The unsung heroes ...

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Sri Lanka has received many accolades for its impressive health indicators that surpass the economic context of the country and the performance of its regional neighbours (1). The cover photograph captures the story behind the country’s successes in health. A hospital labourer waits for an elevator with a decade old wheel chair, the unsophisticated design of which demands much physical effort in steering. A fabric plaster covers the elevator control panel to prevent the unsuspecting public operating the frequently malfunctioning elevator. This scenario sums up the context of the Sri Lankan health system, the context in which such quality outcomes are produced. This photograph was captured at a teaching hospital in Western Province, same province in which the country’s capital is located. Thus, it is not difficult to imagine the conditions outside the central, in rural settings and remote areas with less developed road networks and infrastructure.

With an allocation of 1.66% of its gross domestic product (GDP) for health (2014), Sri Lanka is placed at the lowest level (less than 3%) on the global scale of investments in health (2-3). Thus, it is not surprising to receive such applause from global stakeholders for the system’s high quality outcomes. How exactly our low funded system operates to produce such outcomes should be explored systematically. However, anyone familiar with the Sri Lankan health system may agree that health work force is the main building block that keeps it intact. The photograph captures a representative of the lowest tier of the aforementioned building block in his day-to-day struggle, trying to provide a good service amidst poor resources. The same is true for all the other team members – doctors performing sophisticated procedures with less sophisticated equipment; nurses on their feet all throughout the shift due to lack of adequate staff; physio therapists struggling to improve the physical strength of their clients without the help of essential assistive devices; and clerical and administrative staff packed in overcrowded small offices – the list is endless.
Even though this photograph captures the struggles of the clinical sector, the same is true for the preventive sector workforce as well. Public health midwives – the staff category that has contributed immensely to improve maternal and child health of the country, compelled to provide services for more than double their population norm is a common scenario in almost all the provinces. Their supervisory officers at divisional and regional levels are overwhelmed with increased work load as well as having to manage and coordinate limited resources to keep the services afloat. The public health professionals in the past have played a major role in developing this system, not only governing and managing the health care institutions, but also initiating a door-to-door service in 1920’s to improve maternal and child health and fight epidemics. Their innovativeness and dedication reduced unassisted deliveries from more than 80% to less than 0.05%, leading to remarkable reduction in maternal and child deaths and contributing to increase of life expectancy at birth by 50 years (1).

Thus, the cover photograph is a tribute to all the “unsung heroes” of our health work force, the current heroes who strive to do their best under difficult conditions and the heroes of the past who initiated and developed this highly rewarding system.

References

