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Holistic Approach in Strengthening of Primary Health Care Service

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Abstract

Sri Lanka is currently facing a demographic and epidemiological transition, which includes the rising burden of non-communicable diseases (NCD), immerging, and re-emerging of communicable diseases. Further, Population ageing in Sri Lanka is accelerating at a faster rate than in other South Asian countries. Primary Health Care, often abbreviated as 'PHC', has been defined by World Health Organization as "an approach that in whole society that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment". Currently, there is a dichotomy in PHC as preventive and curative aspects.

Reversing the service utilization pattern would likely yield substantial efficiency gains that maximize the benefit of existing resources as well as maximal utilization of higher-level institution for needy critical patients, while changing PHC as popular first contact points closure to their homes providing comprehensive care package. The Key Result Areas are Strengthening Primary Health Care Service with reforms, Empowering individuals, families and communities, and Facilitating broader determinants of health. The Strategic Objectives are to meet people's health needs throughout their lives; promotive, preventive, curative, rehabilitation and palliative care ensuring availability, coverage, affordability and equitable access to quality health services with appropriate technology and facilities through a team of well-trained staff in adequate number. (Equitable distribution of health care with appropriate technology and developed Health workforce), To empower individuals, families and communities to take charge of their own health through community awareness and participation (Community participation and community engagement), and to address the broader determinants of health through Multisectoral policy and action ensuring the quality of available basic needs of citizens (Multi-sectoral approach). A strategic framework was designed based on above objectives.

Keywords: Primary Health Care, Strategic Framework, Health System Improvement

Background

Sri Lanka is currently facing a demographic and epidemiological transition, which brings with it a new set of health challenges including the rising burden of non-communicable diseases (NCD), immerging, and re-emerging of communicable diseases. Further, Population ageing in Sri Lanka is accelerating at a faster rate than in other South Asian countries. The proportion of Sri Lankans above the age of 60 years will double by 2040, accounting for one-fourth of the total population of the country. This rapidly ageing population in the country and the growing burden of NCDs will

increase the demand for long-term care that requires more resources from the health system.

The COVID-19 pandemic, which created a profound impact not only on healthcare but also on the country's economy, has affected national healthcare priorities. The COVID-19 period shows the value of PHC to amplify preparedness in dealing even with future surges while maintaining the capacity to continue routine health care services within a constrained resource environment. Within such a context, having a robust primary health care system, which ensures universal health coverage would be an invaluable advantage for a country like Sri Lanka facing a 'dual pressure': to strengthen pandemic preparedness and also to meet the growing health care demand for NCDs in an ageing population.

In 2017, the government health expenditure was LKR 218 billion (USD 1.43 billion) or 1.62 per cent of the GDP. The level of public financing for health has remained virtually unchanged for many years and out-of-pocket (OOP) payments have dominated health financing. It has become critical for Sri Lanka to secure adequate resources for health care, which caters to the demand of managing routines as well as managing pandemic preparedness and the growing demand for emerging Communicable Diseases (CDs) and Non-Communicable Diseases (NCDs). A more promising approach should be implement within the current public health financing framework through more efficient use of available resources to overcome challenges facing. The aim of this work is to identify a sound comprehensive action framework with suitable strategies.

Primary Care and Primary Health Care

WHO defines, as "Primary care is a model of care that supports first-contact, accessible, continuous, comprehensive, and coordinated person-focused care. It aims to optimize population health and reduce disparities across the population by ensuring that subgroups have equal access to services. There are five core functions of primary care:

- First contact accessibility creates a strategic entry point for and improves access to health services.
- Continuity promotes the development of long-term personal relationships between a person and a health professional or a team of providers.
- Comprehensiveness ensures that a diverse range of promotive, protective, preventive, curative, rehabilitative, and palliative services are provided.
- Coordination organizes services and care across levels of the health system and over time.
- People-centred care ensures that people have the education and support needed to make decisions and participate in their own care" [1].

"Primary care is a key process in a health system that provides promotive, protective, preventive, curative, rehabilitative, and palliative services throughout the life course. Primary health care (PHC) is a broader whole-of-society approach with three components: (a) primary care and essential public health functions as a core of integrated health services; (b) Multisectoral policy and action; and (c) empowered people and communities" [1].

Primary Health Care

Primary Health Care, often abbreviated as 'PHC', has been defined by World Health

Organization as “an approach that in whole society that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment” [2]. Primary Health Care (PHC) ensures people receive quality comprehensive care that ranges from promotion and prevention to treatment, rehabilitation and palliative care, which is closely feasible to people’s everyday environment [2]. PHC addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing. It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases [2]. This means PHC is not only helping an individual after being diagnosed with a disease or disorder, but actively prevents such issues by understanding the individual as a whole including lifestyle and environment.

PHC provides “essential health care based on practical, scientifically sound and socially acceptable methods and technology, making universal health care accessible to all individuals and families in the community through their full participation and at an affordable cost to the community and the country to maintain at every stage of their development in the spirit of self-reliance and self-determination”. In other words, “Primary Health care is an approach to health beyond the traditional health care system with basic level of health care that includes promotion of health, early diagnosis of disease or disability and prevention of them, attending for any emergency and sickness as the first contact as well as the follow up of basic ailments and palliative care ensuring the availability, coverage, affordability and equitable access to health services as well as ensuring the quality of available basic needs of citizens in the particular area”.

Evolution of the Concept of PHC

This ideal model of health care was adopted in the declaration of the International Conference on Primary Health Care held in Alma Ata, Kazakhstan in 1978 (known as the "Alma Ata Declaration"), with basic principles including equitable accessible distribution of health care, community participation, Health workforce development, use of appropriate technology and multi-sectoral approach. It became a core concept of the World Health Organization's goal of Health for all with a view to tackling the "politically, socially and economically unacceptable" health inequalities in all countries.

