

HEALTH SYSTEM IN SRI LANKA AND ROLE OF NURSING OFFICERS IN NCD CARE

DR. DHANUSHKA ABEYGUNATHILAKA

MBBS, EMsc (HEALTH ADMINISTRATION) MSC (COMMUNITY MEDICINE)

NON COMMUNICABLE DISEASES UNIT

LEARNING OBJECTIVES

- To brief on health system of Sri Lanka
- To provide an over view on NCD service provision of Sri Lanka
- To provide an overview on responsibility of nursing officers for NCD care provision at different levels.

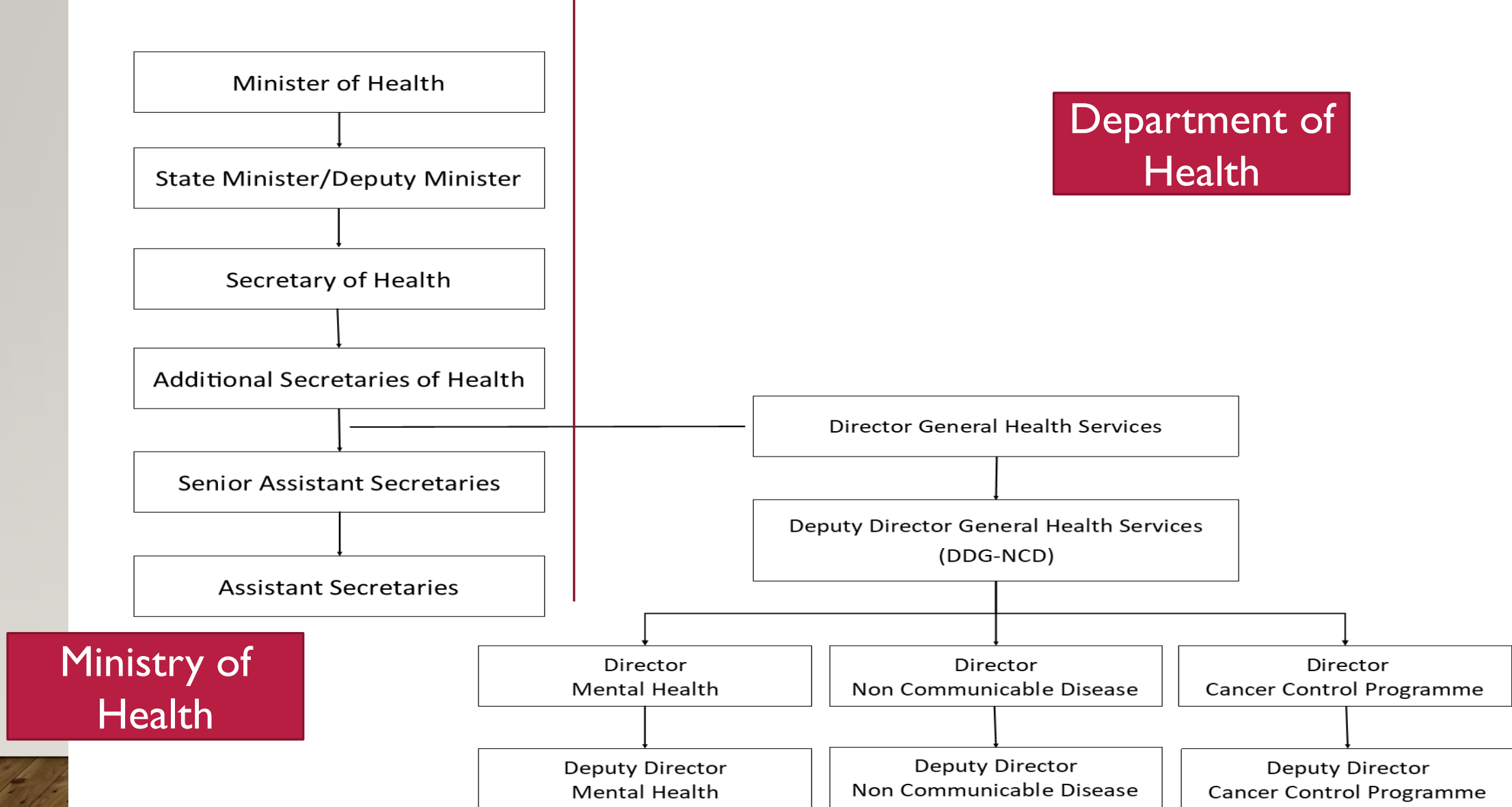
SRI LANKAN HEALTH SYSTEM

- Sri Lanka has a well-established curative and preventive health care system mainly provided through state sector from public funds.
- It's Certain functions are governed through the provincial councils, including primary care services.
- There is a significant contribution from the private sector especially at primary care level.

