Rational Use of Medicine (RUM)

Irrational use of medicine has now become as global problem especially affecting the developing countries including Sri Lanka. Poly pharmacy, poor adherence to standard treatment guidelines, poor patient compliance to treatment regimen due to lack of information and knowledge are the common causes for irrational use of medicines. Further more, irrational use of antibiotics causes a major problem by leading to antibiotic resistance. The Cosmetics, Devices and Drugs Authority (CDDA) has recently developed user friendly antibiotic guidelines to be used for common diseases at the first level of health care.

A workshop on RUM was conducted for medical and other hospital staff in Ampara on 31 January 2013. There were presentations on importance of RUM, common problems and issues faced and antimicrobial resistance pattern in Ampara hospital at this workshop. The recently developed guidelines were also promoted during the workshop. There will be series of workshops on RUM focusing on medical officers as well as general public organized by the CDDA.

Participants of the workshop

World Health Report 2013
Research for universal health coverage

World Health Statistics
WHO’s annual World Health Statistics reports present the most recent health statistics for the WHO Member States.
The decade of action for road safety 2011-2020 was officially launched by the HE the President of Sri Lanka on 11 May 2011 in Colombo. A National Action Plan for the decade was also prepared in consultation with all stakeholders. With the implementation of the action plan, it was felt to be appropriate to devise a 5 year corporate plan with budgeting for activities also added.

A National workshop was hence organized by the Ministry of Transport in collaboration with the National Council for Road Safety and the UNESCAP based in Bangkok. Participants from various sectors related to road safety were invited and detailed discussions and presentations took place in the technical session by various experts from the relevant fields. The inaugural session was attended by the Hon. Deputy Minister of Transport, Chairman Parliamentary Select Committee to look into alarming increase in road traffic accidents and WHO Country Representative, Dr F R Mehta as well as representatives from UNESCAP.

The main outcome of the meeting was the agreement to finalize the 5 year corporate plan which has been drawn from the 10 year action plan formulated in 2011 in line with the decade of road safety. Once finalized both the costed 5 year corporate plan as well as the 10 year action plan for road safety will be submitted to Cabinet for approval.
Tobacco use is the leading cause of preventable death worldwide. The current smoking prevalence in Sri Lanka is 21% among males and less than 1% among females. Chewing tobacco is more common than smoking tobacco among women. Over 20,000 people die due to tobacco-related illnesses annually in Sri Lanka. With the increased government commitment for NCD and designating 2013 as the year for prevention and control of NCDs, a request was made from the Ministry of Health to conduct a training programme targeting Nursing and Midwifery Tutors on tobacco cessation. This has especially been requested, as evidence shows that advice and follow up on tobacco cessation by nurses increases the quit rate by two fold. Nursing faculty remains for longer period, hence training imparted to teachers will have a sustained impact on training of nursing & midwifery students on tobacco cessation through both in curricular and extracurricular activities. A two day capacity building workshop for nursing & midwifery tutors was arranged with participation of approximately 40 nursing and midwifery nursing tutors and all Nurse Training Schools in Sri Lanka was represented.

Technical and financial support was given by SEARO through the Regional Advisor, Tobacco Free Initiative and Coordinator, Gender, Equity and Human Rights as well as a Nurse Trainer from India. The inaugural event was attended by the Director General of Health Services as well as the Country Representative, World Health Organization. The training was conducted very effectively and activities were identified for follow up. One of the main requirements was the replication of this training at provincial and district levels.
Dengue remains as one of the important public health concern in many countries in the tropical and sub-tropical regions including Sri Lanka. The dengue virus is transmitted to human by day-biting mosquitoes, Aedes aegypti and Aedes albopictus. WHO estimates around 50 to 100 million dengue infections occur every year and almost half the world’s population lives in countries where dengue is endemic. This is the most rapidly spreading mosquito borne viral disease with a 30 fold rise in global incidence over the past 50 years.

Sri Lanka recorded its largest outbreak in 2012 with more than 44,000 cases, since the first case was reported in 1962. For the control of dengue, currently the Ministry of Health is implementing a “five years national strategic plan for 2011-15”. The main strategies under this plan are: disease surveillance, case management, vector surveillance & integrated vector control, social mobilization, outbreak response & communication, intersectoral coordination and research. The political will to control the epidemic is very evident in Sri Lanka. The important milestone in country’s efforts to control dengue is the establishment of the Presidential Taskforce with the participation of several ministries as dengue control demands a multipronged response that involves different ministries beyond the health sector. The Presidential Taskforce ensures inter-ministerial coordination at the top to provincial, district, divisional and community level coordination in the implementation of prevention and control activities.

