

Hon. Minister Dr Keheliya Rambukwella's speech

Please allow me to respond in the context of Sri Lanka's health system being largely founded in primary health care. We were able to rapidly adopt and bring an innovative response, founded on public health principles, to COVID-19. This is in fact our message today for building back better: primary health care centred systems strengthening for resilience and universal health coverage.

Sri Lanka's health system has adopted the PHC approach since 1926 and was, in fact, a contributing case study to the Alma Ata Declaration in 1978. From the inception, we have relied on domestic resources for sustainable and equitable health for all. This includes both a well-trained health workforce from the community level up through higher levels of care as well as commitments for public financing for fully subsidized health care, free at the point of delivery. This is the strong foundation we can speak of and our health indicators indicate high performances for low-middle income groups and we also compare well with developed countries.

This success has been possible because Sri Lanka has a well-functioning routine immunization program as part PHC. This includes effective risk communication and community engagement to preemptively address issues like vaccine hesitancy. Further, we have been able to integrate an electronic vaccine tracker to monitor coverage as well as vaccine stocks. This was developed with support from WHO and is now being adapted to monitor long COVID-19. The vaccine tracker will be an important new tool to administer the third dose as per WHO's updated guidance issued last week. We would like to mention here, that assistance was provided to Timor Leste to adopt the vaccine tracker and this highlights the scope for cross-country learning from best practices.

The vaccine tracker is an example of how COVID-19 has highlighted the potential of e-and digital health for service delivery going forward. Sri Lanka has also used telephone consultations for mental health support. This was a service area relatively neglected prior to COVID-19 and to which the health system had to rapidly adapt during the pandemic. An established community component in primary health care enabled effective community engagement in addressing mental health and psychosocial needs.

Sri Lanka has just emerged from an unprecedented surge in COVID-19. The high case load tested the capacity of treatment facilities and threatened to overwhelm hospitals and Intermediate Care Centers (ICC) during the initial days. However, as a response, the Ministry of Health, in collaboration with WHO and the Sri Lanka Medical Association, supported home care management system to care for asymptomatic and mildly symptomatic COVID-19 patients. In this system, a triaging mechanism is used to screen patients and assign them a qualified carer for over-the-phone follow-up until discharge at 14 days. If the patient develops symptoms needing hospitalization, they are linked to the hospital admission system which assists with accessing ambulance and COVID-19 treatment centers. Pre-intern medical officers awaiting their internships were enrolled to

operationalize the programme to quickly augment the health workforce with adequately trained personnel.

For Sri Lanka, our sound PHC foundation has been a key contributor to resilience. Going forward, the potential of digital health innovation and the need to re-examine service organization to be more responsive shall be key to building back better. The impact of COVID-19 beyond health has emphasized more than ever the importance of a whole of government and whole of society approach to health. This is a key principle of the primary health care approach, and the need has now been felt more than ever for a unified country response. Such responses have evolved gradually, and we can responsibly assume that, with such a coordinated response, we will be able to revive the economy as well as restore essential health services. Thank you.