

# “INSPIRE ”

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# GEM OF THE INDIAN OCEAN

Population ~ 22 Million

Rural ~ 70%

9 Provinces

25 Districts



Sinhalese

Tamil

Muslim

Geographically diverse:

hills, islands

dry zones

and

post-conflict

zones



Hills



Dry zone



Post-conflict zone







**PHC**

PMCI - 1180

State and private sectors

State sector MOOH, PHM & PHNO -  
368 grass route

Private sector – GP



## Government Hospital List – Sri Lanka (End of 2024)

No.	Level of Care	Hospital Type	Line Ministry	Provincial Ministry	Total
01	Tertiary Care (54)	National Hospital	3	–	3
02		Teaching Hospital	11	–	11
03		Specialized Teaching Hospital	6	–	6
04		Other Specialized Hospital	9	5	14
05		Provincial General Hospital	–	-	0
06	Secondary Care (81)	District General Hospital	13	7	20
07		Board Managed Hospital	1	–	1
08		Base Hospital Type - A	7	28	35
09		Base Hospital Type - B	1	44	45
10		Board Managed Hospital (Vijaya KH)	1	–	1
11	Primary Care Ins (1072)	Divisional Hospital Type - A	1	66	67
12		Divisional Hospital Type - B	1	147	148
13		Divisional Hospital Type - C	1	276	277
14		Primary Medical Care Unit	11	569	580
		<b>TOTAL</b>	<b>66 (5%)</b>	<b>1142 (95%)</b>	<b>1,208</b>

## Vital Health Indicators

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Life expectancy ~77 years

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MMR : 25 per 100,000 live births

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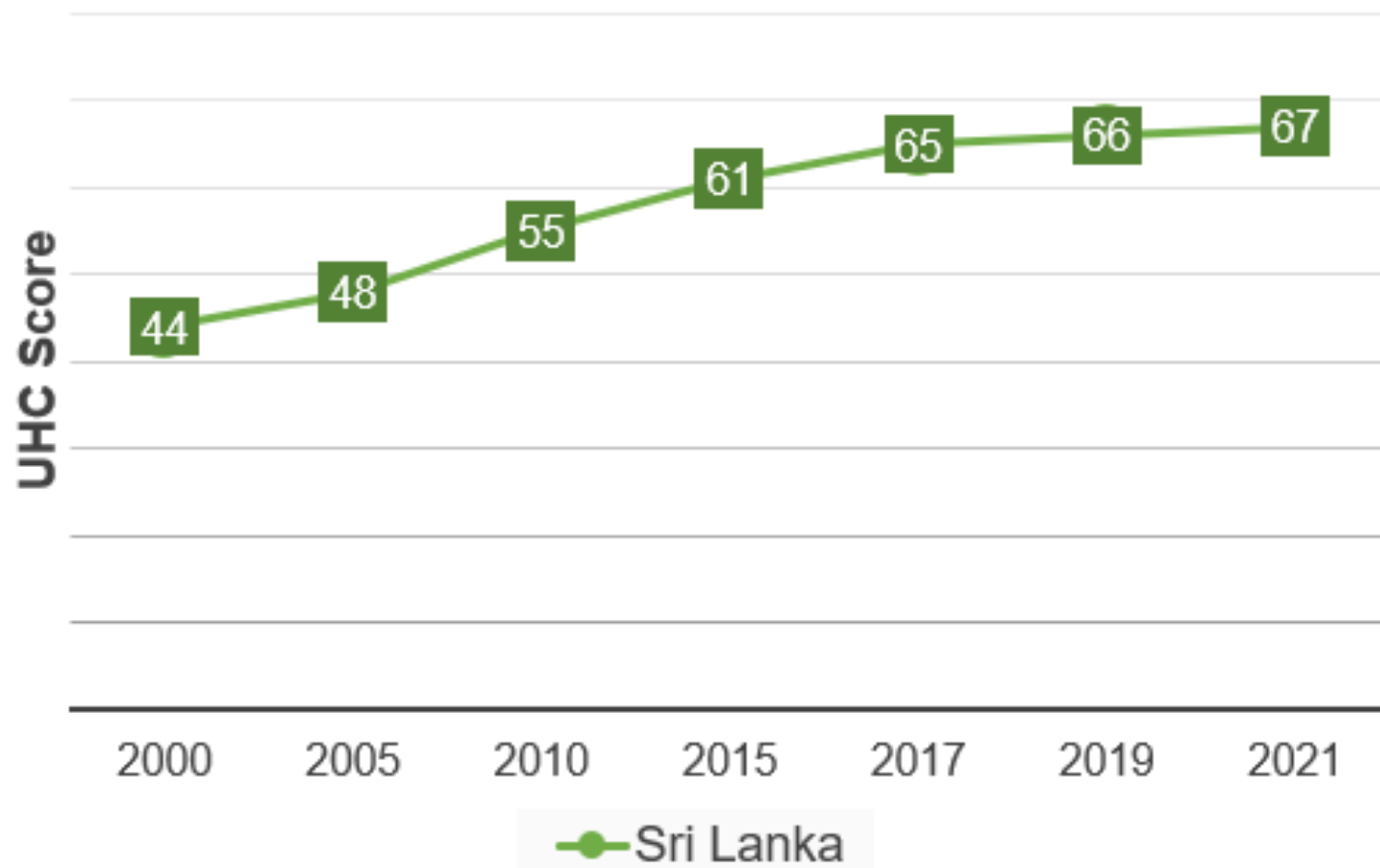
IMR : 10.2 per 1,000 live births