Dengue is a disease with a complex epidemiology. It is strongly influenced by several environmental and ecological factors. Its effective prevention and control, to a large extent, relies on environmental management. Given the constraints and limitation in mitigating the environmental changes in the foreseeable future, it is expected that dengue will stay with us for many years to come. And the dengue situation may get worse, if not successfully contained.

It is clear that implementation of dengue vector management is an important aspect of dengue prevention. A Regional Workshop on Dengue Vector Management was organized in Colombo during 11-15 March 2013. The objectives of the workshop were to review the status of dengue vector management, identity mechanisms for effective vector management, strengthen monitoring and evaluation of the programme, and promote the integration of the programme with other stakeholders utilizing the integrated vector management approach.

The workshop succeeded in equipping the participants with the knowledge and know-how on vector control interventions for effective control of dengue outbreaks and the ways to establish sustainable interventions in their countries. They also discussed about inter-sectoral collaboration, principles of effective communication for behavioral impact in communities. This workshop was attended by 10 member countries of the SEA region and there were over 35 participants. The workshop included practical demonstration, group work and field trip.
It was indeed a milestone in the journey of prevention and control of non communicable diseases that the year 2013 has been declared as “The Year for Prevention & Control of Non Communicable Diseases”. This decision was taken by the Minister of Health after consultation with HE President of Sri Lanka and after obtaining approval from the Cabinet of Ministers. The national event to launch this program was held in the North Western Province with the participation of Hon. Minister of Health, Chief Minister, Provincial Health Minister and other Ministers of the Province and many other dignitaries.

A half a day programme was organized by the Provincial Council and included the following.

- Walk with the participation of over 1000 persons from the health service, armed forces, schools, youth & sports clubs and Government officials
- Opening of Fitness Centre at the premises of the Provincial Director of Health Services for use by all Government officials
- Demonstration of exercise regimes and fitness assessments at the newly opened centre
- First Day Cover & Stamp issued by the Postal Department commemorating the launch of the Year for Prevention of NCD (2013)

All health personnel to follow the preventive advice at their workplace “Practice what is preached!”

Continue this effort Island wide through the provinces

Sustain the momentum throughout the year

Identify priority action for NCDs
The division of Wellawaya in the district of Moneragala which is the second largest district in Sri Lanka has been selected to initiate the age friendly city concept for the first time in Sri Lanka and has joined the WHO Global Network of Age Friendly City Communities (GNAFCC) - the second city in the South-East Asia Region to join the network. Since joining the network in December 2012, much work has been initiated by the Uva Provincial Council, with the leadership of Mr Senarath Attanayake who is a member of the Provincial Council. A draft action plan had been prepared in line with the National Action Plan on Disability using the toolkits developed by WHO for age friendly primary health care & age friendly cities.

A consultation was organized on 12 March 2013 in Wellawaya with participation of over 130 persons from various sectors, including representations from the Ministry of Health, Ministry of Social Services, Ministry of Transport, Road Development Authority, Armed Forces, Police, NGOs, Civil Society, and Community Groups representing disabled & elderly populations. The event was graced by the Chief Minister of the Uva Province and the Members of the Provincial Council as well as the WHO Country Representative, Chief Secretary to the Province and other high ranking ministerial staff.

The agenda of the day included presentations from two ministries of the Provincial Council where the concept of Age Friendly Cities and Age Friendly Primary Care was highlighted. The draft action plan which had been circulated to all members prior to the workshop was then discussed in detail by all members through group discussions and feedback was received by all groups on suggestions for improvements and priority area identification.

The action plan will then be revised as per the recommendation obtained from group work by a team including the RDHS Moneragala, and officials from the Divisional Secretariat and the Uva Provincial Council.
The recently concluded international conference on public health innovations marks yet another milestone in the rich history of public health in Sri Lanka. It was held in Sri Lanka’s premier public health training school, the National Institute of Health Sciences, Kalutara with the theme “Sharing evidence based innovations and best practices to meet the public health challenges” in accordance with World Health Organization’s Collaborating Centre requirements. The three day conference provided an ideal platform to share innovative community projects, field research and best practices of public health in view of facing the present and future public health challenges. The conference featured 2 pre-congress sessions, 8 symposia, 84 free paper oral presentations and 85 poster presentations by a wide range of speakers ranging from public health specialists including medical officers, public health midwives, public health inspectors, communication specialists, engineers and representatives from many other specialties.

