



PERFORMANCE AND PROGRESS REPORT

2022



MINISTRY OF HEALTH



**PERFORMANCE AND PROGRESS REPORT
- 2022**



Ministry of Health Sri Lanka

Present



Ministry of Health

Future





Hon. Dr. Keheliya Rambukwella
Minister of Health



Mr. S. Janaka Sri Chandraguptha
Secretary, Ministry of Health

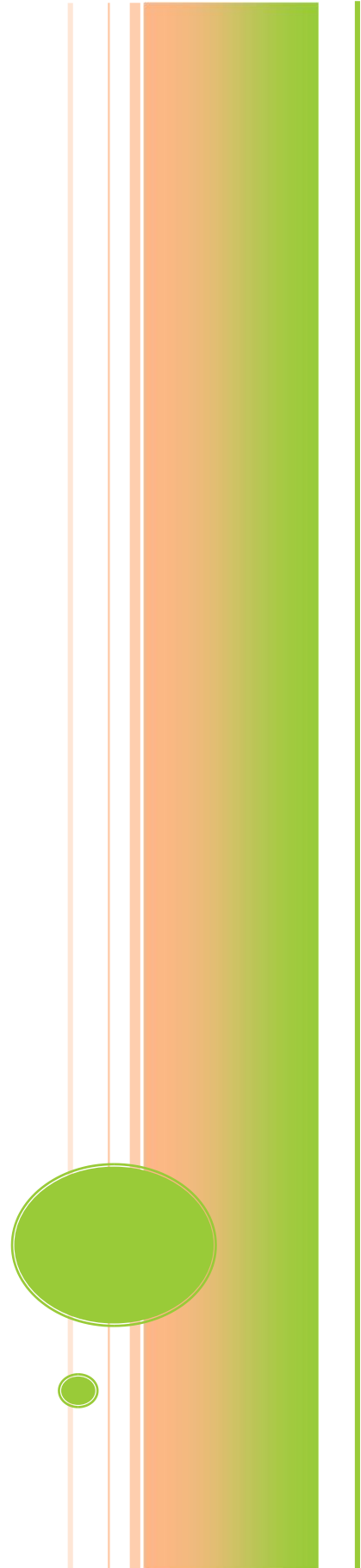
CONTENTS

Health Ministry

	Page No
1. INTRODUCTION	03 - 07
2. SPECIAL EVENTS OF HEALTH SECTOR IN SRI LANKA 2018 -2020	08 - 30
3. INSTITUTIONAL STRUCTURE OF MINISTRY OF HEALTH	31
4. INSTITUTIONS, CAMPAIGNS PROGRAMMES UNDER THE MINISTRY AND THEIR ACHIEVEMENTS	
4.1 DISEASE CONTROL PROGRAMME	32- 70
4.1.1 Anti-Leprosy Campaign	32 - 37
4.1.2 Anti Filariasis Campaign	38 - 41
4.1.3 Public Health Veterinary Services	41 - 44
4.1.4 Anti-Malaria Campaign	44 - 51
4.1.5 National Programme for Tuberculosis Control and Chest Diseases	51 - 56
4.1.6 National Cancer Control Programme for Sri Lanka	56 - 61
4.1.7 National STD/AIDS Control Programme (NSACP)	62 - 66
4.1.8 National Dengue Control Programme	66 - 69
4.1.9 National Renal Disease Prevention and Research Unit	69 - 70
4.2 PROMOTION & PROTECTION OF HEALTH	70 - 182
4.2.1 Epidemiology Unit	70 - 72
4.2.2 Maternal and Child Health Programme	72 - 109
4.2.3 Health Promotion Bureau	109 - 115
4.2.4 Mental Health Programme	115 - 118
4.2.5 Non-Communicable Disease Programme	118 - 139
4.2.6 Environmental & Occupational Health	139 - 145
4.2.7 Estate and Urban Health	145 - 148
4.2.8 Quarantine Services	149 - 154
4.2.9 Care for Youth Elderly Displaced and Disabled Persons	155 - 157
4.2.10 National Authority on Tobacco and Alcohol	157 - 176
4.2.11 Healthcare Quality & Safty	176-181
4.2.12 Disaster Preparedness & Response Division	181-182

	Page No
4.3 NUTRITION	183-188
4.4 ORAL HEALTH SERVICES	189 - 190
4.5 NATIONAL BLOOD TRANSFUSION SERVICES	191 - 199
4.6 LABORATORY SERVICES	199 - 235
4.6.1 Medical Research Institute	223 - 232
4.6.2 Medical Supply Division	232- 235
5. INFRASTRUCTURE DEVELOPMENT	236-247
5.1 Medical Equipment	236 -243
5.2 Constructions	243 - 245
5.3 Special Foreign Funded Project	245 - 246
5.4 Transport	246 - 247
6. HUMAN RESOURCE DEVELOPMENT	248-255
6.1 Education, Training and Research Unit	248 - 250
6.2 Capacity development of Service Providers	
6.2.1 In-service Training Programme	250 - 251
6.2.2 Other Training Programme	251 - 252
6.3 Research	252 - 255
7. CORPORATIONS BOARD MANAGED INSTITUTES	256- 271
7.1 State Pharmaceuticals Manufacturing Corporation (SPMC)	256- 259
7.2 State Pharmaceuticals Corporation (SPC)	260
7.2 Wijaya Kumaratunga Memorial Hospital	260- 265
7.3 Sri Jayewardenepura General Hospital	266-271
8. PRIVATE HEALTH SECTOR DEVELOPMENT	272 - 276
9. PHARMACEUTICAL PRODUCTION AND SUPPLY UNIT	277 - 283
10. PRIMARY HEALTHCARE, EPIDEMIC AND COVID DISEASE CONTROL UNIT	284 - 292
11. INDIGENOUS MEDICINE SECTOR	293 - 325

***HEALTH
MINISTRY***



1. Introduction

Better health is the key to human happiness and well-being, and also an important contributory factor to the economic progress of an individual, or the country as a whole. There are various factors which influence the health status and country's ability to provide quality health services for its people. Health system performance refers to how far the available health systems achieve each of these factors which contribute to the overall enhancement of health status of the country. Sri Lanka has achieved strong health outcomes over and above what is commensurate with its income level. The country has made significant gains in essential health indicators, witnessed a steady increase in life expectancy among its people, and eliminated malaria, filariasis, polio and neonatal tetanus.

The health system in Sri Lanka is enriched by a mix of Allopathic, Ayurvedic, Unani and several other systems of medicine that exists together. Of these systems allopathic medicine has become dominant and is catering to the majority of the health needs of the people. As in many other countries Sri Lankan health system consists of both the state and the private sector. The Health Ministry and the Provincial Health Services provide a wide range of promotive, preventive, curative and rehabilitative health care. Sri Lanka has an extensive network of health care institutions.

With the implementation of the Provincial Councils Act in 1989, the health services were devolved creating the Line Ministry of Health at the national level and separate Provincial Ministries of Health in the 9 provinces. Twenty-six (26) Regional Directorates of Health Services (RDHS) implement the Provincial Health plans of respective Provincial directorates. Each RDHS area is sub-divided into several Medical Officer of Health (MOH) areas, and these units are mainly responsible for preventive and promotional healthcare in a defined area. There are 354 MOH areas in the country. The curative arm of the provincial health directorates operates through District General, Base, Divisional hospitals and Primary Health Care units which comes under the purview of provincial health authorities.

The Ministry of Health plays a vital role in safeguarding the status of health and well-being of all citizens of Sri Lanka as the key government organization, along with other government departments, local and international organizations, civil society groups and the general public. Ministry of Health is responsible for delivering high quality healthcare services to the people in an equitable manner.

VISION

‘A healthier nation that contributes to its economic, social, mental and spiritual development’

MISSION

‘To contribute to social and economic development of Sri Lanka by achieving the highest attainable health status through promotive, preventive, curative and rehabilitative services of high quality, made available and accessible to people of Sri Lanka’

Strategic Objectives of the Ministry of Health

- ✓ To provide technical advice in policy formulation, planning, and programming on the promotion of health through Advocacy, Behavior Change Communication, Social Marketing, and Community Mobilization.
- ✓ To support various health programmes conducted by the department of health services and other health-related sectors through advocacy, behavior change communication and social mobilization for health actions.
- ✓ To promote, support and undertake planning, implementing, monitoring and evaluation of health promotion programmes in different settings.
- ✓ To promote people's health consciousness through mass media.
- ✓ To assist and develop IEC / BCC materials required for health promotion and behavior change communication
- ✓ To develop the capacities of manpower, both within and outside the department of health services to act as health promoters and change agents through advocacy, behavior change communication and social mobilization.
- ✓ To educate and empower the public on health issues, to enable them to increase control over and promote individual and community health.
- ✓ To coordinate with health-related governmental, non-governmental and international agencies and organization in promoting the health of people.
- ✓ To develop managerial capacities of health and health-related sectors to manage health promotive programmes
- ✓ To monitor and evaluate the health promotion programmes and facilitate monitoring and evaluation of them at different levels.
- ✓ To support and undertake research related to Behavior change of the community and social mobilization.

Sri Lanka has achieved a commendable health status measured in terms of health indices comparable to those of developed countries mainly due to the social policies including free healthcare and education adopted by successive governments. However, emerging issues associated with the rapid increase of Non-Communicable Diseases (NCDs) coupled with the swift rate of population ageing and changes in diseases patterns have contributed to transforming the healthcare needs of the country.

Having successfully achieving the interim milestones of the Millennium Development Goals in 2015, Sri Lanka reaffirmed its commitment by aligning national policies and strategies in the direction of achieving Sustainable Development Goals (SDGs).



In 2015, Sri Lanka pledged its continuous commitment to achieve SDGs. The Goal 3 has been dedicated to 'Good Health and Wellbeing' with following targets to be achieved.

Goal 3. Ensure healthy lives and promote well-being for all at all ages

- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco control in all countries, as appropriate.
- 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
- 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States.
- 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Targets

- 3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- 3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortalities to at least as low as 25 per 1,000 live births.
- 3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- 3.4. By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.
- 3.5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- 3.6. By 2020, halve the number of global deaths and injuries from road traffic accidents.
- 3.7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- 3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- 3.9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

2. Special events of the health sector in Sri Lanka 2021- 2022

1. National Events

❖ *Ten year National Mental Health Policy unveiled*



The National Mental Health Policy for ten years was unveiled on 16.08.2022 at the Ministry of Health under the patronage of the Hon. Minister of Health Dr. Keheliya Rambukwella. It was initiated considering the mental health wellbeing of the people after the devastating Tsunami disaster in 2005. At that time it was updated every ten years based on the prevailing situation in the country. Along with this, the Hon. Minister also launched the National Mental Health Support Service (Hotline

1926), through which the Mental Health Support Service can be obtained at district and national level, in all districts. World Health Organization (WHO) Representative Dr. Alaka Singh said that similar policies have only been implemented in 21 countries in the world and the implementation of such policy in Sri Lanka will add value to the health system of the country.

❖ *International World Health Day*

World Health Day was held on 7th April 2022 under the theme of 'Our Planet, Our Health'. In a simple but symbolic hybrid event to mark the World Health Day, officials of the Ministry of Health and the Ministry of Environment gathered at the Ministry of Health along with the WHO representatives to Sri Lanka to emphasize the link between our planet and our health. Dr. Sanjeewa Munasinghe, former Secretary to the Ministry of Health, in his speech said that multi-sectorial collaboration was vital in achieving both environmental health and the health



of the people. To mark the World Health Day 2022, Dr. Alaka Singh handed over a Na sapling to the ministry officials symbolizing the importance of planting trees to contribute to a healthier environment.

❖ *World Patient Safety Day 2022 celebrations*



The Ministry of Health, celebrated the World Patient Safety Day 2022 in collaboration with the WHO, with the slogan ‘Medication without Harm’. An island-wide competition was held. The best practices for preventing medication-related harms by improving the health system and the good practices among the health care professionals were identified and rewarded. The Honorable Minister of Health, Dr. Keheliya Rambukawella, emphasized the importance of improving awareness among patients as well as training among health professionals to prevent medication-related harm.

2. International Events

❖ *World Health Assembly (WHA)*



Sri Lankan delegates attended a special session of the 74th World Health Assembly (WHA) on 28.11.2021. Dr. Asela Gunawardena, Sri Lanka’s Director General of Health Services, met with Dr. Tedros Ghebreyesus, Director-General of the World Health Organization on 28th November, prior to the formal opening of the WHA. They

discussed the COVID-19 situation in Sri Lanka including the country’s effective vaccination efforts. Dr. Tedros also thanked Dr. Asela for Sri Lanka’s leadership in addressing pesticide poisoning in the region and proactively addressing the rise of non-communicable diseases.

Opening remarks by Dr. Tedros Adhanom Ghebreyesus, Director-



General of the WHO, at the Special Session of the World Health Assembly (as delivered) on 29.11.2021 stated that

“The COVID-19 pandemic is a powerful demonstration that health is not a luxury, but a human right; not a cost, but an investment; not simply an outcome of development, but the foundation of social, economic and political stability and security.”

The Director-General of the WHO addressing a High-Level of Welcoming speech at the 75th World Health Assembly on 22 May 2022 emphasized that *“Equitable health services strengthen the community trust, which in turn contributes to strengthening health systems and peace. In Sri Lanka, WHO has supported a community - based psychosocial intervention called “Manohari”, which was aimed at reducing violence”*



Dr. Tedros had further discussed the matters with the Sri Lankan delegation, including Dr. Asela Gunawardena, Director General of Health Services, during their recent visit to World Health Assembly held at the WHO headquarters in Geneva, Switzerland. The WHO had focused on assisting Sri Lanka to overcome the shortage of pharmaceuticals and medical equipment.

The WHO had focused on assisting Sri Lanka to overcome the shortage of pharmaceuticals and medical equipment.

❖ **Seventy-fifth Session of Regional Committee for WHO South-East Asia**



The 75th Session of the Regional Committee for WHO South-East Asia commenced in Paro, Bhutan from 5th to 9th September 2022 with the health leaders emphasizing on continued efforts and sustainable recovery from the ongoing COVID-19 pandemic. During the five-day session, a ministerial roundtable discussion was held to address the mental health needs of the people through primary care strengthening and enhancing community engagement. Hon. Health Minister Dr. Keheliya Rambukwella emphasized the importance of continuing efforts for a sustainable recovery from the COVID-19 Pandemic.

At the session, the member countries of the WHO South–East Asia Region agreed to adopt the Paro Declaration to ensure the universal access for people-centered care and services to protect and promote the mental health in the region.

3. Meeting with Foreign Delegates

❖ *Covid-19 Pandemic Control in Sri Lanka*



Hon. Health Minister Dr. Keheliya Rambukwella said that the Sri Lankan government has taken all possible measures to combat the Covid-19 pandemic in the country. He pointed out that the government is trying hard to restore the economy, especially in the midst of the disaster caused by Covid-19.

Hon. Health Minister Dr. Keheliya Rambukwella also pointed out that the country's economy operates in three main areas; tourism, foreign employment, and foreign investment. Therefore, special attention would be paid by the government to economic restoration during the control process of the pandemic. Hon. Minister also said that during Covid control process, more than 90% of the people in the country were wearing face masks correctly. However, some guidelines have been issued relaxing wearing face masks in public places.

❖ *Minister of Health met Cuban Ambassador*



Hon. Health Minister Dr. Keheliya Rambukwella said that by the end of November 2021, all citizens above the age of 18 would be fully vaccinated. He further stated to the Cuban Ambassador that a third vaccination would be offered after a full vaccination of Sri Lankan citizens. He also requested the Ambassador to provide an opportunity for an exchange program to share the experience, knowledge, and technology of the world-class Cuban health service in Sri Lanka. The former Secretary to the Ministry of Health, Major General Dr. Sanjeewa Munasinghe also joined this event.

❖ *Minister of Health met the New Zealand High Commissioner*



Hon. Minister of Health Dr. Keheliya Rambukwella told the New Zealand High Commissioner to Sri Lanka Mr. Michael Upton that the successful vaccination in Sri Lanka has enabled the country to achieve a good level of Covid control. He further added that the health staff of all levels in Sri Lanka from top to bottom had made the highest possible commitment during the Covid management.

The High Commissioner of New Zealand and the Hon. Minister of Health discussed how the two countries were affected by the Covid disaster and how they responded and how should they face a similar occurrence in the future. Major General Dr. Sanjeeva Munasinghe, the former Secretary to the Ministry of Health, Director General of Health Services Dr. Asela Gunawardena and others also took part in the event.

4. Major Developments / Initiatives in Health Sector

Curative sector

❖ *Release of three locally manufactured medicines to the market*

Levothyroxine
Tablets IP 50 mcg

Levothyroxine belongs to a class of drugs called Thyroid hormones.
Each Tablet contains Levothyroxine sodium 50 mcg.

CC1=CC=C(C=C1)C(=O)Nc2ccc(O)c2

Omeprazole
Gastro-Resistant Capsules IP 20 mg

Omeprazole G.R Capsules belongs to a class of

Cc1ccc(O)c1

Mefenamic Acid
Tablets BP 500 mg

Mefenamic acid belongs to a class of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs).
Each tablet contains Mefenamic Acid 500mg

CC1=CC=C(C=C1)C(=O)Nc2ccc(O)c2

Hon. Health Minister Dr. Keheliya Rambukwella pointed out that the plan to produce 40% of the medicines needed in the country was being implemented and the target of 20% was achieved. He further stated that it would be possible to save significant amount of money spent on importing medicines. It was expected to be a high time solution to drug shortage amidst the ongoing dollar crisis. Levothyroxin 50 mcg for thyroxine deficiency, Omeprazole 20 mg capsules for preventing gastric acidity and Mefenamic Acid 500 mg tablets for pain relief were officially released to the market. Officials of the State Pharmaceutical Manufacturing Corporation (SPMC) pointed out that it was a high achievement in the field of pharmaceutical production in the country.

Preventive sector

❖ *A new home-based care program from the Ministry of Health to control COVID-19*



The implementation of the home-based care program for Covid patients took place at the Ministry of Health on 28.06.2021 under the leadership of the former Minister of Health Pavitra Wanniarachchi and the participation of the former State Minister Prof. Channa Jayasumana. The new program connected the Covid-19 patients to a designated Medical Officer via a direct call number 1390. Patients were triaged by the filed staff under the supervision of medical officers (i.e., MOHs.) A systematic and dedicated program was prepared to mobilize the patients if they needed further care.

❖ *Resuming 'Suwa Udana' mobile health program*

The Ministry of Health has taken steps to resume "Suwa Udana" mobile health program which was implemented all over the island with the aim of providing quality health services to the rural people as per the instructions of the Hon. Minister of Health Dr. Keheliya Rambukwella.

Resuming "Suwa Udana" mobile program, which was not held for more than 02 years due to the Covid-19 epidemic, the first clinic was held on 24.02.2022 at Bodhimalu Viharaya in Akmeemana Kurudevatta.

More than a thousand people gathered in many surrounding villages including Chinese Mitra Village, Kadirgamar, Niwa City, Sada Sit, Green City, Gewal Wissa in Galle Akmeemana area to get treatment services from Suva Udana mobile clinic conducted by the Ministry of Health.



❖ **Establishing cancer early detection centers in every district**



A Memorandum of Understanding (MoU) was signed between the Ministry of Health and the Palliative Care Hosting Trust, a non-governmental organization, to establish a Cancer Early Detection Center in Matara District. The MoU was signed at the Ministry of Health on 19.07.2021 by the, Major General Dr. Sanjeewa Munasinghe, former Secretary to the Ministry of Health, and the Head of the Palliative Care Trust, Dr. Samadhi Rajapaksa.

❖ **Preparedness for Monkeypox – A stock of test kits from the World Health Organization**



A stock of test kits was delivered to Sri Lanka on 05.08.2022 by the World Health Organization for the preparation needed for Monkeypox virus. Dr. Alaka Singh, the representative of the World Health Organization in Sri Lanka, handed over this stock of test kits to the Minister of Health, Dr. Keheliya Rambukwella at the ministry. One hundred and twenty-five test kits were initially delivered for the preparation and the stock was handed over to the Medical Research Institute. Hon. Minister pointed out that monkey fever is currently spreading rapidly in Europe and African countries, and cases are being reported in neighboring India as well. Therefore, he stressed the importance of getting prepared for a potential outbreak.

5. Health sector initiatives on other determinants of health

Education

❖ *Effects on the physical and mental health of children due to closure of schools due to Covid-19 pandemic*



Hon. Minister of Health Dr. Keheliya Rambukwella says that the closure of schools due to Covid-19 pandemic has affected the physical and mental health of the children. The Minister also pointed out that the psycho-social behavior of children could affect their overall well-being. He was of the view that collaboration between Ministries of Health and Education would be very important to promote school children's health in South and South-East Asian Region.

6. Human resource development in Health sector

Promotions

❖ *Promotion of Hospital Secretaries (Administrative Officers) to a higher grade in the Health Management Assistant Service on a limited basis.*

Dr. Keheliya Rambukwella, Hon. Minister of Health recently promoted 23 Hospital Secretaries (Administrative Officers) to the rank of Super Grade Officers on a limited basis of the Health Management Assistants' Service filling the existing vacancies in the Health Sector on 03.06.2022.



Training

- ❖ *Instruction by the Hon. Health Minister to look into the shortcomings in the nursing schools and improving their facilities.*



Hon. Minister of Health, Dr. Keheliya Rambukwella on 06.12.2021 instructed the Ministry officials to prepare necessary arrangements to upgrade the facilities of all nursing schools island wide. Accordingly, the Minister instructed the officials to identify all the shortcomings in them and submit a report to him as soon as possible.

The former Secretary to the Ministry of Health, Major General Dr. Sanjeewa Munasinghe, Director General of Health Services Dr. Asela Gunawardena, principals of nursing schools, and directors of hospitals affiliated to nursing schools and a group of officials from the Ministry of Health also participated in this event.

Career Development

❖ *Awarding of appointments to Intern Medical Officers 2022*



Awarding of appointments to the Intern Medical Officers was held on 27.06.2022 under the chairmanship of the Hon. Minister of Health, Dr. Keheliya Rambukwella via Zoom technology.

The Secretary to the Ministry of Health S.J.S. Chandraguptha, Additional Secretary (Medical Services) Dr. S. de Alwis, and Director General of Health Services Dr. A. Gunawardena, DDG (Medical Services I) Dr. P.W.C.L Panapitiya, DDG (Planning) Dr. S. Sridharan, Director (Tertiary Care Services) Dr. P. Atapattu and Actg. Director (Medical Services) Dr. A. Karunarathne were present at the occasion.

❖ *A program of the Ministry of Health to look into the shortcomings of hospitals at the district level.*

The Ministry of Health has initiated a program to look into the shortcomings of each hospital at the district level with the aim of maintaining a more systematic and well-equipped hospital system for patient care in the country. The program was implemented as instructed by the Hon. Minister of Health, Dr. Keheliya Rambukwella. A program to find the shortcomings of hospitals in the Eastern Province was implemented under the initiative in the Trincomalee District on 16th and 18th December 2021.



The program started under the chairmanship of Major General Dr. Sanjeewa Munasinghe, the former Secretary to the Ministry of Health. Accordingly, shortcomings at the Trincomalee District General Hospital and Kantale Base Hospital were investigated.

❖ *Awarding the letters of appointment to the officers of the Sri Lanka Nursing Council*



Awarding the appointment letters to the new officers of the Second Nursing Council of Sri Lanka was held under the chairmanship of the Hon. Minister of Health, Dr. Keheliya Rambukwella at the Ministry.

Hon. Minister who commented on the occasion of awarding the letters of appointment, said that those appointments were not just ordinary appointments as they have been entrusted with lots of responsibility. On this occasion, the former Secretary to the Ministry of Health Major General Dr. Sanjeewa Munasinghe, Additional Secretaries A. N. M. K. Attanayake, Chandrasena Pallegama, Senior Assistant Secretary, and a group of nurses including Mr. Yogachandra were present.

❖ *In-position Cadre of selected categories*

Category Name	In-position	
	31.12.2021	30.06.2022
Medical Consultant	1860	1970
Consultant Dental Surgeons	75	81
Medical Officers	12558	13496
Dental Surgeons	747	774
Nursing Sisters/Master	498	933
Nursing Officers	25940	28093
M.L.T	1374	1409
Pharmacists	1217	1253
Radiographers	502	515
Physiotherapist	584	600
Midwives	1312	1368

7. National health achievements in global context❖ *WHO commends vaccination process in Sri Lanka*

The World Health Organization (WHO)'s Representative in Sri Lanka, Alaka Singh, commended the ongoing vaccination process in Sri Lanka. Dr. Keheliya Rabukwella commended the World Health Organization (WHO) for its role in curbing the Covid-19 outbreak globally and said that Sri Lanka, as a country with long-standing relations with the organization, was taking the maximum possible steps to combat the Covid-19 outbreak.

8. Donations

Local Donations

❖ *PCR machine donated to Covid suppression program*



The Ceylon Hardware Marchant Association donated a PCR machine worth of Rs. 60 Lakhs to the Ministry of Health, which is essential for Covid control activities in the country. The PCR machine was handed over to Major General Dr. Sanjeewa Munasinghe, former Secretary to the Ministry of Health, on July 08th by the President of the Association S.T.S Arulanandan. Director General of Health Services Dr. Asela Gunawardena, Deputy Director General of Health Services of the Ministry of Health Dr.S. Sridharan, H.M Jayaweera, Secretary, Ceylon Hardware Marchant Association and Shanmuganathan, the coordinator were present at the occasion.

❖ *Launch of a project to upgrade facilities including oxygen for 11,000 beds in 191 hospitals*



A new project started to increase oxygen supplies and other facilities for 11,000 beds in 191 hospitals in Sri Lanka with a view to minimize referrals of patients to intensive care units. Named 'O₂ Life', the project-expected to cost around Rs. 3 billion. The parties who planned the project had a discussion with the Minister of Health on 07.09.2021 in this regard.

❖ *The 93rd Customs Officers Forum of the Sri Lanka Customs Department donated an essential medicine in the face of the current crisis*



In view of the current crisis, the 93rd Customs Officers Forum of the Sri Lanka Customs Department donated a stock of Soluble Insulin worth over Rs. 4 lakhs to the Secretary of the Ministry of Health on 24.06.2022. Ms. Roshini Peiris from the Ministry of Health and Mr. Pushparaj Ranasinghe, Mahesh Fernando, Shiranti Perera, Aruna Shanta, Ayrin Sugandhi also participated in this event.

International Donations

❖ *China donated the largest set of vaccines to Sri Lanka*



As a donation from China 1.6 million Sinopharm injections and 1.6 million syringes reached Sri Lanka via Katunayake Airport on 27.07.2021. It was the largest vaccine donation ever received by the country. Prof. Channa Jayasumana, the former State Minister of Drug Production, Supply and Regulation and Dr. Saman Ratnayake, State Secretary to the Ministry, R. K. Herath, Director of Medical Supplies, Kapila Wickramanayake, Chairman of the Airport, Retired Major General G.A Chandrasiri, and many others were present at the occasion.

❖ ***Donation of 2.2 million US dollars' worth of essential medicines to the Sri Lanka***



A donation of 2.2 million US dollars' worth of medicine to Sri Lanka, which is essential for sustaining health services, took place on 31.05.2022 at the Ministry of Health by Bangladesh High Commissioner Mr. Tareq M.D. Ariful Islam. Essential medicines such as antibiotics, anti-cancer, high blood pressure, viral epilepsy and asthma were donated there. The donation included 79 essential medicines which are used for treating various disease conditions across the island.

❖ ***Oxygen units donated by United Nations Office for Project Services***

The Ministry of Health took immediate steps to provide all the equipment needed to hospitals to supply oxygen to critically ill patients infected with Covid-19, under the Ministry of Health allocation, 612 hi-flow oxygen machines worth Rs. 650 million rupees, 200 oxygen concentrators, 385 multi-para monitors, 410 syringe pumps and 400 infusion pumps were provided to Covid treatment centers across the island. The UN Project Office (U.N.O.P.S) provided a stock of equipment to be delivered to the Ministry of Health within a few days, in an expedited procurement strategy.



❖ ***Rs. 400 million worth of equipment to nine hospitals in Sri Lanka under Japanese aid***

Aiming to strengthen the health services in the country, medical equipment worth about Rs. 400 million were provided to 09 hospitals across the island under the Japan International Cooperation Agency (JICA) aid project on 19.01.2022 at the Ministry of Health. The Ambassador of Japan Mr. Mizukoshi Hideaki officially handed over the equipment to the Hon. Minister of Health Dr. Keheliya Rambukwella. Equipment was also donated to the Base Hospital Teldeniya, Warakapola, Welikanda, Pimbura, Karawanella,

Avissawella, Nawalapitiya, Hingurakgoda and the PCR Laboratory of the District General Hospital Hambantota. Major General Dr. Sanjeewa Munasinghe, the former Secretary to the Ministry of Health, Additional Secretary Dr. Sunil de Alwis, Director General of Health Services Dr. Asela Gunawardena and senior representative of the JICA project Takashima Kiyofumi took part in the event.

❖ *French Government Supported Sri Lanka's Health Sector*



The Ambassador of France to Sri Lanka, H.E. Eric Lavertu, met with the Hon. Health Minister, Dr. Keheliya Rambukwella at the Ministry of Health on an occasion of donating medical items by the French Government. The donation included anesthetic and respiratory medicines amounting to a value of 300,000 Euros. They also discussed the pressing issues such as the current economic and financial crisis, disruptions to supply chains, sustaining political stability and unity, and maintaining food security. The Ambassador also expressed his intentions of revisiting discussions on development projects after Sri Lanka navigates itself out of the economic crisis.

❖ *A donation of another batch of consumer goods including medicines under Indian Humanitarian Aid*



The second batch of aid by the Government of India as a donation to the people of Sri Lanka under the Indian Humanitarian Aid Program was brought to Sri Lanka on 24.06.2022. It contained 38 metric tons of essential medicines, 250 metric tons of milk powder, and 15 metric tons of rice. Many types of life-saving medicines and essential

medicines were received as aids. The value of these medicines was about 119 million Indian rupees. The total amount of the consignment was about 03 billion Indian rupees.

- ❖ *The Ministry of Health officially received the first batch of 1.5 million US dollars' worth of medicines and equipment donated by the Japanese people.*



Hon. Health Minister Dr. Keheliya Rambukwella said that by the end of August 2022, the country's pharmaceutical problem would be solved to a large extent. He officially announced receiving the first batch of 1.5 million US dollars' worth of medicines and equipment from the Japanese people to Sri Lanka on 28.07.2022. These drugs were meant for high blood pressure, diabetes, heart, kidney and liver complications, and especially for pregnant mothers, and vitamins such as calcium were among those stocks of drugs. The value of the first stock was about one hundred seven thousand six hundred and fifty US dollars (\$ 107,650). Those consignments were provided by the Japanese government through UNICEF. Mrs. Emma Brigham, the deputy representative of UNICEF, Mr. Mizukoshi Hideaki, the Japanese ambassador to Sri Lanka, and a Japanese delegation were present at the occasion.

- ❖ *Collaborating with UNFPA the Japanese government, providing essential medicines and health equipment to the Ministry of Health.*



In the field of obstetrics and gynecology in Sri Lanka, a stock of essential life-saving drugs and equipment was provided, for which the UNFPA had spent US\$ 300,000 and the Japanese government had spent US\$ 72,000. Among those donations there were

medicines that were in short supply in the country. Oxytocin, misoprostol, depot injections and sexual health drugs and equipment were included in them. The Hon. Minister of Health said that compared to other countries, Japan came forward more promptly and enthusiastically to assist Sri Lanka, and that he was happy to be able to receive such assistance at that juncture.

❖ ***A donation of essential medicines worth of 2.5 crore Indian rupees to Sri Lanka by the Indian Service Trust of the International Lions Club***



In order to strengthen the patient treatment services in Sri Lanka, as requested by the Ministry of Health, the Lions of India Service Trust donated a stock of essential medicines on 10.08.2022 at the Medical Supply Division of the Ministry of Health. Deputy Director General (Planning) Dr. S. Sridharan had made a request, and accordingly, under the coordination of Mr. A.P. Singh, who is the third vice-president of the International Lions Club, it was possible to get that stock of medicines to Sri Lanka in a very short period of time. Health Secretary Mr.

Janaka Sri Chandragupta also instructed the officials of the medical supply department to distribute those medicines to the hospitals all over the island as soon as the necessity arises.

❖ ***Another stock of essential medical items, including medicines used for Corona disease, to Sri Lanka***



On a request of H.E the President Ranil Wickramasinghe and Presidential Adviser Ruwan Wijewardena, the United States organization called "Sri Lanka Association of Oregon" donated a stock of essential medicines worth US\$ 625,000 to Sri Lanka. Those consignments included medicines used for Corona disease. The donated medicines were all manufactured in America and, another large stock of medicines was planned to be delivered to Sri Lanka through the organization, according to its coordinator Mr. Sanjeewa Dissanayake.

9. Special events on Covid control and prevention

Vaccination

❖ *Commencement of vaccination of children between the ages of 12-18*



The Hon. Minister stressed that due to the Covid-19 pandemic, schools have been closed from time to time for about a year and a half and therefore vaccination for children should be commenced to re-open the schools soon. With the initiation of vaccination for children, children from 7th grade to 13th grade were vaccinated. As the non-academic staff including teachers had been fully vaccinated, it was expected that schools would be able to reopen once the vaccination of school children was completed.

❖ *Commencement of vaccination for people between the ages of 18 and 30*



Hon. Health Minister Dr. Keheliya Rambukwella took steps to launch the vaccination program at district level for those who were between the age of 18 and 30. He hoped that all those over the age of 18 would be completely vaccinated by the end of October 2021.

❖ *Vaccination for children with complications begins*

Hon. Health Minister Dr. Keheliya Rambukwella said that the vaccination program for children would be completed by the end of October 2021. Accordingly, all the children with complications between the ages of 12-19 were initially vaccinated under the program. Hon. Minister of Health attended the official launch of the vaccination program for children in Sri Lanka on 24.09.2021 at the Lady Ridgeway Children's Hospital. Mrs. Shiranthi Rajapaksa was also present at the occasion.

On the occasion, the former Secretary to the Ministry of Health, Major General Dr. Sanjewa Munasinghe, Director General of Health Services, Dr. Asela Gunawardena, as well as President's Advocate Jagath Wickramanayake, Professor Ananda Jayawardena representing the 306/C/1 Lions Club, and the Sri Lanka Academy of Physiologists and Sri

Lanka Specialist Dr. Harsha Satishchandra and Specialist Dr. Samita Dasanayake were present representing the Institute of Physiological Specialists.



❖ *Booster vaccination for the people from November 01st, 2021*



Hon. Minister of Health Dr. Keheliya Rambukwella said that the administration of the booster dose of the vaccine would be started from November 1st, 2021. That it is planned to the frontline personnel of the Covid fight were given priority. Hon. Minister Dr. Rambukwella further added that said that there is currently was a stock of two million vaccines to start the program. Director General of Health Services Dr. Asela Gunawardena, Director of Epidemiology Department Specialist Dr. Samitha Ginage, Medical Research Institute Virology Specialist Dr. Nadika Janage and a group of health department officials were present for this event.

Treatment and Care

❖ *Providing intensive care for critical Covid-19 patients at KDU Hospital*



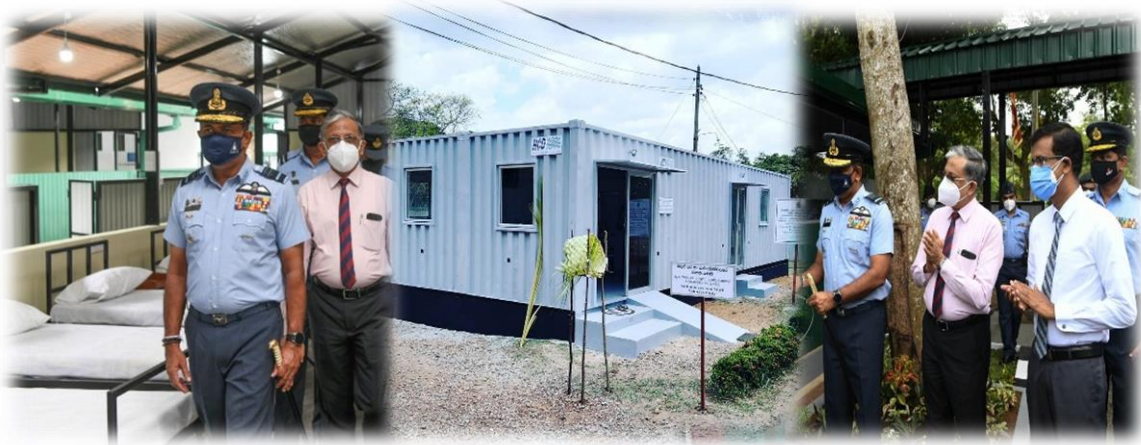
Former Health Minister took steps to maintain intensive care services at Sir. John Kotalawala Defense University Hospital (KDU) to provide intensive care for patients who were infected with Covid and became critically ill. It was amidst the third wave of Covid-19 which was spreading across the country. Accordingly, three intensive care units at Sir. John Kotalawala Defense University Hospital (KDU) were set aside for the intensive care of Covid patients and 24 ICU beds and 12 High Dependency Beds (HDU beds) were set up in those units all-inclusive of hi-flow oxygen.

❖ *Providing vehicles for 09 districts for Anti-Covid activities*



Distribution of 09 NISSAN URVAN vans among the provinces was held at the Ministry of Health premises under the patronage of the former Minister of Health with the objective of optimizing control activities of Covid. Those, vehicles were valued at about Rs. 90 million, and were funded by the Asian Development Bank (ADB) through Health System Enhancement Project. The event was coordinated by the Ministry of Health. The former Secretary to the Ministry of Health Major General Dr. Sanjeewa Munasinghe, Director General of Health Services Dr. Asela Gunawardena and Director of the Health System Enhancement Project Dr. Anil Dissanayake were also present at the occasion.

❖ *Construction of Special Covid-19 Treatment Unit at Base Hospital Mulleriyawa*



The special Covid treatment unit was built at the Mulleriyawa Base Hospital with the labor and technical support from the Sri Lanka Air Force. It was officially handed over to the Ministry of Health on 03.08.2022. The event was presided by the former Minister of Health and attended by the Commander of the Air Force, Air Marshal Sudarshana Pathirana. Director General of Health Services Dr. Asela Gunawardena, Director of Mulleriyawa Base Hospital Dr. Priyantha Karunaratne, Director of Civil Engineering Services of the Air Force and a number of Air Force personnel and health staff were present at the occasion.

❖ *A new method to collect information about medicines sent to patients commemorating the World Pharmacists' Day*



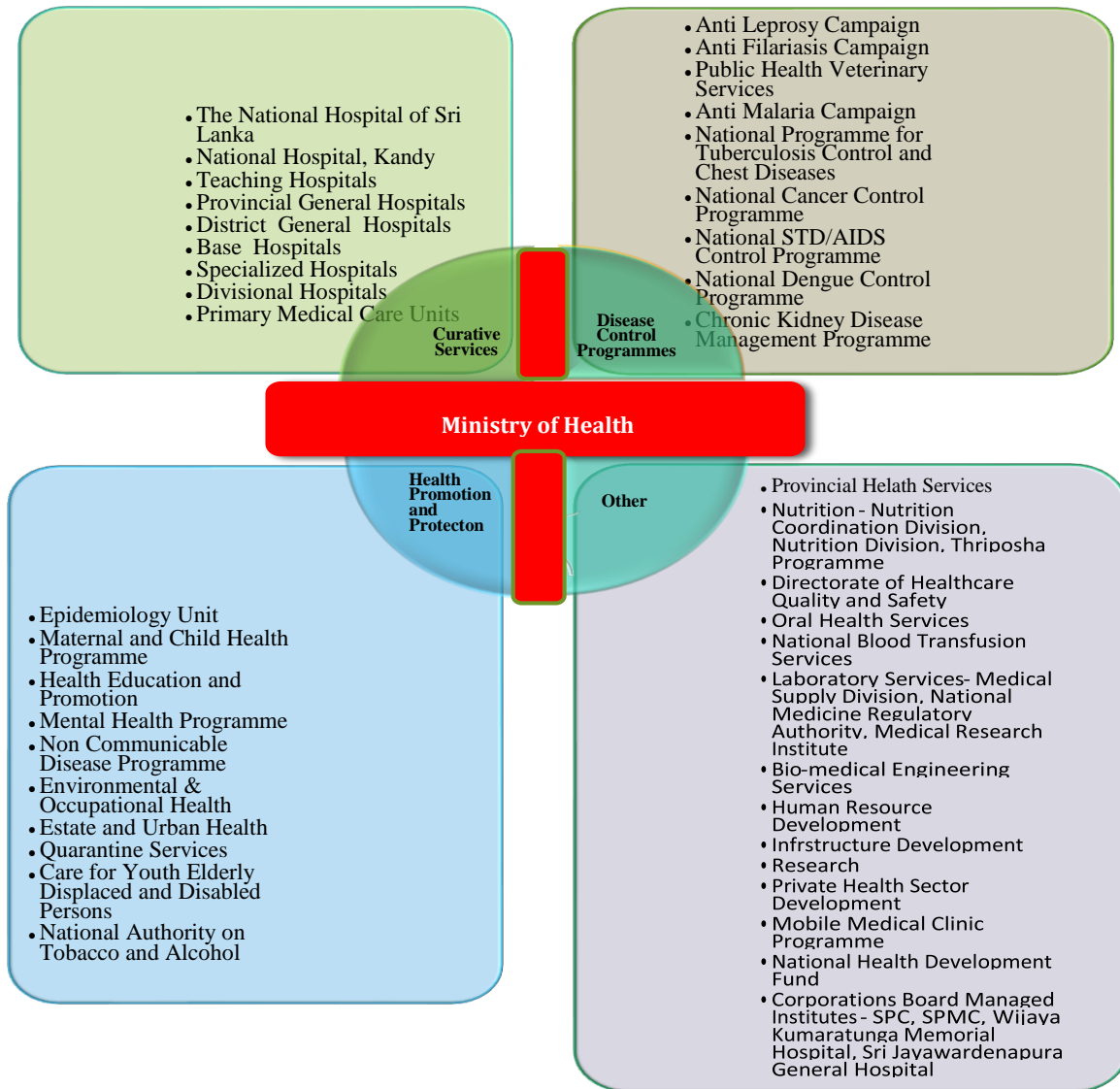
The Ministry of Health introduced a new method of obtaining information on medicines sent to clinical patients by post on 24.02.2022. The program was initiated by the Pharmacists' Association in association collaboration with S.L.T Mobitel.

❖ *25 ambulances and 38 cabs for hospitals and medical officer of health offices throughout the island.*



A fleet of 25 modern ambulances and 38 cabs were distributed among the selected hospitals and regional health offices Island wide on 17.02.2022 at the Ministry of Health. Improving the quality of health service and continuum of care were the primary objectives behind the move. The keys and files of the ambulances and cabs were handed over by the Hon. Minister of Health Dr. Keheliya Rambukwella handed over them to the respective hospitals and the Medical Officer of Health offices. Major General Dr. Sanjeewa Munasinghe, the former Secretary to the Ministry of Health, Dr. Asela Gunawardena, Director General of Health Services and a delegation from the Asian Development Bank were also present at the occasion.

3. Institutional structure of the Ministry of Health



4. Institutions, Campaign, Programmes under the Ministry and their achievements

4.1 DISEASE CONTROL PROGRAMMES

4.1.1 Anti-Leprosy Campaign

Introduction

The Anti-Leprosy Campaign (ALC) is responsible in formulation of policies and guidelines, planning, monitoring and evaluation of leprosy status in Sri Lanka. Capacity building of the health staff is another major activity carried out by the campaign.

The Central Leprosy Clinic (CLC) and Leprosy Hospital Hendala are under the administration of the Director ALC.

Vision

Leprosy free Sri Lanka.

Mission

To stop transmission of the disease and to plan and implement cost-effective quality leprosy services to all persons affected with leprosy, and to sustain such services to ensure a reasonable quality of life to those affected.

General Objectives

- To strengthen the implementation of integrated leprosy services
- To scale up leprosy prevention alongside integrated active case detection
- To manage Leprosy and its complications and prevent new disability
- To combat stigma and ensure human rights are respected

Achievements/special Events in 2021

- Slit Skin Smear (SSS) training for Public Health Laboratory Technicians (PHLT) were conducted in 23 districts
- ALC has conducted six (6) Annual reviews (Covering 9 provinces) and one (1) District review in Nuwara Eliya.
- ALC has conducted Monitoring and Evaluation (M&E) visits in eight (8) districts.
- Purchased MCR shoes and Splints and gutters for leprosy patients with disability.
- 195 MCR shoes, 50 Ulcer care kits and 2 splints were provided to patients with Leprosy who are having disability
- Leprosy day activities were carried out in Anuradhapura district and Batticaloa district
- House to House surveys were conducted in 3 districts (Kegalle, Kurunegala, and Monaragala)
- Awareness programs (Ex- Leaflet campaigns) were conducted in Kurunegala, Gampaha, Anuradhapura, and Batticaloa districts
- Street dramas were conducted to raise awareness among the public

- Patients in Hendala hospital were taken on a visit to Kelaniya temple, Thewattha church and meals were provided as a day out activity as a part of psychological rehabilitation
- Several awareness programs were broadcasted through mass media
- Distributed MDT treatment for Leprosy patients in the country to their doorstep by Anti-Leprosy Campaign during lockdown period due to COVID 19 pandemic
- ALC has printed 20000 patient files.
- A new convertainer drug store was established at Leprosy Hospital, Hendala
- Boundary wall of the Hendala hospital was renovated
- Hoardings on Leprosy awareness were carried prepared and displayed in 13 districts
- ALC had conducted a capacity building program for health staff (50) in Batticoola district
- ALC has conducted training programs for PHII on GPS mapping and Leprosy awareness covering all nine provinces
- Leprosy awareness videos were developed in Sinhala, Tamil and English
- Leprosy day forum for community leaders (30) was conducted

Ongoing Development project details

GOSL activities -2021

No	Project Description	Total Estimated Cost (in millions)	Physical Progress by 31.12.2021	Financial Progress by 31.12.2021
1	Conducting house to house surveys in high endemic districts.	0.4	25%	25%
2	Provision of ulcer care kits, MCR shoes, splints & gutters for rehabilitation - other materials for splints	2.3	100%	100%
3	Conducting Provincial/District reviews, Annual Review, and monitoring and evaluation meetings with key stakeholders	0.775	100%	100%
4	World Leprosy Day events 1 T- shirts with awareness messages were printed	0.39	100%	100%
5	World Leprosy Day events 2	0.65	55%	55.38%
6	Establishment of National center of excellence at Leprosy Hospital Hendala	3.44	Activity not done as the unavailability of the funds	
7	Provision of biopsy and other relevant equipment to dermatology clinics and improve neurological assessment in dermatology clinics	0.2	Activity not done as the unavailability of the funds	
8	Training on SSS, biopsy and other relevant lab services	1.325	100%	100%

9	Comprehensive communication campaign (In accordance with the plan prepared in 2017) IEC material development in social marketing campaign	0.42	100%	100%
----------	---	------	------	------

WHO activities -2021

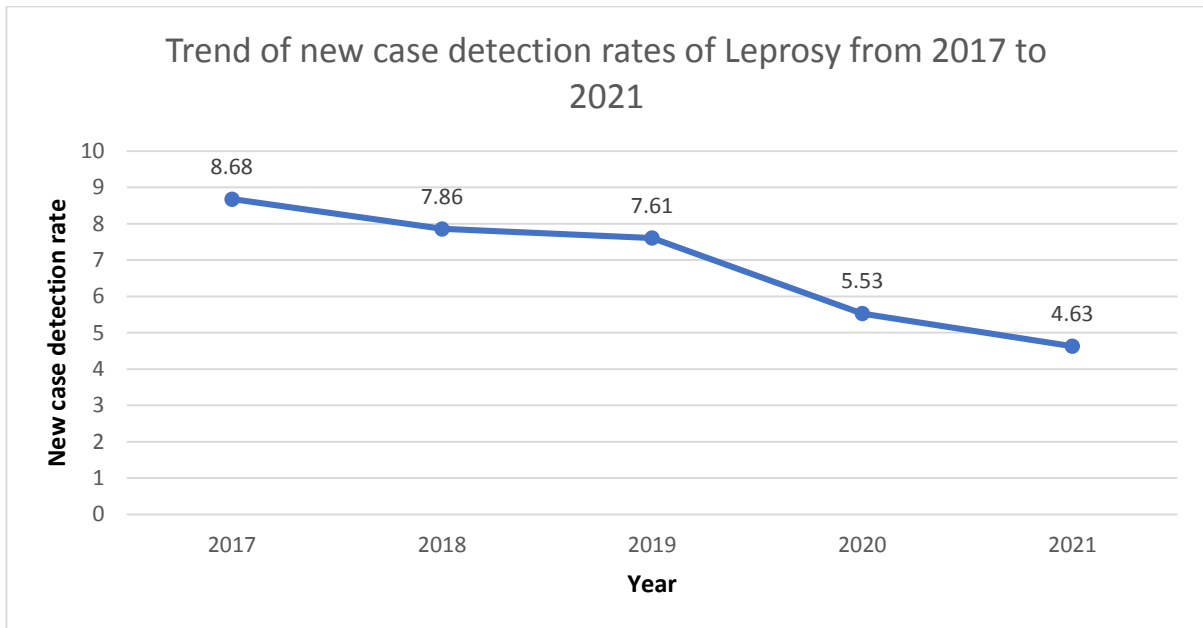
No	Project Description	Total Estimated Cost	Physical Progress by 31.12.2021	Financial Progress by 31.12.2021
1	Proposal for upgrade of drug storage facility of Leprosy Hospital Hendala by installation of a Container/ Convertainer	1,474,200	100%	100%
2	Capacity building program to raise awareness on Leprosy- Commemorating World leprosy Day 2021	188,230.00	100%	100%
3	Upgrading the current web-based system of ALC to improve data capture at every level	1,462,844.00	0%	0%
4	Improving community awareness of leprosy through social marketing campaigns	355,958.14	0%	0%

WHO activities planned-2022

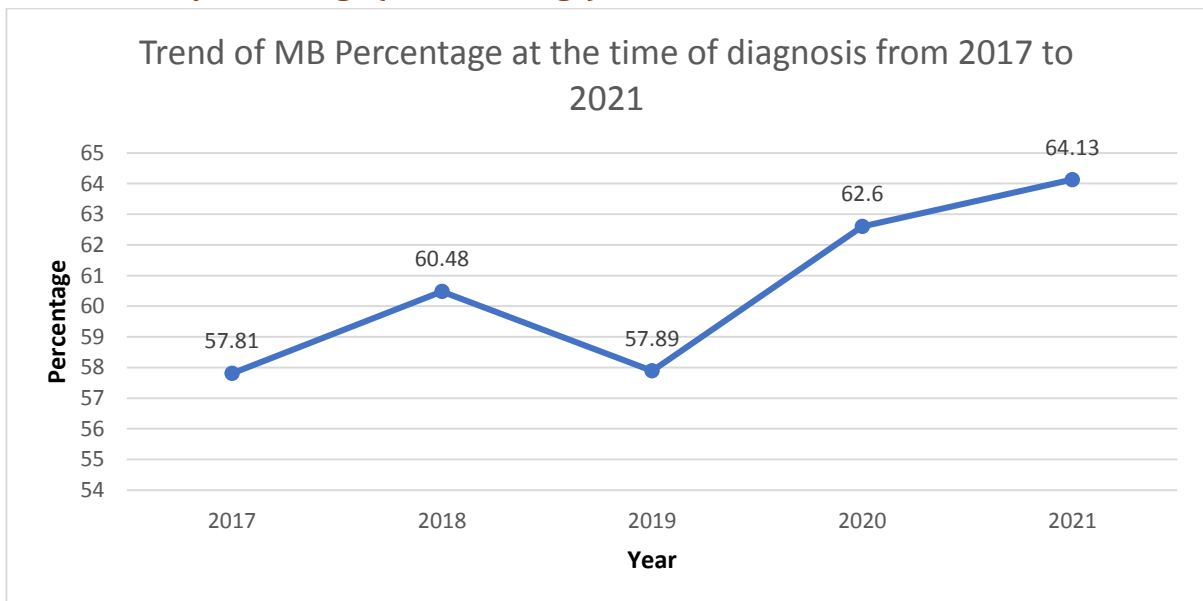
No	Project Description	Total Estimated cost	Physical Progress by 30.06.2021	Financial Progress by 30.06.2021
1	Upgrading the current Web based system of ALC to improve data capture	1,462,844.00	25%	0%
2	Improving community awareness of leprosy through a social marketing campaign	355,958.14	0%	0%
3	Advocacy and communication campaign on par with World Leprosy Day 2022	5,250,557.03	83.87%	65.86%

Performance trend 2017-2021

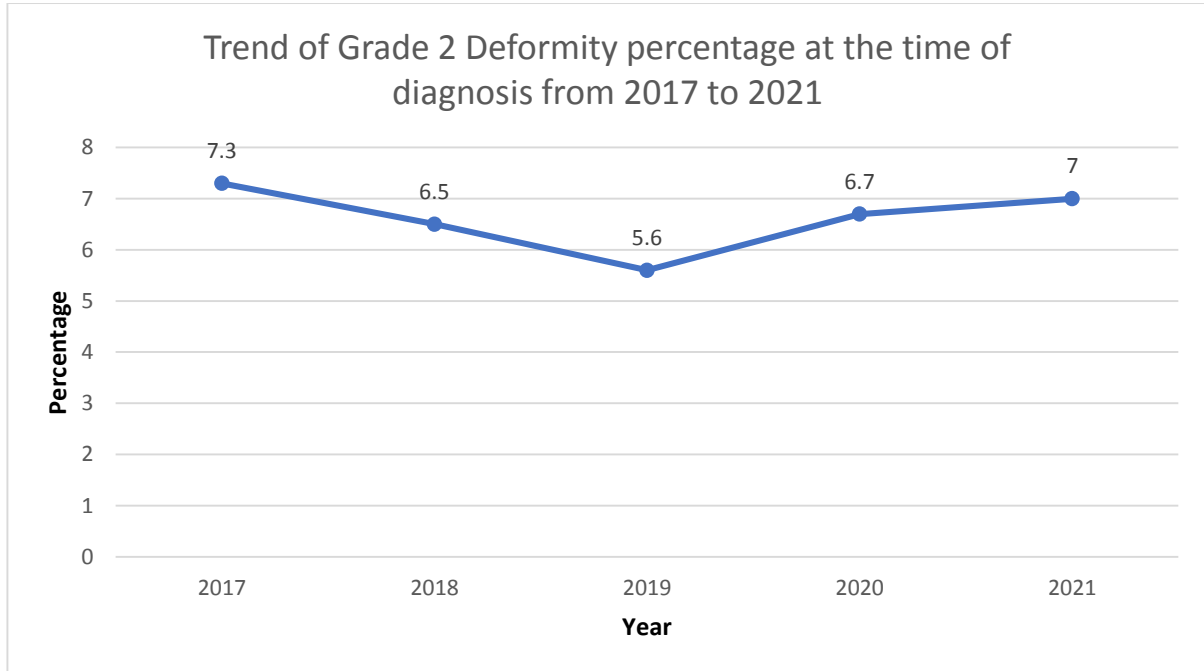
New Case Detection Rate



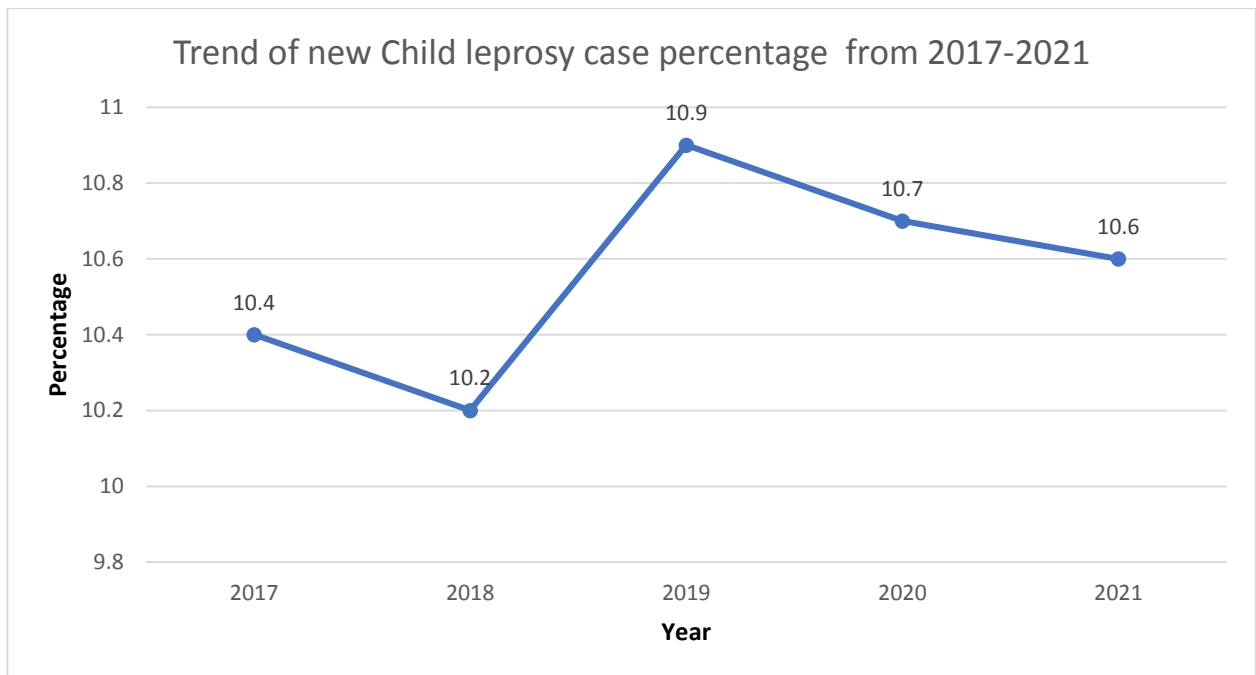
Multi-Bacillary Percentage (MB Percentage)



Grade 2 deformity Percentage



Child percentage



Special Development Activities planned for 2022

- Provision of IT equipment to improve the disease surveillance.
- Establishment of Surveillance system for Anti-microbial resistance
- Identification of Adverse Drug Reaction and composing surveillance system
- Historical contact tracing to identify new Leprosy cases
- SMS campaign for health sector including doctors to raise awareness

- Awareness programmes for Ayurvedic physicians
- Identification of new Leprosy cases among school children through School Medical Inspections by providing pictograms.
- Art competition for school children in selected high endemic five districts
- Awareness campaigns to commemorate world Leprosy Day
- Provision of Leprosy awareness leaflets and posters for dermatology clinics and OPDs
- Provision of MCR shoes, Ulcer care kits, splints and gutters for Leprosy patients with disability in five selected districts
- Training on counseling for Leprosy patients at dermatology clinics, Anti -Leprosy campaign and PHI/LC and improvement of Hendala Leprosy Hospital as a counseling center
- Conduct programmes to monitor and evaluate the quality of Leprosy services
- Establishment of Standard Operational Protocols for Leprosy



4.1.2 Anti Filariasis Campaign

Introduction

The Anti Filariasis Campaign (AFC) was established in Sri Lanka in 1947. The activities of the AFC are decentralized and they are implemented by 3 provincial health authorities. Technical guidance is provided by AFC directorate. The Campaign conducts parasitological, Entomological and clinical management and surveillance on Lymphatic Filariasis and advice to the relevant provincial authorities.

Vision

Filariasis free Sri Lanka.

Mission

To sustain elimination of lymphatic filariasis and to prevent suffering and disabilities by enhancing surveillance and empowering health staff and the community.

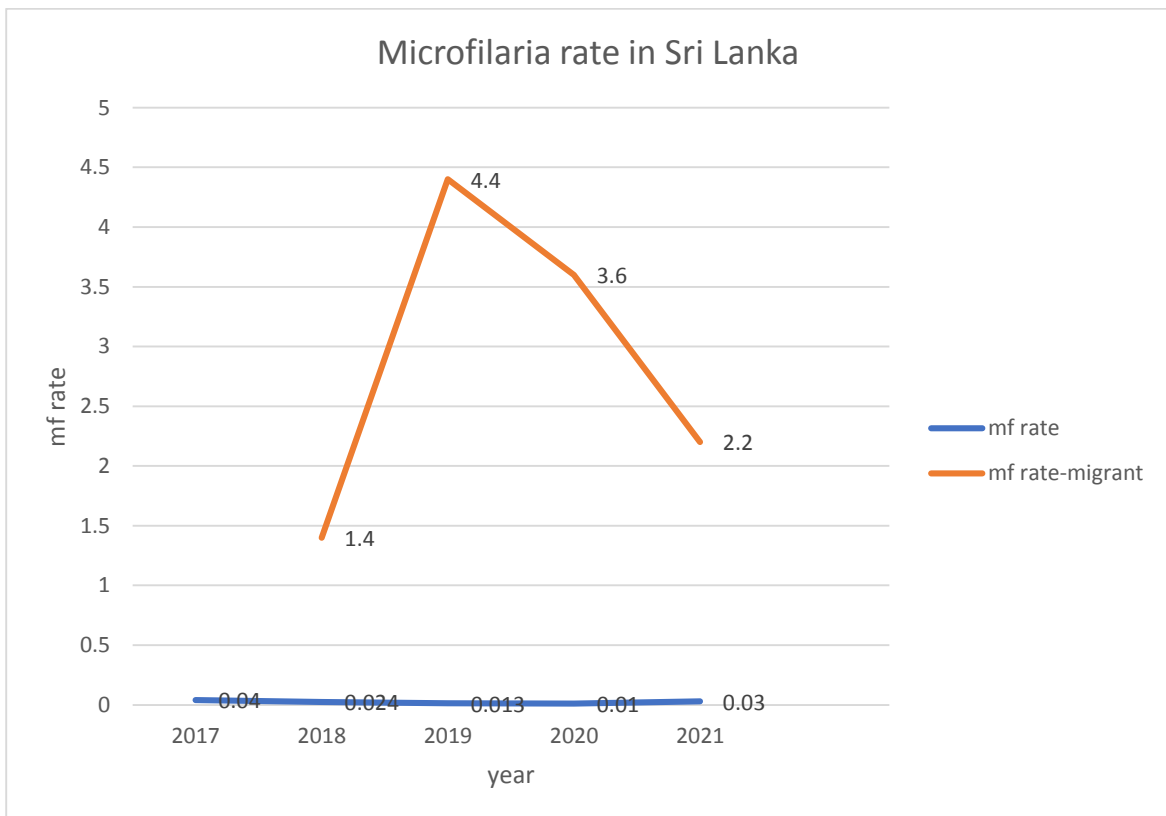
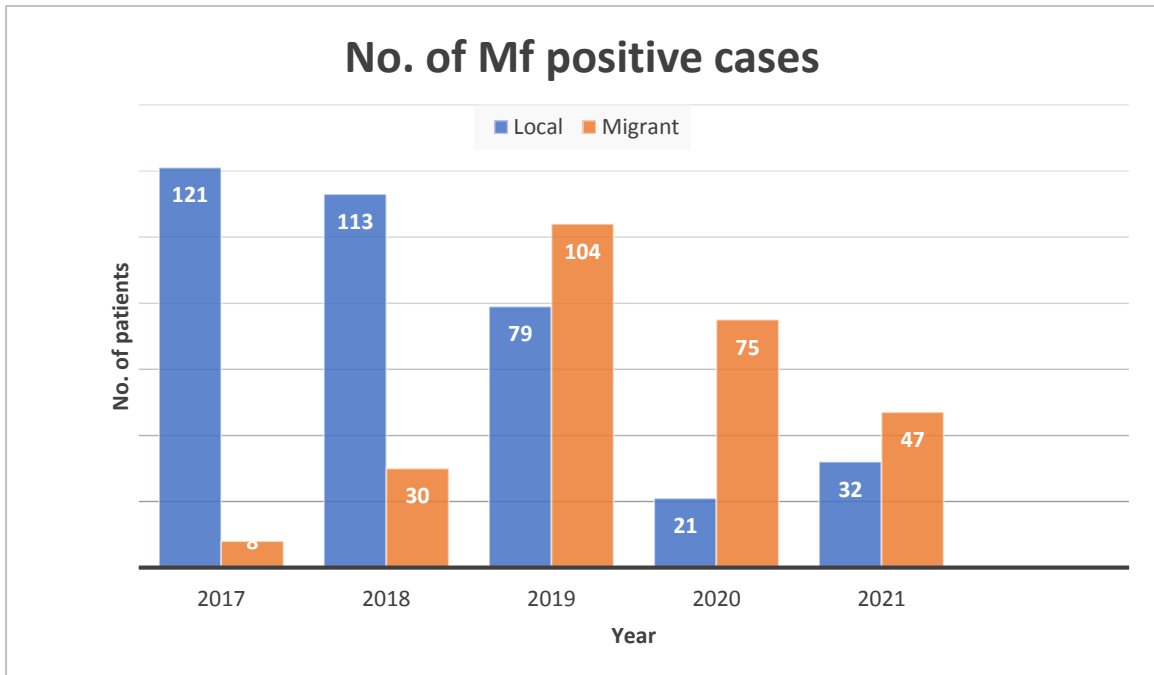
Objectives

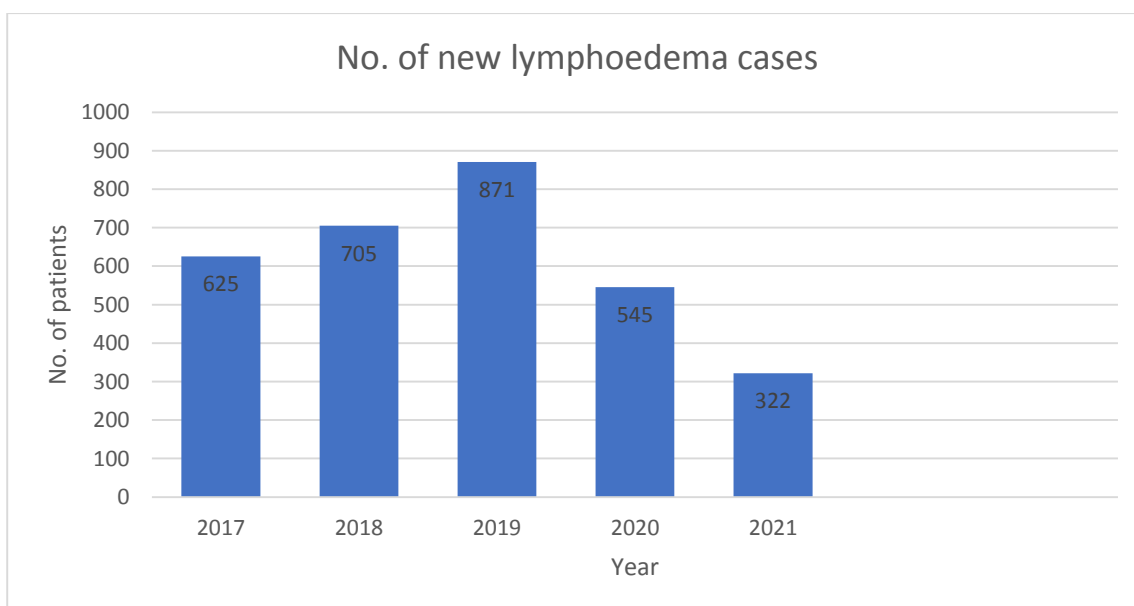
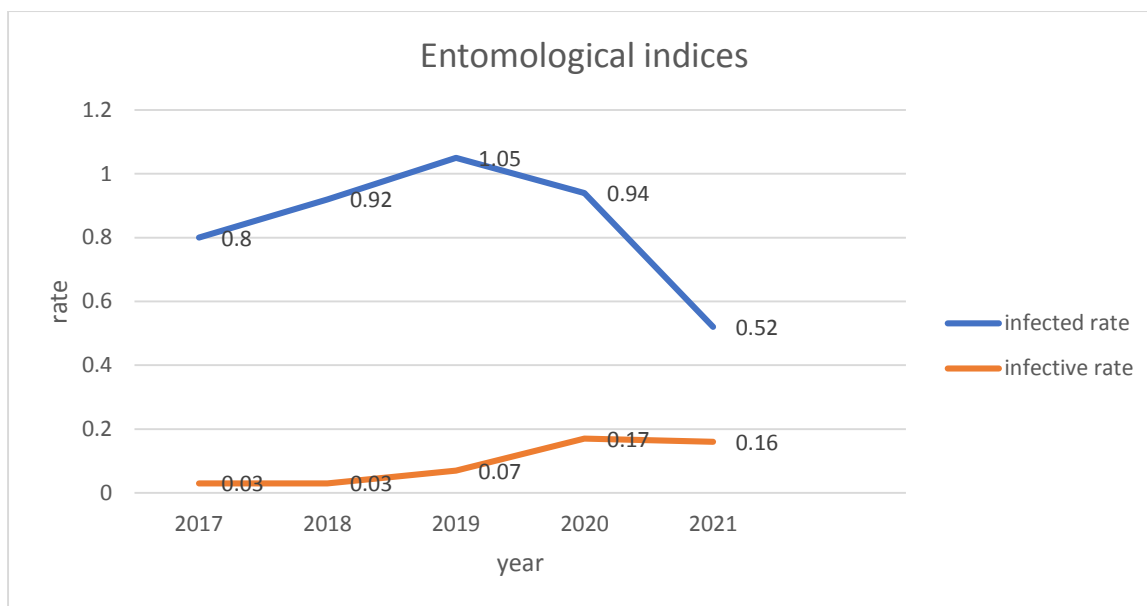
- To reach 0% of mf rate in endemic areas by 2030
- To ensure maintenance of 0% microfilaria rate in non-endemic areas
- To prevent progression of lymphoedema into elephantiasis among patients with past infection of filariasis

Achievements/ special events in 2021 – June 2022

- Anti Filariasis Campaign conducted training programmes for health care workers on Morbidity Management and Disability Prevention (MMDP) in nine non-endemic districts.
- Awareness programmes and special surveys (Parasitological and Entomological) were done in 5 non-endemic districts.
- Conduct routine lymphedema clinics and washing programmes for new lymphedema patients at the clinic.
- Conduct quarterly reviews and annual district reviews with the Regional Anti Filariasis Unit teams in endemic districts.
- Conducted a Technical Advisory Group Meeting (TAG) to discuss the issues and new strategies to reach elimination.
- Training of students in Health Entomological activities at Anti Filaria Head Quarters

Performance trend for last 5 years





Tota number of activities done during the year 2021

	Activity	Number	Result
01	Number of Night Blood films taken (endemic districts)	112923	32 positive (*Wb-28,Bm-4)
02	Number of Night Blood films taken (non-endemic districts)	11216	0
03	Number of Night Blood films taken (migrants)	2140	47 positive (Wb)
04	Number of Antigen tests done	71	0
05	Number of PCR done	1592	17 positive (Wb.)

*Wb-Wuchereria bancrofti Bm-Brugia malayi (filaria parasites)

Special development activities planned for 2022

- Surveys are planned in selected non-endemic districts in order to monitor the sustenance of 0% mf rate.
- Procurement of material and equipment needed for entomological and parasitological surveys.
- Lymphatic Filariasis programme evaluation through Epidemiological and economic, assessments.
- Development of National Strategic Plan for Anti Filariasis Campaign
- Development of SOP
- Training health care workers on Morbidity Management and Disability Prevention (MMDP) in endemic and non-endemic districts
- Empowering lymphoedema patients by training them via washing programmes
- Develop a web site for Anti Filariasis Campaign
- Supervisions in endemic districts to ensure quality and standards of anti filariasis activities are maintained
- Conduct a TAG meeting

4.1.3 Public Health Veterinary Services

Introduction

Public Health Veterinary Services of Ministry of Health has been entrusted with the national responsibilities in preventing the human and animal rabies and controlling other zoonotic diseases in Sri Lanka.

Rabies and Japanese Encephalitis are two major zoonotic viral diseases that affects humans in Sri Lanka. Dog is the main reservoir of dog rabies and the main transmitter of human rabies in Sri Lanka. The estimated dog population in Sri Lanka is around three million of which 20% is stray dogs.

Vision

Assure maximum protection to public from deadly rabies and other zoonotic diseases causing disability.

Mission

Monitor, promote and facilitate implementation of Rabies control strategies stipulated by the Ministry of Health to reach high coverage involving provincial health services whilst ensuring high community effort and promotion of rabies post exposure treatment involving government hospitals whilst ensuring cost effectiveness

Objectives

1. To strengthen the monitoring of rabies control activities to eliminate dog mediated human Rabies incidences by 2025

2. To collaborate and communicate with stakeholders to increase the dog vaccination coverage
3. Improve the surveillance on animal rabies and dog bites

Achievements/special events in 2021

- Development of National Strategic Plan for Rabies Elimination of dog mediated human rabies from Sri Lanka 2021-2026 with WHO technical and financial support.



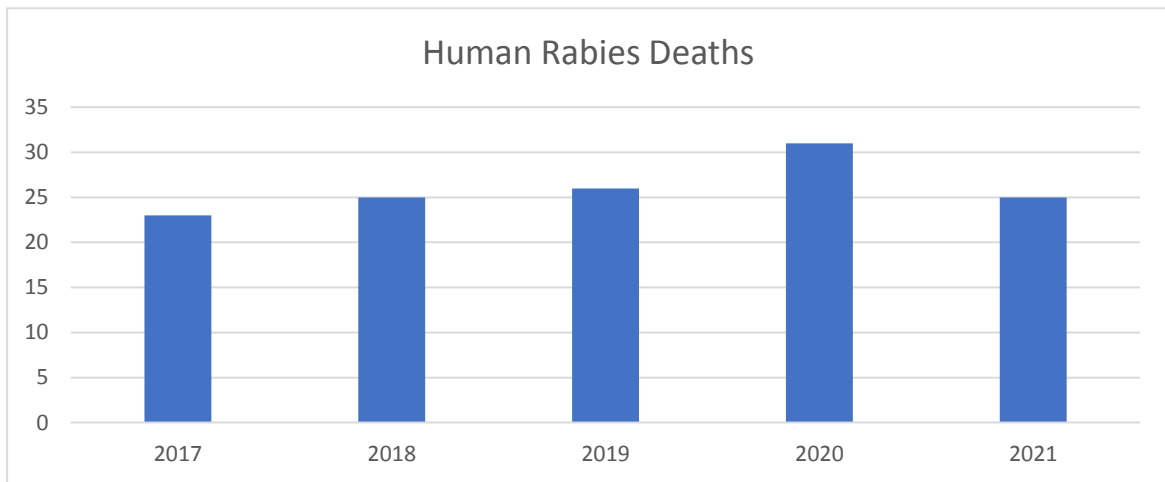
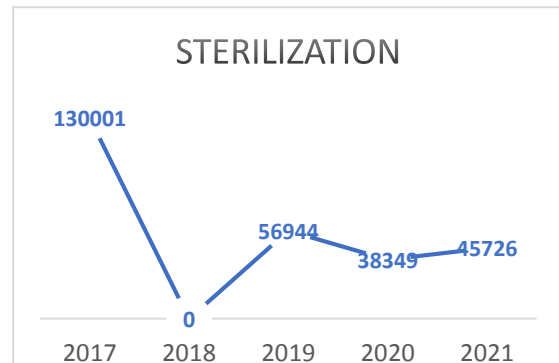
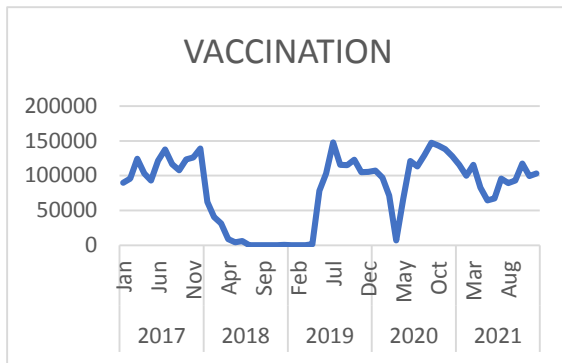
- Provision of animal sample collection tool kits to all districts for rabid animals in order to enhance animal rabies surveillance.
- Provision of tablets for district rabies control Public Health Inspectors to strengthen real-time data monitoring system of PHVS.
- Provision of 100 autoplungers for district rabies units to enhance the vaccination coverage among stray dogs.