Specifically, Alma-Ata Declaration has outlined eight essential components of PHC which were in cooperated into Sustainable Development Goals - 2030 announced by the UN and expected to be achieved in 2030: (1) Health education on prevailing health problems and the methods of preventing and controlling them; (2) Nutritional promotion including food supply; (3) Supply of adequate safe water and sanitation; (4) Maternal and child health care; (5) Immunization against major infectious diseases; (6) Prevention and control of locally endemic diseases; (7) Appropriate treatment of common diseases and injuries; and (8) Provision of essential drugs. Health and wellbeing is one of the 17 SDGs and PHC is one way to achieve that goal.

The ultimate goal of primary health care is better health for all. The WHO has identified five key elements to achieving that goal:

- Reducing exclusion and social disparities in health (universal coverage reforms);
- Organizing health services around people's needs and expectations (service delivery reforms);
- Integrating health into all sectors (public policy reforms);
- Pursuing collaborative models of policy dialogue (leadership reforms)
- Increasing stakeholder participation.

Behind these elements lies a series of basic principles identified in the Alma Ata Declaration that should be formulated in national policies in order to launch and sustain PHC as part of a comprehensive health system and in coordination with other sectors achieve empowering people and communities, multisectoral policy and action; and primary care and essential public health functions as the core of integrated health services:

- Equitable distribution of health care – Services for main health problems in a community must be provided equally to all individuals irrespective of their gender, age, caste, colour, urban/rural location and social class.
- Community participation – Community participation was considered in order to make the fullest use of local, national and other available resources.
- Health workforce development – Adequate number of well-trained staff as a team with proper distribution
- Appropriate technology – Use of accessible, affordable, feasible medical technology which is culturally acceptable to the community;
- Multi-sectoral approach – In promoting the health and self-reliance of communities, the contribution of other sectors is equally important. Such as: social services, agriculture (e.g., organic farming, food security); education; communication (e.g., concerning prevailing health problems and the methods of preventing and controlling them); housing; public works (e.g., ensuring an adequate supply of safe water and basic sanitation); rural development; industry; community voluntary organizations

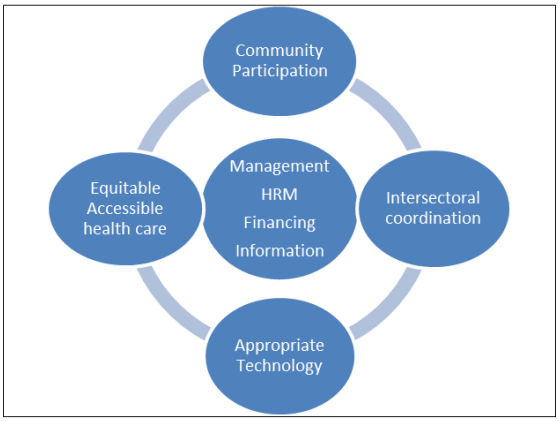

Figure 1: Pillars of Primary Health Care

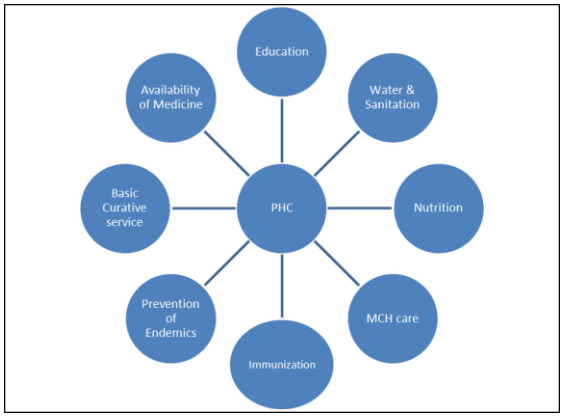

Figure 2: Primary Health Care within Sri Lankan Health System

Primary Health Care within Sri Lankan Health System

The Sri Lankan health system is structured with Western, Traditional, Ayurvedic,

Unani, Siddha, Homeopathy and Acupuncture which are different systems of medicine. Western or Allopathic medicine is the leading sector catering to the needs of the majority of the population and provided through both public and the private sector. Allopathic system which is the main component in Government / public sector has main dichotomies; the community / preventive health services focusing mainly on promotive and preventive health and the curative care services ranging from non-specialized primary care services (Divisional Hospitals and Primary Medical Care Unit) to specialized care (Base Hospital, District General Hospital, Provincial General Hospital, Teaching Hospital and Specializes Hospitals) delivered through a variety of hospitals.

Sri Lanka has 9 Provinces, 25 Districts and 331 Divisional Secretary Areas for administrative purpose and the provincial administration is vested in the Provincial Councils (Ministry of Health Sri Lanka, 2020). The government health system partially decentralized to Provincial Councils since 1989 and almost all the Divisional Hospitals and Primary Medical Care Units and some specialized hospitals are governed by the provincial health authorities. Provincial Health Authorities is also responsible for managing Preventive / Community Health Service which is organized into health units as Medical Officer of Health (MOH) areas (356) headed by a Medical Officer of Health supported by field public health staff of Public Health Nursing Sister, Public Health Inspector, Supervising Public Health Midwife, Public Health Midwife and responsible for a defined population; approximately 60,000.

