

Reforming for better Primary care in economic crisis situation

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People-centered comprehensive primary care to all was the underlying strategy in the policy for health care delivery for Universal health coverage in 2018. Since then major reforms were envisaged through technical support from WHO and also financial support from ADB and the WB. Project mode approaches were adopted, with the intention of being aligned with Primary care strengthening goals stated in the policy.

Repurposing of project funds during the COVID 19 pandemic, which is to support other medicinal supplies in the economic downturn, makes Sri Lanka move further away from the envisaged reforms to establish person-centered, comprehensive and continuity of care that can be accessed at the primary care level. The Shared care cluster model for re-organizing is doable through both projects as interventions can be aligned with the cluster concept, which utilizes the existing service structure optimally. COVID-19 response in Sri Lanka was an opportunity missed to initially continue to attract patients to their closest health facility, instead patients were

hospitalized at a higher-level facility and taken to distant places for isolation. As the response matured and the numbers increased, home-based care was adopted through doctors on call who were virtually present and supported by the community health staff when follow up was needed. The 960 primary care health facilities could have provided a system, linking people to their closest health facility to home. Primary care strengthening is still valid as a cost-effective health care reform in the economic crisis. It needs essential primary health care package to be redefined, rational human resource planning, competencies for family medicine, management reforms to ensure accountability, robust data management and preservation of the existing community health services, retooling to ensure proper integration at the primary care level the vertical run national programs, support of the specialists to provide rational continuity of care for patients. The presentation explores the different health systems' operational policies that must converge to support the overall policy for primary care strengthening.