Ongoing Development project details

Project Description	Total Estimated cost	Physical progress by 31.12.2021	Financial Progress 31.12.2021 (Rs. Mn)
1) Dog Population Control Activity	85 (94.5)*	45726 female dogs sterilized.	90.26
2) Inservice training on rabies post-exposure treatment and introduction of new circular(PET) & Training of public health staff on rabies control and dog bite prevention (Following Rabies Educator Certificate modules)	0.25	04 programs conducted	0.08
3) Establishing cool room facilities for animal vaccine	12.5	Purchasing of a new cool room	4.543
3) Establishing cool room facilities for animal vaccine	12.5	Purchasing of a new cool room	4.543
4) Supervision of district activities & Advocacy	0.15	01 program conducted	0.006
5) Conducting quarterly progress review meeting National and provincial level	0.2	01 program conducted	0.039
6) Awareness of community Leaders and training of district vaccinator teams	0.2	06 program conducted	0.132
7) Commemoration of World Rabies Day - National program & Production of IEC material and documentary	0.9	Development of IEC materials (banners) for public awareness	0.618
TOTAL	100		95.678

Performance of last five years



Special Development activities planned for 2022

- Organize and conduct dog population estimation surveys in selected districts.

4.1.4 Anti-Malaria Campaign

Vision

Malaria-free Sri Lanka.

Mission

Plan and implement a comprehensive program to sustain intensive surveillance, comprehensive case management, outbreak preparedness, and rapid response for prevention of re-introduction and re-establishment of malaria in Sri Lanka.

Goal

To maintain malaria-free status.

Objectives

- To prevent re-introduction and re-establishment of malaria in Sri Lanka.
- To maintain zero mortality due to malaria in Sri Lanka

Major achievements

- Sri Lanka continued to maintain malaria free status in 2022. Sri Lanka was certified as Malaria free by the WHO in 2016. The last indigenous case was reported in 2012.
- All imported malaria cases were promptly detected and treated.
- No indigenous transmission of malaria from reported malaria cases.
- No malaria deaths occurred. Zero mortality due to Malaria since 2008.
- Activities such as parasitological surveillance, entomological surveillance, vector control and other training activities were conducted as per planned.

Sri Lanka has been free of indigenous malaria since November 2012 and zero mortality due to malaria has been sustained since 2007. In September 2016 Sri Lanka was certified by the World Health Organization as a malaria-free country which has a great positive impact on country's development and tourism. Sri Lanka had to face the global COVID19 pandemic and in addition in 2022 had to face the severe economic crisis.

- 2021 was significant as it reported the lowest cases in spite of the COVID19 epidemic. All reported cases were imported cases with one case being transfusion induced. With the help of central blood bank prompt action was taken to prevent the risk of new transfusion induced cases. In first six months of 2022, 20 malaria patients were report. Majority cases were from African countries. All reported cases were imported cases.
- Updating of the endemic country list for malaria was done.
- WHO support was given to provide Mefloquine, which is a prophylactic treatment drug.
- Awareness program for travelers was conducted at the Sarvodaya Headquarters at the monthly review meeting and obtained the support of the regional coordinators.
- AMC data shows that Gem traders from the southern part of the country, specially Beruwala area have travelled to African countries in the past year. An awareness program on the presence of malaria in these countries, targeting these travelers was conducted.

Awareness program done at Chenkalady, Batticaloa district

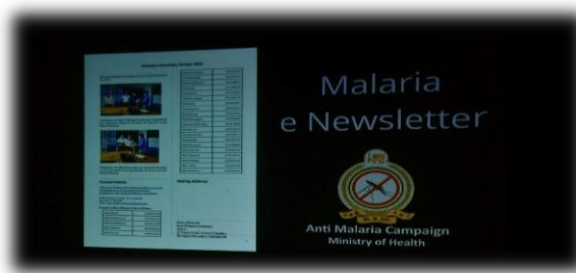


- **Malaria day press briefing done with launching of the PROMIS social media campaign.**

Malaria day press briefing was done at the Media unit at Narahenpitya. The social Media campaign PROMIS was also launched on the same day.



- To ensure that all travelers to malaria endemic countries receive anti malaria prophylactic treatment an agreement was reached with the yellow fever vaccination unit at the Medical Research unit to provide yellow fever vaccination to travelers after receiving anti malaria prophylactic treatment from Anti Malaria Campaign.
- To increase the awareness among the professionals, a e-newsletter was published.

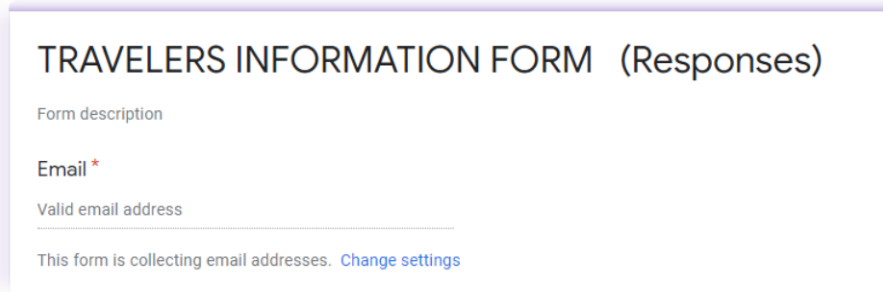


- **Malaria day was commemorated by holding an all-Island facebook and you tube social media competition.**



- Anti Malaria Campaign extending free service by providing online registration portal for Malaria Prophylactic treatment. Also, an online platform was developed to monitor the island wide anti Malaria drugs at the central level. All necessary activities related to detected cases (including primary and secondary parasite screening, entomological surveillance, vector control) were included in the online platform to reduce the delay.

- Traveler information form was linked with district RMO offices. All district Regional Malaria Officers (RMO) will receive information on travelers who receive prophylactic treatment, which enable them to follow up the travelers in the district.



TRAVELERS INFORMATION FORM (Responses)

Form description

Email *

Valid email address

This form is collecting email addresses. [Change settings](#)

- Although activities of AMC were affected due to Covid19 situation, Training programs, supervision, field work and reviews were conducted in following way.

Inservice training program on entomology was held at Kalawewa with 13 participants (three day residential program).



Larvivorous Fish management training program was conducted at Rambodagalla with 26 participant



Training program on parasitology – District level training of PHLTs were also done



Training of Trincomalee blood bank staff



Inspection of Mannar RMO office fish Tanks

- Supervision of the Fish tanks already constructed in the Northern Province was done



- Printing of entomology guideline



- Development of IT skills - Frequent training on surveillance on DHIS, excel programs, data analysis and GIS mapping to strengthen the central and regional officers. Arc GIS software was purchased and training of staff on the use of the software was initiated.



Human Resource Plan (HRP) was developed as indicated by the Global Fund (Work Plan Tracking Measures (WPTM). External experts who visited the regions and consulted the Regional Malaria Office staff drafted the report. The approved report from the Ministry of Health was launched at Water's Edge Battaramulla.

Apart from the above special activities following activities were done for the year 2021

To improve awareness

- Among General Practitioners - 4 outstation programs and 7 programs in Colombo
- Among newly passed out doctors - One program to update pre-intern doctors on Malaria was held
- Technical Support Group - two meetings held
- Case review committee - 11 meetings were held
- Media coverage was given for malaria over Sri Lanka Broadcasting Corporation
- Advocacy for Health care personal - one training program completed
- Stakeholder meetings one completed

Training programs

- For Entomological surveillance to two semiannual meetings were held For RDT usage 4 training programs were held for Hospital staff
- Online training system DIHS2 and GIS training program conducted

Improvement of technical Skills

- In service training program for Public Health Laboratory Technicians was held with 5 online and 2 physical programs
- Private sector laboratory awareness two programs done
- Training of Public Health Field Officers - 23 training programs conducted
- Training of PHIs 9 in-service training programs done
- Training of SMO Officers - 23 training programs done

Improvement of Quality of Services

- External competency assessment for Malaria microscopy one program completed
- National competency assessment for Malaria microscopy five programs completed
- WHO external quality assurance scheme for malaria nucleic acid amplification testing (NAAT EQA) two programs completed

Key Performance Indicators and progress against targets

	<i>Key Performance Indicators</i>	<i>Target</i>		<i>Progress</i>	
		<i>for 2022</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>
1	No. of malaria deaths	0	0	0	0
2	Percentage of cases investigated within 3 days	100%	100%	100%	100%
3	Annual Blood Examination Rate per 100 person per year	3%	5%	3%	3%

4	Percentage of healthcare institutions with no stock outs of malaria drugs and commodities	100%	100%	100%	100%
---	---	------	------	------	------

6.1.5 National Programme for Tuberculosis Control and Chest Diseases

Vision

Sri Lanka free of Tuberculosis & other chest diseases

Mission

To contribute to the socio-economic development of the nation by committing ourselves to create a TB free Sri Lanka by formulation of policies, planning, coordinating and monitoring of TB and chest disease control activities in the country

Introduction

National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) is the National Level organization responsible for TB control activities in the country, which are executed through district chest clinics. The NPTCCD coordinates and provides technical guidance to district-level staff and other support to ensure the provision of good quality diagnostic and treatment services for patients without any interruptions. In addition, preventive services implemented by the NPTCCD include support to continue TB preventive therapy among identified high-risk groups, improving awareness and health promotional behaviour of the public on TB, as well as conducting TB-related service-oriented research to generate evidence for policy and activities.

Curative care for TB patients is mainly provided through 26 District Chest Clinics, two sub chest clinics in Colombo South Teaching Hospital & BH Mullariyawa, and National Hospital for Respiratory Diseases. Diagnostic services are provided through the National Tuberculosis Reference Laboratory at Welisara, Intermediate Culture Laboratories in Galle, Ratnapura, Jaffna & Kandy, District Chest Clinic laboratories (26), and over 160 Microscopy Centers in the country.

Objectives for 2021 - 2025

1. To find and successfully treat, on average, between 2021 and 2025, 10,000 cases of drug sensitive TB annually, including 600 children
2. To successfully treat, on average, each year between 2021 and 2025, 11,600 eligible cases for TB preventive treatment (TPT)
3. The private sector will be properly engaged in TB diagnosis and care, and by end 2025, 30% of all cases notified will be referred from the private sector.
4. To strengthen monitoring and evaluation of TB control activities at all levels
5. To significantly increase the quality and quantity of operational research studies on TB

6. To significantly improve the organization and management and control of TB activities

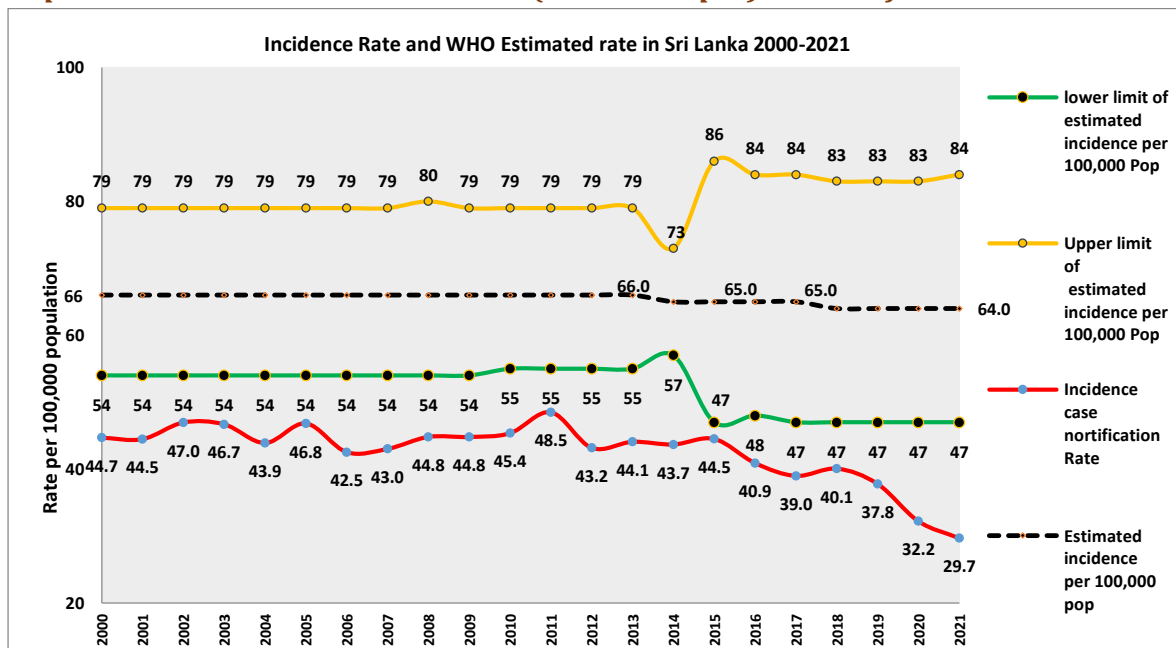
Achievements/ special events in 2021

- New NSP (National Strategic Plan) for 2021 -2025 was completed in January 2021.
- The NPTCCD successfully completed the revision of the National manual for tuberculosis in December 2021, with the assistance of national experts.
- The laboratory manual for tuberculosis was revised and the final draft was submitted for printing in December 2021.
- The guideline on the Management of Latent TB infection was finalized in March 2021 and its implementation was started in the selected districts (Anuradhapura and Polonnaruwa) as a pilot project.
- PMDT (Programmatic Management of Drug-Resistant TB) Guideline was revised in 2021 with the assistance of national and international experts. They participated in the activity remotely due to the prevailing situation in the country.
- Grant application was successfully submitted to Global Fund for further 3 years, 2022 – 2024.
- Networking infrastructure of NPTCCD and chest clinics was improved with installation of new equipment, VPN and firewall. This activity was aimed at ensuring accessibility and information security of the electronic patient information management system (ePIMS).
- A short messaging service (SMS) was launched to improve awareness and knowledge of TB among general practitioners (GPs), and medical officers. This was extended to patients and DOT providers targeting reduction in loss to follow-up and ensuring treatment adherence.
- Commemoration of World TB day was held on the 24th March 2021. Main event was held at the Auditorium of Sri Lanka Medical Association (SLMA) in Colombo under the theme of “Clock is ticking” with the participation of Dr.S.M.Arnold (Deputy Director General /Public Health Services - I), the president of SLMA, Dr. Padma Gunarathne and other officials.
- Regular supervisory visits to the districts for the year 2021 were conducted from the central level to monitor the progress of the TB control activities and to identify the issues and constraints for the provision of diagnostic, curative, and preventive care services. Some supervisions were conducted physically (i.e., Kalutara, Anuradhapura, Polonnaruwa, Colombo, Kurunegala, Jaffna, Kilinochchi, Mannar and Vavuniya) and the others were conducted virtually due to the prevailing COVID situation in the country. All 26 administrative areas were covered within the year.
- Regular in-service capacity building programmes for chest clinic staff as well as for the hospital and field health staff were continued in 2021.

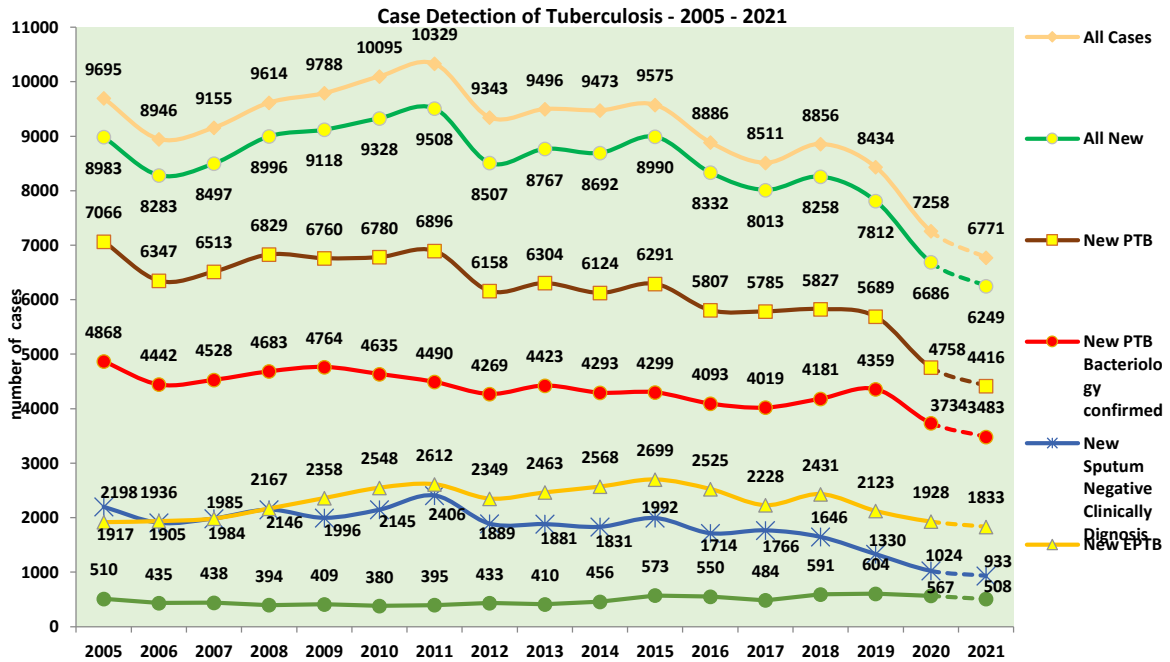
- Conducted National Costing Survey- Catastrophic cost incurred by the TB patients and their families and predictors of catastrophic cost - Survey among the patients attending TB clinics in Sri Lanka.
- Conducted a study on the Prevalence of LTBI among Health Care Workers within the district of Colombo.
- Health education and promotion unit of NPTCCD was able to conduct free of charge Television, Radio and youtube programs in 2021 which helped to increase the self-referrals significantly in Q4 2021.
 - Total Radio programs 4hours(3hrs live,1hrs recorded)
 - Total TV programs-9hrs(5 ½ hrs live.3 ½ recorded)
 - You tube videos 2hrs 15 min
- Procurement of lab equipment (eg.13 safety cabinets), consumables, and X-pert MTB/Rif cartridges for 2021 was done to assure smooth functioning of the laboratory diagnostic services to enhance the TB diagnostic capacity.
- Anti-TB drugs were timely purchased and distributed to all district chest clinics to maintain uninterrupted drug distribution throughout 2021. In addition, drugs were distributed to patients’ houses in areas which were locked down due to COVID-19 outbreaks in the country in 2021.

Last 5 years’ Performance trend

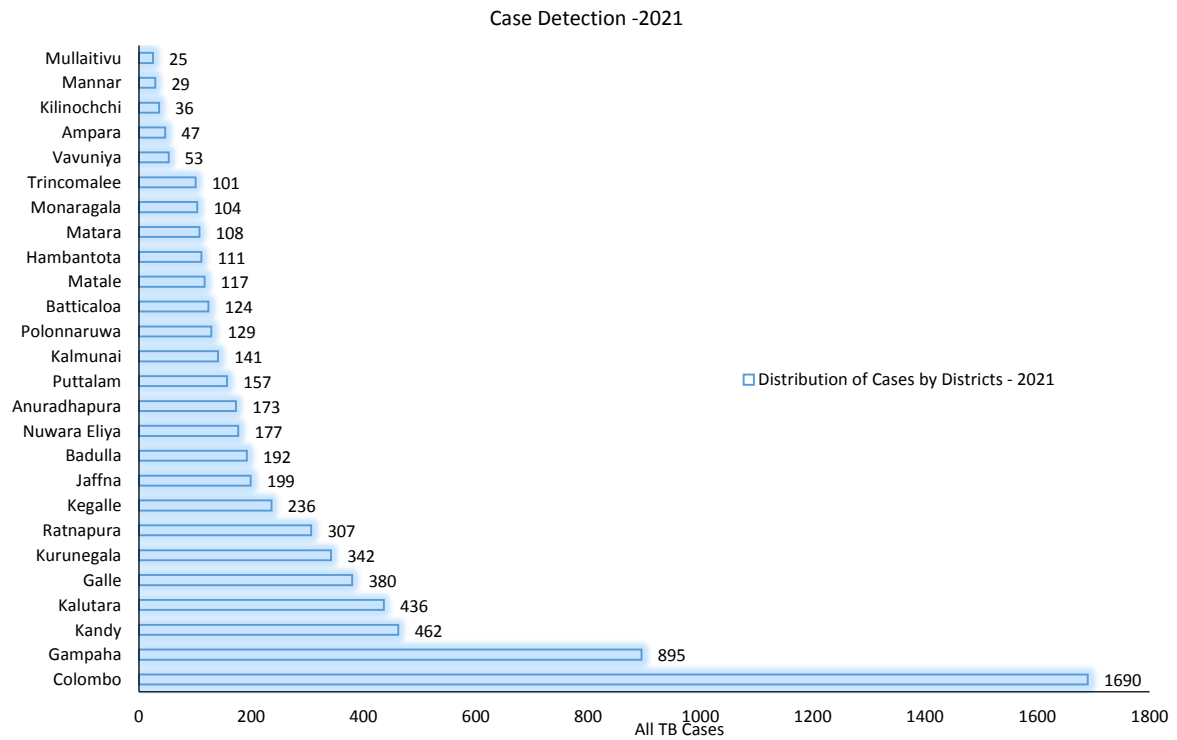
Gap between the estimated TB cases (new & relapse) and notified cases



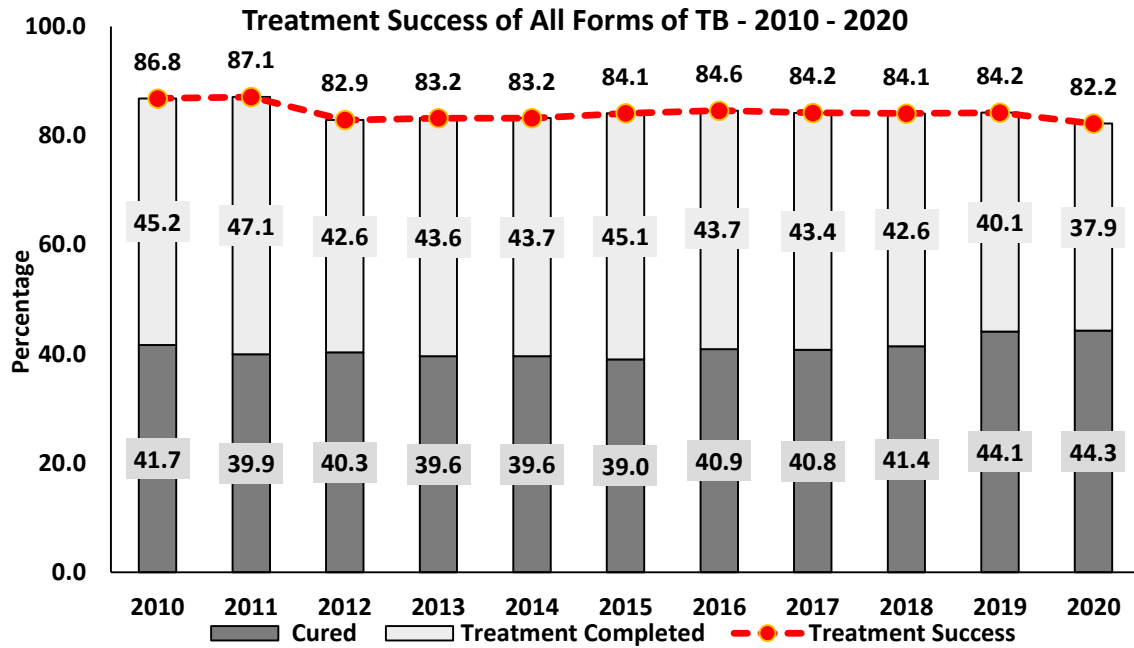
Trend of case detection during 2005-2021



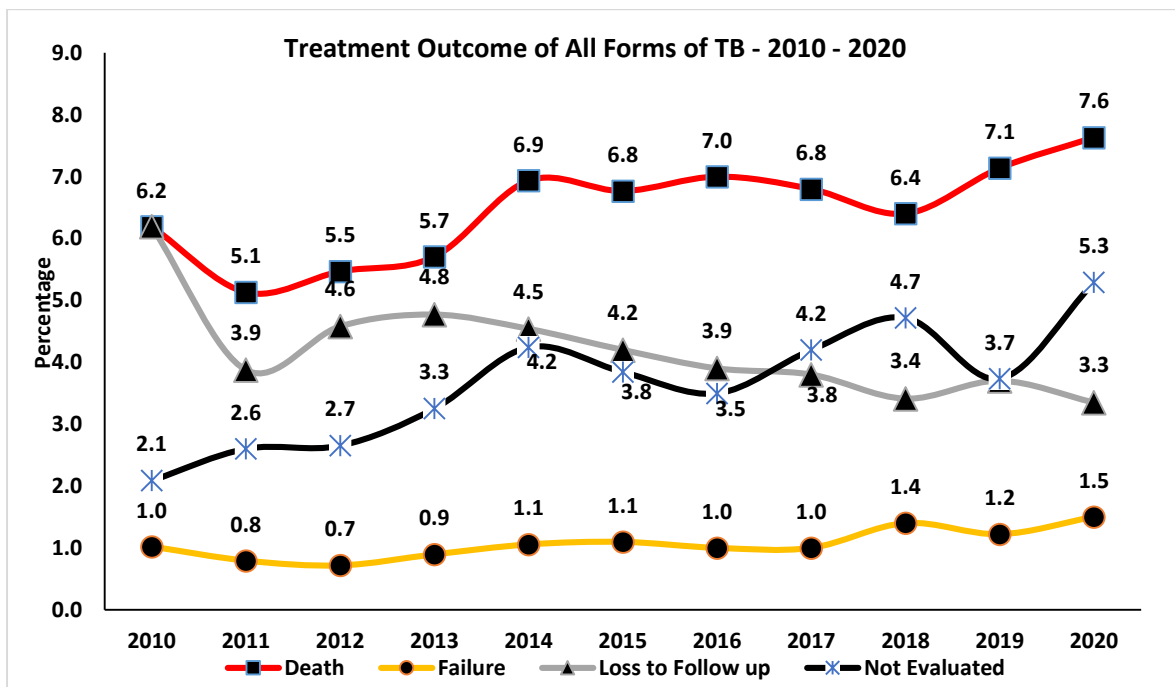
District distribution of TB cases in the Districts



Treatment success rate



Treatment outcome



Key performance indicators	Target for 2021	Progress		
		2019	2020	2021
Case detection rate	53.2%	59%	50.4%	46.4%
Treatment success rate	90%	84.1%(for 2018 patient cohort)	84.2%(for 2019 patient cohort)	82.2%(for 2020 patient cohort)

Special development activities planned for the year 2022

Activity planned	Funds allocated - LKR	Progress at the end of the Q1
Develop comprehensive LIMS (Lab Information Management System) for NTRL and lab network, and private sector and training	30mn - GF	Procurement process started
Provision of Digital Xray Facilities to chest clinics	40mn	Procurement process started
Procurement of diagnostics		
Adequate supply of (normal and ultra) cartridges for GeneXpert	120mn - (95.96 from GF, 24.05 from GoSL)	Payments completed. Awaiting cartridges delivery
MGIT culture consumables and DST	15.93 mn - GF	Order placed

4.1.6 National Cancer Control Programme

Introduction

National Cancer Control Programme (NCCP) is the focal point for prevention & control of cancers. NCCP coordinates with other line ministry directorates and provincial directorate of health services to plan, implement and monitor activities related to prevention & control of cancers according to the ‘National Strategic Plan on Prevention and Control of Cancer in Sri Lanka 2020-2024.

Vision

A country with a low incidence of preventable cancers and high survival rates with good quality of life and minimal disabilities suffering from cancer.

Mission

To reduce the incidence of cancers by controlling and combining determinants of cancers, ensuring early detection and providing holistic and accessible continuum of cancer care which addresses curative treatment options to end of life through an evidence-based approach.

Objectives

- 1) High level political **leadership, advocacy and governance** to accelerate the national response for prevention and control of cancer with a robust integrated, coordinated, multi-sectoral, multi-disciplinary national programme with community engagement
- 2) **Primordial and primary prevention** of cancers by addressing risk factors and determinants throughout the life-cycle

- 3) Advocate for **screening and early diagnosis** through improved health literacy, availability of services for rapid diagnosis of cancers and linking to ensure early treatment and care.
- 4) Ensure sustained and equitable access to **diagnosis and treatment** and care facilities for cancers.
- 5) Ensure access & availability of **survivorship, rehabilitation and palliative care** facilities at all health service levels and at community level for cancer patients and support to their families and care givers
- 6) Strengthen **cancer information systems and surveillance** to provide accurate and timely data to monitor the progress and evaluate the outcomes of cancer control actions.
- 7) Promote **research** and utilization of its findings for prevention and control of cancers

Achievements/special events in 2021

Primary Prevention & Early detection

- World Cancer Day & World Breast Cancer awareness month were conducted- Media seminars, issuing circulars to motivate national and provincial health staff to actively participate.
- Launched the National Strategic Plan for achieving interim targets for elimination of cervical cancers
- Developed and distributed training of trainers (TOT) module on cancer care for primary health care staff.
- A set of flash cards were printed and disseminated among primary healthcare institutions

Oral Cancer

- World Head & Neck Cancer day was commemorated – Media seminar, issuing circulars to motivate national and provincial health staff to actively participate. Sensitized public on hazards of areca nut use.
- Initiated an oral cancer screening programme for plantation sector.
- Introduced e-based surveillance system for oral cancer incidence data from oral & maxillofacial and oral pathology by providing infrastructure (laptops).

Diagnostic & Treatment

- Uplifting cancer day treatment facility at major hospitals: Provision of chemotherapy chairs, adjustable beds, infusion pumps, syringe pumps, and multipara monitors
- Provision of 2 cytotoxic isolators
- Establishment of two (2) cancer early detection centers in Jaffna and Matara
- Establishment of breast care clinics in major hospitals to facilitate early detection of breast cancers

Palliative care

- Developed shared care clinical record (H 1314) for effective integration of Palliative care services across all levels of health care.
- Developed a Guide for health care professionals on palliative care for cancer patients in primary healthcare
- Developed a structured training of trainer module for standardized family of care givers and community volunteers on provision of home basedcare.

Cancer registration & research

- Published National Cancer Incidence Data 2015-2019. Available at www.nccp.health.gov.lk
- Data visualization platform was launched on cancer incidence data <https://dashboard.nccp.health.gov.lk/>
- Inservice workshops on cancer registration was conducted for staff at cancer treatment centres, OMF units and death registrars
- Population Based Cancer Registry 2013-2019 published
- National Childhood Cancer Registry 2020 was launched
- Monthly cancer research seminar was conducted.

Programme Planning, Implementation, Monitoring & Evaluation

- National Advisory Committee Meeting on Prevention & Control of Cancers – 3 meetings conducted.
- National Strategic Plan on Childhood & Adolescent Cancer Care in Sri Lanka 2021-2025 was developed and launched.
- District Cancer Control Review meetings were conducted in 5 districts.

Financial achievement against annual budget allocation

Total allocations received for the year 2021& the expenditure of NCCP activities are mentioned in the following table.

Vote particulars	Project	Allocated amount (Rs)	Expenditure (Rs)
111-02-14-021-2509(11)	GOSL	20,000,000.00	5,760,427.16
111-02-14-035-2509(11)	GOSL	15,828,500.00	553,820.00
111-02-13-003-2509-38(12)	World Bank /PSSP	51,830,000.00	43,458,521.82
111-02-14-32-2509(13)	WHO	8,261,130.17	8,019,625.22
Total		95,919,630.17	57,792,394.20

Reasons for underutilization of budgetary allocations

1. Even though funds were allocated, adequate imprest was not available with regard to GOSL funds (Some of the activities identified to be conducted under GOSL funds, were reallocated to World Bank funds due to inadequacy of imprest).
2. Some of the planned activities were still undergoing the procurement process at the end of the year.
3. Some of the activities could not be conducted due to the COVID 19 pandemic.

Major Achievements Up to 30.6.2022

Primary Prevention & Early detection

- World Cancer Day was commemorated- A media seminar was conducted. A survey to identify the 'caregiver gaps' were conducted. Circular was issued to motivate active participation of national and provincial health staff.
- A stakeholder meeting was conducted with the private hospital administrators on prevention and control of cancer.
- An awareness raising programme was held to National Cancer Control Programme staff on, "Safe food and agrochemicals"
- Two district level training programmes on Clinical Breast Examination for the staff off Healthy Life Style Centres (HLC) and Well Women Clinic (WWC) were carried out at the districts of Kalutara and Kilinochchi
- Three Training of Trainer (TOT) programmes on Cancer Prevention and Control were conducted at Gampaha, Kegalle and Colombo districts

Oral Cancer

- Implemented oral cancer screening programme for plantation population
- Introduced local follow-up mechanism for mild Oral Potentially Malignant Disorders (OPMD) at OPD dental clinics
- Introduced satellite OMF clinic for easy access of identified patients with OPMD/Oral cancer
- Build capacities of primary health care staff on prevention and early detection of oral cancer - ongoing
- Trained OMF Unit staff on e-based surveillance system (CanReg 5) to strengthen the reporting mechanism of oral cancer incidence data

Diagnostic & Treatment

- Establishment of breast care clinics in major hospitals. Up to now, 23 clinics are functioning in major hospitals.
- Capacity building of preventive sector staff on breast cancer screening
- Provided adjustable beds, multipara monitors, syringe pumps and infusion pumps for cancer day treatment centers to expand the facilities.
- Introduced record and return formats to monitor the functions of breast cancer care clinics.

Palliative care

- Implemented community based palliative care programme in Kandy district.
- Build capacities of primary health care staff on palliative care including private sector health professionals.
- Empowered informal caregivers on home based palliative care: Conducted Training of trainer programmes for different non health informal care giver groups in the community.
- Developed a distant leaning module on informal caregiver training (in Sinhala and Tamil languages)

Cancer registration & research

- Designated officer for cancer registration was appointed to most of the cancer treatment centres and as the initial step 2020 cancer incidence data collection commenced.
- Facilitated generation of Hospital Based Cancer Registry reports at the cancer treatment centres.
- Monthly cancer research seminar – 2 programmes conducted.

Programme Planning, Implementation, Monitoring & Evaluation

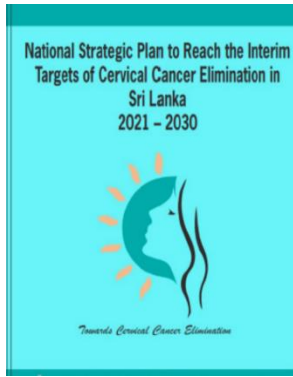
- National Advisory Committee Meeting on Prevention & Control of Cancers – 2 meetings conducted.
- District Cancer Control Review meetings were conducted at Colombo and Gampaha districts.

Financial expenses in year 2022 – Quarter 1 & Quarter 2 (up to 30.06.2022)

Total expenditure of NCCP activities in quarter 1 & 2 are mentioned in the following table.

Vote particulars	Project	Quarter 1	Quarter 2	Total (Q 1 +Q2)
111-02-14-021-2509(11)	GOSL	787,811.45	357,945.70	1,125,757.15
111-02-14-035-2509 (11)	GOSL	74,320.00	2,390.00	76,710.00
111-02-13-003-2102(12)	GOSL (PSSP)	945,000.00	-	945,000.00
111-02-13-003-2103 (12)	GOSL	5,977,500.00	-	5,977,500.00
111-02-14-32-2509(13)	WHO	-	25,270.00	25,270.00
Total		7,764,631.45	385,605.70	8,150,237.15

Special events



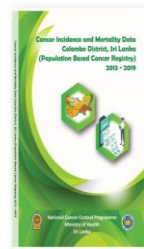
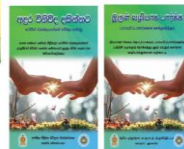
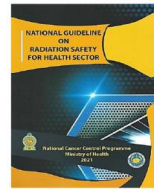
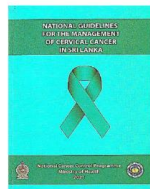
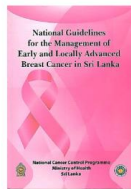
Posters on early detection of oral cancer and importance of routine oral examination among risk groups



Short videos on hazards of tobacco and areca-nut



Face-Book posts



4.1.7 National STD/AIDS Control Programme (NSACP)

Introduction

As of end 2020, there are 41 fulltime STD clinics and more than 28 branch STD clinics, 30 have the capacity to provide antiretroviral treatment (ART) services Island wide. The only ART facility outside of NSACP is located in National Institute of Infectious Diseases (NIID). NSACP networks with all these clinics.

Vision

Country free of new HIV infections, discrimination and AIDS related deaths.

Mission

Prevent new HIV and sexually transmitted infections and provide comprehensive care and treatment services.

Goal

Ending AIDS by 2025

Key functions

- Coordinating the national response to HIV epidemic
- Carrying out HIV prevention interventions
- Helping to create an enabling environment for STI and HIV prevention
- Provision of clinical services for sexually transmitted Infections and sexual health promotion
- Provision of treatment and care for people infected and affected by HIV
- Provision of laboratory services for STI and HIV diagnosis and management
- Condom promotion for STI and HIV prevention
- Provision of counselling services for STIs and HIV
- Prevention of mother to child transmission of HIV and syphilis
- Training and capacity building of health and non-health staff
- Carrying out HIV and STI surveillance
- Carrying out research in STI and HIV
- Carrying out Monitoring and evaluation of STI and HIV services

A brief note on overall performance

During the year 2021 and 1st half of 2022, 42 full-time STD clinics and more than 28 branch STD clinics are providing services for people affected with sexually transmitted infections. Of these 32 clinics provided antiretroviral treatment (ART) services to people living with HIV. In addition, the National Institute of Infectious Diseases (NIID) also provided antiretroviral treatment (ART) services. It is estimated that there are around 3600 people living with HIV. Of these 82% have been diagnosed and of these 55% are on antiretroviral treatment. HIV testing is further scaled up to find out undiagnosed people living with HIV. Efforts are taken to link diagnosed people with HIV with treatment services.

A brief note on the delivery of health services

In addition to providing outpatient care from STD clinics, the National STD/AIDS control programme is conducting outreach programmes for people who are at high risk of getting STIs and HIV infections. These include key populations such as female sex workers, men who have sex with men (MSM), transgender people, injecting drug users and prisoners. The services of non-governmental organizations have to get involved in reaching these stigmatized and marginalized communities

Major achievement/special events in 2021

Overall performance during 2021

- AIDS Epidemic model was updated with new data and new estimations for the country projected through the model.
- During COVID-19 all STD Clinics functioned and with necessary precautions.
- All pre-service and in-service training was conducted through virtual platforms.
- E-learning platform for the electronic information management system (EIMS) was established and training was conducted at 31 clinics in the country.
- Started to improve virtual reach for key populations by remodifying the know4sure website.
- Establishing of prevention information management system (PIMS) to manage peer-led key population HIV prevention programmes. Software in the piloting stage.
- Started Know4Sure Social media campaign for key populations.
- Online reservation application (Know4Sure.lk) started to upgrade with the latest version of Quickres to improve the online outreach of KPs.
- Pre-Exposure prophylaxis for HIV piloted and implemented in Colombo and Hambanthota Districts.
- Started to develop an online system to deliver a self-testing kit.
- HIV self-testing was introduced and scaled up in the country.
- Knowledge and attitudes about HIV, key population, laws affecting HIV service provision and practices of such laws among police officers in Sri Lanka” was conducted to identify the current level of knowledge, attitudes and practices among police officers related to HIV.
- Pre-drug survey among newly diagnosed and defaulters within three months PLHIV countrywide completed.
- Annual Report 2020 developed, printed and distributed to stakeholders with analyzed 2020 data.
- Reviewed of HIV testing in 18 hospitals and 875 staff trained for scaling up HIV testing.
- Developed guidelines for social behavioural change communication and counselling in HIV/STI.
- Revised of training modules for health care workers in HIV/STI care.
- Re-evaluation of Elimination of mother-to-child transmission of HIV and syphilis was carried out by the WHO global validation Committee for Sri Lanka. And country validated as eliminated mother-to-child transmission of HIV and syphilis.

- National Key Population Action Plan Sri Lanka, 2022 was developed.
- Established HIV drug resistance testing in Sri Lanka.
- Annual Report 2021 development started with analyzed 2021 data support of WHO.

Specific health projects started in the first half of 2022

- AIDS Epidemic model was updated with new data and new estimations for people living with HIV were completed.
- Pre-service and in-service training were conducted through virtual platforms.
- Completed the upgrading of the know4sure.lk website to improve online outreach of key populations.
- Establishing of prevention information management system (PIMS) to manage peer-led key population HIV prevention programmes. Software in the piloting stage.
- Pre-drug survey among newly diagnosed and defaulters within three months PLHIV countrywide completed.
- Annual Report 2021 developed, with analyzed 2021 data.
- Revised of training modules for health care workers in HIV/STI care.
- Procurement process started for National Strategic Plan 2023-2030, Integrated Behavior and Biological Survey 2022, and Key Population Size Estimation 2022.

Last 5year performance trend

Key Performance Indicator

Indicator	2017	2018	2019	2020	2021
Number of cases with HIV- Newly Detected	285	350	439	363	411
Number of PLHIV on ART	1299	1574	1846	2166	2402
Number of Children with HIV due to mother-to-child transmission- Cumulative since the epidemic Started	84	86	86	88	90
Percentage of HIV-positive women who received EMTCT services	100%	100%	100%	100%	100%
Percentage of babies born to HIV-positive women who tested HIV positive	0	0	0	0	0
Number of HIV-positive babies born to HIV-positive women who received EMTCT services	0	0	0	0	0
Number of HIV-positive babies born to HIV-positive women who did not receive EMTCT services	0	0	0	0	0
Percentage of people living with HIV currently receiving antiretroviral therapy (NSACP data)	36.98%	44.53%	51%	51.72%	66.59%
Number of new HIV infections per 1,000 uninfected populations (NSACP data)	0.01	0.01	0.01	0.01	0.01

Financial Achievement against annual budget allocation 2021

Financial Source	Description	Fund Allocation (LKR)	Fund Utilization (LKR)
1. Capital Expenditure			
Ministry of Health	<i>Building construction</i>	16,246,996.72	5,265,139.19
	<i>DDG (PH)1</i>	20,000,000.00	1,510,900.00
	<i>Furniture & Office Equipments</i>	1,330,160.00	1,329,944.00
	<i>Construction</i>	2,907,836.59	2,850,610.08
	<i>Service Agreement</i>	2,369,111.24	1,772,272.44
	<i>Training Programme(GPS)</i>	168,000.00	90,600.00
	Sub total	19,883,263.59	4,383,134.94
UNFPA	Consultative workshops, advocacy programmes, printing of publication	912,480.00	912,480.00
WHO	Consultative workshops, review meetings. training module	5,836,886.31	3,679,044.68
GFATM	Human Resources (HR)	44,645,749.08	38,336,168.17
	Travel related costs (TRC)	23,064,027.93	12,560,539.21
	External Professional services (EPS)	58,687,792.81	45,842,406.64
	Health Products - Non-Pharmaceuticals (HPNP)	17,063,056.62	17,086,083.37
	Health Products - Equipment (HPE)	63,781,906.22	61,136,464.04
	Procurement and Supply-Chain Management costs (PSM)	10,519,285.10	7,539,760.66
	Infrastructure (INF)	125,300,793.94	95,166,045.64
	Non-health equipment (NHE)	29,723,610.63	25,688,269.98
	Communication Material and Publications (CMP)	5,072,514.17	2,458,997.04
	Indirect and Overhead Costs	22,426,318.40	14,237,600.43
	Sub total	400,285,054.89	320,052,335.18
	Total Capital Expenditure		426,917,684.79

Financial Source	Description	Fund Allocation (LKR)	Fund Utilization (LKR)
2. Recurrent Expenditure			
Ministry of Health	Personal Emoluments	178,127,563.00	168,684,349.97
	Travelling Expenses	700,000.00	539,092.00
	Supplies	7,400,000.00	4,452,451.92
	Maintenance Expenditure	3,420,000.00	3,207,538.00
	Services	18,600,000.00	15,973,587.82
	Electricity & Water	7,500,000.00	3,033,432.22
	Other	8,000,000.00	5,111,456.61
	Transfers	700,000.00	694,037.19
	Reagents	11,000,000.00	5,273,306.45
	Training Allowances	120,000.00	68,000.00
	Antiretroviral drugs	140,892,029.45	140,892,029.45
	Total Recurrent Expenditure		376,459,592.45
Grand Total (LKR)		803,377,277.24	676,956,276.43

4.1.8 National Dengue Control Programme

Introduction

Dengue is a major public health problem in Sri Lanka with seasonal outbreaks. In 2021, 31,162 suspected dengue cases were reported while in 2022 up to 30th June, 35,424 cases were reported. The highest burden is in the Western Province accounting for almost 50% of all cases reported

Vision

Sri Lanka with minimal health, economic and social impact due to Dengue

Mission

To optimize planning, prediction, and early detection capacity at all levels for better control of dengue endemicity and prevention of outbreaks through coordinated partnerships and sustainable efforts.

Objectives

- To achieve case incidence below 100/100,000 population by the year 2023
- To decrease and maintain a case fatality rate below 0.1% by the year 2023

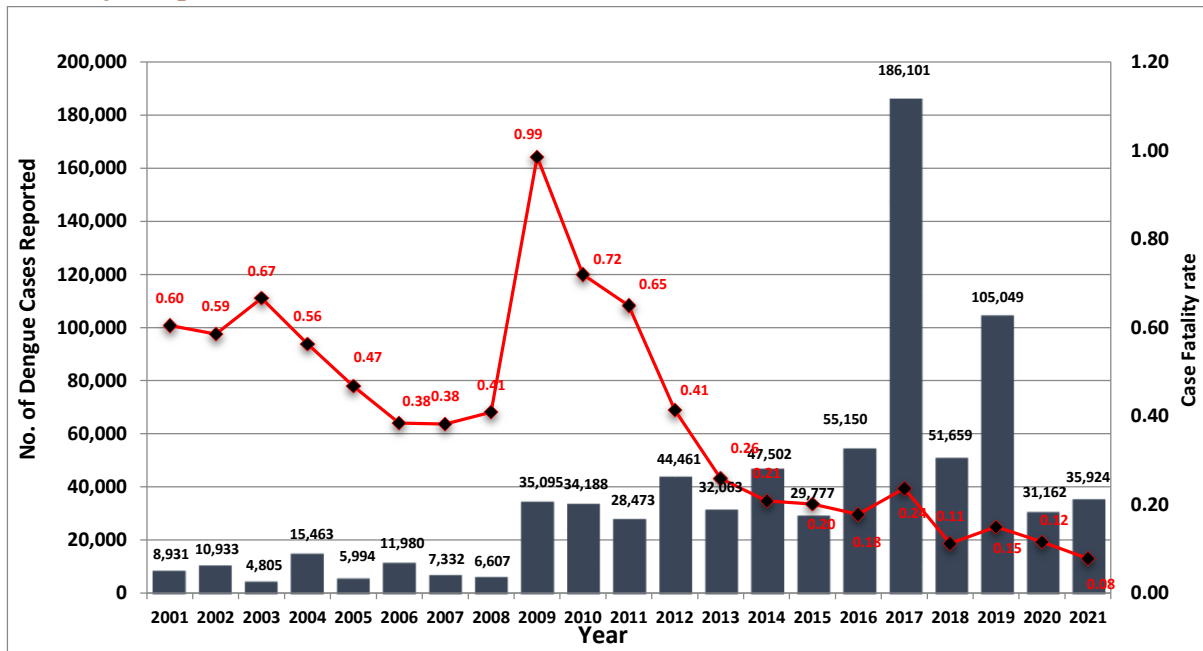
Achievements/ special events in 2021

- i. The pilot study of the Wolbachia research project launched in collaboration with the World Mosquito Programme of the Monash University, Australia was completed. The half-yearly field data collection also commenced in 2021.
- ii. Three special mosquito control campaigns covering high-risk Medical Officer of Health areas were conducted with the participation of the Police, Tri-forces, and other stakeholders, while adhering to COVID guidelines.
- iii. Dengue High Dependency Units were strengthened in 15 hospitals including Teaching Hospital Karapitiya and De Soysa Maternity Hospital. Total equipment distributed includes 38 multipara monitors, 50 Infusion pumps, and one portable ultrasound scanner.
- iv. Further reduction of the Dengue Case Fatality Rate from 0.12% in 2020 to 0.08% was achieved in 2021.
- v. Dengue viral surveillance system was established to identify the serotype and genotype of the dengue virus (DENV) among symptomatic patients admitted to sentinel hospitals island-wide. Laboratory testing was conducted in collaboration with the Medical Research Institute and the Center for Dengue Research, University of Sri Jayewardenepura. This will enable the NDCU to analyze changes in Dengue virus serotypes and assess the predictability of future outbreaks.
- vi. Development of a comprehensive web-based dengue disease surveillance system under the administration of the National Dengue Control Unit was initiated.
- vii. Development of a web-based mobile application to record entomology survey data was initiated.
- viii. Monthly Dengue Update – a monthly newsletter type publication was commenced targeting all healthcare staff, updating on the disease status and new knowledge on dengue prevention and control.
- ix. Weekly Dengue Update – a weekly two-page publication was commenced targeting administrators and public health staff on the current status of the disease and alerting on high-risk areas
- x. Several public awareness programmes were conducted through Zoom technology and through the national television channels
- xi. Several training programmes for Medical Officers and General Practitioners were conducted at the national level and targeted “high-risk” districts.
- xii. The meeting of the Presidential Task Force for Dengue Control was held under the chairmanship of the Secretary to the President on 24th November 2021. As a result of this meeting, a Cabinet Memorandum titled “Strengthening the Multisectoral Approach for Dengue Prevention and Control” under the signature of His Excellency

the President was submitted and approved at the meeting of the Cabinet of Ministers held on 13th December 2021.

- xiii. Since September 2021, all dengue prevention and control activities including disease surveillance, improvement of case management, and death review (which was previously carried out by the Epidemiology Unit) was entrusted to the National Dengue Control Unit.

Last 5 year performance Trend



**Case Fatality Rate -the proportion of people who die from Dengue, among all individuals diagnosed with Dengue over a year.*

Fig 1: Reporting of yearly dengue cases and case fatality rate* from 2001 to 2021

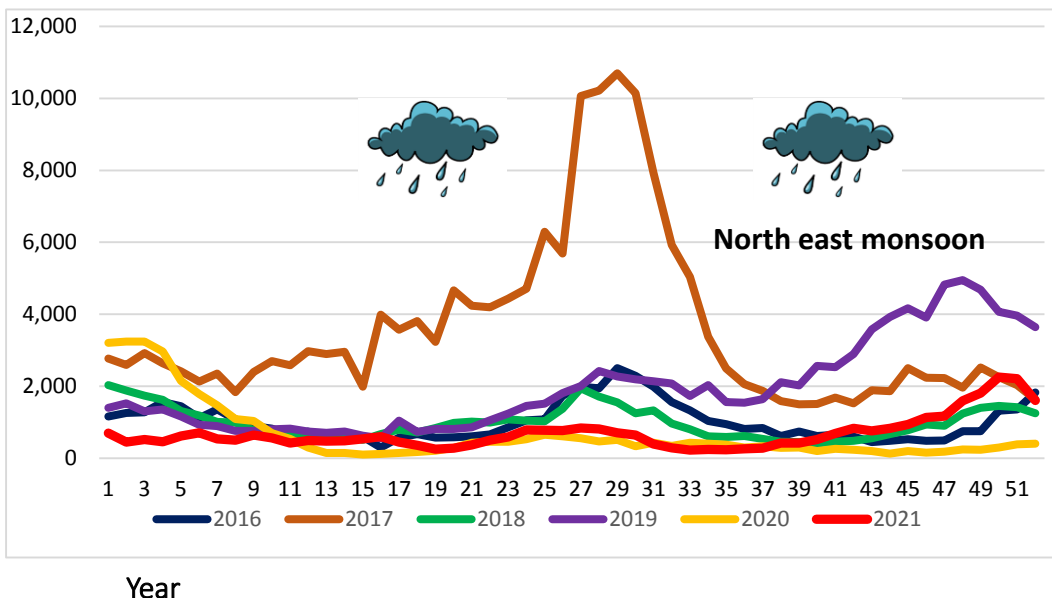


Fig 2: Seasonality- weekly reporting of Dengue cases 2016-2021

Special development activities planned for 2022

- i. International research and innovations symposium: Dengue amidst the pandemic 2022 (completed)
- ii. Finalization of the web-based dengue disease surveillance system
- iii. Finalization of the web-based mobile application to record entomology survey data
- iv. Establishment of a Molecular Lab for dengue viral studies
- v. Launching of the second phase of the Wolbachia research project

4.1.9 National Renal Disease Prevention and Research Unit

Introduction

National Renal Disease prevention and Research Unit (NRDPRU) was established in 2015 to facilitate the improvement of services provided to patients with Chronic Kidney Disease

Vision

To be the center of excellence in providing technical and logistics support for preventive services, curative services and research on kidney diseases in South Asia Region

Mission

To provide technical and logistics support to implement state of the art preventive care, curative care and research activities for kidney diseases in Sri Lanka

Objectives

- To provide technical and logistics support for kidney disease preventive care
- To provide technical and logistics support for kidney disease curative care
- To provide technical and logistics support for kidney disease research activities
- To provide assistance to improve the quality of life and social care of chronic kidney disease (CKD) patients

Achievements/special events in 2021

- Introducing the delivery of Peritoneal Dialysis (PD) consumables to the PD patients' nearest medical institution (MSD → RMSD → MOH Office/Central Dispensary/Rural Hospital → Patient)
- Initiation to develop Peritoneal Dialysis Units in selected Teaching Hospitals
- Provision of data entry operators for hospitals with dialysis units to improve data entry to Sri Lanka Renal Registry
- Initiation of the development of automating of onsite CKD/CKDu screening system
- Commencement of data collection for the joint research on Chronic Kidney Disease of uncertain origin (CKDu) with Chinese Academy of Sciences
- Re-commencing the joint research activities with Australian Nuclear Science Technology Organization which were halted due to COVID-19 pandemic situation

- Completing the GPS mapping of drinking water Reverse Osmosis (RO) plants in Anuradhapura district
- Opening the Joint Research and Development Center at University of Peradeniya in which NRDPRU is a main partner.

4.2 PROMOTION & PROTECTION OF HEALTH

4.2.1 Epidemiology Unit

Introduction

Epidemiology Unit of the Ministry of Health was established in 1959 with the assistance of the WHO. Since then it served the country as the National Centre for surveillance and control of communicable diseases.

Vision

Healthy people in a healthy Sri Lanka.

Mission

To promote health and quality of life by preventing and controlling disease, injury and disability.

Objectives

1. Responsible for surveillance, prevention and control of communicable diseases.
2. Disease control activities in disasters, emergencies and handles outbreak investigation and control.
3. Focal point for the National Immunization Programme (NIP).
4. Training medical postgraduates and health staff on activities related to communicable disease control and the National Immunization Programme.
5. International training centre on disease prevention and control and the childhood immunization programme.

Major achievements during the year 2021

- The Epidemiology Unit functioned as the main technical and coordinating arm of the Ministry of Health when it comes to the control of communicable diseases including Covid-19.
- The official situation report of the Ministry of Health was started in the Epidemiology Unit as a daily publication on 28/01/2020, to provide the global and local situation of COVID-19 to the media and international organizations. This is continued throughout the year 2021 and is available on the Epidemiology unit website.

- The National Deployment and Vaccination Plan (NDVP) was prepared, including the priority groups, vaccine storage capacity, funding possibilities, vaccine options, vaccination implementation plan, and post-vaccination evaluation plan, and was submitted to the COVAX facility.
- Guidelines on the COVISHIELD vaccination campaign were developed by the Epidemiology Unit, and the hospital and field staff were orientated on these guidelines. Further, capacity-building sessions were carried out for field staff to improve their skills and knowledge of COVISHIELD vaccination.
- Subsequently, the Sputnik, Sinopharm guidelines were also developed by the Epidemiology Unit and field staff were trained accordingly. The Sputnik vaccine required ultra-cold chain facilities. Sputnik vaccination was commenced in the Kandy district with the guidance of the Epidemiology Unit. The Sinopharm vaccine also started according to the National Vaccine Deployment Plan in mid-2021.
- Afterwards, Moderna and Pfizer vaccine guidelines were also developed. They were successfully procured, stored, and dispatched to the selected districts in the country and the vaccination campaigns were implemented after completing the relevant training programmes for the field health staff.
- Pfizer vaccination guidelines were developed for the school-going children in the latter half of 2021. The school vaccination programme was also successfully implemented with the support of the Ministry of Education and the other stakeholders.
- At the end of the year 2021, the Pfizer booster campaign was commenced by the Epidemiology Unit.
- Daily updates on the number of vaccinations carried out in each district and other institutions were obtained, and the compiled information on vaccination was shared daily among relevant authorities. This information was also released to the press daily. These updates enable the Epidemiology Unit to keep track of the vaccination campaign.
- The Adverse Events Following Immunization (AEFI) were monitored closely. A hotline that is functional 24 hours had been released and two acting Consultant Community Physicians were assigned the responsibility of following up on the reported severe adverse events. The data relating to AEFI were compiled and utilised for the improvement of the vaccination campaign.

- The Epidemiology Unit was the coordinating center for the development of the Covid-19 clinical guidelines with the collaboration of the relevant Professional Colleges. Further, they were updated subsequently.
- Covid-19 death surveillance was commenced after the preparation of the required guidelines. A daily report was issued to the media and other relevant stakeholders for necessary actions.
- The guidelines related to the disposal of the Covid-19 dead bodies were developed with the collaboration of the relevant stakeholders and updated subsequently with the evolvement of the new scientific knowledge on the subject.

Last 5 year Performance trend

Food and Water-borne disease trend in the country

Food and Water-borne disease trend in the country - Last 5 years			
Year	Viral Hepatitis	Dysentery	Typhoid
2016	884	2932	548
2017	321	1734	339
2018	294	1756	304
2019	352	1699	190
2020	187	685	92

4.2.2 Maternal and Child Health Programme

Introduction

Family Health Bureau is the central organization of the Ministry of Health responsible for policy planning, coordination, monitoring and evaluation of reproductive health, maternal health, newborn health, youth health, child health, family planning and well woman clinic programmes within the country.

In this role the Bureau provides necessary guidance and direction for effective implementation of programmes at the periphery and implements special projects funded by international agencies. FHB lays foundation for practice of Maternal and Child Health services based on scientific evidence for optimizing service delivery in facing present and future challenges. Government of Sri Lanka is funding overall function of the FHB. However, a proportion of the total budgetary requirement is supplemented by the external resources (UN agencies) as various project activities.

Sri Lanka is committed to achieve Sustainable Development Goals by the year 2030. Family Health Bureau being the focal agency responsible for Maternal & child Health services, prepared action plan to achieve goal 3 - (Good Health and well-being) while monitoring its achievements at national and district levels very closely.

Vision

A Sri Lankan nation that has optimized the quality of life and health potential of all women, children and their families.

Mission

To contribute to the attainment of highest possible levels of health of all women, children, and families through provision of comprehensive, sustainable, equitable and quality Maternal & Child Health services in a supportive, culturally acceptable and family friendly setting

Policy Goals

Goal 1 - Promote health of women and their partners to enter pregnancy in optimal health, and to maintain it throughout the life course.

Goal 2 - Ensure a safe outcome for both mother and newborn through provision of quality care during pregnancy, delivery, and post-partum period.

Goal 3 - Ensure reduction of perinatal and neonatal morbidity and mortality through provision of quality care.

Goal 4 - Enable all children under five years of age to survive and reach their full potential for growth and development through provision of optimal care.

Goal 5 - Ensure that children aged 5 to 9 years and adolescents realize their full potential in growth and development in a conducive and resourceful physical and psychosocial environment.

Goal 6 - Enable children with special needs to optimally develop their mental, physical and social capacities to function as productive members of society.

Goal 7 - Enable all couples to have a desired number of children with optimal spacing whilst preventing unintended pregnancies.

Goal 8 - To promote reproductive health of men and women assuring gender equity and equality.

Goal 9 - Ensure that National, Provincial, District and Divisional Level Health managers are responsive and accountable for provision of high quality MCH services.

Goal 10 - Ensure effective monitoring and evaluation of MCH Programme that would generate quality information to support decision making.

Goal 11 - Promote research for policy and practice in MCH.

Goal 12 - Ensure sustainable conducive behaviors among individuals, families and communities to promote Maternal and Child Health.

Achievements and Special events in 2021/2022 of FHB

The activities conducted during year 2021-2022 up to Q 2 by Family Health Bureau (FHB) contributed to a significant improvement in Maternal and Child Health activities and achieved its targets. Sixteen units have been established in the bureau and each unit has its own roles and responsibilities.

Family Planning programme

Family planning unit is the focal point for the National Family Planning Program, and its goal is to enable all couples in union to have a desired number of children with optimal spacing and timing whilst preventing unintended pregnancies.

Objectives

- Ensure the availability and accessibility to quality modern family planning services
- Address the unmet need for contraception to reduce abortions and teenage pregnancies
- Establish an appropriate system for post-abortion care
- Ensure the uninterrupted availability of quality contraceptive commodities [Reproductive Health Commodity Security (RHCS)].
- Strengthen services for sub-fertile couples at primary health care level

Achievements and Special events in 2021-2022 Up to Q 2

National Family Planning Month Activities

- **National Family Planning Month Activities**

Awareness of family planning service availability during the Covid pandemic through FHB web page under the theme of "Let's not forget reproductive health during COVID -19" was done during the month of September 2021 and in lieu of 'World Contraceptive Day' which falls on 26 September annually.

- **Procurement of contraceptive commodities and equipment for family planning services**

In order to provide uninterrupted family planning services, nearly Rs. 352 million of contraceptive commodities were procured and distributed to all districts during 2021 and during first and second quarter of 2022. Therefore, a modern Contraceptive Prevalence Rate (mCPR) of 57.7 % was achieved in 2021 even though the country was affected by the Covid pandemic. The demand satisfied by modern contraceptive methods was 80 % in 2021.

Equipment of high quality for family planning clinics were procured with the support of PSSP and distributed to MOHs. The availability of FP equipment, enhanced services in the FP clinics and contributed to the overall modern Contraceptive Prevalence Rate (mCPR).

- **Capacity building of health staff for quality family planning services**


- Family Planning Unit conducted 3-day workshops for Training of Trainers on Reproductive Health for 45 Medical Officers in March 2021, May 2021 and in August

2022. Counselling on family planning, updating of knowledge on family planning methods, practical training of IUD and Implant insertions on models and on patients were key features in the training. Also, the College of Anaesthesiologists & Intensivists of Sri Lanka conducted a half-day session on anaphylaxis management during these workshops. This session was important to build confidence among the Medical Officers to respond to anaphylactic reactions, especially following DMPA injectables.



- A South-to-South Learning Exchange (SSLE) programme was facilitated by WHO.

Background



Nepal and Sri Lanka engaged in a South-South Learning Exchange (SSLE) in 2020 -2021 to improve access to quality and rights-based family planning services, by sharing best practices and learnings from each other. In both countries, the respective Ministries of Health led the process and ensured that the learning need identified was in line with the national plans and priorities.

Methods

An evaluation of the *5-step methodology for SSLE* designed by the World Health Organization under the FP Accelerator project was carried out by an independent consultant to provide inputs and lessons learned for the next phase of countries. This included desk review of documents related to the SSLE and family planning in both countries, WHO Country Cooperation Strategies, commitments to FP2020 and national development frameworks. Key informant interviews were conducted. This information was captured in a study matrix and content analysis was carried out.

Results and discussion

The SSLE facilitated the systematic cross-country transfer of knowledge and led to implementation of the learnings. Following the SSLE, Sri Lanka implemented a web-based system for logistics management for family planning commodities and Nepal commenced implementing the provision of family planning services in a decentralized environment using a lifecycle approach to improve post-partum family planning services.

Conclusion

A paper was published to share the experience of implementing the SSLE between Sri Lanka and Nepal and describes the methodology, outcomes achieved, and lessons learnt using this approach. The success of this SSLE is attributed to the rigour of following the WHO's 5-step methodology for SSLE, the country led designing of the learning agenda and process, extensive communication amongst the teams, a focus on outcomes, commitment, and leadership by ministries of health of both countries. Considering national contexts, available resources, operating constraints, countries can have their need for learning and technical assistance fulfilled by SSLE (*BMJ Global Health* 2022;7: e008691. doi:10.1136/bmjgh-2022-008691).



පවුල් සෞඛ්‍ය ක්‍රම

குடும்பத்திட்ட முறைகள்

පවුල් සෞඛ්‍ය කාර්යාලය
සෞඛ්‍ය අමාත්‍යාංශය - ශ්‍රී ලංකාව

குடும்ப சுகாதார பணியகம்
இலங்கை சுகாதார அமைச்சு

Family Health Bureau
Ministry of Health Sri Lanka

සිංහල

தமிழ்

English

UNFPA

From the People of Japan

➤ Supervisory visits were done in Contraceptive low prevalent area in Eastern province (Trincomalee District Kanthale MOH area and Batticaloa District Kiran MOH area) and in Western Province Gampaha District in Kelaniya and Katana MOH areas in November 2021. Following the visits FP Clinic Equipment and FP Flash Cards were distributed to all MOHs in Gampaha district.



- Monthly contraceptive stock return (H 1158) format was web based and introduced for the RMSD level in 2021 and expanded up to MOH level in 2022. Revised FP Clinic Codes, Discontinued 1154 and 1200 formats in 2022. The above-mentioned activities were to save on paper and printing costs and to progress towards a 'green' office.
- Printed H 1153 & H 1155 formats 350,000 in January and 350,000 in December 2021 for a total cost of Rs 8.2 million which are mandatory records to be maintained by the service providers and FP clients respectively.
- Establishment of a National Subfertility Management Centre
The Family Planning Unit coordinated the establishment of subfertility management center at Castle Street Hospital for Women at an estimated cost of Rs. 336 million is due to be completed by end of 2022.

The Family Planning Unit coordinated the establishment of subfertility management center at Castle Street Hospital for Women at an estimated cost of Rs. 336 million is due to be completed by end of 2022.

Family Planning performances from 2016 -2021

Performance indicator	20	2017	2018	2019	2020	2021
Contraceptive Prevalence Rate (Any method) %	66.4	66.6	67	66.9	66	66.5
Contraceptive Prevalence Rate (modern methods) %	57	57.3	57.9	57.9	57	57.7
Couples with unmet need for contraception %	6.2	6.3	6	5.8	5.7	5.6
Demand satisfied by modern contraceptive methods (%)	78.5	78.6	79.3	79.6	79.5	80.0

* Source: eRH MIS – FHB

Special Development Activities Planned for 2022 & 2023

- Celebrate the National Family Planning Month in September focussing on FP activities at MOH level
- Conduct a felicitation ceremony to appreciate staff who contributed to improve FP services



- Print FP flashcards for all health staff
- Develop SOP /Guidelines for Family Planning Clinics
- Conduct FP Capacity Building workshops for health staff
- Follow up on the Human Assisted Reproduction and Genetics Act (HARGA)
- Revisit the FP indicators in the eRHMS for good decision making
- Supervise and provide inputs to improve modern contraceptive prevalence rates in low performing districts (Northern Province in 2022)

Oral Health programme

Oral Health Unit (OHU) of the FHB is responsible for provision of essential oral health care services through existing maternal and child health programme. This mainly includes School Dental programme and oral health programme for the pregnant women.

Achievements/Special Events in 2021-2022 Up to 2nd Quarter

- A two-day orientation programme was conducted for the first time by the Family Health Bureau for the newly passed out batch of School Dental Therapists in the second quarter of 2022. It was conducted virtually for 24 participants, with Consultants in Community Dentistry, Regional Dental Surgeons and Supervising School Dental Therapists contributing as resource persons.
- 'Annual review of School Dental Services-2020' was carried out using the eRHMS system for the first time in the year 2021. Similarly, 'Annual review of School Dental Services-2021' was also carried out in second quarter of 2022. The delay in conducting the review for the year 2021 was due to extension of school year as a result of COVID-19 related school closure. Both these national reviews were conducted with the representation from all districts of the country, as virtual events.
- To uplift the performance of School Dental Services, dental equipment (21 micromotors) is to be purchased utilizing PSSP funds worth Rs. 3.4 million to be distributed to School Dental Therapists serving the most vulnerable children in the

country. Ten autoclaves were distributed among School Dental Clinics to strengthen the sterilization process in the year 2021.

- Research was done on developing public awareness and risk perception on SARS COVID2 virus and control measures among dental hospital attendees. Circulars were issued on provision of School Dental Services during the pandemic. A video was developed on infection control during COVID-19 pandemic with the collaboration of Health Promotion Bureau and Institute of Oral Health, Maharagama. Capacity building programmes were conducted for School Dental Therapists on infection control.
- Due to the pandemic situation all capacity building programmes were conducted virtually in the years 2021 and second quarter of 2022. Training of Regional Dental Surgeons, Dental Surgeons attached to Adolescent Dental Clinics and Community Dental Clinics and School Dental Therapists covering the whole island were done to strengthen promotive and preventive aspects of oral diseases.

PERFORMANCE INDICATORS

Table 2 - Percentage of pregnant mothers screened for dental problems out of total registered

Year	Percentage of pregnant mothers screened for dental problems out of total registered
2017	69%
2018	73%
2019	76%
2020	80%
2021	65%*

**Affected due to COVID-19 related difficulties*

Table 3 - Oral health coverage indicators

Indicator	2017	2018	2019	2020	2021
% With caries 12 years (25%)	18	20	21	14.60	17.20
% Free of calculus of 12 years (60%)	97	97	98	83.60	92.50
% Overall healthy percentage (40%)	45	44	46	47.60	47.40
% Screening Coverage	77	76	79	33.90	34.20*
% Coverage percentage	67	68	71	60.90	25.30*

**Affected due to COVID-19 related difficulties*

Child Nutrition programme

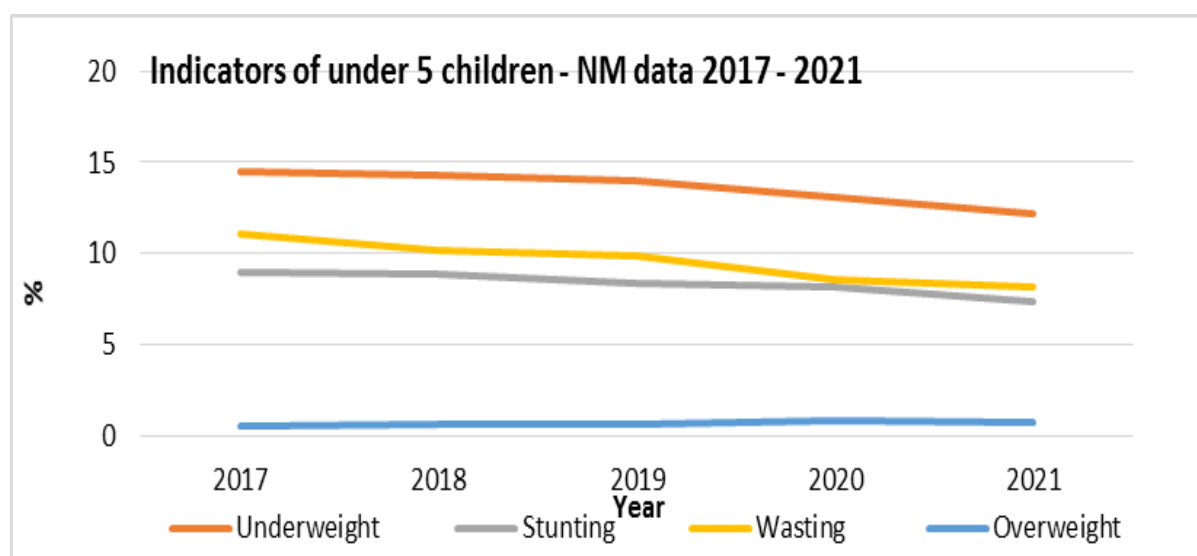
Child Nutrition unit of FHB is the main agency at national level responsible for child nutrition programme.

Achievements/Special Events in 2021-2022 Up to 2nd Quarter

- Generation of donor funding to support continuation of child nutrition services without disruption and intersectoral collaboration to ensure food security for vulnerable children
- Contribution to development of an emergency nutrition plan together with relevant stakeholders in the Ministry of Health
- An online training package for capacity building of health staff on Growth Monitoring and Infant and Young Child Feeding (IYCF) Counseling in Sinhala medium is in the last stage of development, supported by UNICEF. The development of the Tamil training package was initiated mid-2022.
- Evidence generated from the formative research on IYCF to identify drivers and barriers on feeding practices and child nutrition which was completed in 2022 is being used in the development of strategies to strengthen and streamline child nutrition component of the maternal and child health programme.
- The World Breastfeeding Week was commemorated in 2022 under the slogan “Step up for breastfeeding; Educate and Support” highlighting the importance of creating a supportive environment by different stakeholders to promote, protect and support breastfeeding especially during economic crisis. A webinar was conducted for the peripheral staff and a press conference was conducted together with the Health Promotion Bureau. Social media posts, fact sheets and education material for health staff and media were developed and circulated.

