

දුරකථන) 011 2669192 , 011 2675011
தொலைபேசி) 011 2698507 , 011 2694033
Telephone) 011 2675449, 011 2675280

ෆැක්ස්) 011 2693866
பெக்ஸ்) 011 2693869
Fax) 011 2692913

විද්‍යුත් තැපෑල)
மின்னஞ்சல் முகவரி) postmaster@health.gov.lk
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)



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சுவசிரிபாய
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திகதி) 09 /11/2016
Date)

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

General Circular No:- ...01-63/2016

All Provincial Secretaries of Health
All Provincial Directors of Health Services
All Regional Directors of Health Services
All Directors/Medical Superintendents/ Officers in Charge of Medical Institutions
All Directors of Special programmes
Director, National Institute of Health Science
Chief MOH, Municipal Council, Colombo
All Medical Officers of Health

Raising the Age Limit for Provision of Paediatric Care up to 14 years

The World Health Organization defines adolescence as an age group between 10 and 19 years and a period of rapid growth and development after childhood and before adulthood. Thus, it is a period with unique biological and psychosocial change, which leads to a cascade of actions involving transition, exploration and experimentation. Though most adolescents are apparently healthy, they are exposed to several risk factors leading to ill health and death.

Optimal health care is achieved when each person, at every age, receives medically and developmentally appropriate care. A planned health care transition is very important to maximize lifelong functioning and well-being for all adolescents and youth. This process of transition includes ensuring the provision of high-quality, developmentally appropriate health care services in an uninterrupted manner as the person moves from adolescence to adulthood. Therefore, a well-timed transition from child- to adult-oriented health care is very important.

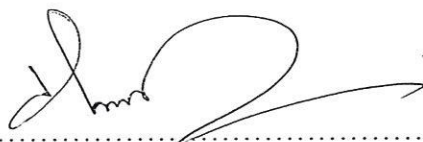
In most developed countries age limit of the transition from paediatric to adult care varies between 14 to 18 years. Ideal time indicated for this transition in literature is after completing growth or pubertal development, as adult services are unlikely to focus adequately on growth and development. Though rapid physical growth and development is achieved by the age of 17 years, optimum maturation of the brain occurs in mid- twenties. By the time of transition the young person should ideally be able to function in an adult clinic; that is, they should have the necessary skills and education to manage their illness largely independently of parents and staff.

In the present Sri Lankan context, transition from paediatric care to adult care by age of 12 years makes the child uncomfortable being treated in an adult clinic or a ward with much older people. They are still; both physically as well as mentally not prepared to receive adult care. Further, in

the period of early adolescence of 10-14 years though they are undergoing pubertal changes, sexual and reproductive health issues are more seen among mid and late adolescents of 15-19 years.

By considering the scientific basis and with realization of the timely requirement, and studying logistic feasibilities for provision of care, it was decided to raise pediatric age limit to 14 years. After six months of practicing this, with the feed- back of relevant stakeholders, the feasibility of extending age limit for provision of paediatric care further up to 16 years will be explored. Age limit for paediatric care will be increased to 14 years from 01.11.2016. You are instructed to make necessary arrangements to provide care for adolescents according to that limit.

Provincial Directors of Health Services, Regional Directors of Health Services and Heads of Institutions are requested to ensure that above instructions are carried out in their respective areas and institutions.



Dr. P. G. Mahipala
Director General of Health Services
Ministry of Health, Nutrition and Indigenous Medicine
385, Rev. Baddegama Thero Mawatha,
Colombo 10.

Dr P.G. Mahipala
Director General of Health Services

Copies to: Secretary, Ministry of Health, Nutrition and Indigenous Medicine
Add. Secretary, Medical Services, Ministry of Health
Nutrition and Indigenous Medicine
Add. Secretary, Public Health Services, Ministry of Health
Nutrition and Indigenous Medicine
DDG PHS – I & II, Ministry of Health Nutrition and Indigenous Medicine,
DDG Medical Services, Ministry of Health, Nutrition and Indigenous Medicine
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