



SLMA News

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PRESIDENT'S MESSAGE

I thank the membership for having elected me as the President for 2010 wish them success in their profession. I take this opportunity to congratulate Prof. Rezvi Sheriff, Dr. Ruvaiz Haniffa and other members of the SLMA Council, 2009 for a very successful year.

The theme for this year is "Achieving equity in health". At my induction on the 16th of January I spoke on "Equity in health: Role of the Medical Profession". The key message of my address was that medical professionals, being key stakeholders in the relative success that Sri Lanka has achieved in providing equitable access to healthcare on a comparatively modest health budget, have a duty to sustain and further enhance this achievement.

At the Anniversary Academic Sessions which are due to commence on 1st June the theme symposium will be on "Achieving equity in health: The Sri Lankan experience". Several researchers of international repute will critically review our achievements and comment on their relevance to other developing countries. The Keynote Speaker and Chief Guest at the sessions will be Sir Michel Marmot, Chairman of the WHO Commission on Social Determinants of Health and President elect of the British Medical Association.

The main emphasis of this year's activity will be continuing professional development of the grade medical officers in the Ministry of Health and general practitioners. We hope to have as many district meetings as possible in collaboration with the district medical societies. The monthly clinical meetings will be continued as usual. We are reinforcing the existing special committees by calling for new members. A new working group on `Health Equity` is being formed. Those who wish to join can inform the SLMA office of their interest.

We are planning from now to have this year's Foundation Sessions in November in Jaffna. We hope to make this an impetus to revive Jaffna as a centre of excellence in medical education, as it had been in the past.

We are also embarking on a major membership drive. We are aware that only a small proportion of those who are eligible for membership are members. We hope to convince the younger members of the profession that participating in the activities of the SLMA is professionally rewarding. In the interest of the profession we feel that the SLMA should work in close collaboration with the GMOA, the IMPA and the FMTAs of the Universities. We need to complement each other, not only in looking after the interests of the profession but also in maintaining high professional standards.

Dr Narada Warnasuriya
President, SLMA

Healthy Schoolbag Campaign in Sri Lanka - an example of Translating Research into Practice

Getting research into practice proceeds from awareness through acceptance to adoption. Many scientific research findings are not translated into practice due to various factors. Unhealthy schoolbags are a concern to both health and education authorities. Although many countries have implemented preventive strategies on such ergonomic issues in school educational environments both at national and school level based on the scientific evidence, not much attention has been paid to this problem in Sri Lanka and other resource-poor countries in the South East Asian region.

School Health Unit of Family Health Bureau (FHB), with funding from Health Sector Development Project of World Bank, conducted a situation analysis on carriage of schoolbag and negative health outcomes among school children. Dr. Kapila Jayaratne, Consultant Community Physician, pioneered the project under the supervisory guidance of Prof. Dulitha N Fernando. This was done as a descriptive cross-sectional study in Gampaha district. Gampaha is a district representing wider spectrum of school children and facilities in the country. It also includes different types of schools according to the classification of schools based on infrastructure facilities and resource allocation by the Ministry of Education within the same district. Research found that a majority of children carried bags with unhealthy features and they were too heavy according to international standards. Text books and other writing books accounted for more than two thirds of the school bag weight. Bag behaviour was not healthy. Many children reported negative health consequences. It is evident that a “big health issue” exists in the Sri Lankan schools with regard to carriage of school bags. These findings necessitated formulation of feasible solutions with the involvement of major stakeholders.



Joint media seminar

Research findings were disseminated through multitude of mass media to sensitize students, teachers, parents, general public and administrators of health and education sectors. Research outcomes were even shared at international forums to obtain further inputs and update good practice evidence. Solutions were contemplated on; strategies for bag weight reduction, introduction of a model healthy bag and bag behaviour change. When findings and recommended solutions were shared with Ministry of Education (MoE), it stimulated a secondary research by education authorities themselves to find solutions to heavy schoolbag. Mr. WMNJ Pushpakumara, Commissioner – Education Publication Department took the lead

role. Text books will be split into several volumes in line with academic work load intended in an academic term. Monitor exercise books or CR books will no longer be requested by teachers. Only page-80 exercise books are recommended. These recommendations will be in effect at the beginning of year 2010.



