

Joint WHO-HQ and WHO-  
SEARO mission to **SRI LANKA**

Feb 12 - 16, 2007

**Mission Report**

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## I. Commission Background

In March 2005, WHO launched a global Commission on Social Determinants of Health (Commission). The purpose of the Commission is to promote routine action on socially determined causes of health inequities both within the health system and through intersectoral mechanisms, working with other sectors within government and across society.

To take forward its agenda, the Commission established 5 areas of work: working with civil society, establishing knowledge networks to collect information on upstream interventions on social determinants for health equity (covering issues related to urban settings, gender equity, early child development, globalization, employment conditions, and social exclusion), improving WHO's technical capabilities, and bringing action on socially determined health equity into the routine work of other global organization and initiatives and ultimately to action on the ground in countries. As part of its support to developing this work in countries, the Commission is working through WHO to identify country partners, who will take a leading role in pushing forward the agenda of tackling socially determined health inequities.

In its work with country partners, the Commission is inviting countries to introduce systematic actions for addressing social determinants of health equity into its regular business. These actions include strengthening public awareness of health equity and social determinants, strengthening the capabilities of health information systems, the process for developing public health goals, indicators and cross-sectoral target setting.

## II. Background to the mission

A proposal for Sri Lanka to partner with the CSDH, in the form of a background paper, was drafted by Dr. Saroj Jayasinghe. The proposal identified the following areas as relevant to the partnership:

- **The First Five Year Program** to provide support for children from birth to 5 years
- Promote adequate nutrition for expectant mothers
- Improving job security of workers (especially migrant workers and casual workers). Improve avenues for self-employment
- Reducing gender disparities in society through the '**Diriya Kantha**' programme and a **Women's Charter of Rights**
- Social security for the elders and differently-abled persons
- Strengthen measures to eradicate poverty through the '**Samurdhi**' Relief program

- Promote home ownership via the '**Jana Sevana' Programme**
- Improvement of housing
- Increase social networking and civil society participation in development in villages through '**Jana Sabha' (Peoples Councils)**
- Improve access to high quality education

Dr. Davison Munodawafa from the WHO Regional Office for South-East Asia (SEARO) visited WHO Sri Lanka and MOH officials in October 2006 in order to take forward the proposal and Sri Lanka's participation as a partner country.

Consequently, the MOH formalized its interest in partnering with the Commission in a letter to WHO. A videoconference was held on October 13, 2006 between the MOH, WHO Sri Lanka, NMH/SEARO and the Commission secretariat in Geneva to discuss feasible areas of work.

Dr. Nihal Jayathilake, Additional Secretary Ministry of Healthcare and Nutrition, met with WHO/HQ officials in Geneva to identify specific joint products that could be highlighted in the Commission's report and used to advocate for and act on the social determinants of health in Sri Lanka.

### **III. Mission Objectives**

1. To discuss identified areas of collaboration between Sri Lanka and the Commission in working on socially determined health inequities. The current areas envisaged are development of case studies on the following issues:
  - a. update on Sri Lanka case study that was done for the Health at low cost series in the Alma Ata evaluation, to be highlighted in the Commission's report
  - b. experiences in intersectoral action on health in Sri Lanka
  - c. employment conditions and workers health in Sri Lanka, to be highlighted in the Commission's report
2. To introduce the work of the Commission and the ideas behind upstream interventions to tackle socially determined health inequities to the Ministry of Healthcare and Nutrition, other ministries and key stakeholders
3. Based on the above discussions, develop a preliminary set of feasible activities for the next 6 months, 12 months, 2 years
4. Identify possible modus operandi for linking Sri Lanka to the global WHO Commission, other CSDH country partners, civil society and knowledge networks

5. To explore the needs of the WHO Office for strengthening capacity for tackling socially determined health inequities.

#### **IV. Expected Outputs**

- To have developed a first draft of the envisaged areas of collaboration with the Commission, with an overview of the timing of key activities
- To have identified the process for follow-up and Sri Lanka's support needs over the next 6 months
- To have discussed the respective roles of the different levels of WHO (country, regional, WHO)

#### **V. WHO Joint Mission Participants**

- Commission SDH Secretariat/Department of Equity Poverty and Social Determinants of Health:

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*(on sabbatical to University College London, U.K.)*

## VI. Mission Agenda

The detailed agenda is presented in Annex 1. Here, we enlist some of the main activities undertaken or stakeholders consulted by the mission team.

- Participation in the Annual Health Forum 2007
- With WHO-SL/MOH meet with stakeholders including the following government ministries and institutions
  - Ministry of Healthcare and Nutrition *including* Hon. Minister and Secretary
  - Other government ministries and institutions:
    - \* Ministry of Finance and Planning
    - \* Central Bank of Sri Lanka
    - \* Ministry of Plan Implementation
    - \* Ministry of Social Services and Social Welfare
    - \* Ministry of Labour Relations and Human Resource
    - \* Ministry of Disaster Management and Human Rights
    - \* Department of Census and Statistics
- Site visits to districts Kurunegala and Puttalam including visits to:
  - Medical Officer of Health office
  - Maternal and Child Health clinic
  - Central Dispensary
  - Base Hospital
  - DPDHS Office in Puttalam
  - Red Cross Nutrition project site
  - Public Health Midwife
- Technical core working group meetings to discuss joint products
- Joint consultation with active international organizations including ILO, UNDP, UNICEF, UNFPA, and JICA

On the basis of discussions with the above mentioned stakeholders a number of joint products and actions were agreed upon by WHO and MOH officials. Section XI lists the products, responsible agencies and proposed deadlines.

The next five sections describe the activities and discussions during the mission.

