The Story of Public Health in Sri Lanka
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These photographs have been collected from a wide variety of sources both in Sri Lanka and internationally.

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Photographs From The Journey Towards Universal Health Coverage
Sri Lankan history is full of stories of how the early rulers attended to the health and welfare of their subjects. Indeed many of those leaders were practicing physicians themselves. Public health was one of the foundation stones of the early state.

A commitment to Universal Health Coverage for the people of the island is a strand that is woven through history and is something which has entered the social ‘DNA’ of the Sri Lankan people.

These photographs convey some of that story.
Clean water, sanitation and some of the earliest hospitals in the world were all featured in the cities and palaces of the ancient rulers of Sri Lanka.

The underlying principles of the medicine they embraced are still widely used today and many have been incorporated to the modern Sri Lankan public health system.
Rich in natural resources the island of Ceylon was at the centre of power struggles between the European powers.

In 1656 the Dutch overthrew the Portuguese capturing the maritime provinces.

Leprosy had been treated using ayurveda medicine for centuries but this was something alien to western medicine and leprosy patients were secluded in order to prevent spread of infection.

In 1706 the Dutch opened a leprosy asylum in Hendala. It is one of the oldest in South Asia.

Hendala Leprosy Asylum remained the only civilian hospital in the country until the establishment of Pettah Hospital in 1819.
The next wave of European expansion brought the British to Ceylon in 1796. They eventually secured complete control of the island in 1815.

The main concern of the British was the health of their troops. They established a network of military hospitals in Colombo, Jaffna, Trincomalee and Galle.

The Civil Medical Department was created in 1858 and the beginnings of a modern public health service was initiated.

Colombo rapidly became a thriving commercial centre as people moved from rural areas to the city, a trend that has accelerated over the years.

With urbanisation came population growth.
The first organized effort towards care of childbearing women was made in the 1879 when the De Soysa Lying-in- Home opened.

This was probably the first maternity home to open in Asia and was closely followed by a training school for midwives.

The care of mothers and children was to become a significant part of public health in the country as its population continued to increase.

This was the foundation upon which the modern success in reducing maternal mortality was to be built.
The British Empire had developed a taste for tea and Ceylon became a major supplier.

The demand for workers was extensive to a point that thousands of labourers were transported from India to work alongside the Ceylonese.

Men, women and children were forced to endure arduous journeys to get to the tea plantations and many of them arrived in poor medical condition.

Hookworm was a particular scourge. Ceylon was part of the “great hookworm belt” belonging to the British Empire.
Despite initial resistance from the Colonial Government and the plantation owners, the Rockefeller Foundation's International Health Board, set up to promote public health, began work in the Matale district in 1916.

Matale had a population of about 10,000 South Indian immigrant workers.

The Plantation owners failed to grasp the idea that keeping the workers healthy was economically beneficial.
The establishment of the health unit at Kalutara in 1926 was an important landmark in the development of the healthcare system of the country.

This system emphasized the provision of preventative health services at the community level delivered by a medical officer and a team of field level health workers.
Always part of life in Sri Lanka, a malaria epidemic ravaged the country in 1934-35. It has been described as “the greatest pestilence in the recorded history of the country”.

An estimated 80,000 people lost their lives.

This epidemic was a stark reminder of the intimate relationship between environment and disease.
The formal training of Medical Officers of Health in Sri Lanka began in 1936 which coincided with the inauguration of the malaria control scheme.

The Health Unit at Kalutara played a key role in training health professionals including midwives.

The Health Unit eventually became the National Institute of Health Sciences which to date functions as a training center for a multitude of health workers.
In the 1940's the British Empire was once again at war, the needs of the military drove innovation in the health service. With fighting in South East Asia, malaria prevention and eradication became a strategic imperative for the Allies.

The introduction of DDT was to be a turning point for Sri Lanka.

Spraying produced spectacular results and the disease which had long been the scourge of the country steadily declined to the point that in 1963 only 17 cases were reported.

DDT resistant mosquitoes were already being detected in 1959 underscoring the need for a continuing eradication effort.

1944 Mosquito Breeding Control, Royal Navy in Ceylon

In large swampy areas which cannot be drained, the breeding of mosquitoes is controlled by suspending an oil drum so that the oil drips out and spreads over the water surfaces. Photograph courtesy of the Imperial War Museum
Following Independence in 1948, an enfranchised and highly literate population demanded changes in healthcare provisions.

In 1951, responding to those demands, Ceylon adopted a policy of medical care which was free at the point of delivery.

This included indigenous medicine, which had already been incorporated into the national healthcare system ten years before.
The last case of smallpox on the island was recorded in 1952 and the focus of the immunization campaign switched to Childhood Tuberculosis.