Current Structure of PHC in Sri Lanka

Currently, there is a dichotomy in PHC as preventive and curative aspects. It is provided through two well established network of institutions; preventive care through network of preventive institutions manned by Medical Officer of Health (MOH) and curative care through network of curative institutions in various categories: Divisional Hospital -Type A, B, C and Primary Medical Care Unit (PMCUs) under direct administration of Regional

Table 1: Distribution of healthcare institutions according to the system and category

Care System	Mode of Service Provision	Administrative Setting	Service Category				
			Curative			Preventive	
			PHC	SC	TC	Programmes	MOH Office
Allopathic (Western)	Public	Central Ministry	11	7	42	18	--
		Provincial Ministry	1,017	73	11		356
	Private	Almost independent Supervised by (PHSRA) Regulatory Authority under Line Ministry	446				

Source Planning Unit, Ministry of Health, 2022 & Private Health Services Regulatory Council, 2022

Primary Health Care (PHC) – Primary Medical Care Unit, Divisional Hospital-Type A, B & C
Secondary Care (SC) – Base Hospital-Type A & B
Tertiary Care (TC) – District General Hospital, Provincial General Hospital, Teaching Hospital, National Hospital

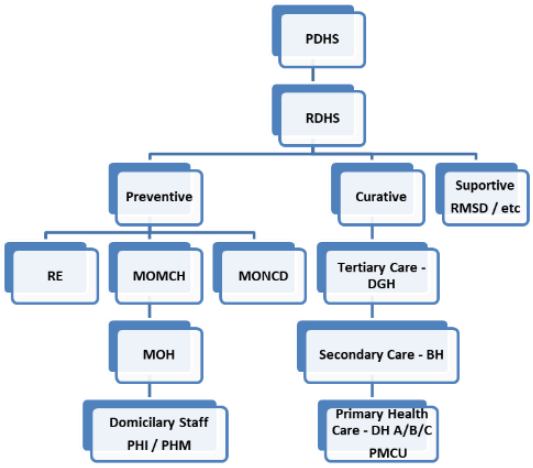

Figure 3: Organization of Provincial Health Sector

Director of Health Service (RDHS) in provincial health service with assistance of relevant other authorities. Preventive Healthcare network highly contributes for preventive aspects of many programmes with available limited resources, but curative care institution network is unsatisfactorily underutilized.

Availability, Accessibility and Coverage

Access to government health services from Households on average, 2.5 kilometres to a maternity clinic, 4 kilometres to a government dispensary, and 6.5 kilometres to a hospital and 93 per cent of the population has access to a hospital within 15 kilometres (3). It is estimated that out of the 21 million population 7 million receive inpatient care and over 57 million outpatient visits in the public sector (4).

Achievements

The crude birth rate is 15.2 per 1,000 population and the crude death rate in Sri Lanka is 6.2 per 1,000 population (5) and life expectancy at birth for female is 78.6 years and 72 years for males on the year 2011 – 2012 (Department of Census & Statistics Sri Lanka). Maternal Mortality Ratio (MMR) is 30.2 per 100,000 live births in 2020. Infant Mortality Rate (IMR) is 9.5 per 1,000 live births in 2021.

Table 2: Human Resource availability in Sri Lanka

Criteria	Total (as at 31.03.2022)	Ratio per 100,000 population
Consultants	2,621	12
MOs	20,200	94
DSs	1,864	9
NOs	41,051	190
Public Health Midwife	9,024	42
Pharmacists	2,064	09

Key challenges in strengthening PHC

According to a study done in qualitative methods with the participation of relevant stakeholder categories with objectives to identify gaps in the current system and obstacles / challenges in strengthening Primary Health Care especially revitalization of PHC curative care institution, following gaps/challenges in current service delivery at Primary Health Care level were identified and were suggested to be addressed with gradual

Table 3: Beds availability in healthcare institutions

Criteria	Total	Service Level		
		PHC	SC	TC
Beds	86,589	22,293	18,218	46,078

improvement through sound comprehensive a strategic framework.

Table 4: Financial commitment by government

Criteria	**Total**
Health expenditure in SL (2016)	LKR 463 Billion
% of the GDP	4
Per capita health expenditure	Rs 22,268

- The above information shows that the Sri Lankan health system has now achieved the coverage, availability and accessibility successfully through the dedication of the well-trained skilful staff. Now, the need is to improve quality and patient safety. The main obstacle is the overcrowding of Secondary Care and Tertiary Care health institutions.
- An assessment of the efficiency of the hospital sector conducted recently has revealed a severe overload of higher-level hospitals for conditions that could be managed at a lower level. This is partly due to the unique feature of the Sri Lankan health care system where patients can opt to bypass primary-level institutions and obtain services directly and freely from secondary and tertiary-level hospitals.
- Due to the demographic transition, the ageing population will be higher making more burden on Secondary and Tertiary Care.
- Need to reduce overcrowding at tertiary and secondary care centres while improving the services focused on patient-friendly nature and the care with responsiveness at all Primary health care institutions with available extended specialist cover (Revitalization of PHC institutions)
- Improving service to deliver 24/7 at all the rural care settings with a functional referral mechanism
- Changing the concept of managing the Episodic Care targeted towards patients and diseases, into Continuum of Family Care at primary curative and preventive services.
- Within the family Care clinic system, screen all empanelled families and registered into a national census and health database
- Develop emergency care service in PHC as the first contact of emergencies to get the maximum advantages in platinum ten minutes of the golden hour in management of emergencies with efficient transport service linked with efficient pre-hospital care service
- Strengthen solid health information management systems for planning and decision making as well as integrated patient care management
- Strengthen the preventive side of PHC in view of the promotion and prevention of diseases as well as for early detection by screening
- Strengthen coordination between the preventive and curative servers at primary institutional level which functioned very satisfactorily in the past
- Supervision and monitoring of care provision to improve quality of the service and patient/ public satisfaction

