this report, therefore, the Unmet Basic Needs (UBN) approach is used to estimate the poverty rate and consumption levels. Santos, *et.al* (2010*:2)* stated tha*t* "In the context where household surveys are not widespread and income and consumption are difficult variables to measure, the UBN is often used as a poverty analysis tool".

Poverty is multidimensional and its assessment often requires an approach that captures its multidimensionality. The UBN approach looks directly at whether or not certain basic human needs are met rather than looking at the income level that is required to meet these needs. Thus, the UBN is referred to as the 'direct method' in contrast to the 'indirect (or poverty line) method' because the UBN looks at whether certain basic needs are met or not. The UBN approach involves selecting dimensions of poverty, defining the threshold level for each dimension below which a person is defined as poor, and then aggregating the poor.

Based on their relevance to poverty in the Eritrean situation, similarity with studies in other countries and completeness of data, seven needs or dimensions are selected for this purpose. These are elementary school attendance of children 7-12 years old, education of head of household (at least the primary one), access to safe water, access to toilets, crowdedness of dwellings, access to electricity, and presence of underweight children under five years of age. Santos, et.al (2010) used six needs in their study of the prevalence of poverty in Latin American countries, and the first five needs used in this report are the same needs used by them.

The proportion of people with one, two, three, four, and five unmet needs were computed from the EDHS of 1995 and 2002, and the EPHS of 2010. The proportion of the poor for each

level of deprivation for 2002 was compared with the income poverty level of 2004 as reported in the 2006 MDGs Report. The proportion of the population with four unmet needs for 2002 was 64% which is very close to the income poverty rate of 66% for 2004. Thus, people with any four unmet needs were defined as being poor and the proportions of people with four unmet needs were computed for 1995 and 2010. The results are given in Table 4.1.

In spite of the efforts and commitment to eradicate/reduce poverty, progress has been slow. The proportion of poor people was 70% in 1995; it declined to 64% in 2002 and to 61% in 2010. It is projected to decline to 58% in 2015.

Poverty is concentrated in the rural areas. The proportion of the poor in rural areas declined from 82% in 1995 to 75% in 2010, and is projected to stand at 72% in 2015. The proportion of the poor in the urban areas had averaged at about 36% during 1995-2010.

Table 4.1. Target 1: Halve, between 1990 and 2015, the proportion of poor people						
Indicator	1995	2002	2010	Annual growth rate (%)	2015 projected	MDG target for Eritrea
Proportion of the poor: total population (%)	70	64	61	-0.86	58	35
Proportion of the poor: rural population (%)	82	80	75	-0.65	72	
Proportion of the poor: urban population (%)	36	39	36	-	30	

Chart 3.1. Proportion of Poor Peopel (%)
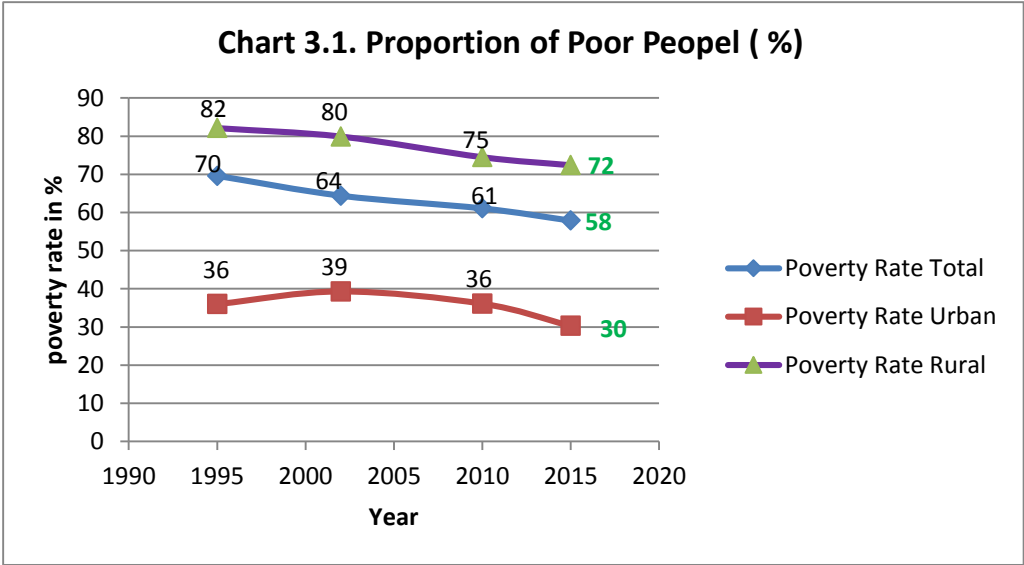
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Progress to date

Progress towards this goal is assessed using the proportion of underweight children for 2002 and 2010. Data for both years is available in the EPHS report of 2010. The EPHS 2010 recalculated data for 2002 for the 2010 EPHS report to make it comparable to the 2010 data. The data for 1995 cannot be used because the reference population was different.

The proportion of underweight children increased from 34% in 2002 to 39% in 2010. With this trend, it is projected to increase to 40% in 2015.

Table 4.2. Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger					
Indicator	2002	2010	Annual growth rate (%)	2015 estimate)	MDG target for Eritrea
Proportion of Under-weight children under five years of age(%)	34	39	1.7	40.0	24.4

Chart 4.2. Proprrtion of Underweight Children (%)
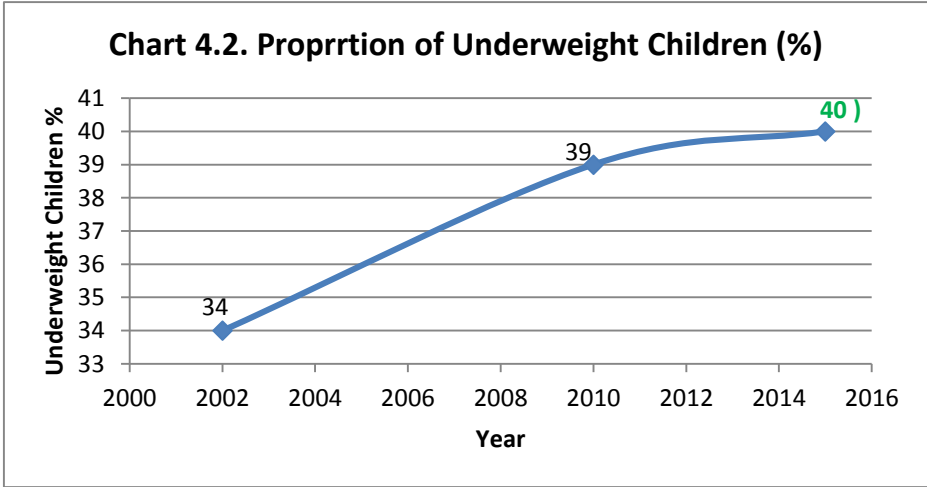
Poverty in general, and malnutrition of children under five years of age in particular, are of prime concern of the Government, which has recently established a Steering Committee on National Food and Nutrition Security (SC). Members of the ST have been drawn from the MoA, MoH, MoMR, MoTI, and ESI. The overall goal of the ST is to improve access to safe, nutritious and affordable food at household level, and design programs/projects towards this end.

The ST formed a Technical Committee (TC) consisting of members representing relevant ministries, institutions and the UN agencies. The TC is mandated to:

- Coordinate food and nutrition security activities, and forge strong partnership among stakeholders, including UN agencies;
- Ensuring the nutritional status of children under five years of age as well as pregnant and lactating women;
- Accelerating policy towards the reduction of malnutrition; and
- Increasing the production of diversified, locally produced complementary foods.

The TC has conducted an assessment study of the complementary foods (DMK) processing plants at Dekemhare, the Fish Milling Plant at Massawa, the Testing Laboratories of ESI, the food and Drinks Laboratory of the Ministry of Health, the National Animal and Plant Health Laboratory of the MoA and Fish Quality Control Laboratory of the MoMR. The TC has reported its finding and recommendations. Implementation of the recommendations has already begun, including the production of fortified baby food at the Dekemhare DMK processing plant.

The Challenges and the Way Forward in Reducing/Eradicating Extreme Hunger

Poverty and hunger in Eritrea are closely tied up with the agricultural, agro-pastoral and small-scale fisheries systems of production, which, as noted above, are all traditional. In agriculture, for instance, 80% of production comes from rain-fed farms which, as discussed earlier, hardly use any modern agricultural inputs. Both production and productivity are extremely low and often are inadequate to cover household's subsistence needs. The rainfall system is erratic and droughts are recurrent. Agricultural land is highly eroded and the environment is fragile. Thus, food production and productivity, whether from crops, fisheries or livestock, must be modernized if Goal1 of the MDGs is to be rapidly achieved. The following are some of the strategies for reducing/ eradicating poverty and extreme hunger:

- *Investment:* Opportunities abound in Eritrea for making profitable investments in sectors such as agriculture, fisheries, construction, manufacturing and tourism. Investments in these areas will, among other things, create productive employment, which is the most important determinant in reducing poverty. Notwithstanding the current low productivity and production of food output of the country, there is sufficient resource-base in the country such as unutilized arable land, plenty of rainfall (despite its erratic nature), livestock and fisheries-that could be harnessed to produce sufficient food both for domestic consumption and exports. At present, crop and livestock production dominate food production in the country; however, the marine resources sector has great potential for contributing to the achievement of Goal1, both in terms of food and nutrition. It is estimated that the sector has the potential for 80,000 tons of catch fish annually, of which 15% is realized. Even with that utilization rate, the sector contributes 3-4% of the country's GDP and some 10,000 households (about 425,000 people) derive their livelihood from it. What is required is to substantially enhance the enabling investment environment and upgrade the human,

infrastructural and institutional capacities so as to modernize the production systems in all these potentially high investment sectors;

➢ *Domestic Saving*: High saving rate is a prerequisite for high investment rate; achieving high saving rate is, in turn, much dependent upon macroeconomic stability, i.e., low inflation, stable exchange rate, and low government deficit;

➢ **Foreign Investment:** Foreign investment can play a critical role in development by creating employment and introducing new technology, modern management systems, product quality standards and developing new markets, both domestic and international; given the size of the Eritrean Diaspora, coordinated efforts will be needed to establish as friendly an investment environment as possible, an efficient business licensing process, speedy access to productive inputs (land, water, power, etc.); speedy resolutions of business-related court cases, and efficient business tax collection processes;

➢ **Developing Human and Institutional Capacity:** People are both the agent and object of development; very little progress can be made in achieving the MDGs without first building the requisite human capacity; realizing this, the Government has, during the last twenty years, invested heavily in developing its human and institutional capacities; more importantly, it recognizes that a lot more has to be done in this area if the country is to achieve sustainable development; and

➢ **Data for Planning and Development:** Development work requires sound statistical information, i.e. accurate, reliable and timely statistics. Sound policy review and analysis, the formulation, implementation, monitoring, and evaluation of programs and projects much depends on such statistical information. The status of statistical information to date has a lot to be desired: in the absence of an established statistical system, data collection is decentralized. Standardized data collection tools and methodologies are not applied; limited data availability in many sectors, including national income accounts; and limited human and institutional capacity. The importance of sound statistical data has been demonstrated by the two EDHSs published in 1995 and 2002 and the EPHS of 2010. They have provided the country with vital, standardized data on a wide range of areas including population, health, sanitation and household wealth, among others. Speedy action in establishing a statistical act, a national statistical system and a national statistical plan would enable the NSO to extend its survey coverage to other sectors, which would be a major step in firmly establishing a sound national data collection system for Eritrea.

The need for planning and development data is well recognized. The MoLHW just recently launched a national labor survey on the size of Eritrea's labor force and employment/unemployment. This will be followed by labor productivity survey in 2016. Planning and development data is targeted as one of the investment areas in the post 2015 era.

