



WEEKLY EPIDEMIOLOGICAL REPORT

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The impact of the economic crisis on health systems

Introduction and Justification

Economic Crisis has threatened the smooth healthcare delivery system in Sri Lanka. Heightened fiscal pressure, stretching of government resources, and increasing demand for public health services have strongly hit the health system in the country. Sri Lanka depends mostly on imports for hospital consumables and equipment, vaccines, and drugs. The lack of foreign currency reserves has caused a devastating impact on the availability of medicines and other pharmaceutical products. The Sri Lanka Chamber of the pharmaceutical industry has warned that already 5% of the medicines are out of stock and they expect the problem to worsen over time.

During the past few months, out-of-pocket expenditure of a patient in Sri Lanka has risen above the nose that patients are no longer able to afford their medicine from private-sector pharmacies. During April 2022 there has been a 40% increase in the cost of medicine. There is already a shortage of drugs and consumables in government hospitals affecting routine surgical procedures and clinics.

Experience from the previous economic crisis in the world shows that economic shocks endanger the health and health system performance by increasing people's need for health care and making it more difficult for them to access health care. Previous literature indicates that mental stress, associated cardiovascular morbidities, and malnutrition are some of the early hits of an economic crisis on health. Moreover, increased incidence of communicable diseases due to increasing cost of health facilities, waning of preventive and control measures, and weakened immunization activities is a possibility.

The migration of health care workers due

to increased living expenses and having to struggle with basic commodities like fuel and electricity is another reason that causes a crisis in the health care system in the country these days. On the other hand, the huge demand created for healthcare professionals in other countries has encouraged healthcare worker migration even more.

In order to plan for the future health crisis in the country, it is more important to predict the possible adverse effects that might affect the health system and plan for the future accordingly. This paper will review the available literature on health system responses to financial crises that occurred in countries across the world so far.

The impact of the economic crisis on health- What is affected first?

Literature indicates that with rising financial burden and fiscal pressure on the public, spending on health per person reduced significantly. Moreover, there has been a substantial reduction in government commitment to public health. However, increased demand for publicly financed health services can be seen during these times due to the unaffordability of private health care. This leads to lower health system capacity, including planning, purchasing of medicines and equipment, and health care delivery. This would, in turn, lead to a higher burden of out-of-pocket expenditure on the public.

Though policymakers may try to reduce public spending through cuts to the health budget it is shown that the health system generally requires more resources during an economic crisis than before.

The impact of the economic crisis on health

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is multi-faceted. It is found that an increased incidence of cardiovascular diseases can be seen during an economic crisis due to high levels of psychological stress and lack of affordability of health care services.

Furthermore, poverty causes malnutrition which can lead to poor immunity causing higher communicable disease incidence in society. Besides, the rising cost of healthcare amenities and the weakening of preventive and control measures are causing an increase in communicable diseases in society. The risk of re-emergence of already controlled vaccine-preventable diseases due to a possible shortage of vaccines in the National immunization schedule is another threat to the economic crisis.

Control of non-communicable diseases in society becomes hard when there is a shortage of adequate stocks of required medicines. With the shortage of ICU facilities, antibiotics, and other critical care drugs, the increase in mortality among critical patients becomes difficult to halt.

In addition to the adverse physical outcomes, the mental well-being of people is at threat due to accompanying political instability, social disruption, and widespread protests. Depression and anxiety are common psychological conditions that may arise in such communities and these ailments may be followed by suicide. Moreover, with the unavailability or unaffordability of medicines, psychiatric conditions may go under control crippling the communities even more.

What can we do?

Hospital staff has started to collect drugs, equipment, and consumables in the form of financial donations and medicinal donations from social networks and professional organizations overseas as a response to the prevailing crisis in the health care system. Nevertheless, the success of this strategy, in the long run, is questionable. Secondly, more attention should be paid to the cost-effectiveness of the interventions carried out. The series of steps that have been proposed include, relying more on clinical judgment during clinical practice rather than laboratory investigations.

