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Malaria Aggravates Economic Hardships

Tawfik Eldeep

Introduction. The health care system in the Sudan is one of the oldest designs in Africa. What is impressive about the health system in the Sudan are the expansions of the health care infrastructure in the rural setting during the last decade. There had been an increase of over 100 in health centers, primary health care units and a number of layout of rural hospitals. (table A)

YEAR	HOSPITAL	HOSPITALS BEDS	HEALTH CENTERS	DISPENSARIES	DRESSING STATIONS	PHC UNITS
1979	156	17004	212	870	1828	989
1981	160	17300	206	790	1417	1580
1983	171	17774	251	856	1396	2183
1985	190	18594	288	977	1291	2725
1981	200	18816	330	1145	1205	3080
1989	205	19200	399	1224	1259	3200
1991	216	20135	426	1271	1285	2155
1993	228	21024	477	1345	1388	3013
Cumulative% change	+46%	+23.6%	+125%	+55%	-24%	+205%

Source:- (Health information Center FMOH 1995)

In 1995 there were one hospital for every 111,000 population, less than one hospital bed for every 1.000 (program review 1997 FMOH) Yet conventional indicators of the health facilities, health manpower, logistical capabilities, medical supplies and equipments are all very poor. The government policy of decentralizing health services to the rural village level has created more problems than it has solved to date. A rural woman is a teenage wife. She gets married very young. Child upon child born to her. Her husband looking for a better income. Her reproductive health needs become

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great. The husband movement to urban areas mark the beginning of population density in major cities. The primary health needs are gradually thinned out at both rural and urban supplies.

The population having lost faith in the rural services started to move away from village looking for private care services at the nearest urban settings.

The leading causes of illness and death in the country are invariably related to infections and parasitic diseases. Malaria is the number one health problem in the Sudan.

Health and Development. The aim of this paper is provide a health-framework that the government and international agencies can use to accelerate health development in the country. It shows the perspective role of socio-economic, political and medical factors in the determination of health status of the population. Good health is an important element of human welfare. It is a key factor in the creation of wealth. Wealthy countries are healthy countries and healthy countries are wealthy countries unlike other economic products and goods the health of the population cannot be improved or maintained without active participation of individuals and community leaders in the process of health services particularly those of communicable and epidemic diseases. In such cases service provision and use occur at the same time I.e supply and demands. Health care and supply of services such as curative medical care, housing cleanliness and nutrients are purchased from the market and this requires potential expenditure. The aggregate demographic variables such as population size and population growth rate are a set of determinants of health status of the community which are not governed by market prices. They can be disciplined through implementable policies and cooperation. Malaria, diarrhoea diseases and Aids when they occur simultaneously with sluggish growth in incomes of the population will dilute both the public and private resources available for health improvement. At the individual level such rates are a source of severe strain on the health of mothers and children. Malaria has its worst impact on the income and efforts needed to population development.

Large population movement as in cases of rapid rural-urban migration

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can have adverse effects on health development. Such movements happen several times in our country. Health care resources were strained and at times abandoned. Food availability in the receiving areas of population movement becomes scarce and expensive giving way to malnutrition and diseases and poor hygienic conditions. People left behind in their sending areas suffered shortages of public services and clean water. Supply and water born disease. Maternal morbidity and mortalities also got worse and worse go together. Thus population movements need to be monitored and regulated if there is a genuine population strategy. In short, our country become a target of severe ill health under the influence of both population movement and population density.

The causes and consequences of endemic disease are closely linked to wider development issues, including poverty, malnutrition, exposure to other infections, and gender inequality. Malaria alone has its devastating impact on health of the family members wasting their time and income looking for treatment and health care. Other members, relatives or friends abandon their work in order to nurse or pay visits to the diseased ones. The problem of malaria world wide complicates the issues of environmental protection, intensifies agricultural labor work and, certainly, adds to the burden of women in rural settings. The strategy of Roll Back Malaria is not without cost expenditure. It requires an improved flow management and staff training so as to maintain appropriate quality services including adequate follow-up through out the year.

In brief this presentation is a trial to foresee the danger signals of malaria beyond the determinants of health status. Malaria is a population problem, and a population policy have to take in consideration the size, the rate of growth, the rate of population movement and the needs of population. All in all these problems should be combined with informations about the political economy structure of our country in formulating health development policies.

Health threats. The rapid growth of population requires changes in land use for construction and these changes create new breeding grounds for water

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born diseases. Irrigation or damp construction in poor countries encourage water borne diseases (Schistomiasis and malaria). The clearing of tropical forests and greeneries create hardpan on which rainwater can collect and mosquitos never stop to breed world wide. Malaria results in over one million deaths each year and accounts for some 300 million new clinical cases. Malaria causes 10% of the total sub-Saharan Deaths (state of the World population 2001 UNFPA).

Summary And Conclusion. The measures of health development identified in this paper include the reflections of population movement and the population growth due to high fertility and related mortalities. The level of health development in the Sudan remains quite low for both sides of quality and quantity. It is probable that the morbidities of the malaria and its psycho-social stress shall remain an Economic hardship of the country and the prevailing absence of a sound population policy and poor health inputs.

Based on the issues indicated above our political economy requires the efforts coordinating the various players (NGOs and private sector). They should not be alternatives, an opinion that is mistakenly believed and practiced.

The existing network of health care facilities need to be reexamined to provide access for all pregnant women to basic maternity care comprising quality antenatal care, intra and post delivery care. The facilities have ensure that the guidelines reflect the skills and abilities of the various service providers and the different levels of the deliver systems at which they operate. Assessment of the needs for training and retraining of the health mangers and health providers in the different levels of the delivery system to insure a record keeping to ensure:

- a. Health education and follow-up
- b. Nutritional care
- c. Logistics needs
- d. Efficiency of equitable referral system
- e. Full participation in FPI programs