- Established a new suitable structure and system development; referral mechanism, satellite cluster system with facility sharing, transport networking etc
- Improving infrastructure, equipment and other facilities
- Developing the human resource in adequate numbers with proper knowledge, skills and attitudes

Primary Health Care as a Solution

Reversing the service utilization pattern would likely yield substantial efficiency gains that maximize the benefit of existing resources as well as maximal utilization of higher-level institution for needy critical patients, while changing PHC as popular first contact points closure to their homes providing comprehensive care package. The current trends in Sri Lanka is reduce Primary care utilization patterns that displayed in Figure 4. This has to be reversed as shown in the Figure 4, that is increase utilization of Primary Care services as a part of Primary Health Care improvement. This should be covered with

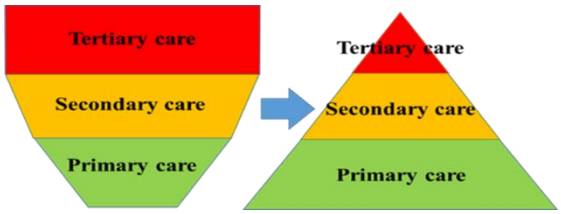

Figure 4: Reversing the service utilization

Source: Author (2023)

broader areas such as community participating and involvement and involvement of other sector that defines more on Primary Health Care rather than focusing only Primary Care services.

Coverage of Administrative and Policy Guidelines

According to the circular number, HPC/09/2018 dated 2020/03/03 by the Ministry of Health facilities and services deliveries to be available at the Primary Care Institutions have been defined. Facilities should be available at these institutions for the prevention and management of communicable diseases and non-communicable diseases as per the essential service package defined by the Ministry of Health [7].

Sri Lanka has had a sound primary healthcare approach since the mid-1920s (even before the Declaration of Alma-Ata in 1978). The country has made notable progress in key healthcare indicators and has been recognized as a star performer in the region especially due to the achievements in preventive aspects of Primary Health Care Service. While continuing such preventive activities, it has needed to improve curative care service in PHC with a focus to give solutions for unnecessary workload in Secondary Care and Tertiary Care institutions and reduce health costs while providing patient-centred care through PHC with patient satisfaction.

Improving health promotion and prevention, especially through community awareness and empowerment and early detection of diseased preventing complications which need heavy expenses as well as identifying high-risk groups for thorough follow up will reduce the burden on higher-level institutions in the health sector. All of these could be done at the Primary Care Level since the operational basis of almost all the programmes is at the Primary Care Level.

Table 5: Important relevant circulars related to Primary Health Care

Issued Date	Circular No	Circular Topic
2022.02.03	01-01/2022	Population Empanelment for Delivery of Primary Health Care to Achieve Universal Health Coverage.
2021.10.21	01-37/2021	Reorganization and strengthening of primary care service delivery at Apex Hospital
2020.03.03	01-18/2020	Facilities offered at different categories of Medical Care Institutions – 2020
2020.02.26	01-15/2020	Screening and follow up of the working population for non-communicable diseases
2019.03.07	01-18/2019	Reorganization and Strengthening of Primary Care Services Delivery System to Achieve Universal Health Coverage
2019.02.13	01-13/2019	Sustainable Development Goals (SDGs) related to health and target to be achieved by 2030
2019.01.22	01-06/2019	Implementation of Shared Care Clusters at District Level for Improvement of Service Delivery for Universal Health Coverage
2018.11.29	01-54/2018	Screening programme for Oral Potentially Malignant Disorders and early detection of Oral Cancer: Obtaining services of Public Health Midwives and Public Health Inspectors to identify and refer people at a higher risk for Oral Potentially Malignant Disorders and Oral cancer
2018.06.22	01-29/2018	Physical Space norm for Primary Health Care Facilities
2018.03.20	01-14/2018	Banning of betel quid chewing and selling of betel quid, tobacco and areca nut products in hospital premises and all other healthcare facilities
2017.05.16	01-24/2017	Taste Without Sugar
2016.08.02	01-41/2016	Strengthening actions on Alcohol control at community setting
2016.05.31	01-27/2016	Minimizing Plastic and Polythene Use in Healthcare Institutions
2016.05.20	01-24/2016	Guidelines on Introduction of Healthy Food Menus at Official Meetings

As Primary Health Care services are largely done at the provincial and district level, services should be well coordinated with the Ministry of Health in collaboration with the Ministry of Provincial Councils and Local Government. Similarly, it has to be well coordinated with other relevant ministries and authorities since other determinants of health which need to provide successful Universal Health Care are operated under their purview in the primary care setting. Hence, the need for strong advocacy for political interventions, rather than passive acceptance of economic conditions.

Considering the principles and the concept that Primary Health care is not a short-lived intervention, but an ongoing process of improving people's lives and alleviating the underlying socioeconomic conditions which contribute to poor health and hence to health and development, as well as primary care is the front door to health care, entry point into the health-care system which provides for basic everyday health needs, following changes and improvements of the system as a comprehensive care model with a holistic approach are proposed based on below three Key Result Areas and three Strategic Objectives. However, few strategies are already being tried to be implemented by the PHC strengthening projects in pilot areas, most of the innovative solutions proposed in this strategic framework or road map highlight how to reorganize the services at PHC and how to make it popularized.

