

AF



General data

POPULATION, 2023
3,748,901

PHYSICIANS/1000 INH, 2020-2022
0.08

NURSES/1000 INH, 2020-2022
1.38

LIFE EXPECTANCY, 2022
69.15

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
178

GDP PER CAPITA (US\$), 2023
-

HEALTH EXPENDITURE, 2021
25.37

UNIVERSAL HEALTH COVERAGE, 2021
45



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC

LEVEL OF DEVELOPMENT

1 2 3 4

EMERGING PROGRESSING ESTABLISHED ADVANCED

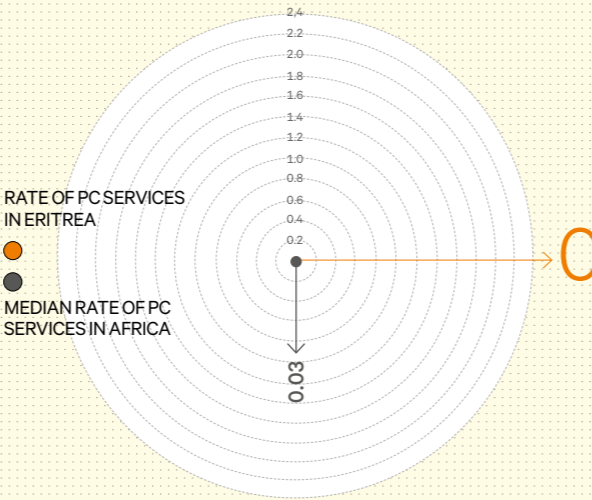
Eritrea

(F) Provision of PC (Specialised Services)

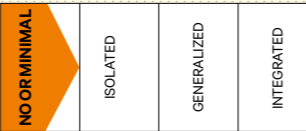
Total number of Specialised PC services **0**

Rate of PC services per 100,000 inhabitants **0**

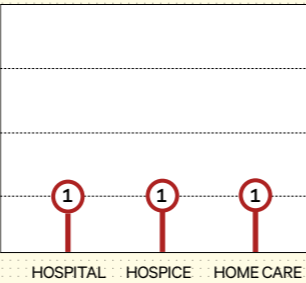
Eritrea in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION **1**

TOTAL NUMBER **0**

AF

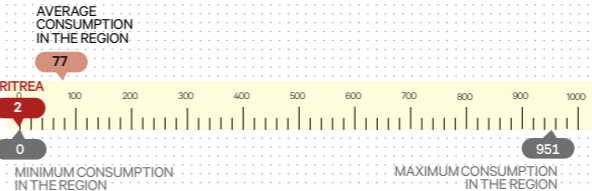
Eritrea

(D) Use of essential medicines

Opiods consumption (excluding methadone) **2**

S-DDD/MILL INHABITANTS/DAY

Eritrea in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



(C) Research

PC-related research articles

1

Existence of PC congresses or scientific meetings

1



National Association: No.
Consultants: Literature Review.

Data collected: May 2025.
Date validated by consultants: N/A
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

(E) Education & Training

Medical schools with mandatory PC teaching **0/1**

Nursing schools with mandatory PC teaching **N/A**

Recognition of PC specialty **1**

(B) Policies

National PC plan or strategy **1**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **2**

(A) Empowerment of people and communities

Groups promoting the rights of PC patients **1**

Advanced care planning-related policies **1**

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	<div><div>1</div><div></div><div></div><div></div></div> <div>Only isolated activity can be detected.</div>	<div>There is currently no formal association or civil society group in Eritrea dedicated to the rights of patients requiring palliative care. While palliative care has been included in national strategies such as the Essential Healthcare Package and the Health Sector Strategic Plan, these developments are state-led and lack organised community or patient advocacy. Eritrea's health system remains highly centralised, with limited space for independent engagement from professional or grassroots groups. However, academic involvement, notably through the Orotta School of Medicine, reflects an initial awareness that may support future advocacy structures.</div>
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	<div><div>1</div><div></div><div></div><div></div></div> <div>There is no national policy or guideline on advance care planning.</div>	<div>No evidence found.</div>
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	<div><div>1</div><div></div><div></div><div></div></div> <div>Do not know or does not exist.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Not known or does not exist neither standalone nor is included in another national plan.</div>	<div>Eritrea does not have national clinical guidelines specific to palliative care, nor protocols addressing the management of pain or non-pain symptoms. Palliative care is referenced in key planning documents such as the National NCD Strategic Plan and the draft Essential Healthcare Package (EHCP), where its inclusion spans physical, psychological, spiritual, and financial aspects. Although pain is not discussed explicitly, its relevance is implied within these broader dimensions. No national standards, dedicated sections, or operational tools were identified for clinical symptom management in the context of palliative care. Existing strategies mention milestones and planned actions related to palliative care but do not provide measurable targets or formal monitoring indicators.</div>

