2. Organization of Health Services

In Sri Lanka, both public and private sectors provide health care. The public sector provides health care for nearly 60 per cent of the population. The Department of Health Services and the Provincial Health Sector encompass the entire range of preventive, curative and rehabilitative health care provision.

The private sector provides mainly curative care, which is estimated to be nearly 50 per cent of the outpatient care of the population and is largely concentrated in the urban and suburban areas. The One- day General Practice Morbidity Survey in Sri Lanka, 1998[1] estimates that General Practitioners in Sri Lanka handle at least 26.5 per cent of primary care consultations per year.

Ninety five per cent of inpatient care is provided by the public sector. In addition to the services provided by the Department of Health Services, Provincial Councils and the Local Authorities, there are service provisions especially for armed forces and police personnel, and the estate population.

Western, Ayurvedic, Unani, Siddha and Homoeopathy systems of medicine are practiced in Sri Lanka. Of these, Western medicine is the main sector catering to the needs of a vast majority of the people. The public sector comprises Western and Ayurvedic systems, while the private sector consists of practitioners in all types of medicine. This provides the people an opportunity to seek medical care from various sources, under the different systems of medicine.

Sri Lanka posses an extensive network of health care institutions. As such, the majority of the population has easy access to a reasonable level of health care facilities provided by both state and private sector through extension of services to every corner of the country. 'Any health care unit can be found on an average not further than 1.4 km from any home and free government western type of health care services are available within 4.8 km of a patient's home.'[2]

2.1 National Health Policy

The broad aim of the health policy of Sri Lanka is to increase life expectancy and improve quality of life. This is to be achieved by controlling preventable diseases and by health promotion activities. However, the concern of the Sri Lankan Government is to address health problems like inequities in health services provision, care of elderly and disabled, non-communicable diseases, accidents and suicides, substance abuse and malnutrition.

Her Excellency the President appointed a Presidential Task Force in 1997 to formulate a health policy and to suggest strategies to address health problems and issues as mentioned above. After reviewing the recommendations made by the task force, the following thrust areas have been identified for immediate implementation.

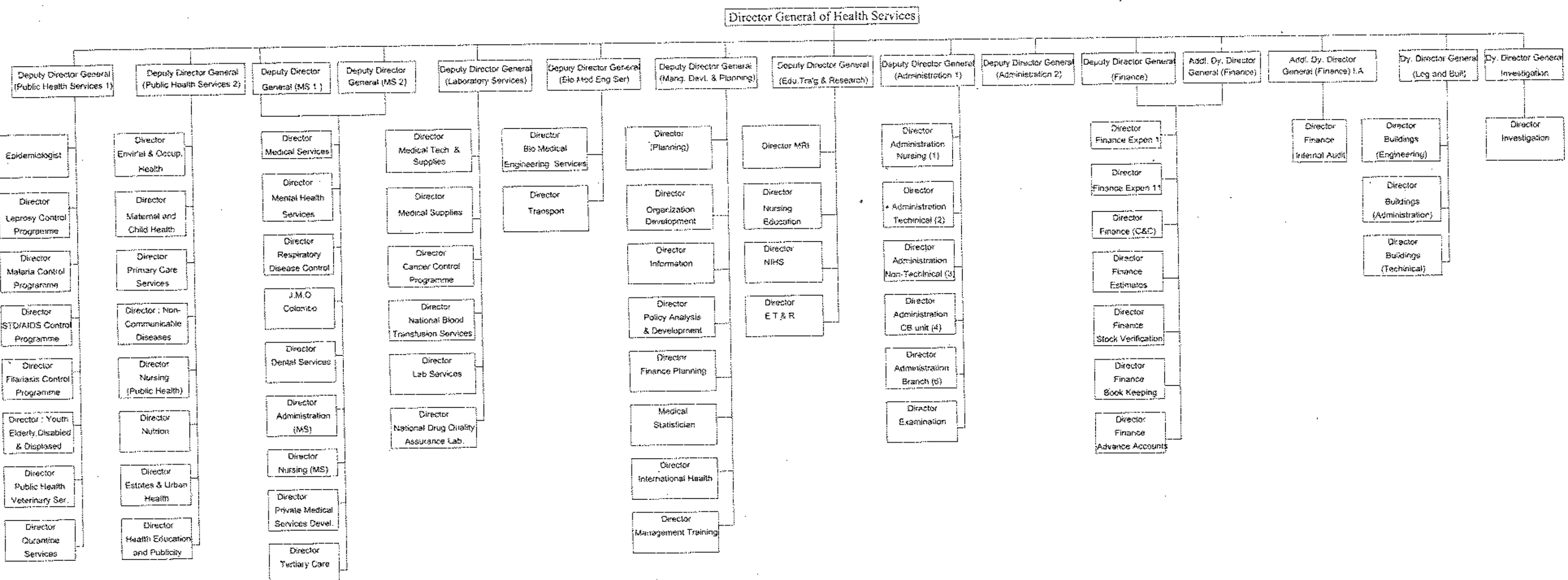
1. Improve one hospital in each district in a planned manner, to reduce inequities in the distribution of services and to provide high quality facilities to people living in remote areas.
2. Expand the services to areas of special needs (e.g. the elderly, disabled, victims of war and conflict, occupational health problems, mental health and estate health services).
3. Develop health promotional programmes with special emphasis on revitalizing the School Health Programmes.
4. Reforms of the organizational structure, to improve efficiency and effectiveness, especially in the context of devolution.
5. Resource mobilization and management, including alternative financing mechanisms, resources sharing between private and public sectors and rationalized human resources development.

