

PERFORMANCE AND PROGRESS REPORT

2023



Ministry of Health



PERFORMANCE AND PROGRESS REPORT 2023



Ministry of Health Sri Lanka

Present



Ministry of Health

Future





Hon. Dr. Ramesh Pathirana
Minister of Health



Hon. Dr. Seetha Arambepola
*State Minister of Pharmaceuticals Production,
Supply and Regulation*



Hon. Sisira Jayakody
State Minister of Indigenous Medicine



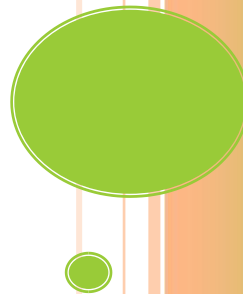
Mr. S. Janaka Sri Chandraguptha
Secretary, Ministry of Health

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***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 2022- 2023

1. National Events

❖ *Bay of Bengal Initiative for Multi-Sectorial Technical and Economic Cooperation*

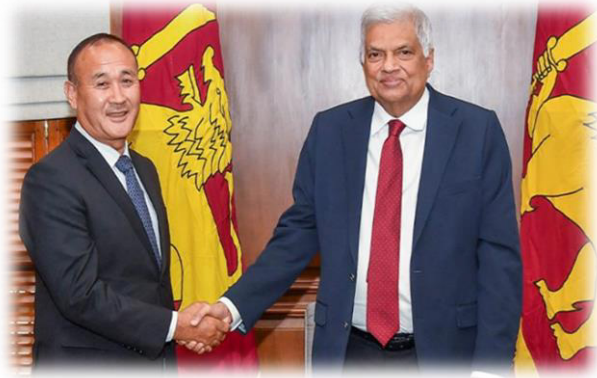
BIMSTEC stands for the Bay of Bengal Initiative for Multi-Sectorial Technical and Economic Cooperation, comprising seven South and Southeast Asian nations: Bangladesh, Bhutan, India, Myanmar, Nepal, Sri Lanka, and Thailand. The alliance's primary goal is to foster collaboration in technical and economic realms among the countries located along the Bay of Bengal, bridging the regions of South Asia and Southeast Asia. The first meeting of the BIMSTEC Expert Group on Public Health was held in Colombo, Sri Lanka on 26th-27th July 2023 in hybrid mode, with the participation of delegations from all BIMSTEC Member States and inaugurated by the Hon. Minister of Health.

The meeting was chaired by the Director General of Health Services of Sri Lanka, Dr. Asela Gunawardena, who discussed a range of issues relating to Public Health in the region and finalized, among others, the Terms of Reference of the Expert Group, the BIMSTEC Plan of Action on Public Health 2023-2025, and a Memorandum of Understanding between the BIMSTEC Secretariat and the World Bank on Collaboration on Strengthening Pandemic



Prevention, Preparedness and Response, and Health Systems Resilience Among BIMSTEC Member States.

During the meeting between BIMSTEC Secretary-General, Tenzin Lekphell, and HE President Ranil Wickremesinghe, they discussed the need for continued cooperation among member states and emphasized the importance of further developing the public health sector in the region. The Secretary-General praised Sri Lanka for its commitment to public health and urged the country to take a leading role in this field within the region.



❖ *Joint external evaluation (JEE) of the International Health Regulation (IHR) core capacities of Sri Lanka*

A presentation slide with a light background and a grid pattern. At the top, it features the logos of the Ministry of Health and the World Health Organization. The title reads "INTERNATIONAL HEALTH REGULATIONS (2005) JOINT EXTERNAL EVALUATION OF THE IHR CORE CAPACITIES OF SRI LANKA". On the left, there is a circular inset photo of Dr. Shalala Ahamadova. The main text contains a quote: "This evaluation provides us with an opportunity to acknowledge our successes and to identify areas where further improvement is needed. It is through such self-assessment and external evaluations that we can fine-tune our strategies and forge a path towards a safer, healthier future." Below the quote, it identifies her as "Dr Shalala Ahamadova, Public Health Administrator, WHO Sri Lanka".

The Joint external evaluation (JEE) of the IHR core capacities of Sri Lanka was held 4th to the 8th of September at Hilton Colombo. The country's capacities will be assessed across the subdomains of prevention, detection, & response to public health emergencies.

❖ *Commemoration of the World No Tobacco Day*

In commemoration of the World No Tobacco Day National Authority on Tobacco and Alcohol (NATA) and the Department of Census and Statistics released the results of the Global Adult Tobacco Survey 2020. The copies were handed over to the Hon. Minister of Health and WHO Representative to Sri Lanka.



❖ *World Health Day*

April 07 is World Health Day & 2023 marks 75 years of the World Health Organization. Dr. Alaka Singh, WHO representative presented to the Hon. Minister of Health - the 'ironwood tree' aptly captures Sri Lanka's steadfast commitment to public health and to WHO since its inception.



International events

❖ *World Health Assembly (Geneva)*

The World Health Assembly is the decision-making body of the World Health Organization (WHO). It is attended by delegations from all WHO member states and focuses on a specific



health agenda prepared by the Executive Board. At the 76th World Health Assembly, country delegates met ahead of the day's session to agree on the Regional One Voice on priority issues concerning the WHO Southeast Asia Region.

Meeting with Foreign Delegates

❖ *Meeting the American Ambassador*



On 17.03.2023 the Hon. Minister of Health had a meeting with Ms. Julie Jeon Chang, American Ambassador to Sri Lanka. The minister explained that the time taken for the procurement process was brought to a very minimum period.

❖ *Meeting the Seychelles High Commissioner*

At the meeting, the High Commissioner said that the state of Seashells, where the tourism industry was the main source of income, suffered a major setback due to the Covid-19 epidemic like all other countries. It's said that about 2,000 Sri Lankans live in Sea Shells State, which has a small population of 95,000.



The Hon. Minister of Health Dr. Keheliya Rambukwella said that Sri Lanka also suffered a severe economic downturn after the Covid-19 epidemic and is currently recovering from it to some extent. The minister also emphasized that many foreign countries have helped Sri Lanka in a multitude of ways to address this crisis.

Major Developments /Appointments/ Initiatives/Visits/Meetings in Health Sector

❖ *Curative sector*

The official handover of the new outpatient complex of the Sri Lanka National Hospital received from the Chinese government to Sri Lanka was on 25.04.2023.

The exchange of letters of agreement related to it took place between the Hon. Minister of Health and the Chinese Ambassador, and along with this, the exchange of files related to medicines and medical equipment granted to Sri Lanka by the Chinese government in the past year also took place here.



❖ *Equipment donation from Japan*

Japan donated 1.76 billion worth of equipment to Sri Lanka on 27.10.2022. MRI, CT scan machines, two angiography machines, and 09 multi-parameter monitors were included in this donation.



Since these 09 multi-parameter monitors are networked together in such a way that they can be monitored from one place, even one person can monitor these 09 machines.

❖ *Opening of the oxygen-generating plant at DGH Avissawella*



The establishment of an oxygen-generating plant funded by UNICEF and constructed by Foresight Engineering-Access at DGH Awissawella was inducted by Dr. A.K.S. de Alwis, Additional Secretary of Medical Services, Ministry of Health. The total cost for the establishment of the oxygen plant is Rs.300 million.

❖ *Provincial Health Conference*



The Provincial Health Conference was held on 07.06.2023 at Narahenpita Blood Transfusion Centre under the chairmanship of the Hon. Minister of Health. Provincial governors, chief

secretaries, provincial health ministry secretaries, and provincial health service directors also participated in this conference representing all the provinces.

❖ *Hospital Directors Meeting*



Directors meeting was held on 2023.06.30 under the chairmanship of the Hon. Minister of Health, Dr. Keheliya Rambukwella, at the main auditorium of the Colombo Medical Faculty, to identify the problems existing in the hospitals and health institutes under the control of the Ministry of Health, as well as in the basic hospitals and district hospitals. Directors of various institutions, medical superintendents, specialist medical officers, and chief medical officers participated in this meeting which was held once in two months

❖ *Discussion on the ongoing projects at DGH Ampara*



Discussion on the ongoing projects at DGH Ampara was held at the office of the Additional Secretary (Engineering Services) with relevant Ministry of Health officials.

❖ *Development of the Planning Management Information System (PMIS)*



The Management Development and Planning Unit (MDPU), Ministry of Health developed a Planning Management Information System (PMIS) with technical and financial support from the World Health Organization Sri Lanka and development partner Science Land IT. The official launch of the PMIS was held on 2nd October 2023 with the participation of Mr Janaka

Sri Chandragupta, Secretary, Ministry of Health, Dr Alaka Singh, WHO Representative to Sri Lanka Dr. T. L.C Somatunga, Additional Secretary (Public Health Services) and Dr. S. Sridharan, Deputy Director General (Planning). The Planning Management Information System is developed in a phase-wise manner and the implemented first phase covers the entire project lifecycle, starting from the submission of proposals by health institutions for review and approval by relevant authorities at the central level. It includes capabilities for analyzing and disseminating information related to project progression, financial analysis, monitoring, and indicator-based evaluation

Preventive sector

❖ *World No Tobacco Day*

The program for the celebration of World No Tobacco Day was held on 31.05.2023. The minister also announced the results of the global adult tobacco survey and gave certificates.



❖ *Apollo Hospitals Group announced a helpline number in Sri Lanka.*

Afro-Asia's largest private sector integrated healthcare provider, the Apollo Hospitals Group announced a helpline number in Sri Lanka. This was announced by Sri Lankan Hon. Minister of Health Dr. Keheliya Rambukwella. The Helpline Number connects patients and physicians to Med Connect representatives and provides convenient access to Apollo Hospitals' vast collection of medical resources. The Hon. Minister of Health Dr. Keheliya Rambukwella



stated at the event that collaborative efforts in healthcare are of the utmost importance, particularly in light of the escalating incidence of NCDs and the difficulties caused by the pandemic. The minister stated that Indian and Sri Lanka medical personnel should have more opportunities to collaborate and that the government would support such initiatives.

Human resource development in the Health sector

New Recruitments

❖ *Appointment of new Medical Officers*

On 21.04.2023 1320 new doctors were appointed. They were assigned to hospitals all over the island and it is expected to increase the number of students enrolled in medical colleges to 5000.



❖ *Appointment of Public Health Midwives officers*

On 16.05.2023 222 new Public Health Midwives were appointed. 49 of them were assigned to the hospitals under the line ministry and another 173 were assigned to the MOHs and hospitals under the provincial councils.



❖ *Nursing students were given appointment letters for training*

On 10.07.2023, 3315 nursing students were given appointment letters for training.



❖ *New appointments from 1st September 2022 to 30th September 2023 of selected categories of staff*

Category	Number of appointments
Medical Consultants	304
Medical Officers	2724
Nursing officers	65
Medical Laboratory Technicians	238
Public Health Midwives	222
Public Health Inspectors	12
Radiographers	54
Occupational Therapists	45

❖ *Career development*

On 2023.06.26 a ceremony was held to evaluate the overall service of Public Health Nursing Officers (PHNO) at Water's Edge, Battaramulla.



Special Events



On 16.02.2023 a discussion was held with the officials of the Ministry of Investment Promotion regarding the strategic plan for the pharmaceutical industry sector. Many issues

such as the creation of paying wards in the government hospital system, increasing the production of local medicines by another 40% were discussed. On 29.05.2023 a discussion



was held with Ministry of Health officials regarding the reduction of drug prices. Due to the increase in the United States Dollar exchange rate from August 2021 to April 2022, the price of medicines has increased by about 97%.

However, with the prevailing economic stability and the appreciation of the rupee, it was decided to reduce the MRP of 60 price-controlled medicinal products mentioned in the Gazette by 16%, with effect from 15th June 2023. Further, a decision was taken to review the MRP every three months.

❖ **Setting up manufacturing of pharmaceutical and health-related component products**



On 11.01.2023 twelve Sri Lankan investors pledged nearly USD 100 million to set up pharmaceutical and health-related component product manufacturing at purposely built Oyamaduwa, Pharmaceutical manufacturing zone in Anuradhapura.

On Wednesday at Galle Face Hotel Colombo the Hon. Minister of Health signed ‘forward buying agreements’ with these companies ensuring stability for their investments.

The Hon. Minister of Health, Dr. Keheliya Rambukwella said that this five-year agreement will be extended beyond the five years and ensured that more tax benefits would be offered to them in addition to providing land based on a 35year leasing period for this strategic project.

❖ **Conducting the "Heart to Heart" program**



The "Heart to Heart" program is a program that provides free treatment and surgery for children and adults with heart disease in Sri Lanka under the guidance and advice of the Ministry of Health and the Lady Ridgeway Children's Hospital. Sri Sathya Sai Sanjeevani Specialized Hospital, Batticaloa, held the first ever "Heart to Heart" talk at the Marino Beach Hotel,

Kollupitiya, Colombo to publicize the free health care and social mission for children and adults with heart disease. Health Minister Hon. Keheliya Rambukwella participated as the chief guest. The Hon. Minister of Health also distributed certificates to the people who underwent heart surgery and recovered at the Sri Sathya Sai Sanjeevani Specialized Hospital.

Donations

❖ *Donation of essential drugs by the Lions of India service trust*

On 10.08.2022 essential drugs to the Ministry of Health were donated by the Lions of India service trust. To strengthen the patient treatment services in Sri Lanka, the Lions of India Service Trust donated a stock of essential medicines to the Medical Supply Division of the Ministry of Health. The value of this drug stock is around Rs.25 million and many types of drugs are included in this donation.



❖ *Donation of essential medicines and medical equipment by the Colombo Regency Rotary Club*

On 09.09.2022 the Colombo Regency Rotary Club donated essential medicines and medical equipment to the Ministry of Health. A stock of medicines and equipment worth 147.06 million rupees, essential for transporting patients in ambulances, were donated.



❖ *Donation of medicines by the Pakistani TACGRAF organization and CIC*



On 19.09.2022 the Pakistani TACGRAF organization and CIC donated medicines to the Ministry of Health. Under this, a stock of medicines worth about 100 lakh rupees for kidney patients was donated.

❖ **Receiving 08 mobile laboratory buses for pre-diagnosis of kidney patients**

On 26.09.2022 08 mobile laboratory buses for pre-diagnosis of kidney patients worth Rs.600 million were received from the Chinese government.



These fully equipped mobile laboratories of international standards are provided to the Regional Health Services Directorates in the districts of Anuradhapura, Polonnaruwa, Vavuniya, Ampara, Kurunegala, Trincomalee, Matale and Badulla.

❖ **Awarding Elisa Test Kits to the National Blood Transfusion Centre**



On 13.10.2022 the Hon. Minister of Health, joined the occasion of awarding Elisa Test Kits worth Rs.45 million to the National Blood Transfusion Centre. This Elisa test is conducted at 17 centers across the island.

❖ **A donation of medical equipment worth Rs. 55 million from Qatar**



On 02.11.2022 medical equipment worth Rs. 55 million was donated by the Humanitarian Aid Government of Qatar. Among them are emergency room beds and a stockpile of medical equipment.

❖ *Donation from Pakistan Highnoon Organization*

On 24.11.2022 Drugs for Thalassemia Patients were donated by the Pakistan Highnoon Organization



❖ *Donations from the German government*

On 12.12.2022 81 million rabies medicines were received from the German government.

Mr. Nicolas Lamade, director of the GIZ Sri Lanka program under the German government's Ministry of Economic Cooperation and Development (BMZ), officially handed over the drug aid stock to the Hon. Minister of Health Dr. Keheliya Rambukwella at the Ministry of Health.



❖ *Donations from the Korean Government*

On 17.01.2023 the Korean Government released a donation of medicines and equipment worth 43 crores. The Ministry of Health received this donation, which includes antibiotics, medication for skin diseases, and painkillers, through the coordination and cooperation of The Global Life Sharing and World Unreached People Mission.



❖ *Essential Medicine donation from the Japan International Cooperation Agency (JICA)*



On 30.01.2023 Japan International Cooperation Agency (JICA) together with the Ministry of Health held a handover ceremony of Essential Medicines at the Ministry of Health with the presence of Hon. Minister Keheliya Rambukwella, Secretary S. Janaka Sri Chandraguptha, Additional Secretary (Medical Services) Dr. Sunil de Alwis and Director General of Health Services Dr. Asela Gunawardhana.

Chief Representative of the JICA Sri Lanka office Tetsuya Yamada and senior officials from the Embassy of Japan, Health Ministry, and JICA Sri Lanka office were also present. A donation worth Rs.104 million of antibiotics and nutritional supplies was received from the Government of Japan. It is special that the Japanese government received this aid stock within a short period of 03 months at the request of the Japanese government

❖ *Eye lens donation program at Colombo Eye Hospital*



On 04.04.2023 10,000 Eye lenses were donated to the Colombo Eye Hospital. The donation was highly valued by the Ministry of Health officials and said that these lenses will be utilized in due course to expand the cataract surgery programme for disadvantaged older people.

❖ *Donation of medicines to Sri Lanka from the Government of Iran*



On 04.05.2023 medicines to Sri Lanka from the Government of Iran were donated. Among these drugs are drugs needed for many diseases including cancer, heart disease, Parkinson's, and high blood pressure.

❖ *UNDP donation of essential medicines*



Through the facility established by the United Nations Development Programme (UNDP) in Sri Lanka, Michelin Foundation channels support to procuring essential medicine given the ongoing socio-economic situation in the country and to address the identified drug shortage as highlighted by the Ministry of Health in Sri Lanka.

The Hon. Minister of Health Dr. Keheliya Rambukwella, said, “The Ministry of Health is grateful for the support provided in the procurement of life-saving medicines at a crucial time for the people of Sri Lanka, as a part of the Ministry’s efforts to address the shortage of medicines through such collaborative efforts.”

❖ *An aid package donated by the Willing Hearts organization in Singapore*



On 2023.08.21 with the initial intervention of the Willing Hearts organization in Singapore, an aid package worth nearly one million rupees was handed over to the Ministry of Health this morning. These included wheelchairs for disabled and elderly people, equipment for pregnant women and dry food, and equipment for small children.

❖ *Ophthalmic equipment received from the Sight for All – Australia*



On 2023.07.14 the ophthalmic equipment was received from the Sight for All – Australia

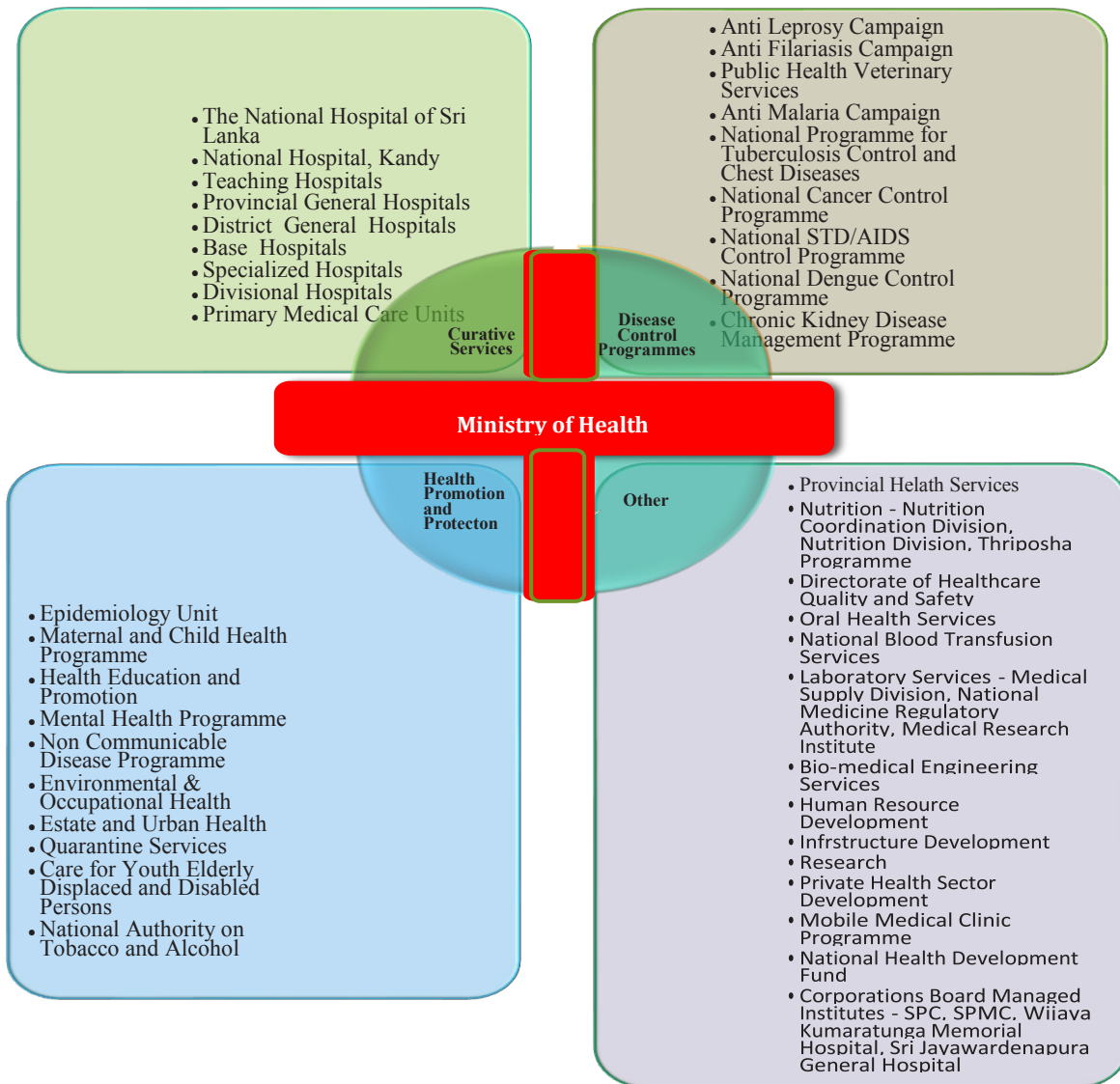
❖ *Chinese Government has donated eight mobile laboratory buses*



The Chinese Government has donated eight mobile laboratory buses valued at Rs. 600 million for early detection of kidney patients. The donation was officially handed over to the Hon. Minister of Health Dr. Keheliya Rambukwella by the Chinese Ambassador to Sri Lanka Qi Zhenhong, at the Colombo National Hospital of Sri Lanka. The Minister of Health said that although this is a huge donation, there is a high value that provides many priceless

services. Hon. Minister Dr. Rambukwella said that the support we receive from friendly countries around the world is more important and timely at a time when the country is facing a crisis.

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

In 1954 ALC was formed under Department of Health along with several other campaigns. ALC functions as a vertical program, being responsible for all leprosy related activities in Sri Lanka. ALC directorate functions under guidance of Deputy Director General-Public Health Services I (DDG - PHS I) for the last several decades. Main functions of ALC include formulating of policies, program planning, program implementation, collection and dissemination of information related to leprosy and research to improve the evidence base for disease control.

The directorate of ALC consists of Director's office at welisara, Central Leprosy Clinic at NHSL OPD (Room no-12) and Leprosy hospital at Handala

Vision

Leprosy free Sri Lanka.

Mission

To stop transmission of the disease, reduce stigma, plan, and implement cost-effective quality leprosy services to all persons affected by 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 2022

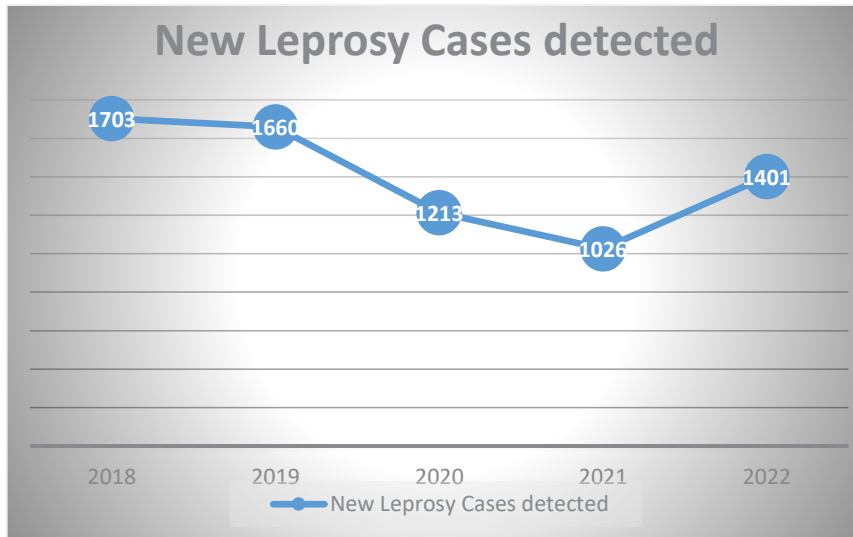
- LIFE Sri Lanka social marketing campaign was launched at the auditorium of Ministry of Health on 16th of August 2023 to increase the awareness on Leprosy.
- Art competition among school children on Leprosy was conducted in five selected districts to increase the awareness among children and parents.
- Training session for the District Leprosy Control team was conducted to refresh the knowledge on Leprosy
- Training programmes for Ayurveda physicians were conducted in selected districts
- Special Leprosy control programme was conducted in Batticaloa district

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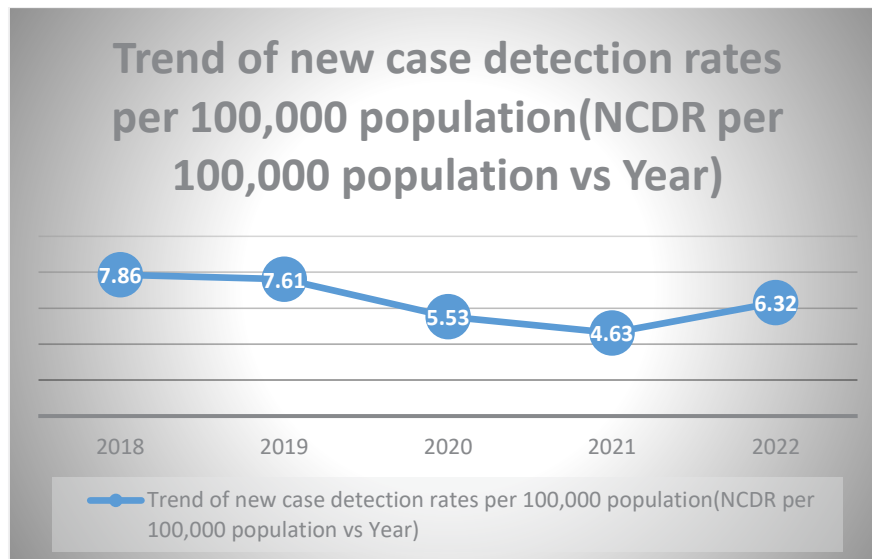
- Historical Contact tracing in high-risk districts was initiated to screen the contacts of Leprosy patients who were identified in the year 2017.
- Anti- Microbial Resistance protocol was developed.
- Standard Operational Procedures (SOP) for contact tracing was developed.
- Pictogram was redesigned to be used in school medical inspections.

Performance trend 2018-2022

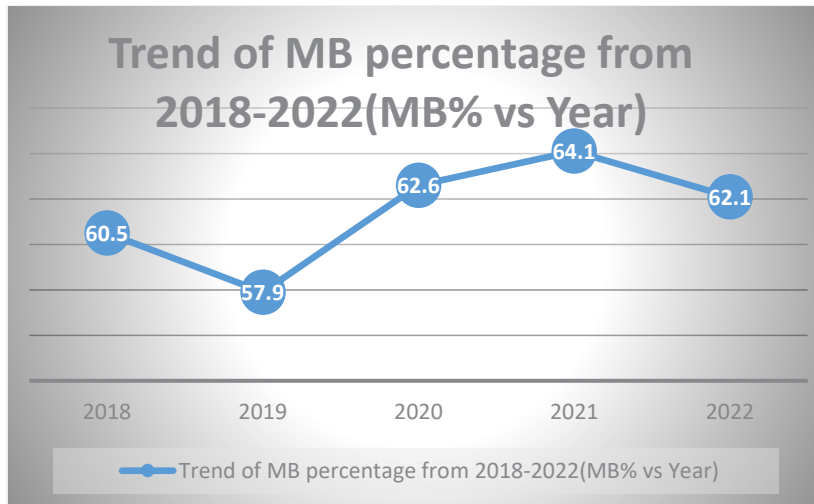
New Case Detection Rate



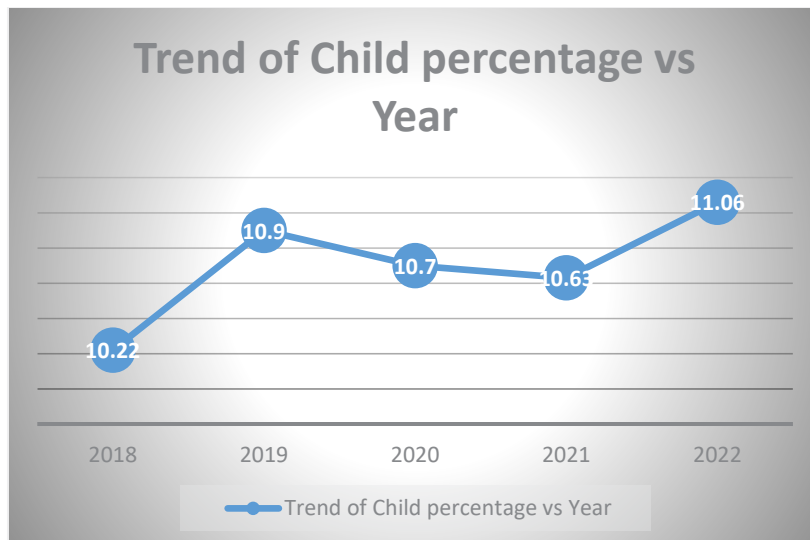
Trend of Recorded New Case of leprosy from 2018-2022



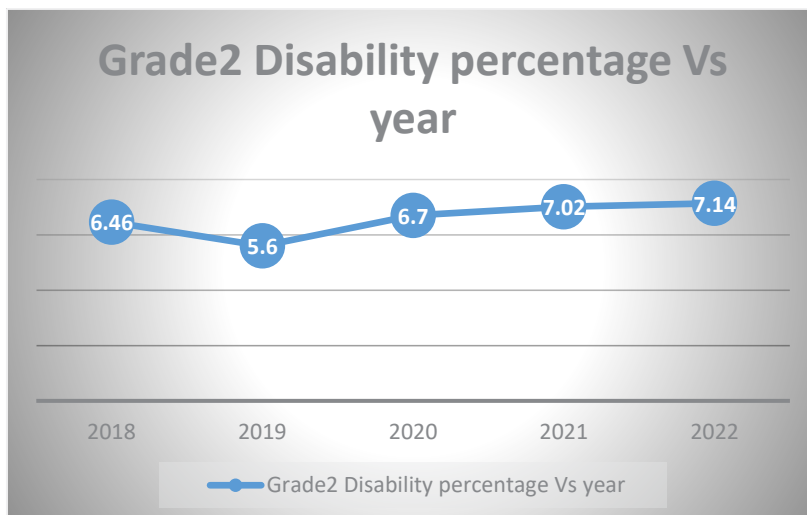
Trend of New Case Detection Rates of leprosy from 2018-2022



Trend of MB percentage at the time of diagnosis of leprosy cases from 2018-2022



Trend of Child case percentage of new leprosy cases from 2018-2022



Trend of Grade 2 deformity percentage at the time of diagnosis from 2018-2022

4.1.2 Anti Filariasis Campaign

Introduction

Anti Filariasis Campaign is the public health specialized institution responsible for eliminating lymphatic filariasis (LF) from Sri Lanka. LF was eliminated as a public health problem in 2016. Now the programme is post-validation surveillance phase and continue entomological, parasitological and disease surveillance in formerly endemic eight districts in south-western coastal belt in Sri Lanka.

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

General objectives

To interrupt transmission of bancroftian Filariasis in Sri Lanka by 2030

To reduce the burden of lymphedema due to filariasis infection in Sri Lanka by 2030

Specific Objectives

- To strengthen the parasitological surveillance and control activities to reach 0% bancroftian microfilaria rate by 2030
- To strengthen the entomological surveillance and vector control activities to reach 0% mosquito infected rate in bancroftian filariasis vector by 2030
- To reduce number of new lymphedema patients reported due to filariasis by 50% by 2030
- To prevent progression of filarial lymphedema into elephantiasis and prevent disabilities of affected individuals by improving morbidity management services

Achievements/ special events in 2022

- Completed capacity building programmes of curative health staff in all eight endemic districts.



- Completed capacity building programmes of public health staff in 20 endemic and non-endemic districts.



- Completed capacity building programmes of new lymphedema patients attending morbidity management and disability prevention clinics in all endemic districts and AFC headquarters.



- Completed capacity building programmes of health staff in nine non-endemic districts.



- Conducted a soft-skill development programme for Public Health Field Officers in Western Province.



- External Evaluation of the Filariasis elimination programme was completed with the support of World Health Organization.
- Carried our special night blood film programme in an Army camp, Vavuniya with the support of Regional Malaria Officer/ Vavuniya

PERFORMANCE AND PROGRESS REPORT 2023

- Immigrant screening for lymphatic filariasis was continued through International Health Unit and through active screening of work places.
- Nine best practices sharing sessions along with annual district reviews were conducted in all endemic districts with participation of regional field staff and one in AFC headquarters
- One Technical Advisory Group meeting was conducted chaired by the Director General of Health Services
- Development of a web based surveillance system

Ongoing Development project details

Project Description	Total Estimated Cost	Physical Progress by 31.12.2022	Financial Progress by 31.12.2022
GOSL			
Procurement of reagents	4.00	Completed	1.39
Calibration of laboratory equipment (Service charge)	0.50	Completed	0.35
Procurement of material and equipment needed for entomological surveillance	4.20	Completed	0.15
Technical guidance in maintaining elimination status of Filariasis (TAG)	0.05	Completed	0.04
Monthly & Quarterly Review Meetings with Regional Medical Officers (RMO) (stationary) - 8+ 4	0.13	completed	0.06
Development of ISO certified parasitology lab	1.00	Partially completed due to lack of funds	0.14
WHO			
Best practices sharing among Regional Anti Filariasis teams (09 Programmes)	0.71	9programmes completed	0.60
Local training -Non-Endemic Capacity building of national health staff-2 years	2.00	9programes completed	1.12
Local training -Endemic district Capacity building of national health staff-2 years	1.80	8programes completed	0.79
MMDP training programme for lymphoedema patients	0.90	9programes completed	0.60
Lymphatic Filarisis programme evaluation through epidemiological, economic, entomological and parasitological assessment to facilitate evidence informed strategy formulation to reach total elimination targets	6.60	completed	0.66

Last 5 years Performance trend

Parasitological surveillance

Parasitological surveillance is carried out by field staff and laboratory staff under supervision of Regional Medical Officer/ Filariasis control. Main diagnostic method used is the night blood film. Microfilaria rate (percentage of positive samples out of all collected) and microfilaria density (average number of microfilaria present in one milliliter of blood) are the indicators used to assess the progress towards interruption of transmission in the country.

From 2016-2022 country recorded total of 909 cases with active infection. This number includes positive patients of migrant workforce in Sri Lanka. Figure 1 shows the number of patients with active infection from 2016-2023 by species in indigenous patients and migrants.

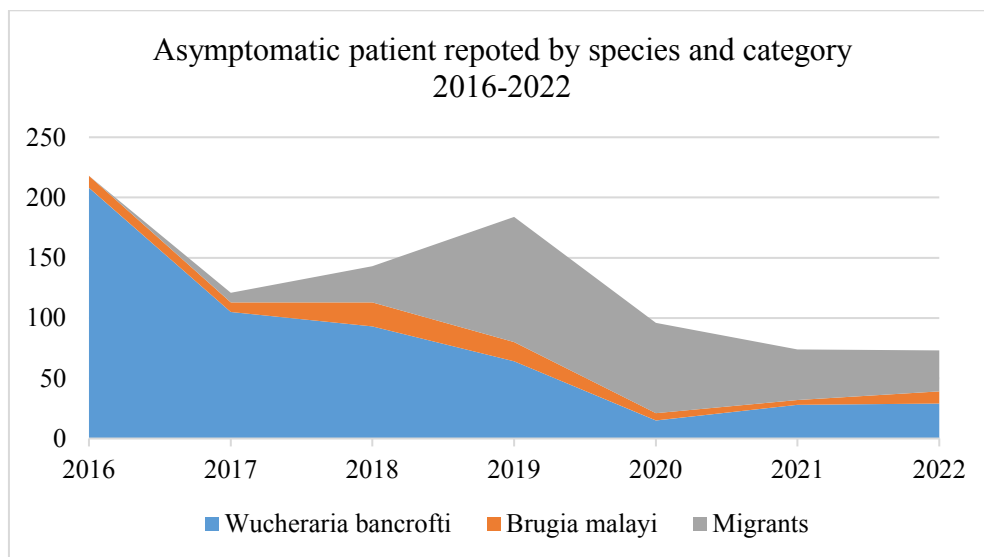


Figure 1. Number of cases by species and category of presentation 2016-2022

Figure 1 shows reduction in indigenous microfilaria positive patients during post-validation phase. Further, it shows that observed reduction of indigenous cases are gradually replaced by migrant cases. Analysis of positive patient data showed statistically significant higher microfilaria rate (mean difference=3.36, $p<0.001$) and microfilaria density (mean difference=367.98, $p<0.01$) among migrants compared to indigenous patients.

Geographic distribution clearly shows that the cases are confined to coastal border even within endemic areas except in Northwestern province.

Figure 2 shows trends in microfilaria rate compared to total number of screening done from 2016-2022.

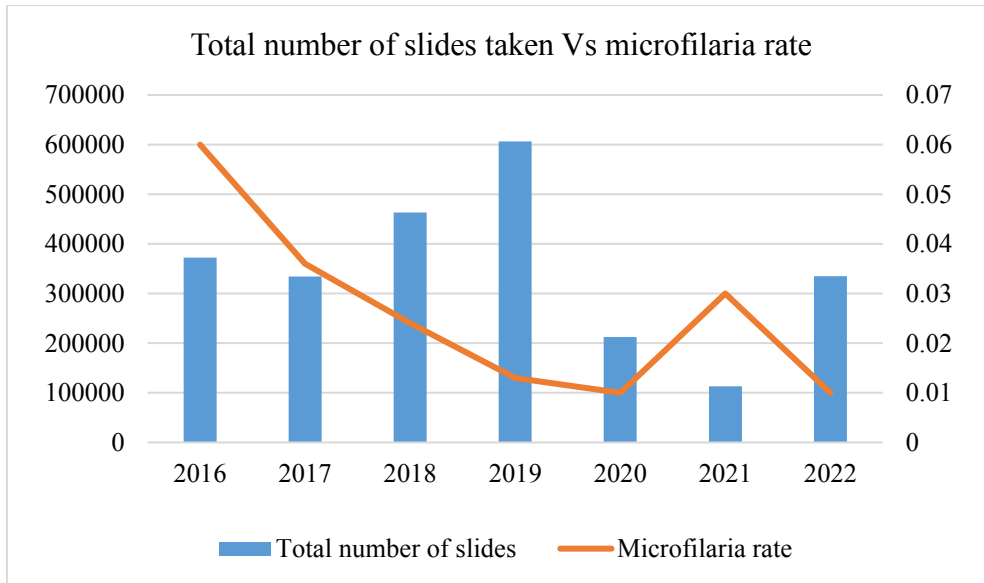


Figure 2. Microfilaria rate by year in endemic districts

Graph shows clear reduction in microfilaria rate with current strategies of elimination; entomological surveillance guided parasitological surveillance. Since the screening programme was interrupted with global pandemic of COVID-19, there was a massive reduction in screening during 2020 and 2021. This adversely affected increase in microfilaria rate in 2021. In 2022 screening rates were increased.

Screening of immigrants was initiated in 2017 and large number of immigrants are screened for filariasis through screening in work settings and through screening during inbound health assessment. Total of 34 patients were detected positive through night blood filming in year 2022 (Figure 3).

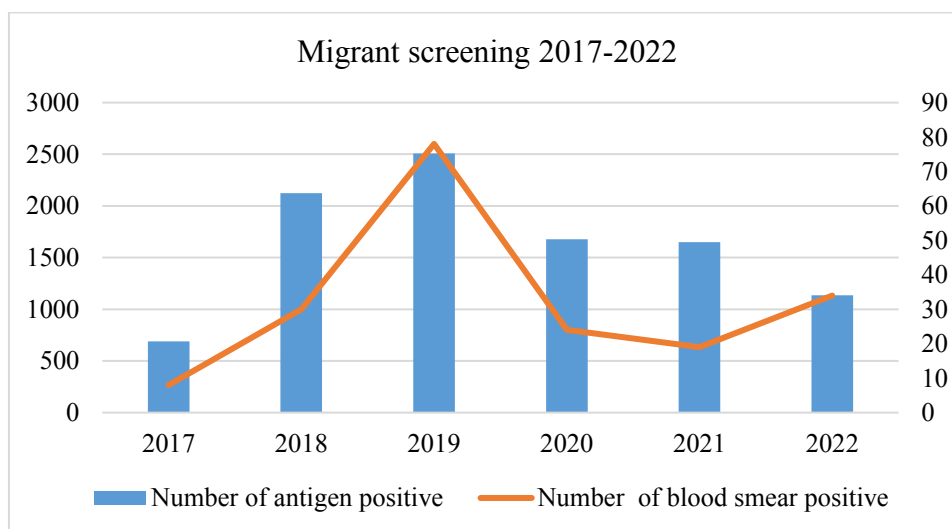


Figure 3. Immigrant screening from 2017-2022

Entomological surveillance

Entomology surveillance is carried out for both vectors responsible for transmission of lymphatic filariasis in Sri Lanka; *Culex quinquefasciatus* and *Mansonia* species. Adult *Culex* mosquitoes are collected either through gravid traps or indoor hand collections.

Adult *Mansonia* mosquitoes are collected through cattle baited net traps and indoor hand collection. All indoor hand collected mosquitoes and proportion of gravid trap or cattle baited net trap collected mosquitoes are dissected to visualize microfilaria or larval stages and 50 nos. of gravid trap collected *Culex* mosquitoes from each trap and 25 nos. of *Mansonia* mosquitoes from each sub species collected within cattle baited net trap are pooled and subjected to genetic detection of parasitic DNA by polymerase chain reaction.

Findings of dissected mosquitoes are used to calculate infected and infective mosquito rates. Parasitological human surveys are initiated based on positive findings of vector surveys. Figure 4 and 5 shows infected rates and infective rates in each endemic district by year. Infected rate is the percentage of mosquitoes positive for any parasitic stage. Infective rate is the percentage of mosquitoes positive for infective stage (L3) larvae. Mosquito positivity for parasitic stages is continuing in all endemic districts except in Kurunegala.

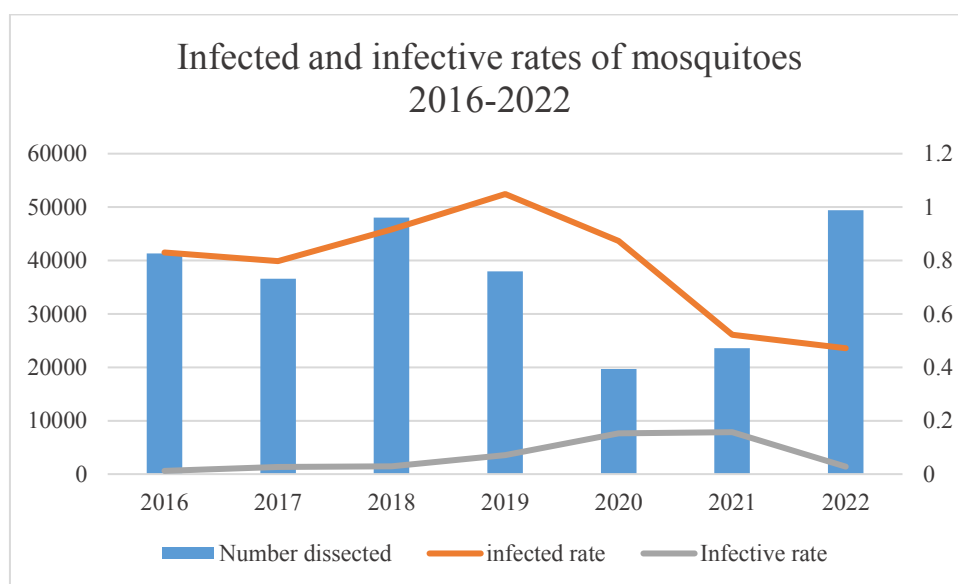


Figure 4. Infected and infective rates of mosquito compared to total mosquitoes dissected from 2016-2022

Higher rates of infective mosquitoes are seen in Galle and Matara which is compatible with higher case load in these districts.

Morbidity management

Chronic complications of filariasis range from simple lymphedema to elephantiasis. These lymphedema patients need close follow up to prevent progression into elephantiasis. Morbidity management programmes focus on identifying patients with lymphedema and providing services. Figure 5 shows the number of new and subsequent visits registered and followed up in morbidity management clinics in endemic districts by year.

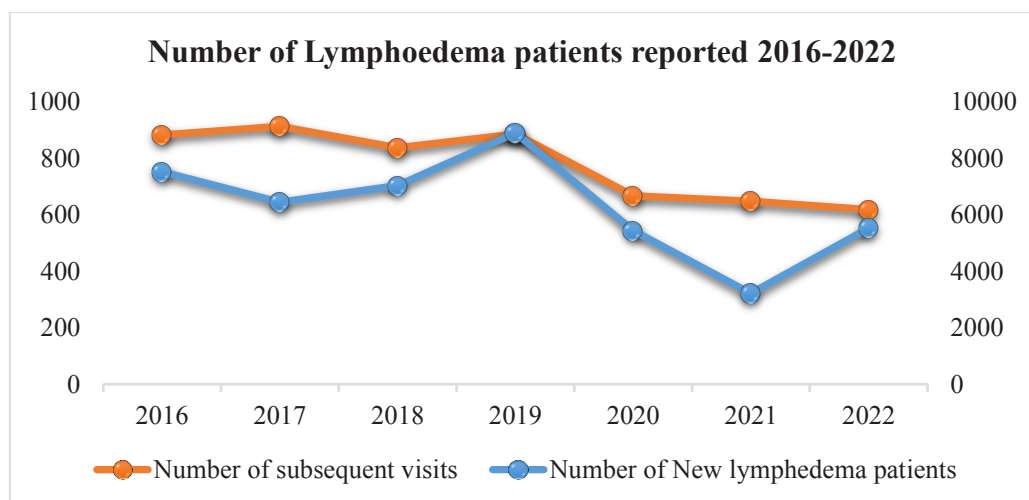


Figure 5. Number of subsequent visits and new registration of lymphedema patients in morbidity management clinics.

On average 643 new lymphedema patients registered in morbidity management clinics in endemic districts per year. Average subsequent follow up visits for morbidity management clinics was 8068 per year. Reduction in visits were observed during 2020-2021 due to COVID-19 outbreak in the country.

Majority of patients present to morbidity clinic with early stages (82%). Majority (42%) of patients were presented in the age group of 41-60 years and sex distribution showed slightly higher male preponderance (53%).

Non-endemic surveys

There are 17 districts non-endemic for filariasis. Entomological and parasitological surveys in non-endemic areas were initiated in 2017. This was initiated with the aim of ensuring sustenance of non-endemicity in said districts.

Since then nine districts (Rathnapura, Monaragala, Trincomalee, Kegalle, Kandy, Mannar, Anuradhapura, Ampara and Badulla) (Table 1) have been covered with surveys. One or two PHI areas in selected MOH areas in non-endemic districts were identified to assess transmission of filariasis. Districts were prioritized based on past records, geographical vulnerability (adjacent to the endemic districts), urbanization and migration of population. Rambukkana, Embilipitiya, Trincomalee and Muthur MOH areas showed positive mosquito results for filariasis but all human surveys conducted were negative.

Special development activities planned for 2023

- Special survey in Kalutara on “Effectiveness of current parasitological techniques for detection of persistent Bancroftian filariasis during the post-validation period in an endemic area in Sri Lanka”
- Transmission assessment survey in Kurunegala
- Introduction of zoonotic surveillance and treatment of animals to control Brugian filariasis

- Mass drug administration in localities with positive patients and in work settings with immigrants
- Conduct in-service training programmes to develop soft skill among field officers

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

- ❖ To strengthen the monitoring of rabies control activities to eliminate dog mediated human Rabies incidences by 2025
- ❖ To collaborate and communicate with stakeholders to increase the dog vaccination coverage
- ❖ Improve the surveillance on animal rabies and dog bites

Achievements/special events in 2022

- ❖ Conducted school children awareness programme Ja-Ela (grade 10-12) about the importance of Rabies Day prevention of the disease - Collaboration with Lions Club
- ❖ Special programme to promote responsible pet ownership
- ❖ Mobile vaccination clinic with spay & neuter service



Ongoing Development project details

Project Description	Total Estimate cost	Physical progress by 31.12.2022	Financial Progress by 31.12.2022
1) Female dog sterilization	68.9	30408 female dogs sterilized.	74.269
2)Enhanced community awareness on rabies control through community leaders	0.175	06 programs conducted	0.222
3) In service training on rabies post exposure treatment and introduction of new circular (PET)	0.2	03 programs conducted	0.123
4) In-service training program for district rabies control PHII and Vaccinating Field Assistants	0.39	12 programs conducted	0.302
5) Commemoration of World Rabies Day - National program & Production of IEC material and documentary	0.5	Development of IEC materials (banners) for public awareness	0.493
6) Conducting progress review meetings (national & district levels)	0.1	Conducting 01 pro. as an online meeting	-
7) Purchasing of furniture & office equipment & Re-structuring of office environment (PHVS & DPCC Handala)	4.6	Printing 50 copies books of the NSP (initial payment)	0.198
TOTAL	75		75.607

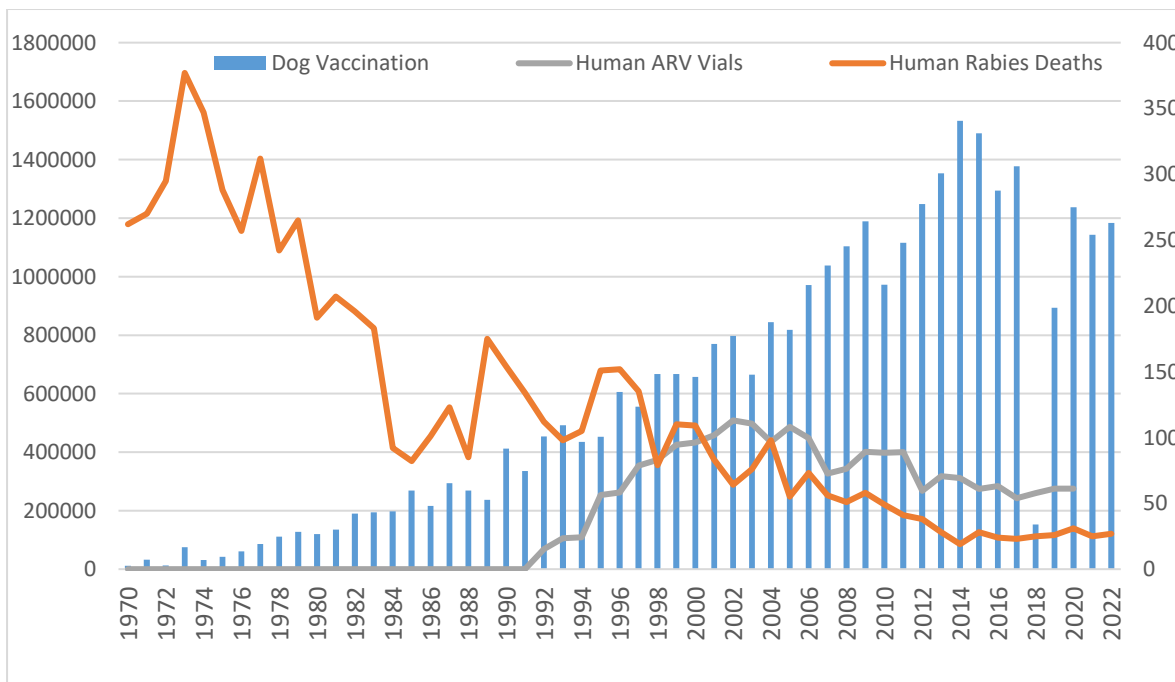
Last 5 Years Performance Trend

Dog Sterilization

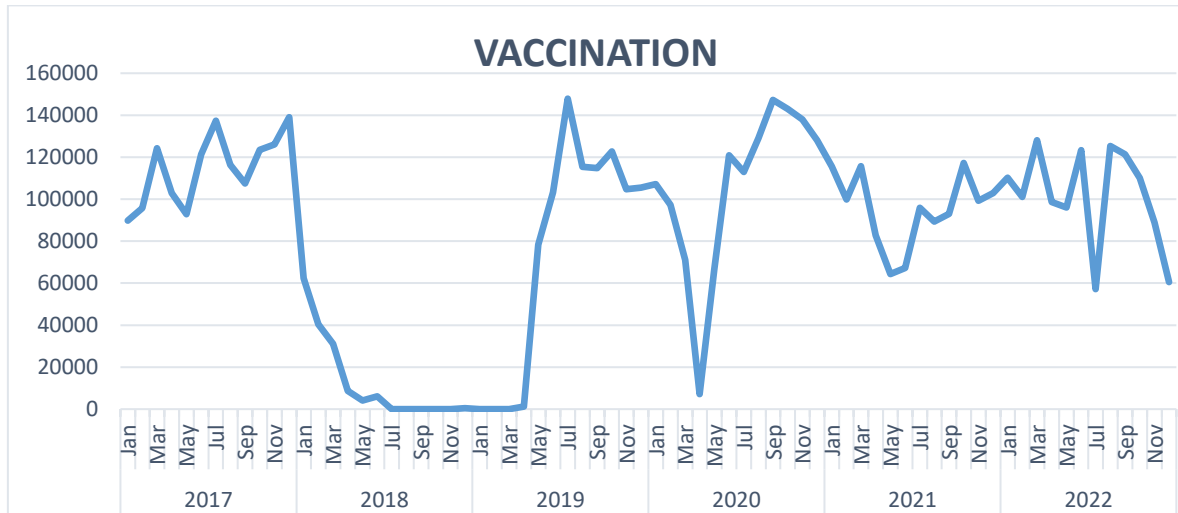
	Jan	Feb	Mar	Apr	May	Jun
2018	62368	40445	31127	8659	4063	6076
2019	0	0	0	1265	78378	103269
2020	107148	97239	71127	7131	66769	120890
2021	115377	99664	114349	82495	64164	67009
2022	110248	101117	128126	98700	96051	123365

	Jul	Aug	Sep	Oct	Nov	Dec
2018	0	0	0	0	0	499
2019	147893	115418	114819	122794	102850	105644
2020	113022	129190	147245	142983	138019	128024
2021	95839	89455	93149	130819	113357	118265
2022	57236	125376	121371	110058	96718	60501

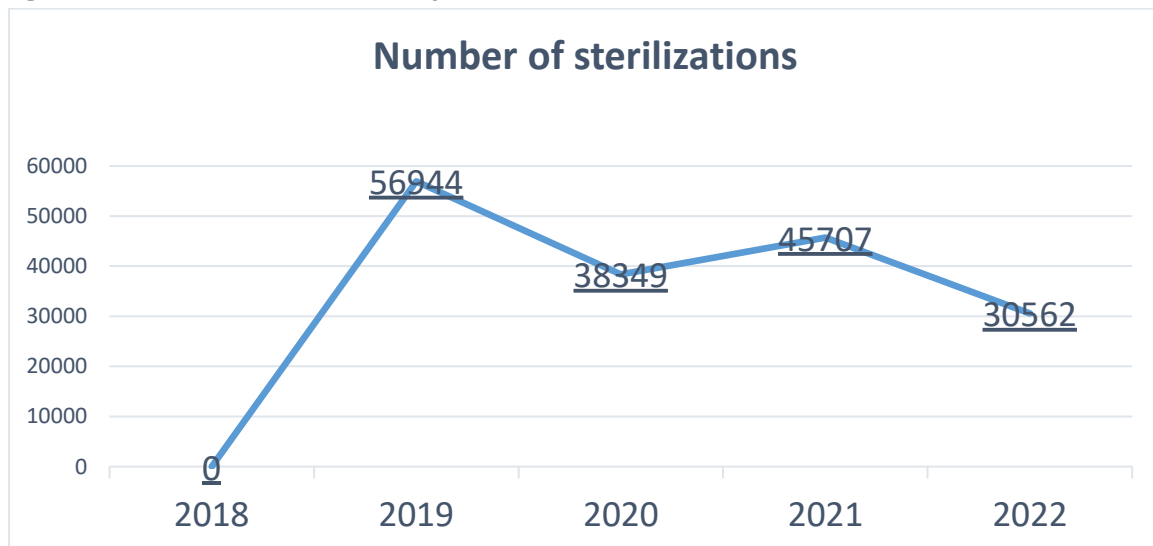
Trend of Human Rabies against Rabies control and prevention activities 1972 - 2022



Vaccination



Dogs Sterilization data in last 05 years



Special Development activities planned for 2023

- To conduct Integrated Bite Case Management program on selected districts
- Gene sequencing of Rabies virus with the collaboration of MRI & Department of Wildlife

4.1.4 Anti-Malaria Campaign

Vision

Malaria-free Sri Lanka.

