

## HEALTH

### EXECUTIVE SUMMARY

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#### INTRODUCTION

Good health is essential for national development due to its role in wellbeing and its positive impact on economic growth. Ensuring good health is challenging, particularly in the context of an aging population and rising noncommunicable diseases that demand higher healthcare costs and the need for long-term care, particularly given the limited fiscal space of the country.

#### SITUATIONAL ANALYSIS

Sri Lanka's health system, developed in response to voters' priorities since the 1930s, has achieved exceptional health outcomes and high service coverage with low expenditure levels, making it one of the most cost-efficient systems globally. Despite the system's achievements, including the elimination of diseases like polio, measles, and malaria, and health outcomes that are comparable to high-income nations, recent challenges such as fiscal constraints, the COVID-19 pandemic, the demographic transition, and increased NCDs threaten its sustainability. Climate change and environmental pollution are becoming major concerns in relation to the health sector.

#### Priority issue 1 – NCDs

Alongside rising cardiovascular disease, diabetes, chronic kidney disease, and other NCDs, the impacts on health are exacerbated by the suboptimal control of hypertension, diabetes, and dyslipidemia, despite relatively high levels of diagnosis and treatment coverage.

#### Priority issue 2 – Long-term care

With increasing life expectancy and the declining traditional family care structures, Sri Lanka faces a growing need for organized and publicly financed long-term care to support the elderly, the infirm, and the disabled persons, requiring significant investments in social care services and human resource developments.

### **Priority issue 3 – Responsiveness of the health system**

Even if the public healthcare system in Sri Lanka achieves high levels of clinical quality and access, it faces challenges in meeting consumer quality attributes, such as patient responsiveness and empathy, which have suffered because of resource limitations. This need necessitates a shift towards a more people-centered approach that addresses social, cultural, and spiritual needs which in turn will contribute to rebuilding public trust regarding public healthcare, underpinned by increased financing.

### **Priority issue 4 - Out-of-pocket expenses (OOP):**

Sri Lanka's hybrid public and private healthcare systems rely on substantial out-of-pocket financing due to limited public funding. Government financing faces increasing pressure as economic crises drive more patients to an already underfunded public service. This has resulted in dissatisfaction among the middle income earners and repeated calls for alternate financing mechanisms, highlighting the urgent need for increased government health spending, through greater resource generation via more efficient, effective and comprehensive taxation.

### **Priority issue 5 - Governance, management and equity issues**

Governance in Sri Lanka's health sector is hindered by blurring of roles between the Ministry and the Department, limited institutional autonomy, lack of clear job descriptions, and significant health worker migration. The latter has led to gaps in specialized services and also poses a severe impediment to improving healthcare quality.

### **ACTIONABLE RECOMMENDATIONS:**

As an overarching proposal we wish to propose that the government, civil society, and professional groups explore the place of health as a fundamental human right in the Constitution, whilst appropriate safeguards are taken to protect the state, institutions, and health professionals from unfair litigations.

The fundamental right to health implies obligations on part of the state and society, and this right cannot be fully attained without a genuine commitment to taxation as an expression of social solidarity in financing healthcare services and addressing the social determinants of health inequalities.

## 1 FINANCING OF HEALTH

- 1. Raising Taxes to Create Fiscal Space for Health:** There is a clear need to lobby for raising tax revenue: through comprehensive tax revisions and efficiency in ensuring tax compliance. Mechanisms for increasing taxes and ensuring its progressive nature have to be resolved.
- 2. Increase Government Funding for Health:** Health sector stakeholders must emphasize the efficiency and effectiveness of tax-funded government delivery of health services in improving health status and ensuring equity and actively lobby, emphasize the political benefits of responding to voters' desire for increased government health spending, and pressure the Treasury and decision makers to increase government allocations for health.
- 3. Reduce Out-of-Pocket Expenses:** Increasing government health funding and quality of services will help reduce out-of-pocket expenses for healthcare seekers.
- 4. Highlight Health System Efficiency:** Counter arguments that more funding is not needed but solely increasing efficiency, by showcasing the existing high efficiency of Sri Lanka's health system compared to other countries.
- 5. Reconsider the Relevance of Social Insurance:** Social insurance is not feasible due to the high proportion of the labor force in non-formal employment, making it difficult to implement a contributory insurance scheme.

## 2 COMPREHENSIVE HEALTH SYSTEM BASED ON PRIMARY CARE

- 1. Accelerate Primary Care Implementation:** Rapidly implement a network of primary care centers and a cluster system to enhance treatment outcomes and follow-up for chronic disorders. This includes patient registration with designated doctors, basic screening facilities, a defined package of services, and a steady supply of essential medicines and lab tests.
- 2. Focus on Chronic Disease Management:** Improve care for chronic diseases by interventions at the community and through primary care centers and curative facilities. Focus efforts on understanding why NCD treatment often fails to achieve control and developing interventions to improve clinical practices. Consider innovations for mainstreaming screening across the health services, providing screening options for younger populations (e.g., lipid profile, BMI, blood pressure, fasting blood glucose during employment recruitment), and region-specific screenings (e.g., Thalassemia in high-risk provinces, CKD in areas where CKDu prevalence is high).