Nutritional Indicators of the Children under five years from 2016-2021

Nutrition Indicator (Children under five years)	2017	2018	2019	2020	2021
Underweight	14.5	14.3	14.0	13.1	12.2
Stunting	9.0	8.9	8.4	8.2	7.4
Wasting	11.1	10.2	9.9	8.6	8.2
Overweight	0.5	0.6	0.6	0.8	0.78



Special Development Activities Planned for 2023

Considering the current economic situation in the country, in order to prevent the current child nutrition status from worsening and to improve nutrition status further, along with the Emergency Nutrition Action Plan of the Ministry of Health sustainable low-cost actions are being planned. The findings of Infant and Young Child Feeding (IYCF) formative research, surveys conducted by the Medical Research Institute and FHB etc will be used in the strengthening of child nutrition services;

- Focusing much more on prioritizing early detection of the initial stages of malnutrition (growth faltering) in the growth monitoring programme and early reversal through careful guidance on infant and young child feeding practices, which would in the long run prevent extreme forms of undernutrition (wasting, stunting). This would be achieved through cost effective actions such as targeted counseling and close follow up to ensure appropriate feeding practices. To facilitate this process, an online training package on growth monitoring and infant and young child feeding counselling is being developed with UNICEF support to build capacities of health staff.
- Identifying and disseminating low-cost modalities to fulfill nutritional requirements of children with a special focus on promoting breastfeeding among infants and young children
- Plans are underway to locally produce ready to use therapeutic food (RUTF) at the Thripasha Factory for the nutrition rehabilitation of severe wasting among children under the age of five years

Maternal care programme

Achievements/Special Events in 2021-2022 Up to 2nd Quarter

- ***Obstetric Bed Head Tickets (BHTs)***

Obstetric BHTs that had been piloted in selected hospitals in Western and Southern Provinces of Sri Lanka, were revised through several rounds of discussion and inputs from relevant technical teams.

Printed revised Obstetric BHTs (A, B, C & D) and distributed them to be implemented in all maternity units island wide.

- ***Revision of maternal care package***

The existing maternal care package was introduced in 2011, and some of the content is outdated. Also, there is a need for a guide for curative sector staff on management of the normal pregnancy. In order to fulfil the above gap, a Consultant was commissioned by UNICEF and a new guide has been drafted and reviewed by relevant stakeholders. This process was overseen by a technical committee.

- ***Revision of diagnostic criteria of maternal anaemia***

Based on the available scientific evidence, the panel of experts appointed changed the diagnostic criteria of maternal anaemia. The new diagnostic criteria were implemented island wide and relevant staff members educated on it.

- ***Infrastructure development & strengthening***

Procured and distributed equipment to establish 10 numbers of HDUs in six maternity institutions, with GoSL funds.

Also organised establishing 22 HDUs in 11 maternity institutions with financial assistance from UNICEF.

Procured and distributed 25 numbers of Handheld Dopplers to maternity institutions and 50 numbers of Blood pressure apparatuses to COVID treatment centres of maternity institutions.

With the support of PSSP, made arrangements to procure 720 digital blood pressure apparatuses for the field staff, to reduce their risk of contracting COVID-19 during examinations.

Request made to Director, MSD to procure and distribute “Postpartum Kits” carried by Public Health Midwives during their postnatal home visits to provide essential postpartum services

- ***COVID - 19 related activities***

Several interim guidelines for field and hospitals on maternal and childcare services during outbreak of Covid 19, guidelines on antenatal care services at quarantine centres during the COVID pandemic were developed and circulated among health staff.

Co-ordination of COVID -19 vaccination programme of pregnant mothers with the collaboration of Epidemiology Unit and Ministry of Health.

Several media briefings and interviews were carried out to educate the public and relevant stakeholders.

- ***Development of package on psychosocial assessment in maternal care***

FHB, in collaboration with the Sri Lanka College of Psychiatrists has drafted a psychosocial screening tool (PST) that is expected to standardize the said screening process. Validation of the tool is currently being conducted in Kandy district.

- ***Maternal care clinical guidelines***

The guidelines drafted by SLCOG on ‘Use of misoprostol in gynaecology and obstetrics and ‘Management of postpartum haemorrhage’ were discussed with relevant technical stakeholders. The finalized guidelines were approved by the Technical Advisory Committee on Maternal Health and Family Planning and circulated as National guidelines as issued by Director General of Health Services.

- ***IEC Materials***

Developed three video clips and a comic book on maternal danger signals with the financial assistance of UNFPA and WHO to reduce maternal morbidity and mortality due to the first delay.

As an initiative of capacity building of health staff on patient safety in maternal care service provision, another video clip was developed focusing on the theme of “Safe maternal care” with the collaboration of World Health Organization

- ***Printing and Distribution of Maternal care formats***

Printed the annual requirement of maternal care formats including maternal records (H 512 A & B), EPDS forms (Sinhala & Tamil) and Kick count charts (Sinhala & Tamil) and distributed according to the district requirements.

- ***Revision of pregnancy records***

The existing pregnancy records were revise by a panel and approved by the Technical Advisory Committee on Maternal Health and Family Planning.

- ***Maternal care commodities***

FHB made a request from the SPMC to manufacture the folic acid 400 µg tablet, which is recommended in the preconception period. The stability tests of the proposed tablet are currently underway by the SPMC.

In accordance with the latest scientific evidence, the dosage of prophylaxis iron supplement was reduced to Ferrous Fumarate and Folic Acid tablet BP (91.2mg + 400mcg) equivalent to 30mg of elemental iron.

Requested MSD to include the new maternal iron supplement (Ferrous Fumarate and Folic Acid tablet BP (91.2mg + 400mcg) equivalent to 30mg of elemental iron) to the Formulary.

Special Development Activities Planned for 2022 and 2023

- ***Revision of maternal care package***

Revised maternal care package will be printed with the financial assistance from UNICEF in all three languages in 2022.

Health care staff in at-least 12 districts will be trained on revised maternal care package in 2023.

- ***Infrastructure development & strengthening***

Establishing 10 numbers of HDUs in five selected maternity institutions.

- ***Development of package on psychosocial assessment in maternal care***

Phase III of the validation study of psychosocial screening tool, which was delayed due to funding issues, will be conducted in 2022. The data obtained will be analyzed and the tool will be finalized before implementing.

- ***IEC Materials***

The poster on maternal danger signals with the financial assistance of UNFPA will be printed and delivered to maternity clinics island wide.

- ***Printing of Maternal care formats***

Revised maternal care formats (H 512 A & B) will be printed and distributed according to the district requirements in 2023.

- ***Maternal care clinical guidelines***

Preparation of a guideline on management of obesity during pregnancy is currently being initiated.

Also, maternal care clinical guidelines for Liver disease and Thyroid disease in pregnancy will be developed with the assistance and inputs of relevant stakeholders.

- **Standards for highly specialized maternity centers**

Drafting of standards for highly specialized maternity centers will be carried out as a part of National level programme strengthening.

Adolescent and Youth Health programme

Achievements/Special Events in 2021-2022 Up to 2nd Quarter

- **Adolescent and Youth Sexual and Reproductive Health Orientation programmes for police officers**

During 2021, Orientation Programmes on Adolescent and Youth Sexual and Reproductive Health subject were successfully conducted for police officers attached to Child & Women's Bureau and other relevant categories. These programmes were conducted in six districts including Colombo, Kalutara, Hambantota, Galle, Gampaha & Matara to achieve the purpose of facilitating smooth functioning of the adolescent sexual and reproductive health services at grass root level.



- **Youth initiated projects and promoting youth involvement**

Youth Working Group meetings were conducted with the participation of youth representatives to get their inputs for improving adolescent & youth participation and their involvement in existing adolescent youth health services with UNFPA funding. Considering these provided inputs, further measures identified to make the services more youth friendly utilizing Yowun Piyasa Centers. A volunteer youth group identified at B. H. Panadura, to work in collaboration with the hospital staff and several youth initiated projects were conducted by them through Yowun Piyasa during 2021.

Another youth-initiated project initiated at Kantale MOH area in 2022 with a volunteer youth group and working in collaboration with the Kantale MOH staff.



- **Training of Trainers (TOT) programmes & orientation programmes on Adolescent Youth Friendly Health services (AYFHS)**

Four 3-days TOT programmes and three orientation programmes were conducted via virtual platform for health staff as well as non-health staff who are working with youth aiming at improving their skills and knowledge in dealing with the adolescent & youth health issues at field level, in 2021. In 2022 another two TOT programmes were conducted physically at RDHS Anuradhapura and Polonnaruwa. Orientation Programmes on AYFHS were conducted virtually for healthcare staff at B. H Muthur, MOH offices at Nuwara eliya, Hambantota, Galle, Matara and Kalurata districts.



- **Supporting hospital based Yowun Piyasa Centers**

During 2021, six newly established Yowun Piyasa Centers at hospitals and MOH offices were supported with furniture and other necessary IT equipment, billboards etc. utilizing UNFPA- Japanese funds.

- **Technical Advisory Committee meetings on Young Persons' Health**

Three National level Technical Advisory Committee meetings on Young Persons' Health were held during 2021, and another two meetings in 2022 to discuss the issues pertaining to adolescent & youth health.



- **Piloting project of District Model for promoting Youth Voluntarism – North central Province**

The initiation of the District Model happened during 2021, FHB, together with the provincial & district level health authorities with funding support from WHO, and the Department of Health Promotion of Faculty of Applied Sciences, University of Rajarata

acting as the mentoring agency. In 2022, there were several meetings to proceed with the activities at divisional level with the participation of the PDHS, RDHS and the rest of the health staff at Anuradhapura & Polonnaruwa Districts. Two District Level Technical Working Groups were held at RDHS Anuradhapura (2022/05) & RDHS Polonnaruwa (2022/06) with participation from multiple stakeholders related to AYH and youth representatives. There were two TOT programmes conducted to improve the knowledge and skills among health staff.



- **Developing an e-learning module on Adolescent Sexual and reproductive Health (ASRH) for Adolescents**

Development of an e-module on Adolescent Sexual and Reproductive Health (ASRH) for capacity building of the adolescents in Sri Lanka was initiated during 2022 to upgrade their knowledge and skills related to issues on Sexual & Reproductive Health. Discussions are currently ongoing with the vendors regarding the content of the module videos and introductory animation videos.

Last Seven Years Performance Trend

Teenage pregnancy Rate in Sri Lanka Over 2015-2021

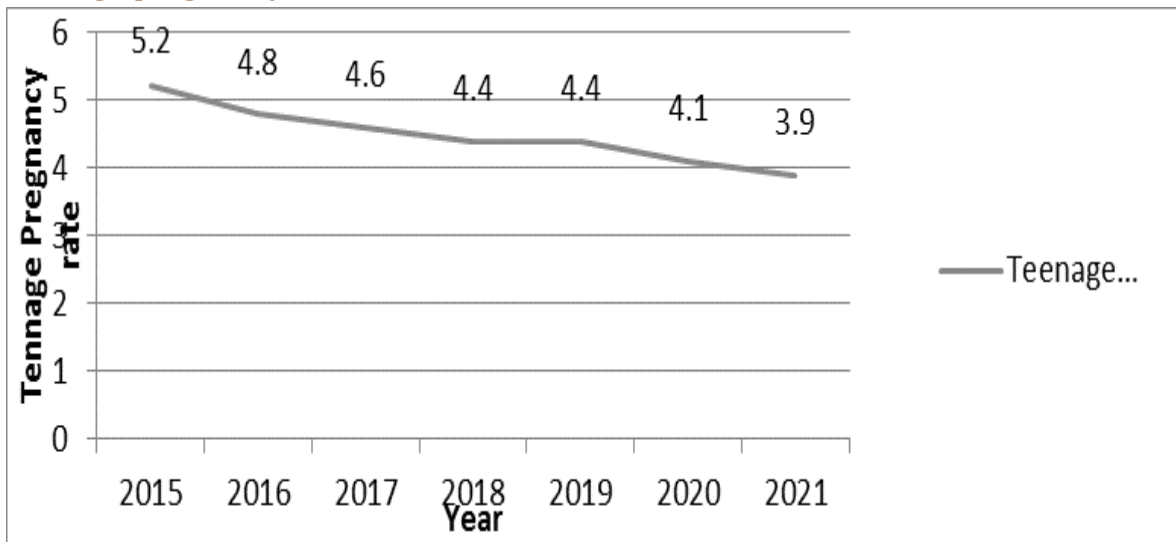


Figure 1- Teenage pregnancy percentage from 2016-2020
 (Data source – eRHMS data, Family Health Bureau,
<https://fhb.health.gov.lk/index.php/en/statistics>)

Special Activities Planned for 2022/2023

- Developing “Yowun Piyasa” website as more interactive platform for adolescents & youth with other e-health options
- Conduct a national review and best practice sharing on Adolescent & Youth health services
- Developing Minimum Care Package, for the institutionalized adolescents & youth in Sri Lanka.
- Conducting field visits to currently functioning Yowun Piyasa Centers to assess AYFHS delivery at grass root level and to review the activities
- Capacity building of health and other sector staff and youth leaders on AYFHS
- Continuation of piloting district model on adolescent and youth health in North Central Province

Maternal & Child Morbidity & Mortality Surveillance programme

Maternal mortality surveillance has been a priority area within the MCH program and has had remarkable achievements in evidence synthesis for system improvement. This task of maternal death surveillance was greatly challenged by COVID 19. The number of maternal deaths increased to a considerable number with contribution of 62 deaths with the cause of death being COVID 19 and its complications. The conduction of maternal death reviews was a difficult task with the pandemic situation with limitation of gatherings. With the added burden of maternal deaths, the MMMS program was able to carry out the surveillance activities participating physically at 90% of institutional maternal death reviews and also conducting desk reviews for the deaths of the previous year. All COVID maternal death reviews were conducted and the recommendations were communicated to the authorities for further actions.

Achievements/Special Events in 2021-2022 Up to 2nd Quarter

Data collection on all maternal COVID 19 patients admitted to hospitals during the pandemic was carried out through the program and communicated to the authorities for planning for patient care and for prediction purposes. The evidence synthesized contributed to a great extent for planning services for pregnant mothers.



IMDR Galle



IMDR Batticaloa



COVID Death Review



CEMD Expert Committee



CEMD Introduction (WP)

PERFORMANCE INDICATORS

Table 5 – Maternal Mortality Ratios

Year	2015	2016	2017	2018	2019	2020
MMR	33.7	33.8	39	32	29.2	30.2 (Provisional)

Special Development Activities Planned for 2022 & 2023

- Introduction, pilot testing and implementation of Confidential Enquiry into Maternal Deaths (CEMD)
Introduction and Pilot testing in western and southern provinces in 2022 has been done
Further improvement of the system depending on the pilot testing results analysis and will be introducing to the entire country in 2023
- Further develop the existing maternal death surveillance and response system by introducing WHO, MPDSR mechanism.
This will include establishing the MDSR committees at institutional and regional level. The MPDSR training will be carried out in western and Southern provinces initially and the rest of the country will be covered in 2023. The training will include training of trainers followed by training of regional teams

Child Morbidity and Mortality Programme

Achievements/Special Events in 2021-2022 Up to 2nd Quarter

2021

- **Infant Mortality Desk Review Meetings**
Family Health Bureau started country-wide surveillance of feto-infant deaths from 2016. The system was further improved with desk reviews of selected infant deaths. National level review meetings were held with the participation of representatives of professional colleges and public health teams to identify data gaps, service deficiencies and to improve the surveillance mechanism.

- **Introducing Google form for Stillbirths reported from the field**

The Google form-based field data collection on stillbirths was continued to 2021 in view of collecting information of stillbirths reported to eRHMS by MOH offices. This set of data was used in addressing the under-reporting of stillbirths from hospitals and hence to expand the perinatal deaths database.

- **Introduced Web based systems for National Birth Defect and Perinatal Deaths Registries in private sector hospitals Surveillance System**

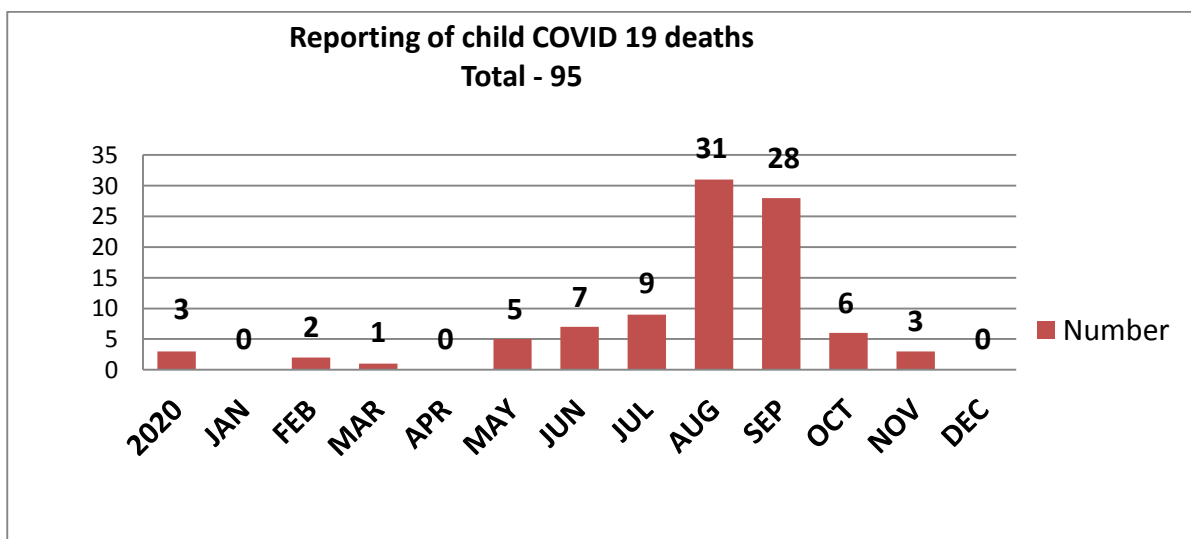
25 private, semi-governmental, military hospitals were enrolled to above registries with hands-on training.



- **COVID Child Deaths Desk Review Meeting**

- **Introducing Formats for Covid Child Deaths**

Children are also affected due to the COVID 19 infection. Child Morbidity & Mortality Unit is collecting data on Covid – related child deaths from both field and hospital levels. All cases were subjected to a national level desk review with the participation of related experts. Review panels were to document findings and actions a structured review template. After reviewing individual case scenarios, a panel discussion was conducted. A representative from each panel presented a brief summary of the index case, identified issues and recommendations. The cause of death, preventability and recommendations were further refined with collective inputs.

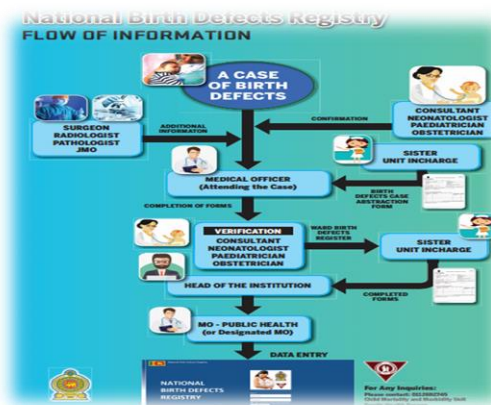


- **Consultative meeting to vaccination of children against COVID- 19**

Global evidence was emerging on the need of vaccination of children against covid 19. However, there were controversies in this regard at local and global levels. FHB collated available data on the subjected, shared among key players of child health and initiated a dialogue among them at a meeting organized at FHB.

- **Printing of a wall chart on Flow of Information of Institutional Birth Defect Surveillance System**

A poster was printed emphasizing the flow of information of birth defects identified from hospital units into the National Registry. It was aimed to minimize the under-reporting from hospitals due to the lack of education on this data collection pathway.



- **Facilitation of data entry of children with club foot**

A program was launched in collaboration with Humanity and Inclusion Organization in 5 teaching hospitals to collect data of Children with Clubfoot from into the National Birth Defects Registry. Data originating from orthopedic clinics will be entered through a separate username for each hospital.



- **Formulation and Distributions of guidelines for management of severe & critical disease due to COVID 19 infection in children**

Pandemic of Covid 19 infection leads to considerable spreading and deterioration of children. The new knowledge and management of Covid !9 disease spectrum among children, complication management modalities have been included in guidelines and distributed among pediatricians

- **Formulation and Distribution of printed guidelines on Management of Multisystem Inflammatory Syndrome in Children (MIS –C)**

Formulation and Distribution of printed guidelines on Management of High possibility of children with severe disease is also expected and Multisystem Inflammatory Syndrome in Children (MIS –C) which is exclusively in children and guideline is prepared to provide the latest management of MIC- C

- **Printing of guideline for quick reference guide for diagnosis & management of COVID 19 infection in children**

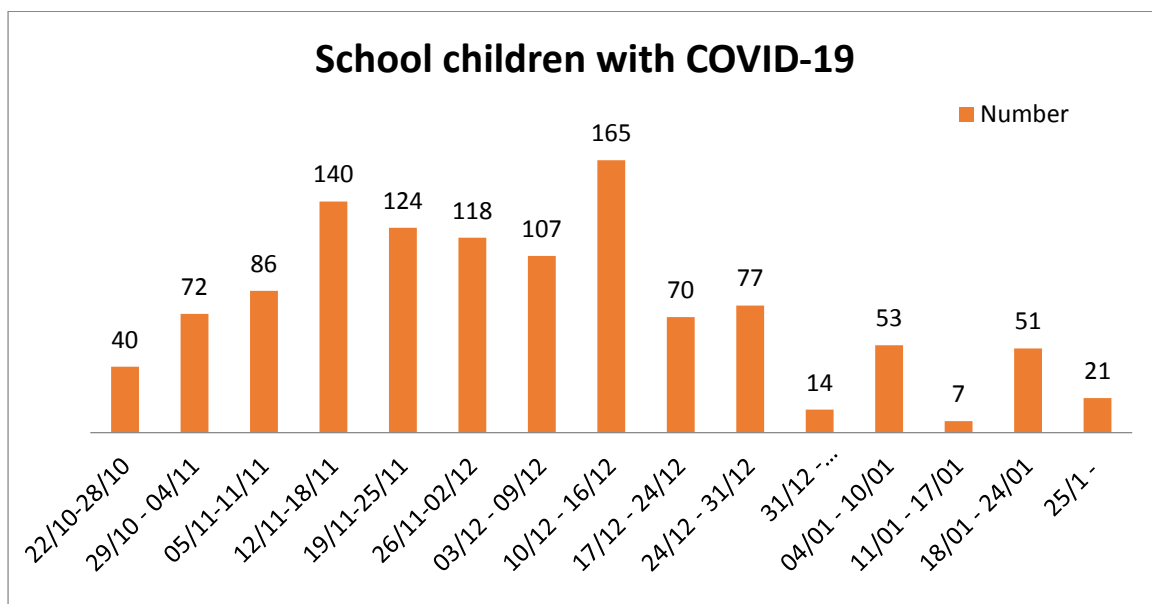
Printing of guideline and distributed to hospitals and all guidelines were kept available for quick reference. Distribution of copies of the quick reference guide for diagnosis & management of COVID 19 infection in children

- **Digitization of Maternal & Feto – Infant Deaths Surveillance Documents**

Family Health Bureau implements maternal & feto – infant Surveillance throughout the country. All these mechanisms have been in operation as paper – based system collecting and as a result papers related to these deaths occupy a significant space, pose challenges in locating and difficulties in tracing a specific record. As a solution we were scanned all documents (maternal, infant & perinatal), categorized and stored as a separate PDF file archives.

- **Implemented a Google form for Surveillance of School Children with Covid 19**

Google form was established and link was disseminated among all MOHs by giving access to enter data relevant to important variables for further analysis of Children with Covid 19 and the separate Google form introduced for collecting data relevant to Covid 19 Children (0-18 years) and more than 11000 cases were reported.



2022

• **Maternal Mortality Desk Review – 09**

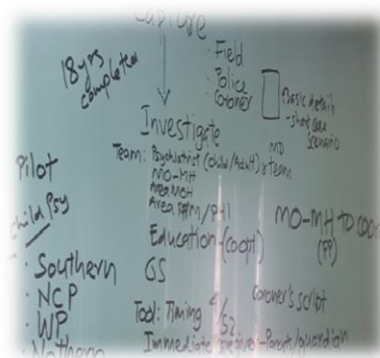
Family Health Bureau has been notified of 164 probable maternal deaths for the year 2020. Review of maternal deaths in a no-fault finding modality helps in reduction of maternal deaths and improving maternal care service delivery.

Conducted 10 central level desk reviews for probable maternal deaths of category-specific deaths with representatives from Sri Lanka College of Obstetricians & Gynaecologists and other relevant experts.



• **Consultative meeting to develop a mechanism & a tool for surveillance of child suicide**

Every year significant number of cases of Child Suicide is reported in the country and for the objective evaluation, the case study is planned and tool was developed and consultative meeting was held for tool validation and develop the mechanism to the surveillance of Child Suicide.



• **Webinar on Birth Defects care & prevention on World Birth Defects Day**

Webinar was organized in collaboration with Expert Committee for Birth Defects in Sri Lanka on 3rd of March, highlighting the technical, Pediatric and antenatal aspects of birth defects surveillance. The flow of information for the National Registry was emphasized.

• **Introduced & distributed formats for under five child deaths and fetal deaths**

Under five child death and fetal death (stillbirth) surveillance was expanded into national level hospital and field web-based registries in DHIS 2 platform from this year. A circular from DGHS was distributed among all hospitals and MOH offices along with paper-based data collection formats through which the information is entered into the web based formats.

Well Woman Programme

Achievements/Special Events in 2021-2022 Up to 2nd Quarter

- **HPV DNA Program for Cervical Cancer Screening in Sri Lanka**

HPV DNA, a PCR test, was introduced as a primary screening method for cervical cancer and precancer detection in the national cervical cancer screening program. It was planned to cover the target population of women aged 35 and 45 years.

- **Advantages of HPV DNA for cervical screening program**

HPV DNA has many advantages such as high detection rate of cervical lesions, a lengthy screening interval compared to pap screening with pap smears and reducing the workload of the cyto-screeners and Histopathologists. Self-collection of samples could also be arranged with this test.

In addition, there is no delay in reporting as one machine can test and generate reports on about 200 samples a day and about 50,000 samples annually. In the future, mortality rate among women of reproductive age will have indirect benefits on the family. Therefore, as per WHO guidelines, and as a recommendation of the Technical Advisory Committee, a HPV/DNA test is strongly recommended to screen women aged 35 and 45 years in the Cervical Cancer Screening Programme in Sri Lanka.



HPV DNA Machine

- **Where we are now and the way forward**

By the end of 2021, a limited number of HPV DNA test kits were distributed to 20 districts in Sri Lanka where the cervical cancer incidence was reported to be high.

Currently purchasing of a limited number of test kits is funded through the World Bank. While the screening program was piloted and continued in Kalutara district, screening of women with HPV DNA was initiated in certain districts with provincial government funding. The World Bank funding is available to purchase limited number of test kits until 2023. While discussions are underway to purchase test kits through government funds, given the importance of saving lives of women some districts have expressed their willingness to purchase test kits through the provincial allocation.

By early 2021 a new HPV DNA machine was installed in Anuradhapura (courtesy Rotary club).

HPV DNA program needs to be treated as a priority as “Women’s Health is a Nation’s Wealth”.



Sample Collection Kit

PERFORMANCE INDICATORS

The table below shows the number of first visits of women attending WWCs by age 35 years, 45 years and other age groups from 2015 to 2021.

Table 6 - Number of first visits of women attending WWCs by age

Data element	2015	2016	2017	2018	2019	2020	2021
35 Years (first visit)	94,089	111,798	114,314	132,691	129,321	102,389	76,848
45 Years (first visit)				28,655	44,634	36,841	31,620
Other ages (first visit)	52,675	50,411	46,936	50,469	45,518	22,592	11,011
Total	146,764	162,209	161,250	211,815	219,473	161,822	119,479

Table 7 - Well Woman Clinic attendance by women aged 35 years and 45 years (2015-2021)

Indicator	2015	2016	2017	2018	2019	2020	2021
Percentage of women aged 35 years who attended the WWC	45.1	52.8	53.3	61.4	59.1	46.5	34.9
Percentage of women aged 45 years who attended the WWC	-	-	-	16.6	25.5	20.9	17.9

As mentioned above in Table 7, Well Woman activities were expanded gradually throughout the country. There has been a coverage of around 60% in respect of 35-year age cohort and 25% in respect of 45-year age cohort.

Table 8 - Clinic attendance (first visits) and morbidities detected (2015-2021)

Activity	2015	2016	2017	2018	2019	2020	2021
Number of 35-year women attending WWC clinics	94,089	111,798	114,314	132,691	129,321	102,389	76,848
Cervical smears reported as high and low-grade lesions	505	665	442	769	751	775	487
Cervical smears reported as malignant (Carcinoma)	32	44	5	8	34	3	9
Breast abnormalities detected	2,652	2,697	2,772	3,807	3,726	2,780	1,848
Diabetes Mellitus detected	2,780	3,741	3,028	4,518	5,955	4,959	5,252

Hypertension detected	5,899	6,374	5590	7778	7618	6259	4911
------------------------------	-------	-------	------	------	------	------	------

As in 2020, Family Health Bureau (FHB) obtained consumables needed for the Well Woman Clinics from Medical Supplies Division (MSD), Ministry of Health and supplied the same to all MOH areas through the District Regional Medical Supplies Divisions (RMSD). Some reagents for the labs were procured by FHB and distributed to all labs providing cervical cyto screening services for pap smears. Records of all consumables and reagents were maintained by using the inventory management software programme, 'Channel'.

- **Special development activities planned for 2022**

A, "Liquid Based Cytology Machine" is expected to be introduced as a cytology test (to see cellular changes in the cervix) for those that become positive for HPV. The tender procedure is underway to purchase one machine for the National Screening Program. Given the economic crisis faced by the country a limited number of HPV DNA test kits to be purchased using PSSP allocation. A small stock of about 2000 HPV DNA test kits are expected to be donated by World Health Organization in order to sustain the HPV DNA program albeit in a small scale.

As Sri Lanka is committed to achieve interim targets of cervical cancer elimination by 2030 it is important that HPV DNA test kits are purchased continuously in a stepwise manner and that financial allocations are reserved to make this endeavor a success.

Intra-natal and Newborn Care programme

Achievements/special events in 2021-2022 up to Q 2

Intra-natal and newborn care unit of the Family Health Bureau is responsible for improving the care during childbirth and newborn period with the objective of reducing maternal and neonatal morbidity and mortality.

The following activities were carried out during the year 2021 and up to Q2 2022 in lining with the maternal and newborn health strategic plan 2017-2025.

- Capacity building of health staff on breastfeeding counselling and essential newborn care
Training of Trainers programmes (ToT) on Breastfeeding Counselling/ Lactation Management were conducted to update knowledge and practical sessions to improve the service quality of health staff involving lactation management in hospitals. Breastfeeding counselling training programmes were conducted for medical officers, nursing officers and midwives in Kotelawala Defense University Hospital, DGH Matara, De Soyza Maternity Hospital and Colombo North Teaching Hospital.
- Essential Newborn care training programmes for medical officers, nursing officers and midwives were conducted at DGH Gampaha, DGH Negombo & Colombo North Teaching Hospital Ragama refreshing the knowledge of health staff.

- Two training programmes were conducted for Postgraduate trainees in Paediatrics on Breastfeeding Counselling and essential newborn care during the year 2021 and 2022. A hands-on skills training on Emergency obstetrics care was conducted with collaboration of SLCOG for 35 participants which comprised of medical officers and nurses.



Figure 1 ToT on Breastfeeding Counselling Matara

➤ Celebration of Breastfeeding week and related activities

In parallel with World breastfeeding week, August 1st – 7th was declared as national breastfeeding week and a series of activities were conducted.

A webinar to update the field health staff on Breastfeeding and newborn care and several public awareness programmes were conducted along with breastfeeding awareness month in collaboration with Collage of Paediatricians under the theme, “Protect breastfeeding: A shared responsibility”.

Public awareness programmes were conducted in collaboration with Sarvodaya and SUN PF, LEO Club of Gampaha Metro and Broadcasted on FB Live/You tube allowing unlimited participants. A special programme was conducted to increase knowledge on breastfeeding and newborn care among people with hearing defects, organized by the UNFPA and Sri Lanka Central Federation of the Deaf (SLCFD).

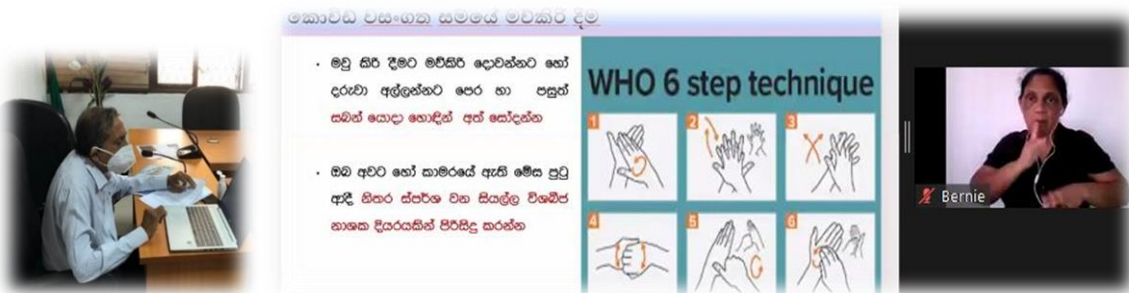


Figure 2 Activities to Celebrate Breastfeeding week 2021

- Guidelines on Management of newborn suspected/confirmed with COVID-19 Guidelines were developed and updated for management of newborns suspected/confirmed with COVID-19 and on levels of care according to the country situation. A leaflet was designed and printed with the support from UNICEF in both Sinhalese and Tamil medium to educate mothers on breastfeeding during COVID-19 and

distributed to hospitals specially providing maternal and newborn care services. UNICEF extended their support for printing Trainer’s manual of Breast-feeding counselling to continue the capacity building of health staff.

Printing and continuous supply of National partogram and MOEWS Charts for labor rooms, NICU /SCBU records for Neonatal care were done throughout.

➤ National Newborn Screening Programme

Reagents, dried blood spot collection cards and padded envelopes for the national newborn screening of congenital hypothyroidism were supplied during the year 2021 and 2022. A meeting was conducted at MRI to discuss gaps and issues associated with data management of newborn screening programme for congenital hypothyroidism.



Figure 3 Meeting held at MRI to improve New born screening programme on Congenital Hypothyroidism

Two meetings were conducted at Castle Street Hospital for Women and De Soysa Hospital for Women to revamp newborn hearing screening programme. Refresher training for nursing cers were conducted in these two hospitals.



Figure 4 Revamping newborn hearing screening programme at Castle Street Hospital for Women, De Soysa Maternity Hospital

➤ Assessment of facilities available at the NICU and SCBU to re identify the capacity of the institution

A survey was conducted to identify the facilities available in the NICU/SCBU (including human resource and equipment) to update the levels of newborn care.

Childcare, Development and Special needs programme

Achievements/Special Events in 2021-2022 Up to 2nd Quarter

- *Commencement of the INCLUDE programme (Inclusive Early Childhood Development) in Kandy and the opening of the Regional Child Development Intervention Centre (CDICreg) at Digana*

The child health program of Sri Lanka traditionally had been focusing on child survival and growth. Hence, most of the activities targeted enhancing the growth of children and preventing childhood morbidities and mortalities. The services targeting early child development and services for children with disabilities wasn't a priority until recently. Although Child Development programme was incorporated into Child Care Programme of the country in 2002, it was focused mainly on the development promotion activities of all the children under 5 years of age.

Inclusive Early Childhood Development Program (INCLUDE) was designed to fill this gap with the objectives of promoting development of all the children under 5 years of age, screening them for developmental delays and disabilities and providing comprehensive services for children with special needs. The first pilot project of this programme was launched on 31st of July 2020 with the collaboration of the Regional Directorate of Colombo District. The programme was expanded and introduced to Kandy district in May 2021 and Regional Child Development Intervention Centre (CDICreg), Digana was launched.

Prior to the official launching of this project in Kandy all the Medical Officers of Health (MOHs) and Public Health Midwives (PHMs) of the 23 MOH areas of Kandy District was trained comprehensively on development promotion and screening activities. Under this programme it is mandatory to screen all the children under the care of PHMs at the age points of 2, 4, 6, 9, 12, 18, 24, 36, 48 and 60 months. This was done using the screening tool developed by the Family Health Bureau which was also incorporated into the Child Health Development Record (CHDR). Children who were identified as having a development concern by this screening tool should be referred to the Regional Child Development Intervention Centre (CDICreg) through the MOH.

CDICreg is the clinic where those children were cared by a multi-disciplinary team (MDT) which was the most effective model of providing care according to the current global evidence. In the ideal set up MDT is led by the Consultant Community Paediatrician and comprised of Medical Officers, Speech and Language Therapist (SLT), Physiotherapist (PT), Occupational therapist (OT), Psychologist and Educational Therapist (ET), social workers, Nursing officers and supportive staff members. For the Kandy District CDICreg was developed within the premises of the Digana Rehabilitation Centre and it was declared as open in May 2021 in parallel with the launching of the programme in Kandy even with the minimum number of physical and human resources.

PHMs of the District were able to screen the children under care and the children who were identified and referred to the Community Paediatrician were managed and followed up within the outreach clinics as well as in the regional center. Although this programme was affected by the COVID 19 pandemic of the country throughout it was successfully

carried out by the public health staff and the staff of CDIC Digana who was led by the Community Paediatrician.

➤ ***Introduction of the five booklets on “Care pathways and National management guidelines for early detection and management of common childhood development disorders and disabilities”***

For the past two decades, services for children with disabilities were not a priority until recently. However, with the recent scientific evidence on brain plasticity and brain development, it was evident that early child development and early interventions for developmental concerns have a very high return of investment.

Most childhood developmental disabilities are caused by an insult to the developing brain during the antenatal or perinatal period. Cerebral Palsy, autism spectrum disorder, dyslexia and intellectual impairment are examples of some of the developmental disabilities that are commonly seen.

Recently, with the advancement of neonatal care and novel therapies, the survival of neonates with complications is rising around the world. Sri-Lanka is not an exception with a remarkable achievement in the Millennium Development Goals on child mortality by halving preterm deaths. Amidst this achievement, the country has to be ready to enhance the quality of life of the survived children who will be facing many challenges including disabilities.

Identifying this need, in parallel to the INCLUDE programme aforementioned booklets were developed.

To facilitate the INCLUDE programme, three childcare pathways were introduced to identify those children with special needs. The public health pathway is the systematic screening of all children born in Sri-Lanka, for developmental delays and disabilities by public health staff. The Neonatal care pathway is the screening and following up of infants discharging from neonatal units (premature, low birth weight / subjected to perinatal insults to the developing brain) by neonatal teams. Primary care, general practitioner and other clinician pathway is the opportunistic pathway to screen the children that get missed by above two pathways. The screening positives from all three pathways will be referred to CDIC of the district. “Care pathways for early detection of common childhood developmental disabilities” was developed to provide guidance for all health care personnel to deliver inclusive care for children with disabilities and developmental delays.

Moreover, to provide comprehensive care for the identified children with common childhood disorders, National Management Guidelines were developed for Autism spectrum disorders, Cerebral palsy and other neuro-development disorders.

To identify the currently available non-health services for children with disabilities and families in Sri-Lanka within the government sector and to link them to the care pathways on early identification and management of developmental disabilities, “Multisectoral services available for children with disabilities” booklet was developed.

➤ ***Commencement of Neonatal teams' trainings in developmental care in the Colombo district***

This pathway outlines the processes and standard operation procedures promoting early child development at the curative sector hospitals where childbirth takes place. The clinical team who undertakes the neonatal care upon delivery is responsible to provide the necessary developmental support for the newborn and the family. In hospitals where there are neonatal units, in addition to the above, the clinical team is responsible to provide developmentally conducive environments and stimulations during the hospital stay and to screen the infants for developmental delays and disabilities at the follow-up well baby clinics.

To facilitate Newborn care pathway, training programmes for the newborn teams of Lady Ridgeway Hospital, De Zoysa Maternity Hospital, Castle Street Hospital for Women and Colombo South Teaching Hospital were initiated in 3rd quarter of 2021.

➤ ***Establishment of National Steering Committee on Childhood Developmental Disabilities***

The holistic service provision for children with developmental disabilities expands beyond the scope of the health sector. To address this by a joint collaborative approach by relevant multi-sectoral stakeholders and also to deliver the best impact on the affected children, their families and communities “The National Steering Committee of Childhood Development Disabilities” under the chairmanship of the DGHS is formulated in March 2022.

➤ ***Finalizing the Implementation plan***

The implementation plan up to 2025, on child care, development and special needs was drafted and finalized.

➤ ***Completion of the “Baseline survey on proportion of children aged 24-59 months who are developmentally on track in Sri-Lanka”***

Sri Lanka has endorsed the sustainable development goals (SDG) agenda for the year 2030, which urges the countries to work towards to achieve peace and prosperity for people and the planet. The SDGs focus on the rights of children and has identified the importance of intervening from early child period in order to achieve human capital development.

The fourth goal in the SDG agenda focuses on quality education, which has been identified as a precursor in upward socioeconomic mobility and as a key in escaping poverty. Educating children gives the next generation the tools to fight poverty, prevent disease and build more resilient and peaceful societies. The SDG 4 “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all” further highlights the inclusiveness and equity, which gives very important connotations and policy directives for a country.

The second target among the ten targets of the goal of quality education focuses on the early childhood development. The target 4.2 urges the countries to ensure that by 2030,

all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

Over decades, the scientific evidence has been gathered on the importance of early child development and also the cost-effectiveness of investing in this period. Despite this evidence the countries have been slow in bringing the ECD agenda to the forefront. The situation is similar for Sri Lanka as well.

In Sri Lanka, the ECD program, as a component of the child health has commenced in the year 2000 and since then it has been revamped several times. At the moment, the grass root health care worker, the Public Health Midwife (PHM) has been trained in ECD and delivering the necessary advice to the parents under the nurturing care framework. However, still the attention and priority are for the nutrition and health components of the nurturing care framework, rather than responsive care giving, early learning opportunity and safety/security. Sri Lanka is still focusing on surviving rather than thriving. This may be due to the reason that we do not measure the development of children in the early child period. What is measured can be addressed and improved and no data may equal no problem which may result in no action.

Amidst this context the SDG agenda, realizing the importance of measuring the ECD has developed two indicators to measure the progress. The indicator 4.2.1, measures the proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being, by sex, and indicator 4.2.2 measures the participation rate in organized learning (one year before the official primary entry age). Globally, the tool to measure 4.2.1 indicator is the newly developed Early Childhood Development Indicator 2030 (ECDI 2030). UNICEF as the custodian of this SDG target developed the ECDI2030, which was a result to fulfill the gap in lack of globally accepted indicators for child development to monitor progress or ensure accountability. The ECDI2030 addresses the need for nationally representative and internationally comparable data on early childhood development, collected in a standardized way. The ECDI2030 is not intended to generate data for reporting on individual development domains or individual children. Rather, it is meant to produce one population level indicator based on a single summary score that captures the developmental interlinkages among health, learning and psychosocial well-being.

At the moment the ECDI is available in several languages but not in Sinhala and Tamil, which are the National languages in Sri Lanka. The FHB with the support of the UNICEF is in the process of translating and customization of the ECDI 2030 to the local languages. At the same time to set a target for the SDG indicator 4.2.1 for the year 2030, we do not have any base line data on the developmental status of the Sri Lankan children. Currently that data is not collected in any routine surveys or Demographic and Health surveys. Therefore, to address the urgent need a base line survey to identify the current status of the country was conducted, following ethical approval and pilot study.



School Health programme

Achievements/Special Events in 2021-2022 Up to 2nd Quarter

- **Development of an E-Learning module on Life Skills**
A physical workshop was conducted at FHB, in March 2022, with multiple resource persons to develop a programme outline.



- **Development of an E-Learning module on Health Promoting Schools**
A consultative workshop was conducted via zoom technology, hosting from FHB, in February, 2022, with multiple resource persons to develop a programme outline.



- **Printing of Training Manuals**
Following training manuals and books were printed in December, 2021 with five year amendments.
 - Psychosocial Training Manual

- Manual for Obesity prevention
- Poster on prevention of bullying
- Iron leaflet
- School health Guide
- Growth charts
- Height measuring charts



- ***Development of SOP materials for conducting Schools, national examinations and sports events.***

Following guidelines were made and disseminated to Ministry of Education and Department of Examinations.

- Guidelines for conducting GCE A/L, GCE O/L and Geode 5 Scholarships Examinations of years 2019,2020 and 2021
- School reopening guidelines
- Guidelines for conducting sports meets at schools and Big matches.
- Guidelines for conducting Zonal, Provincial and National level non-contact and contact sports events.
- Guidelines for teacher training sessions.

- ***Coordinating Conduction of COVID-19 positive and suspected students, at separate examination centers and at special COVID-19 Hospitals.***

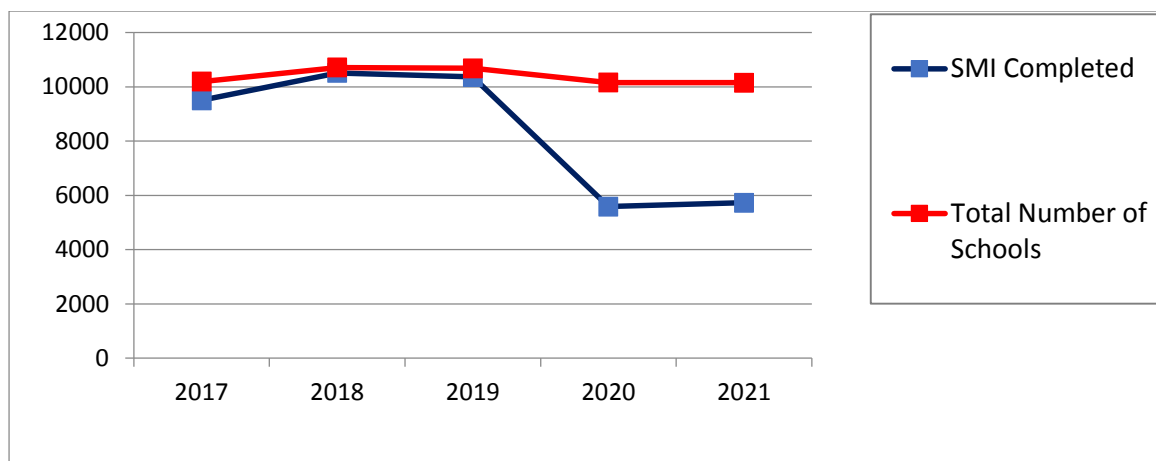
- School Medical Inspection 2017-2021

The target group for School Health Programme (SHP) is children and adolescents attending government and private schools. There are 4.1 million students in 10155 schools needing school health services.

School health is a shared responsibility of both Health and Education ministries. FHB is the focal point for the SHP in Sri Lanka.

The main services of SHP are conducting School medical inspection, detecting nutritional and other defects, referral, educational programmes and vaccination. Other services are shealth and educational staff training, educational material development, monitoring and evaluation.

The Medical Officer of Health (MOH) and Public Health Inspector (PHI) are main responsible officers under supervision of Medical Officer of Maternal and Child Health (MOMCH) and Consultant Community Physician(CCP).



➤ **Training Programmes done 2018-2022**

The regular training programmes were stopped due to Covid 19 pandemic in 2020-2021 and due to non-availability of funds in 2022. Two TOTs done via web based E module (LMS) in 2022. All 11 meetings were conducted via zoom in 2022.

Table 9

	Work	2018	2019	2020	2021	2022
1	TOT on Life Skills	17	12	3	0	2
2	TOT on Health Promoting Schools					
3	TOT on School Medical Inspection	1	0	0	0	0
4	Other TOT	4	8	7		2 via LMS
5	Zoom meetings					11
6	Field visits	3	5	3	1	0
7	Other Meetings	6	7	1	5	6

Printing 2018-2022

➤ Printing was not done in 2022 due to non-availability of fund allocations.

Table 10

	Book/leaflet	2018	2019	2020	2021	2022
1	Psychosocial Training Manual		S 3000 E 700	0	0	0
2	Manual for Obesity prevention	S 7000	S 7000 E 500	T 3000	0	0
3	Poster on prevention of bullying	S 15,000	0	0	0	0
4	Iron leaflet	S 3,100,000	S 3,100,000	S 3,100,000	0	0
5	School health Guide	S 3000	T 700	0	0	0
6	Growth charts	0	20,000	0	0	0
7	Hight measuring charts	0	1,0000	0	0	0

➤ **Web Developments**

The inability of Conducting of Physical meetings director our vision into developing web based training programmes. The web site and Parenting LMS was made spending 4 million rupees

The LMS on psycho-social well-being was developed by Doctors and Staff of School Health unit, without spending money.

Table 11

	Title	2018	2019	2020	2021	2022
1	School Health Web site	0	0	0	1	0
2	Parenting LMS	0	0	0	1	0
3	Psychosocial Well Being of School Children LMS	0	0	0	1	0
4	Health Promoting School for school teachers	0	0	0	0	1
5	Life Skills for school teachers	0	0	0	0	1

Special development activities planned for 2022 and 2023

- Development of an E learning module to teach the concept of “Health Promoting School” to school teachers
- Development of an E learning module to teach the concept of “Life skills” to school teachers

The Terms of References written and Approved by DGHS for both E learning modules. And Specifications are being developed. The funds are pipelined from World Bank/ Primary Health care System Strengthening Project.

- Printing “Parenting book” in Tamil Medium. Funds are pipelined.



- Adoption of WHO standards for Health Promoting School – Funds pipelined from WHO. Preliminary paperwork done and DGHS approval taken.

Monitoring & Evaluation

Achievements/special events in 2021-2022 up to 2nd Quarter

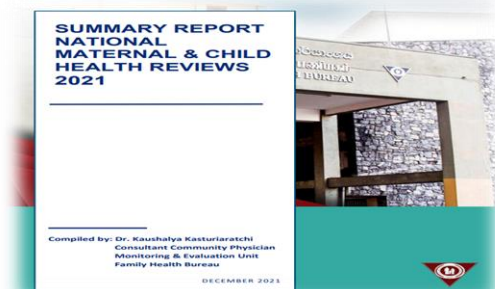
2021

- Dialog between Central & Peripheral Consultant Community Physicians one day physical workshop to identify issues in periphery and to provide latest updates in RMNCAH
- MOMCH two-day workshop (Physical)

Two-day workshop carried out physically in April 2021 with the participation of all Medical Officers of Maternal and Child Health to review their activities



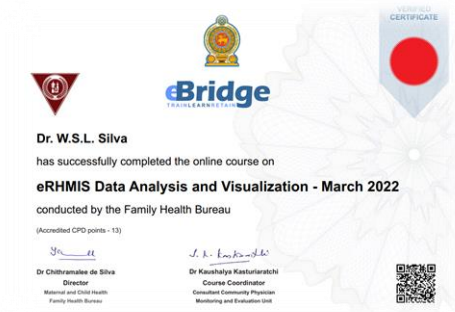
- RSPHNO workshop – an online one-day programme was done in November 2021 to further strengthen the district level supervision activities
- Survey Statistical Offices/PPO/DA training – one day virtual review meeting for all district PPOs/DAs handling data at district level held in October 2021
- National MCH Reviews of all 28 districts including CMC and NIHS were conducted virtually and a report based on the issues identified was prepared and handed over to the Secretary Health for necessary actions



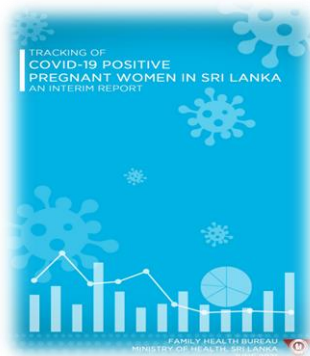
- A Learning Management System for FHB [eBRIDGE] was developed based on a free and open-source Moodle platform and launched as an inhouse development by M&E Unit staff members with zero cost



- Online CME course was introduced via eBRIDGE and 60 MOHs completed the online certificate course which is accredited with 13 CME points



- A DHIS2 based tracker programme was developed and implemented to track all COVID-19 positive pregnant women to see the impact of COVID-19 on pregnancy and outcome. Data were analyzed periodically and disseminated as interim reports.



- Vaccine tracker programme was developed and introduced to monitor vaccination among pregnant women from July 2021
- Twelve working committee meetings (monthly) were held to upgrade and review the information systems
- Nine refresher eRHMS trainings for PHNS and SPHMs were conducted as online trainings covering all 9 provinces
- Private sector MNH hospital data capturing through the eRHMS 2 was expanded to the Central Province after training major private sector hospitals in the province where there are deliveries happening. All private hospitals in Kandy provide

information to the national database from 2021 in addition to the private hospitals in Western Province

2022

- Five eRHMS refresher trainings in Sinhala & Tamil mediums for newly recruited PHNS and SPHMS were conducted
- Orientation for newly appointed MOMCHs on RMNCAH programme was organized and conducted in March 2022
- Introduction eRHMS refresher training for few selected Private Hospitals in Colombo
- Seven working committee meetings were conducted
- RHMS revision initiated with several consultative meetings to identify the requirement in each programme area.
- Revision of Supervision tools and development of a training module initiated with the support of WHO. Requirement analysis workshops were held and focus group discussions are planned this month (September)
- By the end of August 2022, 23 National MCH Reviews out of 28 have been completed both virtually and physically

PERFORMANCE INDICATORS

Table 12

Indicator	2017	2018	2019	2020	2021*
Maternal mortality rate	39.3	32.0	28.8	30.2	
Neonatal mortality rate	6.2	6.5	7	6.4	6.5
Infant mortality rate	8.7	9.1	10.1	8.4	9
Percentage of pregnant mothers registered before 8 weeks	79.4	79.8	80.6	80.9	81.8
Percentage of Institutional deliveries	99.9	99.9	99.9	99.9	99.9
Percentage of teenage pregnant mothers registered	4.6	4.4	4.4	4.1	3.9
Percentage of underweight young children (1-2 years)	12.8	12.4	12.4	11.9	11.4
Percentage of underweight preschoolers (2-5 years)	20.5	19.7	19.7	19	18.6
Percentage of School Medical Inspection completed (SMI)	87.8	98.3	96.9	55	56.5
Percentage of eligible couples using modern family planning methods	57.3	57.9	58	58.5	57.7
Percentage of eligible couples with unmet need of family planning	6.3	6	5.9	5.9	5.6

*Provisional data

Special development activities planned for 2022 and 2023

- Revision of supervision tools and pilot testing
- Scaling up of eRHIS2 in Southern Province

Research

Achievements/special events in 2021-2022 up to Q 2

Workload Indicators of PHM Staffing Needs (WISN) District PHM Cadre Requirements Sri Lanka 2021 was carried out and report was published in FHB web site.

National survey on Under 5 Nutrition Status – Aftermath of COVID-19 Epidemic Completed in Hambantota, Jaffna and Colombo districts 2021-2022. Based on the findings Reports were prepared.

The health system needs to maintain essential and emergency SRMNCAH services in Sri Lanka in the current economic downturn - A Rapid Assessment 2022 has been initiated and data collection is going on.

Special development activities planned for 2022 and 2023

- National survey on Under 5 Nutrition Status – Aftermath of Covid-19 Epidemic has been planned in remaining 23 districts and will be completed within 2022.
- The health system needs to maintain essential and emergency SRMNCAH services in Sri Lanka in the current economic downturn - A Rapid Assessment 2022 has been initiated and will be carried out in all hospitals up to Bae hospital level and in selected Divisional Hospitals in each district. In order to get information from preventive health services this Rapid Assessment will be carried out in selected MOH areas also in each District.

The findings will be useful for upcoming funding proposals to be developed by the Ministry of Health and Donor agencies.

Planning and Development

The unit is responsible for the planning and development activities of RMNCAYH at Family Health Bureau.. Scope of work include policy, advocacy, strategic planning for RMNCAYH program in general, coordination of implementation planning at national and peripheral level, human resources and capacity development activities and coordination, disaster preparedness and response coordination activities with regard to reproductive and child health in emergencies and assistance in general management.

Activities carried out during in 2021-2022 up to 2nd Quarter

Two mini-planning workshops were conducted virtually for the district focal points in maternal and child health in recovering services and intervention coverage following the set-backs from the pandemic., During the COVID-19 pandemic situation, conducted training programmes on disaster preparedness and response in RMNCAYH system in Sri Lanka especially through advocacy meetings to strengthen preparedness and response for reproductive health issues in Emergencies via online platforms. Review meetings on

annual action plans, progress reports, budget debates, central bank reports were conducted regularly throughout 2021 and 2022.

Documentation and communicating the disaster response in maintaining RMNCAYH during the pandemic. The unit coordinated participation at multiple different global and local platforms.

Achievements/special events in 2021-2022 up to 2nd Quarter

- World Health Organization Country survey on implementation of recommendations of antenatal care, intra-partum care, maternal and newborn care, birth defect prevention & management at national and sub-national level.
- Training programme on creating a policy dialogue for central level programme managers – a pilot programme following the WHO training programme
- Workshops – Cash management for household of public health staff workshop in collaboration of Directorate and Estate and Urban health. This was conducted in both Sinhala and Tamil language for all the public health staff in Sri Lanka
- Forecasting the programmatic challenges, the unit prepared contingency plans For RMNCAYH program for central and peripheral service delivery. Multiple interim guidelines were developed and disseminated for disaster situations caused by COVID-19 and economic downturn in Sri Lanka.

4.2.3 Health Promotion Bureau

Introduction

Health Promotion Bureau (HPB) is the centre of excellence in Sri Lanka for health education, health promotion and publicity of health information.

The health promotion and publicity programme facilitates the achievement of better health indicators and SDGs through advocacy, behaviour change communication, community empowerment and collaborative partnerships. The impacts and outcomes of the programme are reflected in those of other programmes, as the HPB works in collaboration with the support of other national-level programmes.

Vision

An empowered healthy nation living happily and harmoniously with each other and nature.

Mission

Empowering people to take ownership of their health and wellbeing, to address the determinants of health affecting individuals, communities and the environment, as the Centre of Excellence for health promotion

Strengths of the programme

Developing communication strategies on nutrition, Non-Communicable Disease (NCD) prevention, reproductive health, risk communication and other areas of health empowerment in accordance with technical guidelines and common objectives to be achieved by different sectors, assures an integrated multi-sectoral approach in health promotion.

Advocacy is one of the main communication strategies performed by the HPB at various levels for diverse stakeholders aiming for policy changes that lead to health promotion and well-being of people. Public awareness aiming at lifestyle modification for better health in the community through mass media is a unique service that has been provided for years by HPB and appraised by all sectors. Resource persons from HPB in collaboration with other institutions relevant to health and wellbeing, make the public aware of emerging health issues and healthy practices through the media.

HPB regularly conducts media advocacy seminars on current health issues, also focusing on days based on particular health issues. Apart from that, HPB plays a vital role in improving public awareness on emerging health problems, health promotion and healthy behaviour changes by active participation in mass-scale health exhibitions, national campaign days and community events.

Challenges of the programme

Some of the identified challenges are as follow.

- No specific forum to discuss health promotion at provincial, regional & district levels and in the absence of such, sub-optimal utilisation of existing platforms for health promotion & sub-optimal skills in advocacy and mediation to strengthen health promotion
- Poor intersectoral collaboration in achieving mutual targets, with duplication of resources & poor collaboration with the non-health sectors in health promotion.
- The gap between knowledge and its application through recommended behaviours and practices
- Sub-optimal support for healthy lifestyle practices (eg- poor availability and accessibility of healthy food options) & sub-optimal linkage between health promotion and social development programmes
- Inadequate concessions for ventures/projects conducive to health
- Inadequate support for social marketing for good health

Partnership with other sectors

Health Promotion Bureau is currently working with different relevant stakeholders including health, non-health, governmental and non-governmental agencies to achieve its objectives through integrated multidisciplinary approaches. HPB provides technical consultation for advisory committees, consultative meetings, workshops, research and surveys and is very often invited by other public organisations to share its expertise.

Key achievements 2021-2022

Family Health & Nutrition Communication and Behavioural Surveillance & Research Unit

- Established a Community Engagement platform for COVID 19 prevention activities with Sarvodaya, WHO, UNICEF & ADT. Developed and printed 'Community Engagement during COVID-19 vaccine rollout' - a trilingual information and action guide for community leaders and influencers with the support of UNICEF.
- Established & mobilised an interfaith platform involving all religious leaders in COVID-19 prevention activities. The success story was published in the Journal of Religion and Health in February 2022. Established an SMS platform to share messages on Covid Appropriate Behaviour (CAB) and nutrition promotion among selected groups (Mothers' Support Groups, Community Groups/ Community leaders/ SDTs) in the community.
- Developed and piloted the Health Promotion Settings App for all healthy settings in Sri Lanka (preschool/ school/workplace/ hospital/ village). Published as a paper 'Revisiting health promotion settings: An innovative model to integrate healthy settings via a mobile application' in the journal of Health Promotion Perspectives 2022.
- Conducted a nutritional intervention programme and research for improving nutrition-related awareness among pregnant mothers and mothers of young children in collaboration with SUN-PF in five districts in Sri Lanka. Conducted the Annual national review and awards programme 2021 for Mothers' Support Groups and field health staff as an online event with live streaming on YouTube.

Media & Publicity Unit

- Conducted regular press conferences on the COVID situation, current health issues and special health days in collaboration with health ministry officials and specialists in the relevant fields. These were live streamed via Health Promotion Bureau YouTube channel.
- Established a media network comprised of 185 mass media and social media channels and media personnel through which the press conferences and press release information were disseminated. Developed video and audio clips on current health issues and disseminated those through Health Promotion Bureau YouTube channels and media networks.
- Coordinated with media stations to arrange the participation of the resource persons from HPB, other public health programmes and professional colleges for media talk shows on health issues.

Health Communication & Life Skills Unit

- Conducted a training programme on 'Positive interaction and communication skills to prevent Sexual and Gender-Based Violence' (Happy Family Programme) for health staff at the district level and developed video series to facilitate the training on virtual platforms.
- Developed of curriculum for life skill training and training aids to conduct training of trainers on Life Skills and soft skill improvement programme for district level youth leaders and trainers.
- Developed a series of video clips to improve Men's health and also and also animations on sub-fertility to increase awareness among Public Health Staff and the community.
- Developed content and promotion of well-women clinic facilities through the 'Suwanari" official Facebook page. Developed curriculum and conducted a training programme for public health staff on the promotion of Menstrual Health and Hygiene (MHH) among girls and women at the district level.

Hospital Health Promotion and Planning Unit

- Conducted online training and advocacy programmes on the implementation and development of a Hospital Health Promotion setting for all island Hospital Heads, Regional Directors (RDHS), Provincial Directors (PDHS) of Health Services, Provincial & District Consultant Community Physicians, Medical Officers, Health Education Officers (HEOO) and Health Education Nursing Officers or Nursing Officers involved in Hospital Health Education and Health Promotion activities.
- Conducted online training on eHEAPIMS and developed an Annual Action Plan for all District Health Education Officers (HEOO).
- Conducted online lectures on Breast Cancer Awareness, Prevention of Diabetes and Key aspects of HIV/AIDS prevention in collaboration with the National Cancer Control Programme, Non-Communicable Disease Unit of the Ministry of Health and National STD/AIDS Control Programme respectively for Medical Officers and Health Education Nursing Officers or Nursing Officers involved in Hospital Health Education and Health Promotion activities.
- Completed printing of the Guideline on Hospital Health Promotion which is currently available at the Health Promotion Bureau for distribution among Health Education Officers to the hospitals in their respective Districts.

Oral Health Promotion Unit

- Developed and printed Preschool Health Promotion Setting Development manual and disseminated a circular for preschool health promotion setting development - A trilingual information and observation checklist for all public health staff (CCP, CCD, MO-MCH, RDS, HEO, SSDT, RSPHNO, SPHID, PHM/PHI/SDT) and all preschool

authorities, district and divisional early childhood development officers and preschool teachers.

- Conducted online advocacy and training programmes on the implementation, monitoring and evaluation of the Preschool Health Promotion Setting Development programme for all CCP, CCD, MO-MCH, RDS, HEO, preschool authorities of NSECCD and all district and divisional early childhood development officers.
- Developed a “BCC intervention package” and disseminated a circular on “Promoting oral health during early childhood” targeting caregivers of 0-3-year-old young children - A trilingual information and supervision guide for all CCP, CCD, MO-MCH, RDS, SSDT and HEO across the country. Conducted online advocacy and training programmes on the implementation, monitoring and evaluation of BCC intervention for promoting oral health during early childhood for all CCDs, RDSs, SSDTs and selected Community Dental Surgeons across the country.
- Developed an IEC package and disseminated it among the preschool community for risk communication during COVID 19 pandemic. Developed an IEC package on “multi-speciality Dental Care” and disseminated it among the general public via digital signage and HPB social media platforms.

Training Unit

- Developed and pretested the Orientation Training Module for Health Education Officers and Completion of training of the newly recruited District and central level Health Education Officers.
- Developed the training module for Training on Building Core Communication and Basic Counseling Skills of the Intern Trainee Dental Surgeons on prevention of OPMD, Oral Cancer and Dental Caries in collaboration with the NCCD and conduction of the training for the regional oral health promotion teams.
- Conducted orientation training programmes for Medical Officers of Health attached to NIHS, Community Medicine Clerkship Programmes for Medical Students and conducted post-MD Community Medicine training programme on public health management.
- Conducted online awareness programs on Sinopharm vaccination for Garment factory workers - MAS holding workers at Biyagama free trade zone. Collaborative training with the Mental Health Directorate for 200 counsellors and social workers was completed. Planning and conduction of Alcohol Cessation program, 6 island-wide sessions for selected counsellors with the collaboration of NATA.
- Preliminary discussions were completed to conduct the TOT program for Supervisory Police offices on psycho-social wellbeing, money management and

current health issues as a joint venture with the Ministry of the Public Security, Division of Disease Control and Prevention.

IEC development Unit

- Developed audio messages on CoVID -19 vaccination awareness, voice messages for public address systems to persons undergoing PCR testing at MOH settings and in urban councils and CMC centres & development and daily broadcasted Health Education voice messages via SLBC Vision FM educational service. Development and distribution of leaflets on Post Covid, Black Fungal disease, Home Based Care Management, leaflets to persons undergoing PCR testing, Sticker for PCR-tested people and Leaflet on maternal vaccination (with FHB).
- Launching and maintaining the Health Education channel of the Digital Signage TV platform for Primary Care Institutions. Development of animations, short videos and stills for the digital signage.
- Participated in Resource/ expert panels in IEC production at Directorate of Nutrition, Mental Health, TB control, Urban and Estate Health, Rabies control, Family Health Bureau and Epidemiology unit.

Community Health Promotion Unit & Social Media Unit

- Advocating and facilitating the development of “Happy Villages” resulting in the percentage of MOH areas with at least one functioning happy village increasing from 81.1% in 2021 to 86.7% in 2022.
- Health communication reach through social media being expanded - increase from the median value of the Facebook metric of monthly users of the page (the total number of unique users who saw at least one post published on the page at least once during the month) from 61% (4,588,578) in 2021 to 65% (4,767,435) in 2022.

Policy and Advocacy Unit

- Draft preparation, which is near finalisation, of Health Promotion Strategic Plan 2022 -2026.
- Development of COVID appropriate behaviours and vaccine communication messages for LED display screens island-wide and public communication through diverse channels, in all 3 languages.
- Advocacy for risk communication and work place health promotion through stakeholder discussions.

Risk Communication Unit

- Developed and disseminated COVID-19 vaccine communication plan in collaboration with technical and relevant stakeholder partners, script writing and video development for felicitation of 1st anniversary of COVID vaccination programme.
- Established a Technical Advisory Committee on Risk Communication with TOR and conducted meetings to prioritise areas, themes and strategic approaches for relevant and timely risk communication.
- Conducted a mass media campaign for COVID Appropriate Behaviours and vaccination for COVID-19, in collaboration with Unicef and WB and development and dissemination of messages and IEC material inclusive of videos, television spots and audio-visuals to prevent and control COVID-19
- Compilation of thrice weekly to weekly public concerns report with public concerns as received by the 24-hour 'Suwasariya' health information hotline and dissemination of the same to higher authorities for proper and timely actions.

Developed workplaces to be health-promoting settings through stakeholder mee

4.2.4 Mental Health Programme

Introduction

Directorate of Mental Health is the national level focal point of the Ministry of Health responsible for the National Mental Health Program. The unit is responsible for policy development, strategic planning, strengthening of mental health services through improved infrastructure, human resources and monitoring and evaluation of National Mental Health Program.

Vision

A society where mental well-being and human rights are valued and promoted, and people with mental disorders have timely and affordable access to comprehensive, integrated, effective, and culturally appropriate mental health and psychosocial care, free from stigma and discrimination

Mission

Establish an enabling environment for the enhancement of mental wellbeing for all, through mental health promotion, illness prevention, treatment and rehabilitation, psychosocial care and protection of human rights.

Objectives

1. To strengthen effective leadership and good governance for mental health at all levels of care.
2. To provide comprehensive, integrated and responsive mental health and psychosocial care

3. To implement mental health promotion and prevention strategies
4. To protect the human rights of persons with mental illness and psychosocial disabilities
5. To strengthen resources required for the delivery of services
6. To strengthen monitoring, evaluation and information system
7. To promote research and evidence-based practices in mental health
8. promote advocacy to reduce mental health treatment gap, stigma and discrimination

Major developments & achievements during the year 2021 & up to 2022

Health manpower and human resource development

- Recruitment process of clinical psychologists to government institutions is ongoing.
- Primary Health Care staff at community support centers was trained on child mental health – Community support center - Divulapitiya
- Conducting monthly Capacity building workshop for Medical officers/Mental Health Focal Point
- Training of medical officers in primary care institutions on common mental disorders at Gampaha
- Recruitment of community psychiatric nurses was initiated and ongoing
- Initiated revising the job description and duty list of Medical Officers/Mental Health and Medical officers /Mental Health (Focal Point)
- Capacity building program on mental wellbeing promotion for Post intern Medical Officers/Mental Health
- Initiated the process of recruiting counselors to government health sector
- Training of Trainers on Drama therapy conducted for selected disciplines in mental health
- District level training for medical officers was conducted on management of substance use disorders at primary care settings

Progress of Mental health preventive care services and mental health promotion

- Programmes on promotion of work place mental wellbeing conducted for staff at Ministry of Health
- Initiated the development of school mental health promotion package
- IEC material on general Mental Wellbeing was prepared and printed.
- Conducted national, provincial and district level mental health review meetings

Measures taken to deal with mental disorders and its management

- Standard guideline for assessment, diagnosis and management of persons with mental disorders in Primary Medical Care Institutions was finalized and printed
- Medium stay mental health rehabilitation guideline was finalized and printed

- Conducted national level training on mental health help line 1926

Infrastructure development during year 2020 & up to 2021

- Established of sensory integration units at Community Mental Health Resource Center at Katugasthota Kandy and BH-Nawalapitiya
- Completed renovation work of mental health unit at DH Divulapitiya
- Establishment of Community Support Centres (CSC) – Established 8 centers, completed work at Divulapitiya, Nathandiya, Maho, Kahatagaskiriya, Polpithigama and 3 centers at Kandy (Hataraliyadda, Doluva and Panvila).
- Established psychotherapy unit at BH Karawanaella

New policy enactments

- New Mental Health Policy has been printed and awaiting to launch

Monitoring and Evaluation

- Conducted mental health reviews
- Review and revision of the mental health management information system (MHMIS)
- Published Annual Mental Health Bulletin

Ongoing development activities

- Distribution of guideline for assessment, diagnosis and management of persons with mental disorders in primary medical care institutions and district level training
- Capacity building of medical officers of mental health and community psychiatry nurses
- Expansion of 1926 help line services to district level
- Capacity building workshops on mental wellbeing
- E-learning module for management of mental disorders in primary health care settings
- Recruitment of Psychiatric Social Workers (PSW)
- Social Media campaign on mental health promotion
- Development of suicide prevention strategies and action plan
- Development of mental health promotion materials - Audio and Video clips

Last 5-year performance trend

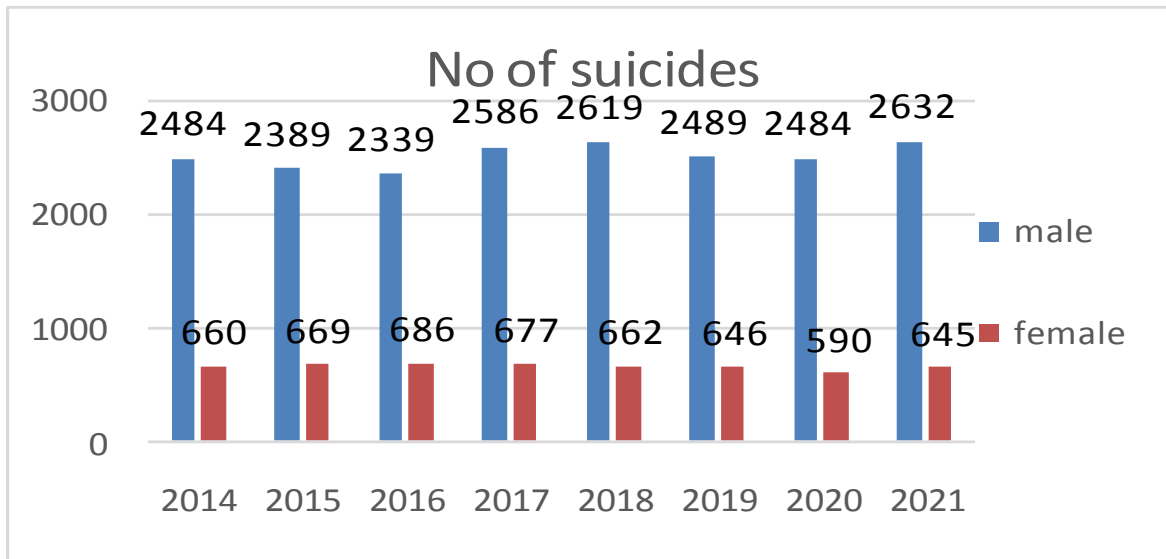


Figure 1-Number of suicides by sex during 2014-2021 in Sri Lanka

Special development activities planned for 2022

- Renovation work at TH - Ragama – Child Mental Health Unit
- Implementation of National Mental Health Policy 2020-2030 at provincial level
- Launching 1926 helpline to district level
- Development Mental Health Service providers Directory
- Revising Consumer Carer Guideline
- Training of Multi sectoral Alcohol prevention program
- Training public health staff on mental health promotion “Manohari program”

4.2.5 Non-Communicable Disease Programme

Vision

A country that is not burdened with non-Communicable diseases, deaths and disabilities

Mission

To contribute to reduce the preventable and avoidable burden of morbidity, mortality and disability due to chronic and acute Non-Communicable Diseases (NCDs) and ensure that populations reach the highest attainable standards of health, well-being and productivity and non-communicable diseases are no longer a barrier to the socioeconomic development of the country.

