

available in the public and private health institutions

It is timely that the Ministry of Health and Indigenous Medicine and the Department of Census and Statistics (DCS) in collaboration has conducted a survey on Service Availability and Readiness Assessment of Health Institutions in Sri Lanka in 2017. Among other much valued information, the report of this survey fulfils a major requirement for the planners, administrators and policy makers of health in identifying the level of availability of health services in the institutions for elderly care, capacity of the institutions to provide the elderly care services and which components in the chain of elderly healthcare delivery need more attention and improvement, so that a quality health service for the growing elderly population is available and delivered.

Health status of the elderly population

The changing age structure has many and serious implications in almost all aspects of life. The disease profile has already changed from a predominance of infectious and acute diseases to rising chronic, degenerative, and expensive-to-treat diseases. The ageing population will increasingly put pressure on health systems with the rise of chronic cancer, diabetes and cardiovascular diseases etc.

DCS in collaboration with the Faculty of Community Medicine of the University of Colombo has conducted a year long household survey on health in 2014 covering the entire country. Data collected in this survey include: Prevalence of illnesses – both chronic and acute, place from which the treatments were received, accidents, place of accident, health screening, smoking and

alcohol use, possession of health insurance, etc. This survey has shown that chronic illness, as can be expected, increases with age. Almost 55% of the elderly population suffers from at least one chronic illness. That is one in two of elderly persons is living with a chronic illness. This implies living with pain, discomfort, inconvenience, and continuing life-long medication.



and 83 out of 100 in private sector health facilities.

Service availability and readiness for elderly care

Older people have a need for more health monitoring and treatment than younger people and the pattern and causes of their illness are different. They need extraordinary care and geriatric treatments that are expensive. Therefore, the provision of long-term healthcare is a serious issue. Promoting healthy life styles and broadening the use of clinical preventative services are critical to preserving the health of older adults and reducing healthcare costs and long term care needs. The SARA – 2017 reveals that the availability of elderly friendly wards was as low as 20% among all hospitals that are expected to provide this service. Only 18% of public health facilities, and 22% of private hospitals had elderly-friendly wards. Availability of health staff with training on care for elderly was extremely low, as indicated by low presence of trained medical officers/consultants (7%), nursing officers (7%), attendants (6%) and labourers (4%) at health facilities.

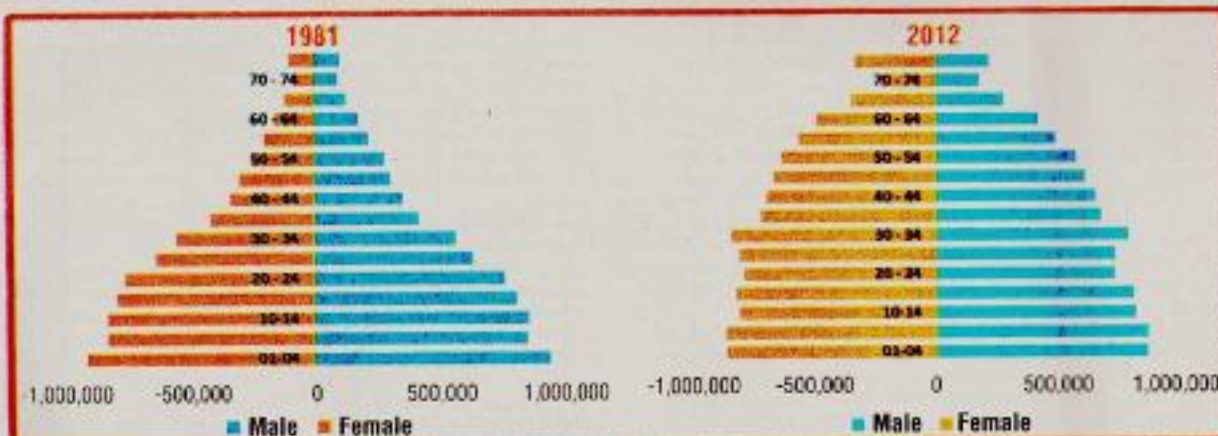
The readiness for elderly care services has been assessed based on availability of staff trained in elderly healthcare, equipment required for elderly and accessible facilities such as accessible ramps, toilets with commodes and supporting bars, and wide doorways. The overall readiness score for elderly care services in all health institutions has been estimated as 42 out of 100 at national level. Only 5% of health facilities had all tracer items.

Conclusion

Healthcare systems in all countries continue to evolve in response to changing demographics and disease burden and rapid technological advances. The SARA Sri Lanka 2017 report provides scientifically valid baseline data to inform policy decisions and strategic planning and scaling-up of the health services in the health sector, focusing on service availability and readiness in public and private sector health facilities in Sri Lanka.

