

The quest for equity the Sri Lankan experience



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Equitap meeting

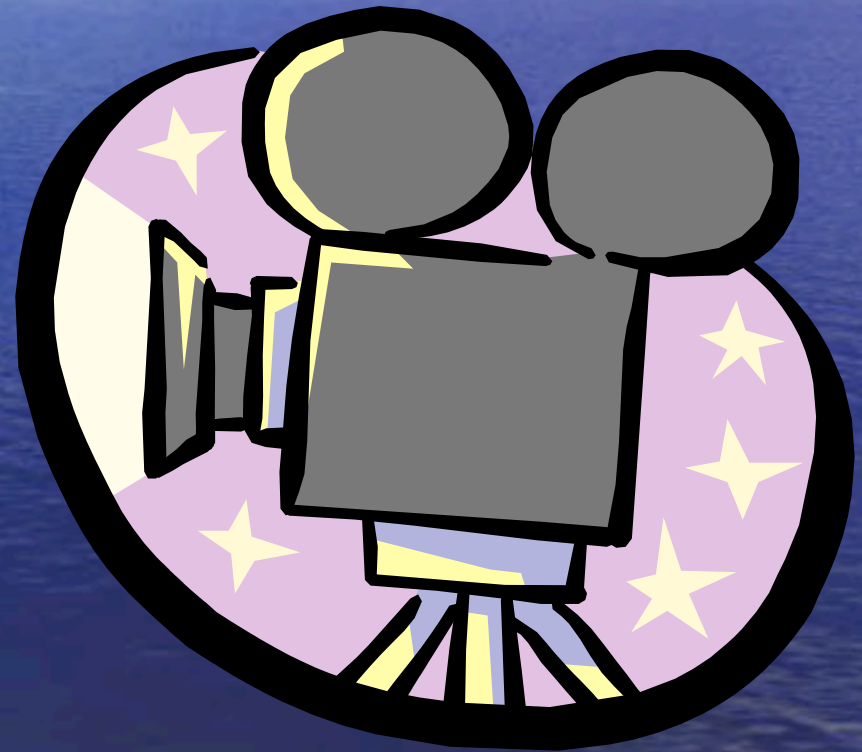
Kandalama hotel, Kandalama, Sri Lanka.

March 14th. To 18th. 2005.

Outline of presentation

An insight

- Introduction
- **Policy perspectives**
- **Historical perspectives**
- **Decentralization**
- NCMH
- **Social marketing**
- **Armed conflict & equity**
- **R & D**
- **The challenges to sustain equity**
- **Draft master plan**



Introduction



- Equitable nature contributes to health status
- Mission – equity objective
- Well developed health system

Health Policy perspectives

- Human development
- **1992 - the services are equitable**
- **1997 policy - equity major objective**

Health Performance - 2000

Country	DALE	Responsiveness	Fairness in financial contribution	Goal Attainment	Per capita Ex. On Health	Rank
Sri Lanka	76	101	76	80	138	76

Implicit attributes of equity



- Free
- Universal
- Geographical equality, responsive
- Good quality
- Funded from GGR

Historical perspectives

- Human development
- Universal franchise - empowerment of women
- Multi sectoral approach crucial to equity



