

Policy-in-practice case study: Sri Lanka

Maternal and Child Health Programme, National Strategic Plan for the Well-Woman Programme, and the National Elderly Health Care Policy



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5 million is the estimated number of older people living in Sri Lanka by 2032.

22 years is the expected lifespan for a woman aged 60, as estimated in 2012.

30% reduction in mortality from cervical cancer is expected for Sri Lankan women by 2030.

Sri Lanka has one of the fastest-ageing populations in Asia. It is estimated there will be more than 5 million older people by 2032 – more than double the number in 2007. Life expectancy has risen too: by 2012, women aged 60 years could expect to live another 22 years, and men another 18.3 – up from 21.6 and 17.7 years respectively in 2001. This trend has several health-related implications, such as the need for improved healthcare services to address the healthcare needs and rights of older women. For this, it is essential that girls and women have access to affordable and adequate healthcare services from infancy right through to older age if they are to achieve healthy ageing.

Sri Lanka's Ministry of Health has taken a far-sighted approach to addressing these emerging challenges. Maternal and child health (MCH) has been a long-standing priority in Sri Lanka's National Health Policy. The National Policy on Maternal and Child Health was formulated in 1968 as part of the national commitment

to adopt and implement appropriate interventions for improving MCH (an area of work which has itself grown out of the National Child Health Programme of Sri Lanka, established in 1926). In 1996, the National Strategic Plan for Well-Woman Programme was launched exclusively for women aged 35–60 years. Its objective was to screen women for selected health conditions (including diabetes, hypertension, breast cancer and cervical cancer) in order to detect them early and reduce mortality and morbidity.

The two policy interventions considered here – the Maternal and Child Health Programme and the Well-Woman Programme – are good examples of population ageing policy interventions that adopt a life-cycle approach, due to the holistic way they address children's and women's health across all age groups.

As well as these two programmes, the National Elderly Healthcare Policy, established in 2017, ensures comprehensive healthcare services for all older people in Sri Lanka (though it is still in the early stages of implementation).



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Key areas addressed

Maternal and Child Health Programme

The National Policy on Maternal and Child Health was formed to meet the national commitment to adopt and implement appropriate interventions for improving MCH. In accordance with the MCH policy, the government has developed strategic plans in relevant MCH programme areas. These strategic plans (expected to be followed by annual work plans at national, provincial and district levels) cover: maternal and newborn health; child health; adolescent health; and infant and young child feeding.

The official mission of the Maternal and Child Health Programme is “to contribute to the attainment of the highest possible levels of health of all women, children and families through the provision of comprehensive, sustainable, equitable and quality maternal and child health services in a supportive, culturally acceptable and family friendly setting”. To achieve this, the programme relies on evidence-based public health interventions that are proven to be effective and are delivered by multidisciplinary teams of health professionals. Most of the programme’s interventions are preventive, while some focus on secondary care, including interventions to ensure standards and quality of care. The Maternal and Child Health Programme provides services to about 54 per cent of the population, which includes pregnant women, infants, children, adolescents, youth, and women



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of reproductive age. This policy aims to reduce the risk of disease and disability from as early on as possible, so as to enable better health in later life.

The vision of the National Strategic Plan on Maternal and Newborn Health (2017–2025), which supports the delivery of the National MCH Policy, is to maximise maternal and child health by: reducing the maternal mortality ratio from 32.5 per 100,000 live births (2013) to less than 10 per 100,000 live births by 2030; reducing the neonatal mortality rate from 6.5 per 1,000 live births (2013) to under 2.2 per 1,000 live births by 2030; and reducing the stillbirth rate from 6.4 per 1,000 births (2013) to under 2 per 1,000 births by 2030. These targets support achievement of the 2030 Sustainable Development Goals (SDGs).

There are six strategic objectives in the plan:

- a. strengthening and investing in improving the quality of maternal and newborn care, particularly during labour, birth and the first day and week of life
- b. addressing all causes of maternal, perinatal and neonatal mortality and morbidity
- c. strengthening health systems to respond to the needs and priorities of women, newborns and their families
- d. ensuring universal health coverage for comprehensive (essential and emergency) maternal and newborn healthcare
- e. addressing inequities in access to quality care, counting every mother, foetus and newborn through measurement, programme tracking and accountability
- f. harnessing the power of individuals, families and communities in support of maternal and newborn health.

