

# Sri Lanka's PHC Programme

The health policy of the Government of Sri Lanka expresses a commitment to provide health care to the entirety of the population, and also correcting the existing inequities in health care provision, removing the disparities in health status of different sections of the population and redistributing resources in a more rational way to facilitate this programme.

This commitment was further strengthened when the government signed the Health Charter in 1980 and endorsed the goal of Health For All (HFA) by the year 200 with Primary Health Care (PHC) as the key approach. In this context, specific national health development objectives were spelt out setting targets for improving health and nutritional levels. The main elements of the strategies formulated to achieve these targets are as follows:

- (1) ensure political support and inter sectoral coordination for health development activities;
- (2) place greater emphasis on decentralisation of health administration and in that context, develop an appropriate managerial process across the health system that is capable of and conducive to accomplishment of HFA goals and objectives; and
- (3) accord priority to identification of PHC components and development of an implementation model for delivery of health services on a national scale.

The main lines of action for implementation of the above strategies in support of Primary Health Care have been listed as:

- i) establishment of a National Health Development Network (NHDN) at the national level with National Health Council (NHC), National Health Development Committee (NHDC) and six technical standing committees as its constituent mechanisms;
- ii) establishment of health sub-committees of District Development Councils, Pradeshiya Mandalayas and Gramodaya Mandalayas;
- iii) generation of political advocacy and support through seminars and conferences for Ministers, Members of Parliament, Members of Local Authorities and such other official and non-official political leadership;
- iv) mobilisation of additional resources to raise the percentage of government health expenditure to at least 5 per cent of GNP

- v) devolve powers and functions increasingly from national level to district and local levels;
- vi) strengthen the process of planning and management at national, district and local levels of the health system;
- vii) strengthen the essential support systems such as financial management, personnel management, drugs, logistics, and information;
- viii) formulation and implementation of a programme of infrastructure development at the periphery below the level of District Hospitals;
- ix) formulation and implementation of a programme to strengthen the main referral hospitals viz. District, Base, Provincial and Technical Hospitals of the country;
- x) increase the production capacity of training institutions for critical categories of health manpower;

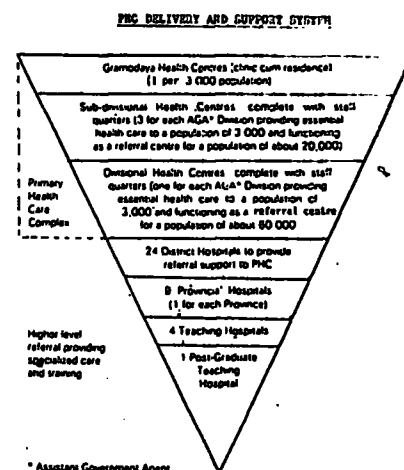
On the basis of the recommendations of the International Conference on Primary Health Care held at Alma Ata, USSR in 1978, the standing Committee on PHC identified the following seventeen areas of activity for developing Primary Health Care:

1. Proper and adequate nutrition.
2. Safe water.
3. Basic sanitation and hygiene.
4. Maternal care.
5. Child Care (with emphasis on the infant and pre-school child).
6. Family Planning.
7. Immunization.
8. Prevention and control of common communicable diseases.
9. Prevention and control of common non-communicable diseases.
10. Appropriate and early management of common minor ailments and injuries.
11. Simple rehabilitation.
12. Mental health.
13. School health.
14. Oral health.
15. Occupational health.
16. Prevention of blindness and visual impairment.
17. Health education and Community Organisation for PHC.

One of the important steps taken in this regard has been the successful establishment of the National Health Development Network. The National Health Council was set up under the Chairmanship of the Prime Minister in 1980. The National Health Deve-

lopment Committee, under the Chairmanship of the Secretary, Health, and its six standing committees have also been established. Developments in the local government administration of the country have facilitated the inter-linking of the network with the appropriate local government authorities.

A programme to re-structure the health care delivery system has been formulated and adopted by the Government. This envisages the provision of a "Family Health Worker" for 3,000 population for the most peripheral unit of the health delivery system, the Gramodaya Health Centre (GHC). Through upgrading, strengthening and establishment of new institutions, it is planned to provide first level and second level referral units at Sub Divisional and Divisional Health Centres. Taken together, these will comprise the "PHC Complex" (Figure)



As a pre-requisite for implementation of the PHC Strategy, training capacities have been strengthened at the National Institute of Health Sciences at Kalutara, under a Multi-Agency programme. Training programmes for Public Health Midwives, Nurses, Assistant Medical Practitioners and Doctors have also taken in more students. Several curricula for personnel have been revised in keeping with the PHC strategy. Retaining of existing cadres to incorporate the PHC strategy has been organised.

Plans for action for the development of the Indigenous System of Medicine in the country were also formulated. These comprise the registration of practitioners of traditional medicine, training of practitioners, development of medicinal plants, production of Ayurvedic drugs and improvement of Ayurveda education research.