Introduction

The Directorate of NCD is the national focal point for prevention and control of the major Non-Communicable Diseases (NCDs) listed below:

- Cardiovascular diseases (Ischemic Heart Diseases, Stroke, Hypertension)
- Diabetes Mellitus

- Chronic Respiratory Diseases
- Chronic Renal Disease
- Eye Diseases
- Accidents and Injuries including child injuries

The directorate is responsible at national level for health promotion, disease prevention, community screening, disease control, disease surveillance & reporting, development & introduction of policies and guidelines, training & capacity building, research, and piloting of innovative approaches to address these NCDs and their risk factors. These activities are identified in the Multisectoral action plans for prevention and control of chronic NCDs and acute NCDs (injury), developed according to the National policy and strategic framework for prevention and control of chronic NCDs, and that for Injury prevention respectively. The directorate coordinates and implements these activities through the Provincial and Regional health authorities.

Achievements/ special events 2021 - 2022

National programme for the Prevention and Control of Chronic NCDs

- Advocacy, partnership & leadership
- Health promotion & risk reduction
- Health system strengthening for early detection and management of NCDs and their risk factors
- Surveillance, monitoring, evaluation, and research

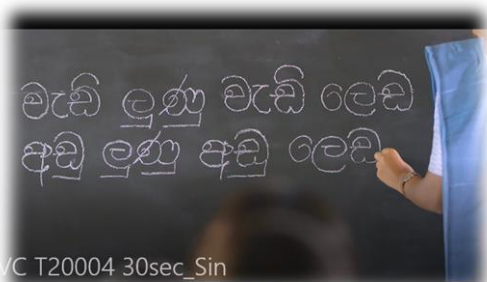
1. Advocacy, partnership & leadership

- Revision of the existing national policy & Strategic framework for prevention & control of chronic NCDs (2009) was revised and publication of the draft for public comments in June 2022.
- Development of the National Multisectoral Action Plan (MSAP) for prevention and control of chronic NCD for the next five-year period (2022-2026) through a series of Multi stakeholder meetings.
- First ever independent review of National NCD Prevention and control program by a team of national and international experts in collaboration with WHO.
- Meetings of the National NCD council, chaired by the Hon. Minister of Health were held in June 2021 and March 2022, with the participation of stakeholder ministries and organizations to oversee the implementation status of the National NCD programme.
- National Steering Committee on Non-Communicable Diseases (NCD) meeting held in July 2021, and the National Advisory Board for the Non-Communicable Diseases NABNCD was conducted on August 2021 and 15th February 2022. Regular Technical Working Group meetings were also held during this period
- Consultative meeting with the stakeholders from education ministry on promoting physical activity in schools and developing guidelines.

- Consultative meeting with representatives from Ministry of Public Services, Provincial Councils and Local Governments and Ministry of Labor to seek opportunities to promote physical activity in government workplaces in Sri Lanka.
- Initiatives to develop a health promoting culture at workplaces through guidelines/circulars establishing health promotion at BOI Zones and identifying a focal point for physical activity at each organization for both private and public sector. Focal points for physical activity promotion were identified at Biyagama, Katunayake and Seethawake BOI Zones and awareness and training programmes were conducted.
- Situation analysis on physical activity promotion in Sri Lanka utilizing the Situational Analysis Tool (SAT) developed to support the implementation of the WHO Global Action Plan on Physical Activity (GAPPA) 2018-2030. The tool enabled the rapid assessment of Sri Lanka’s current national context and progress on the promotion of physical activity in collaboration with a multitude of stakeholders.

2. Health promotion & risk reduction

- Launched a mass media campaign on salt reduction (“Lunu Suthraya” / “Uppu Suthram”) including all the evening prime time news on Sinhala and Tamil television channels from November 2021 to February 2022, to promote the restriction of added salt consumption.



- Currently, an online evaluation survey is being carried out to assess the effectiveness of the television media campaign on Salt reduction.
- Launched a Social Media campaign (in all three languages) in collaboration with the World Health Organization (WHO) for public awareness on Front of Pack Labelling (FOPL) using the traffic light system for displaying the salt, sugar and fat content in packeted solid and semi-solid food.



- Obtained technical cooperation from WHO to assess label compliance and its impact on consumer behaviors and manufacturer’s adherence to the regulations of FOPL of packeted food and beverages.
- Took initial steps to develop a Social and Behavior Change communication strategy for prevention and early detection of risk factors for chronic NCDs in collaboration with the World Food Programme.
- Conducted national level low salt cooking challenge competition in 2021, in collaboration with the Sri Lanka Medical Nutritionist Association (SLMNA), the WHO and the Chef’s Guild of Sri Lanka at the Galle Face Hotel, Colombo. Each competing team consisted of 3 members, and approximately 45 teams participated from all parts of the country.



- E-recipe book on ‘Low Salt Recipes’ was launched by the Sri Lanka Medical Nutrition Association (SLMNA) and Directorate of NCD in collaboration with World Health

Organization. These recipes help home cooks to reduce salt in common and favorite food to keep the family healthy. These e-recipe books were disseminated to the community through primary healthcare workers to support the core message of 'Shake the Salt Habit' of World Salt Awareness Week commemorated in March.

- Promotion of a healthy diet through voluntary involvement of YouTube channels famous among Sri Lankans for food preparation, with the technical inputs from the Directorate of NCD. It created a good discussion forum for many followers of those channels for promoting healthy options while preparing foods in households.
- Technical cooperation was given to prepare food demonstration/education kits for posting media material on social media targeting youngsters by addressing meal selection, meal preferences and becoming restrictive in consumption. Interactive sessions and panel discussions were planned to conduct on commonly eaten food types (Biscuits, Kottu, Cakes, etc.) as well as calorie amounts of commonly eaten food types.
- Newspaper advertisements and media material on the regulation of FOPL for processed food and carbonated drinks were developed in collaboration with Child fund. These newspaper advertisements were published and awaiting dissemination rest of the media materials.
- Commemorated the "World No Tobacco Day 2022" via dissemination of social media posts, and by issuing a trilingual fact sheet on the Importance of Prevention and Control of Tobacco use, for the media
- Gampaha District Secretariat was declared as a "Tobacco Free Zone", and the Director (NCD), delivered a guest lecture on Implementing Tobacco control on their invitation, to the staff of the secretariat.



- Provided technical advice and coordinated the reaffirming of Tobacco Free Zones at the Offices of Regional Directorates of Health Services, in several districts of the country.
- Commemorated Physical activity promotion month in April 2022. Developed trilingual fact sheets and uploaded to the official website and participated at media events to improve awareness of general public.
- Published newspaper articles on physical activity promotion.
- A short video clip was developed to promote physical activity in schools in collaboration with Registrars in SEM.
- Developed posts for "Active Lanka" social media campaign in collaboration with Sri Lanka Medical Association.

- Developed Social media post and clips to promote physical activity in schools in collaboration with Health Promotion Bureau, Child Fund Sri Lanka and Ministry of Sports.
- Conducted a discussion on importance of physical activity in our day to day lives considering the economic situation of the country and how we could adapt to it in commemoration of Poson day.
- Took part at media events by the medical staff of the SIM unit – Electronic media on Healthy Lifestyle Centers



- Participated at television talk show to commemorate World Hearing Day.



- Trilingual fact sheets on World Hearing Day were developed and uploaded to official website of the NCD Directorate.

<p>සමස්ත පත්‍රිකාව විද්‍යා මධ්‍යස්ථාන - මාර්ච් 3 2022</p> <p>සමස්ත පත්‍රිකාව "විද්‍යා මධ්‍යස්ථාන, වෛද්‍ය මධ්‍යස්ථාන, වෛද්‍ය මධ්‍යස්ථාන"</p> <p>2022 වසරේ මාර්ච් මස 3 වන දිනට ලෝක ශ්‍රවණ දිනයක් පැවැත්වේ. ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ.</p> <p>ඉන්ද්‍රිය හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ.</p> <p>ඉන්ද්‍රිය හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ.</p> <ul style="list-style-type: none"> • ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. • ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. • ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. <p>ඉන්ද්‍රිය හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ.</p> <ul style="list-style-type: none"> • ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. • ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. • ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. <p>ඉන්ද්‍රිය හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ.</p> <ul style="list-style-type: none"> • ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. • ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. • ශ්‍රවණය සෞඛ්‍යයේ ප්‍රධාන කොටසක් වන බැවින් ශ්‍රවණයේ හානිය වැළැක්වීම සඳහා අපට සෑදිය යුතු වේ. 	<p>විග්‍රහ පත්‍රිකා සෞඛ්‍ය සේවකයන් සඳහා පමණක් වන පිටුවක් වන බැවින් මෙය ඉහත පත්‍රිකාවේ සමාන වශයෙන් සකස් කළ යුතුය.</p> <p>විග්‍රහ පත්‍රිකා සෞඛ්‍ය සේවකයන් සඳහා පමණක් වන පිටුවක් වන බැවින් මෙය ඉහත පත්‍රිකාවේ සමාන වශයෙන් සකස් කළ යුතුය.</p> <p>විග්‍රහ පත්‍රිකා සෞඛ්‍ය සේවකයන් සඳහා පමණක් වන පිටුවක් වන බැවින් මෙය ඉහත පත්‍රිකාවේ සමාන වශයෙන් සකස් කළ යුතුය.</p> <p>විග්‍රහ පත්‍රිකා සෞඛ්‍ය සේවකයන් සඳහා පමණක් වන පිටුවක් වන බැවින් මෙය ඉහත පත්‍රිකාවේ සමාන වශයෙන් සකස් කළ යුතුය.</p>	<p>FACT SHEET World Hearing Day - 3rd March 2022</p> <p>THEME "විද්‍යා මධ්‍යස්ථාන, වෛද්‍ය මධ්‍යස්ථාන, වෛද්‍ය මධ්‍යස්ථාන"</p> <p>What is safe listening?</p> <ul style="list-style-type: none"> • "Safe listening" means listening that does not cause the risk of hearing loss. • Safe listening prevents recreational loud noise induced hearing loss. <p>How can loud noise affect ear?</p> <ul style="list-style-type: none"> • People get exposed to loud noise in workplaces, in traffic, at home, in entertainment venues as well as through personal audio devices. • Over risk of hearing loss depends on intensity of sound, duration, and frequency of exposure to loud noise. • Exposure to loud noise exceeding the amount that can be tolerated by sensory cells within your ears can gradually result in temporary or permanent hearing loss. <p>Can you reverse hearing loss?</p> <ul style="list-style-type: none"> • Tinnitus (ringing in the ears) that occurs following exposure to loud sound at entertainment venues such as concerts and sports usually recovers within a short time. • Regular, lengthy exposure to loud sound can damage sensory cells and result in permanent hearing loss which is known to have no cure. • Avoiding exposure to loud noise at the onset of warning signs can prevent the progression of hearing loss. <p>How can I ensure safe listening?</p> <ul style="list-style-type: none"> • Limiting the daily use of personal audio devices • Reducing the listening volume and duration of listening when listening through headphones. • Wearing ear plugs when visiting noisy places • Limiting the time spent at noisy places, reducing the frequency of visits to noisy places, taking short breaks to allow ears to rest. • Getting regular ear care check-ups • Avoiding the use of personal audio devices on the days you attend events where there is loud noise • Limiting a work of 80 dB for 40 hours per week helps in safe listening. <p>Early warning signs of hearing loss</p> <ul style="list-style-type: none"> • Tinnitus (ringing in the ears) • Difficulty in hearing high pitched sounds • e.g. doorbells, telephone • Hearing loss in noisy environments • e.g. markets, restaurants, social gatherings • Understanding speech especially over the phone <p>Loud noise induced hearing loss can be PERMANENT but PREVENTABLE</p>
--	---	--

- Social media campaign on World Hearing Day was conducted in collaboration with World Health Organization, Country Office, Sri Lanka.



- Established a Health Corner at the Ministry of Health and Ministry of Finance for screening employees for NCDs and monitoring disease status.
- Health corner was established at the Finance Ministry, within the premises of the Treasury In collaboration with the Ministry of Finance and HEMAS Ayubo Life. This is expected to promote the NCD screening of the staff in the Finance Ministry and its affiliated institutions in the vicinity.
- Revamping the national program for prevention of Thalassemia by developing IEC materials to promote screening for Thalassemia carrier state, financial allocations for the Thalassemia Units in Kandy and Anuradhapura and inspection field visits to the Thalassemia Units in Badulla and Kandy
- Participated in National Health Policy 2016-2025-Stakeholder Meetings and took part in development of National Health Policy 2016-2025 to incorporate the Thalassemia component
- Commemorated the world Thalassemia Day under the theme “Be Aware, Share, Care: Working with the global community as one to improve thalassemia knowledge” in May 2022. Several activities were conducted Such as media conferences, press release and publishing newspaper articles.
- Developed fact sheets related to Thalassemia in three languages and uploaded to the website



ජීවිතයට ඉඩක් | Dr. Padmapani
Padeniya & Dr. Prabha Abeykoon | EP-578



3. Health system strengthening for early detection and management of NCDs and their risk factors

- Developed a guide for the Medical Officer NCD attached to the RDHS (MONCD) on activities to be carried out at the district level
- Developed guideline for assigning a suitable Medical Officer to carry out NCD related activities at secondary and tertiary care level hospitals
- Planned and coordinated the orientation training on national NCD programme for the newly appointed MONCDs in November (Jaffna, Mannar, Colombo Kalutara, NIHS, Matara, Kilinochchi, Mullaitivu, Ampara, Kegalle, Kandy, Rathnapura and Matale district MONCDs participated)
- Conducted training for the Medical Officers of NCD from all districts in preparation of the district annual action plan and guided with recommended activities which are in line with the national strategic plans.
- Manual for Screening of Non-Communicable Diseases and Risk factors was revised and 1250 copies were printed.
- Developed the “Guideline to Establish Tobacco Free Zones”, and disseminated among the district level public health staff.



- Conducted a training for all Regional Directors, Regional Consultant Community Physicians and district medical officers (NCD) on the new guideline to establish Tobacco Free Zones, and how to implement the programme within their areas and institutions.

- Conducted an online Training of Trainer session for Medical Officers (NCDs) at district level based on the guideline on 'Promotion of physical activity in primary health care – Facilitator guide for training of trainers' session'.
- Conducted a training programme for Medical Officers/Healthy Lifestyle Centers of Colombo district in collaboration with Registrars in Sports and Exercise Medicine (SEM).
- Development of an information leaflet which includes PAR-Q for participants of trainers of trainer's programme, a pre and post evaluation tool on knowledge of physical activity to be used by participants of the PA training sessions.
- Conducted a training programme for the focal points at Ministry of Health to implement short exercise breaks and developed an audio clip and demonstration video to be distributed among the branches of Ministry of Health.
- Launched "national virtual capacity building programme" to promote physical activity among grass root civil society organizations was initiated and followed up by several virtual sessions in collaboration with Sri Lanka Medical Association and Child Fund Sri Lanka.
- Development of a training module to facilitate training of Registrars in SEM attached to the Directorate of NCD.
- Conducted awareness programmes for all doctors attached to the Directorate of NCD was on "anti-doping".
- Conducted two-day training programme on NCD management guidelines for PHC level (DM, HT, Overweight & Obesity, CVD Risk, Dyslipidemia and Chronic Respiratory Diseases) in the Districts of Colombo and Vavuniya as physical training and in Anuradhapura, Ampara and Matale as virtual trainings
- Conducted a series of Training programs on online cloud-based Health Information Management system for medical officers, nursing officers and supporting staff i.e., development officers conducting Healthy Lifestyle centers verified under PSSP project.
- Conducted a training of trainer's program on online cloud-based Health Information Management system on 17th May 2022 with the collaboration of the Health Information Unit for all MOO-NCD and district/province Consultant Community Physicians to enable them to conduct and supervise training programs for HLC staff in their respective districts.
- Conducted series of training on Transitional Hybrid Information Management System in view of ensuring the smooth functioning of the system in July, 2021 for all MOO-NCD, with a refresher training on 26th of January, 2022 to all MOO-NCD in view of optimizing data analysis and minimizing paper usage at district and national level.
- All technical staff took part as resource persons in online training of nursing officers under the PSSP project on NCD screening and surveillance.
- Conducted a training of trainer's programme on New CVD risk prediction chart 2019 for all district MOO-NCD and they were provided with power point presentations and

video to conduct training at district level for medical and nursing staff at primary care level.

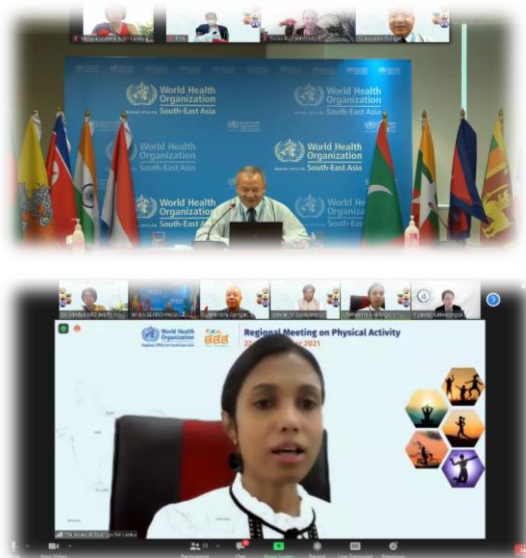
- Conducted a special training programme was conducted for Medical Officers attached to HLCs in Colombo with the objective of strengthening their capacity in early detection, diagnosis of NCDs and monitoring.
- Preparation of quarterly Return from MOH on NCD prevention and control and MOH roles and responsibilities in NCD prevention and control.
- Developed Management guidelines for major NCDs at secondary and tertiary care level and management guidelines and protocols for Hypertension at PHC level in collaboration with Ceylon College of Physicians.
- Revised the essential NCD drug list, developed an essential investigation list for Primary health care.
- Developed referral criteria from Primary Healthcare to Secondary or Tertiary Healthcare for NCD Patients, and guideline on Frequency Follow up for Medical Clinics at Primary Healthcare Institutions
- Promoting opportunistic screening, developed self-monitoring guides for interpretations with referral pathway to appropriate health care provider, trained staff on the protocol, established corners in OPD of 5 hospitals in Kalutara district whilst allowing all PHC visitors (patients and accompanying persons alike) to access screening.

1. Surveillance, monitoring, evaluation, and research

- Conducted National-level Annual NCD review for the year 2021 on 16th and 17th of June 2022 virtually due to the ongoing fuel crisis with the participation of Provincial Directors of Health Services, Regional Directors of Health Services, Provincial Consultant Community Physicians, District Consultant Community Physicians, all MOO NCD, staff of Directorate of NCD and guest experts. In addition, all quarterly reviews were also conducted with the participation of Provincial/District Consultant Community Physicians, all MOO NCD and staff of Directorate of NCD in September and December 2021 and March 2022) (Quarter 2,3, and 4 for year 2021 respectively)
- Monthly MO-NCD meetings for the months of January, February, April and May were conducted virtually with the objective of monitoring and addressing issues related to implementation of NCD prevention and control programs at the district level with participation of Director NCD, medical staff of directorate of NCD and district MO-NCDs.
- Despite the many difficulties national level was able to participate at several District level NCD reviews in Kegalle, Gampaha, Badulla, Monaragala, Kalutara, Colombo, Anuradhapura and Polonnaruwa physically and joined through virtual meetings for reviews of Nuwara-Eliya, Hambantota and Kalmunai district reviews with objective of provision of technical inputs encountered by district staff when the NCD prevention and control programs were implemented at district level.



- Represented Sri Lanka at the Regional Meeting on Physical Activity WHO SEARO 22-23 November 2021. Sri Lanka being the second country in the region to conduct the SAT, was invited to share the country experience: result of Situation Assessment Tool (SAT) on Physical Activity (One of the milestones of the regional roadmap) and screening and management of physical inactivity in Healthy Lifestyle Centers in Sri Lanka.
- A supportive supervision tool for physical activity promotion programmes at HLC, was developed in collaboration with Registrars in SEM and the tool was tested and appropriate modifications were made following a supervision visit to HLC Koralawela, in Colombo district where the tool was tested.



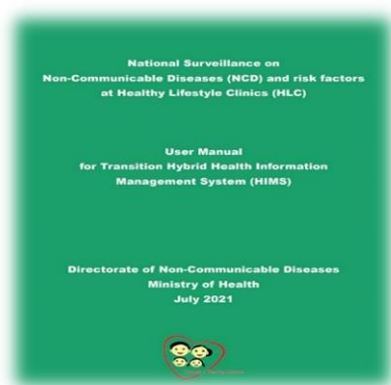
Participation at SEARO meeting

- Online cloud-based HIMS system was expanded to further Primary Medical Care institutions and HLC staff was trained by conducting a series of training sessions with the collaboration of the Health Information Unit and Primary Healthcare Strengthening Project.

This enabled, cohort monitoring of the clients as individual-level data was made available at different levels. This system helps increase the data quality and minimize the data loss that occurs when aggregated data are being used. Currently this system in place in nearly 450 healthcare institutions.¹

Add Client Details			
Save			
Title:	Mr	Name: *	<input type="text"/>
Sex: *	Male	PHN No.: *	<input type="text"/> Generate
Mobile No.:	<input type="text"/>	Resident Phone No.:	<input type="text"/>
Address:	<input type="text"/>	Passport Number:	<input type="text"/>
Email:	<input type="text"/>	Driving License Number:	<input type="text"/>
Local Reference No.:	<input type="text"/>	Senior Citizen Number:	<input type="text"/>
NIC No.:	<input type="text"/>	Citizenship:	Local
EthnicGroup:	Sinhalese	Religion:	Buddhist
Marital Status:	Married		
Age:	Years Months Days	Date of Birth:	Birthday
GN Area:	Not Known	DS Divisional Area:	<input type="text"/>
PHM Area:	<input type="text"/>	MOH Area:	<input type="text"/>
District:	<input type="text"/>	Province:	<input type="text"/>

- Introduced a transitional Hybrid data management system as home-grown solution for data analysis related issues at HLCs without the new online health information management system established yet. The MONCD initially developed an excel based system and piloted in Polonnaruwa district as a means to face obstacles faced by both the HLC staff and the district staff in analyzing their data, using the existing paper-based system Following successful piloting in the Polonnaruwa district, it was further improved by the nation
- al team and introduced to the other districts with a user manual in view of optimizing data analysis and utilization. This system is in place to supplement data management if required by the districts.



¹ As per the information provided by Health Information Unit, Ministry of Health

- A field visit for identification of gaps for smooth functioning of cloud based HIMS and process mapping of data entering at the institutional level in Kalutara district was conducted and a comprehensive report was produced in view of addressing the identified gaps.
- Supportive supervisory visit to Koralawela HLC, Colombo district was done.
- Published and disseminated the NCD bulletins for quarters two and three for the year 2021 and NCD bulletin for quarter one for the year 2022 among all the stakeholders as a strategy of data dissemination for action.



Second quarter NCD bulletin 2021 bulletin 2022

Third quarter NCD bulletin 2021

First quarter NCD

- Several researches conducted by teams of medical staff of directorate of NCD were presented at the annual research symposium of postgraduate institute of Medicine, University of Colombo as oral and poster presentations to share the findings with stakeholders;
 - Out-patient non-communicable diseases related services during an island-wide lock-down period
 - Covid-19 preparedness of medical clinics of the government sector health care institutions; an island-wide survey
 - Training needs assessment of Health Care workers attached to Healthy Lifestyle Centers in Sri Lanka
 - Characteristics of the Employees Screened for Non-Communicable Diseases at a Health Corner Established at a Government Ministry Head Office
 - Health information management system (HIMS) for screening of Non-Communicable Diseases (NCD); health care worker response for a distant training presented at the Annual Research Symposium of Postgraduate Institute of Medicine, university of Colombo on 26th of November 2021

Last 5-year performance trend

NCD Screening Programme

	2015	2016	2017	2018	2019	2020	2021	2022 Q1
Total number of HLCs	814	826	871	922	1000	1000	988	1015
Cumulative % of the target population screened²	23.1	25.5	42.7	58.8	40.6	44.9	47.8	49.1
Annual screening coverage	391,260	540,535	493,965	511,438	605,148	321,055	255,333	132,057
% Of eligible population screened annually	7.7	10.6	9.7	10.0	6.9	3.7	2.91	1.51
Ratio of men: women screened	1: 2.6	1: 2.7	1: 2.3	1:2.2	1:2.6	1:2.1	1:1.94	1:1.97

¹ This percentage is calculated from the cumulative number of all eligible participants screened from the year 2011 to 2019. Target population of 40-65-year age group is calculated from the total population as indicated by 2012 Census, up to the year 2018 (5,089,860). For the year 2019, 35 years and above group is calculated from the total population as indicated by 2012 Census (8,856,356).

1. In year 2020 and 2021 was adversely affected by the Covid 19 pandemic and it was halted for few months by a guideline issued by DGHS as a measure to control Covid-19 outbreak during this period

National Programme of Injury Prevention and Management

The Directorate of Non-Communicable Diseases (NCD) is the national focal point for injury prevention and management in the Ministry of Health, Sri Lanka. The Directorate of NCD works closely with many other directorates within the Health Ministry and other ministries, departments, authorities, private sector and with many Non-Governmental Organizations (NGO) to implement the national injury prevention and management programmes.

Major achievements in 2021 – 2022

National injury prevention and management programme is implemented under five strategic areas in order to address following key priority areas; Transport safety, home safety, Drowning safety, Workplace safety and Child and elderly safety (Vulnerable group

safety). Post-event care, including first aid, pre-hospital and post-admission care, is also a major activity of the program.

Number of programmes have been coordinated and conducted in year 2021 under following strategic areas:

1. Advocacy, partnership & leadership

- Launched the Multi Sectoral Strategic Action Plan on Injury prevention and Management, Sri Lanka 2021 – 2025
- Supported prevention of injuries by developing guidelines, advocating for multi sectoral involvement to integrate prevention and control of injuries into policies across all sectors
- Worked with Injury Prevention Working Groups – Technical Advisory groups (TAG) on road safety, water safety, child/ home/elderly safety, Post event care
- Established a new TAG for prevention of Poisoning and Snake bites
- Developed the Terms of Reference (TOR) in Injury Prevention Working Groups – Technical Advisory groups (TAG) established
- Advocated to establish injury prevention steering committees and the Safe Community Steering committees at district level
- Activities to be done in integrating the Injury Prevention Program into the current Public Health Program were completed.
- Prepared the guideline for Medical Officer of Non-Communicable Diseases (MONCD) duties and responsibilities on Injury prevention

2. Health promotion & risk reduction

- Continued the distribution home safety check list among houses with an ante natal mother or a child less than 5 years of age and educated the community to inculcate safety behaviors and safety culture.
- Raised awareness among stakeholders and public on safe community programme. Technical guidance provided to establish new safe communities at selected MOH areas.
- Developed the preschool and day care center safety check list.
- Technical guidance provided to conduct the national injury prevention week and the poison prevention week
- Contributed as a panelist at the Launch of the first bi regional status report of drowning prevention
- Reviewed the draft of the Sri Lanka drowning status report
- The public was made aware of the importance of drowning prevention coinciding with the first World Drowning Prevention Day.
- Finished the art work on the billboard designed to be displayed in areas at high risk of drowning.

- Raised public awareness on the importance of injury prevention during the COVID 19 epidemic
- Raise public awareness on the injuries that could occur due to the situation in the country
- Contributed to provide health concerns in the development of standards for Motorcycle helmets
- Contributed development of guidelines for the protection of good Samaritans in Road Safety
- Contributed to provide technical expertise in the development of standards of Safety belts in prevention of injuries due to road traffic crashes
- Provided health concerns related to issues of driving licensed for the deaf individuals
- Technical expertise contributed to the development of roadside inspection guidelines for motorists for illicit drug use.
- Reviewed the Report developed by ADB on Road Safety

3. Post event care and capacity building

- Provided technical guidance to establish first aid training teams and to conduct first aid training programmes at district and MOH level coordinated and conducted by district MONCDs and MOH.
- Developed guidelines for primary health care staff on management of trauma.
- Steps were taken to develop a National Guideline on Basic First Aid Curriculum and Basic First Aid
- The Sinhala version of the first aid handbook prepared for the general public was translated into Tamil in anticipation of printing in Tamil language.
- Conducted training programme for provincial and district level CCPs and District MONCDs on national injury prevention and management programme
- Conducted training programmes on management of injury data for relevant provincial, district and hospital staff.

4. Surveillance, monitoring, evaluation, and research

- Steps were taken to strengthen the National Injury Surveillance System (NISS)
- Obtained H- numbers to some of the data collection forms used in the NISS; Injury Death information form (H 1329), Institution Injury death register (H 1330), Institutional Injury Death investigation and Review form (H 1331), Field Injury Death Investigation form (H 1332) and Injury Transfer Information form, (H 1333)
- An amendment to the original NISS Circular was issued to strengthen the contribution of the nursing staff in the implementation of the NISS.
- Introduced Injury Death Investigation and Review to NISS
- Streamlined the injury related transfer surveillance by introducing a special format and a data entry system

- Steps have been taken to introduce a special system to enter outpatient injury surveillance data in hospitals with a special electronic information system.
- Reviewed the National Injury Surveillance System performance at provincial level
- Conducted the National Injury Surveillance System National Review and Award Ceremony for best performance – 2020
- Contributed for the Quarterly NCD bulletin prepared by the Directorate of NCD

Last 5-year performance trend

Key Performance Indicators and progress against targets

	Key Performance Indicators	Target	2016	2017	2018	2019	2020	2021
1	No of sentinel sites conducting inward surveillance	100%	-	49%	62%	65%	67%	81%
2	No of sentinel sites conducting Outpatient surveillance	100%	-	68%	85%	89%	91%	89%
3	No of sentinel sites conducting death notification	100%	-	-	-	40%	56%	67%

Special Development activities planned for 2022-2023

- Launch Revised national policy and strategic framework for prevention and control of NCDs 2022
- Publish National Multispectral action plan for prevention and control of NCDs in Sri Lanka (2022-2026)
- Develop Coasted Multispectral action plan for prevention and control of NCDs in Sri Lanka (2022-2026)
- Strengthen Health care services through the shared Care cluster system focusing strengthening of Primary care services
- Continue capacity building on NCD prevention and control activities
- Strengthen the Surveillance and information systems to fill the NCD related data gaps for monitoring the progress towards NCD related SDG targets
- Integrate NCD prevention and control activities to existing Health sector programs
- Adopt sustainable partnerships with non-health sector to achieve Universal health coverage for NCDs

- Monitoring and evaluation of the progress of implementation of Multi Sectoral Strategic Action Plan on Injury prevention and Management, Sri Lanka 2021 – 2025
- Finalizing national curriculum on basic first aid training, national guide on basic first aid, guidelines for primary health care services on management of trauma
- Conducting injury death investigation and review
- Introduction of Day care and Preschool safety check list
- Development of school safety, elderly home safety and work place safety check lists

Financial progress of special activities conducted during 2021

Estimated Cost for the year 2021	(Rs. Mn)
GOSL 111-2-14-035-2509(11)	74
WB 111-02-13-003-2509-38(12)	25.06
WHO	5.34
Total	104.4

Expenditure: National Programme for Chronic NCD	Rs (Mn)
• Advocacy, partnership and leadership	0.59
• Health promotion and risk reduction	22.66
• Health system strengthening for early detection & management of NCD and their risk factors	31.25
• Surveillance, monitoring, evaluation & research	9.189
Expenditure: Injury Prevention and Management	
• Advocacy, Partnership and leadership	0.28
• Surveillance, monitoring, evaluation & research	0.47
Total	64.439

STEPS Survey 2021

Introduction

Globalization, industrialization, urbanization, and economic transition have resulted in major lifestyle changes of people across all countries in the world including Sri Lanka. These changes include increased consumption of unhealthy diet, physical inactivity, alcohol consumption and tobacco smoking, resulting in increased vulnerability for non-communicable diseases (NCD). This vulnerability has resulted in an epidemiological transition from communicable diseases to NCD in all countries worldwide, mainly affecting the developing countries including Sri Lanka.

These NCD include cardiovascular diseases, diabetes mellitus, cancers and chronic respiratory diseases which are chronic and debilitating in nature. It is shown that out of

the total deaths occurred in the world in 2012, 68% were due to NCD, being the leading cause of death globally (WHO, 2014a). Out of these NCD deaths, 80% had occurred in low- and middle-income countries (WHO, 2014a). Of the total deaths due to NCD, 40% had occurred before the age of 70 years. Of these premature deaths, 82% had occurred in developing countries (WHO, 2014a). The situation is similar in Sri Lanka as well. It is shown that out of the total deaths occurred in 2012 in Sri Lanka, 75% were NCD related deaths and 18% of the premature deaths in Sri Lanka were due to NCD (WHO, 2014b).

Non-communicable diseases have become the major cause of pre-mature mortality and morbidity especially in developing countries including Sri Lanka. These are chronic debilitating diseases demanding long term expensive treatment, management and care. Owing to this, NCD affect the economy of the individual, family, the society and the country. This poses a major impact on the economic growth of countries, especially economically developing countries like Sri Lanka. The NCD have come to fore as it consumes maximum of the limited resources available in the health care delivery systems of the country. Thus, it is of utmost importance that the preventive strategies be implemented in the country to prevent and control the burden of NCD in Sri Lanka.

Preventive strategies of Sri Lanka are guided by the National policy and strategic framework for the prevention and control of chronic non communicable diseases developed by the Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka (Ministry of Health, 2009). This policy document has been based upon several guiding principles such as; protection of the right to health, equity and social justice, community and family empowerment and participation, multi-disciplinary and multi-sectoral approaches and adoption of a life course approach (Ministry of Health, 2009).

In line with the policy document, the Ministry of health, nutrition and indigenous medicine of Sri Lanka has identified and prioritized nine key strategic areas for achieving the policy objective of reducing premature mortality and expanding health promotion measures for reducing the NCD risk factors (Ministry of Health, 2009). Thus, the first key strategy in the strategic framework aims at preventing chronic NCD by reducing the prevalence of risk factors in the population including unhealthy diet, physical inactivity, alcohol consumption and tobacco consumption (Ministry of Health, 2009).

The STEP surveillance of the WHO includes two surveillance systems namely; STEPwise approach to risk factor surveillance of NCD and STEPwise approach to stroke surveillance. The STEPwise approach to risk factor surveillance of NCD is a population based national survey, which aims on obtaining data on already established risk factors among the population to determine the burden of NCD in the country. This method has been used in many countries across the globe including Sri Lanka to assess the current prevalence of the NCD risk factors. This survey is a sequential process where the survey is initiated by obtaining key information on the risk factors of NCD through an interviewer administered questionnaire, then the anthropometric measurements are obtained and later, blood samples for biochemical analysis are obtained. This survey is generally carried out in households of the study participants where the socio-demographic data, the anthropometric measurements, urine sample will be collected in the same setting and blood samples will be taken at a clinic setting.

Sampling technique

A multistage stratified cluster sampling method was used to select a nationally representative sample. The sample was stratified based on the district and the sector (urban, rural, estate) levels. A primary sampling unit was considered as a cluster. The Department of Census and Statistics (DSC) performed the selection of the study sample.

Primary sampling unit (PSU)

The frame of PSUs were based on the census blocks prepared at the Census of Population and Housing – 2011, which is updated for the first quarter Labor Force Survey in 2018. Thus, 644 PSUs were selected using Probability Proportionate Sampling (PPS) method, based on the population of the area.

Secondary sampling unit (SSU)

A housing unit was considered as a SSU. From each PSU, 12 SSUs were selected randomly based on sampling frame of housing units in each PSU (these sampling frames were available with the DCS). Therefore, 7728 housing units were selected as SSUs for the survey.

Tertiary sampling unit (TSU)

One person from each housing unit was selected at random from all the eligible respondents (persons age 18-69) for the detailed enumeration. For this purpose, all the eligible members for the survey in the selected housing unit were listed in the descending order according to the age and fed in to the personal digital assistants (PDA). Then, the PDA randomly selected one eligible participant for the survey using the 'Kish' method (Survey Methods, 2013).

Field Activity

STEPS survey was conducted using the modified STEPS instrument version 3.2 of the World Health Organization (Annex I). The STEPS Survey 2021 was a three-stage survey. STEPS 1 was an interviewer administered questionnaire, STEPS 2 was anthropometric measurements with Spot urine collection from the study participants, and the STEPS 3 was the measurement of FBS and total cholesterol.

STEP 1

STEP 1 was carried out using an interviewer administered questionnaire (STEPS instrument version 3.2), installed in an android device, which is also known as the personal digital assistants (PDA). This method is also called as the 'Computer-assisted personal interviewing' (CAPI) technique.

STEP 2

Physical measurements

STEP 2 of the survey included the following anthropometry measurements and measurement of the resting blood pressure in sitting position.

- a. Height was measured using a non-mountable portable stadiometer, to the nearest 0.5cm.
- b. Weight was measured using a digital flat weighing scale to the nearest 100g

- c. Waist circumference was measured using a measuring tape to the nearest 0.2cm
- d. Resting blood pressure was measured using a portable, automated digital upper arm blood pressure monitor, in the sitting position (with a universal cuff).

These measurements were taken by the health staff member (PHNS/PHM) of the field survey team. Three measurements of the blood pressure and two values of other anthropometric measurements were taken.

Collection of the urine sample

In addition to the above measurements, a urine sample (5ml) from each study participant was collected to the urine sample storage bottles provided by the Medical Research Institute (MRI) for biochemical analysis for urinary sodium and creatinine levels. Urinary sodium levels were utilized to calculate the average daily salt intake of the individual later. Urinary creatinine levels are assessed as an indicator for the prevalence of kidney disease in the country.

STEP 3

STEP 3 included biochemical measurements of the study participants.

Fasting blood glucose level and total cholesterol levels of the participants were measured using portable point of care glucometers and cholesterol monitors using capillary blood.

Study variables

Study variables of STEP 1

Socio-demographic characteristics

- Questions to assess the behavioral risk factors for NCDs such as tobacco use, alcohol consumption, dietary behaviors, and physical activity and to assess the knowledge and attitudes related to alcohol control policies.
- Questions to assess the factors related to increase in the physiological risk factors e.g.: blood pressure and blood glucose

Study variables of STEP 2

- Blood pressure
- Height
- Weight
- Waist Circumference
- Non-fasting urinary sodium level
- Non-fasting urinary creatinine level
- Urinary Cotinine level

Variables assessed in STEP 3

- Fasting blood glucose level
- Serum total cholesterol level

Data collection

Data collection was carried out during the month of April, November and December 2021.

Data Analysis

Data analysis process of STEPS Survey is ongoing.

Budget

Ministry of Health had obtained Cabinet approval for the STEPS Survey and budgetary allocation was Rs. 50,000,000.00 (50 million) and expenditure was Rs. 43,650,249.59 and another Rs. 2,472,672.21 need to be settled in this year.

4.2.6 Environmental & Occupational Health**Introduction and Objectives**

Food Control Administration Unit (FCAU) which comes under Directorate of Environmental Health, Occupational Health and Food Safety is responsible for coordinating and monitoring of regulatory services, and providing technical guidance to local authorities in order to ensure the availability of safe and wholesome food for consumers.

Our objectives are

- I. To support food safety at ports of entry.
- II. To ensure best quality of export food items and to provide export health certificates when necessary.
- III. To protect consumers from preventable health risks.
- IV. To protect consumers through a fair and effective, science-based food regulations that support competitive markets.
- V. To coordinate national food surveillance, enforcement and food recalls.

Achievements/ special events In 2021 and upto 2022.06.30**a) Food Safety Reviews**

Nine provincial review meetings were held at each province with the presence of authorized officers and food authorities. Decided to conduct food review meetings on district basis from 2022.

b) National Food Surveillance

A National food surveillance programme was carried out island wide on pesticides, heavy metals and aflatoxins residues in commonly consumed selected food items. The first food surveillance programme island wide was initiated in 2018 and this activity covered both imported and domestically produced food.

Samples were collected by authorized officers in all 26 districts.

All of these samples were tested by reputed government laboratories such as,

- Food Laboratory at the Government Analyst's Department
- Food Laboratory at NIHS, Kalutara
- Food Laboratory at City Analyst's Colombo
- Food Laboratory at MRI
- Veterinary Research Institute Gannoruwa Peradeniya

Name of the Food Laboratory	Food items and tests performed
Food Laboratory at the Government Analyst's Department	Chilies for aflatoxin and standards
	Fresh vegetables for heavy metals and pesticide residues
	Fresh green leaves for heavy metals and pesticide residues
	Fresh fruits for heavy metals and pesticide residues
Food Laboratory at NIHS, Kalutara	Coconut oil for aflatoxin and standards
	Uncooked rice for heavy metals and colouring substances
	Fish for heavy metals and formaldehyde
	Dry Fish for heavy metals and formaldehyde
Food Laboratory at MRI	Pasteurize milk for microbiology
	Rice and curry packs for microbiology
Food Laboratory at City Analyst's Colombo	Jelly cups, Tofu, fruit juices and fruit drinks, flavoured milk and malted drinks, soup mix and spice paste for preservatives, colouring, fat, sugar and salt
	Local spice paste, yoghurt, coconut milk powder, instant noodles for preservatives, colouring, fat, sugar and salt
	Beverages for preservatives, colouring and sugar
Veterinary Research Institute Gannoruwa Peradeniya	Milk powder for aflatoxin and additives
	Fresh milk, cheese and youhurt for aflotoxins

c) Analytical activities

There is a network of seven food laboratories which continued to support in testing food and water samples for surveillance and contamination. Directorate in collaboration with UNIDO is in the process of strengthening and accreditation of food laboratories-ISO 17025:2017(2) since 2017.

Food laboratory at MRI was accredited from 1st of July 2019. Other food laboratories are in the final stages of accreditation.

d) Activities of Codex /WTO-SPS contact point

Directorate of Environmental Health, Occupational Health and Food Safety is the National Codex contact point for Sri Lanka. It was strengthened with the appointment of two staff members

Drafts food safety regulations Food (Trans Fat) were notified on WTO-SPS information management system to get comments from interested countries.

A national CODEX committee meeting was held with the relevant stakeholders to discuss on active participation in meeting, submission of the country concerns to the CODEX e working groups and to identify the areas that need our focus.

e) Food Safety day week activities

A directive was sent to food authorities on implementation of Food (Registration of food premises) regulation at MOHH levels.

Last 5 year performance trend

I. To support food safety at ports of entry. (Import control activities)

Food import control procedure is implemented at the borders by FCAU of Ministry of Health to ensure that the food arrives in Sri Lanka are safe for human consumption. Import control activities are carried out by Food and Drug Inspectors in sea port, airport, and container terminals. Inspection of documents, foods and food sampling according to the sampling plan are done by the staff at the entry points.

Food inspection activities at ports of entry

Ports of entry	Activities	2017	2018	2019	2020	2021	Up to 2022.06,03
RCT	Number of consignments inspected	40,459	41,135	36,911	31,851	34,391	8,228
	Number of consignments rejected	03	163	N/A	78	170	22
	Number of consignments destroyed	N/A	N/A	N/A	N/A	11	00
	Number of products referred to FCAU	N/A	N/A	N/A	N/A	16	04
	Number of products released by FCAU decision	N/A	N/A	N/A	N/A	10	04
Sea port	Number of consignments registered	1812	2559	3483	N/A	3573	N/A
	Number of samples taken	20	18	04	N/A	3573	N/A
Air port	Number of consignments received and inspected	4201	3765	4126	3192	2988	1,357

Number of consignments referred to FCAU	16	05	04	00	Nil	Nil
Number of samples sent for analysis	00	01	06	N/A	N/A	26
Number of consignments destroyed under supervision	00	01	01	02	Nil	01
Number of consignments rejected	00	03	02	09	05	02

II. To ensure best quality of export food items and to provide export health certificates when necessary. (export control activities)

When exporting food items, the importing country requests for a health certificate from the food authority of the exporting country, certifying that the product is suitable for human consumption. This is called "export certificate" or "health certificate". Export certificates for exporting food consignments are issued on request by FCAU certifying that the food is fit for human consumption.

Export control activities of the unit

Activity	2017	2018	2019	2020	2021	Up to 2022.06
Number of Health certificate issued	11,320	10,848	12,334	11,566	13,184	5,498
Number of food factories newly registered	49	55	06	101	73	25
Total Number of factories registered as an export food factory at FCAU	797	853	859	960	1033	1067
Number of factories visited	17	31	31	58	68	172

III. To protect consumers from preventable health risks. (Domestic Control)

There are 61 Food and Drug Inspectors at District level and about 2300 Public Health Inspectors ensuring food control activities throughout Sri Lanka. They are involved in obtaining food samples, prosecution and seizing when needed under Food Act and its regulations and conducting awareness programmes in the community.

a) Bottled water registration Activities

All bottled or packaged natural mineral water and bottled or packaged drinking water have to be registered under the bottled or packaged water regulation 2005.

Registration of Bottled or Packaged Water Manufacturing facilities

Activities	2017	2018	2019	2020	2021	Up to 2022.06.30
Total number of factories	153	166	145	149	156	159
Number of factories that registration cancelled	N/A	N/A	N/A	04	02	00
Number of bottled drinking water facilities newly registered	13	14	13	08	09	03
Number of mineral water facilities newly registered	00	00	01	00	00	00
Number of bottled drinking water facilities registration renewed	50	31	40	24	16	09
Number of mineral water facilities registration renewed	02	00	01	00	00	00
Total number of factories visited	52	36	60	83	75	34
Number of certificates issued	N/A	N/A	N/A	32	25	12

b) Iodized salt regulation Activities

All premises used for iodization of edible common salt or transportation of non-iodized common salt are registered under the Iodization of Salt regulation 2005.

Issue of permits for common salt

Activities	2017	2018	2019	2020	2021	Up to 2022.0 6.03
Number of factories that registration cancelled	N/A	N/A	N/A	07	02	00
Number of factories registered at FCAU	19	26	38	46	69	70
Number of factories visited	19	26	35	26	38	00
Number of factories newly registered	00	06	05	08	05	01

c) To protect consumers through a fair and effective, science-based food regulations that support competitive markets. (Regulatory activities)

Regulatory activities include,

- Regulation formulations
- Review and amendment of regulations
- Regulatory activities with regard to labelling and technical aspects

The relevant food legislation is the Food Act No.26 of 1980 with its regulations published in terms of section 32 of the Food Act. Food Advisory Committee (FAC) has been setup under the Food Act and has regular meetings every month.

The following regulations were newly drafted for the year 2021

- Food (Mycotoxin) Regulation 2021
- Food (Refined wheat flour fortication) Regulation 2021

Stake Holder meetings were held for the following regulations

- Food (Refined wheat flour fortication) Regulation 2021
- Food (Mycotoxin) Regulation 2021

Number of Food Advisory committees and Food Advisory subcommittees conducted

Name	2018	2019	2020	2021	Up to 2022.06.23
Food Advisory Committee	12	12	08	09	03
Food Advisory Sub Committee (Technical)	12	12	08	09	06
Food Advisory Sub Committee (Health claims)	12	12	09	07	06
Food Advisory Sub Committee (Regulation Formation)	54	55	24	43	21
Food Laboratory Subcommittee	02	02	01	01	00

d) Local training

Authorized officers need to have a sound knowledge on food safety management through entire food chain. Therefore, it is important to conduct capacity building programmes for these officers.

Summary of local training activities

Name of the training	Number of programmes conducted	Number of officers trained
Twenty six training programmes on newly published regulations for authorized officers and food authorities		1700
Training programme on eRHMS for authorized officers		12
Training programmes on new Food (Labeling and Advertising) Regulation for authorized officers and food authorities		1500

Food Surveillance

PHI Food sample

Food Item	Laboratory	2021		2022.06.30	
		No. of samples taken for analysis	No. of samples unsatisfactory	No. of samples taken for analysis	No. of samples unsatisfactory
All food samples sent by PHI	Approved laboratories under the Food Act	10,179	848	7,370	742

Special Development activities planned for 2022

1. Conducting District reviews to assess the performance of authorized officers and authorities
2. National Food Surveillance to analyze the heavy metals, mycotoxins and pesticide residues in commonly consumed selected food items

4.2.7 Estate and Urban Health

Introduction

Estate and urban under-settlement populations are both vulnerable segments of the Sri Lankan population. They are considered vulnerable due to poor socio-economic factors, inclusive of poor housing and sanitation and poor health seeking behaviors and practices. Estate and Urban Health unit is the focal point for improvement of health status of both the vulnerable communities.

Vision

Sri Lanka with healthy, productive and empowered estate and urban populations.

Mission

Plan and implement a comprehensive programme to reduce health disparities in estate and urban communities by improving health services and their utilization among estate and urban populations to achieve health comparable to national indicators through development of infrastructure, human resources and equitable service delivery.

Goal

Upgrade the quality of life of estate and urban under settlement populations by improving the overall health and health services

Objectives**Estate**

- To improve the health status of the plantation community by minimising health gaps exists between plantation community and the other communities, in provision of basic health care services, through targeted interventions and by working in collaboration with health and non-health stakeholders.
- To enable the plantation community to obtain government provided curative and preventive health services by supporting in implementation of all national health programmes and by developing a good communication system between plantation management and regional public health staff, for health promotion and empowerment of the plantation community.
- To take over all plantation sector health institutions under Ministry of Health and upgrade the services according to National Health Policy.

Urban Health

- To improve the health status of urban under settlement communities (ex: slum & shanty areas) by addressing the disparities within the sectors by strengthening collaborative partnership with all health and non-health stakeholders.
- To integrate health into all policies (eg: city planning and development) by developing coordination with other sectors
- To streamline the legislature relevant to urban health for strong urban governance
- To provide urban migrant population with basic facilities for a healthy living (safe food, water and shelter)

Achievements/ special events in 2021

- Proposal to acquire 450 estate health institutions in a phased out manner, to government sector, according to the cabinet decision in May 2018, has been developed with the approval from all relevant stakeholders and cabinet approval received to acquire 59 such institutions in phase 1.
- Collaborative partnerships for coordinated urban health promotion with local authorities (mayors, commissioners, chairpersons and secretaries) were developed
- Establishment of Breast Feeding Corners in Child Development Centres in selected Estates with objective of improving child nutrition

- Establishment of Wellness Centers and Urban Champion Groups in selected urban flats and selected under settlement areas in Colombo district with the objective of improving NCD screening and risk factor reduction, cash management to improve nutrition status of the urban under settlement population
- Establishment of Hand washing stations in urban under settlement flats in Colombo districts to combat Covid 19.
- Development of a website for Estate and urban health unit
- Development of IEC materials, registers, handbooks (printed materials, e-materials such as audio and video clips). The materials were on Covid 19, waste management (trainers hand books, calendar, KAP), Non Communicable Diseases (NCD), oral health, spitting prevention wellness centers, Estate Health Voice platforms and formats to collect health related data of the vulnerable estate and urban communities (monthly /quarterly returns from relevant authorities of non-health sectors) under the purview of the unit.
- Pen drives and megaphones were provided to relevant MOHs and Urban authorities to enable the risk communicatio

Ongoing development project details

Project description	Total Estimated cost	Physical progress by 31/12/2021	Financial Progress 31/12/2021
Acquisition of estate health institutions to government sector. Cabinet approval was granted in January 2022, to acquire 59 estate health institutions to provincial health authorities in phase 1	925 million (no allocation received)	Cabinet memorandum submitted for phase 1. New estimations for infrastructure and cadre improvement was started with the support of PDHSs. Possibility of a public private partnership with Regional Plantation Companies were explored.	0% (as no allocation)

Last 5-year performance Trend (Table or graph/ chart)

	Vote number		
		Allocation Rs.	Progress Rs.
2021	111-02-15-009-2509 (II) - GOSL	1,000,000.00	820,825.50 (82.1%)
	111-02-13-003-2509-38(12) - PSSP	5,000,000.00	4,496,709.00 (90.1%)
	111-2-14-031-2509 (13) - UNICEF	1,458,797.62	1,458,797.62
	World bank	400,000.00	390,198.87 (97.5%)
2020	111-02-15-009-2509(11)	400,000.00	390,798.68
	111-2-14-0-2509(11)	1,100,000.00	632,474.40
	111-02-13-3-2509(12)	500,000.00	

	UNICEF	3,600,000.00	2,189,797.16
	World bank	75,000.00	74,444.00
	Petty Cash		33,053.00
2019	111-02-14-0-2509 (11) Capital Expenses	2	154,701.52
	WFP direct funding. Ongoing project. Data collection completed on 25.07.2019	2	00
2018	111-02-14-35-2509-0-11 Health Promotion & preventive control & NCDs	5	2,121,969.84
2017	111-02-15-9-2509-(11) Health promotion & other	20	15,001,779.00
	111-02-13-41-2104(11) Construction of Building	20	221,530,000.00
2016	111-02-15-9-2502 (11) Development of preventive health services in the estate	20	6,913,459.80
	19-41-2014(11) Improve curative health service	150	18,149,958.17

Special development activities planned for 2022

Continuation of activities in the acquisition of estate hospitals to government sector.

- Conduct Health Promotion activities in collaboration with other preventive health programmes in the Ministry.
- Introduction and continuation of the Communication platform with MOH team and Estate Managers to all provinces.
- Establishment of National Urban Health Steering Committee and development of collaborative partnerships with local authorities, UDA settlements & Projects division and Urban Settlement Development Authority for coordinated urban health promotion
- Modifying legislature (MC Ordinance, UC ordinance, Nuisance Ordinance, Pradeshiya Sabha Act) for strong governance
- Development of Urban Health Guiding Framework & tools for healthy urban developments to incorporate health promotion concepts in urban planning & development projects
- Establishment of Healthy Lifestyle Corners (Wellness Corners) and champion groups in selected urban settlements aiming health promotion activities screening of Non Communicable Diseases and health promotion

4.2.8 Quarantine Services

Introduction

Quarantine Unit of Ministry of Health is a main partner involved in maintaining border health security in Sri Lanka. The main responsibility of this unit is to limit and respond to the international spread of diseases and other public health threats while avoiding unnecessary interference with international traffic and trade. Taking measures to prevent harm to human health, including the health and wellbeing of international travelers, aircraft and ship crew, and the general public.

Quarantine Unit of Ministry of Health work with other agencies with border control responsibilities, including security, customs, biosecurity, maritime and aviation transport, animal health, policing and immigration responsibilities and other units of Ministry of Health.

Public Health Offices managed by the Quarantine Unit are Airport health Offices at International Airports (Bandaranaike International Airport, Mahinda Rajapaksa International Airport - Mattala, Jaffna International Airport, Rathmalana International Airport), Port Health Offices at International Ports (Colombo, Galle, Trincomalee, Hambantota and Norochcholai), Assistant Port Health Offices at Medical Research Institute and Immigration Health Unit.

Assistant Port Health Office of Quarantine Unit is involved with vaccination of travelers against yellow fever, Meningococcal meningitis and Polio.

Ministry of Health with International Organization for Migration (IOM) conduct Inbound Health Assessment of resident visa applicants and screen them for Malaria, Filariasis, Tuberculosis and HIV. Immigration Health Unit of Quarantine Unit refers the positive applicants to relevant Public Health Campaigns of Ministry of health and monitor their follow up.

History of the notification of communicable diseases in Sri Lanka dates back to late 19th century as the Quarantine and Prevention of Diseases Ordinance had been introduced in 1897 to implement the notification system on communicable diseases in the country. Sri Lanka is also legally bound to comply and obliged with to implement the International Health Regulations (IHR)-2005. Quarantine Unit is Co National Focal Points of International Health Regulations (IHR)-2005 in Sri Lanka.

Vision

Country free of internationally spread of diseases.

Mission

Effectively protecting, preventing and controlling of possible entry of diseases or an event with public health risks to Sri Lanka without causing significant disturbance to international traffic and trade.

Goal

Aim to ensure the maximum security against the international spread of diseases, with the minimum interference with world traffic and trade. This includes the measures to be adopted for preparedness and response during a Public Health Emergency of International Concern (PHEIC) or in a situation which might lead to a PHEIC.

Objectives

- To strengthen the points of entry (PoE) to prevent a possible entry of diseases concerned with international spread complying with IHR- 2005.
- To strengthen the surveillance system effectively detecting the disease threats and other health hazards at the PoE.
- To establish health, notification and information system at PoE which links with the National surveillance system.
- To strengthen the legal framework including the issues related to public health emergency of international concern (PHEIC) in to the Quarantine Act.
- To train public health staff on boarder health security and IHR- 2005.
- To coordinate with the partners to implement IHR- 2005 in Sri Lanka.
- To improve the communication and corporation with WHO and members states.

Achievement and special events in 2021 and early 2022

- Training program at National Plant Quarantine Unit.
- Awareness Program on COVID -19 at Colombo port.
- Medical Officers of Quarantine Unit and Colombo Port attended an online seminar on Entry & Exit Health Quarantine for Officials from Developing Countries
- Meeting of the working group on strengthening WHO preparedness for the response to health emergencies.
- Review Meetings with staff of the units under the Quarantine Unit.
- Consultative meeting to fill the State Party Annual Reporting Tool- 2021.
- Training of under graduate medical students and post graduate doctors.
- Involve in preparation of guidelines and SOPs related to preventive measures on COVID-19 related to travelers and the community issued by Ministry of Health.

Ongoing Development project details

GoSL Funds

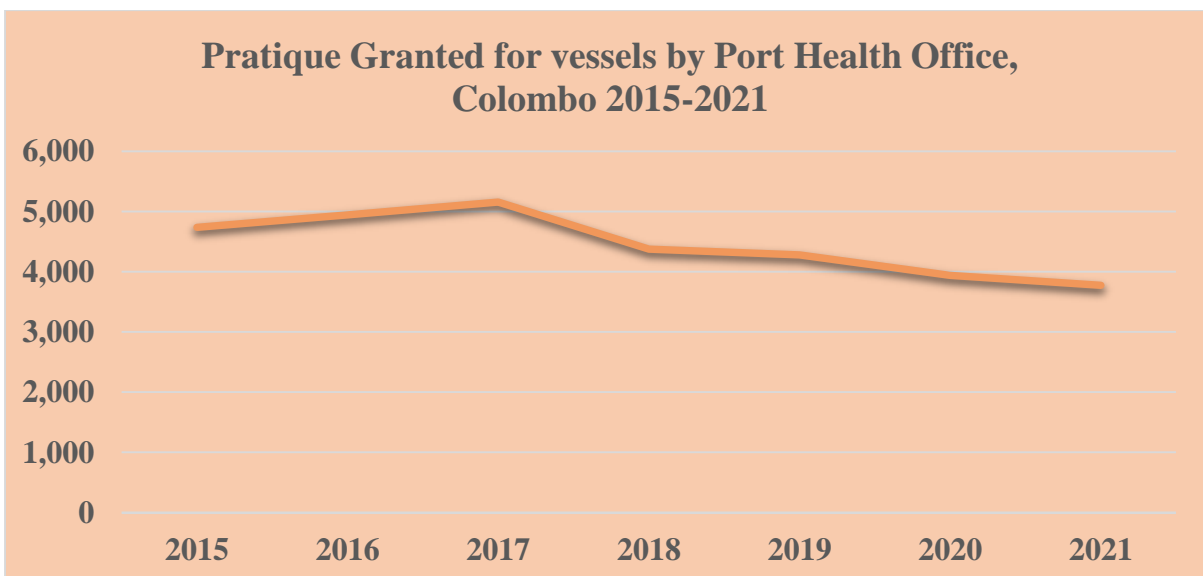
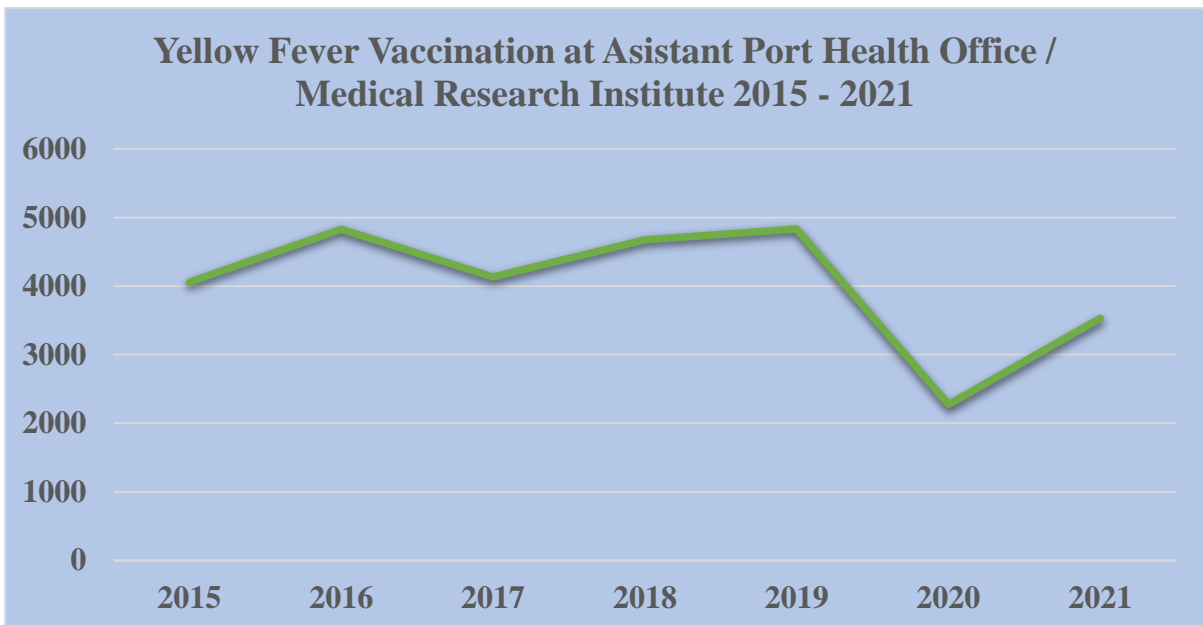
Project Description	Total Estimated Cost (Rs. Mn)	Physical Progress By 30.06.2022	Financial Progress 30.06.2022
1. Review Meeting	0.5	Conducted MOIC Meeting via zoom	-

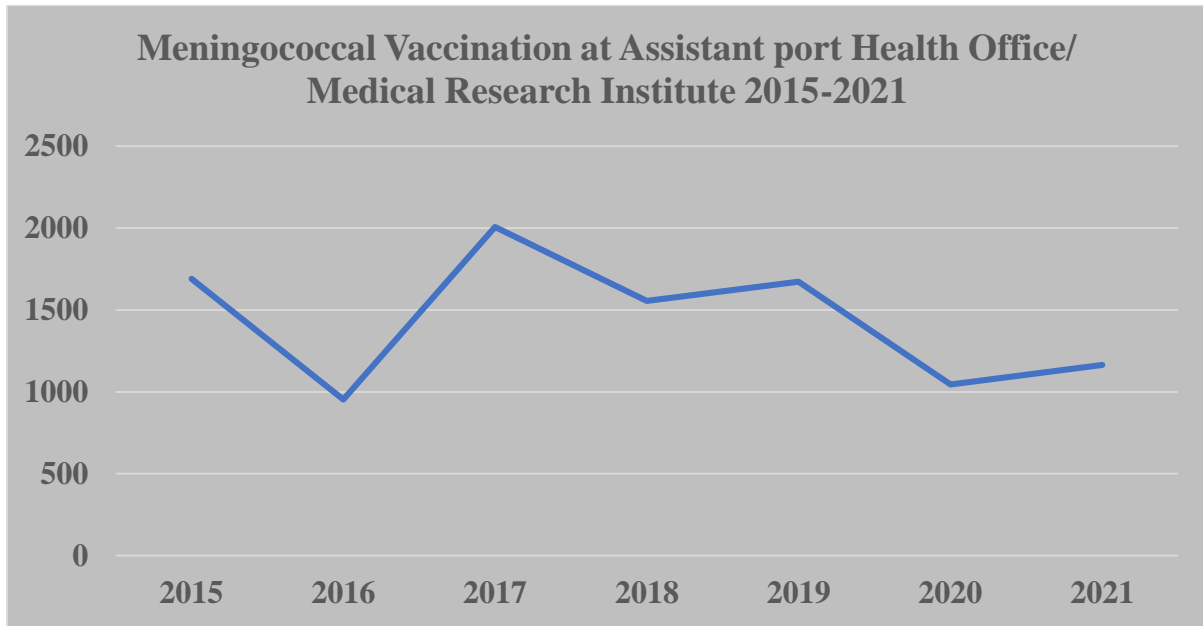
Project Description	Total Estimate Cost	Physical Progress By 31.12.2021	Financial progress 31.12.2021
01. Purchase Equipment to establish core capacities of IHR 2005	0.5	<p>01. Airport Health Office, Mattala, Katunayake and Port Health Office, Trincomalee have informed the accountant (supplies) branch of the Ministry of Health to supply necessary equipment. Despite tenders being called, it has not been received due to Covid-19.</p> <p>02. The Port Health Office, Galle has requested air conditioning from the buildings branch of the Ministry of Health for Galle. The Deputy Director General (Supplies) has informed that this has to be done by the Director, Teaching Hospital, Mahamodara, but currently unable to fulfil due to Covid-19</p>	
02. Health education Programs for staff (Health & non — health) Simulation drills	0.3	Health Education Programs done for workers at international airport, port and plant quarantine staff of department of Agriculture without expenditure.	
3. Review Meeting		3 rd Quarter Review Meeting conducted.	
		Design & development of the existing quarantine website was done by SLT Digital Service (Pvt) Ltd.	

WHO Biennium funds 2021 - 2022

Project Description	Total Estimate Cost	Physical Progress by 31.12.2021	Financial Progress 31.12.2021
1. Consultative Meeting to discuss on State Party Annual Report on International Health Regulation (IHR) -2005 capacities.	Rs. 794,050.00	Completed the task	Rs. 774,250.00

Performance Trends





Special Development Activities Planned

- Refurbishment of isolation room at point of entries-Assistant Port Health Office (MRI)
- Facility improvements to Galle Harbor Passenger Quarantine Unit.
- Facility improvements to Hambantota Harbor Passenger Quarantine Unit.
- Facility improvement to Trincomalee/Colombo Harbor Passenger Quarantine Unit.

Photographs of Special Events

1. Review Meeting for the staff of the units under the quarantine unit.



2. Consultative Meeting to discuss on State Party Annual Reporting Tool 2021



3. Conducting medical student training programs- Port Health Office/ Galle Port.



4. Conducting medical student training program- Port Health Office/ Colombo Port.



5. COVID testing- Colombo Port



6. COVID- 19 vaccination program - BIA



4.2.9 Care for Youth Elderly Displaced and Disabled Persons

Vision

A country with an active healthy ageing population optimizing the quality of life for youth, Elderly & Persons with disabilities

Mission

To improve the quality of Youth, Elderly and Disable persons through the improvement of health facilities, disease prevention and health promotion according to the health master plan in Sri Lanka.

Elderly Health Care

Vision

Healthy active and productive elderly population.

General Objectives

1. To improve physical, Mental and social well-being of the present elders.
2. To achieve a healthcare more active and more productive elderly population in future.

Disability health care

Vision

Improve the quality of life of disabled persons.

General Objective

1. To improve the health services for disabled persons.

Youth Friendly Health Services

Vision

Healthy and productive adolescent and Youth population.

General Objective

1. To improve knowledge attitude and life skills among youth to reduce youth problems and improve their well being

Achievement in 2021

Project description	Total estimated cost Rs.	Financial progress on 30 th June 2022	Physical progress on 30 th June 2022
<u>Elderly</u>			
01. Development and implementation of the National Strategic plan on healthy ageing and strengthening of the services available for the older people supported	1,875,006.00	58	58
02. Improving Elderly care services at TH Peradeniya	7,000,000.00	75	75
03. Printed 1000(සුවය) magazine on elderly people	250000.00	100	100
<u>Disable</u>			
01. Develop rehabilitation service in RRH Ragama	1,450,000.00	100	100
02. Development and implementation of the National strategic plan for Rehabilitation and implementation of the revised national Guideline on Rehabilitation	1,869,867.00	40	40

Achievement in 2022

Project description	Total estimated cost Rs.	Financial progress on 30 th June 2022	Physical progress on 30 th June 2022
<u>Disable</u>			
01. Improving Rehabilitation service at RRH Ragama	1,000,000.00	200,000.00	20

Ongoing development project in 2021

Description	Allocation Rs. Mn.	Expenditure Rs.	Progress
<u>Elderly</u>			
01. Implementation of ICOPE pilot project	03 WB	0	On going

Ongoing development project in 2022			
Elderly			
Improving Rehabilitation service at RRH Ragama	01	0.2	Partially completed
01. Training programme for primary care physicians on ICOP(Integrated care for older people)	0.924975 WHO	0	
02. Training programme for nursing officers on ICOP	0.828675 WHO	0	On going
03. Improvement of elderly care services at PHCI in central province	10 WB	0	On going
Disable			
01. Equipment for Digana (kandy) rehabilitation unit	05 WB	0	On going
02. Training and sign language for medical officers & Nursing officers in The Soysa Maternity Hospital & Castle Street Hospital for Women	0.5 WB		On going

4.2.10 National Authority on Tobacco and Alcohol

Vision

A country and people free of tobacco & alcohol use.

Mission

Mobilizing all social sectors to liberate our society from harm caused from tobacco and alcohol.

Objectives

- To identify the board and specific policies in relation to tobacco and alcohol (and other narcotics) for protecting Public Health.
- To eliminate tobacco and alcohol related harm through the assessment and monitoring of the production, marketing, advertising and consumption of tobacco products and alcohol products.
- To make provisions discouraging persons especially children from smoking or consuming alcohol by curtailing their access to tobacco products and alcohol products.
- To promote and adopt and implement clean air laws and restrict the availability spaces to protect the community from tobacco and alcohol.

- To propose and promote all other measures, including cessation tobacco and alcohol programmes necessary to prevent harm from tobacco and alcohol to the population

Functions

- Advise the Government on the implementation of the National Policy on Tobacco and Alcohol.
- Encourage and assist health promotion through the media sponsorships and community-based projects.
- Recommend measures to minimize the harm arising from the consumption of tobacco products and alcohol products.
- Recommend measures in consultation with the National Dangerous Drugs Control Board, for the elimination or minimization of illicit drug use.
- Recommend legal, taxation, administrative and other measures necessary for the implementation of the National Policy on Tobacco and Alcohol.
- Monitor and evaluate the implementation of such policy.
- Evaluate the impact of policy measures and advise the government on such modifications to the Policy as may be necessary.
- Encourage and assist research on issues relating to Tobacco and Alcohol.
- Monitor economic, health and other issues relating to the production, consumption and marketing of tobacco products and alcohol products.
- Conduct, promote and co-ordinate research in relation to the use of Tobacco and Alcohol.
- Secure participation of all necessary governmental or non-governmental agencies and private sector organizations in the implementation of the National Policy on Tobacco and Alcohol.
- Encourage active community participation in the implementation and monitoring of the National Policy on Tobacco and Alcohol.
- Receive communications from the public on issues relating to tobacco and alcohol and to recommend necessary action in relation thereto the implementing agencies.
- Act as the coordinating agency for all activities carried out by the government and nongovernmental agencies and organizations relating to minimizing the harm arising from the production and consumption of tobacco products and alcohol products.
- Monitor the progress of all investigations relating to Tobacco and Alcohol.
- Liaise with local, regional and international organizations on issues relating to Tobacco and Alcohol.

Achievements and special events in 2021

National Authority on Tobacco and Alcohol has been worked via the following sub-committees to fulfill the mission of mobilizing all social sectors to liberate our society from harm caused by tobacco and alcohol.

- Amendments Subcommittee to the NATA Act
- Develop taxation formula for tobacco & alcohol Subcommittee
- Cessation & Prevention of tobacco & alcohol Subcommittee
- Smokeless tobacco subcommittee
- Alternative crops for tobacco cultivation subcommittee
- The curriculum development on tobacco and alcohol prevention for medical undergraduates subcommittee
- Enforcing & strengthening NATA media policy subcommittee

Implemented activity	Target Group	Achievements
Implementation of NATA act	Persons who violate the NATA act	<ul style="list-style-type: none"> • 471 legal actions taken by authorized officers and 35 legal actions taken by the Authority against the violation of NATA act.
Legal actions against the Cinnamon Cigarette	Public	<ul style="list-style-type: none"> • Natures Agro Products Lanka (Pvt) Ltd introduced a new product called “ Ayurweda Dhumapanaya” (“කුරුඳුසීතරට”). • The National Authority on Tobacco and Alcohol took immediate action against the said company. • Letters was written to related institutes and was collected all details regarding this to confirm whether they have received any permission regarding this. • NATA identified that no permission was given to them to manufacture this product and this directly affects the public health as well. • NATA took legal action to stop it manufactured, however now there is a pending case at the Supreme Court. • Media advocacy program was conducted to advocate relevant authorities for above matter and developed an expert committee report.
Legal actions against violation in films	Public	<ul style="list-style-type: none"> • NATA was included as an observer of the Public Performance Board. • NATA was able to make influence to the public performance Board to refrain from granting approval to some Sinhala Films where it contained tobacco and alcohol advertisements. • NATA directed the public performance board to use Mosaic pattern to any tobacco or alcohol advertisement in the foreign film as well.

		<ul style="list-style-type: none"> • Then even the HE the president also directed the public performance board to act in terms of the NATA Act.
Legal actions against violation in TV channels	Public	<ul style="list-style-type: none"> • NATA was able to introduce a new media policy for all the TV Channels to stop them from telecasting any tobacco or alcohol advertisement in a film or a tele drama. • All the TV channels adhered to that guidelines and from the said adherence even the 1948 Quit line was also promoted and became much more aware of that. • NATA was able to stop some films being telecasted on those TV Channels with contained lot of advertisements. All the TV channels adhered to the said guide lines. • TV have implemented it in their You Tube Channels as well.
Legal actions against the social Media violations	Public	<ul style="list-style-type: none"> • The social media violations was a huge challenge to NATA, and NATA was able to remove tobacco and alcohol advertisements appeared in the social media with the collaboration of criminal investigation unit and the Department of Excise social media unit. • When NATA reported about these violations and those authorized officers took immediate action to remove the content and file cases. • NATA had correspondents with the You Tube as well regarding these violations.
Removing “Abisheka Boards”	Public	<ul style="list-style-type: none"> • NATA found from the National Intellectual property office that, the Crown appears with the word “Abisheka” was owned by the CTC (Ceylon Tobacco Company). • Then NATA through the secretary to the Provincial Councils directed to remove the Board which appears with the word “Abisheka” and it was successfully done
Legal actions against online sale of alcohol	Public	<ul style="list-style-type: none"> • When the proposal was made to do online sale of alcohol, NATA expressed the view that it will be violation of the NATA Act and Excise regulations currently in force. • Up to now permission was not granted to online sale of alcohol and the court case also before Court of Appeal challenged the decision to allow online sale of Alcohol.