## **VII. Day One: February 12, 2007**

### **A. Core Mission Team**

#### **Participants**

WHO, MOH-SL, UC

#### **Discussion**

WHO-HQ introduced the work of the Commission on Social Determinants of Health (Commission, CSDH) and the Department of Equity, Poverty and Social Determinants of Health (EQH). The description included the various streams of work - knowledge networks, civil society and country work - and their progress in the two years since the Commission was set up. In addition the mandate of the newly created EQH department was discussed. The three products envisaged through earlier meetings between officials from Sri Lanka and WHO were also proposed.

1. Update on Sri Lanka case study that was done for the health at low cost series in the Alma Ata evaluation, to be highlighted in the Commission's report.
2. Experiences in intersectoral action on health in Sri Lanka.
3. Employment conditions and workers health in Sri Lanka, to be highlighted in the Commission's report.

Sri Lankan officials updated the mission team on progress on their end. A country team had attended the regional consultation for the Commission in New Delhi, India. Following the event a working group was set in June 2006 to look at the recommendations of the Commission. Working group members included officials from the Ministry of Healthcare and Nutrition, Ministry of Finance and Planning, Marga Institute, Ministry of Labour Relations, sociologists, academics and WHO.

The terms of reference for the working group are: (1) to clarify issues of health inequalities, (2) data analysis, (3) collect information on few selected countries, (4) disseminate information, (5) identify stakeholders, (6) create mechanisms to sustain the work, (7) compile report and disseminate activities within six months.

Some questions were then identified to be addressed during the course of the week:

- What should Sri Lanka be doing [with respect to the Commission's work]?
- Should Sri Lanka have its own Commission?

- How should Sri Lanka incorporate findings into a practical programme of action?
- What else should Sri Lanka be looking at in addition to addressing health inequalities
- What should Sri Lanka be doing in the next two years?

WHO-SEARO mentioned that they would like to look at what can be done at the community and family level. In particular, whether the dimension of culture promotes or hinders some of the changes being considered.

## B. Working Group on Health Inequalities

WHO introduced the work of the Commission and EQH to the working group and cited two main reasons for the mission:

1. To learn from Sri Lanka's historical experience in providing health at low cost
2. To look at what have been the results of changes since economic liberalization especially in terms of health equity, occupational health and intersectoral action.

The working group then presented their work to date, stated that the baseline work is completed and that they would now like to identify new areas of joint work. Two major issues were considered: (1) how can Sri Lanka help the Commission in its agenda; and (2) what support can Sri Lanka receive from WHO/CSDH to reduce health inequalities. With regard to the latter the following areas for support were identified:

- Development of an agreed baseline in terms of Health equity and social determinants situation in Sri Lanka to advocate at political and grass-root levels.
- Promote active networking through linking people interested in health equity and social determinants around national activities related to the Commission.
- Support a national operational agenda for the rest of 2007 and the biennium 2008-2009.
- Strengthen national intersectoral institutions and mechanisms for example the National Health Development Committee.

## C. Ministry of Finance and Planning

### **Participants**

WHO, MOH-SL, MOF

## **Discussion**

WHO introduced the work of the Commission and the EQH department and requested for information on financing mechanisms for the health sector.

The National Planning Department is responsible for planning of all economic development sectors. Sectoral ministries are responsible for implementation. For the 2007-2016 ten-year development framework they have clustered the ministries. Health belongs to the “human resource development” sector along with education and recreation and culture. Earlier each ministry was expected to submit a separate budget but from this year they are requested to send their budgets combined. More than 50% of GDP of the country comes from western provinces. Sixty percent of the budget is allocated vertically to the central ministries and 40% to provincial councils. As of now the three sectors which receive maximum funds in order of magnitude are defense, human resource development and infrastructure. Education receives 2.8% and health 2.4% of GDP. The criteria for allocation of funds include:

- Performance
- Government priorities
- Emerging requirements
- Resource availability

In addition to the above, maintenance and administrative costs are calculated using historical criteria. Ceilings on funding exist for each sector.

## **Follow-up actions**

*None*

## **D. Ministry of Healthcare and Nutrition**

### **Participants**

WHO, MOH-SL, Secretary and Additional Secretary

### **Discussion**

Two separate meetings were held with the MOH: first with the Secretary and Additional Secretary on February 12, and second with the Minister of Healthcare and Nutrition on February 13. This section encapsulates the main features of the meeting on February 12.

WHO introduced the work of the Commission and of the EQH department and requested information on the following issues:

1. definition of primary care in Sri Lanka and structure of services
2. the influence of opening the economy on the health system
3. the influence of decentralization on the health system in particular with respect to loss of stewardship

Sri Lankan officials responded to the queries and highlighted some important issues. First, there is a need to involve all other relevant sectors in tackling health inequities in Sri Lanka where the National Health Council could act as a useful forum. Second, there is a need to set national health objectives and targets with respect to inequalities. Currently, MDGs are the only targets and there are no specific targets addressing inequalities. Third, large inequalities exist in achievements of health indicators across regions and in some rural areas. Fourth, the issue of child malnutrition in Sri Lanka is puzzling given the high rate of malnutrition at relatively low levels of poverty. It would be useful to identify the underlying determinants of child malnutrition in the Sri Lankan context. Fifth, in terms of information systems, the epidemiology unit is strong but others like water and sanitation do not report information as regularly.