Goal 2: Achieve Universal Primary Education

There is strong relationship between development and education. Education contributes not only to economic growth, but it also leads to the reduction of social inequalities and empowerment of disadvantaged segments of society like women. Eritrea puts the development of its human resource at the center of its development endeavors. It provides free education to all at all levels, including higher education. The 2003 Eritrea National Education Policy underscores universal elementary education and commits the Ministry of Education (MoE) to achieving the Education for All objectives.

Beginning the 2003-2004 academic year, the middle school level of education was expanded from two to three years of schooling. Prior to that, the Eritrean educational system used to follow a 5-2-4 system, i.e. five years of elementary school, two years of middle school, and four years of secondary school. English becomes the medium of instruction at the start of the middle school level. Given that all instruction at the middle and secondary school levels was to be given in a foreign language, the purpose of adding one more year to the middle school level was to better prepare students for the next level of their education-the secondary level.

Progress To-date

Target3: Ensure that by 2015 boys and girls alike will be able to complete a full course of elementary education.

The three major indicators used to assess progress towards the achievement of universal elementary education are:
➤ Net enrolment ratio (NER) in elementary school;
➤ Proportion of pupils who start grade one and who reach grade five; and
➤ Percent of population 15-24 year-olds with some education.

In addition to these three indicators, NERs in middle and secondary school are included in the discussion.

NER in elementary school is the major indicator of progress towards achieving Goal2. NER in elementary school rose from 30% in 1993 to 81% in 2013. The annual growth rate during that period was 5.5%. Given this trend, NER is projected to increase to 85% by 2015.

In 1993, the NER in middle and secondary school was respectively 6% and 10%. These ratios rose respectively to 29% and 23% in 2013, registering annual growth rates of 8.7% and 4.6%, respectively. With the prevailing trend, NER in middle and secondary school will respectively increase to 34% and 26% by 2015. Progress has been made in these educational levels as well. Nevertheless, strong and still more innovative interventions have to be made if further improvements are to be achieved.

Table 4.3- Target 3: Ensure that by 2015 boys and girls alike will be able to complete a full course of primary schooling.

| Indicators	Eritrea Status 1993-1995	1998	2001	2004	2007	2010	2013	Annual growth rate	2015 Estimate	MDG Target for Eritrea
Net enrolment-elementary school	30	47	59	71	61	55	81	5.5	85	100
Net enrolment-middle school	6	13	17	27	34	37	29	8.7	34	
Net enrolment-secondary school	10	15	19	20	22	23	23	4.6	26	
Proportion of Pupils starting grade 1 and who reach grade 5	70	60	71	69	73	74	76	0.3	75	100
Percent of Population 15-24 years old with some education*	59		77 (2002)			84		1.8	94	100

The proportion of pupils starting grade 1 who reach grade 5 was 70% in 1995. The comparable figure for 2010 was 74%, yielding an annual growth rate of 0.3%. The proportion is projected to reach 75% in 2015.

The proportion of population 15-24 year old with some education, which is used as a proxy indicator for literacy rate among 15-24 year-olds, was 59% in 1995. It steadily increased to 77% and 84% in 2002 and 2010 respectively registering an annual increase rate of 1.8% for the 1995-2010 period. With the prevailing trend, it is projected to increase to 94% in 2015.

Chart 4.3. Eritrea Net Enrolment- Elementary School

Chart 4.4. Eritrea Net Enrolment- Middle School

Net enrolment (%) vs Year

6, 13, 17, 27, 34, 37, 29, **34**

Chart 4.5. Eritrea Net Enrolment- Secondary School

Net enrolment (%) vs Year

10, 15, 19, 20, 22, 23, 23, **26**

Chart 4.6. Proportion of Pupils Starting Grade 1 and Who Reach Grade 5

Percent vs Year

70, 60, 71, 69, 73, 74, 76, **75**

Chart 4.7. Proportion of Population 15-24 Year Old With Some Education (%)
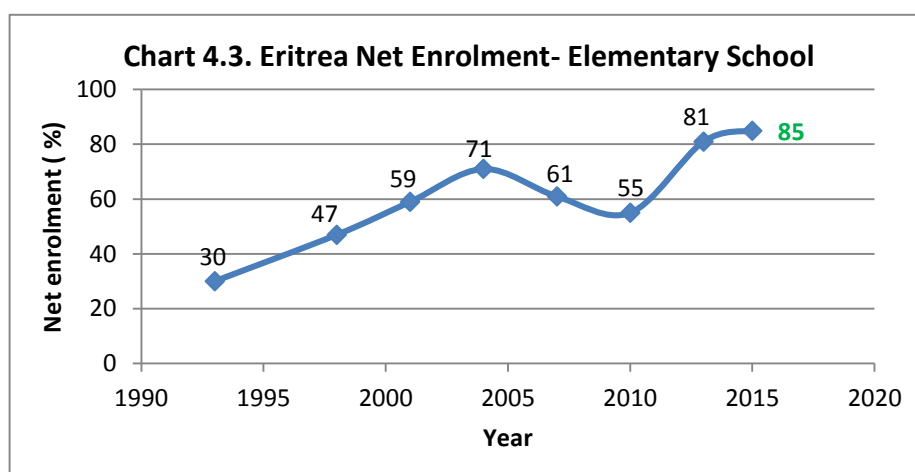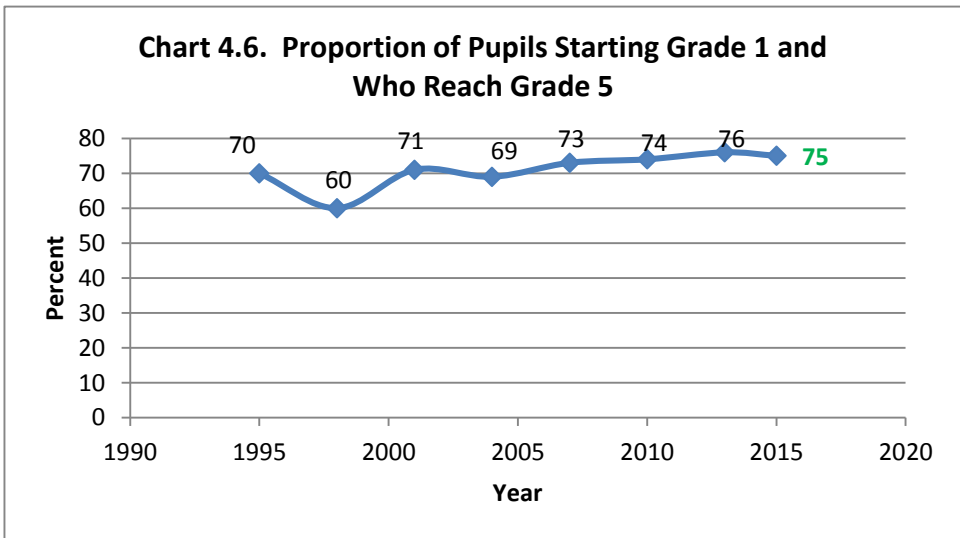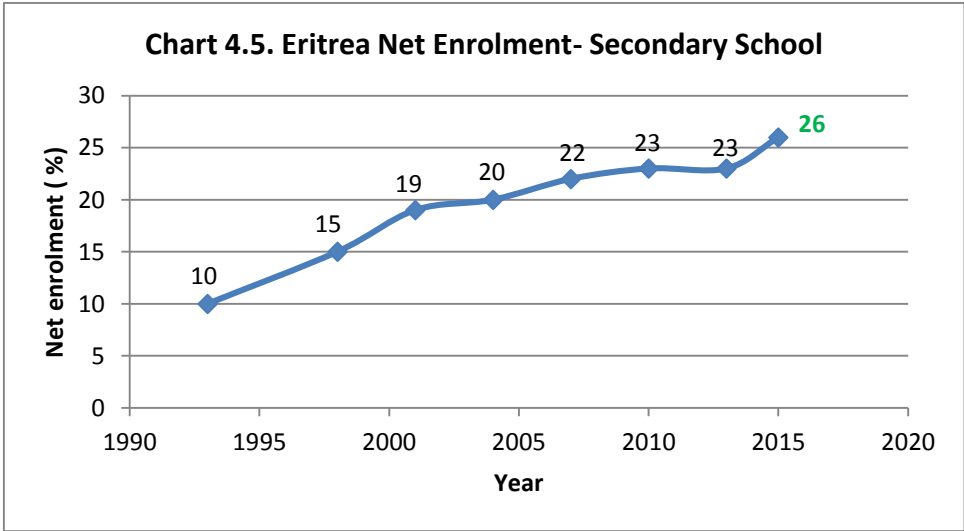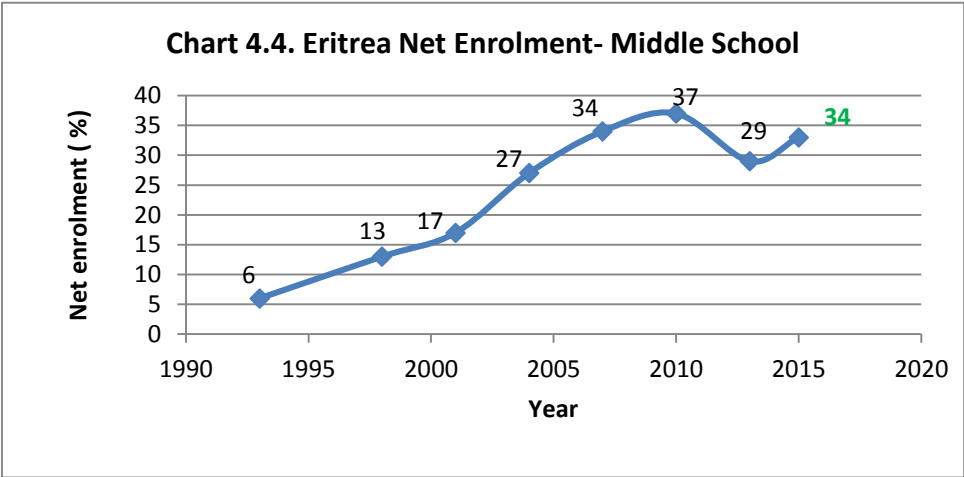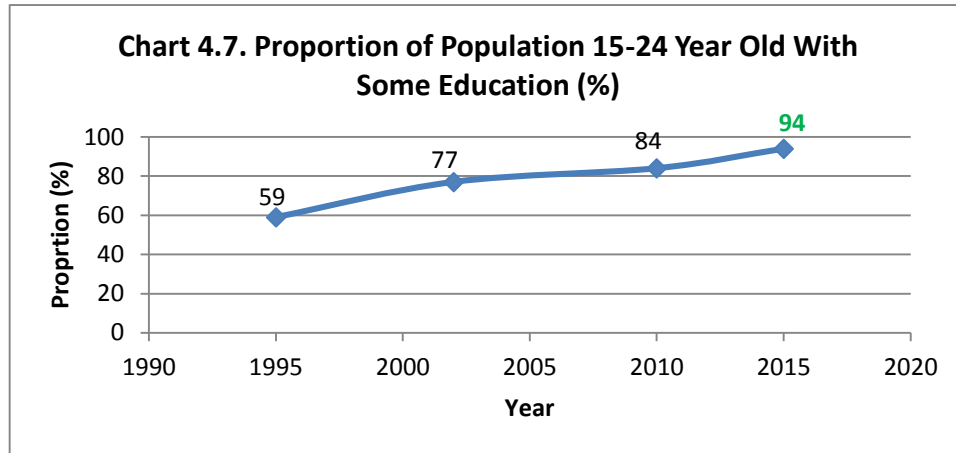
Goal3. Promote Gender Equality and Empower Women

The GoSE recognizes and upholds equality of opportunity between men and women in all spheres of life. The educational policy of the country clearly states that necessary steps will be taken to eliminate gender disparity at all levels of education, including adult education. Eritrea's 2003 National Education Gender Policy And Strategy aims at providing equal opportunity in terms of access, equity, relevance and continuity of education to all school-aged children with due consideration of gender and geographical issues. The policy recognizes the imbalance in the access and success rate in education between boys and girls and identifies a number of strategies to correct that imbalance, including, but not limited, to the following:

➢ Imparting awareness and sensitivity on gender issues at all levels of society, by mobilizing communities' participation, strengthening the role of PTA's and the girls themselves on their needs and rights for education;

➢ Creating conducive learning environment for girls both at school and home in order for them to exert full concentration in the pursuit of their education;

➢ Bringing schools close to home, especially in remote areas, in order to overcome the distance, poverty and transportation and social barriers that limit girls from enrolment and continuing their education once they have been enrolled; and

➢ Taking measures to curtail the traditional and harmful practices such as early marriages, female genital mutilation that curtail girls' education and health, and cultivate self esteem and confidence.