The thrust areas will be addressed through Western, Ayurveda and all other systems of medicine.

The government will take every effort to maximize the financial allocations on health development. This will enable the government to provide an efficient and cost effective health

Figure 2.1

ORGANIZATION CHART OF THE DEPARTMENT OF HEALTH SERVICES



Source : Management, Development & Planning Unit

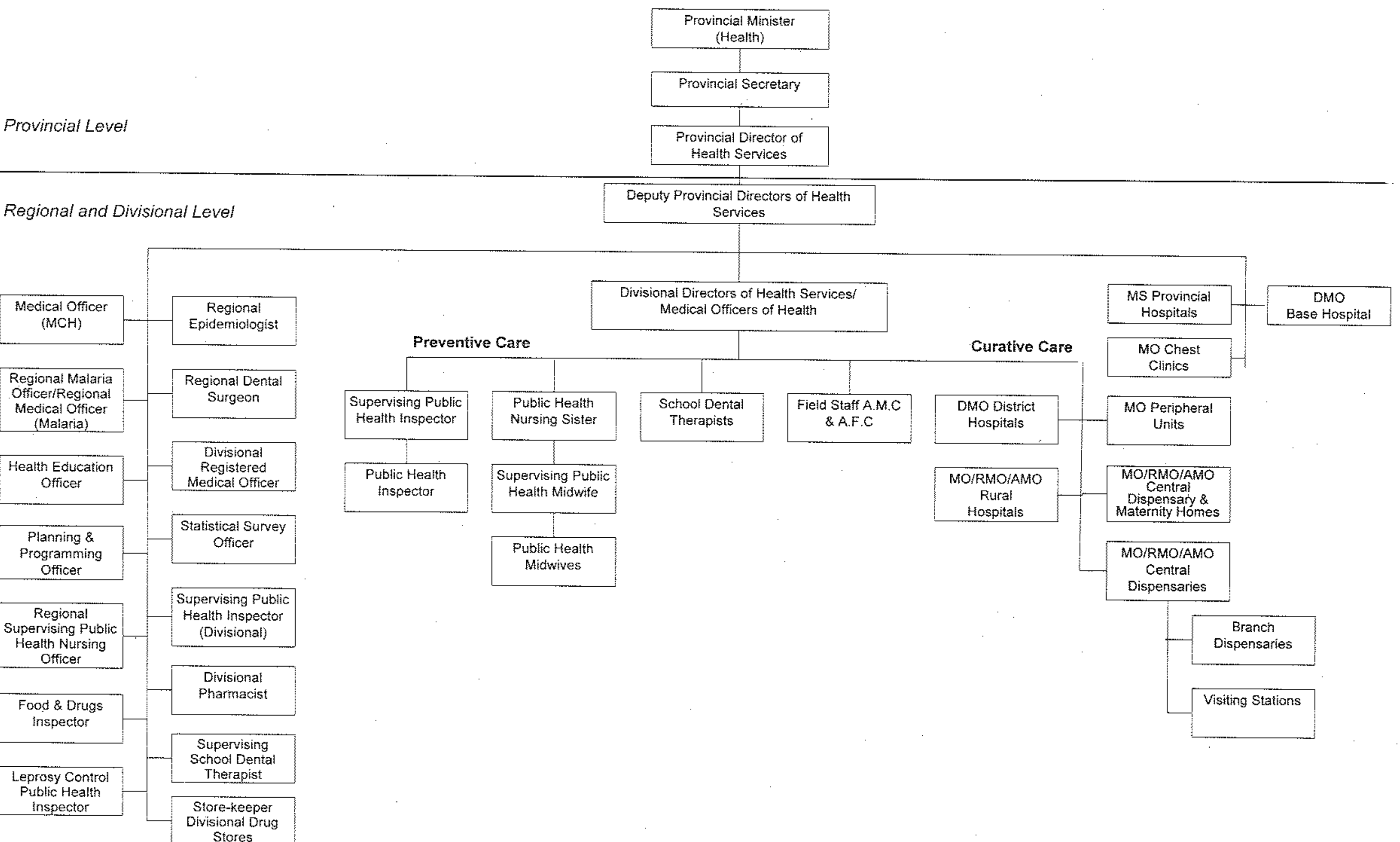


Figure 2.2
Organisation of Health Services Under Provincial Council
Provincial Level
Regional and Divisional Level
Provincial Minister (Health)
Provincial Secretary
Provincial Director of Health Services
Deputy Provincial Directors of Health Services
Divisional Directors of Health Services/ Medical Officers of Health
Preventive Care
Curative Care
Supervising Public Health Inspector
Public Health Inspector
Public Health Nursing Sister
Supervising Public Health Midwife
Public Health Midwives
School Dental Therapists
Field Staff A.M.C & A.F.C
DMO District Hospitals
MO/RMO/AMO Rural Hospitals
MO Peripheral Units
MO/RMO/AMO Central Dispensary & Maternity Homes
MO/RMO/AMO Central Dispensaries
Branch Dispensaries
Visiting Stations
MS Provincial Hospitals
MO Chest Clinics
DMO Base Hospital
Medical Officer (MCH)
Regional Malaria Officer/Regional Medical Officer (Malaria)
Health Education Officer
Planning & Programming Officer
Regional Supervising Public Health Nursing Officer
Food & Drugs Inspector
Leprosy Control Public Health Inspector
Regional Epidemiologist
Regional Dental Surgeon
Divisional Registered Medical Officer
Statistical Survey Officer
Supervising Public Health Inspector (Divisional)
Divisional Pharmacist
Supervising School Dental Therapist
Store-keeper Divisional Drug Stores

services throughout the country, accessible to the needy people.