<p>Loyalty Points given by the super markets</p>	<p>Public</p>	<ul style="list-style-type: none"> • NATA identified that the Super Markets are granting Loyalty Points over the purchase of Tobacco and Alcohol. • It was informed to the super market chains that it is a violation of the section 37 of the NATA Act and then all the super market chains informed the public that they will refrain from granting loyalty points over the purchase of Tobacco and Alcohol.
<p>Development of proper monitoring and evaluation system for NATA act.</p>	<p>Authorized officers and general public</p>	<ul style="list-style-type: none"> • Developed two mobile applications for authorized officers to report the cases they file under the NATA Act, and general public to report the violations of the NATA Act. • VNATA Authorized Officer’s Mobile Application is the main platform to provide information on the cases filed under the National Authority on Tobacco and Alcohol Act No 27 of 2006 (as amended) violation by the authorized officers. And NATA can direct monitor and evaluate their service through this app. • Therefore, violations in all media should be identified here and especially NATA can monitor new data through this application
<p>Legal actions against publications done by some newspapers</p>	<p>Public</p>	<ul style="list-style-type: none"> • There were some paper articles by some newspapers which indirectly promoted tobacco and alcohol. • NATA took immediate legal action against those newspapers and the said newspapers apologized and corrected their mistakes publicly.
<p>Public opinion survey on tobacco and alcohol regulations</p>	<p>Individuals over 15 years of age</p>	<ul style="list-style-type: none"> • Published two fact sheets and booklet (ISBN No. 9786245979028) on public opinion survey on tobacco and alcohol regulations.
<p>Press conference on public opinion survey on tobacco and alcohol regulation</p>	<p>Media Personalsand Public</p>	<ul style="list-style-type: none"> • 100 media personnel were participated to the media conference. • Ten paper articles were published about the survey after the press conference • Five digital media reported about the survey.
<p>Establishment of the special committee to develop tobacco and alcohol prevention related health messages</p>	<p>School Children</p>	<ul style="list-style-type: none"> • Sixty health messages were developed by the committee and those were translated into main three languages • One selected health message was published in the grade 10 Sinhala medium science textbook and grade 11 Tamil medium science textbook.

<p>for school textbooks</p>		
<p>Certificate course of counseling on cessation and prevention of tobacco and alcohol</p>	<p>Authorized officers of the NATA act, officers of NATA and officers in National Youth Corps and others who are interested</p>	<ul style="list-style-type: none"> • A special counselling course was conducted to develop knowledge, attitude and skills on counselling by targeting prevention and control of tobacco and Alcohol. • The counseling course has been developed to work effectively in contributing to the processes of counseling skills for different target groups for prevention and control of Tobacco and Alcohol. • The certificate course of counseling on cessation and prevention of tobacco and alcohol was successfully completed with 23 certificate holders. • Certificate awarding ceremony was held on 03rd of November 2021 at the BMICH, Prof.Sampath Amarathunga, Chairman, UGC participated as the chief guest.
<p>Virtual Training Workshop on Telephone Counseling in Sri Lanka Conducted by WHO</p>	<p>Officers from the National Dangerous Drug Control Board, National Youth Corps, Teaching Hospital Anuradhapura, Rajarata University of Sri Lanka, and Participants including faculty from the Counseling Course conducted by NATA</p>	<ul style="list-style-type: none"> • 80 certificate holders have received an international training in telephone counseling and certificates were distributed
<p>Upgrade and conduct a media campaign to increase the awareness among public regarding 1948 Quit line services.</p>	<p>Tobacco and alcohol users in Sri Lanka</p>	<ul style="list-style-type: none"> • 1948 Quit line service upgraded as 24 hour, seven day service. • Increased awareness among the public regarding the 1948 Quit line services. • Encouraged public to participate for counter attack the tobacco & alcohol industry interferences. • Radio audio clips and visual clips for TV channels were developed to promote the 1948 quit line service via media.

		<ul style="list-style-type: none"> • A logo was designed and recreated for the 1948 quit line service.
1948 tobacco and alcohol quit line service	Tobacco and alcohol users in Sri Lanka	<ul style="list-style-type: none"> • The total number of calls received for the quit line service was 9025 out of that 2797 clients were reached with counselling service and others received the information about NATA.
Advocacy meeting for formulate taxation formula with health experts and relevant non-government stakeholders	Thirty national and international experts of taxation.	<ul style="list-style-type: none"> • Formulated a tobacco tax indexation for Sri Lanka.
WHO FCTC Knowledge Hub on Tobacco Taxation and Illicit Trade Virtual Workshop	Nine Officers in the Authority participated to share the knowledge	<ul style="list-style-type: none"> • Received guidance for modifying the tax indexation formula and introducing the TETSIM model to modify the Tobacco tax indexation by WHO FCTC Knowledge Hub on Tobacco Taxation and Illicit Trade Virtual.
Creating sustainable tobacco cultivation free districts through a pilot in Monaragala and Anuradhapura district	Tobacco farmers in Monaragala and Anuradhapura district	<ul style="list-style-type: none"> • 125 farmers including tobacco farmers were addressed during the pilot project in Monaragala. • 75 ground level agricultural field officers were sensitized. • 16 upper level officials within the Monaragala district were sensitized. • 150 farmers including tobacco farmers were addressed during the pilot project in Anuradhapura. • 100 ground level agricultural field officers were sensitized. • 20 upper-level officials within the Anuradhapura district were sensitized. • 800 leaflets and 500 posters developed, printed and distributed
Launching the “Bulath witata sebe aruthak” (බුලත්විටට සැබෑ අරුතක්) smokeless tobacco-related scientific magazine and “Sanstha bulath sepee” (People who use smokeless tobacco	<ul style="list-style-type: none"> • Introduced a developed (Chewable ayurvedic product) to the market through government institutions and Sri Lanka Ayurvedic Drug Corporation (SLADC). • Developed product (named as සංස්ථා බුලත්සැfma) was launched to the public along with "බුලත්විටට සැබෑ අරුතක්" scientific magazine on 26th March 2021 at BMICH. (ISBN No: 978-955-4584-12-9)

<p>(සංස්ථා මූලධර්මය) ayurvedic medicinal product</p>		<ul style="list-style-type: none"> • Developed an educational video material to advocate both policy makers and the general public regarding the real harm of oral cancer with the support of the Faculty of Dental Sciences, University of Peradeniya • Aware real harm of the smokeless tobacco to the public.
<p>Changed the Pictures of pictorial warnings pasted on cigarette packs and containers.</p>	<p>Public</p>	<ul style="list-style-type: none"> • NATA granted the permission for copyright the Pictorial warning of Bangladesh and Thailand. • Ten photographs were selected based on the views and suggestions of the experts and new photographs were sent to CTC.
<p>Introduction of measures to prevent the indirect media promotion of tobacco and alcohol</p>	<p>Public</p>	<ul style="list-style-type: none"> • Media policy reviewed and prepared new policy. • Media channels were instructed to use the mosaic method if cigarette and alcohol content was included in programs, including movies and tele dramas broadcasted on television and implemented the method.
<p>The curriculum development on tobacco and alcohol prevention for medical undergraduates</p>	<p>Medical students in state medical faculties in Sri Lanka</p>	<ul style="list-style-type: none"> • Developed a curriculum on tobacco, alcohol & substance use prevention for medical undergraduates in 2021. • Got the approval from the chairman of the UGC for developed curriculum and its implementation in 9th August 2021. • Conducted 3 meetings (via Zoom) session with 3 state universities regarding the implementation of the developed curriculum as a pilot project. <ul style="list-style-type: none"> - Sabaragamuwa University of Sri Lanka (2nd November 2021) - Eastern University Sri Lanka (1st December 2021) - Rajarata University of Sri Lanka (7th December 2021) • Through pilot project implementation meeting sessions with State Universities, NATA got the suggestions to develop Virtual Learning Portal (VLP) and appointed a committee including 6 sub-committee members to develop a VLP as an initial step.
<p>National Symposium on Tobacco & Alcohol Prevention (NSTAP) - 2021</p>	<p>Researchers who interested in studies related to tobacco and alcohol</p>	<ul style="list-style-type: none"> • NSTAP- 2021 was held in 26th of November 2021 with the aims of enriching the literature in tobacco and alcohol related research conducted in Sri Lankan setting and creating a platform for Sri Lankan

		<p>Researchers who are interested in tobacco and alcohol control.</p> <ul style="list-style-type: none"> • Forty (40) abstracts with their extended reports were received to the NATA. • Twenty-eight (28) abstracts were selected to publish in the Symposium. • Twenty abstracts were selected for oral presentations. • Eight abstracts were selected for poster presentations. • Three hundred abstracts books (ISBN No: 978-624-5979-03-5) were issued to distribute among participants to the symposium and relevant academic institutions. • Able to conduct first-ever National Symposium on Tobacco & Alcohol Prevention (NSTAP) in Sri Lanka. • Raised enthusiasm among young researchers to conduct research related to tobacco and alcohol prevention.
<p>Establishment of the Ethics Review Committee of NATA</p>	<p>Researchers who interested in studies related to tobacco and alcohol</p>	<ul style="list-style-type: none"> • Ethics Review Committee has been established with 24 professionals representing broader range of disciplines related to tobacco and alcohol control. • ERC-NATA helps the researchers in promoting and adhering to ethical principals in research, including obtaining ethics clearance to the research projects. • In addition, the ERC – NATA serves as a monitoring body, mortaring and suppressing attempt by the tobacco and alcohol industries to disseminate in accurate and misleading information through research.
<p>Media award ceremony 2021</p>	<p>Media Personals and Public</p>	<ul style="list-style-type: none"> • Following media personnel were appreciated and encourage on their contribution for tobacco & alcohol prevention. <p>Eight digital media channels</p> <ul style="list-style-type: none"> - SiyathaTv - SirasaTv - Tv Derana - Rupavahini - Swarnawahini - HiruTv - ITN - Shraddha Tv - Special award for Pium Vila from SiyathaTv

		<p>Three Journalists from Printed media</p> <ul style="list-style-type: none"> - Mr. Ananda Kannangara for Darily News English paper - Ms. NisansalaNadeeshaniPathirana for Ada News paper - Mr. Rifthy Ali for Vidiyal.lk (Tamil e paper) <p>Three radio channels</p> <ul style="list-style-type: none"> - SLBC - V Fm - Lakhanda <ul style="list-style-type: none"> • 100 media personnel and stake holders were advocated towards tobacco & alcohol prevention • Two mobile application for authorized officers and the public was launched at the event.
<p>Official Facebook page, YouTube channel, and Instagram</p>	<p>Public</p>	<ul style="list-style-type: none"> • The National Authority on Tobacco and Alcohol provides and updates the public with knowledge, events, and other news through its official Facebook page, You Tube channel, and Instagram. • Since 2021 YouTube channel and Instagram page have been broadcasted. There are 1472 followers on the official Facebook page, 134 subscribers on the official You Tube channel, and 18 followers on Instagram. The official Facebook page reach indicates between 11000 and 15000 for a month.
<p>Public awareness contributions via You Tube by Chairman and NATA staff</p>	<p>Public</p>	<ul style="list-style-type: none"> • Following are the days and contents of video clips comprised to aware the public. <ul style="list-style-type: none"> ✓ All together 06 video clips have been Uploaded to You Tube to aware public. ✓ Legal status of smokeless tobacco products - Sep 14, 2021 ✓ To quit using smokeless tobacco - Sep 24, 2021 ✓ The importance of introducing a proper tax formula for tobacco to Sri Lanka - Sep 28,2021 ✓ Here are some things you should know about the National Alcohol and Tobacco Control Authority - Oct 4, 2021 ✓ Psychotherapy for smoking cessation - Oct 11, 2021 ✓ Development of NATA Media Policy- Dec 6, 2021

Public awareness contributions are done by Chairman through press conferences	Public	<ul style="list-style-type: none"> • Covid 19 Press Conference – Held at Health Promotion Bureau - Sep 2, 2021 • Public opinion Survey press conference - 12 Nov 2021 • Public opinion Survey press conference - 12 Nov 2021 • Press conference - Tobacco and alcohol prevention and the social role of women – 08 March 2021
Right to information act no 12 of 2016	Public	<ul style="list-style-type: none"> • Six applications received and replay for all.
Human Resource Development in NATA	NATA	<ul style="list-style-type: none"> • One officer recruited for the post of General Manager and two officers recruited for Post of Development Officer (Contract basis). • NATA through the Ministry of Health requested new cadre positions from MSD as mentioned in below. • New Posts – • Planning Manager – One Post (MM1-1) • Management Assistant – Four Posts (MA1-1) • Permanent posts are requested for existing contract basis posts. <p>Counselor- Two Posts (MA3) Development Officer - Two Posts (MA3)</p>

Achievements and special events in 2022

Implemented activity	Target Group	Achievements
Stopped Second Hand Smoking (SHS) in some five-star hotels	Public	<ul style="list-style-type: none"> • Legal action was taken against the five-star hotels and malls that violated section 39 of the NATA Act, made them to adhere to the provisions. (2022)
NATA Logo	NATA	<ul style="list-style-type: none"> • New NATA logo was designed and registered.
Stopped the free distribution of alcohol and tobacco in the Tri forces	Public	<ul style="list-style-type: none"> • After correspondence to the tri forces, they agreed to stop free distribution of Tobacco and Alcohol within their camps
Took Steps to stop Smokeless Tobacco being used in the Government Departments.	Public	<ul style="list-style-type: none"> • Thus, as per request of NATA all the Government institutions were made aware to using smokeless Tobacco within the premises of Government Institutions.
Removing “Abisheka Boards”	Public	<ul style="list-style-type: none"> • NATA started to take action to remove the “Abisheka” boards with the help of the Public Health inspectors.

<p>Provincial wise workshops to empower authorized officers to establish tobacco free zones in their area</p>	<p>Authorized officers (PHI) – All over the country</p>	<ul style="list-style-type: none"> • Ten programs have been conducted island wide. • Plan has been prepared and initiated to implement 362 tobacco free zones. • 3000 certificates of appreciation for the vendors who refrain from tobacco selling were designed and distributed for the vendors all over the country. • 500 certificates of appreciation were designed and distributed for the PHIs who established tobacco-free zones. • In collaboration with the Central Cultural Fund, efforts have been made to include information in the tickets of cultural venues by mentioning as a tobacco-free zone to inform local and foreign tourists.
<p>Reduce tobacco cultivation lands</p>	<p>Cultivators in communal lands</p>	<ul style="list-style-type: none"> • Steps were taken to prevent communal lands (සාමාජිකඉඩම්) from being given for tobacco cultivation.
<p>Establish tobacco-free zones in Sacred places in Anuradhapura (Mahamewna Uyana) and Polonnaruwa (Gal Viharaya)</p>	<p>Public</p>	<ul style="list-style-type: none"> • Name boards have been initiated around the sacred places including 05 boards in Anuradhapura and 02 Polonnaruwa. • Advocated by Relevant stakeholders and strengthened the community awareness of being smoke-free. • Public health inspectors who are the authorized officers of the National Authority Tobacco and Alcohol Act who established tobacco-free zones have been given a badge to wear on their uniforms.
<p>Expert consultation to amend the NATA Act</p>	<p>This is impacted on whole country</p>	<ul style="list-style-type: none"> • Drafted amendments to the NATA act proposed to the board of directors to the NATA alongside with policy document.
<p>Advocacy meeting for movie directors</p>	<p>Media personnel</p>	<ul style="list-style-type: none"> • NATA was able to advocate the real impact on the public health of showing tobacco & alcohol scenes in movies. • They were advocated that how NATA act violations and enactment of the NATA act against them if they violate.
<p>VNATA Authorized Officers Mobile Application</p>	<p>Authorized Officers under NATA Act</p>	<ul style="list-style-type: none"> • 172 authorized officers registered in the application. Public Health Inspectors – 163 Police officers 03 Excise officers 05 Food and Drug Inspector 01 • 20 reports received via the application. Including Police officers 01 Excise officers 01

		Public Health Inspectors 18
VNATA Media violation Mobile application	Public	<ul style="list-style-type: none"> • 137 violations are reported and referred them to relevant authorities such as department of excise, CID, heads of tv channels, editors of newspapers, and Facebook pages to ban these promotions.
Ethics Review Committee of NATA (ERC-NATA)	Researchers who are interested in tobacco and alcohol related studies.	<ul style="list-style-type: none"> • ERC-NATA was recognized by the Ministry of Health as a recognized, approved committee to grant ethical clearance for the research • The guidelines for the ERC-NATA was developed and published with the ISBN number, 978-955-0645-10-7. • All necessary information of the ERC-NATA is uploaded in the NATA official website and interested parties can easily access those information
Certificate course of counseling in cessation and prevention of tobacco and alcohol (Second Batch)	Authorized officers for the NATA act, Health Education Officers, Health Staff from Warakapola and Balangoda Hospitals and Officers from National Youth Crops.	<ul style="list-style-type: none"> • 61 certificate holders, who are specially trained in tobacco and alcohol prevention, contribute to the 1948 quit line call service, further strengthening the 24-hour, seven-day free service. • The trained counseling officers conducted tobacco and alcohol cessation and prevention programs all over the country and 2054 participants were aware by the trained counseling officers through the knowledge and experience they gained through the course. • A proposal was forwarded to University Grand Commission by requesting to upgrade the counseling course to diploma level. The drafted curriculum was forwarded to the standing committee through UGC • A badge has been provided to trained counsellors of the certificate course of counselling on cessation and prevention of tobacco and alcohol who are providing volunteer telephone counselling service through the 1948 telephone counselling service.

<p>Virtual Training Workshop on Telephone Counseling in Sri Lanka Conducted by WHO</p>	<p>Officers from the National Dangerous Drug Control Board, State Ministry of Samurdhi, Household Economy, Micro Finance, Self-Employment, and Business Development and Candidates of certificate course of counselling on cessation and prevention second batch participated.</p>	<ul style="list-style-type: none"> • The total number of participants who completed the workshop and were eligible for the certificate was 65.
<p>World No Tobacco Day Program - 2022</p>	<p>Media personals</p>	<ul style="list-style-type: none"> • 37 media personals were participated and aware on the current situation regarding tobacco and alcohol use and Environment pollution. • The campaign had launched via Social media by the Department of Government Information.
<p>1948 tobacco and alcohol quit line service</p>	<p>Tobacco and alcohol users in Sri Lanka</p>	<ul style="list-style-type: none"> • The total number of calls received for the quit line service was 8681 and 1358 clients were reached the service for counseling up to May 2022. • The logos for the 1948 Quit line Service were redesigned in both Sinhala and Tamil Languages • 3000 stickers have been designed and printed to promote “1948” quit line service including 2500 in Sinhala language and 500 in the Tamil language.
<p>COP 9 (Conference of Parties to the WHO framework convention on tobacco control) and MOP 2 (Meeting of Parties)</p>	<p>International parties</p>	<ul style="list-style-type: none"> • The current Chairman of the National Authority on Tobacco and Alcohol has been selected as the Bureau member of the WHO SEARO region elected by COP9 (conference of parties) and the Regional Coordinator for the WHO SEARO region elected by MOP2 (meeting of parties). • He serves as the vice president and the rapporteur for the WHO FCTC conference of parties.

Tobacco and Alcohol prevention program with National Transport commission	Bus Conductors and Drivers in Sri Lanka	<ul style="list-style-type: none"> Conducted alcohol and tobacco prevention and cessation programs for 186 Bus Drivers and Conductors.
Exhibition in Naththandiya organized by Ministry of Health	Public	<ul style="list-style-type: none"> 578 participants aware on tobacco and alcohol prevention. IEC materials were distributed.
Including tobacco and alcohol prevention related health messages (developed by a NATA appointed special committee) into school textbooks	School children	<ul style="list-style-type: none"> A booklet was published including developed health messages in main three languages with the ISBN number, 978-624-5719-43-3. <p>Conducted meetings with Commissioner General, Educational Publication Department and Director General, National Institute of Education on including more health messages into school textbooks. As an achievement both of them were agreed for NATA's suggestion.</p>
Capacity building in NATA	NATA	<ul style="list-style-type: none"> Participated a meeting with MSD for request the post mentioned in below. <p>New Posts – Planning Manager – One Post (MM1-1) Management Assistant – Four Posts (MA1-1)</p> <ul style="list-style-type: none"> Efficiency Bar examination successfully conducted.
The curriculum development on tobacco and alcohol prevention for medical undergraduates	Medical students in state medical faculties in Sri Lanka	<ul style="list-style-type: none"> Conducted a meeting (via Zoom) session with the University of Jaffna in 17th February 2022, regarding the implementation of the developed curriculum as a pilot project. Conducted the 4th sub-committee meeting (via Zoom) with the purpose of developing a VLC in 3rd June 2022.
Public awareness contributions via YouTube by Chairman and NATA staff	Public	<p>Following are the days and contents of video clips comprised to aware the public. All together 6 video clips have been uploaded to YouTube to aware public.</p> <ul style="list-style-type: none"> Introduction of alternative crops to tobacco cultivation - Jan 13, 2022 Introduction to the National symposium on Tobacco and Alcohol Prevention – 2022 - Feb 9, 2022 How can telephone counseling help with tobacco and alcohol abuse and Details on 1948-Mar 12, 202

		<ul style="list-style-type: none"> • Tobacco and Alcohol Prevention Curriculum for Undergraduate Medical Students- May 15, 2022 • Not implementing tobacco taxation formula led to increase cigarette consumption. NATA urges to implement proper tobacco taxation formula immediately June 24 2022 • World No Tobacco Day 2022 - Chairman message - May 31, 2022
Public awareness contributions done by Chairman through press conferences	Public	<ul style="list-style-type: none"> • National Authority on Tobacco and Alcohol press conference - Jan 13, 2022 • World No Tobacco Day 2022 - National Authority on Tobacco and Alcohol press conference – May 31 ,2022
NATA official Facebook page	Public	<ul style="list-style-type: none"> • GATS Survey factsheet launched via official Facebook page on May 23.
TV channel program and news clips 2022	Public	<ul style="list-style-type: none"> • During the years 2022 TV channels have invited to the chairman for 30 programs and the chairman has contributed to public awareness through those TV programs. Meanwhile, TV channels have broadcasted 25 news items related to works done by the NATA.
News Papers Articles 2022	Public	<ul style="list-style-type: none"> • During the year 2022, 41 articles have been published in newspapers regarding the work and tobacco and alcohol related news done by NATA
Radio programs attended by the Chairman	Public	<ul style="list-style-type: none"> • The chairman participated in 8 radio programs and contributed to aware the public.
Social Media Pages / Blogs	Public	<ul style="list-style-type: none"> • Social media pages and blogs have published 30 news, blog and tobacco and alcohol related news posts related to works done by NATA during the year 2022.
1948 telephone counselling service	Counsellors	<ul style="list-style-type: none"> • A badge has been provided to trained counsellors of the certificate course of counselling on cessation and prevention of tobacco and alcohol who are providing volunteer telephone counselling service through the 1948 telephone counselling service.
Evaluation for Pilot project to introducing alternative crops for tobacco cultivation.	Tobacco Farmers	<ul style="list-style-type: none"> •A questionnaire for evaluate the Pilot project to introduced alternative crops for tobacco cultivation was developed. •Data was collected from farmers who participated to the Project and analyzed.

Monaragala

		<ul style="list-style-type: none"> • 38.6% of farmers in Monaragala district were totally stopped tobacco farming. • 29.8% of farmers in Monaragala district were partially stopped tobacco farming. • 29.8% of farmers in Monaragala district were willing to stopped tobacco farming. • 58% of land reduced from tobacco cultivation. <p>Anuradhapura</p> <ul style="list-style-type: none"> • 67.4% of farmers in Anuradhapura district were totally stopped tobacco farming. • 10.51% of farmers in Anuradhapura district were partially stopped tobacco farming. • 6.31% of farmers in Anuradhapura district were willing to stopped tobacco farming. • 92% of land reduced from tobacco cultivation.
Right to information act no 12 of 2016	Public	<ul style="list-style-type: none"> • Five applications were received and replay for four.
Assessment on implementation of circular nu. 20/2020 by the educational institutions. (Circular no. 20/2020 was issued by the Ministry of Education on 29th July 2020 on Making educational institutions free from the use, promotion and trade of tobacco related products, alcohol and other drugs)	Heads of the educational Institutions	<ul style="list-style-type: none"> • A google form was developed in both Sinhalese and English languages as the data collection tool for the assessment • Links of the google form were submitted to the Ministry of Education to conduct the survey with educational institutions

Ongoing Development Program details

	Project Description	Total Estimate Cost	Physical progress by 31.12.2021	Financial Progress by 31.12.2021 (LKR.Mn)
1	Implementation of the NATA act	4.00	Developed a two mobile applications to Authorized Officers to report the cases they file under the NATA Act, then another mobile application was developed to	0.89

			General Public to report the violations of the NATA Act. Further, a Policy Paper and Preliminary drafts for Amendment was also finished, now it is subject to discussion of the Board Members.	
2	Education & Trainings	2.20	Developed a simple and uniform taxation formula for tobacco. Obtained the expertise from international parties The developed taxation formula was introduced to Minister of Health and higher officials and forwarded to cabinet	0.48
3	Awareness Program & Advocacy Program	12.50	Assisted community based alcohol and tobacco prevention programmes to improve health of the community, launched a ayurvedic product and launched a scientific magazine and established an ethic review committee & conducted expert committee meetings	2.72
4	Research & Information system	3.00	Certificate course of counselling on cessation and prevention of tobacco and alcohol was conducted and 23 participants were recruited for 1948 quit line service as volunteers Strengthening 1948 quit line, conducted public opinion survey, conducted expert meetings to develop taxation formula, and to introduce alternative crops for tobacco cultivation and telephone bills. Ayurvedic medicinal product which can be helped to betterment of oral health was introduced with the support of SLADC. Scientific magazine was developed regarding the SLT harm.	0.50
5	Monitoring & evaluation	2.00	Developed and translated progress reports	0.01
6	Strengthening the NATA office	1.30	Purchased office equipment to the NATA office	0.10
		25.00		4.70

Last five-year performance trends five-year

Quantity of Tobacco Production and Tax (Source: NDDCB Hand book 2021)

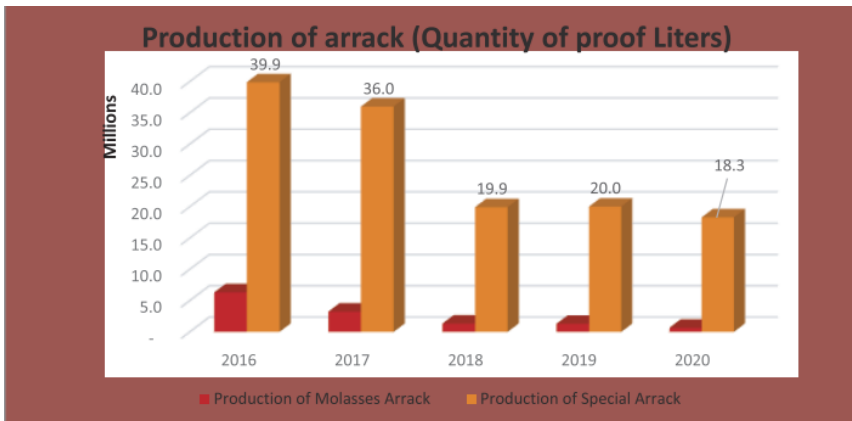
Year	Tobacco (In Kilograms)	Tax (Rs. Cts)
2016	2,707,602.600	27,076,026.00
2017	1,930,680,600	19,306,806.00
2018	2,185,721.100	21,857,211.00
2019	2,045,855.600	20,458,556.00
2020	1,744,156.700	17,441,567.00

Year	Tobacco (In Kilograms)	Tax (Rs. Cts)
2016	2,707,602.600	27,076,026.00

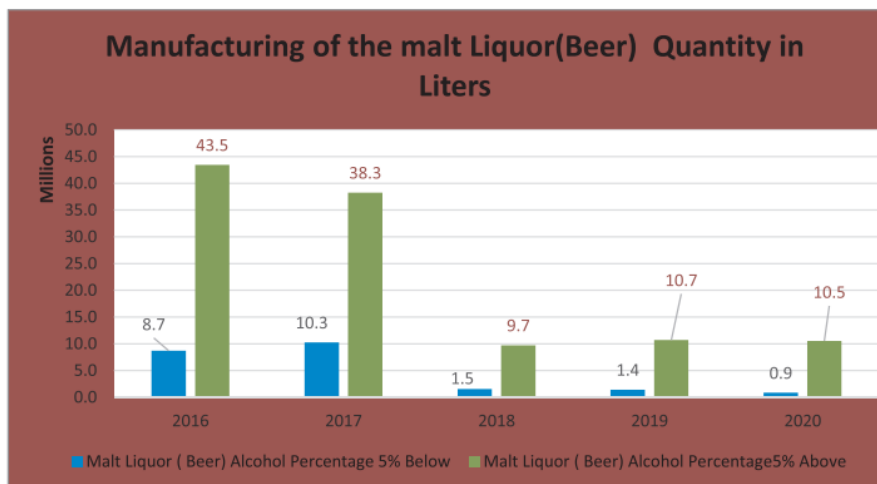
Number of Cigarettes Issued (Source: NDDCB Hand book 2021)

Year	Amount
2016	3,789,524,960.00
2017	3,149,437,500.00
2018	3,150,148,960.00
2019	2,622,265,600.00
2020	2,286,659,800.00

Trend of Alcohol Production



Source: Hand Book NDDCB (2021)



Source: Hand Book NDDCB (2021)

Special Development Activities Planned for 2022

1. Establishment of new tobacco-free zones
2. National Symposium on Tobacco and Alcohol Prevention - II
3. Ethics review committee
4. Scientific Journal on cessation and prevention on tobacco and alcohol
5. New amendment to the NATA act

4.2.11 Healthcare Quality and Safety

Introduction

Directorate Healthcare Quality and Safety (DHQS) was established in 2012 as the national focal point that implements healthcare quality assurance programme for Sri Lanka. DHQS has an island-wide network with Quality Management Units (QMU) established in all hospitals above Base Hospital Type B and offices of Regional Director Health Services to execute the quality assurance programme at the respective institutes.

Vision

Providing optimum quality and safe healthcare services to the people of Sri Lanka.

Mission

Facilitating healthcare institutions to provide the demonstrable best possible safety and quality healthcare services through continuous improvement while responding to customer expectations with the involvement of all stakeholders.

Objectives

1. To strengthen organizational settings towards customer-focused care responsive to their preferences, expectations and values and patient-center care.
2. To establish effective leadership and develop governance and systems to facilitate healthcare quality improvement and patient safety.
3. To promote evidence-based, ethically accepted clinical practices to ensure the best possible outcome for the patient.
4. To mitigate risk from medications, procedures and adverse events to ensure safety of patients and staff.
5. To internalize quality improvement strategies to assure shared values in creating health promoting and environment friendly healthcare organizations.
6. To develop a competent, healthy and satisfied workforce to enhance productivity, quality and safety in healthcare.
7. To promote research in the field of quality improvement and patient safety.

Achievements and special events in 2021

Amidst the COVID-19 pandemic, Directorate of Healthcare Quality and Safety could complete most of the activities listed in its Annual Action Plan for the year 2021. Although the financial progress of the annual action plan was around 30%, the physical progress far exceeds this percentage as the DHQS conducted majority of the training programs and review meetings via online platforms.

Achievements/Special Events in 2021 are as follows,

1. Celebration of World Patient Safety Day 2021

Featuring the theme “Safe Maternal and Newborn Care”, the the Directorate of Healthcare Quality and Safety celebrated the national event of World Patient Safety Day on 17th of September, at the auditorium of the Directorate as a hybrid event. In parallel to the national event, a program was conducted to share best practices among healthcare institutions. All healthcare institutions were given the opportunity to share their innovative projects and best practices related to the theme. The best projects were selected by an expert panel and presenting of these best practices was one of the key activities during the event.

In parallel to the national event, many healthcare institutions have celebrated the patient safety day with the aim of raising awareness on the importance of safety in maternal and newborn care. They shared their experiences during the performance review meeting held subsequently, along with photographs of the events.

Illumination of the iconic lotus tower in orange colour took place in parallel to the event, for recognizing the service of the healthcare workers during the pandemic.

2. Publishing the National Action Plan on Medication Safety

Medication errors have become a global concern and a large number of preventable deaths and serious harm occur globally due to medication errors. DHQS took the responsibility of giving leadership to the development of a national action plan on medication safety to assist ensuring of medication safety in the Sri Lanka healthcare System. This national Action Plan is a collective effort of all stakeholders and Professor Priyadarshani Galappathy, Senior Professor in Pharmacology was the main resource person. Since the initial draft was made based on studies and observations relevant to medication safety in Sri Lanka, this action plan is unique to the Sri Lanka setup and covers the 4 strands and the 3 flagship areas identified by the WHO. The publication was launched at the Patient Safety Day National Event. Printed copies of the action plan were disseminated among the healthcare institutions and the soft copy is available in the DHQS website for reference.

Some of the activities mentioned in the action plan are currently initiated and are in different stages of progress.

Ongoing Development project details in 2021

	Activities	Allocation (Rs.Mn.)	Expenditure as at 31/12/2021	Physical progress as at 31/12/2021	%
				In word	
1	Development of customer/patients need assessment tool and piloting in different levels	0.05	0.0	Currently conducting the preliminary survey	10
2	Development of format to assess overall patient satisfaction including exit interviews and piloting in different levels	0.05	0.00	Draft format developed	25
3	Strengthening of customer feedback mechanism	0.05	0.00	Activity will be conducted after finalizing the format for patient satisfaction survey	0
4	Quarterly Performance Review Meeting of Quality Management Units of 45 Ministry Institutions(03 Days) **	0.3	0.00	Annual performance review meeting for year 2020 and review of the first three quarters of 2021 conducted by virtual meeting (100%)	100
5	District Performance Review Meeting(DPRM) of Quality Management Units of hospitals (above Base Hospital Type B) of 26 districts /RDHS Areas **	0.1	0.00	Annual District performance review meeting for year 2020 and review of the first two quarters of 2021 conducted by virtual meeting	100
6	Monitoring/ Supervisory visits in the /Provincial ministry hospitals	0.1	0.00	Supervisory visits of four line ministry hospitals.	50
7	Web expansion (incorporation of added functionalities to the Web)	0.37	0328	Translations of web details into Sinhala and Tamil finalized and uploaded	100
8	Strengthening of the Directorate of Healthcare Quality & Safety by providing IT equipment and furniture	0.5	0.411	Two laptops & Two Hard disks purchased	100
9	Workshop on clinical audits (02 day) **	0.3	0.034	Three clinical audit online workshops conducted in March, October and November 2021	100
10	Development and Revision of National clinical Guideline	0.2	0.062	Revision of the National Policy on Healthcare Quality and Safety and Development	80

	protocols/Manuals/Survey formats			of the five-year Strategic Plan and monitoring and evaluation plan on Healthcare Quality and Safety are completed. As at end of 2021, it was in the process of obtaining cabinet approval for the revised policy. A consultative meeting conducted for developing the national guideline for management of poisoning.	
11	Standards/Guidelines printing	0.73	0.169	Printing of the National Action Plan for Medication Safety completed.	100
12	Strengthening of incident reporting system (Revision of tool)	0.05	0.00	Internal meeting conducted on revision of the tool. A consultative meeting conducted.	80
13	Piloting of clinical indicators	0.1	0.00	Internal meeting conducted on revision of clinical indicators. Consultative meeting with microbiologists conducted as a virtual meeting. Four Consultative meetings with the other fields of specialities (Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, Dental Services, Malaria TB and HIV/AIDS) conducted (Funded by Health Information and Quality Improvement Project)	70
14	Advocacy for medical professionals through SLMA	0.6	0.30	6 advertisements were published in monthly newsletters.	100
15	Conduct a study visits to observe quality culture in benchmark organisations	0.2	0.00	Could not conduct due to the pandemic situation	0
16	Training programme on healthcare quality and safety for curative sector (05 day)**	0.5	0.52	Three training programmes were conducted online & 190 participants were trained	75

17	Conduct a need assessment of preventive staff with regard to quality and safety for future trainings	0.1	0.00	As at end of 2021, preliminary assessment was conducted	80
18	Training programme on healthcare quality and safety for minor staff (2 Day)	0.2	0.08	One consultative meeting was conducted for development of the training curriculum First training programme conducted on 8 th & 9 th December.	100
19	Develop central reference library at DHQS	0.5	0.00	Book list prepared Received a donation of books and the library was arranged with the available furniture	50
20	Celebration of World Patient Safety Day		0.059	World Patient Safety Day national event was conducted at the DHQS auditorium on 17 th September 2021 with a limited number of in person participation and the rest of participants joining virtually. Best practices of line ministry and provincial hospitals were presented and appraised.	100

Last 5-year financial performance Trend

No	Indicator	Year					
		2016	2017	2018	2019	2020	2021
1.	Quarterly Performance Review Meetings (PRMs) conducted	75%	75%	75%	50%	100%	100%
2.	Biannual Performance Review Meetings / District Performance Review Meetings (DPRMs) conducted.	50%	50%	100%	100%	100%	100%
3.	Number of(Percentage of) staff trained on Master Trainers on 5S, CQI & TQM, patient safety and clinical audit	255/380 (67%)	329/380 (86.5%)	369/380 (97%)	262/30 0 (87%)	209/30 0 (70%)	354/35 0 (101%)

Special development activities planned for 2022

1. Publishing of revised National Policy and Strategic Plan for Healthcare Quality and Safety.
2. Sharing of best practices among all healthcare institutions.
3. Trainings and supervision at provincial level by DHQS.
4. Celebration of Patient Safety Day 2022.
5. Revision and printing of Incident reporting format.
6. Printing of Guideline on Management and Designing of Central Sterile Supplier Department and Magnetic Resonance Imaging.
7. Software / web development and maintenance.
8. Developing the PSSP quality supervision tool into a web-based system.
9. Develop resource center at Directorate of Healthcare Quality and Safety
10. Revision of clinical indicators.
11. Carrying out the activities related to the Health Information and Quality Improvement Project coordinated by the Global Fund.

4.2.12 Disaster Preparedness and Response Division (DPRD)

The Disaster Preparedness and Response Division is responsible for the preparedness and response activities within the Ministry of Health to multiple hazards that the country would face. Using the Second Strategic Plan for Health Sector Disaster and Emergency Management, the DPRD implemented several activities during the year ending on 30 June 2022.

Vision

Resilient health sector for safer communities

Mission

To contribute towards a safer Sri Lanka through improving health sector functioning in relation to disasters, emergencies, integrating disaster risk reduction into health sector and empowering communities as supporters on health sector disaster response.

Objectives

1. To improve structural, non-structural, and functional capacity of health facilities through safe hospitals initiative.
2. To improve human resources for health sector disaster management.
3. To promote stakeholder coordination for health sector disaster management.
4. To improve information support, knowledge management and research for health sector disaster management.
5. To improve community participation towards health sector disaster management.
6. To integrate results-based monitoring and evaluation to health sector disaster management.

Achievements During the year ending from 30th June 2022

1. Development of the Strategic Framework 2022 – 2025

The Strategic Plan for Disaster/Emergency Preparedness expired in 2022. Hence there was a need to develop the next strategic plan. Through a consultative process with many stakeholders within and outside of health sector, the Strategic Framework 2022 – 2025 was prepared. The completed Strategic Framework was printed and was launched in a workshop held in June 2022.

2. Continuation of the COVID-19 Operations Center

DPRD continued to collect information on COVID-19 response from different units and departments within the Ministry of Health. Joint Situational Updates were prepared twice a day, consolidating all the collected information. These situational updates were shared with the leadership of the Ministry of Health.

3. Review of the HOPE Curriculum

Hospital Preparedness in Emergencies (HOPE) is an internationally accredited training that has been pioneered by the Asian Disaster Preparedness Center (ADPC). DPRD has been involved in the training of health staff using the HOPE curriculum. As a part of an initiative to institutionalize the HOPE curriculum to Sri Lanka, it was necessary to review the curriculum and to adapt it to Sri Lanka. With the support of the ADPC, this was done in consultation with different technical experts within the Ministry of Health and other stakeholders such as the Department of Civil Engineering, University of Moratuwa. The updated HOPE curriculum was launched at a meeting held in June 2022.

4. HOPE training

A virtual HOPE training was conducted to train health staff from Sri Lanka. In addition, two training of facilitator trainings were conducted. ADPC kindly supported the organization of these workshops. With these trainings, Sri Lanka is now able to carry out HOPE trainings in its own in future.

5. Testing of the hospital preparedness through drills

DPRD provides financial and technical support to conduct hospital drills to assess their preparedness for multiple hazards that they must prepare for. Due to the COVID-19 restrictions, conducting fully pledged drills were limited only to few locations, but desk top simulation exercises were carried out to fulfill this preparedness requirement.

6. National Disaster Preparedness and Response Drill

The National Disaster Preparedness and Response Drill was carried out in Dehiovita this year. During this exercise, a medical camp was conducted to simulate responding to a disaster in a remote area. In addition, review of the hospital drills conducted throughout the year was also done.

The one year period ending from 30 June 2022 was a productive year for DPRD where it could contribute towards the preparedness and response of health sector.

4.3 NUTRITION

The subject of Nutrition has related functions in several ministries and requires a coordinated approach.

4.3.1 Nutrition Division

Introduction

Nutrition Division is the focal point to coordinate nutrition interventions across the country on behalf of the Ministry of Health. We also collaborate with other related ministries, Development Partners and Non-Governmental Organizations to conduct nutrition activities.

Our major responsibility is the development and implementation of nutrition related policies including National Nutrition Policy, relevant strategies and guidelines. In addition to those, Nutrition Division conducts in-service training programmes, awareness programmes and other capacity building programmes for the health and non-health staff.

The Nutrition Division has worked relentlessly to serve the citizens of Sri Lanka to build a nutritionally steadfast nation.

Vision

Sri Lanka towards a nourished nation








Mission


To ensure the accomplishment of optimum nutrition of all Sri Lankans through inclusive, equitable quality and sustainable provision of services and coordinated partnerships

Objectives

- To play a central role in planning, implementation, monitoring and evaluation of nutrition sensitive and specific interventions, together with multi-sectoral partnerships for improved service provision
- To coordinate with related Bureaus/Directorates within the Ministry of Health
- To formulate policies including National Nutrition Policy, guidelines including Food Based Dietary Guidelines and necessary standards for nutrition care services
- To plan and implement in capacity building of relevant human resources
- To advocate on adopting a life cycle approach with the view of achieving optimum nutrition by all citizens of Sri Lanka

Nutrition Profile -Sri Lanka

	Target set by National Nutrition Policy 2021-2030	Progress as per latest survey/surveillance data
	Stunting Under five years 17.3% (DHS, 2016) to 10% by 2030.	National Nutrition Month 2021-7.4% *Dietary Adequacy survey 2022-12.7%
	Wasting Under five years 15.1 % (DHS, 2016) to <15% by 2030	National Nutrition Month 2021-8.2%
	Low Birth weight 15.7% (DHS, 2016) to 10% by 2030.	RHMIS Routine Data 2021-12.7 %
	Low BMI in children 10-18 years 26.9 % (MRI, 2018) to 18% by 2030.	*Dietary Adequacy survey 2022-21.7%
	Overweight Under five years 0.6% (MRI, 2012) Overweight and obesity among adolescents 7.6% and 2.2% (MRI, 2018) --> No increase by 2030.	National Nutrition Month 2021-0.8% *Dietary Adequacy survey 2022-1.2%
	overweight among adults & elderly 29.3% (NCD Survey, 2015) to 15% by 2030 Obesity further reduced from 5.9% by 2030	*Dietary Adequacy survey 2022- Female overweight-31.6% Female Obesity- 10.5%
	Anaemia and other micronutrient deficiencies to less than 10% by 2030	Anaemia- Under five children-15.1%(2012) Primary school 6-12 year- 11.1% Adolescents- 8.8% (2017) Pregnant mothers- 31.8%(2015) Iron Deficiency Under five children-33.6%(2012) Adolescents- 22.1% (2017) Vitamin A deficient – adolescent 0.1%(2017) Vitamin D deficiency- adolescent 13.2 %(2017)

	<p>Household Food insecurity 10.3 % (DCS, 2014) to 5% by 2030.</p>	<p>Food insecurity (2022 August) SL- 37%</p>
---	--	--

Measures taken to address malnutrition in 2021

- **Implementation of district specific targeted interventions to overcome nutrition problems (District Nutrition Action Plan (DNAP))**
In 2021- DNAP proposals of 23 districts were reviewed and funds were released to 8 districts. Of the total allocation of 13.5 Mn LKR, 3.5 Mn was released to districts; for the remaining districts allocations were not released due to financial restrictions (0.1 Mn limit) imparted by the Finance Division. District Level activities were not carried out as planned due to COVID situation and reported expenditure by 31st December was 1.69 Mn LKR(48.3%).
- **National Nutrition Policy – 2021-2030**
Modified version was forwarded to Secretary/Health for approval prior to submission for cabinet approval.
- **District Nutrition Monitoring System (DNMS)**
With WHO support, mobile application (DNMS) was updated with new developments to track nutrition sensitive interventions and to share details of vulnerable families to implement and monitor relevant indirect interventions.
- **Measures taken to deal with healthy dietary habits**
Several on-line ToT works shops were carried out for difference audiences to disseminate revised Food Based Dietary Guidelines and National Nutrition Month 2021 was entirely dedicated to implement desired behavioral change on dietary habits.
- **Conducting Nutrition Steering Committee**
Nutrition Steering Committee is chaired by the Secretary, Health and addresses policy implementation, strategic guidance, and feedback from implementing stakeholders within the government health sector, other relevant sectors and Development partners. A new ToR was approved assuring participation of relevant higher officials and two meetings were conducted during 2021.
- **Funds released to other institutions under the Ministry of Health to conduct nutrition related activities**
 - **Family Health Bureau**
 - Funds released for six technical consultative meetings on Maternal & Child Nutrition, printing of 30000 pre-term growth charts, 145,000 Child Health

Development Records, 6,500 Growth Monitoring Program Registers. Total expenditure by 31st December is 6.3 M LKR.

- **Health Promotion Bureau**

- Funds released for awarding trophies and certificates for best selected Messages. Total expenditure by 31st December is 0.095 M LKR.

- **Medical Research Institute**

- Funds released for procurement of chemicals and accessories. Total expenditure by 31st December is 0.2936 M LKR.

- **North Colombo Teaching Hospital (Ragama)**

- Funds released for completion of construction of nutrition unit. Total expenditure by 31st December is 5.0248 Mn LKR.

➤ **Conduct pilot testing of new supplementary food for Moderate Acute Malnourished children (MAM)**

Technical activity committee meetings were held to upgrade on MAM product. Total expenditure by 31st December is 0.006 M LKR. Requested funds from the SUN-PF.

➤ **Conduct National Nutrition Month**

Nutrition Division conducts annual National Nutrition Month activities to generate awareness of general public on current nutrition problems. The theme selected for year 2021 was “Nutrition for Protection” and the main objective was to disseminate five selected Food Based Dietary Guidelines.



Measures taken to address malnutrition in 2022 (up to September 30)

➤ **Implementation of district specific targeted interventions to overcome nutrition problems (District Nutrition Action Plan (DNAP))**

In 2022- DNAP proposals of 18 districts were reviewed and funds were released to 7 districts. Of the total allocation of 1.0 Mn LKR for the 1st quarter, 0.68Mn was released to districts. Of the allocation of 1 Mn for the second quarter, further release of funds were temporarily withheld as per the restrictions imposed by the Ministry of Finance and communication by the Finance unit of Nutrition Division.

➤ **Family Health Bureau**

Rs. 1.5 million was released from the allocation of Nutrition Division for the Family Health Bureau by the 30th June 2022 and Rs. 0.555733 was spent up to that Date.

➤ **Launch of Food Based Dietary Guidelines for Sri Lankans - Practitioners' Handbook**

The Nutrition Division of the Ministry of Health has successfully completed the formulation of Food Based Dietary Guidelines and has organized the launch of the practitioners' handbook to disseminate information on the guidelines.



➤ **Obtaining Cabinet approval on National Nutrition Policy 2021-2-30**

The revised National Nutrition Policy (NNP) 2021-2030 was approved by the Cabinet of Ministers. In the process of printing for dissemination.

➤ **Emergency Nutrition Action Plan 2022-2024**

Under the initiative of DDG (PHS) II, National Emergency Nutrition Plan 2022-2024 was prepared to prevent further deterioration in the nutritional status of Sri Lankans due to the economic crisis and the impending food crisis. Nutrition Division conducted series of meetings with other relevant ministries, UN agencies, and other stakeholders. The modified National Emergency Nutrition Plan 2022-2024 was endorsed by the Technical Advisory Group on Food and Nutrition Security chaired by Secretary /Prime Minister for Implementation Island wide.



➤ **National Nutrition Month -2022**

Month of October declared as the National Nutrition Month for year 2022, under the theme of 'Nutrition at Low-Cost: Know, Explore, Grow and Share' with an emphasis on maintaining individual and community nutrition during the prevailing economic crisis. This is aligned with both plans prepared for the crisis situation; Emergency Nutrition Plan (ENP) 2022-2024 prepared by the Ministry of Health and National Short Term Programme (NSTP) on food security and nutrition. The main objective of the Nutrition Month is to focus on maintaining the optimal nutrition status at low cost by shifting into consumption of locally available, less expensive, including under-utilized nutritious food items, engaging in home gardening and sharing food items with others including vulnerable populations.

➤ **Conduct pilot testing of new supplementary food for Moderate Acute Malnourished children (MAM)**

Sun-PF is in the process of preparation of MOU with the ITI to update MAM product.

- **Cost of Diet and Affordability analysis**

Cost of diet and affordability analysis was conducted for the year 2021 and early quarters of year 2022 as a collaborative project of Nutrition Division of Ministry of Health, Department of Census and Statistics and Hector Kobbakaduwa Agrarian Research Center. Preliminary results were released to stakeholders.

- **Defining Unhealthy Food**

TWG for defining unhealthy food was established. Several meetings conducted and decision was taken to define unhealthy food

4.4 ORAL HEALTH SERVICES

Introduction

The government of Sri Lanka declared open its first dental clinic in the General Hospital of Colombo commencing public curative oral health services. Today oral health care services are widely distributed throughout Sri Lanka providing preventive oral health care services as well. Further, the training of school dental Nurses (now it is referred to as school dental therapists) was established in 1953 expanding its services to students age between 3-13years. Administratively oral health services are decentralized and conducted peripherally by the provincial ministries of health services and centrally by the ministry of health. Deputy Director-General Dental Services (DDG/DS) is the focal point of oral health services in the Ministry of Health and it provides technical guidance and coordination of the dental services Island wide.

The oral health service provided by the Ministry of Sri Lanka is free to its nation at the point of delivery. In addition, full time private dental practitioners and part of government dental surgeons after working hours are engaged in providing services on a private basis.

Today oral health care services are expanding to specialities from the basic dental care such as oral Maxillo-Facial Surgeries, advanced restorative care, orthodontic care and the emerging oral pathology field. Further, oral health promotion and prevention, research and surveillance are mainly carried out in the community dentistry field.

Vision

A healthier Sri Lankan nation with 20 functional teeth at the age of 80.

Mission

To contribute social and economic development of Sri Lanka by performing all possible activities for achieving the highest attainable oral health status through promotive, preventive, curative dental services of high quality made available and accessible to people of Sri Lanka.

Objectives

- To provide sustainable and equitable quality oral health care
- To provide cost-effective, evidence-based strategies for the prevention and control of oral diseases.
- To address demands and expectations of oral health in the population

Infrastructure Development

Procurement and installation of 145 numbers of dental chairs, 50 Numbers of Autoclave Machines, and 30 numbers of Air compressors, had been completed as an infrastructure development project of oral health institutions in the year 2021. All those equipment distributed to line ministry hospitals and district level institutions throughout the country.

In addition 31.0538 Mn of allocation were distributed to NDH (TH) Colombo, TH Kurunegala, DGH Polonnaruwa, TH Karapitaya, and PGH Badulla to develop institutional infrastructure needs.

Maintenance of Equipment

2,045,904.75 LKR released to NDH (TH), Colombo for the maintenance of Medical Air and Vacuum Plant Service Systems and Suction & Air Compressor System. 254,300 LKR had been released to National Institute of Infectious Disease, Angoda, to repair two dental chairs.

Enhancement of Service Delivery

Satellite Oral and Maxillofacial surgery clinics were established during 2021 based on the oral cancer incidence and other geographical factors in the area concerned, for early detection and prevention of oral cancer. An Oral and Maxillofacial surgeon from a tertiary care hospital was assigned to the satellite centers to screen, diagnose and follow-up of oral cancer and oral potentially malignant disorder patients.

Twenty two hospitals were upgraded with dental specialties. Newly qualified 3 OMF surgeons, 5 consultants in Orthodontics and 6 consultants in Restorative dentistry are being appointed to respective units. Ten senior registrars were appointed to the remaining units.

Equity of oral health services to the population in remote area with modern oral health care is being ensured with this strategy. This will improve the quality of life, lessen the household catastrophic health expenditure by reducing out of pocket expenditure and waiting time of the community. Furthermore, it will reduce the overcrowding of line ministry hospitals and improve patients' satisfaction to the service.

Human Resource Development

Eighty three (83) numbers of dental surgeons have been recruited as Grade II dental surgeons to the service during 2021. Ninety three (93) numbers of dental graduates have been awarded internship training 2021.

In 2021 and up to June 2022, twenty one (21) dental surgeons were promoted as specialists.

Oral Health Promotion

Printing of thousand (1000) numbers of diet diaries: for the patients attending preventive oral health clinic at Institute of Maharagama, under the National Oral Health Program and oral health program introduced within the Institute of Maharagama, as an oral health promotional activity was completed and another thousand (1000) numbers of diet diaries for the year 2022 is being processed.

Annual oral health report -2019 is published. Printing process of patients' register and monthly returns for specialized dental units is being carried out. Tikiri Dasan magazine distribution process to the zonal education offices throughout the country is completed.

Global Achievement

Sri Lanka proposed the resolution on "Inclusion of oral health into non communicable diseases agenda of the World Health Organization" with the co-sponsors to the 148th Executive Board and it was adopted by 74th session of World Health Assembly in 2021. Sri Lanka actively involved in developing the final draft of the Action Plan for oral health in South-East Asia 2022-2030.

4.5 NATIONAL BLOOD TRANSFUSION SERVICES

Introduction

National Blood Transfusion Service (NBTS), Sri Lanka is a centrally coordinated specialized campaign of the Ministry of Health, Nutrition and Indigenous Medicines. It carries the national responsibility of the supply of blood and blood products to all government hospitals and majority of private sector hospitals. There is 106 Hospital Based Blood Banks & 2 standalone Blood Centers affiliated to 24 cluster centers depending on the geographic distribution.

Vision

To be a unique model for the world securing Quality Assured Blood Services, through a nationally coordinated system.

Mission

To ensure the quality, safety, adequacy and cost effectiveness of the blood supply and related laboratory, clinical, academic and research services in accordance with national requirements and WHO recommendations.

Objectives

1. To strengthen basic blood bank testing laboratory facilities and establishing new blood banks
2. To strengthen community awareness on safe blood donation and improve in-house blood donation
3. To strengthen advanced laboratory services related to transfusion medicine
4. To strengthen technologies in blood component processing and storage
5. To strengthen continuous professional development
6. To assure the quality of services with external quality assessment and accreditation
7. To upgrade and renovate, and maintenance of buildings
8. To enhance service efficiency through digitalization
9. To strengthen facilities for blood and blood product transportation
10. To strengthen hemovigilance through improving monitoring and evaluation systems

Key Functions

- Collection of blood from community-based blood donation campaigns and hospital blood banks.
- Processing collected whole blood to blood components.
- Testing all blood collection for Transfusion Transmissible Infections and blood grouping.
- Storage and transport of blood components in appropriate conditions.
- Provision of blood and blood products to all appropriate therapeutic needs for government and private sector hospitals.

- Providing technical assistance on patient management related to transfusion medicine.
- Provision of therapeutic procedures related to transfusion and transplant (Stem cell processing and infusion, therapeutic plasma exchange, autologous PRP treatments).
- Laboratory services for HLA typing and cross matching for organ transplant recipients.
- Extending services of the WHO collaborating center.

Major Achievements during the year 2021

1. Maintaining the collection of whole blood from 100% voluntary non-remunerated blood donors.
 - Increase 100% voluntary non-remunerated blood donors by increasing in house blood donors. (Through introduction of SMS)
 - Introduction of strategies to safe blood collection during COVID -19 outbreak.
2. Digitalization of data receiving system of the National Blood Transfusion Service.
 - NBTS monthly statistics reporting system.
 - NBTS weekly hemovigilance reporting system
3. Introduction of Best Practice Guide in Stock Management

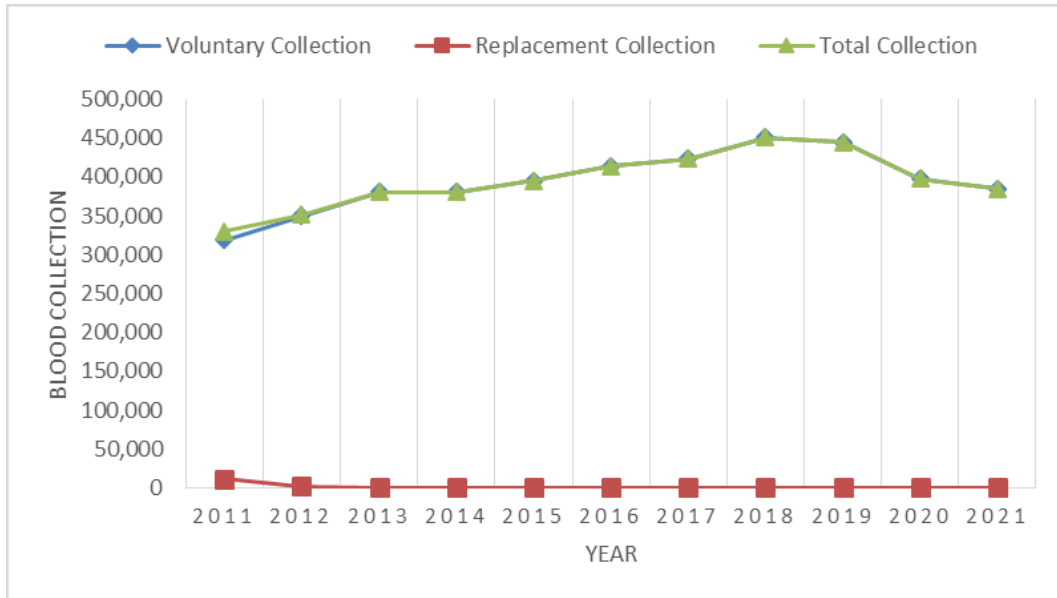
Performance trend for last 11 years

Tabal – 1 Yearly Improvement of the Blood Collection

Year	Voluntary Collection	Replacement Collection	Total Collection
2011	318,885	11,315	330,200
2012	349,423	2,182	351,605
2013	380,808	0	380,808
2014	380,367	0	380,367
2015	395,500	0	395,500
2016	414,175	0	414,175
2017	423,668	0	423,668
2018	450,640	0	450,640
2019	444,515	0	444,515

2020	397,833	0	397,833
2021	385,054	0	385,054

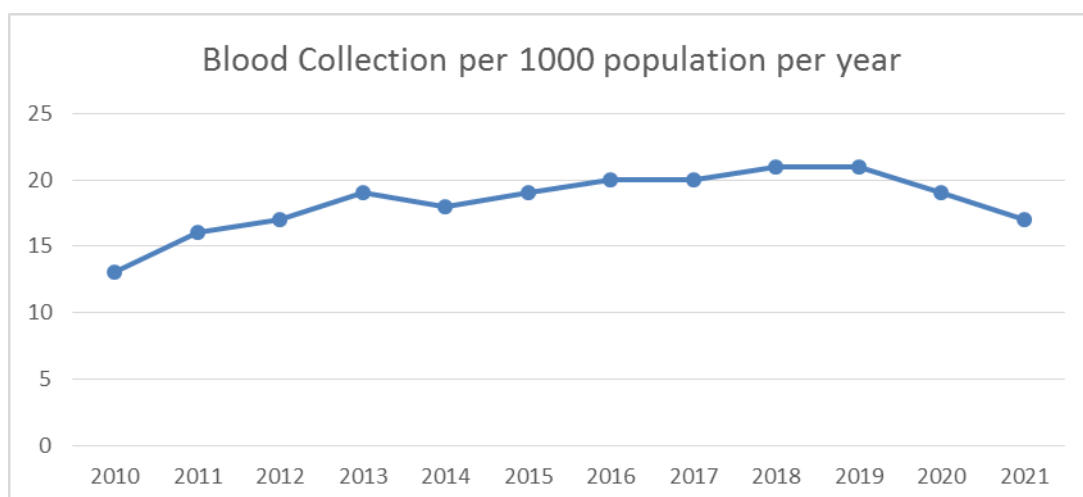
Yearly improvement of the blood collection with continuous maintenance of 100% voluntary donor base.



Tabal-2 Annual Blood collection per 1000 population

Year	Blood collection from voluntary donors	Blood Collection per 1000 population per year
2010	268,128	13
2011	318,885	16
2012	349,423	17
2013	380,808	19
2014	380,367	18
2015	395,500	19
2016	414,175	20
2017	423,668	20
2018	450,640	21
2019	444,515	21
2020	397,833	19
2021	385,054	17

Annual Blood Collection per 1000 population



Tabal- 3 Prevalence of TTI and comparison with previous years

Year	2014	2015	2016	2017	2018	2019	2020	2021
Total Collection	380,367	395,500	414,175	423,668	450,640	444,515	397,833	385,054
HIV (scr.+ve)	648	646	696	764	797	694	533	422
Prevalence	0.17%	0.16%	0.17%	0.18%	0.17%	0.16%	0.13%	0.11%
HIV (Conf. +ve)	26	21	25	28	29	44	34	56
Prevalence	0.007%	0.005%	0.006%	0.006%	0.006%	0.01%	0.0085%	0.01%
Hepatitis B (rpt. +ve)	394	409	505	618	513	528	252	751
Prevalence	0.10%	0.10%	0.12%	0.14%	0.11%	0.12%	0.06%	0.20%
Hepatitis C (rpt. +ve)	657	800	847	905	898	804	613	495
Prevalence	0.17%	0.2%	0.20%	0.21%	0.20%	0.18%	0.15%	0.13%
VDRL +ve	1,265	1,125	1,027	1411	1577	1344	960	1,496
Prevalence	0.33%	0.28%	0.25%	0.33%	0.35%	0.30%	0.24%	0.39%
TPPA +ve	152	175	152	152	107	119	96	153
Prevalence	0.04%	0.04%	0.04%	0.03%	0.02%	0.03%	0.024%	0.04%
MP +ve	0	0	0	0	0	0	0	0
Prevalence	0%	0%	0%	0%	0%	0%	0%	0%

(Scr.+ve) - Screening positive; (conf.+ve) – confirmed positive; (rpt.+ve) – repeat positive; MP - Malaria parasites; VDRL – Venereal Disease Research Laboratory; TPPA - *Treponema pallidum* particle agglutination

Tabal 4 -Comparison of HLA Laboratory Statistics (At NBC)

Typing and cross matches	2015	2016	2017	2018	2019	2020	2021
Class 1	2288	2015	1253	2415	} 1702	1734	2030
Class 11	2214	1777	1099	2415		1654	2029
Cross match	1471	2490	1954	828	703	666	835
B27	194	319	492	602	543	^{27/57/51} 737	^{27/57/51} 838
PRA (Class I, Class II)	295	484	475	2456	1255	1175	1391
Transplantation							
Kidney (Patients, Donor)	2094	1589	1027	2017	1704	1454	1665
Bone Marrow (Patients, Donors)	108	167	163	264	387	182	338
AP Donor	32	171	7	0	84	89	01
Cadaveric Donor	15	11	34	30	41	18	26

PRA - Panel Reactive Antibodies

Statistics of Education, Teaching and Training Unit - 2021

Table 5: Training programs conducted for Staff categories of NBTS

	Staff Category	Number of trainees
1	Medical Officers	Total - 174
	4 weeks	154
	6 weeks	20
2	Nursing Officers	Total - 73
	NO – 6 weeks + NBTSIS	73
3	Medical Laboratory Technologists	2
4	Public Health Inspectors	1

Table 6: Other Staff Categories

	Staff Category	Number of trainees
1	Nephrology MD Trainees	1
2	Haematology Diploma Trainees	14
3	Microbiology MD Trainees	10
4	Medical Students	
	• University of Colombo	331
5	MLT Students	
	• MLT Students	3
	• MLS Interns	82

• MLS Undergraduates	56
• MLS Students	21

Table 7: CME Programmes

	Topic	Participants	Number
1.	Awareness programme on Donor / Mobile organizer handling and communication	Medical Officers	112
2	Training on automated blood grouping machine	Medical Laboratory Technologists NBC	30
3	Safe blood transfusion	Public Health Inspectors NBTS	34

Quality Management Unit

Table 8: Quality Monitoring of Blood Components and Reagents

Component	Number
RCC – without AS	265
RCC- BCR-AS	313
Platelets - PRPD	297
Platelets - BCD	356
Platelets -AP	88
FFP	79
Cryoprecipitate	10

Reagent Testing	Number
QC testing of A,B,O cells	12 sets
QC testing antibody screening red cells	12 sets

Quality Control laboratory performance

Table 9: Investigation of Quality Related Incidents

	Component/Reagent	No of Incidents
Component Quality related incidents	RCC	57
	Platelet (SDP)	4
	Cryo precipitate	1
	Whole Blood	2
Consumables Quality related incidents	ABO reagent cells	1
Procedural quality related incidents	Blood grouping error	1

Quality Control -Visual Observation of Components

Components with deviated visual observation - quality testing

Component	No of units
Platelets	3826

Table 10: Special Studies

Special Study Type	No. of Units used
Study to detect donor Hb and HCT due to high values in RCC –PS units.	100
Study to assess the suitability of freezer vehicle to transport platelets packed in cool box	20 discarded platelet units
Analysis of platelet concentrate quality at the end of the 7 th day	73
Descriptive, prospective study to determine the blood bags used for processing PC-PRPD, is directly related to the occurrence of clumps in PC-PRPD units.	173

Table 11: Evaluations done

Evaluation done	Number of products evaluated
Anti D	4vials
Anti A	3
Anti B	3
Anti AB	3
Anti D blend	2
AHG poly	3
AHG-IgG	1
AHG-C3d	1
Rare anti sera- Rh	4
Rare anti sera- others	13
Copper Sulphate	2
Galss test tubes	3
Triple blood bags	3

Table 12: SL-NEQAS programs conducted

Program	No. Of cycles	No. of test kits prepared
NEQAS Blood Group Serology	02	220 kits(1760 vials)
NEQAS TTI	02	40 kits(520 vials)

Table 13: Special Quality Monitoring Tests (HBB Referrals)

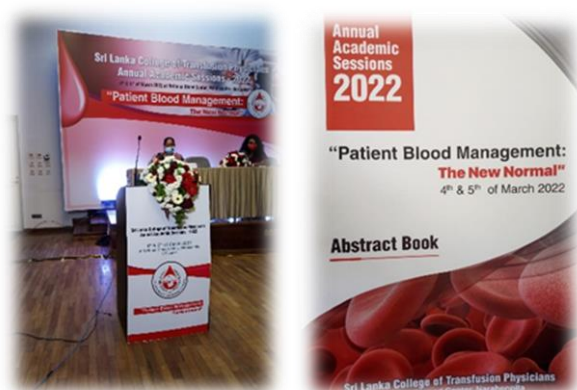
Component	No of Units
RCC	24
Platelet	40
FFP	13

Table 14: Summary of tests

	Type of test	No. of Tests
1	Full Blood Count	3251
2	PH	1513
3	Blood Culture	380
4	% Haemolysis	737
5	DAT	36
6	Antibody Screening	108
7	Microscopy testing for Agglutinations	36
8	Factor VIII Assay	91
9	Fibrinogen Assay	91
10	Evaluations	25

Major achievements during the year 2022

1. Implementation of Patient Blood Management guideline
2. Local production of reagents required for serology testing
 - Production of screening cells
 - Production of Lewis panel
 - Production of panel cells



Special Development activities planned for 2022

- Local production of reagents required for serology testing
- Production of Anti A, Anti B
 - Production of Coombs reagent



4.6 LABORATORY SERVICE

Introduction

The Laboratory Services Unit of the Ministry of Health provides support for curative, preventive, promotive and rehabilitative care services through public sector laboratories. Directorate of Deputy Director General – Laboratory Services includes Laboratory Services Directorate, the Medical Research Institute and the National Blood Transfusion Service. The private laboratories are regulated by the Private Health Services Regulatory Council which is chaired by the Director General of Health Services, the technical guidance is delivered through the Laboratory Services Unit.

Laboratory Services are provided under five main subspecialties - Histopathology, Chemical Pathology, Hematology, Microbiology and Transfusion Medicine, each of which is subdivided into multiple areas in response to expanding clinical demands.

Vision

To achieve standards for medical laboratories set by the International Organizations for standardization

Mission

To provide timely, reliable, high-quality diagnostic services to relevant health care providers

Key functions

1. Strengthen and regulate laboratory services in government line ministry hospitals and special campaigns
2. Expansion and strengthening of laboratory services in provincial health institutions
3. Provide allocations for purchasing of equipment for laboratories
4. Provide funding for proper maintenance of laboratory equipment
5. Support disease prevention, control, and surveillance through the provision of diagnostic services
6. Policy development relevant to laboratory services
7. Training and education of laboratory staff

8. Providing guidance to staff of all government and private health laboratories on new developments
9. Partnerships, communication and coordination with stakeholders relevant to laboratory services
10. Acting as the focal point of combating Anti-Microbial Resistance in the country
11. Carrying out SWOT analysis on laboratory sector with a view to prepare strategic plan to develop the sector catering to the existing or new challenges including emergency response to Laboratory Services
12. Improvement of biosecurity and biosafety in the laboratory sector

1. Expansion and maintaining the laboratory diagnostic services for COVID – 19

1.1 Development of guidelines and distribution those to healthcare institutions

Since the declaration of the COVID 19 pandemic in early 2020, the laboratory services has taken steps to develop and distribute guidelines pertinent for the diagnostic services of COVID 19. This was continued during 2021.

- The Laboratory testing strategy was revised to cater the Rapid Antigen Testing for COVID-19 testing.
- Guidelines for the approval of Privated sector PCR Laboraories.

1.2 Supervision of laboratories engaging in the diagnosis of COVID-19 infection

- Laboratories engaged in COVID – 19 PCR are regularly supervised by the Deputy Director General of Laboratory Services and Director, Laboratory Services.
- Special attention was made by the Laboratory Services unit, to take necessary steps to improve the laboratory services at the laboratories where the COVID – 19 diagnostic services had been established.
- Medical Research Institute is being continuously monitored on the activities in relation to the COVID - 19 infection.

1.3 Laboratory capacity of the COVID – 19 PCR testing in the country

At the end of the year 2021, 48 laboratories (32 government sector and 16 private sector PCR laboratories) were engaged in PCR testing for COVID – 19 and the testing capacity of the country was more than 30,000 per day.

