

## Cover Story




## Primary health care amidst economic crisis in Sri Lanka

Sumal Nandasena

Ministry of Health, Sri Lanka

\*Correspondence: [sumalnandasena@gmail.com](mailto:sumalnandasena@gmail.com)

 <https://orcid.org/0000-0001-5266-1255>

DOI: <https://doi.org/10.4038/jccpsl.v29i3.8649>

Received on 28 Sept 2023

Accepted on 30 Sept 2023

**Cover photo:** The logo denotes the theme “Weathering the Economic Crisis through Health System Efficiency” of the College of Community Physicians of Sri Lanka 2022/2023.

The logo denotes the theme “Weathering the Economic Crisis through Health System Efficiency” of the College of Community Physicians of Sri Lanka 2022/2023. It highlights the efforts that should be taken by the health sector to weather the economic crisis the country is currently facing.

Primary Health Care (PHC) is a holistic societal approach to maximize health and wellbeing as close as feasible to people’s everyday environment (1). Perhaps, PHC serves as the cornerstone for building a strong healthcare system that ensures improved health outcomes and universal health coverage (UHC) (2). Even though PHC is a critical component of any healthcare system, there is a considerable imbalance between primary and specialty care across many parts of the world (3).

Primary health care protects people from adverse health outcomes through population-based measures. These measures include prevention and control of locally endemic diseases and disease outbreaks, prevention of non-communicable diseases, etc. On the other hand, PHC approaches individual patient care considering the patient’s cultural preferences and stage of life, across a wide range of problems (mental and physical, chronic and acute, communicable and noncommunicable).



PHC in Sri Lanka is developed as two parallel services in allopathic medicine (4). Population-based services (i.e., community health services of allopathic medicine) are provided through 358 medical officer of health (MOH) units. The preventive health services cover the entire nation of the country with a wide range of population-based care including reproductive, maternal, newborn, child, adolescent and youth health services, communicable disease

surveillance, prevention and control, screening for non-communicable diseases, etc. Preventive health services are completely provided by the government sector.

The majority of individualistic care (including inpatient care - 95% and outpatient care - 50%) is provided by the public sector (5). Sri Lanka provided indoor care through a bed capacity of 87 000 in the year 2020 across the curative institutions in Sri Lanka. In the same year, specialist care was provided through over 120 hospitals, while over 1000 institutions including the primary medical care units (PMCU) provided outpatient care across the island (6). Over 7 million hospitalizations and 58 million outpatient visits were reported in 2019 in the public sector. According to the studies, the public and private sectors perform similarly, except that the private sector is more likely to receive individualistic education and advice and obtain better interpersonal satisfaction. The public system provides care in diagnosis and management similar to the private sector, while the private sector provides better quality care in non-clinical areas (7).

During the economic crisis period, various reports show the disruption of drug supply in the government healthcare system (8). In addition, the prevailing economic condition in Sri Lanka affects the daily living of the people including their health (9). Amidst the economic crisis, different donor agencies supported the Sri Lankan government to fill the gaps in medicinal shortages (10). It could be noticed from the field, that the services are continuously supplied from both the preventive and the curative health sectors despite shortages in drug supply and human resources. Perhaps, a continuum of care is provided by the government health system (outpatient care - over 1000 primary care institutes; indoor care - over 600 hospitals; and preventive health services - over 350 MOH units) across the island. In brief, free health services in Sri Lanka have assisted in sustaining the health outcomes weathering the economic crisis and sustaining the UHC to a great extent. However, it should be noted that the patients may face sizable out-of-pocket expenditures for health care including medicine and investigations.

Amidst the economic crisis, the quality of services for outpatients is improving in the Government sector. Newly introduced electronic queue management systems coupled with electronic information management systems show promising results for improvement of outpatient care. These novel information systems have been already established in many primary health care institutions in Sri Lanka, which allows for improving tailor-made interventions in outpatient care in the free healthcare system.

## References

1. WHO. *A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals*. Geneva: World Health Organization and United Nations Children's Fund (UNICEF), 2018 (WHO/HIS/SDS/2018.15).
2. Lawn JE, Rohde J, Rifkin S, Were M, Paul VK, Chopra M. Alma-Ata 30 years on: revolutionary, relevant, and time to revitalise. *Lancet* 2008; 372(9642): 917-927. [https://doi.org/10.1016/S0140-6736\(08\)61402-6](https://doi.org/10.1016/S0140-6736(08)61402-6).
3. Shi L. The impact of primary care: a focused review. *Scientifica (Cairo)* 2012; 2012: 432892. <https://doi.org/10.6064/2012/432892>.
4. Perera S. *Primary health care reforms in Sri Lanka: aiming at preserving universal access to health*. Health for all: the journey of universal health coverage. Hyderabad: Orient Blackswan, 2015: 82-86.
5. Rajapaksa L, De Silva P, Abeykoon P, Somatunga L, Sathasivam S, Perera S, Fernando E, De Silva D, Perera A, Perera U, Weerasekara Y. *Sri Lanka Health System Review*. New Delhi: WHO Regional Office for South Asia. Vol 10, No.1. 2021.
6. Ministry of Health. *Annual Health Bulletin 2020*. Colombo: Ministry of Health, 2023.

7. Rannan-Eliya RP, Wijemanne N, Liyanage IK, Jayanthan J, Dalpatadu S, Amarasinghe S, Anuranga C. The quality of outpatient primary care in public and private sectors in Sri Lanka--how well do patient perceptions match reality and what are the implications? *Health Policy Plan* 2015; 30 Suppl 1: i59-74. <https://doi.org/10.1093/heapol/czu115>. Epub 2014 Oct 29. PMID: 25355069.
8. Matthias AT & Jayasinghe S. Worsening economic crisis in Sri Lanka: impacts on health. *Lancet Glob Health* 2022; 10(7): e959. [https://doi.org/10.1016/s2214-109x\(22\)00234-0](https://doi.org/10.1016/s2214-109x(22)00234-0).
9. Rasalingam G. The acute economic recession: WHO diabetes target 2030 becoming unrealistic in Sri Lanka. *Health Sci Rep* 2022; 6(1): e1027. <https://doi.org/10.1002/hsr2.1027>.
10. World Health Organization. *WNTD: Sri-Lanka factsheet*. Regional Office for South-East Asia WHO, 2018. Available from: <https://apps.who.int/iris/handle/10665/272688>.