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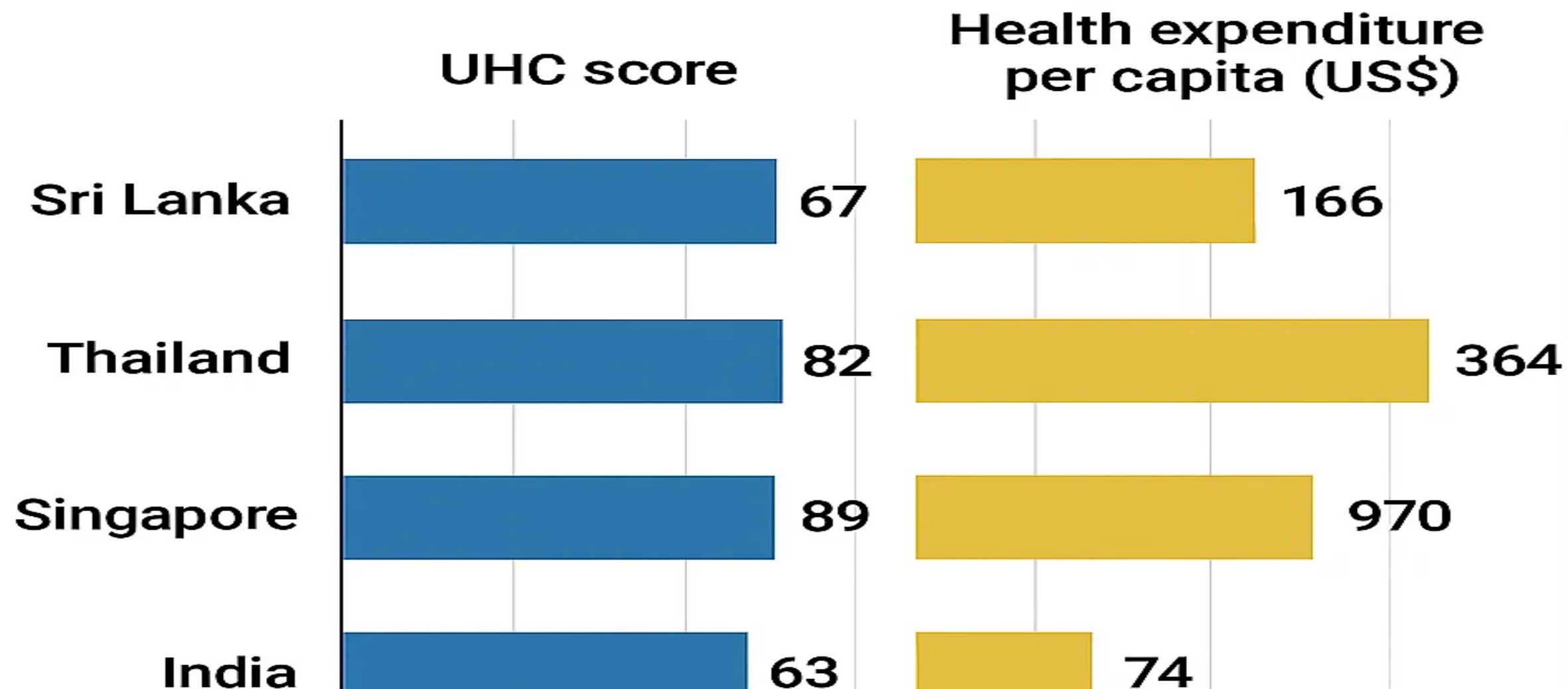
**Under 5 child mortality rate :**  
**12.1 per 1,000 live births**



## Sri Lanka's UHC Trend



# UHC Country Comparison





# UHC Score of 67?

Burden of NCD – Control BP,DM, ARI, Etc.

