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Study of The Activities and Progress of Non-Communicable Diseases Prevention Programme at The Kalutara district of Sri Lanka

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Abstract

Non-communicable diseases (NCD) have been identified as globally affected problem increasing morbidity and mortality with nearly 1.5 M people who are between ages of 30 – 69 die due to NCDs each year. When considering local context, 75% of total deaths in Sri Lanka is due to NCDs and 20% out of NCD deaths have been reported to be premature. Currently, Non-Communicable Diseases (NCDs), constitute a major public health challenge threatening the well-being of people and sustainable development of Sri Lanka. The challenge of NCDs is compounded by the increasing proportion of the elderly in the population.

The objective of this case study is to review the present situation of the NCD programmeat the Kalutara district. Both qualitative and quantitative methods were used in this study for collect data, key informants interviews, review of secondary data and attending the district level review meetings etc. Even though several problems were identified "Low public participation on Healthy Lifestyle Centers (HLCs)" was identified as the priority problem by nominal group technique. Fish bone diagram used for root cause analysis and methods selected as most contribution for the above problem .Action plan was developed with addressing efficient and effective referral system, public awareness programmes and continuous supervision of HLCs.

***Key words**: Non-communicable diseases (NCD), prevention, Healthy Lifestyle Centers (HLCs),programme*

1. Introduction

Sri Lankan Health Sector has achieved many public health successes with the provision of free health care. These include very low maternal and neonatal mortality rates, elimination of many communicable diseases such as malaria, measles and increased life expectancy.Despite these achievements, challenges persist Currently, Non-Communicable Diseases (NCDs), constitute a major public health challenge of people and sustainable development

of Sri Lanka. The challenge of NCDs is compounded by the increasing proportion of the elderly in the populationeach year, 15 million people between the ages of 30 and 69 years die from NCDs; over 80% of these premature deaths occur in developing countries such as Sri Lanka. NCDs rank among the top 10 causes of premature death in Sri Lanka. Mainly due to the Economical, Demographic and Epidemiological transactions, Sri Lanka has faced to a double burden of diseases during last few decades. Today Non Communicable Diseases (NCD) are the leading cause of death(65%) in Sri Lanka, causing more deaths than all other causes combined and cardio vascular diseases account for 30% of deaths(WHO,2014).

In September 2015, world leaders adopted the 2030 agenda for Sustainable Development, which has 17 Goals, goal 3 of this Agenda is devoted to health and wellbeing including NCDs. Current NCD activities in Sri Lanka are guided by a National Multi-Sectoral Action Plan for Prevention and Control of NCDs 2016-2020 that is consistent with the Global NCD Action Plan.In Sri Lanka, the Public Sector provides preventive care, a large portion of inpatient care (90%) and less than half of outpatient curative care, free at the point of delivery.In 2015, 54% of male NCD deaths and 36% of female NCD deaths were below 70 years. Non communicable diseases (NCD) are leading cause of morbidity and mortality in Sri Lanka. It is estimated that 71% of mortality is due to chronic NCDs. Cardiovascular diseases, Diabetes mellitus, Cancers and Chronic respiratory disorders are major contributors of mortality(Mendis S et al ., 2018).

In addition to the high mortality it has become a serious socio economical problem due to high mortality and cost of care. Considering the impact of NCD, the National policy and strategic framework on chronic NCDs were developed in 2010 and approved by the cabinet of Ministers. It consisted with following nine strategies,

1. Strengthening policy, regulatory and service delivery measures for reducing level of risk factors of NCDs in the population
2. Implement a cost-effective NCD screening program at community level with special emphasis on cardiovascular diseases
3. Facilitate provision of optimal NCD care by strengthening the health system to provide integrated and appropriate curative, preventive, rehabilitative and palliative services at each service level

4. Empower the community for promotion of healthy lifestyle for NCD prevention and control
5. Enhance human resource development to facilitate NCD prevention and care
6. Strengthen national health information system including disease and risk factor surveillance
7. Promote research and utilization of its findings for prevention and control of NCDs
8. Ensure sustainable financing mechanisms that support cost-effective health interventions at both preventive and curative sectors
9. Raise priority and integrate prevention and control of NCDs into policies across all government ministries and private sector organization

Vision of the National NCD programme: - Country that is not burdened with Chronic Non Communicable Diseases, deaths and disabilities.

