

 Early Warning System

ADB-58017-001

Strengthening Integrated Health Care for Universal Health Coverage  
Program



### Quick Facts

|                               |  |
|-------------------------------|--|
| <b>Countries</b>              | Sri Lanka                                    |
| <b>Financial Institutions</b> | Asian Development Bank (ADB)                 |
| <b>Status</b>                 | Proposed                                     |
| <b>Bank Risk Rating</b>       | B  |
| <b>Borrower</b>               | Government of Sri Lanka - Ministry of Health |
| <b>Sectors</b>                | Education and Health                         |
| <b>Investment Type(s)</b>     | Grant, Loan                                  |
| <b>Loan Amount (USD)</b>      | \$ 100.00 million                            |



### Project Description

According to the Bank's website, the objective of this project is to strengthen integrated health care for universal health coverage in Sri Lanka.

Achieving universal health coverage (UHC) has been the highest-level objective of the health sector of Sri Lanka since its independence, and Sri Lanka has steadily progressed towards UHC. Sri Lanka provides healthcare services free of cost to all citizens at the points of delivery. Health is a devolved subject as per the Constitution, and nine (9) provincial councils are responsible for providing health services including management of public hospitals. The Ministry of Health (MOH) is mainly responsible for planning and stewardship, procurement of pharmaceutical and medical supplies, and the management of very few national and teaching hospitals. The health system constitutes both curative and preventive arms. Both are predominated by government-owned service providers. Preventive healthcare is provided through 358 geographically defined areas covering the whole island. Each area is served by a medical officer of health and a team of community-based professionals. Curative healthcare is provided through a three-level system of hospitals connected by care pathways: tertiary and secondary hospitals where medical care is provided by specialists upon the referrals of patients, and primary health care facilities where services are provided by general physicians. There are 558 government hospitals and 517 primary health care institutes providing nearly 95% of inpatient care and around 50% of outpatient care in Sri Lanka. There are also 192 private hospitals registered and regulated by MOH, which mainly provides outpatient care, rehabilitative care, and limited inpatient care.

Sri Lanka achieved significant improvements in maternal and child health, and communicable disease control. Life expectancy at birth has increased from 60 years in 1960 to 76 years in 2021, which is one of the highest among countries in South Asia. Sri Lanka has achieved low levels of maternal (29 per 100,000 live births), infant (8.2 per 1,000 live births) and perinatal mortality (6.6 per 1,000 births). Constantly high immunization coverage has contributed to a sharp drop in the incidence of vaccine-preventable diseases during past decades. It also successfully eliminated various notifiable communicable diseases such as malaria, measles, rubella, and vertical transmission of human immunodeficiency virus and syphilis.

Although the care pathways for treatment and referral of patients are already in place, they are not well implemented. This is because the service capacity and quality of care in hospitals varies, even among hospitals at the same level, due to the lack of standardization of treatments and service packages, and the unavailability of specialist care services, which also makes gaps in quality and safety of care received prevalent. Hospitals lack human resources and have outdated and poor infrastructure to operate core clinical functions. As care pathways are not implemented, referral hospitals are crowded with patients who are supposed to be managed at lower-level facilities. The inefficient process for treatments and case management in hospitals also contributes to long waiting lines over months to years for eye care, heart disease management, imaging services, and surgeries. Detection, control, and management of high burden disease patients are not well integrated, and therefore, such patients cannot avail seamless services to address curative, preventive, palliative, and rehabilitation needs. Inadequate supportive services (laboratory, imaging, and dialysis services) are also a key gap in NCD care.



### Early Warning System Project Analysis

Environment: B

Involuntary Resettlement: C

Indigenous Peoples: C



### Investment Description

- Asian Development Bank (ADB)

Loan (Concessional ordinary capital resources lending): US\$ 100.00 million

Grant: not disclosed



### Contact Information

*No contacts available at the time of disclosure.*

### ACCESS TO INFORMATION

You can submit an information request for project information at: <https://www.adb.org/forms/request-information-form>

ADB has a two-stage appeals process for requesters who believe that ADB has denied their request for information in violation of its Access to Information Policy. You can learn more about filing an appeal at: <https://www.adb.org/site/disclosure/appeals>

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