

## HUMAN RESOURCE DEVELOPMENT: A KEY COMPONENT IN THE SRI LANKAN HEALTH MASTER PLAN

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specific categories of Human Resources in the health sector, the past years have witnessed many problems and challenges. One of the recurrent constraints for improving the effectiveness of human resource policy and planning in the health sector is the lack of a comprehensive human resource strategy and lack of coordination among all units concerned in Ministry of

Healthcare and Nutrition and Ministry of Education.

The **Health Master Plan of Sri Lanka** launched early this year builds upon many months of dialogue and discussions with all relevant stakeholders and health related sectors including National and Provincial Ministries of Health, Private Health Sector and consumers. It gives direction to translate policy to tangible and practical measures that deliver results. It has been designed for the next ten year period from 2007.

The current major problems are the absence of a realistic approved cadre, imbalance in the recruitment and production of different categories of staff, inequity in spatial deployment and the disparity between expected job performance and training, due to the quality of training.

The Health Master Plan (HMP) aims to build on the successes and experiences of the past, and address the challenges of today and tomorrow, based on recognition that Sri Lanka is facing a health transition. These **challenges** include: changing demographic and disease patterns, limited resources, increased demand and expectations by the public, the need for equity and the development of a management ethos that ensures good governance and value for money in delivering quality services.

At present there are some disparities in the requirements and supply of several categories of health personnel, particularly nurses and paramedical personnel. Shortages of certain specialist categories cause inefficiency and ineffectiveness in the public and private delivery systems. On the other hand, the growing number of doctors will have serious cost and quality implications. These doctors may not be fully absorbed into the state health system, as the commitment to do so is only until 2010. Even if increasing numbers of doctors move into the private sector, a surplus of doctors practicing privately will cause an increase in supply-driven health consumption levels in urban areas.

The HMP is carefully designed to support Sri Lanka's overall economic and social goals. It aims to facilitate equity through ease of access to health services, improve productivity and ensure that resources allocated to health result in a healthier population that is able to contribute to the economic and social well-being of the country. This is to be achieved by responding to the people's needs and working in partnership to ensure access to comprehensive, high-quality, equitable, cost-effective and sustainable health services. The overarching aim of improving health status and reducing inequalities will be achieved by the **five strategies**, namely:

There is also a significant imbalance existing in the distribution of human resource for health (HRH) among districts. Specifically, the number of health personnel in the Northern Province is extremely low while districts such as Colombo, Kandy and Galle have a significantly higher concentration. The insufficient quality and competency of health staff too has been identified as a challenge. Lack of technical competency and absence of positive humane attitudes have affected the responsiveness of the services.

- A. To ensure the delivery of comprehensive health services which reduce the disease burden and promote health;
- B. To empower communities (including households) towards more active participation in maintaining their health;
- C. To improve human resources for health development and management;
- D. To improve health financing, resource allocation and utilisation; and
- E. To strengthen stewardship and management functions of the health system.

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In relation to human resource recruitment, all categories of state sector staff are appointed by a Public Service Commission or similar provincial bodies. Other ancillary workers are appointed by the Ministry of Healthcare and Nutrition (MoH) or Provincial Ministries. The challenge is to introduce an improved system of management geared to appraise the performance of individuals and institutions against their defined roles. This will require an improvement in the working conditions of staff, a fair and transparent system for promotion, reward, discipline and training and continuous professional development. It will also

require revised terms and conditions of employment that will generate different incentives for staff who are more responsive to clients' needs. Appropriate conflict resolution procedures need to be introduced as well