



The first hospital in Sri Lanka to open an outpatient department for seniors. Urgent institution-building is needed in preparation for an aging society, which is just around the corner.



## Longevity: Sri Lanka's New Challenge in Medical Care

**A**s Sri Lanka's healthcare system improves, the people of Sri Lanka are increasingly enjoying a healthy life and longevity. Best practices from Japanese rural healthcare are bringing improved medical care for the elderly to this graying society.

### THE EVER-GRAYING ISLAND OF TEA ELDERLY HEALTHCARE HAS BECOME A SOCIAL ISSUE

Although the once-common Japanese word "*muison* (a village without a doctor)" is all-but forgotten, the shortage of doctors has been a problem for many years in remote areas of Japan. In 1979 the Rural Health Training Center was opened to counter doctor shortages in rural areas, so that practicing doctors and medical personnel could learn about the needs of farming villages and provide medical services. The late Dr. Toshikazu Wakatsuki, who was a pioneer of Japan's rural healthcare, laid the philosophical groundwork for this initiative. He promoted preventive medicine and invented village-wide checkups, which later became the basis for what is now widely known as a health exam. Saku Central Hospital, which Dr. Wakatsuki built from the ground up in 1944 in Nagano, is regarded as one of the world's leading bases for rural healthcare, even today.

The Center used to receive approximately 3,000 trainees a year, all Japanese medical professionals. With the intention of applying the rural healthcare



Discussion about elderly care at the Vocational Education and Training Center, Central province. Model training courses are to be developed at this facility.



District Hospital Kadugannawa in Kandy, Central province; Sri Lanka's first hospital with a ward for the elderly. Here, doctors from Japan and Sri Lanka exchange opinions about geriatric care in Sri Lanka.



**Left:** Day-care service is indispensable for an aging society. It provides a variety of assistance for housebound seniors.  
**Right:** A seminar to raise awareness about elderly care in Colombo. First and foremost, the need for elderly care must receive wider recognition in Sri Lanka.

philosophy of Dr. Wakatsuki to the field of international cooperation, the Center started to take in trainees from overseas in 2007. A project for maternal and child health in Guatemala was the first step in this direction. Another example of such international cooperation was the invitation of young trainees from Sri Lanka in 2013, which resulted in the Center's involvement in Sri Lanka's elderly healthcare project, in collaboration with JICA.

One of the problems emerging in Sri Lanka, a country famous in Japan for its tea and scenic beauty, is the aging of its population. Primary healthcare in Sri Lanka is quite developed and the country's basic health index, which includes infant and maternal mortality, is relatively good among developing countries. As a result, people are enjoying greater longevity, with an average lifespan of 74 years, and the society is projected to grow old at a more rapid pace than ever. Currently, elderly care in Sri Lanka largely depends on families, and it is a pressing issue to build up services to support seniors at the societal level, including by building hospitals and related facilities.

Sri Lankan trainees, who learned about the need for elderly care during the 2013 training program in Japan, submitted an action plan for elderly healthcare to the Minister of Health as well as the Elderly Steering Committee after returning home, and their proposal gained the backing of the Ministry of Health. Following the approval of the proposal, the Rural Health Training Center came to cooperate with the trainees to formulate policies for comprehensive elderly care as well as to develop models for implementing elderly care programs.

"It was truly touching that, when I visited the place again to follow up the training, some members traveled more than 12 hours by train to come to see me," says project manager Dr. Kijyo Deura, who has also established a training system for the Ministry of Health in Ghana. He continues, "In Sri Lanka, elderly healthcare is not regarded as important yet, with just a few researchers and health officials starting to pay attention. The very first measures for the elderly people must include formulating a policy for elderly healthcare, and then feasible model plans and training models need to be created."

### USING JAPAN'S EXPERIENCES TO CREATE COMPREHENSIVE COMMUNITY MEDICAL SYSTEMS

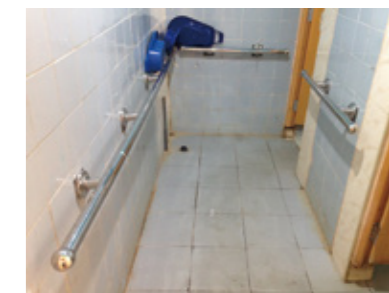
Dr. Deura himself was a hematologist at Saku Central Hospital, dealing with rural healthcare. At the same time, he worked with a number of trainees either at this hospital or at the Training Center to help developing countries keep villages in good health. What he found important when he was working with the trainees was the need to respect the systems and mentality of each other's countries.

"When I traveled across Sri Lanka to prepare the project, people often came up to me and asked what they should do, assuming that the Japanese have come to offer them some plans. Every time this happened, I would tell them that I want to know what Sri Lanka wants, and I am here to help them get it," recalls Dr. Deura. In addition to providing information about medical care in Japan and teaching positive aspects of the Japanese medical system to the people of Sri Lanka, this project attempts to localize the training programs so that they are suited to the actual places and can then be handed over to local Sri Lankan people.

"For instance, in Japan, it took a long time and a huge effort to plan and implement the nursing-care insurance system from scratch. It might be quicker and less costly in Sri Lanka to build a community-based comprehensive medical system, as the primary healthcare infrastructure is already fully established there. I hope that this project will be a springboard for building effective systems for elderly care in Sri Lanka," says Dr. Deura.

Young medical professionals trained at the Center, including Dr. Lakshitha Iroshan Ranasinghe from the Planning Section of the Ministry of Health, reportedly persuaded their colleagues that the project was important and together, they worked hard to see it get off the ground.

In January 2017, the policy for elderly healthcare was approved by the government of Sri Lanka and the relevant laws are to come into effect this April, overseen by the Ministry of Health as well as the Ministry of Social Empowerment and Welfare. The society of Sri Lanka is moving toward an era of longer lives and greater peace of mind.



Handrails in a bathroom for the elderly. The concept of barrier-free environment needs to gain acceptance among the people of Sri Lanka.