MCH

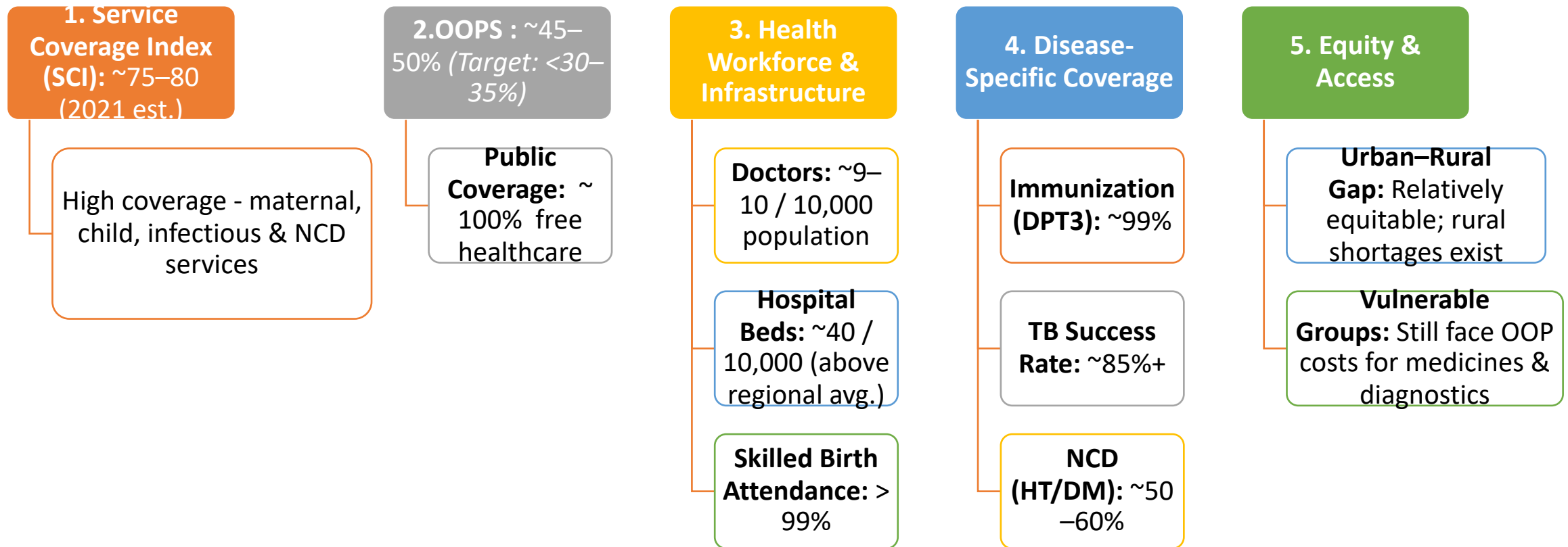
Shortage and Maldistribution of HR

TB – Childhood TB, Default (8%), Death, Screening of estimated population

High OOPS (45-50%)

