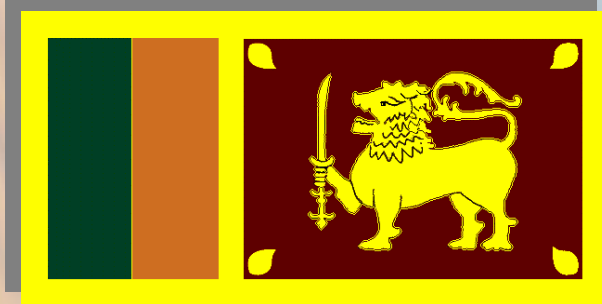


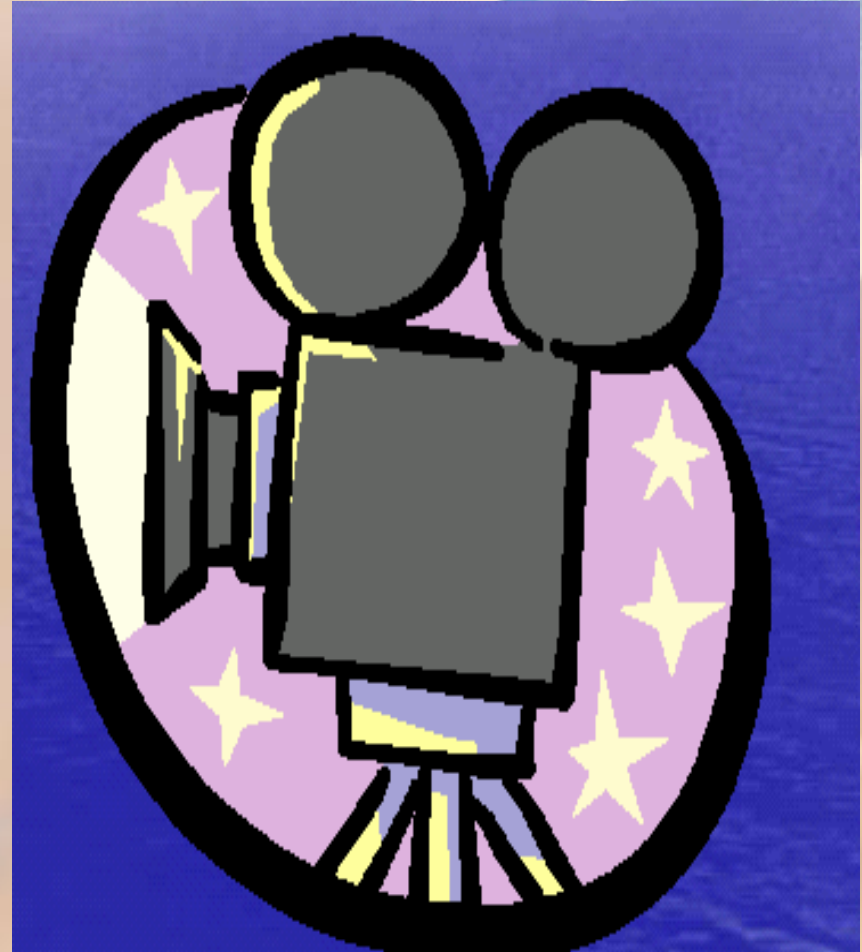
Health services of Sri Lanka



*Dr. M.A.L.R. Perera,
MB; BS, M.Med.Sc & MD (Community Medicine)
Health Systems Management Specialist &
Senior Fellow
Institute for Health Policy
Former Secretary
Ministry of Health, Nutrition & Welfare,
Sri Lanka*

Outline of presentation

- **Introduction**
- **Vision, Mission, policy**
- **Decentralization**
- **Organization**
- **Health status**
- **Trails blazed**
- **Challenges faced**
- **Response**





Introducing Sri Lanka



2004 – population 19,462 mlns
Pop density – 310/sq. km.

85.4% rural(2001)

Household size 4.31 (2003/4)

Dependency ratio 49.35%(2004)

Literacy 92.5%(2003/4)

Per capita GNP US\$ 1031 (2004)

Poverty – pop below US \$ 2 –
45.4% (1995)

HDI 0.751(2003) 93rd/ 177

Sources - Annual report CB 2004 & HDR 2005

VISION

A healthier nation that contributes

to economic, social, mental and spiritual development

MISSION

To achieve the highest attainable health
status

by responding to people's needs

& working in partnership

to ensure access to

comprehensive, cost effective & sustainable health services

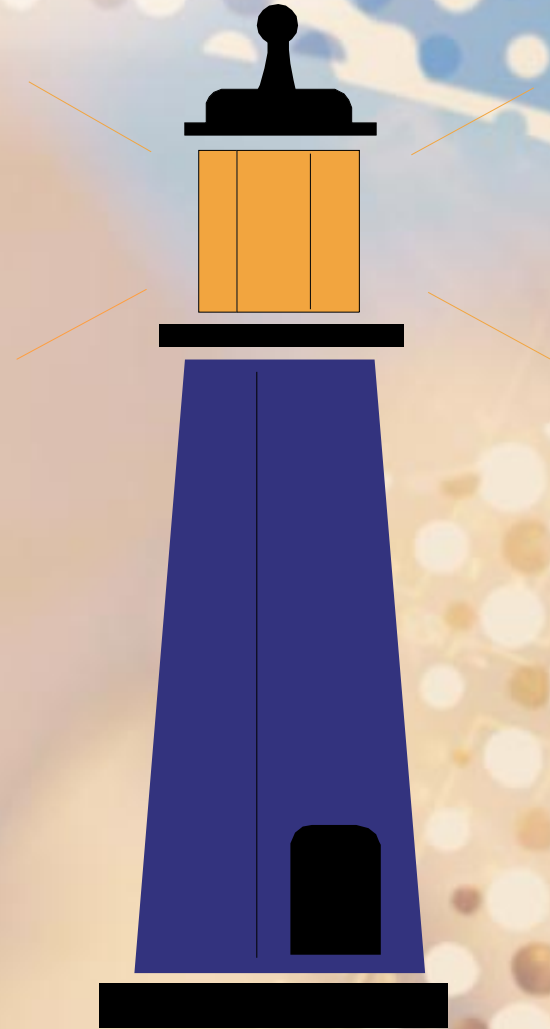
Broad Health Policy

- ❑ Western, Ayurvedic, Unani, Siddha and Homoeopathy systems
- ❑ Private public partnership
- ❑ Philosophy – those who can afford, to access private sector
- ❑ Free at point of delivery
- ❑ Universal access to public Western system , geographically & socially