### **Follow-up actions**

- (1) WHO to prepare report on identifying critical factors influencing child malnutrition in Sri Lanka

## **VIII. Day Two: February 12, 2007**

### **A. Central Bank of Sri Lanka**

#### **Participants**

WHO, MOH-SL, CBSL (including Governor)

#### **Discussion**

The Central Bank produces several reports and is also in charge of the Consumer Finances and Socio-economic Survey, which was most recently held in 2003-04. It contains some basic information on health and other social sectors but the information is not disaggregated by socioeconomic stratifiers. They use the ICD to classify health events but they haven't updated from ICD 7 to ICD 10. The bank was established in 1950 and the first survey was conducted in 1953. It includes data on growth, economic development, and social issues. It is conducted every 5 years, the latest is for the period 2003-2005. The next one will cover the period 2008-2009. They also produce an annual report and disseminate and discuss their activities through a series of central bank lectures with invited speakers. Central Bank officials requested WHO support for building a better health questionnaire for the next Consumer Finances and Socio-economic Survey as well as training for conforming to ICD-10 instead of the currently used ICD-7.

#### **Follow-up actions**

(1) WHO support to improve the health section of the Consumer Finances and Socio-economic Survey including the introduction of ICD-10 [currently using ICD-7]

### **B. Ministry of Plan Implementation**

#### **Participants**

WHO, MOH-SL, MPI

#### **Discussion**

Officials from the Ministry of Plan Implementation introduced their work to the mission team. In particular references were made to their web-based online tracking tool which monitors the progress of various projects - mainly governmental but also including some private initiatives. A common area of interest between the ministry and the mission team was the construction of a

scorecard to determine the performance of ministries on progress to address MDGs being developed jointly with UNDP. They are also in charge of relations with donors.

### **Follow-up actions**

(1) To make sure that WHO interacts with UNDP on the development of WHO core equity indicators work and that both institutions align their indicators.

### **C. Marga Institute**

#### **Participants**

WHO, MOH-SL, Marga team

#### **Discussion**

The discussion with Marga officials focused on WHO's support for republishing critical work conducted by Marga between 1970-1998 especially with respect to health, health equity and intersectoral action. WHO also asked Godfrey Gunathillake of Marga to peer-review the Commission's interim report in June 2007 to which he agreed. It was decided that Marga would send over a detailed budget to WHO regarding the costs for republishing and uploading the documents in electronic format on the Marga website.

### **Follow-up actions**

- (1) WHO support for republishing critical Marga work [English, Sinhalese, Tamil] and to upload documents on website
- (2) Marga to send a copy of all their IAH related documents to WHO-HQ and WHO-SL by March 15<sup>th</sup>.
- (3) CSDH Secretariat to send invitation to the CSDH meeting in Vancouver to Dr. Godfrey Gunathillake.

### **D. Ministry of Social Services and Social Welfare**

#### **Participants**

WHO, MOH-SL, MSS (including Secretary)

## **Discussion**

The ministry is the focal point for aging population. Currently in Sri Lanka 10% of people are older than 65 years of age. Because of that there is a national council for implementing policies on aging. In addition 10% of population is disabled and 20% of households are female headed. There is currently a steady number of families sleeping in the streets. For example in Colombo 523 persons sleep in the street nightly. The social security system in Sri Lanka is still precarious as it covers only civil servants and provides limited protection to enrolled self-employed people. However the insurance is based on individual premium and there are no pooling mechanisms.

## **Follow-up actions**

*None*

## **E. Ministry of Labour Relations and Human Resources**

February 13, 2007

## **Participants**

WHO, MOH-SL, MOL (including Secretary)

## **Discussion**

The Ministry of Labour is, in theory, in charge of planning and monitoring activities related to occupational hygiene and work safety. In addition it should survey occupational diseases and injuries jointly with the MOH. In practice, however, it is not able to perform its role mostly due to lack of human resources. Currently it has only 2 professionals in the division of defining all regulations and norms, surveillance of occupational conditions and injuries and detection of risk and exposure to occupational hazards. Also there are no formal mechanisms to coordinate with other sectors involved like the MOH, environment and food administration.

## **Follow-up actions**

(1) MOL to participate on the case study on employment conditions and workers health in Sri Lanka [for EMCONET].

## F. Minister of Healthcare and Nutrition

### **Participants**

WHO, MOH-SL, Honourable Minister of Healthcare and Nutrition

### **Discussion**

WHO explained the purpose of the visit to Sri Lanka and the work of the Commission. We outlined the mission objectives, what had been done so far and the specific follow-up actions. The Minister introduced his priorities : strengthening human resources for health, in particular, address shortages in nurses and technicians across regions; NCDs, in particular, the implementation of the plan of activity for tobacco and alcohol control; malnutrition which is much more prevalent than expected given the overall performance of the Sri Lankan health system; addressing the collapse of the health system in the plantation sector which is mainly serviced by private providers; and strengthening the health information system that is very fragmented and uncoordinated which leads to the repetition of small projects.

There was consensus that Sri Lanka continues to have a wonderful MCH system base on community base work. Paradoxically this strength is also a weakness . Because of the success in controlling maternal and child problems, life expectancy has increased and NCD have become a major health problem.

The Minister agreed on the priorities defined for follow up that are further outlined at the end of this document [see section XI].

(1) WHO to prepare report on identifying critical factors influencing child malnutrition in Sri Lanka

## G. Ministry of Disaster Management and Human Rights

February 13, 2007

### **Participants**

WHO, MOH-SL, MDM (including Secretary)

### **Discussion**

WHO introduced the work of the Commission and the EQH department. Sri Lankan officials then explained the work being currently undertaken by MDM.

Much of this work till now was related to tsunami relief programmes in affected areas (from the December 2004 tsunami). However, no work had been done or was currently envisaged in relation to health.