<div>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Not known or does not exist.</div>	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	<div><div></div><div>2</div><div></div><div></div></div> <div>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</div>	<div>Palliative care is recognised at the policy level as part of Eritrea's commitment to Universal Health Coverage (UHC), with its inclusion reflected in key strategic documents such as the Health Sector Strategic Development Plan III and the draft Essential Healthcare Package (EHCP). These national instruments outline the intention to provide integrated, people-centred services across all levels of care, explicitly including palliative care. However, this recognition remains at the policy and planning level. Eritrea does not yet have legislation or binding legal provisions that formally establish palliative care as a health right or codify it within a national UHC framework.</div>
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	<div><div>1</div><div></div><div></div><div></div></div> <div>There is no coordinating entity.</div> <div><div></div><div>2</div><div></div><div></div></div> <div>Does not have concrete functions or resources (budget, staff, etc.).</div>	<div>No evidence found.</div>

AF

Eritrea



Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national con-gresses or sci-entific meetings related to pallia-tive care.</div>	No evidence found.
Ind7 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or nonex-istent number of articles published on the subject in that country.</div>	A comprehensive scoping review conducted in March 2023, cover-ing publications from 2017 onwards, did not identify any peer-re-viewed articles on palliative care in Eritrea that met all the inclu-sion criteria for this indicator.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div><div></div><div></div><div></div><div></div></div> <div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div> <div><div><div></div><div>2</div></div><div>S-DDD PER MILLION INHAB /DAY</div></div>	<div>COUNTRY VS REGION</div> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>ERITREA</div><div>2</div><div>0</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>951</div></div>

AF




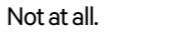


Eritrea

Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.	<div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	Eritrea has a National Essential Medicines List (ENML), last updated in 2010, which includes a broad selection of palliative care medicines aligned with WHO recommendations, such as morphine, tramadol, codeine, paracetamol, and dexametha-sone. However, only basic analgesics like paracetamol and ibu-profen are authorised for use at the primary care level. Most other medicines relevant to palliative care, including opioids and adjuvants, are designated for use in hospitals or referral settings. No data are available regarding actual stock levels or availability of these medicines in urban or rural health centres, and there is no national survey or monitoring system confirm-ing routine access at the primary care level.
Ind10 10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	Morphine oral solution and tablets are included in Eritrea's National Essential Medicines List, affirming recognition of its therapeutic importance. However, these formulations are cate-gorised for use at hospital level only. There is no indication that immediate-release oral morphine is distributed or routinely available at the primary care level in either urban or rural set-tings. In addition, the national regulatory framework does not support opioid prescribing by non-physician health workers, which further restricts access in decentralised services. No data are available regarding actual stock levels or availability of these medicines in urban or rural health centres, and there is no national survey or monitoring system confirming routine access at the primary care level.

AF Eritrea

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p>	<p>0/1</p> <p>1/1</p> <p>N/A</p> <p>N/A</p>	<p></p> <p>Eritrea has one accredited medical school, the Orotta College of Medicine and Health Sciences, and no evidence was found regarding current teaching in palliative care at undergraduate level. The most recent regional source, the APCA Atlas of Palliative Care in Africa (2017), reported the presence of optional teaching in palliative care within the medical school. No nursing school in the country has been identified as offering either mandatory or optional training in palliative care.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialization for palliative care physicians.</p>	<p>No evidence found.</p>

AF Eritrea

<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p> Not at all.</p> <p> Not at all.</p> <p> Not at all.</p>	<p>In Eritrea, no specialised palliative care services have been identified to date.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>ERITREA 0</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>0 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>There is currently no known provision of children's palliative care in Eritrea.</p>