

By  
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**U**niversal Health Coverage is our new slogan. It is certainly laudable. I am 86-years-old and recollect my life as a Doctor, Public Health Officer (Malariaology), Director of Anti-Malaria Campaign. After joining the WHO, I served as a Malariologist in Bangladesh, Nepal and ended as WHO Representative in Bangladesh.

After retirement, served as a consultant for USAID, World Bank, UN and WHO. You may say “looks pretty impressive”. I remember the slogan of the 1970s “Health for All by the Year 2000”. Sri Lanka was represented by **Health Minister Siva Obeysekara** and **Deputy Director General of Public Health Services Dr. Herbert Jesuthasan**. “Siva” was a dynamic minister and organizer. We all got into the act enthusiastically. This is 2018. Have we achieved “Health for All”? **Ms. Obeysekara and Stalwarts like Dr. Ana Wickremesinghe** former Director, Anti-Malaria Campaign and Director General of Health Services plus many dedicated doctors, entomologists, PHI’s, Laboratory Assistants, Microcopists, Field Assistants played a major role in the elimination of Malaria. It was a coordinated effort, including not only the health services but allied government departments, the private sector, NGOs and the Sri Lankan community itself. The recent elimination of malaria is certainly a successful story. Sri Lanka has other health success stories as well.

I remember in the early 1980s we were enamoured with the call for “Equity in Health” nationwide and then globally. Equity is something perhaps you would attain in the “Garden of Eden” or in a mythical “El-Dorado”. But certainly if we look at it retrospectively, there were for sure improvements in health in a number of receptive countries. Country governments must be convinced as well as the Opposition so that the plans formulated are carried out to meet the desired

# WHAT SAY YOU!



Siva Obeysekara

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Universal Health  
Coverage for  
everyone, everywhere**

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country offices. The links must be firm, responsive and sustained. The linkages within the countries are vital, if the vision and mission are

will help the ultimate global push. Constant monitoring will assist implementation and help institute corrective measures if previous plans have failed. The bottom up approach is the most successful for continued implementation namely, village to district; district to province and province to country. The centre should be the source for country monitoring, revision and for change and implementation.

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I remember that for any health unit to succeed it is not the medical officer who is the “king pin” but the unit as such. The Entomologists, the Nurse, the Public Health Inspector, the Microscopists, the Field Assistants, Laboratory Staff and equipment are equally important. Quick monitoring and immediate action on spotting would be disasters are vital. Each individual in the team must feel that he is essential for it to succeed.

As a Sri Lankan Community Physician, I must pay tribute to our pioneers in public health. I recall **Dr. W. A. Karunaratne, Dr. Herath Gunaratne** and a host of others who made it possible for us to achieve these remarkable vital health statistical parameters. It’s not the brilliant Cardiac Surgeon with his bypass surgery or that “Sherlock Holmes” type physician with his admirable diagnosis and cure. But the lowly “Kanu” or “Drainage” doctors as we were contemptuously called sometime back who helped to achieve these admirable health indicators and parameters. “Time waits for no one”. So let us proceed

objectives and goals even if the Opposition comes into power. There are so many hot beds in the Middle East and other countries. How do we approach them?

In WHO itself, the effort must be sustained at Headquarters level with direct links to its regional and

to succeed. Persistent monitoring of implementation is essential with ready remedial measures to be put in place, if progress is slow.

The Holistic approach is an essential pre-requisite for a country to succeed. Inter-country and inter-regional approaches

with our arduous journey to improve our health standards keeping in mind, the constraints.

I remember my Senior Professor of Obstetrics and Gynaecology, Prof. **Ranasinghe, "Ranaya"** as we used to call him remark emphatically "**WHAT SAY YOU!**"