



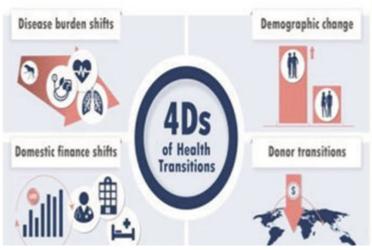
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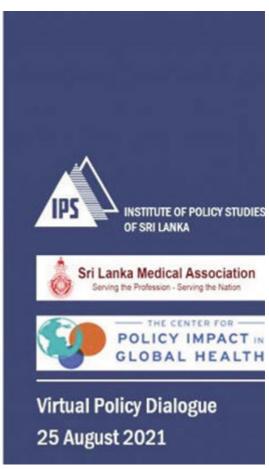
**BUSINESS** 

# Multi-sectoral collaboration vital Lanka to achieve Universal Healt

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# Planning for Universal Health Coverage amidst the 4Ds of Health Transitions





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















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 expla there are four major, inter-linked transitions in diseases, demography, developme for health and domestic health financing – the "4Ds" of global health transition – complicate Sri Lanka's efforts to achieve UHC. The associated challenges of these worsened by the COVID-19 pandemic. In this context, IPS and Duke University ha research that brings into focus the importance of achieving UHC and the sustainal development goals (SDGs).

Speaking next, Dr Padma Gunaratne, President, SLMA reflected on some of the ac of the national health system including increased life expectancy and quality of he She noted that while these achievements are commendable, inequities and ineffic healthcare continue to persist and a meaningful dialogue on planning for UHC is 1

Delivering the keynote address thereafter, Dr S Sridharan, Deputy Director-Genera (Planning), Ministry of Health pointed out that donor support for the health secto declining. Meanwhile, there is rising demand for health services, an ageing popula inadequate domestic financing for health. He recommended seven steps to addres challenges: (1) strengthening community response systems; (2) supporting reproc health – adolescence, maternity and new-born health; (3) supporting platforms fc service delivery; (4) strengthening country population and supply chain; (5) inves human resources (HR) for health and data systems for health; (6) strengthening at national and global strategies; and (7) strengthening financial management and o

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

Session 1: Knowledge, capacity, and policy gaps that hinder UHC progress in Sri Lacontext 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 f identifying the knowledge gaps. One of the findings highlighted was the rising but NCDs, as there was an acute focus on curing such illnesses by only considering drusolution and understanding them as disease issues and not health issues. Promine 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 Freflections explained that one of the ways of alleviating the gaps is by targetted in and incentivising stakeholders to conduct proper R&D, data collection, and knowl dissemination. She noted that Sri Lanka has had many opportunities to strengther health and education systems with donor support, both of which are relevant to re NCD burden. "A whole of government, multi-sector approach is needed," she emp adding that digital literacy needs to be fostered in the health sector, along with a cinnovation.

Prof. Amala De Silva, Professor in Economics, University of Colombo shared similar sentiments and noted that NCDs have an indirect relationship with economic perf. 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 gaps that hinder UHC in the country. Poor financial and HR capacity was found to notable gaps in Sri Lanka. Some of the financial capacity gaps included inefficienc financial allocation, and financial management issues to name but two. On the otl lopsided distribution of medical professionals and the lack of engagement in the f 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 Resourd 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 whe 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 se

Dr Anuji Gamage, Senior Lecturer in Community Medicine, Sir John Kotelawala De University identified healthcare migration as a problem driven by economic factor unsatisfactory work environment, and professional career opportunities. She state of solving the uneven distribution of labour is a mechanism that would assure safe is particularly important in a time of a global pandemic. "It is important to use str 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 several other implementation hurdles, especially at the provincial level were show of the major policy gaps identified through the study. Ashani Abayasekara highlig opportunities to focus amid all these gaps such as creating a knowledge hub, and and 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 r on health coverage in the primary preventive care sector. We have not put in polic primary curative sector," he said stressing that the need of the hour is to provide I primary curative care. Uditha Palihakkara (Past Chairman of the Finance Commiss speaking in his personal capacity, expressed the view that the policy gaps are a resultional budgets to the health sector as a whole.

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

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

## Way Forward

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

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

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