Moreover, empowerment of women includes taking proactive measures to help women hold key decision-making positions. Indeed, one-third of the seats in parliament are reserved for women, while they can also compete for the rest of the seats.

Target 4: Eliminate gender disparity in education and empower women
Progress To-date

The following indicators are used to assess progress towards this goal.

➢ Ratio of girls to boys in elementary, secondary and tertiary education;
➢ Ratio of female to male with some education, 15-24 years-olds; and
➢ Number of seats held by women in national parliament.

Education is central to improving people's lives. The education of women in particular is crucial in this regard. It enables women to fully participate in all spheres of life and paves the way for reducing gender inequality and enhancing women's empowerment.

In 1993-95, the ratio of girls to boys at the elementary, middle and secondary school were respectively 80%, 84%, and 65%. The comparable ratios in 2013 were 86%, 91%, and 82%, indicating annual growth rates of 0.4%, 0.4% and 1.2%, respectively. Given the prevailing trend, the ratio of girls to boys at the elementary, middle and secondary school are projected to increase to 87%, 94%, and 84%, respectively.

The ratio of female to male in tertiary education stood at 18% (18 females per 100 males) in 1993, but declined to 15% in 1997, then rose to 17% in 2001 only to decline to 14% in 2004. However, it steadily increased from 32% in 2008 to 61% in 2014. Two factors may have been responsible for the dramatic increase in the female/male ratio since 2008. Firstly, the establishment of seven autonomous institutions of higher education created more space thereby improving access to tertiary education in general. Secondly, an admission policy which allowed female students to join degree and diploma programmes with grade point averages of 0.2 less than their male counterparts was introduced. The overall growth rate for the 1993-2014 period was 6.1% per annum. With the prevailing trend, it is projected to increase to 67% in 2015.

The ratio of females to males with some education was 77% in 1995. The comparable figure for 2010 was 86%, registering an annual growth rate of 0.71% during 1995-2010. With this trend, it is expected to increase to 89% in 2015.

The number of seats held by women in the national parliament has stabilized at 22 during 1993-20013. It is expected to remain the same in 2015. However, the proportion of ministerial positions held by women that stood at 15% in 1993, increased to 18% in 2007, and reached 24% in 2013, registering an annual growth rate of 2.5% during 1993-20013.

Table 4.4: Target 4– Eliminate gender disparity in education and empower women

Indicators	Eritrean Status 1993-1995	1998	2001	2004	2007	2010	2013	Annual rate of change	2015 (Projected)	MDG Target for Eritrea
Ratio of girls to boys elementary education (%)	80	82	82	79	82	82	86	0.36	87	100
Ratio of girls to boys middle education (%)	84	73	85	67	73	79	91	0.40	94	100
Ratio of girls to boys secondary education (%)	65	65	59	49	67	71	82	1.16	84	86
Ratio of girls to boys in tertiary education (%)*	18	15 (1997)	17 (2000)	14 (2003)	32 (2008	38	61 (2014)	6.1	67	
Ratio of females to males with Some Education, 15-24 year-olds **(%)	77 (1995)		82 (2002)			86	56	0.71	89	100
Number of seats held in national parliament	22	22	22	22	22	22	22	0.0	22	
Proportion of women holding ministerial position (%)	15	12	12	18	18	24	24	2.3	25	

*University of Asmara, 2005 and NCHE, 2015

**Computed from *National Statistics and Evaluation Office and ORC Macro, EDHS, 2002, National Statistic Office and Fafo AIS, EPHS, 2010
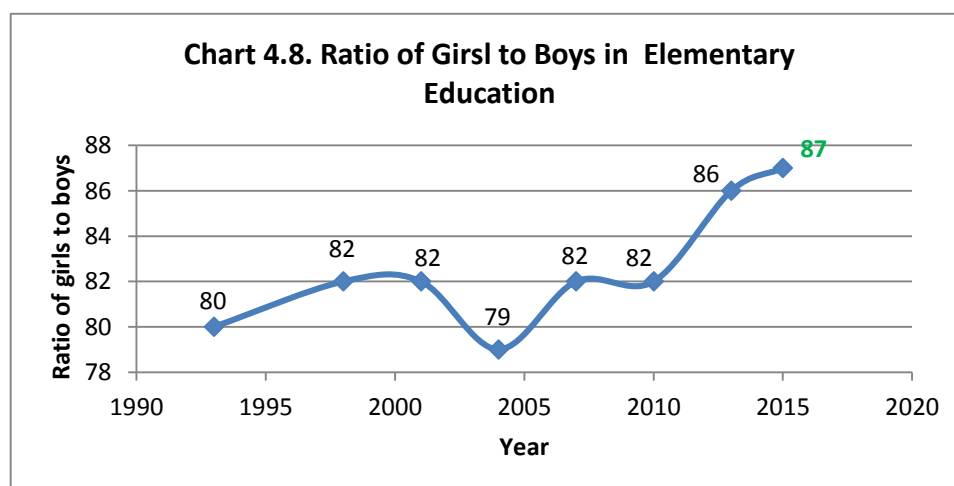
Rest of data: MoE and NUEW

Chart 4.8. Ratio of Girsl to Boys in Elementary Education
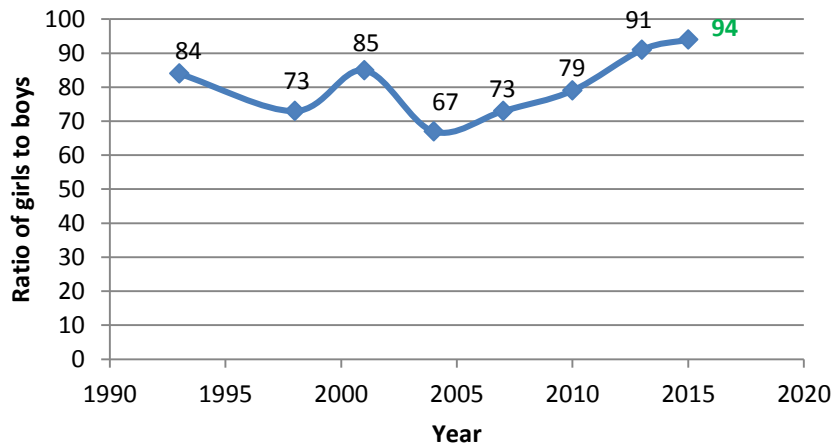
Chart 4.9. Ratio of Girls to Boys in Middle Education

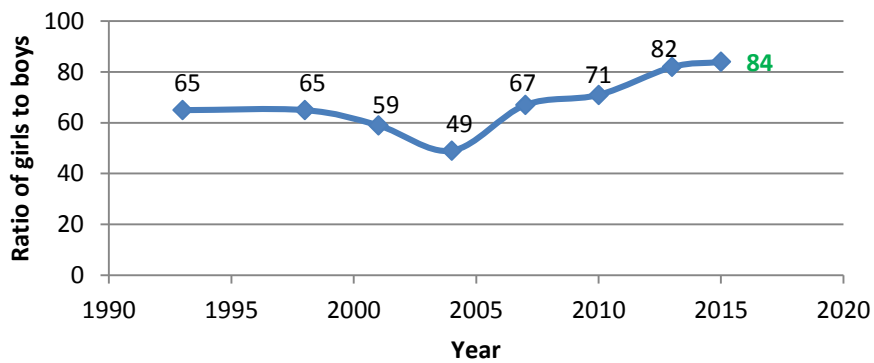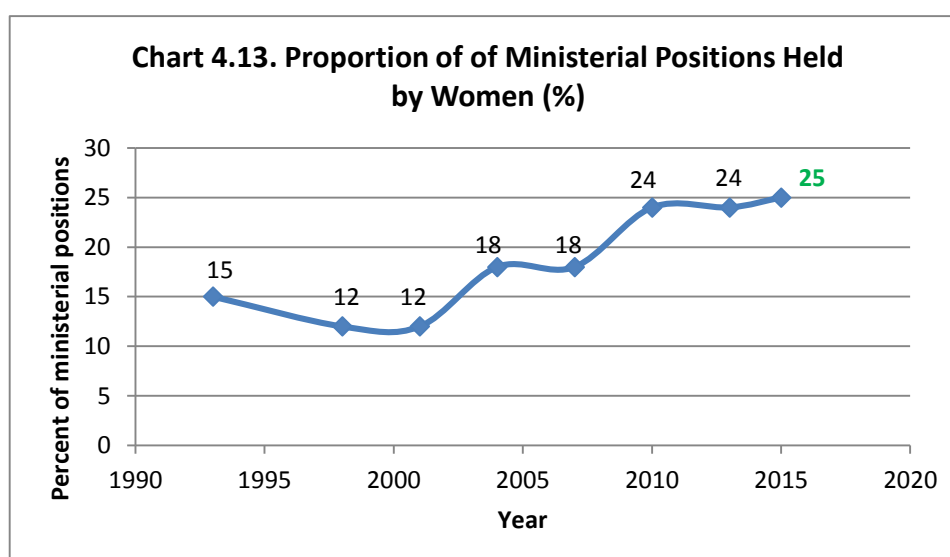**Chart 4.10. Ratio of Girls to Boys in Secodnary Education**

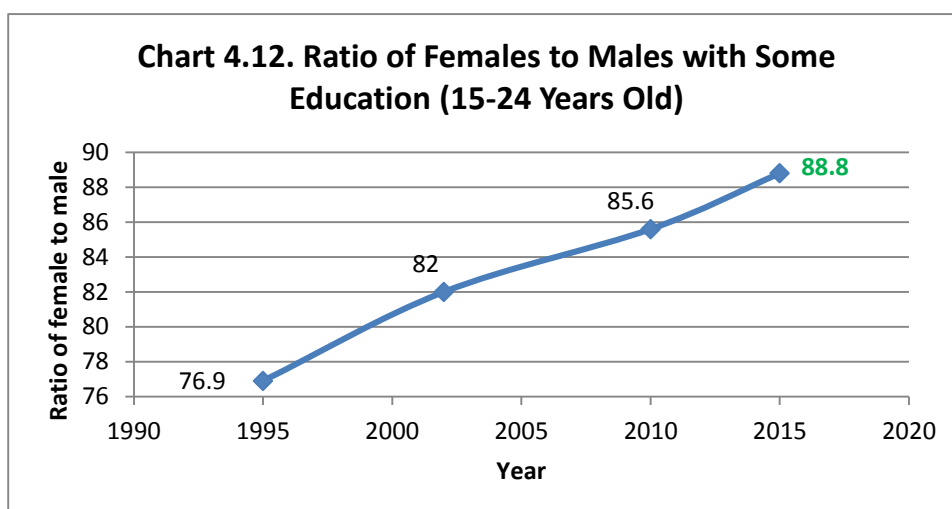**Chart 4.11. Ratio of Females to Males in Tertiary Education (%)**

Chart 4.12. Ratio of Females to Males with Some Education (15-24 Years Old)

Ratio of female to male

76.9 (1995)
82 (2002)
85.6 (2010)
88.8 (2015)

Year

Chart 4.13. Proportion of of Ministerial Positions Held by Women (%)

