Rehabilitation 2030: A call for Action
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Keynote address by Dr Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine, Sri Lanka

Excellencies, honourable ministers, distinguished participants, ladies and gentlemen,

Good morning.

It is an honour to be part of this Global meeting on rehabilitation as a representative of a developing island nation of the South-East Asian community.

Considering the plethora of issues related to rehabilitation we health policy makers face almost daily, I thought I should try to focus myself to some of the issues faced by developing nations, with special reference to Rehabilitative services in the health system in Sri Lanka, which has enjoyed universal health coverage for over 6 decades, and hence has good health indicators with life expectancy for males and females standing at 72 years and 80 years, respectively.

On the other hand, as is the case in most SEARO countries, we have been navigating through issues such as Population Ageing with shifting of Median age of the population, in our case from 21.3 in 1981 to 31 in 2012. Meanwhile, Sri Lanka has been undergoing an epidemiological transition leading to a rise in both acute and chronic Non- communicable diseases. In 2012, 14.2% of the total population was affected with Chronic Disorders and Disabilities, while 8.7% of the population aged 5 and over had physical or mental difficulties.

Considering this scenario, we reorganized our health delivery system, which was based on two pillars; Curative Health services and Preventive Health

Services, to one with three in 2016, with the addition of Rehabilitative Health Services in the formulation of the National Strategic Framework for Development of Health Service 2016-2025, thus making Rehabilitative Services a key component and an integral part in the health care delivery system in the country.

Rehabilitative Services of Sri Lanka have been shaped by policies of the Health Department and Social Services Department, complying with the health related articles of the UN Convention on the Rights of persons With Disabilities (CRPD). National Policy on Disability 2003, National Plan on Ageing 2010 and National Guidelines for Rehabilitation Services in Sri Lanka 2014 are the corner stone in developing rehabilitative framework of Sri Lanka.

Ladies and Gentlemen

To address the rapid epidemiological transition my country faces, leading to a rise in both acute and chronic Non- communicable diseases, Health Ministry has laid special focus on mitigating the ill effects of negative life styles.

Annual tobacco related deaths are estimated at 24,000. Hence, with the aim to curtail the incidence of tobacco related non–communicable diseases, thereby reducing the burden of certain tertiary preventive measures such as rehabilitation, the government introduced amendments to National Authority on Tobacco and Alcohol act No 03 of 2015 to increase the size of pictorial warnings on tobacco packs to 80%. We are now moving towards plain packaging on tobacco products, restrictions on advertsing and contemplating banning the sale of loose cigarettes. These interventions are being initiated amidst much pressure from industry and vested intersts.

Fixing of maximum retail prices for 48 “mostly used” drugs, amidst much resistance from pharmaceutical lobby groups, was another initiative towards reducing the burden on tertiary preventative initiatives, reducing the price of some drugs by 65%, thus reducing the out of pocket of many patients. The MRP listed drugs included those used to treat NCDs such as diabetes, heart disease, high blood pressure, high cholesterol, and also included a wide range of antibiotics.

Meanwhile, rehabilitation picture was further strengthened by providing cardiac stents, which are marketed at exorbitant prices in the market, for needy heart patients at government hospitals free of charge and also get stenting done at government hospitals at no cost. Countries annual needs are estimated at 2000 stents. Similarly, under the Vision 2020 program the needy in all government hospitals are provided with eye lenses. Under a yet another scheme, since last year, cancer patients in government hospitals are provided with the full course of quality chemotherapy medicines free of charge.

Sri Lanka has a very unique system that delivers rehabilitation services. The last census in 2012 revealed that percentage of 14.2 of the total population has chronic disorders or disabilities. The percentage of persons with either physical or mental disability is 8.7% of total population. The major disabilities are grouped under 06 main categories, vision and walking disabilities topping the list, while some having multiple disabilities.

Provision of services to disabled is handled by several line Ministries, namely, Health, Social Services and Skills Development, Public Administration and Education. Ministry of Health initiated Physical Rehabilitation Care is delivered at **4 levels** through 5 specialised Rehabilitation Hospitals and nearly 600 hospitals island-wide with varying degrees of facilities for rehabilitation.

Meanwhile, mental rehabilitation is addressed by four main care levels that provide Services Island wide, led by National Institute of Mental Health providing specialised mental healthcare and acting as the national focal point and a network of a total of 550 Psychiatric in-patient units, Outreach clinics , outpatient clinics and a large number of Community Mental Health Programs attended by a Psychiatric Nurse, Community Support Officer, Psychiatric Social Workers.

Directorate of Youth, Elderly, Disabled and Displaced of Ministry of Health has developed the **National Guidelines for Rehabilitation Services** based on rights based approach with the involvement of multitude of stakeholders from the government and non- governmental professional bodies and partners in line with various national legal enactments and in compliance with the health related articles of UN Convention on Rights of Persons with Disabilities (CRPD).

Ladies and Gentlemen

I have no doubt you would agree that the lack of suitably trained staff is another stumbling block faced by many of us. To address the shortage of nearly 50 categories of staff, Ministry of Health has teamed up with the Ministry of Higher Education to conduct a wide range of training programs at various levels, including some at graduate and post-graduate levels to address the shortage of Physiotherapist (now 530), Occupational Therapist (now 120), Prosthetics and Orthotics (now 39), speech therapist (now 63). Proposed School for Occupational Therapist at Rheumatology and Rehabilitation Hospital would be a useful addition in this regard.

Collaboration and cooperation of various stakeholders is very important for an effective rehabilitation process. Ministry of Social Services works hand in hand with Ministry of Health to provide vocational training for persons with disabilities through 8 Vocational Training Centres. Similarly, Ministry of Social Services play a significant role in the provision of Community Based Rehabilitation activities. Social Service workers in main hospitals and rehabilitation centres provide social support for patients and families.

In addition SSD has their own objectives of providing assistive devices (eg. Wheelchair), providing safety nets for persons with disabilities and also acts as a main stakeholder in developing policies and regulations with regard to rehabilitation activities.

Ladies and Gentlemen

As we all know, efficient rehabilitation requires proper planning. To do this we need information through an effective health information system to collect, process and manage information relevant to indicators of health status. As such we have focused on two core indicators: morbidity and mortality. The electronic Indoor Morbidity Mortality Reporting system (eIMMR) that is being deployed throughout the health care network in Sri Lanka to electronically gather this information has enabled us to monitor morbidity and mortality in the country almost to a real time basis. Such information, which was not available before the deployment of the eIMMR system, makes it possible for us to plan the distribution of our health services, including the

rehabilitation services, to meet the health care needs of people who need these services most.

Instead of relying on expensive software solutions imported from abroad, our systems are designed, developed and implemented by a team of medically qualified Health Informaticians trained by our Postgraduate Institute of Medicine. To facilitate the implementation and sustenance of health information systems by health informaticians, we have recognized health informatics as a board certifiable specialty in medicine. As a result we attract the best of medical and IT talent. While consolidating on the deployment of health information systems, we are looking to the future with the aim of deploying mHealth solutions efficiently, to serve the healthcare needs of people seeking rehabilitation services.

Ladies and Gentlemen

I wish to confess that some of the measures and approaches we have taken in addressing rehabilitation needs in my country, especially those taken to mitigate the challenge of NCDs, are unorthodox and very controversial. We are a nation in a hurry looking forward to kick start rehabilitation processes which has been lagging behind due to almost three decades of civil unrest: which probably explains the path we have chosen.

Before I conclude, I wish to thank WHO, especially our outgoing DG Dr Margaret Chan and our Regional Director Dr Poonam, for their continued support and guidance in our rehabilitation efforts.

Thank you.