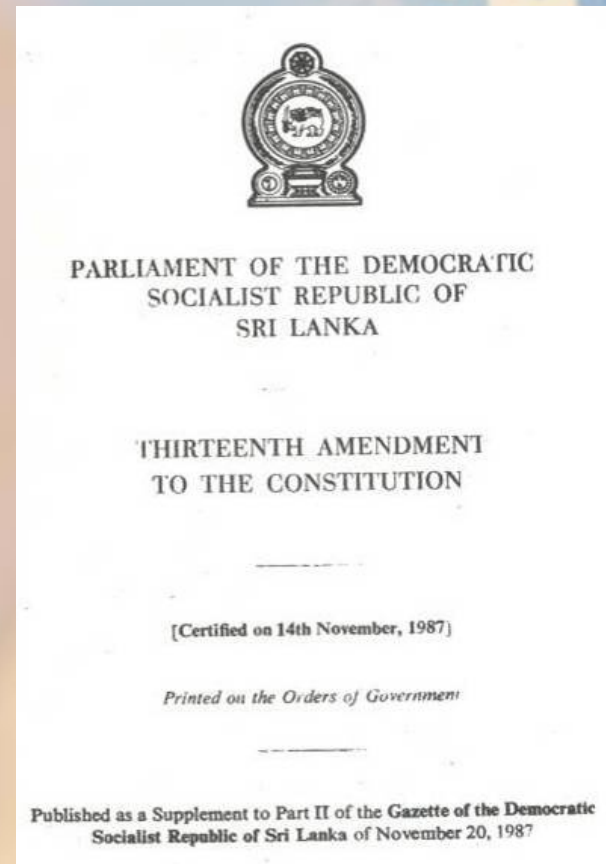
Guiding principles of health policy

- **Respect dignity of individual**
- **Recognise right of individual involvement in management**
- **Quality, equity & accessibility**
- **Optimal utilization**
- **Inter relationship with other sectoral development**



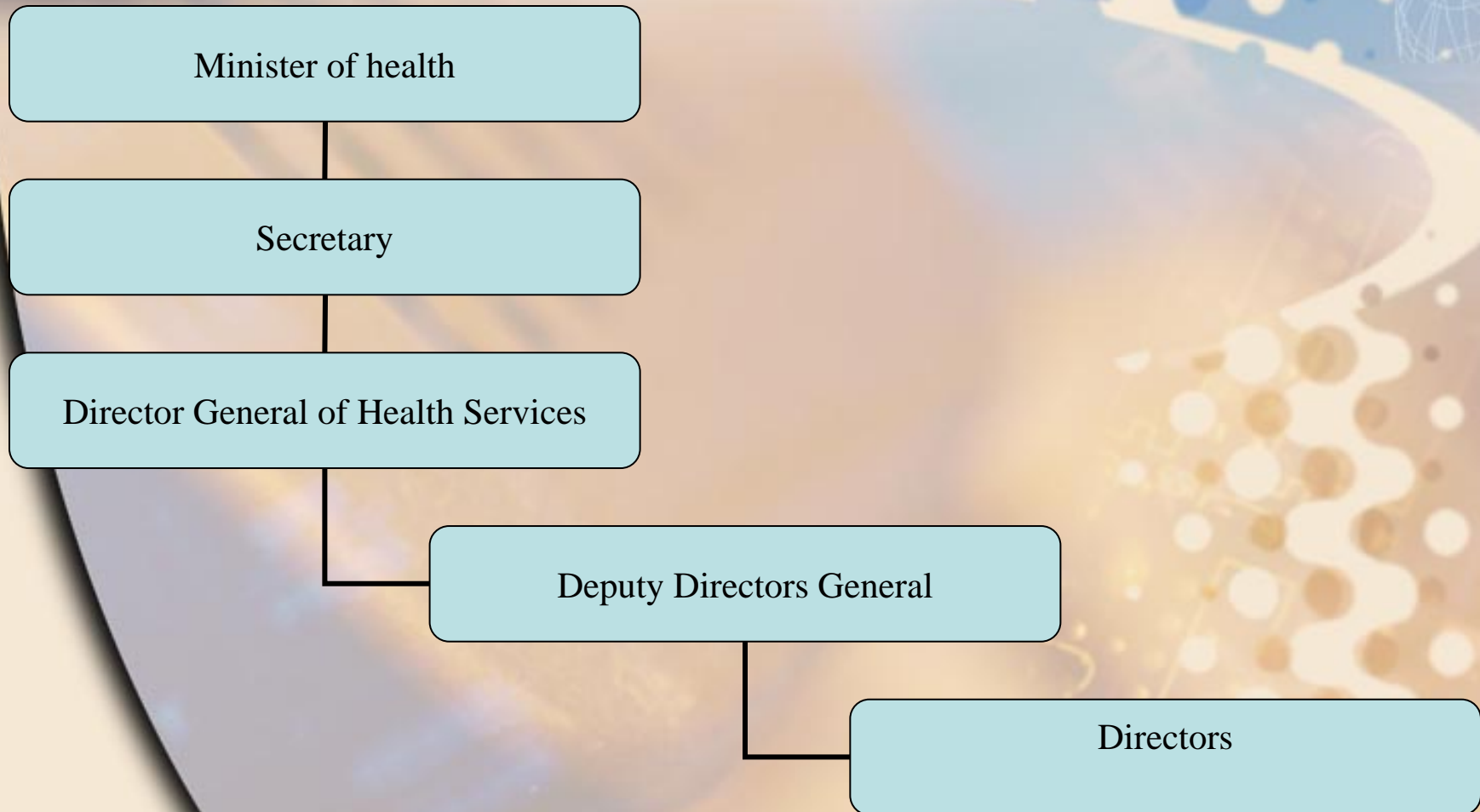
Decentralization

- 1954 - 15 SHS
- 1987 - PCs - health administration totally devolved
- Ministry - formulating policy, management of TH, Special Hospitals, Specialized Campaigns, technical training, & bulk purchases of medical supplies.
- 1992 – D Directorates