The National Child Health Programme of Sri Lanka now functions as a part of the MCH programme. Over the past 90 years, the scope of the National Child Health Programme has expanded due to the introduction of new strategic elements. These additions were mostly based on timeliness of needs (how urgent they were) and/or expert opinions. The Family Health Bureau of the Ministry of Health has also developed the first National Strategic Plan on Child Health (2018–2025). That Plan focuses on children from infancy to 15 years of age and is expected to bridge the period from conception to 18 years. It sits aside three other strategic documents:

1. the National Strategic Plan on Maternal and Newborn Health (2012–2016)
2. the National Strategic Plan on Adolescent Health (2013–2017), and subsequent updates
3. the National Strategy for Infant and Young Child Feeding Sri Lanka (2015–2020).

These show that MCH Programme elements have addressed multiple stages of the life-cycle continuum.

National Strategic Plan for the Well-Woman Programme (2019–2023)

The Well-Woman Clinics originally screened women between 35 and 60 years for a range of conditions including hypertension, diabetes, breast abnormalities, cervical abnormalities, family planning status, menstrual disorders and reproductive tract infections (RTI), perimenopausal/menopausal problems, and breast and cervical cancers, as well as providing health education on the menopause, sexually transmitted illnesses (STIs) and HIV. Cervical screening is carried out using the Papanicolaou (Pap) smear. Conditions screened for at these clinics have subsequently been expanded to include nutritional status and thyroid gland abnormalities. Breast, cervical and thyroid cancers are the leading cancers in Sri Lankan women.

The Family Health Bureau, which comes under the Ministry of Health, is responsible for implementing the Well-Woman Programme nationwide. The programme's vision is to empower women to live healthy and productive lives. It has 10 key targets:

1. Ensure all Well-Woman Clinics screen for all nine conditions
2. Increase the number of functional Well-Woman Clinics to 1 per 15,000 population
3. Increase attendance at Well-Woman Clinics by women aged 35 years from 53 per cent to 80 per cent
4. Increase attendance by women aged 45 years to 60 per cent
5. Increase the proportion of women undergoing clinical breast examination to 80 per cent
6. Increase the proportion of women undergoing thyroid examination to 80 per cent
7. Increase the proportion of women undergoing HPV (human papillomavirus) testing in the 35-year age cohort to 80 per cent
8. Increase the proportion of women undergoing HPV testing in the 45-year age cohort to 60 per cent
9. Reduce the percentage of 'unsatisfactory' HPV tests to ≤ 2 per cent
10. Increase the percentage of women undergoing HPV testing who receive their report in 30 days or less to 90 per cent.

In 2007, the Well-Women programme included women of reproductive age and those up to 60 years of age. The above indicators are therefore applicable to all women aged 35 years or older. However, in practice, as mentioned by health professionals working at the Well-Woman Clinics, women younger than 35 years are also allowed to attend when public health officers refer them to the clinics.

Rationale for policy intervention

Maternal and Child Health Programme

Each year, around 2,000 newborns die in Sri Lanka. Another 2,000 are stillborn, and about 110 mothers die during or shortly after childbirth. Some mothers and/or babies suffer long-term disability due to complications at birth or in the postnatal period. In response, the National Strategic Plan on Maternal and Newborn Health has been developed to ensure that Sri Lanka becomes:

“a country in which there are no preventable deaths of mothers, fetuses and newborns, where every pregnancy is planned and wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential”.

In response to the United Nations (UN) Secretary-General's recent call to expand the global health agenda from survival to thriving and transformation, child health has gained greater attention. Related strategies and directives to improve maternal and newborn care are detailed in two key documents: *Strategies towards Ending Preventable Maternal Mortality* and *Every Newborn: An Action Plan to End Preventable Deaths*. Sri Lanka has also signed up to reach targets under the SDGs.

In line with this, Sri Lanka's Ministry of Health has reviewed and strengthened its National Child Health Programme. Following the successful development of the National Strategic Plan on Maternal and Newborn Health 2012–2016, the Family Health Bureau decided to expand the strategic planning process to child and adolescent health. The National Child Health Programme strategy was established to ensure availability of the quality care required for children's healthy growth and development, in collaboration with their caregivers. In this context, the Plan addresses nine thematic areas:

1. Nutrition promotion and growth monitoring
2. Childcare development and special needs
3. Prevention of diseases and injuries
4. School health
5. Vulnerable children
6. Curative system
7. Under-served/special areas
8. Cross-cutting issues
9. Allied sector issues.