Mission

Plan and implement a comprehensive programme to sustain intensive surveillance, comprehensive case management, outbreak preparedness, providing information to travelers and high-risk groups, and rapid response for prevention of 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 of the year 2022 and 2023

- Sri Lanka continued to maintain malaria free status in 2022. Sri Lanka was certified as malaria free by the World Health Organization in 2016. The last indigenous case was reported in 2012.
- Thirty seven imported malaria cases were reported in 2022 and 35 cases as at August, 2023. All patients were promptly detected and treated free of charge including foreigners. Most cases were from African countries. No indigenous transmission of malaria from reported malaria cases.
- All anti-malarial medicines were available in adequate stocks. WHO support was extended by providing all antimalarial medicines, prophylactic drugs, other essential commodities and other activities including training and guideline development, to prevent re-establishment of malaria.
- To provide accessibility for travelers to obtain prophylactic medicines, all districts were provided with prophylactic medication. So, all travelers to malaria endemic countries receive anti malaria prophylactic treatment. Anti-Malaria Campaign is extending free service by providing online registration portal for malaria prophylactic treatment.
- Anti-Malaria Campaign (AMC) continued its awareness program for travelers with priority given to Beruwala, Ratnapura and Galle, as frequent travelers in the gem trade were found in these areas. Clinician awareness was strengthened via SMS, physical (20 programs) and virtual meetings all over the island especially in Northern Province and Kalmunai where malaria transmitting vector was abundant while illegal travelling took place.
- AMC database was improved with introduction of risk group databases for all districts. The information on travelers to endemic countries received by many sources was shared with Regional Medical Officers/ Malaria (RMO) enabling them to follow

and screen these risk persons for malaria once returned. Risk groups are being followed up via online systems and WhatsApp groups.

- Press briefing to commemorate 'world malaria day 2022' was done with launching of the 'PROMIS – Prevention of re-establishment of malaria in Sri Lanka' initiative social media campaign. A Facebook post and You Tube video competition was held among health institutions to refresh knowledge on malaria among health staff and enhance public awareness. Two press briefings and many mass media programmes were held in 2023 to increase public awareness.
- Digital Panel to create awareness among travelers on the importance of preventive measures and testing for malaria was installed at Bandaranayake International Airport. Additional digital media will be displayed at the airport in future. Digital panels will be placed at the international airport, Jaffna and Ferry service waiting area as there are many travelers from India.
- An online platform was developed to monitor the island wide availability of anti-malaria medicines at the central level. All necessary activities related to detected cases (including primary and secondary parasitological surveillance, entomological surveillance, vector control) have been included in the online platform.
- Quality of parasitological surveillance was strengthened by training of blood bank staff (25 programs) on slide preparation, national competency assessment for malaria microscopy (5 training), external competency assessment for malaria microscopy (one), (NAAT EQA) two programs, training of Public Health Field Officers (PHFO), Public Health Laboratory Technicians (PHLT) (5 programmes), private sector laboratory staff training (2) and training on RDT usage.
- End term review and development of National Strategic Plan for prevention of re-establishment of malaria 2023 – 2027 is completed.
- Guidelines for the management and treatment of patients with malaria (2023) were updated.
- Monitoring of all PoR activities were done by Technical Support Group meetings, case review committee meetings, monthly RMO reviews, semiannual entomological reviews, and field supervisions at selected districts.
- Anti Malaria Campaign has been identified as the focal point of the Ministry of Health for prevention and control of Leishmaniosis in 2022 and the development of the national strategic plan is ongoing.

Improving the quality of malaria microscopy



Public announcement at Beruwala Gem market



Screening of gem traders



Galle District stakeholder meeting



Matale District stakeholder meeting



Training of Regional Malaria Officers



Awareness for Sri Lanka Netball Team



Malaria Day 25th April 2023 Addressing



Screening of refugees from Myanmar
Media



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Stakeholder meeting for leishmaniosis at AMC Headquarters



Field visits in Kurunegala for Leishmaniosis activities



Director, Global Malaria Programme and Regional Advisor/ Malaria, SEARO visited Anti Malaria Campaign Headquarters



Key Performance Indicators		Progress			
		Target for 2022	2020	2021	2022
1	Number of indigenous cases	0	0	0	0
2	Number of malaria deaths	0	0	0	0
3	Percentage of suspected malaria cases receiving a test for malaria	100%	100%	100%	100%
4	Percentage of malaria cases notified within 24 hours	100%	100%	100%	100%
5	Percentage of notified cases investigated within 2 days	100%	100%	100%	100%
6	Percentage of malaria cases treated with first line antimalarial medicines according to national treatment guidelines	100%	100%	100%	100%

*** All targets were achieved for the year 2022*

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 diseases 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 behavior 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

- To find and successfully treat, on average, between 2021 and 2025, 10,000 cases of drug sensitive TB annually, including 600 children
- To successfully treat, on average, each year between 2021 and 2025, 11,600 eligible cases for TB preventive treatment (TPT)
- 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.
- To strengthen monitoring and evaluation of TB control activities at all levels
- To significantly increase the quality and quantity of operational research studies on TB
- To significantly improve the organization and management and control of TB activities

Achievements/ special events in 2022

Early detection and improvement of health outcome

- In view of strengthening the active case finding and thereby increasing the TB case detection among high-risk groups, screening of prisoners, and other high-risk groups and hard-to-reach populations using the Active Case Finding (ACF) algorithm was conducted at the district level. In addition, collecting sputum samples from homebound elderly for GeneX-pert through locally active field health officers was initiated at the district level to screen for TB in high-risk settings.
- Aiming for the capacity building of the chest clinic staff, several training programs were conducted during the year at the central level and district level. Modular training for District Tuberculosis Control Officers/Medical Officers and modular training for nurses and PHIs were conducted successfully at the NPTCCD with the physical participation of trainees.
- Programme on capacity building on laboratory diagnosis of TB by WHO was conducted in November 2022.
- Procurement of lab equipment, consumables, and X-pert MTB/Rif cartridges was done to assure the smooth functioning of the laboratory diagnostic services to enhance the TB diagnostic capacity. Procurement of quality-assured anti-TB drugs is going on to maintain uninterrupted drug distribution throughout the year 2022.
- Establishment of peer groups per estate to educate and motivate TB patients was initiated and carried out successfully in 2022.
- In order to implement LTBI guidelines, sensitization of clinicians on LTBI guidelines was done.

Health Education and Health Promotion

- In view of improving awareness and treatment adherence among patients, an SMS alert system
- For already diagnosed TB patients has been initiated and is proceeding.
- In view of sensitizing the clinicians regarding TB, an SMS alert system has been initiated for
- Clinicians and General Practitioners (GP) who are practicing in the country.
- Provision of IEC materials to private health institutions was carried out to strengthen awareness
- in the community
- World TB day was commemorated on 24th March by conducting special programmes , namely
- School art competitions, to increase the general population's awareness.

Monitoring and Evaluation

- To monitor the TB care services at the regional level, NPTCCD conducts regular supervisory visits and review meetings. In 2022, supervisions were carried out in 21 out of 26 districts. The supervision included visits to District Chest Clinics as well as

selected microscopic centers. Discussions were held with the district-level administrative authorities afterward.

- To review the implementation of TB care services at the district level, four review meetings for District Tuberculosis Control Officers (DTCO) were conducted to assess the performance at the district level.
- In view of minimizing the number of preventable deaths that occur in the country, district-level death reviews and one central death review was conducted.

Last 5 years' Performance trend

1. Supportive data: (graphs and charts)

Figure 1: Incidence Rate and WHO Estimated rate in Sri Lanka 2000-2022

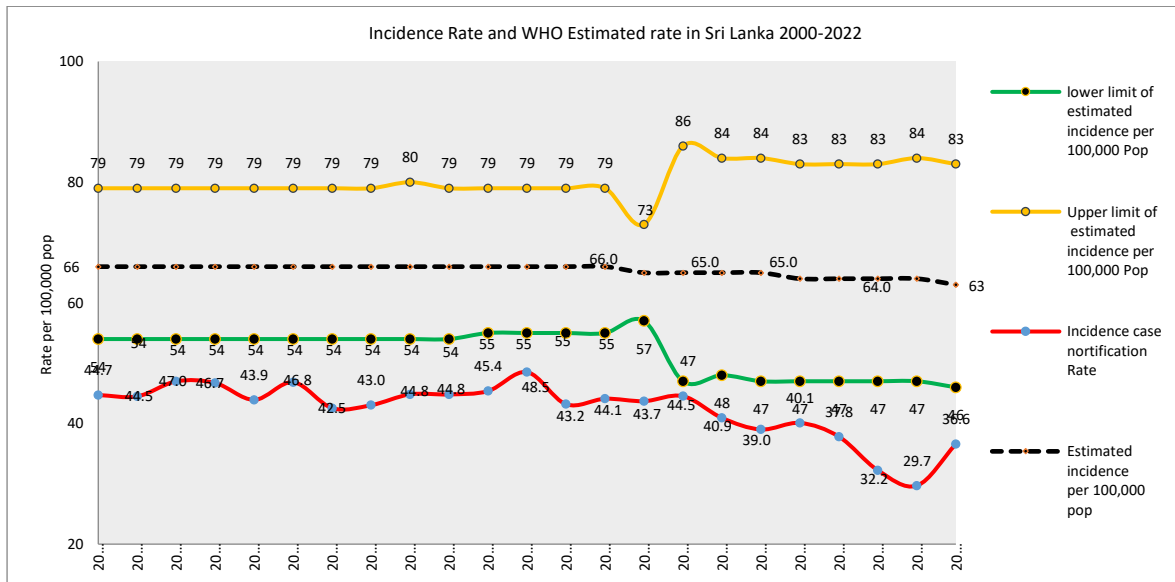


Figure 2: Trend of Case detection 2005-2022

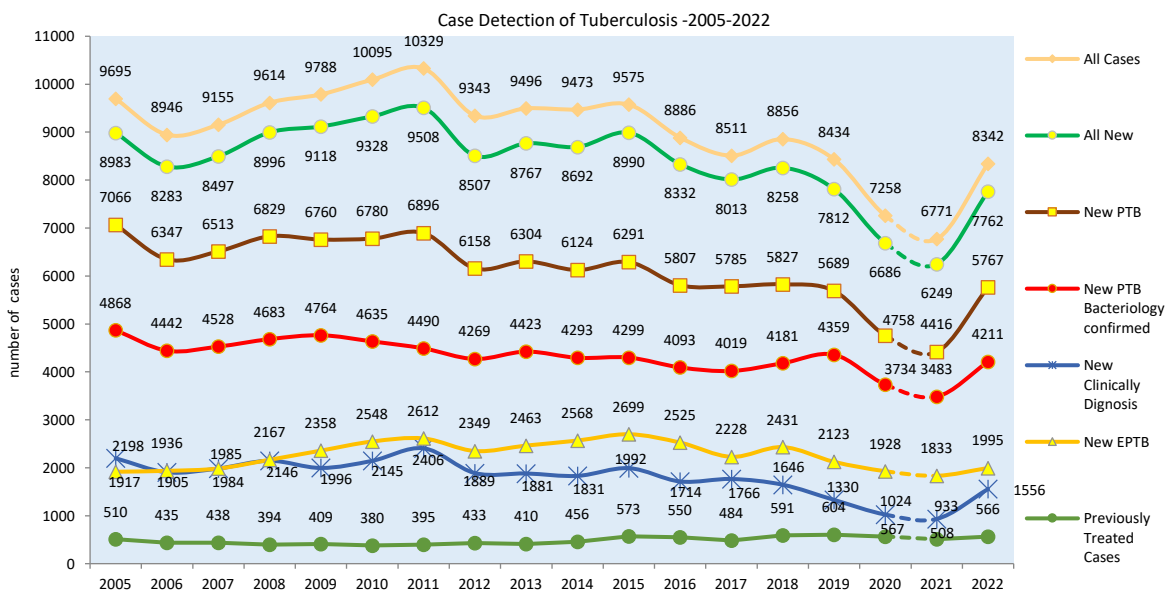


Figure 3: District distribution of TB cases in 2022

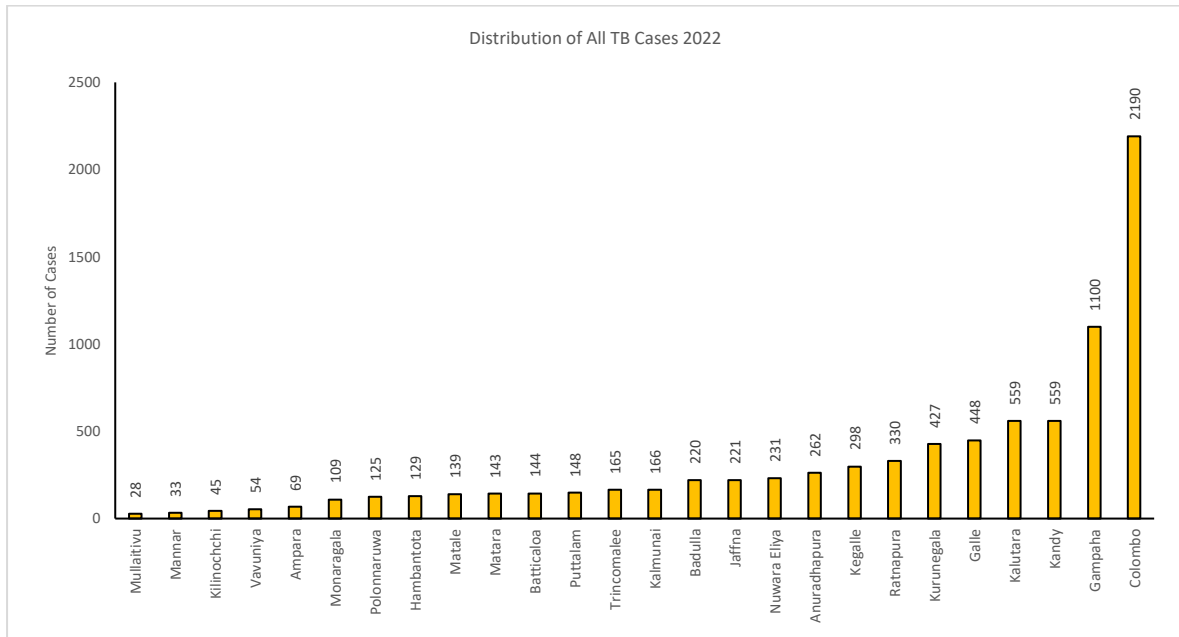


Figure 4: Treatment outcomes of new and previously treated TB patients

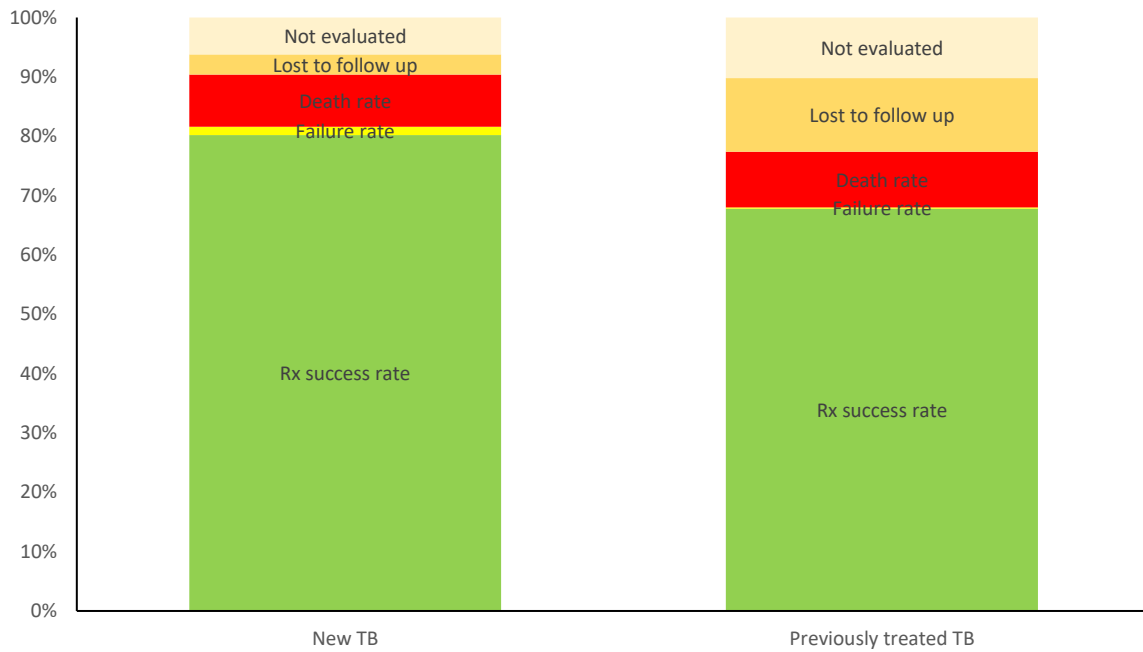
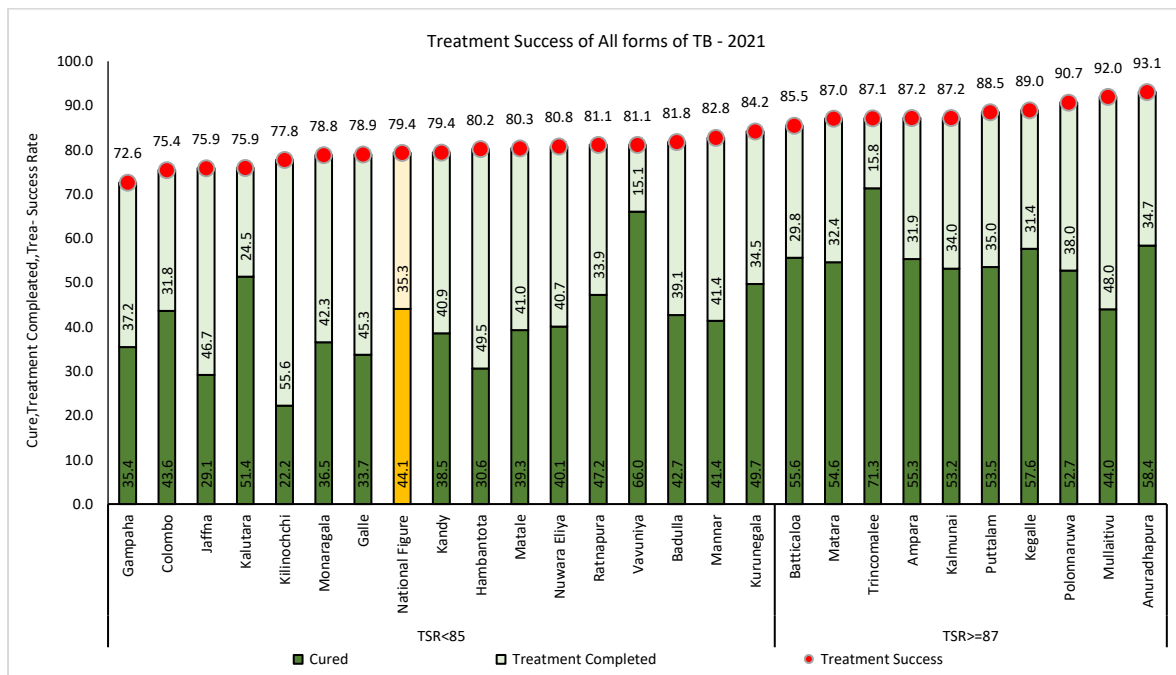


Figure 7: Treatment success rate (Cured + Treatment completed)



4.1.6 National Cancer Control Programme

Introduction

National Cancer Control Programme (NCCP) of Ministry of Health coordinates prevention and control of cancers in Sri Lanka in collaboration with other units of Ministry of Health and Provincial Ministries of Health in the country.

National Advisory Committee on Prevention & Control of Cancers chaired by the Secretary of Health gives the policy direction for the national response to prevention and control of cancers. Cancer control activities are planned, implemented and monitored according to the ‘National Strategic Plan on Prevention and Control of Cancers 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 and suffering from cancer’.

Mission

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

Objectives

- 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 program with community engagement.
- Primordial and primary prevention of cancers by addressing risk factors and
- Determinants throughout the life cycle.
- Ensure screening and early diagnosis through improved health literacy, availability of services for rapid diagnosis of cancers and linking to ensure early treatment and care.
- Ensure sustained and equitable access to diagnosis and treatment and care facilities for cancers.
- 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.
- Strengthen cancer information systems and surveillance to provide accurate and timely data to monitor the progress and evaluate the outcomes of cancer control actions.
- Promote research and utilization of its findings for prevention and control of cancers.

Achievements and special events 2022

Primary Prevention of Cancers

- An atlas was prepared to identify confirmed human carcinogens empowering health care workers to disseminate the knowledge to the community.
- All health care institutions were instructed to conduct activities commemorating 'World Cancer Day – 4th of February', 'World Head & Neck Cancer Day – 27th July'
- Training of Trainer (TOT) programmes were conducted for District focal points (e.g., Provincial CCPs, MO-NCD, MO-MCH & RDS) on prevention and control of cancers

Early Detection of Cancers

- A booklet was prepared and distributed for self-identification of behavioral risk factors for common cancers (Breast, oral, cervical, colorectal and esophageal cancers)
- Four Cancer Early Detection Centers (CEDC)s aimed at early detection and reduction of delays in treatment were established in four provinces
- An interactive website was designed to strengthen to promote early detection of breast cancer through
- For the breast cancer awareness month – October following activities were conducted
 - Awareness programmes for women in different sectors
 - Media briefings in different media networks

- News Paper articles
- Dissemination of General Circular signed by the Director General of Health Services to mobilize health care staff to promote activities early detection of breast cancers
- Oral Potentially Malignant Disorders (OPMD) clinical record was introduced to streamline the follow up for OPMD
- Non-health volunteers were identified as facilitators for self-mouth examinations and screening programmes in estates.

Diagnosis and Treatment

- Training of radiographers and physicists on radiation protection guideline and Training of radiation safety officers on the "Terms of Reference (TOR) for radiation safety officers" were conducted.
- Operational guideline for breast clinics was developed
- Comprehensive breast cancer care training for public health staff were conducted at Central Province & Northern Province
- Purchase of Multipara monitors, Syringe pumps, Infusion pumps etc. for day treatment centers (T.H Anuradhapura, C.N.T.H. Ragama, T.H. Kurunegala, D.G.H. Avissawella

Survivorship & Palliative care for cancer patients

- Guidelines and Standard Operational Procedures (SOP) were prepared for different aspects (Palliative care service provision, management of hospice and palliative care in primary care settings)
- Guidelines were formulated for establishing standardized mechanism for supplying home oxygen for patient with hypoxia
- Developed shared care model for the different levels of care and commenced piloting at the District of Kandy in Central Province
- Capacity building and training of trainers' programmes were conducted for healthcare workers and informal caregivers on palliative care

Cancer registration and research

- National Cancer Incidence Data up to 2020 has been published
- Hospital Based cancer Registries were developed for DGH Nuwara Eliya, DGH Kegalle, DGH Avissawella, DGH Hambanthota, and DGH Monaragala
- Distribution of 'WHO Classification of Tumours' (WHO Blue Book Series) to Pathology, Haematology, Oral Pathology laboratories
- Research priorities of public health importance for prevention and control of cancers were identified through stakeholder consultations and the final list was published at the web site of NCCP.

Last five years' performance trends*

Capital Expenditure

	2018	2019	2020	2021	2022
GOSL	11,217,404.65	25,179,466.15	11,392,294.34	6,314,247.16	7,771,334.01
WHO	27,036.87	1,845,539.11	664,915.63	8,019,625.22	5,920,393.24
World Bank	14,538,182.09	128,195.00	28,203,025.30	43,458,521.82	6,922,500.00
Total	25,782,623.61	27,153,200.26	40,260,235.37	57,792,394.20	20,614,227.25

Special activities planned for 2023

Primary Prevention of cancers

- Conduct Media seminars, issue circulars to government institutions for World Cancer Day and World Head and Neck cancer day
- Preparation and printing of IEC materials on cancer prevention and control
- Developing and publishing of an Atlas on confirmed carcinogens relevant to Sri Lanka

Early Detection of Cancers

- Conduct Media seminars, issue circulars to government institutions for Breast Cancer Awareness Month to promote early detection of breast cancers
- In-service hands on training programmes for Medical Officers and Dental Surgeons on early detection of Oral Potentially Malignant Disorders (OPMD) and Oral Cancers
- Establishment of three new Cancer Early Detection Centers (CEDC)
- Development of IEC materials related to early detection of cancers

Diagnosis and treatment of cancers

- Six breast clinics were established as walk-in clinics to manage breast disease including cancer in TH Kalutara, DGH Negombo, TH Kuliyaipitiya, DGH Horana, DGH Puttlam and BH Panadura.
- Establishment of an Immunohistochemistry facility in TH Batticaloa
- Comprehensive breast cancer care training for public health staff were conducted at North Central Province (Anuradhapura & Polonnaruwa districts),

Survivorship Care & Palliative care

- Develop a manual on survivorship care for health care professionals and conduct a workshop on survivorship care
- Conduct training of trainer programmes on home based palliative care (informal care giver training)

- Commemoration of World Palliative care day
- National workshop was held for sharing of experience of service providers of palliative care to improve palliative care services
- A pilot was launched to establish palliative care in districts linking tertiary care institutions and primary care including home- based services in the district of Kandy

Cancer Registration & Research

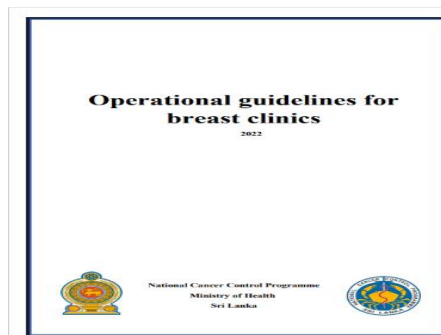
- Printing of National Cancer Registry - 2020 & 2021
- Generate research priorities on cancer research with public health importance

Leadership & Coordination of Cancer Control Activities

- Coordinate quarterly meetings on National Advisory Committee Meetings on Prevention & Control of Cancers
- Conduct Provincial Cancer Control Review meetings to strengthen cancer control activities at Provincial & district level



Annual Review of Breast Clinic Programme – 2022



Hands on capacity building programmes for dental and medical practitioners on early detection of Oral Potentially Malignant Disorders (OPMD) and Oral Cancer

4.1.7 National STD/AIDS Control Programme (NSACP)

Introduction

By the end of 2022, the National STD/AIDS Control Programme (NSACP) operates in a total of 41 full-time STD clinics island-wide, accompanied by 28 branch STD clinics. 35 clinics deliver antiretroviral treatment (ART) services. NSACP collaborates with all these clinics to ensure comprehensive treatment and care. The sole ART facility situated outside the NSACP is at the National Institute of Infectious Diseases (NIID).

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 2030

Key functions

- Coordinating the national response to the 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 counseling 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

Major achievement/special events in 2022

Overall performance during 2022

- AIDS Epidemic model was updated with new data and new estimations for the country projected through the model.
- All pre-service and in-service training was conducted by a combination of hybrid modes of meetings.
- Electronic information management system (EIMS), the electronic patient record system is currently functioning among 28 clinics in the country.

- The re-vamped know4sure.lk platform is improved and is used to reach the unreached key population. Online Outreach workers are stationed to monitor the virtual outreach intervention at selected STD clinic KP units.
- The prevention information management system (PIMS) is established and manages the ‘peer-led key population HIV prevention programme’. PIMS is currently functioning at eight (8) STD clinic KP units and with Colombo, and Gampaha districts under FPA intervention under the high-intensity model.
- Pre-Exposure prophylaxis for HIV piloted and implemented in Colombo and Hambantota Districts.
- HIV self-testing is scaled up in the country and an online system to deliver self-testing kits is established.
- 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 defaulters within three months among the PLHIV countrywide completed.
- Annual Report 2021 was developed, and the online version was circulated to all stakeholders and published online (http://www.aidscontrol.gov.lk/images/publications/annual_reports/2021/Annual_report_2021_online_version_final.pdf)
- Reviewed HIV testing in 18 hospitals and 875 staff trained for scaling up HIV testing.
- Developed guidelines for social behavioral change communication and counseling in HIV/STI.
- Revised 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 WHO global validation Committee for Sri Lanka
- National Key Population Action Plan Sri Lanka, 2022 was developed.
- Established HIV drug resistance testing in Sri Lanka.

Last 5year performance trend

Key Performance Indicator

Indicator	2017	2018	2019	2020	2021	2022
Number of cases with HIV- Newly Detected	285	350	439	363	411	518
Number of PLHIV on ART	1299	1574	1846	2166	2402	2802
Number of Children with HIV due to mother-to-child transmission- Cumulative since the epidemic Started	84	86	86	88	90	90
Percentage of HIV-positive women who received EMTCT services	100%	100%	100%	100%	100%	100%

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Percentage of babies born to HIV-positive women who tested HIV positive	0	0	0	0	0	0
Number of HIV-positive babies born to HIV-positive women who received EMTCT services	0	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	0
Percentage of people living with HIV currently receiving antiretroviral therapy (NSACP data)	36.98%	44.53%	51%	51.72%	66.59%	67.98%
Number of new HIV infections per 1,000 uninfected populations (NSACP data)	0.01	0.01	0.01	0.01	0.01	0.01

Financial Achievement against annual budget allocation 2022

Financial Source	Description	Fund Allocation (LKR)	Fund Utilization (LKR)
1. Capital Expenditure			
Ministry of Health	Building Construction	20,000,000.00	1,798,947.51
	DDG (PH)1	10,000,000.00	6,651,584.00
	Service Agreement	1,163,573.64	1,163,573.64
	Subtotal	31,163,573.64	9,614,105.15
UNFPA	Consultative workshops, advocacy programmes, the printing of the publication	750,000.00	750,000.00
WHO	Consultative workshops, and review meetings. training module	304,204,638.03	303,499,000.89
GFATM	Human Resources (HR)	95,152,040.24	54,313,918.58
	Travel-related costs (TRC)	26,778,854.20	13,042,553.32
	External Professional Services (EPS)	104,726,990.37	8,164,177.28
	Health Products - Non-Pharmaceuticals (HPNP)	154,675,778.58	74,747,363.55
	Health Products - Equipment (HPE)	12,887,856.49	2,780,143.00
	Procurement and Supply-Chain Management costs (PSM)	54,553,874.40	26,168,049.29
	Infrastructure (INF)	39,628,291.90	450,086.00
	Non-health equipment (NHE)	158,135,095.87	15,173,740.65
	Communication Material and Publications (CMP)	5,240,741.34	2,647,342.64
	Antiretroviral medicines	177,773,040.00	48,596,849.55
	Office-related costs	2,534,543.17	103,923.93
	Indirect and Overhead Costs	603,604,258.61	15,215,214.55
	Sub total	1,435,691,365.19	261,403,362.34
Total Capital Expenditure		1,470,365,222.91	1,470,365,222.91

Financial Source	Description	Fund Allocation (LKR)	Fund Utilization (LKR)
2. Recurrent Expenditure			
Ministry of Health	Personal Emoluments	169,807,200.25	170,870,927.73
	Traveling Expenses	372,800.00	284,110.00
	Supplies	5,942,500.00	4,441,004.41
	Maintenance Expenditure	3,500,000.00	1,624,969.77
	Services	10,530,000.00	15,006,716.02
	Transfers	1,361,000.00	309,128.93
	Reagents	24,177,575.87	23,955,991.72
	Training Allowances	14,500,000.00	12,630,430.40
	Antiretroviral drugs	47,717,138.22	47,717,138.22
Total Recurrent Expenditure		277,908,214.34	277,908,214.34
Grand Total (LKR)		1,748,273,437.25	2,049,717,791.20

4.1.8 National Dengue Control Programme

Introduction

In 2023, up to 15th June, 44,100 dengue patients have been reported to National Dengue Control Unit (NDCU): Nearly 50% of the patients are reported from the Western province. Kandy, Kurunegala, Galle, Ratnapura, Kegalle, Trincomalee and Batticaloa districts are other major districts that have contributed less than 8% each to the national level.

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 2022

- In the pilot study of the Wolbachia research project launched in collaboration with the World Mosquito Programme of the Monash University, evaluation phase was commenced by half-yearly field data collection.

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- Four 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.
- Training of Medical Officers (198) and Nurses (289) attached to “high burden” hospitals at the NIID to strengthen clinical management on dengue.
- Further reduction of the Dengue Case Fatality Rate from 0.12% in 2020 to 0.09% was achieved in 2022.
- Development of a comprehensive web-based dengue disease surveillance system under the administration of the National Dengue Control Unit was completed.
- Review were conducted at the national level and “high-risk” districts on outbreak situation and control measures.
- Finalization of the web-based dengue disease surveillance system
- International research and innovations symposium: Dengue amidst the pandemic 2022 (completed)

Last 5 year performance Trend

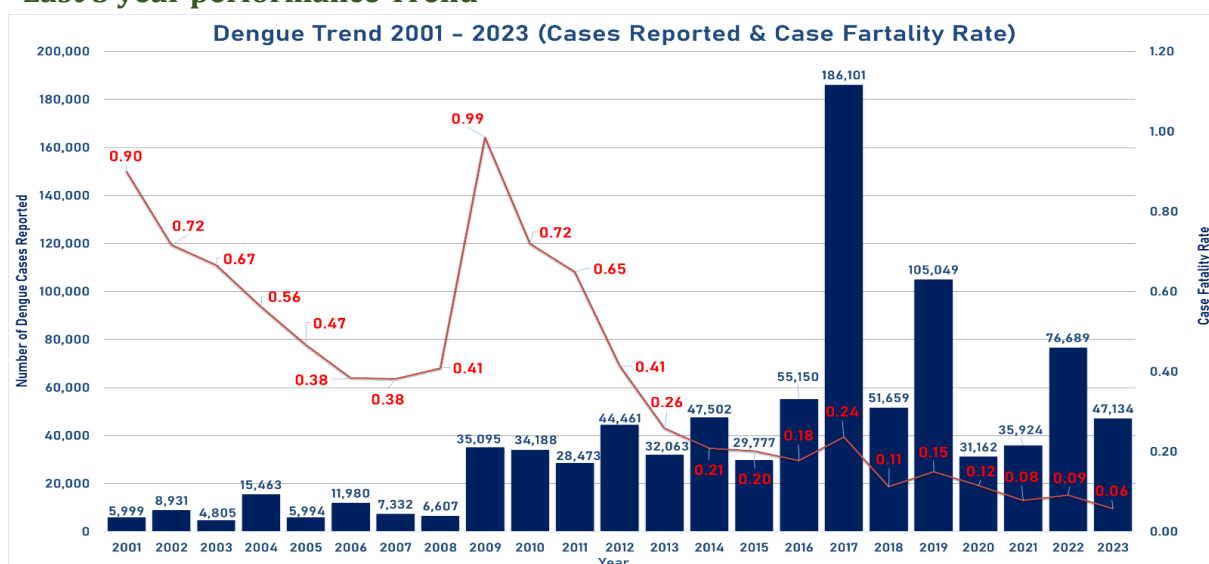


Fig 1: The Epidemiological trend and Case Fatality Rate from 2001 to 2023

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

Table: Special Mosquito Control Summary 2022

Premise	No. of premises visited	No. of potential premises	%	No. of premises with larvae	%	Number corrected	%	Notices Issued	Legal Actions
Houses	241,636	63,739	26.4	9,626	3.9	53,517	72.9	7,257	822
Schools	606	371	61.2	129	21.3	346	69.2	37	4

Other Edu. institutes	429	135	31.5	40	9.3	135	77.1	17	2
Government Institutes	834	284	34.1	106	12.7	250	64.1	44	3
Private Institutes	7,123	1,890	26.5	353	4.9	1,375	61.3	324	86
Factories	517	252	48.7	78	15.1	138	41.8	71	18
Construction Sites	1,796	873	48.6	194	10.8	601	56.3	154	21
Religious Places	993	502	50.6	187	18.8	449	65.2	51	0
Public Places	464	186	40.1	56	12.1	132	54.6	22	4
All the other places	2,102	512	24.3	58	2.7	462	81.1	96	1
Total	256,500	68,744	26.8	10,827	4.2	57,405	72.1	8,073	961

Table: National Level Key Performance Indicators from 2019 to 2023

Table 1: National Level Indicators Key Performance Indicators	Progress				2023 (till June)
	2019	2020	2021	2022	
Dengue Incidence (per 100,000 population)	481.81	141.52	162.14	345.74	441.9
Dengue Case Fatality Rate (%)	0.15	0.11	0.08	0.09	0.06
Premise Index for <i>Aedes</i> Mosquito	9.8	8.7	9.2	9.3	8.8

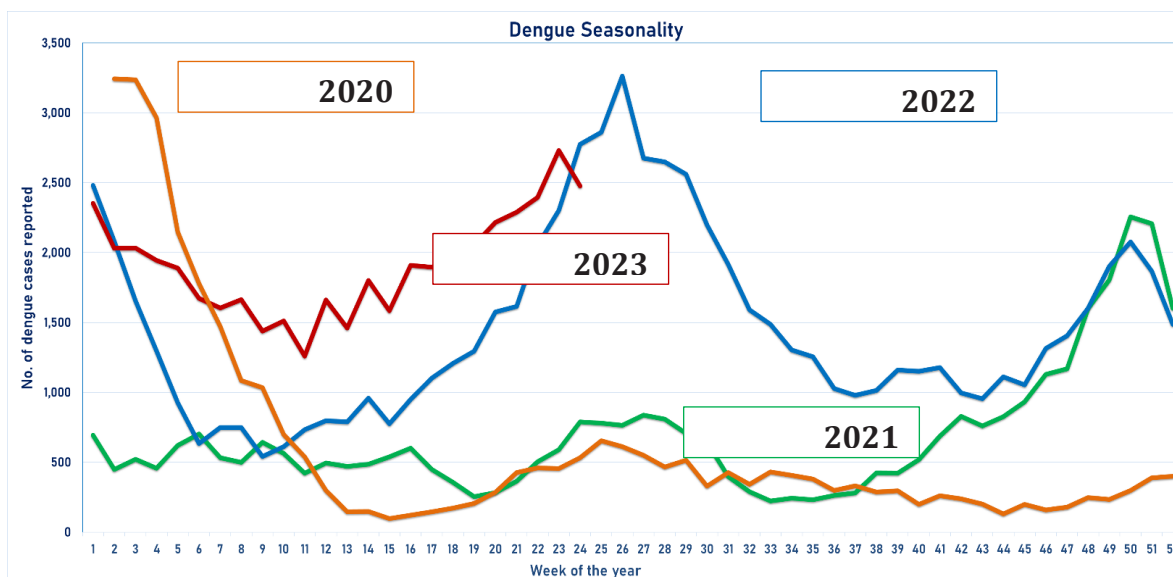


Fig 2: Seasonality- weekly reporting of Dengue cases 2020-2023

Special Development Activities planned for 2023

- Pilot and full implementation of the web-based dengue disease surveillance system
Establishment of the web-based mobile application to record entomology survey data
- Establishment of a Molecular Lab for dengue viral studies
- Upgrading central entomology laboratory at National Dengue Control Unit with new lab equipment.
- Strengthening district level entomology laboratories by provision of necessary equipment's (e.g., lab tables and chairs, laboratory racks and cupboards, A/C machines, mosquito rearing cages, double nets, prokopack aspirators, larval collecting equipment, microscopes, etc.)

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 to prevent kidney disease and provide services to patients with Chronic Kidney Disease (CKD) / Chronic Kidney Disease unknown origin (CKDu).

Vision

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

Major Achievements in 2022 & 2023

- Automation of onsite Point of Care CKD/CKDu screening system

When conducting CKD/CKDu community based screening programmes, the blood and urine samples are collected from the field and transported to the hospital laboratories to conduct the required investigations. The screening positive results are sent back later from the hospital laboratory to the relevant Medical Officer of Health (MOH) area creating a delay of several days with many confrontational situations with the public. The public

health staff of MOH Office will then search for the owners of the screening positive reports trying hard to hand them over with minimal delays. After completion of a screening programme it usually takes two to four weeks for the participants to receive the results. Only those with a positive screening result will receive the screening investigation report. A significant screening positive proportion does not receive their reports, since the MOH is unable to locate them. Therefore those who do not receive a report does not necessarily indicate that they are screening negative. Also since the screening negative persons do not get any report they do not have evidence to show that they have participated in a screening programme. And those who are screening negative with CKD/CKDu positive family history do not get a report to decide on the next screening session. Further due to the delay in getting the screening results the patients identified are discouraged to reach the hospitals for required treatment. For this entire process several vehicles of several institutions will be running up and down regularly. Therefore the fuel for transport becomes a critical issue in 16 major CKDu affected districts causing a halt in conducting screening programmes during current economic crisis.

To overcome above issues, at national level National Renal Disease Prevention and Research Unit of Ministry of Health has introduced Point of Care blood and urine analysis devices.

The Point of Care

- **Point-of-care (POC) testing refers to obtaining particular clinical data and parameters where the person is examined.**
- **Point-of-care (POC) diagnostic device is an instrument that is used to acquire particular clinical information of persons in clinical as well as resource-limited settings.**
- **Point of care devices can be used in “out of institution settings”. They give quick feedback on many sorts of medical tests.**
- **The conventional clinical diagnostic procedure requires high-end and costly instruments, an expert technician for operation and result interpretation, longer time, etc. that ultimately makes it exhausting and expensive. All these can be avoided easily using Point of Care devices.**

With this new method the investigation results can be given immediately to the person in the field itself as there is no need to send samples to hospital laboratories. This would prevent the field staff with repeated meetings with the public and repeated visits to the community. This would also directly reduce the workload of the laboratories, who are directly engaged with regular day-to-day hospital testing and also the direct transport cost for the repeated visits. Since skilled staff and maintenance is not required to run these Point of Care devices further cost savings can be gained. The approximate cost for a single cartridge to conducted 12 parameters of blood analysis within 3 minutes is approximately Rs. 1,690/= and for urine analysis with 14 parameters this is Rs 70/= while the individual costs to conduct all these tests would cost more than Rs. 15,000/= in the private sector requiring at least several hours to produce results.

Provision of Point of Care blood analysis equipment and urine analyzers has helped to conduct CKD screening programmes less contact with the public and minimal handling in COVID situation as guided by WHO. These equipment have Wi-Fi to transfer data directly to the digital databases, which can even be accessed remotely. The printed reports are given immediately to all participants of the CKD/CKDu screening programmes and those who are screening positive, referred immediately to the nearest hospital. Those who are screening negative reschedule a suitable re-screening according to their past medical and family history.

Figure 01: Screening on Point of Care blood analyzers



Provision of Point of Care investigation services for Dialysis, Transplant and Renal Units will be benefited by the public immensely during this economic crisis. As the information is stored in digital databases they can be accessed by clinicians remotely. This is a cost effective method to be used in current economic crisis situation since results are produced less than 5 minutes. The equipment do not require regular maintenance, long procedures of quality control has been significantly shortened, the results directly captured into the patient information system and do not required skilled labour (such as Medical Laboratory Technician) to operate the equipment.

- **Commissioning of eight fully equipped state of the art CKD/CKDu mobile screening laboratories**

Chinese government donated eight fully equipped state of the art CKD/CKDu mobile screening laboratories. These mobile labs were handed over to CKDu highly endemic areas (RDHS Offices of Anuradhapura, Vavuniya, Kurunegala, Trincomalee, Ampara, Matale, Badulla and New Renal Hospital Polonnaruwa) to continue community-based CKD/CKDu screening. These mobile labs can also be used to conduct required investigations on any occasions including COVID-19. The National Renal Disease Prevention and Research Unit will provide allocations annually for purchasing of chemical reagents required for these mobile laboratories.

Figure 02: Mobile CKD/CKDu Screening Laboratories



- **Completion of data collection of the joint research study with the Peking University First Hospital and the Chinese Academy of Science**

The data collection part of the joint research Study on the evaluation of novel urinary biomarkers for early detection of Chronic Kidney Disease of Unknown aetiology (CKDu) in Sri Lanka, was completed successfully in Madawachchiya, Padaviya, Madirigiriya and Borelasgamuwa Divisional Secretariat areas.

Findings of some of the collaborative studies with Chinese Academy of Sciences are as follows.

Sampling of water: 334 water sources were sampled which included 311 shallow wells, 21 tubes wells and two springs.

Figure 10: Sampling of water source



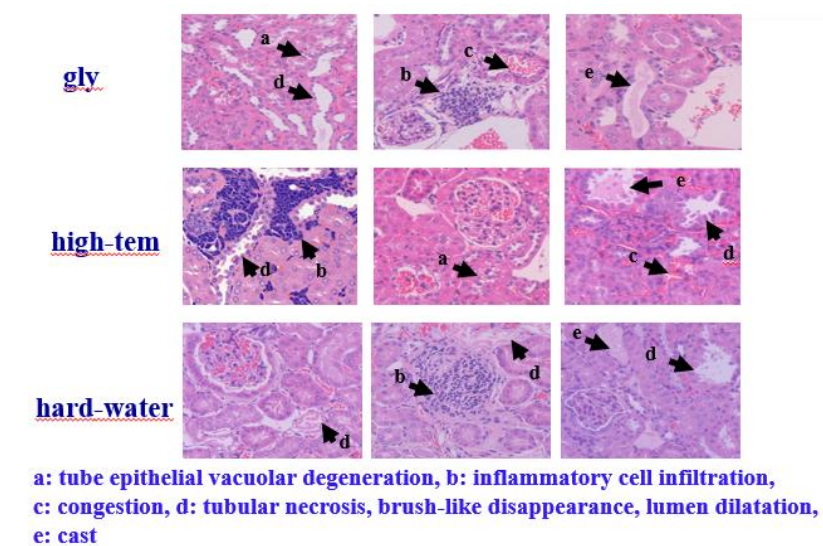


Investigation of soil and water for glyphosate, heavy metals and inorganic elements revealed

1. Ca-HCO₃ type groundwater dominates both shallow groundwater (82% and 59.4%) and deep groundwater (66.7% and 58.3%) in NCP, respectively, in both wet and dry seasons.
2. Groundwater quality in the Polonnaruwa district is better than in the Anuradhapura district
3. Groundwater quality in the dry season showed a slight drop compared to the wet season due to higher evaporation rates
4. High concentrations of calcium and sodium in the CDKu area
5. High concentrations of F⁻, Cl⁻, and Br⁻ in the north area
6. Glyphosate and its metabolite were not detected in the water samples

Exploration studies on the effects of glyphosate on kidney damage confirmed that glyphosate, high temperature and hard water all have the effect of increasing the risk of kidney injury.

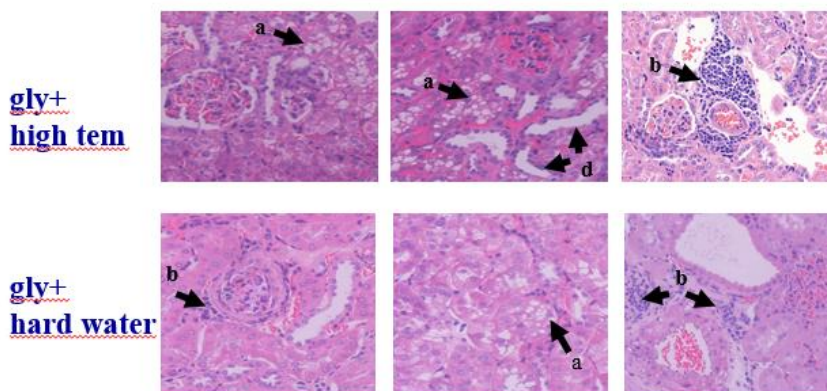
Figure 11: Histological examination of kidney after 36 weeks



Performance Indicators:

Annual coverage of CKD/CKDu screening in CKDu affected districts

Annual coverage of CKD/CKDu mapping in CKDu affected districts



Histological examination confirmed that glyphosate, high temperature and hard water all have the effect of increasing the risk of kidney injury

Number of new safe drinking water systems provided

Number of CKD/CKDu patients receiving peritoneal dialysis (CAPD and APD)

Number of Renal Units developed for Peritoneal Dialysis Number of CKD/CKDu patients receiving haemodialysis

Number of Hospitals developed for Number of CKD/CKDu patients receiving kidney transplant

Number of Hospitals developed for Kidney Transplant

Key Performance Indicators	Progress		
	2021	2022	2023 Q1 & Q2
Annual coverage of CKD/CKDu screening in CKDu affected districts	82,841	68,234	39511
Number of people screened by the NRDPDU	673	3280	4652
Annual coverage of CKD/CKDu mapping in CKDu affected districts	5,026	908	351
Number of Renal Units conducting Peritoneal Dialysis (Equipment, Human Resources, Capacity Building etc)	12	12	12
Number of CKD/CKDu patients receiving new hemodialysis	4,806	5,124	7439
Number of functioning haemodialysis machines	593	673	612
Number of haemodialysis units	79	85	86
Number of Hospitals conducting Kidney Transplant (Equipment, Human Resources, Capacity Building etc.)	9	10	11

4.2 PROMOTION & PROTECTION OF HEALTH

4.2.1 Epidemiology Unit

Introduction

The 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, and emergencies and handles outbreak investigation and control.
3. The 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 2022

- Epidemiology Unit as the leading technical body responsible for communicable disease surveillance and control in the country, was able to successfully guide the Ministry of Health to control Covid-19.
- As of 31st December 2022, 671,891 Covid-19 cases have been reported with 16817 deaths. The objective was to further contain the spread of the disease and save lives whilst maintaining livelihoods with minimal interruption.
- The Pfizer vaccine was given as the booster dose to all above 20 years. Children over 12 years were vaccinated with the Pfizer vaccine mainly as a school-based campaign. The services were available in hospitals as well as the Medical Officer of Health (MOH) officers too. The provision of the second booster dose with the Pfizer vaccine commenced in May 2022.
- By the end of the year 2022, 17,137,342 individuals were given at least one COVID vaccine and 14,768,419 individuals have completed the primary vaccination schedule. The first booster dose was given to 8,247,788 individuals and 203,396 individuals have taken the second booster dose. The COVID-19 vaccination campaign was carried out by the fully dedicated public health staff with the support of the curative sector and the tri-forces.

- A national survey on Hepatitis B was carried out among 5-year-old children and pregnant mothers by the Epidemiology Unit in the latter half of 2022.