Key Result Areas

- Strengthening Primary Health Care Service with reforms
- Empowering individuals, families and communities
- Facilitating broader determinants of health

Strategic Objectives

- To meet people's health needs throughout their lives; promotive, preventive, curative, rehabilitation and palliative care ensuring availability, coverage, affordability and equitable access to quality health services with appropriate technology and facilities through a team of well-trained staff in adequate number. (Equitable distribution of health care with appropriate technology and developed Health workforce)
- To empower individuals, families and communities to take charge of their own health through community awareness and participation. (Community participation and community engagement)
- To address the broader determinants of health through Multisectoral policy and action ensuring the quality of available basic needs of citizens (Multi-sectoral approach)

Based on the above strategic objective following strategic framework is proposed for Primary Health Care strengthening.

Strategic framework for Strengthening the Primary Health Care Service as a Holistic Approach

VISION

Best PHC model in South East Asia

MISSION

Optimally attained PHC strengthening programme through stakeholder dedication focusing on client satisfaction

GENERAL OBJECTIVE:

To strengthen Primary Health Care Service in a holistic and sustainable approach

Key Result Areas

- Strengthening PHC service with reforms
- Empowering individuals, families and communities
- Facilitating for broader determinants of health

STRATEGIC OBJECTIVES

- To strengthen and maintain Primary Health Care structure, system and processes addressing people's health needs in an efficient & effective way
- To strengthen measures to empower individuals, families and communities to take charge of their own health through community awareness and participation.
- To coordinate and facilitate addressing the broader determinants of health through multi-sectoral coordination

Strategic Objective 1.

To strengthen and maintain PHC structure, system and processes addressing people's health needs in an efficient & effective way

Strategies	Proposed Activities	Sub activities	Indicators
System improvement with restructuring / reorganizing	**Develop an integrated primary health care service under one shelter incorporating selected curative & preventive services with established referral systems**	Availability of services according to Essential Service package also including oral health, Maternal and Child Health (MCH) services + Family Planning + Immunization	
	Organizing as a cluster system (Shared Care Clusters)	Arranging clusters around Apex hospitals sharing facilities	

	Completing population empanelment process	Registration of empanelled catering population in a Health database with unique PIN number suitably with details of census database	
	Developing all the PMCIs with minimum requirement of facilities (address 6 building blocks of health system in activity plan)	Upgrade all Divisional Hospitals into equal standard with infrastructure and equipment necessary to implement Sri Lanka Essential Service Package	
		Establishing HLC in all PHC institutions for Screening + Health promotion + Counseling and awareness on acute and chronic NCDs + follow up of high risk groups + Screening for diseases relevant to other programmes even	
		Develop a mechanism to make available all necessary drugs in all PHC institutions	
		Upgrading of laboratories at apex hospital as the referral center for the satellite institutions and establishing satellite lab service covering all clusters	
		Ensuring availability of optimum HHR requirement all the service delivery points	

	Developing a forward and backward referral system		
	Organizing a new mechanism to establish step down divisional hospitals		
	Extended Specialist services through visiting clinics or e-consultation (through Tele Medicine consultation)	Arranging visiting clinics / visiting surgeries	
		Establishing Tele medicine / Tele consultation mechanism integrating PHC institutions and SC / TC institutions	
Strengthen PHC for prevention and early detection of chronic NCDs including the services provided at Healthy Lifestyle Clinics and Well Women Clinics	Introducing a regular system of screening the target population considering all the possible risk factors (Especially through screening of empanelled families to Family Medical Clinics)	Screening & identifying diseased and high-risk groups Age /M/F/including other risk factors Screening as a package in all preventive care and curative care (in both HLCs & WWC)	
		Screening as a package for clinical conditions of all programs + Nutrition	
		Screening all the eligible mothers for pre and post pregnancy for NCDs	

	Establishing a proper referral system and centres at SC / TC institutions for newly identified patients		
Establish comprehensive Family Medical Care Services with a holistic patient centred approach	Establishing Family Clinic set up for OPD patient care management with proper referral mechanism	Establishing Family Medical Clinic set up in all PHC institutions	
		Establish proper referral mechanism from primary care (DHs and PMCUs) to specialized care providing priority for referrals	
		Refer back by high centres long term follow up patients to FM clinics at DHs and PMCUs	
	Reorganizing OPDs to FM clinics at DHs & PMCUs	Appointing Consultant FM physicians to all Apex referral hospitals	
		Strengthen with more facilities such as investigative in apex of satellite cluster as the referral centre for the satellite family clinics	
		Establish referral centers for PHC level at DH type A, for referrals from FM clinics, WWCs and HLCs etc.	
		Implementing a Family Medical Record system in order to ensure the continuity of the care	

		Make available all necessary needed drugs / investigation facilities / transport facilities	
	Initiating CPD / training programs for the all MOO for family medicine at OPD		
	Monitoring and supervision by FM physicians	FM Physicians will visit and supervise all satellite FM clinics in the draining area	
	Establish home visits to patients in Community based rehabilitation programme (CVA, Elderly etc.)		
	Arranging consultant service	Through attached FM consultants	
		Through visiting clinics / tele medicine consultation from other specialties from higher centres	

Establish integrated oral health service in PHC	**Strengthen oral health service including preventive, curative and rehabilitative aspects**	Improve facilities of al PHC institutions linking specially with school oral health units	
		Awareness programmes in schools	
Establish community mental health service	**Strengthen integrated mental health service**	Develop network from the consultant in apex hospital and Mental Health MOs extending service to community	
		Awareness programme for public on available service	
		Strengthen the hot line service further	
Strengthen integrated emergency care management in PHC level across the country as first contact point linked with efficient prehospital care service	Analyze the current situation and identify gaps	Conduct a survey to identify the gaps in each level / institution with special focus to PHC level based on A&E policy and guidelines	