### **Follow-up actions**

*None*

## **H. Institute for Health Policy**

### **Participants**

WHO, MOH-SL, IHP

### **Discussion**

IHP Director introduced the work of the institute and discussed some of the priority issues related to social protection in Sri Lanka. Currently 40% of the workforce in Sri Lanka work informally. There are no insurance schemes for workers injuries or occupational health in the formal or informal sector mostly because in Sri Lanka health coverage is not linked to employment but based on citizenship. Therefore, there is no real monitoring or assessment of occupational health conditions.

The mission also discussed the possibility of using IHP expertise on analysis of DHS to conduct some specific studies for the region to be presented in the SEARO Regional Committee this year.

### **Follow-up actions**

- (1) IHP to conduct an equity situation analysis based on DHS' for the following countries: Bangladesh, Nepal, Maldives, Thailand, Indonesia, India and Sri Lanka. IHP will also explore feasibility to include Bhutan, Nepal, Myanmar and East Timor. WHO-SEARO to follow up this issue primarily.
- (2) IHP to prepare a comparative case study on countries with successful low cost primary health care systems financed by taxes - Sri Lanka, Malaysia, Hong Kong to be part of the country case studies of the CSDH.

## IX. Day Three: February 14, 2007

### A. Site visit

On Wednesday, February 14 2007, the mission team conducted site visits in the districts of Kurunegala and Puttalam in the North-Western Province (see figure 1). In Sri Lanka primary health care is free at the point of service. The mission team had the opportunity to visit providers of both types of services - preventive and curative.

*Preventive services:*

2. Medical Officer of Health
3. Maternal and Child Health Officers (public health midwife, family health officer)
4. Health Education Officers

*Curative services:*

1. Central Dispensary
2. Maternity homes
3. Base Hospitals

The WHO mission team was briefed on the work and processes of the various units in the health system. The following issues were considered critical by the various officials during discussions with the mission team:

- The current primary care system is not prepared to cope with emerging concerns of non-communicable diseases.
- This has led to overcrowding of outpatients in hospitals on account of increasing number of patients with NCDs.
- Other issues of concern include lack of adequate basic laboratories and clinical equipment and drugs at central dispensaries which result in greater patient loads in hospitals.

## **X. Day Four: February 15, 2007**

### **A. Core Working Groups**

#### **Participants**

WHO, MOH-SL, Core Working Groups for all three proposed case studies

#### **Discussion**

**1. Health at low cost:** There was consensus among core group members that if we replicated the earlier study on health at low cost we would not gain much from the information. In spite of Sri Lanka's opening of economy the primary healthcare system had been maintained. The main issue now is NCD for which there is no system. A major constraint is that if the total budgetary expenditure on health in Sri Lanka remains at 1.6% of GDP the MOH will not be able to address NCDs.

Therefore, participants were of the opinion that the focus of the Sri Lanka historical case-study should be on developing a clear political argument be for (1) structural changes in the organization of PHC, (2) greater investment in health, and (3) focus of increased investments to be able to make the transition to a more efficient primary health care system to deliver NCD care at relatively low cost, without dismantling earlier achievements in maternal and child health.

This would complete the picture of health at low cost looking at what's happened; improving the system even if it is deemed efficient by incorporating changes that are structural, economical and focused.

The core group recommended that the same working procedures be followed as for the CMH which would imply involving the National Health Council and keep them informed of progress who in turn inform the Cabinet. IHP jointly with the MOH will lead this work.

**2. Intersectoral action for health:** We know that there have been four phase of IAH as identified by the IAH case study document for the Health Systems Knowledge Network. The first concerted study on IAH by Marga in 1982 looked at the village level situation, health and poverty, poverty reduction and health impact linkages.

However, from discussions with senior member of ministries it seems that there was no conscious or organized move for IAH at the national level although some work has occurred at the divisional level.

In reality the government do not have mechanisms to make IAH a structural process. Districts officials may get together to solve specific ad hoc problems. In addition there are no incentives to work intersectorally. Can mechanisms to conduct sustained IAH in the government be explored by this case study?

The core group recommended that the case study on IAH focus on (1) Description and assessment of functioning in real life of all formal existing mechanisms for IAH in Sri Lanka (2) Description and assessment of functioning informal existing mechanisms for IAH in Sri Lanka, including collection of best experiences in the country, (3) Based on the above develop recommendations to discuss with the government. Marga Institute jointly with the MOH will coordinate this work.

**3. Equity in occupational health:** In Sri Lanka right to health is dependent on citizenship and not on occupation. Services are not organized under a concept of social security. Therefore, it is difficult to assess the health effects of employment conditions.

Given the situation, there is no data on specific issues related to work and health although one study in the CMH focused on productivity losses due to bad health.

In terms of protection public servants are entitled to pensions. For the private sector there is a private provident fund which is very small [in 1996 contributions to government funds became compulsory]. The minimum contribution of employers is 12% and employees is 8% to the government fund.

The core group recommended that for the time being the Sri Lanka proposed case study focuses on a review of the situation based on all existing studies and in developing solid recommendations on how to incorporate promotion, protection and services to address the specific health needs of the workers in Sri Lanka

### **Follow-up actions**

(1) A historical case-study to develop the political argumen for (a) structural changes in the organization of PHC, (b) greater investment in health, and (c) focus of increased investments to deliver NCD care at relatively low cost

(2) Partnering with Marga Institute on a case study on IAH that focuses on (a) description and assessment of all formal existing mechanisms for IAH (b) description and assessment of informal existing mechanisms for IAH, including collection of best experiences in the country, and (c) based on the above develop recommendations to discuss with the government.

(3) Partnering with ILO on a case study on equity in occupational health focusing on a review of the situation based on all existing studies and in developing recommendations on how to incorporate promotion, protection and services to address the specific health needs of the workers in Sri Lanka.

