



# News Letter

UNITED NATIONS ASSOCIATION OF SRI LANKA

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## National Observance of the 78th United Nations Day - 2023



The National observance of the 78<sup>th</sup> United Nations Day was observed with houseful participation from all over the country. The event took place on the 23<sup>rd</sup> of October 2023 a day before the UN Day which was held at the Auditorium of Sri Lanka Medical Association.

The keynote address was given by the winner of the speech contest held by the association and the winner was Master Senuth Dilnada Wanniarachchi of Mahinda College Galle. Who made his presentation on the international year of millets.



Under the able leadership of the President of the United Nations Association Mr. Mohamed Zawahir and the National Executive Committee the program designed and executed with the participation of people of various walks of life.

Dr Laksiri Mendis was introduced by Executive committee member Ms. Syama Wijekulasuriya. This was followed by a presentation by Ambassador Dr Dayantha Laksiri Mendis who is an expert on the subject of UN Multilateral Treaties Global Governance.

The president of the Association was introduced by Executive Committee member Dr Anver Doole. The event started off with the hoisting of the National and United Nations flags by the President and the Chief Guest followed by a minute of silence in memory of all those who have sacrificed their lives under the UN flag. The president gave the welcome address and then gave away the first copy of the Annual souvenir of the association to the Chief guest and others.

Dr Noel Somasundaram was introduced by the Secretary General of the association, Mr. Errol Smith. This was followed by our special guest of honor Consultant Endocrinologist Dr Noel Somasundaram who made a presentation of health regulations.



The Chief guest for the occasion was Ambassador S. A. C. M. Zuhyle who addressed the gathering of empowering and mobilizing youth of our country to

achieve sustainable development goal of the United Nations 2030 agenda. He also highlighted the good work of the Association over a long period of time working with the youth of the school's study circles program around the country.

The technical support and program designed by Executive Committee member Mr. Sampath Priyankara and the association's overall event coordinator Executive Committee member Mr. Dharmadasa. While all other members of the executive committee members contributed in their own way to make this grand event a success.

The Sri Lanka Police Dancing troupe presented three cultural items in the event. Member of the Executive Committee Ms. Panchali Rathnayake delivered the vote of thanks.

**Mr. M. Zawahir**  
**President**  
**United Nations Association of Sri Lanka**



### *UN Stance on Israel - Hamas War*



On 6 December 2023, Secretary - General Antonio Guterres invoked a rarely used Article of the UN Charter calling on the Security Council to “press to avert a humanitarian catastrophe “in Gaza and unite in a call for a full humanitarian ceasefire between Israel and Palestinian militants.

Following a week-long pause in hostilities during which some of the 240 hostages being held by the militants in Gaza were exchanged for Palestinian prisoners, fighting re-commenced on 1 December.

With claims of brutalities from both sides the UN Chief, in a letter to the Security Council, invoked Article 99 in Chapter XV of the Charter.

He took this step “given the scale of the loss of human life in Gaza and Israel, in such a short

human life in Gaza and Israel, in such a short amount of time”

“I reiterate my appeal for a humanitarian ceasefire to be declared. This is urgent. The civilian population must be spared from greater harm”. Gueterres stressed that with a ceasefire, there was hope “and humanitarian assistance can be delivered in a safe and timely manner”.

Interestingly, US Secretary of State Antony Blinken has warned that Israel cannot reoccupy Gaza, after the war with Hamas ends.

Blinken also Insisted Hamas could not continue to rule there as it risked a repetition of the 7 October attacks. He said there should be no forced displacement, blockade or reduction in territory, and that the West Bank - based Palestinian Authority should govern.

In the meantime, Chairman of the US Joint Chiefs of Staff, General Charles Brown, said Israel's stated aim of its military campaign in Gaza - - the

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complete destruction of the Hamas militant group that runs the territory - - was “a pretty large order”.

He also said that Israel was focused on targeting the senior leadership of Hamas, which might be achieved more quickly.

Neighboring Nations and other interested countries

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are also putting pressure and there is a grave danger of the situation quickly getting out of control. Let us all pray and hope that sanity will finally prevail!

