

2.2.1.1.3 Exercise program at the Ministry of Health premises for the staff of the Ministry of Health

Considering the importance of improving the physical activity level of the staff of the Ministry of Health, an exercise program was initiated at the premises of the Ministry of Health on the 2nd July 2020 by the Directorate of NCD, in collaboration with the Post Graduate Trainees of Sports and Exercise Medicine.



This exercise program is continuously held to date every Tuesdays and Thursdays at 8.30 am, on the ground floor of the NCD unit building. In addition, a Yoga program was introduced every Tuesday and Thursday evenings at 3.30 pm. A Zumba program was also introduced every other Thursday at 8.30 am, on popular demand of the participants. All the participants were medically screened to assess the ability to engage in physical activity, prior to enrolling them in the exercise program. In



addition to the exercise program, all the participants were given an individualized dietary plan, in collaboration with the Department of Nutrition – Medical Research Institute and the Sri Lanka Medical Nutrition Association as well.

2.2.2 Promoting healthy diet

The year 2020 was not a year that permitted the plans to be activated as expected in almost all sectors in the country as well as in the world. However, despite many obstacles and emergency response activities related to COVID-19, the nutrition promotion unit of the NCD unit conducted a number of activities to promote nutrition-related behavioral aspects among communities. These activities are targeted to reduce the prevalence of NCDs through primordial and primary prevention of NCDs, early detection, and support in improving the quality of life among people diagnosed with NCDs in Sri Lanka.

- **Revision of the book “WE ARE HEALTHY/ අපි නිරෝගී වෙමු”.**

Book “WE ARE HEALTHY” was identified as one of the joint efforts made by a number of stakeholders including the Family Health Bureau, Health Promotion Bureau, and Government Medical Officers Association led by the Directorate of NCD. The book which addressed school children of grade 6 to 9, was well accepted by many interested parties in addition to the primary target group and there were many requests for a re-print. It was decided to revise and add additional components to the book, considering unattended areas and communication gaps when addressing primary target groups. The revision was started with the participation of all the stakeholders and is now being conducted by a volunteer group of authors from the Directorate of NCD Unit and Family Health Bureau.





- **Development of the TOT module for primary care level healthcare providers on the promotion of healthy diet and healthy menus**

The objective is to develop and conduct a training of trainers program for Medical Officers and Nursing Officers in primary care institutions in order to prevent and control NCDs.

- **Interpretation of Front of Pack labeling (FOPL) for packed foods**

The Unit worked closely with the Directorate of Environment and Occupational Health to develop a simple interpretation for FOPL on salt, fat, and sugar. Further working on developing a communication campaign via social media on improving awareness among the public for FOPL in collaboration with World Health Organization, Directorate of Environment and Occupational Health, Health Promotion Bureau.

අපාංග ලේබල් වල පැහැදිලි, සුදුසු හා සිහි මගින් දැක්වීම සඳහා යොදාගන්නා අර්ථ දැක්වීම් ලාභීන්ගේ අතර සහතික / අනුමැති කිරීම සඳහා සහ අනෙක් අර්ථ දැක්වීම් සඳහා පිළිබඳ යැපීමේදී, අනුමැති කිරීමට අවශ්‍ය වන්නා වන සේවා සහ අවධානය යොමු කිරීම.

Condition of the front pack labeling (Traffic light System)	Interpretation
1 Food Items "with at least one Red Logo" "එතු ලාභීන් එකක් හෝ එකී කොණක් ඇති අතර" 	"High risk for NCD such as heart disease, diabetes and hypertension" Therefore, avoid the consumption of such products "සෘජු සංඝාත, දියවැඩිකර, අධි රුධිර පීඩනය" වැනි හෝ භෞතික සෞඛ්‍ය සඳහා අධි අවදානමක් ඇත" එම නිසා එවැනි අතර භාවිතය සීමාකර ගන්න"
2 Food Items "without Red Logo/s, but at least with one Amber logo" "එතු ලාභීන් නැති, එහෙත් එක ලාභීන් එකක් හෝ එකී කොණක් ඇති අතර" 	"Risk for the NCD such as heart disease, diabetes & hypertension" Therefore, minimize the consumption of such products "සෘජු සංඝාත, දියවැඩිකර, අධි රුධිර පීඩනය" වැනි හෝ භෞතික සෞඛ්‍ය සඳහා අවදානමක් ඇත" එම නිසා එවැනි අතර භාවිතය අවම කිරීමට කටයුතු කරන්න"

2.2.3 Prevention of Tobacco Use and Tobacco Cessation

Following activities were conducted for the prevention and tobacco cessation of tobacco use in the year 2020.