The International Conference aimed at:
1. Identifying public health innovations and researches carried out in the recent past
2. Strengthening political commitment to develop and implement a mechanism to utilize such innovations for the better delivery of Public Health Services in Sri Lanka
3. Sharing experiences, challenges and technical knowledge on how to address issues of public health importance and construct national plans to mitigate public health issues, strengthening governance and learning from different contexts

The proceedings began with 2 informative parallel pre-congress workshops on “Towards total wellbeing” and “Introduction to research methodology”. This was followed by a very colourful inauguration ceremony graced by the Honourable Minister of Health, Mr Maithripala Sirisena and Honourable Deputy Minister of Health, Mr Lalith Dissanayake. Other dignitaries present included WHO Representative for Sri Lanka, Dr Firdosi Rustom Mehta, Director General of Health Services, Dr Palitha Mahipala and Deputy Director General of Health Services - Education, Training and Research, Dr Sunil de Alwis. Dr Sudhansh Malhotra, Regional Advisor - Primary Healthcare and Dr Prakin Suchaxaya, Actg. Director, Health Systems Development from WHO SEARO were also present.

Guest of Honour, Dr Firdosi Mehta spoke on the rich history of NIHS and its contribution to public health in the Region since in inception in 1926. Dr Palitha Mahipala too spoke on the history of Public Health and noteworthy achievements since the ancient times. This was followed by an enlightening keynote address on “Public Health Challenges in South Asia” by Prof. Nalini Sathiakumar of the University of Alabama at Birmingham, USA.
More than 400 participants attended the international conference, including delegates from seven countries, international public health organizations. The sessions informative and covered a broad range of topics and were very well received.

Many eminent personnel, local and international, presented at the conference, which was a great success, especially considering the fact that it was the first ever occasion a conference of this nature was hosted by the NIHS. There was a request from the dignitaries to host this conference routinely.

World Health Day 2013

The World Health Day is celebrated on 7 April each year to mark the anniversary of the founding of WHO in 1948. The theme for 2013 is “high blood pressure”. This was seen as a very good opportunity for Sri Lanka to highlight the progress made in tackling NCDs and disseminate facts of MRI study that was done on assessing salt consumption in addition to the WHD main themes. There were several activities organized both at central and peripheral level for World Health Day. The following activities were conducted this year:

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<tr>
<th>Initiative</th>
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<tr>
<td>Initiation of WASH cluster</td>
<td>Salt awareness week</td>
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<tr>
<td>Initiation of school NCD prevention programme</td>
<td>Media seminar</td>
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<tr>
<td>Print and electronic media—Interviews, Feature articles and paper advertisements</td>
<td>WHD reception hosted by WHO country Office</td>
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<td></td>
<td>Island-wide advocacy programme for WHD</td>
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World Action on Salt and Health (WASH) which was established in 2005 is a global group with a membership of 458 members from 85 countries which attempts to improve the health of populations by achieving a gradual reduction in salt intake. In SEA Region, WASH clusters were only available in India, Bangladesh & Nepal and it was felt by the College of Community Physicians of Sri Lanka that initiation of a WASH cluster would enhance the salt reduction strategies in Sri Lanka and would assist in reaching a global target of 30% reduction in salt intake by 2025. In addition, salt reduction is already a key component of the Super 8 concept which is advocated by CCPSL.

The Salt Awareness Week (11-17 March) was launched by the Sri Lanka College of Community Physicians and awareness was created among general public on importance of salt reduction through activities such as a media seminar for media personnel which was held on 13 March, news items in electronic and print media & creating awareness among health professionals. The media seminar also highlighted the national salt consumption assessment conducted by Dr Renuka Jayatissa of the MRI, Ministry of Health in 2012.