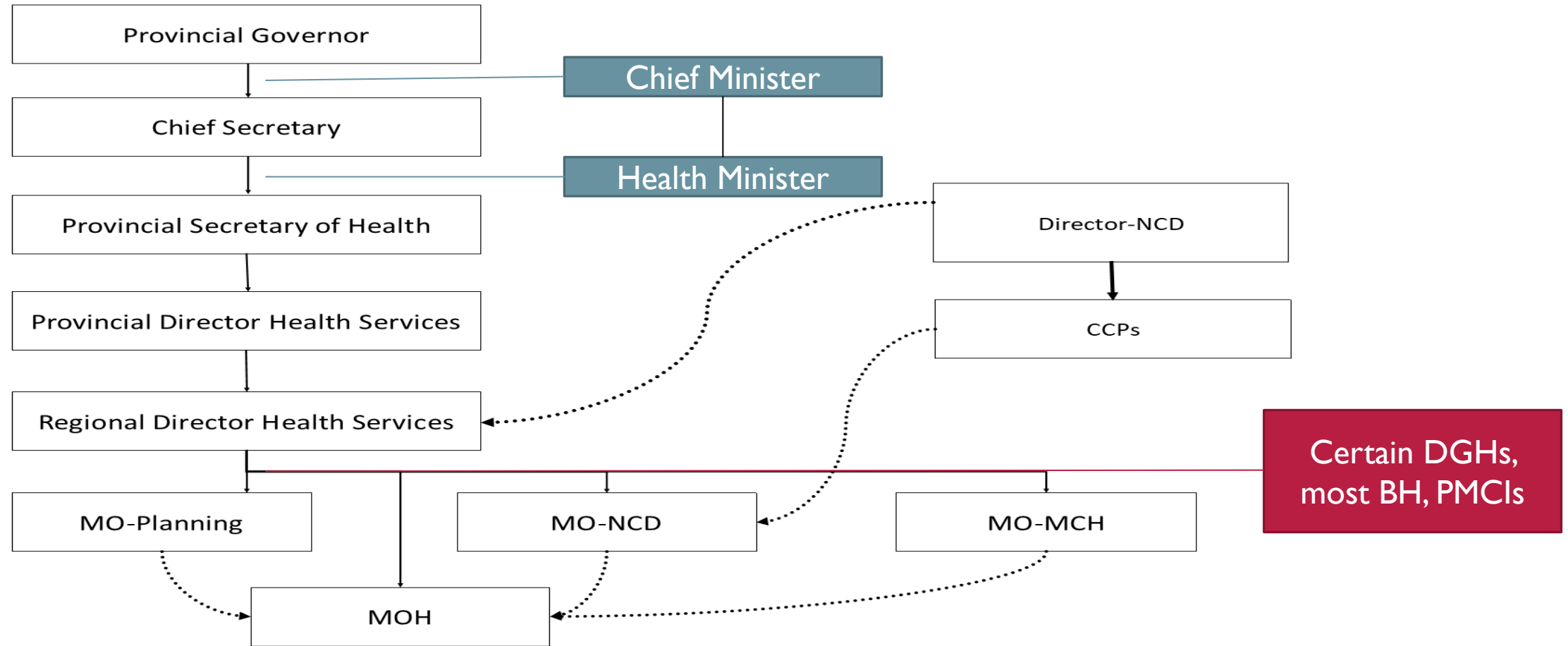
HEALTH SYSTEM OF SRI LANKA HAS TWO ADMINISTRATIONS

