Ministry of Health,
Nutrition and Indigenous Medicine

Road Map for the Primary Healthcare System Strengthening Project (PSSP)

Preserving Our Progress, Preparing Our Future













WORLD BANK GROUP

This report is a publication of
the Ministry of Health, Nutrition and Indigenous Medicine
2019

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ISBN: 978-955-3666-53-6

This document "Road Map for the Primary Healthcare System Strengthening Project (PSSP)" was developed as one of the key preparatory activities to the Primary Healthcare System Strengthening Project assisted by the World Bank

MESSAGES

"Ensuring effective quality health coverage universally through strengthening our primary health care approach is one of the ways forward in my Ministry. This initiative to reorganise primary health care to provide people-centred primary care services delivery requires all those who are committed to the health of the nation to help overcome challenges"

Dr. Rajitha Senaratne
Minister of Health, Nutrition and Indigenous Medicine

"Sri Lanka's population now faces new challenges to our health and well-being. Therefore, we must turn our attention to combating chronic and non-communicable diseases (NCDs) and to addressing the emerging health challenges with the increasing aged population. Global and national trends indicate that NCDs in an ageing population can impede development progress and even reverse gains made in the past several decades. Therefore, reorganisation of primary health care is of utmost importance to address these challenges at the grassroots level".

Mrs. Wasantha Perera
Secretary,
Ministry of Health, Nutrition and Indigenous Medicine

"Sri Lanka has provided universal and free access to government-led health care services for several decades at relatively low cost. However, the present health system has not yet evolved to meet the changing disease burden. Addressing chronic non-communicable diseases (NCDs) is a complex task, and will require systemic reforms and new approaches to service delivery".

Dr. Anil Jasinghe
Director General of Health Services

People centered health care, Closer to home

CONTENT

BACKGROUND

Sri Lanka has had a sound primary healthcare approach since the mid-1920s (even before the Declaration of Alma-Ata in 1978). Sri Lanka has made notable progress in key healthcare indicators. Life expectancy at birth, maternal and child health as well as neo-natal, infant and under-5 mortality rates are higher than the South Asian average. However, although Sri Lanka displays relatively good health indicators, emerging health challenges prevail.

The burden of non-communicable diseases (NCD) is a major health concern for the country. In 2017 NCDs accounted for 81% of total deaths. 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-forth of the total population of the country. A large majority of older people (about 7%) reside in rural areas.

The government has recognised that in order to achieve the United Nations health related sustainable development goals (SDGs) and universal health coverage, a stronger primary healthcare system is essential. The Ministry of Health and Ministry of Provincial Councils and Local Government in Sri Lanka has embarked on a 5-year project to strengthen primary healthcare. The development objective of the project is to increase the utilisation and quality of people-centered primary healthcare services.

It is essentially a home-grown model for reorganizing primary medical care services, that comes under the banner 'Reorganizing Primary Health Care in Sri Lanka- Preserving our progress, Preparing our future'. The move is also a means of furthering our health gains and thereby preparing the local health care system in meeting evolving challenges, notably

the burden of NCDs. Diabetes, cardiovascular diseases, ischemic heart diseases, stroke, respiratory conditions and cancers are notable among these.

This approach is backed by strong evidence and highlights 3 thematic areas of the PSSP:

- Reorganising primary healthcare to meet Sri Lanka's needs.
- Improving information management systems for people-centric services.
- Strengthening the health sector through key system improvements.

The PSSP aims to address both the demand and supply-side constraints of a comprehensive PHC system:

- On the demand side, it includes proactive outreach activities and strong citizen feedback mechanisms to change health-seeking behavior.
- On the supply side, it incentivizes the use of PMCIs by improving their capabilities and responsiveness to population demands.

The successful implementation of this project will allow Sri Lanka to:

- Equip primary healthcare providers with improved skills in team management and patient-centered service delivery.
- Effectively manage and control the rise of NCDs.
- Establish population-based information management systems for NCD programmes.