Ongoing Development Project Details

No	Project Description	Total Estimate (LKR) Mn	Physical progress as at 31-12-2022	Financial Progress as of 31-12-2022 (LKR)Mn
GOSL				
1.1	Control & Preventing Leptospirosis Disease at MOH Level	2	District reviews were planned but could not be conducted, due to the fuel shortage	0
1.2	Conducting Mass Media Campaign for Prevention and Control of leptospirosis 2022		Quotation received from mass media campaigns exceeded the amount allocated, therefore unable to proceed	0
1.3	Preparation and printing of IEC material - Posters and Leaflets in Sinhala and Tamil		Due to the current unavailability of printing materials, the companies did not send any quotations. Therefore, this activity could not be carried out.	0
2	Assessment of the performance of the expanded programme on immunization and surveillance to sustain the PoR status of AFP, Measles, Rubella and CRS			
2.1	Review and awareness programmes in AFP, Measles, rubella, and CRS in hospitals and other institutions	1.6	5 Review meetings were planned but could not complete due to the above-mentioned reasons.	0
2.2	Consultative meetings on AFP, measles, rubella, and CRS programmes in hospitals and other institutions		3 Review meetings were planned but could not complete due to the above-mentioned reasons.	0
2.3	National Certification Committee for Polio Eradication and Measles/rubella, CRS Elimination (NCCPE & MRCE)		3 Review meetings were planned but could not complete due to the above-mentioned reasons.	0
2.4	Consultative meeting with National Polio Expert Committee (NPEC)		3 Review meetings were planned but could not complete due to the above-mentioned reasons.	0
3	Assessment of Expanded Programme on Immunization and causality assessment of AEFI to ensure access to quality and safe vaccines			
3.1	EPI & VPD reviews, training and guidance for the health staff for improving and sustaining high and equitable immunization coverage	0.73	34 programmes planned, completed programme 8	6%
3.2	AEFI surveillance district review		Funds have not been received in the year 2022.	0
3.3	AEFI Causality Assessment Expert Committee Review and Severe AEFI Case Investigation			0

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3.4	Consultative meeting for public health staff on middle-level management of the National immunization programme			0
WHO - Conduct review meetings and consultative meetings to strengthen leptospirosis and leishmaniosis control and prevention in the country				
4.1	Conduct review meetings on leptospirosis in high-risk districts	0.5	4 Review meetings planned, Completed programme 4	100%
4.2	Conduct consultative meetings with the Guideline Development Committee on Leptospirosis in revising the management guidelines on Leptospirosis	0	2 Consultative meetings were planned but 0 conducted	0
4.3	Holding Quarterly "National technical committee on Avian/pandemic influenza meetings" to improve surveillance of high-threat respiratory infections	0.5	3 Consultative meetings were planned, Completed programme1	33%
4.4	Updating the National pandemic preparedness plan	0	4 Consultative meetings were planned, 0 conducted	0
4.5	Conduct review meeting on leishmaniosis in high-risk districts	0	4 Consultative meetings were planned, 0 conducted	0
4.6	Conduct consultative meetings to develop a National strategic plan for the control, prevention of viral hepatitis	0	Funds not received	0
4.7	Viral Hepatitis B Sero-prevalence Survey among pregnant mothers and 5year old children in Sri Lanka 2022	2.1	Survey completed	100%
4.8	Human papillomavirus-driven male carcinogenic disease burden among men of 20-70 years in Gampaha district and cost-effectiveness of different preventive strategies	0	7 Consultative meetings planned, 0 conducted	0

Last 6 year Performance trend

Food and Water-borne disease trend in the country - Last 6 years			
Year	Viral Hepatitis	Dysentery	Typhoid
2016	884	2932	548
2017	321	1734	339
2018	294	1756	304
2019	352	1699	190
2020	245	875	138
2021	198	326	65

Special Development Activities Planned for 2023

Planned to conduct an EPI survey in a selected district.

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, new-born 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 2022/2023 of FHB

The activities conducted during year 2022-2023 up to Q 2 by Family Health Bureau (FHB) were as follows:

Family Planning programme

- Procurement of contraceptive commodities for family planning services: Availability of contraceptive products for all needy clients are essential for an effective national FP programme. The essential contraceptive commodities were procured with government funds and distributed to all districts during 2022 and during first and second quarter of 2023.
- Due to the economic crisis and delayed routine procurement, there was a shortfall in contraceptives for the Family Planning programme. As an emergency response Family Planning Association, PSL, UNFPA, Global Fund, PSL and Baur donated the following contraceptives to supplement the urgent need for the country.
- Ensuring availability of contraceptive supplies to the districts contributed to the increase in the modern contraceptive prevalence rate from 57.7% in 2021 to 59.4% in 2022 amidst the challenges of Covid and the economic crisis in the country.

- Capacity building of health staff for quality family planning services: Onsite trainings were conducted in Kandy and Badulla Districts and in the Battaramulla MOH area on FP services with practical training on Intra Uterine Device insertions and removals. A total of 150 staff members were trained.



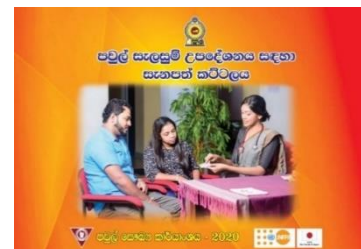
Family Planning Unit conducted two, 3-day workshops on Reproductive Health and Family Planning for 30 Medical Officers

Five, 2-day workshops on Reproductive Health and Family Planning were held and 71 Public Health Nursing Sisters (PHNS) were trained on counselling on family planning, on family planning methods, practical training of IUD insertions on models and on patients in 2022 and 30 were trained in 2023. An 'Online Training on RH and FP' was done for the Badulla District MOHs and MOs on 19th September 2022



A workshop was also done for the RMSD staff from all districts on logistic management and updated them on the web based Contraceptive Stock return (1158) format on eRHMS

- National Family Planning Month' Activities: In lieu of the world contraceptive day on 26th of September, all MOHs were asked to update the eligible family register to identify women with UMN and also to improve service provision of long-acting reversible contraceptive methods (LARCS). Development of IEC materials on FP and Subfertility for Health Staff and General Public



The Family Planning Unit pioneered in developing a mobile app on 'contraceptive choices' for healthcare providers and the general public in all 3 languages. This activity was financially supported by UNFPA's 'Promises Project'.



- Development of a Documentary Video- A video documentary was developed by the Health Promotion Bureau with technical inputs from Family Health Bureau based on success stories in FP services provision in the Kandy District. This video was developed with the aim of motivating health staff and all stakeholders to provide quality FP services.



- The **web based** Monthly contraceptive stock return (H 1158) format which was developed in 2021 for the RMSD level was introduced to the MOH level in 2022.
- The H-1154 (FP field record) and H-1200 (New acceptors) FP formats were completely discontinued in 2022, to save on paper, printing costs and to progress towards a **'green' office**.
- Establishment of a National Subfertility Management Centre : The Family Planning Unit coordinated the establishment of Subfertility Management Centre at Castle Street Hospital for Women at an estimated cost of Rs. 336 million is due to be completed by 2023.
- Development of Regulations for Human Assisted Reproductive Technology (ART) Services: A drafting committee for ART services was appointed by Addl Secretary Public Health Services to explore the possibility of incorporating ART regulations to the existing Human Tissue Act.

Last five-year performance trend

PERFORMANCE INDICATORS	2018	2019	2020	2021	2022
1. Contraceptive Prevalence Rate (Any method) %	67	66.9	66	66.5	68.5
2. Contraceptive Prevalence Rate (modern methods) %	57.9	57.9	57	57.7	59.4
3. Couples with unmet need for contraception %	6	5.8	5.7	5.6	5.5
4. Demand satisfied by modern contraceptive methods (%)	79.3	79.6	79.5	80.0	80.3

* Source: eRHMIS – FHB

Oral Health programme

Major activities during 2022 and 2023 were as follows

- Consultative meetings to establish a school oral health promotion programme and provision of essential dental material during the economic crisis
- Capacity building of health staff: Family Health Bureau held a two-day orientation session for the freshly graduating batch of school dental therapists in the second quarter of 2022. The webinar had 24 participants, with community dentistry consultants, regional dental surgeons, and school dental therapists functioning as resource people.
- Monitoring and evaluation of school dental services: The annual review of school dental services-2021' was conducted in the second quarter of 2022 utilizing eRHMIS data. Midyear provincial review meetings took place in the fourth quarter of 2022. It aided in identifying the shortcomings of school dental services at the regional level throughout all nine provinces.
- Procurement of equipment for school dental clinics: With PSSP funds worth Rs. 3.4 million, 16 micro motors were purchased to enhance the performance of School Dental Services. School Dental clinics across the island received these instruments based on a need assessment.
- Launching a special preventive oral health initiative, “Save the Molar”, for school children: In this school-based National Oral Healthcare Project school dental therapists and dental surgeons will screen school children at the age of six at schools, and 1st permanent molar teeth of identified high-risk children for dental caries will be covered with fissure sealants

PERFORMANCE INDICATORS

Oral health programme for pregnant mothers

Year	Percentage of pregnant mothers screened for dental problems out of total registered pregnant mothers
2017	69%
2018	73%
2019	76%
2020	80%
2021	65%*
2022	65%

School Dental Service

Indicator	2017	2018	2019	2020	2021
% of 12-year-old children with dental caries	18	20	21	14.60	17.20
% of 12-year-old children free of calculus	97	97	98	83.60	92.50
% of Overall healthy 12-year-old children	45	44	46	47.60	47.40
Screening Coverage of 12-year-old children	77	76	79	33.90	34.20*

* Data for the year 2022 will be received on the 15th of June, 2023; analysis will begin after the 15th of June 2022.



Consultative meeting to strengthen the School dental services




Consultative meeting to develop preventive indicators for school dental services

Child Nutrition programme

- Development of necessary guidelines for health staff for provision of child nutrition services during the crisis situation. Addendum to General circular 01-13/2020 on "Management of Severe and Moderate Acute Under nutrition of Children under Five Years of Age - Manual for Health Workers in Sri Lanka" focusing on "Prevention and Management of Acute Undernutrition (Wasting) of Children under five Years of Age" which included the guideline for establishment of outreach clinics to improve treatment coverage of children with severe acute malnutrition (SAM) and Guidelines on safe guarding child nutrition during economic crisis for health staff and care givers (in all 3 languages)

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சுகாதார அமைச்சு
Ministry of Health

General Circular No. 01-13/2020(1)

All Provincial Directors of Health Services
All Regional Directors of Health Services
All Heads of Institutions
All Medical Officers of Health

Addendum to General Circular 01-13/2020 on "Management of Severe and Moderate Acute Undernutrition of Children Under Five Years of Age - Manual for Health Workers in Sri Lanka";

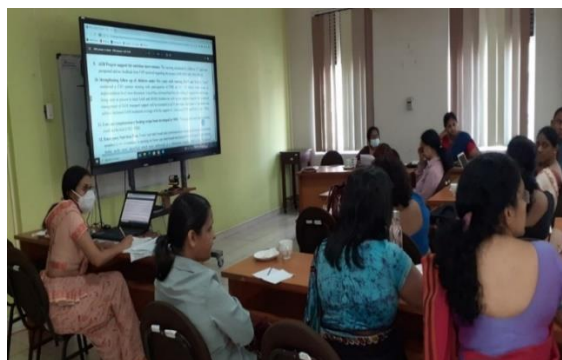
"Prevention and Management of Acute Undernutrition (Wasting) of Children Under Five Years of Age"

The National Maternal and Child Health Programme implemented by the Family Health Bureau of the Ministry of Health incorporates Growth Monitoring and Promotion as a main area of focus. A range of growth monitoring and promotion activities directed at primordial, primary and secondary prevention of malnutrition among children under five years of age is implemented through the programme.

- Establishment of outreach clinics with the support of UNICEF to strengthen service provision and treatment seeking of children with SAM and reduce treatment defaulters.
- Generation of donor funding to support continuation of child nutrition services without disruption and intersectoral collaboration to ensure food security for vulnerable children.
- Nutrition Month anthropometric assessment of under 5 children was conducted in the month of October 2022 within a very short period of time despite the immense challenges faced throughout due to the economic crisis. Technical updates on child nutrition and nutrition month activities were done both in Sinhala and Tamil medium on virtual platform for the peripheral health staff.



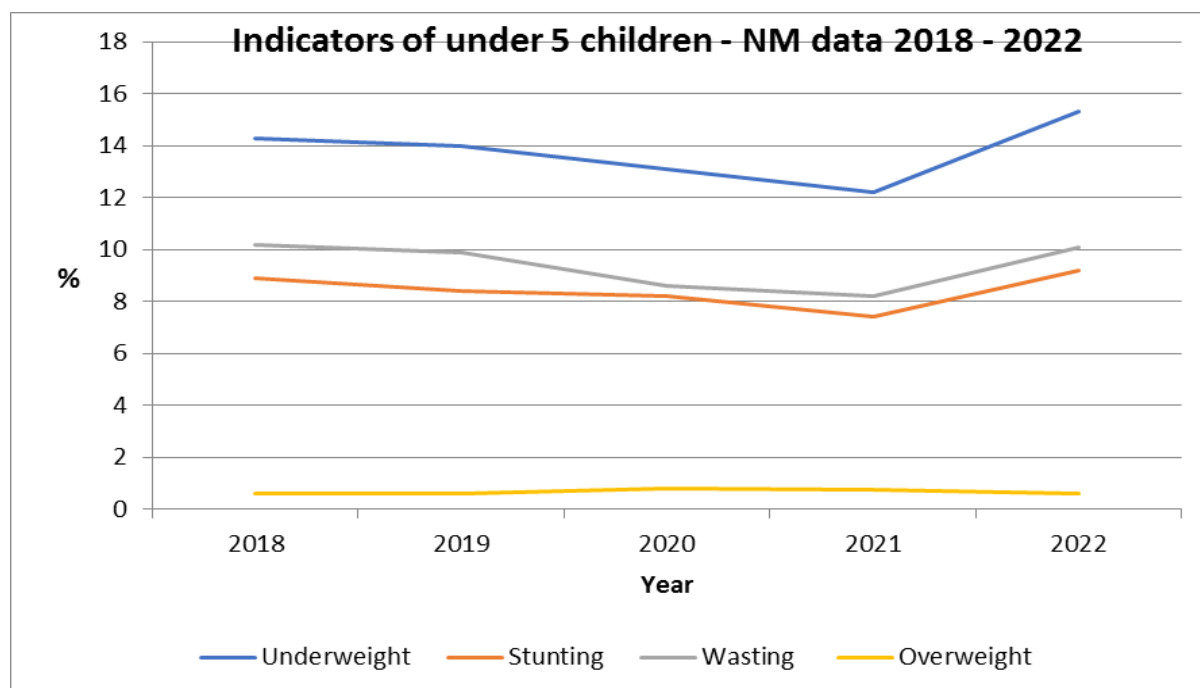
- An online training package for capacity building of health staff on Growth Monitoring and Infant and Young Child Feeding (IYCF) Counseling in Sinhala medium is in the last stage of development, supported by UNICEF. The development of the Tamil training package was initiated mid-2022.
- Five Maternal and Child Nutrition Subcommittee (MCNSC) meetings were conducted in 2022 and three MCNSC meetings were conducted in 2023 which contributed to streamline and strengthen the MCN component of the MCH programme.



Last 5 Year Performance Trend

Nutrition Month Data

Nutrition Indicator (Children under five years)	2017	2018	2019	2020	2021	2022
Underweight	14.5	14.3	14.0	13.1	12.2	15.3
Stunting	9.0	8.9	8.4	8.2	7.4	9.2
Wasting	11.1	10.2	9.9	8.6	8.2	10.1
Overweight	0.5	0.6	0.6	0.8	0.78	0.59



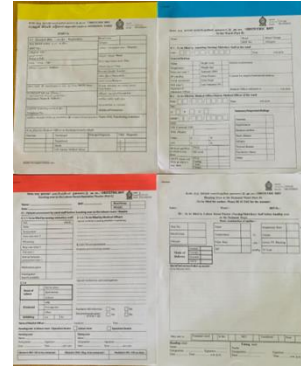
Maternal care programme

- Consultative meetings:** Conducted several consultative meetings with relevant stakeholders regarding issues related to maternal micronutrients, to review the Action Plan on reducing maternal mortality and to discuss issues faced regarding maternal supplements. Conducted four meetings of Technical Advisory Committee on Maternal Health and Family Planning.

- **Capacity building:** Zoom webinars on maternal mental health were conducted for curative and preventive health staffs by Dr.Neil Fernando and Dr.S.Sivadas, Consultant Psychiatrists, in Sinhala and Tamil mediums respectively.
- **Psychosocial Screening Tool:** Maternal mental health has been identified as a priority issue and a tool is being developed to screen both antenatal and postnatal women for psychosocial issues. Two training programmes were conducted in collaboration with Consultant Psychiatrists, to initiate phase 3 of the validation of psychosocial tool to screen antenatal and postnatal women - one programme for MOO MH/ Psychiatry and the second one for MOH staff, in selected areas in Kandy District. Validation was completed and the data were analysed. The results suggested further refining of the tool. The tool was amended and it is planned to conduct a new survey in Kandy district for validation of the amended tool during the second half of 2023.
- **Collection and analysis of Nutrition month data from Pregnant women on pregnancy weight gain and associated factors:** A survey is being conducted in selected 651 PHM areas of Sri Lanka to assess the maternal weight gain during pregnancy, and associated factors among women delivering during the nutrition month (June) 2023. The data collection form was designed and sent to relevant MOH/PHM areas. The data entry is to be done on an online format at the MOH office. The form was developed and the link was also sent to relevant MOH offices. The data collection is commenced on 01st June 2023.
- **Quality assessment tools:** Quality assessment tools to be used in antenatal, labour room, postnatal and neonatal care units in hospitals - Pilot testing is being carried out in 14 hospitals.
- **Developing national maternal care clinical guidelines:** Modified the national guideline on management of postpartum haemorrhage, originally developed by the SLCOG, and communicated it to relevant stakeholders. The drafted guideline for Liver Disorders of Pregnancy was circulated amongst stakeholders for their comments. Circulated several guidelines among healthcare workers providing maternal and child healthcare, regarding measures to be taken to prevent morbidity and mortality due to seasonal influenza and COVID 19. Developed digital posters to educate pregnant women on prevention of acquiring COVID - 19 infection with the collaboration of Health Promotion Bureau.
- **Infrastructure development & strengthening:** High Dependency Unit Equipment, which were issued /donated by BMES and UNICEF, were provided to six selected maternity hospitals. Procured and distributed 720 digital blood pressure apparatuses to all MOH clinics island wide and this activity was funded by PSSP.

- **Printing and Distribution of Obstetric BHTs**

Obstetric BHTs (A, B, C & D) that were piloted in selected hospitals in Western and Southern Provinces of Sri Lanka, were revised through several rounds of discussions and inputs from relevant technical teams. Printed the revised Obstetric BHTs and distributed them to all maternity units island wide



- **Printing and Distribution of Maternal care formats:** Conducted a series of meetings to revise the existing pregnancy records of H 512A & H 512B and finalized the revision of both records; Printed the annual quota of pregnancy records H512 A & B and distributed to hospitals according to their requirement.

- **Development and printing of the Basic Maternal Care manual:** The last guide on basic maternal care was published in 2011 for filed healthcare staff. The need to update it as well as to address the requirements of the non-specialist curative sector staff was recognized and a new manual is being drafted. Completed Sinhala and English versions of the manual and submitted for printing. The Tamil version is currently being translated.

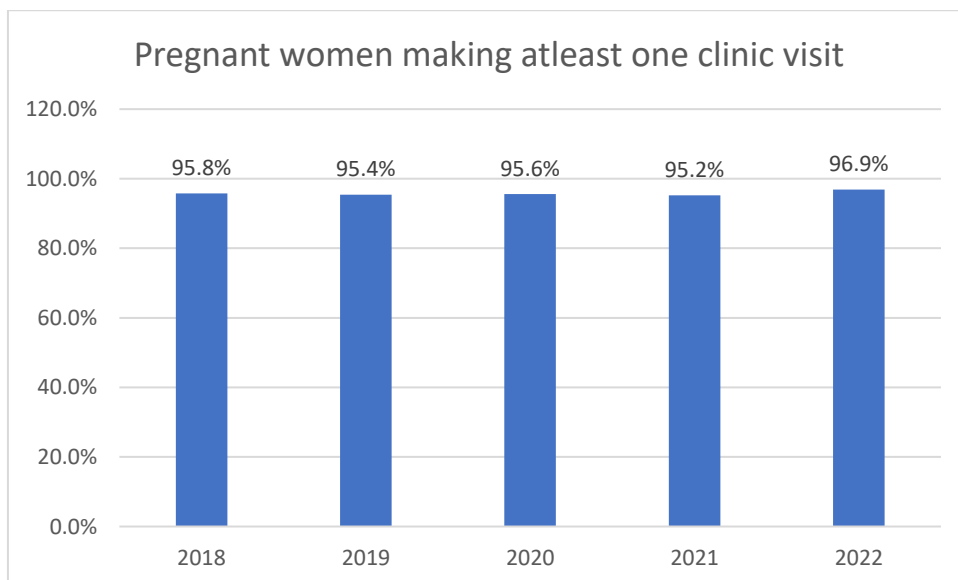
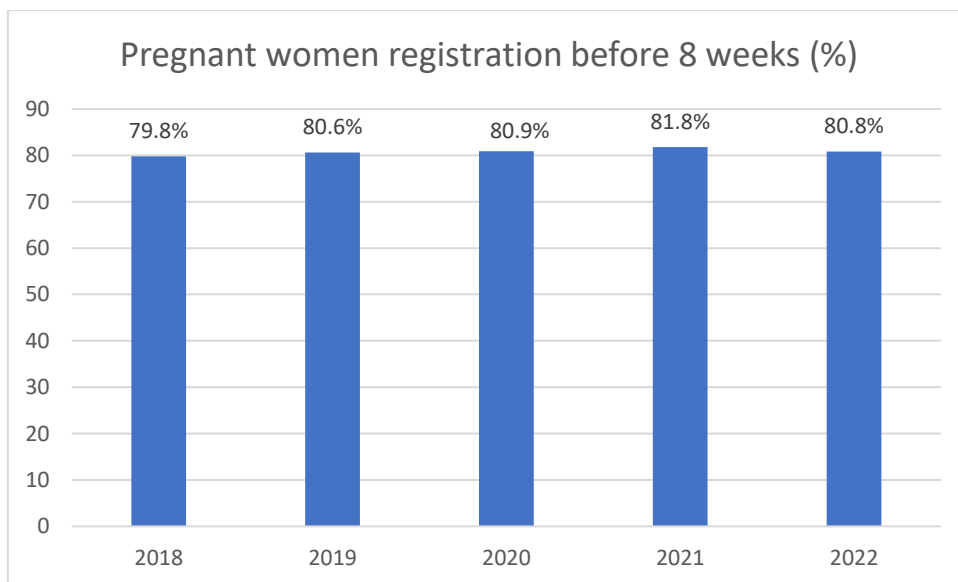
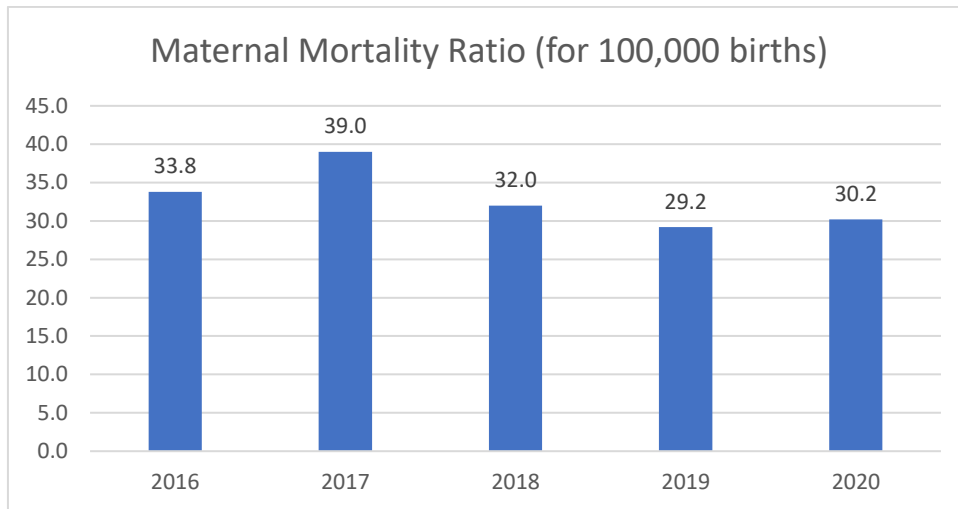
- **Maternal care commodities:** Coordinated the activity of procurement and supply of maternal care commodities which is handled by Medical Supplies Division. Multiple micronutrient tablets for non-anaemic pregnant women will be introduced in the maternal care programme after a lengthy process

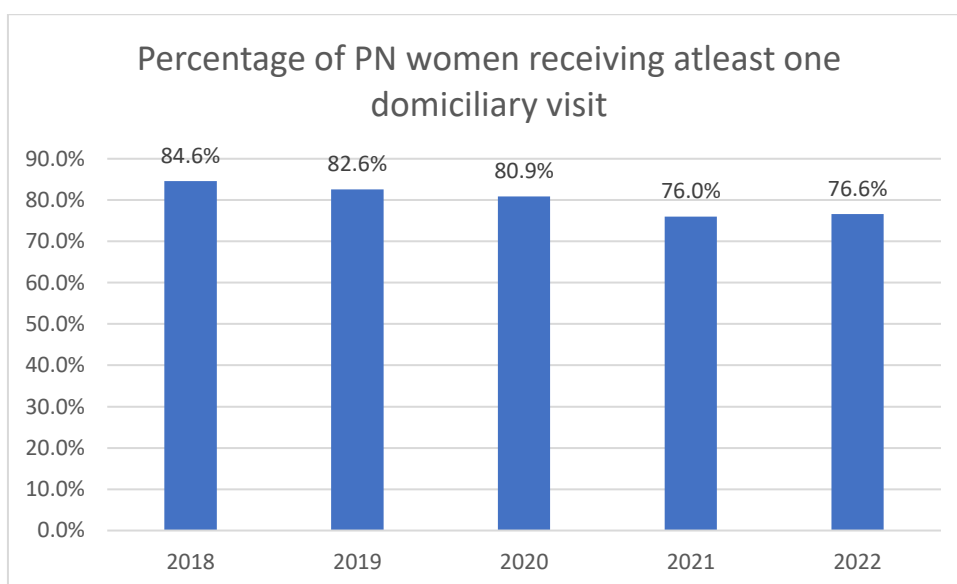
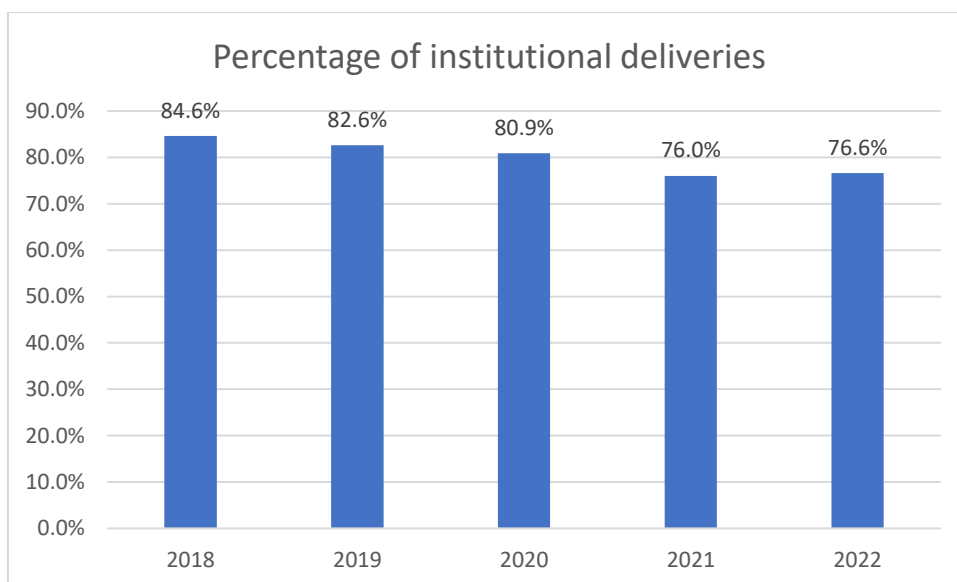
- **Media programmes:** Conducted several mass media programmes for the general public on the implications of the emerging threat of influenza and dengue infections on pregnant women, and other important maternal health issues.

- **IEC material:** With the financial support of UNFPA, posters on antenatal and postpartum danger signals were printed and distributed to all maternal care clinics island wide.



Last 5 year performance trend: (a table / graph)

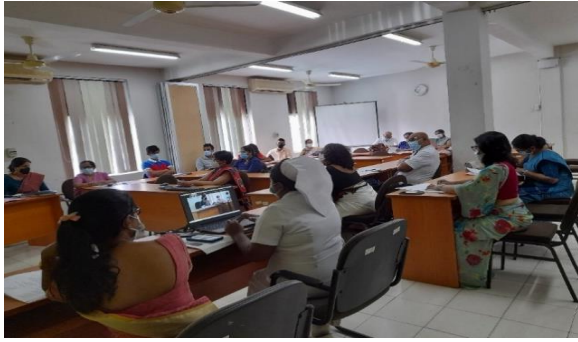




Adolescent and Youth Health programme

In 2022 and in the first two quarters of 2023, the Technical Advisory Committee on Young Persons' Health (TAC/YP) TAC/YP held quarterly meetings to provide guidance on addressing the health needs of adolescents and youth.

In 2022, several steps were taken to strengthen youth volunteerism model in adolescent health and to utilize it to promote knowledge and awareness of adolescent and youth health and healthy behaviours. To achieve this goal, a youth working group was established at the national level.



By the year 2022, a pilot program was successfully conducted under the district model of adolescent and youth friendly health services with youth empowerment in the districts of Anuradhapura and Polonnaruwa. These programs aimed to actively involve youth in the planning, monitoring, and evaluation of health services, as well as in decision-making processes concerning their own care. The Health Promotion Foundation and the Health Promotion Faculty of the University of Rajarata jointly with the WHO support facilitated the Youth this district model in initiating health promotion settings and establishing Yowun Piyasa Centers at MOHs and at selected hospitals in the above pilot area.

In 2022, four advocacy programs were conducted, primarily focusing on engaging with the Women and Children's desks and other divisions of the Sri Lanka Police in the districts of Anuradhapura, Polonnaruwa, Ratnapura, and Kegalle. During the first two quarters of 2023, an advocacy programme was held in the district of Puttalam at the Women's and Children's desks of the Sri Lanka Police.



In 2022, significant progress was made in capacity-building efforts, with 340 healthcare staff, non-health staff, and youth leaders trained to enhance their competencies in Adolescent and Youth Friendly Health Services (AYFHS). This achievement represented a 100% capacity-building target for the year.



The youth health website was upgraded to be more adolescent and youth-friendly, and one youth-initiated project was implemented in 2022. The target for capacity building of health staff and youth leaders was achieved in 2022, and efforts were made to improve the quality of service delivery through training and field visits. The e - module on Adolescent Sexual and Reproductive Health was initiated in 2022, with the completion of the development of content by the second quarter of 2023 in order to incorporate it into the e-learning platforms of the Family Health Bureau.

The Adolescent and Youth Friendly Health Service (AYFHS) centres known as 'Yowun Piyasa' have been equipped with modern furniture, state-of-the-art tools, and ICT equipment in 29 centres. This was made possible through the support of the UNFPA Japanese Fund via the Promises project, which aimed to encourage the use of multiple platforms for the seamless delivery of healthcare services, including the use of online platforms for health education. The initiative ensured uninterrupted access to healthcare services for those in need.

Maternal & Child Morbidity & Mortality Surveillance programme

From January 2022 to May 2023, Sri Lanka witnessed a total of around 119 maternal deaths resulting from direct and indirect causes. These deaths were carefully investigated at both the field and institutional levels to gain a comprehensive understanding of the circumstances surrounding each case.

To ensure a comprehensive review process, the findings of these investigations were discussed at Institutional Maternal Death Reviews (IMDRs). These reviews served as platforms for healthcare professionals involved in the care of the deceased patients to come together and discuss the findings of their investigations. This collaborative approach allowed for a multidisciplinary perspective, as all relevant healthcare staff were encouraged to share their insights and expertise. In view of continuous improvement in the quality of reviews, representatives from the Family Health Bureau (FHB) and the Sri Lanka College of Obstetricians and Gynecologists participated in all IMDR's held for direct and indirect maternal deaths.

During the period from January 2022 to May 2023, the FHB actively engaged in 67 IMDRs, attending each session to provide guidance and support. Some IMDRs encompassed multiple cases conducted within a single day to streamline the review process.



These desk reviews involved a meticulous examination of all direct and indirect maternal deaths, aiming to synthesize evidence and identify areas for system improvement. To ensure a thorough analysis, an expert panel was assembled comprising specialist consultants from diverse fields of expertise at the national level. This multidisciplinary national level approach allowed for a comprehensive understanding of the complex factors contributing to maternal deaths.

To further strengthen the surveillance and investigation of maternal deaths, Sri Lanka has taken a proactive step by introducing a Confidential Enquiry into Maternal Deaths (CEMD) system as a pilot project in the Western and Southern provinces. With the launch of the confidential inquiry system in the Western and Southern provinces, Sri Lanka demonstrates its commitment to improving maternal health outcomes and reducing maternal mortality rates.

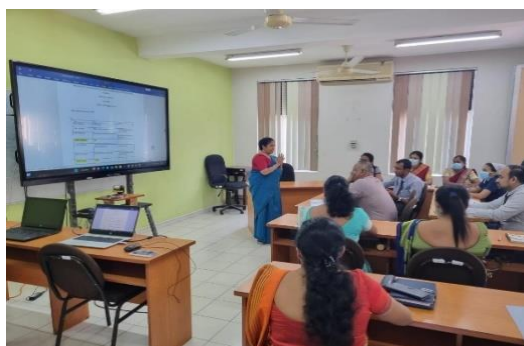


Maternal and perinatal death surveillance and response (MPDSR) committees have been established in all hospitals categorized as Base Hospitals and above across the country. These dedicated committees serve as essential platforms for streamlining the investigation process of both

maternal and perinatal deaths. World Health Organization (WHO) has provided valuable support and funding for the MPDSR initiatives in Sri Lanka.

Two Training of Trainers (ToT) programs in the Western and Southern provinces. These programs aimed to equip healthcare professionals with the necessary skills and knowledge to effectively carry out MPDSR activities within their respective regions. In turn, these trainers have conducted 18 regional trainings for health staff since 2022.

MPDSR trainer guide and a MPDSR user guide is been developed. These guides provide comprehensive and standardized information on the MPDSR process, protocols, and best practices.



PERFORMANCE INDICATORS

Last 5 year performance trend: (a table / graph)

Year	2015	2016	2017	2018	2019	2020
MMR	33.7	33.8	39	32	29.2	29.5
Number of maternal deaths	113	112	128	105	91	89

Well Woman Programme

- **HPV DNA Program for Cervical Cancer Screening in Sri Lanka** : 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 endeavour a success.

- **Introduction of Liquid Based Cytology (LBC) for cervical screening program:** LBC has many advantages such as high detection rate of cervical cellular lesions compared to conventional pap smears, being able to use the same HPV DNA sample collection medium so that HPV DNA positive clients do not have to visit WWC for the second time thus avoiding delays and lost to follow up. Therefore, taking above facts into account FHB purchased an LBC machine for the cervical cancer screening program.
- **Revision of Well Woman Program national guideline:** The available guideline was revised with the financial assistance of WHO and is to be printed and distributed to field staff.
- **Capacity building programs for field staff and supervisions:** Capacity building programs on well woman services were conducted covering 24 districts in 2022. During such programs supervisory visits were carried out to ensure the quality as well as the quantity of the program.
- As in 2021, 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). . Records of all consumables and reagents were maintained by using the inventory management software programme, 'Channel'

LBC machine at FHB



The table below shows the number of first visits of women attending WWCs by age 35 years, 45 years and other age groups from 2017 to 2022.

Table -01 Number of first visits of women attending WWCs by age

	2017	2018	2019	2020	2021	2022
35 Years (first visit)	114,314	132,691	129,321	102,389	76,890	98,809
45 Years (first visit)		28,655	44,634	36,841	31,640	53852
Other ages (first	46,936	50,469	45,518	22,592	11,016	25139
Total	161,250	211,815	219,473	161,822	119,479	177,800

Table 02. Well Woman Clinic attendance by women aged 35 years and 45 years (2015-2022)

Indicator	2015	2016	2017	2018	2019	2020	2021	2022
Percentage of women aged 35 years who attended the WWC		0.97	66.6	76.8	73.8	58.1	43.6	55.1
Percentage of women aged 45 years who attended the WWC	-	-	-	16.6	25.5	20.9	17.9	30.1

As mentioned above in Table 2, Well Woman activities were expanded gradually throughout the country. There has been coverage of around 55% in respect of 35 year age cohort and 30% in respect of 45 year age cohort.

Table 3 - Clinic attendance (first visits) and morbidities detected (2015-2022)

Activity	2015	2016	2017	2018	2019	2020	2021	2022
Number of 35-year women attending WWC clinics	94,089	111,798	114,314	132,691	129,321	102,389	76,890	98,809
Cervical smears reported as high and low-grade lesions	505	665	442	769	751	475	487	799
Cervical smears reported as malignant (Carcinoma)	32	44	5	8	34	3	9	3
Breast abnormalities detected	2,652	2,697	2,772	3,807	3,726	2,780	1,848	3,762
Diabetes Mellitus detected	2,780	3,741	3,028	4,518	5,955	4,959	5,252	8,837
Hypertension detected	5,899	6,374	5,590	7,778	7,618	6,259	4,912	7,723

Childcare, Development and Special needs programme

- Commencement of the INCLUDE programme (Inclusive Early Childhood Development) in Kandy and the opening of the Regional Child Development Intervention Centre (CDICreg) at Digana:** 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. 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 Pediatrician.
- Introduction of the five booklets on “Care pathways and National management guidelines for early detection and management of common childhood development disorders and 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. 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.
- 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.

- **Completion of the “Baseline survey on proportion of children aged 24-59 months who are developmentally on track 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. 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

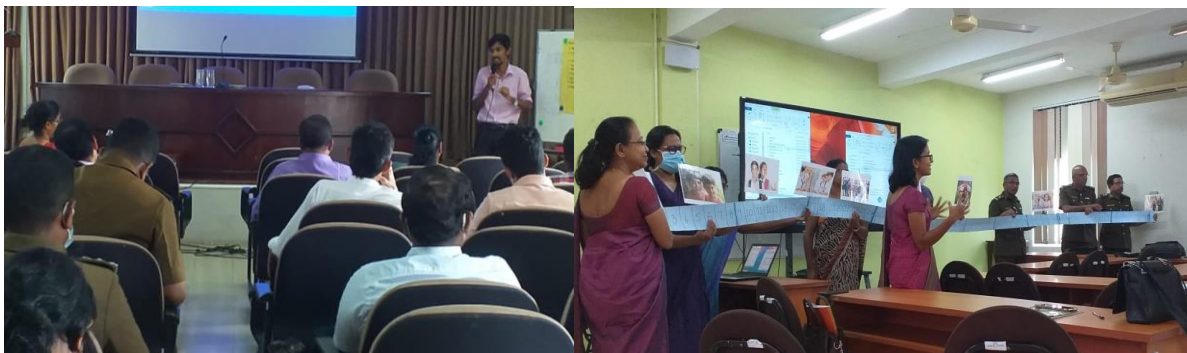
Online Certificate Course on HPS for Teachers through Learning Management System (LMS):

Sinhala version of the training package has been completed and Tamil version is in production.





- **Training of Trainers (TOT) for Capacity Building:** The regular training programmes had to be suspended due to Covid 19 pandemic in 2020- 2021 and due to non-availability of funds in 2022. Two TOTs and 11 meetings were conducted via zoom in 2022.



- **Printing of Training Manuals - 2018-2023:** Printing was not done in 2020- 2022 due to non-availability of fund allocations. In 2023, 3000 copies of psychosocial training manual in Tamil medium was printed.
- Essential equipment to conduct school health activities in the schools were purchased in 2022 and 23.
- **Guiding Development of Curriculum for Health Subject:** Health syllabi for Grades 6 to 9 were completed during late 2022 – early 2023 together with National Institute of Education (NIE); Syllabus for comprehensive sex education for grade 12 was completed with NIE and Ministry of Education (MoE); Two training modules developed together with NIE for all Bachelor of Education undergraduate teachers, on Health promotion and importance of health

- **Adaptation of 8 WHO Global standards for Health Promoting School (HPS):** This task has been initiated and at its final stage. Funds had been received from WHO and the task had been outsourced with DGHS approval. Six key person interviews and 5 consultative meetings has been held within the process. Technical Evaluation Committee has been established to evaluate the final adaptation document.
- **Production of Tamil Videos on Psychosocial Wellbeing, for LMS:** This task is ongoing with WHO funds after completion of all specified preliminary processes.
- **Education programme on Nutrition and Food hygiene:** This programme was conducted at WP/Homagama / Angampitiya KV on 18 October 2022



Coverage of School Medical Inspection (SMI) – (2021-2022 year)

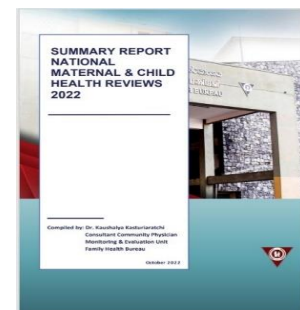
H 1247 SMI – School Coverage					
	2018	2019	2020	2021	2022
Sri Lanka	98.1	96.9	55.7	57.8	97.9

Monitoring & Evaluation

- **MOMCH Review workshop:** To review the progress of the district MCH activities, a two-day workshop was held in Negombo with the participation of all Medical Officers of Maternal and Child Health and Consultant Community Physicians from all 28 health districts in the country including CMC and the NIHS area. This was held in October 2023 with the participation of the Director general health Services and the Deputy Director General of Health Services II



- RSPHNO workshop – an online two-day programme was done in November 2022 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 and MOH level was held in October 2022.
- 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 Director General of Health Services for necessary actions



- New developments in the electronic data monitoring systems: With the economic crisis situation in the country, nutrition issues were risen in all parts of Sri Lanka which need to be assessed properly for necessary interventions. A nutrition dash board is introduced. Data were analyzed in details and a report was published. Both available in the FHB official website <https://fhb.health.gov.lk/index.php/en/>
- A mobile application was developed and introduced for the Public Health Midwives in the country to closely monitor the under 5 year's old children with severe acute malnutrition. They are expected to monitor these children monthly and enter the data in to the mobile/ we application.
- To streamline the trainings and to identify the training needs, an online system was developed and introduced for all districts which need to be updated annually;
- Private sector MNH hospital data capturing through the eRHMS 2 was expanded to the Southern province after training major private sector hospitals in the province where there are deliveries happening.
- An online system to monitor home deliveries was introduced to locate the households and to assess the first-degree delay in seeking the services.
- Maternal and new-born health module of the eIMMR was revised and initial development of integrated information system development between eIMMR and

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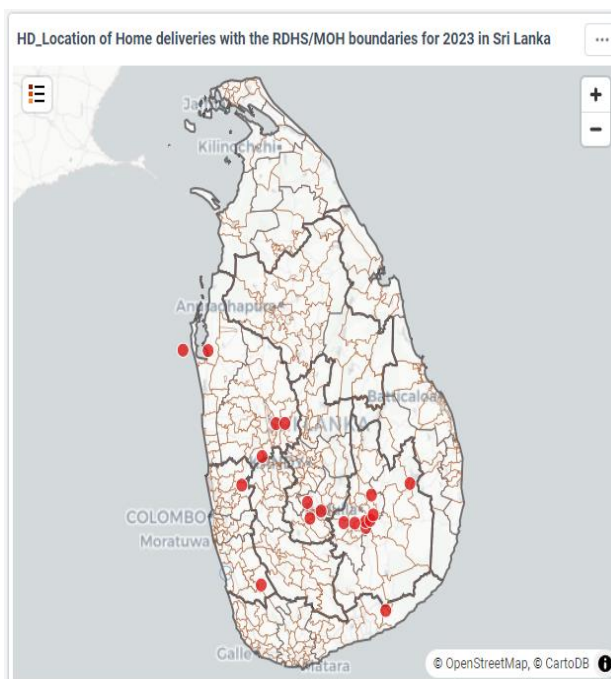
eRHMS initiated with training of government health care institutions of North Central Province and Northern Province



- Capacity building for field health staff:** Six 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; Online CME course via eBRIDGE learning management system was conducted and 60 MOHs completed the online course successfully were issued with the certificate which is accredited with 13 CME points; Nine refresher eRHMS trainings for PHNS and SPHMs were conducted as online trainings covering all 9 provinces

Staff Category	Total	MOH Training	eRHMS	IYCF	GMP	Family Planning	GBV	Preconception care	Health sector response to GBV	ECCD	Adolescent Health	Life Skills
MOH	269	189	132	128	124	172	146	137	117	140	146	155
% training for MOH		70.26	49.07	47.58	46.10	63.94	54.28	50.93	43.49	52.04	54.28	57.62
AMOH	346	189	111	120	108	162	130	111	91	117	130	124
% training for AMOH		54.62	32.06	34.66	31.21	46.82	37.57	32.08	26.30	33.82	37.57	35.84
MO MCH	28	19	24	9	9	13	12	10	9	10	11	11
% training for MO MCH		67.86	85.71	32.14	32.14	46.43	42.86	35.71	32.14	35.71	39.29	39.29
RSPHNO	29	N/A	24	26	25	26	24	24	15	25	23	18
% training for RSPHNO		N/A	82.76	89.66	86.21	89.66	82.76	82.76	51.72	86.21	79.31	62.07
SPHD	13	N/A	84.62	N/A	N/A	38.46	0.00	0.00	23.08	N/A	61.54	84.62
PHNS	281	N/A	183	164	155	223	175	126	105	151	159	136
% training for PHNS		65.12	58.36	55.16	79.36	62.28	44.84	37.37	53.74	56.58	48.40	48.40
SPHM	234	N/A	141	186	166	171	165	130	100	180	163	164
% training for SPHM		60.26	79.49	70.94	73.08	70.51	56.56	42.74	76.92	69.66	70.09	70.09
SPHI	213	N/A	104	N/A	N/A	67	67	16	44	N/A	103	155
% training for SPHI		48.83	N/A	N/A	N/A	N/A	N/A	7.51	20.66	N/A	48.36	72.77
PHM	5337	N/A	N/A	3250	2746	2890	2409	1690	1372	3073	2070	2561
% training for PHM		N/A	N/A	60.90	51.45	54.15	45.14	31.67	25.71	57.58	38.79	47.99
PHI	1476	N/A	N/A	N/A	N/A	205	205	41	133	N/A	446	778
% training for PHI		N/A	N/A	N/A	N/A	13.89	13.89	2.72	8.94	N/A	30.22	52.71
SDT	228	N/A	74	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% training for SDT		32.46	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PPO/PPA/SSO/ISO/DO	765	N/A	181	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% training for PPO/PPA/SSO/ISO/DO		23.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MSO/MA	216	N/A	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% training for MSO/MA		5.56	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other	621	N/A	7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% training for Other		1.13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	10056											

- Revision of Supervision tools and development of a training module initiated with the support of WHO which was completed in the end of the year. Trainings based on the new tool will be conducted in 2023.



PERFORMANCE INDICATORS

Table 12

Indicator	2017	2018	2019	2020	2021*	2022*
Maternal mortality rate	39.3	32.0	28.8	30.2		
Neonatal mortality rate	6.2	6.5	7	6.4	6.5	7.0
Infant mortality rate	8.7	9.1	10.1	8.4	9	10.1
Percentage of pregnant mothers registered before 8 weeks	79.4	79.8	80.6	80.9	81.8	80.8
Percentage of Institutional deliveries	99.9	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	3.9
Percentage of underweight young children (1-2 years)	12.8	12.4	12.4	11.9	11.4	12.2
Percentage of underweight preschoolers (2-5 years)	20.5	19.7	19.7	19	18.6	19.1
Percentage of School Medical Inspection completed (SMI)	87.8	98.3	96.9	55	56.5	97.9
Percentage of eligible couples using modern family planning methods	57.3	57.9	58	58.5	57.7	59.9
Percentage of eligible couples with unmet need of family planning	6.3	6	5.9	5.9	5.6	5.5

**Provisional data*

Gender and Women's Health Unit

- Introduction of a referral disc to GBV survivors -Pilot study at Kalutara district: By introducing a referral disc for GBV survivors, FHB expects to overcome certain negative issues associated with referral mechanism as well as to ensure confidentiality of GBV survivors and hence to strengthen referral mechanism of GBV survivors to Mithuru Piyasa centres. A pilot study was started in Kalutara district as a well-established collaboration is seen among different sectors such as Health, Legal sector including Police and Social Services in responding to a GBV survivor in Kalutara district.



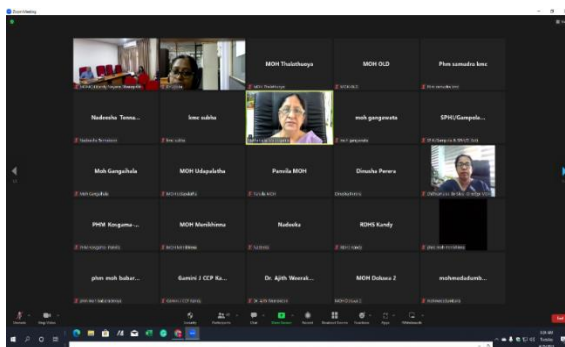
Sensitization of Public Health and non-health Staff in Kalutara District

- Capacity building of health staff for Health Sector Response to GBV survivors: TOT workshop for newly enrolled Medical Officers to Mithuru Piyasa centres and MOMCHs on Health Sector Response to GBV: The workshop was conducted in order to overcome challenges faced by health care providers due to the inadequacy of knowledge and skills on the subject and the uncertainty of how to respond to a survivor of GBV in an effective manner.



- **Public Health Staff Training:** GBV prevention activities done at the individual, family, and community level and also providing care for survivors of GBV in the community is done through preventive health staff of Medical Officer of Health (MOH) areas. Public Health staff in Kurunegala, Kandy, Matale, Nuwaraeliya, districts were trained to overcome the challenges due to the inadequacy of knowledge and skills, while conforming to the ethical and legal standards through the use of National Guideline and Standard Operating Procedures for First Contact Health Care Providers.

Training for Public Health Staff in Kandy District



- Sensitization of Marriage registrars on Preconception care package for newly married couples: Sensitization programmes for marriage registrars in Rathnapura, Kegalle, Kandy, Matale, Polonnaruwa and Anuradhapura districts on preconception care package for newly married couples were done.



Planning and Development

Planning and Development Unit

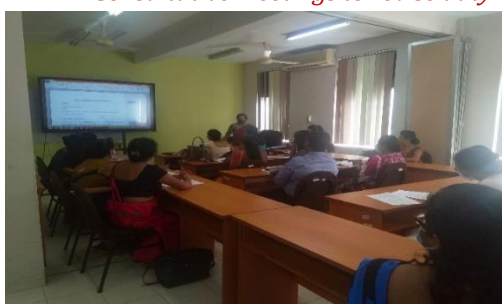
- WHO Programme planning module was introduced to Sri Lanka in a phased manner. In the first phase the master training pool was expanded to 16. Next, the original WHO module was adapted to Sri Lanka considering the country specific needs. Four residential programme planning workshops for provincial and district level staff were conducted with the financial support given by WHO, targeting all Consultant Community Physicians, Medical Officers of Maternal and Child Health (MOMCH) and Medical Officers of Planning (MO-Planning). Programmes were successfully concluded with active participation of peripheral and central level staff.
- Recommendation Survey on implementation of recommendations of antenatal care, intra-partum care, maternal and new-born care, birth defect prevention & management at national and sub-national level and a Policy Survey on country policies (Global Policy Survey) were conducted with the financial and technical guidance extended by WHO in order to understand, review and identify the policy gaps in our health policies and recommendations on maternal and child health.
- A consultative meeting of national level experts were conducted on 8th June 2023 as the initial step to revise SDG targets in RMNCAHY in Sri Lanka and SDG indicators for maternal mortality, neonatal mortality rate and under 5 mortality rate were discussed in depth and concluded on work plan for the timely revise of SDG targets.
- Duty lists of Public Health Nursing Sister (PHNS) is being revised after having a series of virtual and physical meetings with all relevant stake holders, while a new guideline

was developed and approved to identify and establish new Public Health Midwife areas (PHM areas) to regularize the process.

- Review meetings on annual action plans, progress reports, budget debates, central bank reports were conducted regularly throughout 2022 and 2023.



Consultative Meetings to revise duty lists



Program Planning Workshop Series – for the districts

4.2.3 Health Promotion Bureau

Introduction

The Health Promotion Bureau (HPB) is the national center of excellence for Health Education and Health Promotion in the Ministry of Health of Sri Lanka. Seven technical units together with the administrative section of the bureau in collaboration with other health and non-health stakeholders in Sri Lanka function towards achieving the objectives of the bureau taking a health promotion settings approach. Moreover, health communication needs of citizens are addressed through the 24/7 hotline-1999 'Suwaseriya', the website, the Facebook page and YouTube channel of HPB. In addition, conducting media seminars every Wednesday over the last 2 years have enabled addressing current health education and awareness needs in the country.