The National Health Policy sets out to achieve certain measurable goals and objectives. Health development indicators, their bench marks and targets for the year 2002 are shown in Table 7.

2.2 Health Administration

The health services of the government function under a Cabinet Minister. With the implementation of the Provincial Councils Act in 1989, the health services were devolved, resulting in the Ministry of Health at the national level and separate Provincial Ministries of Health in the eight provinces.

The central Ministry of Health is primarily responsible for the protection and promotion of people's health. Its key functions are setting policy guidelines, medical and paramedical education, management of teaching and specialized medical institutions, and bulk purchase of medical requisites. The eight Provincial Directors of Health Services (PDHS) are totally responsible for management and effective implementation of health services in the respective provinces. The PDHS is responsible for the management of hospitals (Provincial, Base and District Hospitals, Peripheral Units, Rural Hospitals and Maternity Homes) and outpatient facilities such as Central Dispensaries and Visiting Stations.

During 2000 there were twenty-five Deputy Provincial Directors of Health Services (DPDHS), to assist the eight Provincial Directors of Health Services. DPDHS areas are similar to administrative districts, except for Kilinochchi DPDHS division, which is amalgamated with Mullativu district and Ampara district sub-divided to form two DPDHS areas; Ampara and Kalmunai. Each DPDHS area is sub-divided into several Medical Officers of Health areas (MOH/DDHS), which are congruent with administrative units, i.e. Divisional Secretariats. The MOH/DDHS is responsible for the preventive and promotional health care in a defined area, with a population ranging from 60,000 to 80,000 and has trained staff working at field level (Figure 2.2).