THE NEED FOR REFORM

- The ongoing demographic, epidemiological, and social transition
  - » •The population over 60 years is said to double from 2015-2040, thus the healthcare needs of ageing populations need to be addressed.
  - » •New challenges in infectious disease control particularly dengue and other emerging communicable diseases.
- The increasing burden of NCDs calls for more stringent healthcare management
  - » NCDs account for 81% of total deaths and 77% of DALYs.
  - » There is a gender gap in NCD care utilization- men are more likely to forego preventive adult care. Some reasons for this include long waiting hours at clinics, better or higher levels of care that are further away from where they live and inconvenient out-patient hours.
- The health system faces new challenges
  - » Current government spending on healthcare is less than 2% of GDP. Thus there is a need for higher spending and/or more efficient delivery of services.
  - » Bypassing of PMCIs by patients results in higher levels of visits at secondary and tertiary levels.
  - » Gaps in the primary care system in providing comprehensive care.
  - » Gaps in the supply chain management of drugs.
  - » Deficiencies in coordinated and people-centered care at PMCIs.
  - » Shortfalls in health information systems to identify and manage patients, track them over time and share information with relevant personnel.

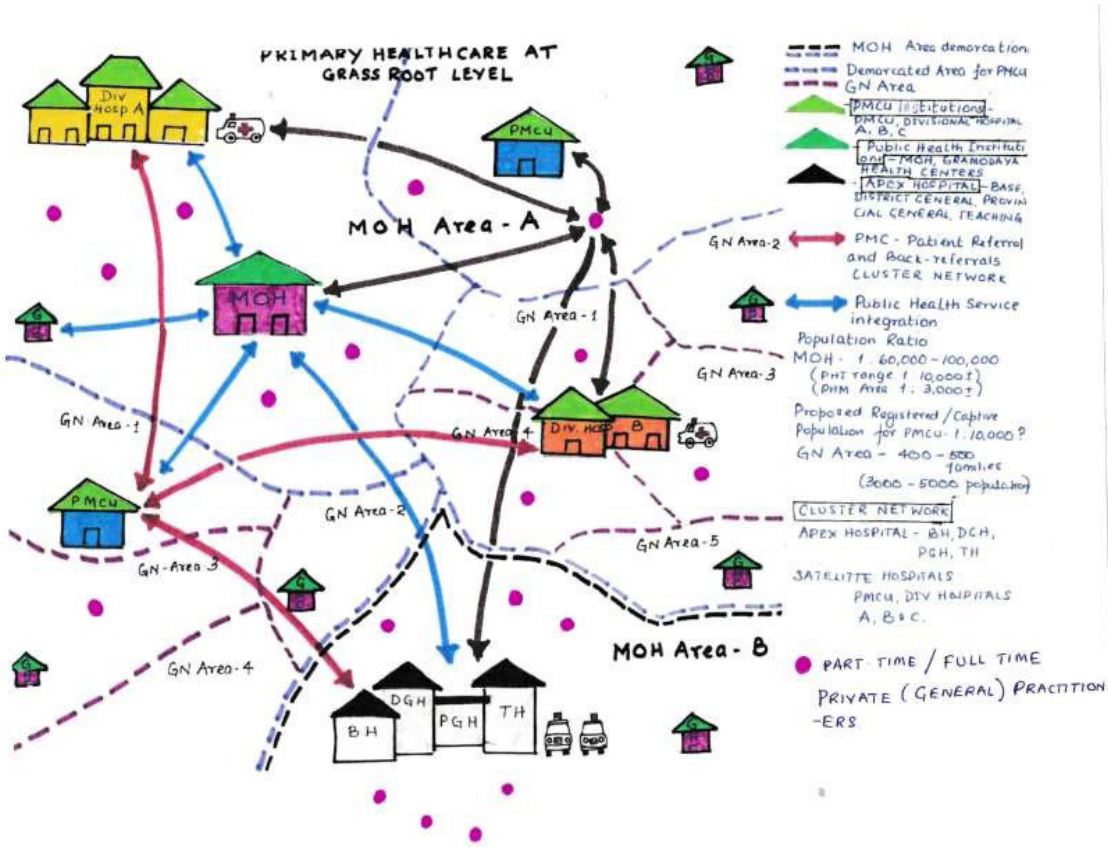
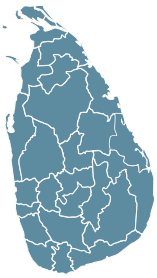


Figure: Schematic representing the proposed model for delivery of PHC

PROPOSED MODEL FOR DELIVERY OF PHC

- PMCIs need reorganization and strengthening to provide comprehensive, people-centered, preventive care through a family practice approach.
- Retain services of the MoH but further strengthen human resources and infrastructure.
- PHC is to be delivered with a strong interaction between preventive and curative services.
- Family physician model is to be incorporated with strong service delivery networks among primary health care providers.