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

Table 1: Key achievements of the technical units of Health Promotion Bureau in 2022

Unit	Key achievements
Family Health, Nutrition Communication & Behavior Research Unit	<ol style="list-style-type: none"> 1. Advocacy channels, partnerships and communication platforms were established to strengthen the existing Mothers’ Support Groups (MSGs) and establish new MSG’s with the support of UNICEF in nine provinces. 2. Conducted national surveys on public awareness of healthy nutrition practices (Knowledge and attitudes of front-of-pack labeling system among 2569 food consumers in Sri Lanka, and a survey to assess dietary diversity, food security, and nutrition practices among families of Samurdhi beneficiaries and smallholder farmers in three selected districts in Sri Lanka. 3. Conducted nutrition awareness and behavior change promotion programs for pregnant & lactating mothers and children under five years in six districts. 4. Conducted an annual national review of MSG’s focusing on home gardening and other nutrition-related innovations at the community level representing all districts
Community Health Promotion Unit	<ol style="list-style-type: none"> 1. Reinforcing and maintenance of the Social Media platform of HPB with a 31% average reach per month. 2. Strengthening and evaluation of Happy Village Program, indicating that 304/354 Happy Villages are functional (86.7%).
Policy, Advocacy, Risk Communication and Workplace Health Promotion Unit	<ol style="list-style-type: none"> 1. Developing National Strategic Plan for Risk Communication 2. Developing Risk Communication training module for healthcare staff 3. Developing National guidelines for Workplace Health Promotion (WHP) setting development and the check-list. 4. Completing draft of the Health Promotion Strategic Plan 5. Developing the “Strategic plan for Risk Communication and Community Engagement in accordance with Emergency Nutrition Plan 2022-2024”
Health Communication & Life Skills, Media and Publicity Unit	<ol style="list-style-type: none"> 1. Launching of “Happy Family” video series and conducting master training programmes for health and non-health staff to promote effective communication and interaction to prevent Sexual and Gender-Based Violence. 2. Developed Life Skills training curriculum and training materials to train youth trainers on life skills and soft skills. 3. Developed a curriculum and conducted a pilot training programme for public health staff on the promotion of Menstrual Health and Hygiene (MHH) among girls and women. 4. Conducted regular press conferences weekly on celebrating special health days and addressing health concerns which were live streamed through the HPB YouTube channel and disseminated through media networks.
Training, Exhibition, IEC, and Hospital Health Promotion Unit	<ol style="list-style-type: none"> 1. Completed all training programs planned in 2022 for 6 target audiences. 2. Established and reinforced Digital Signage System in Primary Care Institutions, 242/400 channeling and configured online. 3. Initiated Health Promotion Hospital Program

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Oral Health Promotion Unit	<ol style="list-style-type: none"> 1. Development and implementation of BCC intervention ('Healthy Mouths – Healthy kids') facilitated with IEC package to promote oral health during early childhood. 2. Development and dissemination of Manual, Circular, Advocacy tool & IEC materials to strengthen the National Preschool Health Promotion Setting Development programme. 3. Initiate discussion to develop oral health promotion training module, manual and IEC package for primary school teachers. <p>* Most activities were carried out virtually not using any funds.</p>
Strategic Information, Planning, Monitoring, Evaluation and Preschool Health Promotion Unit	<ol style="list-style-type: none"> 1. Established National and provincial intersectoral platforms for Preschool Health Promotion Settings Development Program, with National Secretariat for Early Childhood Development, Family Health Bureau, Provincial Directors of Early Childhood Development, Provincial and Regional Director of Health 2. Streamlining and strengthening the Health Education & Health Promotion Monitoring and Evaluation system and initiating regular reviews of HE& HP. 3. Regular monitoring of progress of the technical units of the bureau and reporting.

Table 2: Details of development projects in 2022

Project Description	Total Estimate Cost (LKR.Mn)	Physical Progress by 31.12.2022	Financial Progress by 31.12.2022
1. Community Health Promotion Unit – Happy Village Setting establishment project	7.15 Mn	100%	2.2Mn (30.76%)
2. Health communication & Life Skills, Media and Life skills unit	6.982 Mn	100%	6,887,774.00 Mn (98.65%)
3. IEC development and Training Unit	0.334Mn	100%	0.334Mn (100%)
4. Policy, Advocacy and Risk Communication Unit	0..35 Mn	100%	0.212 Mn (60.5%)
5. Family Health, Nutrition Communication and Behavior Research Unit	0.083 Mn	100%	0.083 Mn (100%)
6. Planning, Monitoring & Evaluation Unit – Regular planning and reporting of functions and progress	Not estimated any budgetary requirement for 2022	100%	Activities conducted on zero budget
7. Oral Health Promotion Unit	0.157 Mn	100%	0.065 Mn (41%)

Mn=Million

Table 3: Last 5-year performance trend of Health Promotion Bureau

Key Performance Indicator	Progress				
	2018	2019	2020	2021	2022
% of PHM areas in a district with at least one functioning mother support group (MSG)*	68.06%	69.02%	66.89%	62.04%	59.26%
% of MSG's registered with the HPB via App/online	-	-	<1%	1%	5.8%
Number of training programs conducted	14 by Life skills unit	18 by Life skills unit 05 by IEC unit	45	59	71
No of advocacy sessions conducted			-	20	12
% of MOH areas with one established Happy Village per MOH area			70.5 (Happy Villages)	81 (287 Happy Villages)	86.7 (307/354)
Average reach of the HPB Facebook page			3.6 million	4.84 million	2,199,340 million (30.76%)

**Indicator calculation method was modified in 2022.*

Table 4: Special Development Activities Planned for 2023

Unit	Special Activities planned for 2023
1. Family Health, Nutrition Communication & Behavior Research Unit	<ol style="list-style-type: none"> Further strengthening and mobilizing MSG's island-wide to conduct nutrition promotion activities. Planning to conduct a pilot programme on capacity building of MSG's members on knowledge, attitudes and skills on child caring through the life cycle approach in three districts. Establish 3 MSG's to introduce new innovative activities as pilot projects in Western province. Establishment of Mothers' Support Group Forum ("Mavu Sansandaya") at the MOH level in Western Province Conduct a national survey on health literacy.
2. Community Health Promotion Unit	Not planned any new projects due to lack of staff (Registrars and Medical Officers)

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3. Policy, Advocacy and Risk Communication Unit	<ol style="list-style-type: none"> 1. Finalizing and printing Health Promotion Strategic Plan 2. Launching the National Risk Communication Strategic Plan 3. Printing the Risk Communication training module, trainers' manual, workbook, and material for Risk Communication training module for healthcare staff 4. Finalizing & printing Workplace Health Promotion Guideline and Checklist to facilitate workplace health-promotion 5. Printing of Strategic plan for Risk Communication and Community Engagement in accordance with Emergency Nutrition Plan 2022 – 2024
4. Health Communication & Life Skills, Media, and Publicity Unit	<ol style="list-style-type: none"> 1. Conduct Training of Trainer (ToT) programmes on Happy Family concept to prevent Sexual and Gender Based Violence 2. Develop a video series to promote gender equality and to improve maternal health by mediating with women, adolescents, and young women about the available high-quality maternal health services and access those services. 3. TOT programmes for public health staff on menstrual health and hygiene among girls and women 4. Conduct media events, media seminars/Press briefings/Press conferences/Press releases on current health issues
5. Training, Exhibition, and IEC Units	<ol style="list-style-type: none"> 1. Hospital Health Promotion Programs 2. Launching and maintain Health Education channel of Digital Signage TV platform to Primary Care Institutions 3. Development of videos and marquees for digital signage 4. Development of Health Education Voice Messages for public address systems and Radio
6. Oral Health Promotion Unit	<ol style="list-style-type: none"> 1. Conduct research on oral health related behaviors of parents & caregivers of under 3 years of children. 2. Training Supervising School Dental Therapist (SSDT) on oral health promotion and communication 3. Training of RDS on integration of oral health into HP settings and community-based platforms. 4. "Raising public awareness during special days in relation to oral health (For development of IEC for social media)" 5. Development and distribution of electronic version of an IEC package to address oral health promotional aspects of different dental subspecialties. 6. Development and printing of oral health promotion handbook for mother support group 7. Development of National oral health promotion programme for primary school children

<p>7. Strategic Information, Preschool Health Promotion, Planning, M&E Unit</p>	<ol style="list-style-type: none"> 1. Strengthening HE&HP, Monitoring & Evaluation system and empowerment of Health Education Officers in District level to work in parallel to HPB targets. 2. Preschool Health Promotion Settings program implementation, monitoring, and IEC development. 3. Development of National Early Childhood Health Promotion Strategic Action Plan. 4. Development of Age-Appropriate Sexuality Education strategies for Preschool age. 5. Development of Behavior Change Strategy for early childhood and primary school age group.
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Prepared by Strategic Information, Planning, Preschool health promotion, Monitoring and Evaluation Unit- HPB

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 & 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 well-being for all, through mental health promotion, illness prevention, treatment and rehabilitation, psychosocial care and protection of human rights.

Objectives

1. To strengthen the leadership, legislation, stewardship, research and management functions of the mental health services
2. To strengthen the delivery of comprehensive, socially and culturally acceptable mental health services and support in order to reduce the burden of mental disorders and promote mental health

3. To strengthen human resources, infrastructure and financing for mental health services
4. To empower communities in promoting their mental well-being and reducing Stigma and discrimination

Achievements/ Special Events in 2022

- A workshop on mental wellbeing was conducted at Sri Lanka Foundation Institute to commemorate the World Mental Health Day 2022 on the theme “**Make Mental Health & Wellbeing for All a Global Priority**”.
- To commemorate the Suicide Prevention Day in 2022, a webinar was conducted under the theme “**Creating Hope Through Action**”
- Launching of Mental Health Policy 2020-2030 was held at the main auditorium, Ministry of Health in August 2022.
- Launching of Mental Health helpline-1926 was also done along with the policy launching.
- An awareness program was conducted for children and their parents to commemorate the World Infant, Child & Adolescent Mental Health Day on the ‘Importance of mental health of young people’ at Sirimawo Bandaranayake Specialized Children Hospital, Peradeniya in April 2022.

Ongoing developments project details

Project Description	Total Estimated Cost (Mn)	Physical Progress by 31.12.2022	Financial Progress by 31.12.2022 (Mn)
1. Promotion of mental wellbeing and prevention of mental disorders			
1.1. Infant, child, adolescent Mental Health Day	0.02	Conducted one program at SBMCH	0.018
1.2. Conducting meetings	0.166	One consultative meeting conducted with private health sector	0.038
Consultative Meetings to formulate guideline for private mental health services		One meeting conducted on MOMH duty list	
Consultative Meetings to develop duty lists and job description -MOMH (FP) and MOMH		Two meetings conducted on violence prevention	
Consultative meetings on violence prevention		NCMH -conducted two meetings	
Conducting National committee meeting on mental health (NCMH) - quarterly			

Launching of National Mental Health Policy		Policy launched	
1.3 Training of Trainers on mental health promotion - initial training for CCP s	0.034	Allocation not received	0
1.4 Preparation & printing of I. Directory of Mental Health service providers II. Suicide prevention strategic plan III. Consumer and carer guideline	0.15	I. Directory of Mental Health service providers - draft finalized - In the process of requesting more funds for printing as the cost has been increased. II. Suicide prevention strategic plan- finalized. III. Consumer and carer guideline - finalized	0
1.5. Work place mental health promotion program for staff at Ministry of Health - Happy @ work	0.021	Five programs conducted	0.02
2. Development of Infrastructure and Human resources			
2.1. Renovation of MHU at TH Kurunegala (to provide 1926 service)	2	Completed work, vouchers sent to PSSP	2
2.2. Renovation of long stay unit at DH Kandana	5	Completed work	4.3
2.3. Renovation and construction of Child mental health Unit -at TH Ragama	7	Work started	6.12
2.4. Strengthen / establishment of CHCs (12) - planning /sensitization meeting Infrastructure strengthening and procurement of supplies - Establishment of 8 centers (Including Polpithigama)	4	Allocation not received	0
2.5. Training of Post intern MO/MH - orientation program and mental health promotion module	0.07	Completed (For two batches)	0.052
2.6. Training of MO/MH (FP) on mental health promotion and MHMIS	0.6	Completed	0.475
2.7. Training of staff attached to CHCs	0.305	One program conducted at MOH Divulapitiya	0.026

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2.8. Capacity building of MOO at primary healthcare on early detection & prevention of mental illness and promotion of mental health	0.074	Three day program conducted at RDHS Gampaha	0.074
2.9. Capacity building of CPN on mental health	0.6	Completed	0.42
2.10. Training of mental health care staff on aggression management	0.03	Three programs conducted at BH Panadura, BH Minuwangoda, TH Rathnapura	0.06
2.11. Suicide Prevention -Gate Keeper training	0.9	12 programs conducted (Planned 25)	0.33
2.12. Capacity building training for Consultant Psychiatrists	0.7	Completed	0.36
2.13. Training of Medical officers at DGH Negombo -Capacity building training of MOs on management of psychosocial issues	0.02	Completed	0.03
2.14. Trainers of trainers (staff at Women and child affairs social empowerment) program on promotion of Mental Wellbeing	1.3	Completed	0.61
2.15. Training the staff on operative aspects of drug rehabilitation center - BH Minuwangoda	0.03	Completed	0.02
2.16. Refresher training for mental health service providers on 1926 help line	0.6	Allocation not received	0
3. Prevention of suicide			
3.1 Suicide Prevention - Holding expert committee meetings	0.045	Six suicide prevention expert committee meetings were held	0.002
3.2. Help line forum - Conducting National mental health help line forum. Meeting with National Youth Services Council (NYSC)	0.01	One National Mental Health help line meeting was held. Conducted an advocacy meeting with NYSC	0
3.3. Advocacy campaign with higher media officials	0.4	Not conducted, will be planned for 2023	0
4. Prevention and control of Substance use including Alcohol			
Not done any activities	-	-	-

5. Monitoring and evaluation of the National Mental Health Program			
5.1. Participation and conduct of MH reviews (National/Provincial/District) and field visit	0.5	Conducted reviews at Jaffna, Mullathivu, Hambanthota, Kalmunai, Monaragala, Ampara, Rathnapura, Gampaha, Puttalam, Kurunegala, Anuradhapura, Galle, Kandy and field visits to Batticaloa, Kegalle, Kilinochchi, Polpithigama, Ganewatta	0.12
6. Epilepsy and other neurological disorders			
6.1. Development of strategic frame work for management of Epilepsy and other neurological disorders	0.015	Two meetings were held on developing the plan	0

Last 5 year performance trend

Figure 1- Suicide Rates during 2017-2022 in Sri Lanka

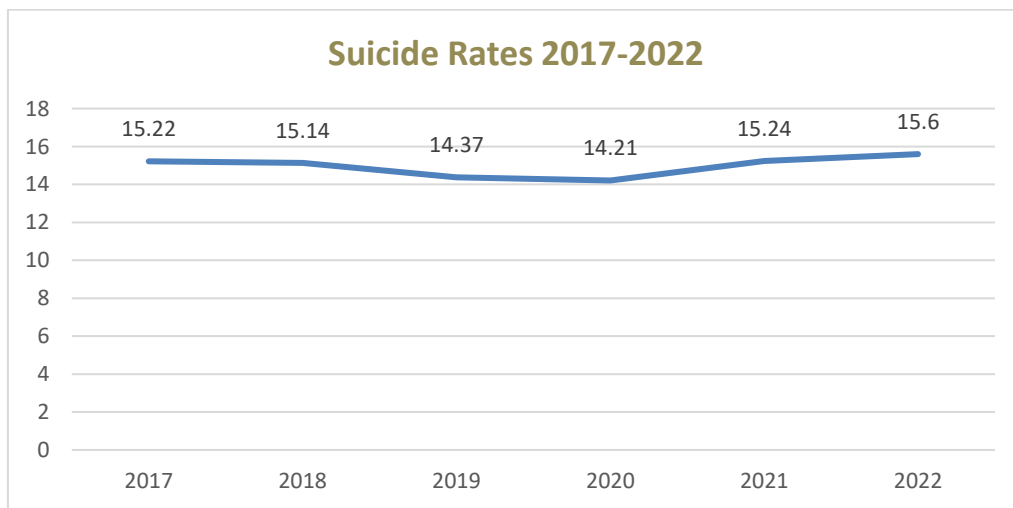


Figure 2 - Trend of Mental Disorders based on hospital admissions during 2017-2022 in Sri Lanka

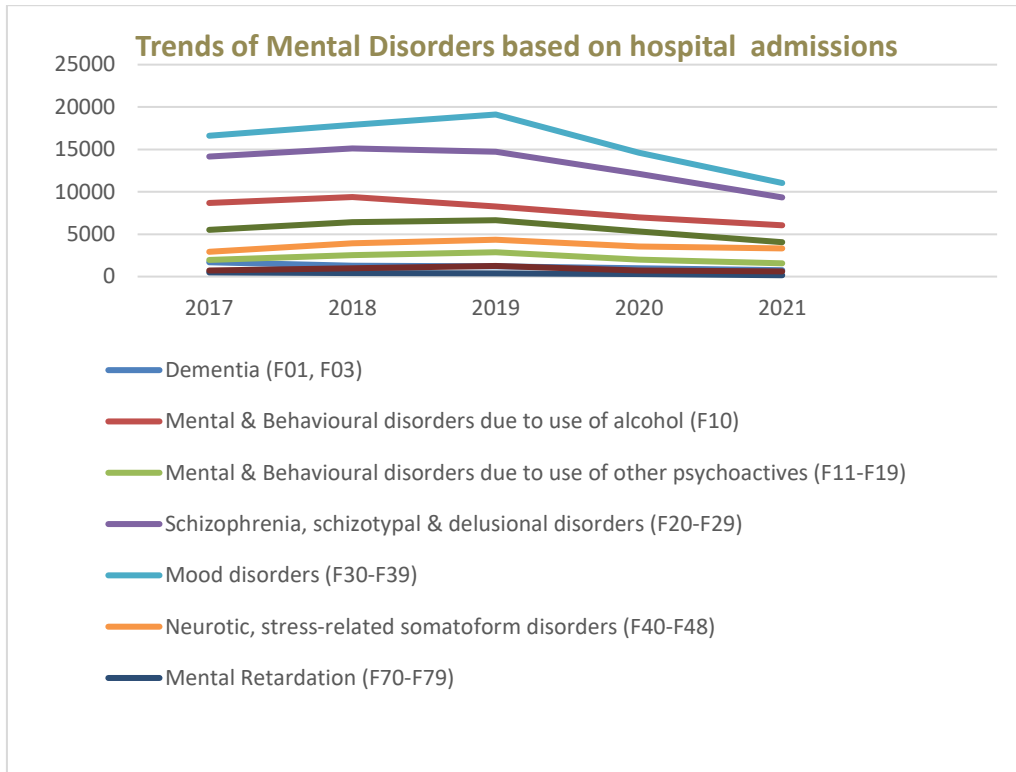
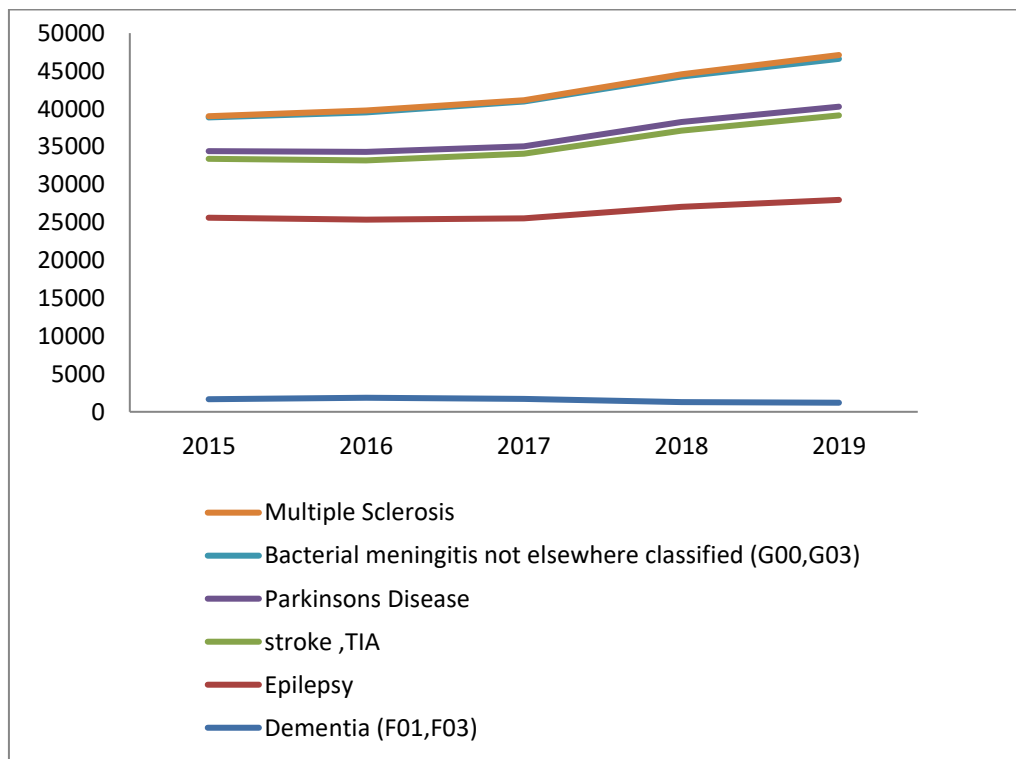


Figure 3 - Trend of selected Neurological Disorders during 2015-2019 in Sri Lanka



Special development activities planned for 2023

- Implementation of National Mental Health Policy 2020-2030 at provincial level
- Development of Mental Health service providers Directory
- Revising Consumer Career Guideline
- Skill sharing programs for counselors
- Training public health staff on mental health promotion “Manohari program”
- Strengthen/establishment of community health centers in MOH Offices- Nanthavur, Navithanveli, Chenkalady, Pattipalai, Buttala, Siyambalanduwa, Anamaduwa
- Training programs for identified gatekeepers (Police officers, AGA staff, coaches, youth officers, public health staff, technical assistants, counsellors, pharmacists, education officers -teachers etc.) on suicide prevention- Up to now conducted district wise in Kurunegala, Kalmunai, Batticaloa and Kegalle.
- Agro-chemical Sales Technical Assistant training on suicide prevention
- District level training of Medical Officers in Primary Medical Care Institutions on ‘Assessment, diagnosis and management of persons with mental disorders’
- District mental health reviews with field supervision
- Training of Trainers program on ‘Improving mental wellbeing of school children’
- Training for post intern Medical Officers of mental health
- Training of trainers for Consultant Community Physician on mental health promotion
- Training on capacity building for Psychiatric Social Workers

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

Non Communicable Disease control comes under Deputy Director General Non Communicable Diseases. It has three directorates: Directorate of Non Communicable Diseases, Directorate of National Cancer Control and Prevention, Directorate of Mental Health.

Performance of Directorate of Non Communicable Diseases.

Non-Communicable Diseases (NCDs) have shown an unprecedented rise in Sri Lanka over the past few decades resulting in significant morbidity, mortality and disability. More than 80% of all deaths in 2016 was due to NCDs, with cardiovascular disease (CVDs) being the leading cause of mortality accounting for 34% of all deaths, followed by cancers (14%), diabetes (9%) and chronic respiratory diseases (8%). Circulatory system diseases have remained the leading cause of death since 1980s in Sri Lanka, while a steady increase is seen in deaths due to diabetes mellitus. An estimated 120 000 people die prematurely each year from NCDs in the country. Probability of death due to an NCD between the ages 30 – 70 years is 17%, with the probability being 22% in males compared to 13% in females.

In terms of morbidity, the hospitalizations due to ischemic heart disease and diabetes mellitus show a steady rise over the last two decades. The prevalence of DM is shown to have an increasing trend over the years, while prediabetes also shows a similar rising trend with a majority being undetected (2). According to the STEPS survey, nearly, one in four adults are hypertensive and 14% of adult population are diabetic.

The Health Master Plan for 2007 - 2016 identified the prevention and control of NCDs as a priority intervention. This resulted in establishing a dedicated NCD unit in the Ministry of Health, which provided technical guidance in management and prevention of NCDs up to the grass root level.

All work related to NCD is essentially multisectoral and covered by the NCD policy (latest 2022) and a multisectoral action plan (latest 2023 – 2028)

Sri Lanka aims to achieve the following targets by 2030

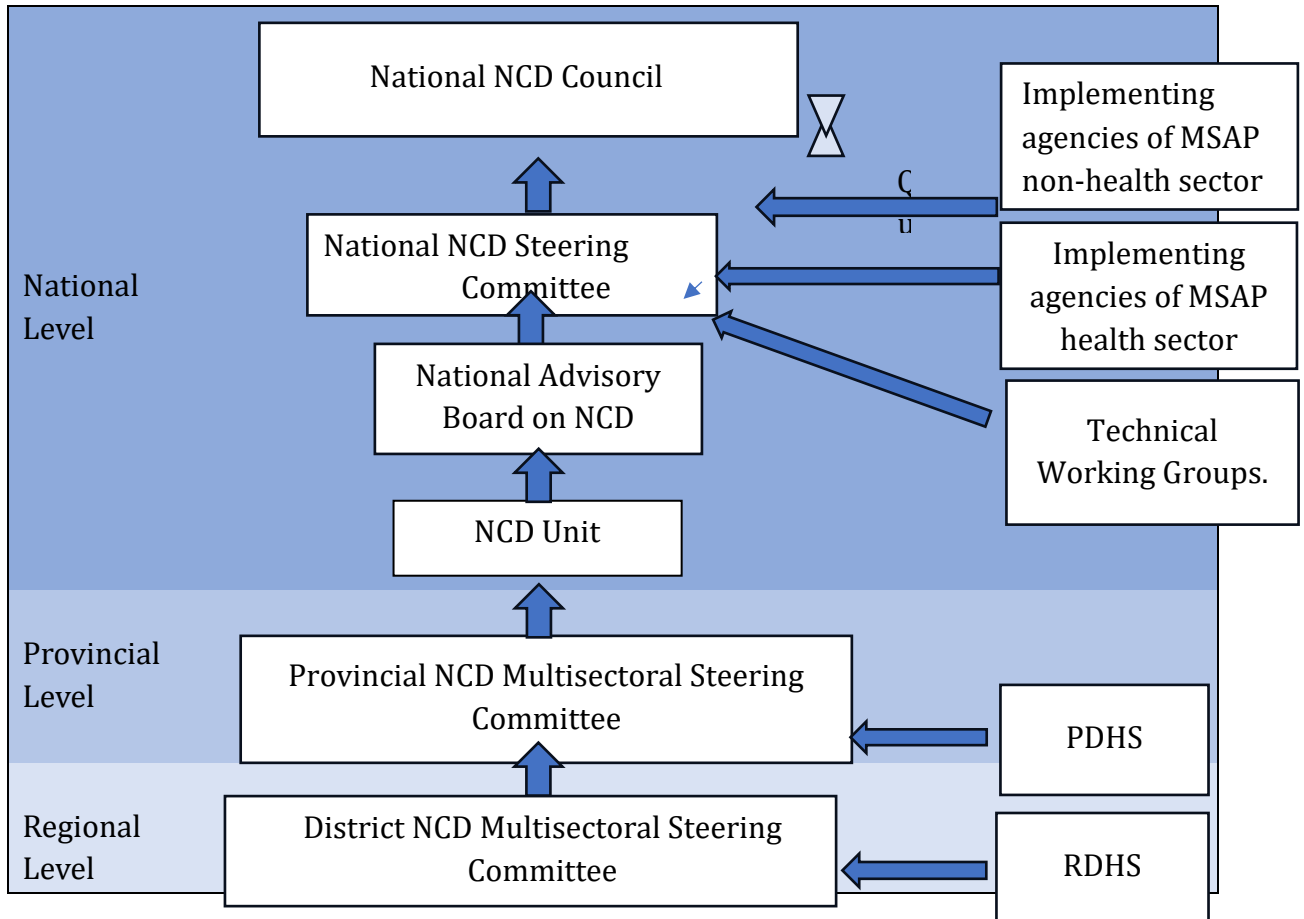
(*Using the data of 2015 as baseline values)

1. 33% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
2. 15% relative reduction in prevalence of insufficient physical activity
3. 20% relative reduction in use of alcohol
4. 15% relative reduction in mean population intake of salt/sodium
5. 30% relative reduction in prevalence of current tobacco use in persons aged over 15 years
6. 25% relative reduction in prevalence of raised blood pressure
7. Halt the rise in obesity and diabetes
8. 50% relative reduction in the proportion of households using solid fuels (wood, crop residue, dried dung, coal, and charcoal) as the primary source of cooking
9. 50% eligible people receive drug therapy and counselling (including glycemic control) to prevent heart attacks and strokes

10. 80% availability of affordable basic technologies and essential medicines including generics, required to treat major non communicable diseases in both public and private sector

1. Advocacy, partnership & leadership

Figure below shows the mechanism of stakeholder involvement



Under advocacy and partnership following activities were carried out.

- The Technical Working Group Meeting for NCD was held on the 20th of January 2023 with the relevant stakeholders from the relevant professional colleges.
- For the evaluation of district progress in NCD prevention and control Monthly NCD reviews were conducted virtually.
- The annual NCD review for 2022 was conducted virtually on the 3rd and 4th of April 2023.
- The National Advisory Board for NCD was conducted on the 26th of April 2023 chaired by the Director General of Health Services. The meeting discussed the integration of the well-woman clinic and the HLC and the revisions and changes to be made in the PMR.
- Three steering committee meetings were conducted in 2022 and two in 2023 up to date.

- The NCD council meetings were conducted under the chairmanship of Honorable Minister in 2022 and it is planned to have the NCD council meeting in September 2023.
- A training programme on advocacy was conducted with the technical and financial support of WHO for the district MO NCDs and Regional CCPs. The WHO South-East Asian region NCD impact simulation tool was introduced during this programme.



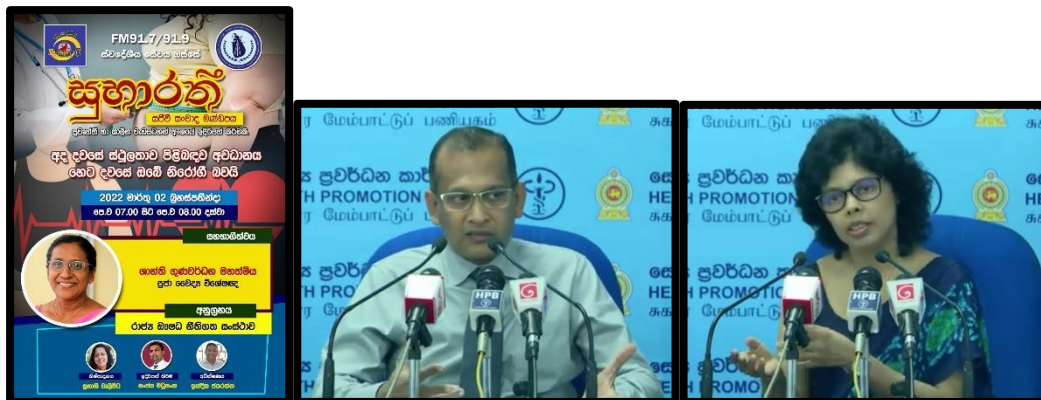
- A discussion on the promotion of physical activity took place at the Health Promotion Bureau with the participation of Sports and Exercise Senior Registrars on implementation and monitoring of National guidelines for Education and Workplace settings.
- Advocacy meetings were held with Family Health Bureau, Vision 2030 project and NCD unit of commencing vision testing of school aged children.

Meeting with stakeholders

- The Ministry of Education was being successfully advocated on revitalizing the 20-minute morning exercise programme twice a week with support from the staff of Zonal Directors Office (Ref ED/9/15/02/02). A partnership with the Ministry of Education was established to share videos and posters for advocating parents and leaders to promote Physical Activity among school children.
- The Ministry of Public Administration was being advocated to implement short exercise breaks in all government institutions.
- Three advocacy meetings were organized to mobilize multi-sector stakeholders (health and non-health sector stakeholders) for the promotion of a healthy diet toward NCD prevention. The main objectives of these meetings were to brief the national policies and strategies to promote a healthy diet for NCD prevention and coordinate nutrition promotion actions among communities during normal and crisis situations. The World Health Organization provided financial support to conduct these advocacy meetings.



- To implement strategies to prevent and control NCD at government institutions, a partnership was developed with the Ministry of Public Administration to implement recommendations on healthy diet menus for official meetings and adopt the “not to add salt when cooking rice” strategy in the canteens at workplaces. A circular (Home Affairs Circular Number- 08/2023) was issued by the Ministry of Public Administration and Home Affairs to all government institutions to implement these activities.
- World Obesity Day was commemorated on the 4th of March this year with the theme of Changing Perspectives: Let’s Talk about Obesity. The Directorate of Non-Communicable Diseases of the Ministry of Health collaborated with the Colleges of Endocrinologists and Cardiologists to conduct media briefings and improve community awareness through mass media health education sessions as well as preparation and dissemination of fact sheets and presentations were done. Furthermore, community-level awareness and screening programmes were conducted by field-level healthcare staff and the hospital staff in collaboration with MO NCDs in all districts.



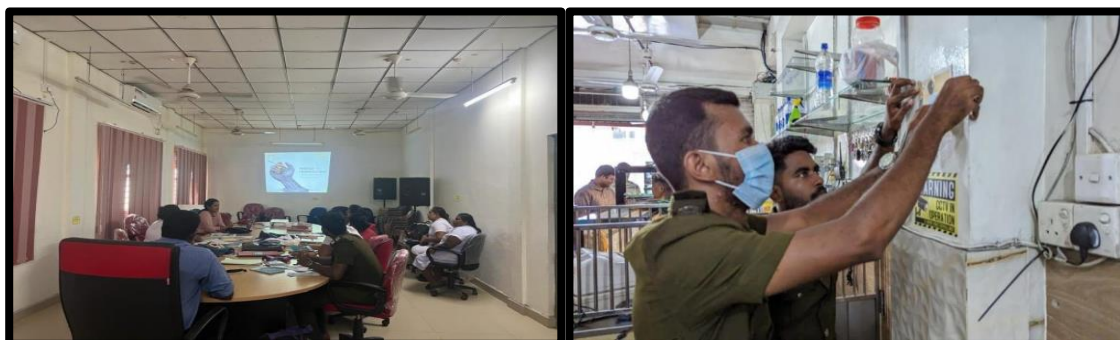
- World Hypertension Day and Salt Awareness Week are commemorated annually by the global community on the 17th of May and from the 15th to 21st of May 2023 respectively. In line with this global commemoration, the Directorate of Non-Communicable Disease of the Ministry of Health conducted a media briefing, a webinar and advocacy through media channels in collaboration with the Sri Lanka College of Internal Medicine and the Sri Lanka Medical Nutrition Association. In addition, fact sheets were prepared in tri languages and disseminated to improve public awareness. Awareness programs on hypertension and salt reduction strategies were implemented at the community level in parallel to these commemorations.



- With funds from the WHO, 900 copies of the "Guide for the Establishment of tobacco-free zones in Sri Lanka" were printed. They were disseminated through the MO-NCDs to each of the districts and the Medical Officers of health. This guide has a comprehensive description of the process of establishing a tobacco-free zone, from the initial advocacy up to the monitoring and evaluation of the implementation. The 37 paged document also includes regulations and circulars pertaining to the prohibition of the use of tobacco in state institutions, hospitals and healthcare facilities, and education institutions.



Declaring modes of public transport as Tobacco-free zone in Nugegoda



Declaring Vavuniya MOH office as TFZ

Declaring of TFZs in the Colombo districts

- On the 31st of May, World No Tobacco Day was commemorated. The Directorate of NCD held a media briefing at the Health Promotion Bureau with three resource persons. Dr. Manuja Perera, senior lecturer attached to the department of community medicine at the medical faculty of the University of Kelaniya spoke of the prevalence and the burden of the use of both smoked and smokeless tobacco. Dr. Wasatha Gunasinghe respiratory physician attached to the National Hospital for Respiratory Diseases in Welisara spoke on the health adverse effects of the use of tobacco. She mentioned all organ and systemic effects of tobacco use, not only respiratory diseases. DrChathurie Suraweera, the head of the Department of Psychiatry of the Faculty of Medicine, University of Colombo, emphasized the psychological aspects of quitting smoking and the resources available for individuals who seek medical help to quit smoking. Parallel to the media briefing, MO-NCDs organized several district-level activities to commemorate WNTD. Process of declaring 100 TFZs was initiated around the country.

2. Health promotion & risk reduction

- The launch of a communication campaign to implement existing regulations to promote physical activity among children was held under the patronage of the Secretary to the Ministry of Health. Videos and posters developed for this communication campaign would advocate higher officials, teachers and parents for the promotion of physical activity.
- A stakeholder meeting to design a communication campaign (development of videos) to promote physical activity via social media and digital boards targeting community and workplace settings was held to increase public awareness on the importance and practical methods of incorporating physical activity into the lifestyle.



Short exercise break at the meeting

- Commemoration of Move More Month in the month of April was conducted. During this month awareness programmes were conducted through Mass media on Siyatha, Shakthi, TV 1, SirasaTV, Shraddha TV /radio: Lakviru FM /Mawbima, and Daily Express newspaper articles were published during the month of April. Two media briefings were conducted with stakeholders from the Education Ministry and Sri Lanka Sports Medicine Association. New physical activity programmes were initiated at Healthy Lifestyle Centers and workplaces with the guidance of MO NCD.



Consultant Community Physician speaking on Shakthi TV



Registrar in Community Medicine at a media programme

- Physical Activity Programmes were commenced at the National Cancer Control Programme and Ministry of Public Administration with the guidance of the Directorate of Non-Communicable Diseases.
- The Ministry of Finance and Health Promotion Bureau continue their programme which commenced last year under the guidance of the Directorate of Non-Communicable Diseases.



Commencement of Physical activity programme at Public Administration

- **The launch of the communication campaign on the promotion of a healthy diet and physical activity**

A communication campaign to advocate fiscal regulations to promote healthy diet and physical activity among school children was launched on 3rd March 2023. Three posters and five short videos (trilingual) on healthy diet promotion were launched and disseminated through social media and shared with the relevant stakeholders





- Community awareness campaigns were conducted to promote tobacco-free lifestyles.



Students participating in an anti-tobacco campaign

Street drama conducted by students in Polonnaruwa

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

- A residential 5-day MO NCD capacity building and guideline training was successfully conducted from the 27th of February to the 3rd of March 2023 at the SLIDA. The training programme was comprised of both chronic NCD and Injury Prevention areas with lectures, Interactive sessions and group work. According to the pretest and the posttest, the knowledge of the MOONCD have improved.



- NCD screening and management guideline training was done on the 29th of March in the Killinochchi and Mulatuv District virtually with the collaboration of the College of Internal Medicine.
- Guidelines on the promotion of physical activity in educational settings (Preschools, Schools and Higher educational institutions) and workplaces were finalized with the consensus of relevant stakeholders in subcommittees.
- Training of Trainers (ToT) Programme on Promoting a Healthy Diet for provincial and regional level focal points who are involved in the NCD prevention and control activities were conducted on 18th January 2023 at Sri Lanka Foundation Institute by the Directorate of Non- Communicable Diseases (NCD) unit. The main aim of the ToT programme was to build the capacity of the provincial and regional Consultant Community Physicians and Medical Officers of NCDs on promoting healthy diets towards NCD prevention. This training programme was based on the training manual on a healthy diet and covered the technical aspects and skills required to train the HLC staff at primary healthcare institutions, to advise their clients on consuming a healthy diet, following a brief assessment of their nutritional status and management.

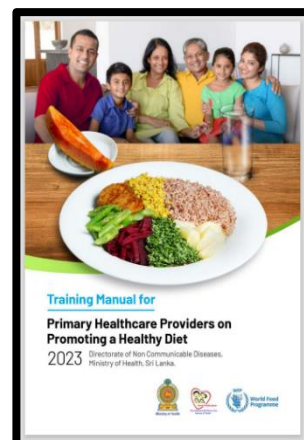


- Technical guidance on the promotion of physical activity was provided during the training of Public Health staff and Medical Officers of Healthy Life Style Centers in Colombo and Kaluthara districts.
- Three training Programmes on Promoting a Healthy Diet for primary healthcare providers were conducted in the three districts of Western Province. All medical officers at healthy lifestyle clinics and Public Health Nursing Officers in the Colombo, Kalutara, and Gampaha districts were trained to advise their clients on consuming a healthy diet, following a brief health and nutritional status assessment. The training content was based on the training manual on promoting a healthy diet. Financial assistance for these trainings was provided by the World Health Organization.



- **Printing and dissemination of training manual for primary healthcare providers on promoting a healthy diet**

One thousand five hundred copies of training manuals for primary healthcare providers on promoting a healthy diet were printed with the financial assistance of the World Food Programme. This training manual has been designed to be used by the master trainers (provincial and regional level Consultant community physicians, medical officers of non-communicable diseases - MO NCDs, and Hospital MO NCDs), to train the primary health care staff affiliated with the Healthy Lifestyle Clinics (HLC), on promoting a healthy diet to the HLC clients and the community. Training manuals are being distributed among master trainers and relevant healthcare institutions.



The Directorate of NCD facilitated one-day training of trainer's programmes for healthcare staff of healthy lifestyle centers in Colombo, Gampaha, Kegalle, and Rathnapura districts. This initiative was designed to develop counseling and intervention skills among medical officers and public health inspectors so that they will be able to conduct a brief intervention to help people quit smoking. These training programmes produced 53 trainers. Material and training guides were shared beforehand. Role-plays, group discussions, and interactive sessions were conducted as part of the training. Participation and immediate response to the activity was satisfactory and displayed value for money.

4. Surveillance, monitoring, evaluation, and research

- An HLC supervision visit to Delkanda HLC was done on the 8th of June 2023 to identify the gaps and progress in the HLC work.
- The consultant and a medical officer from the planning unit of the NCD unit participated in the NCD review in the Puttalam District. Several areas were identified with issues.
- The consultant of the planning unit and a medical officer participated in the NCD review in the Puttalam district.
- On the 16th of June Supervision visit to Kegalle was done and visits were done to three HLCs.
- Programmes conducted at the district level were monitored through regular updates via Google Sheets specially developed by the Directorate of Non-Communicable Disease.
- In May 2023, a team from the Directorate of Non-Communicable Diseases visited the National Cancer Control Programme to monitor the physical activity programme initiated by the Directorate of NCD in the year 2022.

- Physical activity programmes in workplace settings were monitored using social media such as WhatsApp in the institutions where focal points were trained under the Directorate of NCD.



Supervision programme at NCCP by the Directorate of NCD

Special Projects

Project granted by Resolve to Save Lives

In 2020, Office of the Deputy Director General (Non Communicable Diseases) of Ministry of Health received a research grant from 'Resolve to Save Lives' to develop simple protocols for management of hypertension, and to integrate a health information system for patient follow-up. The project was piloted in 3 primary care hospitals in Kalutara District since January 2022. In April 2023 the project was expanded to 11 more Primary Care hospitals in Kalutara District.

Achievements

A simple protocol is being successfully implemented for the management of hypertension.

Validated blood pressure devices, android phones and televisions (for health education) were supplied to project hospitals.

Training programmes were conducted to make all staff aware of life style modifications and hypertension management guidelines.

Mentoring guideline is under development and will be implemented in 2023.

Customer satisfaction survey and clinical audit was carried out in pilot hospitals and show a good response.

Currently all facilities show an average blood pressure control rate of 58% and only 13% missed visits rate.



STEPS Survey 2021

Introduction

The STEP surveillance is one of the surveillance mechanisms used in assessment of NCD status in a country. 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 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.

Due to COVID out break the survey was carried out in 2021 and 2022 and data analysis and report writing completed in 2023. Below fact sheet provides the main findings of STEPS survey 2021.

Results for adults aged 18-69 years (incl. 95% CI)(<i>adjust if necessary</i>)	Both Sexes	Males	Females
Step 1 Tobacco Use			
Percentage who currently smoke tobacco	14.1% (13.0- 15.3)	30.2% (27.9- 32.4)	0.2% (0.0- 0.4)
Percentage who currently smoke tobacco daily	10.0% (9.0-11.0)	21.3% (19.3-23.4)	0.1% (0.0-0.2)
<i>For those who smoke tobacco daily</i>			
Average age started smoking (years)	20.6 (20.0-21.1)	20.5 (19.9-21.0)	--
Percentage of daily smokers smoking manufactured cigarettes	70.5% (65.7-75.3)	70.9% (66.1-75.7)	--
Mean number of manufactured cigarettes smoked per day (by smokers of manufactured cigarettes)	3.7 (3.4-4.1)	3.7 (3.4-4.1)	--
Step 1 Alcohol Consumption			
Percentage who are lifetime abstainers	65.1% (63.4-66.7)	34.2% (31.7-36.6)	91.9% (90.7-93.1)

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Percentage who are past 12-month abstainers	8.2% (7.4-9.1)	11.5% (10.1-12.9)	5.4% (4.4-6.3)
Percentage who currently drink (drank alcohol in the past 30 days)	20.7% (19.5-22.0)	43.3% (40.9-45.6)	1.2% (0.7-1.6)
Percentage who engage in heavy episodic drinking (6 or more drinks on any occasion in the past 30 days)	7.1% (6.2-7.9)	15.1% (13.3-16.8)	0.3% (0.1-0.5)
Step 1 Diet			
Mean number of days fruit consumed in a typical week	3.4 (3.4-3.5)	3.4 (3.3-3.5)	3.5 (3.4-3.6)
Mean number of servings of fruit consumed on average per day	1.2 (1.2-1.3)	1.2 (1.2-1.3)	1.3 (1.2-1.3)
Mean number of days vegetables consumed in a typical week	6.5 (6.5-6.6)	6.5 (6.4-6.5)	6.6 (6.5-6.6)
Mean number of servings of vegetables consumed on average per day	3.3 (3.2-3.5)	3.3 (3.2-3.4)	3.4 (3.2-3.5)
Percentage who ate less than 5 servings of fruit and/or vegetables on average per day	67.8% (66.1-69.6)	68.1% (65.7-70.5)	67.6% (65.5-69.7)
Percentage who always or often add salt or salty sauce to their food before eating or as they are eating	3.5% (2.8-4.2)	3.4% (2.6-4.3)	3.6% (2.8-4.4)
Percentage who always or often eat processed foods high in salt	8.2% (7.2-9.2)	8.1% (6.7-9.4)	8.3% (7.2-9.5)
Step 1 Physical Activity			
Percentage with insufficient physical activity (defined as < 150 minutes of moderate-intensity activity per week, or equivalent)*	34.8% (33.1-36.4)	24.2% (22.1-26.3)	43.9% (41.8-46.0)
Median time spent in physical activity on average per day (minutes) (presented with inter-quartile range)	64.3 (2.9-257.1)	154.3 (21.4-385.7)	30.0 (0.0-130.0)
Percentage not engaging in vigorous activity	73.4% (71.8-74.9)	55.4% (53.0-57.9)	88.9% (87.6-90.2)
Results for adults aged 18-69 years (incl. 95% CI) (adjust if necessary)	Both Sexes	Males	Females

Step 1 Cervical Cancer Screening			
Percentage of women aged 30-49 years who have ever had a screening test for cervical cancer			40.2% (37.3-43.1)
Step 2 Physical Measurements			
Mean body mass index - BMI (kg/m ²)	24.2 (24.0-24.3)	23.1 (22.9-23.3)	25.1 (24.8-25.3)
Percentage who are overweight (BMI ≥ 25 kg/m ²)	39.4% (37.9-40.9)	30.0% (27.7-32.3)	47.6% (45.5-49.6)
Percentage who are obese (BMI ≥ 30 kg/m ²)	11.0% (10.0-12.0)	6.3% (5.1-7.4)	15.2% (13.6-16.7)
Average waist circumference (cm)		85.3 (84.6-86.0)	86.4 (85.8-87.1)
Mean systolic blood pressure - SBP (mmHg), including those currently on medication for raised BP	128.5 (127.9-129.2)	130.3 (129.4-131.3)	127.0 (126.1-127.9)
Mean diastolic blood pressure - DBP (mmHg), including those currently on medication for raised BP	80.5 (80.1-81.0)	81.9 (81.3-82.6)	79.3 (78.8-79.9)
Percentage with raised BP (SBP ≥ 140 and/or DBP ≥ 90 mmHg or currently on medication for raised BP)	34.8% (33.3-36.3)	35.8% (33.4-38.2)	34.0% (32.0-35.9)
Percentage with raised BP (SBP ≥ 140 and/or DBP ≥ 90 mmHg or currently on medication for raised BP) who are not currently on medication for raised BP	63.9% (61.4-66.4)	71.2% (67.7-74.7)	57.2% (53.9-60.5)
Step 3 Biochemical Measurement			
Mean fasting blood glucose, including those currently on medication for raised blood glucose [mg/dl]	104.2 (102.6-105.8)	103.3 (101.1-105.6)	104.9 (102.9-107.0)
Percentage with impaired fasting glycaemia as defined below <ul style="list-style-type: none"> • plasma venous value ≥6.1 mmol/L (110 mg/dl) and <7.0 mmol/L (126 mg/dl) • capillary whole blood value ≥5.6 mmol/L (100 mg/dl) and <6.1 mmol/L (110 mg/dl) 	12.8% (11.6-14.1)	12.6% (10.8-14.4)	13.0% (11.5-14.5)

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<p>Percentage with raised fasting blood glucose as defined below or currently on medication for raised blood glucose</p> <ul style="list-style-type: none"> • plasma venous value ≥ 7.0 mmol/L (126 mg/dl) • capillary whole blood value ≥ 6.1 mmol/L (110 mg/dl) 	<p>15.6%</p> <p>(14.4- 16.8)</p>	<p>15.6%</p> <p>(13.6- 17.5)</p>	<p>15.6%</p> <p>(14.1- 17.1)</p>
<p>Mean total blood cholesterol, including those currently on medication for raised cholesterol [mg/dl]</p>	<p>187.2</p> <p>(185.6- 188.8)</p>	<p>182.0</p> <p>(179.8- 184.3)</p>	<p>191.7</p> <p>(189.7- 193.7)</p>
<p>Percentage with raised total cholesterol (≥ 5.0 mmol/L or ≥ 190 mg/dl or currently on medication for raised cholesterol)</p>	<p>48.7%</p> <p>(46.8- 50.6)</p>	<p>42.7%</p> <p>(40.0- 45.4)</p>	<p>54.0%</p> <p>(51.6- 56.4)</p>
<p>Mean intake of salt per day (in grams)</p>	<p>8.5</p> <p>(8.5- 8.6)</p>	<p>9.7</p> <p>(9.5- 9.8)</p>	<p>7.6</p> <p>(7.5- 7.7)</p>
<p>Cardiovascular disease (CVD) risk</p>			
<p>Percentage aged 40-69 years with a 10-year CVD risk $\geq 20\%$, or with existing CVD**</p>	<p>14.2%</p> <p>(12.8- 15.8)</p>	<p>16.9%</p> <p>(14.6- 19.6)</p>	<p>11.8%</p> <p>(10.1- 13.8)</p>
<p>Summary of combined risk factors</p>			
<ul style="list-style-type: none"> • current daily smokers • less than 5 servings of fruits & vegetables per day • insufficient physical activity 	<ul style="list-style-type: none"> • overweight (BMI ≥ 25 kg/m²) • raised BP (SBP ≥ 140 and/or DBP ≥ 90 mmHg or currently on medication for raised BP) 		
<p>Percentage with none of the above risk factors</p>	<p>8.4%</p> <p>(7.4- 9.4)</p>	<p>9.3%</p> <p>(7.7- 10.8)</p>	<p>7.7%</p> <p>(6.5- 8.8)</p>
<p>Percentage with three or more of the above risk factors, aged 18 to 44 years</p>	<p>18.0%</p> <p>(16.4- 19.7)</p>	<p>18.5%</p> <p>(15.8- 21.2)</p>	<p>17.6%</p> <p>(15.6- 19.7)</p>
<p>Percentage with three or more of the above risk factors, aged 45 to 69 years</p>	<p>36.1%</p> <p>(34.0- 38.2)</p>	<p>31.5%</p> <p>(28.3- 34.6)</p>	<p>40.1%</p> <p>(37.4- 42.8)</p>
<p>Percentage with three or more of the above risk factors, aged 18 to 69 years</p>	<p>26.5%</p> <p>(25.1- 27.9)</p>	<p>24.5%</p> <p>(22.4- 26.6)</p>	<p>28.2%</p> <p>(26.4- 30.0)</p>

Performance of Injury Prevention and Management Unit, Directorate of NCD, Ministry of Health.

Injury Prevention and Management Unit of the Directorate of NCD carried out the activities based on four strategies mentioned in Multi-Sectoral Action Plan (MSAP) – Sri Lanka as below,

Strategy 1: Advocacy, Partnership and Leadership

- a. Nine Advocacy meetings on the introduction of Multi-Sectoral Action Plan (MSAP) on Injury prevention were conducted to cover the following areas for relevant stakeholders and Consultants (provincial and district) & MO/NCDs.

Area 1 – Road safety

Area 2 – Drowning safety

Area 3 – Home safety

Area 4 – Workplace safety

Area 5 – Elderly safety

Area 6 – Post-event care

Area 7 – Monitoring and Evaluation

Area 8 – Child Safety

In addition, at the HDC, Provincial and district medical administrators were also made aware of Multi Sectoral Action Plan for injury prevention and management.

- b. One-day advocacy workshop on injury prevention and first aid for media personal was conducted.

Strategy 2: Health promotion and risk reduction

2.1 – Road safety

The following activities were covered.

- a. Technical Working Group (TWG) meeting took place involving relevant stakeholders
- b. RTA-related data sharing was established among Ministry of Health, Sri Lanka police, Insurance Regulatory Commission of Sri Lanka (IRCSL) and National Council for Road Safety (NCRS).
- c. Started to develop a mechanism to promote helmets among school children.
- d. National strategy on prevention of road traffic accidents (RTA) is essential to carry out activities at national and local level. Hence discussions were initiated to develop the national strategy.
- e. Global road safety week was commemorated and social media campaigns were conducted to raise awareness.
- f. The implementation of a support system for Good Samaritans was recognized as crucial in mitigating the consequences of RTAs. Consequently, several meetings were held, with the injury unit participating as a stakeholder.

- g.** The injury unit actively attended multiple meetings to provide technical advice on the screening of drivers for illicit drug use at road sites (road site screening test).

2.2 - Drowning safety

- a.** Technical Working Group (TWG) meeting took place with relevant stakeholders to reduce drowning-related injuries.
- b.** Billboards were designed to display in drowning risk areas with the assistance of local communities and organizations.
- c.** Initiated to develop a mechanism for data sharing related to drowning.
- d.** Development of pool standards is identified as an important document to share among artificial and natural pools. Hence it was initiated.
- e.** National strategy for drowning prevention is necessary to reduce the burden due to drowning. Thus, activities started to develop the strategy.

2.3 - Home safety

- a.** Meetings were held with the National poison center to enhance poison prevention activities in the country.
- b.** Steps were taken to develop a national strategy for animal bite prevention in collaboration with the Directorate of Public Health Veterinary Services (PHVS).
- c.** Injuries due to falls are common among elders and a meeting was held with the Directorate of Youth, Elderly and Disabled (YED) regarding the development of a falls prevention strategy and Elderly safety checklist.

Strategy 3: Post-event care

- a.** Development of first aid guidelines was initiated with relevant stakeholders.
- b.** Development of a first aid Curriculum was initiated with relevant stakeholders.
- c.** Development of primary care trauma management guidelines was initiated with relevant stakeholders.
- d.** First aid training for staff of the NCD bureau and directorate of NCD was conducted.
- e.** First aid training for media personnel was conducted.

