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1. Health demographics, disease burden and organization of the health system in Sri Lanka:

Sri Lanka has a population of 21 million and offers free healthcare to everyone, as well as access to private doctors. it has one of the most effective health systems among developing nations.

Ayurvedic medicine is still popular, and is funded by the government. There are several free hospitals that people can go to solely practicing Ayurvedic medicine and universities run a separate 6 year course to enable people to train to become Ayurvedic doctors. However, most people tend to be comfortable using western medicine.

Western medical health practices have been responsible for the improvements in Sri Lankan health in general during the twentieth century. During the 1980s the average life expectancy rose to 68 and is currently 69 for males and 76 for females. In comparison, the UK life expectancy is 77 for males and 81 for females.The government expenditure on health care is approx. US$ 213 per person in 2006, compared with the UK's US$2,784. the probability of dying under five (per 1 000 live births) is 13 in Sri Lanka and 6 in the UK.

The health system is split into curable and preventable disease. Preventative health is managed by the ministry of health and divides Sri Lanka up into 9 provinces and 22 districts. Kandy, which has a population of 1.5 million is divided up into 22 ministry of health areas. Each ministry of health area is responsible for a variety of health measures addressing preventative health issues such as:
local training of health professionals
Local awareness campaigns
Sampling of types of mosquitoes to predict future epidemics of mosquito borne illnesses
Ante natal care and screening
School visits and screening
Home visits to give health advice and check sanitation
Well woman clinics

In this way Sri Lanka has managed to control communicable diseases extremely well. They are aiming to completely eradicate malaria by 2015, and due to methods to predict future epidemics of dengue are able to reduce the number of people affected. The introduction of public health measures generally such as fining people for breeding mosquitoes and reducing any areas of still water and rubbish have also contributed to reducing the incidence of communicable disease. The sub divisions of services also allow the focussing of services to meet the needs of the particular community and in this way, each area is able to see quick results. For example, several years ago, Sri Lanka has one of the highest male suicide rates in the world, thought to be due to a combination of alcohol abuse and organo-phosphate poisoning. The ministry of health was able to quickly institute a life skills programme for young men and managed to reduce rates significantly in a short period of time. Money can therefore be funnelled to where it is most needed to enact a change or solve a problem.

The system for curable disease is different to the UK. There is no access to services via GPs, as in the UK. Each area has a district general hospital with provision of all the speciality medicine areas. There is also a 'base' hospital which deals only with Medicine, Surgery, Obs and Gynae and Paeds. As well as this, there are primary medical units and divisional hospitals as well as private hospitals where people can pay to be seen.

If someone has a medical complaint they can go to any hospital that they wish and be seen there on a first come first served basis, which can result in 800 people turning up for general medical clinics! Although this differs greatly from the UK and can mean overcrowding of services, it does mean people can get seen by someone straight away without the delays and waiting lists associated with the UK. However, when there are

such huge numbers to be seen, there is a limit to the amount that each physician can do and it is necessary to get through each consultation as quickly as possible.

While Sri Lanka's management of communicable diseases is impressive, these are not the biggest cause of morbidity and mortality. In a similar way to western societies, diabetes, ischaemic heart disease and stroke are becoming an increasing issue. While the ministry of health in Kandy has recognised this and implemented well woman clinics to check blood pressure, BMI and sugars, there is currently no similar program for males. This needs addressing as the majority of these illnesses are silent killers,and without a system performing general health screening, are unlikely to be picked up. This is especially compounded by the pressure on services at the local hospital, which results in no time for opportunistic health interventions.

The other major issue Sri Lanka faces is with road traffic accidents. These are under-reported in general and as there are not the same trauma services available, people to not always present to accident and emergency as they would in the UK. in 2006 the number of reported road traffic fatalities was 2334 compared with 3298 in the UK which as a much bigger population. trends in the UK of road traffic deaths show the numbers steadily falling since 1971, however, this data is not available in Sri Lanka as there is no real way to capture it.