Health services organization

Central



Health status

- CBR 18.9 (2003)
- CDR 5.9 (2003)
- IMR 11.1 (2003)
- NMR 12.8 (1997)
- MMR 3.5/10,000 LBs (1997)
- Life expectancy 2000 – 2002*
 - M 68.1
 - F 76.6
 - Difference 8.5



Source - Annual report CB 2004 / Annual health bulletin 2003

* De Silva, Indralal

Health Performance - 2000 (WHO)

DALE	Responsiveness	Fairness in financial contribution	Goal Attainment	Per capita Ex. On Health	Over all Rank
76th	101st	76th	80th	138th	76th



Life course approach to MCH

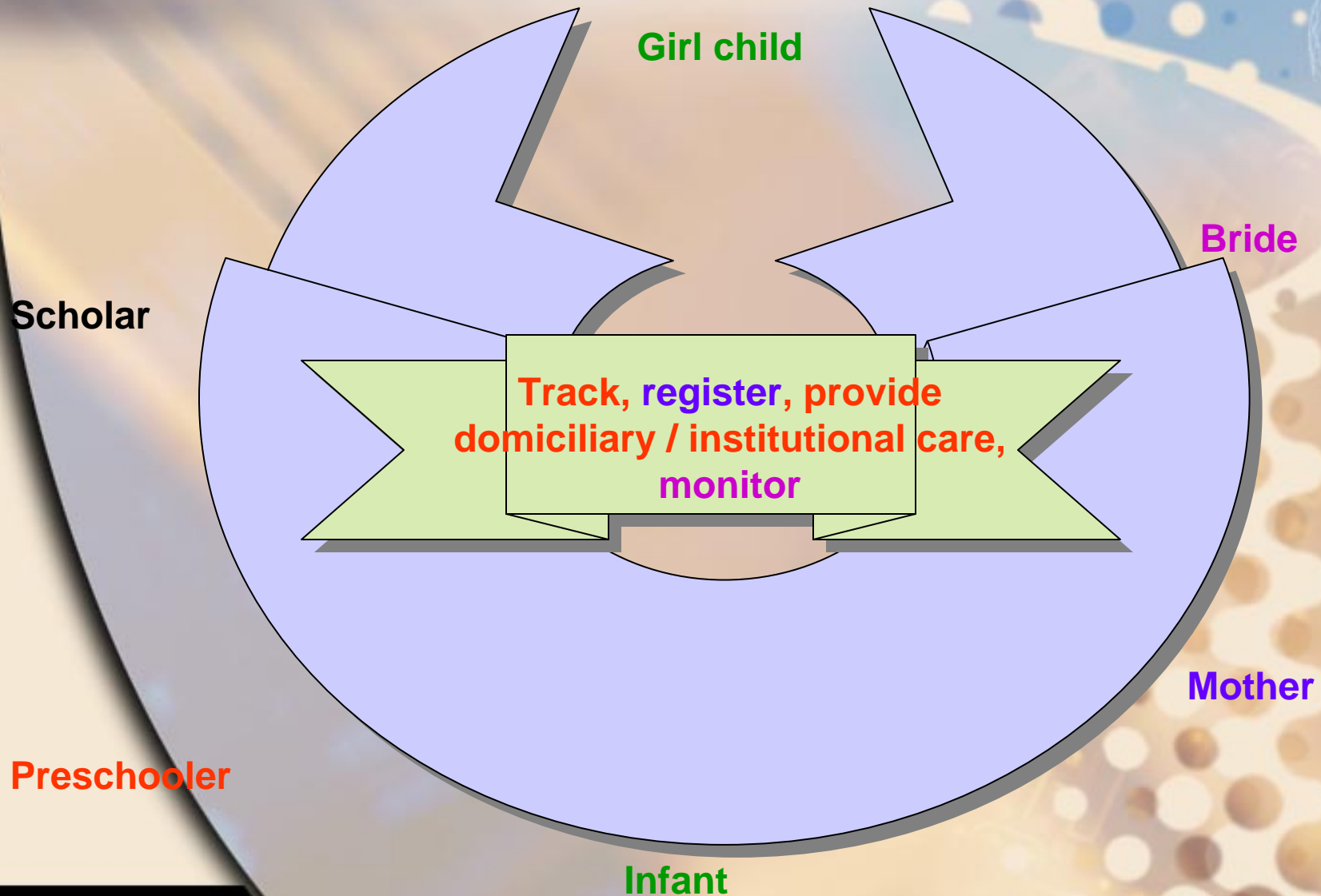


Fig 1.4 - Trends in Maternal and Infant Mortality Rates, 1930 - 2002

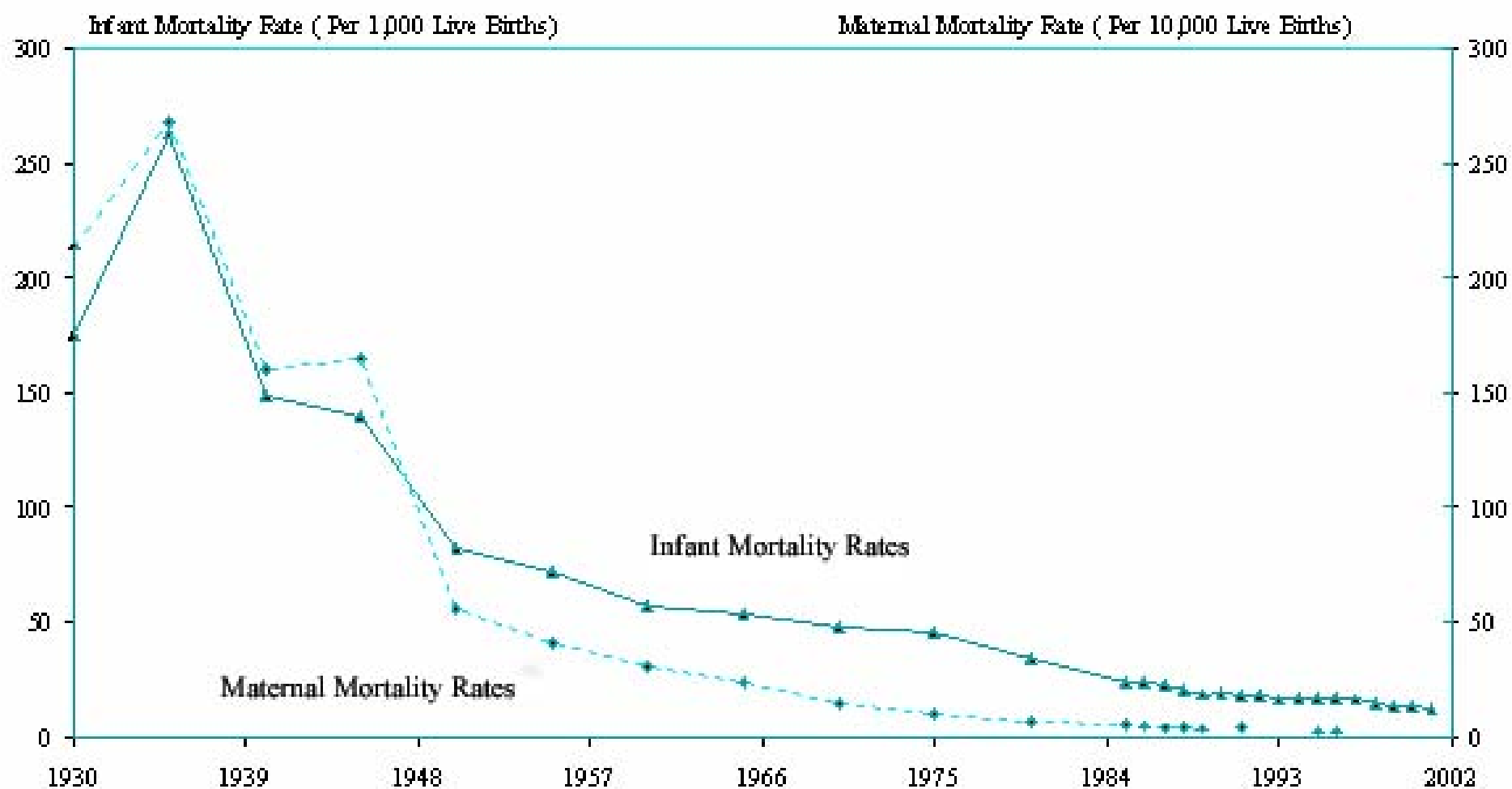
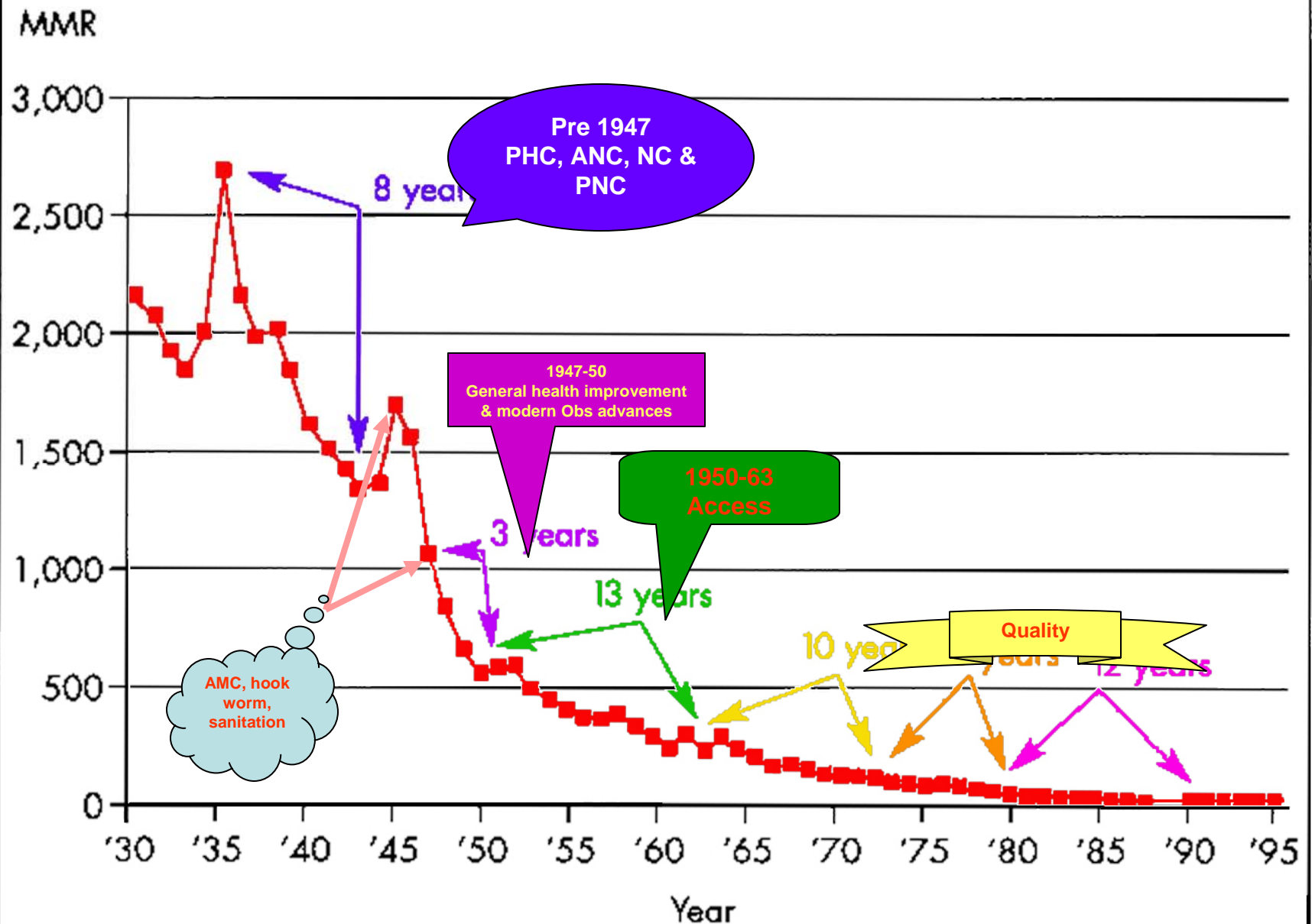


