MAJOR PUBLIC HEALTH ISSUES IN SRI LANKA:

Recovery of the post-conflict health system in North East Sri Lanka

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Overview

- Brief History of civil conflict (CHE) and its impact (IDP)
- Video clip
- Health System in the conflict affected areas
- Disease of the Health system
- Disease burden – major risks
- Recovery Plan –GOSL-WHO-donors
- HBP

Key Events in the Conflict
A Look at the Peace Negotiations

Protagonists…Government of SL, LTTE (tigers)

Paramilitary groups on both sides, JVP

Singhalese (74%), Tamil (18%), Muslim, South Indian “hill country’ tamils, ‘burgers’, Waddas

69% Buddhist, 16% Hindu, 8% Muslim, 7% Christian

65,000 deaths due to Tamil/Singhala War, riots in 1983, call for separatist state

~ 45,000 deaths mainly youths between JVP-GOSL violence 1990’s

1948 Independence

1956 tensions begin

1972 Tigers formed

1983 ethnic riots

1985 1st peace talks

1987 2nd try at peace pact signed

1988 new leaders

1990 3rd try at peace

1991 India's PM murdered

1993 Sri Lanka Pres. killed

1994 4th try at peace

1995 clashes kill thou-sands

2000 Norway steps in

2001 ceasefire

2002 Sri Lanka lifts banPeace talks begin

2002 Both sides ready Norway mediates

Sep. 6, Sri Lankan government lifts the ban on the LTTE

2003 3rd round peace talks

UNHCR
The UN Refugee Agency

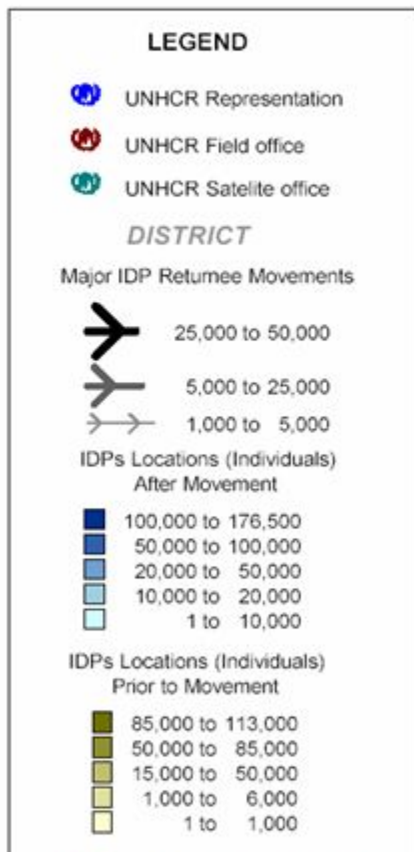
SRI LANKA IDP MOVEMENTS BY DISTRICT
(within January 2002 - December 2003)

UNHCR
GIS Unit
Sri Lanka

•CF

•Re

Ministry of Rehabilitation, Resettlement & Refugees
Policy Planning & Co-ordination Unit



IDPs Locations After Movement*

JAFFNA
Jaffna
176,426
69,678
KILINOCHCHI
Killinochchi
35,677
MULLAITIVU
24,020
VAVUNIYA
Vavuniya
Mannar
MANNAR
15,265
11,254
Trincomalee
TRINCOMALEE
ANURADHAPURA
2,607
3,643
POLONNARUWA
6,991
BATTICALOA
Batticaloa
MATALE
KANDY
173
AMPARA
GAMPAHA
KEGALLE
NUWARA
BADULLA

Total Movements:
Families: 90,217
Individuals: 345,734

IDPs Locations Prior to Movement**

72,856
90,285
112,936
20,666
23,291

- CFA IDP move towards North, mainly Tamil
- Returning refugees (mainly India), increased health risks and vulnerability

Effects of the conflict in North East

Sri Lanka Internally Displaced People (IDP)

- conservative estimate around 800,000 to 1 million people are currently displaced from NE
- The displaced are of different categories:
  - have migrated or,
  - found asylum as refugees in other countries.
  - have migrated internally down south to other parts of the country where there is no conflict and are living on their own or with relatives and friends.
  - Shifted to within the conflict affected area -‘welfare centres’.