**Dr. T. Anver Dole**  
**Assistant Secretary-General**  
**United Nations Association of Sri Lanka**



## *Human Rights Day proclaimed by the United Nations December 10*



The celebration of “Human Rights Day” declared by the United Nations is continuously held by our Association every

year with the study circles located throughout the island. We apologize for not being able to organize the celebration for the past few years due to the recent Covid Pandemic.

In commemoration of Human Rights Day, a meaningful lecture on Human Rights and Responsibilities was held on 10 December 2023 at 5.00 pm at the Kumaran Fernando Foundation Headquarters. The lecture was delivered by senior lecturer, retired principal S. L. R. D. By Mr. Ratugama. He presented the lecture in a simple manner so that all the participants could understand clearly about human rights and duties.

In collaboration with the Royal Netherland Embassy a booklet on Universal Declaration of Human Rights was translated and published by the



United Nations Association of Sri Lanka and distributed the booklets among the participants of the lecture and the schools.

On December 10, 1948, the United Nations General Assembly approved and published the Universal Declaration of Human Rights. Immediately after the publication of this historical document, the General Assembly, requested from all member countries to make this publication public in every country regardless of the differences based on the political situation, and to distribute, display, read and understand it mainly in schools and other educational institutions.

Kofi A. Annan  
Secretary-General

**Mr. Dharmadasa Vitharanage**  
**Editor and Assistant Treasurer**  
**United Nations Association of Sri Lanka**

## UNASL School Competition - 2023



The United Nations Association of Sri Lanka (UNASL) conducted 3 competitions viz Speech, General Knowledge and Essay at Sri Vijaya Saugatha Maha Pirivena premises on 23<sup>rd</sup> September, 2023 with a view to enhancing from skills and knowledge of school children. Students from 32 schools participated for the competition. The winners and the runner

up invited to the UN Day Observance for the award of prize and certificates.

Students of 22 schools participated for the Speech Competition. The subject for the Speech Competition is the UN's theme for the year viz International Year of Millets. The winner of speech contest is given the privilege of delivering the keynote address at the UN Day ceremony. The following are the runners up at the speech competition.

**Winner** - Senuth Dilnada Wanniarachchi (Mahinda College, Galle)

**1<sup>st</sup> Runner-up** - W. R. C. S. Bandara (Kagalu College, Kegalle)

**2<sup>nd</sup> Runner-up** - T. D. Matheesha Prasastha Jayasekara (Hanwella Rajasinghe College, Hanwella)

**3<sup>rd</sup> Runner-up** - P. R. N. Pelawaththa (Vijaya College, Mathale)

**4<sup>th</sup> Runner-up** - D. G. Hirushi Wandana Guruge (Royal College, Kegalle)

Questions for the General Knowledge were set on United Nations, International Affairs, Human Rights, Sustainable Development, Sports, Current Affairs. Students of 22 schools participated for the competition.

The Following winners,

**1<sup>st</sup> Place** – J. D. B. Wijekoon (Ananda College, Colombo)

**2<sup>nd</sup> Place** – P. M. M. N. Rathnayake (Hanwella Rajasinghe College, Hanwella)

**3<sup>rd</sup> Place** – D. M. Jonikkuhewa, (Mahamaya Girls School, Kandy)

**4<sup>th</sup> Place** – M. S. Wijemanna (Mahinda College, Galle)

**5<sup>th</sup> Place** – M. C. Karunaratne (Southland College, Galle)

Student of 22 schools participated for the Essay Competition. The subject for the Essay Competition based on the UN's theme for the year namely "Potential of millets for the well being of people and environment"

