

Statement by Ms. Elsa Haile, Director-General for International Organizations, at the 4th UN High-Level Meeting on NCDs and Mental Health



Mr. President,
Excellencies,

Eritrea is honored to take part in this high-level meeting, convened under the theme *“Equity and integration: transforming lives and livelihoods through leadership and action on no communicable diseases and the promotion of mental health and well-being,”* pursuant to General Assembly resolution 79/273.

While no communicable diseases and mental health challenges are global in scope, responses must be adapted to the specific realities of each country, recognizing the different stages of health service delivery and socio-economic development. For Eritrea, self-reliance constitutes the cornerstone of all development initiatives, including the provision of health and social services. This principle, however, does not preclude external cooperation; rather, partnerships and technical support that are fully aligned with national priorities serve as a vital complement to our domestic efforts.

Eritrea’s health system is organized into a three-tier structure, primary, secondary, and tertiary care, with primary health care serving as the foundation. NCD corners are available in community-level facilities, while hospitals provide specialized NCD clinics. Mental health services are integrated at the primary level and further supported by St. Mary’s Neuro-Psychiatric Hospital in Asmara, psychiatric units within zonal hospitals, and community residential facilities for chronic conditions.

Community health agents and trained “barefoot doctors” extend outreach to remote areas, bridging service gaps and ensuring equitable access.

The country has adopted a national health policy and the Third Health Sector Development Program (2022–2026), fully aligned with the Sustainable Development Goals and the commitment to Universal Health Coverage. Public health services are heavily subsidized, with essential and preventive services, including immunization, maternal and child health care, and health education, provided free of charge. Medicines for chronic NCDs and mental health conditions are made available at little or no cost. These investments have yielded measurable outcomes: under-five mortality has declined from 53.4 in 1990 to 34.4% in 2024 (by approximately 78%), routine immunization coverage has remained at 98% since 2013, and approximately 80% of the population now resides within five and ten kilometers, respectively of a functioning health facility.



At the same time, Eritrea recognizes that its epidemiological profile is shifting, with NCDs now responsible for nearly 45% of all deaths. Cardiovascular diseases, diabetes, and cancer are on the rise, fueled by changing lifestyles and urbanization. The Government has therefore intensified its efforts to address these challenges through strengthened prevention programs, integration of NCD services at all levels of health care, and nationwide campaigns promoting healthier diets, physical activity, reduction of harmful use of alcohol, tobacco control and avoiding stress. These measures reflect Eritrea’s determination to confront the growing burden of NCDs while safeguarding the health gains already achieved.

In addressing these realities, Eritrea further underscores the importance of comprehensive situational analyses to identify modifiable problems and design evidence-based solutions. Stakeholders must be clearly mapped, including ministries, universities, national civil societies, and community leaders, with well-defined roles. The education sector, for example, should integrate NCD and mental

health topics into curricula at all levels, while schools and workplaces should serve as platforms for awareness-raising and stigma reduction. Community dialogue is equally essential, empowering individuals and families to assume ownership of their health.

Robust short- and long-term strategic plans, accompanied by detailed costing and coherent implementation frameworks, are indispensable. Prevention strategies must focus on healthy lifestyle changes, access to quality healthcare, and supportive public policies. A holistic approach is critical, recognizing that progress in one domain often reinforces another—for instance, regular physical activity improving both physical health and mental well-being.

Effective implementation requires sustainable financing and adequate human resources. Domestic resources, though prioritized, remain limited, with health often competing against other vital sectors. Accordingly, the mobilization of external financial and technical assistance is necessary. Nonetheless, the principle of national ownership remains paramount. Governments must retain full leadership and direction over their health agendas. In Eritrea, all health policies and strategies are formulated through inclusive consultations with national stakeholders, UN agencies, and civil society organizations. Technical support is welcomed, but programs are nationally driven, reflecting our priorities and circumstances.

Eritrea's experience demonstrates that with strong political will, community participation, coherent planning, and meaningful international cooperation, substantial progress can be achieved in combating non communicable diseases and advancing mental health. Eritrea remains firmly committed to sustaining these efforts, guided by the principles of self-reliance, equity, and genuine partnership, while working in solidarity with the international community to transform lives and livelihoods.

Thank you.

25 September 2025, New York