WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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WEEKLY EPIDEMIOLOGICAL REPORT SRI LANKA 2018

Vol. 45 No. 32 04th– 10th August 2018

Bridge the Implementation or Action Gap– Part VI

Important elements of successfully sustained interventions include:

Sustainability planning:

* It is crucial that sustainability and long-term continuation of the intervention is planned for and considered during all aspects of implementation.
* Requires a well-defined scale-up strategy.
* Includes developing strategies for integration into existing services.

Leadership and engagement:

* A key ingredient for the long term success of NCD policies and interventions is strong and sustained political leadership at the highest national and international levels.
* Government sectors besides health have to be part of the government response – e.g. finance, agriculture, justice, education, urban design, transport, foreign affairs and trade; civil society and the private sector also have a part to play .
* Implementers need to be able to understand and manage competing interests and stakeholders and to avoid the rise of conflicts of interest.

Communicate the ongoing impact of the change to stakeholders. This requires:

* an effective communication strategy;
* strong advocacy (there should be tools/ organization links for this);
* establishment of monitoring and evaluation systems.

Formalize and standardize the change:

* Embed the change within organizational structures and processes (e.g. within policies).
* Remove old ways of doing things.

Training / capacity building / linking with other organizations:

* This needs infrastructure to support implementation – e.g. training, delivery systems and technical resources.

Keep the intervention simple:

* In this way, key stakeholders and the target audience are more readily able to understand, engage and scale up the intervention .

Scaling up a policy or intervention

An approach to working with country teams to scale-up strategies has been developed and approach entails a nine step guide :

1. Planning actions to increase the scalability of the innovation

2. Increasing the capacity of the user organization to implement scaling up

Contents

3. Assessing the environment and planning actions to increase the potential for scaling-up success

4. Increasing the capacity of the resource team to support scaling up

5. Making strategic choices to support vertical scaling up (institutionalization)

6. Making strategic choices to support horizontal scaling up (expansion)

7.Determining the role of diversification

8. Planning actions to address spontaneous scaling up

9. Finalizing the scaling-up strategy and identifying next steps

Summary

Implementation research remains relatively new to population-based health programmes.

Implementation research investigates the various factors that affect how a new policy or intervention may be used (or implemented) in real-life settings.

Various steps are needed to carry out implementation research:

1. initial situation analysis (which ascertains the need for a policy or intervention)

2. knowledge synthesis (formally identifying and assessing relevant evidence)

3. identification of an appropriate policy or intervention

4.adaptation and piloting of the policy or intervention

5. implementing the policy or intervention and evaluating it.

6. scaling up the policy or intervention.

There is an interplay between a policy or intervention and its local context (e.g. culture and language) which can affect implementation.

Programmes are said to have social validity when they address problems considered relevant by consumers in a suitable way and have outcomes that are considered valuable.

Reach is a combination of both the number of people reached by a policy or intervention and how representative they are of the target population.

Better reach, in general, will lead to better impact.

Adoption reflects willingness to initiate a programme (policy or intervention) and will differ with contexts and implementers as it is affected by the availability of resources and expertise etc.

Implementation costs include direct labour costs (associated with consumer- or implementer- contact), indirect labour costs (associated with the consumers and implementers but do not require direct contact) and non-labour costs (e.g. building space, printing of resources, etc.).

In order to maximize the health impact of NCD research, effective policies and interventions must be well sustained.

Conclusions

Implementation research involves the scientific study of the processes used to implement policies and interventions and the contextual factors that affect these processes.

Implementation research can help identify the most efficient and cost-effective methods of implementation, thereby helping to bridge the evidence-into-implementation (action) gap and improving health outcomes.

Implementation research should be embedded in all stages involving the selection, adaptation and evaluation of policies or interventions for the prevention and control of NCDs.

It is also important for the knowledge created to be shared among policy-makers, implementers and researchers through cross country and cross-sectoral platforms and collaborations.