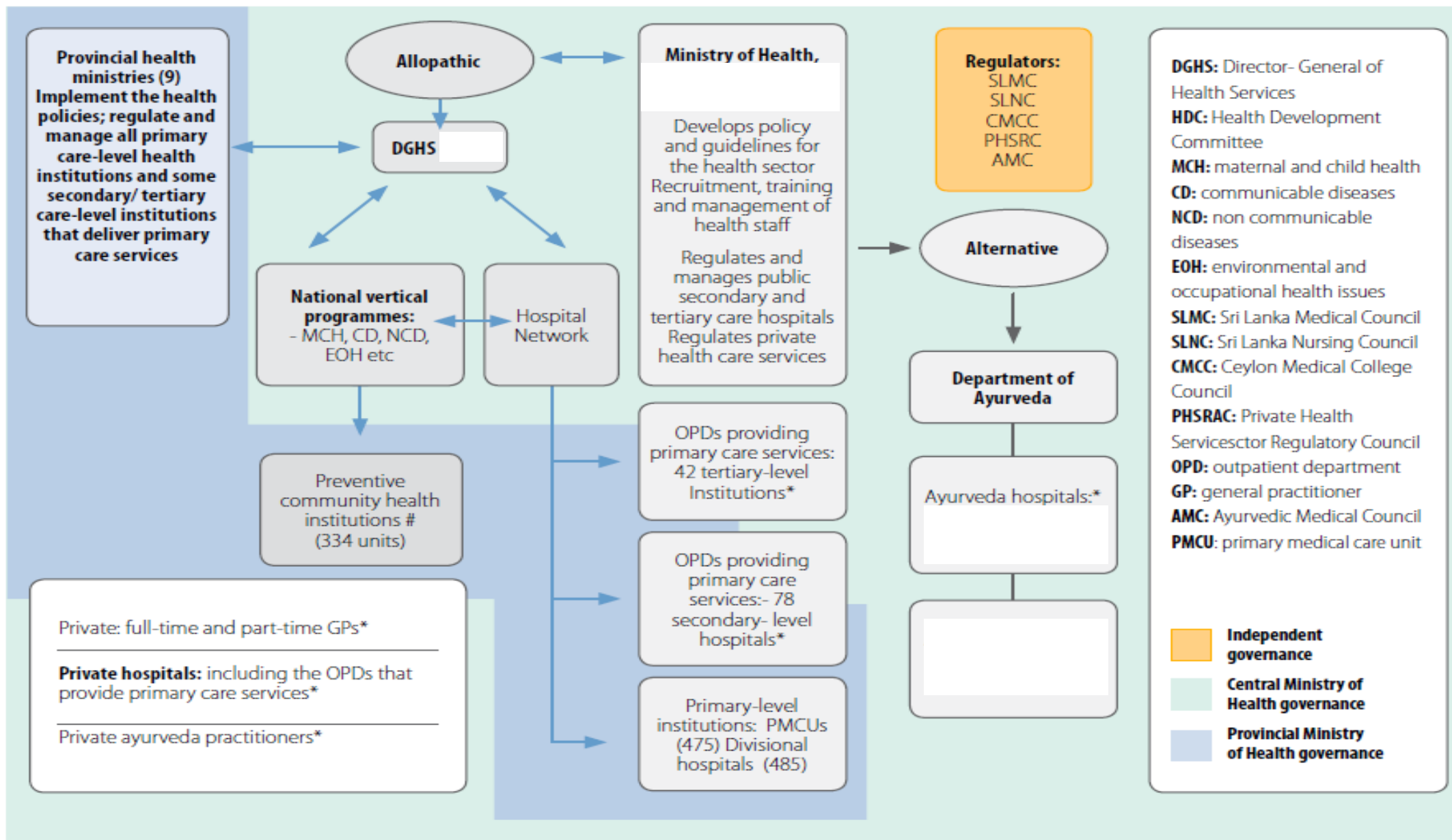
- Line Ministry for Health Services
- Provincial Ministries for Health Services