Health System in the conflict affected areas

War and protracted conflict should be viewed as a disease

- 30 years ago…Alma Ata declaration embraced, SL one of the most advanced PHC systems in the developing world
- Jaffna had the best IMR and child nutrition status in the country, infact it was even better than Washington DC!
- Today: Nutritional survey of children under 3 years living in Jaffna in 1993:
  - 18.9% were wasted (acutely malnourished)
  - 31.4% were stunted (Chronically malnourished)
  - 40% were below expected weight for age (Sivarajah, ’94)
- Child soldiers and nutrition - comment by LTTE political head

COMPARATIVE BASIC HEALTH INDICATORS (2000)

Health Indicators	Sri Lanka	North-East Province
Maternal Mortality Rate / 10.000 live births	23	80
Infant Mortality Rate/1.000 live births	15.4 ('98)	30 (2000)
Under five mortality rate	12.9	Not available
Crude Birth Rate/1.000 Population (2000)	17.3	16.82
Life Expectancy at Birth	70.7 / 75.4	Not available
Source: Health System Assessment in North and East of Sri Lanka, WHO, Sri Lanka 2002 extracted from Annual Health Bulletin 1999, 2000 and statistical Health book NEP 2000, DHS survey 2001		

Selected Health Status Indicators 2000 Contd….

Indicator	Sri Lanka **	NEP ***
Home deliveries *Muslim communities	4.0%	19.4%
	(31.4% in Batticaloa*) (39.4% in Mannar*)	
Maternal Malnutrition	48%	(24% Severe)
Access to Sanitation	72.6%	48.2%
Use of contraception (ever use)	84.7%	51.3%
Current use of contraception (**rising teenage pregnancies in HSZ)	70.0%	36.2%
Total fertility rate	1.9	2.6%
Immunization coverage (under 5 years with a health card)	80.7%	74.5%

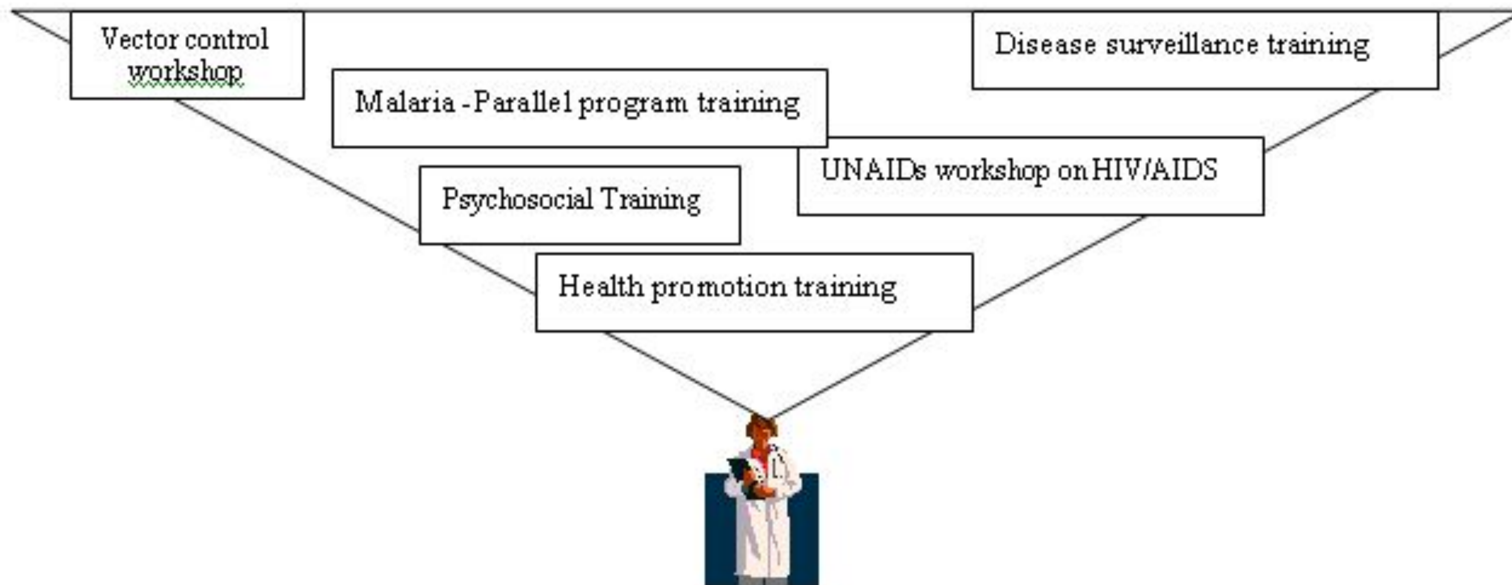
Disease of the System

- Biggest underlying disease or dis-ease is the HR issue
- 1:3000 PHM conflict zone: 1:6000/9000
- 1:6000 PHI conflict zone:
- Push and pull factors given in the handout