In January 1999, the Ministry of Health was restructured which resulted in the separation of the Department of Health Services from the Ministry of Health. The Director General of Health Services heads the Department and has immediate support from Deputy Directors General (DDG), each in-charge of a special programme area. They have, under their jurisdiction, a number of Directors responsible for different programmes and organizations.

2.3 Health Facilities

The network of curative care institutions ranges from sophisticated Teaching Hospitals with specialized consultative services to small Central Dispensaries, which provide only outpatient services. The distinction between hospitals is basically made on the size and the range of facilities provided. There are three levels of curative care institutions as shown below. However, patients can seek care in the medical institution of their choice.

- The Central Dispensaries, Maternity Homes, Rural Hospitals, Peripheral Units and District Hospitals are primary health care institutions.
- The Base and Provincial Hospitals are secondary care institutions.
- The Teaching and Special Hospitals are tertiary care institutions.

As at December 2000, there were 558 medical institutions with inpatient facilities and 404 Central Dispensaries compared to 556 and 383 respectively in 1999. The number of beds in the hospitals increased from 55,195 in 1999 to 57,027 during 2000, indicating a 3.3 per cent increase. But, the national rate of beds for inpatient care remained unchanged at 2.9 per 1,000 persons. The districts of Colombo and Kandy had a higher ratio of beds, 4.8 and 3.6 per 1,000 persons respectively (Table 8).

In total, there are 15 Teaching Hospitals with 14,659 patient beds. There are few Specialized Hospitals for the treatment of chronic diseases like tuberculosis, leprosy, mental illnesses, cancer, chronic rheumatological diseases and infectious diseases.

Table 2.1.Number of Health Institutions and Hospital Beds 1970 – 2000

Item	1970	1975	1980	1985	1990[1]	1995[2]	2000
Hospitals [4]	455	458	480	490	422	467	558
Patient Beds [4]	39,173	40,761	43,389	44,861	42,079	47,665	57,027
Patient Beds per 1,000 Population	3.1	3.0	2.9	2.8	2.9	2.9	2.9
Central Dispensaries	332	355	347	338	278	320	404
MOH Areas	98	102	105	111	110	213	252

Source: Medical Statistics Unit

Excludes: 1 Northern and Eastern provinces
2 Jaffna, Kilinochchi, Mullativu and Ampara districts
4 Includes Maternity Homes and Central Dispensaries.

The National Hospital of Sri Lanka (NHSL), located in the city of Colombo, is the largest hospital in the island. In 2000, it had 2,881 patient beds. This hospital provides for a number of specialties, including subspecialties like neurology, cardio-thoracic surgery, but excluding paediatrics, obstetrics, ophthalmology and dental surgery. A renal transplant service is also provided by a collaborative project of the University Surgical and Medical Units of the Hospital. During the period 1987 to 1999, a total of 151 renal transplants had been performed at NHSL by this unit. Of these, 23 were performed during 1999. The NHSL has a well-equipped accident service and several intensive care units. The specialties not found in the National Hospital are provided by the two Maternity Hospitals, Children's Hospital, Eye Hospital and the Dental Institute located in close proximity.

