



SITUATIONAL ASSESSMENT ON PHYSICAL ACTIVITY IN SRI LANKA



This assessment was based on the Situational Analysis Tool developed by the WHO to support the implementation of the Global Action Plan on Physical Activity (GAPPA) 2018 – 2030.



Ministry of Health
Sri Lanka



Directorate of Non Communicable Diseases



World Health
Organization

Sri Lanka

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Situational Assessment on Physical Activity 2021

Prepared by the Non-Communicable Disease Unit, Ministry of
Health

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Abbreviations

DDG/NCD	Deputy Director General/ Non – Communicable Diseases
FHB	Family Health Bureau
HENO	Health Education Nursing Officer
HEO	Health Education Officer
HHIMS	Hospital Health Information Management System
HIMS	Health Information Management System
HLC	Healthy Lifestyle Clinic
HPO	Health Promotion Officer
MoE	Ministry of Education
MOH	Medical Officer of Health
MoS	Ministry of Sports
MONCD	Medical Officer of Non – Communicable Diseases
NMSAP	National Multisectoral Action Plan
NABNCD	National Advisory Board for Non-Communicable Diseases
NCD	Non – Communicable Diseases
PA	Physical Activity
PDHS	Provincial Director for Health Services
PHC	Primary Health Care
PHI	Public Health Inspector
PHM	Public Health Midwife
PHNO	Public Health Nursing Officer
PSSP	Primary Healthcare Strengthening Project
RDHS	Regional Director for Health Services
SARA	Service Availability and Readiness Assessment
SDG	Sustainable Development Goals
WHO	World Health Organization

INTRODUCTION

Non communicable diseases (NCD) including, cardiac diseases, cerebro-vascular accidents, diabetes mellitus, cancer and chronic respiratory diseases are the major causes of morbidity and mortality in Sri Lanka. The NCDs were accountable for 83% of total deaths and 17% premature (30 -70years) deaths in Sri Lanka in the year 2016 (1). In the year 2016, of the total 464 billion of current health expenditure, the majority (36%) was spent on the management of NCDs (2). In addition, these chronic debilitating diseases result in a great economic impact to the individual, family and the country as a whole due to lost productivity.

The NCDs are caused by four major lifestyles related, and therefore, highly preventable behavioural risk factors namely, physical inactivity, unhealthy diet, tobacco smoking and use of alcohol. The national NCD risk factor survey (STEPS survey) 2015 found that 72.5% of the Sri Lankan adult population (18-69 years) do not consume the recommended 5 servings of fruits and vegetables per day, 18% were current alcohol users and 15% were current tobacco smokers. The survey also reported that 30.4% of the Sri Lankan adult population do not engage in the recommended 150 minutes of moderate intensity physical activity level per week, making them more vulnerable for NCDs, with females (38.4%) being more inactive compared to males (22.5%) (3).

There is ample evidence to show that physical inactivity is attributed to many of the NCDs in the world, including Sri Lanka. It is the 4th leading behavioural risk factor for global burden of diseases (4). It is shown that improving physical activity would prevent 6% - 10% of the major NCDs including coronary heart disease (CHD), diabetes, breast cancer and colon cancer, thereby, improving life expectancy (5). It is also shown that if not eliminated, even a mere reduction of physical inactivity by 10% would prevent more than 533,000 deaths and a reduction of inactivity by 25% would prevent more than 1.3 million deaths globally (5). Thus, improving physical activity among the Sri Lankan population would support in combating the NCD burden of the country and improve life expectancy.

In addition, it is evident that being physically active has psychosocial benefits as well, including reduction in anxiety, depression and negative mood; improves self-esteem, social withdrawal and cognitive function (6). It is shown that personal factors such as health issues (e.g. joint disorders), time and lifestyle related factors, lack of knowledge; unavailability of facilities or dedicated areas for exercise; and environmental, social and cultural factors (e.g. myths related to physical activity, physical activity being a novel concept, security reasons etc) prevent Sri Lankans from being physically active (7).