Figure 1. Maternal Mortality Ratio, Sri Lanka, 1930-95



Source – Investing in maternal health - WB

Learning from SL & Malaysia

- ❖ **MR**
- ❖ **Can Be Halved in Developing Countries every 7 – 10 years**
- ❖ **Reduction affordable regardless of income level and growth rate**
- ❖ **Declines rapidly with a synergistic health and social Services package reaching poor**
- ❖ **Governments can afford to provide critical elements of maternity care free**
- ❖ **Different tactics needed at different stages of Health systems development**
- ❖ **Recognition of professional midwifery is crucial to reducing MM**
- ❖ **Raising importance of maternal death through recording, reporting, maternal death review and subsequent advocacy will improve program performance**

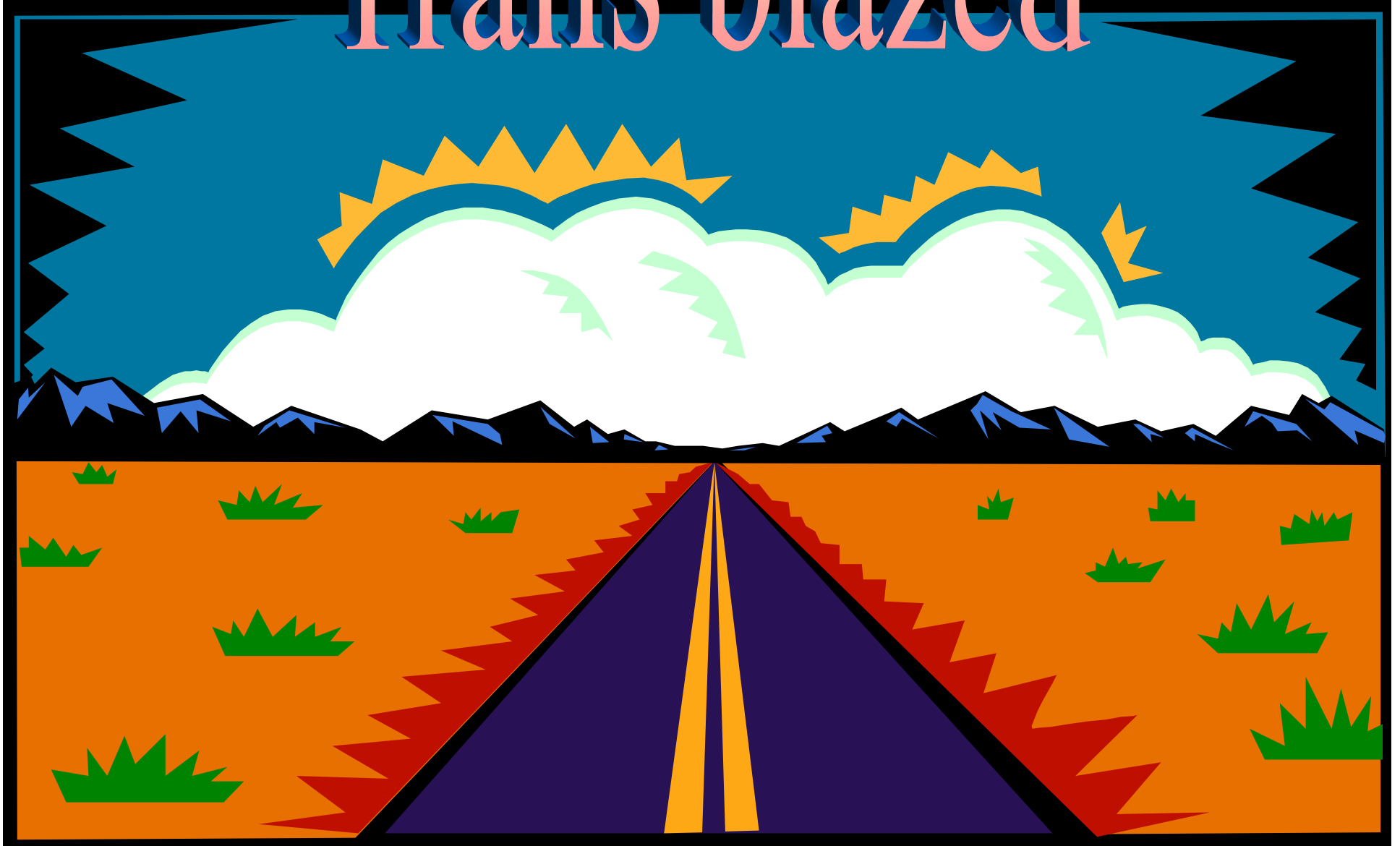


Source – Investing in maternal health - WB

Reasons for satisfactory health status

- ❖ **Human development (emphasis on rural poor)**
- ❖ **Free education, health care, food supplements**
- ❖ **Good infrastructure, including health care delivery network (urban 1.5, rural & estates 2.3 Kms)**
- ❖ **Empowerment of women**
- ❖ **Health literacy of women**
- ❖ **NGOs**
- ❖ **Leadership by Medical administrators**

Trails blazed



Millenium Development Goals



Goal 1. Eradicate extreme poverty and hunger

Goal 2. Achieve universal primary education

Goal 3. Promote gender equality and empower women

Goal 4. Reduce child mortality

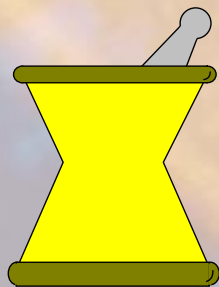
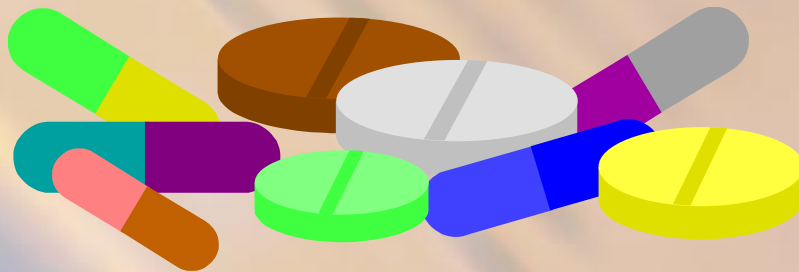
Goal 5. Improve maternal health

PHC

- ✓ **Health unit 1926**
- ✓ **Alma Ata 1978**
- ✓ **charter for Health Development - 7th February 1980**
- ✓ **health development network - 1980 (NHC etc.)**
- ✓ **Maternal & infant mortality reviews**



Drugs Policy



- ❖ **Professor Senaka Bibile**
- ❖ **National Formulary Committee – 1958**
- ❖ **500 (by generic name) for hospitals (WHO – EDL in 1977)**
- ❖ **SPC – 1971**
- ❖ **EDL in 1985 revised regularly**