Strategy 4: Surveillance, Monitoring, Evaluation and Research (SMER)

- a.** Death Investigation and Review Training (DIRT) was conducted in the following districts across the country (Onsite training) – (1. Colombo 2. Gampaha 3. Kalutara 4. Kurunegalle 5. Puttalam 6. Anuradhapura 7. Polonnaruwa 8. Jaffna 9. Kilinochchi 10. Vavuniya 11. Mannar 12. Mullaitivu 13. Galle 14. Matara 15. Hambantota 16. Ratnapura 17. Kegalle 18. Kandy)
- b.** Activities were carried out to strengthen the National Injury Surveillance System (NISS).
- c.** Training of intern house officers regarding injury prevention through the Good Intern Programme was identified as a method of training and engaged in discussions with relevant stakeholders.

- d. Requested all Nursing schools to train nursing students regarding injury prevention and surveillance.
- e. Supervision of activities related to NISS were done at several secondary and tertiary care hospitals.

Financial Progress

Year	Allocation (Rs)	Expenditure (Rs)
2018	2,286,973,000.00	1,315,677,642.35
2019	1,617,100,000.00	811,034,812.26
2020	395,161,957.00	145,213,386.87
2021	384,500,000.00	193,688,176.58
2022	93,000,000.00	22,862,051.99

4.2.6 Environmental & Occupational Health

Introduction

The Directorate of Environmental and Occupational Health is the focal point for the implementation of the National Environmental Health Programme in the Ministry of Health.

The National Environmental Health Programme involves the management of environmental health issues in collaboration with other relevant stakeholders. Health Care Waste Management is a major national programme of the Ministry of Health under Environmental Health.

This programme is implemented at the grass root level by Public Health Inspectors (PHII) together with the Medical Officers of Health (MOOH) under the supervision of Medical Officer (Environmental and Occupational Health) at the District level under the guidance and supervision of the Directorate of Environmental and Occupational Health at National level.

Vision

A healthy Sri Lanka free from environmental health risks

Mission

To improve the health status of all Sri Lankans by creating a healthy environment, through provision of environmental health services by

- Advocating, collaborating and partnering with stakeholders
- Promoting and supporting health staff
- Empowering people to be leaders in their communities

1. Objectives

The objectives of the National Environmental Health Programme are as follows.

- To **formulate** an institutional framework that enables efficient coordination and collaboration of the various sectors and stakeholders that have environmental health-related responsibilities
- To **ensure** an effective institutional capacity for rendering environmental health services
- To **strengthen** the capacity of health staff working in the area of environmental health to become efficient agents and catalysts for desired change
- To **adopt** a partnership approach with the purpose of facilitating holistic and integrated planning in environmental health
- To **facilitate** the development and maintenance of an effective Environmental Health Management Information System
- To **promote** community participation and development through empowerment in environmental health, to contribute to promotion of own health

Achievements/ special events

1. Conducted ‘Training of trainers’ workshop on healthcare waste management in district level

Five ‘Training of trainers’ workshops have been conducted to strengthen healthcare waste management under UNICEF funding. Healthcare staff was selected as from Line Ministry hospitals, all Base hospitals, Divisional hospitals, in each district

No	Place of the workshop	Number of workshops	No of trainers trained
1	Kegalle	01	35
2	Badulla	01	55
3	Matale	01	35
4	Puttlam district	01	35
5	NuwaraEliya	01	35



Workshop in Kegalle



Workshop in Badulla district



Workshop in Matale district



Workshop in Puttlam district

2. Conducted provincial-level healthcare waste assessment and developed provincial-level healthcare waste management plans for each province (9 provinces)

The second workshop to develop a Provincial Action Plan for Western Province and two workshops per each of the remaining eight provinces were conducted during the first four months of 2023. Provincial Healthcare Waste Management (HCWP) action plans were developed based on the “National Action Plan on HCWM” for healthcare settings to strengthen the waste management process.



Workshop to develop Sabaragamuwa Provincial Action Plan



Workshop to develop Uva Provincial Action Plan



Workshop to develop North Western Provincial Action Plan



Workshop to develop Northern Provincial Action Plan



Workshop to develop Central Provincial Action Plan

3. Conducted validation workshop for the WASH waste assessment – 21st March 2023

All Island Water Sanitation and Hygiene (WASH) survey was conducted by the Environmental and Occupational Health Directorate of the Ministry of Health using the WASH fit tool stated in the year 2022. It consisted of two components (quantitative and qualitative) and the data was analyzed for the final validation in 2023. Two workshops have been conducted to validate the data to finalize the survey report.



4. Conducted validation workshop for COVID waste assessment – 22nd March 2023

An all-island survey was conducted by the Environmental and Occupational Health Directorate of the Ministry of Health in 2022, to assess the COVID-19 vaccination-related healthcare waste management in Sri Lanka. It consisted of two components (quantitative and qualitative) and the data was analyzed for the final validation in 2023. Two workshops have been conducted to validate the data to finalize the survey report.



5. Development of WASH standards and monitoring indicators for the integration of WASH indicators into the Health Management Information System (HMIS)

Comprehensive details of WASH status in healthcare facilities in Sri Lanka were assessed by the Directorate of Environmental and Occupational Health in 2022. Qualitative and quantitative assessments were conducted island-wide. Data analysis showed the importance of WASH standards and monitoring indicators to improve water, sanitation, and hygiene (WASH) in healthcare institutions in the future. Therefore, two workshops were conducted for the initial discussions to develop WASH standards and monitoring indicators for the integration of WASH indicators into Health Management Information System (HMIS).





6. The fourth meeting of the National Steering Committee for Healthcare Waste Management was held in August 2023 and important decisions were taken to address prevailing major issues in healthcare waste management in the government sector.

Completed Projects

Project Description	Total Estimated Cost	Physical Progress by 31.12.2022	Financial Progress by 31.12.2022
1. Data Analysis and report writing for the WASH assessment - with UNICEF funding (2022-2023)	LKR 315,000.00	100%	90%
2. Training programmes on HCWM for healthcare facility staff - with UNICEF funding (2022-2023)	LKR 2,550,244.30	100%	100%
3. Conduct provincial-level HCW assessment and develop a provincial-level healthcare waste management plan -with UNICEF funding (2022 - 2023)	LKR 4,671,364.29	100%	88.8%
4. Data Analysis and report writing for vaccine related waste assessment - with UNICEF funding (2022-2023)	LKR 270,000.00	100%	80%
5. Development of WASH standards and monitoring indicators into health Management Information Systems (HMIS) - with UNICEF funding (2022-2023)	LKR 779,900.00	100%	80%
6. Conduct validation workshops for the WASH and COVID-19 waste assessment - with UNICEF funding (2022 - 2023)	LKR 1,058,469.60	100%	100%

Special Development Activities Planned for the next six months of 2023

- Preparation of WASH report on healthcare institutions
- Preparation of final report on COVID-19 vaccination related healthcare waste management survey
- Preparation of report on WASH standards

National Occupational Health Programme

Introduction

The Directorate of Environmental and Occupational Health is the focal point for the implementation of the National Occupational Health Programme in the Ministry of Health. The National Occupational Health Programme targets to promote health of all workers in all occupations. The Directorate is responsible for planning, co-ordination, monitoring and evaluation of the National Occupational Health Programme.

- It is responsible for capacity building of public health staff, curative health staff as well as other staff categories in the Ministry of Health on Occupational Health.
- The unit is involved in awareness creation and research and development in the area of occupational and related environmental health issues.
- Additionally, the unit liaises with other important stakeholders such as the Ministry of Labour in implementing the National Occupational Health Programme of the Ministry of Health.

This National Occupational Health programme is implemented at the grass root level by Public Health Inspectors (PHII) together with the Medical Officers of Health (MOOH) under the supervision of Medical Officer (Environmental and Occupational Health) at District level under the guidance and supervision of the Directorate of Environmental and Occupational Health at National level.

Vision

A healthy workforce contributing to sustainable development of Sri Lanka

Mission

To contribute to the attainment of the highest possible levels of health of all workers through provision of comprehensive, sustainable, equitable and quality occupational health services in a supportive and worker friendly setting leaving no worker behind.

Objectives

The objectives of the National Occupational Health Programme are as follows.

- To **promote** and **maintain** the highest degree of health among workers in all occupations
- To **prevent** adverse health outcomes caused by the working environment and work conditions
- To **protect** workers in their employment from work risks
- To **adapt the** work environment to workers
- To **improve** the health and well-being of workers

Achievements

1. Training and Education:

- Developed and delivered comprehensive training programs for employees, managers, and health staff on various aspects of workplace health and safety
 - Awareness programs about chemicals, environment, and health
 - Middle-level management training for SPHII/SPHII-D
- Provided specialized training on specific hazards, such as chemical exposure
 - Training programs on sound management of mercury and mercury-containing waste
 - Conducted training on occupational health for Public Health Inspector trainee students in Higher Diploma courses (HDip.PH), lectures on occupational health – in Kadugannawa, Kurunegala, Kalutara, and Galle

2. Workplace Assessments:

- Expert guidance was given on conducting regular workplace assessments to identify potential hazards and risks. This includes physical, chemical, biological, and psycho social factors.

4.2.7 Estate and Urban Health

Introduction

The Estate & Urban Health unit is the national focal point in the Ministry of Health for improving health status of vulnerable populations in the Estate and Urban sectors in Sri Lanka. 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. In achieving the strategic objectives, the unit functions mainly under two sub components: Estate health and Urban health.

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 Health**

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

Urban Health

1. To develop and strengthen collaborative partnership between Municipal and Urban councils, and health sector for coordinated primary healthcare provision and health promotion in urban sector
2. To streamline the legislature relevant to urban health for strong urban health governance
3. To develop and strengthen collaborative partnership with key stakeholders in health and non-health sectors relevant for urban planning and development to ensure "Health in all policies"
4. To empower and engage urban communities and key stakeholders for health promotion and prevention of prioritized health outcomes in urban sector
5. To monitor & evaluate realizing of prioritized health targets in the urban sector regularly

Achievements/ special events in 2022 in Estate Health**1) Estate COVID prevention activities**

Trained Plantation Community Communication Facilitators (PCCF) and Praja Shakthi Officers (PSO) who are attached to the State Ministry of Estate Housing and Community Infrastructure on COVID prevention activities in the estates. PCCF are stationed at District Secretariats in the eleven districts with estate sector population. PSO are working in forty-four community centres in estates spread out in the seven estate regions.

Around one hundred and sixty-six PCCF (out of 194) and eighty one PSO (out of 93) were trained by our Health Education Officers in the regions. PCCF were given a checklist to

observe the COVID preparedness quarterly (when they carry out field visits) and discuss with the MOOH and the Estate Superintendents for improvement. PSO were expected to disseminate the message to adolescent and youth groups that visit the community centres.

Furthermore, developed hand-book for COVID 19 for PCCF & PSO and developed risk-communication notice board and audio clips on prevention of COVID 19 with the financial assistance of UNICEF.

2) **Financial literacy programmes**

Capacity building programmes on financial literacy was conducted from Jan – Sept 2022, in all districts with estate sector community, in collaboration with the Central Bank of Sri Lanka.

Conducted the programme on virtual platform (due to fuel crisis). Finally, a training of trainers programmes was conducted for selected 60 health workers in Nuwara Eliya, Kandy, Matale, Ratnapura, Kegalle, Galle, Matara, Kalutara and Colombo districts (again on virtual platform). Objective of this programme was to build the capacity of the public healthcare staff in relation to finance management, so that they will be knowledgeable to identify the problems of the vulnerable estate community and provide support and guidance.

3) **Prevention of abuse of alcohol, tobacco and other substances in the estates**

WHO sponsored capacity building programmes for the estate sector healthcare workers in selected districts - community in collaboration with ADIC

Conducted 7 capacity building programmes for the plantation health care workers, and 8 Training of Trainers programmes to public health sector field staff.

Follow-up programmes were also planned with the support of ADIC

4) **School oral health promotion activities and oral cancer screening programmes**

PHDT supported to identify volunteers from each estate regions;

The lists of names were shared with the relevant Regional Dental Surgeons to enable them to conduct training programmes

Had discussions with PHDT to allow the volunteers to support oral CA screening programmes in the estates.

5) **Activities with National Child Protection Authority (NCPA)**

Carried out a capacity building programme for PSO in NE and Hatton estate regions with the support of relevant NCPA officials

Conducted capacity building programmes in Maskeliya (NE) and Deraniyagala (Kegalle) MOOH for the public healthcare staff.

6) **Special activities in estates in view of the economic crisis**

Provide mid-day meal to 22 CDC with approximately 50 children each for a period of 9 months, commencing from Sept 2022 (till May 2023)

Distributed food baskets to selected needy community in selected MOOH

List of schools that do not get school mid-day meal in the estate sector identified and shared with DDG PHS II for necessary action

7) **National Estate Health Steering Committee**

List of health and non-health stakeholders identified.

Now planning the conduct of the first estate steering committee meeting

Achievements/ Special Events in 2022 in Urban Health

1. Increasing awareness and skills of high risk occupational groups including healthcare workers and waste collectors to prevent COVID 19 and encourage adhering for new normal behaviors in urban sector in Sri Lanka. UNICEF funded programme - Training of trainer programmes and awareness programmes conducted for 3000 waste collector staff. IEC materials developed and distributed: trainers' handbook, foldable COVID tip cards, COVID tip 2022 calendar. Pre and Post KAP Study was conducted to assess knowledge, attitude and practices among WC staff.

2) Wellness Centre functions established in CMC and other MC areas -

Thirty centers established in selected MC and UC settings for prevention of Non Communicable Diseases and promotion of Healthy Lifestyles among urban people. Training of community champion groups to assess risk completed. Supervision of centre functions and quarterly reviews done. Training of coordinators done along with reviews – Cash Management, Life skills, Mental Health Promotion

3) Development of Cash Management package – Trilingual trainers handbook, two video clips, wallcharts etc. developed and distributed with the support by SUN PF. Several TV programs completed – Sirasa TV, Sirasa First, and Siyatha TV. Training Programmes on Cash management conducted with different stakeholder groups, Health staff, Police department, community leaders, USDA Community Development Officers, Samurdhi officers etc.

4) Cash management programme for Mother Support Groups- UNICEF funded programme

TOT programme was developed for Provincial and District levels in order to reach MSG members. The programme to be implemented in 2023.

5) Youth health programme: Capacity building of urban youth groups in selected urban settlement flat settings in Colombo district on healthy lifestyles, prevention of GBV and financial resilience. WHO funded programme : Consultative meeting to customize the youth health promotion package done with different stakeholders and identification of need done with the youth groups. Two, Two day training of Trainer workshops done for the selected youth leaders of the six flats. Six awareness sessions completed with trained trainers at their settings.

6) Urban health strengthening and strengthening the link between the health and urban local authorities -Urban health legislature amendments were prepared with

collection of data from selected urban areas and personnel and identification of root causes. The proposals were discussed with Secretary of health and looking forward to discuss with Secretary Public Administration.

7) National Urban Health Steering Committee established. List of health and non-health stakeholders identified. Nominations were received.

Special development activities planned for 2023 –Estate Health

1. Youth Health Promotion activities in the estate sector

Commenced youth health promotion activities in the estate sector from Nuwara Eliya district in June 2023. E&UH unit collaborated with the Regional Director of Health Services, District Secretariat and the YAN SL youth group in ADIC. Initially three Divisional Secretary areas (Ambagamuwa, Walapane, and Nuwara Eliya) and three MOH areas (Bogawanthalawa, Ragala, and Kotagala) were identified to pilot the project. Review will be carried out in three months' time.

2. Capacity building programmes for prevention of alcohol, tobacco and other substances

The capacity building programme for estate sector plantation family welfare officers (PFWO), child development officers and other community leaders in Kegalle, Galle and Kandy estate regions will commence in June 2023.

There will be capacity building programmes for PSO in Nuwara Eliya and Badulla districts, commencing from July 2023.

3. Review of estate sector activities at MOH level

Field visits carried out to MOH areas Yakkalamulla (28th March) and Padukka & Hanwella MOOH (27th April). Discussed about the feasibility of separately obtaining data related to the estate sector community. Based on their inputs, a letter was prepared with the signature of DDG PHS II and sent to all MOOH with estate sector community in the eleven districts, requesting separate assessment, analysis and action.

4. Assessment of Nutritional Status among the estate sector communities and related stakeholder activities 2023

The above activity will commence from 20th June 2023 once the WHO funds are approved.

The two main objectives are as follows:

1. To conduct a survey to assess anthropometric and bio-chemical status of the different categories of estate sector communities district-wise in Sri Lanka.
2. To provide advocacy for selected estate sector health and non-health stakeholders to promote health

Special development activities planned for 2023 - Urban Health

1. Cash management programme for Mother Support Groups- UNICEF funded programme: TOT programme which was developed in 2022 for Provincial and District levels in order to reach MSG members was implemented. Provincial TOT programmes were conducted covering all the provinces with the support of ADIC, CBSL, SUN PF. All the district programmes were coordinated.

2. Increasing awareness and skills of high risk occupational groups including healthcare workers and waste collectors to prevent COVID 19 and encourage adhering for new normal behaviors in urban sector in Sri Lanka. UNICEF funded programme - Pre and Post KAP Study which was conducted to assess knowledge, attitude and practices among WC staff in 2022, data dissemination and advocacy to relevant authorities done during the 1st quarter of 2023.

3. Youth health programme: Capacity building of urban youth groups in selected urban settlement flat settings in Colombo district on healthy lifestyles, prevention of GBV and financial resilience. WHO funded programme - Midterm review was conducted and identified few drawbacks. Two additional capacity building programmes conducted with re-budgeting. The final review was conducted.

4. Wellness center functions are to be monitored with visits and reviews, and an appreciation for better performances. Supervision visits done for most of the places.

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 promote 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. In addition, operations have been started at Kankasanthurai Port in 2023.

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 for management 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 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 2022 and early 2023

- Awareness on Quarantine activities at Points of Entry and on International Health Regulation-2005 for Undergraduate medical students / Ayurvedic medical students/Undergraduate nursing students and nursing diploma trainees/PHI trainee students, as well as post graduate trainee doctors of Community medicine stream/Medical Administration stream/ Virology stream / Disaster Management Diploma; conducted at Quarantine Unit, Assistant port health office and Health Offices at Points of Entry
- Sri Lanka successfully concluded the International Health Regulation and Performance of Veterinary Services (IHR-PVS) National Bridging Workshop in February 2023 with the participation of key stakeholders from the animal health, human health and environment sectors of the country and WHO counterparts
- Successfully completed the Strategic Tool for Assessing Risks (STAR) workshop in May 2023 in collaborating with WHO -A comprehensive toolkit for all hazard health emergency risk assessment – 3 days residential workshop with the participation of more than 70 stakeholders in various entities.
- Preparatory activities for the Joint External Evaluation to be held on September 2023, collaboratively with WHO
- Malaria awareness programme was conducted Hambanthota port health office, focusing all workers in port premises
- Health education programmes were conducted on HIV AIDS for security personnel/ fire officers and other staff at Bandaranaike International Airport and Mattala Airport.
- Conducted an awareness programme on Non communicable diseases for the workers at Bandaranaike International Airport
- Emergency preparedness drill was held at Mattala International Airport focusing all staff to face a sudden air vessel crash and mass casualties.
- Health education programmes on flight waste management at ports and Dengue breeding control were conducted aiming cleaning staff at Mattala Airport.
- Started health quarantine facilities at Kankasanthurei port and the health staff from Thelippalei MOH cover up the duties when required.
- Emergency exercise at Bandaranaike International Airport

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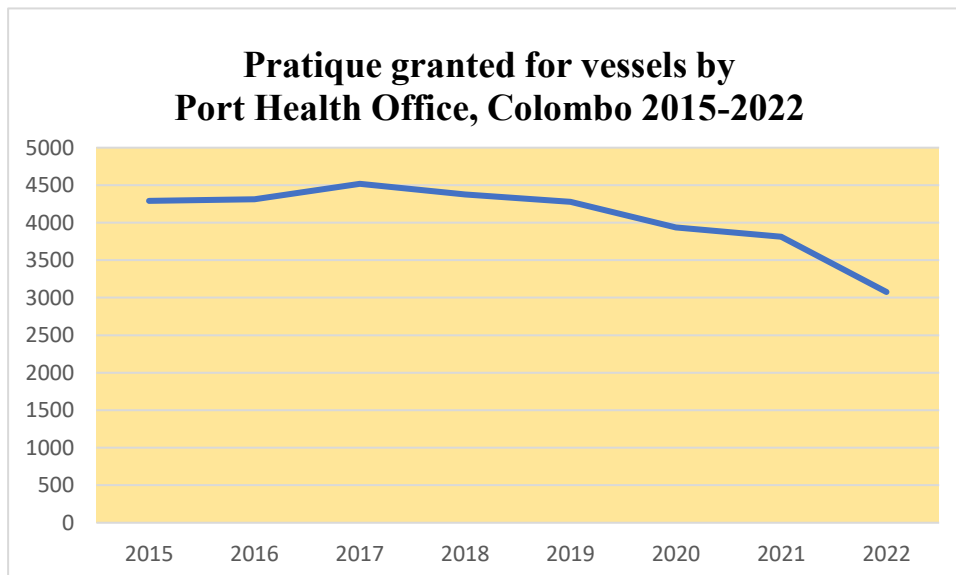
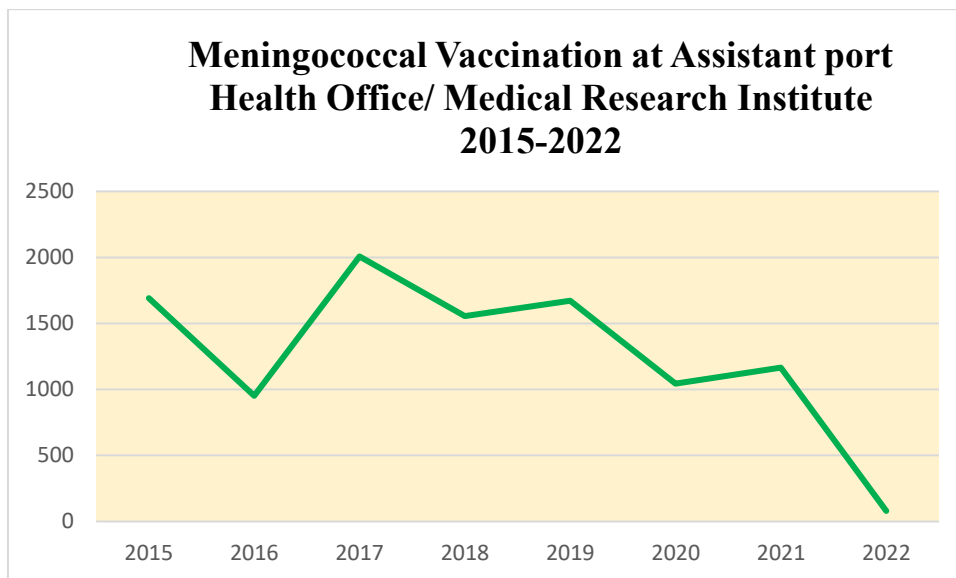
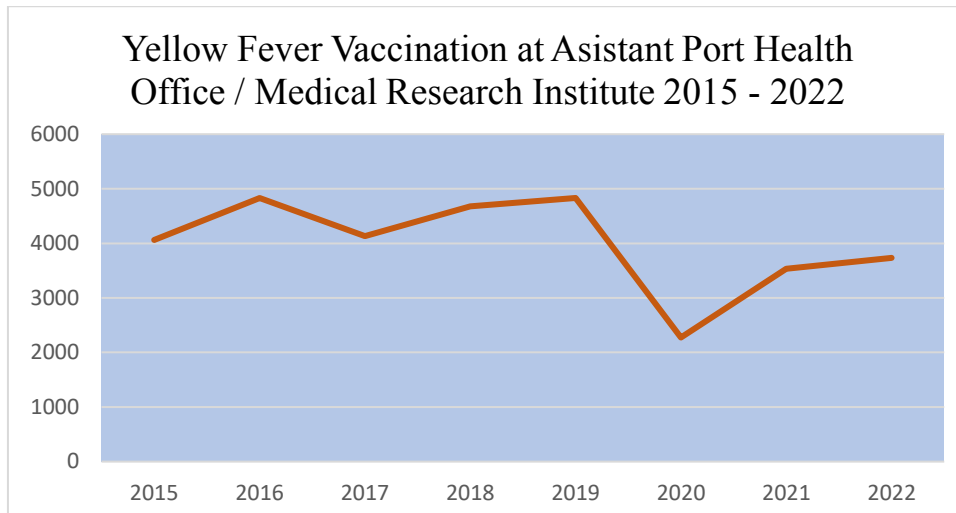
Ongoing Development project details

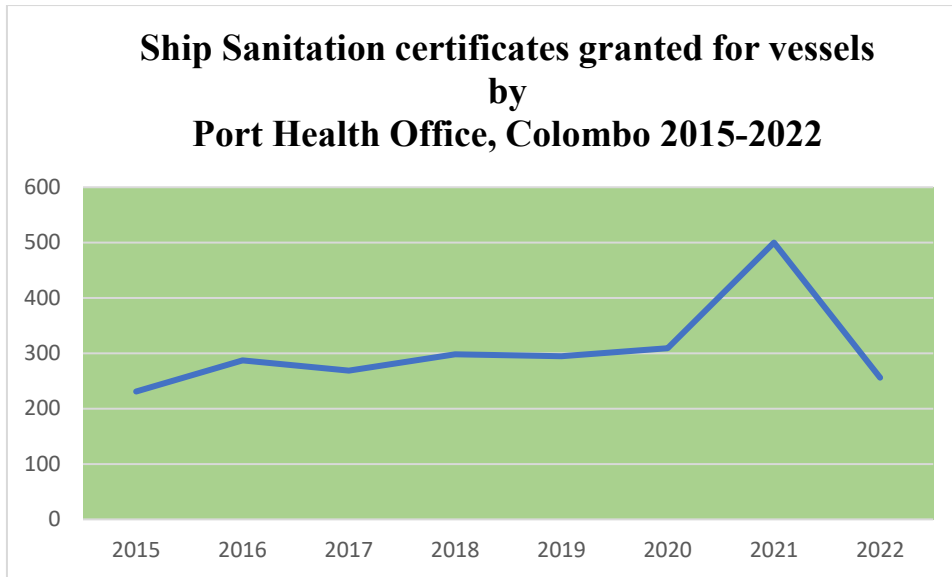
Project Description	Total Estimate Cost (Rs.Mn)	Physical Progress By 31.12.2022	Financial Progress 31.12.2022
Provide yellow fever vaccination for travelers		3736 travelers were vaccinated against Yellow fever vaccination done at Assistant Port Health Office at Medical Research Institute. Vaccine was not available in the country from Sep.2022 to 23 rd Jan 2023	
Issuing ship sanitation certificates		589 ships inspected for issuing ship sanitation certificate	
Health education programme for staff	0.1 M	One programme done at BIA/simulation drill	Funds not used
Review meetings at Quarantine unit	0.2 M	meetings conducted via zoom	Funds not used
National Steering committee meeting on IHR-2005	0.1 M	Held one meeting	Rs. 62,000.00

WHO Biennium funds 2022 – 2023

Project Description	Total Estimate Cost (Rs)	Physical Progress By 31.12.2022	Financial Progress 31.12.2022 (Rs)
1.Consultative Meeting to discuss on State Party Annual Report on International Health Regulation (IHR) - 2022	703,300.00	Task completed	632,215.00
2.conducted meetings to evaluate National Action plan for health security	779,150.00	Task completed	617,659.00

Performance Trends





Special Development Activities Planned

- Joint External Evaluation (JEE) collaborating with World Health Organization
- Preparing National Action plan for Health Security for next 5 years
- Conduct review meetings with all the units under the Quarantine Unit
- Enhancing quarantine services in newly established Kankasanthurei port

Photographs of Special Events

Training Programmes at Points of Entry



Emergency Exercise at Katunayake and Mattala Airports



Testing for Malaria at BIA



4.2.9 Care for Youth Elderly Displaced and Disabled Persons

Vision and Mission

To improve quality of Youth, Elderly and Disable persons through 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 2022

Project description	Total estimated cost Rs.	Financial progress on 31.12.2022	Physical progress (%) on 31.12.2022
Elderly 01.Training programme for primary health care physician on ICOPE (Integrated care for Older persons) - (WHO)	474,975.43	474,975.43	100
02.Training programme for nursing officers on Integrated care for Older persons(ICOPE) (WHO)	828675.43	828675.43	100

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03. Integrated care for older people (ICOPE) (Screening of elders for vision, hearing, mobility, nutritional and mental health status)		4,055,460.00	81
Disabled	5,000,000.00		
04. Equipment for Digana (kandy) rehabilitation unit (PSSP)	1,000,000.00	200,000.00	20
05. Improving Rehabilitation service at RRH Ragama (GOSL)			
Total	7,303,650.86	5,559,110.86	
Achievements of year 2023	Total estimated cost Rs.	Financial progress on 31.05.2023 Rs.	Physical progress (%) on 31.05.2023
01. Sensitization of community leaders and youth club members on active healthy aging through life course approach (WHO)	142,045.71	142,045.71	100
02. Training programme for Nursing officers on ICOPE in Matara District (WHO)	217,472.86	217,472.86	100
03. Training programme for primary care Physicians on ICOPE in Matara District (WHO)	233,382.86	233,382.86	100
04. Multi stakeholders consultative meeting in implementation of ICOPE at the primary health care institutes in the western province (WHO)	386,232.14	386,232.14	100
Total	979,133.57	979,133.57	

Ongoing development project in 2023

Description	Allocation Rs. Mn.	Expenditure Rs.	Progress %
<u>Elderly</u>			
01. Training program for primary care physicians on ICOPE (integrated care for older persons) WHO)	1,462,879.00	457,412.86	31
02. ICOPE training for the hospital staff in selected District (WHO)	4,500,000.00	0	On going
03. Creating elderly friendly environment at TH Peradeniya (GOSL)	4,000,000.00	0	On going
04. Research on Elderly care in southern province (GOSL)	500,000.00	0	On going
05. Construction of Maligawatta national ICOPE training center (PSSP)	3,000,000.00	0	On going

Disability			
06. Revising and finalizing the national rehabilitation health guidelines (WHO)	1,160,005.00	0	On going
07. Training on sign language for health staff at CSHW (PSSP)	600,000.00	0	On going
Youth			
08. Revision of youth policy & healthy living manual for young persons (GOSL)	1,000,000.00	0	On going
Total	15,122,884.00	457,412.86	

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/ Special Events in 2022 (1st of January 2022 to 31st of December 2022)

Implemented Activity	Target group	Achievements
Legal actions taken under the National Authority on Tobacco and Alcohol Act	Public	<ul style="list-style-type: none"> • 1101 prosecutions had been taken under the National Authority on Tobacco and Alcohol Act, No.27 of 2006 by authorized officers and the authority
Stopped the free distribution of alcohol and tobacco in the tri forces	Tri Forces	<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
Provincial wise workshops to empower authorized officers to establish tobacco free zones in their areas	Authorized officers (PHI) – All over the country	<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 presented to the vendors all over the country.

		<ul style="list-style-type: none"> • 500 certificates of appreciation were presented to 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.
Reduce tobacco cultivation lands	Cultivators in communal lands	<ul style="list-style-type: none"> • Steps were taken to prevent communal lands from being given for tobacco cultivation.
Establish tobacco-free zones in Sacred places in Anuradhapura (Mahamewna Uyana) and Polonnaruwa (Gal Viharaya)	Public	<ul style="list-style-type: none"> • Tobacco free zone 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.
Advocacy meeting for movie directors	Media personnel	<ul style="list-style-type: none"> • NATA was able to advocate movie directors about the negative impact on the public health by showing tobacco & alcohol scenes in movies. They were advocated regarding the possible NATA act violations by portraying such scenes in their movies
VNATA Authorized Officers Mobile Application	Authorized Officers under NATA Act	<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 refereed them to relevant authorities such as department of excise, CID, heads of TV channels, editors of newspapers, and Facebook pages to ban these promotions.
Establishment of the 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

		<ul style="list-style-type: none"> • The guideline for the ERC-NATA was developed and published with the ISBN number, 978-955-0645-10-7.
<p>Certificate course of counseling in cessation and prevention of tobacco and alcohol (Second Batch)</p>	<p>Authorized officers for the NATA Act, Health Education Officers, Health Staff from Warakapola and Balangoda Hospitals and Officers from National Youth Corps.</p>	<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 cessation and prevention of tobacco and alcohol programs all over the country. Approximately 2054 participants were aware by the trained counseling officers through the knowledge and experience they gained through the course. • A proposal was forwarded to the University Grant Commission by requesting to upgrade the counseling course to diploma level. The drafted curriculum was forwarded to the standing committee UGC.
<p>Virtual Training Workshop on Telephone Counseling in Sri Lanka Conducted by the World Health Organization</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 caused by tobacco due to tobacco and alcohol use.

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		<ul style="list-style-type: none"> • The campaign had launched via Social media by the Department of Government Information.
The certificate course in addiction counseling on cessation and prevention of tobacco and alcohol collaboration with Rajarata University of Sri Lanka	Health Professionals	<ul style="list-style-type: none"> • A certificate course on addiction counseling on cessation and prevention of tobacco and alcohol collaboration with Rajarata University of Sri Lanka commenced and 29 candidates participated in the certificate course.
The review meeting for the trained counseling officers of the certificate course of counseling on cessation and prevention of tobacco and alcohol	Trained counselors	<ul style="list-style-type: none"> • The trained counseling officers of the certificate course of counseling on cessation and prevention of tobacco and alcohol participated in the meeting which was held on 5th November 2022.
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 18,422 and 3,666 clients were reached the service for counseling in year 2022. • 3000 stickers have been designed and printed to promote “1948” quit line service including 2500 in Sinhala language and 500 in the Tamil language.
The Training of Trainers (TOT) program for field officers of small enterprises division of the Ministry of Youth and Sports	The field officers attached to the Small Entrepreneurs Division	<ul style="list-style-type: none"> • 150 field officers attached to the Small Entrepreneurs Division were trained on the prevention and cessation of tobacco and alcohol in the Gampaha, Kaluthara, Colombo, and Kurunegala districts.
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 700 Bus Drivers and Conductors.
Exhibition in Naththandiya organized by Ministry of Health	Public	<ul style="list-style-type: none"> • 578 participants were aware on tobacco and alcohol prevention.
Including tobacco and alcohol prevention related health messages into school textbooks	School children	<ul style="list-style-type: none"> • Sixty (60) health messages were developed by a NATA appointed special committee and those were translated into main three main languages in 2022. A booklet was published including developed health messages with the ISBN number, 978-624-5719-43-3.

		<ul style="list-style-type: none"> • A series of meetings were held with the Commissioner General, Education Publications Department, Ministry of Education and Director General, National Institute of Education to include those messages in school textbooks. As a result, a few health messages from the developed message pool were included in the grade 10 Sinhala medium Science Textbook and grade 11 Tamil medium Science Textbook.
<p>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)</p>	<p>Heads of the educational Institutions</p>	<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.
<p>The workshop to enhance the knowledge, skills, and attitudes of agricultural officers regarding the alternative crops for tobacco cultivation in Monaragala and Anuradhapura districts.</p>	<p>Agricultural officers in Monaragala and Anuradhapura districts.</p>	<ul style="list-style-type: none"> • The objectives of the program were to enhance the awareness and skills among agricultural officers on alternative crops for tobacco cultivation, to boost skills and attitudes among the officers to build a strong relationship with farmers to improve their quality of life, and develop a monitoring mechanism through Agricultural officers. • The program was conducted with the technical support of the facility of Agriculture, University of Peradeniya. • 60 Agricultural Research Officers from Anuradhapura and Monaragala districts participated in the workshop.
<p>National Symposium on Tobacco and Alcohol Prevention (NSTAP) - 2022</p>	<p>Researchers</p>	<ul style="list-style-type: none"> • NSTAP 2022 was conducted with the aim of developing a knowledge sharing platform for young researchers who work in the tobacco and alcohol control field. The conference comprised of twenty-one (21) abstracts organized into six themes, including the economic, social,

		environmental, health effects of tobacco and alcohol use, cessation and prevention of tobacco and alcohol use, and legal aspects related to tobacco and alcohol use.
Media activities	Public	<ul style="list-style-type: none"> • NATA official Facebook page has three thousand nine hundred (3900) followers. Facebook page reach has indicated varied between 676,334 and 150,000 per month. • There were One hundred and sixty-seven (167) YouTube subscribers and six video clips have been uploaded to NATA official YouTube channel to aware public. • Four press conferences were conducted related to tobacco and alcohol control. • 187 articles were published in newspapers regarding alcohol and tobacco prevention. • NATA participated in 23 radio programs and contributed to the awareness of the public. • Social media pages and blogs have published 45 news, blog and tobacco and alcohol related news posts.
Film Previewing	Public	<ul style="list-style-type: none"> • 22 movies were reviewed to detect tobacco and alcohol related scenes and it was found that 11 of them violated NATA Act by including scenes of alcohol and tobacco. The Public Performance Board was informed to take the proper measures.
Media award ceremony	Media personals	<ul style="list-style-type: none"> • Eight digital media channels (Siyatha TV, Sirasa TV, TV Derana, Rupavahini, Swarnawahini, Hiru TV, ITN, and Government Information Department) were awarded and the special award had been given to “Sithijaya” program from Sirasa TV”. • Three journalists for printed media (Ms. Vennessa Anthony for The Morning English paper, Mr. Indika

		Polkotuwa for Dinamina Newspaper and Mr. R. Raam Kumar for Veerakesari Tamil E-paper) and three radio channels (SLBC, V FM and Lakhanda radio) and the special awards has been given to the Lak FM “Vedilla Program” behalf of their contribution on tobacco and alcohol. Especially in 2022, there was an appreciation award for the contribution of social media networks. It was awarded to the Dasatha Lanka.
V NATA Media Violation Mobile Applications	Public	<ul style="list-style-type: none"> • NATA gathered information/inquiries on Media violations via V NATA Media Application and has taken legal actions for those inquiries. Over 200 public complaints have been received through this mobile application from January 2022 to December 2022.
VNATA Authorized Officers Mobile Application	Authorized officers	<ul style="list-style-type: none"> • This application was developed to gather information on prosecutions made by authorized officers under the NATA Act • 213 Authorized officers registered with the application in 2022.
Tobacco free zone reactivation program for Public Health Inspectors	Public Health Inspectors	<ul style="list-style-type: none"> • Nine provincial workshops were conducted for the authorized officers and 681 PHIs were participated to the program.
Appreciation of the Public Health Inspectors' Contribution toward the Establishment of Tobacco-Free Zones	Public Health Inspectors	<ul style="list-style-type: none"> • Reviewed the progress of 230 tobacco free zones all over the country. • Felicitate PHIs who were involved with creating the tobacco free zones.
Strengthening the ground-level tobacco and alcohol prevention activities in the Matara Divisional Secretariat Division through empowering the Grama Niladharis (GN)	Government officers	<ul style="list-style-type: none"> • Sixty five GN officers were participated to the program and engaged with tobacco and alcohol prevention activities.
Capacity Building Training on Tobacco & Alcohol Prevention for the University Students (General Sir John Kotelawala Defense University)	University Students	<ul style="list-style-type: none"> • The National Authority on Tobacco and Alcohol, in collaboration with Kotelawala Defense University, held a knowledge enhancement program for students in the Faculty of Allied Health Sciences and nearly 100 students were participated to the program.
Capacity building program on tobacco & alcohol prevention for University students (Institute of Indigenous Medicine)	University Students	<ul style="list-style-type: none"> • Through this program 150 university students were aware about the laws that affect alcohol and tobacco control in the country

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The curriculum development on Tobacco and Alcohol prevention for medical undergraduates	Medical undergraduates	<ul style="list-style-type: none"> The curriculum was developed by the NATA appointed committee comprised of university academics. The developed curriculum was approved by the University Grant Commission (UGC)
Review Meeting on proposed NATA Act amendments	Selected stakeholders related to the NATA Act	<ul style="list-style-type: none"> A review meeting was held to discuss proposed NATA Act amendments.
Advocacy programme for regional journalists in Matrara district.	Regional journalist in Matrara district	<ul style="list-style-type: none"> NATA held an advocacy program for local journalists in Matara district attached to the Ministry of Mass Media on conducting media programs without glamorizing tobacco and alcohol use and 62 journalists participate to the program.

Achievements/ Special Events in 2023 (1st of January 2023 to 30th of June 2023)

Implemented Activity	Target group	Achievements
Legal actions	Tobacco and Alcohol industries	<ul style="list-style-type: none"> Action was taken against Dunhill Switch cigarettes. Cases are being heard in court. Taking Steps to stop Advertising within Alcohol Licensed Premises.
Certificate course of counseling on cessation and prevention of tobacco and alcohol (Third batch)	Health Professionals and other interested groups to cessation of tobacco and alcohol	<ul style="list-style-type: none"> The third batch of the certificate course on counseling for cessation and prevention of tobacco and alcohol has successfully concluded. The rigorous program encompassed both theoretical knowledge and practical skills, equipping the participants with the necessary expertise to effectively address the challenges associated with tobacco and alcohol consumption. 30 candidates successfully completed the course and certificates were obtained on 31.05.2023 during the world no tobacco day commemoration.
Certificate awarding ceremony of the certificate course of addiction counseling on cessation and prevention of tobacco and alcohol	Certificate holders	<ul style="list-style-type: none"> 24 candidates demonstrated exceptional dedication and commitment throughout the course, successfully completing all requirements and earning their well-deserved certificates. A prestigious

		certificate awarding ceremony was organized in the auditorium of the Teaching Hospital in Anuradhapura.
Advocacy programme for school children and teachers in Matara district	School children and teachers in Matara district	<ul style="list-style-type: none"> • 79 students and 13 teachers from selected 13 schools in Matara district were advocated about tobacco and alcohol prevention. • Students and teachers were empowered to establish tobacco, alcohol and other drug prevention committees in their schools and conduct prevention activities.
Released the results of Global Adult Tobacco Survey (GATS) – 2020	Public	<ul style="list-style-type: none"> • Global Adult Tobacco Survey (GATS) is a nationally representative survey conducted in 2020. It was conducted according to the standardized mechanism of the World health Organization. GATS was a collective initiative among the National Authority on Tobacco and Alcohol (NATA), Department of Census and Statistics (DCS) and the World Health Organization (WHO). • Released the results of Global Adult Tobacco Survey (GATS) – 2020 at the World No Tobacco Day ceremony which was held on 31st May 2023 at the Cinnamon lakeside Hotel, Colombo. • The executive summary of the GATS - 2020 report was handed over to the Ven. Aludeniye Subuthi Thero (Chief Incumbent, Seruwawila Raja Maha Viharaya), Hon. Minister of Health, Dr. Keheliya Rambukwella and Dr. Alaka Singh (WHO Country Representative to Sri Lanka) by Dr. Alan Ludowyke (Chairman - NATA) and Mr. Anura Kumara (Director General, Department of Census & Statistics)
Exhibition stall was conducted at Sanga Raja Maha Viharaya, Ambalangoda from 30th April to 4th May 2023 (During the Vesak Group)	Youth and Adults community in Randombe, Ambalangoda	<ul style="list-style-type: none"> • During the five days' time period, nearly one thousand five hundred youth and adults participated in the exhibition stall. Those groups have been separately mobilized by identifying their risk towards tobacco and alcohol use to control tobacco use,

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		smoking, smokeless tobacco use, and alcohol use among the public in Randombe, Ambalangoda.
Exhibition stall was conducted to aware the public regarding the harmful effects of tobacco and alcohol at Anamaduwa Base Hospital 23 March 2023	Public	<ul style="list-style-type: none"> • During the day, four hundred youths and adults participated in the exhibition stall.
Commemorate the World No Tobacco Day 2023	Public Health Expertise, Tobacco prevention activist, Social Media Users in Sri Lanka	<ul style="list-style-type: none"> • NATA was financially supported by the WHO to commemorate the World No Tobacco Day (WNTD) 2023. To commemorate WNTD, National commemoration was held on 31st May at the Cinnamon Lakeside Hotel and Hon. Dr. Keheliya Rambukwella graced the event with the WHO country representative Sri Lanka and the Director General of Health Services. After the commemoration, two days advocacy workshop was held for the authorized officers of the NATA act to develop a field level plan for the next two years. • Eight IEC materials, three animation video materials, video to evaluate the success of the Alternative Crops project conducted in 2021, Fourteen social media posts, 350 docketts, were developed for the World No Tobacco Day Campaign.
Media activities	Public	<ul style="list-style-type: none"> • NATA's official Facebook page has 4274 followers Facebook page reach has indicated varied between 14458 and 16606 per month. • NATA's official YouTube channel now has 197 subscribers
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 4109 and 930 clients were reached the service for counseling in year 2023 up to month of May.

Ongoing Development Project details

No	Project Description	Total Estimated Cost(LKR.Mn) 2022	Physical progress by 31.12.2022	Financial Progress by 31.12.2022 (LKR.Mn)
1	Implementation of the NATA act	0.50	<ul style="list-style-type: none"> • Amendments to the NATA Act were approved by the board of Directors to the NATA. Legal actions have been taken for all the complaints reported. • NATA has referred to relevant Authorized Officers to take action against complains received after evaluating the facts of the complaint. • 198 complaints are received from V - NATA app & legal actions taken against all complains 	0.14
2	Education & Trainings	1.00	<ul style="list-style-type: none"> • A certificate course of counselling on cessation and prevention of tobacco and alcohol (second batch) was conducted • Settlements of 1948 Quit line telephone service charges and bills • 84 certified counsellors have worked in 1948 counselling service. • 3666 people were able to receive counselling through the 1948 Quit line program. • Developed tobacco and alcohol prevention related health messages for children and youth with the support from a NATA appointed expert committee. Printed 300 copies of booklets including those messages to distribute in educational institutions. • 1500 fact sheets were developed and printed for introducing alternatives for tobacco cultivation. 	1.28
3	Awareness Program & Advocacy Program	0.80	<ul style="list-style-type: none"> • Campaign to promote the 1948 Quit line is conducted by the Authority through all the television channels (didn't pay for anything) and NATA social accounts. 	0.0

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			<ul style="list-style-type: none"> • The training programs for re-establish the tobacco-free zones in provincial-level were conducted. • Stickers from all three languages have been developed and printed to promote 1948 Quit line service • Conducted a media awarding ceremony for appreciate media personals who contributed towards tobacco and alcohol prevention • Media Conference has been conducted on "Tobacco & Environment" to commemorate World No Tobacco Day 2022 	
4	Research & Information system	1.50	<ul style="list-style-type: none"> • Printing booklet of guidelines of the Ethics Review Committee of NATA (ERC-NATA) / Requested from the Ministry of Health, World Health Organization, and the National Science Foundation to recognize the ERC-NATA • Collected abstracts and articles for the NSTAP 2022, Organized necessary arrangements to conduct NSTAP 2022 • Conducted a National Symposium on Tobacco and Alcohol prevention (NSTAP 2022). • Data collection procedures were completed for three Research (KAP survey, Opinion on implementing tobacco taxation, POS part 2) 	0.05
5	Monitoring & evaluation	1.00	<ul style="list-style-type: none"> • In accordance with the Action Plan, a meeting was held to discuss the development of training manuals for the programs to be run by the respective Ministries the Ministry of Transport, Ministry of Education, Ministry of justice, Ministry of youth and sport, Ministry of public administration, Ministry of Buddhasasana religious and cultural affairs and Ministry of mass media. 	0.36
6	Strengthening the NATA office	0.20	<ul style="list-style-type: none"> • Annual Report drafting, translating, designing and printing / NATA Logo development and registration / Maintaining NATA website 	0.47
		5.00		2.30

Last five-year performance trends five-year

Table 1: Number of Cigarettes Issued and tax amount (Source: Sri Lanka Customs Excise)

Year	Sticks (Billion)	Tax amount(LKR Billion)
2018	3.1	92.9
2019	2.6	87.5
2020	2.28	90.2
2021	2.28	90.6
2022	2.85	104.9

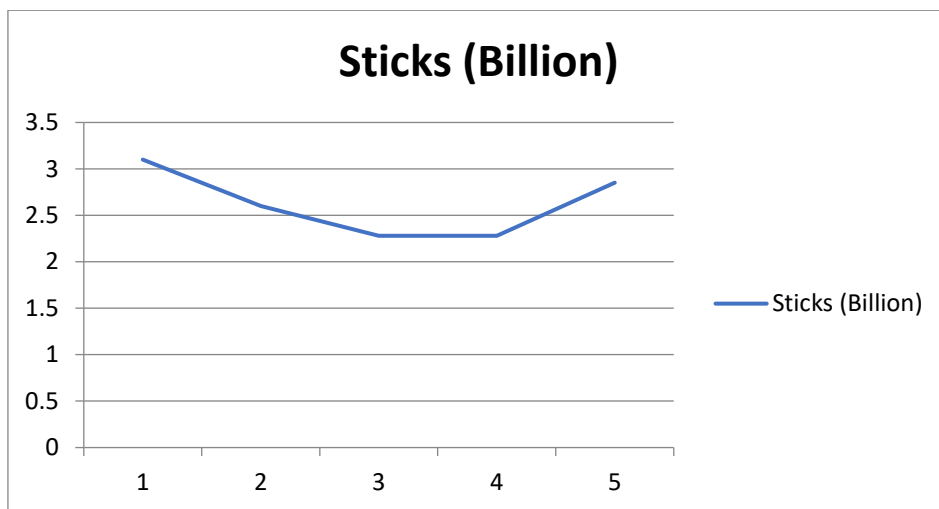


Figure I: Number of Cigarette sticks sold along with the year

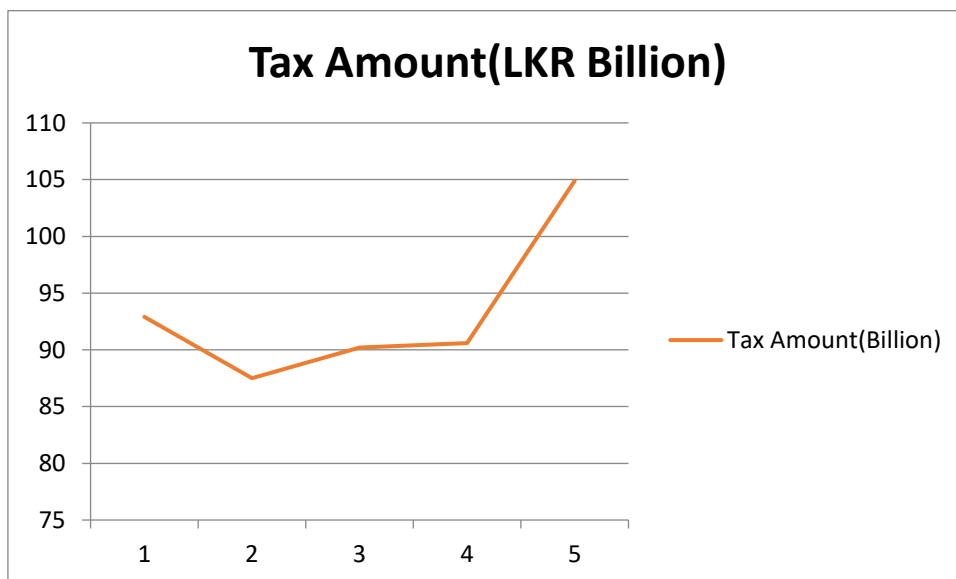


Figure II: Tobacco tax amount along with the year

Sales of Coconut & processed arrack (Quantity in proof liters)

2017	2018	2019	2020	2021
4,931,642.788	2,127,720.710	1,630,152.470	1,384,881.328	1,334,460.47

Production of Molasses Arrack (Quantity in proof liters)

2017	2018	2019	2020	2021
3,220,386.201	1,320,651.190	1,277,971.023	632,062.934	623,760.670

Production of Special Arrack (Quantity in proof liters)

2017	2018	2019	2020	2021
35,969,185.02	19,896,118.290	19,980,410.902	18,280,252.552	21,116,918.31

Bottled Toddy Manufactures (Quantity in Proof liters)

2017	2018	2019	2020	2021
8,233,732.620	5,158,933.300	3,644,159.850	3,595,094.440	3,439,023.977

Malt Liquor (Beer): Alcohol precentage below – 5% vol. (Quantity in proof liters)

2017	2018	2019	2020	2021
10,250,870.23	1,529,588.00	1,426,643.05	852,370.810	781,249.37

Malt Liquor (Beer): Alcohol precentage above – 5% vol. (Quantity in proof liters)

2017	2018	2019	2020	2021
38,265,506.07	9,728,349.102	10,690,460.190	10,540,742.550	11,679,250.34

Special activities planned for 2023

1. Implementation of a proper & transparent tobacco taxation formula
2. Review the progress of 1948 Quit line service with the support of World health Organization (WHO)
3. Assessing the impact of the programme of introducing alternative crops with the Ministry of Agriculture
4. Developing a tracking & tracing system with the assistance of the Excise Department.
5. Introducing a policy of Plain packaging for cigarettes
6. Banning the single stick sales
7. Banning the tobacco use in all public places
8. Banning the sale of tobacco within 100 meters of radius from an educational institution and religious places.

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

To be the Centre of Excellence to ensure the provision of safety and quality healthcare services in 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-centered 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 2022

Emerging from the COVID-19 pandemic the Directorate of Healthcare Quality and Safety could complete most of the activities listed in its Annual Action Plan for the year 2022.

- **Commemoration of World Patient Safety Day 2022**

The World Patient Safety Day national event organised by the DHQS was held on 17th September 2022 at the Bandaranaike Memorial International Conference Hall (BMICH) with the participation of 150 distinguished guests under the theme of “Medication Safety” of the World Health Organization.

Hon. Minister of Health, Dr. Keheliya Rambukwella graced the event as the Chief Guest and emphasised the importance of disseminating the message on medication safety to the general public.

He requested all stakeholders to join hands in timely achieving the objectives of the National Action Plan on Medication Safety.