Operationalizing PSSP : 2019 - 2022



Upgrading primary health care units, covering 9 provinces up to the standard level

2018

- » Minimum standards for model PMCIs
- » Developing policies/ standards and protocols for PMCIs
- » Personalized health records and information management system established
- » Population empaneling
- » Establishment of Lab network
- » Method to ensure essential drugs
- » Establishment of network between PMCIs and secondary hospitals and GPs and Labs
- » Provision of minimum required HR
- » Empowering citizen engagement: Friends of services at PMCIs

* PMCIs = All Divisional Hospital & PMCUs

2019

50 Medical care institutions providing comprehensive and quality care
(DH A,B,C upgraded)

2020

150 Medical care institutions providing comprehensive and quality care
(DH A,B,C + PMCUs upgraded)

2021

350 Medical care institutions providing comprehensive and quality care (DH A,B,C + PMCUs upgraded)

2022

550 Medical care institutions providing comprehensive and quality care (DH A,B,C + PMCUs upgraded)

2023

550 PMCIs Upgraded to the Standard Level

Reducing Disparates of Resource Mobilization

Improve accessibility and utilization at existing PMCIs at standard level

Upgraded PMCI

» Population empaneled	15,000 - 25,000
» Medical Officers	Minimum 02
» Nursing Officers	Minimum 01
» Essential Drugs	✓
» Laboratory Facilities	Satellite Lab or Mobile/ PPP
» Essential care Package	✓
» Personalized Health Record | information Mgt. System	✓
» Referral/ Back Referral System	✓

KEY AREAS FOR REFORM

ACTION AREA 1

Reorganisation of Primary Healthcare - defining policy and standards

Objectives:

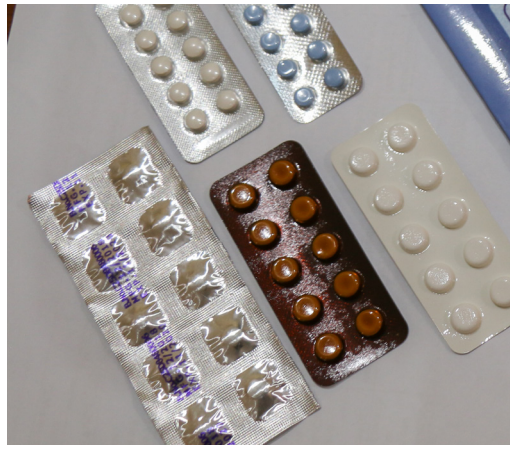
- To provide an overall strategic focus for PHC reorganization.
- To provide detailed policies, standards and implementation guidelines.

ACTION AREA 2

System improvements- strengthening provider functions and capabilities

Objectives:

- Establish necessary PMCI capabilities for delivering quality service packages. These include:
  - Having a minimum number of trained staff.
  - Having a minimum set of operational diagnostic equipment.
  - Having a minimum availability of essential drugs and lab testing capacity.
  - Establishing a supportive supervision mechanism.
- Support provision of more patient-friendly services such as:
  - Provision of NCD drugs through one-month supply blister packs.
  - Establish laboratory-networking systems at PMCIs.
  - Allow patients to obtain prescriptions from pharmacies for publicly financed drugs free of charge.
  - Establish a system for appointment booking at PMCIs.
- Enable a public-private partnership environment through promotion of patient-friendly services (NCD screening) in cooperation with the private sector, whenever possible and based on need.
- Establish operational appointment systems and proactive outreach services to address the gender gap in utilization of NCD care services.

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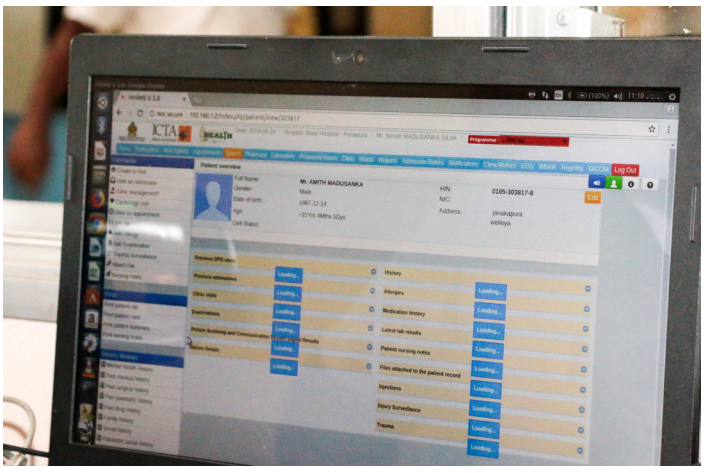
ACTION AREA 3

