DRAFTING NOTE

PUBLIC HEALTH AND HEALTH SERVICES ACT 2026

1. Status and purpose of this note

This drafting note is explanatory and is not part of the proposed Assembly Act. It identifies the legislative need, the relationship with earlier Eritrean law, the principal matters retained, the modernization choices made and the place of the draft within the emerging constitutional statute book. The instrument remains a consultation draft and should be finalized only after legal, institutional, fiscal and public review.

2. Legislative need and prior law

Earlier health measures, including Tobacco Control Proclamation 143/2004, do not form a complete modern framework for health services, prevention and emergencies.

3. What the draft retains

The draft retains disease surveillance, public-health measures, health-facility standards, professional coordination, sanitation and tobacco control.

4. What the draft updates and modernizes

It adds equitable essential services, patient rights, consent and confidentiality, emergency due process, quarantine safeguards, digital health and data protection, medicines interfaces, maternal and child health, mental health, independent review and progressive implementation.

5. Constitutional, code and treaty fit

The draft is framed under the Constitution of Eritrea 1997 and must be read with the Civil Code, Penal Code, Civil Procedure Code and Criminal Procedure Code of Eritrea 2015 where those Codes govern. It is also coordinated with the other institutional, financial, commercial, land, labour, administrative and sectoral drafts in this collection. References to international or regional standards guide compatibility and implementation; they do not bypass the Treaty-Making Act or convert an unincorporated instrument into domestic law.

6. Scope and organization

The principal divisions address preliminary provisions; health rights and responsibilities; national health system and governance; public health institutions; health facilities and services; health professions; medicines and biological products; medical devices, diagnostics and cosmetics; communicable-disease prevention and control; public-health emergencies; and the concluding enforcement, transitional and final provisions.

7. Transition, implementation and consultation

The draft preserves lawful accrued rights, completed transactions, pending proceedings and institutional continuity where appropriate, while preventing temporary savings from preserving unconstitutional coercion or indefinite executive discretion. Before enactment or issuance, authentic predecessor instruments and amendments should be verified, cross-references and fiscal capacity confirmed, implementing regulations and digital systems prepared, and affected institutions, professions, communities and the public given a practical opportunity to comment.

CONSULTATION DRAFT — NOT ENACTED LAW

ACT NO. ___/2026

PUBLIC HEALTH AND HEALTH SERVICES ACT 2026

(ACT)

AN ACT TO PROTECT AND IMPROVE PUBLIC HEALTH, ESTABLISH RIGHTS AND RESPONSIBILITIES IN HEALTH SERVICES, PROVIDE FOR UNIVERSAL AND EQUITABLE HEALTHCARE, REGULATE FACILITIES, PROFESSIONS, MEDICINES, MEDICAL DEVICES, COSMETICS AND HEALTH PRODUCTS, CONTROL COMMUNICABLE AND NONCOMMUNICABLE DISEASE, GOVERN HEALTH EMERGENCIES, DIGITAL HEALTH AND RELATED MATTERS.

PREAMBLE

WHEREAS Articles 14, 15, 16, 21 and 22 of the Constitution of Eritrea protect equality, life, dignity, health, social justice, family and children and require progressive improvement of the people's welfare;
WHEREAS accessible primary healthcare, safe water and sanitation, competent professionals, reliable medicines, disease prevention and honest public information are foundations of freedom, productivity and national development;
WHEREAS public-health power can save life but can also become an instrument of detention, secrecy, discrimination and political control unless necessity, proportionality, time limits and independent review are built into law;
WHEREAS existing legislation on medicines, medical devices and cosmetics, private health services, tobacco control and female circumcision should be verified, modernized and integrated with the 2015 Codes and constitutional rights;
WHEREAS digital health, telemedicine and artificial intelligence can extend scarce professional capacity when governed by privacy, safety, validation, transparency and accountable human judgment;
NOW, THEREFORE, the National Assembly of Eritrea enacts as follows:

CHAPTER I
PRELIMINARY PROVISIONS

Article 1 — Short title

This Act may be cited as the Public Health and Health Services Act 2026.

Article 2 — Objects

1. protect life, dignity and the highest attainable standard of health;
2. provide equitable, accessible, acceptable and quality health services;

3. prioritize primary care, prevention, maternal and child health and underserved communities;
4. protect patient autonomy, confidentiality, information and remedies;
5. regulate facilities, professions, medicines and health products according to risk;
6. prevent and control communicable and noncommunicable disease;
7. confine emergency powers through evidence, proportionality and review;
8. establish transparent finance, data, quality and accountability; and
9. enable safe digital health, telemedicine and responsible artificial intelligence.

Article 3 — Application

1. This Act applies to public health, health services, facilities, professionals, products and related activities throughout Eritrea.
2. It binds public bodies, security institutions, public enterprises, communities and private persons.
3. Food, water, environment, labour, education, data-protection, criminal and civil laws apply additionally within their scope.

Article 4 — Definitions

1. “Agency” means the National Public Health Agency established by this Act;
2. “facility” includes a hospital, clinic, laboratory, pharmacy, diagnostic center, rehabilitation center and another premises providing prescribed health services;
3. “health emergency” means an event posing a serious and substantial threat to population health that exceeds ordinary powers or capacity;
4. “health product” includes a medicine, vaccine, biological product, medical device, diagnostic, cosmetic and prescribed health-related product;
5. “patient” includes a person seeking, receiving or eligible to receive health service;
6. “provider” means a person or institution providing health service;
7. “public-health measure” means surveillance, testing, isolation, quarantine, vaccination, closure or another measure authorized by this Act; and
8. “Regulatory Authority” means the Health Products Regulatory Authority established by this Act.

Article 5 — Constitutional interpretation

1. The Constitution prevails, and every power shall respect equality, dignity, life, bodily integrity, privacy, family, expression, religion, property, due process and judicial review.
2. A restrictive public-health measure shall be lawful, evidence-based, necessary, proportionate, time-limited and the least restrictive reasonably effective alternative.
3. This Act shall, so far as its text permits, be interpreted consistently with constitutionally valid health and human-rights obligations binding Eritrea.