World Patient Safety Day National Event

Launching of the National Policy on Healthcare Quality and Safety for Sri Lanka

The National Policy on Healthcare Quality and Safety for Sri Lanka formulated in 2015 aimed at achieving a higher quality of life for its citizens by identifying the roles and responsibilities of the Government and Private Institutions, in relation to better provision of curative and preventive care and implementing the strategies through specific programs island wide.

In August 2019, the Directorate of Healthcare Quality & Safety (DHQS) embarked on revision of this with the support of WHO. The national policy was revised to emphasize the importance of local leadership, ownership, data management and peer benchmarking. The revised national policy document was presented to the Hon. Minister of Health at the National Event of World Patient Safety Day 2022 held on 17th September 2022 at BMICH.

- **Launching of the Healthcare Quality and Safety National Strategic Plan (2021 – 2025)**

The first National Strategic Plan on Healthcare Quality and Safety, Sri Lanka (2021 – 2025) is dedicated for the improvement of healthcare quality and safety of all healthcare institutions. Representatives of line ministry and provincial ministry healthcare institutions, academic colleges and professional organizations contributed to the development of the document along with technical expertise of the World Health Organization (WHO). The finalized National Strategic Plan (2021-2025) document was launched at the National Event of World Patient Safety Day 2022.



Launch of the Revised National Policy document & the finalized National Strategic Plan (2021-2025) document

- **Development of Guidelines for proper maintenance of Bed Head Ticket**

The Bed Head Ticket (BHT), the main medical record used in inward care and management of patients in Sri Lanka is considered as a legal document. However, in certain circumstances deficiencies in proper maintenance of BHTs was observed leading to lapses in providing optimal care and achieving favourable outcomes. Therefore, to improve the current status of maintaining BHTs, guidelines were developed for its proper maintenance in consultation with the relevant stakeholders including medical administrators, representatives from professional Colleges and the institute of Forensic Medicine & Toxicology.

- **Review and revision of the Performance Review Format**

The format for quarterly performance reviews of healthcare institutions was revised through an extensive consultative process with the participation of relevant stakeholders including Ministry of Health officials, hospital administrators, consultants and other experts in the field, academia, professional colleges, Quality Management Unit staff and other hospital staff. The revised format contains newly introduced indicators related to Dental Services, HIV/STI, Tuberculosis, Malaria, Disaster preparedness, etc., in addition to the reviewed and revised indicators. The Directorate of Healthcare Quality and Safety disseminated the revised version of the performance review format and the accompanying guide to all hospitals above Base Hospital level and other selected healthcare institutions to be used for reviews in 2023

- **Gap analysis of the National Quality and Safety Management System**

Under the Health Information and Quality Improvement Project facilitated by the Global Fund, a Gap analysis of the National Quality and Safety Management System of Government hospitals was conducted emphasizing issues pertaining to the three diseases, HIV/AIDs, Tuberculosis and Malaria.

This analysis was done by Dr.Wimal Karandagoda, International Healthcare Management Consultant.

The Health Information and Quality Improvement Project will provide funds for 154 hospitals to fulfil the requirements identified in the above Gap analysis. The full report

is available in the DHQS website

(https://www.quality.health.gov.lk/index.php?option=com_content&view=article&id=186&Itemid=198&lang=en)

- **Performance Review Meetings and District Performance Review meetings conducted online quarterly and biannually to assess hospital performance**

DHQS also conducted Quarterly Performance Review Meetings (PRM) of Quality Management Units of 52 Line Ministry institutions and District Performance Review Meetings (DPRM) of Quality Management Units of hospitals (above base hospital type B) of 26 districts/RDHS areas through online platform.

- **Workshops on Clinical Audits and Training of Trainers (TOT) programmes**

Two Workshops on Clinical Audits which is an important intervention in improving the quality and safety of healthcare provided to patients seeking care from the institutions were conducted; one virtually (60 participants) and the other physically (50 participants). Participants for this workshop included medical administrators, consultants, medical officers, nursing officers, development officers, paramedical staff and other officers.

Two TOT programmes were conducted for continuous quality improvement which aims to develop a person's capabilities and capacities of imparting training to others as skilled professionals in quality improvement. First programme for hospital staff on Healthcare Quality and Safety (Basic Level) was conducted online and second programme for the Preventive Sector Staff was conducted physical. A total of 100 participants were trained.

- **Strengthening Quality Management Systems through Debt2Health swap (Health Information and Quality Improvement Project)**

The activities conducted under this project are outlined under the 'ongoing development project details' (highlighted).

Achievements/Special Events in 2023

- **Development of a training module for Continuous Professional Development (CPD) for critical staff categories**

A common training module was developed for Continuous Professional Development (CPD) for critical staff categories. The developed module will be used for Training of Trainers (TOT) in continuous quality improvement which aims to develop capabilities and capacities of imparting training to others as skilled professionals in quality improvement

- **Development of a Patient Observation Chart**

A 'Patient Observation Chart - Early Warning Score' has been developed with the intention of identifying early, any complications or deterioration of condition, in post-op and post-procedural patients in the ward/ ICU setting. Further, it is expected to be useful

in the management of patients who are deteriorating in the ward setting. A pilot study will be conducted in 4 hospitals covering different levels of hospitals.

• Workshops on Clinical Audits and Training of Trainers (TOT) programmes

Two Workshops on Clinical Audits for improving the quality and safety of healthcare were conducted with 47 and 48 participants respectively. Two TOT programmes were also conducted with 50 participants in programme one and 53 participants in programme two.

• Consultative Meeting for Reviewing the Implementation Progress of the National Action Plan on Medication Safety for Sri Lanka.

A meeting was held on 26.05.2023 chaired by the Director General of Health Services on supervision and monitoring of activities related to medication safety in order to minimize medication errors. Among the future steps identified were establishment of a Steering Committee/ Subcommittee on medication safety, issuing of a circular for assigning a medication safety liaison pharmacist for the Quality Management Unit, development of lists for Look-Alike-Sound-Alike (LASA) drugs and High-risk medication, quality testing of medications and reporting of failures and addressing error-prone and including medication safety to curricula.

• Performance Review Meeting and District Performance Review meetings

The performance review meetings for first and second quarters were conducted online to assess performance of line ministry hospitals and hospitals (above type B base hospitals) were held over 2 weeks.

Ongoing Development project details

	Project Description	Total Estimate Cost Rs. Mn	Physical Progress by 31.12.2022	Financial Progress by 31.12.2022 Rs. Mn
1	Strengthening of customer feedback mechanism	0.05	Patient satisfaction survey conducted and in the process of analysing the data.	-
2	Quarterly Performance Review Meeting of Quality Management Units of 45 Line Ministry Institutions (03 days)	0.4	Annual performance 2021 was conducted through the online platform. PRM of first three quarters conducted in October.	-
3	District Performance Review Meetings (DPRM) of Quality Management Units of hospitals (Above Base Hospital Type B) of 26 districts/RDHS Areas	0.2	Annual performance 2021 conducted through online platform. DPRM of first three quarters conducted in November.	-
4	Establishing a National Steering Committee on healthcare quality and safety	0.2	In the planning stage.	-
5	Support to joint working groups involving MoH quality and information units, the three disease programmes and local	0.72	Six meeting conducted during 2022 (four meeting conducted during Dec.2021) Now all 10 meetings conducted and revised	0.325

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	experts to identify and develop new quality performance indicators that can be generated by the core HMIS and used to generate and track quality at facility and population levels on a routine basis (eg. 30 day re-admission rates following stroke/acute myocardial infection)		performance review format finalized. Circulated to all relevant hospitals via Email on 4.01.2023. Activity Completed	
6	Standardization and revision of the Quality Performance Evaluation Tool and collection of other quality metrics	0.72	Way forward discussed for obtaining data elements from existing information systems and development of software	
7	Strengthening Quality Management Programmes at MOH hospitals, provincial and district level health care institutions through Quality Management Units to address gaps identified by the gap analysis. Priority will be given to address the requirements indicated by the three disease campaigns such as referral of all indicated patients for diagnosis infection and control	231	Three Workshops on Proposal writing was conducted and waiting for proposals from hospitals	0.168
8	Consultative meetings to develop standards for seven elements of quality improvement (WHO report citation) assisted by international TA	6.5	In the planning stage.	-
9	Consultation/consensus building process aided by technical assistance to review next steps, including assessment of what role accreditation might play in system and development of a road map and strategy for future efforts if this is indicated, aided by technical assistance	11.5	A discussion was held to come to a consensus on the way forward for the accreditation process	-
10	Web expansion (incorporation of added functionalities to the web)	0.2	Renewed the Microsoft teams package	0.025
11	Developing Quality Assessment tool for primary care institutions into a web bases system and strengthening the IT infrastrure of 26 RDHS and the DHQS for managing the web base tool		In the process of procurement. Procurement committee approval obtained.	-
12	Conduct gap analysis at the institutional level, emphasizing issues pertaining to three diseases (HIV/AIDS, TB and Malaria) and provide necessary support for quality improvement	1.37	Gap analysis was conducted &Final report submitted. Activity is completed	1.080
13	Strengthening of the Directorate of Healthcare Quality & Safety by	0.5		-

	providing IT equipment, furniture & other requirements			
14	Workshops on clinical audits (02 day)	0.2	One workshop was conducted through the online platform. & One programme was conducted physically	0.088
15	.Development and Revision of National clinical Guideline / Protocols / Manuals / Survey formats (with Productivity secretariat)	0.2	One consultative meeting held physically and other meetings held online. BHT guideline finalized and disseminated. Draft MRI guideline sent for input to stakeholder	0.026
16	Standards/Guidelines/patient safety leaflets -printing	4	National Quality Policy & Strategic plan books were printed & launched	0.464
17	Introduce Medication incident reporting system into hospitals and implement action plans to prevent occurrence of similar events.	0.1	In the finalizing stage	
18	Discuss serious medication errors firstly at quarterly basis, at local hospital QMU and forward to DHQS	0.1	Will be implemented following the implementation of medication incident reporting form.	
19	Advocacy for medical professionals though SLMA	0.6	Not proceeded due to lack of funds	
20	Celebration on World Patient safety day	1	National programme conducted	1.209
21	Development or an Annual National Convention of Healthcare Quality and Safety to provide a forum to review quality issues, share best practices and to communicate new quality initiatives giving opportunity to the three disease campaigns	0.24	Two meetings were conducted. Respective organizing committees were initiated.	0.110
22	Conduct a study visits to observe quality culture in benchmark organizations	0.2	In the planning stage.	
23	Training programme on healthcare quality and safety for healthcare workers (05 day)	0.8	One workshop conducted through the online platform.	0.018
24	Conduct training programme to preventive staff on healthcare quality and safety	0.1	one workshop conducted	0.109
25	18.Training programme on healthcare quality and safety for minor staff (2 day)	0.2	Not proceeded due to lack of funds	
26	Training needs analysis with respect to quality improvement in undergraduate curricula and Continuous Professional Development (CPD) for critical staff categories	0.32	Two Meetings conducted. Training needs obtained from all stakeholders and in the process of analysis.	0.087
27	Developing Healthcare Quality and Safety modules for inclusion in undergraduate curricula of	0.53	Not initiated yet	

PERFORMANCE AND PROGRESS REPORT 2023

	critical categories of staff (doctors, nurses and paramedical/supplementary)			
28	Development of a common training module for CPD for critical staff categories (in-service training)	0.24	Two workshops conducted	0.103
29	In-house training for 60 mid-level managers to learn from global best practices with international experts acting as resource persons	5.6	Proposal sent for approval	-
30	Collaboration with SLMA (Sri Lanka Medical Association) and professional colleges to design and pilot CPD programmes on 'Clinical Governance' in all provinces	0.23	Initiated	-
31	Leadership development programme for health managers as a training of trainers programme based on the priority areas for improvement (30 short term fellowships/attachments to centers of quality excellence, combined local and foreign training)	3.98	Proposal sent for approval	-
32	Strengthening System Research and Innovations through clinical audits, operational research and quality improvement projects	0.5	To be analyzed and report writing to be done	0.112
		272.488		

Last 5-year performance Trend

	Indicator	Year				
		2018	2019	2020	2021	2022
1.	Quarterly Performance Review Meetings (PRMs) conducted	75%	50%	100%	100%	100%
2.	Biannual Performance Review Meetings / District Performance Review Meetings (DPRMs) conducted.	50%	100%	100%	100%	100%
3.	Number of (Percentage of) staff trained on Master Trainers on 5S, CQI & TQM, patient safety and clinical audit	369/380 (97%)	262/300 (87%)	135/200 (68%)	193/200 (96%)	100/150 (66.66%)
4.	Number of (Percentage of) staff trained on clinical audit			87/100 (87%)	164/150 (109%)	72/100 (72%)

5.	Percentage of healthcare facilities which commenced reporting of adverse events			97%	97%	98%
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Special development activities planned for 2023

- Development of quality standards and assessment of need for accreditation for MoH hospitals.
- Development of an HMIS-based, data driven quality monitoring system for hospitals.
- Development of National Guidelines on Designing of Central Sterile Supply Department (CSSD).
- Development of a Policy on Infection Prevention and Control in Healthcare Settings.
- Development of the Medication Incident Reporting Form and the Circular.

4.2.12 Disaster Preparedness and Response Division (DPRD)

Disaster Preparedness and Response Division is the focal point of Ministry of Health for the National Disaster Management Framework aims at reducing mortality, morbidity and health effects of displacement in the aftermath of disasters by providing strategic, evidence-based direction through preparedness and response functions.

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 2023

01. CBRNE (Chemical, Biological, Radiological and Nuclear Emergencies) Training

The Disaster Preparedness and Response Division (DPRD) of the Ministry of Health as a part of its WHO Biennium activities, two, one-day training programs were conducted for 70 participants representing health staff representing five major hospitals in Sri Lanka, tri-forces, police and the pre-hospital care ambulance services, with the financial support of WHO.

The successful completion of the training program with the active participation of the tri-forces, police and the pre-hospital care ambulance services contributed to the improvement of the hospital preparedness and response for CBRN emergencies in Sri Lanka.

02. Working Group (WG) for the Development of the National Inventory of Dangerous Pathogens (NIDP) – Sri Lanka

Disaster Preparedness and Response Division of the Ministry of Health, as the focal governmental body for the implementation of Biological Weapons Convention (**BWC**), is in the process of developing the 'National Inventory of Dangerous Pathogens' (**NIDP**) as one of the activities to improve the biosecurity capacity in Sri Lanka.

This activity is conducted in collaboration with the National Institute of Public Health and the Environment (RVIM), Netherlands and the Biological Weapons Convention (BWC) Implementation Support Unit (ISU), Geneva.

According to this,

- 03 day in-person workshop was held from 9th-11th August 2022 in UNESCAP, Bangkok, Thailand to discuss / sharing of the challenges encountered during establishing NIDP in different countries and learn about the inclusion criteria for pathogens in to the NIDP etc.,
- Another programme was conducted on 17th-18th November 2022 in Sri Lanka (At Anantaya Resort, Chilaw) to discuss how to maintain the NIDP database developed by the RVIM, Netherlands and to handover the NIDP database to Sri Lanka free of charge.

03. Conducting Safe hospital assessment at selected hospitals in Sri Lanka

The Disaster Preparedness and Response Division (DPRD) of the Ministry of Health as a part of its WHO Biennium activities is conducting a Safe Hospital Assessment in selected hospitals of Sri Lanka. Safe Hospital Assessment will identify structural, non-structural, and functional aspects of hospitals in the backdrop of hazards that the hospital and its drainage community face. As a results, Safe Hospitals Assessments can make recommendations to ensure that the hospital services remain to be accessible and

functional at maximum capacity and within the same infrastructure immediately following a natural disaster.

Safe Hospitals Assessments will be carried out in the selected fifteen hospitals by a team of experts from the Department of Civil Engineering, University of Moratuwa, who have experience in conducting such evaluations for the Ministry of Health in the past. By now, they have completed the assessment of 09 hospitals.

04. Sensitization Workshop on the Community Assessment for Public Health Emergency Response (CASPER) Toolkit for Sri Lanka

Community Assessment for Public Health Emergency Response (CASPER) Toolkit is a rapid assessment methodology guideline which has been used internationally to conduct community-level rapid needs assessment in the aftermath of disasters and emergencies as well as throughout the disaster cycle.

The CASPER toolkit has been adapted to Sri Lanka by the Disaster Preparedness and Response Division of the Ministry of Health Sri Lanka, as a uniform rapid assessment methodology to be used by the health sector in health emergency response.

A one-day Sensitization Workshop was conducted on 21st October 2022 to introduce the CASPER Toolkit to Sri Lanka.

In the above sensitization meeting, it was decided to conduct the two pilot projects on CASPER in **Kegalle** and **Polonnaruwa** districts.

We have requested the assistance of the **Department of Census and Statistics** in the following aspects with regards to the above pilot project:

- i. Selection of 30 census blocks using the probability proportionate to size from the disaster prone GN divisions selected for the CASPER pilot project.
- ii. Sharing of the census tracts to be used for sampling in collaboration of the district level officials of the Department of Census and Statistics in the selected districts.
- iii. Provide technical assistance for the conducting of the two-district level training and pilot surveys through district level officials of the Department of Census and Statistics.

This process is going on now.

05. Training programme on Hospital Preparedness in Emergencies (HOPE)

Ministry of Health has partnered with the Asian Disaster Preparedness Centre (ADPC) through the Programme for Enhancement of Emergency Response (PEER), to further strengthen the emergency response capacities at all levels.

Considering the importance of hospital preparedness in emergencies (**HOPE**), the Disaster Preparedness and Response Division (DPRD) of the Ministry of Health in collaboration with the ADPC has organized a 04-day residential training programme on 5th – 9th December 2022.

06. 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. 10 mass causality disaster management drills were conducted in 10 health institutions at below mentioned locations.

BH Kuliyaipitiya, DGH Hambantota, TH Peradeniya, BH Akkaraipattu, BH Mahiyanganaya, BH Panadura, BH Tangalle, DGH Nuwara-Eliya, BH Elpitiya, BH Warakapola
Around Rs. 900,000.00 were used.

07. Disaster Management Trainings

The DPRD was involved in the training and capacity building programs for nursing professionals in several health institutions throughout the year. In the year 2022, 09 Training programmes (Emergency & Trauma Care) were conducted in the following mentioned hospitals for 452 nursing officers and Rs.1.3 million were spent for this from DPRD capital Budget.

TH Karapitiya, Kandy National Hospital, Sri Lanka National Hospital, TH Ragama, TH Kalutara, TH Rathnapura, TH Anuradhapura and DGH Hambantota.

08. National Disaster Preparedness and Response Drill

The National Disaster Preparedness and Response Drill was carried out in Nonperial, Belihuloya (at vivegananda Vidyalaya) 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.

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







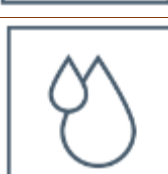
Mission


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

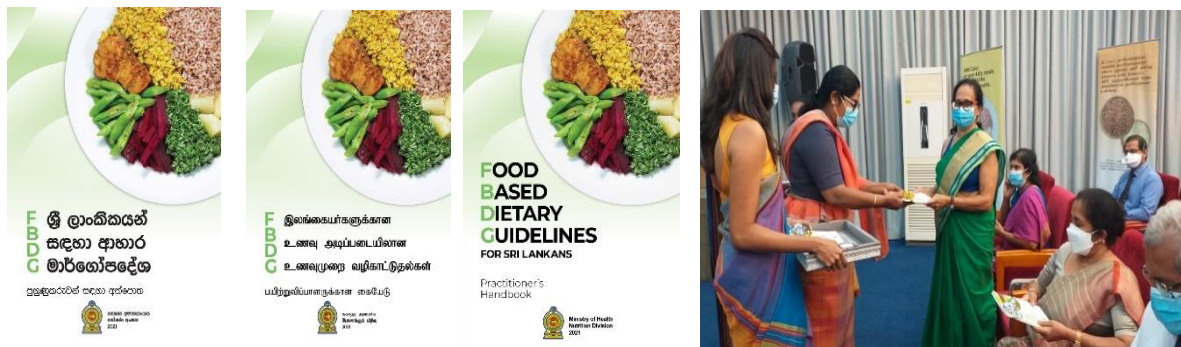
Nutrition Profile -Sri Lanka

	Target set by National Nutrition Policy 2022-2030	Progress as per latest survey/surveillance data
	Stunting Under five years 17.3% (DHS, 2016) to 10% by 2030.	National Nutrition Month 2022- 9.2% *Dietary Adequacy survey 2022- 12.7%
	Wasting Under five years 15.1 % (DHS, 2016) to <5% by 2030	National Nutrition Month 2022- 10%
	Low Birth weight 15.7% (DHS, 2016) to 10% by 2030.	RHMIS Routine Data 2022-14.6 %
	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 2022- 0.59% *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	*STEP survey 2021 Female underweight-9.6% Female overweight-32.4% Female Obesity- 15.2%
	Anaemia and other micronutrient deficiencies to less than 10% by 2030	*National Nutrition and Micronutrient Survey in Sri Lanka: 2022 Anaemia Children under five years -14.6% Primary school 5-9 years- 10.2% Adolescents 10-17 years- 18.3% Pregnant mothers- 15% Iron Deficiency Under five children-5.4% Children 5-9 years – 5.9% Adolescents 10-17 years- 5% Pregnant mothers- 11% Vitamin D deficiency Children under five years -26.2% Primary school 5-9 years- 23.9%

	<p>Reduce Household Food insecurity 10.3 % (DCS, 2014) to 5% by 2030.</p>	<p>Pregnant mothers- 35.6% Food insecurity (2022 August) SL- 37%</p>
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Measures taken to address malnutrition in 2022

- **Implementation of district specific targeted interventions to overcome nutrition problems (District Nutrition Action Plan (DNAP))**
In 2022- DNAP proposals of districts were reviewed and funds were released to 7 districts. Of the total allocation of 4Mn LKR, 1.8 Mn was released to districts; for the remaining districts allocations were not released as per the circular No. 03/2022 issued by Ministry of Finance. Due to ongoing economic crisis District Nutrition Action Plan (DNAP) activities could not be carried out as planned. Expenditure by 31st December was LKR 05328 Mn (13%).
- **National Nutrition Policy – 2021-2030**
Cabinet approval was obtained for the revised version of National Nutrition Policy 2021 - 2030.
- **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 promote healthy dietary habits**
Printing of Food Based Dietary Guidelines for Sri Lankans 2021 (FBDG 2021) in all three languages (Sinhala, Tamil & English) and launching FBDG 2021. Workshop for awareness and training all the staff of RDHS (MOH/AMOH, RSPHNO, PHNS, SPHI, SPHM, PHI, PHM)) are being held at present.



➤ **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 one meeting was conducted in 2022. For exploring the involvement of other ministries, with selected stakeholders of ministries, further meeting were conducted.

➤ **Funds released to other institutions under the Ministry of Health to conduct nutrition related activities**

• Family Health Bureau

Funds were released for National Survey on Nutritional Status of Maternal & under 5 year children in Colombo, Badulla and Kalutara district. Total expenditure is LKR 2.305 Mn as at 31st December.

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

Sun-PF released extra funds to ITI due to modification of total expenditure for analysis.

To improve supplementary food for children with MAM, technical working group meetings were held.

➤ **Conduct National Nutrition Month -2022**

Nutrition Division conducts annual National Nutrition Month activities to generate awareness of general public on current nutrition problems. The theme selected for year 2022 was “Nutrition at Low-Cost: Know, Find Alternatives, Grow & Share”.



➤ **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.



➤ **Measures taken to deal with Elderly nutrition**

Awareness programmes for related health staff in Southern province and Elderly Rights Promotion officers in National Elderly Secretariat were conducted and related books were distributed.

➤ **Minimum cost of Nutritious 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 based on FOP-colour coding system.

Measures taken to address malnutrition in 2023 (up to June 30)

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

Project proposals of are called from all districts and proposals of five districts were received.

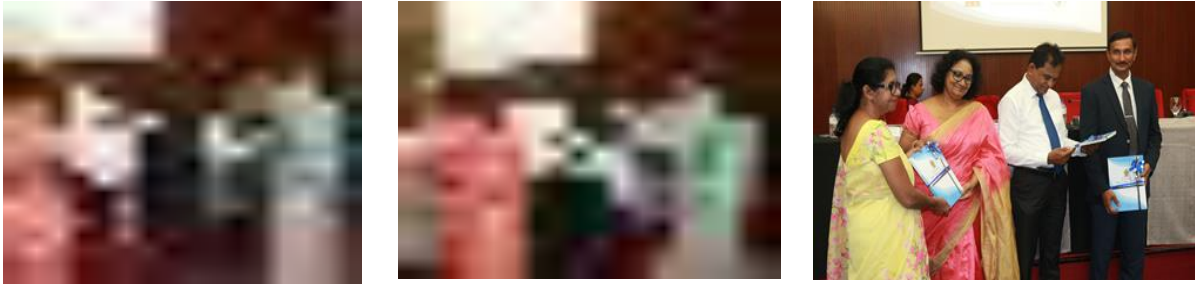
A progress review meeting was conducted under Multi-Sector plan on Nutrition in Hambantota district. At the moment, Multi-Sector plan on nutrition is being reviewed.

➤ **Food Based Dietary Guidelines for Sri Lankans**

Workshop to aware and train all the health staff (MOH/AMOH, RSPHNO, PHNS, SPHI, SPHM, PHI, PHM) in RDHS were conducted in Kalutara, Gampaha and Monaragala district and awareness programmes have been planned to complete in remaining districts.

➤ **Launching & Implementation of National Nutrition Policy 2021-2030**

National Nutrition Policy 2021-2030 was printed in all three languages (Sinhala, Tamil and English) and launched and Presidential Secretariat, Parliament Committee on nutrition and representative of SUN (Scaling up Nutrition) movement were made aware on National Nutrition Policy.



➤ **National Nutrition Month -2023**

Emphasizing maintenance of optimal nutrition in individuals and the community, under the current economic crisis, month of June declared as the National Nutrition Month for year 2023, under name of **“Investing in Nutrition – A wiser way forward”**.

The main objective of the National Nutrition Month is the importance of consumption of a healthy balanced diet in order to overcome malnutrition (Underweight & Overweight) and micronutrient deficiencies as well as maintaining on optimal nutritional status at low cost through inducing public for consuming underutilized locally available nutritious low cost foods.



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

Technical working group meeting were conducted to improve Thriposha for moderate Acute Malnourished (MAM) children. Actions are being taken for analysis of currently used Thriposha supplementary food.

➤ **Measures taken to deal with Elderly nutrition**

An advocacy programme was conducted for all the related officers in western province on guidelines for implementation of National Nutrition Quality Standards for Residential Care for Older people and one TOT programme was conducted for all the related staff {(MOMCH, MOH/AMOH, RSPHNO, SPHI) (Elderly Rights Promotion Officers & Social Services Officers)) and discussions were carried out on implementation of the guideline.

➤ **For Severely Acute Malnutrition (SAM) children having financial problems**

A DASH-board will be developed to introduce a Foster Care Scheme for children under 5 years with SAM in economically vulnerable families. This will serve as a donation collection platform while assuring transparency of transaction.

A communication plan for directing donors for Foster Care Scheme and behavioral change for a proper nutrition have be commenced.

➤ **Evaluation of Micronutrient Strategic Plan**

Review of Micronutrient Strategic Plan for year 2017-2022 and development of new plan according to the given recommendations was initiated.

4.4 ORAL HEALTH SERVICES

Infrastructure Development

As an infrastructure development, Computer Radiography System had been commissioned at National Dental (Teaching) Hospital spending 2.5 million and the sum of Rs. 3.15 million was allocated to repair dental equipment at the National Dental Hospital and Institute of Oral Health, Maharagama during the year 2022.

To maintain the existing infrastructure facilities and to upgrade the dental services, 30 Dental Chairs, 40 Light Curing Machines, 40 Ultrasonic Scalars, 15 Endo Motors, 15 Pulp Testers, 05 Physiodispensors, 03 Computed Radiography System and 04 Micro Motor Drill System procurement is being processed.

Human Resource Development

Seventy Nine (79) dental surgeons have been recruited as grade II dental surgeons and eighty three (83) dental graduates have been awarded Internship Training in 2023.

Enhancement of Service Delivery

MOH Habarawa, PMCU Mahaduwa, Namunukula, Keppetipola, DH Haggala and Karkils in Badulla district, DH Opatha in Galle district, DH Nelubewa in Anuradhapura district, DH Mooloya and Highforest in Nuwara-Eliya district, total 10 new dental clinics were established and 08 unfilled cadres in BH Diyathalawa, Mahiyanganaya, Hambantota, DH Periyapandivirichchan in Mannar, MOH Madulla, Badalkumbura Thanamalwila, and MOH Monaragala in Monaragala district were filled with dental surgeons to provide oral health services in remote areas.

Twenty three hospitals were upgraded with dental specialties. DGH Monaragala, Kilinochci, Mullativu, Nawalapitiya, BH Elpitiya, Diyathalawa, Kalmunai (South), Akkaraipattu, and Tangall were upgraded with Oral & Maxillo-facial Surgery units. DGH Nuwara Eliya, Mannar, Ampara, BH Wathupitiwala, Awissawella, Theldeniya, Rikillagaskada and Mahiyanganaya were upgraded with Orthodontic units. Lady Ridgeway Hospital, Colombo South TH, TH Jaffna DGH Kegalle, Ampara and Matara were upgraded with Restorative units. Newly qualified three (3) OMF surgeons, five (5) consultants in Orthodontics and six (6) consultants in Restorative dentistry are being appointed to respective units. Ten (10) senior registrars were appointed to the remaining units.

Health Promotion

Daily patients' registers for specialized dental clinics, monthly and annual statistics forms, relevant Standard Operating Procedures and related circular were printed and distributed to the Restorative, Orthodontic, Oral & Maxillo-facial and Preventive Units Island wide.

The sum of Rs. 425,000.00 spent for the printing of thousand (1000) numbers of Diet Diaries for the patients attending Preventive Oral Health clinic at Institute of Oral Health, Maharagama.

Printing of Annual Oral Health Report 2020/21 is completed and ready to be launched.

WHO Funded Projects

Capacity building programmes for dental surgeons on the topic of "Build capacity of Dental Surgeons on selected dental practice recommendations and to maintain and strengthen the quality of oral health services provided to the community through district-based Continuous Professional Development (CPD) programmes" were conducted in 15 districts. Gampaha, Jaffna, Vavuniya, Kurunegala, Puttalam, Anuradhapura, Matale, NuwaraEliya, Kegalle, Batticaloa, Badulla, Monaragala, Hambantota, Matara and Galle were the districts in which the above programme conducted. Twenty five dental surgeons from each district were trained on different aspects of oral health care service provision based on the training needs of the particular district. Consultants and subject specialists contributed as resource persons. Total expenditure for the programme was Rs. 839,324.43.

National Oral Health Policy is planned to be developed using WHO funds in the year 2023.

Mobile Dental Services

The mobile dental bus attached to the Ministry of Health has conducted about 280 mobile dental clinics in 2022, providing dental services to about 7000 people with oral health needs. About 80 mobile dental clinics were conducted up to end of the June 2023, providing dental services to about 2,200 people. This mobile dental bus covers pre-schools, homes for children, elders and mobile dental clinics operated under the “Suva Udana programme”.

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 109 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

To strengthen basic blood bank testing laboratory facilities and establishing new blood banks

1. To strengthen community awareness on safe blood donation and improve in-house blood donation
2. To strengthen advanced laboratory services related to transfusion medicine
3. To strengthen technologies in blood component processing and storage
4. To strengthen continuous professional development
5. To assure the quality of services with external quality assessment and accreditation
6. To upgrade and renovate, and maintenance of buildings
7. To enhance service efficiency through digitalization

8. To strengthen facilities for blood and blood product transportation
9. 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 2022

1. Implementation of Patient Blood Management guideline
2. Local production of reagents required for serology testing
 - Production of screening cell
 - Production of Lewis panel
 - Production of panel cells

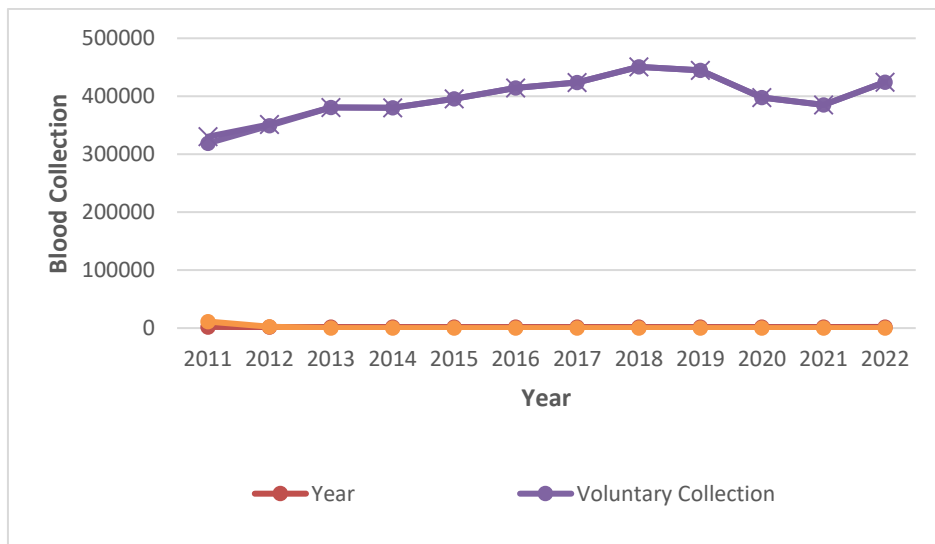
Performance trend for last 12 years

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
2022	424,127	0	424,127

Yearly improvement of the blood collection with continuous maintenance of 100% voluntary donor base.



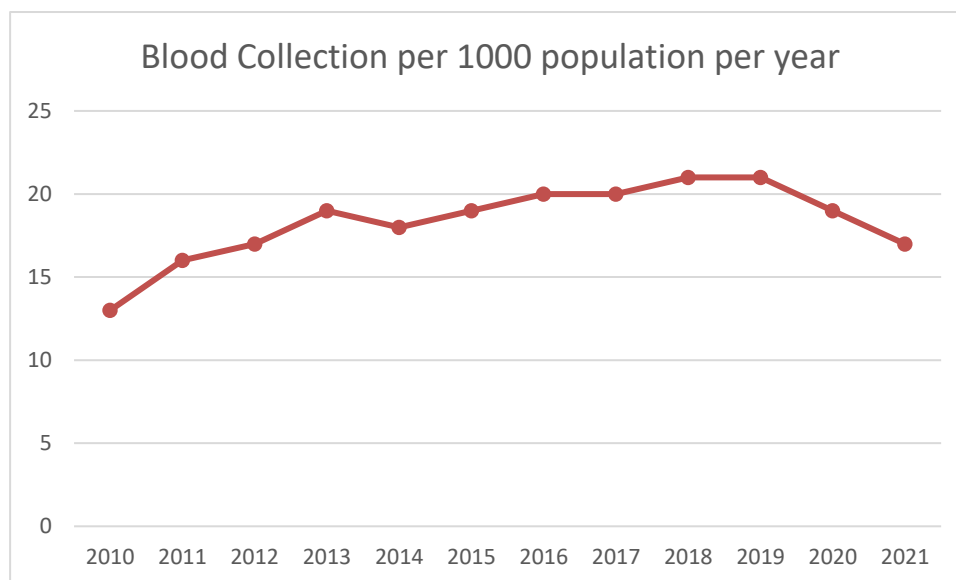
Annual Blood collection per 1000 population

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

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2021	385,054	17
2022	424,127	20

Annual Blood Collection per 1000 population



Annual Blood Collection per 1000 population

Year	2015	2016	2017	2018	2019	2020	2021	2022
Total Collection	395,500	414,175	423,668	450,640	444,515	397,833	385,054	414,227
HIV (scr.+ve)	646	696	764	797	694	533	422	1,196
Prevalence	0.16%	0.17%	0.18%	0.17%	0.16%	0.13%	0.11%	0.282%
HIV (Conf. +ve)	21	25	28	29	44	34	56	60
Prevalence	0.005%	0.006%	0.006%	0.006%	0.01%	0.0085%	0.01%	0.014%
Hepatitis B (rpt.+ve)	409	505	618	513	528	252	751	221
Prevalence	0.10%	0.12%	0.14%	0.11%	0.12%	0.06%	0.20%	0.052%
Hepatitis C (rpt.+ve)	800	847	905	898	804	613	495	354
Prevalence	0.2%	0.20%	0.21%	0.20%	0.18%	0.15%	0.13%	0.083%
VDRL +ve	1,125	1,027	1411	1577	1344	960	1,496	2,296
Prevalence	0.28%	0.25%	0.33%	0.35%	0.30%	0.24%	0.39%	0.541%
TPPA +ve	175	152	152	107	119	96	153	143
Prevalence	0.04%	0.04%	0.03%	0.02%	0.03%	0.024%	0.04%	0.033%
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

Comparison of HLA Laboratory Statistics (At NBC)

Typing and cross matches	2015	2016	2017	2018	2019	2020	2021	2022
Class 1	2288	2015	1253	2415	} 1702	1734	2030	2045
Class 11	2214	1777	1099	2415		1654	2029	2024
Cross match	1471	2490	1954	828	703	666	835	928
B27	194	319	492	602	543	27/57 /51 737	27/57/ 51 838	27/57 /51 729
PRA (Class I, Class II)	295	484	475	2456	1255	1175	1391	1420
Transplantation								
Kidney (Patients ,Donor)	2094	1589	1027	2017	1704	1454	1665	1700
Bone Marrow (Patients, Donors)	108	167	163	264	387	182	338	324
AP Donor	32	171	7	0	84	89	01	0
Cadaveric Donor	15	11	34	30	41	18	26	48

PRA - Panel Reactive Antibodies

Statistics of Education, Teaching and Training Unit - 2022

Table 5: Training programs conducted for Staff categories of NBTS

	Staff Category	Number of trainees
1	Medical Officers	Total - 116
	4 weeks	104
	6 weeks	12
2	Nursing Officers	Total - 49
3	Medical Laboratory Technologists	12
4	Public Health Inspectors	8
5	Junior Staff	27

Table 6: Other Staff Categories

	Staff Category	Number of trainees
1	Nephrology MD Trainees	05
2	Hematology Diploma Trainees	11
3	Microbiology MD Trainees	10
4	Medical Students	426
	• University of Colombo	
5	MLT Students	65
	• MLT Students	
	• MLS Interns	82

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	• MLS Undergraduates	175
6	Navy Health Assistants	30
7	PHI Students	35

Table 7: CME Programmes

	Topic	Participants	Number
1.	Safe blood Practices in Transfusion Medicine	Medical Officers	111
2	Safe blood Practices in Transfusion Medicine	Nursing officers	97
3	Safe blood Practices in Transfusion Medicine	Junior Staff	68
	CME for Blood Bank Nursing Sisters	Nursing Sisters	24

Quality Management Unit

Table 8: Quality Monitoring of Blood Components and Reagents

Component	Number
RCC – without AS	365
RCC- BCR-AS	348
Platelets - PRPD	308
Platelets - BCD	329
Platelets -AP	46
FFP	81
Cryoprecipitate	5

Reagent Testing	Number
QC testing of A,B,O cells	12 sets
QC testing antibody screening red cells	12 sets
Lewis Panel	12sets

Quality Control laboratory performance

Table 9: Investigation of Quality Related Incidents

	Component/Reagent	No of Incidents
Component Quality related incidents	RCC	35
	Platelet (RDP)	5
	Platelet Apheresis	5
	Cryo precipitate	5
	Whole Blood	2
Consumables Quality related incidents	Reagent red cells	3
	Antisera	1
Procedural quality related incidents	Blood grouping error	1
	Post Donation care	1

Quality Control -Visual Observation of Components

Components with deviated visual observation - quality testing

Component	No of units
Platelets	11,447

Table 11: Evaluations done

Evaluation done	Number of products evaluated
Anti D	3vials
Anti A	6
Anti B	8
Anti AB	2
LISS	1
AHG poly	2
Anti E	1
Anti M	1
Khan tubes	15
Test tubes EDTA 2.5ml	1
Copper Sulphate	3
Galss slides	1
Quadruple bags	2
Quintuple blood bags	1
Wash bottles	2
Disposable graduated transfer pipettes	1

Table 12: SL-NEQAS programms conducted

Program	No. Of cycles	No. of test kits prepared
NEQAS Blood Group Serology	01	110 kits

Table 13: Special Quality Monitoring Tests (HBB Referrals)

Component	No of Units
RCC	9
Platelet	11
FFP	0
cryo	8

Table 14: Summary of tests

	Type of test	No. of Tests
1	Full Blood Count	3915
2	PH	1434
3	% Hemolysis	507

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4	DAT	37
5	Antibody Screening	74
6	Microscopy testing for Agglutinations	108
7	Factor VIII Assay	78
8	Fibrinogen Assay	89
9	Evaluations	15

Special Development activities planned for 2023

- ERASMUS Project
- WHO Collaboration
- TTI Equas
- Strengthening of Stem cell transplantation
- Expansion of BBMS
- Introduction of GMP Production

Major achievements during the year 2023

1. Approved for ERASMUS project
2. Consultation services for the development of transfusion service south East Asian region
3. Initiation of TTI EQAS Program
4. Reduce Blood Discard rate

Special Development activities planned for 2023

- TTI EQAS for SEARO region
- Expansion of teaching and training opportunities through ERASMUS to local and foreign trainees
- Strengthening Stem cell Transplantation
- Introduce Good Manufacturing Practices to Blood Bank

4.6 LABORATORY SERVICE

Introduction

The Laboratory Services Unit of the Ministry of Health provides support for promotive, preventive, curative and rehabilitative care services through government health sector laboratories. The Deputy Director General – Laboratory Services (DDG-LS) is the main focal point responsible for policy formulation in relation to National Laboratory system, Anti-Microbial Resistance, Bio Safety and Bio Security and give technical guidance to all the government sector laboratories with the Directorate of Laboratory services. The Medical Research Institute (MRI), and the National Blood Transfusion Service (NBTS) are the two other main institutions functioning under the purview of DDG-LS. Although private sector laboratories are regulated by the Private Health Services Regulatory Council, the Laboratory Services unit provides them with technical guidance.

Laboratory Services are basically provided under five main specialties - Histopathology, Chemical Pathology, Hematology, Microbiology, and Transfusion Medicine by the government sector hospitals.

Laboratory guidelines for strengthening laboratory services in Primary Healthcare Institutions (2019), classified four levels of laboratory services (1-4) according to the institutional level. (Primary Medical Care Units, Divisional hospitals, Base Hospitals, District General Hospitals and above,). Being the National Reference laboratory, the Medical Research Institute (MRI) perform special investigations related disciplines of Bacteriology, Mycology, Parasitology, Immunology, Virology etc. in addition to routine laboratory tests.

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. Act 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 to cater the existing or new challenges including emergency response to Laboratory Services
12. Improvement of Biosecurity and Biosafety of Laboratory sector

Financial management of the Laboratory Services

The following table presents a six-year overview of financial allocations for the acquisition of laboratory equipment and maintenance in health institutions.

Table 1.1; Six-year overview of financial allocations

		2018	2019	2020	2021	2022	2023 (up to 30/09/2023)
Equipment purchasing	Allocations provided (SLR in millions)	900	740	230	557	200	250
	Allocations Released (SLR in millions)	904	739	230	548	25	109
Equipment maintenance	Allocations provided (SLR in millions)					40	200
	Allocations Released (SLR in millions)					6.87	20.2

The following table illustrates how equipment is distributed among various institutions in the year 2022.

Table 1.2; Allocations given to purchase equipment during 2022

Institution	Equipment	Released amount (SLR)
Apeksha Hospital	Nephelometer	10,990,000.00
TH - Kurunegala	Blood Culture System	5,990,000.00
TH - Kurunegala	Tissue Embedding System	2,500,000.00
Eye Hospital	Fully Automated Biochemistry Analyzer	5,200,000.00
LRH	pH Meter	65,000.00
LRH	Sonicator	261,855.00
		25,006,855.00

* As per National Budget Circular 03/2022, the Ministry of Health released a circular on April 29, 2022, instructing to stop all new procurement.

The following table illustrates how equipment is distributed among various institutions in the year 2023 up to 30th of September.

Table 1.3; Allocations given to purchase equipment during 2022

Institution	Equipment	Released amount (SLR)
Eye Hospital	Distilled Water Machine	581,380.00
Eye Hospital	Fully Automated Biochemistry Analyzer	5,200,000.00
DGH - Hambantota	Laboratory Centrifuge	1,890,000.00
TH - Rathnapura	Liquid Culture System for Mycobacteria	5,298,750.00
NHSL - Colombo	Fully Automated Biochemistry Analyzer	7,200,000.00
PGH - Badulla	- 20 Freezer	565,000.00
TH - Kurunegala	Fully Automated Microtome	18,900,000.00
DGH - Matale	Centrifuge	2,800,000.00
DGH - Matale	Laboratory Refrigerator	875,578.00
Apeksha Hospital	Nephelometer	15,449,141.00
Apeksha Hospital	Fully Automated Coagulometer	10,450,000.00
NHSL - Colombo	04 channel Rational Thromboelastometry Haemostasis Analyzer	13,927,359.27
DGH - Negombo	Biological Safety Cabinet Class II with Safety Burner	1,917,400.00
DGH - Negombo	Hot Air Oven	490,000.00
DGH - Negombo	Floating Water Bath	805,250.00
DGH - Negombo	Slide Storing Cabinet	403,203.00
DGH - Negombo	Wax Block Storing Cabinet	3,945,000.00
DGH - Negombo	Centrifuge	1,214,286.00
DGH - Negombo	Binocular Microscope	530,000.00
NHSL - Colombo	Cyto Centrifuge	4,950,000.00
TH - Karapitiya	Binocular Microscope	1,560,000.00
DGH - Nuwara Eliya	Fully Automated Coagulation Analyzer	10,093,000.00
Total		109,045,347.27

As per National Budget Circular 03/2022, the Ministry of Health released a circular on April 29, 2022, instructing to stop all new procurement.

Following table illustrate the financial progress for the years of 2022 & 2023

Table 1.4; financial progress for the years of 2022 & 2023

Programme/Activity/Item Description	Object code	Funding source	2022			2023		
			Budgetary Provisions Allocated Up to 2022.12.31	Cumulative Expenditure as at 2022.12.31	Physical Progress as at 2022.12.31	Budgetary Provisions Allocated Up to 2023.12.31	Cumulative Expenditure as at 2023.09.30	Physical Progress as at 2023.09.30
Provide allocation for purchasing of new laboratory equipment for the Line Ministry Institutions	111-2-13-013-2103-11	GOSL	200	25	12.5%	250	109	43.6 %
Provide allocation for purchasing of Laboratory Equipment for laboratories in Provincial Hospitals	111-2-13-013-2103-11	GOSL+ WB/PS SP	30	1.244	4.11%	25	9.9	39.6 %
Provide allocation for Repair, service and maintenances of Laboratory Equipment for the Line Ministry Institution	111-2-13-013-2103-11	GOSL	40	6.87	17%	200	20.2	10%
Reagent for Mobile Lab	111-2-13-003-2509-38-12					1.5	0.036	2.44 %
Establishing Guidelines for sample transport	111-2-13-003-2509-38-12					0.5	0.056	11.20 %

The following table provides a breakdown of expenditures for equipment maintenance in various institutions throughout the year 2022.

Table 1.5; Allocation given for the equipment maintenance during 2022

Institution	Serviced equipment	Allocation Released (SLR)
BH- Mulleriyawa	Sakura Tissue Tec Prisma	405,000.00
NH for Respiratory	Tissue Processor	
NH for Respiratory	Polar Crytome	129,600.00
DGH- Chilaw	Biochemistry Analyzer	
DGH- Chilaw	Hematology Analyzer	
DGH- Chilaw	Tissue Embedding System	
DGH- Chilaw	Blood Culture System	
DGH- Chilaw	Cytotoxic Isolator	5,516,746.11
NINDT	Fully Automated Coagulation Analyzer	70,000.00
NINDT	Automated Biochemistry Analyzer	527,734.55
NH for Respiratory	Freezing Microtome	224,250.00
		6,873,330.66

The following table provides a breakdown of expenditures for equipment maintenance in various institutions throughout the year 2023 up to 30th of September.

Table 1.6; Allocation given for the equipment maintenance during 2023

Institution	Serviced equipment	Allocation Released (SLR)
CEBH - Mulleriyawa	Sakura Tissue Tek	405,000.00
NINDT	Coagulation Analyzer	70,000.00
TH - Kalutara	Konelab Fully Automated Biochemistry Analyzer	56,160.00
TH - Kalutara	Thromboelastrometry Analyzer	314,500.00
TH - Kalutara	Fully Automated Coagulation Analyzer	26,951.00
TH - Ragama	BC 6800 Hematology Analyzer	4,059,773.46
TH - Ragama	BS 800 Fully Automated Biochemistry Analyzer	306,475.00
TH - Ragama	BACT/AIERT Automated Blood Culture System	264,848.37
TH - Ragama	Automated Bacterial Identification System	115,000.00
TH - Ragama	LEICA Rotary Microtome 4077	174,901.20
TH - Ragama	Capillary Electrophoresis Analyzer	389,705.00
TH - Ragama	BC 5800 5 Part Hematology Analyzer	240,771.25
TH - Ragama	Prime 30 Biochemistry Analyzer	282,367.35
TH - Ragama	AU 480 Biochemistry Analyzer	184,000.00
TH - Ragama	LEICA Rotary Microtome 4567	55,600.00
TH - Ragama	Vacuum Infiltration Processor	115,000.00
HIV/AIDS	Bio Safety Cabinet	1,245,984.52
TH - Ragama	Konelab Fully Automated Biochemistry Analyzer	282,367.35

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TH - Ragama	BACT/AIERT Automated Blood Culture System	264,848.36
DGH - Chilaw	BACT/AIERT Automated Blood Culture System	271,469.58
TH - Ragama	AST System	235,750.00
TH - Ragama	Elite Pro Coagulation Analyzer	53,037.65
TH - Ragama	Auto Slide Steiner	313,950.00
TH - Ragama	Sysmex CA 660 Coagulation Analyzer	127,650.00
TH - Ragama	Class II Advanced Biosafety Cabinet	94,748.50
TH - Ragama	Class II Advanced Biosafety Cabinet	79,258.00
TH - Ragama	Dual Head Microscope	87,170.00
TH - Ragama	Water System for Teaching Microscope	123,372.00
TH - Ragama	Centrifuges	207,000.00
TH - Ragama	BS 800 Fully Automated Biochemistry Analyzer	328,900.00
NH for Respiratory	05 Part Haematology Analyzer	344,700.00
BH - Mulleriyawa	Coagulation Analyzer	63,100.00
DGH - Trincomalee	Thromboelastrometry Analyzer	541,000.00
NH for Respiratory	Tissue Processor	17,250.00
NH for Respiratory	Polar Cryotome	17,250.00
TH - Ragama	AU 480 Biochemistry Analyser	193,200.00
TH - Ragama	Leic ROTARY Microtome	201,136.15
DGH - Nuwara Eliya	Immunology Analyzer	50,000.00
DGH - Nuwara Eliya	Fully Automated Biochemistry Analyzer	50,000.00
DGH - Nuwara Eliya	Hematology Analyzer	2,437,457.48
Dental Institute	Automated Microtome machine	2,072,322.00
DGH - Chilaw	Mindray BC 300 Hematology Analyzer	279,206.47
	BC 300 Biochemistry Analyzer	328,478.18
	BACT/AIERT 3 D Automated Blood Culture System	198,636.27
BH - Kantale	Mindray BC 5300 Hematology Analyzer	225,120.55
NH for Respiratory	05 Part Hematology Analyzer	396,405.00
DGH - Chilaw	Vacuum Tissue Processor	322,000.00
	Rotary Microtome	289,800.00
DGH - Chilaw	BC 5300 Fully Automated Hematology Analyzer	1,421,055.00
		20,224,675.69

Provincial Laboratory Expansion under PSSP funds

The following table outlines the details of laboratory developments in provincial hospitals funded by PSSP.

Table 1.7; Distribution of PSSP funded provincial laboratory developments.

	Equipment	Hospital	Fund	Amount (SLR)
1	Autoclave 50 Ltr.---14 No.s	BH-Kiribathgoda—01 No.s	PSSP	9,868,740.00
		DGH-Gampaha—01 No.s		
		BH-Awissawella—01 No.s		
		DGH-Vavunia—01 No.s		
		BH-Mullative—01 No.s		
		BH-Marawila—02 No.s		
		BH-Kaburupitiya—01 No.s		

		BH-Mahaoya—01 No.s		
		BH-Valachchenai—01 No.s		
		BH-Madirigiriya—01 No.s		
		STD unit-Rathnapura—01 No.s		
		BH-Mawanella-02 No.s		
2	Fully Automated Bio Chemistry Analyzer-Indiko Plus (Medium output)	SBSCH-Peradeniya	PSSP	35,040,000.00
		BH-Maligawaththa		
		DH-Karandeniya		
		BH-Udugama		
		BH-Bandarawela		
		BH-Dehiathttakandiya		
		BH-Mahaoya		
		BH-Thirukkivil		
		BH-Kattankudy		
		DH-Deraniyagala		
		BH-Rabukkana		
		BH-Kakirawa		

2.0 Combatting Anti-Microbial Resistance (AMR) in Sri Lanka

Antimicrobial resistance (AMR) threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. 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.

Director General of Health Services (DGHS) serves as the chairperson of NAC-AMR while Director General of Animal production and Health and Director General of Agriculture serve as co-chairs. Deputy Director General Laboratory Services (DDG LS) is the national AMR focal point in the country.

2.1 Review of the AMR National Strategic Plan (NSP) 2017- 2022 and developing a revised plan for 2023- 28

In 2017, Sri Lanka formulated its National Strategic Plan (NSP) on Antimicrobial Resistance (AMR), aligning it with the Global Action Plan. Subsequently, the nation has embarked on a concerted effort to combat AMR through collaborative efforts across multiple sectors, adopting a "One Health" approach.

Upon the conclusion of the five-year period of the National Strategic Plan (NSP), the end-term review was planned with financial backing from the World Health Organization (WHO). A national consultancy team, encompassing expertise in human health, terrestrial and aquatic animal health, agriculture, and the environment, was appointed for this purpose.

