Sri Lankan government cuts funding for vital drugs in public hospitals

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When Sri Lankan health workers engage in industrial action to advance their conditions or oppose cuts to the free health service, the People Alliance (PA) government is quick to accuse them of depriving patients of adequate care.

However, the issue of the patient's well-being does not arise when the government undertakes cuts to public health funding. One such case is the drastic reduction in government spending on vital drugs necessary for the treatment of patients in public hospitals.

Although the Medical Supplies Department (MSD)—the main drugs store and supplier to all government health institutions—estimated that 3.5 billion rupees ($US50 million) would be needed for drugs this year, only 2.7 billion rupees was approved by the health ministry and even then there were delays. Only after a public outcry earlier this year did the government agree to release 1.5 billion of the promised 2.7 billion rupees.

Even before the latest cuts the Medical Supplies Department was experiencing a crisis. Funding cutbacks last year resulted in the MSD owing the State Pharmaceutical Corporation (SPC) over 1 billion rupees for drug purchases. Due to the heavy debt, the SPC suspended supplies to the Department for part of the year.

The crisis has been further compounded because the MSD has been unable to recover the money for drugs issued to the provincial health ministries that are controlled by provincial councils. The councils only allocate a scanty amount for health from their budgets.

The shortage of drugs and medical supplies in public hospitals is becoming acute. An official in the administration branch of the National Hospital in Colombo, the country's main public hospital, told the *World Socialist Web Site*: “For this year we forwarded an estimate of 600 million rupees for drugs and surgical implements. But we received only 330 million rupees. Of this amount about 20 million will be spent on oxygen. Already there was a debt of 32 million rupee to the Pharmaceutical Corporation for local purchases. We have repaid only 19 million of that. When considering the high prices of drugs and settling of past debts, this allocation is hardly sufficient to meet the urgent needs of the National Hospital."

The MSD has also stopped issuing many vital drugs including Liynocain Jelly (a local anesthetic drug mainly used in urinary catheterisation) and Tranexamic Acid (a homeostatic blood clotting agent used to stop bleeding). Limitations have been placed on the supply of some specialised drugs, such as Cefotaxime and Ceftazidin (antibiotic drugs). There are also periodical shortages of Cloxacillin capsules, anti-rabies serum, syringes, needles and a range of surgical items.

A report released in September this year revealed that the MSD had issued 54 types of drugs, which were of such inferior quality that they were classified as unfit for human use. The report also noted that the quality of the drugs was never tested before use. Tests were only conducted if a complaint was made.

A pharmacist at the National Hospital explained that to overcome the shortfall of drugs the hospitals were forced to divert funds from their budgets and purchase drugs directly through what is known as the Local Purchase System (LPS). In the past this system was only used for urgent requirements or to obtain specialised drugs not issued by the MSD.

"The drugs are so scarce here that our monthly purchases, which once stood at around 2 to 3 million rupees, now stands at 7 million rupees. When the debt is so heavy, the corporation continuously reduces the supply of drugs. Then the poor patients are deprived of their share of medicine," he said.

While slashing the supply of drugs, the health ministry has instructed the National Hospital, and the Lady Ridjeway Hospital—the country's only pediatric hospital—not to spend more than 2 percent of their budget allocation for local purchases. By March, the National Hospital had already spent 10 million rupees.

Teaching hospitals, provincial general hospitals and base hospitals have been instructed to limit their drug purchases through the LPS to 1.5 percent, 1 percent and 0.75 percent, respectively, of their budget allocations. The purpose of these limits is ultimately to force patients to pay for essential drugs themselves.

MSD officials have attempted to justify the government cuts by claiming that scarcity of drugs is caused by doctors over-prescribing and by bad hospital management. They also accuse specialist doctors, at the instigation of various drug companies, of recommending expensive drugs to patients.

However, Dr Jagath C. Wijesekara, a neuro-physician at the National Hospital, refuted these claims. He pointed out that advances in medical science had resulted in more effective drugs, which being used in many parts of the world, but the MSD did not issue many of these drugs. Many antibiotics supplied by the Department were outdated and shown to be ineffective against bacteria.

"Under these circumstances many kinds of drugs have to be bought by the hospital under the local purchase system. When there is no money in the hospital, drugs have to be bought through patients. These drugs are used all over the world. Therefore it is wrong to say that the doctors recommend drugs to satisfy drug companies. The problem is that the essential modern drugs are not issued by the government Medical Supplies Department," he told the *WSWS.*

The scarcity of drugs is creating grave problems for workers and the poor in city and rural areas. *WSWS* reporters spoke to a number of people who have been forced to purchase drugs leaving them with large debts.

P. G. David, a farmer from Mawara, a remote village 160 kilometres from Colombo in the Southern Province, explained: "On May 10, my brother P. G. Sirisena was bitten by a rabid dog. At our local hospital he was given only the tetanus toxoide injection. The anti-rabies serum injection was not there. So we went to Matara General Hospital (45 kilometres away), then to Karapitiya General Hospital and then to Kalubovila General Hospital in South Colombo. But there was no anti-rabies serum at any of them.

"At last we went to the National Hospital only to find that this injection was missing there too. So we had to buy it at the pharmaceutical centre for 1,750 rupees. With the expense of traveling from one hospital to another, it cost us about 8,000 rupees. We are poor—we earn our living by farming. We had to borrow money for this. Most of our villagers cannot afford even to come to Matara. So in a situation like this they get local treatment and die pathetically."

M. Arshad, whose son contracted chicken pox, said: "When my son's illness grew worse and he was on the verge of collapse we got him admitted him to the National Hospital. The doctor who examined him gave us a prescription for a medicine called Acyclovir and asked us to buy it at a pharmacy saying that the drugs issued to patients free of charge earlier were no longer available in the hospital. Each dose of medicine cost us 2,000 rupees. I bought two doses for my son. I'm don't know how many doses will be required."