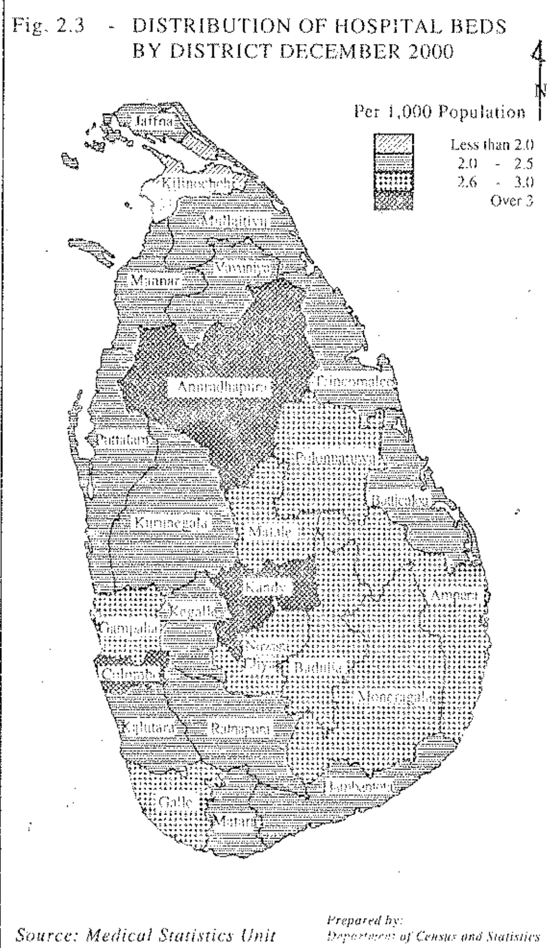


Fig. 2.3 - DISTRIBUTION OF HOSPITAL BEDS BY DISTRICT DECEMBER 2000

Source: Medical Statistics Unit

During 2000, the number of Provincial Hospitals increased to 6 with the upgrading of the hospital at Polonnaruwa. There were 36 Base Hospitals with a total of 9,865 patient beds. These institutions are situated in the large towns and are administered by the respective Provincial Ministries of Health, except for the Provincial Hospitals at Kalutara, Ratnapura, Matara and Badulla and Base Hospitals at Kegalle and Gampola, which are administratively under the Department of Health Services. The Provincial Hospitals have specialties like general medicine, surgery, obstetrics, gyneacalogy, ophthalmology, ENT and paediatrics and also have well-equipped pathological laboratories and other auxiliary services. Among the Base Hospitals, only a few institutions provide basic specialties. The Base Hospital at Akkaraipattu, which was upgraded during 2000, was the smallest among this group, having only 66 patient beds.

The distinction between District Hospitals (DH), Peripheral Units (PU) and Rural Hospitals (RH) is made on their size and the range of facilities provided. The total care

Table 2.2 Availability of Patient Beds by Type of Institution 2000

Type of Institution	Patient Beds (Range)	Average Number of Patient Beds	Number of Hospitals Having Less Than Average Number of Patient Beds
Teaching Hospitals	329-2881	977	9
Provincial Hospitals	494-1092	833	2
Base Hospitals	66-695	274	21
District Hospitals	25-251	87	86
Peripheral Units	19-141	49	47
Rural Hospitals	5-82	26	88
CD& MH	2-44	10	37

Source: Medical Statistics Unit

available in DHs and PUs, are far superior to RHs because of the availability of nursing personnel in these institutions. Among the primary health care institutions, the DHs are the largest. During 2000, there were 156 DHs of which 100 hospitals had less than 100 patient beds. District Hospitals at Udugama, Chavakachcheri, Kopai and Eheliyagoda have wards to treat TB patients, while DHs Mihintale, Unawatuna and Tellipalai have wards for psychiatric patients. District Hospitals Tangalle and Marawila provide few basic specialties.

During 2000, Sri Lanka had 93 PUs with a total of 4,586 patient beds and 167 RHs with a total of 4,382 patient beds. The average size of a RH in 2000 was with 26 beds. 53 per cent of RHs had beds less than the average amount. These institutions very often do not have a separate maternity ward. The smallest RH was at Urugamuwa in the Matara District, having only 5 beds. In the past, the RHs were manned by Assistant / Registered Medical Officers. During 2000, approximately 70 per cent of RHs were in the charge of Medical Officers. In order to improve the health conditions of the estate workers, by the end of December 2000, 15 Estate Hospitals were acquired by the government and manned with qualified medical personnel. But, most of these hospitals were not functioning fully, due to the lack of adequate buildings and equipment. These institutions are categorized as RHs.

In keeping with the recommendations of the Presidential Task Force to provide more facilities to people with mental disorders, during 2000 Mental Health Rehabilitation Units were setup at Deltota, Dematampitiya and Meedumpitiya in the Nuwara Eliya, Kegalle and Badulla districts respectively.