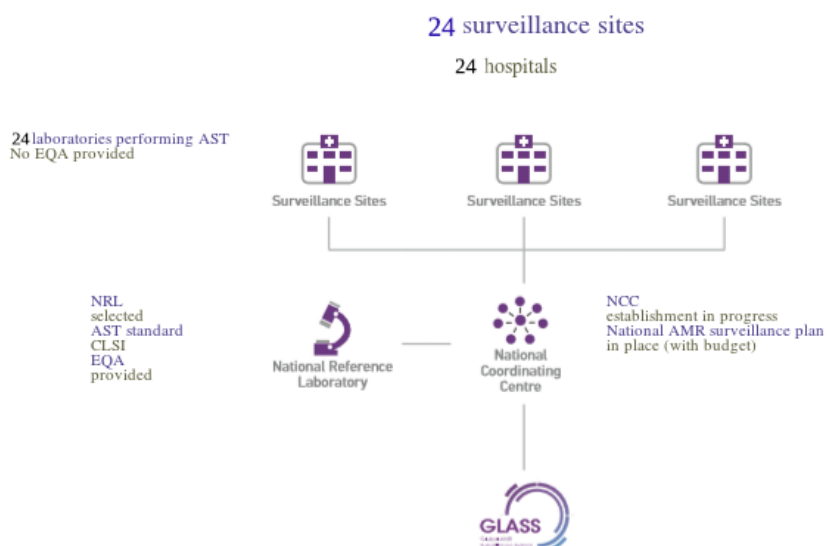
Between April and September 2023, a sequence of review meetings took place involving various stakeholders, leading to the formulation of a comprehensive report. Following

this, a revised draft for the National Strategic Plan (NSP) spanning 2023-2028 was created.

2.2 AMR surveillance activities

‘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 117 health care staff of 22 hospitals during 2023.

Activity	Description	Physical Progress
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 117 health care workers of 22 hospitals on WHONET software which is the tool used for data collection, aggregation and analysis for the antimicrobial resistance surveillance programme.	No of Workshops completed: 7/7 - 100%
2022 AMR data pending submission to GLASS platform (scheduled to be submitted before 2023-10-31)	24 sentinel site hospitals, (sample selection based on the protocol) Blood, Stool and Urine samples were collected.	



3.0 Developing the National Biosafety and Biosecurity policy

The Government of Sri Lanka has identified the importance of ensuring biosafety and biosecurity in human, animal, plant, and environment sectors. DDG/LS is the national focal point for biosafety and biosecurity at the Ministry of Health. There is a national biosafety & biosecurity advisory committee responsible for overall guidance and implementation of legislation. This committee commenced to develop a National Policy on Biosafety and Biosecurity in 2019. Initially halted due to increased workload amid the COVID-19 crisis, the initiative was reactivated in September 2022. A working group,

operating under the One Health concept, was established. Six meetings ensued, culminating in a final meeting where the policy was refined. This process involved collaboration with the national biosafety and biosecurity advisory committee members and other experts, facilitated by the Ministry of Health's Policy Unit.

4.0 Laboratory Information Management System

The Ministry of Health in Sri Lanka has set up a Steering Committee (SC) and a Technical Working Group (TWG) for the National Laboratory Information Management System (NLIMS). To date, eleven TWG meetings have taken place, where various options for NLIMS have been discussed. These meetings have also included knowledge-sharing sessions focused on Laboratory Information Management Systems (LIMS).

Initially, scope documents were created by the College of Microbiology, Chemical Pathology, Histopathology, and Hematology. These individual scope documents were subsequently consolidated into a unified scope document for NLIMS.

Furthermore, Terms of Reference (TOR) for the procurement of NLIMS have been developed. We are now in the process of waiting for the establishment of a Technical Evaluation Committee (TEC) to aid in the procurement process.

5.0 PCR test summery in healthcare institution.

The following table depicts the count of PCR tests performed in laboratories within both the public and private sectors for the years 2021 and 2022.

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	TOTAL
<i>State Sector</i>	65,238	56,216	37,541	15,163	6,913	3,460	1,329	2,785	1,977	1,417	840	763	193,642
<i>Private Sector</i>	174,152	148,577	74,523	30,189	20,110	16,405	7,798	12,359	8,767	7,541	4,727	3,338	508,486

4.6.1 Medical Research Institute

Introduction

The Medical Research Institute (MRI) of Sri Lanka is a renowned diagnostic laboratory and the foremost institution for biomedical and applied health research in the nation. With a wide range of disciplines covered, including Virology, Bacteriology, Parasitology, Rabies, Nutrition, Biochemistry, Histo-Pathology, Haematology, Immunology, Entomology, Molecular Biology, Pharmacology, Mycology, Health Informatics, and Animal Studies, MRI conducts comprehensive research across various fields. Through its innovative research initiatives and progressive methodologies, MRI is at the forefront of advancing medical knowledge and improving public health outcomes.

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

- a) Enhance the health of Sri Lankans by conducting world-class medical research aligned with national health goals.
- b) Facilitate comprehensive biomedical research, spanning from fundamental lab-based science to clinical trials, across major disease areas.
- c) Foster the development of professionals and experts in laboratory diagnosis, patient monitoring, and public health within our capacity and scope.
- d) Collaborate closely with the Ministry of Health to prioritize research that significantly impacts clinical practice and population health.
- e) Emphasize research initiatives with a high potential to bring tangible improvements to public health outcomes and the well-being of the population.



Achievements/Special Events in 2022.01.01 to 2023.06.30

ANNUAL PERFORMANCE REPORT 2022.01.01-2023.06.30 MEDICAL
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Department	Achievements/Performance/Projects
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PERFORMANCE AND PROGRESS REPORT 2023

<p>Department of Laboratory Animal Science</p>	<p>a. Conducting the practical session of the Diploma course in Laboratory Animal Science conducted by the Faculty of Medicine, University of Colombo, and supervising three student projects</p> <p>b. Training workshop for the employees of the Laboratory Animal Facilities in collaboration with the Sri Lanka Association for Laboratory Animal Science (sSLALAS and the University of Sri Jayewardenepura on 24/06/2022</p> <p>c. Workshop on Laboratory Animal Nutrition in collaboration with SLALAS on 8TH and 11TH July 2022</p> <p>d. Certificate course in Laboratory Animal Science in collaboration with the SLALAS from 1st to 15th October 2022</p> <p>e. Workshop on Zebrafish as an alternative model was conducted on the 25th and 26th of November in collaboration with the SLALAS and SAAT</p> <p>Number of students trained</p> <ol style="list-style-type: none"> 1. Undergraduate- 123 2. PosPostgraduate.- 165 3. MLT students - 98 4. MLS students - 76 5. Orthers (Navy Medical Assistant) -52 6. No.of students trained (01.01.2023 to 31.05.2023)- 115 <p>Total 629 (from 01.01.2022 to 31.05.2023)</p> <table border="1" data-bbox="493 948 1027 1227"> <tr> <td>Animal Blood issue</td> <td>4310 mL</td> </tr> <tr> <td>Laboratory Animals Issues for Research and other use</td> <td>1658</td> </tr> <tr> <td>Lab. Animal feed production</td> <td>2474 kg</td> </tr> <tr> <td>No: oral presentation</td> <td>1</td> </tr> <tr> <td>Full Paper Publication</td> <td>1</td> </tr> </table> <p>f. new services commenced:</p> <p>Laboratory animal Feed Production is one of the unique activities carried out in the Laboratory Animal Centre at the Medical Research Institute. Students from the Department of Livestock and Avian Sciences at the University of Wayamba enthusiastically learned about feed production.</p> <p>20/05/2023- MRI, Sri Lanka</p> <div data-bbox="421 1482 1323 1789"> </div>	Animal Blood issue	4310 mL	Laboratory Animals Issues for Research and other use	1658	Lab. Animal feed production	2474 kg	No: oral presentation	1	Full Paper Publication	1
Animal Blood issue	4310 mL										
Laboratory Animals Issues for Research and other use	1658										
Lab. Animal feed production	2474 kg										
No: oral presentation	1										
Full Paper Publication	1										
<p>Department of Bacteriology II, Food and Water Microbiology Laboratory</p>	<ol style="list-style-type: none"> a. Update the laboratory accreditation for 17025:2017 b. Establish inter laboratory comparison on food microbiology c. Maintenance of accreditation status of food laboratory (ISO 17025:2017 d. Enteric reference laboratory applied for accreditation ISO 15189:2012 e. New services commenced (brief description with photographs, charts if any) <ul style="list-style-type: none"> • Molecular typing of Listeria 										

	<ul style="list-style-type: none"> • Shiga Toxin producing E coli (STEC) detection PCR • campylobacter PCR • Campylobacter MIC • Food microbiology Inter Laboratory comparison
<p>Department of Immunology</p>	<p>a) Publication of 4 research publications in international peer reviewed journals</p> <p>b) published an article on inborn errors of immunity in a peer reviewed journal with a high impact factor</p> <p>c) Diagnosed for the first time 5 inborn errors of immunity</p> <p>d) 15 patients with an Inborn Error in Immunity identified genetically and out of them 10 patients found to carry a previously unreported mutations in the gene responsible</p> <p>e) First reports of alpha gal allergy (a kind of delayed red meat allergy) in South Asia</p> <p>f) First case series of Coconut allergy in South Asia</p> <p>g) Detection of allergy to Betel (“bulath”) for the first time in Sri Lanka</p>
<p>Department of Bacteriology - Clinical microbiology division</p>	<p>Clinical Bacteriology Laboratory granted accreditation to international standard ISO 15189 (clinical /medical laboratory) for 36 Microbiological investigations in Bacteriology, serology and molecular biology</p> <p>Major Achievements</p> <p>a. Workshop National Training Workshop on Clinical Microbiology for NEQAS participants – for Microbiologists and Medical Laboratory Technologists. Theme: ‘Laboratory quality towards better patient care’ Conducted by the Quality Control Laboratory, Department of Bacteriology, MRI for 100 participants. We are the National Proficiency Testing Provider in clinical microbiology serving for public and private sector microbiology laboratories. The 2-day program held on 16 & 17th February 2023 to mark the 25th Anniversary of the ‘National External Quality Assessment Scheme in (NEQAS) clinical microbiology’. The second edition of the ‘Handbook on National External Quality Assessment Scheme in Clinical Bacteriology’ was launched. The event was sponsored by the WHO, Sri Lanka</p> <div style="display: flex; justify-content: space-around;">   </div>



Visit of the 'Leptospirosis collaborative research Team'; (Japan, Vietnam, Sri Lanka)

Department of Bacteriology, National Institute of Infectious Diseases, Tokyo, Japan, National Reference Laboratory for leptospirosis, Department of Bacteriology, Medical Research Institute, Sri Lanka and National Institute of Hygiene and Epidemiology, Hanoi, Vietnam are partnering collaborative research on leptospirosis. The team visited MRI in February, 2023 to strengthen the collaborative research activities in the future.



b. National Reference Laboratory, Department of Bacteriology, Medical Research Institute, Sri Lanka to be the Regional public health laboratory as the Proficiency Testing Provider for the southeast Asia region.

Discussions are underway to partner the Denmark Technical University (DTU), to strengthen External Quality Assurance services in clinical microbiology for public health laboratories in Southeast Asia under the EQ Asia programme. A team from the DTU will be visiting MRI for initial laboratory assessment on 12-14th June 2023.

New services commence

'Surveillance Focal Point' for 'Global Invasive Bacterial Vaccine-Preventable Diseases (IBVPD) Laboratory Network'

Clinical Microbiology & Molecular biology laboratory (the National Reference Laboratory for clinical microbiology) in the Department of Bacteriology was recognized as the 'Surveillance Focal Point' in Sri Lanka for 'Global Invasive Bacterial Vaccine-Preventable Diseases (IB-VPD) Laboratory Network' sponsored by the World Health Organization. The Global Invasive Bacterial Vaccine-Preventable Diseases (IB-VPD) Laboratory Network is an important component of the WHO-coordinated Global IB-VPD Surveillance Network. The main objectives are to monitor the disease burden of *Streptococcus pneumoniae*, *Haemophilus influenzae* and *Neisseria meningitidis* and to describe the epidemiology of IB-VPD in the country.

<p>Department of Molecular Biology</p>	<ul style="list-style-type: none"> a) Established sequencing for SARS CoV 2 and identified the variant of 393 clinical samples. b) Publication of 1 research publication in international peer reviewed journal. c) 1 research Article is under the review state in international peer reviewed journal. d) Presented 1 research article (Oral) in an international Symposium. e) Internship training for 5 undergraduate students (2 from state universities and 3 from Private Universities) f) Supervision of 2 undergraduate Research g) Presented 3 research articles (2 Oral and 1 poster) in collage of microbiologist h) Awaiting 4 approved research proposals
<p>Department of Nutrition</p>	<ul style="list-style-type: none"> a) Conducted and completed the data collection of the “National Nutrition and Micronutrient Survey in Sri Lanka-2022” b) Stage 1 data dissemination of the “National Nutrition and Micronutrient Survey in Sri Lanka-2022” was completed. c) Conducted and completed the data collection and data dissemination of the research on “Weight gain following an enhanced nutrition care package among children aged 6-36 months in estate and rural communities in Nuwaraeliya district” d) The data dissemination of the “Nutrition status and gaps in the diet of Sri Lankans during the pre-economic crisis period (from September to December 2021) was completed and the hard copy of the final report was printed. e) Published Article “Nutritional Composition and Antioxidant Activity of Selected Underutilized Fruits Grown in Sri Lanka” Agronomy 2022, 12, 1073. https://doi.org/10.3390/agronomy12051073 https://www.mdpi.com/journal/agronomy f) Published abstract: Comparison of fatty acid composition of different culinary oils with high saturated coconut oil towards the improvement of public health, Lipid Oxidation and Quality Poster Session, 2022- AOCS annual meeting and expo, Atlanta, Georgia, USA g) Published abstract: A Potential Substitute for Cocoa Butter, Edible Applications Technology Poster Session, 2022- AOCS annual meeting and expo, Atlanta, Georgia, USA h) Ongoing research <ul style="list-style-type: none"> 1) Establishment of Asian Food Composition Database 2) Formation and acceptability trial of locally produced Ready-to-Use Therapeutic food (RUTF)
<p>Department of Parasitology</p>	<p>Title of Activity: WHO Support in establishing a sentinel surveillance system for soil transmitted helminth (STH) infections among children in Sri Lanka</p> <p>The expert panel at the Consultative Meeting on Guidelines on Control of Helminthic Infections among Children and Pregnant Women held on 8th October 2020 recommended the establishment of a Sentinel Surveillance System for STH infections among children to determine the de-worming policy in Sri Lanka. Based on the results of an island wide survey done in 2017 (De Silva et al., 2017), five districts, namely; Colombo, Nuwara Eliya, Badulla, Kegalle and Ratnapura were selected due to their higher prevalence of STH infection.</p> <p>The Medical Research Institute (MRI) being the leading health care diagnostic, training and research institute in the country, provided the required training for the Medical Laboratory Technologists(MLTs) from these specified areas to carry out this</p>

	<p>survey using WHO recommended method (using Kato Katz kits). MRI will be the central point of collection and analysis of data.</p> <p>The first step to establish such a surveillance system was to train the MLTs from these regions. Well trained MLT staff will be utilized to identify and notify STH cases among children from these areas in view of monitoring the STH burden.</p> <p>Objectives were,</p> <ol style="list-style-type: none"> 1. To improve and strengthen plans for elimination / control of NTDS like STH in Sri Lanka supported by the WHO 2. To train MLTs in the use of Kato Katz technique in view of establishing a sentinel surveillance system for soil transmitted helminthiasis. <p>We have successfully trained MLTs from the above respective regions in establishing a Sentinel Surveillance System for Soil Transmitted Helminthiasis (STH) as per circular FHB/CNU/01/Gen/2021. After stopping the deworming programs in these areas, it is essential to have a surveillance system in place to monitor the prevalence of soil transmitted helminthiasis.</p> <p>Seven training programmes were conducted at MRI with 40 participants each. Participants were from CMC Colombo, Lady Ridgeway Hospital, Nuwara Eliya, Badulla, Kegalle and Ratnapura. These were one-day training programmes conducted by the Department of Parasitology, MRI. All Covid-19 prevention protocols were followed. Letters were awarded for successful participation.</p> <p>Inauguration was held with the presence of Deputy Director General/ laboratory services and Director/MRI. A total of 106 MLTs were trained in the 07 training programmes. With the successful completion of this program, well trained staff will be utilized to identify and notify STH cases among children from these areas in view of monitoring the STH burden. MLTs have been given targets of stool samples to be screened in children (5-8 years old age group) per week and per month in order to fulfill adequate sampling and data required for policy decisions to be made annually. The letter of participation issued has value for these staff and serves as proof of their commitment and ability in STH surveillance.</p> <p>The enthusiastic participation of all MLTs despite Covid restrictions and transport issues was a reason for the success of the program. Furthermore, the cooperation shown by the resource persons in being available for the training programme, and the quality of the shared information helped the program achieve success and its stated objectives.</p> <p>With the successful completion of this program, well trained staff will be utilized to identify and notify STH cases among children from the areas in view of monitoring the STH burden. This will be measured through the data sent by MLTs by screening stool samples in children (5-8 years old age group) per week and per month in order to fulfill adequate sampling and data required for policy decisions to be made annually.</p> <p>After the training of MLTs with regard to processing and microscopic examination of stool samples for the presence of soil-transmitted helminth parasites by the use of the WHO recommended Kato-Katz (KK) technique, we would require MLTs to screen at least 5 samples of stool per week from children admitted to the pediatric wards / diarrhoeal units of their respective hospitals. The required number of KK kits will be provided. Test results accurately and email the details monthly to the Department of Parasitology at the Medical Research Institute (MRI).</p>
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<p>Department of Virology</p>	<p>The Department of Virology offers a wide range of tests (72 assays) including tests for viral culture, antigen detection, molecular detection and serology for the diagnosis of many viral infections. The laboratory provides a comprehensive consultation service to assist clinicians in choosing the appropriate tests and interpreting the results. Diagnostic tests are offered for dengue, JE, hepatitis, Herpes simplex, enterovirus infections, influenza viruses, rubella, measles and other common viral infections. There are many laboratory surveillance programmes carried out throughout the year. These are</p> <ol style="list-style-type: none"> 1. Acute Flaccid Paralysis (Polio) surveillance 2. Influenza surveillance 3. Dengue surveillance 4. Japanese Encephalitis surveillance 5. Rotavirus surveillance 6. Rubella & Measles surveillance 7. Hepatitis Antibody surveillance <p>Department of Virology is strongly committed to the training of clinicians, post graduate students, MLT students, nurses, medical students and related staff. The Department takes part in post graduate courses of Microbiology, Virology, Transfusion medicine, Pathology, Venereology etc.</p> <p>Major Achievements:</p> <ol style="list-style-type: none"> a) Establishing an in-house PCR assay to detect monkey pox virus in July, 2022 b) Detecting two monkey pox virus infected patients within 24 hours of receiving samples, there by promptly assisting the public health aspects of prevention and control c) Sequencing COVID-19 and phylogenetic analyzing the sub variants of SARS CoV-2 – omicron BA.1 BA.2 BA.4 BA.5 , BF, and XBB.1 d) Detecting a rash caused by vaccine strain of measles, this is very important in global elimination phase of measles. e) Obtaining 100% score in WHO external quality assurance panel in influenza PCR and SARS CoV-2 PCR as well as 100% score in Australian RCPATH SARS CoV-2 PCR panel f) Obtaining 100% score in first ever WHO external quality assurance panel in Respiratory syncytial virus (RSV) PCR g) Measles – Serology EQA100% , Real time PCR EQA- 100%, Sequencing EQA - 100% h) Rubella- EQA 100% i) JE Serology EQA 100% j) Participated virtual JE accreditation process and obtained the full accreditation for the JE laboratory at MRI for 2 years k) Continuation of external quality assurance of SARS CoV-2 PCR in private sector l) Dengue – North East outbreak investigation to detect circulating serotype and management m) Hepatitis- HBV and HCV screening on bone marrow and organ transplant population n) Testing of AFP (polio) samples from Maldives as a reference lab to Maldives to exclude polio virus. o) Rota virus gastroenteritis outbreak investigation and support the outbreak control and prevention
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Department of Entomology

New mosquito found



The mosquito, *Culex lophoceraomyia cinctellus* was first discovered in Sri Lanka by the entomological team/ MRI during the ongoing research “Estimation of 24 hours biting rhythm of medically important major mosquito vector species in Sri Lanka in relation to environmental factors”



New colonies established at insectarium

Bed bug and house fly colonies were newly established at the insectarium.

Test conducted

Biological efficacy testing of household insecticidal products – 29 Samples were tested
(408 laboratory tests & 188 field tests were conducted)

Government income through the test conducted

The total income earned by the department of entomology through the biological efficacy test chargers was 2,565,000 LKR

Training conducted

- a. Laboratory training – 177 trainees were trained
(Trainees of university undergraduates, undergraduate students of medical laboratory science, trainee medical laboratory technologist, trainee health entomology officers, trainee public health inspectors)
- b. Theoretical training – 125 trainees were trained
(Trainee health entomology officers and trainee public health inspectors)

Research student supervised

Five students were supervised (01 university undergraduate and 04 diploma trainees)

Mosquito vector surveillance conducted

68 surveillances were conducted
(Monthly surveillance in the premises of Katunayake airport, Rathmalana airport, the medical research institute and the peripheral areas of Rathmalana airport)

Research projects conducted (mention the number):

02 ongoing research

1. Estimation of 24 hours biting rhythm of medically important major mosquito vector species in Sri Lanka in relation to environmental factors
2. Development of botanical mosquito repellent encapsulated micro particles against dengue mosquito vectors using essential oils

New services commenced

A new set of biological efficacy tests was introduced and started to be performed.

The existing cost of each test was revised and increased.

	Investigation / Bio-efficacy Test	Existing Charges (SLR)	Current Charges (SLR)
1	Mosquito Coil	20,000.00	50,000.00
2	Mosquito Mat	20,000.00	50,000.00
3	Mosquito Liquid Vaporizer (30 days)	20,000.00	65,000.00
4	Mosquito Liquid Vaporizer (45 days)	20,000.00	75,000.00
5	Mosquito Liquid Vaporizer (60 days)	20,000.00	85,000.00
6	Mosquito Liquid Repellent (oil, perfume)	not introduced	45,000.00
7	Mosquito Repellent Cream (balm, body lotion)	20,000.00	45,000.00
8	Mosquito Repellent Stick	not introduced	45,000.00
9	Mosquito Repellent Sticker	not introduced	45,000.00
10	IGR containing product	20,000.00	80,000.00
11	Larvicide (liquid, dung, granules)	not introduced	60,000.00
12	Insecticide Impregnated Fabric (bed nets, curtains)	20,000.00	80,000.00
13	Insecticide Impregnated Paint	not introduced	100,000.00
14	Fly Insecticide (fly bait)	20,000.00	70,000.00
15	Fly Repellent	not introduced	90,000.00
16	Fly (Insecticide + Repellent)	not introduced	100,000.00
17	Cockroach Insecticide	50,000.00	70,000.00
18	Cockroach Repellent	not introduced	90,000.00
19	Cockroach (Insecticide + Repellent)	not introduced	100,000.00
20	Bed bug Insecticide	50,000.00	70,000.00
21	Bed bug Repellent	not introduced	90,000.00
22	Bed bug (Insecticide + Repellent)	not introduced	100,000.00
23	Insects Identification	3,000.00	5000.00
24	Emanation Test (half-life)	10,000.00	20,000.00
25	Insecticide for Medically important other Insect vectors (tick, mite, sand fly)	not introduced	70,000.00
26	Repellent for Medically important other Insect vectors (tick, mite, sand fly)	not introduced	90,000.00
27	Medically important other Insect vectors (tick, mite, sand fly) (Insecticide + Repellent)	not introduced	100,000.00
28	Insecticide for Other Insects (ant, red ant)	not introduced	70,000.00
29	Repellent for Other Insects (ant, red ant)	not introduced	90,000.00
30	Other Insects (Insecticide + Repellent)	not introduced	100,000.00

Department of Hematology	Major Achievements: Diagnosis of Chronic myeloid leukaemia; bcr- abl genetic studies -by FISH technique; trials successful. Several papers published.
Rabies & Vaccine Quality Control Department	Major Achievements: <ul style="list-style-type: none"> Rabies & Covid-19 PCR diagnostic Laboratory was implemented. It is equipped with one PCR machine, one automated extractor, two Bio safety cabinets & 2 PCR Hoods. We have done nearly 75,000 covid-19 PCR tests. Now it has been used for Rabies molecular diagnostic purposes for Ante-mortem & post - mortem samples for nearly 1000 Rabies samples annually. <p>New services commenced Providing services for all other peripheral Rabies laboratories as the Reference Laboratory including external quality assurance.</p>

Ongoing Development project details: None

5. Last 5-year performance trend (should be provided as table or graph/charts)

Key performance indicator	progress				
	2018	2019	2020	2021	2022
Number of lab tests performed	1,280,583	1,424,915	1,331,953	1,234,001	1,058,018
Number of research projects handled	56	51	15	41	46
No. of students trained-School of Entomology	26 (Batch-2017/2019)	26 (Batch-2017/2019)	15 (Batch-2020/2022)	15 (Batch-2020/2022)	15 (Batch-2020/2022) + 29 (Batch-2021/2023)
No. of students trained-School of MLT	48 2017-2019 batch	48 2017-2019 batch	36 (2020-2022) Repeat examination 2017 -2019	36 (2020-2022)	36 (2020-2022)

Special Development activities planned for 2023:

- a) 14 storied building
- b) Laboratory information management system (LIMS)
- c) Histopathology lab

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 & X -Ray) 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 6 Rs (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, narcotics printed 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.

Major Development and Achievements

1. Initiated to purchase the medical supplies for the year 2023 with the Allocation received from ICL (Indian Credit Line), Asian Development Bank (ADB) and Asian Infrastructure Invest Bank (AIIB).

The progress as at 30.06.2023 for the medical supplies agreed to be provided by the above foreign funds for the year 2023 is given below.

PERFORMANCE AND PROGRESS REPORT 2023

Funding Sources	Allocation (USD)	Category	Number of Items proceeding	Total Number of Items received by MSD
Indian Credit Line (ICL)	129	Pharma	398	258
		Surgical	1079	382
		Lab	157	56
Emergency Purchasing 1- (E1)	GOSL	Pharma	40	37
		Surgical	85	9
		Lab	181	15
Other Emergency Purchasing	GOSL	Pharma	332	69
		Surgical	77	4
		Lab		
ADB	66	Pharma	67	2
		Surgical	146	85
		Lab	59	23
AIIB	80	Pharma	358	0
		Surgical	2290	0
		Lab	878	0
EOI		Pharma	157	34
World Bank	36.5	Pharma	26	20
UNOPS		Pharma	43	23
		Surgical	14	12
Savorite		Pharma	38	0
Chinese Donation	28	Pharma	18	18

As per the agreement with foreign funding sources, the relevant plan for obtaining medical supplies during the period from 30.06.2023 to 31.12.2023 is given below.

Funding Sources	Category	Number of Items Pending
Indian Credit Line (ICL)	Pharma	140
	Surgical	697
	Lab	101
Emergency Purchasing 1- (E1)	Pharma	3
	Surgical	76
	Lab	166

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Other Emergency Purchasing	Pharma	263
	Surgical	73
	Lab	0
ADB	Pharma	65
	Surgical	61
	Lab	36
AIIB	Pharma	358
	Surgical	2290
	Lab	878
EOI	Pharma	123
World Bank		6
UNOPS	Pharma	21
	Surgical	2
Savorite	Pharma	38

2. Destruction Unit was established to condemning the quality failed medical supplies lying at island wide hospitals ;
Destruction of quality failed medical items at following institutions has completed. (Medical Supplies Division, Angoda sub store, RDHS Anuradhapura, RDHS Kalutara , Teaching Hospital Anuradhapura, Teaching Hospital Ragama, Teaching Hospital Kalubovila, Lady Ridgway Hospital, Castle Street Hospital for women, National Institute of Infectious Diseases, Apeksha Hospital, Institute of Oral Health, Eye Hospital, De Soysa Maternity Hospital & Dental Institute).
3. Supply position review meetings were conducted (25 meetings for the year 2022 and 12 meetings up to 12.06.2023) 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. The formulary Revision (medical drugs list, medical devices lists and laboratory items list) of MSD has completed in 31.01.2023
5. Director/MSD instructed and coordinated to conduct 371 Drug & Therapeutic Committee (DTC) meetings for the year 2022 and 95 Drug & Therapeutic Committee meetings to t up to 31.05.2023.
6. Warf Section was re-organized and established in a new place in the year 2022.
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 in the year 2022.

Ongoing Development Project Details - 2022

1. The project “Improving Stores Facilities of Line Ministry Institutions, RMSDs and Base Hospitals in All Provinces” has been carried out successfully during the year 2022.

Project Description	Total Estimated cost for the year 2022 (Rs.Mn).	Physical Progress by 31.12.2022 (%)	Financial Progress by 31.12.2022 (%)
Improving Stores Facilities of Line Ministry Institutions, RMSDs and Base Hospitals in All Provinces	125	88	48

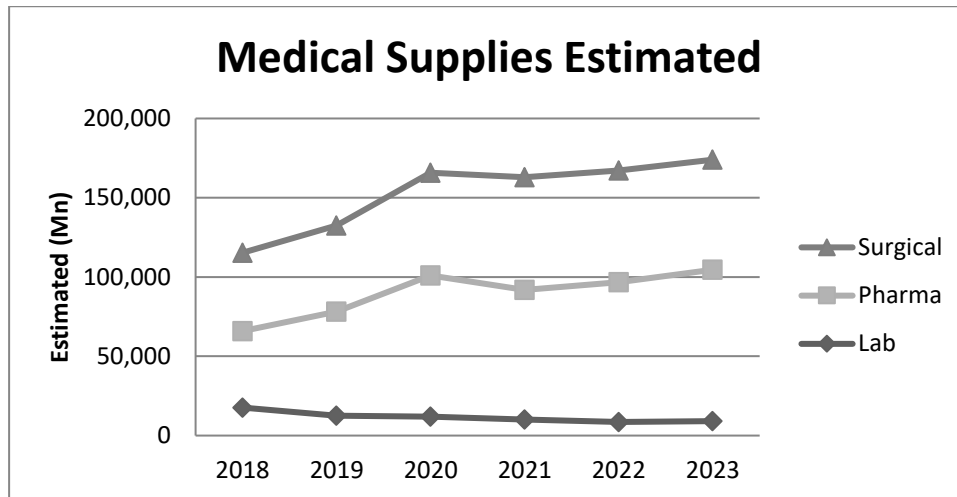
2. Infrastructure facilities & MSMIS system connection have been provided to 145 provincial hospitals by the “Medical Supplies Management Information System (MSMIS) Expansion” Project up to the end of the year 2022.

Project Description	Total Estimated cost for the year 2022 (Rs.Mn).	Physical Progress by 31.12.2022 (%)	Financial Progress by 31.12.2022 (%)
Medical Supplies Management Information System (MSMIS) Expansion Project.	295	30	25

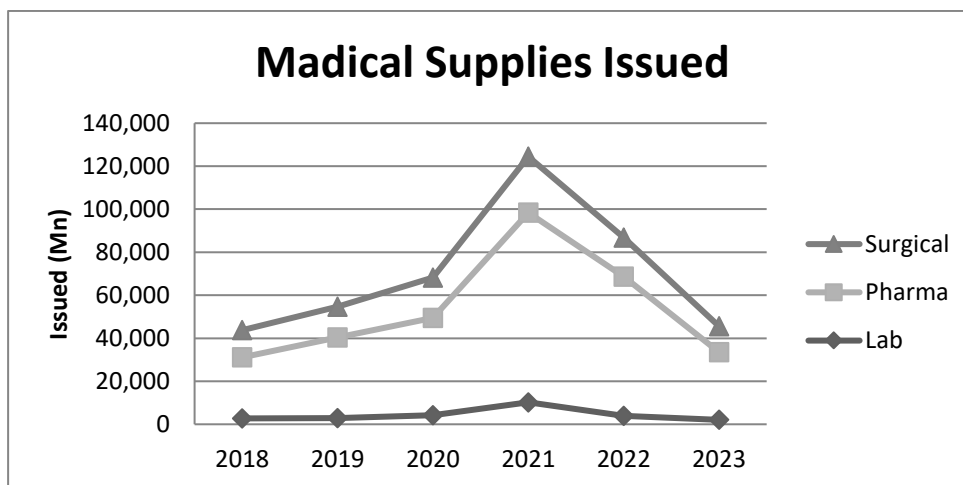
Ongoing Development Project Details - 2023

Project Description	Total Estimated cost for the year 2023 (Rs.Mn).	Physical Progress by 30.06.2023 (%)	Financial Progress by 30.06.2023 (Mn)
Improving Stores Facilities of Line Ministry Institutions, RMSDs and Base Hospitals in All Provinces. (submitted a cabinet paper for the approval of time extension with a revised budget)	167.5	20 % (we have issued allocation for 43 health institutions).	8.03

Last 5 Year Performance Trend of Medical Supplies.



The graph shows the national estimation value (Mn) vs year (2018 – 2023).



The graph shows the national issued value (Mn) of medical supplies vs the year 2018 – 2023).

Special Development Activities planned for 2023

1. Submitted a cabinet paper for the approval of time extension and revised the budget & the scope of the project “Improving Stores Facilities of Line Ministry Institutions, RMSDs and Base Hospitals in All Provinces”.
2. Construction of Alcohol Store at Angoda sub store.
3. Purchasing 3 folk lifts for central MSD
4. Purchasing ten hand forks for central MSD
5. Fixing adjustable rack system at Angoda sub store.

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
		Medical Supplier Assistant	08
		SKS	63
		Drivers	13

BES is in the process of extending regional Biomedical Engineering Units in the line ministry hospitals listed below.

- Anuradhapura TH
- Badulla TH
- Kandy NH
- Jaffna TH
- Batticaloa TH
- Ragama TH
- Rathnapura TH
- Kurunegala TH
- 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	1363	95.41
2	Ambu Bags	19	7.60
3	Anesthesia Machine	2	7.64
4	Auto Clave Machine Table Top	116	39.44
5	BI PAP Machine	133	143.64
6	Blood Fluid Warmer	8	12.00
7	Blood Gas Analyzer	1	0.30
8	BP Apparatus	1520	30.40
9	BP Apparatus Digital	531	4.25
10	C PAP Machine	94	69.56
11	C PAP Machine Neonatal	7	17.50
12	Cardiac Output Monitor	2	6.5
13	Colour Doppler	1	16.00
14	Centrifuge	3	9.00
15	CRRT Machine	9	27.00
16	CT Scanner	1	160.00
17	CTG Machine	7	1.72
18	Defibrillator	75	140.63
19	Dental Chair	14	7.00
20	Digital Thermometer	114	0.35
21	Diathermy Machine	1	1.10
22	DSA Machine	1	150.000
23	ECG Recorder	165	14.85
24	Electrolyte Analyzer	1	10.00
25	Echo Cardiography	6	7.50
26	Endoscopy System	1	3.25
27	ENT Navigation System	1	30.80
28	ECT Machine	6	24.000
29	Emergency Trolley	826	66.08
30	HDU Bed	130	39.00
31	Hand Held Doppler	34	1.02
32	Hematology Analyzer	10	30.00
33	High Flow Oxygen Machine	97	82.45
34	High Pressure Sterilizer	8	84.00
35	Holmium Laser Machine	2	63.00
36	ICU Bed	55	16.50
37	Infant Warmer	33	23.10
38	Infusion Pump	276	16.56
39	Laryngoscope	81	5.84
40	Laryngoscope Video	21	16.80
41	Laser Thermometer	34	0.07
42	Light Curing Machine	10	0.75
43	Multipara Monitor ICU	17	51.00
44	Multipara Monitor WD	562	140.50

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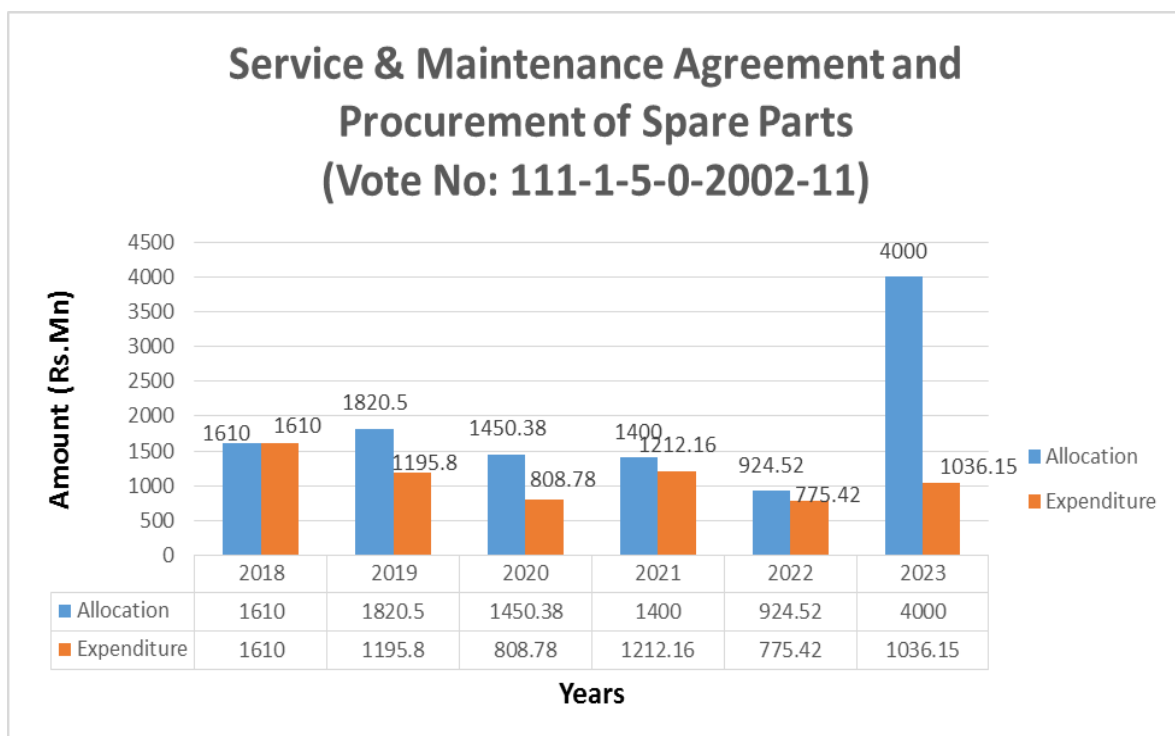
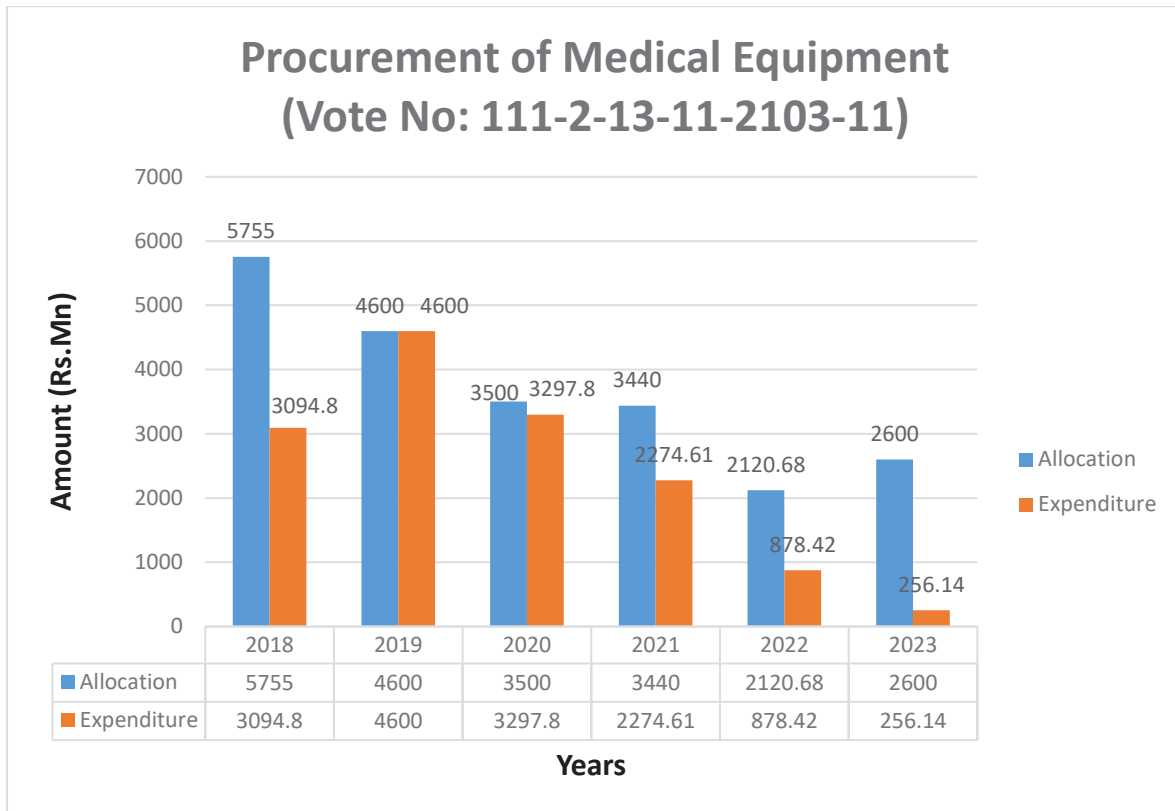
45	Nebulizer	218	5.45
46	Ophthalmoscope	38	1.90
47	OT Table	20	75.00
48	OT Lamp (Mobile)	5	20.00
49	OT Lamp (Ceiling)	18	90.00
50	Oxygen Concentrator	515	154.50
51	Phototherapy Machine	7	5.11
52	Pulse Oximeter	112	11.20
53	Pulse Oximeter Fingertip	86	0.35
54	RO Plant	19	10.64
55	Spinal Table	8	0.40
56	Spot Lamp	129	2193
57	Suction Apparatus	217	43.40
58	Syringe Pump	640	38.40
59	Ultrasound Scanner	7	175.00
60	Ultrasound Scanner Portable	56	101.92
61	Ventilator ICU	29	101.50
62	Ventilator Neonatal	2	14.00
63	Ventilator Transport	53	106.00
64	X Ray CR System	4	10.00
65	X Ray Machine Mobile	22	286.00
66	X Ray Machine Portable	29	232.00
67	X Ray Machine C Arm	4	120.00
74	X Ray Machine Static	5	250.00
Total Amount (Rs. Mn.)			3,254.75

Details of ongoing development projects

Ongoing Development Project Details

Project Description	Estimated Cost (USD)
Construction of BES Centre	1,675,153.00
Purchase of Mobile Workshop	457,721.00
Develop of web base operation and management system	569,724.00
BME Tool	2,581,150.00
Training Programs	416,253.00

Last 5 years Performance Trend



All above figures as at 26th of June, 2023

Special Development activities planned for 2023

- Medical Equipment calibration program using mobile workshops.
- Establishment of new Biomedical engineering units in hospitals.
- Medical equipment training program for hospital staff (End users).
- Local technical training programs for medical equipment for biomedical engineering staff.
- Foreign technical training programs for biomedical engineering staff.

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 Description	Total Estimated Cost (Rs.Mn.)	Physical progress by 31.12.2022 (%)	Financial progress by 31.12.2022 (%)
1	Kalubowila Construction of Millenium Ward,PCU & Paramedical Services Building (Balance work)(9storey building with basement)	743,011,532.50	97	82
2	BH-Mulleriyawa Construction of National Stroke Treatment Center(main block 6 storey diagnostic building 4storey)	1,111,857,808 (without VAT)	16	14
3	DMH Construction of Specialized Maternity Care (4 storey) (Last two floors internal finishes not within the scope.)	249,846,290.00(with VAT)	60	51
4	Lunawa Hospital Improvements to Lunawa hospital Construction of 5 storey building	1,035,001,317.46	35	15
5	CSHW Construction of Head office Building (17 storey)	5,979,290,346.51 (with vat)	58	50
6	Castle Construction of Reproductive Treatment Center (2 storey)	104,707,857.00	58	49
7	LRH Little heart Centre- 12 storey with piling	2,439,784,771.58	47	24

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8	Faculty of Nursing(20 storey) and Accommodation building (6 storey)(Sri Jayawardenapura)	7,171,884,000.00	13.5	7
9	Rehabilitation of Hospital(6 storey)(Negombo)	692,427,728.34	100	85
10	Construction of Administration Building (Phase II)(4 storey)(Kalutara)	180,844,945.00	87	68
11	Construction of intern doctor's quarters(3 storey)(Kalutara)	136,630,543.00	92	85
12	Construction of ambulance garage & minor staff rest(3 storey)(Kalutara)	57,126,900.40	95	70
13	Construction of Medical Ward Complex (stage II)(8 storey)(Kalutara)	2,817,775,920.55	49	28
14	Construction of Water Tank(300m³)(Kalutara)	33,895,665.00	100	82
15	Construction of MOH office (2 storey)(Payagala)	73,155,264.00	84	56
16	Construction of Main Building Phase I - Construction Of Pile Foundation(Beruwala)	355,050,256.00	100	95
17	Construction of Academic & Administration Building(4 storey)(Karapitiya)	714,200,000.00(without VAT)	37	20
18	Nephrology Unit (9 storey)(Karapitiya)	884.89 Mllion	98	71
19	Oral Health Unit (8 storey)(Karapitiya)	997,328,772.00	41	24
20	Specialized Children Unit (2 wings 7& 14 storey)(Karapitiya)	1,092,000,000.00	24	19
21	Stroke Treatment Unit (2 storey)(Karapitiya)	68,928,561.00	95	61
22	Extension of Surgical / Medical Units (10 storey)(Karapitiya)	690,295,793.00	49	25
23	Proposed Deyata Kirula Special Developments for NTS Lecture Hall (4 storey) Administrative Building Hostel Building(Matara)	776,000,000.00	87	72
24	Construction of Renal care Treatment Unit(4 storey)(Hambantota)	210,054,952.00	26	26
25	Construction of Cardiology Unit (4 storey)(Batticalo)	324,294,394.00	83	65
26	Construction of Renal care Treatment Unit (6 storey)(Batticalo)	383,690,621.00	96	79
27	Specialized Pediatric ward compex (7 storey)(Ampara)	1,263,243,548.00	100	75
28	The New building complex at Nindavur (8 storey 2 buildings) (Nindavur)	4,163,054,280.00	19	18

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29	Construction of Accident & Emergency Treatment Unit,Stage II(Jaffna)	1,224,641,244.00	67	54
30	Construction of Academic & Administration Building(Anuradhapura)	789,416,100.00	49	16
31	Maternity Complex stage 111(8 storey)(Kurunegala)	914,946,853.00	98	80
32	Construction of Theatre complex & ward (3 storey)(Chilaw)	85,191,448.93	99	95
33	Medical ward complex (6 Storey)(Chilaw)	583,778,828.00	45	38
34	Construction of Bone Marrow Transplant Unit to Cure Thalassiemia Patients(7 storey)(6+basement and ground)(Kandy)	1,701,630,342.86	29	18
35	Construction of cancer Treatment unit (Stage 2) (12 storey) (Kandy)	1,500,000,000.00	43	35
36	Construction of Renal care Treatment Unit(10 storey)(Badulla)	668,205,622.00	18	15
37	Construction of Ten storied building at the Provincial General Hospital two buildings(10 storey and oncology 3 storey) (Badulla)	2,835,777,745.00	22	16
38	Proposed Ward Complex at District Hospital Monaragala (5 storey)	793,000,000.00	15	10

5.3 SPECIAL FOREIGN FUNDED PROJECTS

	Project Description	Total Estimated Cost (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	Matara District Maternal and Newborn Health care Strengthening Project (GOSL-KOICA)	1275.00
6	Upgrading Health Facilities of Selected Hospitals (EXIM Bank of china)	15,292.00
7	A Neonatal and Obstetrics Reference Center for the De Zoyza Maternity Hospital(France-HNB)	830.00
8	Health system Enhancement Enhancement Project ADB	10,500.00
9	Upgrading of Operation Theatres and ICU Equipment (GOSL-Austria)	1,700.00
10	Health and Medical Service Improvement Project (GOSL -JICA)	16,594.00
11	Development of Hospitals in Nothern Province (DRIVE) (GOSL-Netherland)	12,225.00
12	Sri Lanka COVID 19 Emergency Response and Health Systems Preparedness Project- (WB-GOSL)	79,614
13	Capacity Building of Biomedical Engineering Service in Sri Lanka(KOICA)	634
14	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

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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.

Type of Vehicle	Over 2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total
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	-	-	-	-	-	-	-	-	-	-						09
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	-	-	-	-	-	-	-	-	-	-						07
Vans (Mobile)	34	-	-	-	-	-	-	-	-	-	-						34
X-ray Vehicles	1	-	-	-	-	-	-	-	-	-	-						01
Crew Cabs	10	-	-	-	-	-	10	-	-	-	-						20
Motor Cycles	1010	125	-	140	150	-	-	-	5	-	-						1,430
Mini Truck	-	-	-	-	-	-	-	-	-	50	-						50
Tractor	2	-	-	-	-	-	-	-	-	-	-						02
Total	2,731	168	12	246	410	87	34	37	56	81	200	02	25	18	38	0	4,145

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 programmes for all staff categories except for basic degree programmes 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 programmes. 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 prorammes with the international organizations to improve the capacity of health workforce in Sri Lanka.

Achievements/ special events in 2022-2023

- **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 2022-2023 is given in following

Profile of basic training programs and Degree Holders carried out in 2022 -2023

S. No.	Category of staff	Number recruited During 2022	Number completed the training During 2022	Number recruited During 2023 (up to June)	Number completed During 2023 (Up to June)
1	Nursing Officers (Basic Training)	2614	393	3190	2607
2	Medical Lab. Technicians	0	133	0	0
3	Pharmacists	109	191	0	51
4	Physiotherapists	0	0	0	0
5	Occupational therapists	46	51	0	0
6	Radiographers	54	60	0	0
7	Public Health Midwives	993	0	0	219
8	Public Health Inspectors	321	304	0	0
9	Health Entomology Officers	29	15	0	0
10	Electro -Cardiographers (ECG)	0	51	0	0
11	Electro-encephalograph Recordists	17	16	0	0
12	Ophthalmic technicians	24	18	0	8
13	Dental Technicians	17	0	0	16
14	School dental therapists	37	28	0	13
15	Public health laboratory Technician	61	0	0	61
16	Prosthetics & Orthotics	10	0	0	7
	Total	4329	1260	3190	2982

- **Post Basic Training for nursing officers**

Categories of post basic training programmes carried out in 2022 -2023 with numbers Of Nursing Officers recruited and number completed the training

Training Programme	Duration	Number Recruited		Number completed	
		2022	2023	2022	2023 up to June
Psychiatric Nursing Training	6months		100		
Teaching & Supervision	1 1/2 Year	40			
Ward Management& Supervision	1 1/2 Year			849	
Midwifery Training	6months	215		215	

Public Health Nursing Officer	1 1/2 Year		81	96	
Public Health Nursing Sister	1 1/2 Year			116	
Community Psychiatric Nursing	6months	51		51	
Intensive care Nursing	1 Year	160			
Palliative Nursing	1 Year	33			
Public Health Nursing Tutor	6months		25		

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 programmes in the health sector by providing the necessary technical and financial assistance. Depending on the institutional needs, during the year 2022 -2023 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. Training programmes 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 programmes 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 2022 -2023 for Group Training Programmes ,Language Training Programmes, Individual Training Programmes

Category of Health Personnel	In Service Training - 2022			In Service Training - 2023		
	Group Training	Individual Training	Language Training	Group Training	Individual Training	Language Training
Consultants	48	-	-	190		
Medical Officers	902	08	-	674	06	
Principals/ Tutors		-	-	130		
Nursing Officers	2603	10	-	1046	13	
PSM categories	308	04	-	370	14	
Paramedical	502	05	-	-		
PPO/PPA/DO/HMA/MA	485	16	201	55	19	
Health Assistants	493	52	-	230	23	

Other staff	518	20	-	686	27	
Total	5859	115	201	3381		

6.2.2 Other Training Programmes

1. Conducted efficiency Bar Certificate course of 120 hours for 377 officers in Grade 01 of Public Health Management Assistant (Online Moodle platform)
2. Mindfulness programme for Nursing Officers & Tutors
3. Ultra sound scene Training Programme for Medical Officers
4. Procurement for new laboratory equipment to School of Basic Training Programme
5. Procurement for Dental equipment to school dental therapy
6. Developed Standard Operating Procedures(SOP) of the training programme for Ophthalmic Technology, SLSP0, School dental Theraphy, EEG, ECG, PHLT
7. Updated Nursing Ex. Record Book, Nursing Procedure Manual, Practical book for Mental Health
8. Purchased book for libraries of the Basic Training Schools (around 3 mn)

6.3 RESEARCH

Education, Training and Research Unit of the Ministry of Health coordinates the research activities to promote health and health related research in Sri Lanka. The research proposals submitted to the unit for funding are scrutinized for suitability by the Research Management Committee of the Ministry of Health and grants are provided for the approved proposals through the consolidated fund.

Activities carried out by the Research unit during the period from January 2022 to June 2023

Name of the activity	Description	Remarks
1. On line capacity building programme on 'Research Methodology' for health care workers	Content developed & resource persons identified	Will be conducted in October 2023
2. Evaluating Ethics Review Committees under the ministry of Health	Data collecting format was prepared and sent to relevant ERCs to gather data from relevant ERCs	On going
3. Granting admin clearance for health related research	Administrative Clarence granted for 15 research	
4. Identify the National Health Research priority	Started reviewing the existing documents related to the area, in preparation for this activity	On going

5. Identified the need of revise the existing National guide lines on establishing ERCs at institutional level	Preliminary Discussions commenced	On going
6. On line Capacity Building Training Programme for ERC members	08-day workshop conducted for ERC members	Will be conducted annually
7. Developing a pathway to approve research proposals with Material Transfer Agreements		Completed
8. Online research methodology programme for Medical Officers	Preparations are underway to conduct this program in 2024	Awaiting to conduct

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 2022 & 2023(up to June) are as follows.

