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Multi-sectoral collaboration vital for Sri Lanka to achieve Universal Health Coverage

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The infographic features a central circle labeled '4Ds of Health Transitions'. Surrounding it are four quadrants: 'Disease burden shifts' (with icons of a virus, heart, and lungs), 'Demographic change' (with icons of a person and a bar chart), 'Domestic finance shifts' (with icons of a bar chart, person, and building), and 'Donor transitions' (with a map icon). To the right of the infographic is a dark blue vertical banner with logos for the Institute of Policy Studies of Sri Lanka (IPS), Sri Lanka Medical Association (SLMA), and The Center for Policy Impact in Global Health (CPIGH). The banner text reads: 'Virtual Policy Dialogue 25 August 2021'.



The Institute of Policy Studies of Sri Lanka (IPS) together with the Sri Lanka Medical Association (SLMA) and the Center for Policy Impact in Global Health (CPIGH) of



University, USA organised a virtual policy dialogue on ‘Planning for Universal Health amidst the 4Ds of Health Transitions’ on 25 August 2021. 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 progress towards UHC, where they see the biggest gaps emerging, and what actions are needed to address these challenges and gaps.

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

Commencing the discussion, Dr Nisha Arunatilake, Director of Research, IPS explained that there are four major, inter-linked transitions in diseases, demography, development and health financing – the “4Ds” of global health transition – which complicate Sri Lanka’s efforts to achieve UHC. The associated challenges of these transitions are 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).

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

Delivering the keynote address thereafter, Dr S Sridharan, Deputy Director-General (Planning), Ministry of Health pointed out that 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 these challenges: (1) strengthening community response systems; (2) supporting reproductive health – adolescence, maternity and new-born health; (3) supporting platforms for service delivery; (4) strengthening country population and supply chain; (5) investing in human resources (HR) for health and data systems for health; (6) strengthening national and global strategies; and (7) strengthening financial management and operations.

The next speaker, Ipchita Bharali, Policy Associate, Duke University provided the context with evidence on health transitions in an international context. She stated that middle Income Countries (MICs) are expected to transition away from concessional multi-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 rural areas. These challenges are intensified with the onset of the COVID-19 pandemic.

Session 1: Knowledge, capacity, and policy gaps that hinder UHC progress in Sri Lanka context of the 4Ds of health transitions and potential opportunities to tackle these

Knowledge gaps and opportunities

Ashani Abayasekara, Research Economist, IPS presented a summary of the study for 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 drug solution and understanding them as disease issues and not health issues. Prominent given to the gender disparities regarding NCDs. Lack of detailed and accurate data research and development (R&D), and knowledge dissemination were some of the that were further identified as areas that needed immediate action.

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

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

Capacity gaps and opportunities

Thisali de Silva, Research Assistant, IPS 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 notable gaps in Sri Lanka. Some of the financial capacity gaps included inefficient 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 workforce of the health sector have made for concerning capacity gaps in labour.

First to give thoughts on the study was Dr Dileep de Silva, Head of Human Resources Department, Ministry of Health. On the HR front, he explained that the issue in the distribution of medical professionals was due to the low applicants especially when

nurses, therapists, midwives and PHIs. Furthermore, one of the major reasons for capacity gaps is a result of the underutilisation of capital budgets for the health sector.

Dr Anuji Gamage, Senior Lecturer in Community Medicine, Sir John Kotelawala Dental University identified healthcare migration as a problem driven by economic factors, unsatisfactory work environment, and professional career opportunities. She stated that solving the uneven distribution of labour is a mechanism that would assure safety and 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 strengthening coordination with non-state sectors.

Dr Ruvaiz Haniffa, Past President, SLMA in his reflections, called for a grassroots approach through family doctors and homecare. “Too many people are currently relying 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 better primary curative care. Uditha Palihakkara (Past Chairman of the Finance Commission) speaking in his personal capacity, expressed the view that the policy gaps are a result of insufficient national budgets to the health sector as a whole.

Session 2: Multi-sectoral collaboration for Sri Lanka’s health systems – reflections on development partners, private sector, academia and civil society.

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

Way Forward

Moderated by Dr Nisha Arunatilake, a fruitful question and answer session took place. Several important questions raised from participants around the world. The process wrapped up with an iteration on the need for a strong primary curative healthcare system and multi-sectoral collaborations as the way forward.

Link to original blog: <https://www.ips.lk/talkingeconomics/2021/08/27/multi-sectoral-collaboration-vital-for-sri-lanka-to-achieve-universal-health-coverage/>

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