**Media Seminar**

Media Seminar for World Health Day was held on 3 April at the Health Education Bureau auditorium. This highlighted the theme of “high blood pressure” and the high salt intake in Sri Lanka as evident by the recent Health Ministry study. This was attended by the Secretary of Health, Director General of Health Services and many other ministerial officials as well as the media, electronic and print. The World Health Day kit and the souvenir including the pedometer and the fruits and vegetable bag were officially handed over to the Secretary/ Health.
Initiation of school NCD prevention programme

It was indeed a memorable event where the two Ministries, Education and Health with their relevant units launched the island wide NCD Prevention and Control Programme in schools on the 4 April in lieu of World Health Day. The event was graced by the two Hon. Ministers and attended by a selection of schools. The advocacy tool kit prepared especially for schools by SEARO has been translated into local languages and was distributed throughout the country with the conduction of awareness sessions and strengthening of the existing health clubs in schools. The two Hon. Ministers launched the programme by handing over a set of posters to schools after which a half day awareness session was also conducted.

This activity is to be replicated throughout the island through the Medical Officers - NCD.

Hon. Ministers of Health & Education handing over the NCD posters

Island wide advocacy programmes for WHD
WHD Reception hosted by WHO Country Office

The World Health Day reception was organized with involvement of many actors and was felt to be an opportunity to showcase some good work that is happening in NCD prevention & control in Sri Lanka as well as an opportunity to engage the youth members in NCD prevention & control.

Youth volunteers from the National Youth Services Council affiliated to the Ministry of Youth Affairs were available to assist the proceedings of the evening clad in a T shirt specifically done for World Health Day which was also given out as souvenirs. In addition the bag and pedometers sent from SEARO was also distributed amongst key personnel with an individual health message also attached.

On arrival, blood pressure was measured for the invitees which created much enthusiasm. However only 50% of the invitees got their blood pressure checked. The result of the BP measurement was conveyed by Country Representative during his speech.
TASTE THE DIFFERENCE

Another innovation was the tasting of biscuits made of low salt and comparing the difference between a normal salt and low salt biscuits!

ENTERTAINMENT FOR THE EVENING

MUSIC
All island winners from disabled youth

DANCE
All island winners from disabled youth

WUSHU TEAM

“ANGAMPORA”
Dance form of Sri Lanka

COMPEER

Being healthy is as easy as ABCDE

The message that “being healthy is as easy as ABCDE” was conveyed by members of a youth committee through a dance item.

A stall that was set up by the health promotion team in Moneragala was viewed by all attendees with much enthusiasm and admiration.

This health promotion concept targeting the mothers is ideal for NCD prevention and control at community level. This was initially supported by Plan International and is currently undergoing an evaluation for possible island wide expansion.
Dr F R Mehta addressed the gathering and emphasized the importance of this year’s World Health Day theme. He also congratulated the Government of Sri Lanka for its magnanimous effort for NCD prevention and control. The youth ministry teams including the kompeer were congratulated as well as the Wushu and also the Monergala team who displayed their work.

The final event for the evening was the cutting of the birthday cake by the two youngest serving WHO Country Office staff in keeping with momentum of mobilizing youth for NCD prevention.

Establishment of Drugs and Therapeutic Committees (DTC)

The inauguration meeting of the first Drugs and Therapeutic Committee (DTC), established as a pilot, was held at Ratnapura General Hospital on 18 June 2013. The concept of DTC, structure and the functions with terms of reference was explained to participants by the resource persons.

Establishing DTC is a new concept to Sri Lanka as the currently functioning committees at hospitals only focus on “out of stock” situations. The objective of DTC is to provide a forum for all stakeholders at hospital level to discuss about healthcare and deliver better services. Developing standard treatment guidelines (STG), monitoring drug use and adverse drug reactions, evaluation of drug out of stock situations and preparing realistic estimates and continuous professional development (CPD) would be the main functions of the DTCs. By having a properly functioning DTC at hospital level will enable having realistic drug estimates to achieve smooth drug supply within the available budget.

There will be a series of workshops at different hospitals to establish DTCs. WCO SRL has been technically and financially supporting this activity, since this was one of the recommendations in the Situational Analysis Report produced by WHO.
WHO Sri Lanka Retreat – 2013

7 – 9 June 2013, Victoria Golf Course & Resorts, Digana, Kandy

The WHO Country Office team was on their biennial retreat from 7 – 9 June 2013 at the picturesque Victoria Golf Course in the hills of Digana, Kandy. This was after a lapse of 28 months as the last retreat was in February, 2011 at Bentota. The staff turnover for the retreat bore witness to the enthusiasm and the theme once again was on team building. Some of the staff member participated along with their families.