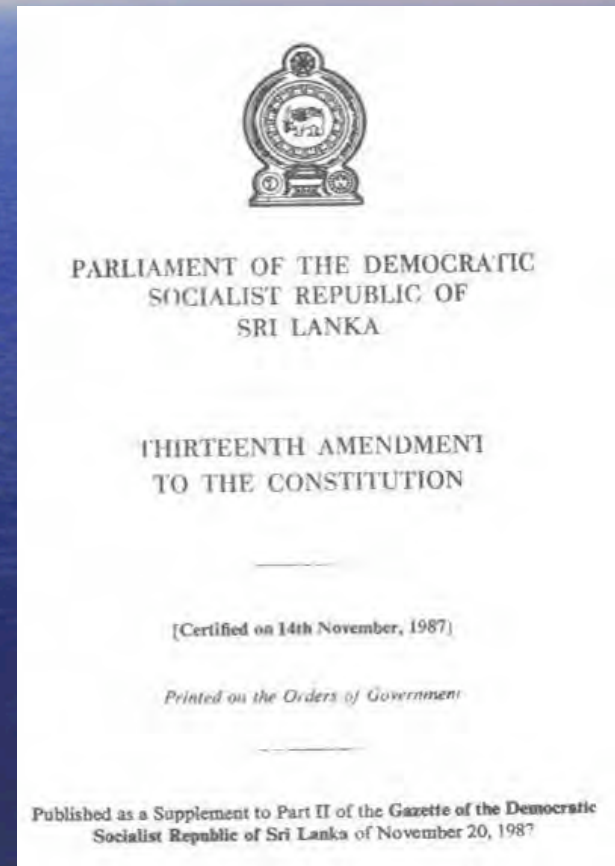
Historical perspectives



- ❖ Free compulsory education transcended gender boundaries - considered single most significant contributory factor
- ❖ **PHC 1926 (Alma Ata 1978)**
- ❖ **Suwasaviya**
- ❖ **Essential drugs – 1958 (WHO 1977)**

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



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



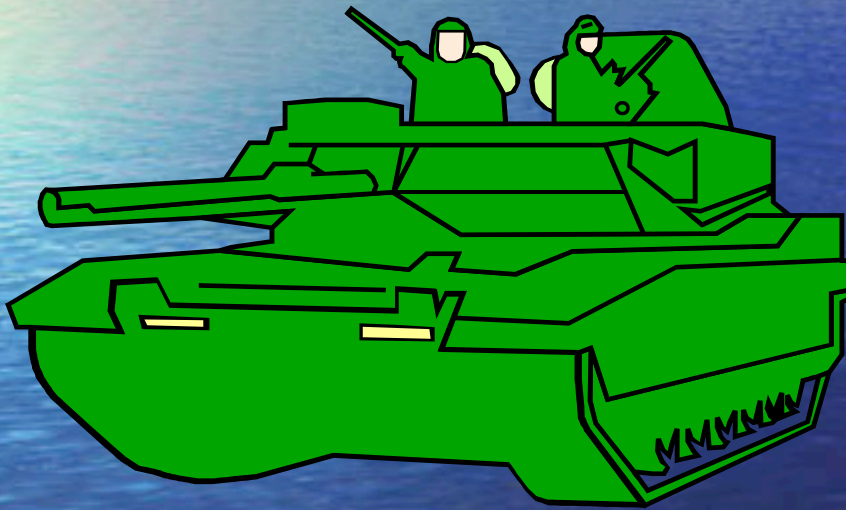


Social marketing

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



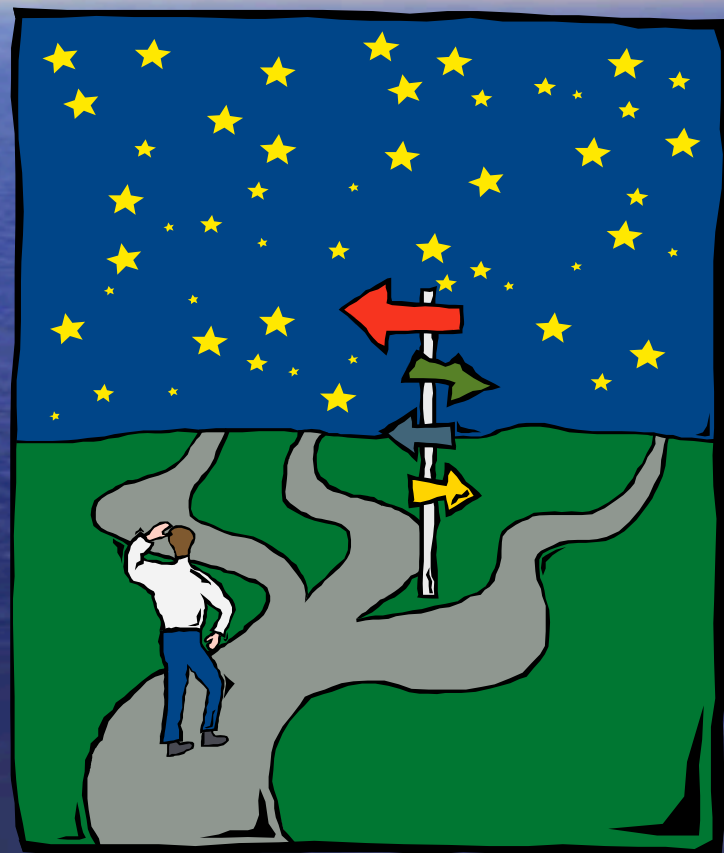
Armed conflict & equity



- **Infrastructure & human resources**
- **Medical supplies uninterrupted**
- **NGOs - human resources & service delivery.**
- **UNICEF on NIDs**