## B. Department of Census and Statistics

### **Participants**

WHO, MOH-SL, ILO, DCS

### **Discussion**

WHO explained the purpose of the visit to Sri Lanka and the work of the Commission. An official from DCS responded to queries from WHO and explained the system briefly.

**Registration:** There are 912 birth / death registration divisions in Sri Lanka. DCS gets monthly data from those divisions though the system has now been decentralized. There is scope for further improvements in the registration system as one of the 14 components under Health Sector Development Plan (HSDP) is the VS system. In addition there have been some changes in the civil registration system as well.

The registrar has to hand over information to divisional secretary's office. After collecting those returns and coding them aptly they are sent to the district scanning centres [birth and death]. Then transferred from the districts to Colombo where it is further coded.

Sri Lanka has introduced a verbal autopsy form for cause of death in households which gives a better indication. Use ICD 10 to classify diseases.

**Coverage:** Around 92% of deaths were registered in 1981 but no assessment of coverage has been made since then. Under HSDP, DCS will conduct a survey to look at the coverage. In urban areas all deaths are registered since burial is not permitted without registry. Once the law is enforced even rural areas will be covered. DCS is also looking to establish data collection and scanning centres in land registries [for 24 districts]. On average there are around 115,000 deaths per year and 365,000 births a year.

**Census:** The first census was held in 1871 and since then every 10 years. The last census was conducted in 2001. Currently the department uses IMS software developed by US Bureau of Census. In 2001, 18 of 25 districts were covered.

There is a document describing the process as well as providing results. This information [partially] is available on the website.

**Medical statistics:** This section mainly collects information on (1) indoor patients (morbidity and mortality), (2) maternal and child health, and (3) human resources.

**Main issues:**

- Sri Lanka is not using a birth and death certificate form standardized to query some specific information on education and occupation as other countries.
- There is no availability of automated coding systems for causes of death and no local knowledge on how to use them.

**Follow-up actions**

- (1) WHO to send a couple of experts to align the Sri Lankan vital registration forms with what's being produced in the rest of the countries,
- (2) WHO to support training on how to use automated coding software and on their availability.

**C. International Organizations**

**Participants**

WHO, MOH-SL, ILO, UNDP, UNICEF, UNFPA, JICA

**Discussion**

WHO introduces the work of the Commission and specifically the joint work being conducted in Sri Lanka.

The response from representatives of other organizations included:

**1. UNFPA:** The agency's priority is reproductive health especially improving the quality of health care. The level of abortions is indicative of this poor quality. Although the MOH is concerned and proactive there are serious gaps across geographical regions with lack of human resources being the biggest constraint. Plantation areas are identified as a priority to improve services and little has been done in conflict affected areas. Another issue is that reproductive services are provided mainly to married women whereas the average marriage age is 26. This has the potential to ignore a large section of the population. MOH has taken the lead on a pilot initiative of national youth friendly issues. In addition there is a

need to work more on the health information system. Some problems include low reliability of information and the existence of many parallel systems, data gaps in the north and east.

**2. UNICEF:** One priority has been to look at what effect does the prolonged conflict have on health and health issues given the lack of workers there and worse access. Conflict could act as a significant determinant of health equity in the context of Sri Lanka. In the conflict areas immunization levels are good but family planning services are quite affected. Another concern is that accidents, injuries and suicides are the main causes of death. The high level of child malnutrition is a mystery given the social and economic situation of the country.

**3. UNDP:** The organization is working with the government to promote the MDG plus initiative. The ministries have expressed interest and the only areas they are stumbling in are poverty, gender and malnutrition. There are significant regional disparities by indicator. Some regions are doing particularly well on health but not on education and other regions with an inverse relationship. UNDP has been working with department of census and statistics (DCS) on data collection even at the regional level. We are currently supporting the department to collect primary data at the district level, MDG related data. One problem is that DCS is completely disconnected with the other ministries and departments. Also, this data is not used for policy and processes and there is little linkage with the budget as it is done in complete isolation;

**4. JICA:** JICA is conducting a study on evidence based management given that the reliability of information is questionable. We are also looking at strengthening current information systems to include data on chronic and acute NCDs, trauma and injuries. In addition activities include social marketing products for healthy life; school, workplace and village settings – knowledge on their lifestyles and a risk factor survey, physical check ups. There exist government initiatives on inequalities but effectiveness has not been evaluated. This should be a priority. Also, most of the research work done here does not include differentials by social class.

WHO sums up the session: (1) issue of NCD where there has been a lot of support but no follow up action which is because there is little coordination between agencies, (2) JICA/WHO/UNDP should coordinate what is being done with respect to data. WHO will be happy to collaborate and support the work on indicators. SEARO will take the lead on coordinating with the agencies in Sri Lanka, and (3) specific mechanisms to coordinate JICA and WHO should be in place given that they are the main coordinating agencies for health in Sri Lanka.

## **Follow-up actions**

- (1) WHO to collaborate with UNDP to include collection of MDG data by socioeconomic stratifiers in Sri Lanka,
- (2) WHO and JICA to build mechanisms on how to work together on health issues.

## XI. Day Five: February 16, 2007

On the last day of the mission the WR, Dr. Borra, was debriefed on the activities of the week and some final comments were made with regard to follow up actions. They included:

- In the first year the focus should be on advocacy and reaching out to various groups such as policy makers, civil society and the public at large.
- An effort should be made to collect some very basic information that people can understand; such as collecting data from hospitals by medical students.
- A critical change could be made by addressing issues in the birth and death certificates.
- There are some outstanding issues such as alcohol. There was enough evidence from the site visit that there is a need to act.
- There is sufficient evidence to understand what is going on. At the current levels of spending the changes in structures and delivery of services will not take place.
- It could be useful for WHO to speak up on health promotion issues as an integral part of the system.