This situation analysis report is based on Situational Analysis Tool (SAT) developed to support the implementation of the WHO Global Action Plan on Physical Activity (GAPPA) 2018-2030, which support achievement of the four strategic objectives agreed in GAPPA at the country level; *active societies, active environments, active people and active systems*. The tool enabled the Directorate of NCD, Ministry of Health to do a rapid assessment of Sri Lanka's current national context and progress on the promotion of physical activity in collaboration with a multitude of stakeholders. It is expected this report will inform and support the development of national policy frameworks and priority areas of action to promote physical activity in Sri Lanka. The process of completing the SAT has supported strengthening stakeholder engagement in policy implementation and to identify opportunities to promote and support physical activity initiatives in Sri Lanka.

METHODS

Objectives of the Situational Assessment

- To identify stakeholders instrumental in promoting physical activity in Sri Lanka
- To identify mechanisms, processes, services and legislations currently in place to promote physical activity in Sri Lanka
- To identify strengths, gaps, and bottlenecks for physical activity promotion in Sri Lanka and provide recommendations
- To strengthen physical activity promotion in Sri Lanka through inter-sectoral coordination and partnerships

Design of the Situational Assessment

This report is based on the WHO Situational Analysis Tool (SAT) and structured according to the four strategic objectives of GAPPA and its monitoring and evaluation framework as outlined below (Table 1):

- Active societies
- Active environments
- Active people
- Active systems

Table 1: Structure of the WHO Situational Analysis Tool (SAT)

Four Sections of SAT	Question areas aligned with GAPPA and M&E Framework
Section 1: Active Societies	<ul style="list-style-type: none"> ➤ Communication campaigns ➤ Mass participation events and promotion ➤ Education and Training
Section 2: Active Environments	<ul style="list-style-type: none"> ➤ Regulatory frameworks ➤ Design guidelines and standards ➤ Infrastructure and facilities
Section 3: Active People	Programmes and services within and across multiple settings: <ul style="list-style-type: none"> ➤ Health ➤ Workplaces ➤ Education ➤ Sports ➤ Transport
Section 4: Active Systems	<ul style="list-style-type: none"> ➤ National policy frameworks ➤ National Targets ➤ National guidelines on physical activity and sedentary behaviour ➤ Coordination, engagement and partnerships ➤ Strategic priorities and the political landscape ➤ National information systems ➤ Funding and Financing mechanisms

Data collection

A multitude of data collection methods were utilized to collect data pertaining to the situational assessment. The data collection was conducted in 2021 and only the on-going work and the activities that have been conducted during the period of 2010 to now are reported.

Desk review

A comprehensive review of the policies, strategic frameworks, action plans, reports, laws and legislations relevant to physical activity promotion in Sri Lanka was performed, led by the Director NCD, Ministry of Health and by the staff of the Unit for Promotion of Physical Activity of the Directorate of NCD.

Qualitative data collection

Information required to fill the SAT were mostly collected using qualitative techniques of key informant interviews (KII) and group consultative meetings.

Key informant interviews

Key informant interview technique was used as the method to gather qualitative data from all the stakeholders identified. The head of the institution or the relevant focal point of each stakeholder institution was interviewed taking the SAT as a guide. Interviews were conducted physically and virtually, and proceedings were recorded.

Group consultative meetings

The Directorate of NCD identified a focal point from each organization and invited them for several stakeholder meetings. The meetings were used to gather information based on the SAT. The meetings were instrumental in analysis and collation of documents relevant to physical activity promotion in Sri Lanka. The meetings were conducted physically and virtually considering COVID-19 outbreak in the country. Following diagram outlines the summary of the SAT completion process.

The key informant interviews and group consultative meetings involved following key stakeholders:

- Ministry of Health
- Ministry of Sports
- Ministry of Education
- Sri Lanka Police
- Ministry of Transport
- Ministry of Urban Development
- Ministry of Public Services, Provincial Councils and Local Governments
- Ministry of Labour
- Ministry of Women and Child Development
- Ministry of Higher Education
- Ministry of Finance
- Non-Governmental Organizations



Figure 1: Summary of the SAT completion steps.

Data analysis

The Directorate of NCD compiled a summary report on promotion of physical activity based on the gathered data. The data analysis helped to identify existing gaps and provide recommendations to promote physical activity. The final report was presented to the stakeholders and finalised upon their consensus.

SECTION 1

ACTIVE SOCIETIES

Summary

The aim of this section of the SAT was to assess three aspects related to the status of creating Active Societies. First is the implementation of national communication campaigns that aim to increase awareness and knowledge of the multiple benefits of physical activity, and support behaviour change. Also, to assess national engagement with any international or regional communication campaigns, including those which directly and those that indirectly focus on physical activity. Secondly, the status of conducting mass participation (free) events and/or health days/weeks and thirdly to identify what workforce training on physical activity is undertaken and available in the forms of pre-service training and continued professional development.

