

Sri Lankan election: The crisis in public health

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Sri Lankan President Mahinda Rajapakse's manifesto for the January 26 presidential election pompously declared that the country's free health system "has earned much praised internationally as being one of the best in the world".

A vast gulf exists between this rhetoric and reality. The island's public health system is in deep crisis. Successive governments have slashed spending on health, like other basic public services, such as education.

As a result, the government hospital system faces shortages of essential drugs, equipment and medical staff. Preventable diseases like dengue, malaria and tuberculosis are taking hundreds of lives and new diseases like A H1N1 influenza are spreading. At the same time, private clinics and hospitals are mushrooming.

This process was under the Rajapakse government, as it allocated billions of rupees to pay for its renewed war against the separatist Liberation Tigers of Tamil Eelam (LTTE). As defence budgets mushroomed, social services and subsidies were slashed.

According to the Central Bank's report for 2008, expenditure on public health declined from 1.9 percent of GDP in 2006 to 1.8 in 2007 and 1.6 in 2008. Meanwhile, defence expenditure increased to over 4 percent—more than double the entire health budget.

The decline in public health services has led to a rise in disease. The death toll from mosquito-born dengue fever increased nearly fourfold from 85 in 2008 to 328 in 2009. According to the health ministry's epidemiology unit, 33,075 persons contracted the disease in 2009. A H1N1 virus has taken 35 lives so far, with 518 confirmed cases reported. Last year, 3,370 cases of leptospirosis or rat fever were reported, with 118 deaths.

Worse is to come. The health ministry warned on January

2 that dengue and A H1N1 would peak this year. Last November, schools in Central Province and the Sabaragamuwa University were closed for several weeks due to fears of spreading A H1N1.

Last month, Government Medical Officers Association deputy secretary Dr. Chandana Atapattu told the press that even major hospitals lacked facilities to recognise A H1N1, and had "no drugs or facilities for the patients". He blamed the government, saying "the ministry has not taken steps to control the disease".

Lack of funding is affecting the functioning of public health facilities. A senior health ministry official admitted on January 11 that government hospitals faced a scarcity of some 40 essential drugs.

On same day, Dr. Jayantha Bandara, the Prof. Senaka Bibile Commemorative Association secretary, said there were shortages of "more than 70 drugs and devices needed for patients with heart, cholesterol, kidney, high blood pressure, asthma-related ailments and essential drugs required for the Intensive Care Unit". Citing the fact that many patients had to buy their medications, he commented that the public health system could no longer be called free.

Dr. Jayantha Balawardena, head of the Cancer Hospital in Maharagama, a Colombo suburb, also told the media last month: "There is shortage of drugs in the hospital and we have to ask patients to purchase them." Because "cancer drugs are high cost," this placed a severe burden on patients and their families.

A cancer patient told the WSWs there had been no effective chemotherapy medicine in the hospital for several months, forcing patients to purchase the necessary drugs each time from elsewhere for 6,000 rupees (\$US52) or more.

Another patient said: "For a mammogram test we have to

wait for months. For a bone scan we must wait for more than a year. In some cases, a patient will die from the cancer before the scheduled test.”

Private hospitals are exploiting the situation by charging 2,500 rupees for a mammogram and 16,000 rupees for a bone scan.

Similar conditions apply to heart disease. A doctor attached to the cardiology unit in the National Hospital Colombo, the country’s main hospital, told the WSWS: “Due to the long waiting list, a heart patient gets a date for a surgery after one year. Sometimes the patient dies before the relevant day comes. In a private hospital, heart surgery costs about 500,000 rupees—several years’ salary for an ordinary worker.”

Last year doctors from major hospitals in several areas of the island reported substandard medicine. Initially, the health minister dismissed their reports as a “conspiracy to discredit the government” and attempts were made to intimidate the doctors. But as further cases were reported and public anger grew, the ministry declared last November that 60 imported drugs were outdated and banned six Indian pharmaceutical companies from supplying drugs to Sri Lanka for two years.

Worsening poverty and malnutrition is compounding health problems. The Sri Lanka Demographic and Health Survey 2006-2007 recorded that 18 percent of children were stunted (below the safe weight for their age), 15 percent were wasted (below the safe weight for their height) and 22 percent were underweight. UNICEF reports that 29 percent of children younger than five were underweight.

Officials admit that stunting is the outcome of inadequate nutrition over an extended period and is also affected by recurrent or chronic illnesses. According to the government’s latest poverty assessments, “only half the country’s 20 million people are receiving the minimum daily calorie intake.” It continued: “An average poor person in Sri Lanka receives only 1,696 kcal per day while a non-poor person receives 2,194 kcal.”

Both of the two major parties are responsible for creating a two-class health system: under-funded public facilities for the majority and private health care for the better-off. Restrictions on investment in private health care were relaxed in the late 1970s as part of the United National Party (UNP) government’s introduction of open market policies. The number of private hospitals rose to 118 in 1996, and to 190 in 2005. Under Rajapakse, the number grew to 220 by

the end of 2008.

Rajapakse’s main rival, former army chief General Sarath Fonseka, who is backed by the opposition parties including the UNP, stated in his election manifesto that he would declare a “crisis” in the health sector within a month of election. He pledged to stop the importation of sub-standard drugs and make available good quality medicines at government hospitals. “I will ensure that significant preventive measures are enforced to control the spread of epidemics,” he claimed.

None of these pledges will be kept. Whether Fonseka or Rajapakse win, the next government will launch an onslaught on the living standards of working people, including in the area of public health. Public spending will be slashed to meet the austerity measures demanded by the IMF in return for last year’s \$1.6 billion loan to bailout the country’s financial system.

Fonseka’s promise to declare a “crisis” is significant. As the Socialist Equality Party (SEP) has warned, the general is emerging as a Bonapartist figure whose main base of support is in the state apparatus, particularly the military. His approach to government will be a military one—to wield the levers of state to push through the agenda of the ruling class and to stamp out any opposition, in this case particularly from health workers.

The crisis in Sri Lanka’s public health care system is further proof that the Sri Lankan bourgeoisie is completely incapable of providing for the basic needs of working people. The only alternative is that advocated by the SEP and its candidate Wije Dias: a political struggle for a workers’ and farmers’ government to implement socialist policies.

In its election manifesto, the SEP calls for the development of well-equipped, properly-staffed public hospitals and clinics to provide free, universal, high-quality health care. That requires the complete reorganisation of society along socialist lines as part of the struggle for a socialist transformation throughout South Asia and internationally.



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