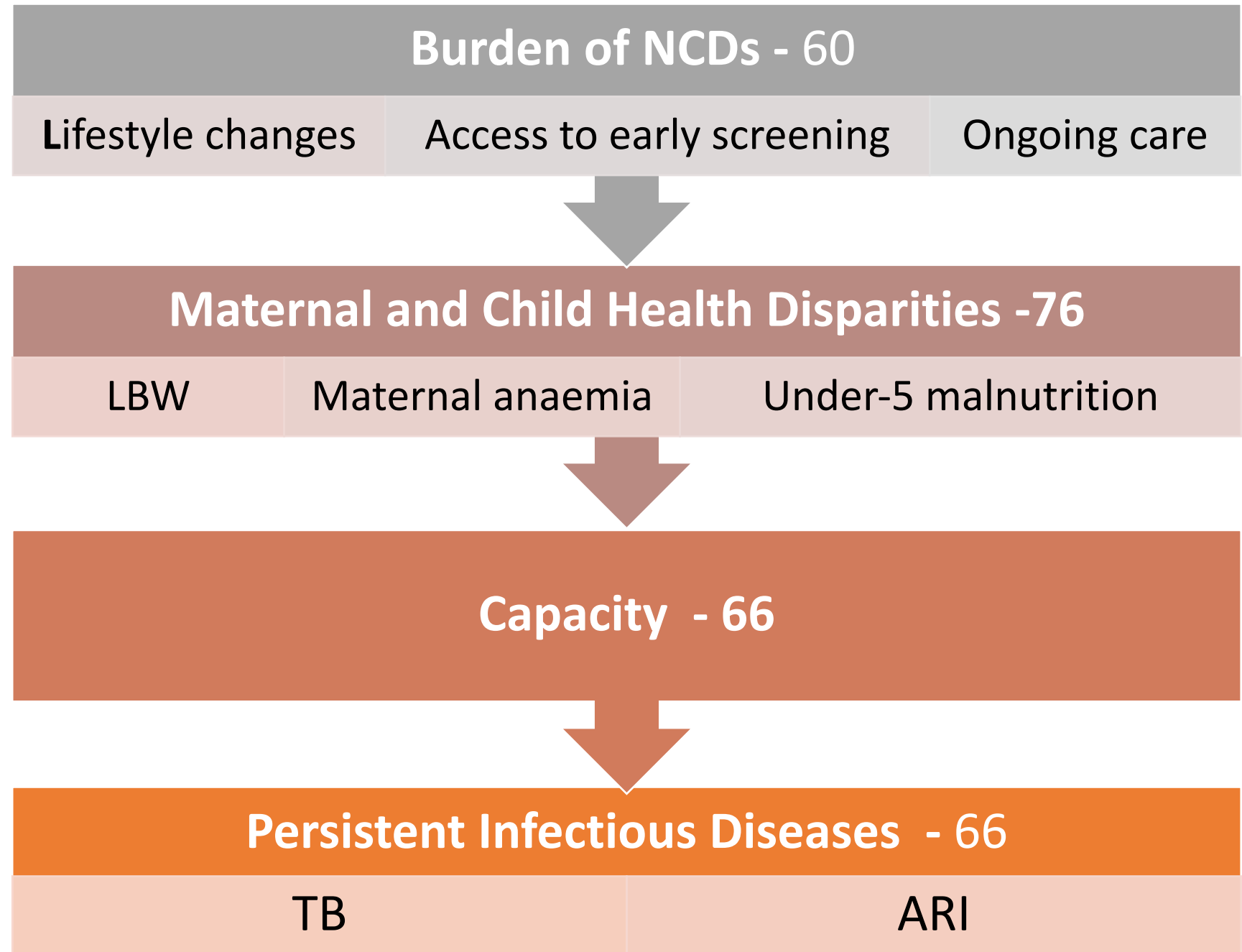


# Service Coverage





Health Issues in  
Remote/Hard to  
reach Areas



# Strategies to Improve Last-Mile Delivery

National Health Policy 2024–2030  
guiding service expansion

PMCI and PCCU

Population empanelment for service  
continuity and referral integrity





People with disabilities and elderly



Trade zones and commercial patches

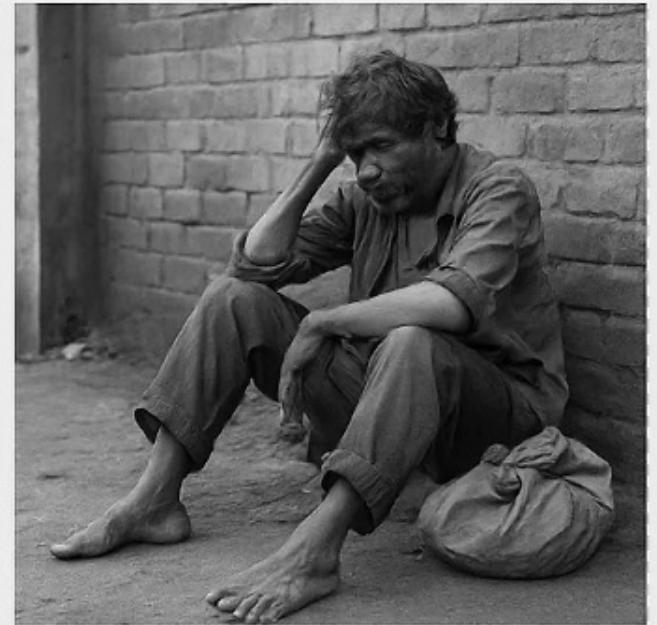


Prisoners and undocumented migrants

# HARD-TO-REACH



Remote rural & estate sector residents



Urban poor and homeless individuals

## **Barriers to Health Access**

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Geographic isolation

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Poor infrastructure and transport