Social marketing

- ✓ Elimination of leprosy
- ✓ **Condoms**
- ✓ TB control programme
- ✓ Healthy life styles initiative



National Commission on M&H

- Advise Government on investments in health - optimal contribution to development
- Recommend strategies for scaling up health interventions, particularly those aimed at the poor
- Commission appropriate studies, to support the work of the Commission.
- Recommend modalities for mobilizing increased external resources



Terms of Reference

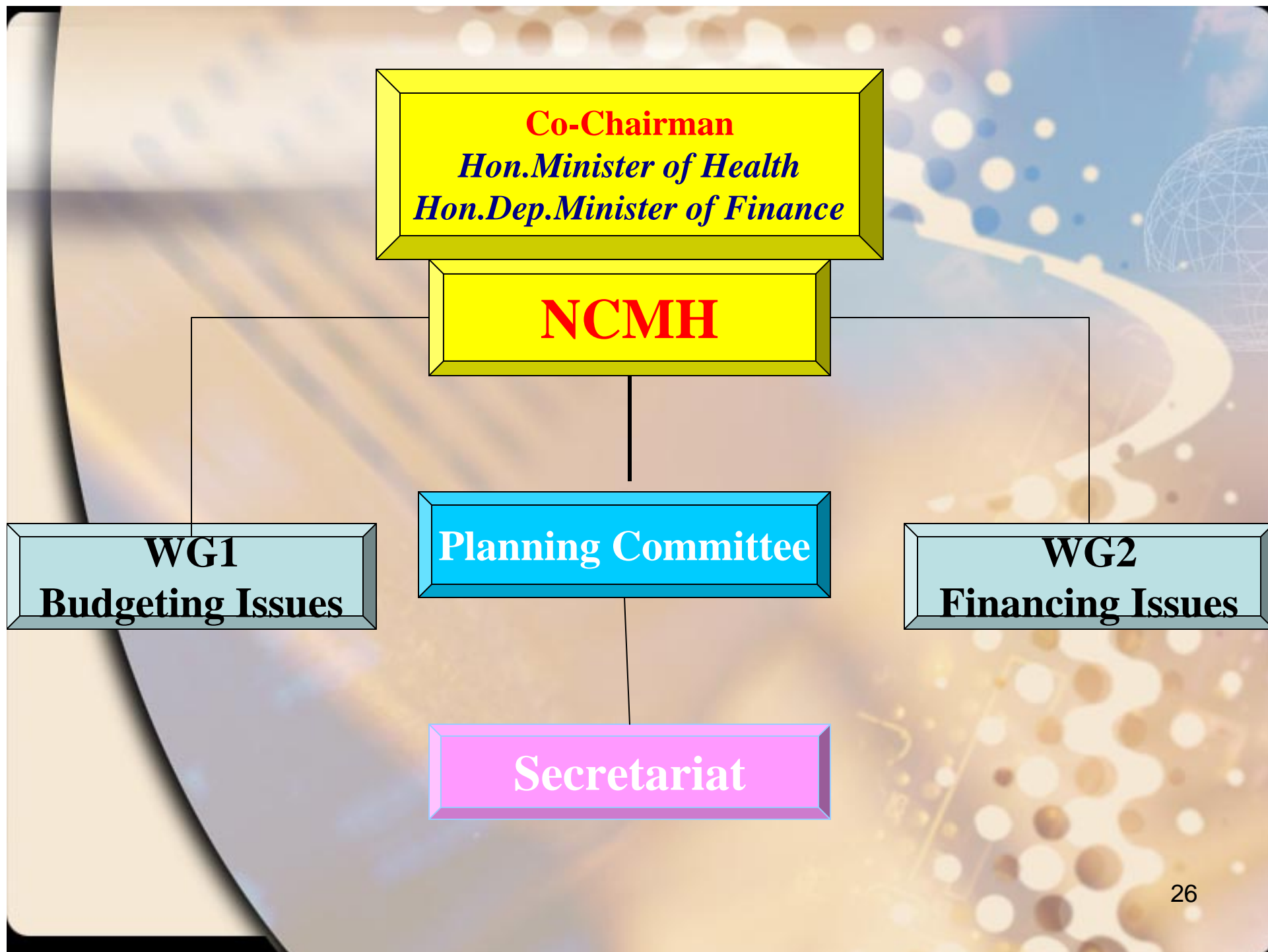
1. To advise the Government and the Minister of Health on all broad policy issues, policy options and directions in relation to investments in health, both in the public and private sectors so that health could make an optimal contribution to development of the country.
2. To recommend new approaches and strategies for scaling up health interventions, particularly those aimed at the poor, and increasing the investments in health for human development.

Contd...24

Terms of Reference

Contd..

- 3. To commission appropriate studies, in different aspects of macroeconomics and health that will support the work of the Commission.**
- 4. To recommend modalities for mobilizing increased external resources for health development and to advise on broad policies and strategies for their optimal utilization.**
- 5. To advise the Minister of Health on all aspects related to economics and health for overall health and human development in Sri Lanka.**