School Health Unit of FHB, for their role, initiated designing a model school bag. Dr. Kapila Jayaratne, being a member of the Technical Committee of International Ergonomic Association on Ergonomics for Child Educational Environments (ECEE), consulted several international ergonomic experts on healthy features of a bag. Several bag models were studied and a sample schoolbag with ergonomic features was manufactured to suit Sri Lankan contexts. The model bag was evaluated by a team of experts including Paediatricians, Orthopaedic Surgeons, Community Physicians, Psycho-ergonomic consultants and Physiotherapists. It was field-tested at a Colombo suburb school and children, teachers and principals responded on local adaptability.

Bag manufacturers are being registered by the MoE. Once the registration process is over, selected manufacturers are to be educated on design of newly-designed healthy bag at a joint-workshop of health and educational experts. A National Schoolbag Regulatory Committee, co-chaired by health and educational authorities is to be set up. Manufactured bags will be quality-assessed for ergonomic standards. Approved bag models will be given a logo - 'Approved by Ministry of Health and Ministry of Education'. Post-marketing quality surveillance system is to be setup.

Advocacy of policy makers, especially two ministers concerned, played a crucial role. Simultaneously, children, parents and teachers are being educated through mass media, leaflets and at exhibitions. A separate section on 'Healthy Schoolbags' was organized jointly by FHB and MoE at 'Deyata Kirula' Exhibition 2010 at Pallekele.

This is an example on how a pioneer health research work lead to a successful healthy schoolbag campaign in Sri Lanka.



Dr. Kapila Jayaratne, Consultant Community Physician, Family Health Bureau

Cessation of Smoking

What joy, what fun is there you bloke,
In a puff of tobacco smoke!

The monster keep on inflicting
Harrowing pain and endless suffering

Over hundred million deaths in the century gone
Any good of Tobacco, think on your own

Time is ripe to stop the deadly puff
To say we can't is mere bluff

Dr. S. Terrence G.R. de Silva, Deputy Director General (Medical Services), Ministry of Healthcare & Nutrition

Annual General Meeting – Sri Lanka Medical Association

The annual general meeting of the Sri Lanka Medical Association was held on the 19th December 2009 at 7.00 p.m. at the Lionel Memorial Auditorium, Wijerama Mawatha, Colombo 7. President Prof Rezvi Sheriff chaired the meeting. He thanked the Council members and the staff of the SLMA office for their contribution towards making the activities of the SLMA a success. He summarised the achievements and shortcomings during the year and stressed the need for continuing improvement. Dr Ruvaiz Haniffa tabled the Annual Report 2009. He thanked the President, the Council members of the Association and staff of the SLMA. Following SLMA members were elected as the office bearers of the SLMA Council for the year 2010.

President	:	Dr Narada Warnasuriya
President Elect	:	Prof S P Lamabaduriya
Vice Presidents	:	Prof Jayantha Jayawardena Dr Lalith Wijeyaratne
Secretary	:	Dr Indika Karunathilake
Assistant Secretaries	:	Dr Pubudu de Silva Dr Shyamali Samaranayake Dr Samanmalee Sumanasena Dr Ashwini de Abrew
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Past President Representative	:	Dr Dennis J Aloysius

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Dr K Sri Ranjan	Dr Pandula Siribaddana	Dr Sunil Seneviratne Epa
Dr Nimali Widanapathirana	Dr M C Weerasinghe	

Ex-officio members of the Council

Prof Rezvi Sheriff (Immediate Past President)
Dr Ruvaiz Haniffa (Out going Secretary)
Prof Janaka de Silva (Co-Editor, CMJ)
Dr Anuruddha Abeygunasekera (Co-Editor, CMJ)

Dr Narada Warnasuriya thanked the members for electing him as the President of the SLMA and requested everyone's help to make activities in 2010 a success.

