

**MULTI SECTORAL STRATEGIC ACTION PLAN ON
INJURY PREVENTION AND MANAGEMENT
SRI LANKA
2021 - 2025**



MINISTRY OF HEALTH - SRI LANKA

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Directorate of Non communicable Diseases

Ministry of Health

Colombo 10

Message from His Excellency the President of Sri Lanka



I am pleased to send this message of congratulations on the Multi-Sectoral Strategic Action Plan on Injury Prevention and Management, Sri Lanka 2021 – 2025.

The Vistas of Prosperity and Splendour envisages a healthy and productive citizen and a happy family as the foundation for a prosperous nation. Unintentional injuries should be seen as a serious public health concern accounting for many deaths, fatal and non-fatal injuries, disability and disease, especially among the economically active age groups. Despite the associated economic and social consequences, the priority accorded to injury prevention and management is often inadequate. It is thus time to understand the importance for conducting day-to-day life safely at home, on the road, in the water, at workplace and in all environs among all sectors in society, including children and the elderly.

Injury prevention and management should also be aligned to national development strategies. Such an approach is vital to reduce the extensive financial liability and productivity loss due to premature mortality, disability and reduced quality of life. The role of the health sector in injury prevention and management needs to be strengthened while strategies and interventions should be based on scientific evidence and best practices.

The determinants of injuries are multi-sectoral and interdisciplinary. Hence, I believe that the approach adopted by this Multi-Sectoral Strategic Action Plan on Injury Prevention and Management will establish an effective mechanism for coordination and collaboration across all sectors and information systems and strengthen data-driven, evidence-based action for injury prevention and management.

I wish to convey my appreciation and best wishes to the Ministry of Health and the Directorate of Non-Communicable Diseases for undertaking this timely initiative to support injury prevention and management in Sri Lanka as a crucial exercise and an investment that will lead to the creation of a safe environment for all.

Gotabaya Rajapaksa

Message from the Health Minister



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A healthy workforce is crucial for achieving sustainable development in a country. Unfortunately, Sri Lanka is currently at risk of losing the contribution of its economically important group due to the threat of injury. According to current statistics, millions of Sri Lankans suffer from injuries each year, making it the number one cause of hospitalizations to the government hospitals of Sri Lanka. On the other hand, a huge amount from the health budget is spent on providing care for the injured.

It is predicted that the burden of injuries will increase further in the next few years. Therefore, without waiting any longer, it is essential to take the correct actions to reduce this problem systematically. Although it is the health sector which mainly deals with the consequences of an injury, it is not up to the health sector alone to take corrective action; Therefore, collective involvement of the relevant sectors is essential to overcome this challenge.

I am extremely pleased with the leadership provided by the Ministry of Health in formulating the first Multi-Sectoral National Action Plan to fight against injuries. I hope that this action plan will guide the coordination of activities between the various Ministries, authorities, departments and also NGOs against the burden of injury in Sri Lanka.

Dr. Keheliya Rambukwella

Message from the Health Secretary



Burden of injuries is a major public health challenge that weakens the development of countries around the world. Every day thousands of people are killed due to injuries while thousands suffer from lifelong disabilities. Almost all are at risk for injuries; It has no limits; Everyone can be injured, regardless of culture, gender, social status, level of education, political power, and so on.

Injuries are the number one cause of hospitalization and a main cause of mortality among Sri Lankans. The health system has to spend a lot of resources to treat and manage the injured. Additionally, the economic impact on the family, society and ultimately the country as a result is immense. However, if prompt corrective actions are not taken today, the situation will worsen in the future, to the detriment of the country. This situation should be taken very seriously by all Sri Lankans.

Considering the importance of taking urgent actions to overcome this challenge, many initiatives have been taken by the countries around the world. However, it is extremely important to have targeted actions by all sectors to meet this challenge. I believe that through this action plan, a safety culture of Sri Lanka can be created by bringing all stakeholders together.