**Mechanisms for action:** In the CMH a working group was set up headed by Dr. Samarage and a national commission was created. WHO will support a local person to steer the Working Group for CSDH, create a small secretariat with people dedicated to following the process. Sri Lanka could also set up a Commission depending on the momentum gained by this work.

### **Follow-up actions for the mission:**

1. WHO-SEARO and WHO-HQ will follow up the issue of funding a person from money transferred to SEARO to steer the Working Groups for the Commission.

#### **Actions:**

- TOR to be prepared by Sri Lanka office and circulated to SEARO and HQ. Sri Lanka office will be responsible for coordination of all follow-up actions from the mission. **Responsible:** Dr. Palitha Abeykoon
- Funds will be transferred to Sri Lanka office to do the contract. **Responsible :** Dr. Davison Munodawafa .

2. Under the leadership of the Workings Group for CSDH the following studies will be developed:

- A Sri Lanka historical case-study to develop the political argument implemented by IHP for (1) structural changes in the organization of PHC, (2) greater investment in health, and (3) focus of increased investments to be able to make the transition to a more efficient primary health care system to deliver NCD care at relatively low cost, without dismantling earlier achievements in maternal and child health. **Due date:** Jun 2007
- Partnering with Marga Institute on a case study on IAH that focuses on (1) description and assessment of functioning in real life of all formal existing mechanisms for IAH in Sri Lanka (2) description and assessment of functioning informal existing mechanisms for IAH in Sri Lanka, including collection of best experiences in the country, (3) based on the above develop recommendations to discuss with the government. **Due date:** May 2007
- Partnering with ILO on a case study on equity in occupational health focusing on a review of the situation based on all existing studies and in developing recommendations on how to incorporate promotion, protection and services to address the specific health needs of the workers in Sri Lanka. **Due date:** December 2007.

**Actions:**

- TOR and budget to be prepared by Sri Lanka office and circulated to SEARO and HQ. **Responsible:** Dr. Palitha Abeykoon
  - Funds will be transferred to Sri Lanka office for the contracts. **Responsible :** Dr. Davison Munodawafa.
3. WHO-HQ to prepare report on identifying critical factors influencing child malnutrition in Sri Lanka. **Responsible:** Amit Prasad **Due date:** May 2007
4. WHO-HQ to support the Central Bank to improve the health section of the Consumer Finances and Socio-economic Survey including the introduction of ICD-10 [currently using ICD-7]
- Action:**
- Collaborate with IER/MHI to provide expertise and training. **Responsible :** Dr. Jeanette Vega
5. WHO to interact with UNDP on the development of a scorecard for monitoring progress on MDGs [linked to WHO core equity indicators work]
- Actions:**
- determine the scope and influence of WHO work in the project
  - liaise with UNDP and Ministry of Plan Implementation to construct a scorecard, if scope for joint work is identified
- Responsible:** Dr. Ritu Sadana .

6. WHO-HQ will support republishing critical Marga work [English, Sinhalese, Tamil] and uploading documents on website  
**Actions**
  - WHO to transfer USD 1000 to Sri Lanka office to prepare an APW. Marga Institute to send all their IAH related documents to WHO-HQ and WHO-SL by March 15<sup>th</sup>. **Responsible:** Dr. Jeanette Vega
  - Sri Lanka office to prepare APW. **Responsible:** Dr. Palitha Abeykoon
  
7. IHP to conduct an equity situation analysis based on DHS' for the following countries: Bangladesh, Nepal, Maldives, Thailand, Indonesia, India and Sri Lanka. IHP will also explore feasibility to include Bhutan, Nepal, Myanmar and East Timor. **Responsible:** Dr. Davison Munodawafa.
  
8. IHP to prepare a comparative case study on countries with successful low cost primary health care systems financed by taxes – Sri Lanka, Malaysia, Hong Kong to be part of the country case studies of the CSDH.  
**Actions:**
  - TOR to be prepared by IHP and WHO-HQ and circulated.
  - APW with IHP to be prepared. **Responsible :** Dr. Jeanette Vega
  
9. WHO to send a couple of experts to align the Sri Lankan vital registration forms with what's being produced in the rest of the countries. WHO to train on how to use automated coding software.  
**Action:**
  - Collaborate with IER/MHI to provide expertise and training. **Responsible :** Dr. Jeanette Vega **Due date:** Jun. 2007