HEALTH MINISTRY AND DEPARTMENT OF HEALTH



HEALTH CARE SYSTEM AT PROVINCIAL LEVEL





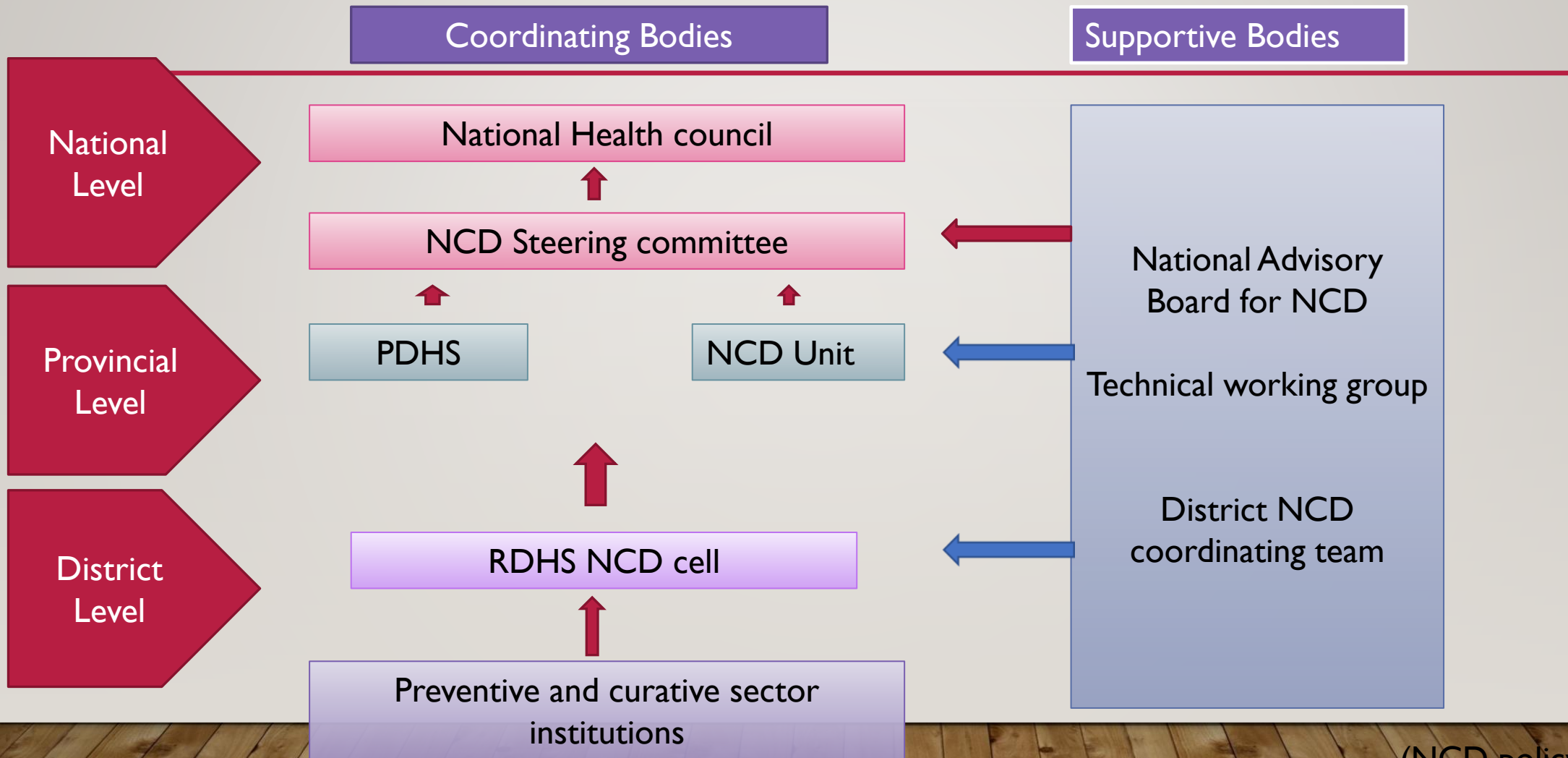
HEALTHCARE SYSTEM IN SRI LANKA AND PROVISION OF NCD SERVICES

- Ministry of Health, Sri Lanka provides preventive care, inpatient care and outpatient care, free at the point of delivery.
- Non-Communicable Disease Unit, Ministry of Health functioning under Deputy Director General/ Non-Communicable Disease (DDG/NCD) is responsible for planning, implementing, monitoring and evaluating the national NCD prevention and control programme in Sri Lanka
- Medical Officers of Non-Communicable Disease (MONCD) attached to the office of the Regional Director of Health Services (RDHS) coordinate the implementation of the NCD program in the districts

DIRECTORATE OF NCD

- Responsible directorate in MOH for NCD prevention and standardized care under DDG- NCD
 - Chronic NCD prevention and control
 - Injury prevention and management

COORDINATION OF NCD PREVENTION AND CONTROL



(NCD policy, 2009)

NATIONAL MULTI SECTORAL ACTION PLAN TARGETS BY 2025

- 25% reduction in premature mortality from CVD, Cancer, DM, CRD
- 10% reduction use of alcohol
- 10% reduction prevalence of insufficient physical activity
- 30% reduction prevalence current tobacco use >15y
- 30% reduction mean population intake salt/sodium
- 25% reduction prevalence of Hypertension/contain
- Halt rise in Obesity, Diabetes
- 50% eligible people receiving drug Tx, counselling, glycemic control to prevent MI and stroke
- 80% availability of affordable basic technology, & medicine to Tx major NCD both public & private

WHAT IS PREVENTION OF A DISEASE

- Is the deferral or elimination of specific illnesses and conditions by one or more interventions of proven efficacy (1).
- Understood as specific, population-based and individual-based interventions for primary and secondary (early detection) prevention, aiming to minimize the burden of diseases and associated risk factors(2).