Information management to improve health services in real time- development of supportive systems

Objectives:

- To develop a personal health records system to facilitate coordinated patient care.
- To improve the national procurement and supply chain system to ensure timely and efficient drug supplies.



ACTION AREA 4

Information management to improve health services in real time- empowering and responding to population demands

Objectives:

- Develop community engagement mechanisms and increase accountability for the health sector.
- Implement a communications strategy to inform stakeholders and the public of changes in the PHC system.
- Establish a Grievance Redress Mechanism (GRM) to respond to public feedback on health services.
- Establish direct links between PMCIs and communities they serve through “Friends of the Facility” committees.

ACTION AREA 5

Increase in utilization and quality of PMCIs- emphasis on detection and management of NCDs

Objectives:

- Increase utilization of PHC services, particularly prevention/management of NCDs in high-risk groups.
- Increase screening for Non-Communicable Diseases
- Develop user friendly protocols and guidelines for NCD screening and management

CAPACITY BUILDING OF HEALTH STAFF AT PMCIS: INTRODUCING PEOPLE CENTERED QUALITY CARE AT PHC LEVELS

Objective:

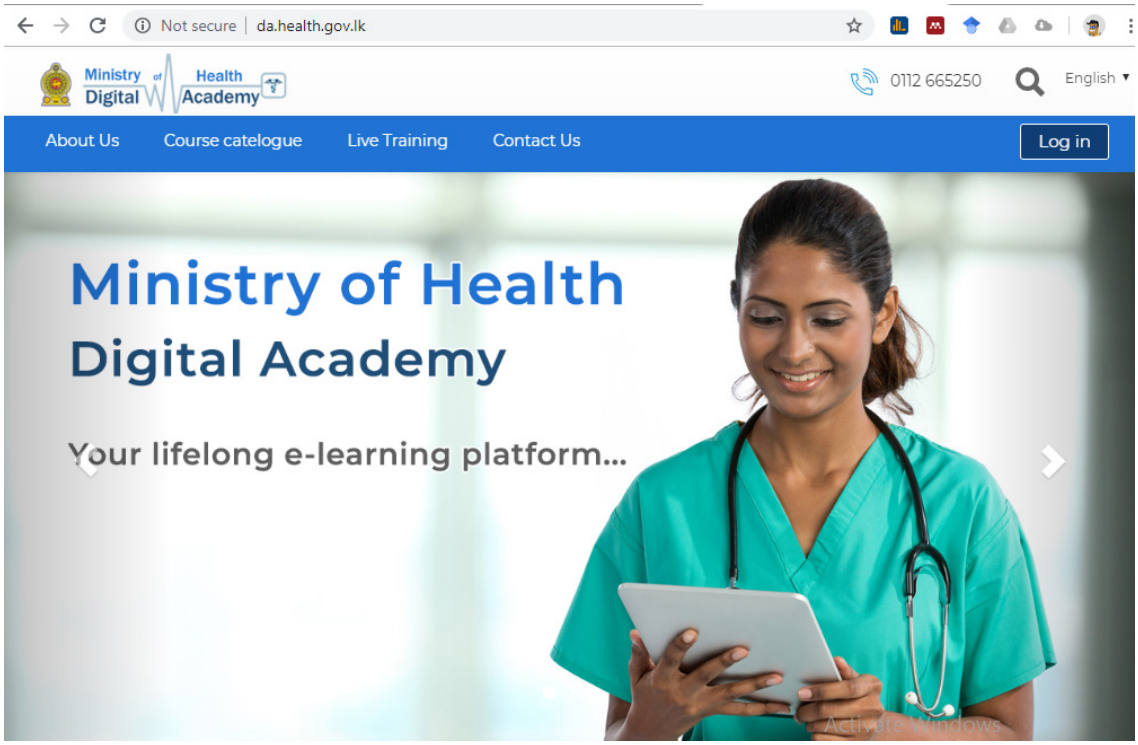
The project will focus on novel method in-service training or pre-service training for people centered family medicine care. Emphasis will be placed on screening and treating high-risk adults based on standard risk stratification. This is meant to avoid health complications that lead to cost escalation.