Winners,

**1<sup>st</sup> Place** – C. Chaturmi Katipearachchi (Southland College, Galle)

**2<sup>nd</sup> Place** – P. T. G. Anuththara Nethmini (Vijaya College, Mathale)

**3<sup>rd</sup> Place** – A. G. Kusali Hansika (St. John College, Panadura)

**4<sup>th</sup> Place** – B. G. Tharani Chathushika (Hanwella Rajasinghe College, Hanwella)

**5<sup>th</sup> Place** – R. R. Imasha Sandaneththi Bandara (St. Josep Girls' College, Kegalle)



**Mr. Ediriweera Karunaratne**  
Executive Committee Member  
United Nations Association of Sri Lanka

## *“New Dimension in Health: Creating a Sustainable Healthcare Safety Net for All”*

According to WHO estimates, half the world's population is unable to access essential health services; 100 million people are pushed into extreme poverty each year because of out-of-pocket expenditures on health; and catastrophic spending on illness and disease is a truly global problem.

**Healthcare Safety Net** is defined as those providers that organize and deliver a significant level of healthcare and other related services to uninsured, underinsured, and other vulnerable populations, due to their financial circumstances, insurance status, or health condition.

It is our responsibility to ensure that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services.

**Universal coverage** is defined as access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving **equity in access**. The principle of **financial-risk protection** ensures that the cost of care does not put people at risk of financial catastrophe. A related objective of health-financing policy is **equity in financing**: households contribute to the health system on the basis of ability to pay. Universal coverage is consistent with WHO's concepts of health for all and primary health care.

Universal Health Coverage(UHC) consists of three inter-related components: i) the full spectrum of quality health services according to need; ii) financial protection from direct payment for health services when consumed; and iii) coverage for the entire population.

There are 5 dimensions of UHC:

- **Quality**
  - Timely
  - Integrated - Continuity
  - Appropriate - Best Practice Clinical
- **Full Package**
  - Community, Acute, Long Term Care
  - Needs based
- **Financial Protection**
  - Free Care (at point of contact)
  - Affordable care (Progressive, avoid Catastrophic Payment and Risk of Impoverishment)
- **Coverage for all**
  - Universal means everyone
- **Resources**
  - Sufficiency (Threshold)
  - Efficiency (Allocative, Technical – Right mix)

Five dimensions of health system performance should be the focus on Health System Strengthening.

### **SDGs and progress towards universal health coverage**

In 2015, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development. This has 17 Goals, known as the Sustainable Development Goals (SDGs), to be achieved by 2030. The Agenda emphasizes the need for more integrated and inclusive approaches to development, to ensure that **“no one is left behind”**.

Health is centrally placed in the 2030 Sustainable Development Agenda. Universal health coverage (UHC) is recognized as a unifying platform for making progress on Sustainable Development Goal 3 for health. It is a precondition for, and an outcome of, all three dimensions of sustainable development – economic, social and environmental.

The health goal SDG3 aims “to ensure healthy lives and promote well-being for all at all ages”. SDG3 has 13 targets covering all major health priorities: the unfinished Millennium Development Goal (MDG) agenda; new health priorities, including non-communicable diseases (NCDs), injuries and environmental issues; and “means-of-implementation” targets that concern health systems and UHC. Monitoring progress on UHC and the SDGs will help identify bottlenecks and make any needed adjustments to policies and plans.

### **Sri Lankan context**

The cornerstone of Sri Lanka’s Universal Health Coverage (UHC) agenda has been supply-side efforts to ensure strong service delivery. It has provided universal, free access to government provided health care services to its population since the 1930s. Although Sri Lanka is well positioned to achieve UHC, current demographic, epidemiological and economic transitions are challenges to ensuring universal and equitable health financing and care provision.

The Sri Lankan health system has been recognized internationally since the 1970s as a highly successful low-cost model. This achievement was built on the foundations of a health-care system that has been free at the point of delivery since 1951; a sound primary health-care approach since the mid-1920s (significantly in advance of the Declaration of Alma-Ata in 1978); establishment of close-to-client primary health-care services as a consequence of universal adult franchise since 1931; and high female literacy. Although Sri Lanka is therefore well positioned to achieve UHC, current demographic, epidemiological and economic transitions are challenges to ensuring universal and equitable health financing and care provision.

As you will see the policy process has been fairly lengthy and the turning point has been the leadership given in 2016 that resulted in acceleration and further catalyzed with interest pledged by development partners to support the envisaged change.