WHAT IS PREVENTION AND LEVELS OF PREVENTION

- Primordial prevention - Prevention of occurrence of Risk factors
- Primary prevention - prevention of occurrence of a disease (NCD)
- Secondary prevention - early identification and treating a disease (screening)
- Tertiary prevention - Prevention of occurrence of complications (eg: DM footcare, eyecare, preventing bed sores)

NCD CARE

- Provided in curative and preventive sectors
- Curative care is given through hospital setting mainly
 - Tertiary care institutions (NHs, THs, PGHs, DGHs, Certain special hospitals-NIMH, Cancer institute, Rehabilitation hospital)
 - Secondary care institutions (BHs)
 - Primary care institutions (DHs, PMCU)
- Preventive care- can be given at all levels & at facilities established for prevention (HLCs, WWVC, ANC, field level, outreach medical camps etc.)

ROLE OF NURSING OFFICERS IN NCD CARE

- One of the important team members in the NCD care team
- At hospital (in the curative healthcare system)
 - Providing & supporting NCD care services
 - Providing services for all levels of prevention at curative settings (Wards, OPD, Clinics)
 - Providing health promotion at all levels (Wards, OPD, Clinics) on all four levels of prevention
 - Preventing complications of existing NCDs
 - As a health promotor in the community

“BEST BUY” INTERVENTIONS (WHO, 2017)

Risk factor / disease	Interventions
Tobacco use	<ul style="list-style-type: none">• Tax increases• Smoke-free indoor workplaces and public places• Health information and warnings• Bans on tobacco advertising, promotion and sponsorship
Harmful alcohol use	<ul style="list-style-type: none">• Tax increases• Restricted access to retailed alcohol• Bans on alcohol advertising
Unhealthy diet and physical inactivity	<ul style="list-style-type: none">• Reduced salt intake in food• Replacement of trans fat with polyunsaturated fat• Public awareness through mass media on diet and physical activity
Cardiovascular disease (CVD) and diabetes	<ul style="list-style-type: none">• Counselling and multi-drug therapy for people with a high risk of developing heart attacks and strokes (including those with established CVD)• Treatment of heart attacks with aspirin

ROLE OF NURSING OFFICERS IN NCD CARE CONTINUE....

In the preventive health care system

- Especially at the PHC level i.e. PMCI and MOH level for NCD care services (HLC-NO, PHNS, PHNO)

As most are in close & early contact with the serving community,

- Promoting healthy life styles (as first contacts to the people)
- Promoting screening for illnesses
- Making brief interventions to correct identified wrong behaviors
- Referring of the needy to the treatment & care teams
- Making follow up arrangements as necessary.



ROLE OF NURSING OFFICERS IN NCD CARE

6/18/2021

CONT....

-
- Assist in screening of NCD & risk factors –HLC, medical clinics, at PHC level
 - Contribute to risk factor reduction - promotion of physical activity, healthy diet, tobacco and alcohol cessation
 - Assist in out-reach NCD screening programmes
 - Assist in arranging follow up care for referred patients at institution level
 - Assist in maintaining the Information Management system
 - Provide palliative care at home
 - Contribute to mobilize civil society or volunteers and community leaders

-
- Ensure follow up care of patients
 - Visit households/trace and refer back the loss to follow up patients/clients
 - Assist in service provision at the HLCs –
 - Inviting eligible population screening
 - Assist in conducting the Physical Exercise Sessions

Above all

- Be responsible for your own and family health. Get yourself checked at recommended intervals (institutional medical assessments)

TEAM WORK IS THE KEY TO SUCCESS!!!



END !