Percent of ministerial positions

15
12
12
18
18
24
24
25

Year
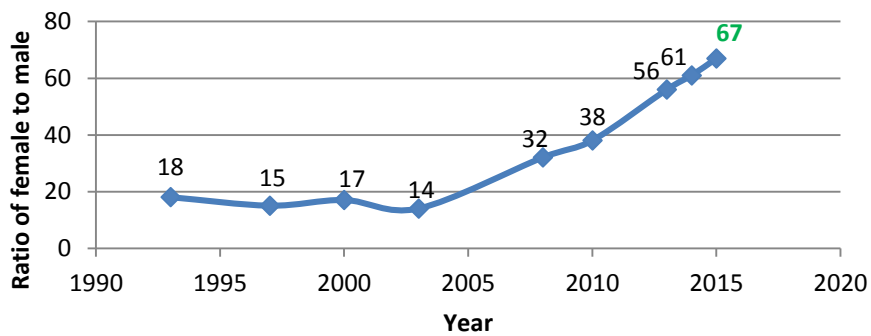
The Challenges and the Way Forward in Achieving Universal Education, Gender Parity and Empowering Women

The main challenges universal education faces include, and some of the principal ways in addressing them are:

➢ Poverty in general and child labor in particular, especially in farming and fishing communities: This calls for rural development programs that aim at transforming Eritrea's traditional agriculture thereby reducing/ eradicating poverty;

➢ Social attitudes and cultural barriers that discourage girls from going to school: Overcoming this barrier will require concerted efforts and campaigns to bring about attitudinal changes using the existing grassroots and community-based organizations like the National Union of Eritrean Women (NUEW) and National Union of Eritrean Youth and Students (NUEYS);

➢ Inadequate number of females in the teaching profession and other high ranking positions that can act as role models: Taking proactive measures to increase female graduates from

the country's teacher education institutes and raising through the mass media and other avenues the profiles of successful women could be among some of the programs and projects that could address this challenge;

➢ Shortage of trained teachers: Measures taken to attract talented people to the teaching professions, retention of professional teachers, and continuous upgrading of teachers could improve the situation.

Innovations/Best Practices in Education

Substantial progress has been made in achieving the education MDGs. The Government has introduced some innovations and best practices to achieve this progress. Some of the more important innovations/best practices include:

➢ tUntil the 2013-2014 school year, The Asmara Community College of Teacher Education used to confer a certificate in teaching to grade 12 completers with one year of teacher education (12+1). Since the 2014-2015 school year, however, it has been upgraded to a diploma awarding institute conferring a diploma to grade 12 completers with two-years of teacher education (12+2);

➢ In addition, it now admits students who complete grade ten and award them a teaching certificate after two years of teacher education (10+2).

➢ Initiatives have been taken to increase recruitment from minority communities, especially from the four Zobas of Anseba, Gash Barka, Northern Red Sea and Southern Red Sea, whose pace toward achieving universal education is slower compared to those of Debub and Maekel;

➢ More boarding schools and hostels have also been built in these four Zobas; and

➢ Multi-grade teaching has been introduced to achieve efficiency in the provision of educational services in thinly-populated areas characterized by underutilized educational resources.

These strategies are all consistent with the Government's policy that "no one should be left behind" in the all-important area of education.

Goal 4: Reduce Child Mortality

Reduction of infant and child mortality is a priority in Eritrea's health policy. The National Health Policy gives special attention to infant and child mortality. The key approach has been, and continues to be, to empower households to protect themselves against disease, particularly infectious diseases. Improved access to safe drinking water has also contributed to improved health of children by, among others, reducing water born diseases like diarrhea and typhoid.

Target 5: Reduce by two-thirds, between 1990 and 2005, the under-five mortality rate

Three indicators are used to assess progress towards this goal. These indicators are:
➢ Under-five mortality rate
➢ Infant mortality rate
➢ Proportion of children 12-23 months old with measles vaccination

A number of factors, like disease, malnutrition, inadequate access to health services, clean water and sanitation, etc. singly or in combination, pose threats to children and infants. Various measures have been taken to improve child and maternal health. Consequently, the country has made significant progress in child health over the last fifteen years.

Progress To-date

Under-five mortality has been declining almost steadily. The under-five mortality rate was 151 per 1,000 in 1990, and it declined to 136 per 1,000 and 89 per 1000 in 1995 and 2001, respectively. Although it increased to 93 per 1000 in 2004, it dropped to 50 per 1,000 in 2013, registering an annual rate of decline of 4.8 % during 1990-2013. With the prevailing trend, it is projected to decline to 39 per 1,000 in 2015.

The infant mortality rate was 92 per 1000 live births in 1990, and it declined to 72 per 1,000 live births in 1995. It continued to decline, and by 2012, the comparable figure was 37 per 1,000 live births. The annual rate of decline during 1990-2012, was 4.1%. Given the prevailing trend, it is projected to decrease to 32 per 1,000 live births by 2015.

The proportion of children 12-23 months old with measles vaccination was 51% in 1995. The figure increased to 91% in 2010, but dropped to 75% in 2012. Based on the current trend, it is projected to increase to 89% in 2015.

Sources: *UN IGME 2014 Estimates; **MoH

Table 4.5. Target 5: Reduce by two-thirds, between 1990 and 2005, the under-five mortality rate											
Indicators	Eritrea Status 1990	1995	1998	2001	2004	2007	2010	2012/ 13	Annual rate of change	2015 Estima te	MDG Target for Eritre a
Under-five mortality rate*	151	136		89 (200 1)	93		63	50 (2013)	-4.8	47	50
Infant mortality rate*	92	72		58	48 (200 2)		42	37 (2012)	-4.1	34	30.7
Proportion of children 12-23 months with measles vaccination**		51	52	75	84		91	75 (2013)	2.1	89	80

Chart 4.14. Under Five Mortality Rate

Chart 4.15. Infant Mortality Rate

Chart 4.16. Proportion of Children Aged 12-23 Years with Measles Vaccination
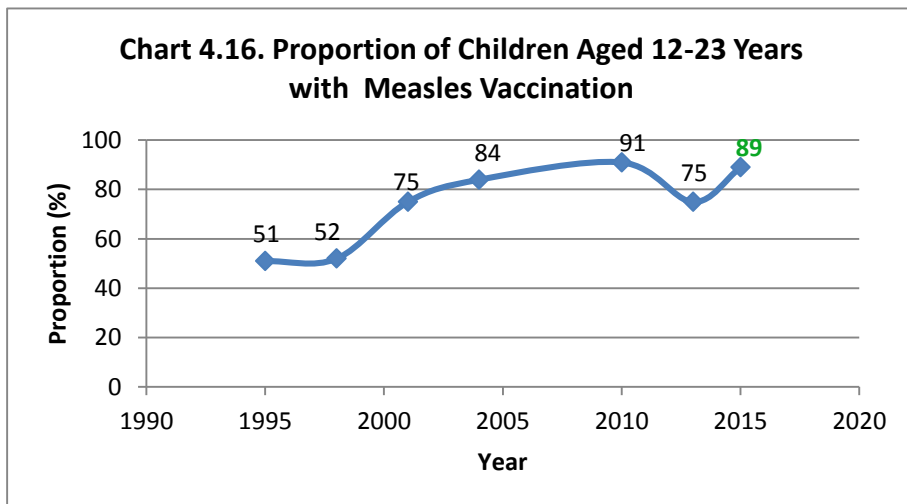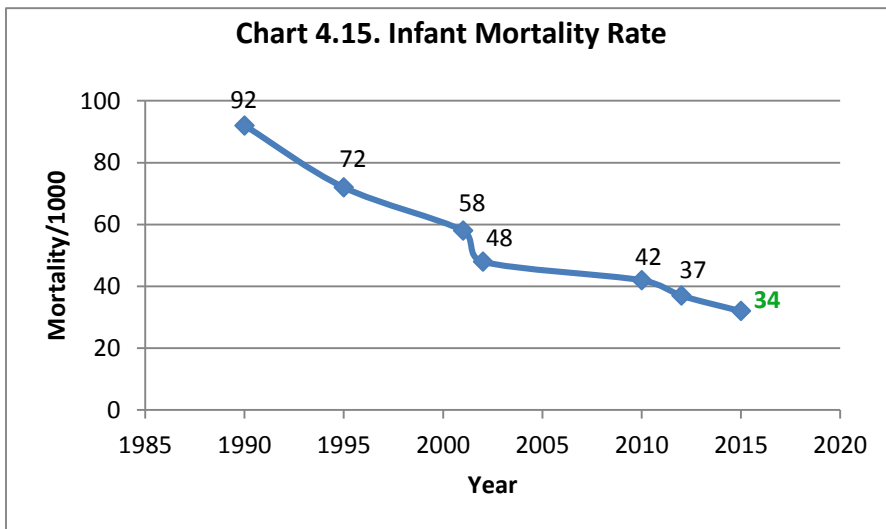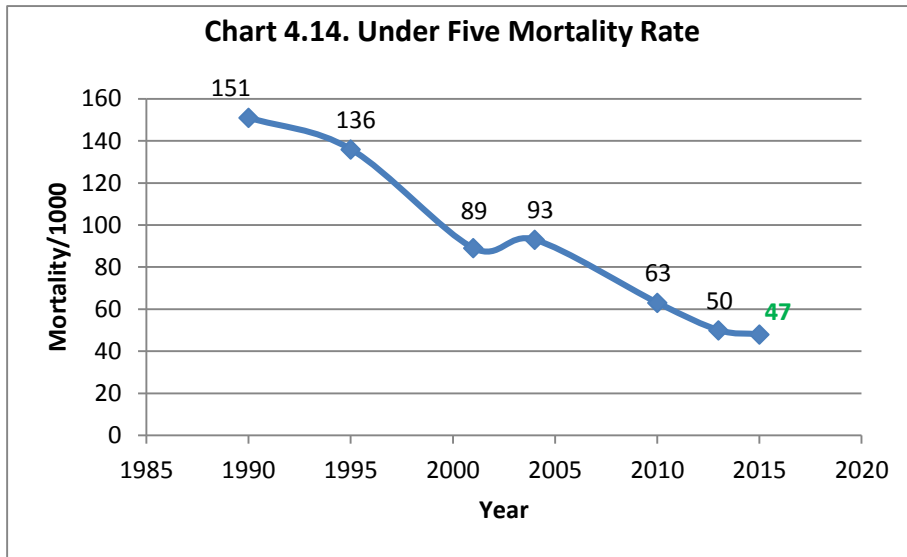
Goal 5: Improve Maternal Health

Providing health services of high standard to the Eritrean population remains an overarching aim of the GoSE. The Ministry of Health (MoH) has developed a National Health Policy, comprising of specific health policy areas, including Primary Health Policy, HIV/AIDS Policy, and Sexual and Reproductive Health Policy. The implementation of these policies has led to improved maternal and child health in the country. The Reproductive Health unit within the Primary Health Care Division has been working to reduce maternal mortality through improved health services, dissemination of reproductive health information and knowledge, free health care to pregnant women, emergency obstetrics care, and assisted delivery services. In 2004, 40% of the health facilities had functional emergency obstetrics care. This functional emergency obstetrics care rose to 82% in 2012.

Progress To-date

Target6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Two indicators are used to assess progress towards this goal. These are:
➢ Maternal mortality ratio; and
➢ Proportion of births attended by skilled health personnel.

In 1990, maternal death rate per 100,000 live births was 1700. The rate continued to decline and dropped to 670, 486 and 380 per 100,000 live births in 2001, 2010 and 2013, respectively. The annual decline rate during 1990-2013 was 6.5%. With this general trend, it is projected to decrease to 352 by 2015. The MDG target for Eritrea was already achieved in 2013.

The proportion of births attended by skilled health personnel improved from 21% in 1995 to 34% in 2010 and 55% in 2013, registering an annual growth rate of 5.3% during 1995-2013. The current trend suggests that it will further increase to 59% by 2015.