Mission of the National NCD programme- To reduce chronic NCDs through a comprehensive, country wide NCD prevention program addressing all the possible strategies implemented effective and efficient manner by a dedicated team at well-developed central unit and the district NCD units in collaboration of all stakeholders.

To achieve the vision there are ten targets to be achieved. A separate Directorate for the NCD program was established in 1998 and DDG- NCD was established in year 2015.

2. Background of the NCD Programme-National level

The control and the prevention of the NCDs are placed as the National priority by the Government of Sri Lanka and national NCD Programme is coordinated by the NCD Unit of the Ministry of Healthcare & Nutrition which is the focal point for NCD preventive activities. The responsibility of implementation and monitoring of the NCD Programme lies within the respective provincial and district health authority. National Policy for prevention and control of chronic NCD was developed aiming to reduce premature mortality due to chronic NCD by 2% annually over the next 10 years. The mechanism for attaining this target is through expansion of evidence-based curative

services, and by health promotion measures as empowerment of individuals and community to reduce risk factorsMendis S et al . (2018)

. The strategic organizational arrangements are made in 3 levels as National, Provincial and District levels as the coordinating bodies along with the supportive bodies of National advisory board on NCD (NABNCD), Technical Working Group and District NCD Coordinating Team. The National Policy on Chronic NCD prevention addresses Diabetes, Cardiovascular Diseases, Hypertension and Chronic Respiratory Diseases and strategies for reduction of major risk factors: smoking, alcohol, obesity, unhealthy diet and sedentary lifestyles are implemented through the existing health network with the support of both government and non-government organizations in the country.

In district level NCD related activities are coordinated by the MO (NCD) attached to each RDHS office under the supervision of the respective RDHS.Healthy Lifestyle Centres (HLC) in the District which are Functioning HLCs is one of the 'Disbursement-Linked Indicators' (DLI) required by The World Bank to continue its donor activities. Emphasis was given to further expand services for screening through the setting up of Healthy Lifestyle Centres (HLCs).Focus of HLCs was proactiveidentification of both behavioural and intermediate risk factors,with a view to preventing the end-point of CVD, rather thantreating patients. The main service objective of the HLCs isto reduce the risk of NCDs by detecting risk factors early andimproving access to specialized care for those with NCDs (Mallawaarachchi et al, 2016).

Currently there are 821 HLCs.Considering the burden and impact on the Non Communicable Diseases(NCD) in country, the National Policy and Strategic Framework for Chronic NCD which has been approved by the Cabinet of Ministers.General Circular 02-25/2013 issued by the Ministry of Health Sri Lanka 2013.01.15.NCD progress review is being done both at district level and national level. At district levels quarterly reviews are conducted and at the national level both quarterly and annual reviews are done. There are 27 MO-NCDs in the country attached to 26 districts and the NIHS, who organised all these reviews. There are two types of NCD progress reviews called, Acute NCD and Chronic NCD progress reviews(Mallawaarachchi et al, 2016)..

Situation analysis at – NCD activities at RDHS Kalutara

Total population according to the mid-year population estimations 2019 is 1,290,000 and actual population is 1,271,325 distributed in land area of 1,505 sq.km. The population density is 664 per sq. km. The office of the regional director of health is responsible for the health of population of nearly one million in the Kalutara district. It consist curative, preventive, promotive and rehabilitative services through various institutions. Beruwala and Kalutara MOH are not under the purview of RDHS but under the administration of the National Institute of Health Sciences (RDHS, 2017).