## Annex 1: Detailed Agenda

Monday February 12, 2007

Time	Venue	Participants	Themes
9.00 a.m	WHO Sri Lanka Office	Dr. Agostino Borra, <b>WHO Representative</b> Dr Palitha ABEYKOON <b>Advisor, WHO/SL and MOH</b> Dr. Sarath SAMARAGE, <b>Deputy Director General (Planning) MOH</b> Dr. Davison MUNODAWAFA, <b>Health Promotion &amp; Education NMH/SEARO</b> Dr Jeanette VEGA, <b>Head CSDH Secretariat, Director, Dept Equity, Poverty and Social Determinants</b> Mr. Amit PRASAD, <b>WHO/HQ</b> Dr. Saroj JAYASINGHE, <b>UC</b>	<ul style="list-style-type: none"> <li>Briefing session with the WR-SL and team</li> <li>Working arrangements for the visit</li> <li>Presentation on the CSDH and EQH, main aims, its operational set-up, key products and outcomes</li> </ul>
11.00am	Working Group on Health Inequalities / WR-SL	<b>Working Group on Health Inequalities (members)</b> Dr Palitha ABEYKOON Dr. Sarath SAMARAGE Dr. Davison MUNODAWAFA Dr Jeanette VEGA Mr. Amit PRASAD Dr. Saroj JAYASINGHE	<ul style="list-style-type: none"> <li>Briefing on the work of the working group</li> <li>WHO explains the strategy for country partners and civil society</li> <li>Presentation on the CSDH and EQH, main aims, its operational set-up, key products and outcomes</li> </ul>
3.00pm	Ministry of Finance and Planning	Dr Jeanette VEGA Mr. Amit PRASAD Dr. Saroj JAYASINGHE Dr. Davison MUNODAWAFA  <i>List of invitees</i> Mr. B. Abeygunawardane <b>Director General National Planning</b> Mr. Priyantha Ratnayake <b>Director HRD</b> Ms KWSP Athukorala Dy <b>Director HRD</b>	<ul style="list-style-type: none"> <li>MOF presents a short overview of health financing and projections</li> <li>WHO + country reps and MOF to discuss the work being undertaken on investment in interventions tackling upstream social determinants of health equity and the Wanless process with particular emphasis on the process for target-setting across sectors and its budgeting impact</li> <li>Both to explore options for integrating a social determinants approach into financing assessments, budgeting and planning processes</li> </ul>
5.00 pm	Minister of Health / WR-SL	Dr Palitha ABEYKOON Dr. Sarath SAMARAGE Dr. Davison MUNODAWAFA Dr Jeanette VEGA Mr. Amit PRASAD Dr. Saroj JAYASINGHE  Dr. Athula Kahandaliyanegge – <b>Secretary / Healthcare &amp; Nutrition</b> Dr. Nihal Jayathilake- <b>Addl.</b>	<ul style="list-style-type: none"> <li>Discuss key strategies applied by MOH in Sri Lanka</li> <li>Review WHO's TOR for the visit and proposed meetings</li> <li>Final agreement on the visit's objectives</li> </ul>

Time	Venue	Participants	Themes
		Secretary / Healthcare & Nutrition Dr. Ajith Mendis –DG / Healthcare & Nutrition	

## Tuesday February 13, 2007

9.00am	Central Bank	Central Bank Research Division Dr Jeanette VEGA Mr. Amit PRASAD Dr. Davison MUNODAWAFA Dr. Saroj JAYASINGHE  <i>List of invitees</i> Mr Ajith Cubral – Governor , Central Bank Dr P.N. Weerasingha Director, Economic Research Mr.K.D. Ranasinghe, Dy Director, Economic Research	<ul style="list-style-type: none"> <li>• Short overview of relevant Central Bank Research activities</li> <li>• Both to explore options for integrating a social determinants approaches</li> </ul>
10.00am	Ministry of Plan Implementation	Dr Jeanette VEGA Mr. Amit PRASAD Dr. Saroj JAYASINGHE Dr. Davison MUNODAWAFA  <i>List of invitees</i> Mr. Lal Ratnaweera , <b>National Project Coordinator</b> Mr. Sivagnanasothi <b>Directors M&amp;E</b> Mr. Sunil de Sarum , <b>Director ICT</b> Miss Samathi Wijesingha , <b>Planning Implementation Assistant</b> Y. Dehi Anushanathan, <b>Development Officer</b>	<ul style="list-style-type: none"> <li>• MOP to give a short overview of where they are in the planning cycle</li> <li>• WHO to describe the Wanless process with particular emphasis on the process for target-setting across sectors and its budgeting impact</li> <li>• Both to explore options for integrating a social determinants approach into financing assessments, budgeting and planning processes</li> </ul>
11.00pm	Marga Institute	Dr Jeanette VEGA Mr. Amit PRASAD Dr. Saroj JAYASINGHE Dr. Davison MUNODAWAFA  Godfrey Gunnathilake , <b>Chairman MARGA</b> Mrs. Myrtle Perera , <b>Consultant</b>	<ul style="list-style-type: none"> <li>• Short overview of relevant activities of Marga</li> <li>• Both to explore options for joint work and documentation of Sri Lanka's history of intersectoral action and work on health equity</li> </ul>

1.00pm	Ministry of Social Services & Social Welfare	<p>Dr Jeanette VEGA Mr. Amit PRASAD Dr. Saroj JAYASINGHE</p> <p><i>List of invitees</i> Mrs. V. Jegarajasingham – <b>Secretary Social Services &amp; Social Welfare</b> Mrs. Yamuna Chithrangani – <b>Additional Secretary Social Services &amp; Social Welfare</b></p>	<ul style="list-style-type: none"> <li>• Short overview of relevant ministry activities</li> <li>• Both to explore options for integrating a social determinants approaches</li> </ul>
3.00pm	Ministry of Labour Relations and Human Resource	<p>Dr Jeanette VEGA Mr. Amit PRASAD Dr. Saroj JAYASINGHE Dr. Davison MUNODAWAFA</p> <p><i>List of invitees</i> Mr. Mahinda Madihewa – <b>Secretary Labour Relations and Human Resource</b> Dr Wajira Palipana , <b>Dy commissioner , Occupational Health</b> Mr. Kumaradasa , <b>Add Secretary</b> Mr R.P. Wimalasena <b>Legal Adviser</b> Mr U.S.Athukorala <b>SAS</b> Mr.W.A. Peter , <b>Commissioner of labour industrial safety</b> Dr N.C.Amarasingha <b>Medical Officer</b> Mr Rohitha Fernando , <b>Specialist Engineer</b> Mrs Sujatha Wijesundara <b>Dy Industrial safety</b></p>	<ul style="list-style-type: none"> <li>• To inform the minister about the work of the CSDH</li> <li>• To discuss the work of the Employment Conditions Knowledge Network</li> <li>• To discuss specifically the case study on equity in occupational health (one of the three joint products)</li> </ul>
5.00 pm	Minister of Health / WR-SL	<p><b>Minister of Healthcare and Nutrition</b> <b>WHO Representative</b> Dr Palitha ABHEYKON Dr. Sarath SAMARAGE Dr. Davison MUNODAWAFA Dr Jeanette VEGA Mr. Amit PRASAD Dr. Saroj JAYASINGHE</p>	<ul style="list-style-type: none"> <li>• Discuss key strategies applied by MOH in Sri Lanka</li> <li>• Review WHO's TOR for the visit and proposed meetings</li> <li>• Final agreement on the visit's objectives</li> </ul>
6.00pm	Ministry of Disaster Management & Human Rights	<p>Dr Jeanette VEGA Mr. Amit PRASAD Dr. Davison MUNODAWAFA</p> <p><i>List of invitees</i> Mr. D.D. Amarasingha <b>Secretary</b></p>	<ul style="list-style-type: none"> <li>• Short overview of relevant ministry activities</li> <li>• Both to explore options for integrating a social determinants approaches</li> </ul>