Dr. S.H. Munasinghe

Message from Director General of Health Services



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Globally, about 4.4 million people die from injuries each year, and the world loses eight people every minute. Injuries are the leading cause of hospitalization in Sri Lanka. Every year, more than one million people receive inward care and about 12,000 die due to injuries, which is about 32 Sri Lankans a day. Injuries have long-term social and economic consequences which ultimately adversely affect the development of the country. Moreover, this puts a huge burden on health care system of the country and is increasing every year.

Prevention of injuries cuts across a range of stakeholders and requires a whole system approach. Ministry of Health is in an ideal position to provide strategic leadership for injury prevention through focused planning and coordination of services. This Multi-Sectoral National Action Plan is an overarching framework to guide the actions of those responsible for the prevention and management of injuries. Development of this plan was through a consultative process which ensured contribution of academia, professional colleges and officials of Ministry of Health and other relevant Ministries. This plan is intended to align priorities, to capitalize on existing strengths, and to spark action across the country to combat the burden incurred by injuries.

I hope this Multi-Sectoral National Action Plan will generate collaboration between relevant stakeholders to work towards creating a safe and injury-free environment for all Sri Lankans.

Dr. Asela Gunawardena

List of Abbreviations

CEA	Central Environmental Authority	IRCSL	Insurance Regulatory Commission of Sri Lanka
CEB	Ceylon Electricity Board	MoA	Ministry of Agriculture
CIDA	Construction Industry Development Authority	MoD	Ministry of Defence
DDG Ad II	Deputy Director General Administration II	MoE	Ministry of Education
DDG MS I	Deputy Director General Medical Services I	MoEnvironment and Wild Life resources	Ministry of Environment and Wild Life resources
DDG MS II	Deputy Director General Medical Services II	MoFinance	Ministry of Finance
Dept of SLCG	Department of Sri Lanka Coast Guard	MoFisheries	Ministry of Fisheries
DeptRG	Department of Registrar General	MOH	Medical Officer of Health
DeptSS (ES)	Department of Social Services (Elderly secretariat)	MoH	Ministry of Health
DeptWL	Department of Wild Life	MoHA	Ministry of Home Affairs
DMC	Disaster Management Center	MoHE	Ministry of Higher Education
DMT	Department of Motor Traffic	MoHw	Ministry of Highways
DPRD	Disaster Preparedness and Response Division	MoIC	Ministry of Industry and Commerce
E&OH	Directorate of Environmental and Occupational Health	MoJ	Ministry of Justice
ET&R	Education, Training and Research Unit	MoL	Ministry of Labour/ Dept of Labour
FHB	Family Health Bureau	MoMM	Ministry of Mass Media
HPB	Health Promotion Bureau	MoPower and Energy	Ministry of Power and Renewable Energy
ICTA	Information and Communication Technology Agency of Sri Lanka		

MoPSPrc& LGa	Ministry of Public Services, Provincial Councils and Local Government affairs
MoSDVT	Ministry of Skills Development and Vocational Training
MoSp	Ministry of Sports
MoT	Ministry of Transport
MoTourism	Ministry of Tourism
MoUDWH/UDA	Ministry of Urban Development, Water Supply and Housing Facilities/ Urban Development Authority
MSD	Medical Supplies Division
MSU	Medical Statistics Unit
NAITA	National Apprentice and Industrial Training Authority
NATA	National Authority on Tobacco and Alcohol
NCD	Directorate of Non Communicable Diseases
NDCU	National Dengue Control Unit
NIE	National Institute of Education
NIHS	National Institute of Health Sciences
NMRA	National Medicines Regulatory Authority
NSE	National Secretariate for Elders
NPIC	National Poison Information Center
NTC	National Transport Commission
NTMI	National Transport Medical Institute
NWSDB	National Water Supply and Drainage Board

PDHS	Provincial Director of Health Services
PHVS	Public Health Veterinary Services
PRDA	Provincial Road Development Authority
PUCSL	Public Utilities Commission of Sri Lanka
RDA	Road Development Authority
RDHS	Regional Director of Health Services
SL Navy	Sri Lanka Navy
SLCB	Sri Lanka Convention Bureau
SLITHM	Sri Lanka Institute of Tourism & Hotel Management
SLPolice	Sri Lanka Police
SLR	Sri Lanka Railways
SLSI	Sri Lanka Standards Institute
SLT	Sri Lanka Telecom
SLTB	Sri Lanka Transport Board
SLTDA	Sri Lanka Tourism Development Authority
MoWCA	Ministry of Women & Child Affairs
TS	Trauma Secretariat
UDA	Urban Development Authority
YED	Directorate of Youth, Elderly and Disability