The outstanding-health financing features in Sri Lanka are the heavy reliance on the private sector, involving out-of-pocket expenditure (43.9% of total health expenditure was private health expenditure in 2014, despite a system of health provision that is free at the point of delivery), and the predominance of out-of-pocket payments, which formed 95.8% of private health expenditure in 2014. This high dependence on out-of-pocket payments results in households lacking financial protection, making them susceptible to impoverishment and catastrophic health expenditure.

Are we spending enough on healthcare in Sri Lanka?

Of 194 countries in the world only 10 have lower percentage than Sri Lanka.

### **The need to change**

The current system inadequately addresses the present burden of diseases comprising of chronic NCDs, Elderly care needs, Mental Health issues, injury, Cancer, largely being chronic problems requiring continuity of care across a spectrum of care from primary – specialized, Promotive to preventive, curative, rehabilitative and palliative care.

The closest primary care facility is often bypassed due to inadequacies in available care, medicinal supplies and laboratory investigations at this level. The large network of primary care curative facilities are relatively underutilized and need to be rebranded into effective, people centered care units.

The Curative system needs to be remodeled into accountable units of care similar to the Community Health services which is the MOOH system. People also need access to care across a continuum of care without having to figure out where to go by themselves. Looking forward, the pending agenda for Sri Lanka’s health system stems largely from the challenges associated with an aging population.

Addressing NCDs is a more complex task than delivering on the maternal and child health agenda, and will entail new approaches to service delivery. It is not evident yet that Sri Lanka is performing well in terms of managing NCDs, nor that the health system as it is currently configured is well positioned to do so. The reforms needed to rise to this challenge will require strengthening all aspects of the health system – financing, human resources, pharmaceuticals, and information systems – to meet the needs of a more costly and complex service delivery system. It is encouraged that the health system places further emphasis on prevention and promotion, thereby reducing the possibility of high cost care, which in turn should improve the system’s financial sustainability.

Equity is key to UHC; every person must be covered and services must be allocated according to need, with the most vulnerable people the first to receive services. The goal is for an equal consumption of services in relation to need among all socioeconomic groupings (i.e. no difference between men and women, rich and poor, different racial or ethnic groups, various age cohorts, etc.) A free market for health services is unable to deliver this type of system. Publicly financed UHC is the only means to achieve this end.

### **What opportunities exist to change?**

There were significant developments that took place over the past decade to expand specialized care. The policy on strengthening one hospital to the level of a district general hospital is noteworthy. Whilst this actually provides us with an opportunity now for the proposed reorganization, it also had the effect of promoting bypassing, as primary care curative institutions became relatively under resourced.

We have in total 960 primary level curative institutions which can be effectively functionally linked to the community as well as to the specialist hospitals to provide the continuum of care.

Similar to the Community health services it becomes possible to have a family doctor like

system, each family doctor responsible for a 5000 population determined by mapping of grama niladhari areas.

### **Policy Goal/Objectives**

The key policy objectives are to make us able to respond to evolving health needs, reduce catastrophic health spending and improve our overall satisfaction in health experiences.

### **The way forward**

Current efforts center on strengthening the primary health care system, synergizing community-based prevention and primary medical care. These proposals represent a new vision for a reorganized primary health care sector in Sri Lanka, preserving our health gains from the past, and preparing the nation to meet the health challenges of the future. To facilitate and foster these improvements a new organizational structure is proposed termed the “Shared Care Cluster System”.

### **What is the cluster system?**

- The cluster has a catchment area and a population
- Each hospital within the cluster has a catchment area and population
- The Cluster will be considered as a Health performance unit
- The cluster, also referred to as a ‘shared care cluster unit’ will “share the care of a patient between primary and specialized care within the cluster” and also there can be resource sharing within a cluster between institutions.

The key policy objectives are to make us able to respond to evolving health needs, reduce catastrophic health spending and improve our overall satisfaction in health experiences.