REFERENCES

1. WHO EMRO (2020), Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity available at <http://www.emro.who.int/pdf/about-who/public-health-functions/health-promotion-disease-prevention.pdf?ua=1>
2. EPA. The Clean Air Act: Protecting human health and the environment since 1970 as the U.S. economy has grown [online]. 2012. [cited 2013 May 8]. Available from URL: <http://www.epa.gov/air/sect812/economy.html>.
3. CDC. State smoke-free laws for worksites, restaurants, and bars— United States 2000—2010. MMWR 2011;60(15):472–5. 3. Meyers DG, Neuberger JS, He J. Cardiovascular effect of bans on smoking in public places. J Am Coll Cardiol 2009;54:1249–55.
4. Institute of Medicine. The community. In: The Future of the Public's Health in the 21st Century. Washington (D.C.): The National Academies Press, 2003.
5. Annual health bulletin, 2013, 2016, 2018

NON- COMMUNICABLE DISEASE BURDEN



PROPORTIONAL MORTALITY*

▶ 34%

Cardiovascular
diseases

▶ 14%

Cancers

▶ 8%

Chronic
respiratory
diseases

▶ 9%

Diabetes

▶ 18%

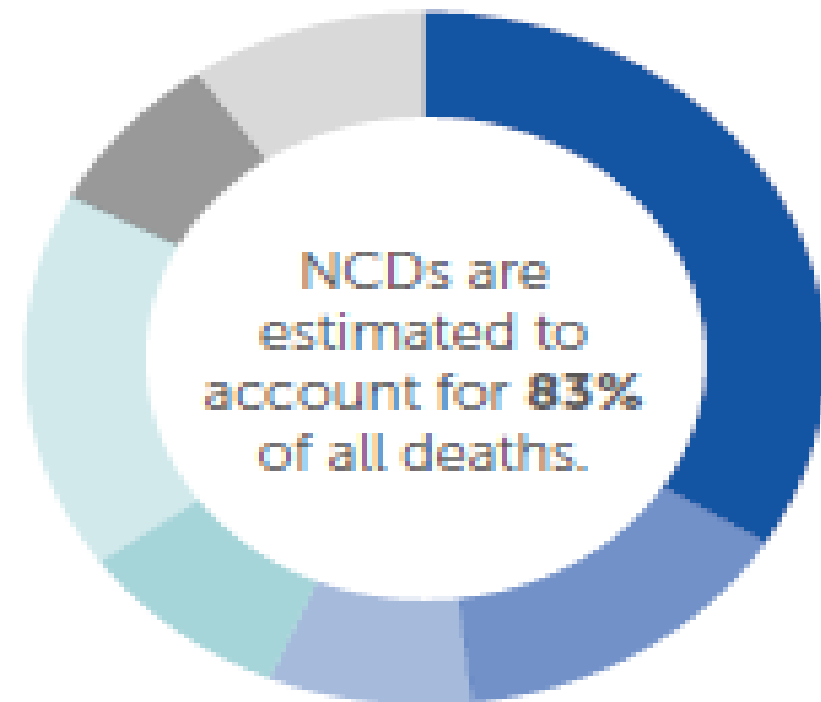