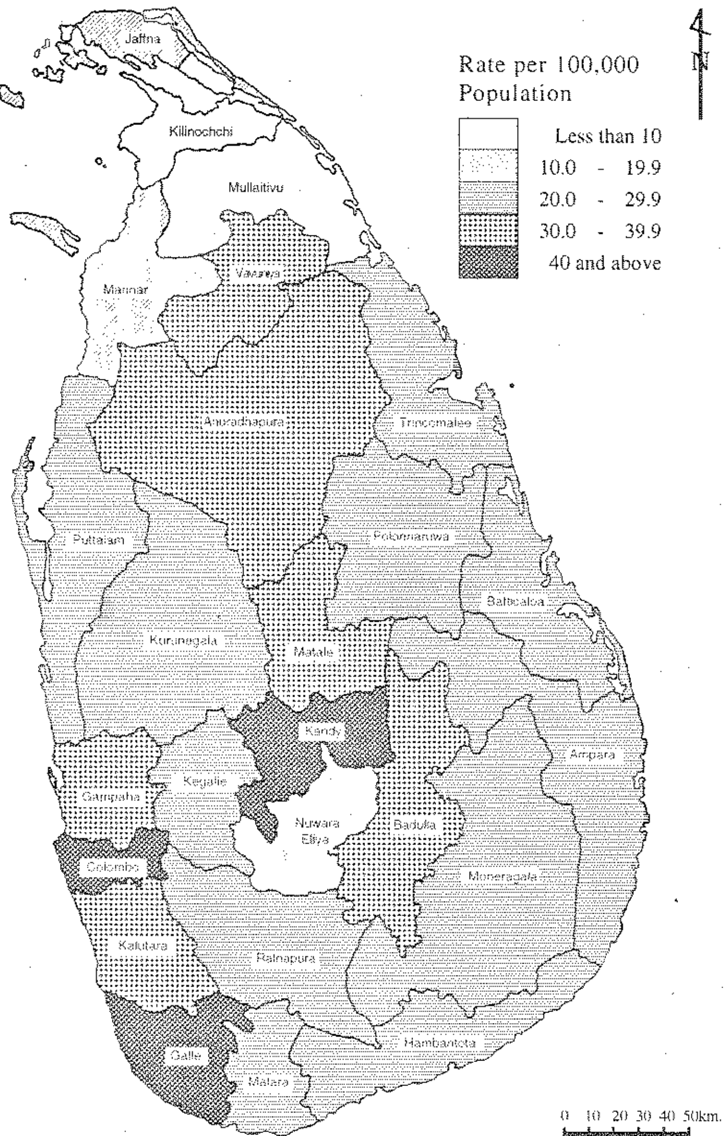
The smallest type of institutions with inpatient facilities is the Central Dispensary and Maternity Homes (CD & MH). During 1999, Medical Offices were posted to some CD & MHs. Many of these institutions have been upgraded by providing better facilities. Hence, in 2000 there were only 65 CD & MHs compared with 88 in 1986.

Two hundred and fifty two (252) Health Units (MOH offices) headed by Medical Officers of Health, carry out preventive services in Sri Lanka. Of these, 4 are municipal MOH Offices. In 2000, the highest numbers of health units were in the districts of Kandy and Anuradhapura with 19 in each (Table 8). With the decentralization of health services in 1992, the number of Health Units almost doubled in number. The number increased from 131 in 1990 to 252 in 2000. Consequently, still many MOHs are faced with problems such as shortage of staff, buildings, vehicles, etc.

