A Tribute to Prof. Dulitha N Fernando

Cover Story

Estate & Urban Sectors in Sri Lanka: vulnerabilities requiring focused attention**Enoka Wickramasinghe**

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Professor Dulitha Nandanie Fernando (1944-2021) was an exemplary leader exhibiting the art of true collaboration and integration through the projects she was involved in. She was a pioneering researcher in nutrition surveys conducted among vulnerable populations in Sri Lanka, which had assisted in quantifying the magnitude of the issue to take necessary policy decisions and targeted interventions (1-2). She has provided sound evidence for necessary action to prevent the wide spectrum of malnutrition and low birth weight in estate populations and overweight/obesity and determinants among urban people. She has trained and mentored the second and third generations of consultant community physicians and researchers in the field of nutrition who would continue to cascade the changes she desired to see among vulnerable populations in Sri Lanka.

In acknowledgement of Professor Dulitha Fernando's work among vulnerable populations, cover story of this issue is dedicated to under-privileged persons in the estate and urban sectors in Sri Lanka.

Sri Lanka consists of approximately 21.4 million people living across three sectors, namely estate, rural and urban. Health indicators, outcomes and challenges of the under-settled urban dwellers and estate workers are distinctly different from the rest (1). Focused interventions and attention need to be given to uplift the health status of these vulnerable groups, for which the Estate & Urban Health Unit of the Ministry of Health was established in late nineties.

Estate sector encompasses all plantations that are 20 acres or more in extent and with 10 or more resident labourers (2). It is unique from other areas by its geographical location, the cold climate and majority of the residents being Indian migrants. Approximately, 1.1 million people live in the estate sector across five provinces. The cover picture depicts one of the most

scenic and captivating tea plantations in the world. Despite its beauty, health vulnerabilities of people living in these areas have continued for several decades, among which under nutrition are prominent though a slow decreasing trend is observed (1).

Healthcare provision in estate sector has evolved in following stages:

1. During the British period where health of the estate labourers was looked after by the planters themselves
2. Nationalization of estates considered to be the golden era of estate sector where estate healthcare became the national responsibility
3. Privatization of the estates where healthcare services of estates came under estate management and through Estate Medical Assistants. Only the drugs were supplied by the Ministry of Health. Following three decades of privatization, health indicators of the estate population have suffered much.
4. The current transitional state of integration of plantation health services into the national health system

The curative services for estate workers have fluctuated over the years with many challenges, the biggest being involvement of multiple stakeholders with varying interests and poor coordination between these stakeholders (2). However, since 2007, the preventive care services for this population were taken over by the provincial health authorities ensuring public health care for all in the sector. Despite these developments, people living in estates still face major health issues particularly malnutrition, low birth weight, anaemia, substance misuse disorders and tuberculosis (2).

On the other hand, the urban sector in the country spans across 65 local authority areas governed by 24 Municipality Councils and 41 Urban Councils (3). It is estimated that approximately 4 million (18.4% of the total population) live in urban areas, and Sri Lanka is one of the top 10 countries in the world where rapid urbanization is seen. Due to rapid and unplanned urbanization, the urban cities have expanded to accommodate people migrating in search of work, education, business and marriage resulting in overcrowding, congested transportation, high demand for limited resources, and increasing healthcare service needs (4). Consequently, high prevalence of diarrhoeal diseases, respiratory diseases including tuberculosis, vector-borne diseases such as dengue fever, high levels of substance abuse and increased road traffic accidents as well as overweight, obesity and other risk factors of chronic non-communicable diseases are apparent among urban children and adults (1, 5).

As a measure of upgrading the living standards of urban low-income groups, the Urban Development Authority (UDA) along with other main stakeholders plan to relocate 68,000 families in urban settlement flat complexes by 2030. This would pave way for people who were living in horizontal under-settlements (slums and shanties) to settle in vertical flats, solving some of the issues of shelter, sanitation and safe water needs. However, these along with massive developmental projects in cities, environmental pollution particularly air pollution, communal violence, drugs and substance use and aggravation of overweight and obesity have become crucial issues that need targeted interventions.

To address the health consequences of under-privileged populations, it is important that all the relevant stakeholders including the urban/estate sector local authorities and primary health care teams develop strong collaborative partnerships to provide optimal health services to address the unique health issues and challenges observed in these sectors.

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