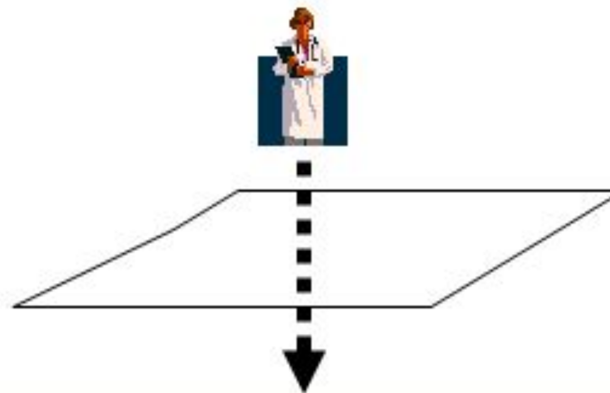
Cadre position of selected staff in the N-E Province

Category	Cadre	Vacancies	Remarks
Medical Specialists	103	86	Including teaching hospitals
Medical Officers	414	96	Inclusive of MOH, MO (MCH), RE
Dental Surgeons	80	22	Inclusive of Specialists
RMO/AMO	261	113	
Nursing Officers	1191	536	Including Matrons
Pharmacists	139	59	
Public Health Nursing Officers	65	60	
Public Health Inspectors	383	112	Including Supervisory staff
Midwives	1231	619	
Medical Lab Technologist	59	22	

The Funnel effect –

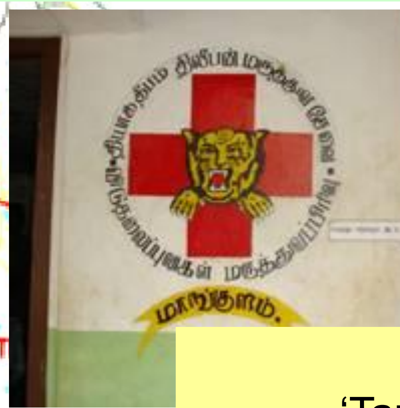


The Filter effect –



- Filtering effect occurs due to constraints of unrealistic work plans, poor monitoring and feedback, little resource support, low-self esteem, lack of clear pathways on care ear progress.

Snap shot of Health System in the LTTE controlled "uncleared" areas



LTTE
'Tamil Elam' Health Services
'Teelipan' Health Centres
Rural hospital - PTK

Sri Lankan Govern. MOH
Deputy Provincial Director of Health Services
- Preventative/promotive: (MO's, PHM's, PHI's, HV's)
- Curative: DH, PU's, CD's, GHC's