Executive summary

Injuries are the number one cause of hospitalization in Sri Lanka over the last few decades. More than one million people are hospitalized each year with injuries. Injuries kill about 12000 Sri Lankans annually. It is the number one cause of morbidity and mortality among economically productive age group. Falls, transport accidents, animal bites, struck/ hit by objects, struck/ hit by person, stab/ cut injuries and poisoning are among the leading mechanisms of injuries. About 75% of all injuries occur at home and on the road. Transport accidents, threats to breathing, falls, poisoning and drowning are among the major causes of injury related deaths.

Unless appropriate preventive strategies are implemented, the burden of injuries is projected to increase over the next decade as a result of rapid changes in life styles of people due to urbanization, industrialization, mechanization and infrastructure development. Injuries are the leading cause of death among the economically productive age group and cause devastating long-term consequences not only for the victim but for the entire family and society. The economic consequences of injury-related morbidity and mortality are also enormous.

Even though it has been identified that almost all injuries can be prevented effectively if adequate precautions are taken especially by addressing the modifiable risk factors, the prevention and management of injuries have not been given adequate priority. Even if there are highly cost-effective interventions to protect the people

from injuries and many stakeholders work on injury prevention activities, most of those are fragmented, poorly coordinated and not directed towards a common goal. Therefore, under such a background, the Directorate of non-Communicable Diseases of the Ministry of Health, Sri Lanka, the National Focal Point of injury prevention in the Health ministry, has taken measures to develop a comprehensive, targeted multi sectoral action plan for injury prevention and management for 2021 – 2025.

With a vision of developing a country free of unintentional injuries, the plan has identified seven priority areas viz,

- transport safety,
- drowning safety,
- home safety,
- work place safety,
- child Safety,
- elderly safety,
- post event care,

to conduct under following strategies.

1. Advocacy, Partnership and Leadership
2. Health promotion and risk reduction
3. Post event care
4. Capacity building
5. Surveillance, monitoring, evaluation and research

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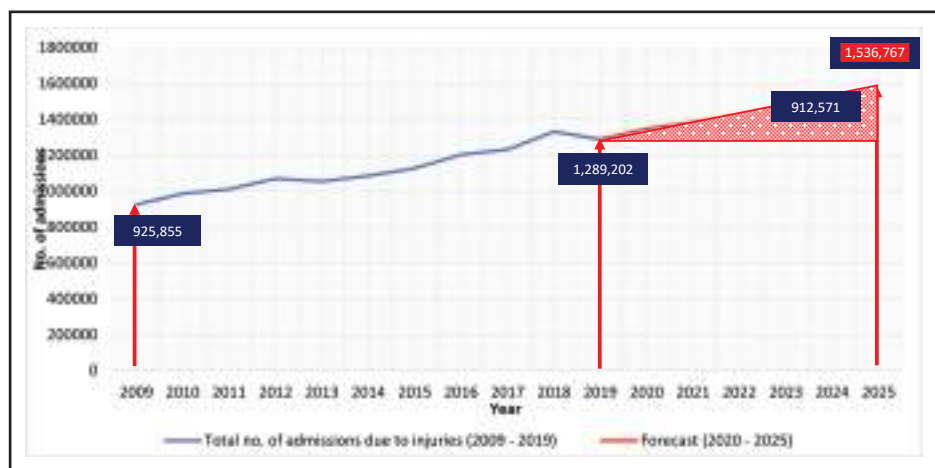
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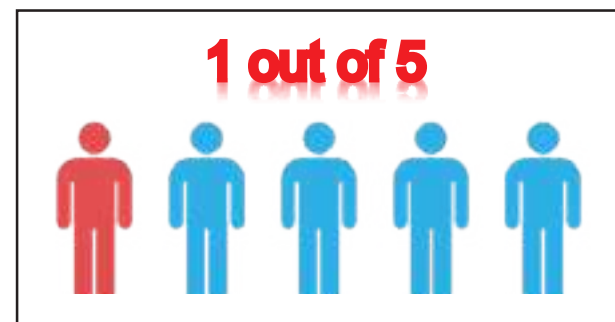
Background