Article 6 — Relationship with other legislation

1. The Civil and Penal Codes govern private liability and crimes except where this Act expressly provides otherwise.
2. The Agriculture, Plant and Animal Health, and Food Safety Act governs food and zoonotic-source regulation in coordination with this Act.
3. The Water Resources and Services Act and Environmental Protection and Climate Resilience Act govern water services and environmental hazards.
4. An authorization under this Act does not replace business, building, labour, environmental or professional approval required by another Act.

Article 7 — Health principles

1. universal access and equity;
2. primary healthcare and prevention;
3. patient autonomy and informed consent;
4. quality, safety and evidence;
5. public participation and transparent risk communication;
6. social determinants and intersectoral action;
7. continuity, referral and integrated care;
8. professional independence and accountability; and
9. responsible stewardship of public resources.

CHAPTER II
HEALTH RIGHTS AND RESPONSIBILITIES

Article 8 — Right to health

1. Every person has a right to reasonable access to healthcare and underlying conditions necessary for health, progressively realized within available resources.
2. Government shall secure an immediate essential minimum, emergency care and nondiscriminatory access.
3. Resource limits require transparent prioritization and do not justify arbitrary exclusion or political favoritism.

Article 9 — Nondiscrimination

1. A patient shall not be denied or receive inferior care on a prohibited constitutional ground, health status, disability, poverty, occupation, migration status or political opinion.
2. A clinically relevant distinction must be evidence-based and proportionate.
3. Targeted measures may address unequal need and access.

Article 10 — Emergency treatment

1. A facility and qualified provider shall provide immediately necessary stabilizing treatment within available capacity without prior payment.

2. Transfer shall occur only after reasonable stabilization and acceptance where practicable.
3. Government shall establish transparent reimbursement for uncompensated essential emergency care.

Article 11 — Respect and dignity

1. A patient shall receive respectful, culturally responsive and trauma-informed care free from cruelty, humiliation, sexual exploitation and unnecessary restraint.
2. Privacy shall be protected during examination, treatment, bathing and communication.
3. A person in detention, national service or institutional care retains equal health rights.

Article 12 — Patient information

1. A patient shall receive understandable information on condition, options, benefits, material risks, alternatives, cost and likely consequences of refusal.
2. Information shall be adapted for language, disability, age and urgency.
3. A provider shall disclose material error or unexpected serious harm honestly and promptly.

Article 13 — Informed consent

1. Healthcare requires free and informed consent by a capable patient except where this Act or another Act narrowly provides otherwise.
2. Consent may be withdrawn prospectively and shall not be obtained through detention, threat, deception or improper financial pressure.
3. General admission consent does not authorize every separate material intervention.

Article 14 — Emergency and substitute decisions

1. Where an incapable patient requires immediate treatment to prevent death or serious harm and no authorized decision-maker is available, necessary treatment may proceed in the patient's best interests.
2. A substitute decision shall follow known wishes, values, best interests and the least restrictive option.
3. Court review shall be available for serious continuing disagreement or irreversible intervention.

Article 15 — Children and adolescents

1. The best interests of the child are a primary consideration and the child's views shall be heard according to age and maturity.
2. A sufficiently mature adolescent may consent to prescribed confidential services according to risk and law.
3. Parental authority does not permit abuse, harmful practice or refusal creating an imminent serious risk without review.

Article 16 — Refusal of treatment

1. A capable patient may refuse treatment after receiving relevant information, even where refusal may cause serious harm.
2. The provider shall document capacity, information, refusal and reasonable alternatives without abandonment.
3. Public-health restrictions on refusal require express authority and the safeguards in this Act.

Article 17 — Confidentiality

1. Health information is confidential and may be used or disclosed only with consent or specific lawful necessity.
2. Disclosure without consent shall be limited to the minimum necessary for care, serious safety, public health, audit or justice.
3. A patient shall be informed of a material disclosure unless lawfully delayed.

Article 18 — Access to records

1. A patient may inspect and obtain a timely copy of the patient's record and request correction.
2. A narrow withholding to prevent serious harm shall be reasoned and independently reviewable.
3. The original record, correction history and professional annotations shall be preserved.

Article 19 — Patient responsibilities

1. A patient should provide relevant information honestly, respect others, follow agreed arrangements or communicate difficulty and meet lawful payment obligations.
2. Failure does not justify abandonment, discrimination or denial of emergency care.
3. Institutions shall account for literacy, poverty, disability and access barriers.

CHAPTER III
NATIONAL HEALTH SYSTEM AND GOVERNANCE

Article 20 — Responsibilities of Government

1. Government shall steward the health system, finance essential services, plan workforce and infrastructure, protect public health and regulate quality.
2. It shall distinguish policy, purchasing, service delivery and regulation to reduce conflict of interest.
3. Plans, budgets, standards and performance shall be public.

Article 21 — National health strategy

1. Government shall publish a costed five-year strategy covering primary care, hospitals, medicines, workforce, prevention, emergency preparedness, digital systems and finance.
2. The strategy shall identify regional inequity, measurable outcomes, responsible bodies and annual milestones.
3. The National Assembly shall review progress publicly.

Article 22 — Essential health-services package

1. The Minister shall propose and publish an evidence-based package of preventive, promotive, diagnostic, treatment, rehabilitation and palliative services financed publicly.
2. Priorities shall consider burden, effectiveness, equity, financial protection, feasibility and public participation.
3. Exclusion from the package does not prohibit lawful private provision or emergency duty.

Article 23 — Primary healthcare

1. Primary healthcare is the usual first point of coordinated, continuous and community-oriented care.
2. It shall include prevention, maternal and child care, common disease management, mental health, rehabilitation, health education and referral.
3. Funding and workforce policy shall correct rural, pastoral and underserved access.

