WEEKLY EPIDEMIOLOGICAL REPORT

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World Health Day 2018

The World Health Organization (WHO) marks Health Day every year on the 7th April, an occasion to raise international awareness about a specific public health concern. World Health Day 2018 will be celebrated on the general theme: "Universal health coverage: everyone everywhere" and under the slogan of "Health for All".

The theme universal health coverage (UHC) is ensuring people have access to disease prevention, treatment, rehabilitation and palliative care services without suffering financial hardship result. This theme was chosen given that least half of the world's population does not presently have access to essential services, according to the WHO. It explained that 'Health for All' was to promote UHC by 2030 with the aim of supporting policy-makers, civil society organizations, individuals and media in the journey to bring UHC to every country. All countries have been committed to promote UHC when they agreed on the Sustainable Development Goals (SDGs) in 2015. The WHO will maintain a high-profile focus on UHC via a series of events throughout 2018, starting from World Health Day on 7th April 2018 with global and local conversations about ways to achieve "health for all".

The WHO will inspire, motivate and guide policy makers and countries throughout 2018.

Inspire — by highlighting policy-makers' power to transform the health of their nation, framing the challenge as exciting and ambitious, and inviting them to be part of the change.

Motivate — by sharing examples of how countries are already progressing towards UHC and encourage others to find their own path.

Guide—by providing tools for structured policy dialogue on how to advance UHC locally or supporting such efforts in other countries.

What is universal health coverage?

"Universal" in UHC means "for all", without discrimination, leaving no one behind. Everyone, everywhere has a right to benefit from health services they need. All people and communities should receive the health services without suffering financial hardship. UHC enables everyone to access the services that address the most important causes of disease and death and ensures that the quality of those services is good enough to improve the health of the people who receive them.

The WHO was founded on the principle that all people should be able to realize their right to the highest possible level of health. "Health for all" has therefore been the guiding vision of WHO for more than seven decades, since the organization's constitution came into force on 7th April 1948. Access to essential quality care and financial protection not only enhances the health of the people and life expectancy, it also protects countries from epidemics, reduces poverty and the risk of hunger, creates jobs, drives economic growth and enhances gender equality. Countries that invest in UHC invest in the long-term prosperity of their community.

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What is not universal health coverage?

UHC does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis. UHC is not only about ensuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available. UHC is not only about medical treatment for individuals, but also includes services for whole populations such as public health campaigns – for example adding fluoride to water or controlling the

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the breeding grounds of mosquitoes that carry viruses that can cause disease.
UHC is not just about health care and financing the health system of a country. It encompasses all components of the health system/ systems and healthcare providers that deliver health services to people, health facilities and communication networks, health technologies, information systems, quality assurance mechanisms, governance and legislation.

World Health Day 2018 focuses on following key messages:

- UHC is about ensuring all people can get quality health services, where and when they need them, without suffering financial hardship.

- Health is a human right. No one should have to choose between good health and other life necessities.

- UHC is the key to health and well-being of people and nations.

- UHC is feasible. Some countries have made great progress. Their challenge is to maintain coverage to meet people's expectations.

- All countries will approach UHC in different ways: there is no one size fitting all. But every country can do something to advance UHC.

- Making health services truly universal requires a shift from designing health systems around diseases and institutions towards health services designed around institutions and for people.

- Everyone – individuals, communities, cities, health professionals, civil society organizations, media, governments – can play a part in the path to UHC by taking part in a UHC conversation.

Everyone has a part to play; stimulating conversations and contributing to structured dialogue towards policies that help the country to achieve and maintain UHC. Specifically,

Individuals use their voice to demand good health services and financial protection.

Citizens debate and form collective views they convey to both the legislative and executive branches of government.

Political parties frame their programmes to meet the expressed needs of their supporters.

Parliamentary health committees and health groups mediate between those that develop policy and those that execute it.

Government implements policy change to improve health and spur economic growth and social development.

Professional associations protect the welfare of the workforce.

Civil society organizations work on the ground to represent the voice and the concerns of different population groups.

The media increases understanding of UHC as well as transparency and accountability in policy-making.

Role of the government

- Engage in structured conversations with a broad range of community stakeholders who are essential to ensuring UHC.

- Capture the population's demands, opinions and expectations on UHC-related matters to improve policy responses. The population can be consulted, e.g. through face-to-face dialogue, surveys or a referendum.

Role of individuals, civil society and health workers

- Communicate their needs, opinions and expectations to local policy-makers, politicians, ministers and other representatives.

- Make the necessary demand to ensure the community health needs are taken into account and prioritized at the local and national level.

-Invite civil society organizations to help raise the community needs to the policy-makers.

- Share stories as affected communities and patients with the media.

- Organize activities like discussion fora, policy debates, concerts, marches and interviews to provide people an opportunity to interact with their representatives on the topic of UHC via media.

Role of Media

- Highlight initiatives and interventions that help to improve access to quality services for people and communities.

- Show what happens when people cannot obtain the services they need.

- Hold policy-makers and politicians accountable, e.g. through documentaries on UHC pledges they have made and strengths, weaknesses and new challenges to be addressed (e.g. increase in non-communicable diseases; population ageing).