The Sri Lankan government recognises that appropriate infant and young child-feeding practices are essential because they form the cornerstone of a healthy adult life – a commitment enshrined in the Constitution and in specific policy documents such as the National Nutrition Policy and the National Policy on Maternal and Child Health.



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However, while the Ministry of Health has been very successful in reducing morbidity and mortality among this target group, the decline in malnutrition rates has been slow in the recent past, even though the country has achieved relatively lower levels of malnutrition compared to many other South Asian countries.

National Strategic Plan for the Well-Woman Programme

The government was a signatory to the Programme of Action adopted at the International Conference on Population and Development (ICPD) in Cairo in 1994. Following the ICPD, the concept of reproductive health was introduced to Sri Lanka's Maternal and Child Health Programme. Subsequently, separate programmes were launched to address specific reproductive health issues of women and promote gender equity in reproductive health.

Sri Lanka is also facing a rising trend in non-communicable diseases (NCDs) and related deaths – a trend partly attributable to the country's ageing population. In 2007, based on epidemiological evidence, the Family Health Bureau decided to screen women who have reached 35 years of age for NCDs. Those who are above 35 years, including older persons, are allowed to attend those clinics.

In 2019, the Well-Woman Programme Strategic Plan 2019–2023 was proposed as an extension of the earlier programme, motivated by Sri Lanka's commitments under the SDGs, the Global Strategy for Women's, Children's and Adolescent Health 2016–2030, and the WHO Director-General's global call to action to eliminate cervical cancer.

Implementation strategy for the policy intervention

In Sri Lanka, healthcare provision is devolved by the central Ministry of Health to nine provincial ministries of health. The provincial health system is further divided into 26 health regions (for more on organisational structure, see the *National Strategic Plan on Child Health in Sri Lanka 2018–2025* →). Central government retains responsibility for health policy formulation, strategic planning, financial management, and monitoring and evaluation (M&E) related to healthcare.

The Family Health Bureau (the focal point for MCH in Sri Lanka) is responsible for planning, coordination, and M&E of the MCH and family planning services in the National Family Health Programme. The services are provided through carefully streamlined Ministry of Health and provincial health services infrastructure, which comprises a wide network of medical Institutions and medical offices of health areas. The National Strategic Plan on Maternal and Newborn Health (2017–2025) guides the development of action plans for maternal and newborn care at central, provincial and district levels, and at hospitals providing maternity and newborn care services.

In 2016, the Family Health Bureau initiated the development of the National Strategic Plan on Adolescent and Youth Health 2018–2025 with the collaboration of young people, professional groups and departments within and outside the Ministry of Health. It was based on an assessment of the implementation of the first Strategic Plan on Adolescent Health 2013–2017, and on the Maternal and Child Health (MCH) Policy, Reproductive Health Policy, National Youth Policy, National Policy of Health of Young Persons, School Health Policy, and the National Nutrition Policy.

This was coordinated by the Adolescent and Youth Health Unit and the School Health Unit, while the Technical Advisory Committee on Young Persons' Health and National Coordinating Committee on School Health provided guidance.