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Cultural and language barriers

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Health literacy

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Health worker shortages in rural areas  
due to maldistribution

# Challengers

Epidemiological & Demographic Transition

Service Delivery Gaps

Health Workforce Challenges

Infrastructure & Logistics Issues

Financial Barriers

Sociocultural & Communication Barriers



# HSEP (2021-2025) + Additional Financing (2023)

Four Provincers (CP, NCP, UP, SG)



Core Components

1.  Cluster-Based Primary Health Care Networks

2.  Digital Health Infrastructure

3.  Improved Service Readiness (NCD services)

4.  Human Resource Development

5.  Referral & Continuity of Care

## In-Progress Initiatives

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PHSEP

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Mobile health clinics and  
outreach

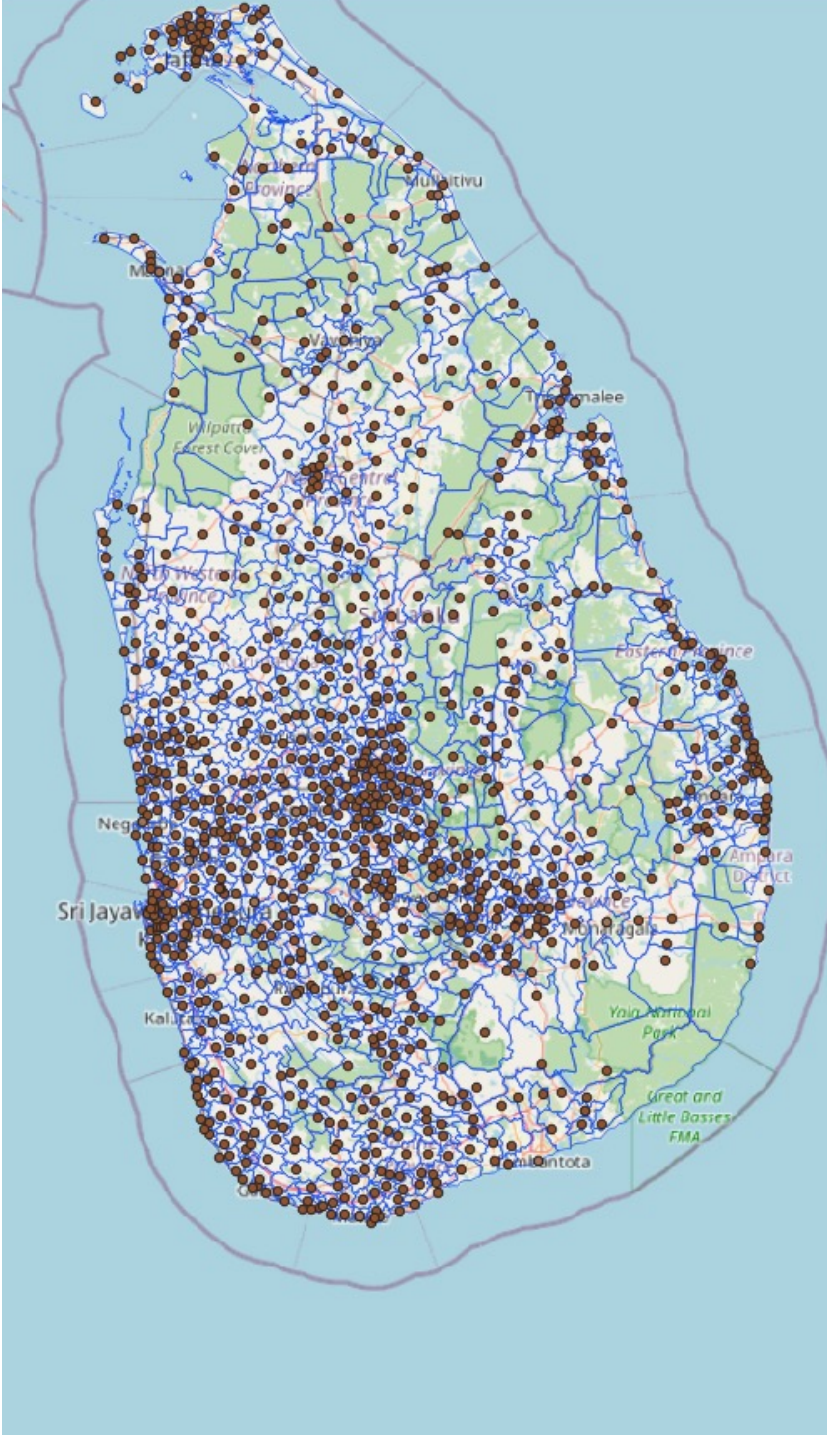
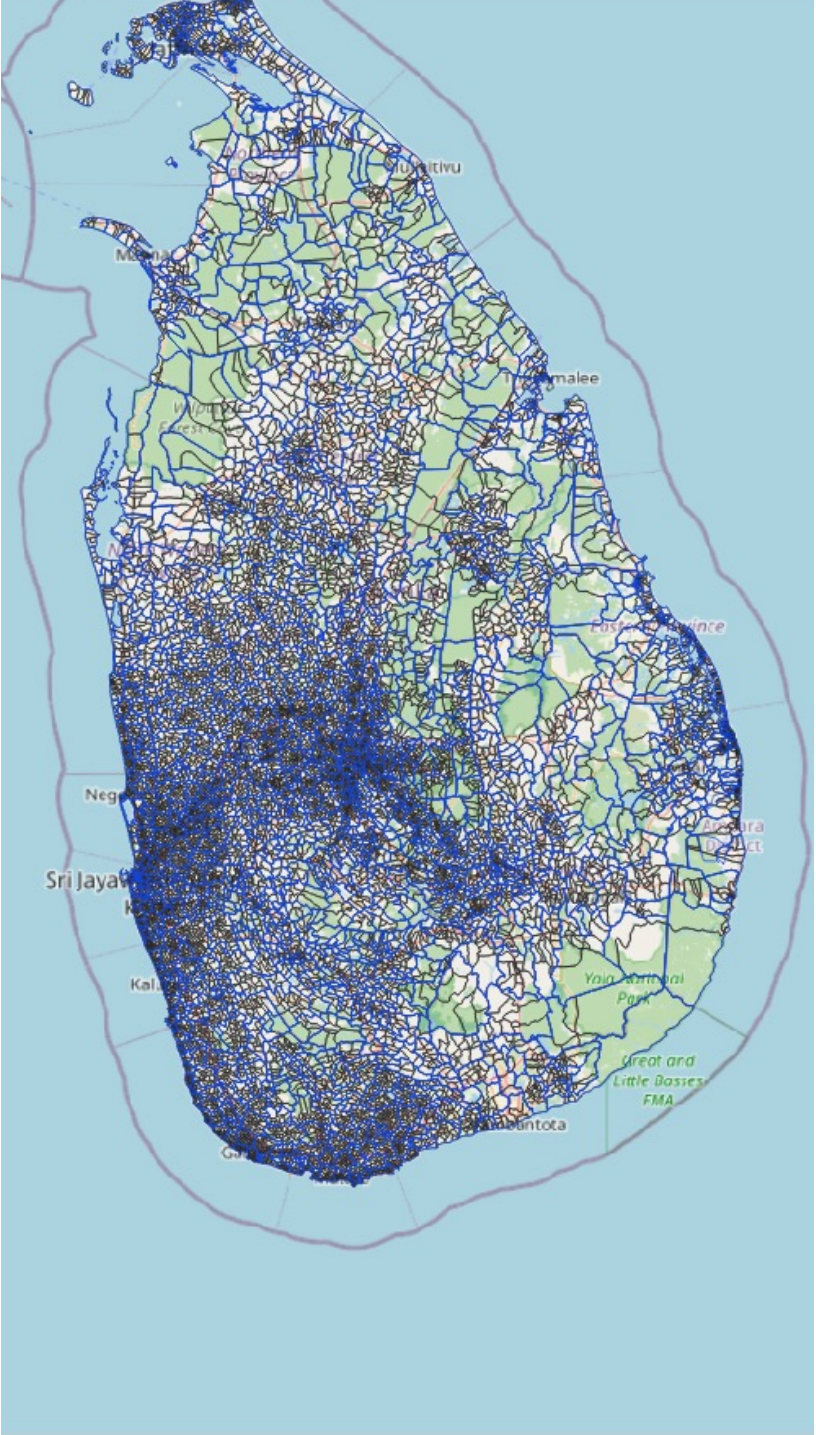
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Suwaseriya 1990 ambulance  
service

