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INTEROFFICE MEMORANDUM

Mr John Williams  
Director, Information Division  
NYHQ

DATE: 4 March 1983

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Information/Communications Officer  
UNICEF, Colombo

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YOUR REF:

Enclosed herewith please find a preliminary report on the recent seminar on Primary Health Care for members of Parliament of Sri Lanka.

This seminar, which was first of its kind, was a joint effort by Ministry of Health and UNICEF Colombo.

I also annex a set of documents distributed to the participants for your information.

Please note that a copy of the summarised Sinhala version of the State of the World Children Report (82/83) was also included in the documents.

Regards.

cc. Mr R.S. Thulungwa  
Chief, PSC Division, NYHQ.

Ms Razia Ismail  
Regional Information Officer  
New Delhi.

MN/rs

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Report on Seminar on Primary Health Care for  
Parliamentarians held on Thursday, 24 February  
1983 at the BMICH, Colombo, Sri Lanka.

Thursday, the 24 February 1983 was a unique occasion for Primary Health Care in Sri Lanka when a Seminar was held on the subject of PHC for members of parliament. Although there had been a previous seminar for parliamentarians on Population where three MPs attended, this was a "first" in terms of talking to a representative group of MPs about a particular subject in contrast to the usual political topics. The meeting simulated a "mini" parliament as parliamentarians spoke to fellow parliamentarians about Primary Health Care.

The meeting was organized by the Ministry of Health in close collaboration with UNICEF under the auspices of the National Health Council which functions under the Chairmanship of the Hon. Prime Minister. Sixty members of Parliament including opposition MPs and the Leader of the Opposition attended (the total number of MPs in Parliament is 152). Four of the panel speakers consisted of senior Ministers of Government and two other Ministers were among the participants. The high commitment towards the meeting was manifested by the fact that the Prime Minister inaugurated the meeting and delivered the Keynote Address and in addition three senior Ministers spent the whole morning at the meeting. Among the observers were Secretaries of Ministries and departmental Heads. In addition to UNICEF, there were representatives from WHO, UNDP, UNFPA and FAO who attended as observers. The meeting was conducted in Sinhala, although all participants were given the option to speak in Tamil or English, since facilities for simultaneous translations were available.

The meeting was inaugurated by the Hon. Prime Minister in the traditional manner by the lighting of the oil lamp. His Keynote Address focussed very sharply on health within the overall context of development, the importance of the human resources aspect of development and the need to relook at health in its fullest context of physical, mental and social well-being. He also outlined the thinking behind the Alma Ata Declaration on PHC and the importance of all sectors joining hands to achieve a common goal of Health for All. He particularly emphasized village level activities and the need to closely link with people's involvement in programmes, through the identification of their own problems. He mentioned

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UNICEF inputs, particularly in the area of safe drinking water and also health education activities through health volunteers.

He was followed by the Deputy Minister of Health who is also the Minister for Family Health. She outlined the role adopted by the Health Ministry and their plans for re-orientation of the present health care system to better fit into a national PHC programme. The importance of preventive health care was stressed and made a plea for other sectors to join hands with the Health Ministry in trying to meet the health needs of the nation. Problems with resources was also mentioned. The important and significant role parliamentarians could play in formulating policies plans and programmes in keeping with PHC ideals was elaborated. She commented on the unfortunate tendency to equate health with doctors and dispensaries and outlined other non-health sector aspects of PHC, in particular nutrition, safe water and sanitation. She also mentioned priority areas in the health sectors within PHC which included Maternal and Child Health Services, Immunization, Family Planning and Health Education.

The Minister of Agricultural Research and Development began the panel discussion by emphasizing the resources element in PHC, pointing towards the importance of looking at more low cost measures, and also self reliant ways and means to solve health problems. He also spoke about agriculture and its relevance to nutrition within the PHC approach.

The Minister of State followed with a most interesting presentation on the enormous role which could be played by communications in PHC. He emphasized the point that health is too precious to be left in the hands of doctors alone and also emphasized the importance of prevention rather than cure. He said that investments in health, was an investment in human beings, which could never be substituted for other types of capital inputs.

The Minister for Mahaweli, Lands and Land Development stressed on the importance of the PHC programme as a key strategy through which health could be achieved for all the people of this country rather than a privileged few, and also its social benefits. He spoke of the health programme in the Mahaweli Development Area which was built on the foundation of settler communities.

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He defined the role which parliamentarians could play in promoting PHC and pointed that the objective of the meeting was not to identify current problems and deficiencies of the present health care system, but to develop a national PHC programme in its broadest sense. He stressed the importance of getting away from being a "drug orientated society" and becoming dependent on expensive medicines, all being purchased from abroad.

The panelists were followed by a lively discussion by MPs both within the Government and outside. The major issues raised by the MPs included the following:

1. There is a need to look more at the traditional and culturally accepted methods of health care, particularly those related to prevention of diseases, since these have an acceptance with the rural masses of the country.
2. It is important to involve ayurvedic physicians in the PHC programme, since they are, probably in much closer contact with people than the allopathic doctors numbering nearly 16,000 as opposed to 3,000 to 4,000 of the latter.
3. Safe water and sanitation needed more priority. Special mention was made of the UNICEF provided Water Rigs to the dry zone areas of the country.
4. Health education was identified as vital and important area, in particularly the programme of training and using health volunteers at the village level was commended as a useful initiative.
5. Nutrition particularly of the young child was identified as being a crucial area for immediate action and support by government.
6. The importance of first examining the attitudes of people before formulating plans was stressed, as it was felt that health behaviour was a crucial element in promoting PHC.

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The report is incomplete, but contains interesting comments. Panelists stressed the importance of getting away from being a "drug oriented society" depending on expensive imported medicines; there was a need to look more at traditional methods of health care, which culturally were more widely accepted, particularly preventive ones; important to involve ayurvedic physicians who were much more numerous than allopathic practitioners. One or more pages appear to be missing.

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SAROJA DOUGLAS

3