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சுகாதார, போசணை மற்றும் சுதேசவெத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

General Circular No: 01 - 06 / 2019

All Provincial Chief Secretaries
All Provincial Health Secretaries
All Provincial Directors of Health Services
All Regional Directors of Health Services
Relevant Heads of Institutions

Implementation of Shared Care Clusters at District Level for Improvement of Service Delivery for Universal Health Coverage

The Ministry of Health, Nutrition & Indigenous Medicine approved the Policy on Healthcare Delivery for Universal Health Coverage in April 2018.

(http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/2018/phduhc-2018.pdf)

Based on the Policy, it is recommended to establish 'shared care clusters' linking a specialist care institution (Base Hospital or above) with a group of Divisional Hospitals and Primary Medical Care Units to serve as a 'cluster' of facilities to provide a people-centered healthcare with continuity of service to the health seekers in Sri Lanka.

Two Development Partners, The Asian Development Bank (ADB) and the World Bank will support the strengthening of primary care to support implementation of the policy.

The ADB financed Health System Enhancement Project (HSEP), which will be implemented from 2018 to 2023, will support to establish, implement, monitor and evaluate 9 newly established 'clusters' in the districts of Kandy, Matale, Nuwara Eliya, Anuradhapura, Polonnaruwa, Ratnapura, Kegalle, Badulla and Monaragala.

Based on the policy, a key function to operationalize the cluster would be its management. A suitable officer should be designated to carry out cluster management functions giving leadership,

creating structural and functional linkages with the identified feeder primary care level hospitals and other providers to provide continuity of care to health users.

Available human resources need to be reorganized within the cluster which links primary and specialist care facilities to provide services across the cluster in line with the recently developed Essential Services Package. In addition, financial allocations for cluster implementation and functioning need to be provided and an inter linked health information system to enhance the quality of services need to be established to enhance and develop the services to meet the criteria that are identified in the policy (Annexes I to IV defined in the policy).

The cluster linked facilities should be supervised by using monitoring tools that are defined in the General Circular Letter No 2-166 / 2015 dated November 30, 2015 issued by the Ministry of Health, Nutrition & Indigenous Medicine and monitor the cluster performance using a results monitoring framework adapted from the results framework in the policy. A comprehensive comparative evaluation should be carried out by 2023 to assess the performance of the cluster based reform introduced to strengthen primary health care for ensuring universal health coverage in these selected areas.

All provincial directors, regional directors and heads of line ministry and provincial institutions are hereby advised to;

- Identify the respective cluster and to develop the clusters in a phased manner (The ADB supported districts have identified the initial phase I clusters as per annex I).
- To identify a suitable arrangement to coordinate, supervise and monitor cluster-based developments and activities.
- To develop district health plans inclusive of cluster-based development, strengthening primary healthcare, identifying results to be achieved and responsible development partners/agencies for funding purposes.
- The apex/specialist hospitals to be guided by annex VII of the policy, available in the docket of the policy document, which gives the expected development profile of each specialist institution.

Secretary

Wasantha Perera
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For information