Source: A guide to implementation research in the prevention and control of non-communicable diseases. Geneva: World Health Organization; 2016. Licence: CC BY-NC-SA 3.0 IGO.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 28th – 03rd August 2018 (31st 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	343	6495	3	54	0	5	0	32	0	27	6	126	0	8	0	3	0	0	7	449	0	31	0	2	**61**	**100**
paha	187	3469	4	49	0	7	0	15	0	14	4	142	0	4	0	10	0	0	13	482	2	31	3	26	**66**	**100**
Kalutara	51	2155	5	56	0	3	2	8	0	44	17	386	0	5	1	8	0	0	11	414	6	67	0	9	**52**	**100**
Kandy	120	2394	3	62	0	4	0	3	0	10	3	46	0	72	0	16	0	0	11	223	0	25	1	18	**59**	**100**
Matale	18	691	0	12	0	1	0	4	0	31	2	64	0	2	0	6	0	0	2	24	0	11	0	75	**61**	**100**
NuwaraEliya	8	139	3	39	0	3	0	9	0	47	2	24	1	98	0	21	0	0	4	167	1	26	0	0	**30**	**100**
Galle	13	710	1	34	0	9	1	1	0	3	3	271	2	30	0	2	0	1	7	211	0	42	0	5	**18**	**100**
Hambantota	21	635	0	11	0	4	0	2	0	4	1	38	1	40	0	2	0	1	3	178	0	5	20	491	**72**	**100**
Matara	49	686	0	28	0	5	0	4	0	22	2	160	0	26	0	9	0	0	5	195	0	8	1	271	**54**	**100**
Jaffna	69	2152	4	110	0	4	0	35	0	212	1	10	3	247	0	1	0	2	4	206	0	9	0	3	**37**	**93**
Kilinochchi	7	220	1	22	0	1	0	15	0	2	0	3	0	13	0	0	0	1	0	28	0	2	0	1	**51**	**100**
Mannar	23	170	0	17	0	0	0	3	0	2	0	1	0	0	0	0	0	0	0	27	0	2	0	3	**39**	**100**
Vavuniya	21	411	0	15	0	3	0	33	0	12	1	30	0	7	0	0	0	1	0	38	1	5	1	7	**58**	**100**
Mullaitivu	2	70	0	5	0	0	0	8	0	10	0	8	1	5	0	0	0	0	0	6	0	1	1	2	**22**	**100**
Batticaloa	52	4098	2	110	0	5	0	4	0	23	0	37	0	1	0	2	0	2	7	104	0	15	0	0	**65**	**100**
Ampara	5	178	0	46	0	3	1	2	0	5	0	33	0	0	0	5	0	1	7	161	2	18	1	2	**66**	**100**
Trincomalee	23	854	0	35	0	1	0	4	0	13	0	40	1	18	0	1	0	0	2	153	0	7	0	18	**2**	**100**
Kurunegala	86	1764	2	97	1	10	0	11	0	3	3	105	1	16	2	16	0	1	13	361	3	68	11	216	**66**	**100**
Puttalam	22	1363	0	32	0	6	0	4	0	4	0	31	0	11	0	2	0	0	0	98	1	59	0	2	**68**	**100**
Anuradhapura	24	660	1	32	0	7	0	3	0	38	2	102	1	17	0	7	0	1	9	299	0	30	15	267	**43**	**95**
Polonnaruwa	10	225	2	23	0	2	0	0	0	12	2	87	0	0	0	3	0	1	9	171	0	15	4	144	**59**	**88**
Badulla	24	359	7	87	0	5	1	7	0	10	3	111	2	48	1	24	0	0	6	310	2	76	0	6	**45**	**100**
Monaragala	21	655	1	49	0	2	0	1	0	2	1	212	5	96	1	19	0	0	1	108	3	73	2	28	**66**	**100**
Ratnapura	69	1630	3	119	0	31	0	17	0	5	15	429	0	22	0	13	0	2	6	210	3	81	6	149	**46**	**100**
Kegalle	39	980	1	46	0	7	1	6	0	73	3	150	0	52	0	10	0	0	3	236	2	33	1	9	**65**	**100**
Kalmune	24	1462	0	29	0	3	0	2	2	31	0	4	0	1	0	1	0	0	0	130	0	8	0	1	**50**	**100**
SRILANKA	**1331**	**34625**	**43**	**1219**	**1**	**131**	**6**	**233**	**2**	**659**	**71**	**2650**	**18**	**839**	**5**	**181**	**0**	**14**	**130**	**4989**	**26**	**748**	**67**	**1755**	**53**	**99**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 03rd August , 2018 Total number of reporting units 353 Number of reporting units data provided for the current week: 351 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

28th – 03rd August 2018 (31st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	02	38	43	- 11.6 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	00	01	01	01	00	01	00	05	03	213	209	1.9 %
Measles	00	02	00	00	00	02	00	00	00	04	05	81	150	- 46 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	05	- 20 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	01	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	15	11	36.3 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	01	00	00	00	00	00	00	01	00	19	21	- 9.5 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	34	10	240 %
Tuberculosis	100	19	04	19	04	14	01	09	27	197	133	5031	5069	- 0.7 %

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

NA = Not Available

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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