

# Sri Lanka's public health services face breakdown

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4 May 2023

Sri Lankan public health services are facing a catastrophic breakdown caused by shortages of doctors and other employees, essential medicines, equipment and basic facilities. Doctors and health workers confront severe difficulties treating patients, with ward closures, surgery postponements and a lack of basic pharmaceuticals.

Increasing numbers of doctors are also leaving Sri Lanka in response to higher Pay as You Earn (PAYE) tax rates and skyrocketing inflation, exacerbated by brutal International Monetary Fund (IMF) austerity measures being imposed by President Ranil Wickremesinghe and his government.

A senior Health Department officer told the *World Socialist Web Site* that 1,000 of Sri Lanka's 3,700 medical specialists had recently left the country. Applications to leave were increasing on a daily basis. In a brutal move to slash jobs and reduce government expenditure, the Wickremesinghe government has lowered the retirement age of state employees, including doctors, from 65 years to 60. Sri Lankan doctors currently receiving overseas training are fearful of returning home because of the country's worsening economic crisis.

Emergency treatment and surgery procedures have stopped at the Embilipitiya District Hospital in the country's south because the facility does not have any anesthetists. Both of the hospital's anesthetists left and are now working overseas, and one doctor has gone abroad for further education. On April 16, the district hospital's director appealed to other major hospitals in the south to accept patients from the Embilipitiya facility.

Last March, the professorial pediatric ward at the Anuradhapura Teaching Hospital was closed because four pediatricians resigned and left Sri Lanka. This has meant that medical students from Rajarata University cannot have any clinical training in this section of the hospital.

The surgery unit at Mullaitivu Hospital in the Northern Province has closed because it has no surgeon and there is only one specialist doctor available for its pediatric ward, seriously hampering the diagnosis and treatment of children.

At the Kandy General Hospital, 10 medical specialists and

21 senior doctors have left the country to work overseas since 2022, while emergency doctors, neurologists and endocrinologists from the Sirima Bandaranaike Children's Hospital in Peradeniya have also migrated.

On February 13, *Asia News* reported that Sri Lanka, which imports 80 percent of all its pharmaceuticals, had no reserves of 160 essential medicines out of the 300 required, and existing supplies were only sufficient for two or three months.

These shortages are delaying surgeries and blowing out already existing waiting lists, with thousands of patients having to wait for months, and in some cases years. This is leading to further health complications and premature death.

The Government Medical Officers Association (GMOA) has revealed that there are shortages of pharmaceuticals to stop bleeding after birth, as well as a lack of anesthetics, antibiotics and even insulin and paracetamol.

Both of the CT scan machines at the Karapitiya Teaching Hospital in Galle are not working and need to be repaired. One of them stopped working a year ago and the other has not been functioning since April. One hospital worker told the media that patients have to pay for emergency scans, which are being done at private hospitals. Patients are also being forced to have other medical tests conducted in the private sector due to a lack of equipment in the public system.

The escalating breakdown of public health services is placing extreme pressure on doctors and health workers. As one Kandy hospital nurse explained:

"Before the coronavirus pandemic, we carried out stent treatment to avoid the blockage of heart blood cells on only five patients a day. Now we have to do it for more than 20 patients. This may be because of an increase of heart diseases as an aftereffect of coronavirus infections, but we lack suitable stent equipment. This means that patients are compelled to buy this sort of equipment at very high prices from outside sources.

"There are about twenty nurses working at our unit. Six of them are undergoing physiotherapy because of their

unbearable workloads. When we come home after work, we feel half-dead, and now even our salaries have been subject to tax, but we have no one to complain to about any of this. I am fed up with all of the trade unions,” she said.

A health worker from the hospital’s surgery unit said there was a severe lack of heart valves for patients, who were needlessly dying because they could not buy the devices from outside sources.

A doctor from the Peradeniya Hospital’s psychiatric clinic explained that health employees and the families of patients confronted extremely difficult conditions because of pharmaceutical shortages, and that many patients were being repeatedly hospitalised. “These psychiatric patients cannot afford to pay the high prices of these medicines,” he added.

A Kandy Hospital administrative worker said the facility was having to buy medicines from private pharmacies. “While the hospital is paying millions of rupees to buy medicines from these private pharmacies, it also has to buy diesel and petrol for its trucks and ambulances. This means the hospital has to try and find money from canteen rents and selling cardboard boxes,” he said.

Drastic falls in the numbers of doctors and health workers have led to huge workloads for the remaining workforce, who are already severely burdened with higher taxes, inflation and cuts in allowances and overtime.

The Sri Lankan public health system was once hailed as a “model” compared to other South Asian countries, but it has been in serious decline, even before the current unprecedented economic crisis, with only an average 1.5 percent of GDP allocated for health spending. “Open market economic reform” and private investment in the health industry saw the mushrooming of privately-owned hospitals and other health institutions.

The escalating crisis of Sri Lanka’s public health sector is occurring as hyperinflation, unemployment and poverty are escalating across the country. According to the World Food Program’s latest survey, 32 percent of Sri Lankan households are food insecure and face serious hunger. Poverty has risen from 13.1 percent of the population in 2019 to 25.6 percent in 2022. This means millions lack adequate nutritional food, which in turn worsens overall public health.

Health sector trade union officials issue statements about the breakdown of the public system, but instead of mobilising workers to fight this brutal social assault, they appeal to the very government which is responsible.

On March 3, Health Professionals Association President Ravi Kumudesh openly declared: “Every health worker is unanimously calling (for strike action) but we have suppressed these people saying that we cannot do it this time.”

Three weeks later, on March 24, the Professionals Trade Union Front, which includes the GMOA, held discussions with the IMF, in which they politely asked for a “concession” on PAYE taxes, but did not oppose any of the other harsh social attacks being unleashed against the population.

In fact, Saman Ratnapriya, president of the Government Nursing Officers Association, has become an open advocate for IMF austerity. He declared in a press briefing in February 28: “Strikes lead to destabilisation of the country and generate unrest. Such a country will not be granted [IMF] loans.”

As the world economic crisis deepens, every government is unleashing major attacks on public health, education and other vital social services. This has produced an eruption of strikes and protests by health workers and other sections of the working class who have come forward to defend their jobs, wages and the health services.

Sri Lankan health employees, who are part of this global movement, must unite with their international class brothers and sisters in a political and industrial struggle against the Wickremesinghe government and its IMF-dictated attacks.

Billions of rupees must be allocated to expand and develop the public health sector and other urgently needed services for workers and the poor. These resources can only be provided as part of a common struggle for socialist policies—that is by nationalising all the large companies, plantations and major economic centres, repudiating all foreign loans, seizing the wealth of billionaires, and placing society’s resources under democratic public control.

This is why the Socialist Equality Party (SEP) calls for the building of action committees in every workplace and working-class neighbourhood and among the rural masses, independent of the trade union bureaucracies and the capitalist parties. These committees will form the basis of a Democratic and Socialist Congress of Workers and Rural Masses to take forward the struggle to bring down the Wickremesinghe regime and to establish a workers’ and peasants’ government to implement these policies.



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