	Strengthen ETUs (Level VI A&E units) in all PMCIs (DHs and PMCUs) and to develop as first contact points linking with main hospitals as its draining satellite centers	Establish well equipped level 4 A&E unit (Emergency Room (ER) - in all PHC institutions with trained staff by EM Physicians in TC /SC level	
		Necessary infrastructure improvements and provision of necessary equipment according to the identified gaps	
		Ensure availability of all needed equipment for A&E management	
	Establishment of a communication mechanism between Consultant Emergency Physicians in apex hospital and the primary care institutions for efficient & effective A&E care management	Link through online Tele consultation mechanism	
		Developing a well-recognized grading system of emergencies with relevant colleges	
		Introducing alert mechanism for transfers (prior informed referral mechanism to high centre)	

	Capacity building of teams engaged in A&E care	Make arrangement with main hospitals (Director & consultants) to organize training programmes for PHC staff (MOs & NOs) on A&E and Critical Care - Local (in house and distant) & foreign	
	Re organizing Ambulance services for efficient pre hospital care with competent staff members	Strengthening pre hospital care service covering all areas with Suwasariya and linking all DHs with Suwasariya	
		Strengthen efficient ambulance service through e-trafficking system networking of Ambulances in PHC level	
	Empower communities on First-Aid and Basic Life Support	Conducting awareness programme for school and work settings	
		Strengthening School health clubs	

Establish effective coordination mechanisms to link institutional and domiciliary care services to provide curative, rehabilitative, and palliative care services at PHC level with a special attention to elderly care	Establishing a coordinating cell for community based rehabilitative and palliative care at each PMCI to ensure the optimum patient care prescribed by the discharging physician including domiciliary care		
	Introducing a capacity building program for target healthcare staff and caregivers to ensure that patients are receiving the expected care at domiciliary level		
	Linking community based rehabilitative and palliative care service with FM clinics available at PHCIs	Nursing Home Care through institutional based Transit Wards / step down hospitals (Intermediate Care Service) and Day Care Centres linked with Home Nursing Care (Community Based Rehabilitation) programme assisted by Social Service Department and linked with FM clinics available at PHCIs	

Rearrange underutilized infrastructure for emerging service requirements	Converting underutilized wards as day treatment centres for needed care areas such as; Psychiatric, sub normal children etc.		
	Establishing step-down hospitals for patients with CVA etc. discharged from main hospitals due to limited availability of ward accomodation		
	Establishing a unit & a mechanism in apex hospitals for issuing of Medical Certificates for confirmation of government servants on appointment basis to prevent delays and inconvenience occurred at SC / TC		
	Extending MSMIS system to cover all apex hospitals for continuous supply of all essential drugs to PHC institution		
Implement a package of services to address the Primary Health Care needs in Estate Population	Development of Health Club to assist follow up and motivate people for public involvement and empowerment	Estate Community club co-headed by Estate Health Manager & area MOH. PHM, PHI, DMO / MOIC, DS, PHDT and other relevant non health stakeholders as core members Empowering EUH Unit with fixed budget	

	Develop a project to improve PHC in Estates	Conduct a survey to identify gaps Project planning and designing with analysed & identified needs	
		M & E plan with identified Health Indicators	
	Facility development based on identified gaps	Identify fund sources	
		Land / building, equipment or structure)	
		Transport method (Vehicles / Ambulance)	
		Drug Stores, Drug Review Information system (MSMIS)	
	Fulfil the identified necessary HRH gaps	Appointing, MOO/MOH, PHN/PHM / PHI/Dispensers based on cadre requirement	
		Alteration of service hours of health staff if needed?	
		Capacity building including language skills	

	Organize screening programmes	Screening programs for NCDs, cataract, anaemia, cancer etc.	
		Nutritional Screening and interventions	
		Occupational Environment Protection	
	Arrange a service friendly for estate population	Flexible working hours	
		Follow up mechanism	
		Efficient transport service	
		Visiting clinics	
Establish community paediatric services addressing special needs of children	Facilitating to establish Community Peadiatric Service with referral and follow up clinics	Type plans for clinics in each level with budget Infrastructure development for clinic facilities in each district and province Vehicle for visiting clinics with the team Allowance for visiting Arrange tele medicine facilities with higher centres	

	Coordination with relevant sectors	Coordination for funding and available resources (Social Service Department + NGO operated centers+ MCH village clinics / underutilized DHs)	
		Coordination with relevant authorities (Municipalities / Early Childhood Development Ministry)	
		Coordination with Education / Social Services and Local Government Authorities / Probation	
		Coordination with ETR and DDG (Admin)	

	Establish a registration mechanism for children with special needs	Develop a database	
	Recruit graduates and trained by Vocational Training Ministry for follow up clinics		
	Coordination and follow up by the service of Social Workers in the community		
Develop Environmental and Occupational health service needs in primary healthcare	Strengthening E&OH service in PHC	Register all occupational institutions at MOH	
		Appoint a health focal point and establish occupational health units in such insitutions	
		Screen all staff for health conditions; NCDs and other related conditions	
		Educate staff in health and occupational health prevention	
		Monitoring with reporting system	

	Laying down of standards / norms & procedures	Develop protocols and guidelines	
		Preparation of referral protocols, forms	
		Training curricula	
		Standards for follow up clinics	
		Service providing NGOs to be registered and accredited	
	Establish a monitoring mechanism	Supervisory visits	
		Periodic review based on indictors	
		Establishment of reporting mechanism	
	Social support (public / NGOs / Well-wishers / Development partners)		
	Awareness of relevant groups MOHs, PHMs, GSs, OPD MOs , General Practitioners, Pre school and primary teachers		
	Public awareness (social marketing campaign / material preparation		

Strengthen integrated comprehensive elderly care for all with assistance of relevant stakeholders	Establish coordinating mechanism in each MOH / AGA area	Establish Coordinating Committee in each MOH / AGA area to coordinate and monitor provision of elderly care Co-chaired by AGA & MOH including all stakeholders (Social Service Officer, Elderly Rights Promotion Officer, Chief PHI, SPHM, NSE representative, representatives from Hospitals and PMCUs, representatives from DS divisions, representatives from AGA office and RDHS office etc.	
	Establish information mechanism	Gather basic information of all elders (Database) through health and population database	
		Identify needs / requirements (estimated number of elders, number who require assistance, number who need assistive devices for mobility, vision and hearing etc.	

