Traditional Medicine and Primary Health Care in Sri Lanka: Policy, Perceptions, and Practice

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Abstract

Primary Health Care was launched on the international stage by the World Health Organization’s Alma Ata Declaration of 1978. This paper begins by unpicking the concept of primary health care as it evolved after Alma Ata and then explores its implementation in Sri Lanka and the extent to which Ayurveda (a blanket term for the traditional medical systems of Sri Lanka) has been integrated into the government health care system. The substantive part of the paper analyzes the responses of the traditional practitioners who were invited to explore the issues outlined above in a series of interviews. Part historical and part sociological, this discussion of the similarities and the divergences between the approaches of biomedicine and traditional medicine in Sri Lanka from the perspective of the Ayurvedic practitioner exposes the tenuous and disconnected part they play within the biomedical health care system at the practical level.

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Keywords

Ayurveda – integration – primary health care – Sri Lanka – traditional medicine – Western medicine

Introduction

The Sri Lankan Government’s Health Master Plan of 2007–2016, Healthy and Shining Island in the 21st Century, set out to plan for the health challenges facing the people of Sri Lanka as the new century progressed. These challenges included “changing demographic and disease patterns, limited resources, increased demand and expectations by the public and the need for equity” (Ministry of Healthcare and Nutrition 2007, iii). Sri Lanka, in common with other low- and middle-income countries faces a double disease burden of communicable and noncommunicable diseases, with accompanying rising medical and welfare costs (Lewis and MacPherson, 2013). The 2007 health planning blueprint was thus the government’s response to this health transition, or as it might be termed, this “health crisis” (Ministry of Healthcare and Nutrition 2007, 19). It planned for an integrated approach with three functional arms: preventive, curative, and welfare. All three of these arms were deemed to be interdependent; furthermore, the blueprint acknowledged that the branches of traditional medicine, that is, Ayurveda, Unani, and Siddha, “collectively constitute an integral part of the health sector,” and that the practitioners of traditional medicine have an essential role in the provision of universal health services (Ministry of Healthcare and Nutrition 2007, 7). Ayurveda with its holistic approach to health was deemed particularly apposite for the delivery of preventive medicine. The commitment to using traditional medicine alongside Western government health services is not innovative; it has a long history in Sri Lanka at least at the level of stated government policy. How far this has been put into practical effect is another question. This paper, through the means of a purposive

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1 Sri Lanka was the British colony of Ceylon until gaining independence in 1948. In 1972 it became the republic of Sri Lanka, while remaining within the British Commonwealth.

2 Ayurveda is used as a general term for all traditional medical systems in Sri Lanka, and this nomenclature will be followed here.

3 The “life course approach” entails a preventive strategy “based on tackling the risk factors from the foetal stage to old age” (Ministry of Healthcare and Nutrition 2007, 15).