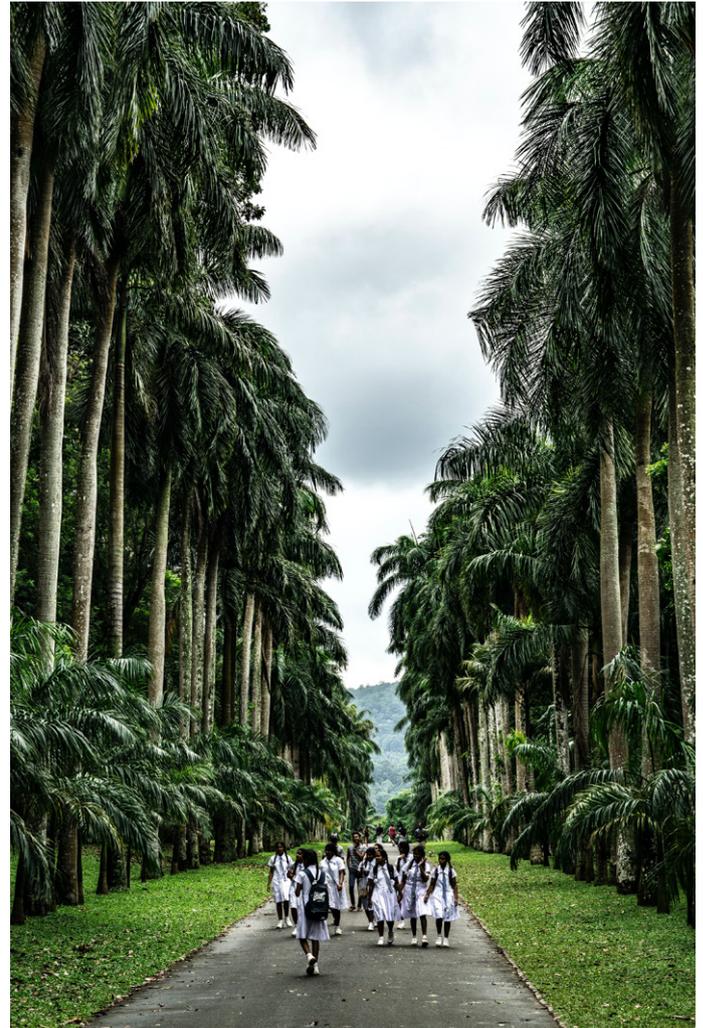
The National Strategic Plan on Adolescent and Youth Health adopts a rights-based approach, as well as gender sensitivity and principles of equity, non-discrimination, and participation and empowerment of adolescents and youth. It takes a non-discrimination approach, respecting the dignity of all beneficiaries, privacy and confidentiality, respect for law and order, and optimal service delivery to adolescents and youth with universal coverage. Its goals are based on ending preventable deaths ('survive'), ensuring health and wellbeing ('thrive'), and expanding, enabling environments ('transform').

As the national focal point for adolescent and youth health within the Ministry of Health, the Family Health Bureau holds overall responsibility for implementing and monitoring the Plan, and many stakeholders in the Ministry of Health and beyond have responsibility for implementing the many activities contained within the Plan.

All healthcare workers have a substantial role to play in implementing the plan and delivering coordinated services within the Plan. Provincial directors of health services, with technical guidance from provincial consultant community physicians, have overall responsibility for implementing the Plan at provincial level. Regional directors of health services, with the support of medical officers of maternal and child health and their teams, are responsible for district-level implementation. Medical officers of health and their teams are responsible for implementing the Plan at divisional level, with the support of other stakeholders, including young persons and parents at community level.

All hospitals have responsibility for ensuring that their services are adolescent- and youth-friendly. In hospitals, 'Yowun Piyasa centres' provide adolescent- and youth-friendly health services, with teams led by the head of the institution and consultants taking responsibility for planning and implementing activities, ensuring that they reach national standards. Furthermore, the preventive and curative sectors have responsibility for ensuring provision of the continuum of care, coordinating with each other and other relevant stakeholders and partner organisations.

The National Strategy for Infant and Young Child Feeding was implemented over a five-year period from 2015 to 2020. The Ministry of Health, through the Family Health Bureau, was again the main agency responsible for implementation, working closely with other stakeholders. The Nutrition Steering Committee (chaired by the Secretary of Health) and the Maternal and Child Nutrition Subcommittee (chaired by the Deputy Director-General of



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Public Health Services II) are the main advisory and coordinating committees for the strategy. The monitoring committee of the BF Code (Sri Lanka Code for the Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products), chaired by the Secretary of Health, monitors implementation of the BF Code. The Technical Advisory Committee on Newborn and Child Health, chaired by the Deputy Director-General of Public Health Services, also acts as an advisory body. The Nutrition Coordination Division is responsible for coordinating nutrition and related activities within the Ministry of Health, collaborating with other stakeholders. The National Nutrition Secretariat is responsible for coordinating activities by the various intersectoral stakeholders at national level.

It is important to mention here that the board/council of any secretariat is appointed by the President of Sri Lanka from representatives from academia, experts in the respective disciplines, civil society organisations (CSOs), and other stakeholders. More specifically, in the case of the National Nutrition Secretariat, it consists of secretaries of the relevant ministries represented at the National Nutrition Council, chief secretaries of the nine provinces, and representatives from civil society and international agencies.

