

Reconciliation & Peace; Ministry of Health Impacts

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In Sri Lanka we have pluralistic kind of health service & we have indigenous or native system which has been there for more than 2500 years. We also have an Ayurvedhic system which was introduced to Sri Lanka in 3rd century from India. At that time Buddhist monks were used to teach the religion as well as treat patients with Ayurvedhic treatments. With the invasion of Portuguese, the allopathic system was introduced & the 1st hospital was built in Sri Lanka in 1552.

Even in the 4th century BC. there was same focus on health care, especially about sanitation. Like PHIs, there were people recruited to look after the sanitary aspects & there was a person called "*Nagara Guttika*" who was appointed by the King. There is enough archeological evidences to prove that ancient Sri Lanka had concerns about sanitation. The 1st Dutch hospital didn't have much function at those days because there were no medication, antibiotics & drugs. Later asylums were built to treat people, especially who were suffering from communicable diseases & thus were institutionalized. The 1st institution was built in 1708 and was known as leprosy asylums and is still functioning as a hospital. Britain established a medical department to develop health services in Sri Lanka. British rules and legislations acted to ensure the quarantine services, mandatory vaccinations and sanitation. They were able to establish the legal framework in this country. In 1927, we were able to establish a primary health care unit for the 1st time in the history and were able to develop public health services very strongly. Vaccination for preventable diseases was started. An ordinance was brought to make smallpox vaccination mandatory & it was eradicated from the world in 1977. Last case in Sri Lanka was reported in 1967.

We had the best health system in South East Asia from ancient periods where the government or the King was responsible to look after the health of the people. Now the Central Ministry of Health, looks after the health sector in Sri Lanka and polices are made to better organize the health sector. Provincial director of health services & regional director at district level are there. We have gone beyond the institution level; prominent people like PHMs & PHIs go to houses and provide the domiciliary care and sanitation.

In 2004 December, Tsunami wave hit Sri Lanka, destroying most of the coastal areas within hours. 35000 deaths, few thousand casualties & thousands of displaced people were reported. We were able to look after the health aspects of them without having any outbreak. This set the platform to the government of Sri Lanka to establish a separate cabinet for disaster management. By a parliament act, Disaster Management Center functioning 24 hrs 7 days a week was established in parallel to the Ministry of Health.

Peace is a result of perfect balance between the systems within a country and allows all the people of that nation to be benefitted from full enjoyment of their rights. "Reconciliation" means coming together. Reconciliation is a historical word which is not being used much in those days except by the banking sector, finance people & Catholic Church. After the conflict situation now it is widely used. Nelson Mandela who has involved much in peace & reconciliation wrote an autobiography; "long walk to freedom". There he has stated that true reconciliation does not simply means

forgetting the past but has to go beyond that & needs establishment of dialog, diplomacy, good conversation, achievement of harmony & more than that the development. There are few important elements to think about when transforming the society after conflict situation. These include economic growth, democracy ensuring good governance & the health.

What is altruism? In this context, when health care professionals engage in health care services, they should not have selfishness. Independently, we go by empirical & scientific evidence & treat patients. Healthcare professionals have earned high degree of credibility, people's belief & trust and these three factors may have an impact on establishing peace & reconciliation. In the initiatives taken by WHO in 1981, it was recognized that the role of physician & other health workers in preservation & promotion of peace is one of the most significant factors for attainment of health for all. When several guerilla conflicts in Latin American countries like El Salvador, Chile, Argentina etc. occurred in 1980s, a branch of WHO known as Pan American Health Organization (PAHO) was established to initiate health based approach. They requested both parties to involve in ceasefire. We have used this concept in Sri Lanka in 1995. WH Assembly took a policy decision in 1999 and now it is in practice in many countries like Mosambic, Croatia, Bosnia, Sri Lanka & Angola. There is a Geneva Convention to protect health care personals in war situations. In such situations, diseases can be spreaded across the borders and health is one of the main concerns in peace building process.

In Northern Province there are 161 preventive care institutions and 92 curative care institutions. When the humanitarian operation was started, a lot of people were displaced. We have visited the area and set up 24 hr disaster preparation unit in Chettikulam under the Ministry of Health. When it was started a lot of casualties were reported and after the emergency treatments they were referred to various other hospitals. Nearly two hundred and eighty thousand IDPs were brought to Chettikulam and we were given the task to provide care to these IDPs. We have setup primary healthcare institutions, preventive healthcare institutions, secondary & tertiary healthcare institutions and rehabilitation centers. The major hospital which is at Vavunia had 175 beds at that time. Within 2 weeks we were able to increase the bed capacity up to 400; a lot of money was allocated and healthcare professionals were mobilized.

Another institution in close vicinity was Chettikulam hospital which was operated by one medical officer & a nurse. Within a week we were able to transform this to a base hospital. We setup daycare centers and mobile clinics within the IDP camp. Three wheelers were modified to ambulances. One day immunization program was organized to vaccinate children for polio, measles and to supply an additional dose of vitamin A. We attended to rehabilitees and we started fixing of limbs in the IDP camp. We setup other vector control programs and mental health promotions were organized. Many people were affected by hepatitis and chickenpox and with the antiviral vaccines we were able to bring it down within 1-2 weeks. Mortality rate finally became zero. The government of Sri Lanka allocated 2.5 billion rupees of additional money for this task.