R & D for equity

- Health man power 1971
- DHS – 1975, 1982, 1985, 1987, 1993, & 2000. 2005 planned
- WHO study on decentralization (1995 / 96).
- EQUITAP project.
- Research culture in MOH



Challenges to sustain equity



- 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

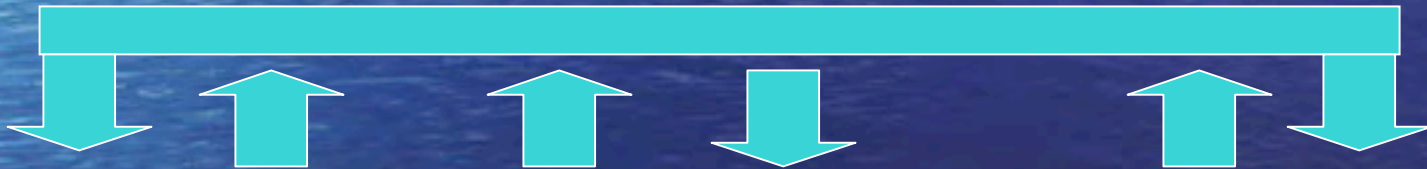
Draft master plan

DEVELOPMENT FRAMEWORK

Strengthen individual, household and community actions for health



Improve Health Services Delivery and Health Actions



**Strengthen
Stewardship
&
Management
Functions**



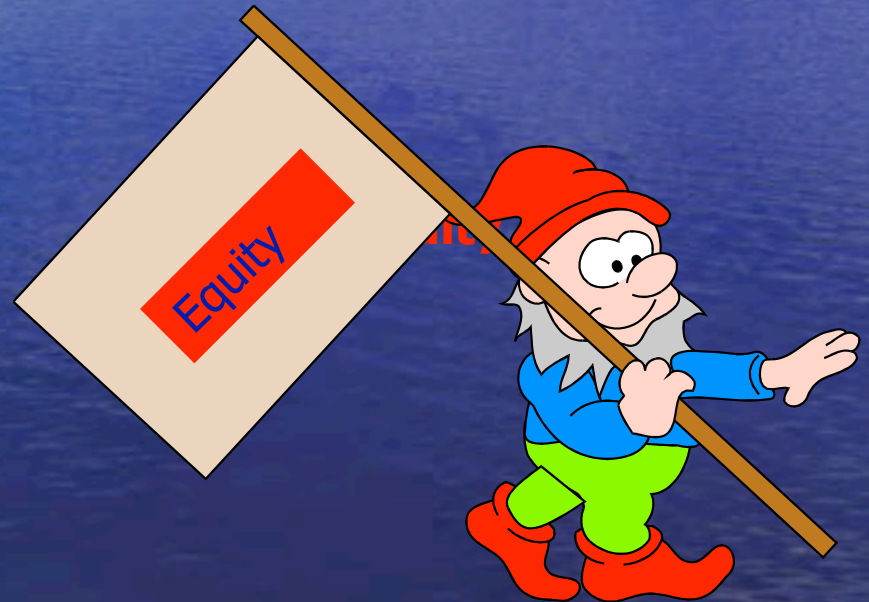
**Improve
Human
Resource
Development
&
Management**



**Improve Health
Financing,
Resource
Allocation
and Utilization**

Conclusion

- ☐ Equitable nature key element of success of health system
- ☐ Paved way for a reasonable health status.
- ☐ Daunting challenges
- ☐ The responses planned likely to preserve status quo provided public sector investment is enhanced.





Thank You !!



You are a wonderful
audience