2.4 Health Manpower

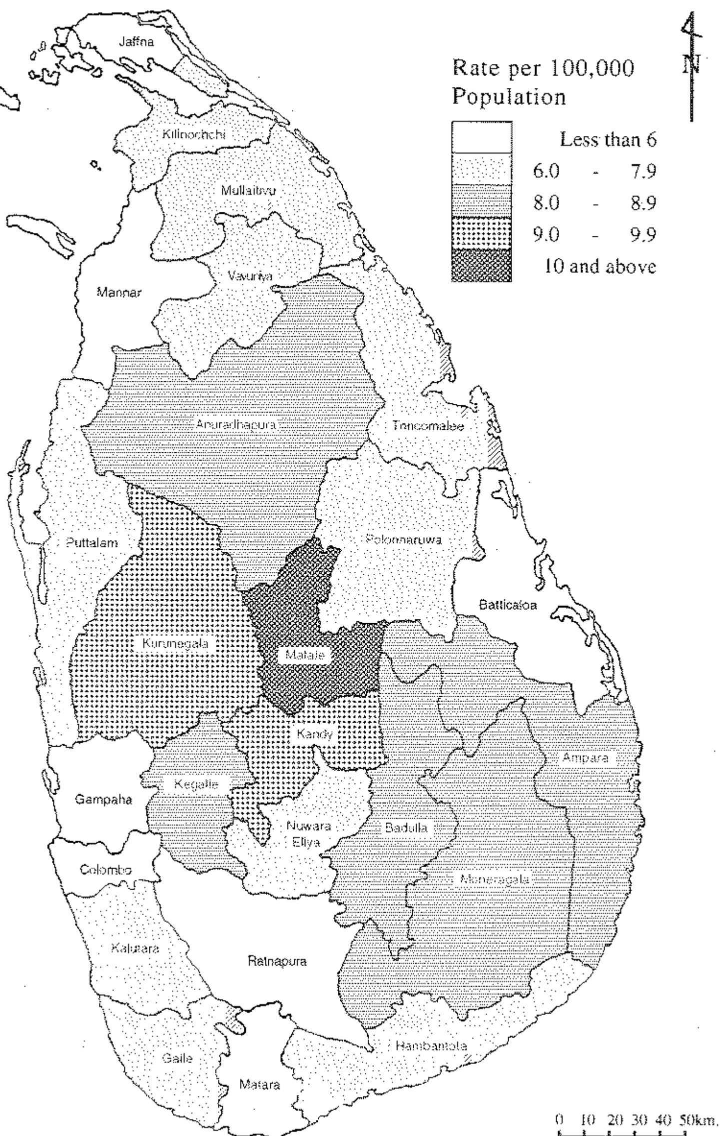
In the area of health manpower, numbers in most categories have increased. The government has made a decision to absorb all Medical Graduates passing out from the universities. The total number of Medical Officers rose from 6,994 in 1999 to 7,963 in 2000. Accordingly, persons per Doctor improved to 2,431 from 2,723 in 1999. The number of Nurses per 100,000 population increased from 75 in 1997 to 77 in 1998 and gradually decreased to 76 in 2000. It is estimated that there is a shortage of over 3,000 nursing staff in government hospitals. Also, a shortage of qualified paramedical staff, such as

Fig. 2.4 - DISTRIBUTION OF MEDICAL OFFICERS IN CURATIVE CARE SERVICES: SEPTEMBER 2000



Source: Medical Statistics Unit

Fig. 2.5 - DISTRIBUTION OF REGISTERED/ ASSISTANT MEDICAL OFFICERS BY DISTRICTS : SEPTEMBER 2000



Source: Medical Statistics Unit

Pharmacists, Medical Laboratory Technicians, Radiographers, Physiotherapists and ECG Recordists still exists.

A wide disparity in the regional distribution of health personnel is evident (Table 11). The Colombo district has a high concentration of most categories of health personnel except public health staff. In Colombo, the municipal staff supplements these categories. Kandy and Galle districts, too, have comparatively higher numbers of health personnel. In September 2000, the Colombo district had 99 Medical Officers and 157 Nurses per 100,000 population. The Nuwara Eliya district had the lowest number of Medical Officers and Nurses except for some districts of the North East Province. The situation has improved in most areas compared to 1999.

During 2000, the Department of Health Services recruited 141 foreign-qualified medical graduates.

The distribution of Specialists in curative services as in September 2000 is presented in Table 12. Of the Specialists, 38 per cent are concentrated in the Colombo district. The districts of Kilinochchi, Mullaitivu and Mannar did not have a single Specialist, and again the absence of certain common specialties such as general medicine, surgery, obstetrics, paediatrics etc in some districts is also noteworthy.

2.5 National Institute of Health Sciences

The National Institute of Health Sciences (NIHS), located in the former health unit area of Kalutara was established in 1979. The mission of NIHS is to assist in accelerating, facilitating and supporting the government policy in establishing and extending an integrated PHC delivery system to serve the entire population and to mobilize community participation in this effort.

NIHS is the premier centre of the Department of Health Services in training health manpower required for the Primary Health Care programme. The NIHS carries out basic training for Assistant Medical Officers, Public Health Inspectors, Medical Laboratory Technologists and Pharmacists. In addition, post-basic training for Public Health Nursing Sisters and Ward Sisters is also organized.

The NIHS provides continuing education courses ranging from one week to six weeks for several categories of health personnel, namely MOH, PHI, PHNS, PHM, Pharmacists and MLT. During 2000, NIHS trained officials of other Departments such as Grama Seva Niladaries and Samurdhi workers on health promotion and community development activities and also, carried out several international training programmes.