- **Development of the medium-term action plan (2021-2025) of the National Programme for Prevention of Tobacco Use and Tobacco Cessation – Directorate NCD**

The medium-term action plan for the years 2021-2025 of the National Programme for Prevention of Tobacco and Tobacco Cessation was developed over several consultation meetings with the representation from the relevant stakeholders including different units of the Ministry of Health – School Health Unit, Adolescent Health Unit of the Family Health Bureau, Health Promotion Bureau, National Cancer Control Programme, Environment, and Occupational Health Unit; Department of Ayurveda, National Authority on Tobacco and Alcohol; Education Ministry; Ministry of Higher Education; National Youth Council; College of Community Physician of Sri Lanka, Sri Lanka College of Psychiatrists; College of Community Dentistry of Sri Lanka; regional Consultant Community Physicians; regional MO-NCDs; MOOH; PHII; ADIC and Centre for Combating Tobacco – Faculty of Medicine, University of Colombo.





- **Development of the TOT module on “Brief interventions for tobacco prevention and cessation at the primary healthcare settings”**

Considering tobacco use (smoking and smokeless tobacco use) being one of the major risk factors for NCDs and the burden of tobacco use (smoking and smokeless tobacco use) among the Sri Lankan adults and school children, training the primary healthcare staff to be competent in implementing activities related to tobacco prevention and on conducting brief interventions for tobacco cessation was a felt need. Therefore, a TOT module on “Brief interventions for tobacco prevention and cessation at the primary healthcare settings” was developed by the Directorate of NCD in collaboration with the Sri Lanka College of Psychiatrists.

This TOT module consists of a set of power-point presentation slides to be utilized by the master trainers during their training sessions and a facilitator guide to guide the trainers throughout the training. This module includes the burden of NCDs in Sri Lanka, the burden of tobacco use among the Sri Lankan adults and children, different types of smoking and smokeless tobacco products available in Sri Lanka, the trend of tobacco smoking, second-hand smoking, third-hand smoking, consequences of tobacco use, benefits of tobacco use, behavioral change model, motivational communication and implementing brief interventions for tobacco cessation.

- **Capacity building -Training of primary healthcare staff on brief interventions for tobacco prevention and cessation**

It is crucial that the primary healthcare staff be trained and competent in provisioning brief interventions for tobacco prevention and cessation. Thus, a training based on the TOT module on “Brief interventions for tobacco prevention and cessation at the primary healthcare settings” was conducted for the primary healthcare staff of Anuradhapura District, including MOOH, MOIC-PMCI, MO-HLC, PHMM, PHII, and regional MO-NCD. The objective of this training was to improve the knowledge of the staff and make them competent in implementing brief interventions for tobacco cessation.



2.3 Strengthen health system for early detection and management of NCDs and their risk factors

2.3.1. Healthy Lifestyle Centers

Healthy Lifestyle Centers (HLC) were established in 2011, complying with the strategic guidance on establishing cost-effective screening programs for NCDs. The focus of HLCs was proactive identification of behavioral and other intermediate risk factors, thereby preventing the end-point of cardiovascular Disease (CVD), through timely interventions. Currently, there are 1008 functioning HLCs mostly at primary care Institutions providing services to communities. Primary Health care reformation has been initiated and the population was empaneled to all Primary Medical Care Units and Divisional hospitals and an apex hospital is identified as a referral center, to achieve universal health coverage through patient-centered and integrated management of NCDs and risk factors of empaneled populations.

- **Participation at HLC**

Eligible persons for screening at HLC fall under two categories which include all persons aged 35 and above and persons between the age 20-34 years having risk factors. Recruitment to clinics is mainly by self-referral following community empowerment and through appointment by public health staff and health volunteers or opportunistic screening.

- **Conduction of HLC**

Clinic sessions are conducted at least once a week with the participation of at least 20 clients per session. Depending on the resources available, some HLCs are conducted with increased frequency. To improve male participation and to capture the working population, the duration of screening activities of some HLCs are extended up to 6 pm



and opened on public holidays with the permission and approval of the relevant authorities. Outreach clinics in the community and workplace are also conducted by the HLC team. A medical officer or Registered Medical Officer conducts the HLC clinic with the assistance of a Public Health Nursing Office or a Nursing Officer and minor staff members.

- **Services offered at HLC**

A range of services is offered at HLC as listed below.

