THE STUDY ON EFFECTIVENESS OF FREE HEALTH SERVICE IN SRI LANKA

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INTRODUCTION

Better health is the basis of human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more (Carr D, 2004). Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. Health care consists of primary secondary and tertiary health care.
Sri Lanka is expected to cover the health expenditure with no "out of pocket" share as a mode of allocation. Public health expenditure consists of recurrent and capital spending from government (central and local) budgets, external borrowings and grants (including donations from international agencies and nongovernmental organizations), and social health insurance funds. (Abeykoon P, 2002)
The gap of public health expenditure and the total health expenditure shows the problem of sustainability of free health. This gap has created several problems for patients who visit the government hospitals for their healthcare needs and health development in the community.

This study is basically aims to delineate the disparity of the health policy by identifying the obstacles to obtain free healthcare facilities, health financing issues and the problems related to the disparity of health policy and healthcare services. It aims to clarify with evidence, the circulation of an additional amount of money in the health service sector other than public health expenditure, which creates problems in free health service.

METHODOLOGY

This research was designed with a focus on both primary and secondary data. Respondents from the Western Province were taken as the sample of this study. It was random sampling based on who visited the outpatient department at the national hospital Sri Lanka, base hospital Gampaha and general hospital Kalutara. The estimated sample size was 120 but the actual sample size was 105 as some questioners were rejected due to incomplete answering for more than 50% questions. People over 20 were randomly selected with no gender bias. The Western province is the most densely populated province and economical, educational and cultural variation are high while having both government and private healthcare systems have been established in competitive level. A questionnaire with 16 questions was the primary data collection instrument of this research. It covered the sample profile of the research, relationship between obstacles and moving towards private sector, individual share of health expenditure, utility of government and private sector health care services, awareness and attention on current trends of health and aptitude on health service.
Secondary data were collected from Annual reports, country reports and statistical reports available in data bases were used as a part of this research to interpret the underlying health issues of this issue and results of primary data analysis. Statistical data available in World Health Organization (WHO) and Ministry of Health reports were used to ensure the reliability and responsibility of the resource.

RESULTS AND DISCUSSION

The primary data represents 70% of males and 30% of females. Though it does not represent the actual gender distribution of the country it represents the scenario of the majority of males heading household. In this survey 21% of the sample population was less than 35 years and

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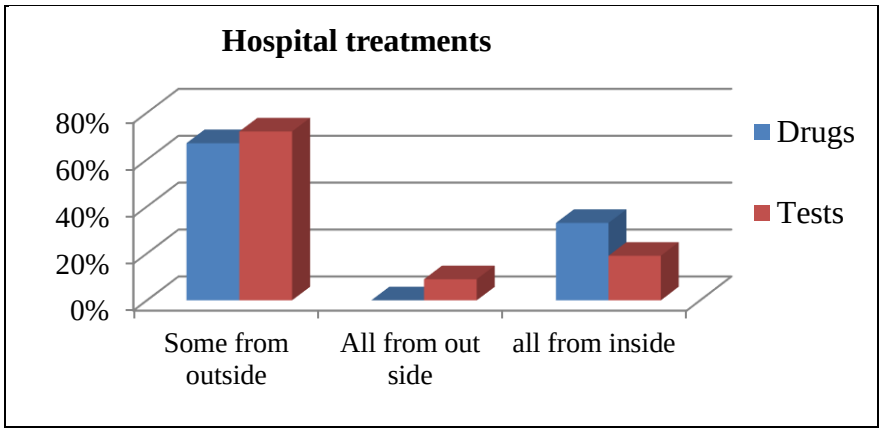
majority (56%) was in between 35 and 55 years. The other 23% was more than 55 years. It represents the normal distribution of occupational status of the country. The Private sector occupied proportion was 40%. Occupation in the Government sector was represented by 34% of sample population. The majority of the sample population represents a suburban lifestyle.
The survey was designed with a focus on four income levels. A monthly income of less than Rs. 30,000.00 was considered as the lowest income level and an income less than Rs. 50,000.00 was the second level of income. The third level represents the population with less than Rs. 100,000.00 monthly income and income more than Rs. 100,000.00 was considered as the fourth level.
Only 74 respondents (70%) had previous hospitalization experience. Out of this, 47% have been admitted to government hospitals and 24% have both government and private hospital experiences. The other 29% have only experienced the private sector.
The majority of government hospital admitted patients (72%) were asked to bring some drugs from outside. It indicates that the government hospital does not have adequate drugs to treat patients with urgent need. Further, only 28% of patients were facilitated with all the laboratory investigations inside the hospital. All the tests were outsourced for 15% of patients admitted, while 57% of patients were requested to get some tests outsourced. The total amount of outsourced laboratory tests for patients admitted is 72% (Figure 1).

