



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Transforming and scaling up health professionals' education and training to meet the healthcare needs

According to the WHO, transformative scaling up of health professionals' education and training is defined as the "sustainable expansion and reform of health professionals' education and training to increase the quantity, quality and relevance of health professionals, and in doing so, strengthen the country health systems and improve population health outcomes".

Changing country profile

Emerging Non-Communicable Diseases (NCDs), demographic transition with aging population and adverse environmental changes have been increasing over the recent past and are creating significant negative health impact in our country. Sri Lanka country profile published by the Global Burden of Diseases strongly suggests the NCD burden have emerged as leading causes of years of life lost (YLL) due to premature mortality. The changing socio-political environment of the country and the region has a strong impact on the emerging health issues, such as drug abuse, outbound migration etc. Furthermore, the public is demanding more non-healthcare needs when seeking care such as autonomy, dignity, confidentiality, prompt attention, choice of healthcare provider, basic amenities and provision of social health needs. The training programmes need to cater to the circumstances and needs created by the changing profile, to prevent under-utilization of the resources and poor quality educational products.

Changing technologies

As suggested by Nigel Willet, the technological changes are unstoppable. The system should take it as an opportunity to penetrate the services to the public and improve the quality of the service provision. On the other hand, it is quite evident that the Ministry of Health is currently struggling to introduce new technologies to the service with varying level of success, where the staff resistance is one main obstacle. Therefore, the current trainings should be transformed to incorporate new technologies such as information and communications technology, computer based simulations, mobile health and web-based learning.

Inter-professional collaboration

The need for improved, institutionalized and attitudinally accepted levels of inter-professional collaboration (team concept) is discussed over and over again at different levels without much success. Professional services are fragmented and interdependence is highly disregarded. The educationists believe that inter-professional collaboration can be catalyzed by inter-professional education. However, the concept of inter-professional education is quite simple despite the fact that it is difficult to implement. Large number of recruitments, less number of teachers compared to students, less physical resources and traditional teaching preferences cause many teachers to stick to the lecture-based didactic education methods. Nevertheless the basic training programmes and Continuous Professional Development (CPD) programmes should be designed in a manner facilitating inter-professional education.

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There are global and national concerns over quantity and the quality of the health workforce. The World Health Report 'Working Together for Health' in 2006 estimated that about 57 countries have a critical shortage equivalent to a global deficit of 2.4 million doctors, nurses and midwives which suggests that millions of people do not receive the essential health care and services that are at least needed to the minimum standards. However, training and deploying more health workforce is not the answer to this burning issue. Sri Lanka's context is of no difference according to the expert views. Therefore, the policy makers, implementers and educationists should plan for evidence based and contextually appropriate strategies to transform and scale up health professionals' education to attain the right 'mix of skills and competencies' of health workers who can respond to the changing needs of the population.

The WHO has developed a set of recommendations for transforming and scaling up health professionals' education which cover a wide range from development of community-engaged relevant curricula to equipping health professionals with the skills to be high quality, competent clinical teachers and academic faculty, all of which contribute to preparing competent health graduates to practice in areas of need.

The recommendations are driven across 5 main domains (a) Education and training institutions (b) Accreditation and regulation (c) Financing and sustainability (d) Monitoring and evaluation (e) Governance and planning. Some of the key recommendations include: adapting curricula to the evolving health-care needs of their communities; designing and implementing continuous development programmes for teaching staff; innovative expansion of teaching staff through the recruitment of community-based clinicians and health workers as educators; use of simulation methods; implementing continuous professional development (CPD) and in-service training of health professionals relevant to the evolving health-care needs of their communities; using streamlined educational pathways/ladder programmes for the advancement of practicing health professionals; accreditation of health professionals' education; implementing Inter-professional education (IPE) in both undergraduate and postgraduate programmes. The Human Resource Co-ordination Committee (HRCC) of the Ministry of Health has identified the domain "Education and training institutions" as the priority area under which several activities were specifically selected for action.

The basic training for the health workforce in Sri Lanka is unique in its governance mechanism; almost all the categories of health staff except the Medical Officers and Dental Officers, are trained entirely by the training schools under the purview of a central unit; the Education Training and Research Unit (ET&R) of the Ministry of Health. There are 34 training schools, seven regional training centers and the National Institute of Health Sciences, Kalutara which carry out basic trainings at different capacities.

Identification of the 'National Standards' for upgrading the training schools, capacity development programme of tutors in collaboration with medical educationists, revision of basic training curricula, in-service/post-basic training for health work and advocating for a National Framework for continuous professional development (CPD) are the key priority activities being implemented. Transformation and scaling up of education and training is a multidimensional process that involves not only increasing the number of health professionals, but also ensuring that they have the knowledge, skills and competencies relevant to the needs of the population. The key recommendations, if implemented according to a national and provincial level plan, will be of great use in transforming health professionals' education.