Type of Institution	No. of Labs		Extraction Machines	PCR Machines	Daily PCR Testing Capacity	
Ministry of Health	22	<i>Total State sector PCR labs: 31</i>	41	53	16,900	<i>Total State Sector PCR Capacity: 20,120</i>
Ministry of Higher Education	7		2	8	2,020	
Ministry of Defense	2		4	6	1,200	
Private Sector	16				13,300	
Total PCR Capacity in Sri Lanka	47 Labs		47	67	33,420	

The COVID -19 PCR testing capacity of Sri Lanka

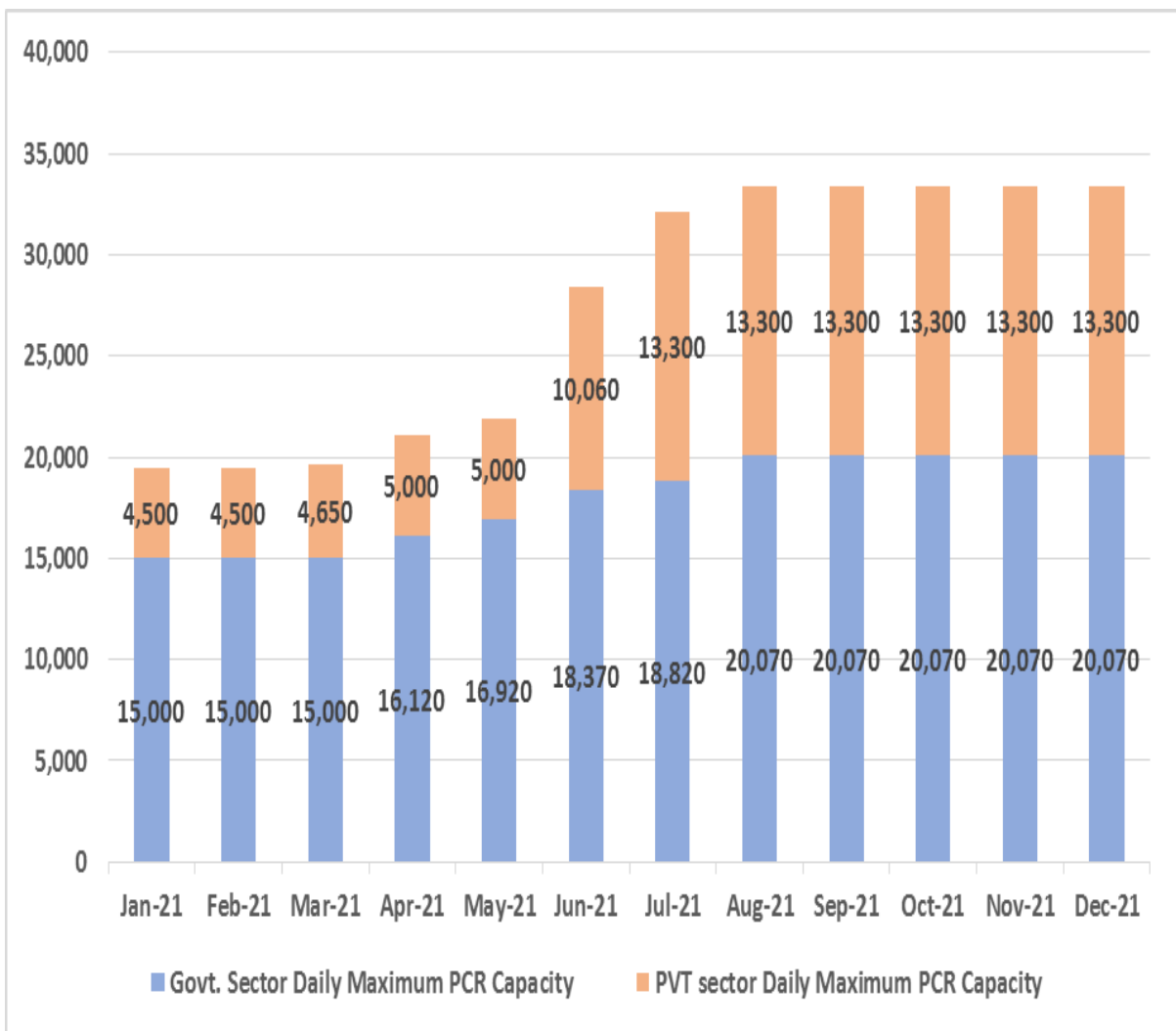


Figure 1. COVID – 19 PCR testing Capacity of the Government sector and Private sector Laboratories

<i>Ministry of Health:</i>		<i>Machines</i>		
	Daily Capacity	Extraction	PCR	
<i>Virology Lab</i>	1200	1	4	
<i>Molecular Lab</i>	400	1	1	
<i>Rabies Lab</i>	350	1	1	
1. MRI Total	1950	3	6	
2. BIA- Katunayaka	2500	3	5	
3. BH Mulleriyawa	2500	2	3	
4. NH Kandy	1000	3	3	
5. TH Karapitiya	800	4	4	
6. IDH Hospital	600	3	2	
7. TH Anuradhapura	800	2	4	
8. DGH Badulla	1,000	3	3	
9. TH Jaffna	800	2	3	
10. TH Batticaloa	1,000	4	2	
11. DGH Kegalle	500	1	1	
12. TH Rathnapura	400	1	4	
13. GH Sri Japura	200		1	
14. Apelsa Hospital	300	1	2	
15. DGH Nuwaraeliya	800	1	2	
16. TH Kurunegala	300	2	2	
17. CNTH	250	2	1	
18. NIHS Kalutara	200	1	1	
19. NHSL	200		1	
20. BH Teldeniya	600	1	2	
21. CSH Kalubovila	150		1	
22. DGH Hambantota	50	2	1	
Total	16900	41	53	

<i>Ministry of Higher Education:</i>			
	Daily Capacity	Extraction	PCR
1. Jayawardanapura Uni'y	1000	1	2
2. FOM Jaffna	400	1	1
3. Vet Faculty Peradeniya	200		1
4. FOM Peradeniya	100	1	1
5. FOM Colombo	90		1
6. FOM Karapitiya	30		1
7. FOM Kelaniya	200		1
Sum	2020	3	8

<i>Ministry of Defense:</i>			
	Daily Capacity	Extraction	PCR
1. Army Hospital	800	4	4
2. Kotekwala Defense University (KDU)	400		2
Sum	1,200	4	6

<i>Private Sector:</i>			
	Daily Capacity	Extraction	PCR
1. Nawaloka	3500	1	5
2. Lanka	1400	1	5
3. Durdans	1400	0	3
4. Asiri	1400	0	3
5. Credence	1400	2	4
6. Hemas	1400	1	2
7. Forte	900	1	1
8. Mehta	900	0	1
9. Kings	1000	1	2
10. Genelabs	1,000	1	2
11. Wayamba Diagnostics	250	1	1
12. Ceymed	600	0	2
13. Synergy-bio	500	0	1
14. Hospinorm		7	5
15. CDEM	500	2	2
16. Pannipitiya Medical Services			
Total			

Table 2. COVID - 19 PCR testing Capacity of the Government sector and Private sector Laboratories

MOLECULAR LABORATORY DISTRIBUTION

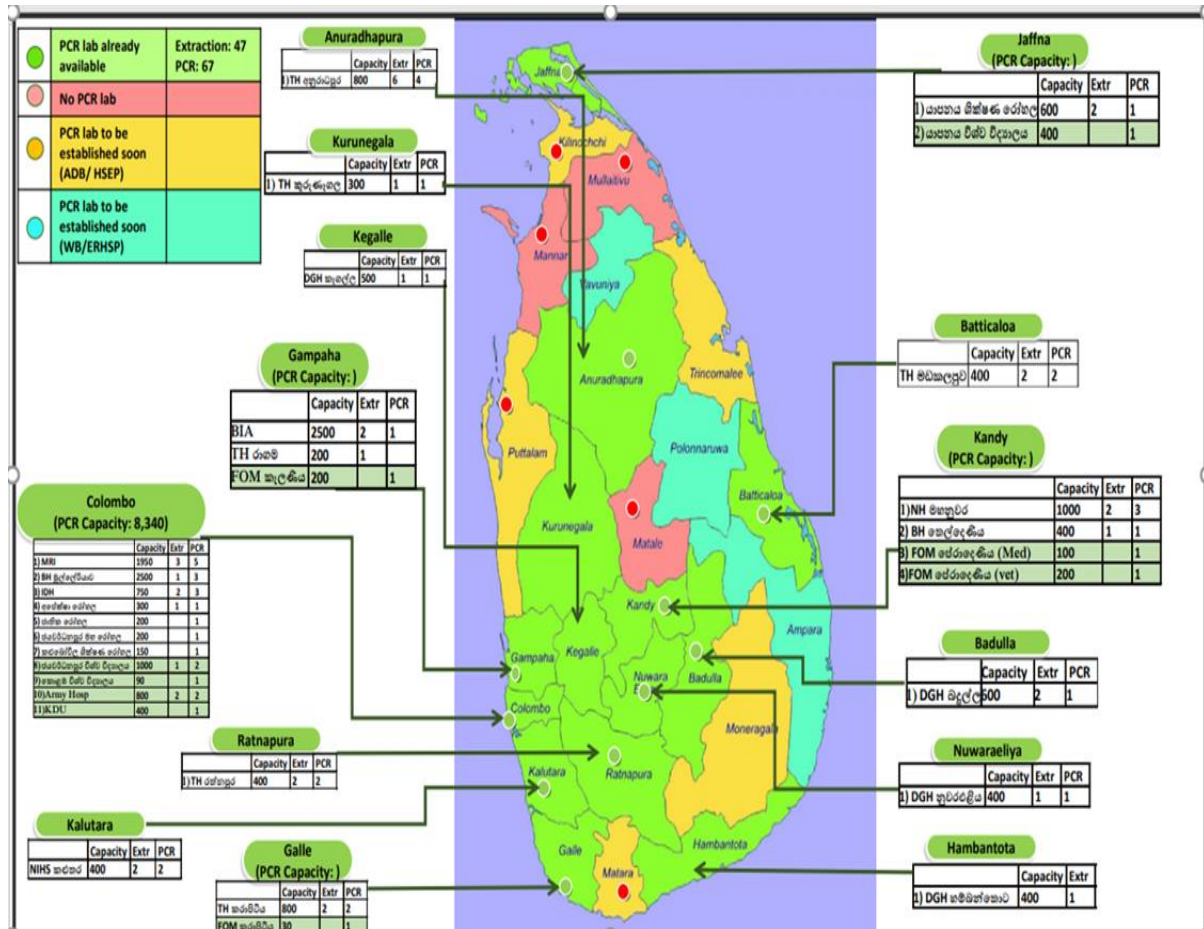


Figure 2. Molecular laboratory distribution in Sri Lanka (2021)

Performance Summary of COVID-19 PCR Centers in 2021

State Sector

	Laboratory Name	Total Samples Tested	Positive Samples - First Time	Positive Samples - Repeat	Inconclusive Samples	Daily Avg. Tests	Positivity rate %
1	Bandaranayake International Airport - Katunayake	339,484	38,789	49	6,026	930	11.4
2	MRI	309,472	44,952	100	4,325	848	14.5
3	BH - Colombo East (Mulleriyawa)	233,755	41,626	47	13,939	640	17.8

4	TH – Karapitiya	218,707	27,275	93	586	599	12.5
5	National Hospital – Kandy	169,193	18,657	279	1,419	464	11.0
6	PGH – Badulla	156,031	24,747	1	4,127	427	15.9
7	TH – Anuradhapura	143,758	11,802	2,538	1,305	394	8.2
8	TH – Jaffna	143,455	12,258	14	4,642	393	8.5
9	Faculty of Medicine - Sri Jawawardanapura	136,236	7,893	579	157	373	5.8
10	National Institute of Infectious Diseases	117,807	21,730	1,912	4,641	323	18.4
11	TH – Batticaloa	110,669	9,466	127	299	303	8.6
12	Sri Lanka Army Hospital	85,157	5,778	214	1,164	233	6.8
13	TH – Kurunegala	71,055	13,908	66	101	195	19.6
14	Apeksha Hospital – Maharagama	62,163	9,604	730	2,047	170	15.4
15	TH - Sri Jayawardhana pura Teaching Hospital	62,089	6,692	31	270	170	10.8
16	TH – Rathnapura	60,960	13,537	19	522	167	22.2
17	DGH - Nuwara Eliya	56,493	11,281	4	1,034	155	20.0
18	TH - Kothalawala Defence University (KDU)	55,424	7,602	257	3,134	152	13.7

19	DGH – Kegalle	53,291	12,993	23	747	218	24.4
20	TH - Colombo North Teaching Hospital (Ragama)	49,476	7,839	480	3,136	136	15.8
21	National Institute of Health Sciences (NIHS)	40,408	9,472	9	3,724	132	23.4
22	Faculty of Medicine – Jaffna	39,253	3,062	5	3	108	7.8
23	National Hospital - Sri Lanka	38,475	3,860	1	1,911	105	10.0
24	BH – Theldeniya	37,023	6,629	156	641	152	17.9
25	TH - Colombo South Teaching Hospital	29,217	5,342	17	255	80	18.3
26	Faculty of Medicine – Peradeniya	13,646	2,957	20	623	37	21.7
27	University of Peradeniya	11,020	1,433	4	35	30	13.0
28	Faculty of Medicine – Colombo	7,809	514	12	250	21	6.6
29	Faculty of Medicine – Kelaniya	4,528	1,210	8	397	19	26.7
30	DGH – Hambantota	2,144	236	2	10	14	11.0
31	Faculty of Medicine – Karapitiya	1,325	292	70	4	4	22.0
	Total	2,859,523	383,436	7,867	61,474	7,993	13.4

Table 3. State Sector Performance Summary of COVID-19 PCR Centers- 2021

Private Sector

	Laboratory Name	Total Samples Tested	First Time Positive	Repeat Positive	Inconclusive	Daily avg. Tests	Positivity rate %
1	Nawaloka Hospital (pvt) Ltd	703,052	40,733	356	6	1,926	5.8
2	Lanka Hospital (pvt) Ltd	272,910	10,178	0	0	748	3.7
3	Asiri Genetic Lab	220,716	15,177	0	0	605	6.9
4	Durdans Hospital	209,632	10,023	23	0	574	4.8
5	Hemas Hospitals	74,361	9,933	432	15	247	13.4
6	Melsta Laboratories	67,949	3,503	0	26	216	5.2
7	Forte Diagnostics (pvt) Ltd	63,038	3,411	4	55	209	5.4
8	Genelabs Medical (pvt) Ltd	59,467	7,048	5	13	163	11.9
9	Credence Genomics (Pvt) Ltd	49,132	10,463	5	9	171	21.3
10	Kings Hospital - Colombo	41,328	2,170	52	28	137	5.3
11	Hospinorm	8,482	150	29	8	119	1.8
12	Ceymed	2,860	235	12	4	28	8.2
13	Wayamba Diagnostic Medical Laboratory	2,441	160	0	0	23	6.6
14	Synergy-bio	565	37	0	4	6	6.5
15	CDEM	243	20	0	0	5	8.2
16	Pannipitiya Medical Services (pvt) Ltd	133	28	3	3	1	21.1
	Total	1,776,309	113,269	921	171	4,867	6.4

Table 4: State Sector Performance Summary of COVID-19 PCR Centers- 2021

Rapid Antigen Tests (RAT) for COVID-19 in Sri Lanka (2021)

Total Number of RAT Performed in 2021	2,287,581
RAT Daily AVG. in 2021	6,267

Total RAPID ANTIGEN TESTS IN 2021 (RDHS LEVEL)

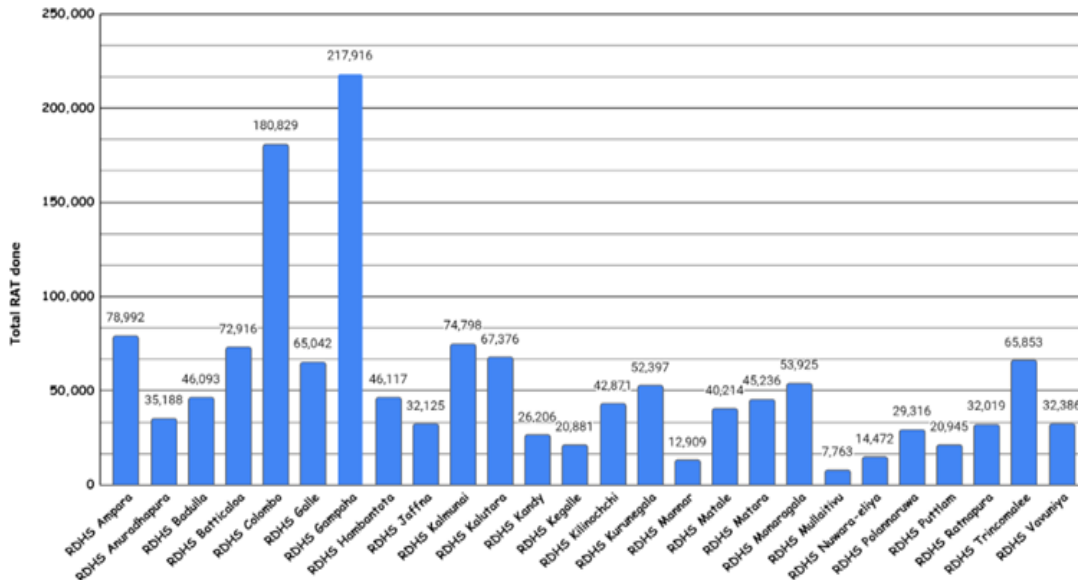


Figure 4. Distribution of Rapid antigen tests (RAT) for covid-19 done by months in sri lanka (2021)

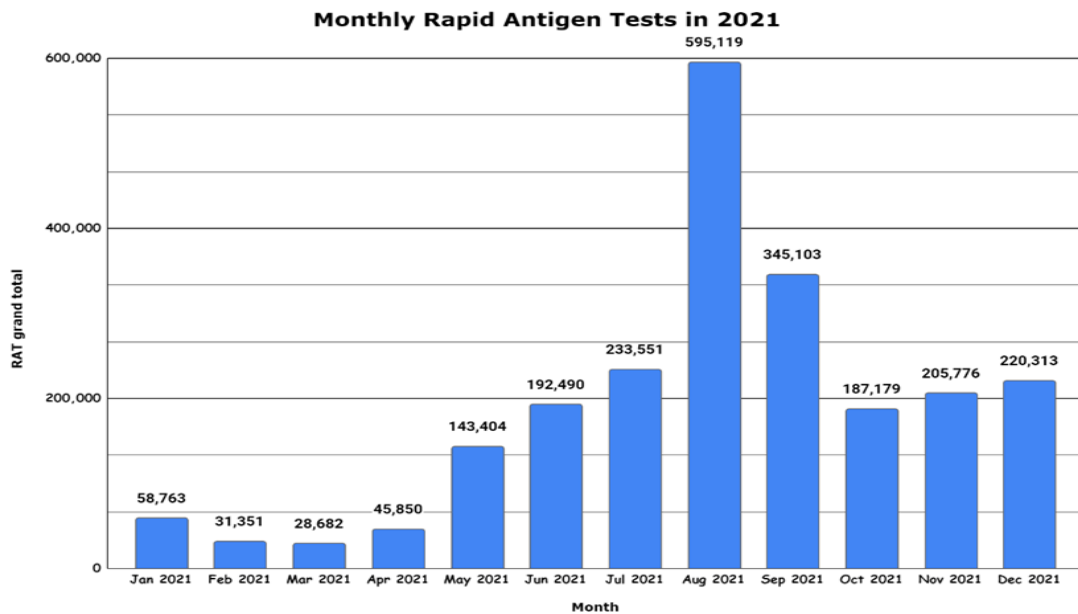


Figure 5. Distribution of Rapid antigen tests (RAT) for covid-19 done by months in sri lanka (2021)

PCR and Automated Extraction Machine Availability in State Sector Molecular Laboratories in Sri Lanka

	Institution	Capacity	Automated Extractor	No. of machines	PCR Machines	Number of machines
1	BIA - Katunayake Extractors : 3 PCR machines: 5	2500	Maxwell RSC (48 wells in 1 hr)	1	Roche LC (96) x 2	2
			Roche MagNa Pure (96 in 1 & 1/2 hrs)	1	Bio rad (96) x 2	2
			Zybio	1	Healforce 96 x 1	1
2	MRI - (Total Extractors: 3 , PCR: 6) VIROLOGY Extractors : 1 PCR machines: 4	1950				
			Qiasymphony (96 in 4 hrs) x 1	1	ABI Thermofisher (old) x 1	1
				Rotogene x 3	3	
	MRI - MOLECULAR Extractors : 1 PCR machines: 1		Maxwell RSC (16 wells) x 1	1	Biorad (96 wells) x 1	1
	MRI - RABIES Extractors : 1 PCR machines: 1		Zybio	1	Biorad (96 wells) x 1	1
3	BH - Colombo East (Mulleriyawa) Extractors : 2 PCR machines: 3	2500	BGI AM KT (96 x 2 = 192 in 1 & 1/2 hrs)	2	ABI Con Studio 5	1
					BIO ER (BGI)	1
					Biorad (96 wells) x 1	1
4	National Hospital - Kandy Extractors : 3 PCR machines: 3	1000	Qiasymphony (96 in 4 hrs) x 1	1	Rotor Gene (36) x 1	1
			Kingfisher (hospital committee) (96 in 1 & 1/2 hrs)	1	Quantum studio Dx5 Hospital Committee (96 x 1)	1
			Zybio	1	Biorad (96 wells) x 1	1
5	TH - Karapitiya Extractors : 4 PCR machines: 5	800	Maxwell RSC (48 Wells) x 1, 16 well x1	2	Quantum studio Dx5 (96 x 2)	2
			Eppendorf/Ep Motion 5075t (192 wells x 1)	1	Rotor Gene (72) x 1	1

			Zybio	1	Biorad (96 wells) x 1	1
6	National Institute of Infectious Diseases Extractors : 3 PCR machines: 2	600	Maxwell RSC (16 x 1) Maxwell 48 x 1 Eppendorf/Ep Motion 5075t (192 wells x 1)	3	Biorad (96 wells) x 2	2
7	TH - Anuradhapura Extractors : 2 PCR machines: 4	800	Maxwell RSC (48 wells) x 1 Zybio x 1	2	Rotor Gene (72) x 3 (1 borrowed)	3
					Biorad (96 wells) x 1	1
	Institution	Capacity	Automated Extractor	No. of machines	PCR Machines	Number of machines
8	PGH - Badulla Extractors : 3 PCR machines: 3	1000	Maxwell RSC (16 wells x 1) Maxwell (48 wells x1) Kingfisher (96 x 1)	3	Rotor Gene (72 x 1) Quantum studio Dx5 (96 x 2)	3
9	TH - Jaffna Extractors : 2 PCR machines: 3	800	Maxwell RSC (16 wells x 1)	1	Biorad (96 wells) x 1	1
			Kingfisher (96 x1)	1	Rotor Gene (72) x 1	1
					ABI Con studio 3 (old)	1
10	TH - Batticaloa Extractors : 4 PCR machines: 2	1000	Maxwell RSC (16 wells x 1)	1	Maxwell RSC (16 wells x 1)	1
			Maxwell 48 wells x 3	3	Maxwell 48 wells x 3	1
11	DGH - Kegalle Extractors : 1 PCR machines: 1	500	Thermofisher kingfisher flex (96 x 1)	1	Thermofisher QuantStudio 5DX(96 x 1)	1
12	TH - Rathnapura Extractors : 1 PCR machines: 4	400	Maxwell 48 wells x1	1	Biorad (96 wells) x 3	3
					ABI 7500	1
13	TH - Sri Jayawardhanapura Teaching Hospital: Extractors : 0 PCR machines: 1	200	-		Biorad (96 wells) x 1	1
14	Apeksha Hospital - Maharagama	300	Maxwell RSC (48 wells)	1	Biorad (96 wells) x 1	1
	Extractors : 1 PCR machines: 2				Rotor Gene (72) x 1	1

15	DGH - Nuwara Eliya: Extractors : 1 PCR machines: 2	800	Maxwell 48 x 1	1	ABI Con studio III (old) X 1 Biorad (96 wells) x 1	2
16	TH - Kurunegala: Extractors : 2 PCR machines: 2	300	Maxwell 48 wells x 1 Eppendorf/Ep Motion 5075t (192 wells x 1)	2	Thermofisher QuantStudio 5DX (96 x 2)	2
17	CNTH (Ragama): Extractors : 2 PCR machines: 1	250	Maxwell RSC (16 wells) x 1 Maxwell 48 x 1	2	Biorad (96 wells) x 1	1
18	NIHS Kalutara Extractors: 1 PCR machines: 1	200	Eppendorf/Ep Motion 5075t (192 wells x 1)	1	Thermofisher QuantStudio 5DX (96 x 1)	1
19	National Hospital - Sri Lanka PCR machines: 1	200	-		Bio rad (96) x 1	1
20	BH - Theldeniya Extractors : 1 PCR machines: 2	600	Kingfisher x 1	1	Thermofisher QuantStudio 5DX (96 x 2)	2
21	CSTH (Kalubowila) PCR machines: 1	150	-		Rotor Gene x 1	1
22	DGH Hambantota Extractors : 2 PCR machines: 1	50	QiaSymphony 96 x 4 hr Zyi Bio	2		1
Ministry of Health Total		16900	Total Automated Extractors	41	Total RT PCR machines	55
	Institution	Capacity	Automated Extractor	No. of machines	PCR Machines	Number of machines
23	Faculty of Medicine - Sri Jawawardanapura Extractors : 1 PCR machines: 2	1000	Kingfisher	1	ABI 7500, Bio rad	2
24	Faculty of Medicine - Jaffna Extractors : 1 PCR machines: 1	400	Maxwell 48	1	1 RT PCR x 1	1
25	University of Peradeniya	200	-		Bio rad	1
26	Faculty of Medicine - Peradeniya	100	-	1	QuantStudio 5X	1
27	Faculty of Medicine - Colombo	90	-		Bio rad x 1	1

28	Faculty of Medicine - Karapitiya	30	-		Biomolecular systm x1, Bio rad x 1	1
29	Faculty of Medicine - Kelaniya	200			ABI QuantStudio 5	1
	Ministry of Higher Education Total		Total Automated Extractors	3	Total RT PCR machines	8
30	Sri Lanka Army Hospital: Extractors : 4 PCR machines: 4		Maxwell RSC (2 x 48 Wells)	2	Biorad (96 wells) x 2	2
			Eppendorf/Ep Motion 5075t (192 wells)	1	Thermofisher QuantStudio 5DX (96 x 1)	1
			Zybio	1	ABI 7500 (old)	1
31	KDU (PCR machines: 2)		-		ABI QuantStudio 5 (96 x 1)	2
	Ministry of Defense Total		Total Automated Extractors	4	Total RT PCR machines	6
	Ministry of Health Total			41		55
	Ministry of Higher Education Total			3		8
	Ministry of Defense Total			4		6
	Grand Total (MOH + MOHE + MOD)		Extraction machines in state sector	48	Total PCR machines in state sector	68

Table 5. PCR and Automated Extraction Machine Availability in State Sector Molecular Laboratories in Sri Lanka (2021)

Government sector PCR Laboratories

- NHSL- Colombo, BH Mulleriyawa, DGH Negombo and TH Kalubowila were provided with many equipment to strengthen the laboratory services of the country.
- Requests for laboratory reagents and chemicals were received by the laboratory services constantly. These requests have been forwarded to the Medical Supply Division and given the fullest attention to continue the supply chain uninterrupted.
- New COVID-19 PCR testing laboratories were established in BH Theldeniya and DGH Hambantota to increase the testing capacity of government hospitals from 15,000 to 25,000 for COVID-19 diagnosis, surveillance and control.

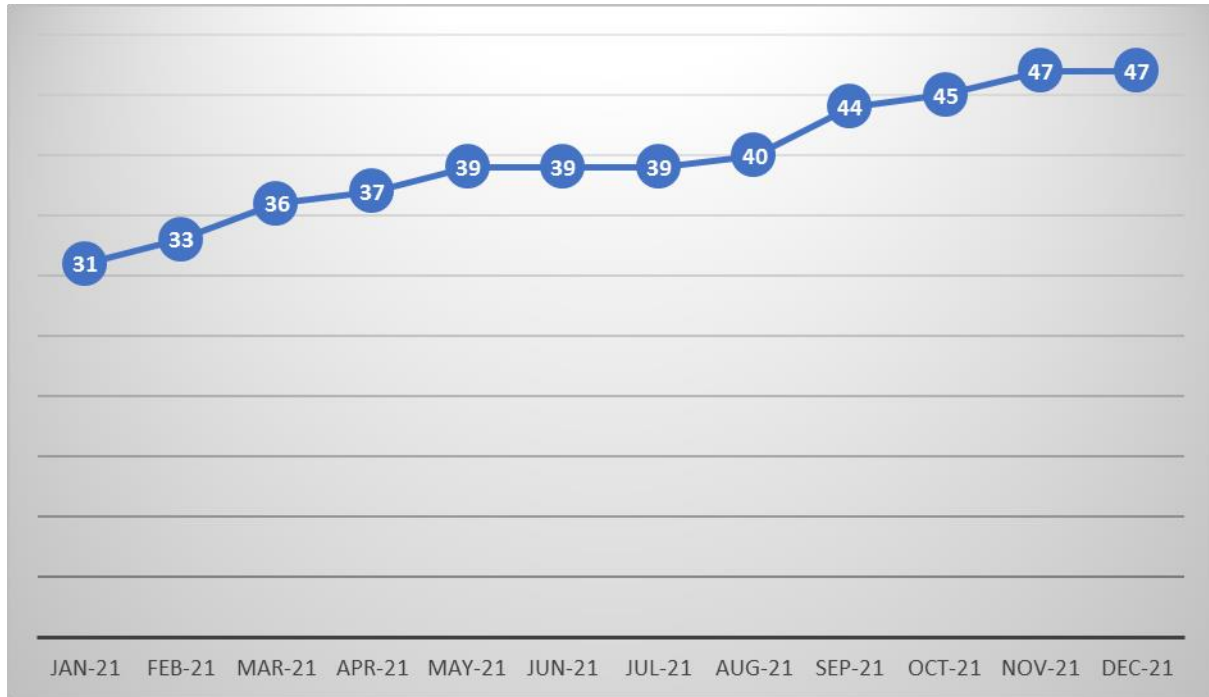


Figure 6 : Total number of Molecular Diagnostic PCR laboratories in the country (in 2021)

COVID-19 PCR Laboratories in Private sector

Through a comprehensive process of assessment involving all the stakeholders, the authorization for private sector laboratories to perform PCR testing for COVID-19 was carried out.

Up to December 2021, the following sixteen (16) private sector laboratories have been permitted to perform PCR tests for COVID-19

1. Genetic Laboratory, Asiri Health
2. Durdans Laboratory
3. Lanka Hospital Diagnostics
4. Nawaloka Laboratories
5. Melsta Laboratories
6. Kings Hospital Colombo Laboratory
7. Hemas Hospitals Laboratory
8. Forte Diagnostics
9. Credence Genomics
10. Generals medical (pvt) Ltd
11. Wayamba diagnostics medical laboratory
12. Ceymed healthcare services(pvt) Ltd
13. Synergy Bio (pvt) Ltd
14. Hospinorm (pvt) Ltd
15. Center for diabetes endocrinology and cardiometabolism (pvt) Ltd
16. Pannipitiya medical services

With the spreading of the COVID – 19 in Sri Lanka, it was required to expand the domestic COVID – 19 testing facilities. The involvement of the private sector was important in this situation for establishment of tourism, repatriation of workers, and maintaining the regular functioning of factories and workplaces. Furthermore, with the expansion of the private sector testing capacity, maintaining the quality of their testing has also become apparent.

Quality Control of the COVID – 19 PCR Testing in Private Sector Laboratories

The EQA programme has been established in the Medical Research Institute for private laboratories and all the approved private laboratories must be enrolled in the external quality assurance programme.

1.5 WHO coordinated External Quality Assessment Programme (EQAP) for Government sector PCR Laboratories in Sri Lanka ?

Laboratory Services was able to establish an External Quality Assessment Programme with the coordination of Dr. Nalika Gunawardena National Programme Officer /WHO.

External Quality Assessment Programme (EQAP) 1

On the invitation of WHO for the SARS-CoV-2 EQAP four laboratories were initially registered for EQA 1 during May 2020, with the University of Hong Kong. All four laboratories had achieved correct results in July 2020, with 100% concordance, based on the report from the Center for Health Protection of the Department of Health, Hong Kong.

External Quality Assessment Programme (EQAP) 2

However, WHO has made arrangements to include all 25 PCR testing laboratories in a global EQAP in November 2020 with the Royal College of Pathologists of Australasia, Quality Assurance Programme(RCPAQAP). The 25 laboratories were included in EQA 2 and received the results in April 2021.

External Quality Assessment Programme (EQAP) 3

WHO has made arrangements for EQAP- 3 for 25 PCR testing laboratories with the Royal College of Pathologists of Australasia, Quality Assurance Programme (RCPAQAP). DDG/LS office has received 25 panels on the 7th of June 2021 and currently distributing the panels to the laboratory as follows (Table1)

Table 6. PCR Laboratories enrolled in the External Quality Assessment Programme (EQAP)

	Covid 19 PCR Laboratories	EQA 1 Results	EQA 2 Results	EQA 3 Results
		28 July 2020	08 April 2021	12 July 2021
	Ministry of Health			
	Medical Research Institute (MRI)			
1	(01) Virology Lab (Dr. Jude)	✓	✓	
2	(02) Molecular Lab (Dr. Nadeeka)		✓	✓
3	(03) Rabies Lab (Dr. Dulmini)		✓	✓
4	BH Mulleriyawa		✓	✓
5	BIA		✓	✓
6	TH Anuradhapura	✓	✓	
7	IDH Hospital		✓	✓
8	TH Karapitiya	✓	✓	
9	NH Kandy	✓	✓	
10	TH Jaffna		✓	✓
11	TH Batticaloa		✓	✓
12	GH Sri Jayawardenepura		✓	✓
13	Apeksha Hospital		✓	✓
14	North Colombo Teaching Hospital		✓	✓
15	TH Rathanapura		✓	✓
16	PGH Badulla		✓	✓
17	DGH Nuwaraeliya		✓	✓
18	TH Kurunegala			✓
19	National Hospital of Sri Lanka			✓
20	CSTH Kalubovila		✓	
21	NIHS Kalutara			✓
22	TH Kegalle			✓
23	BH Theldeniya			✓
	Ministry of Defence			
24	Army Hospital		✓	✓
25	Kothelawala Defence University (KDU)		✓	✓
	Ministry of Higher Education			
26	Faculty of Medical Sciences Sri Jayawardenepura		✓	✓
27	FOM Colombo		✓	✓
28	FOM Karapitiya		✓	
29	FOM Jaffna		✓	✓
30	FOM Peradeniya		✓	
31	Faculty of Veterinary Sciences Peradeniya			✓
32	FOM Kelaniya			✓

1.6 Streamlining the supply chain management for PCR testing for COVID19

The Ministry of Health is in the process of further strengthening the facilities and streamlining the supply chain management for PCR testing for COVID-19. Google sheet app is continuously being monitored as per the instruction given by the Secretary, Ministry of health.

1.7 Strengthen the Human Resource of the laboratories engaged in COVID – 19 Diagnosis

150 Medical Laboratory Scientists who completed a 4-year degree in various universities in Sri Lanka under Paramedical Sciences were granted 6 months in service orientation programme under the Ministry of Health to strengthen the diagnosis and control of COVID19 pandemic. Another 63 officers will be soon added to this number.

The hands-on training was conducted regarding the Rapid Antigen test to the Medical Officers of the institutions above the level of Base Hospitals.

1.8 Mobile Laboratory Services

The Mobile Laboratory and its staff carried out sample collection for PCR and has conducted around 32,000 Rapid Antigen Assays contributed to the control of COVID – 19 pandemic.

1.9 Specifications for PCR reagents and consumables for COVID 19 PCR assay

According to the information from the laboratories, different brands and models of PCR machines are being used. Therefore, it is important to order the test kits with the specification compatible with the PCR machines and it will help the quality of the testing.

'Specifications for PCR reagents and consumables for COVID 19 PCR assay' was prepared by the committee with the consensus of virologists and was shared with Medical Supplies Division.

1.10 Development and maintenance of PCR performance database

Since the beginning of COVID-19 infection in the country, Laboratory Services Unit developed and maintained a PCR performance database, infection in the country to monitor the PCR and rapid antigen testing during the period of pandemic. It is being used to integrating different aspects to the above database to facilitate decision-making about supply chain management, laboratory equipment, human resource management and other resource distribution.

1.11 Indicators identified for the COVID-19 PCR test performance framework

Laboratory Services Unit achieved more than 80% of each of the following performance indicators in the mid of 2021.

1. COVID-19 PCR testing capacity
2. Percentage of PCR test results (by each laboratory) given within 24 hours of receipt of samples
3. Percentage of laboratories adhere to External Quality Assessment schedule.

1.12 Establishment of Gene Sequencing Laboratories using Nanopore Gene Sequencing Platform

During the current Covid-19 pandemic, the appropriate technology for establishment of Gene Sequencing facilities is crucial. It was decided to establish Gene sequencing facilities at Molecular and Virology Laboratories at MRI and PCR laboratory at TH/ Kandy using Nanopore gene sequencing platform with the WHO support.

World Health Organization (WHO) donated three (3) Genomic Sequencing Machines with the funding support of Australian Government to the Ministry of Health to established gene sequencing facilities at the Virology and Molecular Laboratories of the Medical Research Institute in Colombo and the Virology Laboratory of the National Hospital Kandy to strengthen surveillance activities of the COVID-19.

Secretary of Health, DGHS and other higher officials participated with the Hon. Minister of Health on this occasion. Dr. Alaka Singh, WHO Representative, together with officials from UNOPS participated in this occasion.



Dr. Alaka Singh, WHO Representative officially handed over the donation to the Hon. Minister of Health

Training for the Gene Sequencing using Nanopore Gene Sequencing Platform -WHO supported IDEA workshop by The German Epidemic Preparedness Team (SEEG)

The training for the Gene Sequencing using Nanopore Gene Sequencing Platform conducted in collaboration with Faculty of Science, University of Colombo, **from 22nd to**

25th of November 2022. Professor Andreas Nitsche , Head of the division of Highly Pathogenic Viruses at Robert Koch Institute (RKI) in Berlin, Germany, and team were the resource persons.

Participation of the laboratories for this important training program (PCR Refresher course 16 participants and Sequencing course 8 participants), Includes consultants, Medical officers and MLTs.

Table 7. Number of participants for training programmes

Laboratory	Number of Participants
NH-Kandy - Molecular Laboratory	4
MRI - Molecular Laboratory	4
MRI-Virology Laboratory	4
CNTH	2
Apeksha Hospital	2
TH Karapitiya	On online (later date)

2. Combating Antimicrobial Resistance in Sri Lanka.

Antimicrobial resistance (AMR) is one of the significant global public health threats faced by the humanity. There are about 700,000 deaths taking place globally each year, due to drug-resistant diseases and if prompt action is not taken to mitigate this trend, millions of deaths and prolonged illnesses would be inevitable in future.

The following activities were conducted in 2021 for combating antimicrobial resistance

	Project activity	Description	Physical progress
1.0	National strategic Plan for Combating Antimicrobial Resistance in Sri Lanka		
1.1	Hands on training programme for capacity building on data aggregation and data analysis using WHONET for the Antimicrobial resistance surveillance system	Hands on training programme conducted for 60 health care workers of 20 hospitals on WHONET software which is the tool used for data collection, aggregation and analysis for the antimicrobial resistance surveillance programme. Virtual training programme for 7 more hospitals conducted by the end of 2021.	No of Workshops completed: 2/2 - 100%
1.2	Workshops to finalize draft of National Policy on Infection prevention and control, updating	The National policy on IPC was drafted through virtual discussion forum with	No of workshops

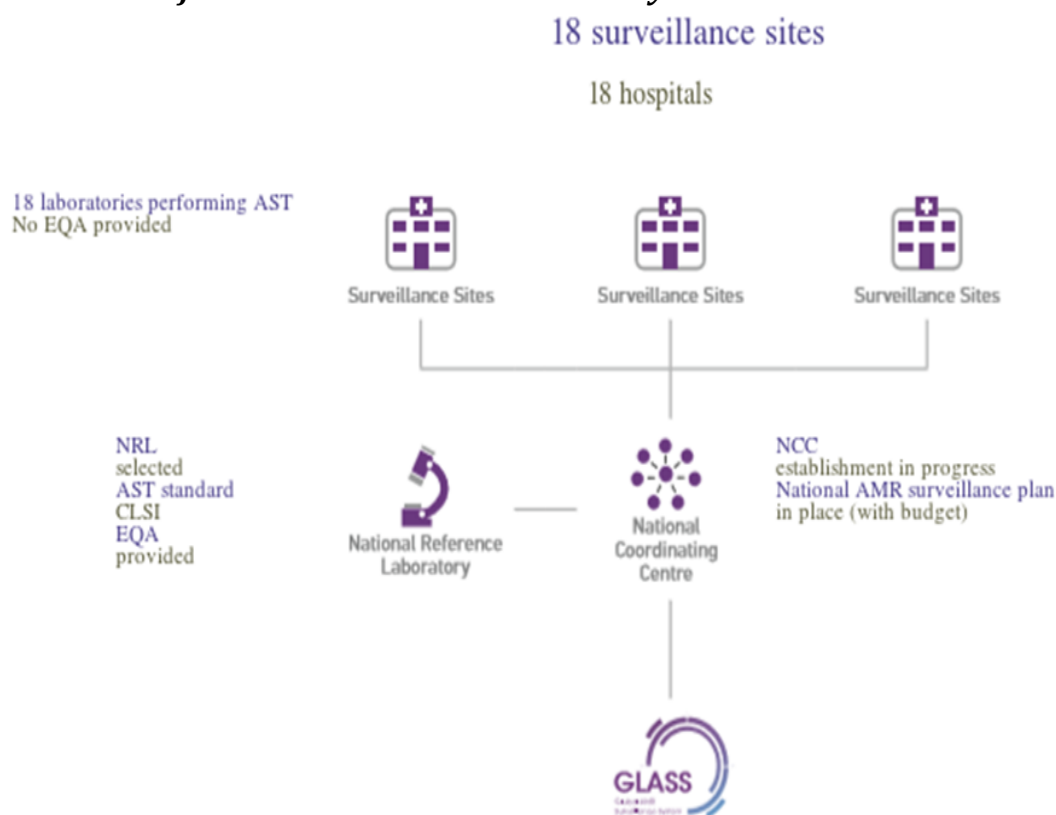
	the Manual on Hospital Infection prevention and Control, National Guidelines on Infection Prevention and Control	participation from relevant stakeholders.	completed: 8/8 -100%
1.3	Monthly online meeting by AMR surveillance system Data analysis and interpretation Committee with sentinel site staff	Capacity building on the use of WHONET for the AMR surveillance programme among 25 sentinel site laboratory staff conducted.	No of meetings completed: 6/6 - 100%
1.4	Conduction of workshops for working group on IPC to finalize the IEC material for Antibiotic Awareness Week (WAAW)	3 workshops conducted with multi -sectoral participation to finalize the IEC material for Antibiotic Awareness Week. Sixteen (16) key messages in three languages on Rational used of antimicrobials, infection prevention and control, gut microbiome and antimicrobial resistance were developed.	No of workshops completed: 3/3 - 100%
1.5	Line up of activities for WAAW – 18 th - 24 th November 2021	A media briefing with multi sectoral participation, island wide social media campaign using above key messages and webinar series for discussions on antimicrobial resistance for different stakeholder groups of the public and private sectors (hospital health care workers, General Practitioners, MOH staff, Pharmacists and private pharmacy owners, medical, nursing and pharmacy students) were conducted.	
1.6	2020 AMR data submitted to GLASS platform	10 sentinel site hospitals, were submitted data and 1542 records were available.(sample selection based on the protocol) Blood, Stool and Urine samples were collected.	

Table 8. Activities conducted for combating antimicrobial resistance

- WHONET' software is the tool used for data collection, aggregation and analysis of data for the Antimicrobial resistance surveillance programme.

Hands-on training programmes on WHONET software were conducted with physical and virtual participation for 60 health care staff of 20 hospitals during 2021.

Current status of the national AMR surveillance system



Specimen type	Pathogens	Number of patients
BLOOD	Acinetobacter spp.	317
	E.coli	432
	K. pneumoniae	323
	Salmonella spp.	42
	S. aureus	235
	S.pneumoniae	28
URINE	E.coli	3538
	K. pneumoniae	724
STOOL	Salmonella spp.	35
	Shigella spp.	25
GENITAL	N.gonorrhoeae	-

Table 9. Number of patients with positive samples

3. Financial management of the Laboratory sector

Key performance indicators and progress against targets

Indicator	2015	2016	2017	2018	2019	2020	2021
Provisions of necessary laboratory equipment (in Mn) Allocations provided	350	350	900	900	740	230	557
Allocations released	351	690	919	904	739	230	548
Number of mobile laboratory screening			145	129	126	404	170
Mobile Laboratory screening Tests	39,436	47,773	42,674	42,935	46,574	55,320	36186
Number of staff trained for Anti Microbial Resistance				6965	1318		325

Table 10. Key performance indicators and progress 2021

Programme/Activity/Item Description	Object Code	Funding Source	Budgetary Provision Allocated Up to 2021.12.31 Rs.Mn	Cumulative Expenditure as at 2021.12.31 Rs.Mn	Physical Progress as at 2021.12.31
1 Provide allocation for purchasing of new laboratory equipment for the Line Ministry Institutions in 2021	111-2-13-013-2103-11	GOSL	470 Mn	471 Mn	95%
2 Provide allocation for purchasing of Laboratory Equipment for laboratories in Provincial Hospitals in 2021	111-2-13-013-2103-11	GOSL+WB/PSSP	74 Mn	62.2 Mn	84%
3 Provide allocation for Repair, service and maintenances of Laboratory Equipment for the Line Ministry Institution in 2021	111-2-13-013-2103-11	GOSL	10 Mn	10 Mn	100 %

4 Procurement of office equipment for Laboratory services office	111-2-13-013-2103-11	WB/PSSP	3 Mn	4.5 Mn	100 %
Total			557 Mn	547.7 Mn	

Table 11. Financial progress during 2021

	Equipment	Number of machines	Number of benifited institutions	Fund	Amount
1	Fully Automated Bio Chemistry Analyzer (Medium output)-14 No.s	14	14	PSSP	47,600,000.00
2	Binocular Microscope-28 No.s	28	12	PSSP	4,157,720.00

Table 12. Equipment distributed among the provincial institutions in 2021 in first two

Quarters of 2021

	Activity	Equipment	Allocation	Financial Progress		Physical Progress
				Expenditure LKR (Mn)	%	Description (province and institute)
1	Procurement of /Point of care (Bio chemistry)	20 No.s Point of care (Bio chemistry) (PO issued)	20 Mn	10.0 (paid .)		-Uva Province - Five Divisional Hospitals -Central Province - Four DGHs and One Divisional Hospitals -North Central Province- Five Divisional Hospitals- Sabaragamuwa Province- Five PMCUs
2	Procurement of Laboratory Equipment	*14 No.s Fully Automated Bio Chemistry Analyzer(Medium output with ISE)	50 Mn	47.6 (Paid)		-Base Hospital-14
		*28.No.s Binocular Microscope	-	4.57 (Paid)		-Six District General Hospitals -17 Base Hospitals

						-Four Teaching Hospitals -One Mobile Lab Bus (Ministry of Health)
3	Procurement of Office Furniture/computer	Procurement of Laboratory office furniture for provinces	3.0 Mn	Rs 4,504,791.05		Provide Office furniture to Provincial Hospital Laboratories (Matara Rs 920,223.33 Hambantota- Rs 841,484.02 Galle Rs.940,851.60 Eastern Rs. 1,103,625.10 North Western Province Rs 698,607. 10)
4	Procurement Training	Not organized due to Covid-19 Pandemic situation	3.0 Mn	-	--	-
			76.Mn	66.67 Mn	84.69%	

Table 13. PSSP Project (World Bank) Physical and Financial progress during 2021

4. Laboratory Information Management System

The Ministry of Health, Sri Lanka is currently in the process of introducing digital solutions to all the health care institutions to deliver its services efficiently and effectively to the people. Laboratories have been identified as a priority for introducing Laboratory Information Management System (LIMS) in this endeavor.

LIMS is a software system used in laboratories for the management of samples, equipment, consumables, and user. They also include functions such as instrument and application integration, electronic data exchange, standards compliance, document management, personnel and workload management, and quality assurance and control. Few laboratories have initiated implementing LIMS solutions as pilot projects and was found to be successful in most case. However, it was noted that these implementations were not properly coordinated and there are many issues related to interoperability with other systems, equipment integration and scalability. With the support of Health Information Unit and the Forum of Specialists in Laboratory Science, DDG/LS office has initiated drafting the User Requirement Specification and System Requirement Specification for a National LIMS system.

5. *Biosecurity and Biosafety of Laboratory sector*

Biosafety describes the containment principles, technologies and practices that are implemented to prevent the unintentional exposure to pathogens and toxins, or their accidental release.

Biosecurity describes the protection, control and accountability for valuable biological materials (VBM) within laboratories, in order to prevent their unauthorized access, loss, theft, misuse, diversion or international release

Identified priority actions in this area includes,

1. Develop a comprehensive, multi-sectoral biosafety and biosecurity strategy and accompanying legislation.
2. Based on the strategy, develop an action plan for implementation at the national level for both the public and private sectors, including:

A biosafety and biosecurity training programme that includes professional awareness training.

Measures to update the inventory dangerous pathogens and toxins.

3. Update the laboratory licensing accreditation process to include biosafety and biosecurity requirements.
4. Identify how sustained funding can be ensured for biosafety and biosecurity programmes.

There was a National Advisory Committee on biosafety and biosecurity at the Ministry of Health. However it is currently on process of re-activation under the DDG-Laboratory services.

4.6.1 Medical Research Institute

Introduction

Medical Research Institute (MRI) is the premier institution in the country that provide special and reference diagnostic facilities for patient care. It is also at the forefront in conducting health-related biomedical research and providing teaching and training in various disciplines for undergraduates and post graduate medical students and paramedical categories of staff. The school of Medical laboratory technologists and the school of entomologists situated at MRI provide a valuable service for the improvement of medical services in the country

Furthermore, it is the central laboratory that administers surveillance programs for communicable/non-communicable and emerging diseases investigate outbreaks and conduct laboratory quality assurance programs to hospital Laboratories Island wide. Also, it has several WHO accredited laboratories. The Polio laboratory is a regional reference laboratory of the global polio laboratory network. Measles and JE laboratories

are recognized as national laboratories in the South East Asia regional laboratory network.

With a total of eighteen departments namely, bacteriology, immunology, virology, mycology, parasitology, histopathology, hematology, biochemistry, nutrition, pharmacology, natural products, molecular biology, entomology, rabies and vaccine QC, food and water, radio immune assay electron microscopy and animal sciences, MRI plays an important role as the National Reference Laboratory complex providing many special tests in diverse disciplines. Many of these tests are performed only at the MRI for the entire country.

Vision

To be the leading health care research, education and training institute in the country and to provide the highest quality laboratory testing and expert laboratory diagnosis and consultations to patients institutionally, regionally and nationally.

Mission

To improve the health of Sri Lankans through world-class medical research so as to achieve the national health goals set by the Ministry of Health

Objectives of MRI

1. To function as a collaborative institution to facilitate and conduct applied operational and interventional research at both National and International level
2. To providing advocacy and recommendations to the government of Sri Lanka on health related policies through knowledge gained from research.
3. To provide specialized diagnostic services to both government and private sector health institutions functioning as a main reference laboratory.
4. To plan and conduct surveillance programs for priority health issues (iodine deficiency, NCD, dengue, polio, rabies, AMR) and support the ministry of health for implementation monitoring and evaluation of health interventions.
5. To facilitate conduct and support undergraduate and post graduate training programs related to health.
6. To conduct awareness programs to stakeholders in relation to preparedness and planning for emerging and reemerging diseases.

Achievements

Achievements and publications during the year 2021

Publications: Department of Bacteriology - 2020

Any awards received in 2021 to 30th may 2022

1. President's Award for Scientific Publications 2018. Awarded in April 2021. Effects of antimicrobial agents on inflammatory cytokines in acute leptospirosis. Antimicrobial Agents and Chemotherapy 62(5): e02312-17 May 2018 DOI: 10.1128/AAC.02312-17

Publications /magazine details in 2021 to 30th may 2022

1. Antimicrobial susceptibility and serotypes of Neisseria meningitidis and Streptococcus pneumoniae in Sri Lanka: Experience from the National Reference Laboratory. Asian Pac J Trop Med 2022; 15(3): 114-120.
2. C. diphtheriae native-valve endocarditis in children: An emerging pathogen? In International Journal of Infectious Diseases 101(S1) (2021)172 <https://doi.org/10.1016/j.ijid.2020.09.463>
3. Study to determine vancomycin susceptibility by different test methods in clinical isolates of Staphylococcus aureus from the National Hospital of Sri Lanka International Journal of Antimicrobial Agents 2021:58(1)
4. Development of in-house ELISAs as an alternative method for the serodiagnosis of leptospirosis. In, International Journal of Infectious Diseases 105 (2021) 135–140
5. Case series of meningococcal sepsis: are we seeing the real picture. Sri Lankan Journal of Infectious Diseases 2021:11(2)
6. Development of novel chlorhexidine gluconate hand scrub with Aloe Vera and in-vitro antimicrobial activity against selected bacteria and fungi. Asian Journal of Pharmacognosy 2021; 5(3): 44-50 eISSN-0128-1119 p.44-50
7. Evaluation of in vitro and ex vivo antimicrobial efficacy of non-alcohol based herbal hand scrubs developed against selected pathogens. Asian Journal of Pharmacognosy (2021); 5(3): 20-29 eISSN-0128-1119 p. 20-29

Special achievements in 2021 to 30th May 2022

1. Laboratory accreditation ISO 15189:

Clinical Bacteriology Laboratory (i.e. clinical microbiology & molecular biology laboratory, National Reference Laboratory for leptospirosis, Quality Control Laboratory) of Department of Bacteriology was granted accreditation to international standard ISO 15189 in compliance with Medical / Clinical laboratory, certified by Sri Lanka Accreditation Board. There are 36 microbiological investigations on bacteriology, serology and molecular biology accredited under ISO 15189.

2. Proficiency Testing Provider ISO 17043:

National External Quality Assessment Scheme (NEQAS) in Clinical Microbiology conducted by the Quality Control Laboratory, Department of Bacteriology was

granted accreditation to international standard ISO 17043 as a Proficiency Testing Provider, certified by Sri Lanka Accreditation Board

Department of Parasitology - 2021

1. Expanded mosquito surveillance activities to include universities, schools and railway stations in the Western province.
2. Field trials in addition to laboratory trials to evaluate the biological efficacy of household insecticidal products.
3. Two research projects on medically important mosquito vectors were initiated and are to be continuing for 2022.

Lectures and practical training sessions were conducted for MLTs, HEOs, PHIs, undergraduates and postgraduates

Surveillance / Test / Research / Training		No of surveillance / test / research carried out or No of trainees	
2019		2020	2021
Mosquito surveillance	155	171	162
Biological efficacy tests	221	294	197
Research	01	01	02
Lectures & practical training sessions	208	256	227

Department of Nutrition – 2021

Publications in year 2021

1. Nutrition status, food consumption pattern, livelihood and food security of households in urban underserved settlements in Colombo District, 2020
2. In the research nutrition status, food consumption pattern, livelihood and food security of households in urban underserved settlements in Colombo District, main findings were that malnutrition was present across the lifecycle. Results indicated that 63 % of women were found to be overweight (36 %) or obese (27 %). Among men 37 % were overweight or obese. Considerable differences were found among genders with regard to abdominal obesity where 48.6% in men compared to 88.2% in women. Elevated systolic blood pressure was 20% in women compared to 12% in men. Whereas hypertension was 19% among women and 11 % among men. Considering children less than five years, results show that 17 % were stunted, 10.8 % were wasted and 19.1 % were underweight, while 14.4 % were born with low birth weight. It is noted that food insecurity is a key driver for malnutrition. The study found that 22 % of the households within the study population were classified as food

insecure. Food consumption analysis indicated that food high in nutritional value was consumed less frequently in most households.

3. Impact of COVID-19 on child malnutrition, obesity in women and household food insecurity in underserved urban settlements in Sri Lanka: a prospective follow-up study, *Public Health Nutrition*: 24(11), 3233–3241, doi:10.1017/S1368980021001841
4. As indicated in the study (Impact of COVID-19 on child malnutrition, obesity in women and household food insecurity in underserved urban settlements in Sri Lanka: a prospective follow-up study) in underserved urban settlements of Sri Lanka, there was an increase in the prevalence of child wasting and overweight after the first wave of COVID-19 pandemic. Overall child wasting was alarmingly high.
5. Determination and Comparative Study of Sugars and Synthetic Colorants in Commercial Branded Fruit Juice Products; Hindawi, *Journal of Food Quality*, Volume 2020, Article ID 7406506, 11pages <https://doi.org/10.1155/2020/7406506>
6. According to the results of the study ‘Determination and comparative study of sugars and synthetic colorants in commercial branded fruit juice products’ majority of fruit nectar samples contained natural colorants. Some of the samples contained permitted synthetic colorants and 21.43% samples out of total sample violated the label regulation.
7. Estimation of Iron Content and Its Contribution in Iron-Fortified Food Products Consumed by School Children in Sri Lanka, Hindawi, *Journal of Food Quality*, Volume 2020, Article ID 6079379, 8 pages <https://doi.org/10.1155/2020/6079379>
8. As per the study ‘Estimation of Iron Content and its contribution in Iron-Fortified Food Products Consumed by School Children in Sri Lanka’ only less than half of the tested products were compatible with their labeled information. These iron fortified food products had high iron content and can provide significant contribution towards the daily iron requirements of children aged 15-16 years. Based on the single serving contribution, Iron Fortified Milk Powder and Iron Fortified Breakfast Cereals were considered as the best sources of iron while they provide significant contribution to the RDA in young children, adolescents and adults even by a single serving.

Food composition analysis

324 food items in twelve food groups namely, Cereals and Cereal products, Roots and tubers, pulses, vegetables, fruits, fish and aquatic food, milk and dairy products, egg, poultry and meats, nuts and seeds, oils and fat, condiments, spices and herbs, beverages were initiated. This includes the nutrient content of commonly consumed Sri Lankan food items. The Department of Nutrition, Medical Research Institute (MRI), is the custodian of the SLFCT and database. MRI is responsible for maintaining and updating the SLFCT. First food composition table in Sri Lanka was published in 1979 from the Department of Nutrition, MRI. Since then, there has been a change in the food system in Sri Lanka due to new crops and breeding of improved crops. Updating the SLFCT was identified as a long-felt need due to changes in lifestyle of Sri Lankans and advances in knowledge in the food system.

Clinical Nutrition Guideline

The ultimate goal of Clinical Nutrition Guideline is to integrate the best and most updated management to local patients. The recommendations were not only excerpt from the international guidelines but also considered on the judgement of the working group accounting the clinical relevance in a local hospital setting.

Department of Mycology 2021

The recent introduction of new diagnostic tests and treatment modalities for patients with fungal infections to Sri Lanka

Department of Animal Sciences 2021

Awards received in 2021 to 30th May 2022

World Science Day was celebrated under the theme of “Apply Science to Rebuild the Nation” under the patronage of the National Science Foundation on 16th November 2021 at the BMICH, Colombo. The best 10 winning projects of Inter School Science Research Project competition (2019/2020) were awarded certificates and the project supervised by Dr. Mayuri Thammitiyagodage was among the 10 best projects in the competition. She served as the principal supervisor of the project titled “Investigation of Lipid- Lowering Properties and Possible Toxic Effects of Tea Prepared by Vernonia cinerea (Monarakudummbiya) in Wistar rats animal model”. This school project was conducted by Master Kavindu Kusal Abewardhana from the Harishchandra National School, Negombo, and his science teacher was Mrs. A.T.M.Munasighe The same project was selected as the best scientific project in the inter-zonal scientific projects competition in the Negombo district in the year 2021.

Special achievements in 2021 to 30th May 2022

The Certificate course in Laboratory Animal Science organized by the Sri Lanka Association for the Laboratory Animal Science (SLALAS) in collaboration with the Medical Research Institute (MRI) Sri Lanka was completed successfully on 3rd December 2021 with the participation of over 40 researchers The lectures were conducted virtually while the practical sessions were conducted on-site at the MRI Colombo Contributed to the workshop organized by the SLALAS under the theme of “Zebrafish model for scientific research”. Nearly 50 participants joined this virtual workshop which comprised both theoretical and practical aspects. The entire practical session of this workshop was conducted at the Medical Research Institute. Contributed as resource persons by delivering lectures and conducting practical sessions for the Postgraduate Certificate and Diploma in Laboratory Animal Science (PG Cert & Dip in LAS) offered by the Faculty of Medicine, University of Colombo. A total of 16 students participated in this course.

Publications /Magazine Details in 2021 to 30th May 2022

Oral Presentations (2021)

- Observation of Toxicity in Dug Well Water Collected from Western Province of Sri Lanka using Zebra Fish Egg Model as an Indicator. Thammitiyagodage M.G., Karunakaran R. Deshapriya A.B.M.G, Corea S., and Wanniarachchi D. Proceedings of the 8th Annual Scientific Sessions and International Conference. 23rd and 24th of January 2021 Virtual Conference, Sri Lanka
- Pattern of Immunity Development in New Zealand White (NZW) Rabbits following Anti-rabies Vaccination. Rathnadiwakara H., Cliquet F., Thammitiyagodage M.G., Wasniewski M., Thibault J.C., Servat A., Samaranayake D., Ijas M., Pimbura R.M.S. and Gunatilake M. Proceedings of the 8th Annual Scientific Sessions and International Conference. 23rd and 24th of January 2021 Virtual Conference, Sri Lanka
- Immunity against Rabies in Sheep reared in the Animal Centre of the Medical Research Institute. Rathnadiwakara H., Karunakaran R., Thammitiyagodage M.G., Ijas M., Deshapriya A.B.M.G., Bandara J., Cliquet F., Wasniewski M., Thibault J.C. and Gunatilake M. Proceedings of the 8th Annual Scientific Sessions and International Conference. 23rd and 24th of January 2021 Virtual Conference, Sri Lanka

Oral Presentations (2022)

- Comparison of Colombo and the North Central Province (NCP) dug well water quality parameters by cumulative mortality percentage in zebrafish egg model. Thammitiyagodage, M.G., Karunakaran, R., Deshapriya, A.B.M.G., Corea, S. and Wanniarachchi, D. Proceedings of 9th Annual Scientific Sessions and International Conference. Sri Lanka Association for Laboratory Animal Science. 28th and 29th, January 2022
- Analysis of pain and distress during blood collection procedure from the middle ear artery of rabbits. Rathnadiwakara, H., Thammitiyagodage, M.G., Karunakaran, R., Gunatilake, M., Thibault, J.C. and Cliquet, F. Proceedings of 9th Annual Scientific Sessions and International Conference. Sri Lanka Association for Laboratory Animal Science. 28th and 29th January 2022
- Comparison of immunoreactive protein profile of pathogenic and non-pathogenic serovars of *Leptospira*. Anradha W.G.K., Gangani P.C., Fernando N, Karunanayake L, Thammitiyagodage M. G, and Hadunneththi S.M. Programme and Abstract book of Third International Conference on Frontline in Molecular and Life Sciences. 6 th -7 th April 2022.

Poster Presentations (2021)

- Usage of laboratory animals in Sri Lanka; A retrospective analysis of laboratory animals issued from the Animal Centre, Medical Research Institute from 2015-2019. Thammitiyagodage, M.G., Karunakaran, R., Kumara, W.G.S.S., Deshapriya, A.B.M.G.,

Jayasiri, K.M., Kumaradasa, K. and Guruge, M. Proceedings of the 8th Annual Scientific Sessions and International Conference. 23rd and 24th of January 2021 Virtual Conference, Sri Lanka

- Retrospective Analysis of Animals Issued for Research Purposes to Different Universities from the Animal Centre, Medical Research Institute (MRI), Sri Lanka from 2015 January to 2019 December Thammitiyagodage M.G., Karunakaran R., Deshapriya A.B.M.G. and Guruge M. Proceedings of the 8th Annual Scientific Sessions and International Conference. 23rd and 24th of January 2021 Virtual Conference, Sri Lanka
- A Retrospective Study to Identify the Trend associated with Issuing of Blood to the Government and Private Sector Laboratories from 2015- 2019 using the available Data Base of the Medical Research Institute (MRI) Deshapriya A.B.M.G., Karunakaran R., Prabath J.K.I. and Thammitiyagodage M.G Proceedings of the 8th Annual Scientific Sessions and International Conference. 23rd and 24th of January 2021 Virtual Conference, Sri Lanka
- Understanding how the first wave of Covid 19 pandemic quantitatively affects the activities of the Animal Centre, Medical Research Institute-Case study Karunakaran R., Thammitiyagodage M.G., Kumara, W.G.S.S., Deshapriya A.B.M.G., Guruge M., Jayasiri K.M. and Kumaradasa K. Proceedings of the 8th Annual Scientific Sessions and International Conference. 23rd and 24th of January 2021 Virtual Conference, Sri Lanka

Full paper articles (Published)

Hypoglycemic and anti-lipidemic properties of *Cinnamomum zeylanicum* (" Sri Wijaya" accession) water-soluble nutraceutical in streptozotocin-induced diabetic and healthy Wistar rats. Madushika Wariyapperuma W A, Jayawardena B, Thammitiyagodage MG, Karunakaran R, Sisira Kumara W G.. Phcog Mag [serial online] 2021 [cited 2022 Jul 26];17, Suppl S2:188-95. Available

from: <http://www.phcog.com/text.asp?2021/17/6/188/326020>

Full paper articles (Preprint)

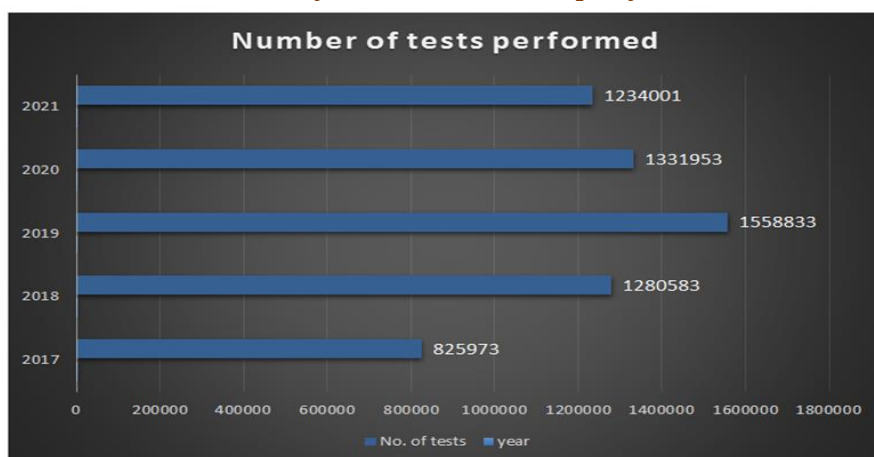
Changes In Immunological Response in Wistar Rats That Ingested Water From High And Low Disease Prevalent Areas from The North Central Province (NCP) And Low Disease Prevalent Colombo, Sri Lanka and Their Co-Relations to Histopathological Changes. Mayuri Geethanjalie Thammitiyagodage; Rajiva de Silva; Bandula Prasanna Galhena; Champika Rathnayake; Ramani Karunakaran; Sarath Sisira Kumara Warahakgodagedera; Nishali Ekanayake; Meliyanthi Gunatillake; Mytrel Irangani Thabrew. Research Square. 2021-02-09 <https://doi.org/10.21203/rs.3.rs-187773/v1>

1. Ongoing Development Project Details

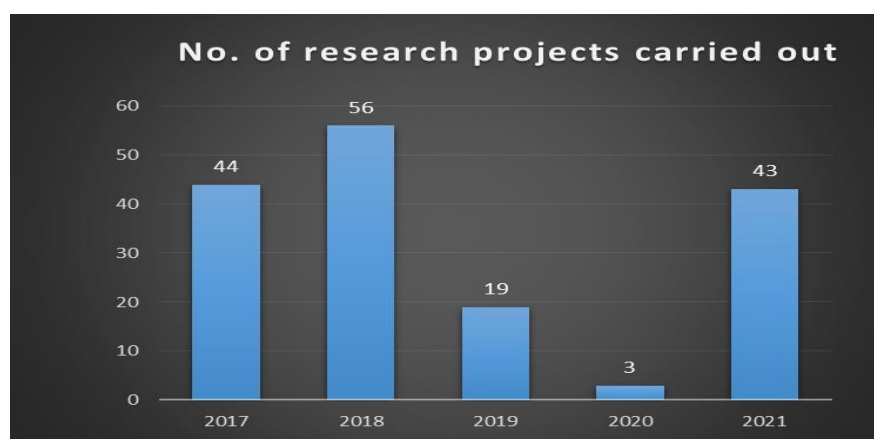
Project Description	Total Estimate Cost	Physical Progress by 31/12/2022	Financial Progress by 31/12/2022
• New 14 story building for MRI	3587 Million	Cabinet approval was obtained but allocations not received	Funds were not received
• Establishment of BSL3 Laboratory	1000 Million	Project is funded by World Bank and hope to start construction activities as soon as possible as many planning activities are already done.	Hope to start construction activities
• Establishment of LIM System	25 Million	Project is funded by GFATM fund and hope to start initial activities as soon as possible	Hope to start construction activities

Last 5 years performance trends

Total number of Laboratory tests done at MRI per year over the last five years



Research activities over the last five years



This body has a remit to provide a unified approval process for research to promote consistent, proportionate standards for compliance and inspection and facilitate medical research in Sri Lanka by providing funds and also work in partnership with other organizations to ensure the promotion and research governance of health research. In 2021 it has received 17 research projects and 12 have been approved and funds has released.

2. Special Development activities planned for 2022

1. Purchasing software for NEQAS programme
2. Improving existing labs for new tests. Serum retinol/fecal elastase, Calprotectin, Red cell folates etc.
3. Establishment of Bar coding system at Virology unit
4. Hope to start Whole Genome Sequencing and MALDITOF - advance matrix technology by Department of Bacteriology
5. FISH for CML Molecular genetics. Diagnosis, prognosis & treatment evaluation by the Department of Heamatology
6. Establish water purification System by Department of immunology
7. Increase sample processing capacity & establishment of Pneumocystis FAT & therapeutic drug level monitoring-Dpt. of Mycology
8. Establishment of Candida RAT, ELISA & Histoplasma urine Ag test –Dpt. of Mycology
9. To develop Molecular diagnostic techniques-Dpt. of Parasitology
10. Expanding Consultant External Quality Control Programme for consultant Histopathologists and Purchasing TEM (Electron Microscope) by the Department of histopathology
11. Upgrade existing facilities & maintenance of insectary by the Dept. of Entomology

4.6.2 Medical Supply Division

Introduction

The Medical Supplies Division (MSD) of Ministry of Health is the central organization responsible to supply all Pharmaceuticals, Surgical items, Laboratory items, Radioactive Items and Printed forms for the Government Sector healthcare institutions island-wide. Further to that, MSD is the sole supplier of dangerous drugs (narcotics) to all hospitals in the country including the private sector.

Vision

To be the center of excellence in Sri Lanka in medical supplies management by ensuring continuous availability medical supplies (pharmaceutical, surgical items, laboratory items) for the healthcare services in government sector health institutions through an effective and efficient medical supplies management.

Mission

To support the Ministry of health to achieve its vision for a healthier nation by providing medical supplies (pharmaceutical, surgical items, laboratory items) to government health institutions efficiently and effectively and in accordance with government policies to ensure continuous availability of medical supplies while achieving 6R (right item, right quality, right quantity, right price, right place & right time).

Objectives

- To ensure the timely supply of medical supplies (pharmaceuticals, surgical, lab, radioactive printed/ Narcotics forms etc.) to government hospitals focusing on achieving 6R (right item, right quality, right quantity, right price, right place and right person also in right time.)
- To improve stores facilities in central level, sub stores level and divisional level.
- To develop a quality improvement system in medical supplies management through newly established Quality Assurance unit.
- To develop capacity of the staff of institutions involved in the supply chain management.
- To properly establish and achieve coverage of island-wide IT network through MSMIS.

Measures taken to combat the COVID – 19 pandemic

- i. Proper functioning of the special unit which was established to streamline the storing and distribution of medical supplies to COVID – 19 treatment centers and other related institutions island-wide. Mainly 15 items were issued on the requests made by the hospitals and according to a regular distribution plan. These items were issued to Prison Hospital, Army Hospital, Air Force, Town Councils, Election Commission Department and Airport as per requests. Other than designated COVID centers Line Ministry Institutions, Base Hospitals and Divisional Hospitals. Donations received from World Bank, Asian Development Bank, WHO, China and also from individual donors were stored and issued from this special unit. This unit is functioning during 24 hours and directly monitored by the Director /MSD and supervised by Deputy Director General (Medical Supplies). Further this unit has a daily reporting system on receiving and issuing items.
- ii. Carried out emergency procurement and supply of all diagnostics (PCR, antigen Kits, etc) required for the campaign against 1st, 2nd and 3rd waves of the COVID 19 pandemic.
- iii. Procured & supplied personal protective equipments, sanitizer chemicals & disinfectants for the COVID -19 management in the country.
- iv. Continues supply of all diagnostics (PCR, antigen Kits, etc), personal protective equipments, sanitizer chemicals & disinfectants for the COVID -19 management in the country.

Major Development and Achievements (2021.01.01 to 2022.06.30)

1. Preceded to purchase the medical supplies for the year 2023 with the Allocation received from World Bank, Health Sector Development Project (HSDP), Indian Credit Line and Asian Infrastructure Investment Bank (AIIB).
2. Destruction Unit was established (including 5 members with chairman of Chief Accountant/MSD) to condemning the quality failed medical supplies laying at island wide hospitals.
3. Supply position review meetings were conducted regularly to minimize the shortages of essential drugs and devices which were chaired by Director General of Health services with the participation of the representatives of all stakeholder institutions including National Medicines Regulatory Authority (NMRA), State Pharmaceutical Corporation (SPC) and Ministry of Health.
4. 95% of the formulary Revision (medical drugs list, medical devices lists and laboratory items list) of MSD has completed.
5. Institutional and regional Drug and Therapeutic Committee Meetings (DTC) were conducted successfully via teleconferencing facility amidst of the increasing Covid 19 situation in the country. 90 DTC meetings were conducted via teleconference to improve medical supplies management up to 30.06.2022.
6. Pricing and checking unit was established with the objective of providing a quality customer care for clients.
7. Two sub stores have been acquired to MSD on rental basis, located at Veyangoda and Savasthipura and planned to acquire new sub store at Kegalle.
8. Physical Resources Improvement (2021).
 - a) Four Pallet Trucks were purchased.
 - b) Nine Dot Matrix Printers were purchased.
 - c) One Photocopy Machine was purchased.

Specific health Projects carried out by Medical Supplies Division

1. The project “Improving Stores Facilities of Line Ministry Institutions, RMSDs and Base Hospitals in All Provinces” has been carried out. 70 health institutions out of 90 have completed the drug stores upgrading work successfully during the year 2021. Allocation issued for 34 health institutions for the year 2022.

	Total	Overall Physical Progress	Overall Financial Progress
Total no of Institutions	90		76%
Total no of Completed Institutions	70	77%	
No of Incomplete Institutions	20	23%	

Total Allocation for the year 2021 (Mn)	305		
Total Expenditure (Mn)	233.37		
Year 2022			
Total no of Institutions	34		
Total no of Completed Institutions	7		
Total Allocation issued	127.718		

2. Infrastructure facilities & MSMIS system connection have been provided to 145 provincial hospitals by the “Medical Supplies Management Information System (MSMIS) Expansion” project.

Hospital type	Completed
Teaching Hospitals	01
Specialized Hospitals	02
District General Hospitals	10
Base Hospitals Type A	24
Base Hospital Type B	46
Divisional Hospitals Type A	18
Divisional Hospitals Type B	25
Divisional Hospitals Type C	17
PMCU	02
Total	145

5 Infrastructure Development

The importance of improving health sector infrastructure, which is essential to achieve and improve health indicators and healthy life of the people, has been well recognized by health managers. Benefiting from continuous investments, a gradual improvement can be observed over the years in the country's health infrastructure, which includes medical equipment's, transport and buildings.

Continues provision of quality and efficient service in all levels of health sector namely Primary, Base, General, District and Tertiary are essential to achieve rapid growth and development in the country. In this context, the government continued with its role as the main health service provider in the country, while the private health sector investment on health has increased significantly over the years.

The government further continuing a number of new health projects directed at improving the well-being of the general public, while taking measures to enhance the quality of health care services. Other than the constructions, medical equipment base of the government health sector improved further year.

5.1 MEDICAL EQUIPMENT

The Division of Biomedical Engineering Services (BES) of the Ministry of Health is responsible for planning, procurement, installing, and maintains medical equipment in line ministry hospitals.

In addition to that BES is responsible for the following areas on medical equipment.

1. Preparing technical specifications for medical equipment to meet the latest upgraded technology in the world.
2. Entering into service & maintaining agreements for advanced & sensitive high value equipment.
3. Providing Training for end users and technical staff.
4. Providing facilities for industrial training for engineering undergraduates at government and private sectors.
5. Provision of technical expertise on medical equipment

The Division of Biomedical Engineering Services has workshop facilities, warehouse facilities for equipment and spare parts storage and administrative functions.

At present following staff is available to perform above functions.

Technical Staff		Non-Technical Staff	
Director	01	Accountant	01
Biomedical Engineer	14	Administrative Officer	01
Foreman	40	Development Officers	14
Technician	41	Management Assistant	21
		SKS	63
		Drivers	13

BES is in the process of extending regional Biomedical Engineering Units in the line ministry hospitals listed below.

- Anuradhapura
- Badulla
- Kandy
- Jaffna
- Batticaloa
- Ragama
- Rathnapura
- Kurunegala
- AH Maharagama
- Karapitiya TH
- NBC Narahenpita

Biomedical Engineering Services has initiated development of web-based software for medical equipment Inventory Management System.

Vision

To become the South Asian center of excellence in Biomedical Engineering Services.

Mission

To support the Ministry of Health to achieve its vision for healthier nation by providing appropriate state of art medical equipment technologies for the government hospitals in the country while achieving, the highest standards of safety, Quality, Reliability and Accuracy.

Objectives

1. To ensure availability of appropriate medical equipment for line ministry hospitals at the right time.
2. To ensure availability of spare parts and accessories to maintain equipment uptime at the desired level.