Article 24 — Referral system

1. Health authorities shall establish clinical referral pathways, transport, consultation, counter-referral and continuity records.
2. A patient shall not be delayed by an unnecessary administrative referral where urgent specialist care is clinically required.
3. Teleconsultation may support referral under professional responsibility.

Article 25 — Local and community health

1. Local governments and community institutions may support primary care, sanitation, health promotion, surveillance and emergency preparedness within assigned law.
2. Community health workers shall receive defined scope, training, supervision, supplies, fair conditions and referral support.
3. They shall not be used as unpaid political or coercive surveillance agents.

Article 26 — Health-sector coordination

1. Health authorities shall coordinate with water, food, environment, education, labour, housing, transport and social-protection institutions.
2. Joint action shall identify responsibility, funding, data and outcomes.
3. A memorandum cannot create coercive power or alter statutory independence.

CHAPTER IV
PUBLIC HEALTH INSTITUTIONS

Article 27 — National Public Health Agency

1. The National Public Health Agency is established as an independent statutory body with legal personality.
2. It shall conduct surveillance, laboratories, outbreak investigation, prevention, emergency advice and public risk communication.
3. It shall not operate ordinary hospitals or sell regulated health products.

Article 28 — Agency Board

1. A Board shall oversee strategy, scientific independence, finance and performance.
2. Members shall be selected through a public merit process for epidemiology, laboratory science, medicine, public health, law, ethics, local government and community interests.
3. A majority shall not be serving executive officials.

Article 29 — Chief Public Health Officer

1. The Board shall appoint a Chief Public Health Officer through open competition for a protected renewable term.
2. The Officer shall publish independent technical advice on serious threats.
3. Government may adopt a different lawful policy but shall publish reasons where it departs materially from that advice.

Article 30 — Health Products Regulatory Authority

1. The Health Products Regulatory Authority is established as an independent statutory body with legal personality.
2. It shall authorize and monitor medicines, devices, diagnostics, cosmetics and related products and regulate relevant establishments.
3. It shall not manufacture, procure for ordinary supply or hold a financial interest in regulated products.

Article 31 — Health Services Commission

1. An independent Health Services Commission shall license facilities, monitor quality, investigate systemic safety and publish performance.
2. It shall be separate from ministries and public providers.
3. Its commissioners shall be appointed transparently for legal, clinical, nursing, management, patient and quality competence.

Article 32 — Professional councils

1. Independent councils shall regulate prescribed health professions or compatible groups of professions.
2. Councils shall maintain registers, standards, continuing competence and fair discipline.
3. Government, professions, educators and public members shall be balanced to prevent political or professional capture.

Article 33 — Annual reporting

1. Each independent health body shall submit an annual report to the National Assembly and publish it within six months after year end.
2. Reports shall address outcomes, safety, access, licenses, enforcement, finance, complaints and institutional performance.
3. The Auditor General shall audit public resources under applicable law.

CHAPTER V
HEALTH FACILITIES AND SERVICES

Article 34 — Facility licensing

1. A prescribed health facility shall not operate without a license from the Health Services Commission.
2. Requirements shall address ownership, beneficial control, governance, staff, premises, equipment, infection prevention, emergency capacity, records and continuity.
3. Community and low-risk services shall use proportionate procedures.

Article 35 — Public and private equality

1. A public, military, charitable, religious and private facility is subject to the same core quality, patient-rights and reporting standards.
2. Public ownership is not a substitute for licensing and independent inspection.
3. A private facility shall not be burdened merely to shield an inefficient public monopoly.

Article 36 — Service scope and representation

1. A facility shall provide only services for which it has competent staff, equipment, systems and authorization.
2. Advertising shall accurately state services, professionals, outcomes, price and emergency limitations.
3. Use of hospital, clinic, laboratory and other protected descriptions requires authorization.

Article 37 — Clinical governance

1. A facility shall maintain accountable clinical leadership, protocols, audit, incident review, infection control, pharmacy oversight and quality improvement.

2. Management shall not pressure professionals to provide unnecessary care, falsify records or conceal harm.
3. Serious systemic risk shall be reported to the Commission.

Article 38 — Staffing and competence

1. A facility shall maintain sufficient registered staff with appropriate skill mix and supervision.
2. Shortage measures may expand supervised task-sharing where evidence supports safety.
3. National-service status shall not substitute for professional qualification or lawful employment conditions.

Article 39 — Infection prevention and control

1. Facilities shall maintain hand hygiene, sterilization, environmental cleaning, isolation, occupational protection, antimicrobial stewardship and waste systems.
2. Healthcare-associated infections shall be monitored and material outbreaks reported.
3. Workers shall receive training, vaccination and exposure management under labour law.

Article 40 — Blood, tissue and transplantation

1. Collection, testing, processing, storage and clinical use of blood, cells, tissue and organs require authorization and traceability.
2. Donation shall be voluntary and informed, and commercial purchase of human organs is prohibited.
3. Allocation shall be clinical, transparent and free from wealth or political favoritism.

Article 41 — Laboratory and diagnostic services

1. A prescribed laboratory or imaging service requires competent leadership, quality systems, calibrated equipment and external proficiency.
2. Results shall identify patient, specimen, method, units, reference and material limitations.
3. A critical result shall be communicated promptly to the responsible provider or patient according to protocol.

Article 42 — Ambulance and emergency transport

1. Emergency medical transport shall meet dispatch, response, staff, equipment, infection, records and vehicle standards.
2. Priority shall follow clinical urgency rather than ability to pay or political status.
3. Interfacility transfer shall identify sending and receiving responsibility.

Article 43 — Facility closure and continuity

1. Planned closure requires notice, patient transfer, records, medicines, staff and financial arrangements.

2. Regulatory closure shall prioritize safety and continuity and may use temporary management only under express law and review.
3. Closure does not extinguish liability or patient access to records.