Moreover, it is important to establish a strong social protection system to help the public to cope with the escalating basic commodities like food and medicines.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 07th-13th Jan 2023(2nd Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		WRCD		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**	
Colombo	341	537	0	0	0	0	1	1	2	3	0	0	0	0	0	0	0	0	0	4	7	0	0	1	1	21	74
Gampaha	146	334	0	1	1	0	0	0	2	7	0	0	0	0	0	0	0	0	0	0	4	1	4	0	0	0	57
Kalutara	86	166	1	1	0	0	0	0	9	21	0	0	1	1	0	0	0	0	0	8	12	0	3	0	0	4	8
Kandy	87	159	0	0	0	0	0	0	2	5	2	4	0	0	0	0	0	0	0	4	8	0	0	0	2	26	100
Matale	38	76	0	0	0	1	1	0	0	1	2	1	1	2	2	0	0	0	2	2	2	0	0	5	6	27	100
NuwareEliya	5	10	2	3	0	0	0	0	3	1	3	3	3	0	0	0	0	0	0	1	2	0	0	0	0	52	81
Galle	54	78	1	1	1	0	0	1	2	18	21	1	1	1	0	0	0	0	7	9	0	1	0	0	25	100	
Hambantota	19	33	0	0	0	0	0	0	0	3	7	1	3	2	3	0	0	0	3	6	0	0	0	8	10	17	100
Matara	46	80	0	1	0	0	0	0	3	9	18	0	1	0	0	0	0	0	6	6	1	1	4	5	63	94	
Jaiffna	135	262	0	2	0	0	0	0	3	0	2	61	101	0	0	0	0	0	3	7	0	0	0	0	93	90	
Kilinochchi	4	7	1	1	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	14	88	
Mannar	8	10	0	3	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	29	70	
Vavuniya	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	1	1	0	0	0	50
Mullaitivu	2	2	2	2	0	0	0	0	0	0	1	2	2	0	0	0	0	0	0	0	0	0	0	0	0	10	83
Batticaloa	29	63	7	9	3	3	0	0	2	2	6	8	0	0	0	0	0	0	1	2	1	2	0	0	44	96	
Ampara	7	13	1	1	0	0	0	0	0	0	3	5	0	0	1	1	0	0	2	3	0	1	0	0	21	100	
Trincomalee	31	50	0	0	0	0	0	0	0	1	5	0	1	0	0	0	0	0	1	2	0	1	0	0	13	100	
Kurunegala	75	131	0	1	0	1	0	0	7	14	0	0	0	0	0	0	0	0	9	20	4	8	13	20	25	97	
Puttalam	219	419	0	0	0	0	0	0	0	1	1	2	3	0	0	0	0	0	2	3	3	5	0	0	8	92	
Anuradhapur	16	23	0	0	0	0	0	0	0	9	17	2	3	0	0	0	0	0	4	7	0	0	12	19	19	80	
Polonnaruwa	28	41	0	0	0	1	0	0	0	9	13	0	1	1	1	1	0	0	2	3	3	5	5	18	21	88	
Badulla	37	92	1	3	0	0	0	0	4	4	6	8	1	1	5	5	0	0	5	9	1	2	0	4	34	100	
Monaragala	9	17	0	0	0	0	0	0	0	29	36	3	4	0	0	0	0	0	0	0	5	5	4	5	5	100	
Ratnapura	29	73	0	1	0	0	0	0	1	3	17	29	0	1	0	1	0	0	1	1	2	3	4	10	30	93	
Kegalle	53	93	0	0	0	0	0	0	0	2	8	0	1	1	1	1	0	0	8	12	2	3	1	1	21	86	
Kalmune	173	259	4	6	0	0	0	0	0	3	3	0	0	0	0	0	0	0	0	0	1	0	1	0	0	48	96
SRI LANKA	167	3028	20	35	5	7	1	1	12	21	14	243	81	133	13	15	0	0	73	125	24	46	57	101	29	90	

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 13th Jan , 2023 Total number of reporting units 357 Number of reporting units data provided for the current week: 313 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

07th– 13th Jan 2023 (2nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2023	Number of cases during same week in 2022	Total number of cases to date in 2023	Total number of cases to date in 2022	Difference between the number of cases to date in 2023 & 2022
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	01	00	00	00	00	00	02	00	05	72	- 95.8
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	01	00	01	00	00	02	01	04	01	300 %
Measles	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	01	00	00	01	01	01	01	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	01	00	00	00	01	01	01	01	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tuberculosis	00	11	00	08	03	23	36	02	31	114	55	163	171	- 4.6 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,
Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
CRS** =Congenital Rubella Syndrome
NA = Not Available

For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask while in public places & traveling in public transport.

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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