There are 24 permanent HLC in the district. Sixteen hospital based HLCs, 7 Medical Officer of Health (MOH) based HLCs and one state HLC. Every week there is one clinic at those HLCs. At the same time there are many mobile clinics. In year 2018 NCD focal point has organized 28 village mobile clinics. They conducted 16 mobile clinics in 4 sectors in year 2018. Those sectors were government organizations, private organizations, schools and any other special groups.

3. Objective of the study

The objective of the study was to review the present situation of the NCD program of Kalutara District on 2019

4. Methodology

Following methodologies were used to identify problems, prioritization and identify root causes for the selected problem**.**

a. Collection of data done by following methods to identify problems of the NCD program of District

- key informant interview –with MO NCD, RDHS , Matron of RDHS Office
- Focus Group Discussions FGD with MOH , Medical Officers and Nursing Officers
- Literature review
- Field visits.
- Attending the District-level review meetings

b.Prioritization of problems done by Nominal group technique

c. Fish bone method was used to identify causes

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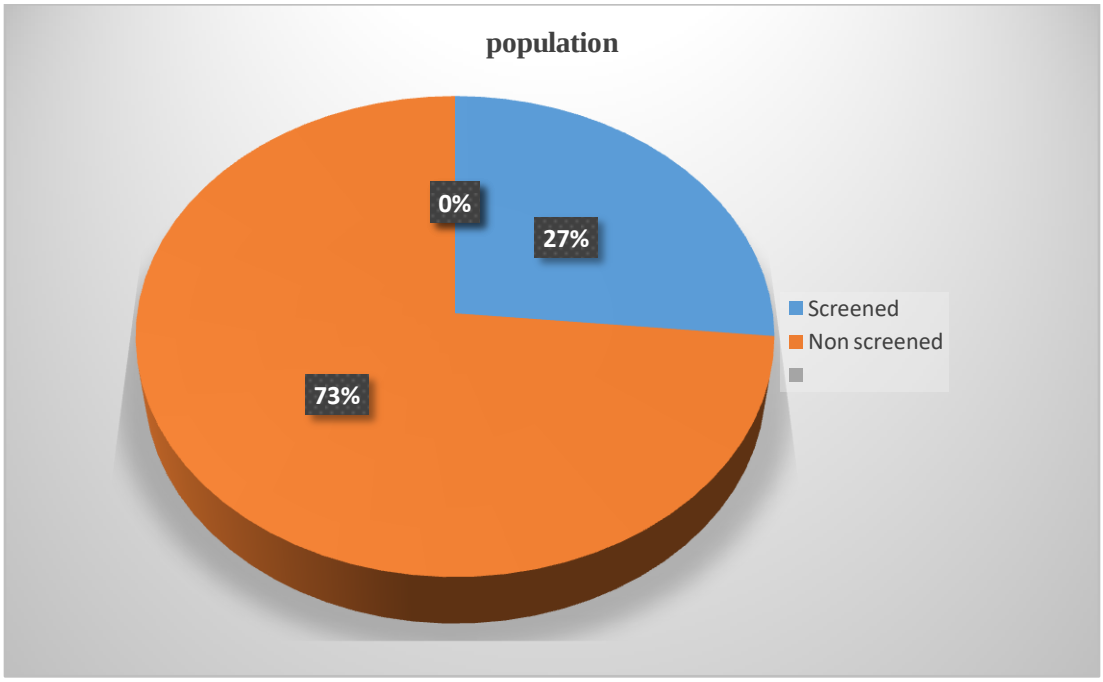
5.Results

Target population of the district which 40 -65 years' age group-25% of total district population

Target population =249,395

(40 -65 years' age group-25% of total district population)

Screened population 66121 (26.5%)



6. Problem identification

From above methodologies following issues were identified.