INGO's – ICRC, MSF, AMDA

NGO's - Centre for health care

UN – WHO, UNICEF

Disease burden

Disease burden/risks

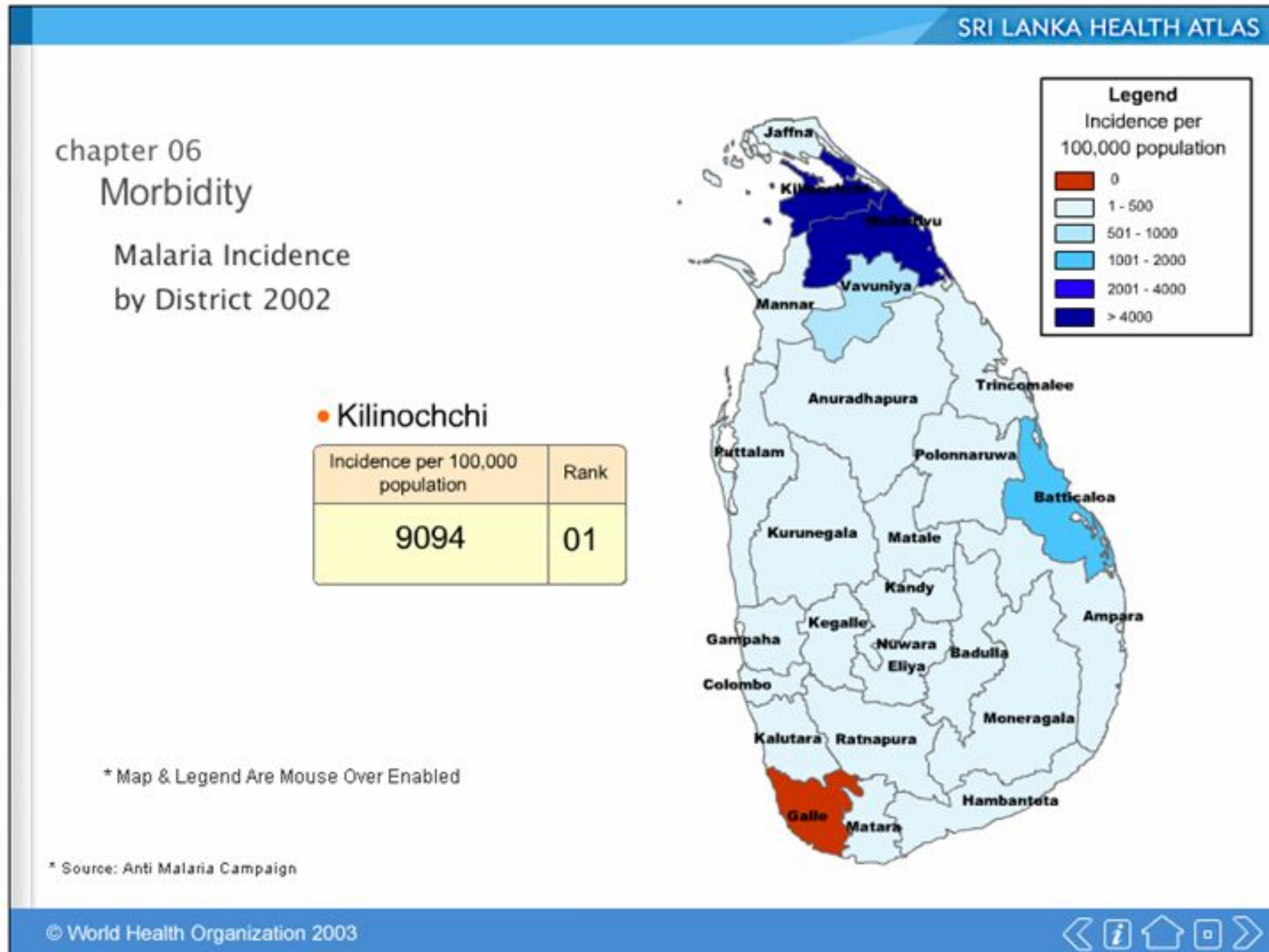
- Increase in the incidence (ARI) and Diarrhoeal Diseases due to inadequate shelter, damage / disruption to water and sanitation systems and in-sanitary conditions of the welfare centres where the displaced are crowded in.
- The worsening of the maternal and child health status
- Disability services – ***the marginalised of the marginalised?***

Disease burden/risks

- As a result of the disruption of the health facilities and the lack of personnel, the **referral system has broken down**.
- The **disease surveillance system** that was once in place for monitoring disease outbreaks before the conflict has all but collapsed.
- **Health promotion** often takes LOW PRIORITY in resource poor settings, reduced to IEC - promoting appropriate healthy living and behaviour patterns (via BCC methods) is very poor.
- **Restricted availability of medicines**, equipment and laboratory and .other supplies. (HEALTH AND HUMAN RIGHTS issue when governments block supply … but what to do?)
- **Health information systems poor** – therefore data on leading causes of hospitalisation and deaths by districts are not reliable.
- **Poor sanitary and hygiene facilities/ programs** for the IDPs and camps

- Increase in the virulent form of malaria i.e. Plasmodium Falciparum infection due to interruption of vector control program. More than 50% of the reported malaria cases are from these areas.(62% in 1998, 58.4% in 1999 and 50% in 2000)