1. Screening for main Risk factors (Smoking, Alcohol use, Physical Activity, Unhealthy Diet)
2. Screening for Major NCDs (Cardiovascular Disease, Hypertension, Dyslipidaemia, Diabetes, Chronic respiratory disease, Breast cancer, Oral cancer, Cervical Cancer*) *by referral for a pap smear to the MOH office
3. Clinical assessments (BMI assessment, Waist circumference, Waist to height ratio, Blood Pressure, Oral Examination, Breast Examination, Cardiovascular disease (CVD) risk assessment)
4. Investigations (Fasting blood sugar or random blood sugar, Total cholesterol, Serum creatinine when available)
5. Referral to appropriate clinic/institution according to the health condition
6. Lifestyle modifications
7. Cessation of smoking, cessation of alcohol use, maintain of correct BMI, engage in regular physical activity, taking five serving of fruits and vegetables per day, restricting salt consumption, restricting sugar consumption, minimizing consumption of foods containing trans fatty acids are the areas considered for lifestyle modifications to cover the major risk factors of chronic NCDs.
8. Primordial and primary preventive programs at HLC and Community (Conduction of Health education sessions, exercise programs, Yoga programs, Exhibitions on healthy lifestyles or healthy foods, Awareness programs in other settings-Schools, workplace, communities)

It is expected to increase the current coverage of screening by expanding the services offered and increasing public awareness of the services offered by HLC in the country.

- **Revision of HLC data capture formats**

Revision of the Personal Medical Records (PMRs), Participants’ Registers, and the Monthly returns were done after several discussions conducted with the stakeholders. This was aimed to establish user-friendly and efficient data management for action-taking. Training of trainers was conducted on the revised HLC formats as well as on-demand district-wise training along with guideline training. New formats were used from the fourth quarter of 2020.



- **Implementation of HIMS cloud-HLC module**

The HIMS (Hospital Information Management System) cloud - HLC module was implemented in the verifiable hospitals selected for the PSSP project for the years 2019 and 2020. It was developed by the Health Information Unit (HIU) with technical assistance from the Directorate of NCD to capture NCD screening data from HLCs. The training was conducted with the collaboration of the HIU and NCD Directorate with the coordination done through the PSSP project team.

2.3.2 Implementation of the NCD screening for healthcare staffs

- **Development and distribution of the circular**

Circular number 01-15/2020 (i): dated 2020.06.07 and 2020.08.12 Highlighting the importance of early detection of NCDs in working populations and similarly conducting annual screening for NCDs among the working populations, and refer them to medical clinics as and when necessary.

- **Launching a health corner at the Ministry of Health Premises**

It was decided to introduce and establish a health corner concept to the Ministry of Health to promote good health and to control NCDs among the staff of the ministry. The concept was further expanded and an MOU was signed between the Ministry of Health and Hemas PLC to establish 'Health Corners' in other four ministries namely Education, Agriculture, Defense & Finance. Accordingly, Hemas PLC would provide equipment for the centers which will be established in these ministries. The technical guidance, overall supervision, and coordination will be conducted through the Directorate of Non-communicable diseases.





• **Establishment of HLCs at Colombo Municipal area**

Health Institutes of the CMC area are governed by either preventive or curative health departments under the CMC. The unavailability of the NCD screening services for the underprivileged community was identified as a deficit in the past years. In order to cater to this gap 4 HLCs were planned to be established at;

- MCH clinic Forbes Street
- Maternity Home, Modara
- Maternity Home, New Bazaar
- Dispensary & Maternity Home, Kirula

covering the most population-dense eastern, northern and central Colombo regions.



Health staff including medical officers and nursing officers were trained on the procedures performed at the HLCs as well as data and logistics management related to HLC. The first HLC was started in September 2020 with the collaboration of the preventive health division of the CMC to provide NCD screening services.



2.3.3 Strengthening the standards of management for patients with NCD

- **Development of disease-specific guidelines for primary healthcare workers**

The Directorate worked with the relevant stakeholders and service providers including Medical officers in NCD and primary level healthcare providers could develop print and disseminate guides for management of Cardiovascular risk, Diabetes Mellitus, Overweight and obesity and Chronic respiratory diseases with the objective of strengthening the primary level healthcare provision to target populations. MONCD coordinated the distribution of the materials and provision of technical support to the relevant primary care doctors. Guideline training was conducted district-wise by the Directorate of NCD with the participation of MO-ICs in the primary care institutes. Further, the unit worked in developing management

guidelines for Dyslipidaemia, which will be finalized in the due course to address one of the most prevalent health conditions in Sri Lanka.

- **Virtual Learning Module:**

The Foundation Course on NCD Prevention and Control is a virtual training program which provides knowledge and understanding on NCDs, its impact on the population and individuals, the health system organization in Sri Lanka around NCD care, principles behind care planning and management related to common NCDs, as well as other selected topics related to NCDs.

This training program was implemented by the Directorate of NCD in conjunction with the World Health Organization (WHO) and Health Informatics Society of Sri Lanka (HISSL). It was inaugurated during the commemoration of the World Heart Day on the 29th of September 2020. The initial batch of participants consisted of 74 public healthcare workers including Medical officers, Public Health Inspectors and Public Health Nursing officers.

The link for the virtual foundation course is as follows <https://ncdlearn.health.gov.lk/>.