Sources

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 02nd - 08th Jan 2014 (02nd Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**	
Colombo	279	279	2	7	0	0	2	5	0	0	2	3	0	0	0	0	0	0	0	4	12	0	0	0	0	75	94
Gampaha	40	133	0	1	0	2	1	1	0	0	0	2	0	0	1	2	0	0	0	1	11	1	1	0	0	27	100
Kalutara	26	69	1	4	0	0	0	1	0	0	3	18	0	2	0	0	0	0	0	2	5	0	0	0	0	64	100
Kandy	35	109	2	4	0	2	0	0	2	3	4	17	2	4	1	6	0	0	4	4	0	1	2	2	83	100	
Matale	7	11	1	1	0	0	0	0	0	0	9	10	1	2	0	0	0	0	1	2	3	6	1	2	62	100	
NuwaraEliya	5	9	0	0	0	0	1	1	0	0	0	6	1	2	0	0	0	0	0	2	2	0	1	0	0	69	100
Galle	29	93	2	4	0	1	0	0	1	2	5	21	6	8	0	0	0	0	2	11	3	10	0	0	60	100	
Hambantota	16	26	3	6	0	0	0	0	0	0	7	13	5	6	1	2	0	0	2	12	0	0	3	7	83	100	
OMatara	30	54	2	4	0	0	0	0	26	26	5	10	3	6	0	1	0	0	6	10	0	0	10	16	100	100	
Jaffna	129	263	7	19	0	0	2	5	3	4	0	2	60	118	0	0	0	0	4	5	1	2	0	0	92	100	
Kilinochchi	2	6	0	3	0	0	0	0	0	0	0	0	4	4	0	0	0	0	0	0	0	0	0	0	50	100	
Mannar	0	5	0	0	2	3	1	1	0	0	0	1	1	8	0	0	0	0	0	0	0	0	0	0	60	100	
Vavuniya	15	33	0	1	0	0	0	0	0	1	1	2	1	1	0	0	0	0	0	0	0	0	0	0	50	100	
Mullaitivu	2	10	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	20	100	
Batticaloa	14	34	3	14	0	0	0	1	0	0	1	2	0	0	1	1	0	0	0	1	0	1	0	0	50	100	
Ampara	0	3	0	1	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	14	86	
Trincomalee	23	35	0	3	0	0	0	0	0	0	0	0	1	1	4	9	0	0	1	4	0	0	0	0	83	92	
Kurunegala	32	63	1	8	0	1	0	0	0	5	7	13	0	0	0	0	0	0	8	11	2	2	1	2	67	100	
Puttalam	19	32	0	3	0	0	0	0	0	0	3	7	0	4	0	0	0	0	3	4	1	3	0	0	69	85	
Anuradhapura	11	32	1	4	0	0	0	0	0	1	10	38	0	3	0	1	0	0	1	3	1	1	1	6	53	100	
Polonnaruwa	2	14	0	2	0	0	0	0	0	0	3	14	0	0	0	0	0	0	1	3	0	0	1	3	57	100	
Badulla	17	41	3	5	0	0	1	1	0	0	1	5	3	7	0	1	0	0	2	3	4	8	0	0	76	94	
Monaragala	14	28	2	3	1	1	1	1	0	0	12	30	2	4	2	6	0	0	3	5	2	3	1	2	91	100	
Ratnapura	23	65	3	4	0	1	1	3	0	0	2	14	0	1	2	10	0	0	3	4	2	3	0	0	72	100	
Kegalle	28	75	1	2	1	2	4	10	2	2	9	23	1	2	0	0	0	0	10	17	1	1	1	0	64	100	
Kalmune	19	42	0	4	0	0	0	2	0	0	1	1	0	0	0	0	0	0	1	2	0	1	0	0	38	100	
SRI LANKA	817	1912	34	107	4	13	14	32	34	44	85	256	91	183	12	39	0	0	59	131	21	44	20	42	66	98	

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 08th January, 2016. Total number of reporting units 337. Number of reporting units data provided for the current week: 336. C**=Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

02nd – 08th Jan 2014 (02nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 2016 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	01	00	01	00	00	00	02	02	02	04	-50%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	01	01	01	00	00	00	01	05	00	09	09	0%
Measles	01	01	03	01	00	00	01	00	00	07	09	17	27	-37.0%
Rubella	00	00	00	00	00	00	00	00	00	00	01	00	01	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	01	00	01	-100%
Whooping Cough	00	00	01	01	00	00	00	00	00	01	02	01	02	-50%
Tuberculosis	95	50	17	17	26	15	19	04	20	263	113	393	265	+48.3%

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
 RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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