



Human Resources for Health - Dimensions and Perspectives

Dr. Senarath Tennakoon
Specialist in Community Medicine.

Sri Lanka has impressive health records such as low infant and maternal mortality rates, high childhood immunization coverage rates and high family planning acceptance rates. The life expectancy at birth and adult literacy rates are high. When comparing with the neighbouring countries, the doctor and nurse population ratios, too, are high.

These imply that among others, Sri Lanka despite limited financial resources for health, the utilization of human resources for health development has continued to remain at a marginal level.

Nevertheless, major health issues confront the future health development of Sri Lanka. Some of these are:

- (i) About 35% of pre-school children are malnourished,
- (ii) Over 60% of the pregnant and lactating mothers are anaemic,
- (iii) Food and waterborne bowel diseases are widely prevalent. In 1994 there were over 133,000 diarrhoeal disease episodes. Intestinal infection is the fourth leading cause of hospitalization,
- (iv) Malaria continues to be a major health problem. Over four million people in six districts are at risk of malaria. Malaria is the eighth leading cause of hospitalization, morbidity-being nearly 519/100,000 population in 1994.
- (v) Health financing remains at a low level : expenditure on health is 4.2% of total government expenditure; 1.6% of the G. N. P. in 1994. In 1989 it was 6.5% and 2.3% respectively.
- (vi) Patients bypassing smaller medical institutions and overutilization of large institutions are a long

standing phenomena.
 (vii) The health services are not adequately developed for caring special population groups like the adolescents and youth, the disabled, the aged, the workers, the displaced, population groups swelling in the areas of development projects and urban areas.

Further the following are some emerging health problems in Sri Lanka.

- (i) Addictions, accidents, suicides and poisoning are on the increase. Traumatic injuries are the second leading cause of hospitalization. Pesticide poisoning is the fourth leading cause of hospital deaths. Over 40,000 persons are heroin dependent.
- (ii) There is an increased occurrence of ischaemic heart diseases, cerebro-vascular diseases and cancer, the mortality rates per 100,000 population being 16.9, 14.3 and 4.7 respectively in 1994.
- (iii) HIV infection and AIDS, and Hepatitis B are emerging major health problems.

There were ten donors positive for HIV antibodies among blood donors screened in 1988-1994. The incidence of Hepatitis B among blood donors is 1 per 1000 donors.

- (iv) Mental disorders have increased from 77/100,000 population in 1970 to 247 in 1994.

Milestones in health development

Article 27 (2) c of the Sri Lankan Constitution has ensured the realization of an adequate standard of living,

by all citizens of Sri Lanka. The commitment to provide comprehensive free promotive, preventive, curative and rehabilitative health care has been a fundamental promise of every Sri Lanka government.

In response to the 1978 World Health Assembly resolution, in 1980 Sri Lanka committed to the attainment of Health For all by 2000 A, D, with Primary Health care as the key approach.

In the 1990s the need emerged for a National Health Policy to guide future health development.

In March, 1992 a Presidential Task Force was appointed to draft a National Health Policy for Sri Lanka. This Task Force submitted the National Health Policy in June 1992 which was accepted by the Cabinet of Ministers. The National Health Policy has presented guiding principles, goals and objectives as directions of state policy for future health development in Sri Lanka. It has considered health as a holistic concept and health development as a multi-sectoral effort.

A perspective plan for health development was formulated in 1994 for a planning horizon of ten years. This plan has identified the need for the development of human resources for health development in Sri Lanka.

Demographic changes

The growth of the population is 1.4% per annum. The total fertility rate (TFR) has declined from 5 in early 1980s to 2.82 in late 1987. It was 2.26 in 1993. It is assumed that the TFR will decline to 2.1 by the end of this decade and Sri Lanka will reach replacement level by the year 2000. The estimated urban population is around 24% and the annual growth in the urban population is around 2.4%. (It is estimated that the urban population

Table 1

Hospital Utilization Trends : Hospital Utilization Statistics

Year	% In-patients (000')	# Out-patients (000')	# Live births (000')	Population (000')
1980	2334	31892	316	14,850
1985	2494	29570	293	15,837
1989	2524	31781	284	16,806
*1990	2533	28401	241	16,993
*1991	2629	28575	262	17,247
1992	3023	36827	296	17,405
1993	3174	36656	299	17,613
1994	3204	35276	284	17,865

ceeding the growth of the population by eight times unlike during 1965 - 1985, when there was a negative growth of doctors (20%), while the population growth was 41.4%. The increase in the number of doctors in Sri Lanka is even faster than that in India (1971 - 1981) and USA (1970 - 1980).

The relationship between the hospital service output-variables with changes in population, number of doctors and nurses is shown in Figure 1. It shows a steep increase in the number of doctors and a moderate increase in the number of nurses in the curative services. The expected future increase in the in-patients and the decline in out-patients are also illustrated in Figure 1. Manpower mixes, working relationship, staff absenteeism and trade union action are some other situations that affect efficiency and productivity of health services.

If the current trends of producing doctors continue into the future, together with the influx of foreign qualified doctors and the output from the proposed one or two medical colleges, the future absorption of them into the public (government) health sector would become a most challenging task.

* Excludes Northern and Eastern Provinces
Source : Annual Health Bulletin 1994
pg. 71 - 76.

would shift towards 35% on the basis of past trends and state policies in 2015).

Utilization of health services

It has been observed by Frank (1989) that the threshold for health demand would be very likely to be low with the improvement in the educational level of the people, income levels and the development of the health services. In Sri Lanka the morbidity due to chronic illness, advancing age and changes in lifestyles will create an added demand for health care. But with poverty and economic difficulties, the people's health would improve but slowly.

The introduction of universal medical insurance is unlikely to be realised in Sri Lanka. However, voluntary insurance schemes are being introduced. Further, as the family units are becoming smaller and moving towards nuclear families and more and more people are being employed, more people will need in-patient care for chronic illnesses that were previously cared for at home by families and relatives.

Based on these observations and the recent hospital utilization trends (Table 1), there will be modest increases in the annual number of in-patients, while the number of out-patients and hospital live births will be unlikely to show substantial increases.

Productivity of health resources

The delegation of tasks from doctors to support staff can increase the physician's productivity (Reinhardt 1987). If more nurses and support staff are supplied, the productivity of doctors would improve. The underutilization of facilities in rural hospitals and peripheral units etc. is one reason for low

productivity at low level health facilities. As Table 1 shows, the decline in OPD attendance and hospital births will favour low productivity levels in some categories of health staff like the OPD doctors and midwives and nurses in maternity units of major hospitals.

There has been a general increase in the number of doctors, nurses, hospital midwives and pharmacists over the years.

In Sri Lanka the overall growth of doctors has exceeded the growth of the population

reveals the fast rate of growth in the number of doctors in Sri Lanka during 1984 - 1994 period ex-