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Ministry of Health, Nutrition & Indigenous  
Medicine

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Provincial Secretaries of Health  
Provincial Directors of Health Services  
Regional Directors of Health Services  
Heads of all Health Institutions / Hospitals

### **Reorganization and Strengthening of Primary Care Service Delivery System to Achieve Universal Health Coverage**

Ministry of Health, Nutrition and Indigenous Medicine is committed to ensure operationalization of the Policy on Healthcare Delivery for Universal Health Coverage approved by the Government of Sri Lanka in 2018. The policy focuses on reorganizing and strengthening the primary curative healthcare (PHC) delivery system. The planned model of care will deliver the package of services identified in the Sri Lanka Essential Services Package (SLESP) for Primary Medical Care Institutions (PMCI). Primary Medical Care Units (PMCU), Divisional Hospitals (DH) and Out Patient Departments (OPD) of Base, District General, Provincial General and Teaching Hospitals other than special institutions are collectively referred to as PMCI for operational purposes. This would result in more equitable population coverage, with good quality people centred health care provided close to their homes and free at the point of delivery. Please note that the hospital categories given in the circular no.02-61/2005 on hospital re-categorization will remain in force.

#### **The objectives of the reorganization and strengthening of primary curative care services are to:**

- Achieve universal health coverage.
- Increase utilization of primary care services especially with a view to providing high quality continuing care closer to people's homes with special reference to Non Communicable Diseases.
- Minimize out of pocket expenditure, which has been increasing in recent years.

#### **The following have been identified as the priority steps in the reorganization of the primary healthcare delivery system:**

##### **1. Population Empanelment:**

One of the key elements of the reorganization is **population empanelment**. By definition **empanelment** is an ongoing and deliberate set of actions to **identify, register, and actively review and update data describing the group of people assigned to the primary healthcare facility**. A list of people assigned to a given healthcare facility is called a panel.

Thus effective empanelment has 3 components 1) identify, 2) register and 3) actively review and update panel data.

##### **1.1 Identify**

The identification of populations (GN divisions) assigned to every PMCI in the country and the referral institution for each PMCI has been carried out for the entire country based on the following principles:

- a) Empanelment of a population to PMCI is carried out within a district.
- b) The total population of a GN division would always be empanelled to a single PMCI.

- c) The population of a given GN division would be assigned to the closest institution based on travel times
- d) All levels of institutions within a district other than the specialized institutions (eg. children's hospitals, mental hospitals, hospitals for women, eye hospital, cancer hospitals etc.) are utilized for empanelment.

This process has linked every citizen to a healthcare institution in close proximity to his/her residence that has the primary responsibility for providing an identified package of curative care services.

Populations are assigned to all hospitals within a district other than special hospitals. As such, secondary and tertiary care institutions are expected to deliver the identified package of primary healthcare services for the empanelled population through their Out Patient Departments until further guidance.

The data on GN divisions assigned to an institution has been made available as map data and the attributes in the form of an excel sheet. The excel data sheets have been emailed to the provinces and districts. They have also been sent username and password necessary to access the online GIS system through the MoHNIM website (<http://www.health.gov.lk>).

The data would be circulated to all the provinces /districts on USB flash drives.

It is to be noted that although referral institutions are identified, the people will have the freedom to request or seek care at any institution of their choice.

## **1.2 Registration**

Registering the identified catchment population of each PMCI means that the group of healthcare providers assigned to the institution would be responsible for the health of their panel. It also ensures that the people get to know their PHC service providers and are familiar with the services provided, including laboratory and referral services.

All PNCIs are expected to prepare and maintain a list of households and householders who live in their catchment area.

The issue of a unique identifier, the Personal Health Number (PHN) is an essential component of the registration process. All empanelled persons must be issued the unique Personal Health Number (PHN). This should be carried out as laid out in section 6 of the National e-Health Guidelines and Standards (NeGS) document.

A Personal Health Record (PHR) has to be created/issued to each registered person. Until the electronic National Patient Information System is in place this would be a paper-based record and summary information will be maintained in an institutional database compatible with the National System.

In the first instance all persons above 18 years will be registered and this would be extended to include the entire population.

Any person who seeks treatment at a PMCI and not registered earlier in any PMCI (indicated by the absence of a PIN) should be registered. A person living outside the catchment area of the institution has to be flagged as such in the institutional database.

Action should be initiated to make people aware about this process through Grama Niladharies and any other mechanism identified by provincial authorities.

### 1.3 Review and update panel data

The third and final step in the empanelment process is reviewing and updating of panel data. Information on the PHR and the institutional database has to be reviewed and kept updated at every encounter with a health care service provider.

The patient database should be managed at institutional level and the database should capture active management of NCDs, morbidity patterns of other diseases and health related events and should be able to generate community-based morbidity and mortality data at GN level.

The PMCI where the patient is registered would be responsible for ensuring continuity of care of all patients including those referred for specialist attention.

Until such times as the national patient information system comes into full operation; information networks within PMCIs linking different points of service delivery and networks linking the PMCI, with the referral institution and the laboratory services have to be established using hardware and software as well as data that would be compatible with the national system.

2. **Risk Stratification & Rational Referral:** All adults over the age of 35 years will be screened for NCDs, stratified according to level of risk and managed according to the clinical protocols and guidelines provided. This would be carried out through planned population screening as well as through opportunistic screening. Guidelines for referral would be given in the clinical protocols.
3. **Essential Services Package (ESP):** Capacities of all PMCIs are expected to improve to a standard that is necessary for the delivery of all services identified in the SLESP to be provided at PMCIs, inclusive of all appropriate laboratory technology as well as essential drugs.
4. **Physical norms:** Institutions should plan for physical infrastructure development in accordance with General Circular No. 01-29/2018 on Physical space norms for Primary Health Care Facilities. However, these norms are the minimum facilities that should be available in all PMCIs, and it can extend beyond these norms if justified. It is recommended that, they should also be guided by the Ministry of Health publication, "Design considerations on accessibility for persons with disabilities" (2013).

All healthcare providers should ensure the successful implementation of reorganisation and strengthening of primary healthcare services to achieve universal health coverage, which will be an important milestone in the delivery of healthcare services in Sri Lanka. Strengthening of the Primary Health Care will also be a major contribution in achieving the Sustainable Development Goals in 2030.

Instructions on the ESP and the diseases to be screened will be notified in due course.



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