CHAPTER VI
HEALTH PROFESSIONS

Article 44 — Registration

1. A person shall not perform a reserved health-professional function without registration or lawful supervised status.
2. Requirements shall be transparent, competency-based and no more restrictive than necessary.
3. Political affiliation, national-service history and personal connection are irrelevant.

Article 45 — Recognition of qualifications

1. A domestic or foreign qualification shall receive timely evidence-based assessment, including supervised adaptation or examination where necessary.
2. Refugee, returning diaspora and persons lacking complete documents may use reliable alternative evidence and competency assessment.
3. Recognition decisions shall be reasoned and appealable.

Article 46 — Scope and task-sharing

1. Each profession's scope shall reflect education, demonstrated competence, risk and service need.
2. Regulations may authorize trained nurses, midwives, pharmacists, community workers and others to perform defined tasks safely.
3. Task-sharing shall include supervision, referral, supplies, liability and monitoring.

Article 47 — Professional duties

1. A professional shall act competently, honestly, independently and in the patient's interests, obtain consent and preserve confidentiality.
2. The professional shall disclose material conflicts and refuse unlawful or unsafe direction.
3. Conscientious objection shall not obstruct emergency care or effective patient referral.

Article 48 — Continuing competence

1. A registered professional shall maintain competence through practice, education, reflection and prescribed review.
2. Requirements shall be accessible, relevant and not controlled by one commercial provider.
3. Remediation shall be preferred where safe before exclusion from practice.

Article 49 — Impairment and health

1. A professional whose health materially affects safe practice shall receive confidential assessment, reasonable accommodation, treatment and proportionate restriction.
2. Reporting shall focus on current risk rather than diagnosis alone.
3. Urgent interim restriction shall receive prompt independent review.

Article 50 — Professional discipline

1. A complaint shall receive screening, notice, independent investigation, response and reasoned decision.
2. Sanctions shall be proportionate and distinguish error, system failure, incompetence, impairment and deliberate misconduct.
3. Hearings and appeals shall protect patients while respecting fair process.

Article 51 — Community and traditional practitioners

1. Traditional and community practitioners may provide services honestly within lawful competence and safety rules.
2. They shall not falsely claim licensed medical status, use prohibited substances or prevent urgent referral.
3. Research and integration shall respect community knowledge, evidence, consent and intellectual rights.

CHAPTER VII
MEDICINES AND BIOLOGICAL PRODUCTS

Article 52 — Product authorization

1. A medicine, vaccine or biological product shall not be placed on the market without Regulatory Authority authorization based on quality, safety and efficacy.
2. The Authority may rely on a trusted foreign or regional assessment while retaining Eritrean conditions and monitoring.
3. Emergency and compassionate pathways shall be transparent, time-limited and evidence-based.

Article 53 — Application and evidence

1. An applicant shall disclose composition, manufacture, studies, benefits, risks, labeling, pharmacovigilance and beneficial ownership.
2. Clinical and nonclinical evidence shall meet ethical and scientific standards.
3. Material unfavorable evidence shall not be concealed.

Article 54 — Essential medicines and generics

1. Government shall maintain an evidence-based Essential Medicines List linked to clinical need, procurement and financing.
2. Quality-assured generic and biosimilar competition shall be facilitated.
3. Brand, political origin or promotional pressure shall not replace comparative value and evidence.

Article 55 — Manufacture and good practices

1. Manufacture, import, wholesale and prescribed distribution require licensing and compliance with good practices.
2. Facilities shall maintain qualified personnel, validated processes, quality control, traceability and recall capacity.
3. Public manufacturers are subject to the same regulation as private manufacturers.

Article 56 — Pharmacies and dispensing

1. A pharmacy shall operate under a registered pharmacist or lawful supervision appropriate to service level.
2. Prescription medicines shall be dispensed against a valid prescription with counseling, records and substitution rules.
3. Remote and rural access may use licensed telepharmacy, mobile service and trained dispensing under safeguards.

Article 57 — Prescribing and promotion

1. Prescribing shall be based on patient need, evidence, affordability and professional judgment.
2. Promotion shall be accurate, balanced, substantiated and directed only to audiences lawfully permitted.
3. Gifts, secret commissions, disguised education and promotion of unauthorized use are prohibited.

Article 58 — Pharmacovigilance

1. Authorization holders, facilities and professionals shall report serious and unexpected adverse effects and quality defects.
2. The Authority shall analyze signals, communicate risk and vary, suspend or revoke authorization where justified.
3. Patient reporting shall be accessible and protected from retaliation.

Article 59 — Substandard and falsified products

1. Manufacture, import, distribution or knowing possession for sale of a falsified or materially substandard health product is prohibited.

2. The Authority shall maintain surveillance, rapid alerts, recall and cross-border cooperation.
3. Patients harmed by system failure shall receive treatment and access to remedies.

Article 60 — Clinical trials

1. A clinical trial requires scientific authorization, independent ethics approval, informed consent, registration, monitoring and public results reporting.
2. Vulnerable participation requires heightened safeguards and fair benefit.
3. Serious injury compensation, care and sponsor responsibility shall be secured in advance.

Article 61 — Controlled medicines

1. A controlled medicine shall be scheduled and regulated according to medical value, misuse risk and valid international obligations.
2. Controls shall prevent diversion without denying reasonable access to pain relief, mental-health and palliative medicines.
3. Prescribing, custody and records shall be proportionate to risk.

CHAPTER VIII
MEDICAL DEVICES, DIAGNOSTICS AND COSMETICS

Article 62 — Device classification

1. Medical devices and in-vitro diagnostics shall be classified by intended use and risk.
2. Premarket evidence, quality systems, labeling and post-market duties shall increase with risk.
3. Low-risk products shall use simplified registration or notification.

Article 63 — Device authorization

1. A prescribed device shall not be supplied without authorization or recognized conformity assessment.
2. A high-risk device requires clinical and technical evidence, manufacturing quality and traceability.
3. Software performing a medical function is a device according to risk notwithstanding its delivery platform.