Implementation of the National Strategic Plan for the Well-Woman Programme will be led by the provincial directors of health services, supported by the regional directors of health services. Technical support, operational guidance, and monitoring and supervision will be provided to districts by the Gender and Women's Health Unit. That Unit will develop tools, guidelines, and standards, and will also facilitate advocacy and policy dialogue at provincial and district levels. Successful implementation of the Plan relies on a robust M&E system. The Well-Woman Programme recognises the importance of M&E, not only for tracking programme performance and implementation, but also for tracking financial resources and building an evidence base for decision making. Although the Gender and Women's Health Unit conducts overall monitoring of this Strategic Plan, each district is responsible for monitoring their own activities and progress against its objectives.

The M&E system works in a decentralised way to support the implementation of decision making at local level – an important component of the Strategic Plan. Designing the M&E process in this way promotes the capacity of district health authorities to make more informed decisions. In this strategy, M&E activities are broadly divided into two: regular performance tracking; and operations research, studies and evaluation.

The Ministry of Health engages in a consultative process with stakeholders following the scientific methodology proposed by the World Health Organization (WHO), which provides financial and technical support. For evaluation, several methods are being used: periodic/regular demographic and health surveys, and surveys conducted by the research arm of the Ministry of Health (the Medical Research Institute); routine monitoring by the Ministry of Health; and MCH reviews, nutrition reviews, and routine supervision (by the Family Health Bureau at central level and by provincial, district and local health authorities). The National Nutrition Secretariat conducts quarterly monitoring of the action plans of various sectors.

The Well-Woman Programme is an integral part of the National Family Health Programme. The National Committee on Family Health is the highest-level policy-making and decision-making body for this programme in Sri Lanka. It is chaired by the Secretary of the Ministry of Health, Nutrition, and Indigenous Medicine. The Technical Advisory Committee has oversight of the Well-Woman Programme and is chaired by the Deputy Director-General of Public Health Services II.

The Family Health Bureau works in close collaboration with the Health Promotion Bureau, the National Cancer Control Programme, the Sri Lanka College of Obstetricians and Gynecologists, and the College of Pathologists of Sri Lanka. The collaborative working approach has been very strong in the case of health programmes in Sri Lanka because it not only has a strong system of governance but also a strong record of engagement with stakeholders, including service users.

The laboratories in which cytoscreening is carried out come under the purview of the Deputy Director-General of Laboratory Services. At the provincial level, the provincial directors of health services and the regional directors of health services in charge of the districts are responsible for providing healthcare. Each district has several divisions that are managed by the ministries of health. Various personnel, including the Assistant Medical Officer of Health, the Public Health Nursing Sister, the Supervisory Public Health Midwife, and public health midwives assist the Ministry of Health in conducting the Well-Woman Clinics. Health education and other functions such as record-keeping are carried out by the Public Health Nursing Sister, the Supervisory Public Health Midwife, and the public health midwives. The latter also play a key role in motivating women to attend the clinics, as well as providing health education at the household level.

Progress of the intervention

Sri Lanka has made overwhelming progress in the provision of reproductive, maternal, newborn, child, adolescent and youth health services. Perhaps the most positive example of progress has been in maternal and child health, which includes services on reproductive, maternal, child, school, adolescent and youth health. The maternal component is further sub-divided into areas such as antenatal, intrapartum, postpartum, and maternal morbidity and mortality surveillance entities.

The child health component includes newborn care, child nutrition, child development and special needs, and prevention and surveillance of child morbidity and mortality. The programme also includes maternal and child oral healthcare service components. It provides services to about 54 per cent of the population, which includes pregnant women, infants, children, adolescents, youth, and women of reproductive age. The Department of Community Medicine of the Faculty of Medical Sciences at the University of Sri Jayewardenepura, in collaboration with the Family Health Bureau, Ministry of Health, and WHO Sri Lanka, collated the *Best practices in maternal, child health and family planning in Sri Lanka* in 2019. This attempted to highlight the activities conducted by medical officers of health to implement innovative interventions (see Table 1 on the following page), and the impact of those innovations.