Injuries are the number one cause of hospitalization in Sri Lanka over the last few decades. More than one million people are hospitalized each year due to injuries. Each year, injuries accounted for about 17 – 18 % of total admissions to government hospitals. It has been projected that the number of injury admissions to all government hospitals may increase by almost 0.25 million by the year 2025 if the current trend of occurrence of injuries continues as it is. As a result, there may be more than 0.9 million additional hospitalizations due to injuries over the next 6 years (Figure 1).

Figure 1: Projected number of admissions to government hospitals due to injuries 2020 - 2025



It has been estimated that 2 – 3 million victims of injuries are treated as out patients in government private and ayurvedic hospitals. Every year,



at least 1 out of 5 Sri Lankans may seek treatment for injuries. As a result, about 11000 individuals may receive health care for injuries daily and at least 8 Sri Lankans may receive health care for injuries every minute (Figure 2).

Figure 2: Estimated number of individuals seeking medical care following injuries



As some victims who need medical attention seek home remedies without attending any health facility, the number of victims due to injuries may be even higher than the estimated number. Further, if

considered all injuries, the number of victims due to injuries could be several millions.

According to WHO latest estimates, injuries claim about 12000 lives of Sri Lankans annually. Therefore, every day Sri Lanka loses about 32 individuals due to injuries (about 4 individuals in every 3 hours). Injuries are the 7th cause of total deaths in Sri Lanka and it is the 10th cause of hospital deaths. Based on hospital inward statistics, about 3000 die due to injuries after hospitalization. If current trend continues, it has been projected that the number of injury deaths occurring after admissions to all government hospitals may increase up to 3200 by the year 2025. As a result, an additional 1,000 deaths could occur in hospitals due to injuries over next 6 years (Figure 3). Majority of victims are in the economically productive age group (15 to 44 years) and it is the number one killer of that age group too.

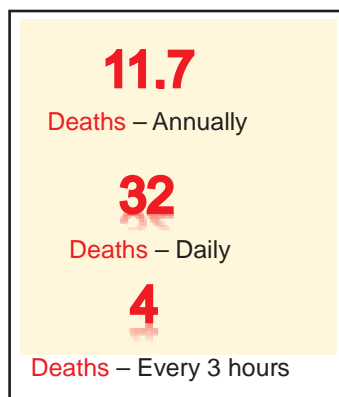
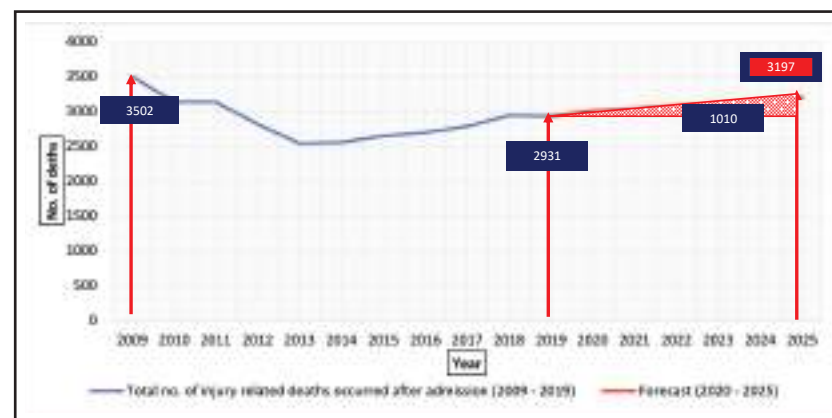


Figure 3: Projected number of injury related deaths occurred after admission to government hospitals 2020 – 2025



According to the National Injury Surveillance System (NISS) started in 2016, of all reported admissions, over 2017 – 2020 leading injury mechanism was falls, followed by transport injuries and animal bites (Figure 4), leading place of occurrence of injuries was home followed by street/road/highway, residential institution and in occupational setting (Figure 5); leading activity done at the time of injury was travelling (22%) followed by leisure activities, while doing household and vital activities and while working for income. (Figure 6).