All health staff at PHCIs across the country will be required to complete a distance education course on Primary Healthcare. The first course for medical officers at PHCIs will cover patient management for key health conditions with an emphasis on NCDs and patient centered care. The course will be delivered online through the MoH Digital Health Academy platform.

The duration of the course is approximately 3-4 months and is expected to commence in May 2019. On completion, doctors are expected to be equipped with improved skills in patient management and screening for NCDs. The course content has been developed by the SLMA and CGP. The course modules are as follows:

1. Introduction to PHSSP and General/Family Practice with a people centered approach.
2. Screening for NCDs
3. Cardiovascular disease (hypertension, arrhythmia, atherosclerosis, coronary artery disease)
4. Obesity and dietary management
5. Diabetes
6. Bronchial asthma and COPD
7. Lifestyle modifications (physical activity)
8. Chronic Kidney Disease
9. Emerging and re-emerging communicable diseases (including TB, dengue, HIV)
10. Women's and Men's health
11. Elderly care
12. Palliative care
13. Cancer
14. Mental Health

15. Substance Abuse
16. Musculoskeletal disorders
17. Ill child
18. Information management systems at PMCIs.



STRENGTHENING LABORATORY SERVICES AT PMCIS

Objectives:

- To make basic investigations available at the PMCIs including haematology, microbiology, biochemistry and histopathology.
- To establish sample collecting centres to forward samples to apex hospitals. This will be needed for PMCIs that do not have the required laboratory facilities, or if the particular test is not available.
- To deploy point of care equipment.
- To establish mobile laboratories in PDHS divisions for the following conditions:
    1. Where there is a severe shortage of human resources with a limited number of MLTs.
    2. Where there is a shortage of reagents.
    3. During sudden unexpected failures in established laboratories such as equipment failure or reagent shortage.
    4. Where there are poor transport facilities to forward samples to Apex Hospitals.
    5. During epidemics and disaster situations.
    6. During special screening campaigns
- To develop Level 2 laboratories in Divisional Hospitals for analysis of samples collected from PMCIs.
- To strengthen laboratories at Apex Institutions by developing infrastructure (laboratory space, instruments and equipment, reagents, specimen and reagent storage facilities, waste disposal facilities and quality assurance facilities)
- Establish a Quality Assurance System at primary healthcare laboratories.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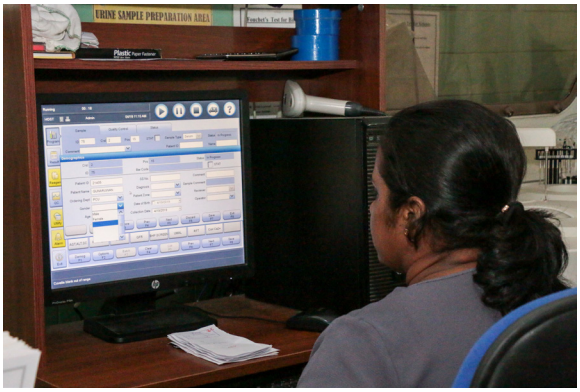

URINE SAMPLE PREPARATION AREA

PEOPLE CENTERED SERVICES DELIVERY MECHANISM THROUGH POPULATION EMPANELMENT

Definition of empanelment: Empanelment is an ongoing and deliberate set of actions to identify, assign, and actively review and update data describing a group of people for whom a primary health care facility, care team, or provider is responsible. Effective empanelment has 3 components 1) identify, 2) assign, and 3) actively review and update panel data. A list of people assigned to a given health care facility/ care team is called a panel.

Advantages of empanelment are:

1. People know the institution that is responsible for providing care for them and the services available.
2. The care providers know the characteristics of the population for whom they are responsible, irrespective of whether individuals seek care from their institution or not.

