



Permanent Mission of Eritrea
to the United Nations

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**Statement by
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UN General Assembly high-level event on the Millennium Development Goals

**Round table No. 2
“Education and Health”**

New York, 25 September 2008

Distinguished Co-chairs,

At the outset, my delegation wishes to express its appreciation to the Secretary-General, Mr. Ban Ki-moon, for organizing this timely high-level meeting on the Millennium Development Goals, commonly known as the MDGs. The State of Eritrea is committed and is doing its best to achieving the MDGs. It has invested hundreds of millions of dollars and enormous human capital, especially on infrastructure for food security, to make hunger history. It is encouraging to note in its first national Millennium Development Report (MDGR), published by the Ministry of National Development in November 2006, that Eritrea is on track to achieve the MDGs; some earlier and others at the appointed time—2015, with the exception of eradication of extreme poverty and achievement of universal primary education. The MDGR was set out to achieve three objectives:

- to determine Eritrea’s benchmark vis-à-vis the MDGs indicators and targets;
- to provide a road map leading to the achievement of the targets by the target year, 2015; and
- to indicate, in broad terms, the resources required for achieving the MDGs.

Commendable progress has so far been made in the goals relating to gender equality in primary education, child health, maternal health, HIV/AIDS, malaria and other major diseases, and access to safe water. The second national MDG report is expected next year.

Let me now focus on the topics of the hour for this round table--education and health:

1. Education:

Upon Eritrea’s liberation in May of 1991, my Government placed education among the list of top priorities for the country. Eritrea strongly believes that education is core for the overall and sustainable development of the nation.

The National Education Policy (NEP) drawn in 2003 identified the critical role of education in developing literate, productive and educated citizens who would contribute to the development

of the country. Key priority areas addressed are the improvement of access and equity and the improvement of quality and relevance of education at all levels of the system.

The Education Sector Development Programme (ESDP) outlined in 2005 represented a significant step forward for the education sector since it advances a comprehensive approach to improve access to basic, adult, general, and technical and vocational education. It also provides a framework for enhancing access to and quality of education. The implementation of ESDP will contribute to the achievement of the MDGs as envisaged in the long term strategic goal, including poverty reduction and equitable participation in development by disadvantaged groups. In accordance with the overall sectoral priorities, the ESDP features the following four pillars:

- a. Basic education and literacy;
- b. Secondary education;
- c. Technical and Vocational Education and Training (TVET); and
- d. Capacity building.

In this connection, Eritrea has achieved significant progress in rehabilitating and expanding the education sector in the past 17 years.

- The number of kindergartens increased from 90 to 215. Two hundred sixty two (262) community care giver centres have been established. The gross enrolment ration for pre-primary education increased from 4% to about 29% in the 5-6 age groups;
- Enrolment at elementary level more than doubled (from 160,000 students to 332,000) in 2006-2007 school year;
- Over this same period, enrolment at middle school more than quadrupled (from 28,000 to over 141,000 students);
- High school enrolment increased by two and a half times (from 28,000 to 76,000) in 2006-2007;
- The number of Technical Training Schools has increased from 2 to 10 in 2006;
- As of 2003/04, the Government has opened the Eritrea Institute of Technology and six other colleges in different parts of the country.

Co-chairs, distinguished delegates,

In spite of these impressive achievements, the education system faces challenges in its quest to provide equitable access to basic education and employment skills for its youth and adults. The main constraints are:

- Inadequate quality and relevance;
- Low internal efficiency;
- Limited institutional capacity; and
- Lack of adequate financial resources.

2. Health:

As we all know, 3 out of the 8 MDGs and 6 out of the 17 targets directly relate to health. My intervention discusses where Eritrea is at this midway of the 15 year period (1990-2015) on the MDGs as well as their targets and indicators.

The significance of the MDGs lies in the linkages between them—they are a mutually reinforcing framework to improve overall human development. The 8 MDGs are synergetic and cannot be achieved in isolation. In the comprehensive nature of the MDGs is the recognition that development is an intersectoral and interdependent process. It is obvious that improved nutrition affects school completion rates, improved education levels contribute to better health, and better health contributes to poverty reduction, and so on.

Health is also an important contributor to the other MDGs. In particular, to Goal #1, the eradication of extreme poverty and hunger and Goal #7, ensuring environmental sustainability. The National Development Plan 2009-2013, which is in the process of finalization, will incorporate strategies consistent with the MDGs and other development goals. Like wise, the Ministry of Health is in the process of developing Health Sector Strategic Plan for the same period (2009-2013).

- a. **Child Mortality:** As a result of consolidated effort made to improve child health, Eritrea has been able to achieve a sharp decline in childhood morbidity and mortality rates. According to World Health Report 2005 and 2006, Eritrea's infant mortality rate (IMR) declined from 81 in 1990 to 40 deaths per 1,000 live births in 2005; while the under-five mortality rate (U5MR) declined from 148 to 74 in the same period. Achieving the MDGs target for Eritrea implies an average annual reduction of about 3.4 per 1000 in the incidence of under-five mortality and 1.8 per 1,000 per year in infant mortality. In the period 1990-2002, Eritrea has been reducing under-five mortality at an average of 5.5 per thousand per year and infant mortality at an average of 2.75 per 1,000 per year. This trend indicates that the MDG target for under-five mortality and infant mortality could be achieved even earlier than 2015. Therefore, Eritrea is on track in respect to MDG 4. Eritrea is one of three Sub-Saharan countries (with Mozambique and Senegal) which are on track in this MDG.
- b. **Maternal Health:** Eritrea has already achieved or is on track to achieving Goal 5—Improve Maternal Health. Trends for the period 1990-2015 show a reduction of three quarters in maternal mortality ratio. Taking into account the preparations underway to improve attendance of delivery by skilled birth attendants and improving the availability, timely utilization and quality of emergency obstetric services, and the current emphasis in equipping zonal and community hospitals, Eritrea is likely to achieve much more than what are targeted in the MDGs in this area.
- c. **Combat HIV/AIDS, Malaria and other Diseases:** Success in controlling the three diseases—HIV/AIDS, TB and malaria—has a direct impact on achieving many of the other MDGs.

A close look at the data on trends in the annual number of AIDS cases and AIDS deaths, as well as trends in available data on HIV prevalence among pregnant women, blood donors, and VCT clients in Eritrea suggest a stabilization of HIV infection rates at a relatively low level in the general population. HIV prevalence in Eritrea has been stabilized at a relatively low level. The most recent estimate of 2007 of HIV prevalence in the general population in Eritrea is 1.28 percent.

The overall malaria morbidity and mortality has been reduced by over 85 percent from 1990 to 2006. Some of the programmatic factors which contributed to the success in malaria control include the high use of ITNs (Impregnated Bed Nets) and an improvement in the rate re-impregnating, larviciding, source reduction and the improvement in early detection, treatment and follow up of cases and in controlling epidemics of malaria, improvement in public awareness as well as the availability of efficacious anti-malaria drugs.

Distinguished Co-chairs, ladies and gentlemen,

In conclusion, I wish to stress that the gains made in all the areas covered by the MDGs need to be sustained and improved upon. In order to do this, economic growth has to maintain at a rate of at least 5 percent a year. Our preliminary assessment of the costs of achieving the MDGs is estimated at \$1.5 billion in the run-up to 2015. This would translate to an average of \$134 million a year. These costs would be borne by the public sector. They exclude the contributions that households and businesses will make towards the achievement of the MDGs. In this regard, I wish to appeal to the international community, on behalf of my country, for generous financial assistance to compliment the efforts of the Eritrean Government and people.

I thank you for your attention, Co-chairs.