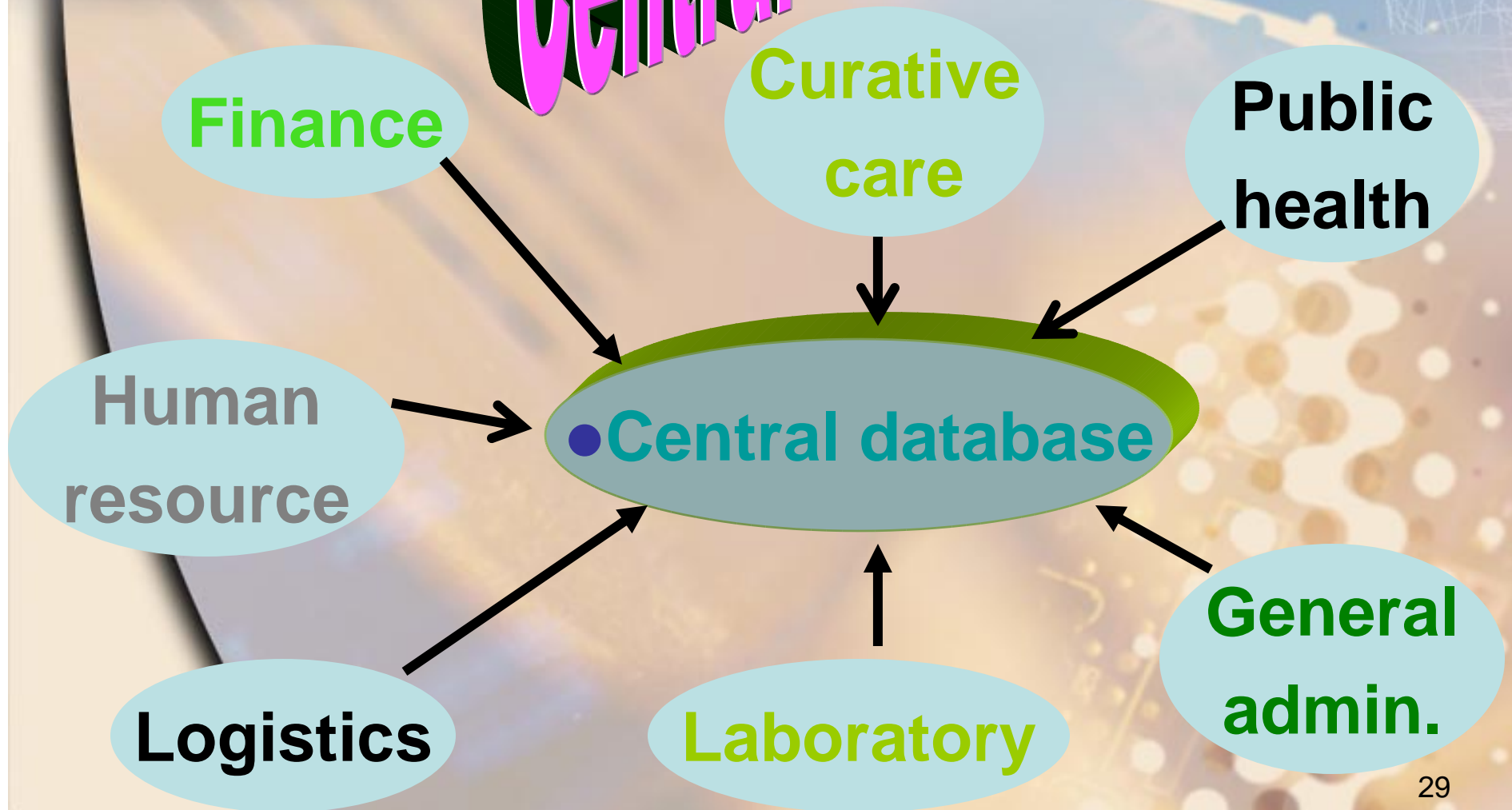
E-Sri Lanka

Towards healthy e-government

MIS Project

- Central database
- LAN in the Ministry
- Eight provincial databases (WAN)
- Connect large hospitals
- Connect all DPDHSS
- Connect all DDHSS
- Connect all RMSDD
- Connect all other disease control programmes
- Finally an Intranet

Central Database



Challenges to sustain health gains



- Epidemiological transition (demo, life styles, ? LBW – foetal origins Barker)
- Drugs, technology and skilled professionals
- **Urbanization**
- **HIV risk factors**
- **Demand for resources**
- Rehabilitation of the North East / tsunami

Problems in the sector



**High cost of
maintenance of existing
facilities**

**Pressure to expand
services / facilities**

**Pressure to keep
abreast of technological
advances**

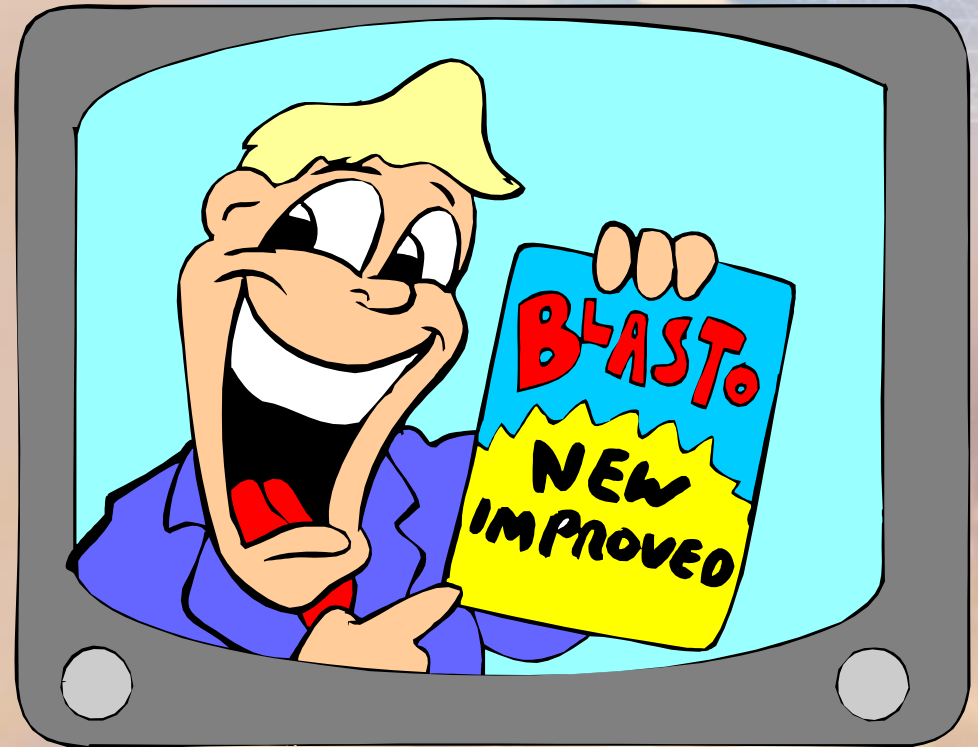
**Demand for all services
at door step**

