



Multi-sectoral collaboration vital for to achieve universal health coverage

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The infographic is divided into two main sections. The left section features a central circle labeled '4Ds of Health Transitions' surrounded by four categories: 'Disease burden shifts' (with icons of a brain, heart, and lungs), 'Demographic change' (with icons of a family and a person), 'Domestic finance shifts' (with icons of a bar chart and a building), and 'Donor transitions' (with a map icon). The right section is a dark blue vertical banner with the following text and logos: 'IPS INSTITUTE OF POLICY STUDIES OF SRI LANKA', 'Sri Lanka Medical Association Serving the Profession - Serving the Nation', 'THE CENTER FOR POLICY IMPACT IN GLOBAL HEALTH', and 'Virtual Policy Dialogue 25 August 2021'.



The Institute of Policy Studies of Sri Lanka (IPS) with the Sri Lanka Medical Association (SLMA) and the Center for Policy Impact in Global Health (CPIGH) of the Duke University, USA organised a virtual policy dialogue on 'Planning for Universal Health Coverage amidst the 4Ds of Health Transitions' recently.

The dialogue was structured around a recent IPS study aimed at understanding how government, donors and key country stakeholders in the health sector perceive these transition challenges and their impact on the progress towards UHC, where they see the biggest gaps emerging, and what action can help to address these challenges and gaps.

Health sector experts who spoke at the Dialogue flagged the need for multi-sectoral collaboration to achieve universal health coverage (UHC) in Sri Lanka.

Director of Research, IPS, Dr. Nisha Arunatilake said there are four major, inter-linked transitions in diseases, demography, development assistance for health and domestic health financing – the '4Ds' of global health transition – that complicate Sri Lanka's efforts to achieve UHC. The associated challenges of these have been worsened by the COVID-19 pandemic. In this context, IPS and Duke University have conducted research that brings into focus the importance of achieving UHC and the sustainable development goals (SDGs).

President, SLMA, Padma Gunaratne reflected on some of the achievements of the national health system including increased life expectancy and quality of healthcare. She said that while these achievements are commendable, inequities and inefficiencies in healthcare continue to persist and a meaningful dialogue on planning for UHC is most timely.

Deputy Director-General, Planning, Ministry of Health Dr. S. Sridharan said donor support for the health sector is declining. Meanwhile, there is rising demand for health services, an ageing population, and inadequate domestic financing for health.

He recommended seven steps to address the challenges: (1) strengthening community response systems; (2) supporting reproductive health – adolescence, maternity and new-born health; (3) supporting platforms for integrated service delivery; (4) strengthening country population and supply chain; (5) investing in human resources (HR) for health and data systems for health; (6) strengthening and aligning national and global strategies; and (7) strengthening financial management and oversight.

Policy Associate, Duke University, Ipchita Bharali, provided the audience with evidence on health transitions in an international context. She stated that many Middle-Income Countries (MICs) are expected to transition away from concessional multilateral and bilateral development assistance soon. However, they still face several health sector challenges such as high mortality rates, weak health systems, and large pockets of poverty in the countries. These challenges are intensified with the onset of the Covid-19 pandemic.

Session 1: Knowledge gaps and opportunities

Research Economist, IPS, Ashani Abayasekara presented a summary of the study findings identifying the knowledge gaps. One of the findings highlighted was the rising burden of NCDs, as there was an acute focus on curing such illnesses by only considering drugs as the solution and understanding them as disease issues and not health issues. Prominence was also given to the gender disparities regarding NCDs.

Lack of detailed and accurate data, poor research and development (R&D), and knowledge dissemination were some of the many gaps that were further identified as areas that needed immediate action.



Deputy Director-General (Public Health Services II), Ministry of Health, Dr Susie Perera said that one of the ways of alleviating the gaps is by targetted investments and incentivising stakeholders to conduct proper R&D, data collection, and knowledge dissemination. She noted that Sri Lanka has had many opportunities to strengthen its primary health and education systems with donor support, both of which are relevant to reduce the NCD burden. “A whole of government, multi-sector approach is needed,” she emphasised, adding that digital literacy needs to be fostered in the health sector, along with a culture of innovation.

Professor in Economics, University of Colombo, Prof. Amala De Silva, shared similar sentiments and said that NCDs have an indirect relationship with economic performance. She flagged the need for multidisciplinary studies and proper accountable agency in research activities to achieve UHC in Sri Lanka.

Capacity gaps and opportunities

Research Assistant, IPS, Thisali de Silva presented the findings of the study on the capacity gaps that hinder UHC in the country. Poor financial and HR capacity was found to be the notable gaps in Sri Lanka. Some of the financial capacity gaps included inefficiencies in financial allocation, and financial management issues to name but two. On the other hand, the lopsided distribution of medical professionals and the lack of engagement in the financial side of the health sector have made for concerning capacity gaps in labour.

First to give thoughts on the study was Head of Human Resource Department, Ministry of Health, Dr. Dileep de Silva. On the HR front, he said that the issue in the lopsided distribution of medical professionals was due to the low applicants especially when looking at nurses, therapists, midwives and PHIs. Furthermore, one of the major reasons for the financial capacity gaps is a result of the underutilisation of capital budgets for the health sector.

Senior Lecturer in Community Medicine, Sir John Kotelawala Defence University, Dr. Anuji Gamage identified healthcare migration as a problem driven by economic factors, unsatisfactory work environment, and professional career opportunities.

She stated that a way of solving the uneven distribution of labour is a mechanism that would assure safety, and this is particularly important in a time of a global pandemic. “It is important to use strategies to keep the workforce safe and improve their wellbeing,” she affirmed.

Policy gaps and opportunities

The frequent changes made to the number of ministries, reversal of implemented policies and several other implementation hurdles, especially at the provincial level were shown to be some of the major policy gaps identified through the study. Ashani Abayasekara highlighted several opportunities to focus amid all these gaps such as creating a knowledge hub, and collaboration and coordination with non-state sectors.

Past President, SLMA, Dr Ruvaiz Haniffa called for a grassroots level approach through family doctors and homecare.

“Too many people are currently missing out on health coverage in the primary preventive care sector. We have not put in policies in the primary curative sector,” he said, stressing that the need of the hour is to provide holistic primary curative care.

Past Chairman of the Finance Commission, Uditha Palihakkara said that the policy gaps are a result of low national budgets for the health sector as a whole.

Session 2: Reflections from development partners, private sector, academia and civil society.

Based on the study, Dr Deepika Attygalle, Senior Health Specialist, World Bank and Ms Shiranthi Rathnayake, Additional Director General, Department of National Planning asserted that multi-sectoral collaboration is vital for Sri Lanka’s goal of achieving UHC of which, collaboration between the finance and medical sectors is particularly important. Dr Olivia Nieveras, Public Health Administrator, World Health Organization spoke about how donors should be more agile in their activities. Additional Director-General, Department of External Resources, Sampath Manthreenayake said that there should be a collective system for better results on donor financing.

The Q and A session was moderated by Dr. Nisha Arunatilake.

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