

Prospects for self-reliance in the provision of public health services

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Studies published in this issue of the journal demonstrate that there is increased level of utilization by people of public health services that are critical to the achievement of the Millennium Development Goals (MDGs) in Ethiopia.

In Bahir Dar town, Northern Ethiopia, patients from low levels of education and with minimum monthly income are enrolled in hospital based Anti-Retroviral Treatment (ART) services (1). More than four-fifth of the women attending ART services in Hawassa University Hospital in SNNPR had disclosed their HIV positive status to sexual partners with higher rate of status disclosure than reported elsewhere in the country (2). Coverage of Insecticide Treated Nets (ITN) in Arbaminch Town and the malarious villages of Arba Minch Zuria District was 75.1% and 58.8% respectively, with more than 70% utilization rate by any member of the household the night prior to the reported study (3).

To observe such developments in services utilization is encouraging, especially when parallel developments are seen in the growth of government and household contributions in the financing of these services. Compared to three years ago (4), government contribution to financing health services has grown by 71%, even though most of the increase in contribution still came from households (growth by 176%) and international partners (growth by 143%). This shows that even though per capita national health expenditure has almost doubled (from US\$7.14 to US\$16.09 per annum) during the three years, the overall financing of the health sector mainly originated from international partners, households and the government with employers; with contributions of 40%, 37% and 23% respectively (5).

The ideals of the MDGs were designed to be reliant on international partnership as health is considered a global public good the attainment of which requires mutual support across countries. However, the pledges from international quarters do not seem to be forthcoming as promised and the rate at which total international aid is increasing has slowed (6). Many donor governments are also promoting the

establishment of a ceiling on the next round of disease fight grants to developing countries (7).

Amidst such a situation, there is alternative for nations than trying to be self-reliant in financing the provision of their health services. In addition to raising resources from local sources, countries should also identify and encourage behaviors and practices that are efficient in bringing about desired changes in health prevention and promotion. Such practices may include the development of indigenous knowledge and resources for the control and management of MDG target diseases. The study by Deressa, Mekonnen and Animut in this issue demonstrates the possibility of developing such resources by highlighting the importance of the search for plant-derived anti-malarial drugs at local levels (8). Alemayehu, Haidar and Habte also highlight the importance of behaviors related to adolescent fertility, which in turn, are critical to the achievement of maternal health MDGs.

According to them, for achieving optimal fertility levels, concerted efforts are needed to empower adolescents to fight early marriage, to promote education and to encourage the utilization of family planning particularly among rural teenagers (9).

Therefore, amidst concerns over the fulfillment of MDGs related pledges from international partners, countries like Ethiopia should not be distracted from efforts to make their own investments in the health of their people, in attempts to be self reliant in financing the provision of health services essential for achieving set goals. It should also be noted that the health problems targeted by MDGs are greatest threats to survival and life expectancy (especially in developing countries), and unless properly address will have devastating economic burden, through the loss of human capital and reduced productivity with resultant worsening of underdevelopment within these nations.

In this regard, the health sector in Ethiopia has to speed up the long overdue and hitherto very slow implementation of its health care financing strategy that are aimed at: improving the availability of health care resources in a way that would improve

equity and sustainability and lead to improved quality of care (10).

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