Article 64 — Maintenance and vigilance

1. Facilities and suppliers shall maintain, calibrate and safely operate devices and report serious incidents.
2. The Authority may order field correction, software update, warning, recall or withdrawal.
3. A donation of obsolete, unsupported or unsafe equipment may be refused.

Article 65 — Cosmetics and personal-care products

1. A cosmetic shall be safe under normal and reasonably foreseeable use and honestly labeled.
2. Prohibited substances, contamination, false therapeutic claims and undisclosed harmful skin-lightening agents are prohibited.
3. Higher-risk products may require notification, testing or authorization.

Article 66 — Product advertising

1. Advertising of a health product shall not be false, misleading, fear-based or exploit illness and vulnerability.
2. Prescription-product advertising to the public may be restricted or prohibited.
3. Influencer, digital and sponsored content shall disclose commercial interest.

CHAPTER IX
COMMUNICABLE-DISEASE PREVENTION AND CONTROL

Article 67 — Surveillance

1. The Agency shall maintain integrated, laboratory-supported and privacy-protective surveillance for communicable diseases.
2. Reporting duties shall be limited to information necessary for prevention and response.
3. Aggregate trends, uncertainty and material threats shall be published promptly.

Article 68 — Notifiable conditions

1. Regulations may list notifiable conditions according to severity, transmissibility, preventability and international obligations.
2. A provider, laboratory and prescribed institution shall report within the stated time.
3. Good-faith reporting does not establish patient fault or criminality.

Article 69 — Outbreak investigation

1. The Agency may investigate cases, contacts, sources, exposures and control failures using the least intrusive effective methods.
2. A person shall receive information, dignity, confidentiality and necessary support.
3. Law-enforcement access to public-health data requires separate lawful authority.

Article 70 — Testing and screening

1. Population screening shall have evidence of benefit, quality, confirmatory diagnosis, referral and protection from discrimination.
2. Individual compulsory testing requires express authority, serious risk, necessity and review.
3. A test result shall be communicated with explanation and confidentiality.

Article 71 — Isolation

1. A person who is infectious may be isolated only where necessary to prevent a serious risk and voluntary or less restrictive measures are inadequate.
2. The order shall state evidence, place, conditions, duration and review and provide care, communication and support.
3. A court shall review involuntary isolation promptly and at regular short intervals.

Article 72 — Quarantine

1. A person exposed but not ill may be quarantined only on credible risk and for no longer than the scientifically justified period.
2. Home or voluntary arrangements shall be preferred where effective.
3. Government shall provide food, medicine, income or employment protection and humane conditions necessary for compliance.

Article 73 — Contact measures and movement limits

1. Contact notification, masking, distancing, gathering limits and movement measures shall be targeted by evidence and reviewed frequently.
2. A whole region, ethnicity, occupation or migrant group shall not be restricted without specific current justification.
3. Exemptions shall use objective essential and hardship criteria.

Article 74 — Vaccination

1. Government shall provide safe, effective and accessible vaccination according to evidence and transparent priorities.
2. Routine vaccination should ordinarily use informed consent, education and convenient access.
3. A compulsory requirement requires express law or narrowly authorized regulation, serious risk, exemptions where appropriate, compensation for rare serious injury and independent review.

Article 75 — Infection-control orders

1. The Agency may order a facility, conveyance or business to correct a specific serious infection risk.
2. Closure is a last resort and shall be limited to the affected activity and shortest effective period.
3. The order shall state facts, measures and appeal rights.

Article 76 — Cross-border health measures

1. Entry health measures shall be evidence-based, nondiscriminatory and coordinated with immigration, ports, aviation and valid international obligations.
2. A traveler shall receive information, humane treatment, necessary care and review of detention or refusal.
3. Exit from Eritrea shall not be conditioned on a health document beyond lawful necessary public-health requirements.

CHAPTER X
PUBLIC-HEALTH EMERGENCIES

Article 77 — Emergency declaration

1. The President may declare a public-health emergency on written advice of the Chief Public Health Officer where a serious threat cannot be managed adequately under ordinary powers.
2. The declaration shall state evidence, area, powers, duration and responsible institutions and be published immediately.
3. It expires after thirty days unless extended by the National Assembly.

Article 78 — Emergency regulations

1. Temporary regulations may coordinate surveillance, supply, facilities, workforce, gatherings, travel, isolation and other measures expressly authorized by this Act.
2. Each measure shall state necessity, proportionality, duration, exemptions and review.
3. Emergency regulations shall not amend the Constitution, censor criticism, create indefinite detention or authorize uncompensated taking.

Article 79 — National Assembly oversight

1. The National Assembly shall review the declaration, regulations, expenditure, rights impact and scientific advice promptly and at least every thirty days.
2. It may approve, amend or terminate emergency authority.
3. Failure to sit does not extend a declaration beyond its statutory expiry.

Article 80 — Judicial review and representation

1. A person subject to involuntary isolation, quarantine, closure or another serious restriction has prompt access to court, counsel and evidence.
2. Remote hearing may be used where fair and accessible.
3. The State bears the burden of justifying continuation of the measure.

Article 81 — Emergency procurement and finance

1. Emergency procurement and expenditure shall comply with special procedures under public-finance and procurement law.
2. Contracts, beneficial owners, prices, deliveries and exceptions shall be published promptly subject to narrow security needs.
3. Emergency status shall not excuse corruption, audit or recovery.

Article 82 — Risk communication

1. The Agency shall provide timely, accurate, understandable information, distinguish evidence from uncertainty and correct material error.
2. Officials shall not suppress unfavorable data or criminalize good-faith scientific disagreement.
3. Misinformation shall be addressed primarily through evidence, access and narrowly tailored ordinary law.

Article 83 — Sunset and after-action review

1. Every exceptional power and data collection ends when the emergency or stated necessity ends.
2. Within six months Government shall publish an independent review of decisions, outcomes, inequalities, contracts and lessons.
3. Records shall be preserved for audit, research and accountability with privacy safeguards.

