The contribution of Public Health Midwives to better health in rural communities in Sri Lanka

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Challenges

Sri Lanka has a population of 20 million, with approximately 72% living in rural areas. Like other developing countries, Sri Lanka faces challenges in providing health services and retaining its health workforce in remote rural areas. This is due to a lack of qualified medical personnel as well as reluctance on the part of those qualified to work in remote areas, where they are cut off from continuous professional development and other services that are available in urban hubs.

Policy description

Public Health Midwives (PHMs) have been an important part of the primary healthcare system in Sri Lanka since early in the twentieth century. Traditionally, these health workers focused only on midwifery, but their duties have evolved. In addition to providing health care during childbirth, PHMs now play a role in preventive health, covering many aspects other than midwifery. Their services are immensely valued in rural settings where health resources are scarce.

The government of Sri Lanka has adopted a number of strategies to encourage these health professionals to work in rural settings. Preference is given to recruitment of PHMs in remote rural areas, with higher proportions allocated to areas with poor health indicators. More than 90% of the trainees attending the PHM training course are posted rural settings after completion of their training course. Each province in the country has at least one regional training centre where PHMs are trained in maternal and child health to ensure that they have an appropriate level of technical knowledge to deliver quality healthcare services. They are also given access to continuous professional development opportunities once in their posts, even if based in particularly remote areas of the country. PHM trainees are required to serve a bond period of 5 years once they have qualified, and have to be prepared to work anywhere in the province in which they are trained. This ensures that areas which are particularly under-resourced are able to fill healthcare posts. Financial incentives are also in place to encourage PHMs to remain in rural areas with various benefits to place such as allowances, pension schemes and subsidized mobile communication facilities.

Outcomes

Government programmes have reduced skills gaps in remote areas, with improved health and training of health professionals. The PHM recruitment, training and posting systems have contributed to achieving the success of the Sri Lankan primary health care system in its ability to produce vital healthcare skills in rural areas whilst also retaining grass root level primary health workers in remote regions of the country.

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Conclusions

The success of the Sri Lankan primary health care system lies in its ability to produce vital healthcare skills in rural areas whilst also retaining grass root level primary health workers in remote regions of the country. The system has contributed to the dramatic reductions in both child and maternal mortality in the country and has helped fill the gap that existed in health care availability in rural areas.

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