Identification of panels for each healthcare institution

It was agreed with the national and regional stakeholders that:

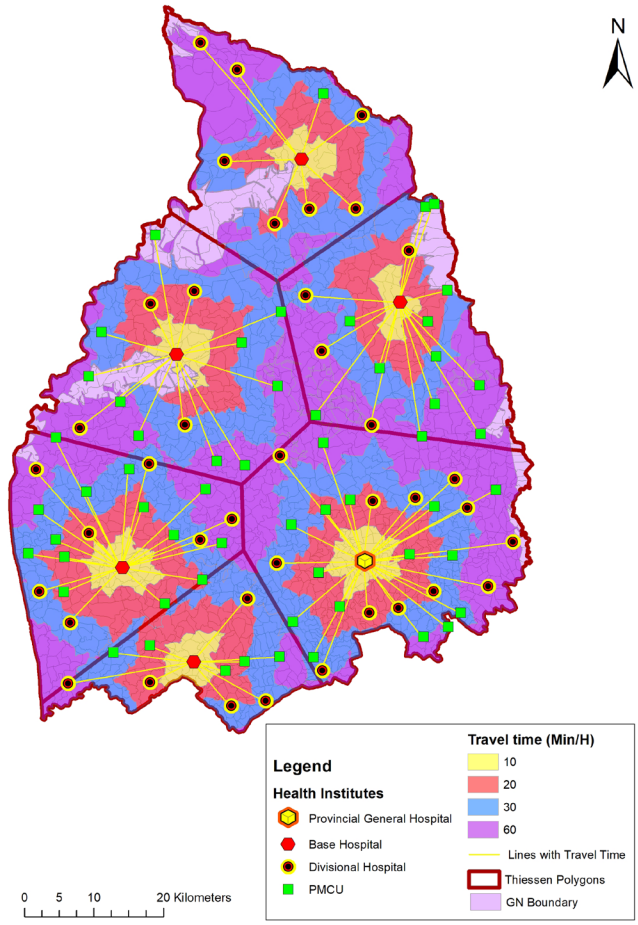
- Empanelment of a population to PMCIs is carried out within a district.
- The total population of a GN division would always be empanelled to a single PMCI.
- All levels of institutions within a district other than the specialized institutions (eg. Children's hospitals, mental hospitals, hospitals for women, eye hospital cancer hospitals etc.) will be utilized for empanelment.
- The population of a given GN division would be assigned to the closest PMCI based on travel times.

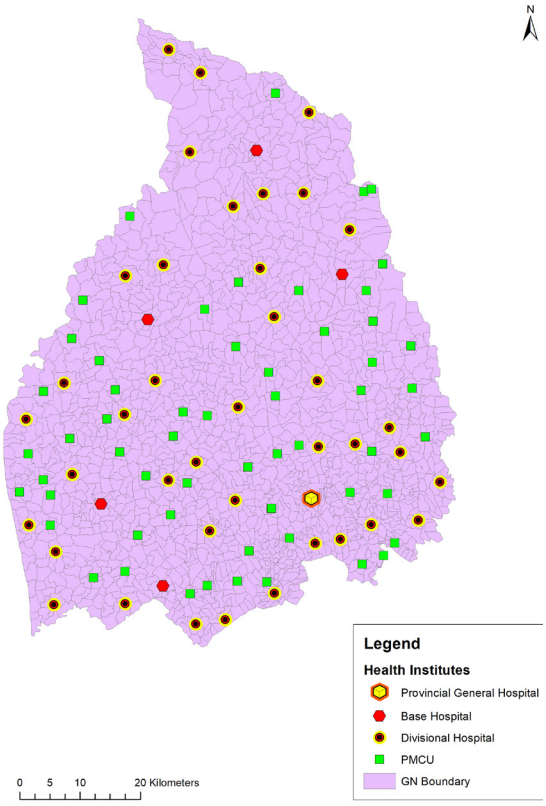
This means that all institutions (other than specialised hospitals) within the government health care delivery system would provide the PHC package of services to an empanelled population. In secondary and tertiary institutions, the delivery of the PHC package would be a function of the OPD.