	Facilitate, coordinate & monitor provision of comprehensive integrated health, social and economic elderly care package	Access to assistive devices / Arrange assistive devices for mobility, vision, hearing via NSE and health sectors	
		Link with Civil Society Organizations, Disability Service Organization and well-wishers interested in providing Elderly care services and coordinate for funds	
		Reactivation of the Care giver Certificate and Diploma Level training Programs Mechanisms to have easier and faster access to all social and financial benefits provided by NSE	
	Strengthening the preventive and curative services for Elders in PHC institutions	Strengthening the preventive and curative services for Elders in PHC institutions as a package from established Family Medical Clinics in hospitals in the community via the Medical Officer of Health	

		Strengthening the community based and in-hospital screening services for elders through HLCs / WWCs for early detection of correctable health problems such as NCDs, cancers, mental health issues, musculoskeletal disorders etc. including vision & hearing	
		Creating a new counter for speedier services for disabled elders at existing clinics, in OPD and at Pharmacy	
		Ensuring conveniently accessible basic essential laboratory and other investigative services for elders	
		Facilitate to link secondary care services e.g. eye care, ENT care, stroke care etc) for required elders	

		Arranging day surgeries (Cataracts, Hernia etc)	
		Arrange higher quality mental health support if necessary	
		Arrange day centres for elderly at hospitals / Ayurvedic centers	
	Elderly friendly environment in institutions	Elderly friendly infrastructure improvement in all hospitals / institutions including DHs (with access to elder friendly toilets, walkways with side rails, ramps, well maintained walkways / corridors within the hospital for easier mobility, access to drinking water, access to adequate seating etc.)	
		Establish ‘Elderly Care Service Desk’ at each of the PMCUs and DHs and at MOH offices	

	Ensure availability of required staff	Reviewing gaps in Human Resource availability in hospitals and filling vacancies	
		Arrange training programs for relevant categories	
	Establish extended community health service for elders	Strengthening the health sector linkage with the Elders Clubs	
		Establish visiting clinics at village cetres	
		Establish services for nursing care at home	
		Assistance with area SSOs, ERPOs and Elders and vice versa	
		Facilitating the household delivery of required medicines for housebound/ disabled elders	

		Facilitating with the NSE officers for services provided for by NSE	
		Streamline elderly homes service and quality improvements in elderly homes through registration of elderly homes and establishing standards	
	Strengthen and standardize care giver training	Arrange care giver training programs for families of elders	
		Supporting families to find care providers for elders who require assistance	
	Educate and sensitize public on elderly needs and available services	Strengthening Pre-Retirement Preparation Awareness Program for elders in the formal and informal sectors to direct them for having self-fulfilling retirement life	
		Local area communication program to improve the awareness of elder care package of services	

		Community attitude promotion programme to promote extended family concept and to minimize elderly homes	
Expand and develop health workforce in PHC with relevant skill-mix for effective and efficient service delivery	Identifying human resource requirement at PHC level with skill -mix	Identify the cadre / norms for PHC level	
		Plan for the fulfilment of cadre / norm	
		Approval for new posts MO (HLC), Health Promotion Officer etc.	
	Managing the HHR according to the PHC requirement to achieve PHC objectives	Capacity building of existing PHC staff in regular basis Developing CPD programme for staff in PHC	
		Monitoring individual and group performances	
		Establishing a proper performance appraisal system	

Strengthen monitoring and supportive supervision of care provision at PHC level towards improving quality of service and client satisfaction	Establishing a robust reporting system with information flow and monitoring mechanism	Establish mechanism for new information flow & reporting mechanism flow based on identified indicators to assess the cost effective utilization of resources and assessment of performance	
		Strengthening **Supervision and Monitoring** based on indicators and advanced plan	
		Establish performance and facility evaluation database- Monitoring through the developed Health Net (Facility & Performance Data Base)	
		Monitored by District Intersectoral Coordination Committee	
	Develop and integrate a comprehensive MIS for PHC	Purchasing of IT devices and equipment as well as networking facilities	
		Regular training of HHR for smooth and efficient utilization and managing of the information	

Quality improvement in PHC through value addition	Establishing QA programme in PHC	Tangible improvements in PHC institutions	
		Conduction of periodic customer satisfaction surveys	
		Monitoring with quality indicators	
	Introduce a review mechanism to evaluate the level of achievements against targets considering quality improvements and client satisfaction	Set clinical and non-clinical indicators and standards to measure the performances based on the integrated care pathway	
		Make validated tools available to conduct surveys and audits	
	Introducing an new accreditation process to appraise the PHC services		
Effective utilization of PHC institutions for implementation of strategies of preventive programmes	Inter sectoral coordination & effective communication on objectives of programmes and targets	Organize Central – provincial dialog mechanism	
	Improve awareness of PHC staff on strategies of preventive programmes	Organize training programmes for PHC staff	
	Community awareness and empowerment through PHC institutions	Education programmes for the community through establishing village committees	
	Monitoring of programme activities	Reporting mechanism with developed common formats	