### **Policy priority areas:**

1. Provision of quality first contact care through primary care strengthening and a family centered approach
2. Continuity of care through appropriate referral and back referral

3. Development of a supportive and equitably distributed network of specialized care services to facilitate coordinated care
4. Citizen engagement and empowering the community for rational health seeking behavior
5. Protection from financial risk
6. Monitoring and adapting: Disease surveillance, priority setting, innovation/ learning

### Reorganization model

- Shared care clusters- sub district units 2-5 per district
- Family doctor for every 5000 population
- Identifying catchment population and areas for each institution and deploying Medical officers as family doctors to serve that population
- Equitable distribution of specialized care
- 12 specialties in all clusters. For All others, locations identified based on GIS
- Referral and back referral system
- Strengthening management to ensure cluster performance, supervision and resource distributions. / resource sharing
- Staff competency building
- Guidelines and tools that will define the functions, responsibilities of each institution and health care team within the cluster system

### Benefit to the people

- Essential Services package
- A family doctor for all
- Less financial risk
- A robust patient management health information system where personal health information will be efficiently accessed to ensure continuity of care
- Greater empowerment and engagement

### Challenges ahead

- Need for additional health spending, government or diversified
- Workforce availability and distribution
- Inequities in service availability and consumption

- Quality issues: overcrowding and short contact time, access to investigations, prescription patterns
- Potential for spiraling service consumption (e.g., elderly care) and costs
- Inadequate Referral System
- Fragmented Health Information System

### Concluding remarks

**To move forward in achieving UHC,** governments and development partners need to priorities interventions in three main areas:

- 1) removing financial and non-financial barriers to accessing and receiving high-quality healthcare
- 2) increasing the amount of investment in essential health services, while ensuring effective and efficient spending, and
- 3) prioritizing equity by allocating new resources to benefit the poorest first.

### Some key messages:

As a lower-middle income country, it is essential for Sri Lanka to ensure that a sustainable Healthcare Safety Net is available for its people.

- Tax based financing of health as being the most appropriate health funding source
- Need for greater tax revenue and allocation of such funds to the health sector
- Importance of creating awareness among policy makers about the limitations in alternative health financing mechanisms such as social health insurance
- Safety nets should be available to ensure financing of emergency care. If this issue is not addressed seriously, then the drive for UHC and the SDG for health will both be derailed.

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**Consultant Community Physician**  
**Assistant Secretary General**  
**United Nations Association of Sri Lanka**

## *Welcome Our New Members 2023 06 01 to 2023 12 31*

### *Special Life Members*

Ms. Musthafa Sharina - 2018  
Mr. Abdul Latheef Mohamed Nawamil - 2021  
Mr. Shanthalingam Visalahan - 2022

### *Special Life Member Overseas*

Dr. Nadia Hamzah Fouad - 2020  
Ms. Hadil Ahmad Hussain - 2026

### *Life Member*

Mr. Mohamed Gawse Mohamed Ameer - 2003  
Mr. Dapanadurage Upul Priyantha - 2004  
Mr. H. Jagath Pushpakumara Perera - 2005  
Mr. Maniyam Gamage Jagath Shantha - 2006  
Mr. Pradeep Roshan Fernando - 2007

### *Life Member*

Mr. Kithsirimevan Jayasena - 2008  
Mr. N. Nelson Almeida - 2009  
Ms. E. M. W. Chandra Kumari - 2010  
Ms. H. Miloni Preethika Nonis - 2011  
Mr. H. G. Asoka Priyasantha - 2012  
Mr. G. Piyal Nandana Aponso - 2013  
Mr. M. Travis Marius Mendis - 2014  
Mr. Aruna Kahaduwaarachchi - 2015  
Mr. K. Rangana Sathyajith - 2016  
Mr. Murugesu Sritharan - 2017  
Mr. R. D. Vivan Binovin - 2019  
Mr. Anuja Thrishakya Ranchagoda - 2023  
Mr. Damitha Aluge - 2024  
Mr. Mohamed Abdul Hassan Imran Hassan - 2025



*The President and  
Members of the National  
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