		Mr. Amarawardene – <b>Additional Secretary</b>	
7.00pm	Institute for Health Policy	Dr Jeanette VEGA Mr. Amit PRASAD Dr. Davison MUNODAWAFA Dr Regi Perera Dr K.T.S.Dalpathatu Dr Ravi Rannan-Eliya, <b>Director IHP</b>	<ul style="list-style-type: none"> <li>• Short overview of relevant activities of IHP</li> <li>• Both to explore options for conducting case studies related to regional analysis on health inequities</li> </ul>

### Wednesday February 14, 2007

All Day	Site visit(s)	<p>North-Western Province -Kurunegala District -Puttalam District</p> <p>Dr Jeanette VEGA Mr. Amit PRASAD Dr. Saroj JAYASINGHE Dr. Davison MUNODAWAFA</p> <p>Dr. Reshan Amarasekara- <b>DMO/BH/Culiyapitiya</b></p> <p>Dr.R.M.S.R. Rathnayake- <b>DPDHS/Puttalama</b></p> <p>Dr. Prasantha De Silva <b>MO MOH</b> Dr.(Mrs.) Daisy De Silva – <b>MO/Planning-DPDHS / Kurunagala Mo / Central Dispensary – Bihalpola</b> Dr. Abhaya TISSERA, <b>WHO</b> A.B.P.N. Ahutuwwewa, <b>PHM - Nawagaththegama</b></p>	<ul style="list-style-type: none"> <li>• Specific districts where equity in health initiatives, or intersectoral action for health equity could be studied or explored</li> <li>• There are two main observations that would be of primary interest here: (1) provision of services, and (2) stewardship including the chain of command</li> </ul>
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## Thursday February 15, 2007

Morning	Core Working Groups	<p><b>Meetings with core working groups identified to work on the three main products:</b></p> <p>Core group on update of case study for health at low cost</p> <p>Core group on developing case study on intersectoral action</p> <p>Core group on developing case study on employment conditions</p>	<ul style="list-style-type: none"> <li>• Discuss the TOR specified by WHO and reach a consensus on the product's structure</li> <li>• Identify sharing of responsibility by institution or individuals</li> <li>• Set up a timeline for activities and milestones including dates for submission of first draft and final report</li> <li>• Strategy on how to take this up with policy makers and relevant audience</li> <li>• Discuss the TORs specified by WHO and CSDH KNs and reach a consensus on the product's structure</li> <li>• Identify sharing of responsibility by institution or individuals</li> <li>• Set up a timeline for activities and milestones including dates for submission of first draft and final report</li> <li>• Strategy on how to take this up with policy makers and relevant audience</li> </ul>
	Department of censuses and statistics	<p>Mr H.R. Gunasekara <b>Director , Department of Censuses and Statistics</b></p> <p>Ms Susantha Ranadheera <b>Dy Director Statistics</b></p> <p>L. Padmini De Silva <b>Director Medical Statistician</b></p>	<ul style="list-style-type: none"> <li>• Discuss possible integration of various activities</li> </ul>
Afternoon	Donors and international organizations	<p>Dr Jeanette VEGA Mr. Amit PRASAD Dr. Davison MUNODAWAFA Dr Palitha ABEYKOON Dr. Sarath SAMARAGE Dr. Saroj JAYASINGHE</p>	<ul style="list-style-type: none"> <li>• Discuss possible integration of various activities</li> </ul>

## Friday February 16, 2007

Morning	WHO Office	<p>Dr Jeanette VEGA Mr. Amit PRASAD Dr. Davison MUNODAWAFA Dr Palitha ABEYKOON Dr. Sarath SAMARAGE Dr. Saroj JAYASINGHE Dr Susantha de Silva <b>JICA</b> Ms Kotohi Inone <b>JICA</b> Lumna Baqi <b>UNFPA</b> Yasimin Hague <b>UNICEF</b> Alessadra Czsazza <b>UNDP</b> Promo Weerasekara <b>ILO</b> Akiko Shimooka <b>JICA EBM Study</b></p>	<ul style="list-style-type: none"> <li>• Debriefing from meetings and discussion of priorities, follow-up steps and planning for next 6 months</li> </ul>
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<p>Afternoon 1 hour</p>	<p>WHO Office</p>	<p><b>WHO Representative</b>  Dr Jeanette VEGA  Mr. Amit PRASAD  Dr. Davison MUNODAWAFA  Dr Palitha ABEYKOON  Dr. Sarath SAMARAGE  Dr. Saroj JAYASINGHE</p>	<ul style="list-style-type: none"> <li>• Report back to WR</li> <li>• Discussion on the timeframe for follow-up steps</li> <li>• Roles and responsibilities</li> </ul>
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