

HEALTH SECTOR

Sri Lanka is often lauded for her relatively good health, economic and development indicators. This island nation of some 19 million people has a literacy rate of over 90%, a life expectancy of 73 years, and scores 0.75 on the UNDP Human Development Index.

However, the ongoing civil conflict has led to much loss of life, psychological trauma, damage to infrastructure and homes, displacement, restricted mobility, disruption of local economies, disruption of community and institutional networks, and deterioration of health services and coverage. The rate of suicides, especially secondary to poisoning with pesticides, is on the increase. The rate of teenage pregnancies is also rising in the North-East; this is due to lack of privacy in IDP camps and the fact that unmarried male and female adolescents are at risk of forced conscription into the fighting. Emergency access to health care is severely hampered by lack of resources and by restrictions placed on overnight travel by security forces. Vaccine coverage, which has historically been very good, is being affected by the itinerance of IDPs. Maternal and child health and nutrition has been affected adversely by the forced mobility of the population. The IDP camps themselves produce new health challenges, as health services have to be mobilized to meet needs, and overcrowding and inadequate waste disposal can potentially lead to an increase in vector-borne diseases and communicable diseases. Finally, health services in the North-East (where the conflict is concentrated) suffer from an ongoing shortage of personnel and equipment (as a whole, Sri Lanka has 48.9 physicians per 100,000 people; in Batticaloa, it is only 21.3 per 100,000 (source: Annual Health Bulletin 2003). Likewise, the infant mortality rate is 13.3 per 1000 live births nation-wide, but 24.5 in Batticaloa).

WHO (World Health Organisation) Sri Lanka and the Ministry of Healthcare and Nutrition are the health sector leads in Sri Lanka. Together, we coordinate the efforts of all health actors in the country, pinpointing gaps and seeking to efficiently fill these gaps. The ultimate aim is to ensure the population of Sri Lanka is able to achieve the highest level of health possible, with equitable access to health services for disadvantaged groups.

Health priorities for 2008 include:

- **Maintain and strengthen coordination between the Ministry of Health and all actors in the health sector.**
- **Addressing the severe shortage of skilled human resources in the health facilities of the North and East.**
- **Strengthening capacity of Primary Health Care facilities especially in the North East, to reduce avoidable mortality and morbidity.**
- **Ongoing monitoring of IDP populations, in order to assess health needs, and provide prompt assistance where needed, as well as coordinating with other health actors to fill gaps.**
- **Improving access to emergency health services by training of staff, provision of equipment, and providing access overnight via security check-points.**
- **Improving the disaster management capabilities of the health system both peripherally and centrally.**
- **Mental health – improved surveillance, prevention and support to manage the increase in suicides and psycho-social distress associated with the conflict; improve follow-up of known mental health patients displaced by conflict.**
- **Reproductive health – strengthening of emergency obstetric care; addressing rise in teenage pregnancies through extensive patient education.**
- **Improve immunization coverage through identification of children under 5 who have missed vaccination during the last 3 years.**
- **Prevention of gender-based violence.**

Health actors working in Sri Lanka currently include:

- Ministry of Healthcare and Nutrition
- WHO
- Merlin
- UNFPA
- Sewa Lanka
- Sarvodaya
- UNICEF
- IRD
- Medical Teams International
- Medecins sans Frontieres

HEALTH INDICATORS

- There are 19.3 million people in Sri Lanka as of the 2001 census. Sri Lanka is entering the third stage of the demographic transition, with declining birth rates and improved life spans leading to a greying population.
- About 23% of the population lives below the World Bank standard poverty line of one USD a day in seven of the eight provinces in the country
- Life expectancy at birth is 71.7 years for males, 76.4 years for females (2005 AHB)
- Crude birth rate is 18.83, and crude death rate is 6.6 per 1000 population (Annual Health Bulletin 2005).
- The overall infant mortality rate has declined steadily over the last century (but there is still a significant district variation).
- Under 5 mortality rate is 13.39 per 1000 under 5 population.
- Maternal mortality rate is 14.3 per 100,000 live births (2005 AHB).
- Sri Lanka has an extensive network of public health clinics and hospitals across the country, with a total of about 60,200 beds. Most of the population meets the Sphere requirement of living within 5km of a facility (except in the North-East).
- In 2005, total health expenditure in Sri Lanka was 1.85% of GDP. Of this, roughly half is provided by taxes, while half is provided by out-of-pocket spending by patients.
- Foreign assistance amounted to 4% of the government health expenditure in 1998.
- A survey in 2000 (source: Census 2001) showed that 29.4% of under five-year-olds were underweight, 14% were wasted and 13.5% stunted.
- Epidemiologically, communicable diseases such as dengue and malaria still cause a significant burden of disease, but non-communicable diseases (diabetes, cardiovascular disease) are increasing with the ageing population.
- Almost 400,000 Sri Lankans experience a serious mental disorder each year; suicide rates are also one of the highest world-wide, causing 6000 deaths annually.
- As of 2005, there were 51.9 medical officers per 100,000 population and 101.4 nurses per 100,000 population nation-wide (source: Annual Health Bulletin 2005). However, these staff are concentrated in the south-west in urban centres, leading to a dearth of staff in the peripheries.
- Sri Lanka has eradicated small-pox and achieved universal child immunization, and is now well on the way to polio eradication.
- 97% of pregnant women, 98% of deliveries and 98% of newborns are attended by trained personnel.