CHAPTER XI
NONCOMMUNICABLE DISEASE AND HEALTH PROMOTION

Article 84 — National prevention strategy

1. Government shall maintain an evidence-based strategy addressing cardiovascular disease, cancer, diabetes, respiratory disease, mental health, injury and shared risks.
2. Measures shall combine information, environments, primary care, taxation enacted by law and proportionate product regulation.
3. Individual responsibility shall not conceal commercial practices and social conditions.

Article 85 — Tobacco control

1. Manufacture, import, packaging, sale, advertising, sponsorship, public use and exposure to tobacco and nicotine products shall be regulated to protect health.
2. Core measures shall include health warnings, smoke-free indoor public places, age restrictions, advertising prohibition and cessation support.
3. Novel nicotine products shall be regulated by risk and evidence and shall not be marketed to children.

Article 86 — Alcohol and harmful products

1. Alcohol policy shall address age, drink-driving, labeling, availability, marketing, treatment and community harm through proportionate law.
2. A health warning or restriction shall use evidence and avoid arbitrary moral punishment.
3. Taxes and offenses require Assembly legislation.

Article 87 — Nutrition and physical activity

1. Public bodies shall promote healthy food environments, breastfeeding support, physical activity, safe streets and honest nutrition information.
2. Measures affecting food businesses shall coordinate with food-safety and consumer law.
3. Schools, workplaces and public institutions shall use evidence-based standards and reasonable transition.

Article 88 — Cancer and chronic-disease services

1. Health plans shall provide risk-based screening, timely diagnosis, treatment, pain relief, rehabilitation and survivorship care progressively.
2. Screening shall not be offered without quality, confirmation and referral capacity.
3. Registries shall protect privacy and support planning and research.

Article 89 — Injury and violence prevention

1. Health authorities shall analyze road, workplace, domestic, conflict, drowning, burn and other injury data and support prevention.
2. Clinical services shall provide confidential treatment, documentation and referral for violence survivors.
3. Mandatory reporting shall protect the survivor and be limited by law.

CHAPTER XII
MENTAL HEALTH, DISABILITY AND REHABILITATION

Article 90 — Mental-health rights

1. A person with mental-health condition has equal legal capacity, dignity, confidentiality, community inclusion and access to care.
2. Services shall use the least restrictive, evidence-based and culturally appropriate care.
3. Political, religious or social nonconformity is not mental illness.

Article 91 — Voluntary care

1. Mental-health care shall ordinarily be voluntary and based on informed consent.
2. Advance preferences, supported decision-making, family relationships and peer support shall be respected.
3. Treatment shall not be conditioned on unnecessary institutional admission.

Article 92 — Involuntary assessment and care

1. Involuntary assessment or treatment is permitted only where a serious current risk or inability to meet essential needs arises from a mental condition and less restrictive alternatives are inadequate.
2. A written clinical decision, rights notice, independent review, counsel and prompt court access are required.
3. Continuation shall be reviewed at short intervals and end immediately when criteria cease.

Article 93 — Restraint and seclusion

1. Restraint or seclusion may be used only to prevent imminent serious harm, for the shortest time and under trained clinical supervision.
2. It shall never be punishment, convenience, staff substitution or coercion of political or religious conformity.
3. Every use shall be recorded, reviewed and reported in aggregate.

Article 94 — Rehabilitation and assistive technology

1. Health plans shall provide rehabilitation, habilitation, prosthetics, assistive devices and community support progressively.
2. Services shall be integrated early and available beyond hospitals.
3. Procurement shall consider fit, repair, local capacity, user choice and lifecycle cost.

CHAPTER XIII
SEXUAL, REPRODUCTIVE, MATERNAL AND CHILD HEALTH

Article 95 — Reproductive healthcare

1. Every person shall receive accurate information and lawful services concerning sexual and reproductive health without coercion or discrimination.
2. Consent, privacy and clinical standards apply equally to contraception, fertility, pregnancy and related care.
3. No population, disability or social group shall be subjected to forced contraception, sterilization or pregnancy.

Article 96 — Maternal and newborn care

1. Government shall prioritize antenatal, childbirth, emergency obstetric, postnatal and newborn services, referral and transport.
2. Respectful maternity care prohibits abuse, detention for inability to pay and unnecessary intervention without consent.
3. Maternal and perinatal deaths shall receive confidential review and systemic response.

Article 97 — Child health

1. Health services shall provide immunization, nutrition, growth, developmental, common-illness and disability care according to evidence.
2. Children shall receive age-appropriate information, safeguarding and continuity with education and social services.
3. Poverty or parental disagreement shall not justify avoidable denial of essential care.

Article 98 — Prohibition of female genital mutilation

1. No person shall perform, procure, assist or knowingly facilitate female genital mutilation or circumcision of any type for non-medical reasons.
2. Consent of a child, parent, spouse or community is not a defense to a prohibited act.
3. Prevention shall combine law, survivor-centered healthcare, education, community leadership and protection without collective blame.

Article 99 — Survivor care and protection

1. A survivor or person at risk of harmful practice or sexual violence shall receive confidential, respectful and appropriate medical, psychological, forensic and social support.
2. Mandatory action shall prioritize immediate safety and the person's dignity and views.
3. Records shall not be used to punish a survivor for seeking care.

CHAPTER XIV
ENVIRONMENTAL, OCCUPATIONAL AND COMMUNITY HEALTH

Article 100 — Environmental health

1. Health authorities shall assess and communicate health effects of air, water, sanitation, chemicals, waste, climate, housing and built environments.
2. Environmental standards and enforcement remain coordinated with the Environmental Protection and Climate Resilience Act.
3. Communities facing disproportionate exposure shall receive priority monitoring and remedy.

Article 101 — Occupational health

1. Employers shall prevent occupational disease and injury under labour law and provide surveillance proportionate to risk.
2. Health professionals shall protect worker confidentiality while reporting necessary aggregate hazards.
3. Employment screening shall not exclude a person without job-related necessity and reasonable accommodation.