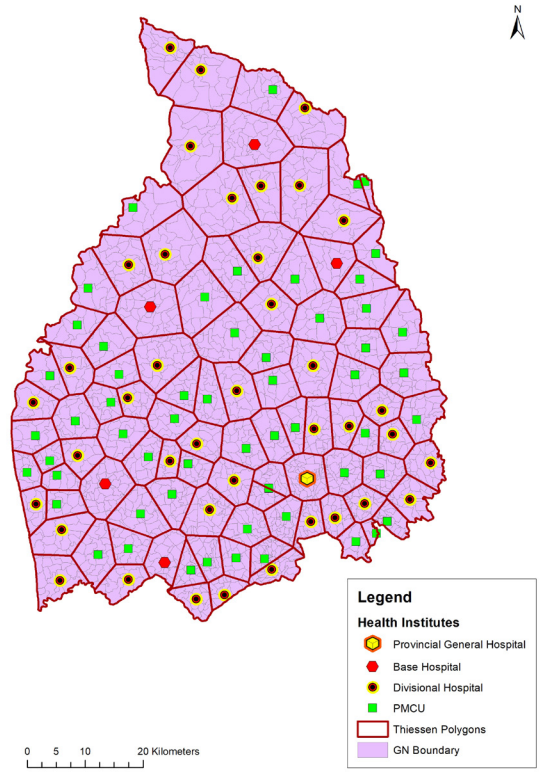
The first step in the empanelment process was the identification of catchment areas

for the PMCIs, followed by the identification of a secondary or tertiary institution as a referral facility. The apex secondary or tertiary care institution and the PMCIs that drain to this institution would form a cluster and such clusters have been identified and mapped. Each cluster will have PMCIs with or without beds, laboratory services and HLCs, and these have been included in the maps. In addition, risk stratification of the catchment population was carried out based on currently available population data and risk maps were prepared. These steps were carried out at district level using Arc GIS software. The identification of populations (GN divisions) empanelled to every PMCI in the country and the referral institution for each PMCI has been carried out for the entire country.

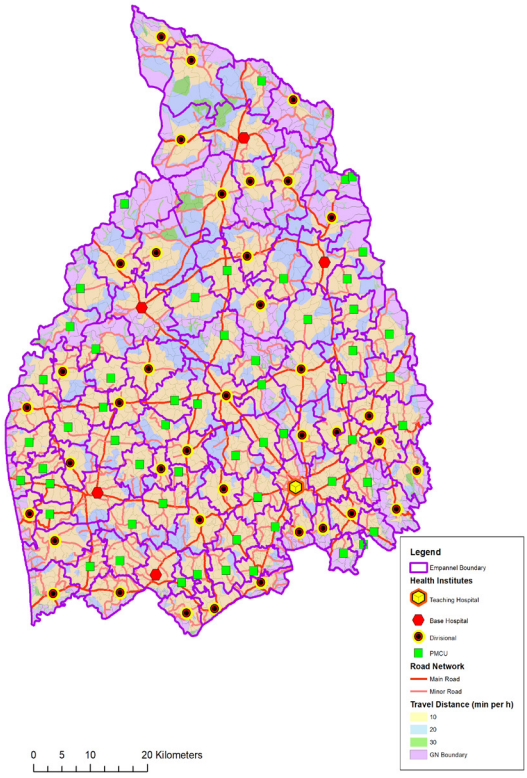
Population empanelment was done with considering the travel time and the distance to the PMCIs



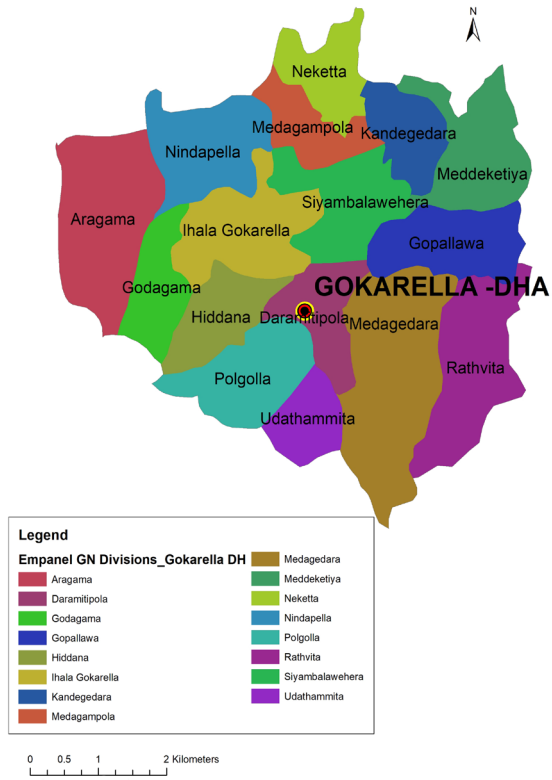




Road Network and Travel Distance



Gokarella DH-Kurunegala District



RESULTS FRAMEWORK

Objective:

To increase the utilization and quality of primary health care services, with an emphasis on detection and management of non-communicable diseases and other emerging health challenges.

