

Short report**Implementation of health policy — issues and constraints***Journal of the Ceylon College of Physicians, 1994, 27, 53*

The Director General of Health Services in his address thanked the President of the College of Physicians, the Council and the members of the College for their interest in the recently developed health policy and in the future development of health services in Sri Lanka.

He thanked those that made presentations, for adequately covering the broad subject under discussion, in the short time allocated to them.

He thanked the Presidential Task Force on health policy for the excellent job that they have done during the short space of 3 months in developing a very practical and comprehensive Health Policy document. The Task Force document he said, not only laid down policy but also identified the objectives for the different areas, set out constraints and proposed actions necessary to overcome the constraints. This is very laudable.

However, he informed the meeting that one needs to realise that all documents on health policy for whatever country they are developed, (including the one for Sri Lanka) is to some extent an idealistic document setting out a multitude of areas for action.

In this context, he stated that it should be clearly noted that all recommendations in the policy document may not be implemented in toto at the present time. He said that many representations are made that some action or other is in the policy document and inquiring as to when this particular activity will be implemented.

In implementing policy, it is up to the Hon. Minister of Health and the senior Ministry Officials to identify and prioritise areas for action based on the finances available, the human resources available and with a view to producing the maximum impact on the "health status" of the population, also taking into consideration of the cost.

He said that at present the Government allocates Rs. 5000 million per annum for health. This works out about Rs. 280/= per capita per annum (or approximately US \$ 6 per capita per annum). Even out of this allocation some money is siphoned off as taxes eg: Tax on departmental vehicles, medical equipment, drugs and the like. The North-East conflict is putting pressure on the Government to divert funds for defence, making it unlikely that increased resources would be available from the Government for health. It is therefore necessary to obtain funding from other sources for health by one or other methods of 'cost recovery'. Some of the areas that may be considered, was earlier presented to this meeting by the Deputy Director General (Planning). However the availability of funds from cost recovery methods will depend on the political will of the Government to implement some of the proposals mentioned therein.

He stated that the other area to be considered is the availability of trained manpower. For eg: the limited

availability of Physicians would postpone the introduction of geriatric services throughout the country. Although it is planned to introduce small laboratories to selected District Hospitals, the non-availability of Medical Laboratory Technologists would slow down such introduction, although funding is available for equipment and supplies. He described the policy document as a Public Health Inspector going to a poor home and advising the occupants on the necessity for safe water for the house, a latrine and an additional room for the children to sleep. Whilst all these facilities are necessary, the occupants would then have to prioritise and see what areas, of the many measures recommended, could be undertaken in the immediate future.

He stated that given the present funding available, whatever procedures adopted would have to be low cost and cost effective procedures that would maximise the "health status" of the total population. Such procedures are generally of a preventive health nature and to this end the introduction of one Family Health Worker for every 3000 population and the services of Divisional Director of Health Services for every 60,000 population would be accorded top priority. These measures would enable the Ministry to bring down the infant mortality as well as the maternal mortality from the present level in the very near future. The improvements in other health related areas too would be substantial.

He also stated that the Ministry would give high consideration to reducing the incidence of illness and the health conditions in various groups of population and to this end the services available to the estate sector (which is at present different from that available to the general population) would be taken over and intergrated with the General Health Services over the next few years.

The Ministry would also try to reduce the geographical differences in the quality of health care. Eg: Quality of curative health care in areas like Monaragala, Hambantota and Puttalam.

The Ministry would also like to reduce ill health arising from bad life styles, by preventive and promotive action. To this end health education on harmful effects of smoking, chewing of betel, importance of physical exercise, correct attitude to food, accidentally poisoning and prevention of accidents would be given priority.

The Ministry would also give greater emphasis to education and training, specially in selected areas like health administration.

In summing up he said that whilst a large number of measures are recommended by the Presidential Task Force the Ministry would look at the finances available and the manpower available and identify strategies that would ensure equity in the provision of health care as well as maximise the health services available to the majority of the population in Sri Lanka.

Address by Dr. George Fernando, Director General of Health Services at the seminar on Health Policy organised by the Ceylon College of Physicians.