Achievements/ special events in 2021

No	Name of the Equipment	Quantity	Estimated Cost (Rs.Mn)
1	Adjustable Beds	803	52.195
2	Ambu Bags	90	36.00
3	Anesthesia Machine	14	77.00
4	Auto Clave Machine Table Top	199	119.400
5	BI PAP Machine	377	301.600
6	Blood Fluid Warmer	17	4.250
7	Blood Gas Analyzer	23	23.00
8	BP Apparatus	550	16.500
9	BP Apparatus Digital	487	2.435
10	Bronchoscope Portable	2	1.600
11	C PAP Machine	198	128.700
12	C PAP Machine Neonatal	15	37.500
13	Cardiac Output Monitor	10	32.000
14	Cath Lab Machine	1	200.000
15	Colour Doppler	3	48.000
16	Cooling Micro Centrifuge	7	45.500
17	CRRT Machine	14	56.000
18	CT Scanner	5	800.000
19	CTG Machine	86	21.500
20	Defibrillator	170	204.000
21	Dialysis Machine	32	96.000
22	Dental Chair	139	69.500
23	Digital Thermometer	125	2.500
24	Diathermy Machine	3	3.600
25	DSA Machine	1	200.000
26	ECG Recorder	264	34.320
27	Echo Cardiography	6	72.000
28	Endoscopy System	2	36.000
29	ECT Machine	6	24.000
30	Emergency Trolley	216	10.800
31	Glucometer	30	0.150
32	HDU Bed	189	9.450
33	Hand Held Doppler	63	1.890
34	High Flow Oxygen Machine	399	399.000
35	High Pressure Sterilizer	14	168.000
36	ICU Bed	42	14.700
37	Infant Incubator	73	51.100
38	Infant Incubator Transport	13	10.400
39	Infant Warmer	73	62.400
40	Infusion Pump	1183	118.300
41	Laparoscopy System	8	240.000

PERFORMANCE & PROGRESS REPORT 2022

42	Laryngoscope	109	1.090
43	Laryngoscope Video	35	31.500
44	Laser Thermometer	208	1.040
45	Light Curing Machine	17	0.85
46	Lithotripter System	1	1.000
47	Mammography Machine	5	300.000
48	Multipara Monitor ICU	195	487.500
49	Multipara Monitor WD	1040	364.000
50	Nebulizer	362	10.860
51	OT Table	31	77.500
52	Oxygen Regulator	93	0.279
53	OT Lamp (Ceiling)	15	37.500
54	Oxygen Concentrator	1667	500.100
55	PCR Machine	5	22.000
56	Phaco Emulsification Machine	3	60.000
57	Phototherapy Machine	71	49.700
58	Pulse Oximeter	1311	170.430
59	Pulse Oximeter Fingertip	2666	7.998
60	RO Plant	2	2.000
61	Spinal Table	1	4.000
62	Spot Lamp	43	6.450
63	Suction Apparatus	196	58.800
64	Syringe Pump	590	59.000
65	Ultrasound Scanner	7	105.000
66	Ultrasound Scanner Portable	167	501.000
67	Ventilator ICU	229	1145.000
68	Ventilator Neonatal	17	93.500
69	Ventilator Transport	108	324.000
70	X Ray CR System	7	35.000
71	X Ray Machine Mobile	26	390.000
72	X Ray Machine Portable	33	33.000
73	X Ray Machine C Arm	3	75.000
74	X Ray Machine Digital	24	600.000
Total Amount (Rs. Mn.)			9386.387

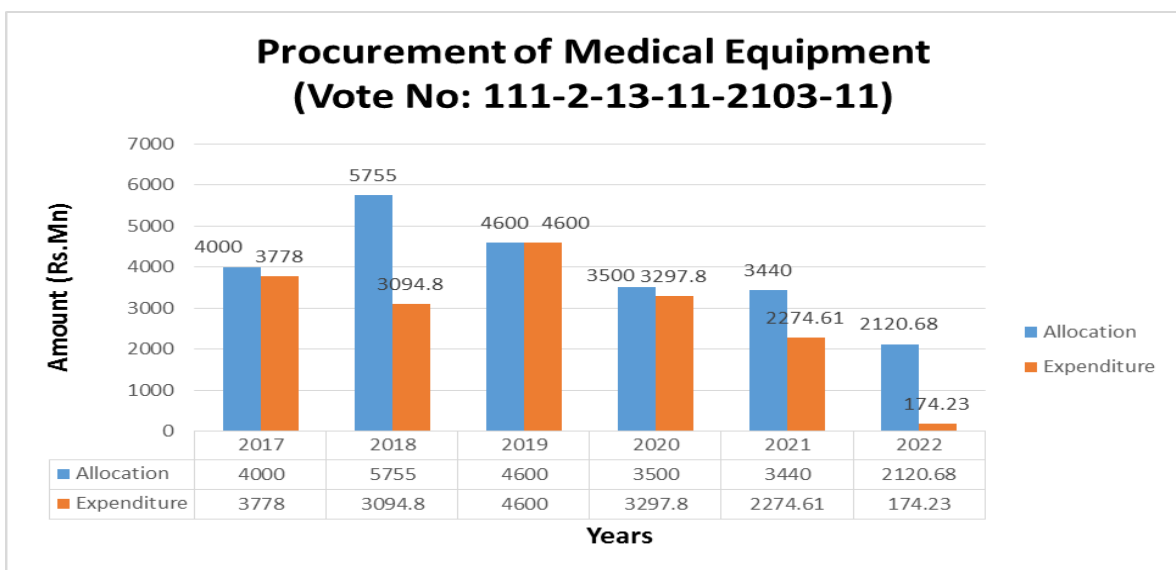
Details of ongoing development projects

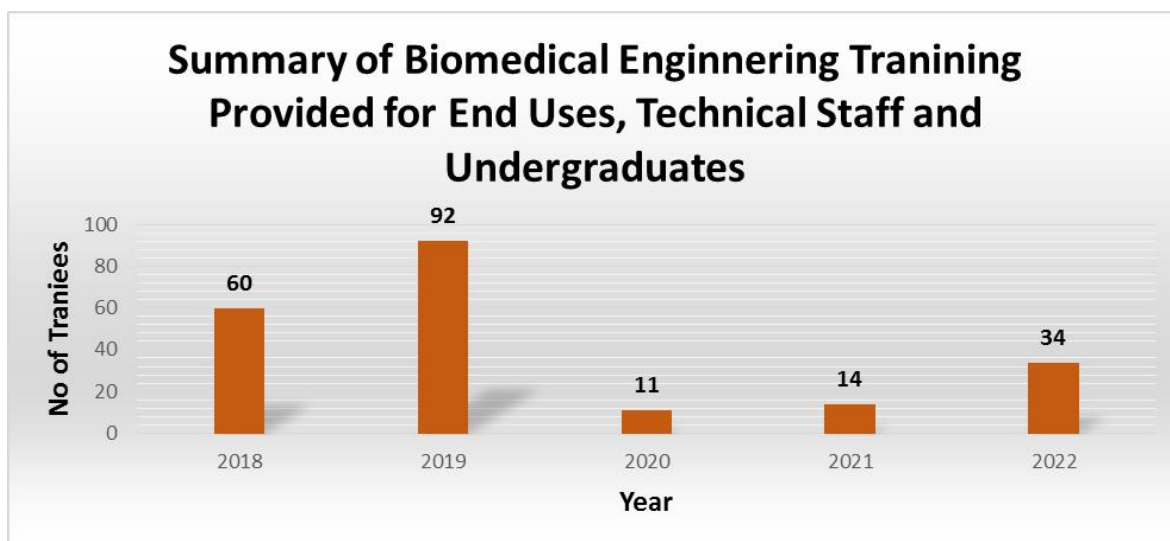
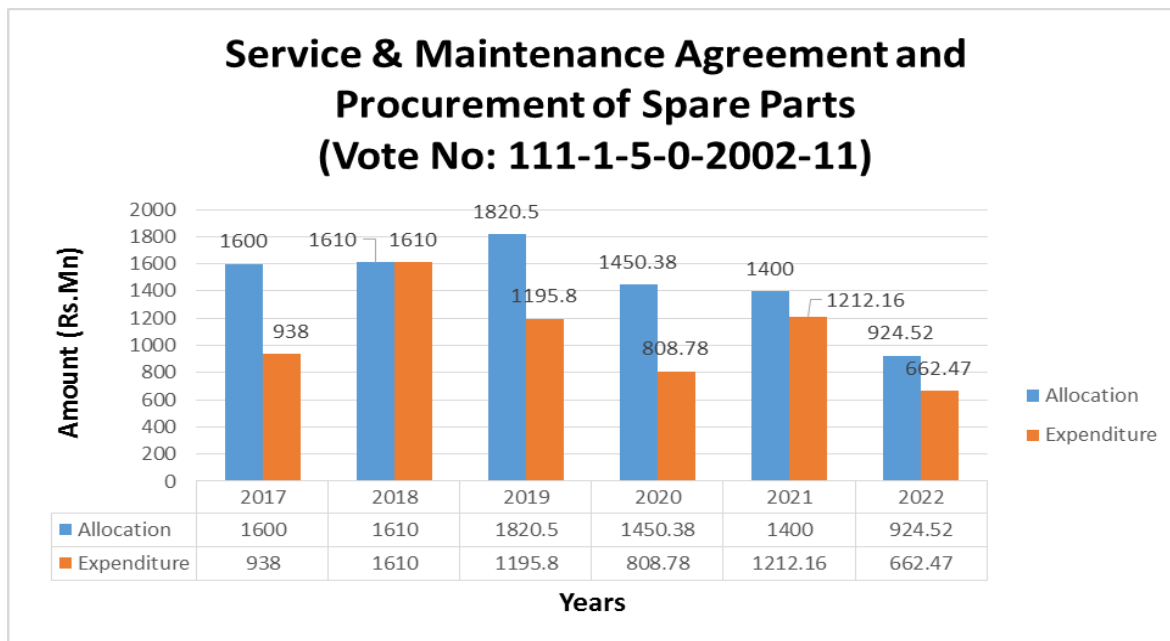
Ongoing Development Project Details

No	Description	Qty.	Amount (Rs.Mn)
LC to be opened			
1	MRI Machine (1.5 T) for Apeksha Hospital	1	537.867
2	Transport ventilators	68	156.244
3	CT Simulators for Apeksha Hospital	1	174.732
4	CT Scanner with Accessories Matara	01	151.560
5	Digital X-ray	6	184.766
6	Transport Ventilator	65	111.444
7	Cath Lab - Batticaloa	01	226.718
to be placed the order			
8	Spot Lamp	17	2.108
9	Phototherapy Unit (Single Surface)	10	1.850
10	Slit lamp with tonometer	8	7.960
11	Auroscope	28	1.932
12	OAE Machines	7	11.690
13	Cardiac Esophageal for TH Karapitiya	01	179.609
14	Cath Lab for TH Karapitiya	01	192.060
Pending PC decision for Awarding/ calling objections/ re preparing TEC report			
15	CRRT	10	35.000
16	Neuro Monitor	1	13.990
17	C-Arm X-ray unit	2	20.000
18	Vitrectomy Machine	5	80.000
19	MRI Scanner Kalubowila	1	300.000
20	Diathermy Machines	5	11.000
21	X-Ray Digital	4	96.000
22	MRI Scanner	1	491.760
Under Evaluation			
23	CT Scanner for Awissawella	1	150.000
24	Multipara Monitors	26	15.000
25	X-ray Machine - Digital	2	80.000
26	Anesthetic m/c with ventilator	10	51.900
27	Infusion Pumps	97	12.610
28	Phototherapy Unit (Double Surface)	3	0.930
29	Ventilator (Therapeutic) - Neonatal	16	80.000
30	Urology Laser Machine(120W)	2	50.000
31	CT scanner for TH Kaluthara	1	150.000
32	Ultra Sound Scanner (Color Doppler)	1	8.000
33	Endobronchial USS (Ebus)	1	20.000

34	C-Arm Fluoroscopy	1	15.000
35	Ultra Sound Scanner	9	90.000
36	X-Ray portable	4	80.000
37	X-ray Illuminator -Double	46	0.690
38	Infusion Pumps	90	9.000
39	Syringe Pumps	90	14.760
Preparing Documents/ to be opened Bids			
40	DSA M/c	3	450.000
41	Ventilator (Therapeutic)	84	252.000
42	Arthroscopy	4	96.000
43	Cardiac Out put	11	13.750
44	CRRT	6	12.500
45	Laparoscopy	3	60.000
46	Laparoscopy (Operative)	2	32.000
47	Argon Plasma Coagulation M/c	1	3.500
48	Doppler - Hand Held	2	0.400
49	Echo Machine	3	45.000
50	Endoscopy System (Processor, Light Source, Monitor, Cart)	3	48.000
51	Duodenoscopes	6	12.000
52	Gastroscope	6	12.000
53	Colonoscope	6	30.000
54	Double Balloon Enteroscope sys	1	16.000
55	Video Bronchoscope	2	8.000
56	Thoracoscope	2	10.000
Total Amount (Rs.Mn)			4917.330

Last 5 years Performance Trend





All above figures as at 30th of June,2022

Special Development activities planned for 2022

Asian Development Bank (ADB) has funded for the procurement of critical medical equipment for 2022. Accordingly, the procurement of the following medical equipment has already been initiated in connecting with Health System Enhancement Project (HSEP).

No	Description	Qty.	Amount (Rs.Mn)
1	Mobile ICU	9	405.00
2	High Pressure Sterilizer	15	135.00
3	Blood Gas Analyzer	5	1.50
4	Endoscope	8	128.00

5	Neonatal Ventilator	5	26.00
6	ICU Ventilator	10	35.00
7	Transport Incubator	10	12.00
8	Diathermy	15	18.00
9	Anesthetic Machine	5	26.00
10	OT Table	5	12.50
11	OT Lamp	5	10.00
12	CPR Machine	5	5.00
13	Syringe Pump	50	4.00
14	Infusion Pump	50	4.00
15	C Arm Machine	1	25.00
16	Patient Warmer	10	5.00
17	Fluid Warmer	10	3.00
18	Multipara Monitor Basic	20	6.00
Total Amount (Rs.Mn)			861.00

5.2 CONSTRUCTIONS

The logistic division is responsible for the provision of allocations for maintenance and services of the following activities and also for construction of new buildings as required by hospitals and institutions under the control of the Ministry of Health Nutrition and Indigenous Medicine.

The logistic division is responsible for the provision of allocations for maintenance and services of the following activities and also for construction of new buildings as required by hospitals and institutions under the control of the Ministry of Health Nutrition and Indigenous Medicine.

On-going Construction Projects (Local Funded)

	Project	TEC (Rs.Mn.)
1	Upgrading of Nurses Training Schools	2,933.34
2	Construction of Nursing Faculty/ Hostel	7,171.80
3	Improvement of ETU Facilities under Line Ministry Hospitals	9,525.00
4	Millennium Ward Complex at TH Kalubowila	988.76
5	Construction of Cardiology Unit, Catheter Lab, Laboratory Complex and Ward Complex at Teaching Hospital Batticaloa	427.00
6	Constructions of Staff Quarters for Medical Officers, Nurses & Others in Identified Hospitals	400.00

7	Development of Estate sector Hospitals	373.22
8	New Medical Ward Complex at DGH Chilaw	583.70
9	Development of TH Karapitiya Hospital	1,024.00
10	Construction of Ministry Building	5,979.00
11	Construction of National Stroke Centre at Base Hospital Mulleriyawa	1,111.86
12	Provision of High Quality Radiotherapy for Cancer Patients in Sri Lanka with High Energy Radiation	6,872.24
13	Construction of Cancer Hospitals at Thellipalei, Kandy and Galle Karapitiya	3000
14	Construction of well Equipped 10 District Based stroke Centres and Strengthening the Accident & Emergency Care Service in Hospitals	500
15	Construction of Three Storied Building Consist of X-ray unit, OPD, Accident & Emergency Unit and Blood Bank at BH-Pimbura	293.70
16	Establishment specialized Pediatric care Complexes in Karapitiya, Ampara and Jaffna Hospitals	4676
17	Establishment of a Base Hospital in Nintavur	878
18	Establishment of an Oral Health Center in Karapitiya Teaching Hospital	1,076
19	Establishment of a Bone Marrow Transplant Unit at Kandy General Hospital	1,701.00
20	Construction of Heart Centre at Lady Ridgeway Hospital	2,439.78
21	Construction of Oral Health Complex including all Dental specialties in PGH Rathnapura	340.00
22	Establishment of Highly Specialized Centers in Colombo, Kandy & Anuradhapura to manage Serve Obstetric Complications and Medical Diseases Complicating Pregnancies	1,844.78
23	Construction of Ward Complex to Oncology Unit-Stage II PGH Ratnapura	530.00
24	Construction of Building for National STD/ AIDS Control Programme	126.00
25	Implementation of Electronic Medical Records in Sri Lankan Government Hospitals	400.00
26	Establish a Reproductive Treatment Centre at the Castle Street Hospital for Women	104.7
27	Improvement of DH Moratuwa	1,000.00
28	Expand the Beruwala Base Hospital	300.00
29	Construction of Surgical Wards and Operation Theater Complex-DGH Monaragala	790.3

30	Extension of laboratory of the Top Floor of JICA Building-TH Jaffna	90.00
31	Establishment of Sewerage & Waste Water Treatment Plant- BH Kantale	100.00
32	Establishment of Kidney Dialysis Centers in Chronic Kidney Disease Prevalent areas	6,500.00
33	Construction of Studio type Staff Quarters – BH Dickoya	27.00
34	Establishment of Cardiology Unit With Cath Lab at DGH Ampara	354.68
35	Development of Teaching Hospital, Ratnapura	1,074.77
36	Construction of 5 Storys Buliding at BH – Kahawatta	192.00
37	Construction of 5 Storys Buliding at BH – Kolonna	344.29

5.3 SPECIAL FOREIGN FUNDED PROJECTS

	Project	TEC (Rs.Mn.)
1	Primary Health Care Systems Strengthening project (PSSP)-GOSL-WB	36,440.00
2	Development Ambulatory Care center (OPD) of NHSL (GOSL China)	14,600.00
3	Development of District Hospital Kalutara as a Specialized Maternal and Children's Hospital(GOSL & Netherland)	5,400.00
4	Helmut Khol Maternity Hospital Karapitiya, Galle(GOSL -Germany - kfw)	4,480.00
5	Rehabilitation and Expansion of Production Capacity at State Pharmaceutical Manufacturing Corporation (SPMC)GOSL - JICA	16,594.00
6	Matara District Maternal and Newborn Health care Strengthening Project (GOSL-KOICA)	1275.00
7	Construction of a surgical unit and Procurement of Medical equipment at Teaching Hospital in Batticaloa (GOSL-India)	275.00
8	Upgrading Health Facilities of Selected Hospitals (EXIM Bank of china)	15,292.00
9	Construction of National Nephrology Hospital in Pollonnaruwa (UK- Sampath Bank)	5,825.00
10	A Neonatal and Obstetrics Reference Center for the De Zoyza Maternity Hospital(France-HNB)	830.00
11	Health system Enhancement Project ADB	10,500.00
12	Upgrading of Operation Theatres and ICU Equipment (GOSL-Austria)	1,700.00
13	Health and Medical Service Improvement Project (GOSL -JICA)	16,594.00

14	Development of Hospitals in Northern Province (DRIVE) (GOSL-Netherlands)	12,225.00
15	Sri Lanka COVID 19 Emergency Response and Health Systems Preparedness Project- (WB-GOSL)	23,791.00
16	Capacity Building of Biomedical Engineering Service in Sri Lanka(KOICA)	1,475.00
17	Health System Enhancement Project – Additional Financing (ADB)	10,500.00
18	Global Fund to Fight Against AIDS, Tuberculosis and Malaria (GFATM)	1,548.00

5.4 TRANSPORT

Transport Unit

The transport unit of the Ministry of Healthcare, Nutrition and Indigenous Medicine plays a very important role in the provision of services in the health institutions by providing the necessary transport facilities. The following section are included to the transport section

- Service station – at Mulleriyawa
- Repair section – at Bio Medical Engineering Unit

It has been also possible to prevent irregularities and ensure saving on expenditure as a result of the setting up to above station/section belonging to the Ministry of Health. The following table given the details of the vehicles of the Ministry of Health.

Ambulances	702	30	12	-	250	87	-	-	-	3	192									1,276
Double cabs	403	9	-	92	-	-	5	35	-	11	3		25					38		621
Cars	48	-	-	5	-	-	-	-	3	-	-	2								58
Lorries	120	-	-	-	-	-	-	-	-	-	-				9					129
Vans	93	3	-	9	-	-	17	-	48	7	-				9					186
Mini Vans	30	-	-	-	-	-	-	-	-	-	-									30
Bowser	9	-	-	-	-	-	-	-	-	-	-									9
Jeeps	122	1	-	-	-	-	2	2	-	2	-									129
Buses	76	-	-	-	-	-	-	-	-	8	5									89

Ref.Lorries	11	-	-	-	10	-	-	-	-	-	-	-	-	-	-	-	-	21
Three Wheels	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53
B/C Vehicles	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Vans (Mobile)	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34
X-ray Vehicles	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Crew Cabs	10	-	-	-	-	-	10	-	-	-	-	-	-	-	-	-	-	20
Motor Cycles	1010	125	-	140	150	-	-	-	5	-	-	-	-	-	-	-	-	1,430
Mini Truck	-	-	-	-	-	-	-	-	-	50	-	-	-	-	-	-	-	50
Tractor	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Total	2,731	168	12	246	410	87	34	37	56	81	200	2	25	18	40	4,147	21	53

6. Human Resource Development

6.1 EDUCATION, TRAINING AND RESEARCH UNIT

Introduction

Education, Training and Research Unit of the Ministry of Health functions under purview of the Deputy Director General (Education' Training & Research) and has three directorates i.e. Directorates of the Training, Research and Nursing (Education).

Vision

Quality and qualified members of health staff contributing to economic, social, mental and spiritual development of Sri Lanka

Mission

To be the focal point of facilitation, central agency of monitoring and evaluation and principal provider of technical expertise in education, training and research spheres in Sri Lankan health sector for the development of knowledge, skillful, efficient, effective, patient centered and innovative health staff members

Objectives

The Education' Training & Research Unit is the focal point in policy formulation, providing technical guidance related to training and also coordinating basic training programs for all staff categories except for basic degree programs for Medical Officers and Dental Surgeons. Furthermore, the Unit is responsible for capacity building of the health workforce through post basic and in-service training programs. In addition, the Unit develops policies and capacity in research related to health and provide financial allowances to the relevant officers for carrying out work place based research.

National Institute of Health Sciences (NIHS) is also under the administrative and technical supervision of the DDG (ET&R).

Furthermore, the ET&R Unit coordinates with Ceylon Medical College Council, University Grants Commission and other relevant academic and professional institutions and organizations in Sri Lanka with the objective of strengthening the human resource capacity of the health sector.

The unit has broadened its capacity in coordinating important training programs omes with the international organizations to improve the capacity of health workforce in Sri Lanka.

Achievements/ special events in 2021

- **Recruitment and Basic Training**
 - **Intake for basic training programmes**

Intake for training is determined by the administrative sections of the Ministry of Health in consultation with ET&R Unit, Planning Unit and HR Coordinating Unit. Training profile in 2020-2021 is given in following

Profile of basic training programs and Degree Holders carried out in 2020 -2021

S. No.	Category of staff	Number recruited During 2020	Number completed the training During 2020	Number recruited During 2021	Number completed During 2021
1	Nursing Officers (Basic Training)	2614	3431	3625	2654
2	Medical Lab.Technicians	113	133	187 (Graduate)	
3	Pharmacists	32	79	-	
4	Physiotherapists	-	8	-	
5	Occupational therapists	51	5		
6	Radiographers		6	187 (Graduate)	
7	Public Health Midwives	847	-		752
8	Public Health Inspectors	317	43		
9	Entomology Assistants	15	23		
10	Cardiographers	-	-	58	
11	Electro-encephalograph Recordists	16	-	17	
12	Ophthalmic technicians	-	8		
13	Dental Technicians	12	-		
14	School dental therapists	55	14		
15	Public health laboratory Technicians	-	61	60	61
16	Public Health Field Officers	-	-		
17	Prosthetics & Orthotics	8		14	
18	Hospital Attendance	409	394		
	Total	4489	4205	3993	3467

○ **Post Basic Training for nursing officers**

Categories of post basic training programmes carried out in 2020 -2021 with numbers of Nursing Officers recruited and number completed the training

	Training Programme	Duration	Number Recruited		Number completed	
			2020	2021	2020	2021 (up to to June)
1	Psychiatric Nursing Training	6 months	-	-	59	-
2	Stoma care Training	6 months	-	-	-	-
3	ETU Training	6 months	-	-	-	-
4	Teaching & Supervision	1 year	29	-	80	-
5	Ward Management & Supervision	1 ½ years	822	-	-	847
6	Midwifery Training	6 months	-	-	612	-
7	Public Health Nursing Sister		125	-	-	125
8	Public Health Nursing Officer		88	-	-	-
	Total		1064		751	952

6.2 CAPACITY DEVELOPMENT OF SERVICE PROVIDERS OF THE DEPARTMENT OF HEALTH

The ET&R Unit plays the pivotal role in management of in-service training programs in the health sector by providing the necessary technical and financial assistance. Depending on the institutional needs, during the year 2020 -2021 funds were allocated for the training of many categories of the health workforce. The ET&R Unit reviews the training proposal for eligibility based on the training needs identified by the relevant institutions according to a set of guidelines approved by the Director General of Health Services. Training programs fulfilling eligibility criteria were funded. Funds utilization is monitored and evaluated.

6.2.1 In-service Training Programme

ET&R Unit itself, regularly carries out in-service training programs for different staff categories based on the requests made by the heads of the institutions and professional organizations.

Numbers and categories of staff in-service training received with funds from the ET&R unit during the year 2020 -2021 for Group Training Programmes ,Language Training Programmes, Individual Training Programmes

Category of Health Personnel	In Service Training - 2020			In Service Training - 2021		
	Group Training	Individual Training	Language Training	Group Training	Individual Training	Language Training
Consultants	85		140	163	-	
Medical Officers	1844	12	-	777	155	15
Principals/ Tutors		17	-	10	-	11
Nursing Officers	3041	15	1344	3137	-	20
PSM categories	975	-	90	288	-	
Paramedical	220	-		217	-	
PPO/PPA/DO/HMA/MA	888	62	-	1173	-	54
Health Assistants	535	-	-	2512	-	1
Other staff	701	-	-	-	-	54
Total	8298	106	1574	8277	155	155

6.2.2 Other Training Programmes

▪ Under the PSSP Funds

1. Conducted 3-day In service training programs for newly recruited Management Assistants attached to the Ministry of Health – Completed 3 programs and trained 210 participants
2. Two 20-day programs are scheduled during 2021 for class I Public Health Management Assistance – for 140 participants
3. Supply of necessary equipment for CPD programs is ongoing (processing procurement)

▪ Programs Under the WHO Funds

No.	Registration Number	PO #	Ex. Type	Short Description	Funds Received SLR	Progress up to June 2021
1	2020/1037373	202569649	511-DFC	Establishment of a distance education system for the training facilities and schools under the Ministry of Health	6,441,600	IT support for distant educational to the schools is completed and online training is ongoing. The Draft document of the report

						submitted and discussed; wait for the final report The basic training module developed is in use for capacity development
2	2021/1 107825	2026617 45	511- DFC	Revising and finalizing of Standard Operating Procedures (SOP) of Training Programmes of Professions Supplementary to Medicine (PSM) and Para Medical Categories	742,707.43	Finalized the SOP of the Basic Training of EEG, ECG and Dental Techn, Ophthalmic technology and Radiography. Other SOPs are ongoing
3	2021/1 103179	2026547 69	511- DFC	Development of the National Health Research Strategy for Sri Lanka and implementation of selected activities supported	1,885,300	Funds received for 3 activities. Activity 3 is completed and Activity 2.a & 2.b are 80% completed. Activity 1 is ongoing (with University of Colombo).
4	2021/1 103220	2026541 92	511- DFC	Enhancement of HELLIS network services and develop distance education learning materials for the end users training services	620,993.37	Received funds for 1 activity. 80% . Scheduled to be spent on preparing Videos.

6.3 Research

Education, Training and Research Unit of the Ministry of Health coordinates the research activities in collaboration with the National Health Research Council (NHRC) to promote health and health related research in Sri Lanka.

Main Activities

The research proposals submitted to the unit for funding are scrutinized for suitability by a team of experts appointed by research management Committee of ministry of Health and are thereafter approved for research allowance payment by consolidated fund.

Overseeing the granting of administrative approval for research activities conducted in the government sector Health Institutions. Including perusal of material Transfer Agreements and data Transfer agreements when international collaborative research is carried out.

Ensuring the ethical aspects of health research by establishing and capacity building of Ethics Review Committees Islandwide.

Establishing the mandate for health research in Sri Lanka.

Capacity building of Researchers in scientific methodology and dissemination of research findings.

Activities carried out by the Research unit during the period from 2021

Name of the activity	Description	Remarks
1. On line research methodology programme	Basic Research Methodology programs for Health staff Advanced research methodology programmes for doctors	January 2020 1 st work shop March 2020 2 nd work shop
2. Started to evaluate Ethics review committees under the ministry of Health	Data collecting format was prepared and sent to relevant ERCs to gather data from relevant ERCs Number of ERCs Registered and approved by Ministry of health for health research	Completed.
3. Started the dissemination of research findings of studies submitted for research allowance	Categorization of researches according to directorates and copied to CDs	Ready to send to units
4. Granted admin clearance for 03 covid19 related researches and others	Administrative Clarence granted	Total Approved -25 Provisional approved 4 Pending approved 1
5. Revised the circular on administrative Clarence issued 2015 and 2017	Identified the need of revising the circular on administrative Clarence. NHRC contributed to develop it	Circular issued under the No. 01/30/2020
6. Identify the National Health Research priority	Format developed for gathering data	In process – being carried out by the expert service hired by WHO
7. Identified the need of revise the existing National guide lines on establishing ERCs at institutional level	RMC Advised to prepare guide to established ERC in Ministry of Health	Resource pool identified. New guideline completed awaiting approval by NHRC and RMC prior to printing
8. Focal points for institutional research cells identified	Meeting was arranged with regional CCPs	Pending the feedback from focal point
9. Started to develop curriculum to train the ERC members	Committee identified	In process

10. Developing a pathway to approve research proposals with MTA	Preliminary discussion was taken place at the Research Management Committee	A subcommittee under the chairmanship of DDG ETR has been formed under the main tissue transplantation committee
11. Awareness was done regarding research allowance for non-medical categories	Workshop was conducted to aware and promote non-medical categories such as, bio-medical engineers/financial officers and administrative officers	Completed. Awaiting feed back
12. Approving NHRC act.	Cabinet memorandum prepared	Awaiting to brief the Minister of Health
13. Online research methodology programme for medical officers	Advanced on line research methodology programme was developed	Completed in March-May 2021 as a virtual workshop ended with a final examination.
14. Develop a online research submission & tracking system	System completed	awaiting to launch
15. National Health Research Repository	Started to upload the research	In process

- Paying Research Allowance**

Payment of research allowance for senior officers, as per the budget proposal in 2011 was commenced in 2011. Numbers of proposals approved for payments in 2021 were as follows.

Paying Research Allowance - 2020				Paying Research Allowance – 2021 Up to June			
Date of the approved	New proposals	Progress Reports	Publications	Date of the approved	New proposals	Progress Reports	Publications
2020.01.25	20	4	3	2021/01/16	5	2	2
2020.02.15	5	2	1	2021/02/20	3	5	3
2020.04.18	14	2	1	2021/04/12	9	3	2
2020.05.23	5	3	4	2021/05/19	2	2	2
2020.06.23	4	2	3	2021/06/16	-	2	3
2020.07.18	6	10	3				
2020.08.15	6	8	5				
2020.09.19	13	8	1				
2020.10.17	5	10	0				
2020.11.21	4	7	4				
Total	82	56	25		19	14	12

• **Last 5 years Performance Trend**

No	Indicator	Years					
		2016	2017	2018	2019	2020	2021
1.	Number enrolled in Basic Training	1794	2968	2757	835	4489	-
2.	Number of Trainees successfully completed	448	3975	3951	2541	1853	812
3.	Number of Trainees (degree holders) orientation Programme completed	264	356	351	341	340	187
4	Number of trainees of Post Basic Nursing Training completed	1596	179	1011	173	751	952
5.	Number of In- Service Training programmes conducted	203	468	Group Tr.596 Indivi. Tr.-386 Langua Tr.115	Group Tr - 708 Indivi.Tr - 358 Langua Tr.110	Gro. Tr.- 1017 Indivi.Tr - 143 Lang Tr.16	Gro. Tr.- 603 Indivi.Tr - 155 Lang Tr.4
6	Number of Research proposals received for research allowance payment	251	287	259	114	29	19

7. Corporation Board Managed Institutes

7.1 STATE PHARMACEUTICALS MANUFACTURING CORPORATION (SPMC)

Introduction

State Pharmaceuticals Manufacturing Corporation (SPMC) was established in 1987 under the Industrial Corporation Act No. 49 of 1957. SPMC has completed 34 years of commercial production of essential Medicinal Drugs for the Healthcare of Sri Lankan population. In 2021, SPMC manufactured 88 drug items under the generic names, covering a wide range of pharmaceutical categories.

The main functions of the SPMC are,

1. either by itself or by entering into such Joint Venture, Public-Private Partnership or other such agreement to manufacture, process, stock, pack or repack medicine;
2. to create subsidiary companies
3. to enter into International Agreements with potential investors
4. to provide technical assistance for the manufacturing and processing of medicine
5. to undertake pharmacological and pharmaceutical research and the standardization of medicine
6. to market medicinal products produced by the Corporation or Joint Venture or other such agreements

All products manufactured by SPMC have required quality as per British Pharmacopeia (BP) United State Pharmacopeia (USP) and SPMC standards. Implementation of current Good Manufacturing Practices (cGMP), regulations and procedures are constantly monitored through internal quality auditing and factory inspection.

SPMC strictly adheres to the requirements of Good Manufacturing Practices (GMP) as laid down by the World Health Organization (WHO).



1. Brief Description of services provided during the year

SPMC manufactures quality, effective, solid dosage forms and supplies to Medical Supplies Division of Health Ministry, State Pharmaceuticals Corporation (SPC) and SPMC franchise dealers.

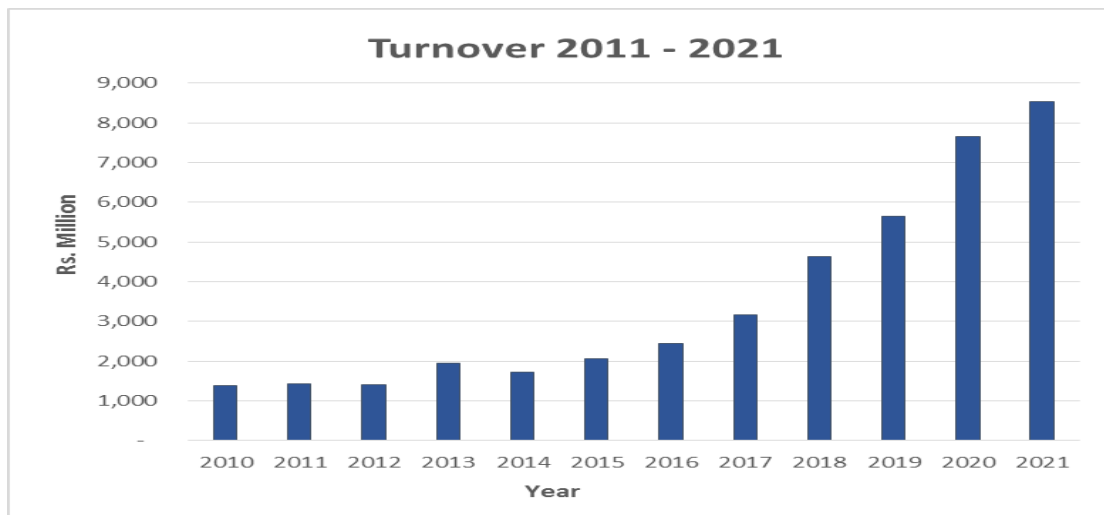
2. Human Resources Development up to 31st December 2021

Category	Number of Employees
Senior Manager	20
Junior Manager	39
Technical Staff	138
Non- Technical	28
Minor	88
Trainees	13
Contract	03
Total	329

3. Major Achievements

Sales and Performance up to 31st December 2021

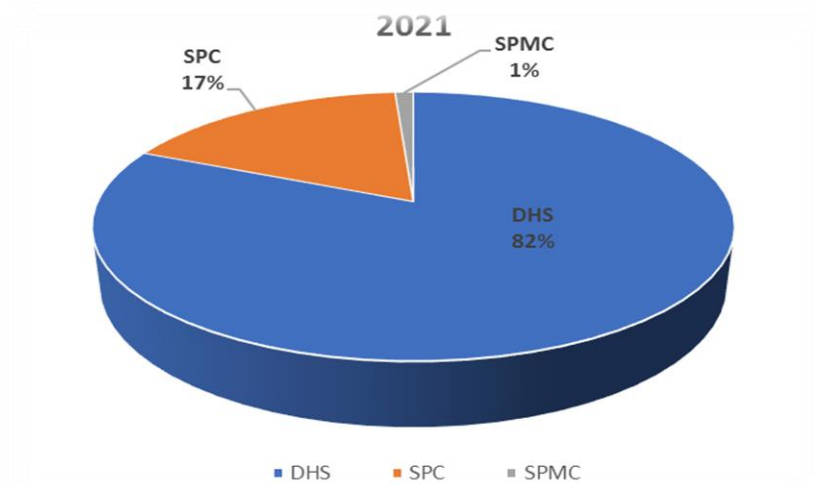
Sales	8,538.94 Mn
Operating Profit	1,078.81 Mn
Net Profit before Tax	1,235.33 Mn
Net Profit after Tax	1,006.19 Mn



The total output for the year 2021 was 3043.783 Million-unit tablets / capsules.

Sales Channel up to 31st December 2021

Sales Composition	Value (Rs.Mn.)	%
Department of Health Services	6,963.00	81.55 %
SPMC direct Distribution Network	1,482.29	17.35 %
State Pharmaceuticals Corporation	93.65	1.10 %
Total	8,538.94	100 %

**4. Development Work**

- Acquired a new land from Urban Development Authority under lease agreement to establish a state-of-the-art manufacturing plant at Millawa, Horana.

5. Introduction of New Products in 2021

- I. Nimodipine Tablets BP 30mg
- II. Tramadol Capsules IP 50mg
- III. Levothyroxine Tablets IP 50mcg
- IV. Omeprazole Capsules IP 20mg

PERFORMANCE UP TO 30th JUNE 2022**Human Resources Development**

Category	Number of Employees
Senior Manager	22
Junior Manager	39
Technical Staff	138
Non- Technical	26
Minor	87
Trainees	24
Contract	03
Total	312

Major Achievements

Sales and Performance from 2021.01.01 to 31st March 2021

Sales	6,109.01 Mn
Operating Profit	993.15 Mn
Net Profit before Tax	1,127.67 Mn
Net Profit after Tax	898.78 Mn

The total output from 2022.01.01 to 2022.06.30 was 1,599.531 Million -unit tablets / capsules

Sales Channel from 2021.01.01 to 30.06.2022

Sales Composition	Value (Rs.m.)	%
Department of Health Services	4,917.10	80.49 %
SPMC direct Distribution Network	1,083.50	17.74 %
State Pharmaceuticals Corporation	108.41	1.77 %
Total	6,109.01	100 %

Introduction of New Products in 2022

- i. Flucloxacillin Capsules 250mg
- ii. Bisoprolol Tablets 5mg (NMRA registration obtained)
- iii. Mefenamic Acid Tablets BP 500mg

Special Development Activities Planned for 2023

Planning to construct a state-of-the-art manufacturing plants with to manufacture.

- Orthopedic Implants.
- Oncology drugs
- Oral solid dosage forms

7.2 STATE PHARMACEUTICALS CORPORATION

The State Pharmaceuticals Corporation (SPC) was established in 1971 to provide safe, effective, quality assured healthcare products at affordable prices.

During the year 2021 - 2022 (up to June 2022), SPC achieved rendering a remarkable service to public.

Goals and Objectives by

During the year ended 31st December 2021, SPC has recorded a turnover of Rs. 80,258 Million as against the turnover of Rs. 63,122 Million recorded in the year 2020.

By achieving the above mentioned turnovers, SPC has earned Rs. 3,157 Million profit before tax and Rs. 2,385 Million profit after tax in the year ended 31st December 2021.

In addition to procuring and supplying pharmaceuticals and surgical consumables worth of

Rs. 71 Billion for requirements of the Medical Supplies Division, SPC recorded a sale of Rs. 9 Billion in the open market. This is a 70% increase when compared to the previous year. Expansion of the Osu Sala network to reach record number of 50 branches by adding 03 branches during 2021 - 2022 (up to June 2022) helped SPC to achieve above mentioned progress.

In the area of Human Resources Management, we have generated, 28 new jobs in line with expanding the organization.

Corporation fulfilled its national duty by procuring and supplying vaccines for Covid 19 Vaccination Programmes with transparency and also by supplying all other medical supplies required for programmes against Covid 19.

7.3 WIJAYA KUMARATUNGA MEMORIAL HOSPITAL

Wijaya Kumaratunga Memorial Hospital was established by an Act of Parliament referred to as "The Wijaya Kumaratunga Memorial Foundation Act No. 31 of 1998. Hospital was established in memory of late Mr. Wijaya Kumaratunga and located in a land area of 3 arcs in Katunayake Seeduwa Urban Council area .

The Hospital was officially opened to the public by Her Excellency, the then President Chandrika Bandaranaike Kumaratunga on the 09th of October 1999,

At the inception of this Hospital it consisted of an OPD and 02 wards and served as a Primary Healthcare Center.

The Hospital is managed by a Board of Directors and the Director Board consists of Chairman and 5 Directors. Hospital serves mainly for Seeduwa, Ja Ela ,Katunayake, Raddolugama. and BOI area .

In 2021 the hospital consisted of an OPD , PCU , Dental , Eye Unit , General Surgical Unit , Medical Unit as well as Family Medical Unit.l

Utilization & Facility Details		
No of Wards	05 Wards	
No of Beds	137	
No of Specialist Available	3	Consultants on Permanent basis (Consultant Physician, Surgeon, Consultant Eye Surgeon)
	1	Acting Consultants (Acting Consultant Eye Surgeon)
	2	Consultants attached from Ministry – (Consultant Family Physician, Consultant Anesthetist)
	1	Consultants on visiting basis - (Consultant Endocrinologist)

Human Resource Details

	Category	By December 2020
1	Medical Director	01
2	Consultants -Permanent	03
3	Consultants -Attachment from Ministry of Health	02
4	Consultants -Acting	01
5	Visiting Consultants	01
6	Chief Medical Officer	01
7	Accountant	01
8	Internal Auditor	01
9	Medical Officer	18+1-with Acting Consultant
10	RMO	03
11	Dental Surgeon	Duty cover up by CMO
12	Administrative Officer	01
13	Special Grade Nursing Officer	01
14	Nursing Officers	82
15	MLT	05
16	Pharmacists	06
17	Radiographer	01
18	Ophthalmic Technologist	03
19	ECG Recordist	01

20	Dispenser	02
21	Clerical & Allied Staff	13
22	Other Staff	13
23	Saukya Karya Sahayake	67
Total		227

Utilization Details

	Service Rendered	Total No of Patients
1	Eye Surgery-Major	5,165
2	Eye Surgery- Minor	356
3	General Surgery -Major	628
4	General Surgery - Minor	139
5	OPD	47,514
6	OPD2-Injection	1,126
7	OPD2-Dressing	6,395
8	PCU	11,256
Total In Patients-WARD Admissions		9,552
CLINICS		
1	Eye Clinics	27,603
2	Eye Clinics -Gluecoma	117
3	Eye Clinics -Diabetic	148
4	Laser Treatment	1,072
5	Dental	3,671
6	Medical	30,212
7	Diabetics/ Hypertension	2,960
8	Surgical	4,829
9	Pediatric	-
10	Psychiatric	1,601
11	VP Referral clinic OPD	984
12	Family Medical Clinic	5,275
13	Well Women Clinic	439
14	Family Planning	16
15	Wound Care Unit	9,316
16	NCD Clinic	426
17	Endocrine Clinic	1,65
INVESTIGATIONS		
1	LAB	53,177
2	X-Ray	1,816
3	E.C.G.	3,869

4	Endoscopy Unit	566
5	Refraction Test	5,549
6	OCT Test	1,573

Achievements/Special Events in 2021, early 2022

1. Innovations, New Establishments & Events

- Preventive measures were taken to protect the staff & patients during the COVID 19 Pandemic
- Vaccination Programmes have been conducted during 2021 and total 11,386 Covid Vaccines have been given for the people.
- All staff members were vaccinated with 3 vaccines including the Pfizer Booster Dose
- Present Director ,Dr.Roy Perera was able to get a new X Ray Unit from Division of Bio Medical Engineering Services , Ministry of Health as a donation , as the present machine is 21 years old and not in proper condition

2. Purchasing Medical Equipment

Purchased following equipment s to upgrade the health service

Operating Microscope for Eye Operation Theater	Rs. Mn 19.32
HbA1C Analyzer	Rs. Mn 4.8
Dental CR System-2020	Rs. Mn 1.38
Mini Autoclave Sterilizer	Rs. Mn 0.51
Ion Selective Analyzer	Rs. Mn. 0.28
Other medical Equipment	Rs. Mn 0.73
Medical Instruments	Rs. Mn 2.33

3. Building Works

Toilet Repairs - Operation Theatre	Rs. Mn 1.30
Renovation Of Family Medical Clinic	Rs. Mn 2.05
Renovation Car Park	Rs. Mn 2.71

4. Donations

Purchasing IT Equipment	Rs. Mn 2.51
Furniture & fittings	Rs . Mn. 1.67

5. Last 5-year performance trend

Summary of Performance Statistics

Section/ Year	Total No. of Patients Treated					
	2016	2017	2018	2019	2020	2021
OPD	131,953	117,080	103,420	109,102	71,212	47,514
ETU	20,901	23,054	21,718	22,435	15,134	11,256
Dental	8,057	7,556	8,756	6,711	4,757	3,671

Medical Unit

	Total No. of Patients attended the clinic					
	2016	2017	2018	2019	2020	2021
Medical Clinic	43,282	43,180	40,695	42,436	34,012	30,212

	Total No. of Patients attended the Ward					
	2016	2017	2018	2019	2020	2021
WD-1 (Medical Ward-Male)	1,541	1,434	1,509	1,140	731	619
WD-2 (Medical Ward-Female)	1,973	1,802	2,238	1,555	1,046	851

	Visiting Clinics					
	Total No. of Patients attended the clinic					
	2016	2017	2018	2019	2020	2021
Diabetic & Hypertension Clinic	2,346	3,046	3,548	3,897	5,413	22,960
Pediatric Clinic	1,295	1,145	904	532	182	
Psychiatric Clinic	2,056	2,609	2,344	1,915	1,895	1,601
ENT			339		135	

	Other Clinics					
	Total No. of Patients attended the clinic					
	2016	2017	2018	2019	2020	2021
NCD Clinic	79	566	484	523	279	426
Family Medicine Clinic			2,123	5,336	6,929	5275
Well Women Clinic			74	58	15	439

	Eye Unit					
	Total No. of Patients					
	2016	2017	2018	2019	2020	2021
Eye Clinic	69,338	49,423	47,570	47,854	30,078	27,686
Eye Surgery	10,910	1,994	1,336	2,849	3,724	5,521
WD-3 Eye Ward (Male & Femail)	5,789	3,129	1,863	3,747	4,410	5,679
Laser Treatments	1,943	962	1,648	988	723	1,072
Refractive Investigations	15,193	7,484	8,622	2,197	5,602	5,549

Surgical Unit						
	Total No. of Patients					
	2016	2017	2018	2019	2020	2021
Surgical Clinic	2,415	3,697	4,494	4,427	3,261	4,829
Endoscopy tests		657	950	1,085	748	566
General Surgeries	477	889	1,023	1,047	675	767
WD-6 (Male & Female Ward)	-	2,631	3,541	3,512	2,544	2,284
Wound Care Patients	24,221	19,926	15,556	16,745	11,179	9,316
WD-5 -wound care ward (Male & Female Ward)	292	408	358	279	119	119

Supportive Services						
	Total No. of Patients					
	2016	2017	2018	2019	2020	2021
LAB Tests	59,178	90,605	111,620	101,066	69,697	53,177
XRAY Investigations	5,478	2,796	4,728	3,791	1,929	1,816
ECG Investigations	4,303	7,344	7,776	8,882	5,409	3,869

Special Development activities planned for year 2022

Purchasing Medical Equipment to develop patient service in Eye, Surgical & Medical Units
 Development of infrastructure facilities to provide facilities for patients

7.4 SRI JAYAWARDENAPURA GENERAL HOSPITAL



Sri Jayewardenapura General Hospital was inaugurated on 17th September, 1984 and completed 37 years of excellence by the year 2021, established and empowered by the act of parliament, Sri Jayewardenapura Hospital Act No: 54 of 1983. Hospital was set up to supplement curative health services in Sri Lanka & to assist in the training of medical undergraduates, post graduates and other health care personnel. Highly qualified, experienced and competent medical, nursing and technical staff is engaged in patient care and other hospital activities.

This hospital is a gift from the Government of Japan to the people of Sri Lanka. It has a well-designed building complex with provision for further expansion to meet future demands. Substantial financial contribution from the General Treasury is also provided to the hospital.

There is a growing demand to expand the services of the hospital to meet the current needs of the public.

Vision

To be the best tertiary health care provider in the South Asia by 2030.

Mission

“To maintain exceptional, safe, ethical and quality standards while offering cost effective healthcare solutions, with modern technology and to deliver undergraduate and postgraduate education in medical and allied health sciences”

Major Achievements / Special Events in 2021 & early 2022

Services Infrastructure Developments

- Initiation of a Primary care unit (Preliminaries)
- Expansion of laboratory services
- Introduction of new measures in combating the Covid-19 pandemic in the country
- Establishing PCR and Rapid Antigen testing
- Maintenance of routine patient care services uninterrupted amidst Covid 19
- Streamlining of emergency care

Infrastructure Developments

- Enhancing the physical condition of sanitary facilities
(Management has been able to formulate a stepwise plan to renovate and refurbish the buildings. This onerous task is in progress. Completion of this renovation will provide an edge to SJGH when competing with the modern private sector health facilities.)
- New training and development programs were introduced and conducted covering all categories of staff during the year 2021& up to now
- Hospital information management system is being constituted.
- IT system of the hospital was further expanded to manage the stock control system, whereby drugs, dressings, surgical and other items could be managed by the system without paper works.

New Technology

- Purchase of new Medical equipment for 2021 – 2022
- PCR and rapid antigen test equipment

Infrastructure Development (Existing Facility)

- Refurbishing of the ultra sound scan unit
- Renovation of the mortuary
- Renovation of exiting sanitary facilities (in progress)
(In all wards & rooms completed renovation and refurbishment of male/female toilet complexes)
- Colour Washing of the buildings

Quality achievements

- Implemented 5S concept with the assistance of National Productivity Secretariat.

Utilization & facility details in 2021 (Hospital)

Indicator	2021
1. Number of Patient Beds	993
2.Total Number of Patient Admissions	39,916
3.No of specialist available	46
4.Number of Admissions to ICUs	1190
5.Number of Admissions through ETU	19236
6.Maternity Admission	3374

7. Average Length of Stay (Days)	4.8
8. Hospital Bed Occupancy (%)	54.29
a. Bed Occupancy of General Ward (%)	54.02
b. Bed Occupancy of Paying Ward (%)	60.93
9. Number of Out Patient Department Visits	13337
10. Number. of Emergency treatment Unit Visits	25702
11..Number of Dressings	8318
12.Number of Clinic held	4292
13. Total Number of Patients attended for Clinics	136085
14.Total Number of Blood collection	4833
15.Total Number of deaths	813

Total Number of Activities done during the year 2021

Indicator	2021
1 Total Number of Surgeries done	10493
2.Number of Cardio Thoracic Surgeries done	616
3..Number of CABG (By-pass) Surgeries done	485
4. Number of Kidney Transplants done	50
5. Number of Dialysis done	5637
6.Number of Renal Biopsy	160
7. Number of Echo Cardiograms done	11975
8.Number of Coronary angiogram Tests	1330
9.Number of Stress Tests	960
10.Number of Holter Monitoring test done	881
11. Number of ECG Tests done	34973
12.Number of EMG s Taken	814
13.Number of EEG s Taken	1012
14.Number of dressings	8318
15.Number of Radiology services	57825
16.Number of CT studies	9740
17.Number of Mammograms done	430
18.Number of Ultrasound scans	7054
19.Number of Physiotherapy services	27165

20.Lung function test	285
21.Number of Urodynamic test	25
22.Number of Channel patients	7446
23. Number of Refraction Tests done	283
24.Number of Biometries	3250
26.Number of Nutrition Advices given	1742
27. Number of Speech Therapies done	711
28.Number of Audiograms	1592
29.Number of Tympanograms	883
30.. Number of Medical Check-ups	1740
31. Number of Psychological counseling treatments done	1431
32. Number of Pathological tests done	1076751
33.Total Number of Endoscopy tests done	4434
34.No of live births	2670
35.No of Gyn&Obs scans	9740

Achievements/Special Events in 2021/2022

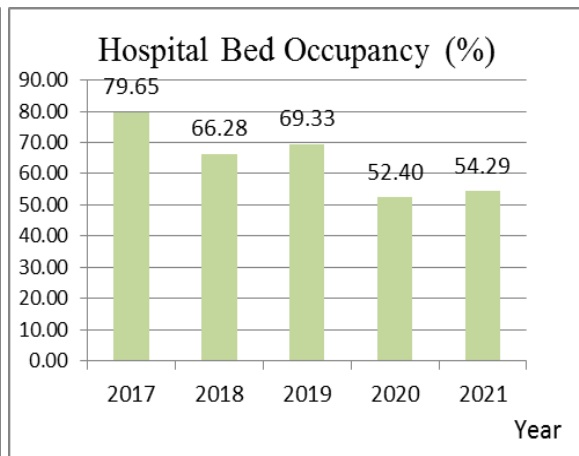
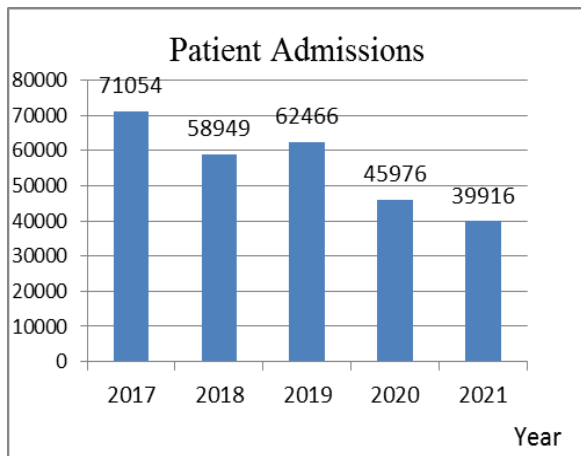


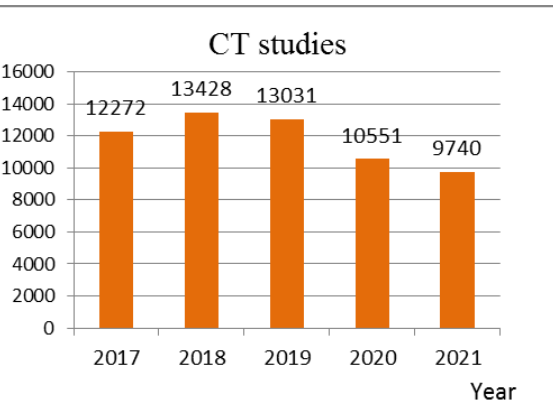
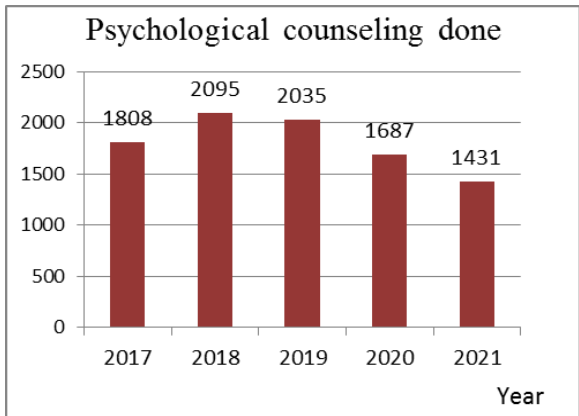
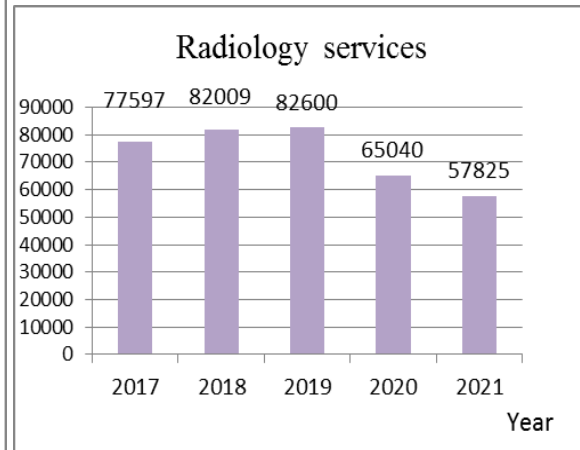
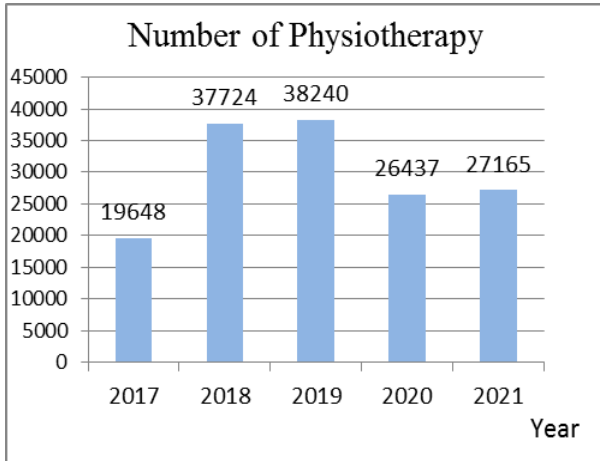
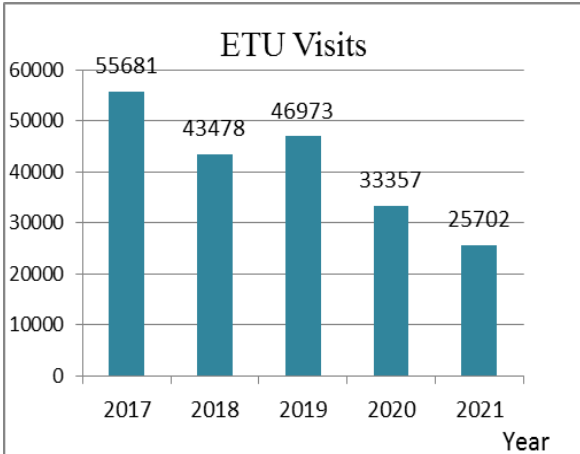
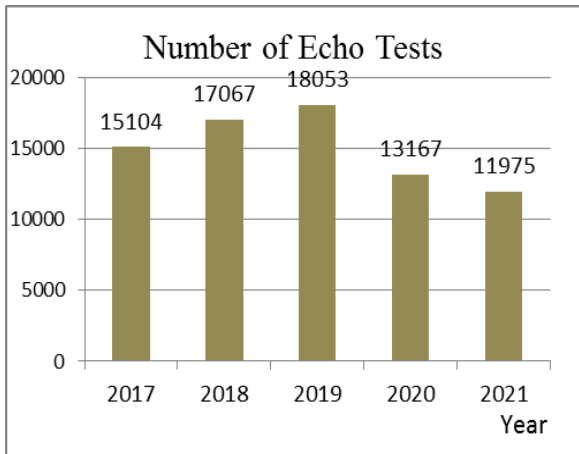
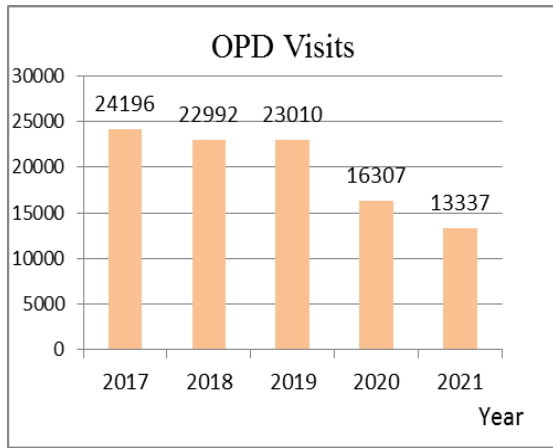
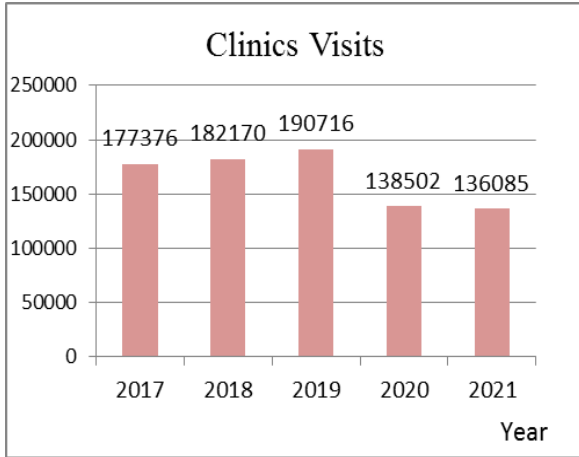
Male Nurses Quarters

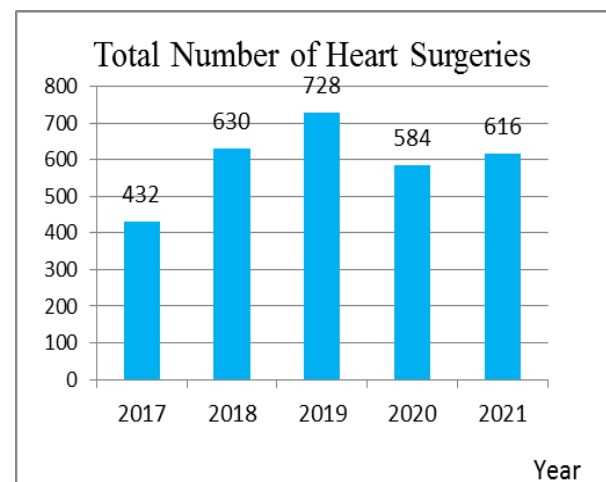
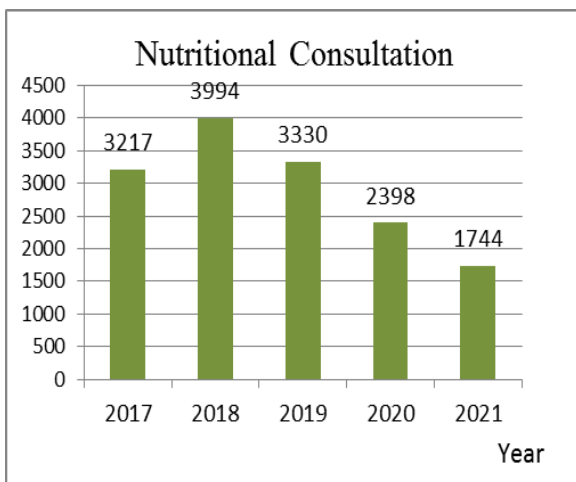
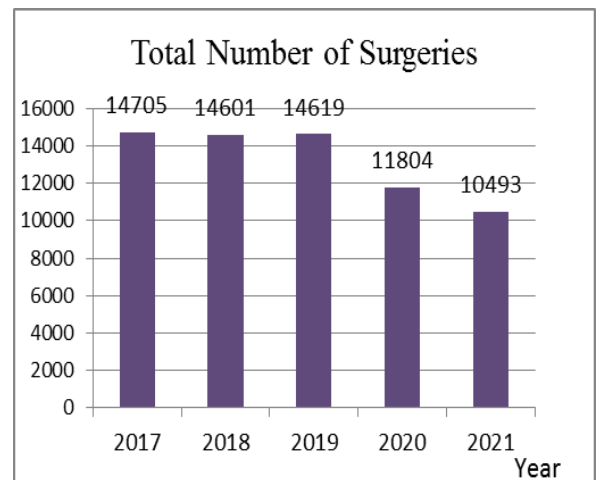
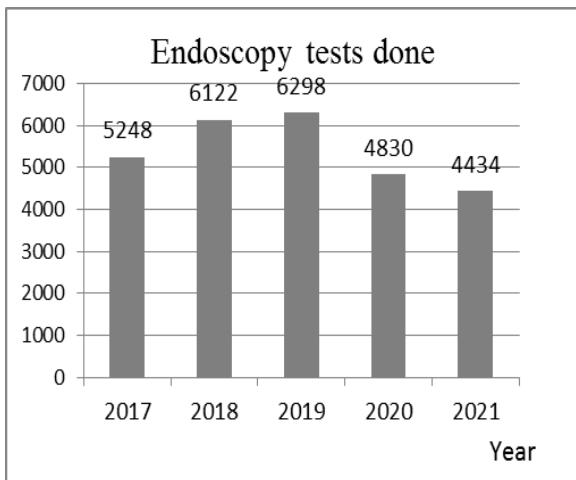
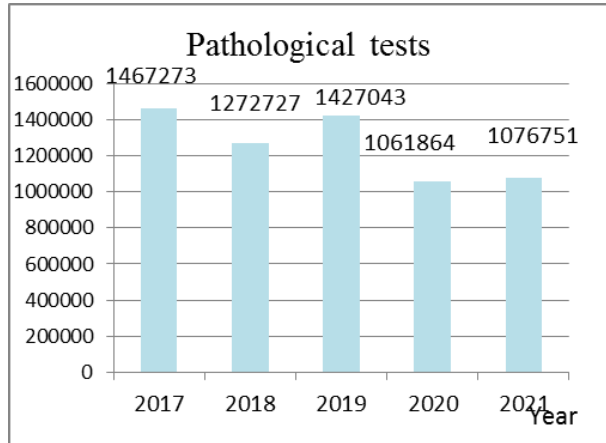
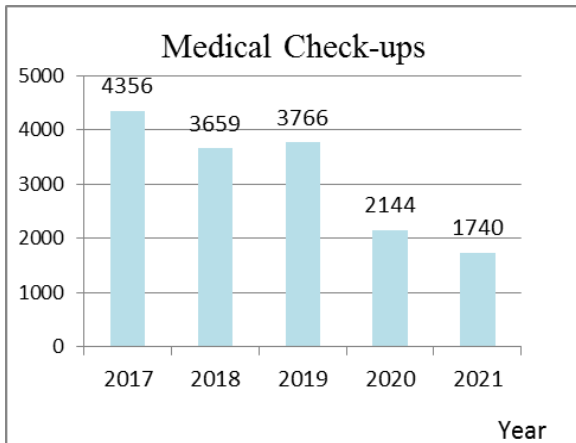


New PCR Laboratory

Last 5-year performance







8. Private Health Sector Development

Introduction

Ministry of Health recognizes the value of safe, efficient and quality health service provision either through State or Private Healthcare Services, through monitoring and evaluation, regulating through guidelines and developing through capacity building and technical support.

Vision

Safe, efficient and quality health services through Private Health Sector.

Mission

To regulate the functioning of the Private Health Sector by streamlining registration of Private Medical Institutions, developing standards and guidelines, providing technical guidance and assistance in human resource development programmes, observation and inspection of institutions, handling complainants against institutions, reducing offences committed by institution and enforcing relevant penalties.

Objectives

- I. To complete the process of amending the PMI Act
- II. To improve registration and regulation of private medical institutions
- III. To streamline the mechanism to collect Health Information from private health sector
- IV. To strengthen the human resources capacity of the private health sector
- V. To educate all authorized officers at provincial levels on PMI Act and executing the power vested to them
- VI. To create awareness among health professionals, general public and patients' rights groups on PMI Act, patients' rights and obligations of health professionals
- VII. To regulate prices of selected laboratory tests and procedures.
- VIII. To upgrade the resources at Directorate of Private Health Sector Development (D/PHSD) and Secretariat of Private Health Services Regulatory Council (S/PHSRC) including human resources, infrastructure facilities ect.

Achievements/ Special Events in 2021

- **Expansion of the private health care services related to Covid- 19**

Establishment of Intermediary Care Centers (ICC) and Covid treatment centers by private Hospitals with the approval of Ministry of Health.

- Conduct health staff vaccination programe for Covid- 19 in private medical institutions, to protect staff.

- Developed suitable charges/ prices for medical laboratory tests for private health sector, in coordination with Consumer Affairs Authority -PCR and Rapid Antigen Test.
- **Development of quality of services provided by the private medical institutions**
By advocating and adhering to National Guidelines and Standards in conducting preventive services and transfer the relevant details to Epidemiology Unit. Eg: Dengue prevention.
 - Developed guidelines to establish performing Rapid Antigen Test in private sector laboratories.
 - Contribution to provide information to National Cancer Registry, by private hospitals who are acting as cancer treatment centers and diagnostic laboratories, as identified in National Cancer Control Policies.
 - To strengthen the human resource capacity of the Private Health Sector
 - a) Initiation to conduct refresher/ gap filling courses for “Private Sector Nurses” who are currently employed at Private Hospital/ Medical Centers in collaboration with Private Health Sector Development (PHSD), Private Health Services Regulatory Council (PHSRC), National Apprentice and Industrial Training Authority (NAITA) and Association of Private Hospitals and Nursing Homes (APHNH).
 - b) Initiation to conduct refresher/ gap filling courses for “Dental Surgery Assistants” who are currently employed at private dental surgical practices/ clinics in collaboration with PHSD, PHSRC, NAITA and Sri Lanka Dental Association (SLDA).
 - Increased the number of private hospital/ institutions registration & renewal of Private Medical institutions’ Licensing.
 - To streamline the mechanism to collect health information from Private Health Sector.
 - Visiting to inspect private hospitals to grant approval for registration with President’s Fund.
 - Coordinating with other Directorates of Ministry of Health, Sri Lanka Medical Council, Health Sector Trade Unions and Professional Organizations if and when necessary.
 - Processing of relevant documents by PHSD to grant permission of Ministry of Health for kidney transplant surgeries in private hospitals for end stage renal disease patients.
 - Processing of documents pertaining to Temporary Registration of foreign specialists.
 - Improvement of complaint handling procedure by timely investigation and enforcing remedial actions against Private Medical Institutions.
- Coordination of the process of amending the existing Private Medical Institutions (Registration) Act with legal decision of the Ministry of Health.

- Continuation of registration & renewal of private medical institutions' licensing
- Providing technical expertise in human resource development training programmes conducted by provinces and private health institutions
- Handling of complaints against Private Medical Institutions
- Inspection and observation visits to private medical institutions, especially to grant permission for kidney transplant surgeries
- Establishment of proper information system in private medical institutions
- Granting preliminary approval to establish new private hospitals after evaluating the project proposals.

Ongoing Development Project details

Project Description	Total Estimate Cost	Physical Progress By 31.12.2021	Financial Progress 31.12.2021
1. Private Medical Institutions Grading	10 million		
2. Online Registration System	1 million	95%	95%

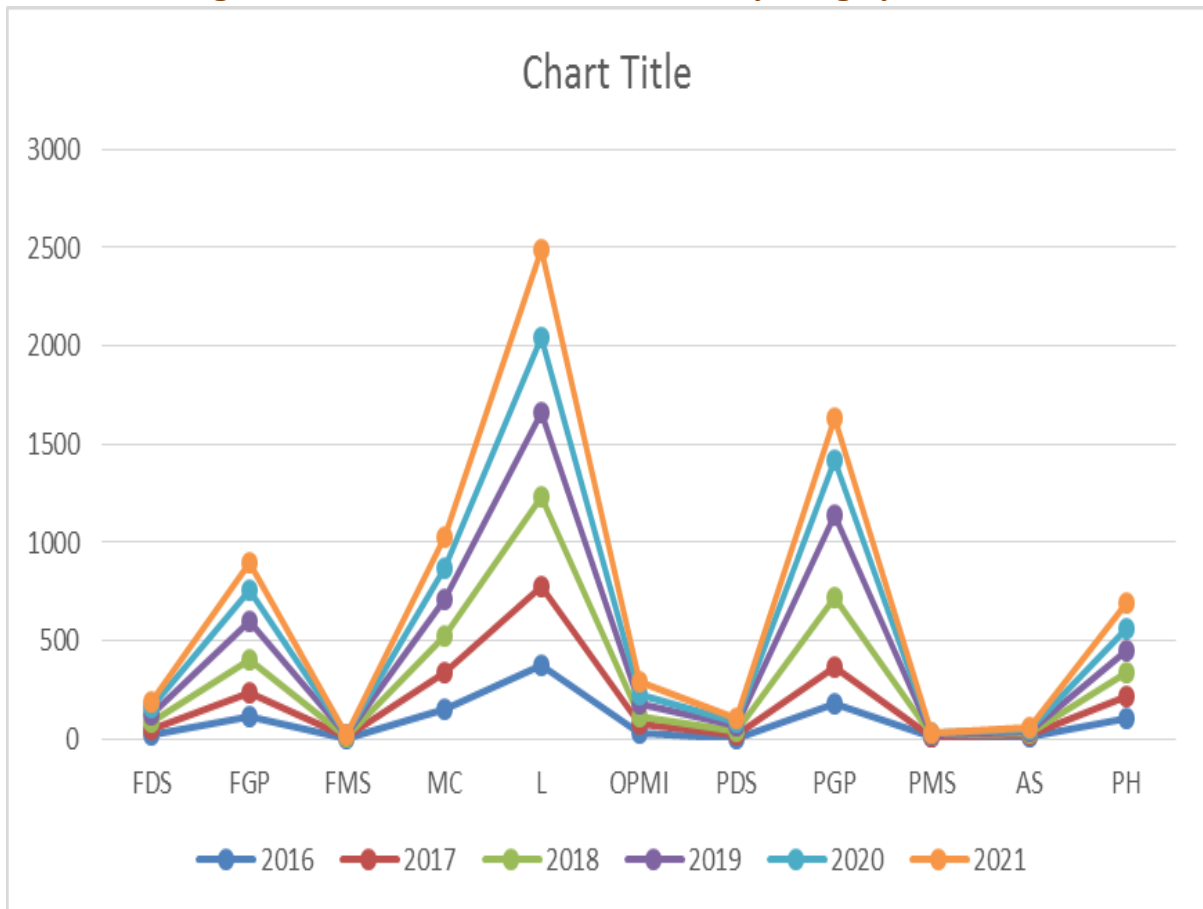
Last 6-year performance Trend

Numbers of Registered Institutes at PHSRC for year 2016 to 2021 (Database as at 22/06/2022)

Category	Abbreviation	Number of Registrations					
		2016	2017	2018	2019	2020	2021
Full Time Dental Surgeries	FDS	26	27	33	40	35	27
Full Time General Practices/ Dispensaries/ Medical Clinics	FGP	116	117	171	196	157	137
Full Time Medical Specialist Practices	FMS	4	4	6	7	2	3
Medical Centers/ Screening Centers/ Day Care Medical Centers/ Channel Consultations	MC	152	191	182	187	154	160
Medical Laboratories	L	374	405	449	437	381	445

Other Private Medical Institutions	OPMI	34	40	45	60	51	65
Part Time Dental Surgeries	PDS	7	12	20	25	24	14
Part Time General Practices/ Dispensaries/ Medical Clinics	PGP	178	188	355	419	276	221
Part Time Medical Specialist Practices	PMS	9	4	7	5	4	3
Private Ambulance Services	AS	12	10	10	11	8	9
Private Hospitals and Nursing Homes & Maternity Homes	PH	104	116	117	115	107	134
Total Private Medical Institutions		1016	1114	1395	1502	1199	1218

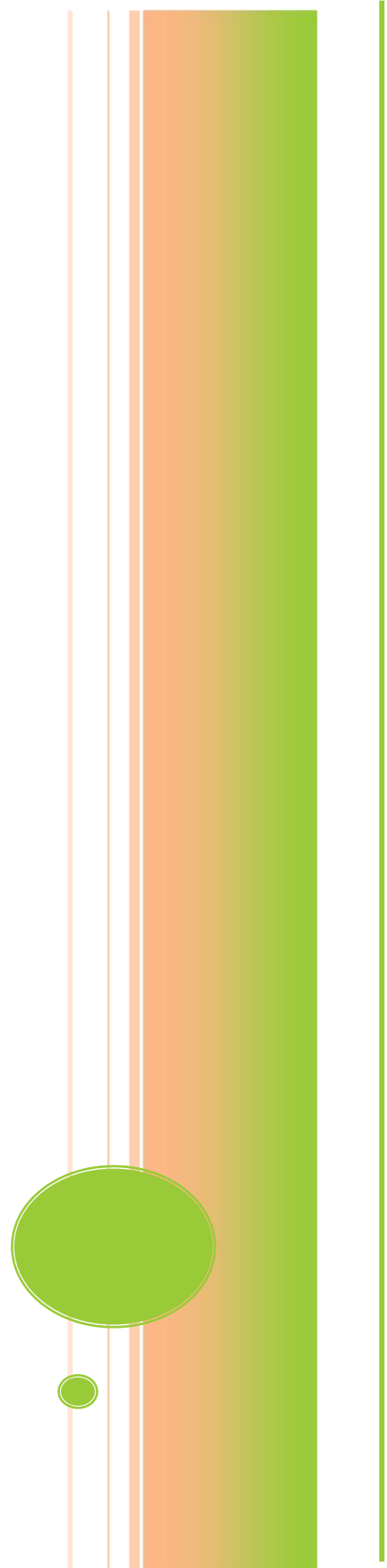
Status of the Registration of Private Medical Institutes by Category



Special Development activities planned for 2022

- Initiation of a survey in respect of private health sector with the help of PHI in the MOH areas.
- Establish a Grading System for Private Medical Institutions.
- To develop a Digital Health Intervention System to PHSD and PHSRC, in coordination with Deputy Director General (Medical Services) II of Ministry of Health.