Table 4.6: Target 6 – Reduce by three-quarters the maternal mortality ratio											
Indicators	Eritrean Status 1990	1995	1998	2001	2004	2007	2010	2013	Annual rate of change	2015 Estimate	MDG target for Eritrea
Maternal mortality ratio per 100,000 live births	1700	985		670			486	380	-6.5	352	425
Proportion of births attended by skilled health personnel (%)		21		28			34	55	5.3	59	70

Chart 4.17. Maternal Mortality Ratio per 100,000 Live Births

Chart 4.18. Proportion of Births Attended by Skilled Health Personnel (%)
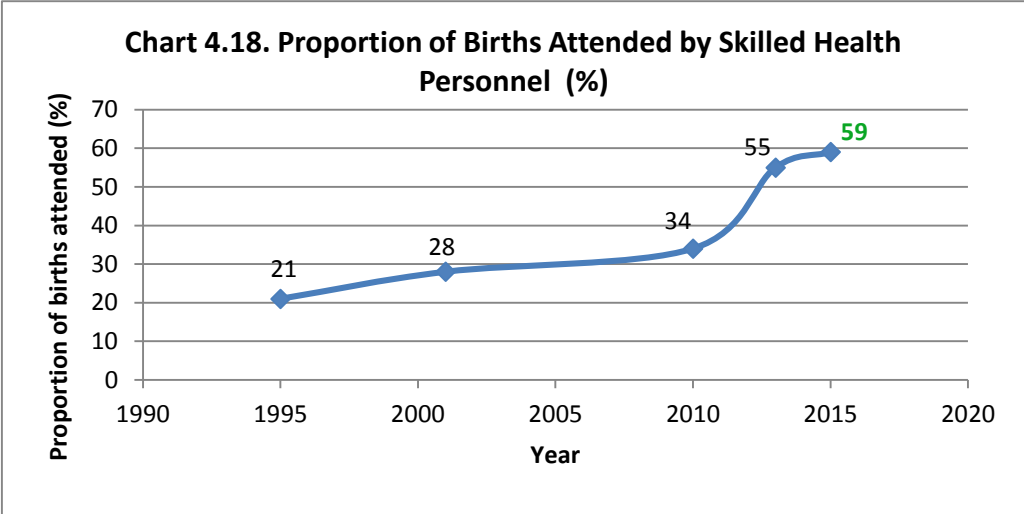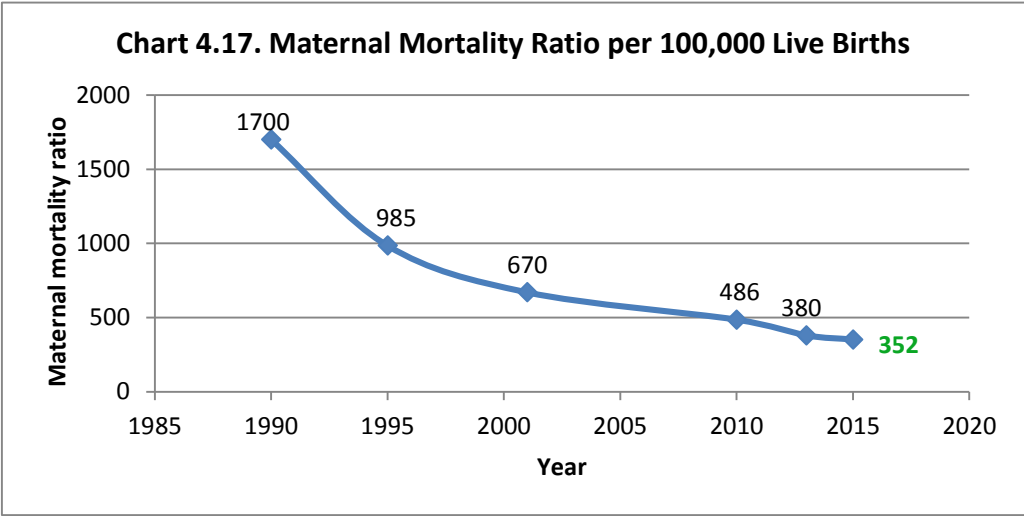
Goal 6:

Combat HIV/AIDS, Malaria and Other Diseases
Target 7: Have halted and begun to reverse the spread of HIV/AIDS

Progress towards this goal is assessed using the following indicators
  ➢ HIV/AIDS prevalence rate among pregnant women 15-24 years old
  ➢ HIV/AIDS prevalence rate 15-49 years old
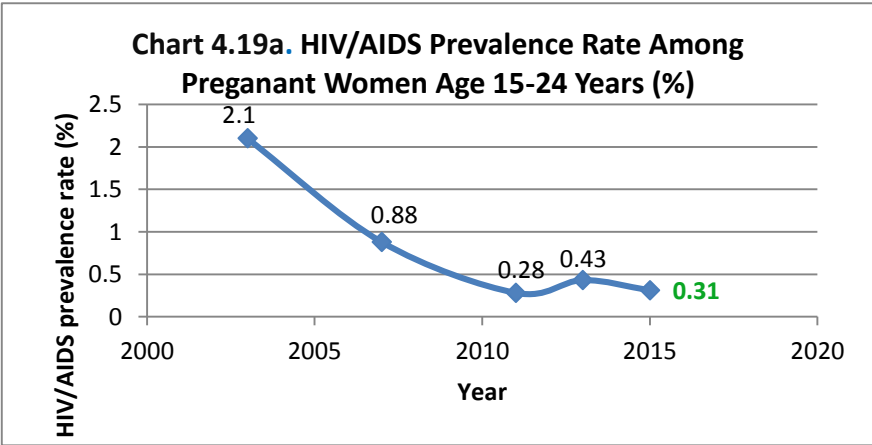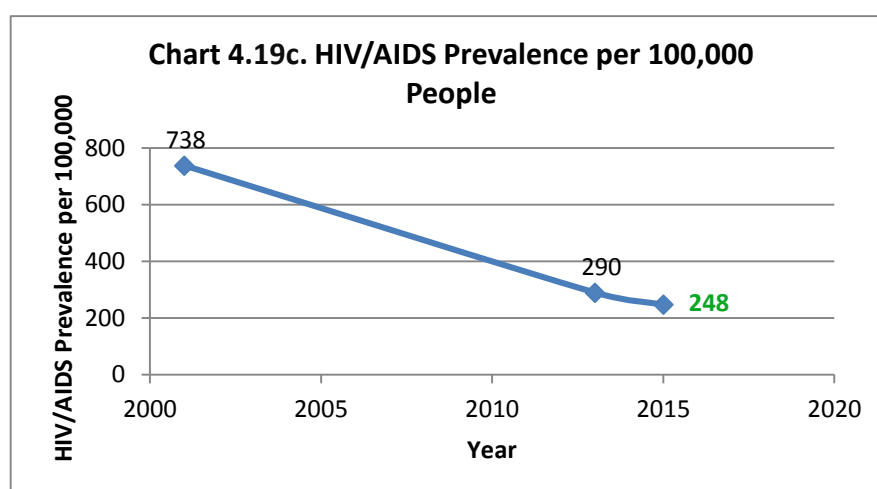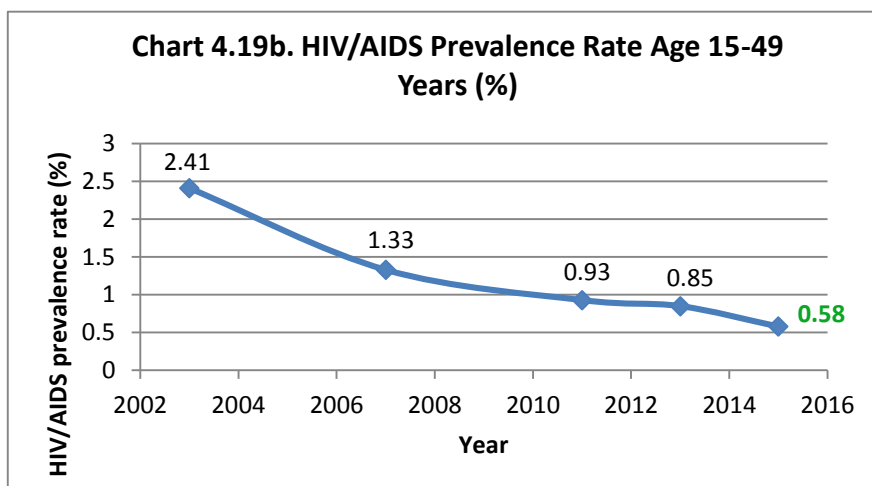 ➢ HIV/AIDS prevalence per 100,000

Progress To-date
The prevalence of HIV/AIDS among women aged 15-24 years, declined from 2.1% in 2003 to 0.43% in 2013. The annual rate of decline during the same period was 15.9%. With this trend, it is projected to decline further to 0.31% by 2015.

The HIV/AIDS prevalence among 15-49 year olds declined from 2.41% in 2003 to 0.85% in 2013, registering annual rate of decline of 10.4% during 2003-2013. With the general trend for the period, it is projected to decline to 0.58% in 2015.

The prevalence of HIV/AIDS per 100,000 people declined from 738 (0.74%) in 1998 to 290 (0.29%) in 2013, and is projected to further decline to 248 (0.25%) in 2015. The MDG target for Eritrea is 2.4%.

Table 4.7 : Target 7- Have halted and begun to reverse the spread of HIV/AIDS										
Indicators	Eritrea status 1993-95	1998	2001	2003	2007	2011	2013	Annual rate of change	2015 Estimate	MDG target for Eritrea
HIV/AIDS prevalence rate among pregnant women age 15-24 years (%)				2.1	0.88	0.28	0.43	-15.9	0.31	
HIV/AIDS prevalence rate age 15-49 years (%)				2.41	1.33	0.93	0.85	-10.4	0.58	
HIV/AIDS prevalence per 100,000 people			738 (0.74%)				290 (0.29%)	-7.8	248 (0.25%)	2.4

Chart 4.19a. HIV/AIDS Prevalence Rate Among Preganant Women Age 15-24 Years (%)

Chart 4.19b. HIV/AIDS Prevalence Rate Age 15-49 Years (%)

HIV/AIDS prevalence rate (%) vs Year

- 2.41
- 1.33
- 0.93
- 0.85
- **0.58**

Chart 4.19c. HIV/AIDS Prevalence per 100,000 People

HIV/AIDS Prevalence per 100,000 vs Year

- 738
- 290
- **248**

Target 8: Have halted and begun to reverse the incidence of malaria and other major diseases

Progress towards this target is assessed using the status of malaria and tuberculosis in Eritrea.

i) Malaria

Remarkable progress has been made in reducing both the incidence of, and death from, malaria. Malaria cases declined from 53 per 1,000 people in 1998 to 5 per 1,000 people in 2004, but increased to 13 per 1000 in 2013. The incidence of malaria has been declining by 9.4% per year on the average during 1998 - 2013. Based on the 1998-2013 trend, it is projected to further fall to 12 per 1,000 by 2015. Similarly, health facility malaria deaths have declined to 0.004% in 2013 from 0.20% in 1998, and it is projected to decline to 0.002 in 2015.