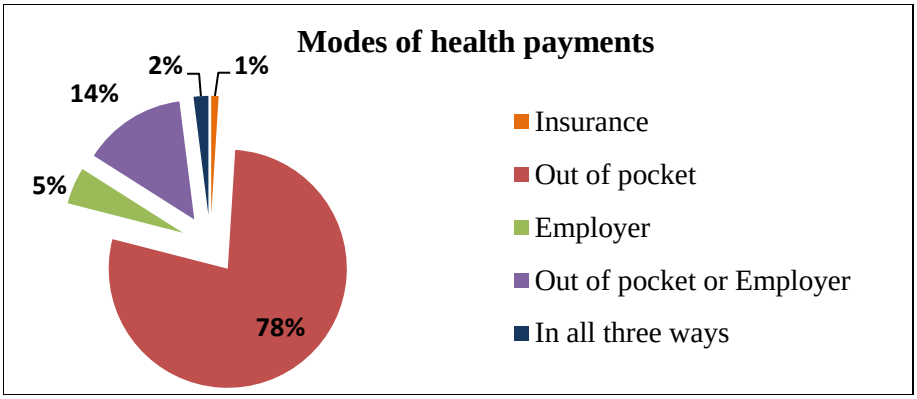


Source: Survey data 2013 for the research

Figure 1: Utility of health sectors by different income levels of the population

The reasons for moving towards private sector healthcare facilities are long waiting lists at the government hospitals (41%), unavailability of required facilities (24%), the problem of credibility at government health care services (17%) and because expenses are paid by external party for private sector charges (12%).
Out of the respondents, (51%) with non communicable diseases (NCD) were assessed for treatment process. Only 59% were having regular treatment and 28% are utilizing government facilities for NCD treatments. Private sector was utilized by 38% of respondents. Both government and private sector were utilized by 34% of respondents. This indicates that nearly 50% of population with NCDs moves towards private healthcare, highlighting inadequate care and facilities in government healthcare system.
Only 15% utilizes the government health service as their exclusive service provider. The majority (77%) of respondents utilize both government and private sectors for their curative healthcare needs. Totally private sector is utilized by 12% of respondents. Information from primary data reveals that every person spends at least 1,000 rupees monthly for their health needs. 21% of the sample population spends more than 4,000 rupees monthly for their health needs. Survey data showed that the government hospital is popular among the lower income population. When income level increases people move towards the private sector.

Figure 2 shows the modes of payment who utilize the private health care services. Most of them (78%) pay their expenditure out of their own pocket. This includes low income levels as well.

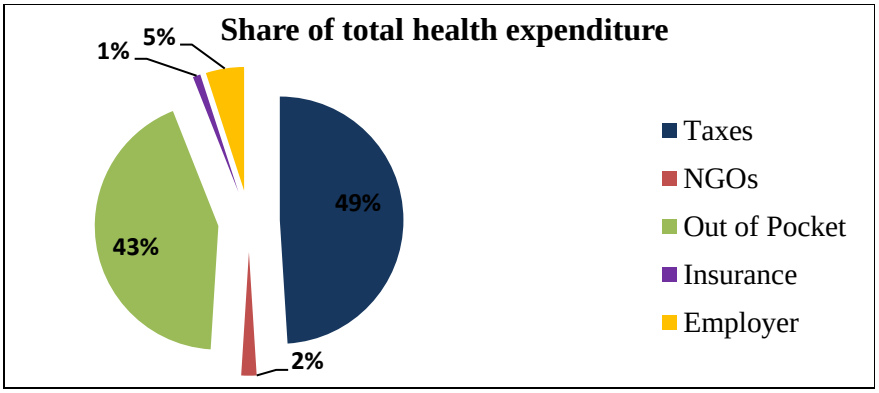


Source: Survay data 2013 for the research

Figure 2: Mode of payments for health

According to the Sri Lanka National Health accounts 2000-2002 (2005), the government maintains health care expenditures at 8% to 10% of total public outlays. Throughout the 1990s, the total health expenditure in Sri Lanka was 3.1% to 3.5% of Gross domestic product (GDP) with government and private sectors taking almost equal shares.

US Global Health policy has ranked countries according to GDP contribution for health expenditure. According to that Sri Lanka is in 115th position and it is at a lower position than most other countries with free health care service. The position of Sri Lanka shows that the country spends a low percentage of GDP; less than many countries like Japan, Bhutan, Thailand and Maldives *etc.*, where there do not have free health service.



Source: WHO, 2009

Figure 3: Share of total health expenditure

Only 51% of total health expenditure is borne by government funds and NGO/other donations. Around 5 % of the expenditure is financed by employer's health insurance schemes and 44% of the total health expenditure is financed by out-of-pocket payments or household expenditure (Figure 3). Only 01 % is financed by social health insurance like organized health management systems (WHO, 2009).

National Health Accounts 1990-2006 (2009) illustrates the percentage GDP of total budget allocation. It clearly shows the decline of total health expenditure (% of GDP) annually since 2005. It shows the estimated growth of health expenditure from 2001 to 2015. It indicates developing gap of total health expenditure and public health expenditure creating challenging issue on free health. Public health expenditure is always less than 50% of total health expenditure during last 15 years.

From primary data it was evident almost all citizen spends some amount of money for health. Government facilities are inadequate to some extend for provision of health care facilities for all citizens according to their health needs.

Secondary data analysis could justify the present situation of the country's healthcare system. Public health expenditure share of total health expenditure is always less than 50%. (www.indexmundi.com).

CONCLUSIONS AND RECOMMENDATIONS

The research demonstrates that all income levels of the society utilize the private sector for their health care needs. Most of the people who utilize the private sector pay their bills out of their own pocket. The findings reveal the disparity between a free health policy and the nature of the prevailing health care service. This situation has created a massive complication in making policy decisions with an under-strengthened economy whilst the community looks for free health service.

A few recommendations can be made from this analysis. If we expect to continue free health policy further, the total health expenditure should be covered totally by the GDP or with GDP and other funding systems. Furthermore, the amount of total health expenditure which can be covered by above systems should be analyzed as a percentage and it should be provided according to the income level giving priority to the poorest population and others to be facilitated by introducing an insurance system or the percentage of health expenditure which can be covered by GDP or other funding can be utilized for prioritized specific health needs of the country without regarding income levels and people can be facilitated with insurance scheme for other health needs.

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