Figure 4: Trends of leading mechanisms of reported injury admissions 2017 - 2020

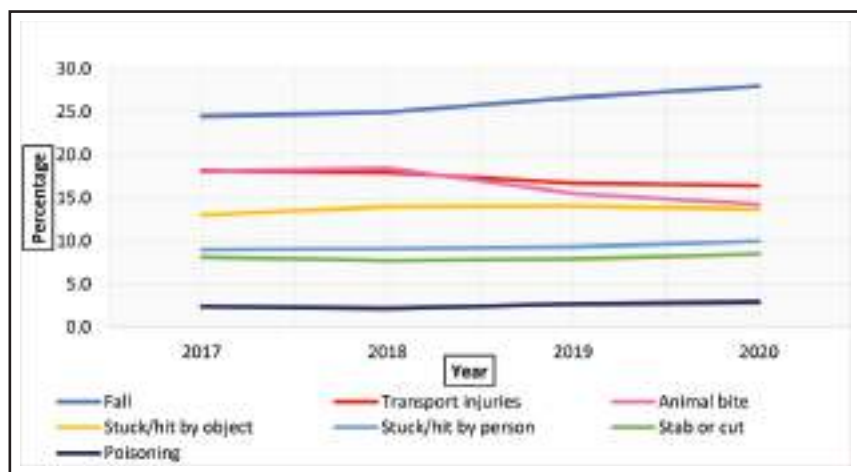


Figure 6: Trends of main activities done at the time of the occurrence of reported injuries 2017 - 2020

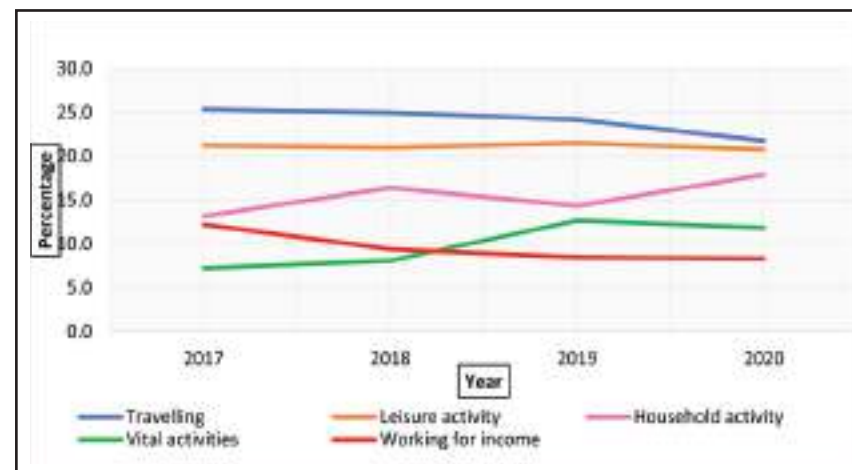
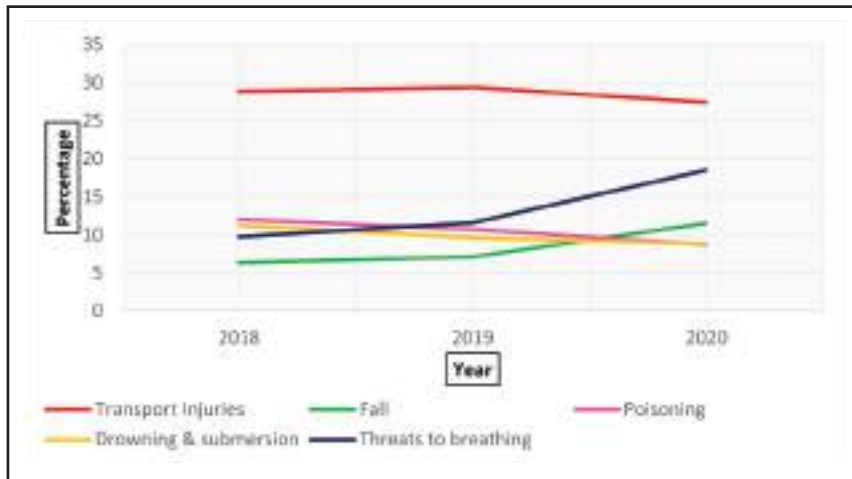


