



General Assembly

Distr.: General
14 June 2021

English only

Human Rights Council

Forty-seventh session

21 June–9 July 2021

Agenda item 3

**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

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The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[30 May 2021]

* Issued as received, in the language(s) of submission only.



The Right to Health and Education in East Africa

Introduction

The social, political, and economic considerations of East African countries, especially Ethiopia, Somalia, Kenya, Eritrea, and Djibouti, undermine the social and cultural rights, especially the rights to health and education. In this regard, Elizka Relief Foundation presents an intervention on the rights to health and education in East African countries and makes a set of recommendations.

First: the right to education in East Africa

Education in East African countries, especially Ethiopia, Somalia, Kenya, Eritrea, and Djibouti still faces several challenges. Somalia's chief challenges are the collapse of the education system, the poor infrastructure since (1994)¹, the teacher's lack of professional experience by (88%), the low enrollment rates in primary schools by (30%), the deprivation of (69%) of children from education, that is (3) million children², in addition to the internal displacement phenomenon that caused the displacement of about 1.4 million people in (2020). All this is compounded by the regional, social, and gender differences that decreased educational opportunities in remote and rural areas by (17%). (22%) of children in pastoral societies, which represent (65%) of the community, lack access to education. Moreover, school-aged girls attending schools was dropped by (23%). So, there is (25%) of young educated girls compared to (37.8%) of young men, and (10%) of female teachers compared to (90%) of male teachers in primary and secondary schools.³

In Ethiopia, despite developing a constitutional basis for education and providing it to more than (26) million students in all stages of education, only (18) million are in primary education. This has negatively affected the quality of education. The US Agency for International Development observed that only (40%) of people can read well⁴, and (85%, 54%) can pass the fifth and eighth grades, respectively. The ratio between teachers and students varied by (1:55), and the enrollment rates for high school and universities dropped by (16% and 8.2%) respectively, according to UNICEF estimates in (2020)⁵. The Covid-19 pandemic has adversely affected the health and education system, causing the closure of schools and the activation of distance and e-learning. Only (5.2) million students out of (26) million students could access e-learning, as Ethiopia's electronic capabilities only meet the needs of (15%) of its population.⁶

As for Djibouti, the right to education still faces challenges. (1) out of (5) children are out of school, with (46% girls, 39.9% boys) respectively. There are gender differences between females and males' access to education by (55%, 45%)⁷, as well as regional differences between urban and rural areas by (67% and 49%) respectively. Also, illiteracy rates reach about (70%) of population and (85%) of women. All this is compounded by poor educational infrastructure.⁸

In Kenya, there are many violations such as gender differences. Girls enrolled in primary schools are (19%) in some local areas, and (2.4) in universities. In addition to the poor educational infrastructure, the ratio between students and teachers was about (77: 1) in Turkana. Covid-19 exacerbated the situation. Schools were closed in the face of over 17

¹ USAID, Africa, Somalia: education, access date. 23, may, 2021, <https://bit.ly/3bo7wjs>.

² The borgen project, eight facts about education in Somalia, access date 23, may 2021, <https://bit.ly/3wpm4rx>.

³ UN Woman, case study: Somalia- funding for gender equality..., 26 Aug, 2020, pp25-53.

⁴ USAID, Ethiopia education, access date 24, may, 2021, <https://bit.ly/34nflpw>.

⁵ UNICEF, for every child, quality education, 2018, access date. 24 may, 2021, <https://bit.ly/3hlefdh>.

⁶ UNICEF, Education, not marriage: building better futures for girls in Ethiopia, 29 June 2020, <https://bit.ly/2sowful>.

⁷ The borgen magazine, girls education in Djibouti, 30 August, 2018, <https://bit.ly/3ujbszc>.

⁸ K12 academics, education overview in Djibouti, access date.24, may, 2021, <https://bit.ly/3ybohyl>.

million students, in light of limited access to the Internet, especially in rural and pastoral areas.⁹

The education in Eritrea is not better. There were similar challenges despite constitutional guarantees, such as low enrollment rates (39%: 57%) for primary schools and (21%) for secondary schools. Literacy and illiteracy rates were (67.8%) and (30%) respectively, (10%) of them were women, in addition to training and forced recruitment of high school students in the isolated camp of Sawa. Besides, the percentage of teachers compared to students was (1: 77) for elementary schools. There were only two schools for the deaf in the regions of Mikel and Ansaba, and another for the blind.