Table 1: Progress of the MCH Programme

Health promotion messages	Improving preschool conditions	Reduce home deliveries	Awareness sessions on family planning	Promotion of physical exercise among women
Health promotion messages (SMS) were sent to pregnant mothers using group texts. 99% of pregnant mothers attended appointments on time	Streamlined preschool surveys and school medical inspections. Used the report as an advocacy tool to mobilize resources. 53% of preschools improved their facilities	Conducted awareness sessions, developed individual delivery plans, and mobilized resources to help mothers reach hospitals early. Reduced home deliveries from 14–16% to 0%	Special awareness programs conducted for women of reproductive age on modern family planning methods. New acceptors increased from 20% to 23%	Conducted awareness sessions to motivate people to exercise regularly, eat well, and adopt a healthy lifestyle. Mean BMI of the group reduced by 83% in 6 months

Source: World Health Organization, *Showcasing maternal, child, health best practices in Sri Lanka*, 31 January 2021, www.who.int/srilanka/news/detail/31-01-2021-showcasing-maternal-child-health-best-practices-in-sri-lanka

Table 2: Various age cohorts attending Well-Woman Clinics, 2015–2019

Age cohort	2015	2016	2017	2018	2019
Percentage of 35-year age cohort attendance at Well-Woman Clinic	45.1	52.8	53.3	61.2	59.1
Aged 35 years (first visit)	94,089	111,798	114,314	132,691	129,321
Aged 45 years (first visit)	–	–	–	28,655	44,634
Other ages (first visit) (includes all the ages above 35 years other than mentioned above)	52,675	50,411	46,936	50,469	45,518

Source: Family Health Bureau, *National statistics*, www.fhb.health.gov.lk/index.php/ta/statistics; Family Health Bureau, *Annual report 2019*, <https://drive.google.com/file/d/1EsRRNgINb5uUxJMQLnwX3TfoAHa1Nc6q/view>

The Well-Woman Programme was recently adopted for 2019 to 2023. Currently, the screening rate is only between 50 per cent and 70 per cent of eligible women, while 10 per cent of all female cancers in Sri Lanka are cervical cancer. With Sri Lanka's new approach of transitioning to use HPV testing for cervical cancer screening, these rates may go down if appropriate resources are dedicated to these efforts. The Strategic Plan has also prioritised the following areas: screening for the three leading cancers affecting women; shifting from cytology-based cervical screening to HPV testing; and focusing on locations and populations where the greatest impact will be felt, alongside a health system strengthening approach. Table 2 (see above) shows the percentage of women aged 35 years and over participating in the Well-Woman Clinics from 2015 to 2020.

Coverage by the Well-Woman Clinics has reached 60 per cent for the 35-year age cohort and 25 per cent for the 45-year age cohort. Coverage of between 64 per cent

and 76 per cent has been seen in Nuwara-Eliya, Matale, Badulla, Ampara, Kegalle and Kalmunai districts. Highest coverage for the 45-year age cohort (between 51 per cent and 62 per cent) is in Ampara district, with coverage of between 39 per cent and 51 per cent in Badulla, Polonnaruwa and Mannar districts. In 2019, a total of 160,938 women were screened for cervical cancer (118,672 women aged up to 35 and 42,266 women aged 45 years or more). Hence, Sri Lanka was able to achieve the Disbursement Linked Indicator.¹ Two Technical Advisory Committee meetings were held in 2019 to discuss issues related to the Well-Woman Programme. In order to prevent cervical cancer in Sri Lanka, a pilot survey began in October 2018 to conduct HPV DNA tests. Results of the pilot project showed that of 9,833 women screened, 5,042 belonged to the 35-year age cohort and 4,791 belonged to the 45-year age cohort. A significant increase in younger age cohorts can be attributed to the influence of public health workers who regularly attend health check-ups with women of childbearing age.

