

Migration and human resources for health:

From awareness to action

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Health Care System: SRI LANKA

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Abstract

Sri Lanka holds a unique position in South Asia as one of the first of the less developed nations to provide universal health, free education, strong gender equality, and better opportunity to social mobility. Since its independence, successive governments have implemented welfare-oriented policies and programs which have allowed Sri Lanka to achieve relatively high standards of social and health development in comparison with countries of similar levels of economic development. As a result of this, the country has made significant improvements in social welfare, both in the development of public health care and education systems. The attainment by Sri Lanka of a high Human Development Index (HDI=0.74) with a life expectancy at birth of 72.5 years, and a literacy rate of over 90%, has thus been a well celebrated success for a less developed country.

The health system in Sri Lanka is enriched by a mix of Allopathic, Ayurvedic, Unani and several other systems of medicine that exists together. Of these systems allopathic medicine has become dominant and is catering to the majority of the health needs of the people. As in many other countries Sri Lankan health system consists of both the state and the private sector. The Health Ministry and the Provincial Health Services provide a wide range of promotive, preventive, curative and rehabilitative health care. Sri Lanka has an extensive network of health care institutions.

Compared to many developing countries majority of the health institutions in Sri Lanka are resourced by different categories of trained Health Care Workers. With the Government's decision to absorb all medical graduates into the state health system until the year 2009, the number of medical officers employed is steadily rising. The main difficulties relating to human resources were the shortages of nursing and paramedical staff, severe geographic misdistribution and insufficient facilities for basic and in-service training. There is a significant imbalance existing in the distribution of current staff. Specifically the number and the rate of health personnel in the conflict affected North and

East is extremely low while Colombo, Kandy and Galle have higher concentrations because of tertiary care health facilities.

The migration of health human resources, on the other hand, is a serious problem, especially for medical officers. Some medical officers move to private hospitals or overseas to seek better salary and work environment. Regarding nurses, the human resources drain can be also seen. Some nurses tend to go to foreign countries, administrative work or private sector to seek better salary.

One of the big issues in human resources is that there is no overall human resources policy and development plan existing in the country mainly due to a lack of an organisation at the national level to take the initiative and the lead.