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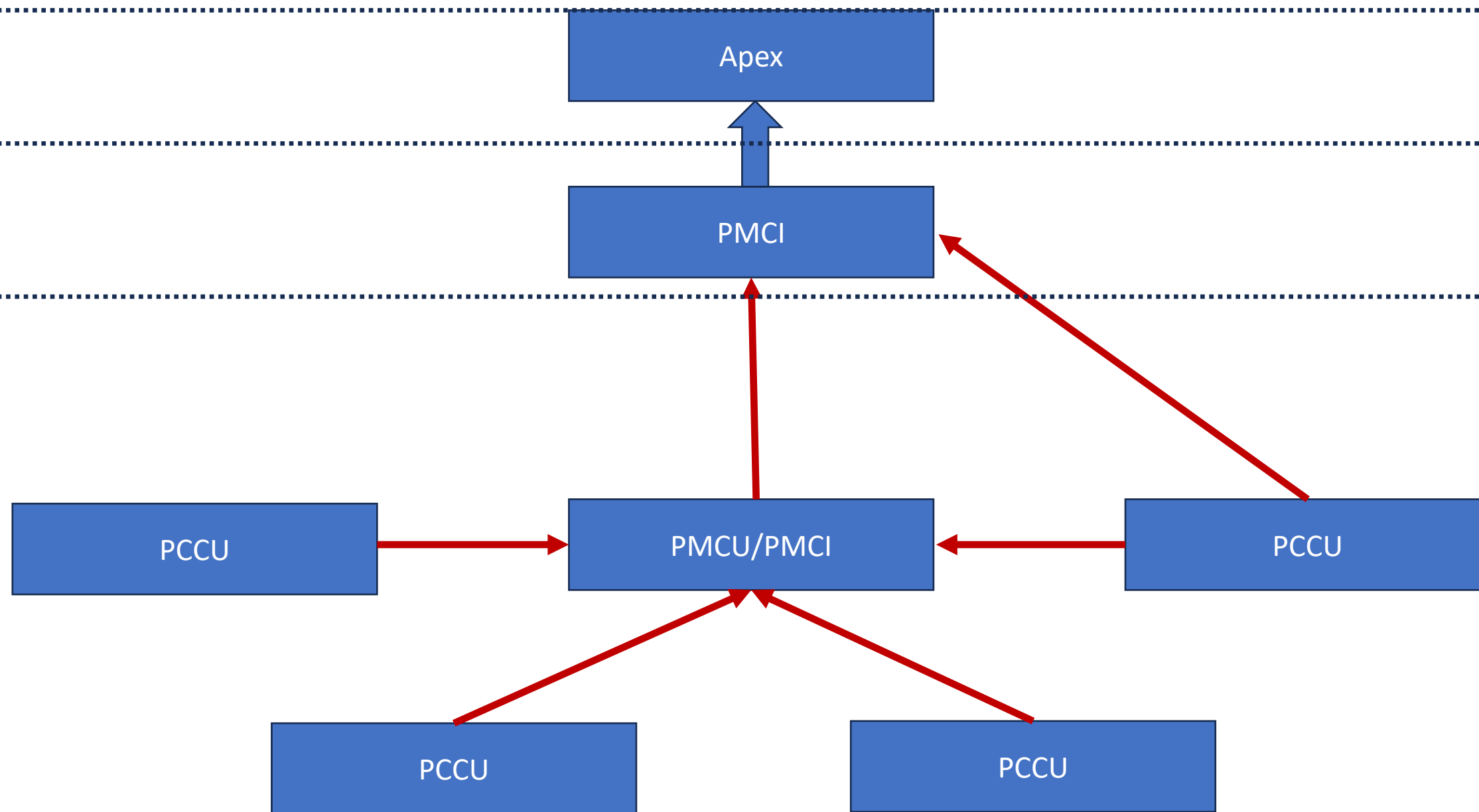
Collaborations with WB, ADB,  
NGOs, etc. for estate sector