Induction of the new President



Prof. Rezvi Sheriff addressing the gathering



Prof. Rezvi Sheriff inducting Dr. Narada Warnasuriya as President SLMA 2010



Dr. Narada Warnasuriya delivering the Presidential Address on Equity in Health Care



A special event at this year's presidential induction was the felicitation of Mr. M Rajasingham, Administrative Officer, for his long and dedicated service to the SLMA. The picture below shows Prof. Rezvi Sheriff handing over a memento to Mr. Rajasingham



Section of the audience

Disaster response planning – a guide

Dr. Padmal de Silva *MBBS, MSc (Comm. Med) MD Trainee (Comm. Med)*
Dr. Pubudu de Silva *MBBS, MSc (Comm. Med) MD Trainee (Comm. Med)*

Five years have passed since the dreaded Indian Ocean Tsunami, devastated our shores and still we speak of the death and destruction it left behind. The plague of terrorism that plagued the island is over but still there are a couple of hundred thousand internally displaced in the transitional settlements in the northern part of the country. The question is not whether the danger is over but whether we are ready to respond effectively to the next disaster that comes our way.

Carter, a leading expert in the field of disaster management, describes disaster as an “event, natural or manmade, sudden or progressive, with an impact of such severity that the affected community has to respond by taking exceptional measures or needs external assistance in becoming normal”.

The appropriate response for a disaster event will depend on the nature of the emergency or disaster and the effectiveness of the mitigation measures, but is also very much conditioned by the degree of preparedness achieved. It is completely unrealistic to expect an effective response to take place spontaneously, without planning or preparation. It calls for foresight, anticipation and prior preparedness effort. The aim of emergency response is to provide immediate assistance to maintain life, improve health and support the morale of the affected population. Such assistance may range from providing specific but limited aid, such as assisting refugees with transport, temporary shelter, and food, to establishing semi permanent settlements in camps and other locations. It also may involve initial repairs to damaged infrastructure, e.g. flooded sanitary systems, and the control of Hazards.

The following chapters’ deals with some important factors that any manager has to keep in mind when planning for the response phase of the disasters.

Responsibility / in charge

During one of the disaster training sessions, a former army officer mentioned that “disaster management, particularly the response is like a game of cricket, you need a team and your performance is dependent on the different aspect of the game, like batting, bowling and fielding and the final outcome will be totally dependent on your captain”. Similarly the disaster management is a team activity, where the performance will be dependent on the various stake holder activities and the final outcome will be as good as the person who will lead the team.

Leadership is vital in all the layers or stages of management from country to regional to district and at the ground level.

The disaster management plan should have details on the persons who have the legal and moral responsibility of activating the disaster response mechanism at various stages of the response mechanism. The details of these persons should be documented in the disaster management plan.

Command and control

The command centres will be categorized as bronze, silver and gold based on the location of the centre. The bronze command centres will be located at the disaster site and coordinating several bronze centres will be a silver command centre situated in the outer perimeter of the disaster zone. Depending on the nature and the extent of the disaster the number of bronze and silver command centres can vary. Coordinating the activities of the silver command centres will be the gold command centre which will be located in a central location. The main objective of the command centres is to coordinate the disaster management activities effectively. There should be a continuous link between all these command centres in all directions. In considering the silver and gold command centres these following features are usually observed:

- Free of a disaster threat
- Easily accessible to the unaffected areas
- Adequate facilities in terms of
 - Communication
 - Accommodation
 - Transportation
 - Media briefing
 - Resources
- Manned 24 hours of the day

Map of the geographical area with the necessary details such as roads, hospitals, police stations, water tanks, schools and religious places etc.,

It is the usual practice that the command centres (silver and gold) will be manned 24 hours of the day. Usually the stake holders will converge at the centre at least two times a day and monitor the progress of the ongoing response operation.

Communication

Communication between the command centre and the field staff and communication between the command centre and the outside world may decide the outcome of the disaster response and may be the key factor determining the survival of many disaster victims.

Communication facilities are vital for the command centre for rapid mobilization of the disaster management personnel and communicate the details of the disaster, requirements and needs with the external world. In addition it is vital that there is an uninterrupted communication link between the field level disaster managers and the command centre.

