

Editorial

National Health Policy

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A Presidential Task Force (PTF) consisting of 16 members was appointed by His Excellency the President in March 1992 with the expressed task of Formulating a National Health Policy for Sri Lanka. The Ministry of Health has hitherto had had policy guidelines as and when issues arose and although some areas eg. immunisation were well covered, other areas have not received sufficient attention and no guidelines exist. This document completed and handed over to His Excellency the President on the 7th of July 1992 is an important milestone as this was the first attempt at a consensus document on a comprehensive National Health Policy to mould the future destinies of health development in Sri Lanka.

The PTF collected information, consulted many experts, conducted 3 National consultative meetings, invited and studied submissions from professional bodies, trade unions, general public, did field visits, consulted politicians and senior administrators and had over 50 meetings in a short space of 3 months to finalise this document which is now before the cabinet for formal approval.

These policy measures are designed to be comprehensive so as to provide a framework for governmental activities and to serve as a guide in decision making for all those individuals and organisations who are concerned

with health and health related activities. Naturally, the document does not purport to be compendium of all health policies but it has attempted to revise and adjust the existing policies, identifying new ones in the light of current health situation and likely future perspectives particularly for the next decade.

The Terms of Reference given to the PTF included conformity with the changing administrative structure in the country viz. the setting up of Divisional Secretariats and transfer of power from the centre to the periphery. The Primary Health Care model, the role of private practice, the development of private sector and the role of the alternate systems of medicine received emphasis. It was also envisaged that preventive health will receive priority whilst maximum utilisation of health manpower and facilities will be made by rationalising their deployment and optimising management in the public and the private sectors. All policies were to take into account current resource constraints.

The guiding principles included respect for the dignity of the user at all health setting; involvement of people in planning, implementing and evaluating health activities; assurance of a desirable quality of health care which is equitably distributed and easily accessible to the needy; optimal utilisation of health resources and ensure multisectoral cooperation in health development.

Some of the easily definable goals and objectives to be achieved by the year 2002 is listed in table below.

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Goals and Objectives to be Achieved by 2002 A. D.

Measure	1990	2002
Infant mortality rate	17.5	15
Neonatal mortality rate	16.2	7.5
Maternal mortality rate	0.6	0.3
Life Expectancy	71.1 (Male)	73.0
	74.8 (Female)	75
Crude birth rate	21.3	16
No. of neonatal Tetanus	14	0
No. of Poliomyelitis	9	0
% Malnutrition under 5 years	35	17.5

Some of the major directions and strategies in order to achieve some of those objectives in the table are listed below.

1. Priority attention to the needs of the under privileged, underserved and vulnerable groups including those exposed to violence.
2. Rational and sufficient use of resources with emphasis on accountability for results (establishing audit and performance standards).
3. Strengthening the quality of education in training programmes of health and health personnel.
4. Effective implementation of the National Population Policy.
5. Strengthening Information, Education and Communication.
6. Integrated epidemiological surveillance with emphasis on a micro-epidemiological approach.
7. Strengthening managerial capabilities at all levels.
8. Developing computerised management information system.
9. Converting vertical programmes to integrated disease control programmes.
10. Promoting Intra and Intersectoral cooperation.
11. Promoting private sector development in health services delivery.
12. Promoting independent identity and development of the Alternative Systems of Medicine with focus on Ayurveda, Unani, Siddha and Homoeopathy.
13. Review, revise and enact appropriate legislative measures and strengthen the enforcement arm.
14. Strengthening biomedical, social, psychosocial and applied research.
15. Setting up mechanisms to monitor the implementation of policy measures and reform by means of a Steering Committee and periodic review of goals in accordance with emerging health problems.

Thus, these above mentioned strategies will result in health promotion, prevention and control of diseases both communicable and non-communicable fostering healthy lifestyle conducive to and capable of protecting and

preserving the health of the population particularly amongst school children, youth and adolescents. Human resource development with emphasis on building positive humane attitudes and appropriate knowledge and skills in the provision of services of defined quality, in the context of changing roles of the private and public sector in the future economic milieu has been highlighted. The strengthening of the quality and range of existing services with emphasis on bridging the gap therein and decentralisation of health administration was a common strategy of these health reforms.

How do these New Health Policy measures affect those of us who are physicians in this country?

The brevity of an editorial permits me only to scan through a few important ideas which the profession has to address in the coming months.

The prevention and control of communicable disease has been the main thrust of the health efforts in the state sector although a disproportionate fund utilisation has been for curative care. It is also true that curative care is far more expensive than preventive care and rational utilisation of resources are necessary particularly when high-technology intensive facilities have to be set up or duplicated as often happens in an ad hoc manner.

Although considerable headway has been made, in the control of Malaria, Filariasis, Vaccinable Preventable diseases and other Vectorborne diseases, the present situation leaves much to be desired. We still had to grapple with 280,000 cases of Malaria in 1990 which constitutes both a major public health problem and the leading cause of hospitalisation in the country and also increasing mortality trends with the increasing incidence of Plasmodium falciparum malaria is a cause for great concern.