- a) **Public education campaigns:** In Sri Lanka various national and subnational level public education and capacity building campaigns on physical activity (PA) promotion are conducted by both the government organisations (Health, Sport) and non-government organisations (National Olympic committee, professional medical organisations, civil organisations). These raise awareness, knowledge, skills, motivation and behaviour change on PA promotion using community-based initiatives and sustained communications across traditional and social media channels (more evident with the COVID 19 pandemic). Some campaigns have primarily focused on PA (aerobic programs, walking, running, cycling) but in some PA is a part of a total health promotion package. Most campaigns are short term (day/month) and some are sustained for >10years with developing education material, processes and on-going evaluations/progress developing into sustain models with long term changes. Target audiences mainly had been adults, youth and children, some instances older adults and pregnant women, but not specifically people with disabilities or special groups.
- b) **Mass participation events** at national and sub national level (where participation is free of charge) are conducted mainly by the sports and health sectors (government, professional organisations, and non-government organisations) in parallel to various international days/events. In addition, novel days/months are declared by the ministry of sport and health to increase participation in sport and PA in public. National engagement for these events from other relevant sectors was not identified. Subnational programs are mainly conducted in urban cities. Central mechanism of coordinating the above activities was not identified.
- c) **Workforce development and training:** Capacity building on PA promotion and prescription is conducted at various stages and levels to the workforce who 1) provide services and programs related to physical activity (Health, sport and education sectors), whereas those 2) whose work influences the environments for physical activity (Town planners, Transport planners) did not have any formal training on PA promotion. In the health sector primary care medical doctors have training on PA promotion and prescription at undergraduate (initiated incorporating into the curricula in small scale), in-service and post graduate levels. Physiotherapists have training at undergraduate/in-service stages and nurses, midwives, public health inspectors and social care workers have initiated incorporating to the in-service curricula. Health promotion officers, occupational health and safety officers have pre-service training. No formal training evident for non-medical healthcare staff in the private sector. The government sector preschool, primary school and physical education (PE) teachers have pre-service training, and it is now discussed to include PA training to all teachers. Formal training available for private sector teachers is not evident. In the sports sector, sports scientists, managers, coaches, trainers have undergraduate and pre service training on PA promotion.

1.1 National level communication campaigns, mass participation events to create an Active society

Sri Lanka has successfully implemented several national public education and awareness campaigns on physical activity.

1.1.1 Health Sector

The Sri Lankan government provides a well-organised free health service in the form of Western medicine and Ayurvedic medicine. Sri Lanka's low-cost health care system, provides a good foundation for the attainment of Universal Health Coverage and can make a major contribution to reduce premature mortality provided cost effective interventions are implemented

Sri Lanka has laid a robust public health foundation to tackle NCDs which are regulated by the Ministry of Health. Public health successes in communicable diseases and maternal and child health, enable Sri Lanka to further accelerate progress in prevention and control of NCDs

The public health sector is organised into two parallel streams: community health services focusing mainly on promotive and preventive health - curative care services ranging from non-specialized primary care to specialised care delivered through a variety of hospitals.

There is a Directorate with responsibility for NCDs within the Ministry of Health. The National Steering Committee and the National Advisory Body for NCDs provide guidance for implementation of the National NCD Policy and the Multi-Sectoral Action Plan. Government revenues are allocated through the Department of Health services for health care for NCDs. Each district has a Medical Officer /NCD who functions as the focal point for NCD activities in the district. The NCD unit of the Ministry of Health conducts regular review meetings for Medical officers /NCD to facilitate exchange of information on NCD best practices in all districts.

Curative services are provided by the country's hospitals. The large hospitals comprise teaching hospitals, peripheral hospitals, and base hospitals; these have specialist consultants. The smaller hospitals include peripheral units and rural hospitals; these have fewer facilities. Each hospital has an outpatient department, which fulfils a similar role to that of general practitioners (GPs) in other countries. There are around 631 government sector medical institutions with indoor health facilities. There are 3.6 beds for every 1,000 persons in the state sector and is widely accessible. There is a reasonably good road network island wide from a healthcare facility. There are 1600 specialist medical officers providing services in hospitals. Overall there are 87 doctors 60 per 100,000 population.

