ERITREA:
FROM PLANNING TO IMPLEMENTATION

Key facts

- Population: 3.46 million
- Physicians in country: 3 per 100,000 people
- Infant mortality rate: 52 per 1000 live births
- Maternal mortality rate: 630 per 100,000 live births
- Health care workforce: 4,000

Despite facing daunting challenges, Eritrea is making a commendable progress towards the achievements of health related Millenniums Development Goals. Since gaining its independence in 1991, Eritrea has made a considerable progress in promoting equitable, accessible and affordable health services to majority of its citizens. Improvement of health indicators such as increase in skilled care attendance, decrease in child and infant mortality rates, decrease in malaria incidence, stabilization of HIV prevalence and increase in EPI coverage. The Ministry of Health (MoH) has also strengthened Eritrea's health education capacity by expanding and restructuring training institutions to be more responsive and productive. New nursing schools opened between 2003 and 2007 in four regions, along with a new School of Medicine and School of Dentistry.

The National Health Policy of Eritrea aims to improve health status, well being, productivity and quality of life of the Eritrean people with an enabling and empowering environment for the provision of sustainable quality health care. It is based on principles of primary health care (PHC) with a political commitment to provide basic health services to the whole population, and especially to those living in the previously underserved regions. Human resource development is an essential part of the nation's health care system. Therefore, Human Resource Development (HRD) Policy is incorporated into the National Health Policy and addresses the issues of planning, training and management of health workers. The HRD Policy ensures availability of good quality health service throughout the country through the planning, training, deployment and development of competent and efficient health profession in sufficient numbers. A separate Human Resources for Health (HRH) Policy and Strategy was developed by the MoH in 2003, but the status of its implementation is unknown.

Health workforce

However, production of Eritrean health professionals was seriously affected by 30 years of military struggle. During this period, many health professionals joined the army struggle for independence or fled the country to live as exiles in countries around the world. Very few Eritreans had the opportunity to train as health professionals. After independence, the first few years were devoted to upgrading the qualifications of mid-level health personnel, which significantly affected the type and number of health professionals.

Thus, the development of HRH requires careful planning for increased training and resources that are currently limited. The majority of current health staff need in-
service training and continuing education programs to expand skills without entirely removing them from their workplaces. The supply of high-level professionals, particularly physicians and medical specialists, needs to be critically addressed.

Challenges

Additional obstacles inherent in the Eritrean health systems include lack of adequate material and financial resources. Although the health system is gradually becoming decentralized and the private sector is growing, lack of capacity, systemic thinking and integration of program interventions remain a consistent challenge. The highly mobile and dispersed population of the country also makes the provision of quality health services and expansion of coverage immensely difficult. The emphasis has become not just the numbers of people required, but the question of how competent people are going to be acquired, prepared and distributed around the country’s facilities to ensure Eritrea’s healthy future.

Status of coordination

Ideally, policy and HRH planning should engage all relevant stakeholders in the process, starting from the design, development, implementation, monitoring and evaluation. Stakeholders beyond the MoH should be involved, including public and private entities, non-governmental organizations and training institutions. These stakeholders are likely to significantly influence the process and subsequent implementation in many ways. However, policy and strategic plan development has been mostly confined within the MoH, and although wider participation is not highly pronounced, stakeholders are often invited during the consensus meetings.

Leading MoH officials and HRH experts, including leadership from a health training institution, developed the current HRH Policy and Strategy. Health professional associations also participated in a consensus-building workshop conducted to adopt the. There is currently an effort to strengthen partnership and coordination in order to avoid duplication and improve resource mobilization. However, this requires further skills development in advocacy and negotiation. The MoH is also scheduled to revise and update the HRH Policy and Strategy.

Recommendations moving forward

Strengthening the HRH committee:

- Stakeholders analysis
- Advocate for the increase in number and composition of the current HRH committee
- Conduct training needs assessment of the national HRH committee