Figure 5: Trends of leading places of occurrence of reported injuries 2017 - 2020

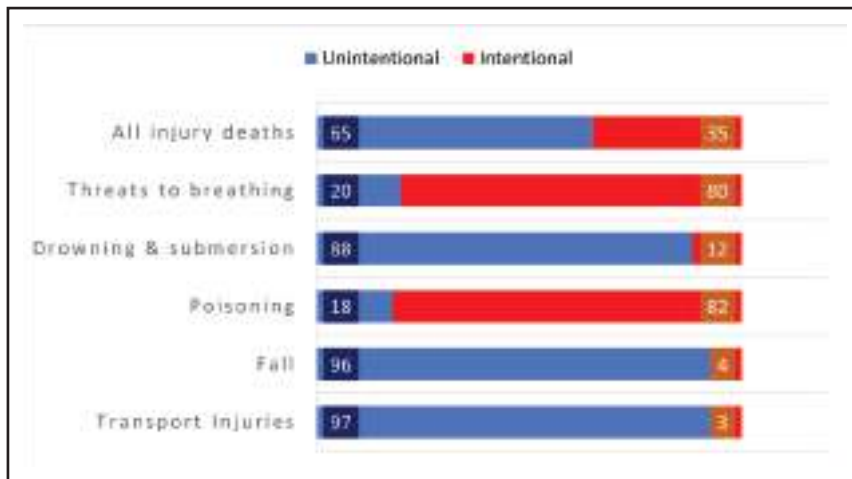


Over the period 2018 – 2020, the leading mechanism of injury related death was transport injuries followed by threats to breathing, falls, poisoning and drowning (Figure 7). About 2/3rd of the reported deaths was due to unintentional causes. Transport injuries, falls and drowning were the most common unintentional causes for the injury related deaths reported in 2020 (Figure 8).

Figure 7: Leading mechanism of injury related deaths 2018 - 2020



4 **Figure 8:** Intention of leading mechanism of injury related deaths by percentage 2020



Unless appropriate preventive strategies are not implemented, the burden of injuries is projected to increase in next decade as a result of rapid changes in life styles of people due to urbanization, industrialization, mechanization and infrastructure development. Injuries cause destructive long-term consequences not only to the victim but also to the family and to the society as well. A huge amount of annual country budget is spent on patient care due to injuries. Hidden cost due to injuries in Sri Lanka is also very high and not yet calculated properly. Most injuries, especially unintentional injuries are predictable and preventable, when proper safety precautions are taken. But it is very difficult to achieve due to number of reasons, such as lack of knowledge, lack of taking safety precautions, lack of adherence to the law, carelessness, lack of first aid skills, unskilled handling and transportation of the victims, poor environmental conditions, poor standards and improper maintenance of equipment such as vehicles and machinery etc. Unlike any other health related condition, multisectoral involvement is crucial for the prevention and management of injuries. Therefore, a comprehensive, targeted approach and the contribution of multiple sectors is essential for the implementation of a better injury prevention and management program.

Multi Sectoral Strategic Action Plan on Injury prevention and Management, Sri Lanka 2021 – 2025

The National Multi Sectoral Strategic Action Plan on Injury prevention and Management, Sri Lanka 2021 – 2025 is a result of continuous effort of the Directorate of Non Communicable Diseases (NCD), the

National Focal Point for Injury Prevention and Management in the Ministry of Health, Sri Lanka. The Directorate spearheaded the process of drafting this action plan with the support of relevant units in the health sector, professional colleges and many other stakeholders. This has been developed in order to achieve the objectives identified under six (6) strategies laid down in the National Policy and Strategic Framework on Injury Prevention and Management in Sri Lanka, 2016.