HIV infection and AIDS is predicted to be our most striking emerging social and medical problem within the next decade. Although presently 60 HIV positive cases have been detected the predictions based on sound epidemiological observations place this figure 500 fold higher by 1997. The series of educational and public awareness measures as an accelerated programme in the next couple of years would be a grave necessity if we are to thwart this alarming trend. Tuberculosis epidemic which is feared to follow the AIDS epidemic is bound to be yet another issue in the third world. It is hoped that intensified measures against AIDS will also help in infection control in general particularly that of Hepatitis B which is very much with us.

The policy addresses the issue of non-communicable disease with greater respect than previously. Prevention of Ischaemic Heart Disease, Hypertension, Cerebrovascular Disease and Diabetes would it is hoped to occupy the minds of health administrators at divisional, provincial and national levels. It is envisaged that there will be a Deputy Director General for Non-communicable diseases in the National Health Organisational Structure who will direct an integrated epidemiological surveillance system, intensive health education etc. for priority non-communicable diseases.

A fresh look at the control of mental illness is mandatory as Sri Lanka has one of the world's leading Suicide rates. Along with Poisoning and Accidents occupy the 3 leading causes of Hospital deaths in this country. Problems of youth, adolescents, addictions, and measures against alcohol and tobacco, are addressed by a variety of measures.

Special population groups in particular the family health including several measures for the mother, unborn child, infants, pre-school

child, school health services, those with physical disability, workers health has received attention. A new feature is the recognition of the need for starting at least modest services for the elderly who will by the turn of the century be about 10% of the population. Estate population and urban population have their own peculiar problems needing special measures. A plan of action for disaster preparedness and health care of refugees is indeed relevant to the times we are living in.

The re-organisation of the administrative structure within the health organisation envisaged in this policy to fall in line with the National administrative structural change envisioned by His Excellency the President is a major feature. Taking health care closer to the people is the key message in this change. The new Divisional Directors of Health Services will be the important health managers for total health development in these Divisions. They will be provided with the necessary teeth in terms of legislative power and finance passed down from the present central control.

The need for Information, Communication and Education at all levels is recognised and will be strengthened. Good medical record keeping, accountability and audits and quality assurance programme are to be introduced.

The concept of Centres of Excellence as a measure to control, preserve and promote high level care at least in a few centres in the country both in the curative and preventive sectors irrespective of whether it is in the public and private sectors will help to step up quality of care.

A Referral System will be established which will be optional to the user and will operate from the divisional level upwards with priority for those using the referral system. Those bypassing the referral system on their own accord and seeking admissions to secondary

and tertiary hospitals may have to seek therapy in the to be established private wings in most hospitals linked up with Osu Sala outlets in these hospitals.

Health Manpower Resource Development received deserving attention right through the different categories of health care workers. Postgraduate medical education will be strengthened and the health sector to facilitate this will set aside a Deputy Director General for Education, Training and Research at the National level as a much needed coordinating person between education and service sectors. Postgraduate degrees in Health & Hospital Administration by the Postgraduate Institute of Medicine was a much needed suggestion. The setting up of a National Institute of Health Management (NIHM) should in the coming decades help in the improved management of our health votes.

It was heartening to see policy measures in Research for health development. The setting up of a National Health Research Council (NHRC) to promote, direct, finance and offer technical support to researchers as an independent and national body is most welcome.

The recognition that drugs and vaccines take an important slice of the meager health votes and measures to rationally utilise these funds with particular attention being given to rational drug prescribing and quality control are suggested. Media advertising of all drugs including over the counter drugs will be banned. Generic prescribing will be mandatory for the public sector and be encouraged in the private sector. A Consultative Technical Review committee with special powers will be established to assess and approve the import of all items of equipment costing over 5 million rupees.

The private health sector and its role in the total health delivery to the people is recogni-

sed to be a very significant one. In 1987 the total health expenditure was Rs. 7151.3 million of which Rs. 3460.2 million (48.1%) was the private sector's share and this was provided largely in the primary care sector. An important thrust of the policy is to encourage the development of the private health sector to complement and supplement public sector. It was recognised that the government will have to play a more positive role to bring the private sector to function in a more coordinated manner with the public sector strengthening the safeguards against misuse of state facilities in the case of health care workers in the public sector who are entitled to private work after hours. Private sections are to be developed in a large number of state hospitals and those units which encourage use of paying government beds will be entitled to a proportion of the fee for development of their non-paying sector units.

The Alternate Systems of Medicine also received extensive attention. The indepe-

ndent identity must be maintained of each of the individual systems viz. Ayurveda, Siddha, Unani and Homoeopathy. Proper registration procedures to limit proliferation of quack practitioners who are misusing both allopathic and alternative medications are to be weeded out using better legislation and authority for implementation.

Finally recommendations to translate policy into action and generate more funding received attention.

It is hoped that this 250 page document with strategies, issues, policies and action plans in some instances covering nearly all areas in health and health related activities will receive the attention it deserves. It is a milestone in the development of the health sector in this country and periodic review with fresh ideas will certainly help to guide health development and a better deal for all our patients at the dawn of the next century.