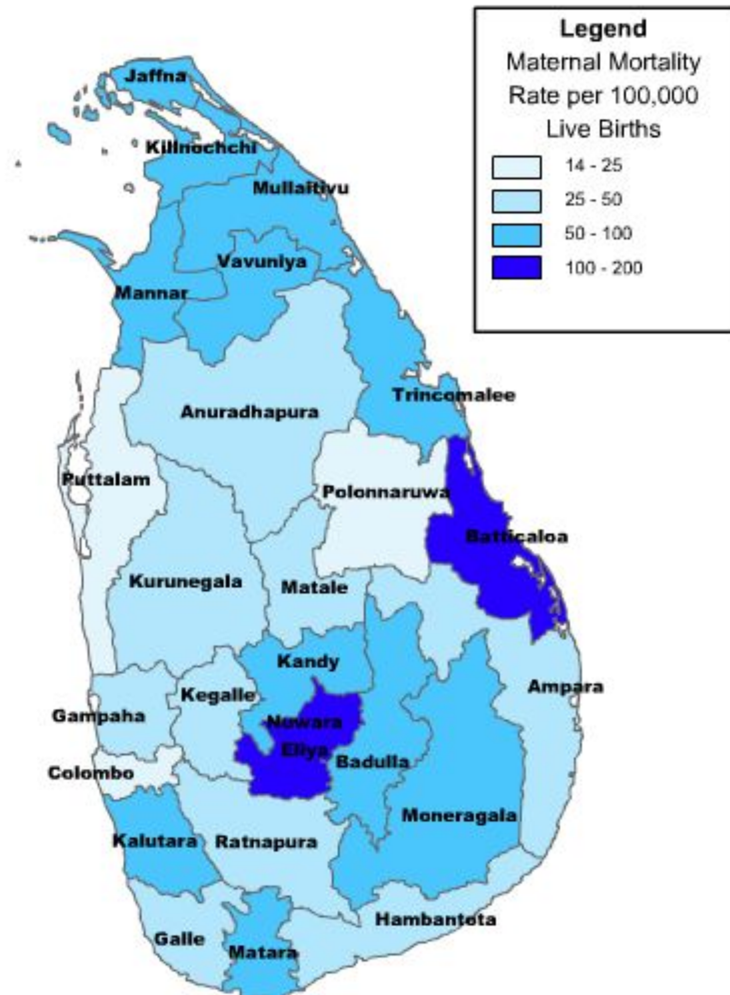
- Increase in the virulent form of malaria i.e. Plasmodium Falciparum infection



chapter 05

Mortality

Maternal Mortality Rate (MMR) - 2001



• Nuwara Eliya

Maternal Mortality Rate per 100,000 Live Births	Rank
167.85	01

* Map & Legend Are Mouse Over Enabled

* Source: Family Health Bureau

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Mental Health and Psychosocial wellbeing – often taking the low priority

- A mental health needs assessment concentrating on those living in the ‘welfare centres’ who had been suffering from the combined effects of trauma and poverty in the District of Vavuniya had shown : -
  - High numbers of attempted suicides, alcohol abuse, domestic violence, grief, suspicion and a sense of ‘learnt helplessness’,
  - A breakdown in normal social support networks,
  - Appalling living conditions and lack of services,
  - Total absence of psychosocial support services,
  - 97% had lost their homes and property,
  - 87% had constant feeling of insecurity
  - 63% had suicidal thoughts,
  - 66% had bad memories of displacement, death of a family member, witnessing people being burnt alive in their homes etc.

NCD’s or Chronic Disease

- WHO report launched 2 weeks ago looking at Global burden of disease in DC’s shift towards Chronic Disease’s – can’t ignore
- Experience with Post-Tsunami screening reveals: anemia the single biggest problem
- Jaffna has highest cancer rate in the country

Incidence of Cancer

- Jaffna district has the highest incidence of cancer in Sri Lanka

  [Ref: Panabokke R G. (1984) The Geographical Pathology of Malignant tumors in Sri Lanka. Ceylon Medical Journal. 2:4;211-15.]
- Incidence of cancer among the males in Jaffna district is double that of the average for Sri Lanka
- Analysis by ethnic groups the incidence is

Tamils	108 per 100,000 population
Sinhalese	91 per 100,000 population
Muslims	57 per 100,000 population

Common organs affected by cancer among those living in the Northern Province

Organ affected	Persons affected per 100,000 population
Mouth	47.5
Esophagus	37.4
Breast	19.7
Cervix	8.0

WHO Framework

	PRIORITY AREA	PROGRAMME GOALS
1.	Co-ordination and monitoring of health sector response	To support the government in coordination and monitoring the health sector response to the emergency to ensure that the health system is revitalized and further reinforced
2.	Strengthened surveillance and laboratory capacity	To establish and maintain disease early warning and epidemic response in the districts affected by the tsunami disaster
3.	Communicable disease control - vector borne disease control and Universal precautions	To reduce burden from vector borne diseases and those transmitted from inadequate use of Universal precautions in tsunami affected populations
4.	Strengthened basic health system and services	To support the rehabilitation, revitalization and re-supply of basic health facilities and medical supply systems in affected districts
5.	Water quality and basic sanitation	To contribute to the prevention of water and sanitation related diseases through improved water and sanitation services and their effective use
6.	Psychosocial and mental health support	To provide immediate psychosocial mental health assistance to the population affected by the tsunami and to strengthen the mental health system

“Peace is the first prerequsite for health..” Ottawa Charter for HP

“Public Health Professionals **HAVE** a role in relation to conflict”

- WHO HBP

- examples:
  - Work on all sides openly and transparently
  - action based on best available information
  - work according to geographical boundaries (not political)

thank you for listening