

## Editorial



## Health promotion and the ‘unchanging need’ to change

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Sri Lanka is undergoing a marked demographic shift. With rapid urbanization and aging of the population, the prevalence of chronic non-communicable diseases (NCD) is observed to be on the rise. Providing curative care for these diseases is inherently more resource intensive when compared to the maternal and communicable disease care where the country has made massive progress in. The current health expenditure stands at 3.4% of the GDP which is staggeringly low for an upper middle-income country with meagre fiscal space for improvement. Therefore, given the continued rise of NCDs, the country would have to explore cost effective ways in addressing the matter at hand. The increase of NCDs is driven by a myriad of social determinants in individual, family, neighbourhood and societal spheres, and modifying these determinants is likely to deliver favourable outcomes at a lower cost when compared to focussing solely on tertiary care.

Empowering people to identify and take control of these determinants to improve their health is at the heart of health promotion and has repeatedly been proven to be effective and sustainable when properly implemented. However, the effectiveness of health promotion critically relies on health promoting strategies being in synchrony with social determinants of health and health inequalities. Given how sensitive these social determinants of health are to the paradigm shifts at a wider societal sphere, health promotion remains an inherently dynamic discipline for which innovation is an absolute pre-requisite.

From Ottawa in 1983 to Shanghai in 2016, the need “to recognise the multi-tiered determinants of health and opportunities for action” has been a line of thinking repetitively elaborated at global conferences on health promotion. Proactively, identifying continuously changing determinants of health with their interdependencies, feedback loops and implications on health of the populace is being deemed as an urgent necessity in approaching complex public health issues. Systems science is an interdisciplinary field that helps policy makers design multicomponent, population-level interventions by offering means of understanding complex relationship between various drivers of vexing public health issues. Given the complex systems of determinants associated with many prevalent and emerging issues of public health concern, it is therefore not surprising that systems science approaches are being increasingly utilised in designing public health interventions around the world. One high profile example of such endeavours is the Foresight Report on Obesity of the United Kingdom which according to its authors “places the gauntlet firmly at the feet of Government (and not just the Department of Health) and of the stakeholders with power to influence the obesogenic environment”. This is a perfect example of advocacy for health in all policies, and the possibility of undertaking endeavours of similar nature in the Sri Lankan setup needs to be considered with due seriousness.

Recognizing that health and wellbeing are essential to achieving the Sustainable Development Goals (SDG), The Shanghai Declaration on Promoting Health,

urges member states to uplift good governance for health, create healthy cities and improve health literacy through various commitments. One such commitment is introducing universal health coverage as an efficient way of achieving both health and financial protection. This is compatible with the current intended direction of the Sri Lankan health system with its paradigm shift from emphasis on specialised care centres in 90s to the ongoing primary healthcare development projects. Reorientation of health services better suit the needs of a community is a principal action area of health promotion. Addressing issues in health seeking behaviour such as by-passing of primary care institutions in favour of tertiary care centres leading to increase in indirect health expenditure and overcrowding at tertiary care centres remains an issue. Improving the accessibility to service at primary care centres by optimizing working hours and the skill mix available at these stations to better serve the needs of the community remains a major challenge as well and is confounded by misdistribution of human resources not just across geographical areas but across tiers of care and specialties as well. However, it is worthwhile noting that achieving universal health coverage without a major increase in health spending is unlikely to be feasible solely through incremental changes. As highlighted in the Policy on Healthcare Delivery for Universal Health Coverage, this might require major structural changes including empanelment of population to primary healthcare centres, shared care clusters and robust changes in health information system in ensuring continuity and comprehensiveness of care. These proposed changes are in keeping with the global shift of emphasis from patient-centred care to person-centred care and need to be addressed with due urgency in meeting the changing health needs of the community.

Given the tremendous transformations observed in the Sri Lankan way of life within the last couple of decades, tailoring health promoting strategies have come to demand innovative thinking in delivery. While the female employment in the country has increased from 28.3% in 1999 to 44.6% in 2019, rapid urbanization and the continued transition from extended family structures to nuclear family structure have resulted in drastic changes in the social fabric. The public healthcare delivery model though has largely remained largely unchanged and the preventive sector in particular is still seen to be heavily reliant on social

networks that were strong in yester years but observed to be waning of late especially in urban sector. Internet penetration in Sri Lanka in the meanwhile has reached 10.1 million. That is over 70% of the population between 15-65 years of age. More than half of the people in the said age group (over 6.5 million) are active on social media where they create content, form communities, and interact with each other. This presents the health system with the steep challenge of stemming the flow of misinformation as seen in the form of an ‘infodemic’ during the COVID-19 outbreak as well as an opportunity gravid with immense potential to disseminate accurate information as observed during the same period. Social media not only provides a platform to reach a large number of people but an opportunity to reach groups who are difficult to reach through traditional means such as teenagers and mothers who work. Messages can be delivered to targeted audiences defined not only by common socio demographic denominators such as the age, sex and residence but also other interests, activity patterns on social media, occupation, commute, etc. In Sri Lanka, social media platforms were extensively utilised by institutions such as Health Promotion Bureau in its COVID-19 control efforts and posts were frequently seen reaching audiences in excess of 2 million frequently, entirely organically, without any sort of promotions. It is worth noting though that a content being well received by the audience of a given social media platform consistently will depend heavily on tailoring the content to suit the nuances of the targeted platform (the ideal length of a post, visual presentation and the flavour varies significantly among commonly used social media platforms), targeted audience and the “buzz” generated around certain topics.

Health promotion being a truly dynamic discipline keeps requiring those involved in the field to adapt themselves and their methods with changes observed in macro and micro levels of the eco-system of social determinants. However, the time-tested pre-requisites of understanding the consensual universe of the public; how they perceive and make sense of their surroundings, remains the factor of pivotal importance around which all the new and old methods revolve. With the social fabric itself been woven and rewoven through the advent of new technologies and changing needs and desires of people, one thing that seem to remain unchanged with regard to health promotion seems to be the need to change, adopt and innovate and deliver.

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