Modern lifestyles

**Triple burden of
disease**

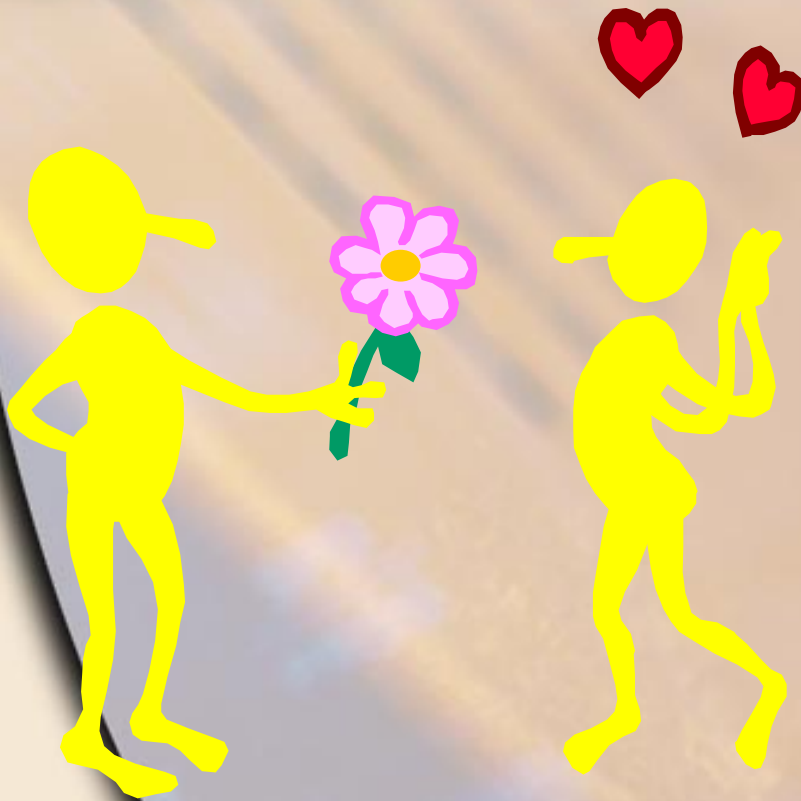
**Communicable to
non communicable
diseases**

**Diseases of
communication**



Towards prosperity through healthy living

Critical aspects



**Balanced diet across
life span (especially girl
child)**

Exercise-a part of life

**Abstain from substance
abuse**

Avoid tobacco

**Avoid stress and
cultivate patience**

National programme



**Foundation during
childhood**

Curriculum

**Change in knowledge
attitude and practice**

Required -simple steps

Well women's clinics

Check BP annually

Health Master Plan

Summary

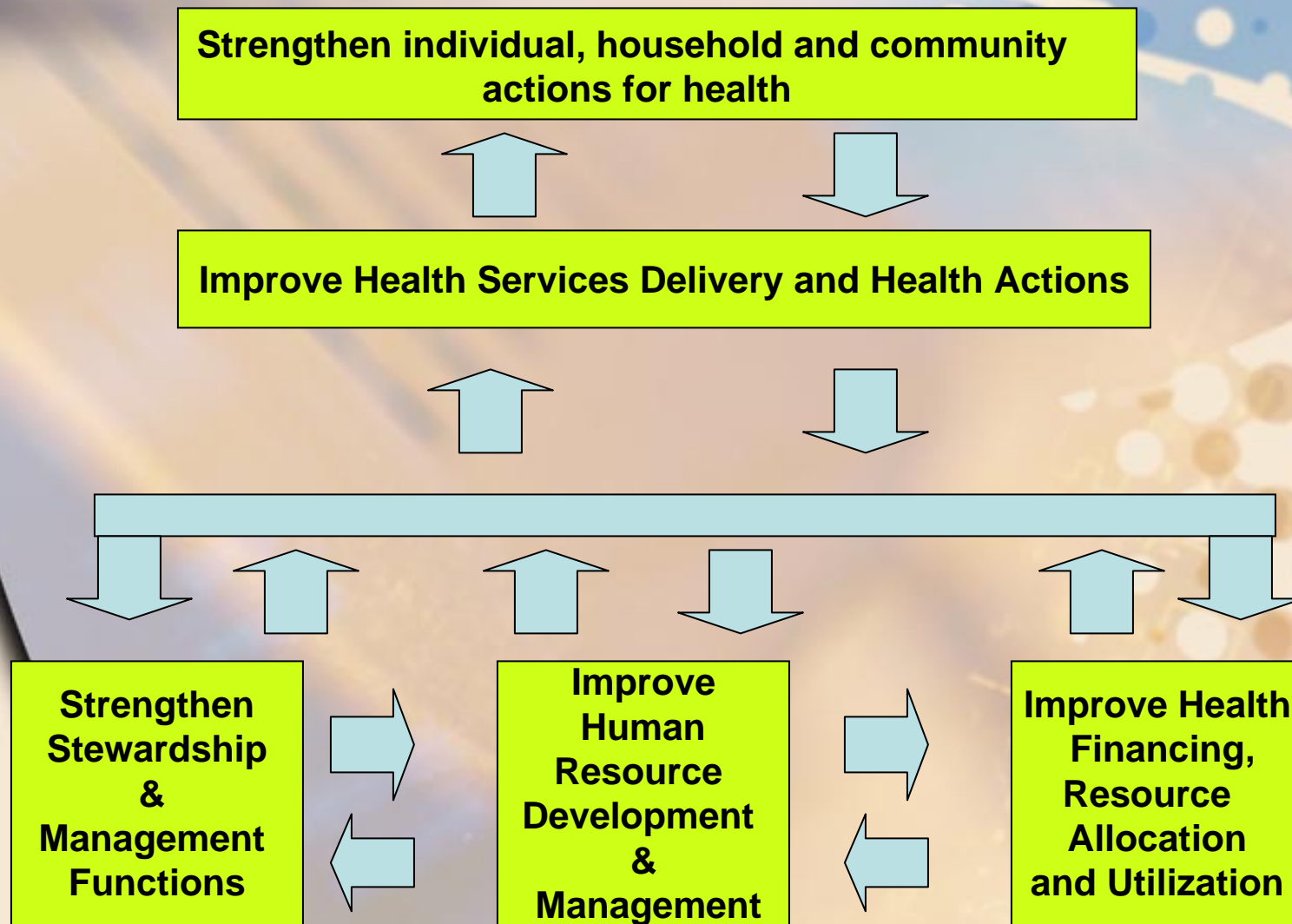
Healthy & Shining Island In The 21st Century

2007 - 2016



Ministry of Healthcare & Nutrition
Democratic Socialist Republic of Sri Lanka

Draft master plan DEVELOPMENT FRAMEWORK



Thank You

You are a wonderful audience