**Health Institutions  
with Empanalment  
of Population**

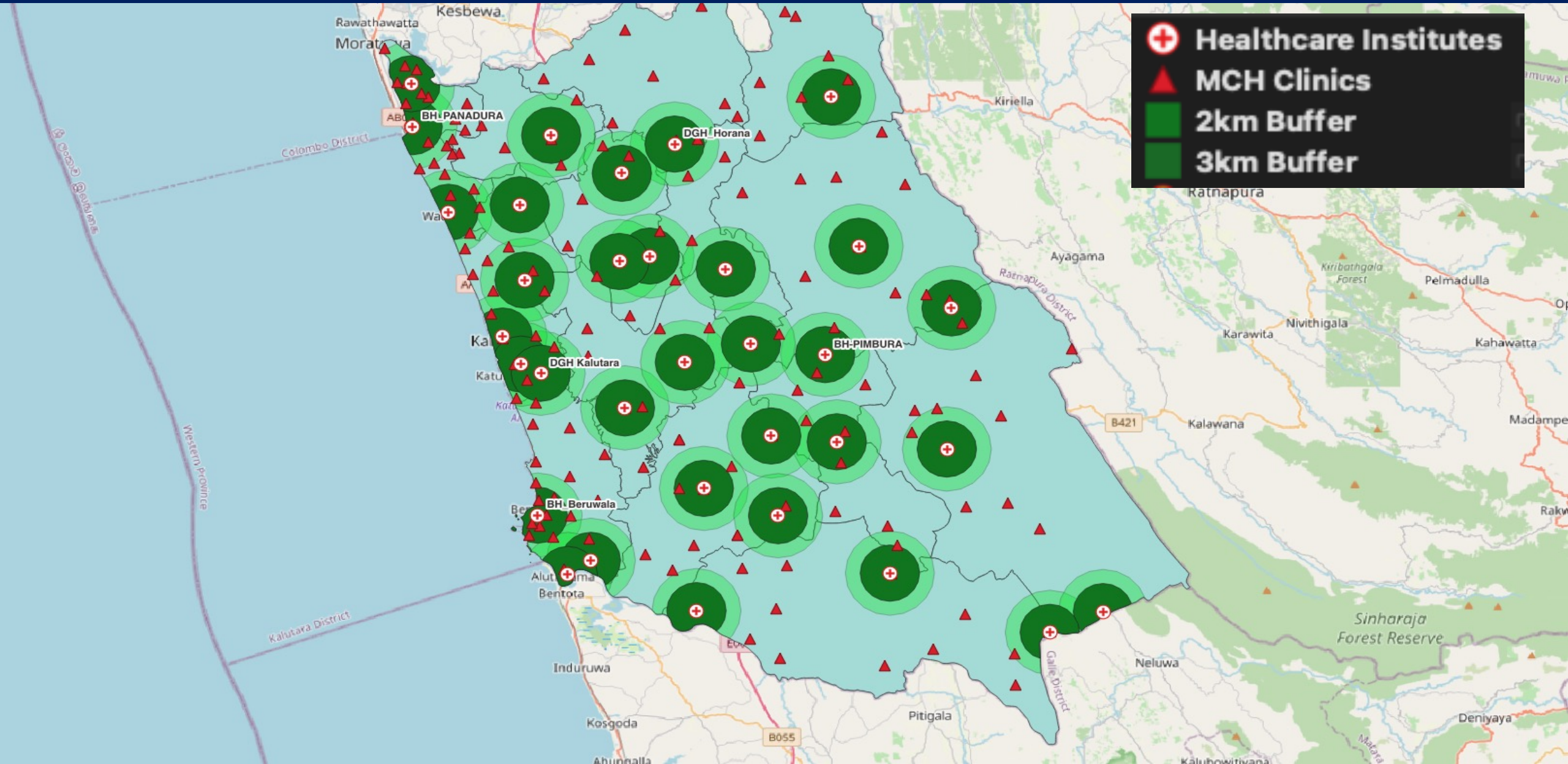




Population Empnancement



# Expansion of Coverage of Primary Health Care - 3km aerial distance and MCH Clinics - e.g., RDHS - Kalutara



## Way Forward

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Strengthen

- Strengthen community-based care models and 2ry care delivery

Invest in

- Invest in digital health & telemedicine

Train and deploy

- Train and deploy more rural health workers

Implement

- Implement pro-poor health financing strategies

Enhance

- Enhance intersectoral collaboration (health, education, transport)





# Safe and compassionate care

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