



வடகிழக்கு மனித உரிமைகள் செயலகம்

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## **Siege on healthcare services in Vanni – July 2008**

### **1. Introduction**

The healthcare services in Vanni are provided by the Sri Lanka Government run public healthcare, LTTE run primary healthcare, and the private Ponnambalam hospitals in Kilinochchi and Mullaithivu.

The Sri Lanka Government run free healthcare includes the two District Hospitals in Kilinochchi and Mullaithivu as well as 10 Divisional Hospitals and a further 10 Primary Healthcare units. Patients who seek care at a lower rung hospital in this system are, if necessary, transferred to the more resourced hospital. This could, for some very seriously ill patients, result in them being transferred to Vavuniya or Anuradhapuram hospitals in Sri Lanka Government areas.

The LTTE run free primary healthcare serve the more remote areas where the Sri Lankan Government run services do not reach or the people have poor transport to seek the services.

The private Ponnambalan hospitals that provide both inpatient and outpatient services are sought by those who are prepared to pay to avoid the very long wait at the Sri Lankan Government run free healthcare services.

It is also well known that throughout this island, the private and public healthcare each provide roughly half of the services needed by the people. In Vanni too, the Ponnambalam hospitals and other private healthcare professionals serve half the healthcare needs of the people.

The problems facing the healthcare services in Vanni due to the restrictions on medicines, fuel and other material must be understood in the light of the above pattern of healthcare services.

### **2. Medicines**

As described above, half of the medicine requirement for the people of Vanni is provided by the Sri Lanka Government healthcare service and the other half of the requirement is/was provided by the private healthcare services in Vanni.

### ***Private healthcare medicines***

For more than two years there has been a ban imposed by the Sri Lankan military on bringing medicine into Vanni except those approved by the Sri Lanka Ministry of Health for the Sri Lankan Government healthcare services. In other words only half of the medicine requirement for Vanni has been allowed by the Sri Lanka military. Even bringing Panadol privately into Vanni is banned.

Why should there be a restriction on the amount of medicine? This is a most inhumane restriction and a violation of the peoples' human right. Even international agencies remain silent on this human right and humanitarian law violation because they believe by keeping silent they may be able to persuade the Sri Lanka Government to allow a little bit more medicine into Vanni.

### ***Sri Lanka Government healthcare medicines***

The only fact negating this gross human right and humanitarian law violation is that the Sri Lanka Government run healthcare services in Vanni continued to receive medicines which as we have stated above, provides for only half of the requirement.

Even the Sri Lanka Government run health services have faced shortage of medicines at various times over the last two years. This shortage was mainly due to long delays caused by Sri Lanka Ministry of Defense in allowing the trucks with medicines from the Sri Lankan Ministry of Health to cross the Omanathai border checkpoint into Vanni.

For example, in early 2007, Kilinochchi hospital was facing acute shortage of many medicines. The shortage was highlighted when more than 20 victims of an aerial bombing in January 2007, many of them children, many of them maimed, had to be treated at the hospitals.

A similar shortage of drugs existed in January-February 2008. There were acute shortages of many drugs such as Paracetamol syrup and Amoxcyl syrup that are used for children. Even the stocks of antiseptics and surgical spirit had dried up. This delay in the delivery of drugs assigned to the Sri Lanka Government hospitals was blamed on problems of communication between the military and the health ministry. The assignment for the first and second quarter of 2008 was eventually received.

In the May 2008 Healthcare Forum in Kilinochchi, in which all agencies involved with healthcare provisions meet regularly, it was reported that the Sri Lanka Ministry of Health did not approve some of the drugs that were requested. The forum discussed the need to seek World Health Organization (WHO) to obtain those medicines that were not approved. In the list of medicines that were not approved are, Metformin used for Diabetes, Volatarin, a pain killer, and Ketamine injection, an anesthetic.

### ***End result***

The end result of the restrictions on medicines being applied at various levels is that patients are forced to use poor substitutes. X-rays are not taken as often as one would take otherwise. Patients are given stronger antibiotics when a milder one would have sufficed. People suffer in pain because simple pain killers are not available. Asthma patients suffer asthma due to lack of medication. This is forcing more patients to seek native medical care which is not always best for the patient.

### **3. Fuel**

There is a blanket restriction imposed by the Sri Lanka military on the amount of fuel brought into Vanni. The cost of fuel in Vanni varies from as high as ten times the price in Colombo to five times the price in Colombo. It has never come down below this price level for more than two years; that is since the restriction was gradually tightened. Every Sri Lankan Government institution and international agencies in Vanni are permitted an amount fuel that is far less than their requirement. Why is this restriction in place?

The amount permitted for the Sri Lankan Government healthcare services in Vanni is also well their requirement. This is further restricted at the Omanathai checkpoint. For example, the Sri Lankan Ministry of Defense approves 15,000 liters per month of diesel for the Kilinochchi health services, this is further restricted at the Omanthai checkpoint to 5000 liters.

This fuel shortage forces the hospitals to restrict its services. The refrigeration of medicine being the most crucial, all other fuel needs are restricted. The restricted services due to fuel shortage include electricity supply to hospital wards for 24 hours and ambulance services.

Seriously ill poor patients in the more remote areas who come to the lower rung hospitals are asked to find their own way to the larger hospital because of the imposed fuel shortage on Sri Lanka Government run healthcare services.

### **4. Replacements of equipment**

Since there is no electricity supply for most of the hospitals and none has 24 hour electricity supply, all hospitals own and operate a small electricity generator. This will provide for sterilization and the operation of hospital machines like nebulizer for asthmatic patients. In one of the Healthcare Forum meeting, when one of the Divisional hospitals requested a generator, they were told that it is impossible to obtain clearance to bring a new generator. Another primary health care unit requested at least a small generator to operate the nebulizer but was pessimistic about obtaining one.

### **5. Healthcare for the newly displaced**

It is this healthcare service that is already under siege that must now serve the thousands of newly displaced people who are for all practical purposes living under trees without adequate water and sanitation.

The area they are now living being an uninhabited area must be cleared of mosquitoes by immediate spraying. Restriction on insecticide prevents this operation; putting the IDPs, at least 30% of whom are children, at risk of contracting deceases.

The threat of increased malnutrition among the children in the IDP population is also very high. Readers must be reminded of the problems faced by the UNICEF run nutritional biscuit distribution program for the severely undernourished children in Vanni. Following the completion of one round of these biscuit distribution, UNICEF convoys carrying the next batch of biscuits into Vanni was blocked with accusations that the biscuits were being taken to be given to the LTTE. A court case cleared the accusation but the program remains halted after several months of the court clearance.