The BCG vaccine was given to children in Ceylon for the first time in 1949.
Ceylon became a member of the WHO in 1948 and WHO opened its first office in the country in 1952.

High on the list of priorities was the eradication of malaria as well as the maternal and child health programmes.
Maternal and Child Healthcare was another major success for the public healthcare system.

Maternal mortality rates recorded from 1940 had halved by 1950 and continued to decline in the following decades.
In the background of all the advances was the continuing threat of Malaria.

In 1957 the World Health Assembly launched the Global Malaria Eradication campaign.

As part of this programme WHO supported the establishment of the Epidemiology Unit within the Ministry of Health in 1959.
Mass polio immunization campaigns continued to be a feature of the healthcare system throughout the 60s and 70s.

Oral polio vaccine was introduced in 1962 with an island-wide publicity campaign to support the message.
In December 1964 the country was hit by one of the most ferocious storms ever recorded in the region. The death toll was estimated to be over a 1,000 people.

The actual figure may well have been double that.

The country’s vulnerability to severe weather events is a constant challenge to the health system.
A rapidly increasing population created new demands on the health system.

The first organized effort for introducing family planning was made in 1953 with the founding of the Family Planning Association (FPA) of Ceylon.

Family planning became a national policy in 1965 and was integrated into the already well developed maternal health services.

The Family Health Bureau was launched in 1968 originally as the Maternal and Child Health Bureau.
In the 1970’s the Government intensified its polio campaign.

The Expanded Programme for Immunization was introduced by the Ministry of Health in partnership with the WHO.

Universal Childhood Immunization was achieved by 1989.
In 1980’s the country entered a prolonged period of internal conflict in which many people were to suffer death and injury. This placed a huge burden on the health system.

The conflict lasted for nearly three decades. Many Sri Lankans are still living with the consequences – both physical and psychological.
In December 2004, a magnitude 9.15 quake off the coast of Indonesia’s Aceh province triggered an Indian Ocean tsunami that killed around 226,000 people in Indonesia, Sri Lanka, India, Thailand and nine other countries.

Of that total, 35,322 Sri Lankans were declared either killed or missing.

The United Nations advised governments in Asia’s most catastrophe-prone areas they should set aside one-tenth of their development funds to limit the risk of disaster, especially given the impact of climate change.
In the aftermath of the tragedy, an important measure adopted by the Sri Lankan Government was the establishment of the National Disaster Management Council and the Ministry of Disaster Management.

In the weeks and months after the Tsunami, many experienced problems of psychological distress. These effects are still being felt today.

WHO recommended psychological first aid was provided to people in ways that respect their dignity and culture.

Mental Health was prioritised as a public health issue by the Sri Lankan Government.
A major public health milestone was reached in September 2016 when the country was declared malaria free.

Lymphatic filariasis joined malaria on the list of tropical diseases that the country has successfully controlled.

As each of the “old enemies” is vanquished, new ones present themselves.
With the rains and flooding came the heightened risk of diarrhoea diseases and dengue.

Unplanned urbanization and poor environmental sanitation provided conducive conditions for vector breeding and the spread of communicable diseases.

To minimize the impact on both the population and the health system extensive preventative measures are being put in place.
As the country experienced increased prosperity it has seen a growth in non-communicable diseases like obesity and diabetes.

The Government has introduced a number of measures, taxing sugar and tobacco in an attempt to curb these diseases.

Changing the behaviour of the population presents new challenges to the public health system.
Extreme weather events are increasingly becoming a feature of life in Sri Lanka. Flooding and landslides have claimed the lives of thousands.

The frequency and severity of these events means that the healthcare system has to evolve and build capacity to continue to operate even under the most demanding of conditions.
Tobacco was introduced into Ceylon by the Portuguese and became a valuable cash crop.

Today it presents a major public health challenge. Recognizing this in 2006 the Sri Lankan Government set up the National Authority of Tobacco and Alcohol.

Sri Lanka was the recipient of the WHO SEARO “World No Tobacco Day Award 2017” for its outstanding work combating tobacco usage.
Maternal health and child mortality rates in the country are amongst the best in the region. Sri Lankans are living longer and more productive lives.

An ageing, more affluent population brings new demands on the health system.

Despite current and future challenges, the country’s commitment to Universal Health Coverage is deep rooted in its people and its history and will remain one of Sri Lanka’s defining achievements.
The cover image is a facsimile of an Ola Palm manuscript used in Sri Lanka to document traditional knowledge including medical procedures and remedies. Some of them date back to the 5th century BC.

Made out of dried palm leaves, they are an invaluable source of information on how people in the past lived their lives and treated their diseases.