

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

Master Copy

SELECTION EXAMINATION FOR MSc (COMMUNITY DENTISTRY)
SEPTEMBER, 2018

Date: 20th September 2018

Time: 9.00 a.m. – 12 noon

Answer **all five** questions.

Answer each question in a separate book.

PART A

1. A Regional Dental Surgeon has found that there is a high prevalence of betel chewing among a population of bus conductors in his region. He is planning to conduct a health education session as an intervention to this group aimed at cessation of the habit.
 - 1.1. List the information the RDS should collect for planning the intervention. (25 marks)
 - 1.2. List the content that should be included in the health education session. (25 marks)
 - 1.3. Describe an appropriate method of delivery of this intervention. (25 marks)
 - 1.4. List the main limitations of using health education to address betel chewing in this group. (25 marks)

2. Early childhood dental caries (ECC) is one of the most common chronic childhood diseases among children. A grandmother from Matara brings her 4-year-old granddaughter with multiple dental caries and toothache to a preventive oral health unit of a tertiary care dental hospital in Colombo. According to the grandmother, the child does not brush teeth at night and eats biscuits, toffees and chocolates on a daily basis.
 - 2.1. Define the term ECC (20 marks)
 - 2.2. Discuss the social determinants that are associated with the ECC status of this child. (30 marks)
 - 2.3. Critically discuss the availability and accessibility to oral health care services as applicable to comprehensive management of ECC status of this child. (50 marks)

3. Write short notes on the following:

- 3.1. The role of Regional Dental Surgeon on the performance of regional pregnant mothers' oral health programme. (30 marks)
- 3.2. Banning of betel chewing in health institutions and schools. (30 marks)
- 3.3. The importance of multisectoral collaboration on prevention and control of oral diseases. (40 marks)

PART B

4. The table below (on page 3) gives the summary of health expenditure by programme in 2016 as given in the Annual Report of the budget estimates of the Central Bank of Sri Lanka. Assuming that only health promotion and disease prevention, control of communicable and non-communicable diseases and the national nutrition programme are essentially public health programmes, then Ministry of Health spends only 3.5% of the total health budget (4819/134,780 in millions) on public health whereas it spends 85.4% (115,039/134,780 in millions) on essentially curative services (Medical Supplies Division, Hospital Operation and Hospital Development Project).
- 4.1.
- 4.1.1. Critically comment on the observed expenditure pattern of the Ministry of Health. (30 marks)
- 4.1.2. List five (05) national programmes that may be included under health promotion and disease prevention component of the recurrent expenditure. (20 marks)
- 4.2. Discuss the factors that have contributed to the reduction in maternal and infant mortality in Sri Lanka. (50 marks)

Table 14. Summary of Health Expenditure by Programme, 2016

(Rs. Million)

Programme	Health Expenditure 2016			
	Ministry of Health	Department of Ayurveda	Provincial Health	Total
Recurrent Expenditure				
01. Operational Activities	99,432	105		
1. Minister's Office	84			
2. Ministry Administration and Establishment Services	3,416			
3. Medical Supply Division	38,435			
5. Hospital Operation	57,497			
02. Development Activities	12,320	1,134		
11. Human Resources Development	9,787			
14. Health Promotion and Disease Prevention	908			
16. National Nutrition Programme	1,351			
17. Medical Research	274			
Total Recurrent Expenditure	111,752	1,239	51,406	164,397
Capital Expenditure				
01. Operational Activities	5,563	6		
1. Minister's Office	12			
2. Ministry Administration and Establishment Services	911			
3. Medical Supply Division	37			
5. Hospital Operation	4,603			
02. Development Activities	17,465	607		
11. Human Resources Development	174			
13. Hospital Development Project	14,467			
14. Health Promotion and Disease Prevention	154			
15. Control of Communicable and Non Communicable Diseases	2,207			
16. National Nutrition Programme	199			
17. Medical Research	124			
19. Promotion of Indigenous Medicine	140			
Total Capital Expenditure	23,028	613	4,497	28,138
Total Health Expenditure (Recurrent + Capital)				
01. Operational Activities	104,995	111	-	-
1. Minister's Office	96			
2. Ministry Administration and Establishment Services	4,327			
3. Medical Supply Division	38,472			
5. Hospital Operation	62,100			
02. Development Activities	29,785	1,741		
11. Human Resources Development	9,961			
13. Hospital Development Project	14,467			
14. Health Promotion and Disease Prevention	1,062			
15. Control of Communicable and Non Communicable Diseases	2,207			
16. National Nutrition Programme	1,550			
17. Medical Research	398			
19. Promotion of Indigenous Medicine	140			
Grand Total (Recurrent + Capital)	134,780	1,852	55,903	192,535

Source: Central Bank of Sri Lanka - Annual Report 2016, Department of National Budget - Budget Estimate 2018

Ministry of Finance and Planning, Sri Lanka - Annual Report 2016

Department of State Accounts, General Treasury - Financial Statements for the year ended 31st December 2016

5.

- 5.1. Describe five (05) components of Primary Health Care in Sri Lanka. (50 marks)
- 5.2. List five (05) services available in a Primary Medical Care Unit (PMCU). (30 marks)
- 5.3. Briefly describe how the Primary Medical Care Unit (PMCU) can contribute to the improvement of oral health services. (20 marks)

J