One important aspect of disaster communication is that it should be non dependent on the normal communication network in the area which most of the time may be disrupted due to the disaster situation.

Handling emergency communication equipment may need special orientation or training and this has to be looked into in the pre disaster preparedness phase. Drills and rehearsals may be needed in this regard. In addition it is vital to keep these communication facilities in optimal condition during the pre disaster period when there is no apparent need for them.

Coordination

Uncoordinated disaster response may be disastrous itself. Proper coordination is essential for the following activities in the response:

- Search and rescue
- Evacuation to safety
- Transportation of the disaster victims
- Temporary shelters and IDP care
- Managing the donations and relief aid
- Relief effort and relief staff
- Food, water and rest for the staff
- External assistance

As stated at the beginning of the document the response to any disaster will be by group of persons in multiple specialties. The coordination is achieved by the stake holder meetings held at least twice daily at the silver and gold command centers. Therefore if a proper coordination is to be guaranteed the all the stake holders should be in cooperated into the disaster management system in that area.

Crowd handling

We have observed time and time again that disaster areas are flooded with well intending unaffected persons, who unintentionally may be hampering the disaster response. Although in the initial phase, the unaffected community may be of immense help in managing the disaster, continuous interventions may hamper the disaster response. The overcrowding that may present at the medical institutions may delay the patient care activities and may at times disrupt the disaster response completely.

Therefore it is important to arrange for crowd handling at the disaster zone and areas identified as important locations such as hospitals, bridges and buildings of safety. Usually crowd handling is done by the police or armed forces.

Cooperation between community/healthcare organizations

It is a well documented fact that the initial response for almost any disaster will be from the unaffected persons in the same or surrounding areas. This was clearly observed in the December 26th Tsunami, when the unaffected neighbors' came forward to assist the disaster victims from rescuing them from the tidal wave to housing and feeding them until such time when organized services were available.

In addition disaster by definition itself is an event where the affected community needs external assistance to come back to normalcy and this external assistance may be community, religious, nongovernmental, international or governmental organizations and institutions.

Therefore it is vital in the response phase of the disaster to have the necessary cooperation from the other community and other organizations for a lasting and speedy response.

Chaos and confusion with the failure of a system

The impact of the disaster is rather a consequence of how the response is carried out and may not be associated with the nature of the disaster. A seemingly harmless event may turn out to be a grave disaster if not appropriately responded. Since the response is a team effort rather than an individual activity, system failures due to inappropriate response by a number of stake holders may lead to chaos and confusion if the response phase is not planned and properly coordinated or in case of the response being exhausted by the severity of the disaster.

Although chaos and confusion is inevitable, it is the responsibility of the disaster managers to identify the potential areas that will lead to chaos and confusion in the preparedness phase and apply palliative measures to these anticipated problems. Conducting drills and rehearsals is one time tested method of identifying the critical control points or the areas that may lead to chaos and confusion in the response to disasters.

Critical incident stress debriefing: psychological support

The consequences of disaster include damage, death and destruction to self and loved ones. Many of the victims will have damage to self, a family member or a friend and may experience the loss or separation from a loved one or a friend or family member. In addition in the response phase of the disaster it is inevitable for the relief workers to observe death and destruction repeatedly in various forms and varied sizes. Many will see death of one's loved ones, death of children and elderly and this sight may haunt the relief workers for a long time to come.

Therefore it is necessary for the disaster management team to organize psychological support for the disaster victims as well as the relief workers from the initial relief phase of the disaster as to minimize the long term consequences of mental trauma in both the disaster victims and the relief workers.

Important points

- Disaster management involves multiple stake holders
- All the stake holders included in the Disaster Management Team
- Leadership / delegation of responsibility at all the levels – documented and agreed
- Coordination among all the stake holders

- Disaster response plan – empirically in the pre disaster phase - documented
- Hazard, vulnerability and risk mapping – during the pre disaster phase
- Identification of the potential chaotic areas in response
- Drills and rehearsals
 - Identification of critical control points
 - Coordination problems
 - Using emergency protocols in communication, transportation and crowd handling etc.,

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January 2010

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