Article 102 — Port, aviation and border health

1. Competent authorities shall maintain sanitation, vector, conveyance, inspection and emergency capacity at ports, airports and prescribed crossings.
2. Measures shall facilitate safe travel and trade and avoid duplicate or discriminatory controls.
3. Ship and aircraft health documents may be issued and recognized under valid law and treaties.

Article 103 — Funerals and management of the dead

1. Human remains shall be handled with dignity, identification, family communication, religious respect and necessary health precautions.
2. A public-health restriction on viewing, transport or burial shall be evidence-based, proportionate and time-limited.
3. Mass death management shall preserve records, individual identity and future accountability.

CHAPTER XV
HEALTH FINANCING AND UNIVERSAL COVERAGE

Article 104 — Health financing strategy

1. Government shall publish a strategy for pooled finance, essential services, medicine access, provider payment, capital and financial protection.
2. It shall reduce catastrophic household expenditure and reliance on informal payment.
3. Revenue measures require lawful taxation and appropriation.

Article 105 — Public purchasing

1. A public purchaser shall contract providers through transparent standards, prices, quality, data and audit.
2. Payment methods shall reward necessary quality and efficiency without encouraging denial or unnecessary treatment.
3. Public and qualified private providers may participate on fair terms.

Article 106 — Fees and protection from hardship

1. Public facility fees, if any, shall be published and authorized by law or valid regulation within express limits.
2. Essential services shall include waivers or prepayment protection for persons unable to pay.
3. A patient shall not be imprisoned, prevented from leaving or have identity documents withheld for health debt.

Article 107 — Health insurance

1. A health-insurance scheme shall be licensed, solvent, transparent and subject to coverage, claims, consumer and data rules.
2. Exclusions, waiting periods, premiums and provider networks shall be clear and nondiscriminatory.
3. A compulsory social-health scheme requires an Assembly Act stating contributions, benefits, governance and appeal.

Article 108 — Donations and external finance

1. A donation shall align with national need, quality, maintenance, recurrent cost and recipient capacity.
2. Expired medicines, unsafe devices and equipment lacking supplies or service may be refused.
3. External funds shall be budgeted, audited and protected from donor control of regulatory decisions.

CHAPTER XVI
DIGITAL HEALTH, RESEARCH AND ARTIFICIAL INTELLIGENCE

Article 109 — Digital health system

1. Government shall develop interoperable patient, facility, laboratory, product and public-health systems using open standards and secure identity.
2. Assisted and paper continuity shall remain where connectivity, disability, literacy or emergency requires.
3. Technology procurement shall disclose lifecycle cost, portability, cybersecurity and dependence.

Article 110 — Electronic health records

1. An electronic record shall preserve accuracy, authorship, time, access log, correction history, availability and confidentiality.
2. A patient shall receive practical access and know material categories of users.
3. A supplier shall not own public or patient records or prevent lawful migration.

Article 111 — Telemedicine

1. A registered professional may provide telemedicine within competence, patient consent, identity, privacy, documentation, emergency and referral safeguards.
2. The standard of care depends on the service and limits of the medium.
3. Cross-border providers shall satisfy proportionate Eritrean registration, liability and consumer requirements.

Article 112 — Health research

1. Research involving people, identifiable health data, human material or public-health intervention requires proportionate independent ethics review.
2. Consent, privacy, community engagement, fair participant selection, injury arrangements and results reporting shall be addressed.
3. Public-health surveillance shall not be mislabeled as research to avoid ethics, or research as surveillance to avoid consent.

Article 113 — Secondary use of health data

1. Data may be used for planning, quality, public health and research under lawful necessity, minimization and security.
2. Identifiable use without consent requires independent authorization, important public value and impracticability of less intrusive means.
3. Commercial sale, political profiling and unrelated security use are prohibited without express legislation.

Article 114 — Artificial intelligence

1. Artificial intelligence may assist diagnosis, triage, translation, surveillance, logistics and administration under accountable professional and institutional responsibility.
2. No automated system may finally deny emergency care, compel treatment, impose quarantine, determine disability benefit, discipline a professional or decide an appeal.
3. Material systems shall be clinically validated, explainable, secure, monitored for group and language error and subject to human review.
4. A patient shall be informed of consequential use and may challenge an automated contribution to a decision.

Article 115 — Cybersecurity and continuity

1. Essential health institutions shall maintain risk-based access control, backups, incident response, recovery and safe manual continuity.
2. A material breach affecting care or privacy shall be reported promptly to competent authorities and affected persons as law requires.
3. Ransomware or system failure shall not justify abandonment of emergency patients.

CHAPTER XVII
QUALITY, COMPLAINTS AND REMEDIES

Article 116 — National quality standards

1. The Health Services Commission shall publish evidence-based standards and indicators for safety, effectiveness, timeliness, equity and patient experience.
2. Standards shall distinguish immediate core duties from phased improvement.
3. Provider performance shall be reported fairly with case-mix and data limitations.

Article 117 — Incident reporting and learning

1. Facilities shall report prescribed serious events confidentially and conduct fair root-cause review.
2. Learning systems shall distinguish human error, unsafe systems, reckless conduct and intentional harm.
3. Reporting for improvement does not remove patient rights, disclosure or accountability.

Article 118 — Facility complaints

1. Every facility shall maintain accessible, confidential, time-bound complaints and patient-assistance procedures.
2. Complaint shall not reduce care, confidentiality or future access.
3. Unresolved or serious complaints may be referred to the Commission, professional council, Ombud or court.

Article 119 — Health Ombud

1. An independent Health Ombud is established to investigate maladministration, patient-rights violations and systemic service failure.
2. The Ombud may obtain records, recommend remedy, protect complainants and publish systemic reports.
3. It shall not replace courts or professional discipline but may refer matters and address delay.