Table 4.8a: Target 8 – Have halted and begun to reverse the incidence of malaria and other major diseases										
Indicators	Eritrean Status 1993-95	1998	2001	2004	2007	2010	2013	Annual rate of change	2015 Estimate	MDG target for Eritrea
Malaria cases per 1,000		53	19	5	6	6	13	-9.4	12	< 20
Health facility malaria deaths (%)		0.20	0.05	0.01	0.01	0.01	0.004	-26.1	0.002	

Chart 3.20a. Malaria Cases per 1,000 People
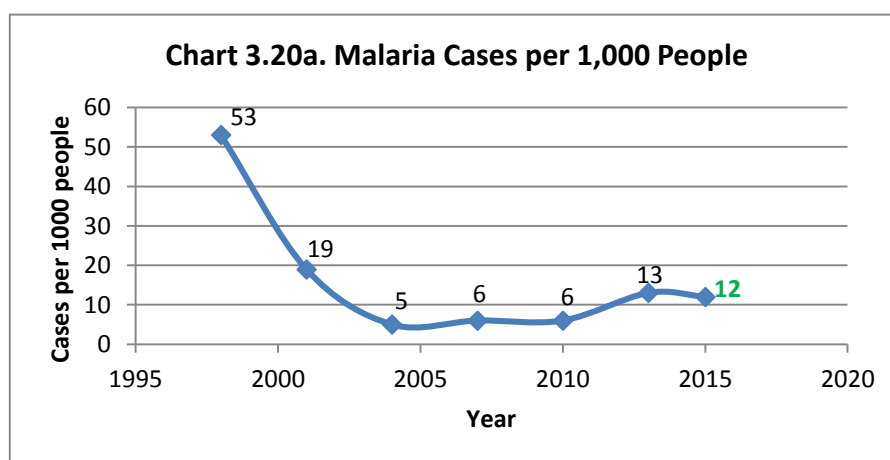
ii) Tuberculosis

The prevalence of TB decreased steadily from 484 per 100,000 persons in 1990 to 93 per 100,000 in 2012, an annual rate of decline of 7.5%. Given this trend, it is projected to further decrease to 74 per 100,000 in 2015.

Similarly, the proportion of TB cases detected increased from 42 per 1,000 in 2000 to 95 per 1,000 in 2013, registering an annual growth rate of 6.2%, and it is projected to increase to 107 in 2015. The proportion of TB cases cured increased from 76 per1000 in 2005 to 82 per1000 in 2013. The annual growth rate was 9.5%. It is projected to reach 99 per 1000 in 2015. The source of increase in TB cases detected and cured is primarily due to improved case management practices, communications and public awareness, technology, etc. However, an increase in TB prevalence among the population cannot be ruled out.

The TB mortality rate decreased from 12 per 100,000 persons in 1990 to 5 per 100,000 in 2012. With an annual rate of decline 4.0%, it is projected to decline to 4.4 per 100,000 by 2015.

Table 4.8b: Target 8 – Have halted and begun to reverse the incidence of malaria and other major diseases										
Indicators	Eritrean Status 1990	1995	2000	2003	2007	2010	2013	Annual rate of change (%)	2015 estimate	MDG target Eritrea
TB Prevalence per 100,000	484	198	157	121 (2005)		100	93 (2012)	-7.5	74	242
TB cases detected (1,000)			42	103	60	57	95	6.2	107	
TB cases cured (1,000)				76 (2005)	81	83	82	9.5	99	85
Mortality due to TB per 100,000	12	10	8	6 (2005)		5	5 (2012)	-4.0	4.4	6

Chart 4.20b. TB Prevalence per 100,000 People
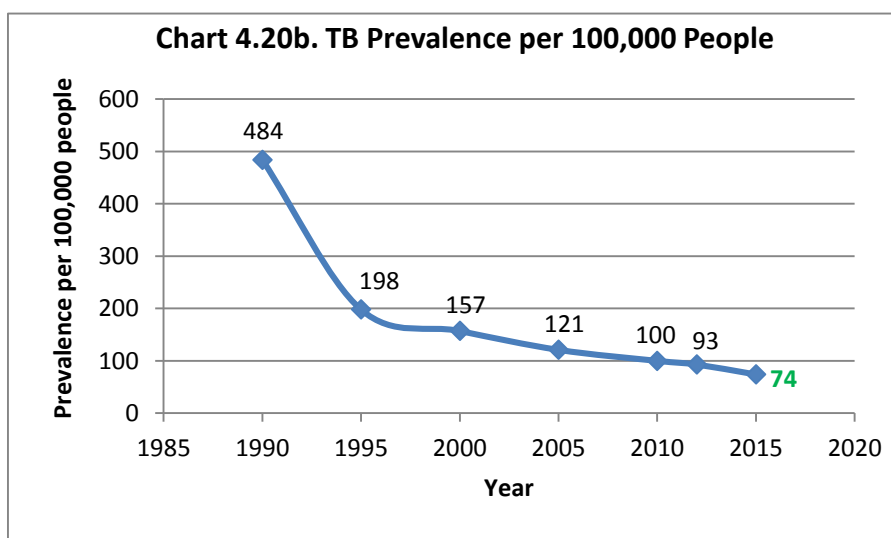
The Challenges and the Way Forward in Reducing Child Mortality, Improving Maternal Health and HIV/AIDS, Malaria and Other diseases

Eritrea has made remarkable progress in the health sector. Nevertheless, the Sector still faces a number of challenges in sustaining the progress already made, improving its overall services and tackling new challenges. In particular, two targets- maternal and infant mortality rate- are still too high though the targets for Eritrea have been achieved. In all, the principal challenges the Sector faces are:

➢ Achieving universal health coverage;

- sustaining achievements gained so far, further improving services, and conducting regular program assessment;
- Addressing the double burden of diseases-communicable and non-communicable;
- The potential eruption of new diseases associated with climatic/ environmental changes; and
- Inadequacy of resources (human, material, and institutional) is the root cause for these challenges.

In broad terms the Government's strategy for addressing these challenges include the following:

- Upgrading human resources capacity, both in quantity and quality;
- Increasing access and quality of services;
- Intensifying disease prevention efforts;
- Up-scaling advocacy and social mobilization in public health; and
- Enhancing outreach services.

Effective implementation of these strategies will require substantial resources; human, material and institutional.

Innovations/ Best Practices in Health

The successes achieved in the health sector were driven by a number of innovations/best practices. Some of these innovations and practices include:

- Forming an effective inter-sectoral collaboration with relevant ministries: This has, for instance, been the case with Primary Healthcare Services. The MoH entered into such collaboration with the MoE and provided training to teaching staff. The strategy was that country's children could be reached through the school system, even in remote parts of the country;
- Universal health on need basis: If all cannot be served, then those most in need should have the priority;
- Integrated health services: a coordinated and stratified three-tier health care delivery system comprising primary level of service, providing basic health care services by empowering communities and mobilizing and maximizing resources; health stations, offering facility-based primary health care services to an area with a population of 2,000 to 3,000 people; and community hospital, which is the community's referral hospital for primary health care level of service delivery serving approximately 50,000 to 100,000 people; and
⇨ Comprehensive service delivery strategy: The strategy emphasizes promoting and preventive services in addition to curative services.

Goal7: Ensure Environmental Sustainability

Eritrea realizes that sustainable development requires appropriate environmental policies, strategies, and legislation in order to regulate the use of natural resources. Eritrea's commitment to sound environmental management and use of natural resources is reflected in all major national documents such as the Macro-policy paper (1994), the National Constitution (1994), the National Coastal Policy (2006), the Indicative Development Plan (2009-2013), the National Environment Management Plan, the National Environmental Impact Assessment Procedure, and Water Policy and Action Plan for Integrated Water Resources Management. As indicated in Table 3.1 above, the measures taken so far are contributing to the rehabilitation and conservation of natural resources and the stabilization of local ecosystems.

Target9: Integrate the principle of sustainable development into country policies and programs and reverse the loss of environmental resources

Progress To-date

The indicator used *to assess* progress in reversing loss of environmental resources is the proportion of area under forests. Forests include open and closed forest, open and closed woodlands, riverine forests and mangrove forests. The area under forests increased from 17,003 km^2 (or 13.9% of total land area in 1995) to 19,752 km^2 (16.2% of area) in 2013, registering an annual growth rate of 0.83 during 1995-2013. It is projected to increase to 20,070 km^2 (16.7% of area) in 2015.

Innovations/Best practices-

Eritrea has incorporated many of the principles of environmental sustainability into its development programs. In that vein it has adopted some innovations/best practices including the following:

- ➢ Extensive afforestation program supported by active involvement of local communities and the youth; by 2014, over 113 million trees were planted, of which 68 million trees survived;
- ➢ Large water development programs establishing a network of dams and ponds;
- ➢ Widespread conservation works establishing a network of terraces, soil and stone bunds and check dams;
- ➢ Closures: Many areas have been enclosed; such areas are under restricted use;
- ➢ Prohibition of cutting trees: Cutting live trees is forbidden throughout the country; and
- ➢ The wide distribution of the efficient traditional stove (*megogo),* aptly named *Adhanet*, which reduces wood consumption by 50%.

Table 4.9 - Target 9: Integrate the principle of sustainable development into country policies and programs and reverse the loss of environmental resources										
Indicator	1995	1998	2001	2004	2007	2010	2013	Annual rate of Change	2015	MDG target
Forest cover (000 sq.km)	17	17	18	18	19	19	20	0.83	20.07	
Proportion of total land area under forest cover	14	14	14	15	15	15	16	0.83	16.7	

Chart 4.21. Forest Cover
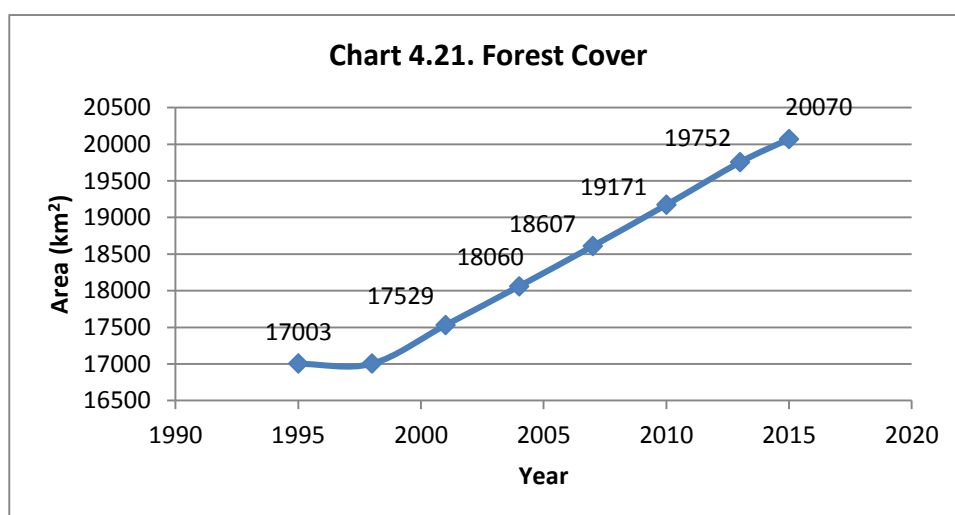
The Challenges and the Way Forward in Ensuring Environmental Sustainability

The following are the main challenges that need to be addressed.

➢ **Lack of Alternative Energy:** Biomass accounts for up to 82% of the national energy consumption. This puts heavy pressure on forest resources thereby endangering biodiversity and intensifying environmental fragility. The development and distribution of efficient stoves, providing access to kerosene and liquefied petroleum gas at affordable prices, development of community woodlots agro-forestry and developing substitute materials for wood products used as building materials, especially in rural communities could reduce the pressure on forest resources.

➢ ***Lack of Cross Sectoral Coordination Mechanism***: The responsibility for environmental management falls under more than one ministry. These ministries often follow sectoral approaches in fragmented and uncoordinated ways. This calls for institutional

mechanisms for co-coordinating and harmonizing environmental policy, programs, and legislations;

➢ **Climate Change and Variability:** Eritrea has a fragile environment, prone to drought and erratic rainfall patters. Drought is getting more frequent and more protracted, seriously undermining rehabilitation and conservation works. Drought preparedness by developing early warning systems, drought proofing through conservation and wise use of water and soil, multiplication and distribution of drought resistant seedlings, could contribute to climate change resilience; and

➢ **Lack of Land Use Plans:** the MoLWE has started to prepare land use plans at Zoba level. However, there is a long way to go before a comprehensive and detailed national land use plan is in place.

Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water (using EDHS and EPHS data)
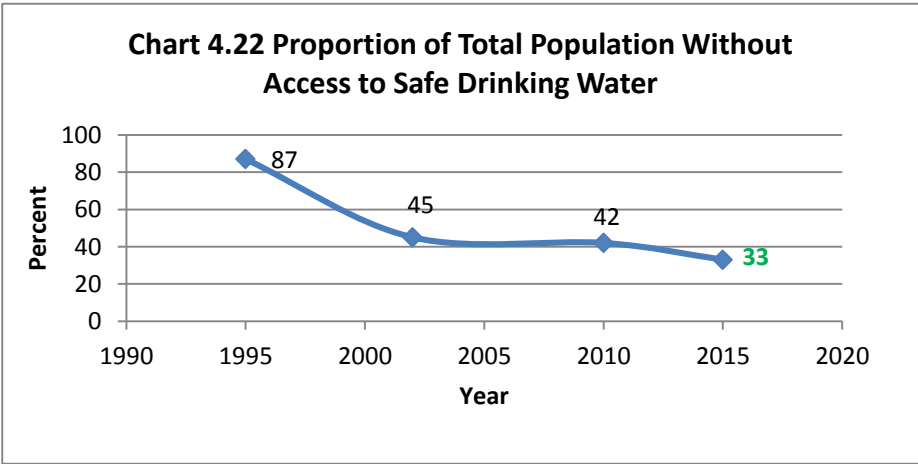
Progress to date

Progress towards the achievement of this target is assessed using the proportion of total, urban and rural population without access to safe drinking water. Improved drinking water is important because unprotected water sources are among the major sources for diseases like dysentery, cholera and typhoid. Sources of improved water include all sources that provide suitable drinking water like piped water, spring water, boreholes, protected wells, and rain water. Unsafe sources of water include unprotected wells in residences, unprotected public wells, surface water (streams, ponds, dams, and lakes), tanker trucks, and unprotected private sources (EDHS, 1995 and 2002; EPHS, 2010).

Data on the proportion of total, rural and urban population without access to safe drinking water was obtained from EDHS 1995 and 2002 and EHPS 2010 EPHS. These surveys put the proportion of the total population without access to safe drinking water respectively at 87%, 47%, and 42%, registering an annual decline rate of 4.85%. With the prevailing trend, the proportion of total population without access to safe drinking water is projected to further decline to 33% in 2015.

Table 4.10-Target 10: Halve by 2015 the proportion of total population without access to sustainable safe drinking water							
Indicator	1995	2002	2010	Annual rate of growth	2013 (projected)	2015 Projected	MDG target for Eritrea
The proportion of total population without access to sustainable safe drinking water (%)	87	45	42	-4.85	35	33	20.5

Source: National Statistics and Evaluation Office and ORC Macro, EDHS, 2002, National Statistic Office and Fafo AIS, EPHS, 2010

Historically, there has been a sharp urban-rural divide with respect to access to safe drinking water. Prior to independence in 1993, Eritrea's rural population depended on unprotected water supply sources such as natural rivers, lakes, brooks, etc. Hardly any rural area had access to piped water or properly installed or protected water wells. This situation has radically changed since then. The MoLWE undertook a comprehensive safe water infrastructure building program in rural areas beginning in i994. By end of 2014, it installed safe water supply infrastructure for 1.9 million people out of the 2.4 million total rural population, representing an 86% coverage of safe drinking water supply. Though no accurate figures are available, however, 20% of the installed safe water infrastructure is believed to have become dysfunctional due to mismanagement and lack of spare parts at the local beneficiary communities. Thus, in 2015, it is estimated that the percent of rural population without access to safe drinking water is 34%, which rate is almost identical with that of the total population as projected using the EDHS and DPHS reports.
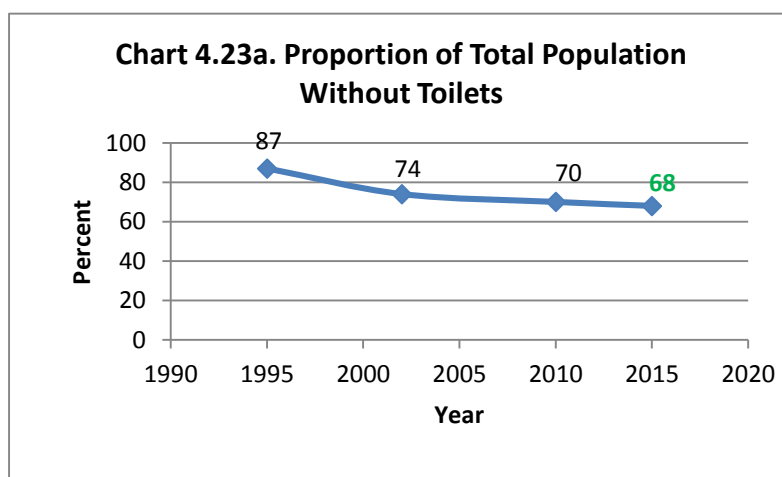

Chart 4.22 Proportion of Total Population Without Access to Safe Drinking Water

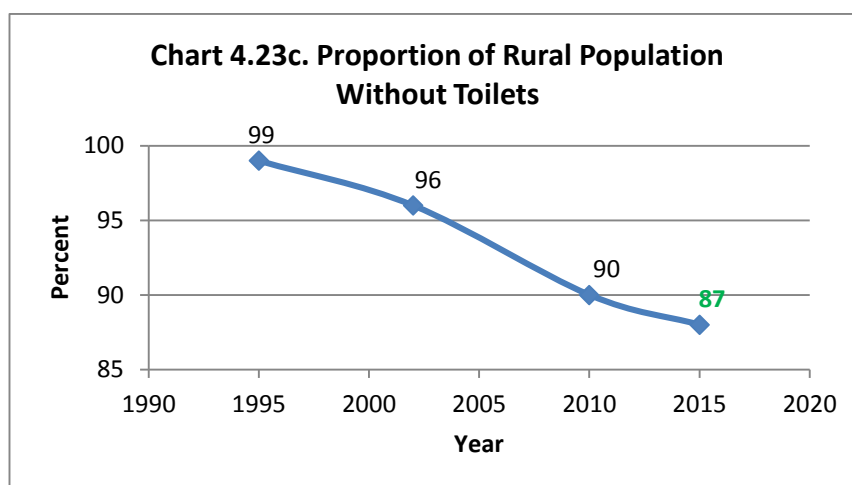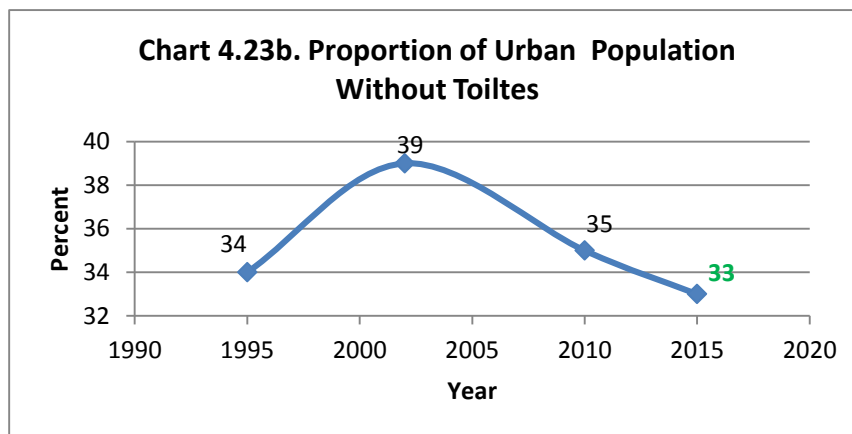**Target 11: Halve by 2015 the proportion of the population without sustainable access to basic sanitation**

Access to basic sanitation like toilets improves personal hygiene and often results in better health conditions. Progress towards this target is assessed using the proportion of population without access to toilets. People without access to toilets mean households that have no toilet facility at all and use the bush.

The proportion of people without toilets improved from 87% in 1995 to 70% in 2010, registering an annual decrease rate of 1.4%. It is projected to decline to 68% in 2015. There is a wide gap between the rural and urban population in sustainable access to basic sanitation. In the urban areas, two-thirds of the population had toilet facilities in 2010, compared to one-tenth of the population in the rural areas.

Table 4.11- Target 11: Halve, by 2015, the proportion of population without sustainable access to basic sanitation (percentage)						
Year	1995	2002	2010	Annual rate of change	2015 projected	MDG target for Eritrea
Proportion of total population without toilets	87	74	70	-1.4	68	35
Proportion of urban population without toilets	34	39	35	-1.35 (2002-2010)	33	
Proportion of rural population without toilets	99	96	90	-0.63	87	

Source :National Statistics and Evaluation Office and ORC Macro, EDHS, 2002, National Statistic Office and Fafo AIS, EPHS, 2010

Chart 4.23a. Proportion of Total Population Without Toilets

Chart 4.23b. Proportion of Urban Population Without Toiltes

(Percent vs Year)

- 1995: 34
- 2002: 39
- 2010: 35
- 2015: 33

Chart 4.23c. Proportion of Rural Population Without Toilets

(Percent vs Year)

- 1995: 99
- 2002: 96
- 2010: 90
- 2015: 87

The Challenges and the Way Forward in Providing Sustainable Safe Drinking Water and Sanitation

➢ ***Shortage of Fresh Water Supply:*** With annual fresh water supply of 2.8 Km^3, Eritrea is one of the 14 water-stressed countries in Africa (UNEP, 2002). However, its surface and ground water resources have not been fully adequately assessed. If the water resources of the country are to be sustainably used and managed, an adequate assessment of the water potential of the country is imperative;

➢ ***Climate Change and Variability:*** Recurrent drought is a major factor that adversely impacts water availability. Drought affects almost all sectors and mitigation of its impacts requires a national drought preparedness plan;

➢ ***Growing Demand for Water:*** With population expansion and economic growth, the demand for water will keep on increasing. This will call for a system that allocates water to the different sectors as efficiently and effectively as possible;

➢ ***Water Use Inefficiency:*** Water is often treated as a free good entailing significant waste in its use. Communities will have to be sensitized to the importance of efficient use, conservation and management of water;

- ➢ **Inadequate Enabling Environment:** The absence of enacted water resources policy coupled with insufficient legislative frameworks, inadequate professional and technical capacity, and inadequate financing have rendered the management of water resources ineffective; and
- ➢ **Shortage of Spare Parts:** Installed water structures require regular repair and maintenance works, but spare parts are not easily available locally, putting the continuous functioning of water supply facilities in danger; though no accurate information is available, some water wells have been known to be out of function; a rotating fund for the procurement of spare parts could improve the situation.

Energy

Biomass remains is the dominant source of energy in Eritrea. In 2000, it accounted for 66.3% of the national energy consumption, but it increased to 82% in 2009. In rural areas, up to 93% of the energy consumed is derived from biomass. Moreover, only 12.5% of the rural population had access to electricity in 2010 compared to 81% for the urban population. The extension of modern energy services to the rural areas still poses a formidable challenge.