The field practice area of NIHS covers two Divisional Secretary areas namely Kalutara, and Beruwela. There are four hospitals, - a Provincial Hospital, a Rural Hospital and two Central Dispensaries - situated in the field practice area. There is a food laboratory at NIHS in addition to the service laboratory. These laboratories serve a dual function namely, service and training.

2.6 Health Manpower Training

2.6 1 Basic Training

The Government of Sri Lanka has provided for the training of Medical Officers, Dental Surgeons, Assistant Medical Officers, Nurses and other paramedical personnel. The Medical Officers and the Dental Surgeons are trained at the Universities. The Assistant Medical Officers, Pharmacists and Medical Laboratory Technologists are trained at the universities and in other training institutions. All other paramedical personnel are trained at the training institutions coming directly under the purview of the Department of Health Services. The training capacities of institutions as well as the output of various categories of health personnel during the period 1998-2000 are shown in Table 13.

2.6.2 Postgraduate Training

Postgraduate training is conducted both locally and abroad. The Postgraduate Institute of Medicine follows the practice of awarding academic degrees, following the successful completion of the academic courses and the final examination. However, a further condition requires that a Board Certificate be obtained to ensure satisfactory professional

competence. For this purpose, the trainees are granted fellowships, allowing them additional training abroad in recognized specialized institutions. Table 14 indicates the courses conducted by the Postgraduate Institute of Medicine and the output during 2000.

2.6.3 Post-Basic Training

The Post-Basic School of Nursing (PBS) and National Institute of Health Sciences (NIHS) conduct post-basic training programmes for nursing personnel and public health staff respectively. During 2000, NIHS conducted post basic training programmes of one-month duration for Ward Sisters on community health management and 25 were trained. Details of the programmes conducted by the PBS during 2000 are given in Table 2.3.

Table 2.3 Post-Basic Training for Nurses During 2000

Nature of Training	Duration of Training	Number Trained
ICU training	2 months	52
Midwifery	2 months	30
Management	3 months	93
Theatre training	2 months	46
2 Workshops on HIV/AIDS	1 Week each	80
Reproductive Health	12 Days	40
Mental Health	12 Days	34

Source: Post Basic-School of Nursing

2.6.4 In-service Training

In-service training programmes are conducted for most categories of staff. Some of the courses are conducted on a regular basis. Some courses are conducted on an ad-hoc basis, through workshops and seminars, organized by the respective programmes and organizations.

2.7 Health Finance

The health expenditure for 2000 was Rs 19,055 million, which is an increase of 5.8 per cent over the previous year. This increase is lower compared with the increase in 1999 (13%) over 1998. During 2000, the proportion of public expenditure on health services was 1.7 per cent of the GNP and 4.2 per cent of the national expenditure. This proportion is relatively low compared to the previous years (Table 15). The per capita health expenditure increased by 4.0 per cent to Rs 984 in 2000 compared to Rs 946 in 1999.

The recurrent expenditure accounted for 81 per cent of the total expenditure. During 2000, the capital expenditure decreased by 5.7 per cent whereas the recurrent expenditure increased by 8.7 per cent compared with 1999.

A major proportion of the health expenditure is utilized by the patient care services. In 2000, patient care services utilized 67 per cent of the health expenditure, while community health services utilized only 9 per cent. Of the balance, 22 per cent were for general administration and staff services and 3 per cent were spent on training and scholarships (Table 17).

The Ministry of Health and the Department of Health Services (central) utilized 74 per cent of the total health expenditure. It utilized 74 per cent of the expenditure on patient care services, 39 per cent of the expenditure on community health services and 86 per cent of the expenditure on general administration and staff services.

2.8 Foreign Aid Utilization

Each year, the Ministry of Health receives foreign aid in the form of money, materials, drugs, medical equipment and technical inputs. During 2000, foreign aid component of the health expenditure was Rs 677.4 million. This accounted for 3.6 per cent of the health expenditure. This proportion has decreased over the years. The foreign aid component during 1998 and 1999 was 10 and 5 per cent respectively of the total health expenditure.

The projects implemented and the details of utilization of foreign aid during 2000 are given in Table 18. This also provides information about the activities and sources of funding.

[1] De Silva N and Mendis K. One-day General Practice Morbidity Survey in Sri Lanka. Family Practice 1998: 15: 323-331. Oxford University Press

[2] Health Manpower Study 1971-1973.