Article 120 — Civil remedies

1. A patient, affected person, community, Authority, Commission or Advocate General may seek declaration, injunction, correction, treatment access and lawful compensation.
2. A court may order disclosure, recall, remediation, cessation, institutional reform and publication of correction.
3. Public enforcement does not extinguish private claims under the Codes.

CHAPTER XVIII
INSPECTION, ENFORCEMENT AND APPEALS

Article 121 — Health inspectors

1. The Agency, Regulatory Authority and Commission may appoint trained inspectors with written identification and defined jurisdiction.
2. Inspectors shall act proportionately, preserve evidence and respect privacy, privilege, dignity and infection safety.
3. Performance shall not be rewarded by closures, seizures or penalties imposed.

Article 122 — Entry and warrants

1. An inspector may enter regulated business premises at a reasonable time, inspect, sample and copy relevant records.
2. Entry into a dwelling, forcible entry or intrusive search requires a judicial warrant except for immediate serious danger.
3. Patient records shall be accessed only to the minimum necessary and kept confidential.

Article 123 — Compliance and prohibition notices

1. A notice shall state facts, law, corrective action, deadline and review rights.
2. An urgent prohibition may stop a service or product presenting imminent serious risk and shall receive prompt independent review.
3. The measure shall be varied or withdrawn where evidence changes.

Article 124 — Recall and seizure

1. An unsafe, falsified or materially noncompliant health product may be detained, recalled, corrected, re-exported or destroyed according to risk.
2. An inventory, samples, custody and prompt review shall be provided.
3. Safe lawful alternatives shall be preferred to destruction where appropriate.

Article 125 — Administrative penalties

1. A Schedule enacted by the National Assembly may establish proportionate administrative penalties for specified contraventions.
2. Assessment shall consider harm, risk, fault, benefit, cooperation, recurrence and provider size.
3. Liability requires notice, response, reasons and independent appeal.

Article 126 — Criminal referral

1. Evidence reasonably indicating knowing or reckless provision of seriously unsafe care, trafficking of falsified medicines, conduct of an unauthorized high-risk trial, intentional breach of lawful isolation, falsification of material health data or obstruction of an inspector shall be referred for investigation where the conduct may constitute an offence under the Penal Code or another Assembly Act.
2. Criminal liability arises only under a law that defines and classifies the offence; this Act does not by itself create an unclassified offence or penalty.
3. A minor technical breach without material risk should ordinarily be corrected administratively, and criminal referral does not displace professional, civil, administrative or protective remedies under this Act.

Article 127 — Health Tribunal

1. An independent Health Tribunal is established to hear appeals concerning facilities, products, professions and prescribed public-health decisions.
2. Members shall be appointed through a transparent merit process and include legal, clinical, pharmaceutical, public-health, patient and ethical competence with protected tenure.
3. The Tribunal shall be separate from ministries, regulators and providers.

Article 128 — Standing and powers

1. An applicant, patient, professional, facility, affected person, community or genuine public-interest organization has standing according to the matter.
2. The Tribunal may confirm, vary, suspend or set aside a decision, remit it with directions and grant interim protection.
3. Procedure shall be accessible, timely and proportionate, and decisions shall be reasoned and public with privacy safeguards.

Article 129 — Court review

1. A party may appeal to the competent court on law as prescribed by court legislation.
2. Constitutional and supervisory judicial review remains available and shall not be excluded by regulation, emergency declaration or contract.
3. A court may grant effective preventive, corrective, liberty-protective and compensatory relief within its jurisdiction.

CHAPTER XIX
REGULATIONS, TRANSITION AND COMMENCEMENT

Article 130 — Regulation-making authority

1. The President may, on recommendation of the competent independent body and Minister, make regulations necessary for matters expressly delegated by this Act.
2. Draft regulations shall identify authority, evidence and impact and allow at least sixty days for public comment except for a temporary emergency measure.
3. Regulations may prescribe technical standards, lists, procedures, licenses, records, product controls, facility requirements and transition consistent with this Act.

Article 131 — Limits on delegated power

1. A regulation may not create a tax, compulsory acquisition, imprisonment, unlegislated offence or penalty, indefinite detention, final automated decision or exclusion of courts.
2. It may not authorize forced sterilization, political health discrimination, concealment of public danger, State monopoly favor or reduction of constitutional compensation.
3. An incorporated technical standard shall be identifiable and reasonably accessible.

Article 132 — Legacy-law audit

1. Within eighteen months the responsible bodies and Legislative Revision Unit shall compare authentic texts of Proclamations 36/1993, 74/1995, 143/2004 and 158/2007 and related instruments against this Act.
2. Useful technical provisions may continue temporarily if published, consistent with this Act and lawfully remade within eighteen months.
3. Obsolete, duplicative and unconstitutional provisions shall be identified in a verified repeal and savings schedule for the National Assembly.

Article 133 — Existing institutions and authorizations

1. A lawful facility, professional or product authorization existing at commencement continues temporarily subject to registration and alignment with this Act.
2. A person shall receive reasonable compliance time unless an immediate serious risk requires action.
3. Accrued patient rights, liabilities, recalls and proceedings are preserved.

Article 134 — Implementation plan

1. Within six months Government shall publish a three-year plan for essential services, institutions, workforce, laboratories, medicines, digital systems, emergency capacity and local access.
2. The plan shall identify appropriations, milestones, sequencing and responsible bodies.
3. Limited capacity shall not justify discrimination, unsafe care, concealment, indefinite restriction or denial of review.

Article 135 — Commencement

1. Articles 1 to 19, 27 to 33, 52 to 83, 90 to 103 and 116 to 135 commence thirty days after publication in the Gazette.
2. Remaining Articles commence on dates appointed by published regulation within eighteen months, and any Article not appointed by then commences automatically.
3. A commencement regulation may arrange transition but may not postpone emergency care, consent, confidentiality, disease reporting, harmful-practice protection, complaints or court review.

Made at Asmara, this ___ day of _____ 2026.

THE NATIONAL ASSEMBLY OF ERITREA