1. Low public participation on institutional HLCs
2. No proper referral system to HLCs
3. Lack of regular supervision
4. No proper follow-up system

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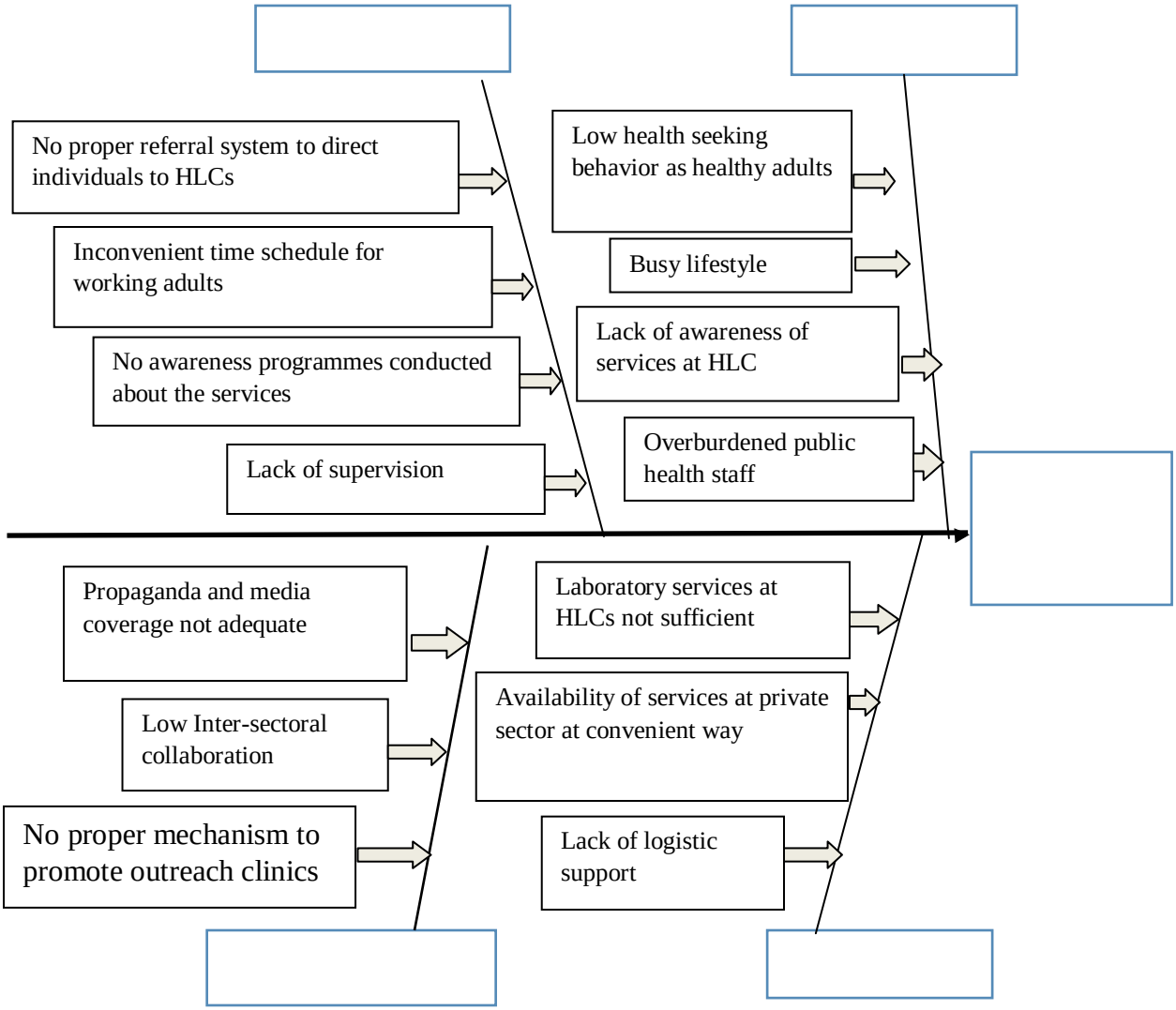
7. Prioritization of problems

Nominal group technique was used to prioritize the above stated problems and"low participation of public at HLCs" was identified as the main problem statement. Following table was used to prioritize the problems.