- Create platforms for dialogue between beneficiaries, communities, their representatives and policy-makers,

Health for all is a campaign to promote UHC coverage by 2030 – WHO aims to support policy-makers, civil society organizations, individuals and media in the journey to bring UHC to everyone everywhere.

References

1. WHO web page
http://www.who.int/campaigns/world-health-day/2018/campaign-essentials/en/
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Table 1: Selected notifiable diseases reported by Medical Officers of Health 24th – 02nd Mar 2018 (09th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmania-sis		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	121	1920	1	12	1	2	0	11	0	5	0	33	1	2	1	2	0	0	12	131	3	12	0	1	60	100
Gampaha	65	1180	1	8	0	1	1	8	0	7	8	41	0	1	0	2	0	0	16	171	2	8	1	2	74	100
Kalutara	86	831	0	11	0	2	0	0	2	16	8	65	1	2	2	4	0	0	15	117	0	19	1	1	54	100
Kandy	35	787	1	12	0	3	0	1	0	2	0	8	6	21	0	4	0	0	3	53	0	6	2	5	59	100
Matale	13	221	0	3	0	1	0	0	0	5	1	9	0	1	0	1	0	0	0	8	1	3	9	20	62	100
NuwaraEliya	3	42	0	2	0	0	0	4	0	2	1	3	11	25	0	4	0	0	8	58	0	8	0	0	23	100
Galle	2	116	0	3	3	3	0	0	0	1	3	37	0	7	0	0	0	1	1	11	5	6	0	1	38	36
Hambantota	28	274	0	2	0	0	1	1	0	0	0	9	5	16	0	0	0	0	3	54	0	1	3	125	72	100
Matara	23	279	0	6	1	2	0	2	0	13	6	35	2	9	0	1	0	0	12	68	1	2	12	74	56	100
Jaffna	40	991	5	30	0	0	0	14	1	12	1	4	5	164	0	0	0	0	3	66	0	5	0	0	34	93
Kilinochchi	6	74	0	5	0	0	0	8	0	0	0	1	0	2	0	0	1	1	1	3	0	0	0	0	42	100
Mannar	4	18	0	9	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	10	0	1	0	0	24	100
Vavuniya	11	128	0	2	0	1	1	12	0	6	0	10	1	6	0	0	0	1	2	10	0	1	0	0	53	100
Mullaitivu	0	19	0	1	0	0	0	3	0	5	0	3	1	2	0	0	0	0	0	0	0	0	0	0	18	84
Batticaloa	109	1203	5	40	0	4	0	0	0	7	1	7	0	1	0	1	0	1	0	22	2	7	0	0	63	100
Ampara	1	39	2	8	0	0	0	0	0	0	0	14	0	0	0	3	0	0	3	35	0	3	0	0	59	100
Trincomalee	14	196	0	12	0	0	0	1	4	5	2	9	1	9	0	0	0	0	4	49	1	1	0	5	34	99
Kurunegala	42	856	2	28	0	2	0	4	0	2	4	30	1	6	0	2	0	1	11	108	0	18	13	46	70	100
Puttalam	40	847	3	11	0	2	1	2	0	1	1	9	0	4	0	0	0	0	4	24	0	16	0	0	74	100
Anuradhapura	16	243	0	12	0	1	0	1	0	0	3	41	0	11	0	0	0	0	7	70	0	4	3	67	43	100
Polonnaruwa	3	68	1	9	0	1	0	0	0	6	2	41	0	0	0	1	0	0	2	44	0	4	0	35	65	95
Badulla	5	121	0	31	0	0	1	5	0	5	1	26	0	12	0	4	0	0	14	84	0	18	0	2	53	100
Monaragala	27	332	0	26	0	2	0	1	0	2	5	77	8	35	0	4	0	0	7	37	0	5	1	8	55	100
Ratnapura	23	400	3	38	1	17	0	4	0	2	7	56	2	7	1	4	0	1	17	69	3	25	3	72	42	99
Kegalle	8	310	4	13	0	4	1	2	9	36	2	20	2	17	0	6	0	0	12	69	1	5	0	0	70	100
Kalmune	31	834	5	11	0	0	1	1	0	13	0	1	0	0	0	1	0	0	1	25	0	2	1	1	47	100
SRILANKA	756	12329	33	345	6	48	7	87	16	153	56	590	47	360	4	44	1	6	158	1396	19	180	49	465	55	95

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 02nd March , 2018 Total number of reporting units 349 Number of reporting units data provided for the current week: 331 C**-Completeness

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

Table 2: Vaccine-Preventable Diseases & AFP

24th - 02nd Mar 2018 (09th 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	01	00	00	00	00	01	03	10	21	- 52.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	02	01	00	02	01	00	00	00	06	04	49	53	- 7.5 %
Measles	00	00	00	00	00	00	01	01	00	02	02	19	62	- 69.3 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	02	100 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	01	00	00	00	00	00	00	00	01	01	06	04	50 %
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	11	20	- 45 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	07	04	75 %
Tuberculosis	57	00	00	01	00	10	03	02	14	87	61	1300	1369	- 5 %

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.

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