Outcomes of the intervention

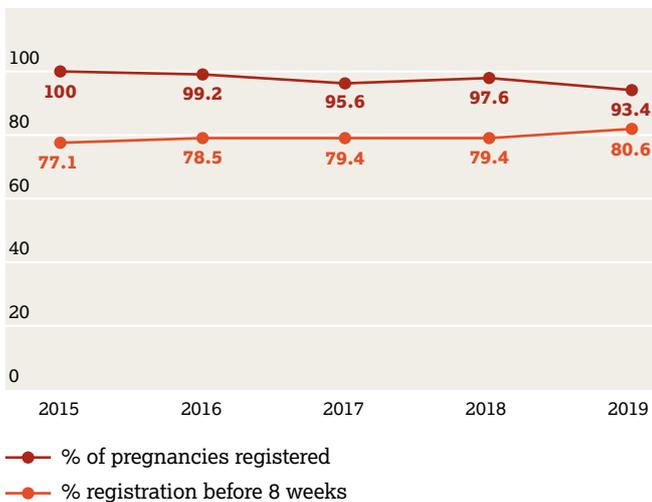
Well-Woman Programme

In 2019, a total of 160,938 women were screened for cervical cancer (118,672 women aged 35 and 42,266 aged 45). In keeping with WHO’s vision to eliminate cervical cancer by 2030, Sri Lanka has already embarked on screening women with the latest screening test called HPV DNA. In contrast to the conventional ‘Pap test’, the HPV DNA test has been found to be more than 90 per cent sensitive and allows a longer screening interval. This test is expected to reach 70 per cent of the target population of women by 2030. Along with vaccination and treatment facilities, Sri Lanka is expected to reach the interim target of elimination (< 4 cases of 100,000-woman years) as the elimination threshold. As declared in SDG target 3.4, by 2030, Sri Lanka is expected to achieve a 30 per cent reduction in mortality from cervical cancer.

Maternal and Child Health Programme

During the past five years, the percentage of pregnant women registering with the programme in the first eight weeks of pregnancy was high, which shows the efficiency of primary healthcare services under this programme across the country (see Figure 1 below).

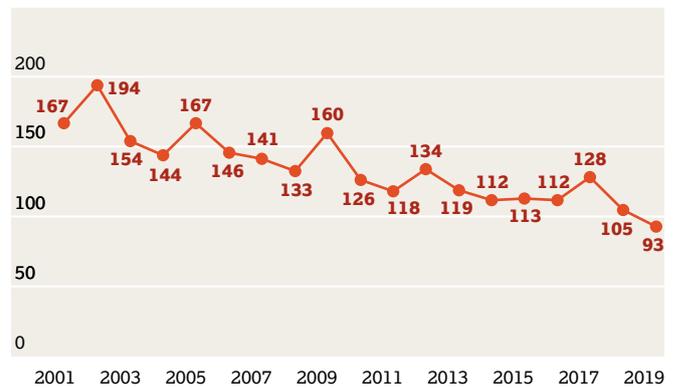
Figure 1: Registration of antenatal women and registration before 8 weeks, 2015–2019



Source: Family Health Bureau, Annual report 2019, <https://fhb.health.gov.lk/index.php/en/resources/annual-report>

Sri Lanka has achieved high coverage in most evidence-based interventions in maternal and newborn health. The country’s maternal mortality ratio (MMR) has been reducing over the years to reach a level well below that of other South Asian countries, such that it is now on a par with some high-income countries. Figure 2 (below) shows the trend of maternal deaths from 2001 to 2019.

Figure 2: Number of maternal deaths in Sri Lanka (2001–2019)



Source: Family Health Bureau, Annual report 2019, <https://fhb.health.gov.lk/index.php/en/resources/annual-report>

Instituting the National Elderly Healthcare Policy

One important outcome of Sri Lanka’s national health policy has been the establishment of the National Elderly Healthcare Policy in 2017 – a complementary policy that aims to ensure comprehensive healthcare services to all senior citizens. It is closely related to the MCH and Well-Woman programmes because the improvements in population health outcomes – in part driven by those two programmes – will contribute to the rapid population ageing taking place in Sri Lanka.

The main reasons for the National Elderly Healthcare Policy are: the demographic and epidemiological changes and importance in fostering healthy ageing; the economic and social consequences of inadequate elderly care systems; and understanding the need for developing capacity for healthy ageing and elderly healthcare services. These are directly related to Sri Lanka’s Essential Service Package, which was adopted in 2019 as a tool for achieving effective universal health coverage (UHC). Services offered under this package include those linked to the life course: reproductive, maternal, neonatal, child and adolescent health, and elderly care. This package emphasises the importance of setting up criteria to identify which individuals require medical care, differentiating lonely or isolated people from frail older people, and social from medical needs. It also recognises that care should be provided as close to the person’s home as possible, and allows for day-care teams (combining health staff, welfare staff and volunteers) to be set up at district level.