Problems Identified		(Marks Given out of 10)							
		I Technical Feasibility.	**II** Administrative Feasibility.	**III** Financial Feasibility.	**IV** Practical possibility.	**V** Impact.	**VI** Time factor.	**VII** Acceptance	**Total**
1	Low public participation on HLCs								
2	No proper referral system to HLCs								
3	Lack of regular supervision								
4	No proper follow-up system								

8. Identification of causesfor the main problem

Fish bone method was used to identify causes for"Low public participation of public on HLCs". Then fish bone analysis was performed as mentioned in following diagram(Harel, Z et al., 2016).



9. Prioritizing the causes

Privatizing the root cause is important for target actions and recommendations. Nominal group technique was used for this purpose. Using this tool "Method" arm was given more weight and importance and hence was used to design the action plan.

10. Conclusion

1. No proper referral system to direct individuals to HLCs

At present, there is no system to identify at risk asymptomatic population and direct them to HLCs. Since most of the HLCs are situated in hospital setup the system misses the target population. Existence of misconceptions about HLCs amongst health staff who is responsible to direct individuals to HLCs leads to reluctance in referring.

2. Inconvenient time schedule for working adults

Kalutara district is consists of commercialized cities where busy work schedules are being maintained. Since it is highly competitive, healthy adults cannot afford to take time off to participate at HLCs.

3. No awareness programmes conducted about the services

Public awareness about HLCs is less and there is no effective propaganda to educate the public. RDHS office itself situated at Kalutara in District Secretarial building, which thousands of people come daily for various departments, there is no activity to educate them on HLC.

4. Lack of supervision

Supervision of functions at HLCs by higher authorities is not satisfactory in Kalutara district. Hence the staff is not motivated as their efforts to improve HLCs are not being appreciated by their boss.

5. Collaboration with other programmes and sectors is at very low level. HLC screening cannot be done with one sector alone. It should incorporate with other programmes as MCH, Well Woman, immunization, dengue control programme etc. Also other sectors as educational, agricultural, sports has to be inter connected.

11. Recommendations

HLCs are normally situated along with a hospital and supposed to screen the apparently ‘normal’ people. Usually our population is not willing to come to hospitals unless they feel sick. But there are some elements of the health

systems which reach the normal population such as well-women clinic, mobile blood donation camps and many public health camps. The HLCs shall be integrated with these in a suitable way.

Public awareness of services provided by the HLCs is minimal or totally not aware. Therefore, in order to improve the utilization, HLCs should be marketed well by using the existing ways and means.

The supervision of the HLCs is mainly done through quarterly review meetings. Though the targets are placed, action plan to achieve that and the ways of monitoring are minimally done. This may affect to develop strategies to improve the attendance.

- Develop and implement an efficient and effective referral system to direct individuals to HLCs.
- Prepare protocols and guidelines to ensure referrals are done by health staff
- Engage private sector Hospitals, General Practitioners for referring system.
- Implement an integrated programme to enhance collaboration with local authorities and working institutions.
- Plan and implement propaganda to improve awareness of the public about HLCs with the support of the mass media.
- Operating hours of the HLCs are not convenient for working population. Therefore, clinics should be conducted in weekends or outreach programmes have to be conducted to catch the working population
- With proper collaboration continue screening at workplace
- Regular supervision of the functions of the HLCs and conduct progress review meetings
- Monitoring and evaluation of the HLCs. HLCs should be marketed well using existing systems like during the time of OPD health education, displaying posters etc. other than that apart from the health care institutions posters can be displayed in public places to aware the general public.
- Supervision of the HLCs by MO – NCD and team have to be strengthened and regular reviews have to be done to monitor the functions of the HLCs.
- Best performing HLCs can to be appreciated giving awards. By the mean time establish system to benchmark others with best performing centers.
- Try to incorporate private sector screening data when calculating the number screened.

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