Strategic objective 2

To strengthen measures to empower individuals, families and communities to take charge of their own health through community awareness and participation

Strategies	**Proposed Activities**	**Sub activities**	**Indicators**
Empower individuals, families and communities to improve the awareness of their own health status	Establish counselling services for identified target groups (pre marriage, post marriage and retirement)	Establishing pre marriage and post marriage registration and counselling service	
		Establishing pre-retirement preparation counselling	
	Establish and arrange awareness materials	Fixing Billboards for community awareness	
		Educate & sensitize people on available health services such as disease screening, rehabilitative and palliative care as well as social / disability / elderly care services	

	Community empowerment through awareness	Strengthening Pre-Retirement Preparation Awareness Program for elders in the formal and informal sectors to direct them for having self-fulfilling retirement life	
		Local area communication program to improve the awareness of elder care package of services	
		Strengthening School health clubs	
		First-Aid and Basic Life Support awareness programme for school and work settings.	
		Motivation for organic farming, physical activity promotion	
		Cluster operated centrally monitored Hotline for inquiry and Grievance handling coupled with web based flat form for FAQ and Service information identification	
	Strengthening screening programmes in all setting to identify their health problems	Screening & identifying diseased and high risk groups to be regularly followed up institutionally as well as out reach clinics with assistance of volunteer organization + GS + Samurdi officer Screening as a package for all programmes + Nutrition	
		Organize awareness sessions in community, workplace & schools coupled with screening programmes (through community clubs) in order to educate & sensitize people on their health as well as importance of promotion and prevention	

	Strengthening rehabilitative and palliative care services at community level	Introducing a mechanism to identify and coordinate the services supposed to be delivered for the patients in need of rehabilitative and palliative care	
		Recruiting separate adequate cadre for rehabilitative and palliative care including physiotherapists and other staff	
		Training the health staff on palliative and rehabilitative care according to the planned community based services linking with Family Medical Clinics	
		Training the care givers to deliver expected rehabilitative and palliative services at community levels even family members if willing	

Strategic objective 3

To coordinate and facilitate to address the social determinants of health through multi-sectoral coordination

Strategies	**Proposed Activities**	**Sub activities**	**Indicators**
Strengthen coordination between the primary care curative institutions, MOH system and relevant divisional level non health stakeholders to ensure provision of preventive and curative service in the community	Issue instruction documents; circulars, guidelines…etc. to improve coordination		
	Facilitate for Integration between Preventive and Curative	Strengthening collaborative actions on public health issues through participation for monthly review staff meetings of MOH office by DMO of relevant cluster and vise versa	
	Introduce a review mechanism to assess the performances with the participation of all the stake holders including curative, palliative care services and other non-health services		

Establish Public Private Partnership for extension of services at PHC level	Identify the areas and opportunities to get involved in Public Private Partnership		
	Motivation and coordination of private sector hospitals, GPs and Ayurwedic sector for health promotion, awareness and screening activities		
Encourage the involvement of Civil Society Organization to support provision of services at PHC level	Identify the areas and opportunities to get involve the volunteer organizations		
	Motivation and coordination of Civil Society Organization, NGOs and other philanthropic organizations for support provision of services at PHC level		
Expand the involvement of Department of Social services in health promotional activities.	Facilitate the process of reorienting the health services		
	Absorb the areas defined in the public health policy. ➢ Giving possible supports in creating a supportive environment to implement the policy areas ➢ Strengthen community action. ➢ Develop personal skills		

Improving broader determinants of health through Multisectoral coordination	Advocacy and coordination with relevant sectors for policy and action ensuring the quality of available basic needs of citizens Water, Education, Agriculture, Local Governments, Housing, Road & Transport, nutrition, sanitation etc	Advocacy to introduce provision of basic primary care needs of people and health promotion into other sectoral policies and plans	
		Coordination & monitoring with other ministries for availability of quality basic needs of citizens	
Inter sectoral coordination for prevention of Communicable Diseases & NCD and Nutrition	Strengthening measures for food, water, **housing ,** household hygiene / **sanitation**		
	Strengthening measures for alerting & prevention of air pollution etc		
	Strengthening measures for improving Nutrition		

References

1. World Health Organization (WHO) International. Primary care [Internet]. [cited 2023 Sep 15]. Available from: https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/primary-care
2. WHO. Primary health care. 2021 [cited 2022 Jun 10]; Available from: https://www.who.int/news-room/fact-sheets/detail/primary-health-care
3. Smith O. Sri Lanka: Achieving Pro-Poor UHC Without Financial Reforms. Univers Heal Cover Study Ser [Internet]. 2018;(38):1–38. Available from: http://documents.worldbank.org/curated/en/138941516179080537/Sri-Lanka-Achieving-pro-poor-universal-health-coverage-without-health-financing-reforms
4. Ministry of Health Sri Lanka. ANNUAL HEALTH BULLETIN 2018 Ministry of Health [Internet]. 2020 [cited 2021 Feb 4]. Available from: www.health.gov.lk
5. Registrar General's Department Sri Lanka. Bulletin of Vital Statistics [Internet]. 2018 [cited 2021 Feb 19]. Available from: www.rgd.gov.lk
6. Department of Census & Statistics Sri Lanka. Life expectancy at specified ages by sex, 1971, 1981, 2001 and 2012 (Life Table) [Internet]. Department of Census & Statistics Sri Lanka; [cited 2021 Feb 19]. Available from: http://www.statistics.gov.lk/abstract2020/CHAP3
7. Ministry of Healthcare and Indigenous Medical Service. Facilities offered at different categories of Medical Care Institutions - 2020. Sri Lanka: Ministry of Health; 2020.