The following were considered as key priority areas in formulating the plan.



Transport safety

Due to high morbidity and mortality in transport accidents, including railway accidents



Drowning safety

As drowning is one of the leading causes of death from unintentional injuries, and those who drown are at higher risk of death if not rescued.



Home safety

Since most injuries occur at home. If home safety is guaranteed, it usually addresses many major injury mechanisms which can occur at the home setting, such as falls, animal bites, struck / hit by object, cuts, burns, unintentional poisoning, electrocution and even home related drowning



Work place safety

Due to the high percentage of work-related injuries



Child and elderly safety (Vulnerable group safety)

As injuries are the number one cause of morbidity and mortality especially among young children and adolescents and elders are also at a higher risk of injuries, both groups are considered as a vulnerable group for injuries.



Post event care

As proper post-event care, including first aid, pre-hospital care and post-admission care, can save many lives, reduce complications and promote faster healing

In addition, prevention of unintentional injuries was considered in the plan, as prevention of unintentional injuries is more practical and feasible compared to prevention of intentional injuries which requires different specialized approaches and strategies.

This plan is composed of five strategic areas to address above prioritized areas.



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The strategic area health promotion and risk reduction specifies the plans on transport safety, drowning safety, home safety, work place safety and safety of vulnerable groups (child and elderly safety). The strategic area Post event care specifies activities related to first aid, pre hospital care and post admission care.

The plan provides a comprehensive description of the outcomes to be achieved, specific activities to be implemented, the multi-stakeholder partnership including civil society and the time frame by which the targets are to be achieved. Similar to the contribution in the process of preparation of the plan, the maximum corporation of relevant departments of the Ministry of Health, other ministries, departments, professional colleges, civil societies and other relevant parties is vital in achieving the specified targets in the plan.

Vision

A country free of unintentional injuries

Goal

To reduce the burden of unintentional injuries and related disability and death in Sri Lanka

Overarching principles and approaches

- Leadership and coordination
- Evidence-based interventions
- Human rights
- Life-course approach
- Empowerment of people and communities
- Multisectoral action

Objectives

1. To increase the priority given to the prevention and control of unintentional injuries on the national agenda by adapting to national development strategies through strengthened multi-sectoral cooperation.
2. To strengthen national capacity, leadership, governance, multi-sectoral action and partnership to accelerate the country's response to control and prevent unintentional injuries.
3. To raise awareness and acceptance among policy makers, professionals and the general public that many injuries can be prevented.
4. To reinforce the development, implementation and enforcement of policies, laws and regulations that facilitate the prevention of unintentional injuries in accordance with best practices and national contexts based on scientific evidence.
5. To empower the community and stakeholders to design and develop safe environments to reduce risk factors and determinants for unintentional injuries
6. To strengthen the health systems and health care to provide optimum post event care and rehabilitation of the injured.
7. To promote and support the national capacity to conduct high quality research to bring scientific evidence on the prevention and control of unintentional injuries
8. To strengthen information systems for planning and implementing injury prevention activities, monitoring the trends and determinants of occurrence of injuries and evaluating the progress of prevention and control activities.

Targets to be achieved by 2025

Target 1:

5% relative reduction of overall deaths due to unintentional injuries

Target 2:

10% relative reduction of deaths due to unintentional transport injuries

Target 3:

7.5% relative reduction of deaths due to unintentional drowning

Target 4:

5% relative reduction of animal bites

Target 5:

15% relative reduction of unintentional poisoning

Target 6:

10% relative reduction of unintentional home injuries

Target 7:

5% relative reduction of unintentional work place injuries

Target 8:

15% relative reduction of unintentional injuries among children

Target 9:

5% relative reduction of unintentional injuries among elders

Target 10:

80% availability of general surgical facilities required to manage injuries in secondary and tertiary care hospitals

Target 11:

80% availability of basic radiological facilities required to manage injuries in secondary and tertiary care hospitals

Target 12:

80% availability of basic emergency care facilities required to manage injuries in all government hospitals