2. Obstetrics in Sri Lanka:

In Sri Lanka 99% of births happen in hospitals and generally, the attending to of mothers in the communities by experienced women has been discouraged strongly. This is felt to have reduced both the infant and maternal mortality rates and separates Sri Lanka from other Asian countries such as Bangladesh, India and Pakistan. Currently the maternal mortality rate is 29 per 100,000, compared with the UK where it is 6.

Obstetric services share many similarities with the UK, but also many differences. The organisation of care is very similar, with women seen in antenatal clinic at the same intervals with the same history and examination as the UK. Labour wards are also mainly midwife and nursing lead.

However, women are brought in earlier during labour than in the UK, as it is hard for them to travel and they are kept for longer following delivery to ensure that the breast feeding has been established, and to ensure there are no issues as there are limited community midwifery follow up services.

On the labour ward, as you would expect, space is limited and services are busier. Women give birth on a ward instead of a private room and are not attended to by an individual midwife. Instead, a group of midwives look after the whole ward. Unfortunately for the women, due to space constraints, the women give birth alone with no support from a family member or birth partner.

Surprisingly, women also give birth lying completely flat, mainly due to a lack of resources regarding beds. They are discouraged from moving around once they are more than 3 cm dilated. Pain relief is limited to pethidine only, as there is a lack if available anaesthetists to be able to administer and maintain epidurals. Most women also have their labours augmented with syntocinon even if they are progressing normally, which means that births are generally much quicker, reducing the amount of caesarean sections needed for failure to progress.

3. Information about the elective for future students:

We split our elective into two parts, so that we could travel around Sri Lanka more easily and also so that we could see two different hospitals in Sri Lanka.

The first place that we went to was the University of Perideniya, where I did community medicine and Obs and Gynae. Generally, the way that the elective was organised meant that we could choose to do whatever we

wanted, and the clinical supervisor was very happy for us to organise our own time, so we chose to bits and pieces of different things to get a feel for it all.

The community medicine was really interesting as it meant that we got a feel for Sri Lanka and the way that the health system worked. We also got to go to a conference on community health and understand the issues that were affecting people in terms of preventative health and community health.

Considering that Sri Lanka is a developing country the hospitals and facilities were quite good. There is the usual lack of facilities, but compared to many other Asian countries, they do quite well. It's impressive too as the students know how much everything costs and are very mindful of waste-very refreshing after coming from our NHS!

We stayed outside the university town in Kandy, which is a lake side city that can be quite wet and rainy. Some other elective students who had spent 6-8 weeks found it too small for this length of time, and we certainly felt 2 weeks was plenty of time. Don't walk home after dark by the lake as it is not safe around there and you will need to get a tuktuk after dark. You can stay closer to the University, but it's a quiet town and we wanted to be closer to the city.

Generally the set up in Sri Lanka is quite formal, with the medical students being treated morelike school children. They also work quite long hours and it generally feels a bit like you have walked back in time-even down to the nurses uniforms! Generally the students were lovely and they helped us fit in really well.

The second half of the elective was at the University of Ruhuna where I just did obstetrics. Again, facilities were about the same but this was a busier hospital with more women giving birth. There are reduced facilities for C sections, and when there are emergencies, this can mean worse outcomes than the UK.

In terms of where we stayed, we stayed in a place called Unawatuna, which is 2 bus rides away from the university. This was definitely my favourite place, a lovely paradise beach resort with cheaper accommodation than closer to the university in Galle. We also had friends staying in the university accommodation, who did not recommend it.

Everyone in Sri Lanka speaks English, although patients tend not to, so scope for clerking is limited. The medical students are usually happy to translate though as they all get taught in English. You can definitely get more practical experience if that is what you are after, and generally we found that the team were equally quite relaxed in respect to us. You can do as much or as little as you wish, and in both places they were pretty happy to let us pick and choose what we wanted to do-in my mind the perfect placement.

Generally, Sri Lanka was also a fab place to travel in. I would recommend splitting your time up if your main focus is travelling as you can see more of the country then. Getting around can be a bit hard because there are no straight roads and journeys can take longer than you would imagine. Being in two places means you can get more done. In terms of the hospitals, they were actually both quite similar really. Hope this helps you guys to make a decision!