Since overall service availability and readiness are low in the elderly care, there is a need to consider more investments for these services in Sri Lanka. The relevant categories of health staff should be trained on care for elderly, together with expansion of services for elderly care to lower level hospitals. To conclude, provision of quality assured healthcare services for the elderly population is a challenge that requires a multi-sectoral approach and strategies. Failure to address the health needs today could develop into a costly problem tomorrow.

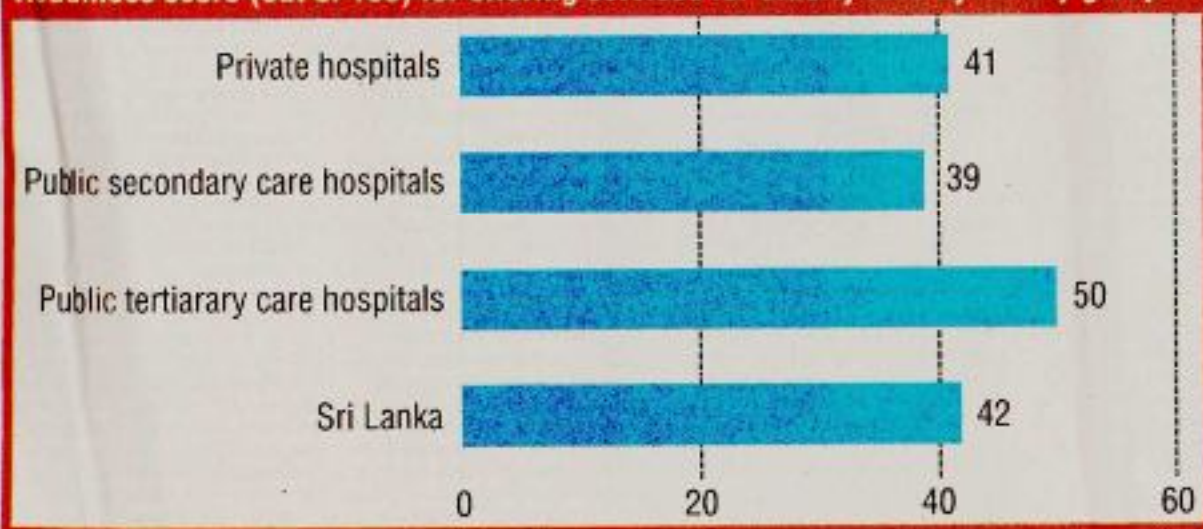
(The writer is Former Director General of Census and Statistics.)



Age Pyramid: 1981 and 2012

The impact of demographic transition, the declining mortality and fertility caused the increasing life expectancy in Sri Lanka which resulted in a shift in the age distribution to higher age groups.

Readiness score (out of 100) for offering services for elderly care by facility group



Readiness for geriatric healthcare

Service Availability and Readiness Assessment (SARA) of health institutions, is a survey conducted by countries, at regular intervals to assess and monitor the availability of the health services and the readiness of the health institutions to provide expected services. These surveys generate evidence to support policy reforms, planning, implementing and monitoring the health services provided by the health system. A SARA survey was conducted for the first time in Sri Lanka in 2017 jointly by the DCS and Ministry of Health and Indigenous Medicine, fulfilling a long-felt need.

This survey covered several service areas including maternal and child health, infectious diseases such as human HIV/AIDS and other sexually transmitted infections, tuberculosis, malaria, rabies and dengue; chronic non-communicable disease including diabetes, cardiovascular disease, chronic obstructive pulmonary disease, chronic kidney disease and cancer; mental health; care for elders and the disabled; and gender-based violence.

SARA Sri Lanka – 2017 measured the overall availability and readiness of each of the services provided through the network of government and private sector healthcare institutions.

Objectives of the SARA survey

One of the objectives of the survey was to describe the availability of general health services in terms of basic amenities (infrastructure), basic equipment, diagnostic capacities, standard precautions, essential medicines, surgical management, and transfusion services in the state sector and private sector health facilities in Sri Lanka. To describe the availability of trained staff, equipment, diagnostic capacities and medicines/commodities to deliver services related to key health areas; assess the readiness of the health facilities to deliver general health services; assess the readiness of the facilities to deliver services were other objectives. Because of the rapidly growing demand, information was gathered on elderly care service availability and readiness also.

Service availability

In general service availability in health institutions is very impressive. Among the basic amenities, a source of improved water supply was available in almost all health facilities (99%),