Table 4.12: Proportion of Population Having Access to Electricity						
	1995	**2002**	**2010**	**Annual rate of change (1995-2010)**	**2013 (projected)**	**2015 (projected)**
% Urban	80.6	78.3	81.3	0.06	81.4	81.5
% Rural	2.1	3.0	12.5	12.62	17.9	22.6
% Total	22.9	32.2	37.2	3.2	40.9	43.5

Source: National Statistics and Evaluation Office and ORC Macro, EDHS, 2002, National Statistic Office and Fafo AIS, EPHS, 2010

Chart 4.24. Proportion of Total Population Having Access to Electricity
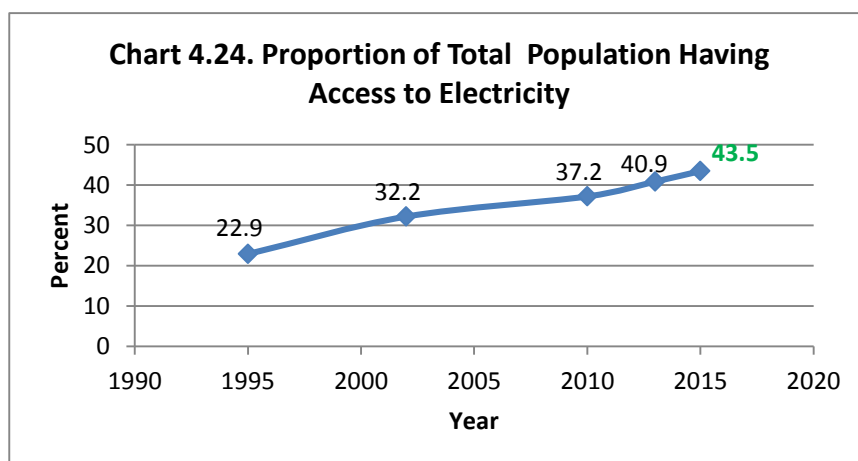
The generation of electricity showed remarkable growth between 1993 and 2010. During this period, it more than doubled, registering an

annual growth rate of 4.3%. Total output increased from 116.8 GWh to 256 GWh during the same period. An important development is the introduction and expansion of solar PVs. Electricity from solar PVs grew by an average of 25.3% between 1993 and 2013.

Table 4.13: Generation and Consumption of Electricity				
	1993	2010	% Change	Annual rate of growth (%)
Total generation (GWh)	151.2	310.2	105.2	4.3
Per capita generation (KWh)*	70.8	91.5	20.7	1.5
Total consumption (GWh)	116.8	256	119.2	4.7
Consumption as % of production	77.2	82.6	-	-
Per capita consumption (KWh)*	54.7	75.5	38.0	1.9
Electricity from Solar PV (GWh)	0.04	1.86	(4550)	25.3

*Based on population of 3.391 million for 2010 and 2.136 million for 1993.

The Challenges and the Way Forward in the Energy Sector

Notwithstanding the impressive growth rate of electricity generation, existing power facilities have struggled in supplying power in a sustainable manner. This has been due to the high cost of fuel, insufficient stock of spare parts and shortage of technical personnel. With regards to extending electricity more widely, high upfront cost of renewable and clean energy technologies like solar PVs and gas stoves are the main constraints. The following are some of the points that could be considered as the sector prepares programs and projects to address the challenges:

➢ **Financing Windows**: providing credit for clean energy technologies or providing the technologies on fee-for-service basis could increase the diffusion of such technologies among the population;

➢ **Improving Energy Efficiency**: improvements in energy efficiency in the generation and transmission, as well as utilization by households and industrial, transport and commercial sectors could save large amount of energy; and

➢ **Development of Alternative Energy:** the development of solid waste, biodiesel, geothermal, solar, water and wind energy could reduce dependence on imported fuels and support economic development.

CHAPTER5: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT- GOAL8.

The Millennium Declaration defines areas of cooperation between the developed countries and developing countries in achieving the MDGs. The overall principle of that partnership is that the developing countries are responsible for achieving the MDGs while the developed countries provide them with substantial levels of financial support. Though no quantitative targets were set in that partnership, the Declaration specifies the following areas of cooperation:

➢ Develop further an open trading system that is rule-based, predictable and non-discriminatory; this includes a commitment to good governance, development and poverty reduction- nationally and internationally;
➢ Address the least developed countries' special needs; these include tariff- and quota-free access for their exports; enhance debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction;
➢ Address the special needs of landlocked and small island developing states;
➢ Deal comprehensively with countries' debt problems through national and international measures to make debt sustainable in the long term;
➢ In cooperation with developing countries, develop decent and productive work for the youth;
➢ In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries; and
➢ In cooperation with the private sector, make available the benefits of new technologies-especially information and communications systems.

An Increasingly Intensified Global Interdependence

Our world has indeed become a global village. Nothing demonstrates this reality than the global economic downturn that began in 2007. The movement of jobless people from the developed world to the developing world, and the wave of migrants from the developing and least developed countries to the developed world in search of jobs and better lives is a stark reminder that major issues like global economic recessions, unemployment, the environment, and the recent Ebola outbreak require global and not just national or regional solutions. Goal8 needs to be viewed as an essential strategy not only for achieving the MDGs, (or the SDGs come 2016) but also for other pressing international issues. Eritrea's 2006 MDGs Report had made projections on the level of resources that would have been required for achieving the MDGs by 2015. Those estimates are reproduced in Table 5.1.

Table 5.1 Summary of Projected Financial Resources required to Achieve the MDGs (in 2004 $ million)

	TOTAL 2005-2015*	Adjusted in $2015
Poverty and Hunger	323(22%)	969
Education	494(33%)	1,482
Gender Equality	15(1%)	45
Child Health	40(3%)	1,20
Maternal Health	27(2%)	81
HIV/AIDS, Malaria and TB	165(11%)	4,95
Water and Environmental Sustainability	133(9%)	3,99
Energy	140(10%)	420
Roads	133(9%)	3,99
Total	1,470(100%)	4,410

*Source: Eritrea Millennium Development Goals Report, November 2006

The Table indicates that in 2006, an estimated total of USD 1.47 billion was required to achieve all the MDGs by 2015. As has already been presented in this report, Eritrea has since 2006 made significant progress toward achieving many of the MDGs. This is especially true with health where all goals have essentially been achieved. By the same token, challenges remain in many of the remaining MDGs areas, particularly poverty eradication and hunger reduction, universal education, gender parity in education and ensuring environmental sustainability by integrating the principles of sustainable development into country policies and programs. Assuming that no progress has been made in achieving the MDGs since 2006 and that the estimates made then were accurate in the main, the total resources requirement for achieving the MDGs from here on would be 4.41 million in $2015.The adjusted total cost and the cost of each MDGs area in 2015$ are shown in the last column of Table5.1.

Eritrea's Aid Flows

Eritrea's net total aid flows for the 6-year period of 2008 and 2013 were USD 796 million (Table 5.2), which represents 45.9% of the 2006 total resources estimate for achieving the MDGs. Of this, $695 million came from DAC countries and multilateral partners. The remaining $101 million came from other sources. Moreover, external support for Eritrea declined from $143 million in 2008 to $84 million in 2013, a decline of 41.3%. The Government augmented those resources from its domestic resources and carried on with implementing its development programs as far as resources would allow.

Table5.2. Eritrea's Aid Flows (Million USD)

Source of Aid	Year						Total
	2008	2009	2010	2011	2012	2013	
ODA net total, all donors	143	144	161	130	134	84	796
ODA net total, DAC Countries	53	43	36	33	15	17	197
ODA net total, multilateral	84	86	105	92	64	67	498

Source: www.OECD.org/Eritrea

Eritrea's Commitment to Global Partnership

On its part, Eritrea has an open trading and investment policy and is committed to development and poverty reduction. It has designated an economic free zone around the city port of Massawa to further facilitate trade and investment.

Since formally becoming a member of the UN family system in 1993, Eritrea has over the yeas become a member of more than 30 international and regional organizations, and signatory to a number of Conventions, including The Non-Aligned Movement, The African, Caribbean, and Pacific countries, the Organization of African Unity, Community of Sahel Saharan States, Common Market for Eastern and Southern Africa, World Tourism Organization, UN Framework Convention for Climate Change, Convention on Biological Diversity, UN Convention to Combat Desertification and Convention on the Right of the Child. The country closely works with its UNCT, currently comprising FAO, UNDP, UNFPA, UNHCR, UNICEF and WHO.

The country continues to be active in the international arena. It has been engaged in the ACP-European Union, Economic Partnership Agreement negotiations since 2004. In late 2009, it submitted its first Universal Periodic Review (UPR) to the Geneva-based UN Human Rights Commission and continues to engage with stakeholders in that area. Furthermore, in 2014, Eritrea participated in the African Development Bank Group's Annual Meeting in Kigali, Rwanda, the Annual Meetings of the IMF and World Bank Group and the UN General Assembly. A side event was organized at the 2014 UN General Assembly during which Eritrea showcased its performance in the Health MDGs. "UN delegations have also been welcomed into the country to discuss pertinent development issues with senior government officials" (Magidu and Okumu, 2015, p.7).

Way Forward: Up-scaling Global Partnership

Eritrea has since the last few years experienced an out migration of its youth to other countries, both legally and illegally. As undesirable as the outmigration of many Eritrean youth might be, or regardless as to whether it is the pull or the push factors that are the main causes for the outmigration, it presents real opportunity around which to build a productive partnership between Eritrea and its global partners. One such area of cooperation would be the creation of decent and productive employment for the youth, who compose a good portion of the energetic, risk-taking, and skilled segment of society.

As the MDGs era comes to a close and that of the SDGs takes over come January 2016, Eritrea looks for significant financial support from its global partners not only to support the youth, but also to draw and implement an investment program in the following broad areas. These are:

➢ Achieving the lagging goals and targets from the MDGs era;
➢ Deepening and sustaining the already achieved MDGS goals;
➢ Initiating SDGs programs comprising: a youth development program, whose whole mark would be developing decent and productive jobs through (a) vocational/technical training and (b) promoting business-start-ups and enterprise management and microfinance focussing on technology transfer;
➢ Creating a public-private investment partnership for the provision of affordable essential pharmaceutical drugs;
➢ Strengthening the planning, development policy-making, program/project preparation, implementation and evaluation in key government sectors, particularly at the MND, which is also the office of the National Authorizing Officer of the country; and
➢ Strengthening the NSO so as to enable it both legislatively and organizationally to generate the necessary data for planning and development.

Estimates of resources required to achieve the lagging MDGs have already been indicated in Table 5.1 above. Sound assessment of resources requirement for the remaining investment five areas would also need to be made and totaled up with those in Table E2.

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Annex1: Estimated population by age and sex, according to urban and rural areas, 2015.

Age	National Male	Female	Total	Urban Male	Female	Total	Rural Male	Female	Total
0-4	258,064	232,619	490,683	62,587	69,709	132,296	195,477	162,909	358,387
5-9	283,609	254,334	537,943	68,209	72,929	141,138	215,399	181,406	396,805
10-14	270,283	244,705	514,988	67,985	79,434	147,419	202,299	165,271	367,570
15-19	204,548	191,476	396,024	57,445	72,773	130,218	147,104	118,702	265,806
20-24	118,748	143,192	261,940	37,675	58,480	96,155	81,073	84,712	165,785
25-29	95,278	127,762	223,041	30,286	51,071	81,356	64,993	76,692	141,684
30-34	85,823	99,821	185,644	26,097	39,037	65,134	59,727	60,783	120,510
35-39	81,400	100,585	181,985	25,270	40,181	65,451	56,129	60,404	116,533
40-44	69,756	72,945	142,701	20,268	27,044	47,311	49,488	45,902	95,390
45-49	62,335	64,846	127,181	17,207	24,093	41,300	45,128	40,753	85,881
50-54	53,847	59,160	113,007	14,371	22,653	37,024	39,476	36,507	75,983
55-59	50,799	59,107	109,906	13,350	21,872	35,222	37,449	37,235	74,684
60-64	48,656	41,991	90,648	12,934	15,315	28,248	35,723	26,676	62,399
65-69	44,257	36,886	81,142	11,263	12,921	24,185	32,993	23,965	56,958
70-74	30,703	27,863	58,566	7,780	9,848	17,628	22,923	18,015	40,938
75-70	21,803	17,372	39,175	5,223	6,593	11,816	16,580	10,779	27,359
80+	26427	19000	45427	5816	7514	13330	20,611	11,486	32,097
Total	**1,806,337**	**1,793,664**	**3,600,000**	**483,765**	**631,465**	**1,115,231**	**1,322,571**	**1,162,198**	**2,484,770**

Source: NSO estimate based on 2010EPHS+ age-sex structure and annual growth rate assumption