Second: The Right to Health in East Africa

The health situation in East Africa is no better from the education in terms of challenges and access. Somalia has many legislative and legal mechanisms, health development plans, and a \$ 38 million financial budget for the education and health sectors. However, it was not sufficient to meet the requirements of the health right. (30%) of the population suffer from limited access to health services, including (40% to it, 31%, 9%, and 7%) in maternal services, primary care for patients, reproductive health, and mental health, respectively, according to the WHO in 2020.¹⁰ The challenges include high fertility rate estimated by (6.9) children per woman, high rates of female circumcision by (99%) for Somali women, spread of infectious diseases such as immunodeficiency by (55%), and Covid-19 by (14,623, 797, 6,856) of the injuries, deaths, and recovery, according to WHO statistics until (24, May 2021). The mortality rate of newborns and children under five years was about (40, 137) per (1000) births, respectively, and maternal deaths were about (692) per (100,000) births¹¹, the decline in services, and the escalation of needs for humanitarian aid by (4.2, 5.2. 5.9) million citizens for the years (2019, 2020, 2021).

In Ethiopia, the nearest health facility serving over (50%) of the population is about (10) km away. The mortality rate is more than double the global rate, the Ethiopian women abuse during childbirth is (21%) in Amhara regions, and (22%) in Tigray. The prevalence of immunodeficiency is (666,000) in (2020), and Covid-19 is (269,500, 230, 743, 4,048) of the injuries, recoveries, and deaths, respectively, according to WHO statistics until (May 24, 2021).

In Djibouti, the medical staff reached about (3381) in (2017), including (110) general practitioners, (129) specialized doctors, (3.35) nurses, and (2.55) midwives for every (1000) people in (2017). Diseases such as immunodeficiency, tuberculosis are the fourth cause of death in Djibouti (2007). Moreover, (75%) of pastoral communities suffer from food insecurity and COVID-19 is (11,502, 153, 11,341) of the total injuries, deaths, and recovery, according to statistics on 24, May 2021.

In Kenya, the challenges are the prevalence of mosquito diseases, yellow fever, and malaria¹², and the regional gap in rural and urban areas by (70% and 30%), respectively. (20%) of Kenyan enjoy health insurance coverage, (41%) in Nairobi, (3%) in rural areas. It lacks specialized medical personnel, hospital doctors, and emergency care nurses. The infection prevention elements are (12%) in (2018). In addition, the health budget in Kenya is low, according to the Abuja Declaration. There are (573) intensive care beds, but they contain (256) ventilators, and (22) out of (47%) provinces have one intensive care unit¹³. In Eritrea, economic considerations impede the right to health. About (80%) of the population in rural

⁹ UNICEF, providing inclusive and equitable quality education for every child, access date. 23 may, 2021, <https://bit.ly>.

¹⁰ Arab Development Gate, Somalia: Statical glance, retrieved on 23 May 2021.

¹¹ EUPHA challenges facing the health system in Somalia and implication for achieving SDGs, 5 SEP, 2020, <https://bit.ly/3oropfz>.

¹² ALLIANZ CARE, Health care in Kenya, access date. 24, may, 2021, <https://bit.ly/3uhifcu>.

¹³ THE CONVERSATION, COVID 19 EXPOSES WEAKNESS IN kenya healthcare system and what can be don, 27 july 2020.

areas lack access to health services, and they suffer from malaria. More than (70%) live in areas at risk of infection.¹⁴

Recommendations

1. East African countries should take several measures in partnership with international and local civil society organizations to raise awareness about education importance and its role in development. They should change the traditional view of girls' education and minimize the health, psychological, physical, and educational repercussions of early marriage, and encourage medical education.
 2. East African countries should adopt democratic measures, political participation, and good governance to promote political stability, overcome conflicts and civil wars, and activate the legal and constitutional frameworks related to the right to health and reform the judicial system to guarantee fair trials.
 3. East African countries should re-evaluate their development plans and allocate an adequate budget for the development of education and health sectors, improve their infrastructure and provide training for teachers and medical personnel.
 4. East African countries should launch a plan to develop services related to reproductive health, and launch awareness campaigns to eliminate FGM.
 5. East African countries should create development plans to achieve equitable education and health rights in rural and urban areas.
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¹⁴ The borgen project, 5 things everyone should know about healthcare in Eritrea, 23, may 2021, <https://bit.ly/34d2ity>.