Early this year, the Cabinet approved the “Policy on Healthcare Delivery for Universal Health Coverage” which aims “to ensure Universal Health Coverage to all citizens, relevant to the disease burden experienced in the country through a well-integrated, comprehensive and efficient health service.” The Sri Lanka Ministry of Health, Nutrition and Indigenous Medicine (MoHNIM) is committed to strengthen primary health care services as a means towards UHC. Key to this initiative is the development of an Essential Services Package (ESP) which is the basis of the health system strategies to be implemented.

The successful delivery of ESP will depend on further policy support and the capacity of the health system to effectively deliver the interventions. Catalytic technical work to support the process has been undertaken by the MoHNIM such as the strategic roadmap for human resources for health, health financing strategy, cross programmatic efficiency analysis and general review of the health system (HiT), in collaboration with WHO. The Asian Development Bank, the Global Fund and the World Bank are supporting the government through their respective programmes. This conference will bring together the various efforts of the MoHNIM and development partners on strengthening the primary health care system and move towards the goal of effective UHC.

In this view, the Management Development and Planning Unit of the MoHNIM and the World Health Organization (WHO), with the support of The Global Fund, the Asian Development Bank, and the World Bank have held a conference engaging international experts and stakeholders to provide a platform for discussion of progress, challenges, key policy issues and interventions towards strengthening primary health care in the country. It was an opportunity to share international and regional best practices, lessons learned and innovations that may be tailored to the country’s needs. The overall objective of the conference was to generate common understanding of the country’s progress, challenges and issues in strengthening primary health care.

This conference shared common opening and closing ceremonies with the National Consultation on Ending TB and AIDS in Sri Lanka. This highlighted the country’s efforts to ending TB and AIDS as a key element in progressing towards UHC.
The keynote speakers at the inauguration were:
- Dr. Ajay Tandon, Lead Economist of the World Bank
- Dr. Brian Chin, Social Sector Specialist, Asian Development Bank
- Dr. Phyllida Travis, Director Health Systems Department, WHO SEARO
- Prof. Liesbeth Borgermans, WHO Consultant
- Mr. Luca Occhini, Regional Manager of South East Asia, The Global Fund
- Mr. Eamonn Murphy, UNAIDS Regional Director of Asia and the Pacific

**A Brief History of UHC Talk**

**The Need for Re-Organization of the Primary Healthcare System**
- In keeping with sustainable development goal 3, which envisages universal health coverage, the focus is now changing after 70 years from tertiary health care to primary health care.
- Primary Healthcare is the foundation of health systems. It contributes to health and well-being, eradicating poverty, undernutrition and improving equity. It increases productivity by keeping people healthy and improves water and sanitation.
- Thus reorganization of the PHC, forty years since the Alma Ata Declaration is timely.

**Bringing About Change**
- A focus on continuing care is emerging as being essential in developing countries due to increase in NCDs and aging.
- Improving healthcare services with regard to the elderly, differently abled and the mentally challenged.
- Health Resources Development: healthcare workers need to adapt to the new ways of healthcare delivering. They have to be trained to be responsive to changing needs and changing services. The adaptation should be based on how the health services are going to be provided. Based on this the skills required by the health worker need to be examined. A transformative education change with a higher focus on NTD is required.
- Information continuity with availability of clinical information of all encounters with healthcare providers.
- Pharmaceutical pricing policies – provision of tax exemptions for medicinal products and determining maximum retail prices for 70 medicines and devices.
- Increased access to quality assured medicines has led to the expansion of people reaching out for medicines.
- Accreditation system for assessing quality of healthcare.

**What Is Required to Bring About Change**
- A policy on UHC has been developed.
- A policy document on how to reorient the health system from a tertiary care based structure to primary health care.
- A reorganized model which has the following features has been proposed for delivery of PHC. This includes, shared care clusters, with a family doctor providing care to an identified catchment population and areas for each institution. This will offer greater opportunity for integration of healthcare currently delivered as a vertical system.
- Need to address policy questions regarding the health labour market
  - Does Sri Lanka need to expand the size of its current health force?
  - The role played by the private sector in human resources for health
  - How can health work migration be better coordinated
  - Need to coordinate long term health workforce policy.
- Curative system needs to be remodelled conceptually.
- A sustainable system change in SL cannot be achieved without patients acting as agents of change.
- Need to define the consumer and consumer engagement in the service
- How patients assess the healthcare service they receive
END TB & AIDS CONSULTATION IN SRL KEY MESSAGES

Here’s what you missed at the national consultation on ENDING TB & AIDS in Sri Lanka

1. CAN SRL END TB & AIDS?

Yes. Sri Lanka has been able to achieve and maintain high level of health and social indicators with a relatively low disparity. By eliminating malaria and filariasis the health systems along with tactful community engagement has proven Sri Lanka’s capability to combat communicable diseases.

2. HOW BIG IS TB & AIDS BURDEN IN SRL?

- The TB burden is not high; however there is little evidence of a decline in numbers in the last 20 years. WHO estimated 13,000 cases in 2016, there are 8,886 notified cases and 4000 missing cases.
- Sri Lanka is a low prevalence country for HIV, although the numbers of HIV positive cases show a slight increase over the years.

3. WHAT SHOULD SRL DO?

- The END TB and END AIDS targets are ambitious, and mode and pace of implementation of evidence based interventions may not be adequate.
- Optimum use of existing tools and innovative service delivery approaches would be needed.
- Review our current interventions and scale up the best ones.

UHC & ENDING TB / AIDS IN SRL

Sri Lanka is reforming its Primary Health care structure to achieve Universal Health Coverage (UHC). The consultation was conducted with the participation of national, regional and global experts to explore the cost effective and efficient service delivery approaches for reaching TB & AIDS targets.
CHALLENGES OF THE CURRENT HEALTH SYSTEM

- The current system inadequately addresses the present burden of disease.
- Funding was put more into specialized care, which led to under resourcing of PHC.
- Human resources in health (HRH) not aligned to meeting current demands. Numbers maybe inadequate in certain sectors. Inability to retain in the country as well as in the peripheries.
- There is no continuity of care of a patient.
- Patients bypass facilities closest to home and seek treatment at tertiary care institutes. Thereby the primary curative care institutions are underutilized.
- Lack of accountability for care in curative systems unlike the community health services.
- People should have access to healthcare wherever they may be.
- Equity for all is required. One of the key reasons malaria was eliminated from Sri Lanka was the equity in health services provided. All were treated equally, even in enemy areas in the Northern Province. Similarly, equity in technological development, placement and soft skills is a necessity.
- No improvement in equity, efficiency and quality of healthcare under historically incremental line item budget allocations with limited health facility management autonomy. Even though Sri Lanka has a free health system, the OOPE (out of pocket expenditure) is very high. Availability of laboratory investigations and drugs at all levels of hospitals can make a big difference.
- Drug availability:
  - availability of drugs for palliative care of NCDs is poor
  - availability of drugs in PHMIs is lower than that of tertiary institutions.
- Quality and patient safety cannot be monitored at PHC level