1.1.1.1 Directorate of Non-Communicable Diseases

The Directorate of NCD commemorated the International Day for Sports Development and Peace on the 6th of April 2021. The month of April was declared the "National Move More Month". A national media briefing with a social media campaign was launched by the Directorate of NCD with the objective of creating awareness among the public on health benefits of physical activity during this month. The media briefing was contributed by specialists in Sports and Exercise Medicine and included practical demonstrations. Public awareness was also created through newspaper articles, radio programs and television programs. The social media campaign was carried out through FaceBook. A circular was issued by the Director General of Health Services (DGHS) instructing district level Medical Officer Non-Communicable Diseases (MO NCD) to conduct local level awareness and promotion events during the "National Move More Month".



Discussion on National Move More Month, April 2021, under the theme "Move more every step counts".
 @ TV 1, Jathika Mehewara programme.

Let's promote physical fitness for a healthier Sri Lanka.
<https://youtu.be/7N6lMxRMQ7A>



In addition, physical activity promotion is highlighted on various other international / national health days commemorated by the Directorate of NCD. The Directorate of NCD, commemorates world health day, hypertension day and diabetes day annually with a focus on promoting healthy lifestyles including physical activity.

1.1.2 Non Health Sector

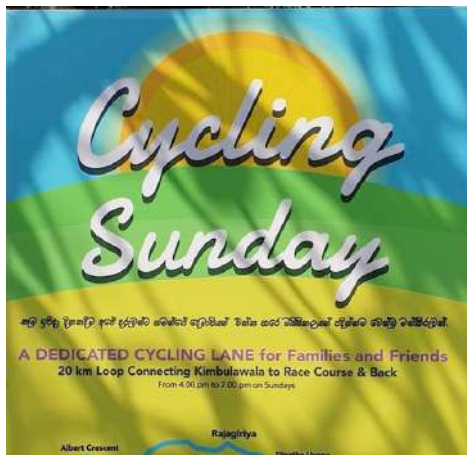
1.1.2.1 Ministry of Sports

The Ministry of Sports is involved in creating awareness through sports officers at district level and urban settings to build up a national sports culture. It has been proposed to declare Sports Policy for Sri Lanka to develop the field of sports on a systematic and a scientific footing and that all parties connected to sports will act in terms of proposed sports policy.

<https://mos.gov.lk/media/2020/4/yMFgNuQaAtJathOwyELq1wBj3DeVpalOhUPub9NQ.pdf>

In addition, the Ministry of Sports is attempting to promote cycling as a means of healthy transport. For the “Sunday Cycling Program” in Colombo a cycling lane is created on the main roads on Sundays.

Along with the “Sunday Cycling Program” two other programs were launched; “Friday Football” and “Saturday walking and jogging” programs. The Ministry of Sports is planning to popularize these programs throughout the country. These programs are taking place in some districts of the country at present.



Cycling Sunday launched with dedicated lane

View(s): 184

Cycling Sunday, an initiative by Yasas Hewage of ‘Spinner’ was launched last Sunday with the support of Ministry of Youth and Sports from Kimbulawala, covering a distance of 22 kilometres on a dedicated cycle lane.

Cycling Sunday, a global event which promotes cycling with the participation of all family members, flagged off from Kimbulawala at 4.00pm and finished at the same location around 7.00pm.

The route covered Kimbulawala, Parliament Road, Waters’ Edge Junction, Rajagiriya, Borella, Gregory’s Road, Race Course, Reid Avenue, Albert Crescent, Independence Avenue and took the similar route back to Kimbulawala.

“Our children and parents love to take bicycles and go for a ride. That’s what we will do each Sunday henceforth with a dedicated lane allocated for cyclists in Colombo. We intend to take this initiative around the country,” Hewage stated.





The Ministry of Sports commemorates national sports day on July 31, the day on which a Sri Lankan, Mr. Duncan White won a medal for the first time at the Olympics. Also they conduct special exercise promotion events on international days such as 'Women's Day' International Children's Day etc. International day for elder persons is commemorated through physical activity programs and international competitions for elderly veteran athletes.



In addition the Ministry of Sports conducts physical activity based programs on special days such as Independence Day and Sinhala Hindu New year.