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The Ministry of Health is currently linking the services of primary healthcare staff with the elderly care programme. That programme is linked with social service officers drawn from the Department of Social Service, elder rights promotion officers from the Elderly Secretariat, and public health nursing officers, who work under the Medical Officer of Health (MOH) but are attached to the primary healthcare and healthy lifestyle centres at base hospitals in the area. Public health nursing officers work closely with public health officers (formerly known as public health midwives) and public health inspectors, who work within each MOH's area. Public health officers report issues faced by older people in their respective areas to the public health nursing officers at monthly meetings held at the MOH's office.

Subsequently, the public health nursing officers visit those older people and provide any nursing care they need. The social service officers and elder rights promotion officers attend to the social and rights issues affecting older people, respectively. The public health nursing officers also report older women's needs to the

Well-Woman Clinics. The issues that are encountered by both older men and women are treated equally without gender discrimination, and cases are referred to Healthy Lifestyle centres to take action to improve their health conditions.

At present, public health nursing officers work at 100 Healthy Lifestyle centres in 25 districts of Sri Lanka. As discussed, they work with individuals, families and communities to prevent and control NCDs, and provide comprehensive nursing care in the community, especially to older persons. Working in multidisciplinary teams, the nurses assess needs and provide care for people at risk in the community, including older people and those who need palliative care. They also respond to government initiatives aimed at improving people's health-related activities, which include people's behaviours and participation in health-related activities.

Older people also have many health-related problems that were previously only dealt with by attendance at the local hospital. Now, public health nurses can carry out a full physical assessment and general health check-up. They can also carry out many activities in the person's home, including the care of catheters, naso-gastric tubes, nutrition aids and wound treatment. The care offered is based on an individual's needs, including older people and those who are at the end of life.

An analysis of the effectiveness of the public health nursing officer role has revealed several benefits:

- users are not required to travel to hospital for minor procedures, such as catheter care;
- there are now detailed records of family health status (on an individual basis);
- each local area now has a nurse who is an expert in cardiopulmonary resuscitation who can provide management in emergency situations;
- the service is free at the point of delivery.

Although this initiative under the National Elderly Healthcare Policy is still in its initial stages, the visible progress shows that it has strong potential to cover almost all older people in the country in future.

Conclusion

The Maternal and Child Health Programme focuses on mothers and children from infancy through to 18 years of age. Therefore, it can be seen as an effective initiative that bridges the life-cycle from conception to 15 years, and then from 15 years to 49 years of age (the reproductive age span). Appropriate maternity care can reduce maternal and infant mortality.

Furthermore, high-quality maternity services are likely to improve the long-term health of women and their babies. For instance, early identification and appropriate management of diabetes, hypertension, mental health issues and weight gain during pregnancy will have an impact on similar conditions in women's and newborns' later lives. These conditions are closely related to the risk factors for healthy ageing.

All maternity services promote long-term positive health consequences of pregnancy for mothers and children. It is also important to mention that infants and young children are a very important target group in the life-cycle approach, as healthy growth and development in this period is vital for good health and wellbeing in later years. The relevant life-cycle is assumed to start before pregnancy and, in the context of women's sexual and reproductive health, to extend through pregnancy, birth, and on to the baby's childhood and the health of its mother. The stages of the life-cycle are naturally interdependent. Reproductive health will have an

impact on pregnancy, and the health of a pregnant woman will impact on the health of the newborn child. Moreover, it has been shown that NCDs can be prevented with appropriate approaches across the MCH life-cycle, throughout the years of reproductive age (especially before conception and continuing through pregnancy), and during infancy, childhood, and adolescence.

The establishment of The National Elderly Healthcare Policy includes preventive healthcare, especially related to NCDs, which are common in older age, and also addresses issues encountered by older women in relation to sexual and reproductive health. Most importantly though, it addresses issues that are encountered by older women in relation to sexual and reproductive health. Therefore, the Policy and related programmes complement the Maternal and Child Health and Well-Woman programmes and meet the needs of those aged over 60 years in relation to their health as well as social aspects and rights issues. The policy has the potential to provide care for older people at home and refer them to healthcare facilities whenever necessary. Therefore, both the Maternal and Child Health programme and the Well-Woman Programme, alongside the National Elderly Healthcare Policy and related programmes, can be placed on the continuum of care along the life-cycle, delivering positive impacts on older people's health and wellbeing.





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Endnotes

1. Disbursement-linked indicators (DLIs) are nine sub-components whose achievement triggers the disbursement of funding from development partners to the government.

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