Other NCDs

▶ 8%

Communicable,
maternal, perinatal
and nutritional
conditions

▶ 10%

Injuries



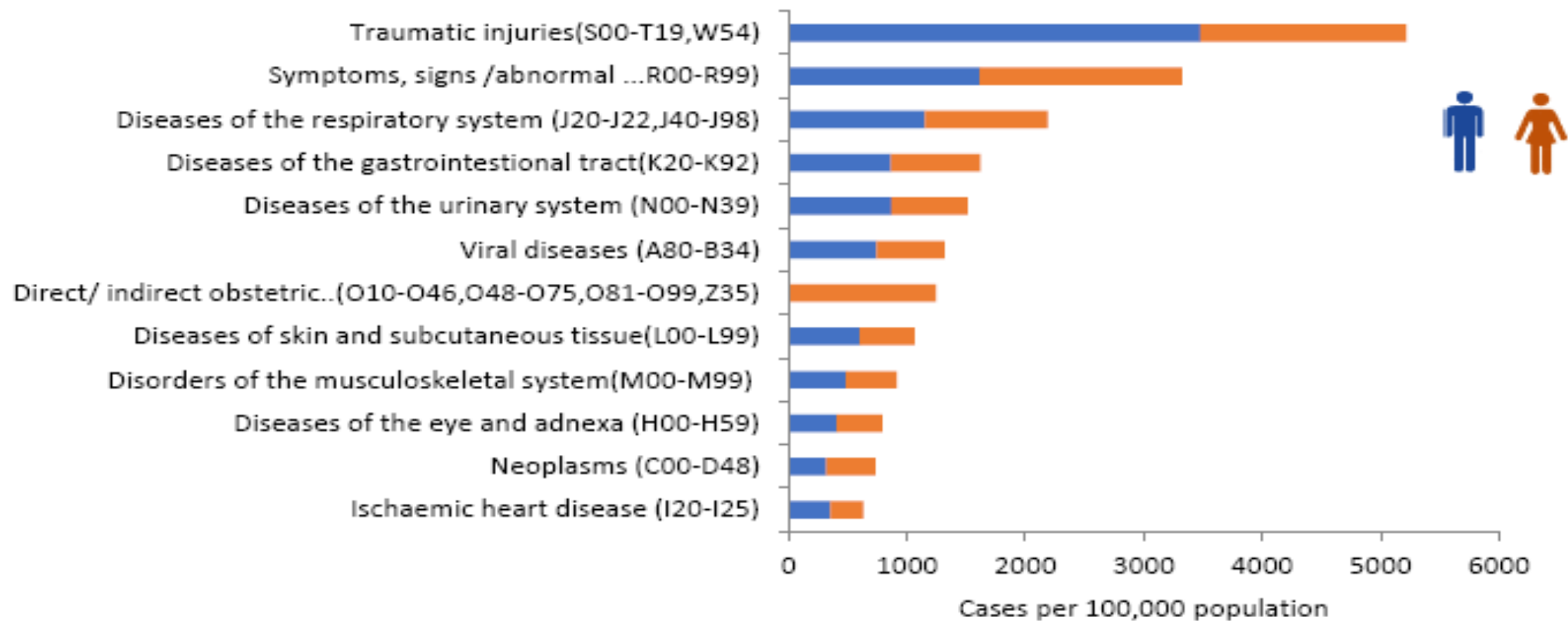


Figure 2.1 : Leading Causes of Hospitalization, 2018

Source: Medical Statistics Unit

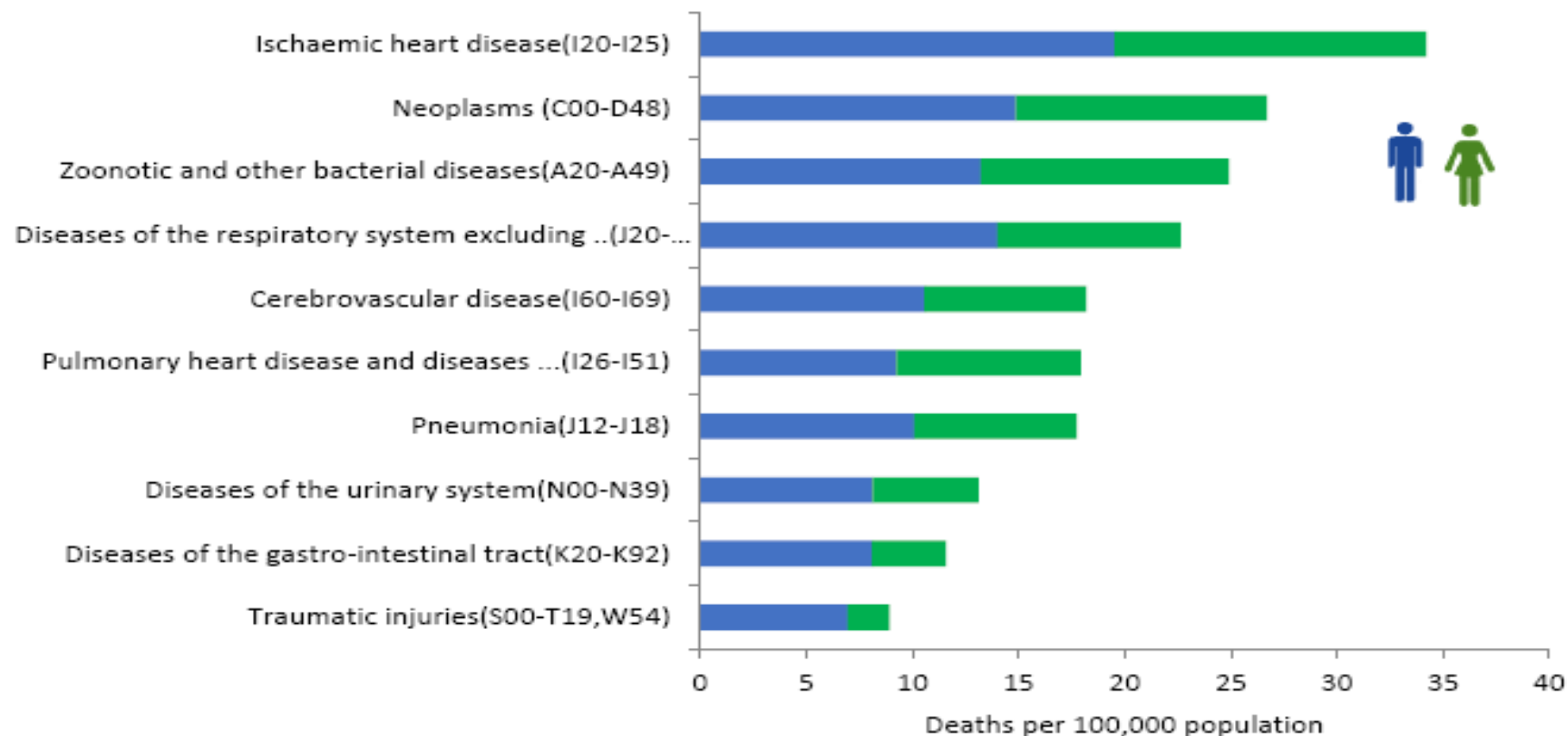
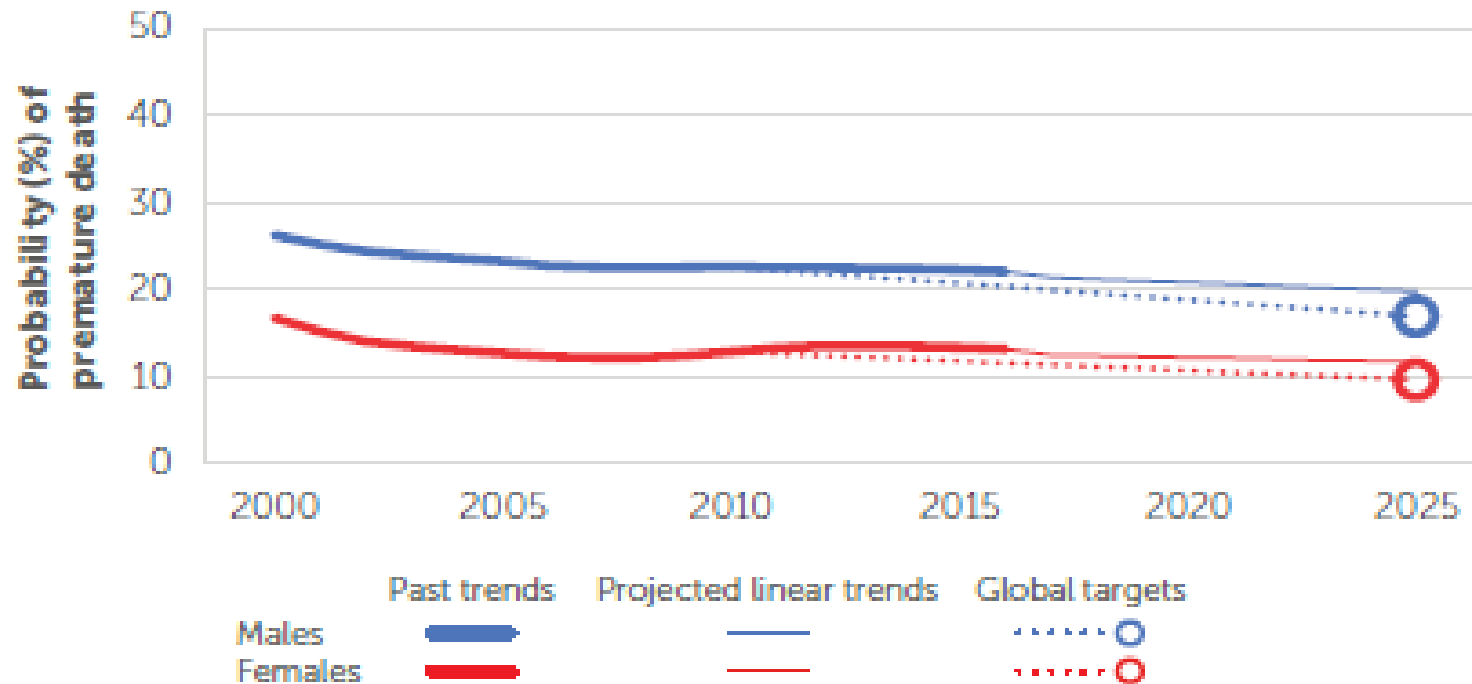


Figure 2.2 : Leading Causes of Hospital Deaths, 2018

Source: Medical Statistics Unit

RISK OF PREMATURE DEATHS FROM NCDS AMONG 30-70 Y

RISK OF PREMATURE DEATH DUE TO NCDS (%)*



ATION

In 2018- 17%

22% for males
13% for females