Objectives
The main objectives of the retreat were:

• To strengthen team spirit and camaraderie of staff by various group activities
• To review previous retreat’s action points for any further follow up and identify a list of action points with target dates and responsible staff to strengthen efficient functioning of the country office and field offices

Methodology
An organizing committee was formed with members of the staff association and entrusted with the responsibility of planning and organizing the retreat. The objectives were formulated in advance during the planning stage taking into consideration the expected outputs and outcomes in close liaison with WR. Based on the objectives, a detailed programme was developed with the assistance of external facilitators (Corporate Druids).

The external facilitators organized a series of group activities with the objective of strengthening team spirit of the staff. Throughout the first two days, the team was kept energized through indoor and outdoor activities that challenged their minds and bodies while solutions were sought as a team, putting ideas and individual strengths together.

Discussions and feedback sessions were held during the break of day to reflect on what was done right and what needed further strengthening which could be considered as take back home messages.

Location
The Victoria Golf Course and Resorts was chosen as the venue for the retreat due to the scenic beauty of the environment

Details of Activities
Day 1 (7 Jun):
All arrived at the retreat venue at approximately 6.30p.m. and had a two hour long introductory session led by the facilitators. First was on getting to know each other well by matching individuals who met certain criteria provided by the facilitators.
The second activity was to choose a pictorial card which either best described the current core strengths of the organization or one that depicts something which we could do better. It was all about being creative and translating the pictures on the card to the organization context. The session was interesting and the staff came out with interesting observations.

**Day 2 (8 Jun):**

Second day was dedicated mainly to outdoor team building activities. An educational expedition was made to Victoria Dam which is the biggest hydro electric power dam in Sri Lanka. A well experienced senior engineer from Mahaweli Authority took the staff through the process of hydro power generation by taking the staff through a guided tour to different parts of the dam, dark narrow tunnels etc. It was indeed very educative and was a unique opportunity and experience for staff.

The staff then proceeded back to the Golf Club for group activities in the field. Paintballing was back in the retreat agenda by popular demand after the exciting experience of paintballing in the 2009 retreat.

Four teams were formed; two were engaged first in paintballing while the other two had teams building exercises and then the two teams switched activities.

In paintballing, the teams were given 300 gelatin based pellets each to complete 3 missions.

In the three team building exercises, one was to pass a tennis ball through the entire group at different timings, the last by reducing the time to less than a minute. Here the main take home message was working together more closely to achieve success.

Another thought provoking activity was for the entire group to stand over a carpet as Aladdin did and to flip it over without any team member stepping outside. The main message here was to listen to each other, try out the most feasible solution and not to give up easily until success is achieved.

The last activity was to build the tallest tower with twigs and twine with only the team leader being able to communicate while others had to communicate using body language. Here the main take home message was to be able to communicate effectively using body language.

In the evening, there was a brief session to reflect on what the teams did right and where the teams needed to improve. Then there was a time of fellowship and an evening reception before closing the day with a dance. The evening was filled with fun and laughter.

**Day 3 (9 Jun):**

In the morning, there was a session to review previous retreat’s action points and to discuss and tabulate action points from this retreat.
The retreat provided an excellent opportunity for the staff to revisit their team building skills, strengthen camaraderie and build a closer working relationship while having fun. The retreat action points will be periodically reviewed and closely followed-up for action.

### OFFICIAL WHO HEALTH DAYS

There are many ‘health days’ to promote important public health issues, many of which are supported by the World Health Organization and partners. The following list represents the official WHO health days as mandated by the World Health Assembly.

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<tr>
<th>Day</th>
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<th>Description</th>
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<tr>
<td>World Health Day</td>
<td>7 April 2013</td>
<td>Silent killer, global public health crisis</td>
</tr>
<tr>
<td>World Immunization Week</td>
<td>Last week of April 2013</td>
<td>Country stories on vaccination</td>
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<tr>
<td>World Malaria Day</td>
<td>25 April 2013</td>
<td>Invest in the future. Defeat malaria</td>
</tr>
<tr>
<td>World No Tobacco Day</td>
<td>31 May 2013</td>
<td>Ban tobacco advertising, promotion and sponsorship</td>
</tr>
<tr>
<td>World Blood Donor Day</td>
<td>14 June 2013</td>
<td>Give the gift of life: donate blood</td>
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