3. **Human Resource Planning and Training:** Determine HR requirements, composition of staff, and competencies for each service level and deploy staff accordingly. Organize regular need-based in-service training and Continuing Professional Development (CPD) activities, preferably linked to a regulatory and reward system, for the health workforce.
4. **Develop a Functional Referral System:** Establish a referral system linking primary care to higher levels of care (secondary, tertiary, specialized) in a two-way relationship, while maintaining patients' right to choose their provider. Monitor and modify the referral system as needed over time.
5. **Adopt a Life-Course Approach to Health and Ageing:** Implement strategies that consider health and aging across the life course, addressing the evolving health needs of the population from birth to old age.
6. **Addressing Issues Related to Climate Change:** Addressing effects of climate change through adaptation, mitigation and reduction in emissions from the sector.

### 3 LONG-TERM / INTERMEDIATE CARE

1. **Develop a Comprehensive Social-Support Policy Framework:** Develop a policy framework to finance and provide long-term care for physically dependent and cognitively impaired elders and others, ensuring access to people-centered and integrated services.
2. **Create a New Organizational Structure:** Establish a new social care directorate or agency for the care of older adults, the frail and disabled persons to facilitate related interventions.
3. **Service Model Based on Needs:** Develop a service model that addresses the needs of the elderly and frail, which integrates care of the elderly, rehabilitation and palliative care services, and strengthens community engagement.
4. **Appointment of Specialists and other Cadres:** Appoint geriatricians and other categories (e.g. Diplomates in Geriatric Medicine) to both hospitals and community settings to provide appropriate care.
5. **Provision of Education and Training:** Integrate appropriate education and training on elderly care and frailty into the curriculum of all health and social care professionals.
6. **Strengthen Community-Based Services:** Enhance community-based services, such as Elders' Committees, to support the elderly, and community nursing services (Public Health Nurses).

7. **Link Social Support to Community Care:** Connect social support services to community care for the elderly, mobilizing community-level staff for engagement.
8. **Establish an Information System:** Implement an online information system to monitor long-term care services and ensure accountability.
9. **Increase Public Financing:** Increase awareness of policymakers and society, of the need for public financing for long-term care and secure increased public financing to support the implementation and sustainability of these long-term care services.

#### 4 IMPROVE RESPONSIVENESS OF THE HEALTH SYSTEM

1. **Formulate a Program to Improve Responsiveness of the Health System:** Establish a technical committee under the Ministry of Health (MoH) to discuss, formulate plans, implement and monitor a people-centered care health system. Issues related to people-centered care and responsiveness have to be addressed at multiple levels, including those at the levels of Ministry of Health, healthcare institutions, and individual healthcare providers.
2. **Develop Core Curriculum for Healthcare Education:** Develop and implement an appropriate core curriculum focusing on people-centered care for nursing, medical, physiotherapy, and other healthcare staff trained at training institutes including National Institute of Health Sciences (NIHS) in Kalutara and private sector education/training institutes.
3. **Establish Feedback and Grievance Mechanisms:** Implement a feedback and grievance mechanism at each healthcare institution to allow patients to express their concerns or complaints, ensuring that responses and necessary interventions are communicated back to the patients.
4. **Conduct Social Audits:** Perform social audits to evaluate and improve the responsiveness and quality of healthcare services.

#### 5. GOVERNANCE AND MANAGEMENT ISSUES INCLUDING HRH

1. **Engage with Public and Community:** Develop effective mechanisms to involve the public and community in policy formulation and management of healthcare institutions.
2. **Modernize Management Systems:** Update job descriptions, skill sets, performance appraisals, and indicators to reflect modern management practices and enhance accountability.

3. **Establish Clinical and Institutional Audits:** Implement clinical audits at all levels and institutional audits to assess performance and ensure accountability.
4. **Annual Reports:** Require each institution to produce an annual report, including specific parameters, to enhance transparency and accountability.
5. **Public Involvement in Management:** Collaborate with the public in the management committees of healthcare institutions; hold mandatory staff meetings for designated categories of employees.
6. **Ward and Clinic Reviews:** Conduct death reviews in selected cases, hold multidisciplinary team (MDT) meetings, and organize regular ward meetings to improve clinical outcomes.
7. **Administrator Audits:** Perform audits of healthcare administrators to ensure effective management practices.
8. **Link Clinical Audits to Research Allowances:** Connect clinical audits to the eligibility for research allowances to encourage participation and improve clinical standards.
9. **Accreditation and Revalidation:** Implement accreditation and revalidation processes for individual clinicians and other health professionals to maintain high standards of care.
10. **Address Human Resources for Health (HRH) Crisis:** Develop projections of demand and supply for the health workforce to meet medium and long-term service needs.
  - a) Increase the bond payment for health professionals who leave, reduce the waiting period for internships, streamline internship appointments, and allow medical officers to enter postgraduate programs soon after internships.
  - b) Establish an effective organizational structure for HRH management in the Ministry of Health.
  - c) Develop an occupational directorate dedicated to health issues of the workforce in the health sector.