Pharmaceutical Production and Supply Unit



9. Pharmaceutical Production and Supply Unit

Vision

To build a healthy nation through the production, supply and regulation of high-quality pharmaceuticals.

Mission

To achieve a higher level of health by regulating the quality of pharmaceuticals and formulating policies and plans to promote the production and supply of pharmaceuticals and timely supply of pharmaceuticals to healthcare institutions.

Objectives

The main responsibility of the Pharmaceuticals Production and Supply unit is to production, supply and regulate the quality and standardized pharmaceuticals required by the health sector to build a healthy nation. It is the primary responsibility of this unit to take necessary steps to completely ban the importation of substandard pharmaceuticals into Sri Lanka and to manufacture all pharmaceuticals and related equipment that can be manufactured locally according to the international standards. Accordingly, through promoting local and foreign investors, all pharmaceuticals that can be produced within the country in accordance with international standards will be manufactured in Sri Lanka and a strategy has already been formulated to establish “Pharmaceutical Production Zones” as an approach to reduce the foreign exchange for importation of pharmaceuticals and provide high quality pharmaceuticals to the people at concessionary prices. It has been planned to manufacture 60% of the country's pharmaceutical requirement locally by the year 2025.

Main Functions

- Expanding laboratory facilities in accordance with the recommendations of the World Health Organization in order to ensure the quality of pharmaceuticals.
- Formulating a regulatory framework to implement the prices and prevent the monopoly of the pharmaceutical market in order to protect the consumer safety in the production, importation and marketing of quality pharmaceuticals and promote the quality of pharmacies.
- Formulating a strategy to encourage the local entrepreneurs and the investment for production of pharmaceuticals.

Performance of the Unit

➤ **COVID-19 Vaccination Program**

The World Health Organization has identified that the vaccination programme is the main productive and effective solution to face the COVID pandemic situation. Accordingly, action has been taken to import the required vaccines to the country and as a result, we were able to commence the vaccination programme at the beginning of the year 2021. Many vaccines that are approved by the World Health Organization are brought to the country during this year. It includes not only Government purchased vaccines but also direct donations from other countries and donations received from the WHO- COVAX programme. Progress of our COVID vaccination programme was admired by the World Health Organization also. 50 642 990 doses were received to the country as of 31.05.2022. Details are as follows.



No of COVID Vaccine doses were received as at 31.05.2022

	AstraZeneca	Sputnik V	Pfizer	Sinopharm	Moderna
Direct Donation	500,000	5,000		3,000,000	
Purchasing	500,000	330,000	18,999,630	23,000,000	
Donation under WHO (COVAX) programme	1,719,840		1,088,420		1,500,100
Total	2,719,840	335,000	20,088,050	26,000,000	1,500,100

Details on receiving COVID vaccines which are approved by the World Health Organization are as follows.

AstraZeneca



- Purchased – 500, 000
- Direct Donation – 500,000
- WHO (UNDER COVAX) – 1,719,840
- **Total – 3,719,840**

Sinopharm



- Purchased - 23,000,000
- Direct Donation - 3,000,000
- **Total - 26,000,000**



- - Purchased 18,999,630
- WHO (UNDER COVAX) – 1 088 420

Pfizer



- – Purchased 330,000
- - **Total330,000**

Sputnik V



- WHO (UNDER COVAX) – 1,500,100
- **Total1,500,100 -**

Moderna

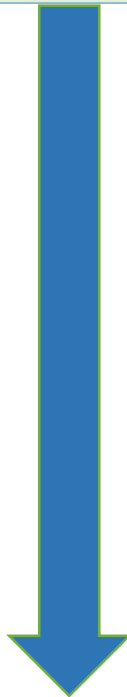
AstraZeneca	
First Dose	1,479,631
Second Dose	1,418,593
Total	2,898,224

Sinopharm	
First Dose	12,048,787
Second Dose	11,179,991
Total	23,228,778

Progress of Covid Vaccination Programme As at 31.05.2022

Pfizer	
First Dose	2,579,876
Second Dose	968,596
Booster Dose	7,983,646
Second Booster Dose	5,362
Total	11,537,480

Sputnik V	
First Dose	159,110
Second Dose	155,812
Total	314,922



Moderna	
First Dose	804,801
Second Dose	787,361
Total	1,592,162

➤ Establishment of Pharmaceutical Production Zones

Actions have been taken to establish Pharmaceuticals Production Zones in the areas of Oyamaduwa in Anuradhapura, Horona Millewa and Arubokka in Hambantota under the Program of Establishment of 'Pharmaceuticals Production Zones' to meet the needs of pharmaceutical production catering to the existing local demand for pharmaceuticals as a strategy to encourage local investors in order to provide high-quality pharmaceuticals to the people at affordable prices by producing all the pharmaceuticals according to the international standard within Sri Lanka that can be locally manufactured and thereby to reduce the outflow of foreign exchange for pharmaceuticals.

The proposed Pharmaceutical Production Zone in Hambantota, Arubokka will be implemented by the Board of Investment targeting the foreign market. Horana, Millaniya Pharmaceutical Production Zone is to be implemented by the State Pharmaceutical Manufacturing Corporation to expand its production capacity.

The State Ministry of Production, Supply and Regulation of Pharmaceuticals has been taken steps to establish a Pharmaceutical Production Zone in Oyamaduwa, Anuradhapura and Divisional Secretariat have released 80 acres for this project. The Department of National Planning has recommended the project on 26.11.2020 and an Expression of Interest was called from the local investors on 10.01.2021. Accordingly, 31 proposals were received and



recommendations were obtained from the expert committee appointed in this regard. Finally, 20 investors were selected for this project. Further, 03 proposals were received for zone development activities and the Spectrum Pharma Tec Lanka Ltd was selected as a Zone Developer of the project. The cabinet of Ministers approved the project on 23.03.2021. After submitting of Environmental Impact Assessment Report to the Central Environmental Authority environmental clearance for the implementation of the project was received on 15.07.2021. The total investment for this project is around Rs 28,200 million and the entire investment will be borne by the selected investors. Further, it is expected that around 2,000 direct employment opportunities and 5,000 indirect employment opportunities will be created from this project.

Legal clearance from the Attorney General's Department was received on 26.08.2021 to sign the "Development and Management Agreement" between the State Ministry and the selected zone developer. Then, Agreement was signed on 30.08.2021. Accordingly, the Zone Developer has already started preliminary development activities in the zone. Further, the Required land plots to the selected investors have already been awarded on 15.12.2021.



➤ Project for the establishment of a new Medical Supply Management Information System - "Swastha Project"

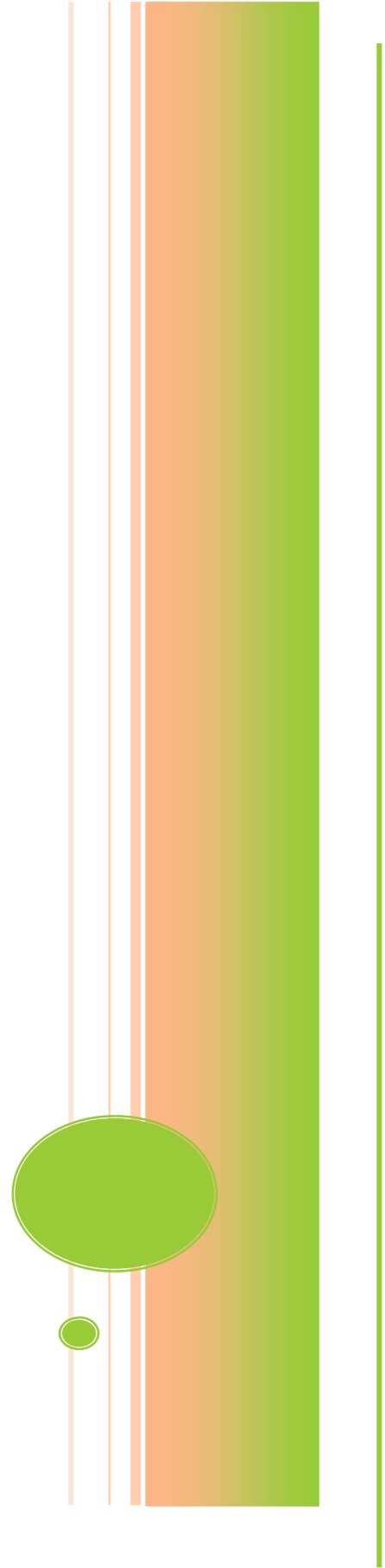
The Ministry of Health has started to establish an information management system called MSMIS in 2008 to manage the purchase of medicines, surgical consumables and laboratory materials for all hospitals and health institutions in Sri Lanka and so far 256 out of 1159 hospitals have been covered. With the conclusion of the contract signed with the supplier of the MSMIS project, computer experts were consulted on the practical problems and considering suggestions made by pharmacists, doctors and other health officials regarding the purchase and distribution of medicines by the health authorities. It was decided to develop a new information management system called "Swastha". Cabinet of Ministers has been approved this project on January 10, 2022

The ultimate goal of the "Swastha" project is to create a new information management system covering all hospitals and health institutions in Sri Lanka as well as the State Pharmaceuticals Corporation (SPC), State Pharmaceuticals Manufacturing Corporation (SPMC) and the National Medicines Regulatory Authority (NMRA). For this, it was essential to create an information management system that is fully owned by the Ministry of Health, more efficient, cost effective and can accurately monitor true and real based information.



The proposals were called for the creation of the "Swastha" information management system was made in January 2022, and development of the system was commenced by the selected supplier in March 2022. Creating computer software, networking computers, and providing them with internet connections are the three main parts of the project and the total estimated cost of the project is Rs. 76 million. At present, most of the software development work and computer network design have been completed in selected 438 hospitals. Furthermore, computers, computer desks and chairs required for those hospitals have been distributed. The pilot project has been currently implemented in selected five hospitals in the Kandy district and it is expected to design and complete the computer software by the end of this year.

Primary Healthcare, Epidemic and COVID Disease Control Unit



10. Primary Health Care Epidemics and COVID Disease Control

Vision

Ensure the rights of the marginalized communities and save the lives of all Sri Lankans.

Mission

Identify the marginalized communities in Sri Lanka, persons with special needs and senior citizens, improving their living standards and providing facilities to save the lives of Sri Lankan citizens.

Objectives

- Provide allocation for expanding the ambulance service operated by the 1990 Suwa Seriya Foundation to fulfill public needs.
- Formulation of policies for providing livelihood training opportunities for people with special needs and assisting to upgrade their living standards.
- Formulation of policies on guidance for the children with special needs and security of their future through coordination of relevant activities.
- Provision of advice and guidance on improving rehabilitation facilities for drug addicts.
- Formulation of policies for empowering and ensuring the rights of senior citizens.
- Direct supervision and monitoring of the activities of the National Council for Elders, being the Secretary of this State Ministry appointed as ex-officio Chairman of National Council for Elders.

Institutions Coming Under the Purview of the Ministry

1. 1990 Suwaseriya Foundation
2. Department of Social Services
3. National Council for Elders and National Secretariat for Elders

Special Development Activities of 2021-2022

Since there wasn't a separate space for the State Ministry of Primary Health Care Epidemics and COVID Disease Control, at the formulation of the ministry. Therefore, an office space at second floor of No.525, Union Place, Colombo 02 was rented out with the approval of the Cabinet of Ministers and the State ministry was established at that premises.

However, according to the extraordinary gazette no. 2277/53 dated 28.04.2022, State Ministry of Primary Health Care Epidemics and COVID Disease Control, was terminated, and it was converted as State Ministry of Health. Although there were six institutions were gazetted under the purview of State Ministry of Health, all transactions with those institutions happened to be discontinued since the office of State Ministry of Health was discontinued according to the extraordinary gazette no 2281/41 dated 2022.05.27

10.1 1990 Suwa Seriya Foundation

The 1990 Suwa Seriya Foundation completed six years of providing exceptional pre-hospital care emergency service on the 28th July 2022. Currently over 5,000+ calls are handled daily with a total of 5,468,587 calls since inception and a remarkable 98.9% of these calls answered within 2 seconds of the call landing. Currently, over 1,000+ patients are transported daily with a monumental 1,243,638 incidents handled since inception. With an exceptional call to wheel time of less than 2 minutes, the average response time was 14 minutes and 02 seconds around the country during non-Covid times. In the year 2021, 1990 Suwa Seriya Foundation has received a total of 1,358,047 calls and has attended to 330,615 incidents. During the period between January 2022 to July 2022, a total of 751,313 calls were received and 202,444 incidents were assigned.

Progress of Activities in 2021

The year 2021 started with the continuation and increased risk of Covid-19 in the island. Therefore, all functions of 1990 Suwa Seriya Foundation were prioritized to respond efficiently to the Covid-19 pandemic. However, a Memorandum of Understanding was signed with Sri Lanka Medical Association to formalize the 247 hotline available for general public to obtain Covid-19 related health guidance. The media campaign – “Menna Handa Denna Ida” was conducted with the support of several organizations with no cost to the foundation, in order to increase awareness of society. As the pandemic restrained onsite physical trainings, the ongoing staff trainings were carried out as a series of Online training sessions. The Phase I and II staff recruitment which was on hold, was also restarted in the latter part of 2021.

Progress of Activities in 2022

With the recovering from Covid-19 pandemic, the activities of 1990 Suwa Seriya Foundation were planned to expand the fleet and service in order to strengthen key areas of the service and meet the increasing demands in respect of emergency pre-hospital care emergency services. However, the fuel crisis situation burdened to carry out many activities. During the fuel crisis, the daily incidents handled increased up to 1,600 incidents per day. Several donations were received from external parties who came forward to help continue our life saving mission. The Phase I & II staff recruitment which was restarted in late 2021, was temporarily halted as per the instructions received. The preparation of EMT Handbook was completed, and also the pilot project for the Hospital ETA Notification System is now complete. Implementation of the learning management system is ongoing with a donor party. The trainings related to handling critically ill Psychiatric patients in the Colombo district are now completed. Also in the transformation from Manual PCR(Patient Care Report) to ePCR, software development is in progress.

10.2 Department of Social Services

Achievements of activities in the year 2021

01. Refurbishment of Dormitory and Food Technology Section of Amunukumbura Vocational Training Institute

On 11.02.2022, opening of the Amunukumbura Vocational Training Center Women's Hostel renovated under the financial contribution of Child Fund and the kitchen built under the Food Technology Division of Amunukumbura Vocational Training Institute as a pilot project related to training of the trainees undergoing vocational training, to prepare pizza under the programme for training and employment of them in the relevant institute after their training.



Hostel renovated under the financial contribution of Child Fund and the kitchen built under the Food Technology Division of Amunukumbura Vocational Training Institute as a pilot project related to training of the trainees undergoing vocational training, to prepare pizza under the programme for training and employment of them in the

02. Expansion/Capacity Enhancement of Care Center for Mentally Handicapped persons

With a view to providing care for another 50 intellectually retarded boys, a new two storey building was built for the Jayawiru Sevana Institute, Puwakpitiya, which is operated by the Department of Social Services under the project of providing care for the mentally retarded men who have lost their parents and guardians due to the inadequacy of its existing capacity for the ever increasing client demands. This building was declared open on 01.04.2021. Accordingly, its total capacity has been increased to accommodate 130 people.



03. Launching a book containing the creations of the visually impaired creators in parallel with the International Handicap Safety Day celebrations.

A short story and poetry competition of the visually impaired creators island-wide was conducted and a work called "Kadathurava" was compiled with their selected works and this book was launched on October



15, 2021 by presenting the book to Hon. Mahinda Rajapaksa, the Prime Minister of the Democratic Socialist Republic of Sri Lanka.

04. Opening of Tholangamuwa affiliated Vocational Training Centre

The residential training that can be provided by the vocational training institutes under the Department of Social Services is limited to a maximum of six hundred students. Under the circumstances, in line with the program of providing vocational training for children with disabilities who are reluctant to stay away from home for a long time, Tholangamuwa Affiliated Vocational Training Centre was established by affiliating it with Wattedgama Vocational Training Institute, as the initial center of the programme and the center was declared open on 17th November 2021 by starting a Batik course for 17 selected students.



05. Conducting “Swa Abhimaani” National Award Ceremony

1. Under the national program for evaluation of the self-help organization of the persons with disabilities, the prize and award ceremony for the years 2019 and 2020 was held on November 25, 2021 at Battaramulla “Apegama” premises.



06. Opening of the new vocational training institute in Batticaloa and commencement of training courses

The new Vocational Training Institute, which was built in Batticaloa in the Eastern Province with the aim of providing vocational training in the Tamil medium to young people with disabilities, was opened on December 02, 2021, and commencing the courses, 40 trainees were recruited under the two courses of electronics and sewing.



Achievements in the year 2022 (up to 30.06.2021)

01. Launching of Hambantota District Child Guidance Centre

The District Child Guidance Center named “Sitijaya” of Ambalantota Divisional Secretariat was started on 25 January 2022 for providing services for the children with disabilities in early childhood in Hambantota district by modeling it on the Navinna Children's Guidance Center currently operating under the Department of Social Services for the early detection of children with disabilities in early childhood and to work towards precluding the situations of disabilities.



02. Conducting the National Amateur Athletics Festival for Persons with Disabilities

With the aim of improving the sports skills of people with disabilities, in relation to the annual National Amateur Athletics Festival, district level competitions were held for the



year 2022 and the winning contestants were directed to the National Para Olympic competition, where they achieved 08 national level wins.

10.3 The National Council for the Elders and the National Secretariat for the Elders

Achivements in the year 2021

01. Establishment of Elders Day Centers

The program of setting up day centers throughout the island is being implemented with the aim of making more effective use of the leisure time of the elderly community and developing self-esteem. Simultaneously, Samanala Elders Day Center - Polgahawela was opened in the year 2021. The office financed the construction.



02. Providing assistance for self-employment

The objective of this program is to actively contribute to the economy by utilizing the knowledge, skills and attitudes of the adults under the self-employment assistance program.

Accordingly, 95 adults were given assistance for self-employment in the year 2021 under this program.



03. Celebrating the International Day of Elder Persons on October 1, 2021

In order to celebrate the International Day of Elders which falls on October 01 every year, due to the Covid epidemic this year, the celebration of the International Elders Day was done through ZOOM technology. For this, a meaningful program was conducted by involving a large number of adults through ZOOM technology. The theme of this year's Elder's Day was "Digital Technology Equally for All Age Groups".



Also, in conjunction with the International Elders Day, 2021.10.01 at The Minister of State, the Secretary of the Ministry and the Director of the National Secretariat for Elders participated in the 7th hour program broadcast on the ITN TV channel at 7.00 a.m.

4. Providing equipment to the elders day centers.

Under the program of providing equipment to elders day centers, providing equipment to Navanar Ampara elders day centers on 25.11.2021.

This program was implemented to make the leisure time of the elderly more productive and for their mental well-being.



Achievements as on 30.06.2022

01. Construction of Kataragama Elderly Home

Kataragama Elderly Home owned by the National Secretariat for Elders was started as a brand new elders home to provide residential facilities for 140 adults and the foundation stone was laid on 25.04.2022.

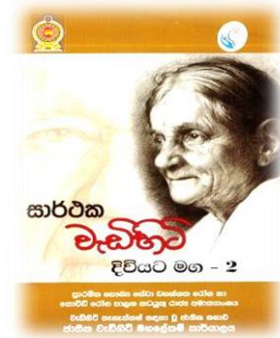




02. Issuance of publications for Elderss By National Secretariat of Elders

In order to build a positive and sensitive attitude towards the elderly and old age in the society, the publication of “Path to Successful Elderly Life “

Volume 2 was released by the National Secretariat of Elders in March 2022.

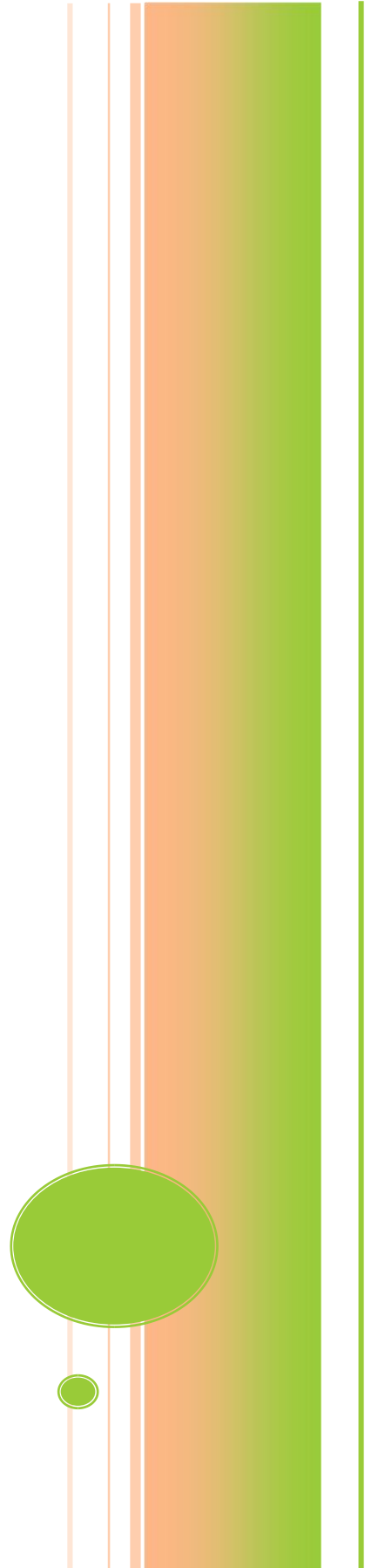


03. Preparing a strategic plan for the National Secretariat of Elders

Under the full guidance of Professor Lakshman Dissanayake, a member of the National Council for the Elders, a strategic plan was prepared for the National Secretariat for the Elders.



Indigenous Medicine Sector



11. Indigenous Medicine Sector

Introduction

There is a special focus on the sector of indigenous medicine at present and it seems that many difficult-to-treat diseases can be cured through indigenous medicine, side effects are minimized and costs are relatively low.

In view of the prevailing Covid-19 epidemic situation, the remedies carried out with the help of local medicine were very successful and it also received recognition. The immunity of the people increased through the introduction of immunization drugs like “Suwa Dharani” and the Ayurvedic hospital system ensured that patients did not die or develop complications.

Traditional indigenous medicine as well as Ayurveda, Siddha and Unani systems of medicine are making a great contribution to primary health care and disease prevention in this country. Also, homeopathic medicine, as an alternative medicine, has been accepted among the people.

However, further research and innovation in the field are very necessary for advancement of this field and further investment should be made for the purpose.

It is possible to provide sustainable solutions to the nutritional needs and foreign exchange issues of the country through sector of indigenous medicine and the indigenous medicine sector of the Ministry is already working towards it.

It is necessary to popularize non-toxic nutritious local food and drink among people and to raise public awareness adequately in this regard. Most of the raw materials required for the production of local medicines are imported, and for that, foreign exchange of about 300 - 350 million rupees is drawn abroad annually. Therefore, all the medicines that can be grown in this country are being systematically cultivated inland to save foreign exchange as well as to create new jobs.

Also, initial arrangements have already been made to increase employment in this sector by promoting health-tourism targeting foreigners and to earn more foreign exchange by promoting the system of indigenous medicine abroad.

Arrangements are already in progress to formulate new legislation required for exportation of these medicines by removing corporate and legal constraints in exportation of indigenous medicine.

Indigenous medicine must progress further hand-in-hand with state-of-the-art technology and this will enable the mission of providing health relief to the entire nation in future.

Vision

Good Health for all through Indigenous Medicine

Mission

To provide good health for the entire general public by the use of research and modern technology by preserving Sri Lankan identity to promote human potentials enabling

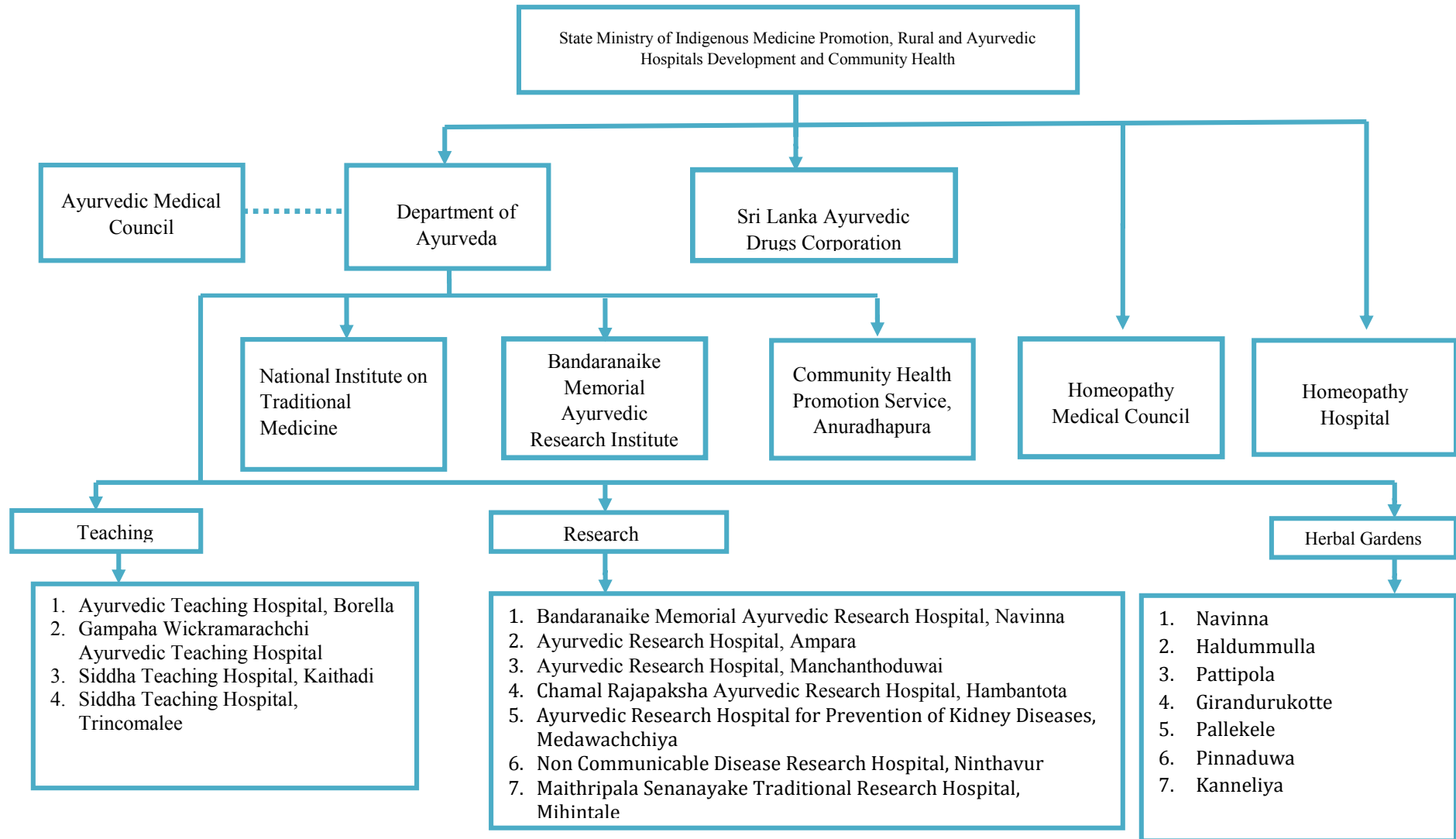
investment of their contribution to achieve national economic and sustainable development goals.

Duties & Functions

Formulation, implementation, follow up and evaluation of policies, programs and projects pertaining to promotion of indigenous medicine

01. To take steps to preserve and improve traditional medicine.
02. To implement development and regulation of Ayurveda, Siddha, Unani and Homeopathy medicine.
03. Production of Ayurveda, Siddha, Unani and Homeopathy medicine.
04. Importation, sale and distribution of raw and manufactured medicine required for Ayurveda, Siddha, Unani and Homeopathy medicine.
05. Establishment and management of hospitals, research and training institutes and drugs sales outlets to improve indigenous medicine including Ayurveda, Siddha, Unani medicine.
06. Regulation of importing herbal plants, processed Ayurveda, Siddha and Unani medicine.
07. Regulating Ayurvedic drugs manufacturers.
08. Coordination with relevant stakeholders to implement projects such as promotion of herbal plant cultivation and improvement of local medicines.
09. Registration of Ayurvedic manufacturers, Ayurvedic medical practitioners and Ayurvedic supplementary medical services.
10. Setting up, operation and promotion of Ayurvedic hospitals, Ayurvedic research institutes, training institutes and pharmacies.
11. Implementation of a program prioritizing local traditional and Ayurvedic treatments under coordination and regulation of the Tourist Board to treat tourists.
12. Encouraging research in medicine and treatments of indigenous medicine.
13. Administration and personnel management in indigenous medical service.

04. Institutions coming under Indigenous Medicine Sector



05. Corporate functions of the Indigenous Medicine Sector

01. To prepare a legal framework enabling achievement of duties and functions of the Ministry

- Regulations for registration of Homeopathy Medical Practitioners in terms of Homeopathy Act No. 10 of 2016 have been published in the gazette of the Democratic Socialist Republic of Sri Lanka No. 2294/55 of 26.08.2022.
- The Ayurveda Act No. 31 of 1961 needs to be amended by adding facts of timely importance. This Act has been amended by Acts No. 05 of 1962, 09 of 1969, 07 of 1977 and 06 of 1978 and, has not been amended after 1978. Relevant recommendations have been given by a Committee appointed under instructions of the Hon. Minister to re-structure the Department of Ayurveda as well as to expand its service in order to render an improved service and the draft prepared is being revised at present.
- The Ayurvedic Code has been prepared and forwarded to the Legal Draftsman and is currently in its final stages.
- Directives for monitoring and regulation of Private Ayurvedic Hospitals, Dispensaries and Ayurvedic Hygiene Centres have been forwarded to the Legal Draftsman.

02. Capacity Development Programs

Training programs conducted from 01.01.2022 to 31.07.2022

Date	Training courses conducted	Service provider	Officers participated	No.	Amount spent (Rs.)
29.04.2022	Personal File Management	Sri Lanka Foundation	Development Officer / Public Health Management Assistant	3	12,000.00
26.05.2022	Computer Training Course	Ministry of Health	Development Officer / Public Health Management Assistant	2	-
15.06.2022	Training Program to Enhance Corporate Efficiency	National Institute on Traditional Medicine	Development Officer / Public Health Management Assistant	26	-

16.06.2022	Training Program to Enhance Corporate Efficiency	National Institute on Traditional Medicine	Development Officer / Public Health Management Assistant	19	-
17.06.2022	Training Program to Enhance Corporate Efficiency	National Institute on Traditional Medicine	Development Officer / Public Health Management Assistant	17	-
01.07.2022	Computer Training Course	Ministry of Health	Development Officer / Public Health Management Assistant	2	

03. Technical Contribution to Develop Indigenous Medicine

I. Policy Formulation for Traditional Medicine

Basic arrangements have been made to formulate a policy for traditional medicine in collaboration with the National Science and Technology Commission (NASTEC) and the World Health Organization (WHO). The relevant Steering Committee, Policy Formulation Committee and Coordinating Committee have already been appointed.

II. Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC)

- The Task Force on Traditional Medicine meets annually and the Action Plan is prepared based on its activities.
- Diabetes and Covid-19 have been identified as diseases to be researched upon. Two researchers have been nominated into the panels of expert researchers of this proposed study.
- A center committee has been appointed on Sri Lanka as per the Action Plan

III. Cooperation with National Organizations

Strategic Plan - 2014-2023 of the World Health Organization (WHO) provides assistance for development of traditional medicine in its member countries. Sri Lanka has been actively engaged in this development program and further arrangements are in progress to fully utilize the available potentials.

03 project proposals have been presented to the office of the World Health Organization by the Department of Ayurveda with consent of the Ministry. The World Health Organization releases this fund for the projects of policy formulation, capacity development of Community Health Medical Officers and capacity development of Laboratory Research Officers.

Foreign Training Program -2022

Name of the programme Centre	Country	Period	Officers
Early Childhood Health Promotion and Healthcare Management From 02 to 15 March 2022	Thailand	02 to 15 March 2022	5
Specialized Training Program in HealthCare Information Technology From 23rd May - 17th June 2022 (Online)	India	23rd May - 17th June 2022	1
Tropical Medicine: community health care & research from 01 to 25 August 2022 (Online)	Thailand	01 to 25 August 2022	5
Promoting Healthy Communities through community health management & empowerment from 19 to 20 September 2022 (online)	Thailand	19 to 20 September 2022	1
Training Course of Maternal & Child Healthcare to Reduce Infant & Maternal Mortality for BRI Countries from 12 to 25 April 2022 (Online)	China	12 to 25 April 2022	1
Bilateral Seminar on Hospital Management for Sri Lanka from 11 to 24 May 2022 (online)	China	11 to 24 May 2022	2
ITEC Certified Course in Pharmacovigilance from 03rd 16th May 2022 (online)	India	03rd 16th May 2022	3
Training Course on Intensive Care Techniques for Developing Countries from 8 to 21 June 2022 (Online)	China	8 to 21 June 2022	3
Seminar on Prevention & treatment of tuberculosis for officials from B & R Countries 18 to 31 May 2022 (online)	China	18 to 31 May 2022	2
Total No. of Officers			23

06. Progress of the development projects/ programs in operation under Indigenous Medicine Sector**I. Conservation Councils**

Conservational Councils of Ayurveda are operated by gathering traditional healers at Divisional Secretariat level by protecting traditional medicine which lasted for millennia and uplifting life standards of the traditional healers while getting their contribution for promotion of traditional medicine parallel to keeping identity of the profession of medicine.



Rs. 3 million was allocated for Ayurveda Conservation Councils during year 2022 and the progress of its activities is as follows:

Description	Progress
Awareness programs on registration of doctors of Ayurveda Conservational Councils and empowerment programs	Ayurvedic Conservational Council awareness programs have been conducted in Minipe and Divulapitiya Divisional Secretariat divisions. Training courses on empowerment of Ayurvedic Conservational Councils have been conducted in the districts of Puttalam, Hambantota, Ratnapura, Monaragala, Kandy, Matale and Kurunegala.
Providing library facilities for Conservational Councils	Letters of request received from 10 DS offices have been listed on priority basis and, however, further activities have been suspended on instructions to control public expenditure.
Providing drugs manufacturing equipment for Ayurvedic Conservational Councils	03 juice and oil extraction equipment have been provided for Sri Jayewardenepura - Kotte, Walallawita and Kelaniya Ayurvedic Conservational Councils.



Emnowerment of Conservation Councils in Galle and Matara Districts

II. Nutrition Homes

The Nutrition Home program is held annually with a view to introducing a proper food pattern for people to prevent non-communicable diseases by giving publicity to non-toxic food. Conservational Councils in Divulapitiya and Minipe constructed on provisions of the Annual Budget - 2021 have been opened for public use respectively on 26.01.2022 and 04.03.2022.



III. Suwa Dharani Caretaker Program

This Suwa Dharani Health Service Caretaker Program has been introduced to ensure the health security of the forest monks, people in elderly homes and the homes for the disabled who have difficulty in accessing health care treatment services. In the first phase of this, the health problems of the forest monks are being identified and efforts are being made to promote their health protection and health needs through indigenous medicine. Arrangements are being made to implement this program island wide in collaboration with Indigenous Medicine Sector, the Department of Ayurveda and Provincial Departments of Ayurveda. Its first program for year 2022 was conducted on 06th February 2022 at Kanduboda Siyane International Insight Meditation Center chaired by the Hon. Sisira Jayakody, State Minister of Indigenous Medicine Promotion, Rural and Ayurvedic Hospitals Development and Community Health



"Suwa Dharani" Caretaker Health Service Program - at Kanduboda Insight Medication Center, Delgoda

IV. Herbal Farm Village

"Suwa Dharan" Herbal Farm program is in operation based on the objectives of locally procuring the ingredient requirement for production of quality and standard indigenous medicine thereby saving the large amount of foreign exchange spent on importation of ingredients required for production of indigenous medicine and encouraging people to cultivate of herbal plants.

The program was launched at Ihala Hewessa village, Walallawita in Kalutara district. The program is directed towards identification of herbal plants common in areas, encouraging commercial cultivation of such herbal plants so that herbal ingredients can be purchased from those people and it is implemented jointly by the Indigenous Medicine

Sector, Department of Ayurveda and Sri Lanka Ayurvedic Drugs Corporation of the Ministry of Health.



Special programs

1. School herbal gruel program

The project of providing herbal gruel to schools conducted by the Indigenous Medicine Sector based on a concept of the Hon. State Minister in order to overcome nutrition deficiencies in school children arisen in the face of the existing economic crisis in the country has been initiated under supervision of the State Minister Hon. Sisira Jayakody. This program is implemented by Ayurvedic Community Health Officers scattered island wide and Indigenous Medicine Development Officers appointed at Divisional Secretariat levels with the assistance of public associations and voluntary organizations in the area.



2. Generation of Foreign Exchange through New Strategies in Indigenous Medicine

The Indigenous Medicine Sector has prepared an extensive program by identifying opportunities to bring foreign exchange to the country and removing legal constraints in the area by further widening potentials in indigenous medicine and an initial discussion in this regard was held in the Ministry of Health on 23.09.2022 chaired by the State Minister of Indigenous Medicine Hon. Sisira Jayakody.



Allocation of provisions for free ayurvedic dispensaries 2022 -

S/No.	Province	Total provision allocated	Provisions granted as at 25.09.2022 (Rs.)
01.	Western	10,000,000.00	8,850,000.00
02.	Central	9,000,000.00	6,000,000.00
03.	Southern	8,000,000.00	5,562,500.00
04.	Northern	9,000,000.00	4,500,000.00
05.	Eastern	6,500,000.00	6,500,000.00
06.	North Western	8,000,000.00	5,875,000.00
07.	North Central	6,000,000.00	6,000,000.00
08.	Uva	6,500,000.00	6,500,000.00
09.	Sabaragamuwa	8,000,000.00	4,589,625.00
	Total	71,000,000.00	54,377,125.00

Special programs with participation of the Hon. Minister

The Hon. State Minister of Indigenous Medicine Promotion, Rural and Ayurvedic Hospitals Development and Community Health has made arrangements to conduct a number of bi-lateral discussions pertaining to promotion of indigenous medicine. A discussion has been held with Russia - Sri Lanka Friendship Association on 15.12.2021 to set up the Centre for Expansion of Ayurvedic Medicine in Moscow and also a bi-lateral discussion has been held with officers in the Faculty of Traditional Medicine in Russian People's Friendship University (Patrice Lumumba University) for exchanging education of traditional medicine between Russia and Sri Lanka.

A meeting has also been held with top rank business communities in St. Petersburg to popularize locally produced Ayurveda tea, Ayurveda food supplements and Ayurveda cosmetics etc.in the area.



The fourth session of the indigenous medicine task force of the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC) was held online on 20.01.2022 and Sri Lanka became its host country this time. Exchange of knowledge between countries on action taken and to be taken to promote health conditions of people through each member country specific indigenous medicine and further arrangements to be made for preparation of the program on development, conservation and dissemination of indigenous medicine were taken into particular consideration at this session.



The Guidelines for School Children on "Suwa Dharani - Health Practices" protecting School children from Covid pandemic situation was launched on 12.11.2021 at Nalanda College, Colombo. This Guideline of "Suwa Dharani - Health Practices" was of utmost use in preventing the threat of communicable and non-communicable diseases through a practical change in the daily routing of school children after re-opening of schools.



07. Financial Progress of the Indigenous Medicine Sector**Financial progress as at 30.09.2022**

Object	Revised Allocation (Rs.)	Expenditure (Rs.)	Percentage of expenditure (%)
Recurrent	355,700,000.00	238,564,493.57	67.07
General Administration / other Programs	303,200,000.00	144,949,127.76	47.81
<u>Establishment Services</u>			
Public Institutions			
Homeopathy Medical Council	30,500,000.00	20,192,215.07	66.20
Homeopathy Hospital	22,000,000.00	14,075,169.25	63.98
Capital	11,500,000.00	2,413,076.00	20.98
General Administration Programs	5,500,000.00	1,458,201.00	26.51
<u>Special Programs</u>			
Conservation councils	3,000,000.00	792,215.00	26.41
Homeopathy Council	1,000,000.00	-	-
Homeopathy System Develop	1,000,000.00	-	-
Establishment of Nutrition Homes	1,000,000.00	-	-
Others	195,000,000.00	2,469,465.00	-
Promotion of People Oriented Health Services	85,000,000.00	469,465.00	0.55
Haritha Sri Lanka	110,000,000.00	2,000,000.00	1.82
Sub Total	562,200,000.00	243,447,034.57	43.30

08. Department of Ayurveda**Vision**

Good health for all through the systems of Ayurveda and Indigenous medicine

Mission

Designing and implementing national level programs to bring about good health for all by conservation, development and preserving identity of the systems of Ayurveda and Traditional Indigenous medicine.

Key functions

1. To establish and maintain hospitals and other institutions for research and teaching activities.
2. To conduct conferences, classes of training and courses of study required for teaching purposes.
3. To conduct research on drugs required for indigenous medicine and clinical and literary research.
4. To disseminate and preserve systems of traditional and indigenous medicine by keeping their identity.
5. To supervise and administer all registered traditional and Ayurvedic doctors and other services in the field.
6. To regulate all public and private institutions, medicine, equipment, prevention and treatment services pertaining to the field of Indigenous Medicine.
7. To cultivate, preserve and disseminate herbal plants.
8. To take national and international measures required for development of systems of indigenous medicine.

State function of anointing oil

The state function of anointing oil for year 2022 was held on 17.04.2022 in a decorative and grand fashion at the premise of Sri Natha Devala, the Temple of Tooth Relic, Kandy, on 17.04.2022.

The event was conducted chaired by chief prelates in Asgiri and Malwathu chapters and medicinal Nanu and Ayurveda calendar were distributed among all temples in the island and Ayurveda Doctors.



Opening eight storied building of National Ayurvedic Teaching Hospital, Borella for public use

First stage of the eight-storied ward complex constructed in the National Ayurveda Teaching Hospital, Borella, which is the main Ayurvedic Teaching Hospital in the country, was opened for public use on 24.03.2022 under supervision of the Health Minister Hon. Keheliya Rambukwella and Hon. Sisira Jayakody, State Minister of Indigenous Medicine Promotion, Rural and Ayurvedic Hospitals Development and Community Health.

This new ward complex has enabled residential facilities for 360 patients. The hospital consisting of 120 doctors and nursing and health staff has this ward complex consisting of waiting wards, surgical wards and gynaecological wards.

This hospital also provides facilities for intern training of undergraduates pursuing Ayurveda and Unani under the degree programs offered by all Universities in Sri Lanka including undergraduates of the University of Colombo reading for the Degree in Ayurveda and Unani.



2. Local training programs

06 programs have been conducted targeting officers employed in the institution and 16 employees have been trained thereunder.

Physical resource development and its progress

Object	Function	Revised allocation (Rs. Mn.)	Financial Progress (%)	Physical Progress (%)
220-01-01-1303	minor routine repairs in the Head Office	100,000	75.58	100
220-01-01-2001	Major repairs in the Head Office	1,000,000	39.07	50
220-02-02-1303	Minor repairs in Ayurvedic Teaching Hospitals	200,000	71.93	100
220-02-02-2001	Major repairs in Ayurvedic Teaching Hospitals	10,900,000	23.16	50
20-02-03-1303	Minor repairs in Bandaranaike Memorial Ayurvedic Research Institute, Navinna	100,000	83.90	100
220-02-03-2001	Major repairs in Bandaranaike Memorial Ayurvedic Research Institute, Navinna	1,600,000	64.44	75
220-02-02-04-2001	Major repairs in National Institute on Traditional Medicine	500,000	0.00	0
220-02-02-05-2001	Major repairs in herbal gardens	2,000,000	19.71	40
220-02-02-2105	Land development in herbal gardens	500,000	0.00	0

Progress in Finance Division

Item / Object	Revised Allocation (Rs.)	As at 30.09.2022	
		Expenditure (Rs.)	Percentage %
Recurrent expenditure	1,925,000,000	1,450,007,503	75.33
General administration	131,500,000	77,492,102	58.93
Hospital services	1,387,000,000	1,127,737,368	81.31
Research	294,000,000	174,124,043	59.23
Education and training	31,550,000	19,852,200	62.92
Conservation and expansion of herbal cultivation	80,950,000	50,801,791	62.76
Capital expenditure	32,000,000	8,415,564	26.30
General administration	4,500,000	1,474,257	32.76
Hospital services	15,900,000	3,562,693	22.41
Research	4,600,000	1,384,662	30.10
Education and training	2,500,000	1,115,417	44.62
Conservation and expansion of herbal cultivation	4,500,000	903,535	20.08
Total expenditure	1,957,000,000	1,458,423,067	74.52
General administration	136,000,000	78,966,359	58.06
Hospital services	1,402,900,000	1,131,300,705	80.64
Research	298,600,000	175,508,705	58.78
Education and training	32,050,000	20,942,617	65.34
Conservation and expansion of herbal cultivation	85,450,000	51,705,326	60.51
Total	3,912,000,000	2,916,846,779	397.85

Conducting examinations

Following examinations have been conducted for 21 Ayurvedic doctors and medical students which recorded a participation of 780 persons. The examinations are:

- Additional annual examination for final year students in Ceylon Siddha Ayurveda Medical College - 2022
- Written test for recruitment as traditional doctors - 2022
- Efficiency bar examination for Ayurveda Medical Officers - 2021
- Ayurveda Shasthri Additional Examination – 2021

Technical Division

S/No.	Functions performed	Value of applications (Rs.Mn.)	No. of applications	Income received (Rs.Mn.)
01.	Issuance of applications for registration in the Department of Ayurveda	600	925	127,700.00
02.	Undertaking applications for registration	38,850.00	540	1,048,550.00
03.	Issuance of licenses by the Department of Ayurveda	72,300.00	916	1,475,136.00
	Total	111,750.00	2,381	2,651,386.00

37 rounds of Formula Committee, Technical Committees and other committees have been held by the Department of Ayurveda during year 2022.

Giving opium, Paripaka spirit recommendations for Ayurvedic Drugs Manufactories

No. of letters of recommendation issued for opium	07
Amount of opium powder issued	75kg
Amount of Paripaka spirit issued	448,30l,500ml

I. Ayurvedic Teaching Hospitals and Research Hospitals Ayurvedic Research Hospitals

Patient treatment services (as at 30.06.2022)

Hospital	Navinna	Ampara	Hambantota	Medawachchiya	Manchanthoduwai	Mihintale
Outer	17,379	9,535	8,750	7,000	5,310	1,450
Residential	350	103	248	128	-	
Clinical	10,280	-	-	-	-	136
Panchakarma	374	-	-	-	-	

- 01 Ayurvedic exhibitions and 06 awareness programs have been held by Ayurvedic Research Hospital, Navinna.

Production of medicines

Hospital	Ampara	Hambantota	Medawachchiya	Navinna
Bottles				
Asawa				500
Oil	124	49		202
Syrup				
Kwatha		1,525	-	6,490

Decoction	35 bottles, 202ml	809	228	2,800
Anupana	115 bottles, 920ml	7	27	248
beverages	23 packets			
Other (boiled water)			168	
Eye drops				
Kilograms				
Powder	73kg 950g	64.815kg		956.26
Panta	20kg 400g			
Pattu		8.295kg	108.85	
fermentations		25.558kg		
Warti				628 capsules
Panchawalkala				600 bottles

Ayurvedic Teaching Hospitals

Medical students receiving teaching facilities

Hospital	Borella		Yakkala		Kaithadi		Trincomalee	
	2021	2022	2021	2022	2021	2022	2021	2022
No. of recipients of teaching facilities	198	192	201	309	357	210	300	300

Medical students who received patient treatment services

Hospital	Borella		Yakkala		Kaithadi		Trincomalee	
	2021	2022	2021	2022	2021	2022	2021	2022
Outer	82,957	56,684	20,912	14,520	25,645	12,505	9,481	5,393
Residential	1,549	1,487	382	465	449	433	17	13
Clinical	79,690	55,987	19,612	13,120	8,883	4,819	1,591	4,627
Panchakarma	3,267	1,038	300	151	112	147	24	16

Beneficiaries of community treatment services

01 Ayurveda exhibition and 06 awareness programs have been held.

Production of medicine

Hospital	Borella	Yakkala	Kaithadi	Trincomalee
Bottles				
Oil	2,233	-	553.875L	-
Syrup	-	122		1210ml
kwatha	5,655	-	153.75L	-
Beverages	-	165.21		-
Decoction	6,788	1,526.08	2092.981	-

Other	343			-
Anupana (60 ml.)	14	621.6		-
Boiled water	-		533.251	-
Eye drops	12		-	-
Kilogram				
Pills	-	34.27	-	-
Paste	-	-	52.9	-
Lepa	-	0.82	-	-
Powder	-	269.14	326.25	8kg+400g
Panta	-	-	1024.4	-
Fermentations	-	258.24	111.42	-
Leha	-	-	102.95	-
Guggulu	-	-	20.13	-
Bundles	-	-	311.3	-
Other	-	0.48	15.6	500g

II. Bandaranaike Memorial Ayurvedic Research Institute

Vision

Conducting high standard research to strengthen indigenous medicine for a good health conservation.

Mission

To provide a national leadership for methodical and standard local health research conducted for health requirements of Sri Lankans.

Being the national institute available for research on Ayurveda, Siddha, Unani and indigenous medicine, this institution is situated in a land of 17 acres. It currently consists of the main divisions namely Clinical Research Division, Literary Research Division, Traditional Medical, Treatment Conservation Projects, Drugs Standardization Division and the Drugs Manufactory.

Around 450 outer patients are treated in the Clinical Division and special clinics are conducted on daily basis. The Residential Division consists of 68 beds and 4 wards including Monks' Ward.

A number of patient researches are in operation at present and a number of papers have been submitted to the Ethics Committee.

A summary of research conducted and under way

	Activity	Progress
	Progress (2021-2022 August)	
01.	Preparation of Quality standards for selected 12 plant species (collected from different zones) which are economically important in Sri Lanka. Heen bin Kohomba-(wet zone, intermediate zone) Iriweriya-(wet zone, intermediate zone) Heenarattaala-(wet zone, intermediate zone) Sewendara-(wet zone, intermediate zone) Amukkara-(intermediate zone) Elabatumul-(dry zone) Katuwelbatu-(intermediate zone) Ingurupiyalli Inguru-(wet zone, intermediate zone) Bebila(behethbebila)- (wetzone,dryzone, intermediate zone) Malitha mal -(wet zone, intermediate	75% completed
Year	Research	
2021-2022	Preliminary Comparative Chemical analysis of selected <i>Piper sp.</i>	
2021-2022	Comparative Phyto-chemical & TLC study of Lothsumbul&Bombu	
2021-2022	Standardization of Dashanga Guggulu	
2021	Assessment of Microbial quality of some heavily used powdered herbal drugs prepared in pharmaceutical drug manufacturing unit of BMARI	
2021-2022	Comparative evaluation of microbiological quality of Triplachoorina, Kwatha& their raw material	
2021-2022	Determination of microbial contamination of some selected raw materials heavily used in Ayurvedic treatments.	
	ii. Updating and modification of Drug museum	80)from April to July Re-arranged samples Discarded destroyed 45 samples Plants - 62

	iii. Identification and authentication	Raw materials - 82
03.	<p>Research based studies</p> <p>01. Comparative studies of Authentic plants with substitutes</p> <p>I. Identification of “KINDA” species used in traditional medicine of Sri Lanka</p> <p>II. Pharmacognostic study of Deththa species <i>Baliospermum montanum</i> and <i>Boehmerianivea</i></p> <p>III. Rathhandun with its adulterants <i>Pterocarpus santalinus</i> with market samples</p> <p>IV. Elabatu with selected Solanum species <i>Solanum insanum</i> <i>Solanum melongena</i> <i>Solanum macrocarpum</i> <i>Solanum indicum</i></p> <p>V. L-odhra with its adulterants (<i>Symplocos racemosa</i>, <i>S. cochinchinensis</i> and <i>Melaleuca leucodendrum</i>)</p> <p>. Morphological, anatomical and biochemical analysis of selected <i>Piper</i> species for future plant improvement programs.</p>	<p>50% completed</p> <p>95% completed</p> <p>started from February 2022</p> <p>30% completed</p> <p>45% completed</p> <p>80% completed</p> <p>50% completed</p>
04.	Tissue culture project	<p>Total no of plants taken out from the tissue culture laboratory - 2000 plants</p> <p>Ekaweriya- 1320 Plants Rathnitol - 500 Plants Duhudu - 100 Plants Binkohomba - 60 Plants Walmee - 20 Plants</p>

Literary Research Division

Over 400 copies are available in Ola Leaf Book Conservation Unit where literary research on eye treatment, ulcer cancer treatment, burn treatment etc. are conducted. Valuable books including *Thalpathe Piliyam* and *Thalpathaka Osu Mahima* have been published by this Unit. The library contains valuable books of Ayurveda and indigenous medicine. This has published valuable books including *Assortment of Ayurvedic Drugs*, *Assortment of Local Therapies*, *Splendour of Herbal Plants* etc.

Standardization Division

Technical assistance and instructions are provided to researchers in the Standardization Division by conducting research on Ayurveda and traditional medicine, quality and standard of herbal plants etc. There is a laboratory equipped with modern equipment for the purpose where units dedicated for study of bio chemistry, micro biology, pharmacology, analytical chemistry, cell implantation and pathology have been set up. Providing a training to researchers of Ayurveda on modern research technology is yet another service rendered by the Division.

Botanical Unit

Identification and conducting research on botanical plants is the key function of the Unit. This consists of over 2000 samples of plants. There is a small laboratory to conduct research on botanical plants also with facilities for tissue culture. Training undergraduates, medical students and doctors in how to identify botanical plants and provision of standard instructions for the purpose are yet another role performed by the Unit.

III. National Institute on Traditional Medicine**Vision**

To generate a community of knowledgeable and skilful indigenous medical practitioners for the next decade

Mission

To become the supreme body in Ayurveda human resource development.

Objectives

- Provision of academic, professional and vocational education in Ayurveda, Siddha, Unani and Traditional Medicine and their standardization.
- Encouraging research and innovations in traditional medicine.
- Conservation of traditional knowledge.
- Conservation of herbal plants and dissemination of herbal cultivation.

Progress of training programs conducted (as at 31.07.2022)

Program	No. of training programs	No. of beneficiaries
Traditional doctor training	3	120
Internship medical training	-	321
Medical Officer training	7	60
Personal massaging	-	27
Herbal garden staff	-	20
Medical Assistant Training	15	-
Total	25	548

- Preparation of log books, reviews and compilation of e-books for intern doctors under new guidelines.
- 03 programs have been conducted to resolve issues and get proposals at national level in collaboration with NITM level and Provincial Commissioners of Ayurveda and Chief Medical Officers of institutions to evaluate intern medical officer training and further programs have been planned for future.



Handbills designed to enhance public awareness

Taking action to print and distribute handbills on herbal plants and popular medicine, school children nutrition promotion, economic cultivation of herbal plants, herbal plants around you etc., with a view to attracting Sri Lankans to Ayurveda.

IV. Ayurvedic Medical Council

Vision

To become the supreme body in Ayurveda in Sri Lanka by protecting professional quality and pride.

Mission

To secure legal basis required for quality development in Ayurveda by rendering a maximum public service in line with professional ethics.

The role of the Ayurvedic Medical Council

The role of the Ayurvedic Medical Council is to register Ayurvedic doctors, Dispensers, Nurses and cancel or suspend such registration, regularize and control professional conduct etc.

Financial provision

Annual income, expenditure and government grants

Item	2021)Rs.(30.06.2022)Rs.(
Government grants	7,200,000.00	3,600,000.00
Income earned	5,633,507.25	7,821,833.43
Total receipts	12,833,507.25	11,421,833.43
Total expenditure	12,717,649.21	7,481,862.15

Particulars of meetings held by the Ayurvedic Medical Council during year 2021-2022

Year	No. of meetings held during the year
2021	08
Up to 30.06.2022	05

Standing sub-committees operated and their function

1. Exam Board
2. Committee on Punishable Instances
3. Sub-Committee to Determine Additional Qualifications

Sub-Committee to Determine Additional Qualifications of Registered Ayurvedic Doctors

Item	2018	2019	2020	2021	30.06.2022
No. of certificates issued including additional qualifications	11	09	08	21	07

Investigations

Item	2018	2019	2020	2021	30.06.2022
No. received for investigation	13	59	100	50	03
No. of complaints investigated	11	48	82	36	01

Special Medical Board

Item	2018	2019	2020	2021	30.06.2022
No. of Special Medical Boards held	04	05	03	05	01

Medical Board Reports have been issued as per Gen. 142 form for 58 patients referred by public institutions, departments and ministries for referral to Special Medical Boards during year 2021/2022. Some patients have been called twice due to shortcomings in their files.

No. of Ayurvedic Doctors annually registered with the Ayurvedic Medical Council from year 2018 to 30.06.2022

Item	2018	2019	2020	2021	30.06.2022
General (physical)					
Graduates	274	246	250	32	283
Diploma holders	27	13	01	18	04
Traditional - physical	11	19	07	27	21
Traditional - special	44	74	20	45	90
Grand total)general/ special(356	352	278	122	398

Total No. of doctors registered with the Ayurvedic Medical Council as at 30.06.2022

Item	Total No. of doctors as at 30.06.2022
(1) total No. of registrations, general (physical) A+B+C	16,311
A. Graduates	3,689
B. Diploma holders	5,747
C. Traditional general	6,875
(2) total registered No. Traditional - Special	10,270
Grand total / Sspecial Doctors / Physical (1+2)	26,581
No. of doctors who have been dead as at 30.06.2022	3,815

Other activities performed during year 2021/2022

Item	2021	30.06.2022
Issuance of identity cards for registered Ayurvedic Doctors	105	426
Issuance of vehicle logos	78	43
No. of medical certificate confirmations	512	169
No. of medical certificate books issued	821	797

V. Development of herbal gardens

Following arrangements have been made to develop herbal gardens of indigenous medicine

- Action is in progress to set up a Herbal Garden Development Unit in the Development Division of the Department, appoint a medical officer to coordinate herbal cultivation projects and to appoint a doctor to supervise herbal gardens for each herbal garden under it.
- Development plans are under way to conduct a feasibility study for every herbal garden and to develop the herbal garden by 2025.
- Action has been taken to speed up production in herbal gardens and also to give a larger output of essential drugs. Action has also been taken to utilize herbal harvest for production of medicines.
- Arrangements are in progress to improve tourism in herbal gardens.
- Action taken to protect rare herbs, to disseminate them as well as to maintain standard nurseries.

Progress in research and extension service herbal gardens

Name of the herbal garden	Plant production during year 2022	Income received (Rs.)	Development activities performed
Haldummulla	4,653	117,320.00	Newly planted in 02 acres
Pallekele	6,939	37,900.00	Plants free of charge - 1200 Value Rs. 36,000
Pinnaduwa	5,121	129,185.00	
Pattipola	4,528	43,685.00	Planting Malabar nut and snap ginger in 01 acre
Girandurukotte	10,740	3,289,000.00	Planting large and small herbal plants
Navinna	3,947	100,955.00	Cleaning the herbal garden, keeping a small-scale vegetable cultivation, production of herbal plants, free distribution of herbal plants

VI. Anuradhapura Ayurveda Community Health Promotion Service

Vision

To create a healthy community in Sri Lanka through concepts of Ayurveda.

Mission

To create a community prosperous physically, mentally, spiritually, socially and economically through Ayurveda vision of life

The Ayurveda Community Health Promotion Service operating under the Department of Ayurveda of the Ministry of Indigenous Medicine is a prevention program implemented in all 22 Divisional Secretary's Divisions in Anuradhapura District. Having started as a steering project in 2001, the project has now become a permanent service.

Key activities performed and their progress

S/No.	Project/ program	No. of programs	Beneficiaries
1.	Program for controlling non-communicable diseases	980	16,401
2.	Program for controlling communicable diseases	988	15,792
3.	Nutrition program (pre-schools/ schools/ other)	560	6,795
4.	Conservation of child health (clinics and awareness)	806	15,521
5.	Community based elderly health service program - clinics and supervision	134	11,663 (supervised- 6,129)
6.	Mental health promotion program	24	329
7.	Protection of mothers	18	156
8.	School programs	4	371
9.	Community treatment service programs and other special programs	102	3,192
10.	Conservation and sustainable use of herbal plants		
	1. Model nurseries / herbal gardens (planted/ distributing)	75	8,310 (plants)
	2. Organic home garden cultivation and local paddy cultivation (home gardens/ programs)	687	1,538
11.	Household unit awareness	38,121	96,315

- Community treatment program - distribution of immunization drugs / awareness on herbal plants/ distribution of books to schools/ popular medicine awareness/ providing herbal drinks/ supply of books of handbills for institutions/ oil anointing program

- Local food popularization programs - setting up donation centres / rural conservation councils



01. Homeopathy medicine

At a time when the trend of infection of non-communicable diseases is on the rise, Homeopathy system of treatment is a side-effect free alternative of healing by strengthening natural immunity of the body. Homeopathy medicines are better also for viral diseases that cannot be cured by antibiotics. Homeopathy medicines are manufactured by the use of natural substances such as parts of plants and animals and metal and, since Homeopathy medicines are produced by the use of a very small amount of herbal ingredients, they are free of side-effects. Low cost Homeopathy medicines with minimum production cost are also easy to use.

I. Homeopathy Hospital

Vision

To create a healthy population capable of contributing to development of all Sri Lankans.

Mission

To take an active program to the people through Homeopathy Hospital, Welisara to popularize Homeopathy as an easy to use and economical system of medicine to cure and prevent diseases at a low cost.

The government Homeopathy Hospital, Welisara which completes a period of service of 19 years by now, was founded in year 2003 by the Ministry of Health, Nutrition and Welfare. Being administered by the Indigenous Medicine Sector of the Ministry of Health, this hospital consists of an Outer Penitents' Department and a Residential Patients' Department. The Outer Patients' Department serves not less than 150 patients per day while the Residential Patients' Department has treatment facilities for 20 residential patients. Other services provided by this hospital are awareness programs on Homeopathy Medicine and prevention of diseases and mobile clinics. This hospital issues Homeopathy medicines for clinics coming under purview of the Homeopathy Medical Council and also provides clinical facilities for Homeopathy doctors with foreign training.

Role

- i. Treating outer and residential patients.
- ii. Distribution of medicines for government Homeopathy clinics
- iii. Conducting mobile clinics and awareness programs.
- iv. Providing clinical training for doctors with foreign qualifications.

Current position and progress

- Government Homeopathy Hospital consists of 02 wards and 20 beds.
- Following the use of In-Patients' Department as a Covid Inter-Treatment Centre, the Residential Department has been closed till completion of repairs.
- 14,754 patients underwent treatments from Outer Patients' Department during year 2022 and 9,484 patients have undergone treatments during initial 06 month period of year 2022.
- 10 Sri Lankan students have been given the opportunity to follow the degree in Homeopathy Medicine in National Homeopathy Institute, Calcutta under annual scholarships offered by Ayush Ministry, India.
- Homeopathy medicine worth Rs. 4.427 million imported by the State Pharmaceuticals Corporation and granted to Welisara Homeopathy Hospital have been distributed in year 2021 among Free Homeopathy Clinics of the government administered under Homeopathy Medical Council.
- Mobile clinics are conducted for selected clinics for elders under Divisional Secretary's Division, Wattala with a view to facilitating those who are with difficulties to reach treatment services.

Development Programs designed for the year 2023

1. To establish a laboratory for laboratory tests in Homeopathy Hospital.
2. To repair and re-establish In-Patients' Department
3. To create a website for Homeopathy Hospitals
4. To commence primary work to develop the Homeopathy Hospital as a Teaching Hospital and to set up the Medical College
5. To provide facilities required to produce Globulose

II. Homeopathy Medical Council

Vision

To promote Homeopathy system of medicine up to the level of a national health service

Mission

To formulate policies for improvement of human and physical resources for Homeopathy Medicine and to popularize, improve and advance it.

This system of medicine was introduced by the German nationalist and the specialist in Western Medicine Christian Friedrich Hahnemann based on the natural principle 'like cures like'. Accordingly, the Homeopathy Medical Council established by the Act No. 07 of 1970 performs a huge role in setting up and promoting this system of medicine also in Sri Lanka. Already some 13 clinics have been set up for public treatment in Sri Lanka in order to popularize Homeopathy Medicine to achieve those objectives.

Management of Government Homeopathy Clinics.

Government Homeopathy clinics are managed by Homeopathy Medical Council. Accordingly, the Council contributed in providing salaries and allowances for employees, staff administration in institutions, provision of water, electricity and sanitary service to clinics, provision of pharmaceuticals and office equipment as well as maintaining buildings during year 2021 and also up to 30th June 2022.

- 14 mobile clinics have been held by government free Homeopathy Clinics up to June, 2022 providing treatment to 908 patients.
- 11 other community treatment programs have been held during year 2021 by government free Homeopathy clinics.
- 25 paper articles have been published during year 2021 and the first 06 months of year 2022 with a view to raising public awareness on and promoting Homeopathy medicine with 14 television media programs.
- 10 Homeopathy doctors who had applied for registration have been registered (as 5 doctors in year 2021 and 5 in 2022). Accordingly, the total number of registered homeopathy doctors at present is 313.
- Recommendations given in year 2021 for 16 import licenses worth US\$ 63,846.9 and Indian Rupees 155,092.00 to import medicine for Homeopathy doctors and institutions during year 2021.
- Recommendations given for 05 import licenses worth 18,297.20 for 05 doctors up to 30th June 2022.
- 43,615 patients have received treatments during year 2021 and 30,685 patients up to 30.06.2022 from the 13 government free Homeopathy clinics administered under Homeopathy Medical Council.

Development Projects designed for year 2023

Project	Total expenditure estimate (Rs. Mn.)
Opening new clinics	4.5
Renovating running clinics	2.0
Conducting training workshops for doctors	0.946
Conducting training workshops for office staff	0.0708
Renovation of auditorium of the Homeopathy Medical Council	2.1

09. Sri Lanka Arurvedic Drugs Corporation

Vision

To be the pioneer in manufacturing high standard local medicine for a healthy society.

Mission

To be a pioneer in bringing about a healthy society by working for betterment of the staff and for social welfare while catering to people's needs through production, importation and distribution of high standard Ayurvedic medicine, research, provision of services and conservation.

The institution was established in 1969 by the gazette extraordinary No. 1/14853 of 11th May 1969 in terms of State Industrial Corporations Act No. 49 of 1957 and remains performing a leading role in the area of production of Ayurvedic drugs in Sri Lanka for a period of over 52 years.

The Corporation produces and distributes Ayurvedic drugs to Ayurvedic hospitals, dispensaries, doctors and the general public island wide. It operates with a wide vision while paying particular attention to policies on indigenous and Ayurveda medicine in terms of government policies.

The Corporation was able to keep a high level of production from year 2020 even under Covid 19 pandemic restrictions and was able to record the highest production in the history of the Corporation worth Rs. 53.654 million in July, 2021. (According to the base price in 2016). Further, the highest production of Rs. 58.589 million for the period from 2018 to June, 2022 could be recorded in April, 2022.

Scheduled production and actual production - year 2022

Description	Value (Rs. Mn.)	Percentage
Planned production	683.458	
Actual production (as at 31st July 2022)	303.280	44.37 %
Production to be taken during next quarter	380.175	55.63 %

Sales, year 2022

Medicines worth Rs. 359.059 million have been sold to the public sector and Rs. 30.71 million to the private sector from January to July, 2022.

Achieving sales targets from 2018 up to date

S/No.	Division	2018 (Rs. Mn.)	2019 (Rs. Mn.)	2020 (Rs. Mn.)	2021 (Rs. Mn.)	Up to 31st July 2022 (Rs. Mn.)
01.	Public	531.754	575.150	504.447	576.000	359.059
02.	Private	156.489	143.659	179.621	224.966	130.710
Total		688.243	718.809	684.068	800.966	489.769

04 sales promotion programs have been held so far during year 2022 recording a net income of Rs. 182,914.00.

Nilma sales promotion program



Opening new Ayurveda sales centres in Embilipitiya and Kiribathgoda

Hela Osusala and ingredients collection centres have been opened in Embilipitiya and Kiribathgoda towns.



Introduction of 05 new Ayurveda products.

The Sri Lanka Ayurvedic Drugs Corporation has introduced the products of Daruparpata tablets, Sudarshana tablets, Thiladi paste, Raktha Chandan Facial Wash and Veniwel Hand Sanitizer on 27.05.2022.



Herbal Garden Development Project under provisions of the Ministries of Wildlife and Forest.

Provisions of Rs. 18.4 have been allocated to develop Nikaweratiya and Ambanpola herbal gardens under provisions of the Ministries of Wildlife and Forest and works worth Rs. 02 million have been completed by 31.03.2022 under its first phase.



10. Development projects and programs scheduled for year 2023

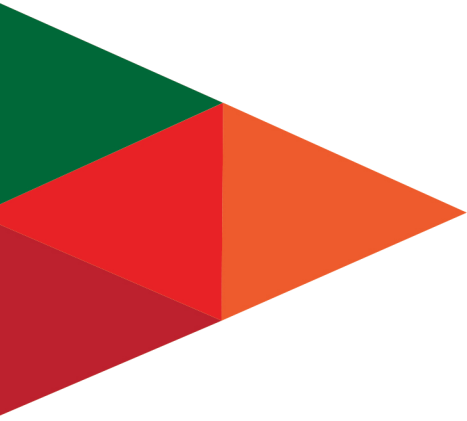
1. To improve Ayurvedic Hospital system to be capable of providing a larger contribution to national health system.
2. To take action to generate foreign exchange in the country through potentials available in indigenous medicine.
3. To facilitate exportation of products of indigenous medicine.
4. To discourage medicines imported and thereby to save such foreign exchange through herbal cultivation.(Introducing subsidy scheme for promotion herbal cultivation)
5. Promotion and conservation of traditional medical practice.
6. To activate the herbal gardens available in their full capacity enabling provision of essential medical ingredients to hospitals.
7. Promotion of non-toxic nutritious food and beverages.
8. To establish a Panchakarma unit in identified hospitals targeting tourists.
9. To create an Ayurvedic zone cantered on Navinna and Yakkala.
10. To take action to take Homeopathy medicine closer to people as an alternative system of medicine.
11. To implement joint programs to enhance nutritional requirements of school children.

02. Capital investment - 2023**Indigenous Medicine Sector**

S/No.	Program	Amount to be allocated (Rs. Mn.)
01.	Empowering Conservational Councils	10.00
02.	Setting up nutrition homes	25.00
03.	Homeopathy Medical Council	10.00
04.	Homeopathy system development	15.00
05.	Rehabilitation and improvement of available assets.	9.00
06.	Acquisition of capital assets	4.00
07.	Capacity development	1.00
08.	.(Introducing subsidy scheme for promotion herbal cultivation)	15.00
09.	Promotion of health - tourism	15.00
10.	Sri Lanka Ayurvedic Drugs Corporation	190.00
	Total	294.00

Department of Ayurveda

S/No.	Program.	Amount to be allocated (Rs. Mn.)
01.	Operational activities	32.1
02.	Development of teaching hospitals and Anuradhapura Ayurveda Community Health Service	904
03.	Research activities	43
04.	Educational and training programs	22.3
05.	Herbal garden projects and extension services	55.2
	Total	1056.6



Management Development & Planning Unit
Ministry of Health