1

Policies and Standards

Policies and standards available for reorganizing Primary Health Care

2

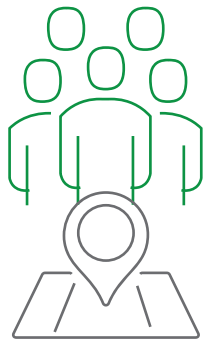
Package of protocols

Package of protocols adopted for defined selected health conditions

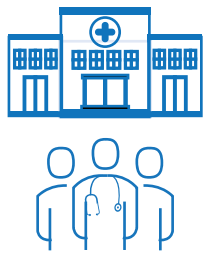
3

550 Medical care institutions providing Comprehensive and quality care

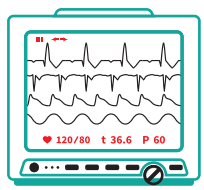
Primary medical care institutions that have the required capabilities for providing comprehensive and quality care



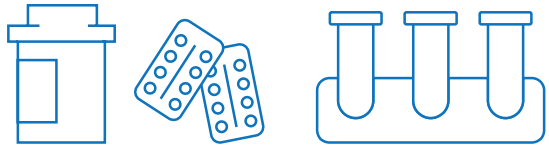
At least **25% of the adult population** (aged 35 or over) in its defined empanelment area have been **screened and categorized NCD risk factors**.



The **PMCI** has minimum number of **trained staff**
Minimum **2 MOs one Nurse**



The **PMCI** has minimum **operational equipment**



The **PMCI** has minimum **availability of essential drugs and lab test capacity**

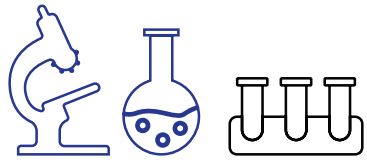
The **PMCI** would have **quarterly** supportive **supervision visits**

4

550 Medical care institutions providing **Patient-friendly services**

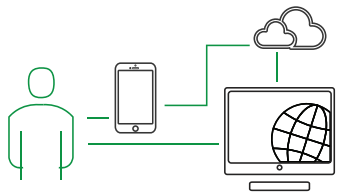
Primary medical care institutes that provide Improved Patient-friendly services

PMCI routinely provides defined list of **NCD drugs** through **one-month supply blister packs.**



PMCI has arrangement with **laboratory/diagnostic services** (either public or private or both)

PMCI has arrangement with **free pharmacy services** (either state-owned, private or both)



PMCIs have an operational **appointment system** (web-based, phone call, other)

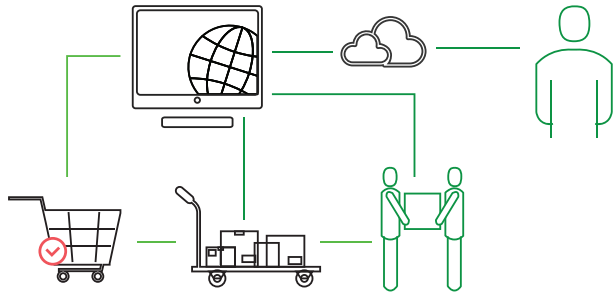
5

PMCIs use **personal health records** to coordinate patient care over time and through the referral chain

paper-based/electronic **personal health records** which allow the PHC provider to **track an individual patient over time**

Electronic HMIS at public health service providers, including with unique individual patient records

6



Improved **Procurement** and **supply chain** management **efficiency** is at PMCIs

connected to and using the **Medical Supplies** Management **Information System**

Establish new performance benchmarks for standard lead times

Sustained reduction in the use of urgent or local purchases resulting from the improved planning and faster procurement processes

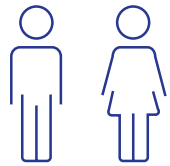
7

An operational **community engagement** and **citizen feedback mechanism** in place

8

Screened women at age 35 and at age 45 years for **cervical cancer**

9



25% of **adults** with high risk for **non-communicable diseases** who are **registered** in PMCIs **screened** and actively **followed-up**

Reorganizing Primary Health Care in Sri Lanka

Preserving Our Progress, Preparing Our Future

ISBN 9789553666536

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Primary Health Care Strengthening Project