Global Health Histories Seminar 102

Strengthening Universal Health Coverage for the fight against Anti-Microbial Resistance

| 7 September 2017 | 09:00-13:30(SLST) | Colombo, Sri Lanka |

This seminar traces the inter-connections between reform in Universal Health Coverage and Sri Lanka's role in expanding the United Nations and the World Health Organization. Panelists will consider the challenges facing the provision of high quality, free healthcare to all; the financial, political and health challenges posed by AMR; and the need for novel health financing strategies to change pharmaceutical and antibiotics supply and usage. This seminar is the first step towards a broadranging coalition founded on the basis that Sri Lanka has an important global role to play in strengthening Universal Health Coverage, and combating AMR.

Chaired by

Dr. BVSH Beneragama Deputy Director General/ Laboratory Services, Ministry of Health

Dr. Anil Jasinghe Deputy Director General, National Hospital of Sri Lanka

Sri Lanka in the shaping of international health after the Second World War: A re-assessment

Prof. Sanjoy Bhattacharya
Professor in the History of Medicine and
Director, Centre for Global Health Histories (CGHH), University of York

The robustness of healthcare structures in British Ceylon in the 20th century has been studied by historians; scholars have attributed these trends, which were unparalleled elsewhere in British South Asia, to the devolution of political power and successful experiments in democracy. What is less well known, however, is the external effects of the resulting health indicators, especially after the Second World War and the Ceylonese independence. This presentation examines the contributions of the new, independent nation of Ceylon in the creation, expansion and design of the World Health Organisation in the first decade of the life of this specialist UN agency. As we break away from US- and Euro-centric perspectives and approaches, we are better able to understand how the complex networks of new international health were developed bottom-up. Ceylon's/Sri Lanka's great contribution was to consistently highlight the significance of technological self-sufficiency, especially in relation to pharmaceuticals (including antibiotics) and pesticides (especially DDT in the period being surveyed in this presentation).

Combating Antimicrobial Resistance in Tertiary Care Settings in Sri Lanka

Dr. Lakshmi C. Somatunga,
Deputy Director General Medical Services (I),
Ministry of Health

The alarming situation has arisen as new resistance mechanisms are emerging and spreading globally, threatening the ability to treat common infectious diseases, resulting in prolonged illness, disability, and death. Therefore, effective antimicrobials for prevention and treatment of infections, medical procedures such as organ transplantation, cancer chemotherapy and major surgery have become a challenge and a threat to patient safety to Sri Lanka as well. On the other hand, antimicrobial resistance increases the cost of health care with prolong stays in hospitals causing a burden to state run health sector in the country. This status shows that tertiary care needs more attention and more focused actions.

Currently the following measures have been ensured at tertiary care settings; within the context of Universal Health Coverage (UHC), access to essential medicines is facilitated. Promotion of rational use of medicines is in place but needs further strengthening. Infection prevention and control is monitored and reviewed.

As single isolated interventions have limited impact, a coordinated action is required to minimize the spread of antimicrobial resistance. A standard guideline should be adhered by all tertiary care settings and

most importantly, clinical audit should be encouraged.

Strengthening Universal Health Coverage (UHC) through cutting edge research and training on Anti- Microbial Resistance (AMR) in Sri Lankan health care context

Dr. Sunil De Alwis
Deputy Director General Education, Training & Research, Ministry of Health

Education, Training and Research (ET&R) Unit, is the focal point in providing technical guidance, coordinating basic training programmes and facilitating capacity building of health workforce through post basic and in-service training. Additionally, ET&R Unit is the main focal point for promoting, coordinating, facilitating and regulating health research in Sri Lanka.

ET&R Unit has modified the curricula of basic, post-basic and induction training programmes according to the principles of transformative education to meet the current needs of health system. Infection Prevention, Hand Hygiene and AMR were included during this process of transformation. Unit has coordinated local and foreign in-service training programmes for health staff involving infection prevention with the collaboration of professional colleges, local and foreign organizations. The unit also facilitates the in-service training in infection control and AMR by providing finances for healthcare institutions.

Medical Research Institute and National Health Research Council, which functions under the unit, provide technical and financial support through research grants to develop and continue research in AMR and related topics.

Health financing and the regulation of 'antimicrobials' in Sri Lanka

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Sri Lanka's middle-income economic status and its constitutional commitment to providing universal health coverage (UHC) immediately create unique challenges in its battle against Antimicrobial Resistance (AMR) which adversely affects the cost , the accessibility and the quality of the health care services. A sustainable, equitable and ethical health care financial model for the responsible production, distribution, use and regulation of antibiotics in

primary, secondary and tertiary healthcare is extremely important for provision of UHC. For which, long term data set need to be assessed critically to identify the attitudes of provision of PHC, pharmaceuticals including antimicrobials, relationship with UN agencies, impact of Essential List of Medicine (ELM) on promote the importation, production, distribution and use of antibiotics in local settings. Further, this innovative financial model should to be geared to identify the public and private contribution to maintain reasonable level out of pocket expenditure and financial protection (particularly for the poor and catastrophic payment).

UHC through effective clinical and laboratory management of AMR in SL health care context

Dr.KushlaniJayatilake
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In Sri Lanka public and private healthcare facilities are available in all districts. But trained staff is not adequate in numbers to have adequate laboratory and clinical services to control AMR. Currently the number of consultant microbiologists, ID physicians, laboratory technologists and Infection Prevention and Control officers are not adequate to maintain UHC.

Through the public health sector free medical services are available to people in all parts of the country. The safety and quality of services in these healthcare institutions are variable. Only few institutions have gained hospital and laboratory accreditation at present.

Antimicrobials and essential vaccination are available free of charge in public hospitals and also in private healthcare institutions and pharmacies they can be bought on a doctor's prescription throughout the country.

Health insurance is available but most of the population is attending the "free" health system where government bear the cost of medicines, vaccines and services.

National Medicinal Drugs Policy and National Medicines Regulatory Authority Act are in place to ensure availability of safe and effective medicines to everyone. To control the use of Red light antimicrobials a circular was issued, by the DGHS, as an activity in the National Strategic Plan to combat AMR.

AMR surveillance in human sector is carried out by the ministry of health and Sri Lanka College of microbiologists and AMR surveillance in veterinary and agriculture sector are also planned.