Paying Research Allowance - 2022				Paying Research Allowance - 2023 Up to June			
Date of approval	No. of New proposals	No. of Progress Reports	No. of Publications	Date of approval	No. of New proposals	No. of Progress Reports	No. of Publications
23.02.2022	11	09	09	27.01.2023	01	04	03
30.03.2022	08	04	08	24.03.2023	03	05	09
28.04.2022	05	-	-	25.04.2023	06	-	03
01.07.2022	01	-	-	31.05.2023	-	07	-
05.08.2022	09	6	10	28.06.2023	-	03	-
26.09.2022	06	9	05				
15.11.2022	08	9	04				
20.12.2022	05	5	04				
Total	53	42	40		10	19	15

Last 5 years Performance Trend

No.	Indicator	2018	2019	2020	2021	2022
1.	Number enrolled in Basic Training	2757	835	4489	-	1664
2.	Number of Trainees successfully completed	3951	2541	1853	812	1170
4	Number of trainees of Post Basic Nursing Training completed	1011	173	751	952	1198
5.	Number of In- Service Training programmes conducted	Group Tr.596 Indivi. Tr.-386 Langua Tr.115	Group Tr -708 Indivi.Tr -358 Langue Tr.110	Gro. Tr.-1017 Indivi.Tr -143 Lang Tr.16	Gro. Tr.-603 Indivi.Tr -155 Lang Tr.4	Gro. Tr.-5859 Indivi.Tr -115 Lang Tr. 201
6	Number of Research proposals received for research allowance payment	259	114	29	97	135

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 36 years of commercial production of essential Medicinal Drugs for the Healthcare of Sri Lankan population. In 2022, SPMC manufactured 97 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 Indian Pharmacopeia (IP) 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 2022

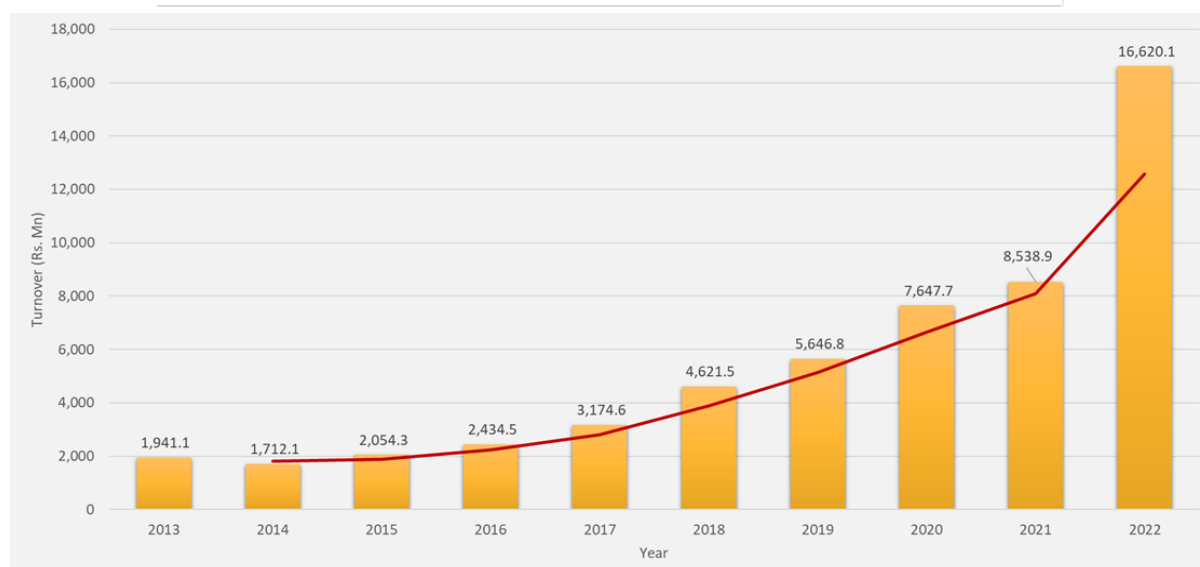
Category	Number of Employees
Senior Manager	21
Junior Manager	44
Technical Staff	146
Non- Technical	26
Minor	87
Trainees	10
Contract	03
Total	337

3. Major Achievements

Sales and Performance up to 31st December 2022

Sales	Rs.16,620,184,659.00
Operating Profit	Rs. 2,061,140,119.00
Net Profit before Tax	Rs. 1,586,213,049.00
Net Profit after Tax	Rs. 965,472,451.00

Annual Turnover 2013 - 2022



The total output for the year 2022 was 3302 Million-unit tablets / capsules.

Sales Channel up to 31st December 2022

Sales Composition	Value (Rs.Mn.)	%
Department of Health Services	3,935.30	84
SPMC direct Distribution Network	2,583.98	16
State Pharmaceuticals Corporation	108.41	1
Total	6,627.69	100%

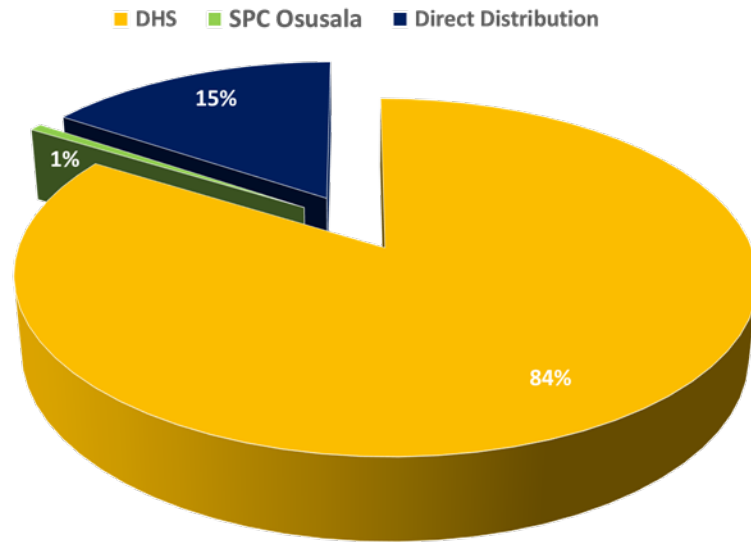


Figure 1 Sales Comparison of SPMC

4. Development Work

SPMC Lotus Pharma Project

- Signed 99 years lease agreement with UDA to acquire a 65-acre land from Millewa Estate, Horana on 12th January 2022.



Figure 2 Signing 99 years lease agreement with UDA

- The Cabinet approval was obtained for the employment of Meridian Engineers and Consultancy Services of India as the independent consultant for the SPMC Lotus Pharma Project – 07th March 2022.
- The agreement signed between SPMC and the Consultant on 06th July 2022



Figure 3 Agreement signing between SPMC and Consultant

5. Introduction of New Products in 2022

1. Prednisolone Tablets BP 1mg
2. Mefenamic Acid Tablets BP 500mg.
3. Flucloxacillin Capsules BP 250mg.
4. Loratadine Tablets USP 10mg.
5. Bisoprolol Tablets BP 5mg.
6. Aspirin GR Tablets BP 75mg.
7. Rosuvastatin Tablets IP 10mg.
8. Losartan Potassium Tablets BP 25mg.
9. Sitagliptin Tablets BP 50mg



PERFORMANCE FROM 01ST JAN 2023 TO 31ST MAY 2023

Human Resources Development

Category	Number of Employees
Senior Manager	19
Junior Manager	43
Technical Staff	146
Non- Technical	26
Minor	85
Trainees	20
Contract	03
Total	342

Major Achievements

Sales and Performance from 2023.01.01 to 2023.03.31

Sales	Rs. 5,980,903,842.00
Operating Profit	Rs. 538,003,471.00
Net Profit before Tax	Rs. 784,465,277.00
Net Profit after Tax	Rs. 513,815,687.00

The total output from 2023.01.01 to 2023.05.31 was 1,395.077 Million -unit tablets / capsules

Sales Channel from 2023.01.01 to 2023.05.31

Sales Composition	Value (Rs.m.)	%
Department of Health Services	10,080.39	90
SPMC direct Distribution Network	1,061.83	10
State Pharmaceuticals Corporation	-	-
Total	11,142.22	100%

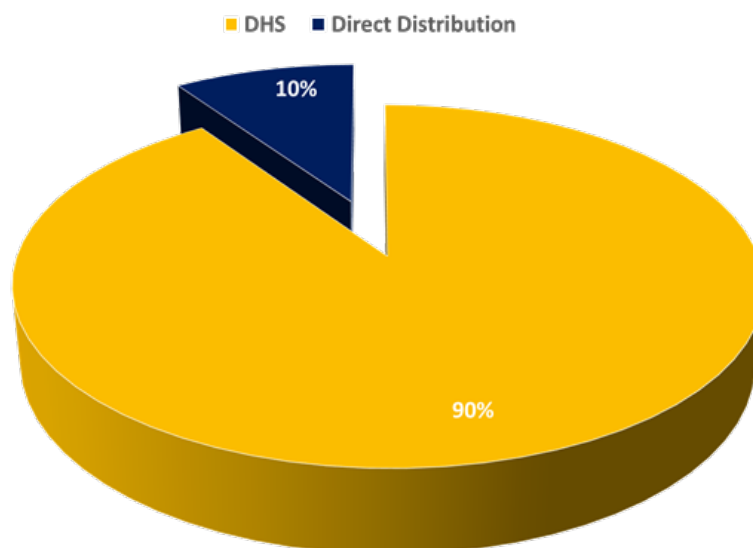


Figure 4 Sales Comparison of SPMC

Special Development Activities Planned for 2024

1. Planning to construct a state-of-the-art manufacturing plant with to manufacture Oral solid dosage forms in Horana Millewa.
2. Development of Penicillin zone under Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness project -CERHSP.
The World Bank has agreed to provide a fund of Rs 630 million for the development of the Penicillin Zone at SPMC.

3. Establishing and implementing a Quality Management System in SPMC.
4. Constructing a new two-storied building for finished product storage to optimize distribution.
5. Capacity expansion in the packaging division by purchasing 02 Blister packing machines.

7.2 STATE PHARMACEUTICALS CORPORATION (SPC)

The State Pharmaceuticals Corporation (SPC) was established in 1971 to provide safe, effective, quality assured healthcare products at affordable prices.

During the year 2022 – 2023 (up to June 2023), SPC achieved its Goals and Objectives by rendering a remarkable service to public.

During the year ended 31st December 2022, SPC has recorded a turnover of Rs. 50,919 Million as against the turnover of Rs. 80,300 Million recorded in the year 2021.

By achieving the above mentioned turnovers, SPC has earned Rs. 854 Million profit before tax and Rs. 645 Million profit after tax in the year ended 31st December 2022.

In addition to procuring and supplying pharmaceuticals and surgical consumables worth of Rs. 41 Billion for requirements of the Medical Supplies Division, SPC recorded a sale of Rs. 9.9 Billion in the open market. This is a 5.3 % increase when compared to the previous year. Expansion of the OSU Sala network to reach record number of 53 branches by adding 01 branch during 2022 and 02 branches in 2023 (will be opened) is helped SPC to achieve above mentioned progress.

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 Board of Directors and the Director Board consists of Chairman and 5 Directors. Hospital catchment area includes Seeduwa, JA Ela, Katunayake, and Raddolugama. And BOI- , Katunayake.

In 2022 the hospital consisted of an OPD , PCU , Dental , Eye Unit , General Surgical Unit , Medical Unit . In addition Endocrine Clinic with visiting basis and well women clinic as special clinic.

Utilization & Facility Details			
	No of Wards	05 Wards	
	No of Beds	137	
	No of Specialist Available	3	Consultants on Permanent basis (Consultant Physician, Consultant Consultant Eye Surgeon)
		1	Consultants attached from Ministry (Consultant Anesthetist)
		1	Consultants on visiting basis - (Consultant Endocrinologist)

Human Resource Details

	Category	By December 2022
1	Medical Director	01
2	Consultants -Permanent	03
3	Consultants -Attachment from Ministry of Health	01
4	Consultants -Acting	
5	Visiting Consultants (External Basis)	01
6	Chief Medical Officer	01
7	Accountant	01
8	Internal Auditor	01
9	Medical Officer	18
10	RMO	03
11	Dental Surgeon	
12	Administrative Officer	01
13	Special Grade Nursing Officer	
14	Nursing Sisters	02
15	Nursing Officers	78
16	MLT	04+1
17	Pharmacists	06
18	Radiographer	01
19	Ophthalmic Technologist	03
20	ECG Recordist	01
21	Dispenser	02
22	Clerical & Allied Staff	10
23	Other Staff	16

PERFORMANCE AND PROGRESS REPORT 2023

24	Saukya Karya Sahayake	65
Total		218+1+1

Utilization Details

	Service Rendered	Total No of Patients
1	Eye Surgery-Major	5,366
2	Eye Surgery- Minor	457
3	General Surgery -Major	695
4	General Surgery - Minor	208
5	OPD	82,565
6	OPD2-Injection	1,072
7	OPD2-Dressing	5,312
8	PCU	15,438
Total In Patients-WARD Admissions		10,298
CLINICS		
1	Eye Clinics	31,893
2	Eye Clinics -Gluecoma	321
3	Eye Clinics -Diabetic	275
4	Laser Treatment	873
5	Dental	4610
6	Medical	36,160
7	Diabetics/ Hypertension	-
8	Surgical	6545
9	Pediatric	-
10	Psychiatric	1,898
11	VP Referral clinic OPD	357
12	Family Medical Clinic	6013
13	Well Women Clinic	687
14	Family Planning	54
15	Wound Care Unit	11,035
16	NCD Clinic	555
17	Endocrine Clinic	7659
Clinic Total		108,935
INVESTIGATIONS		
1	LAB	55,696
2	X-Ray	1,963
3	E.C.G.	4,045
4	Endoscopy Unit	430
5	Refraction Test	9638
6	OCT Test	1769

Achievements/Special Events in 2022, early 2023

1. Innovations, New Establishments & Events

- Glaucoma Day Programme was organized by Eye unit 13/03/2022.
- Facilitating and appreciation ceremony was done to the dedicated staff members who gave their fullest service to manage COVID 19 infected patients with a minimum number of deaths during past seven months in Brandix Intermediate Care Centre (ICC-Seeduwa)
- Eye Camp was conducted in Wanathawilluwa to underprivilege people in that area on 25-09-2022.
- 37 were identified as cataract patients among them and IOL surgeries were done on 9th October 2022 along with the hospital anniversary program.
- Two nursing officers were completed the Ward Management and Supervisory, Midwifery Training and their Nursing Sister appointments we given on 17/06/2022.
- Certificates and gift vouchers were awarded to the staff who completed 20years of service in the hospital for 23rd Anniversary of the hospital.
- Diabetic Day Programme was held on 19/11/2022 parallel to world Diabetic Day by Endocrine Clinic.
- Fully facilitated drug stores were established in a new venue.

2. Purchasing Medical Equipment

Purchased following main equipment's to upgrade the health service

3 Patient Monitors	Rs. Mn1.42
4 Infusion pumps	Rs. Mn.0.50
One ECG Machine	Rs. Mn 0.25
One Pulse Oxymeter	Rs. Mn 0.16

3. Building Works

Wiring & fixing PCU & Dressing area	Rs. Mn. 2.6
Dispensary, wound care unit, dispensary	} Rs. Mn. 0.78
Supply & laying interlocking paving	
Pathway to stores	

4. Furniture & fittings, IT Equipment

Purchasing IT Equipment	Rs. Mn 1.47
Furniture & fittings	Rs. Mn. 1.86
Machinery	Rs. Mn 1.04

5. Last 5-year performance trend

Summary of Performance Statistics

Section/Year	Total No. of Patients Treated				
	2018	2019	2020	2021	2022
OPD	103,420	109,102	71,212	47,514	82,565
OPD Injection			1,102	1,126	1,072
OPD Dressing	-	-	8,703	6,395	5,312
PCU	21,718	22,435	15,134	11,256	15,438
Dental	8,756	6,711	4,757	3,671	4,610
Medical Unit					
Section/Year	Total No. of Patients attended the clinic				
	2018	2019	2020	2021	2022
Medical Clinic	40,695	42,436	34,012	30,212	36,160
Total no . of patients admitted to the ward					
Section/Year	2018	2019	2020	2021	2022
WD-1 (Medical Ward-Male)	1,509	1,140	731	619	749
WD-2 (Medical Ward-Female)	2,238	1,555	1,046	851	1,009

Visiting Clinics					
Section/Year	Total No. of Patients attended the clinic				
	2018	2019	2020	2021	2022
Diabetic & Hypertention Clinic	3,548	3,897	5,413	2,960	-
Paediatric Clinic	904	532	182	-	-
Psychiatric Clinic	2,344	1,915	1,895	1,601	1,898
ENT Clinic		339	135	-	-
Endocrine Clinic				1,659	7,659

Other Special Clinics					
Section/Year	Total No. of Patients attended the clinic				
	2018	2019	2020	2021	2022
Family Medicine Clinic	2,123	5,336	6,929	5,275	6,013
NCD Clinic	484	523	279	426	555
Well Woman Clinic	74	58	15	439	687
Family Planning Clinic				16	54

Eye Unit					
Section/Year	Total No. of Patients				
	2018	2019	2020	2021	2022
Eye Clinic	47,570	47,854	30,078	27,603	31,893
Eye Surgery	1,336	2,849	3,724	5,521	5,823
WD-3 Eye Ward (Male & Female)	1,863	3,747	4,410	5,679	5,941
Laser Treatments	1,648	988	723	1,072	873
Refractive Investigations	8,622	2,197	5,602	5,549	9,638

Surgical Unit					
Section/Year	Total No. of Patients				
	2018	2019	2020	2021	2022
Surgical Clinic	4,494	4,427	3,261	4,829	6,545
Endoscopy tests	950	1,085	748	566	430
General Surgeries	1,023	1,047	675	767	903
WD-6 (Male & Female Ward)	3,541	3,512	2,544	2,284	2,496
Wound Care Patients	15,556	16,745	11,179	9,316	11,035
WD-5 -wound care ward (Male & Female Ward)	358	279	119	119	176

Supportive Services					
Section/Year	Total No. of Patients				
	2018	2019	2020	2021	2022
LAB Tests	111,620	101,066	69,697	53,177	55,696
X RAY Investigations	4,728	3,791	1,929	1,816	1,963
ECG Investigations	7,776	8,882	5,409	3,869	4,045

PERFORMANCE AND PROGRESS REPORT 2023



Glaucoma Day Programme



Certificates for COVID Intermediate Care Centre Staff IN COVID Center



Brandix Intermediate Care Centre -Seeduwa



Diabetic Day Programme



Appointments for Two Sisters at WKMh



23rd Anniversary of WKMh

Special Development activities planned for year 2023

Purchasing Medical Equipment to develop patient service in Eye, Surgical & Medical Units
Development of infrastructure facilities to provide facilities for patients

2023 Progress

1. Started Procurement Process to Purchase Medical Equipment to develop Eye Unit, Surgical Unit ,General Medical Unit and the operating Theatre.
2. Blood Donation Programme was held on 16/02/2023



2. Nurses Day Program held on 12-05-2023



Special Development activities planned for year 2023

- 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 Jayawardenepura General Hospital was inaugurated on 17th September, 1984 and completed 38 years of excellence by the year 2022, established and empowered by the act of parliament, Sri Jayawardenepura 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 a leader among the best health care providers in the region by 2030”

Mission

“To provide affordable, compassionate and comprehensive tertiary care health solutions and medical education assuring quality and safety in per with international Standards in an ethical and friendly atmosphere with the use of advanced technology by a competent work force.”

Specialty Units

- General Medicine
- General Surgery
- Obstetrics & Gynecology
- Pediatrics
- Anesthesiology
- Neonatology

- Ophthalmology
- Otorhinolaryngology
- Neurology
- Dermatology
- Cardio Electro Physiology
- Neurosurgery
- Cardiology
- Cardio Thoracic surgery
- Orthopedic
- Nephrology
- Genitourinary and Kidney Transplant
- Rheumatology & Rehabilitation
- Endocrinology
- Histopathology
- Microbiology
- Hematology
- Chemical Pathology
- Blood bank and Transfusion medicine
- Radiology
- Chemical Pathology

Utilization & facility details in 2022 (Hospital)

Indicator	2021
1. Number of Patient Beds	1,008
2.Total Number of Patient Admissions	42,633
3.No of specialist available	43
4.Number of Admissions to ICUs	686
5.Number of Admissions through ETU	21,262
6.Maternity Admission	2,553
7. Average Length of Stay (Days)	4.6
8. Hospital Bed Occupancy (%)	54.74%
a. Bed Occupancy of General Ward (%)	54.03%
b. Bed Occupancy of Paying Ward (%)	61.73%

PERFORMANCE AND PROGRESS REPORT 2023

9. Number of Out Patient Department Visits	19,537
10. Number. of Emergency treatment Unit Visits	28,576
11..Number of Dressings	9,464
12.Number of Clinic held	4,310
13. Total Number of Patients attended for Clinics	153,143
14.Total Number of Blood collection	4,525
15.Total Number of deaths	721

Total Number of Activities done during the year 2022

Indicator	2022
1 Total Number of Surgeries done	12436
2.Number of Cardio Thoracic Surgeries done	664
3..Number of CABG (By-pass) Surgeries done	224
4. Number of Kidney Transplants done	33
5. Number of Dialysis done	5278
6.Number of Renal Biopsy	122

7. Number of Echo Cardiograms done	12081
8. Number of Coronary angiogram Tests	1200
9. Number of Stress Tests	1053
10. Number of Holter Monitoring test done	981
11. Number of ECG Tests done	40059
12. Number of EMG s Taken	1043
13. Number of EEG s Taken	885
14. Number of dressings	9464
15. Number of Radiology services	81876
16. Number of CT studies	10966
17. Number of Mammograms done	551
18. Number of Ultrasound scans	10945
19. Number of Physiotherapy services	35068
20. Lung function test	236
21. Number of Urodynamic test	44
22. Number of Channel patients	7633
23. Number of Refraction Tests done	554
24. Number of Biometrics	4453
26. Number of Nutrition Advices given	1580
27. Number of Speech Therapies done	819
28. Number of Audiograms	1809
29. Number of Tympanograms	1197
30.. Number of Medical Check-ups	5515
31. Number of Psychological counseling treatments	1756
32. Number of Pathological tests done	1053566
33. Total Number of Endoscopy tests done	1531
34. No of live births	2161
35. No of Gyn&Obs scans	9254

Achievements/Special Events in 2022 & Early 2023

Services Infrastructure Developments

- Initiation of a Primary care unit (Preliminaries)
- Expansion of laboratory services
- Continuation of PCR and Rapid Antigen testing
- Maintenance of routine patient care services uninterrupted amidst Covid 19
- Streamlining of emergency care
- Care giver training program parallel to NVQ4
- Enhanced performances in Cochlear Implantation surgery (ENT)

PERFORMANCE AND PROGRESS REPORT 2023

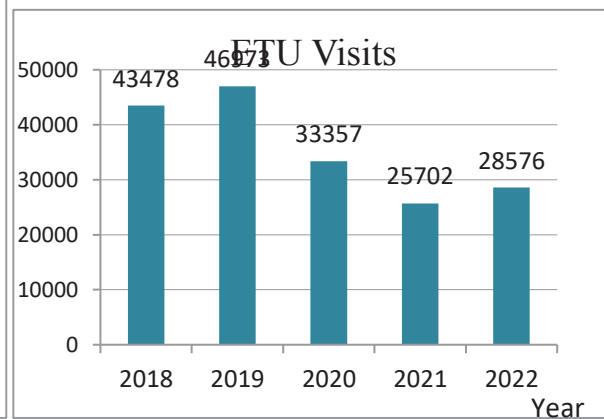
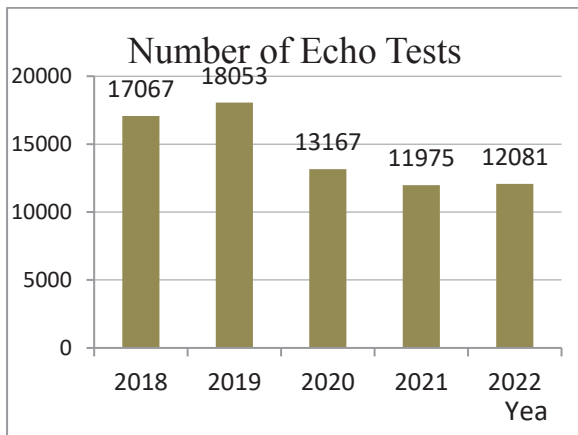
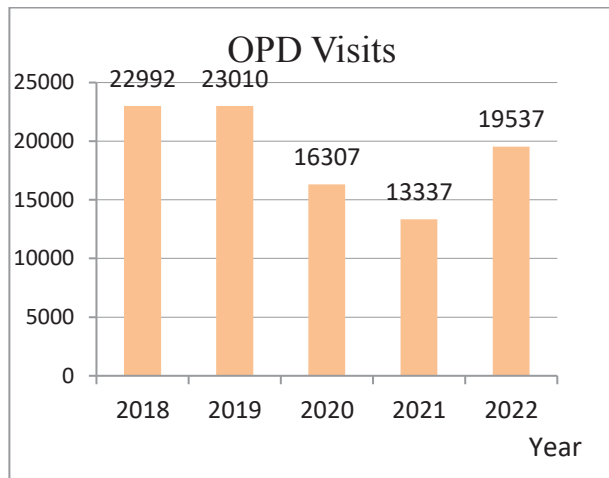
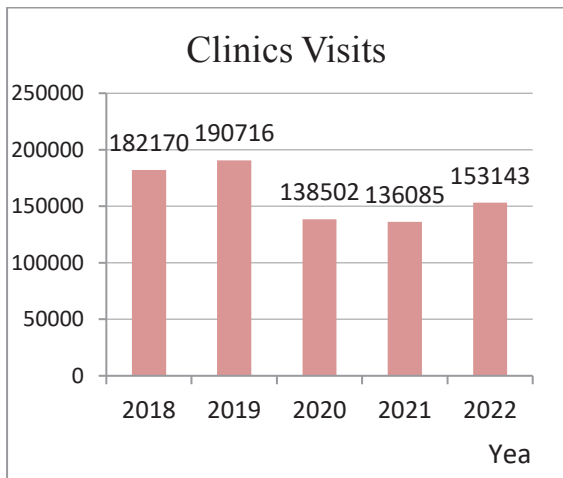
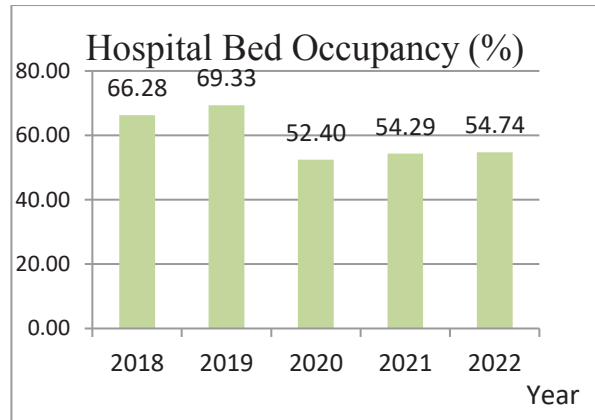
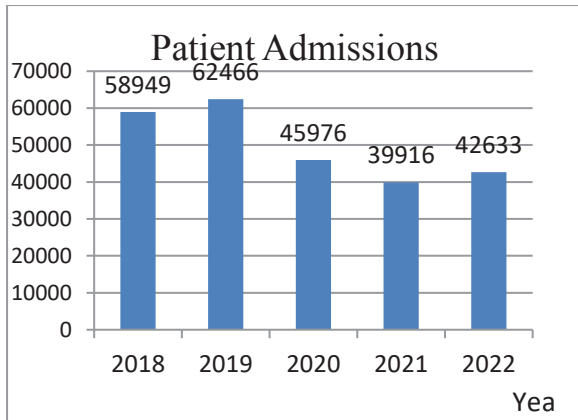
- Successful continuation of high performances in Kidney transplantation and cardiac surgery
- Enhancing the water storage capacity of hospital
- Enhancing the physical condition of sanitary facilities
(Management has been able to formulate a stepwise plan to renovate and refurbish the buildings. This 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.
- Purchase of new Medical equipment for 2021 – 2022
- Colour Washing of the buildings

Achievements /Special Events in 2021/2022

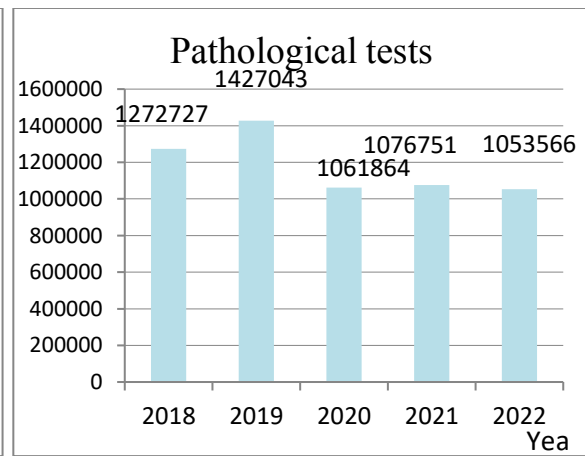
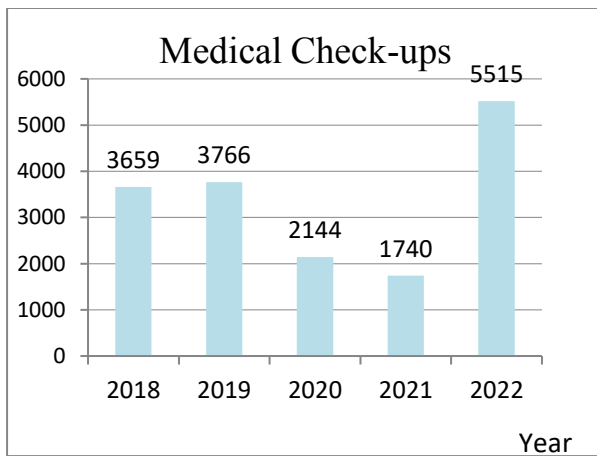
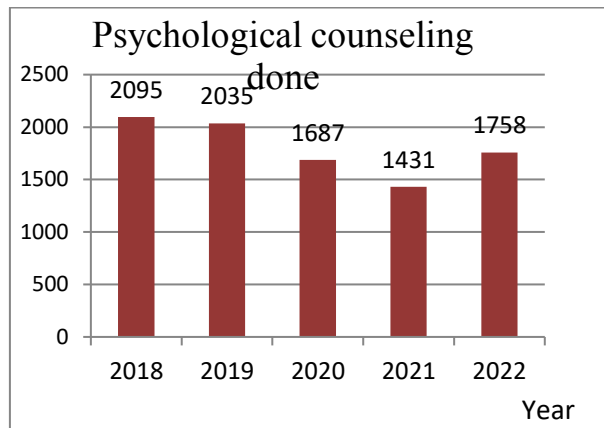
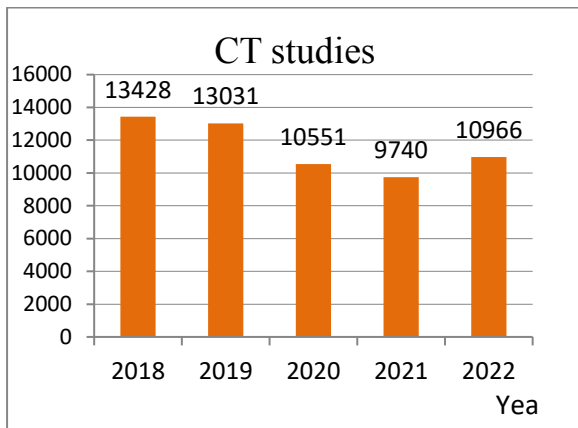
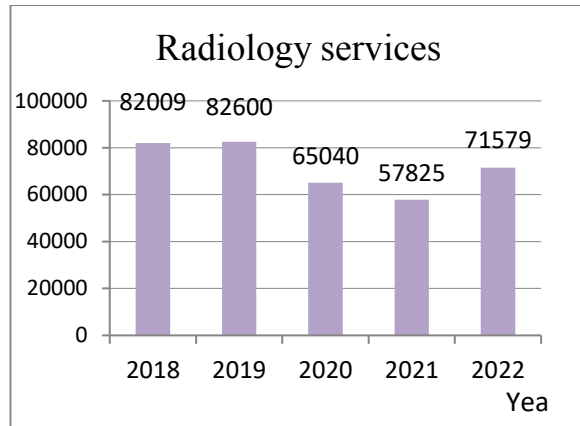
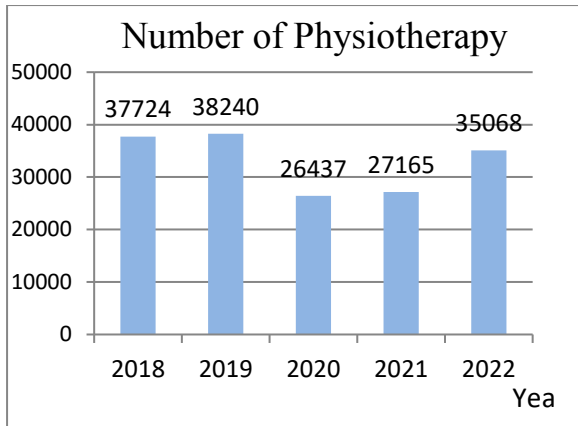


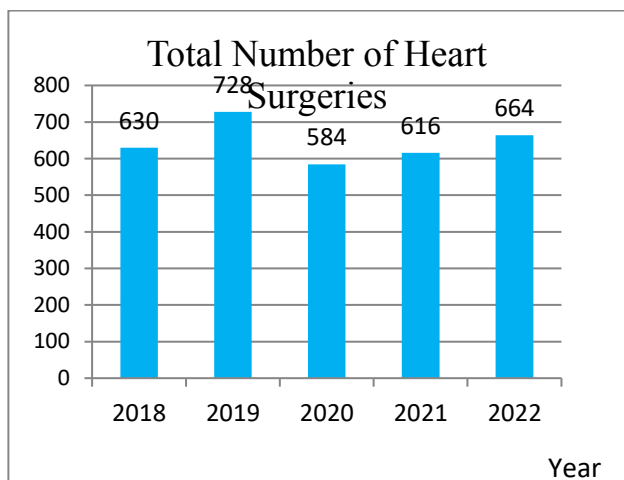
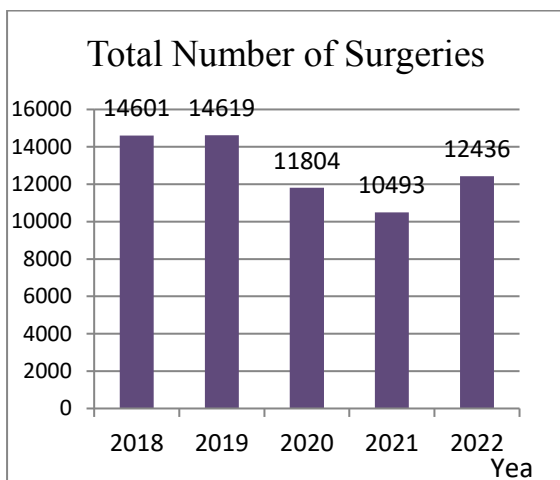
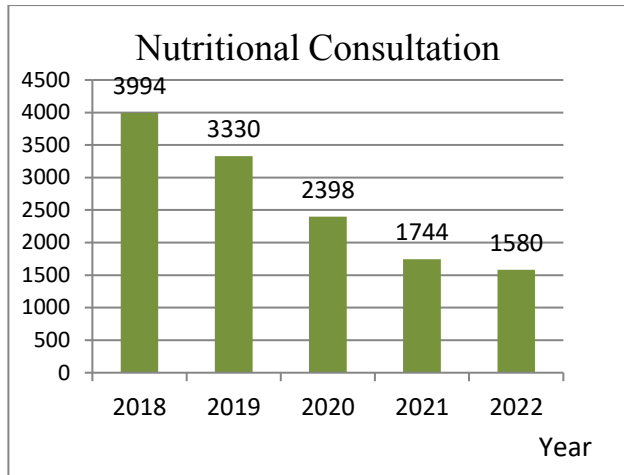
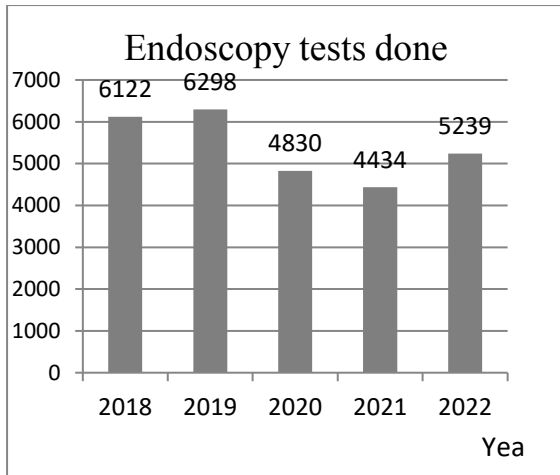
New PCR Laboratory

Last 5-year performance



PERFORMANCE AND PROGRESS REPORT 2023





8. Private Health Sector Development

Excellent private health care system that delivers quality patient care services.

Mission

To develop and maintain an excellent private healthcare system by regulating, monitoring and evaluation of standards in the provision of quality health care.

Goals

To improve private healthcare services by ensuring quality and patient safety.

Objectives

- The development and monitoring of standards to be maintained by the registered Private Medical Institutions.
- The method of evaluation of standards maintained by such Private Medical Institutions.
- To ensure that minimum qualifications for recruitment and minimum standards of training of personnel, are adopted by all Private medical Institutions.
- To ensure the quality of patient care services rendered or provided by such Private Medical Institutions

Performance of Private Sector Healthcare Services

1. Register and renew of all private medical institutions in Sri Lanka under the 11 categories;
 - Private Hospitals and Nursing Homes & Maternity Homes
 - Medical Centers/ Screening Centers/ Day Care Medical Centers/ Channel Consultations
 - Medical Laboratories
 - Private Ambulance Services
 - Full Time Dental Surgeries
 - Full Time General Practices/ Dispensaries/ Medical Clinics
 - Full Time Medical Specialist Practices
 - Part Time Dental Surgeries
 - Part Time General Practices/ Dispensaries/ Medical Clinics
 - Part Time Medical Specialist Practices
 - Other Private Medical Institutions
2. Developing and monitoring of standards to be maintained by the registered Private Medical Institutions and acts as a method of evaluation of standards maintained by such Private Medical Institutions.
3. Provide training facilities to ensure the minimum qualifications for recruitment and minimum standards of training of personnel are adopted by all Private medical Institutions.

4. Guidance to provide patient care facilitate to in curative, preventive, rehabilitative, and palliative care
5. Processing to grant permission for kidney transplant surgeries in private hospitals for end stage renal disease patients.
6. 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.
7. 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.

Number of Registered Private Medical Institutions at PHSRC

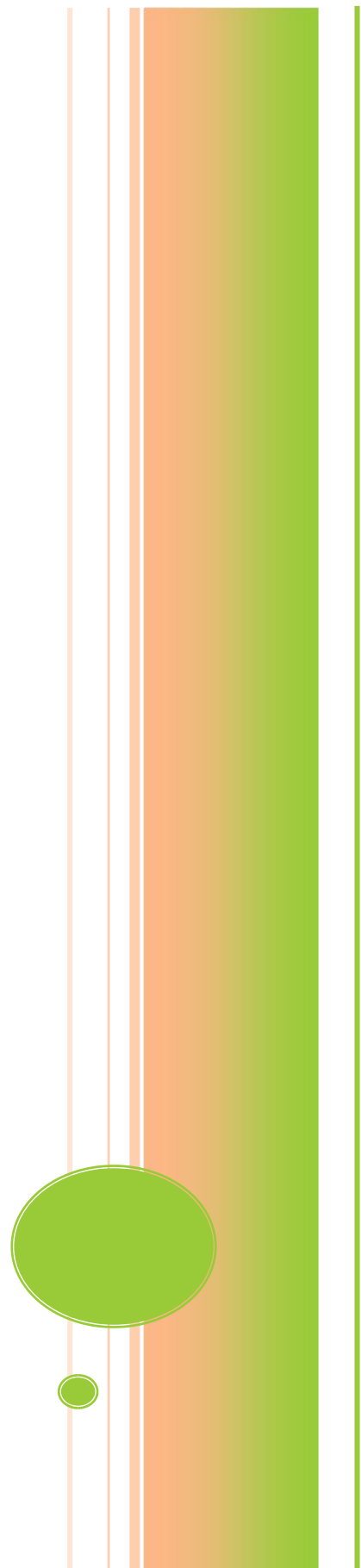
(Database as at 31/07/2023)

Category	Number of Registrations as at 31 st July 2023	Number of new registrations
Private Ambulance Services	12	00
Full Time Dental Surgeries	26	04
Full Time General Practices/ Dispensaries/ Medical Clinics	118	20
Full Time Medical Specialist Practices	03	00
Medical Laboratories	634	99
Medical Centers/ Screening Centers/ Day Care Medical Centers/ Channel Consultations	245	60
Other Private Medical Institutions	155	33
Part Time Dental Surgeries	34	25
Part Time General Practices/ Dispensaries/ Medical Clinics	313	99
Part Time Medical Specialist Practices	06	0
Private Hospitals and Nursing Homes & Maternity Homes	175	05
Total Private Medical Institutions	1721	345

Bed Strength of Private Hospitals

Category	
Total Number of Private Hospitals	198
Total Number of Beds	5568

Pharmaceuticals Production Supply and Regulation Unit



9. Pharmaceuticals Production Supply and Regulation 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

➤ 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 Hambanthota, 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 Ministry of Health 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

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 and selected investors have 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. At present Ceylon Electricity Board has provided an electricity supply to the zone.



Ministry of Health signed Buy back agreement with these investors ensuring stability for their investment. 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. This pharmaceutical production zone is expected to be increased pharmaceutical production by 60% from the local demand.



➤ **Project for the establishment of a new Medical Supply Management Information System - "SWASTHA"**

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 doctors, pharmacists 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 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 time based information.



The proposals were called for the creation of the "Swastha" information management system was made in January 2022, and development activities of the system was commenced by the selected developer 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. The pilot project is implemented successfully in selected five hospitals in the Kandy district.

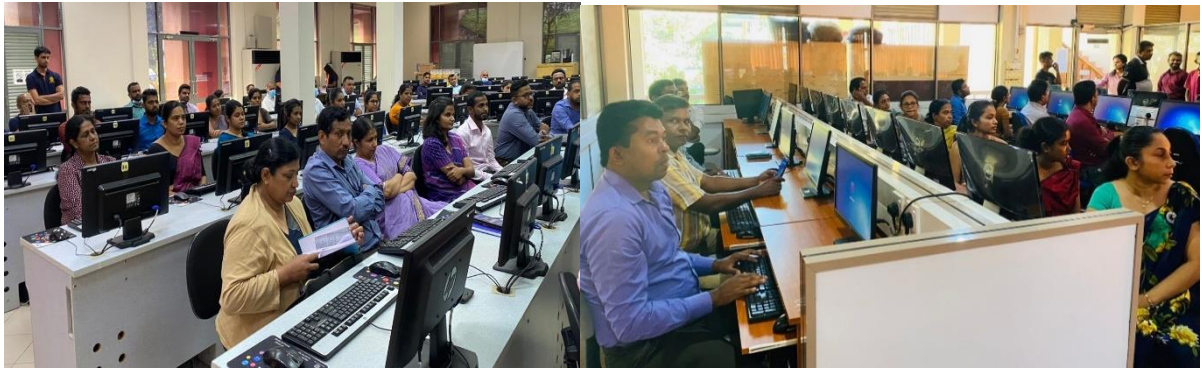
At present the selected software developer has completed software development active based on the suggestions and comment given by the relevant stakeholders. The Ministry of Health has successfully completed residential workshops on the basis of "Training of Trainers" (ToT) enabling to conduct regional level training programs.

Accordingly, around 130 chief pharmacists, pharmacists & medical officers have been trained as Training of Trainers (ToT). The regional-level training programs were successfully conducted covering all district at state universities and around 1000 officials have been trained. All regional level training programs were conducted with the participation of Provincial Directors of Health Service and Regional Directors of Health Services. Details are as follows;

Date	Province	Total Number of officials
27.12.2022	Northern Province	112
18.01.2023	Central Province	80
19.01.2023	North Western Province	102
20.01.2023	North Central Province	73
25.01.2023	Southern Province	130
27.01.2023	Eastern Province	102
08.02.2023	Sabaragamuwa Province	57
10.02.2023	Uva Province	52
24.03.2023	Western Province Stage I	54
01.06.2023	Western Province Stage II	51
06.06.2023	Western Province Stage III	44

In addition, several training programs were conducted for different categories of health staff. Details as follows;

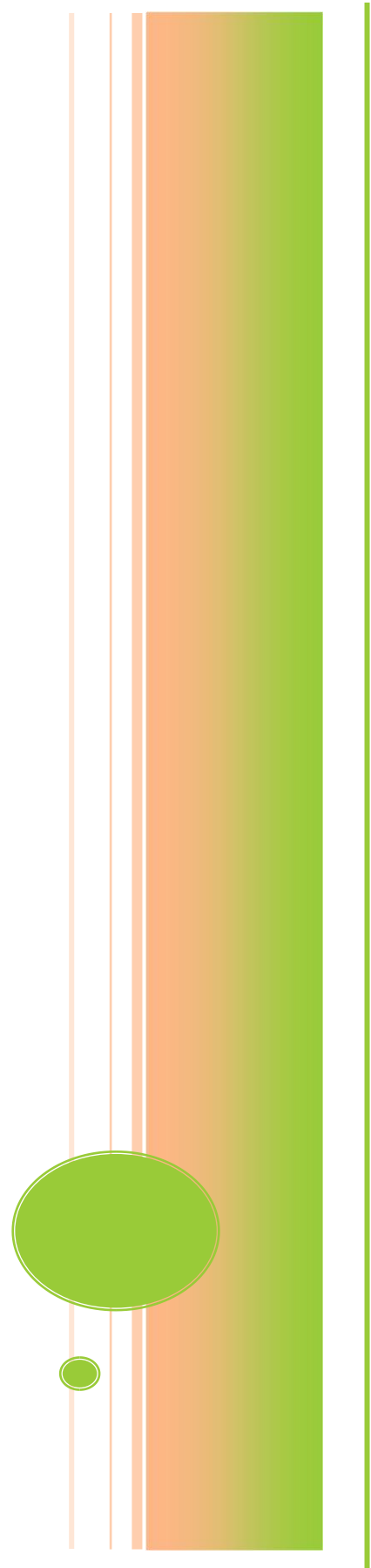
Date	Category	Total Number of Participants
20.04.2023	Medical Supplies Assistants	44
07.06.2023	Medical Laboratory Technologist	50
13.06.2023	Radiographers	50



And also, User Acceptance Testing Programs (UAT) were successfully completed for different categories of Medical Supply Division officials and other officials.

The “SWASTHA” Medical Supplies Management systems’ domain name is registered as <https://swastha.health.gov.lk/> and it has deployed in Medical Supplies Division, Regional Medical Supplies Division and Hospitals from 09th of June 2023 onwards

Indigenous Medicine Sector



10. Indigenous Medicine Sector

Introduction

The sector of indigenous medicine is a highly knowledge-rich field that plays an important role in the health system of Sri Lanka. It is powered by elements of Ayurveda, Siddha, Unani and indigenous medicine, supplemented by alternative medicine such as homeopathy. The Indigenous Medicine Sector of the Ministry of Health is responsible for policy formulation, strategic planning and operations and monitoring in this field. Plans are being made to identify and implement new strategies for the development of this field.

Research and development activities should be encouraged and more investment should be made to further enhance the efficacy, safety and quality of indigenous medicine. A closer collaboration should be maintained with Universities, research, academics and practitioners for scientific studies, clinical trials and preservation of traditional knowledge.

Also, the regulation and standardization process in the sector should be further strengthened. More attention should be paid to the standard and quality of local medicines. Also, regulations for the cultivation, preparation, storage, production and distribution of herbal plants as well as maintenance of treatment services should be further strengthened.

Training opportunities should be expanded for traditional medical practitioners and development of standardized curricula and research-oriented training opportunities in indigenous medicine will improve the skills of practitioners and contribute to development of the field. Also, the integration between the local field of medicine and the health care system should be improved, through which an approach can be made to establish a cost-effective health service for the public through the implementation of collaborative care services, knowledge exchange and the ability to implement an integrated health care program.

Promotion of indigenous medicines and therapies both locally and internationally is the need of the hour. By highlighting the unique features, benefits and cultural importance of local medicine, implementing tourism attraction programs is a great help in bringing foreign exchange into the country.

Also, sustainable use and conservation of herbal plants and resources is very important. Intellectual property protection for traditional knowledge and methods of medicine should be ensured, and good relations should be established with international organizations and research institutes, and further cooperation should be made in terms

of joint research, knowledge exchange and good practices necessary for improvement of the field.

Instead of traditional approaches to prevent and control non-communicable diseases, popularization of nutritionally enriched local foods and food processing methods through local medical knowledge, and new strategies for controlling emotions and impulses are to be identified and put into practice by strengthening the mind such as yoga and Buddhist philosophy-based “mindfulness practices” (setting mindfulness) to maintain physical and mental balance.

However, the fact that the contribution of the indigenous medicine sector in the health service is not represented in reality is a challenge for the future progression of the sector. In spite of the great contribution made by this sector in terms of primary health care as well as health promotion and patient care services, the lack of sufficient data to measure it quantitatively has become a serious problem.

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

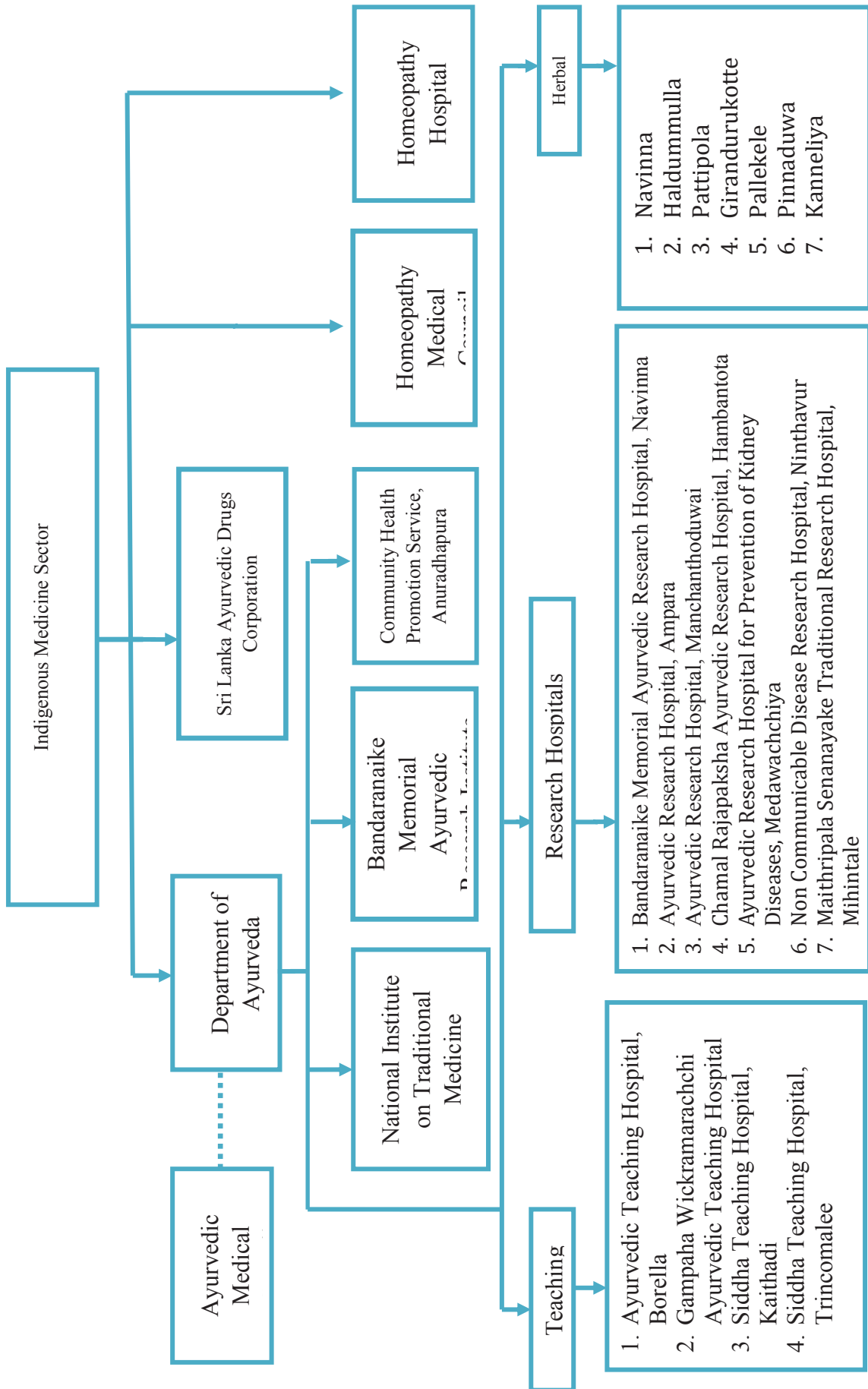
Formulation, implementation, follow up and evaluation of policies, programs and projects pertaining to promotion of indigenous medicine

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.

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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.

Institutions coming under Indigenous Medicine Sector



Corporate functions of the Indigenous Medicine Sector

- Amending Ayurveda Act – Cabinet approval has been received by now and has been presented for first reading in Parliament. The Ayurveda (Amendment) Bill No. 31 of 1961 has been gazette on 12th June 2023 by the Government Printing Department and has released to the internet.
- Ayurveda Code of Rules– has been forwarded to the Legal Draftsman. Revision of its technical words in progress.
- Ayurveda Compendium of Medicine – has been released to the internet and work in progress to be gazetted.

Capacity Development Programs

Training programs conducted during year 2022 and up to 31.05.2023

S/No.	Date	Training programs conducted	Officers attended	No.	Amount spent (Rs.)
01.	29.04.2022	Personal file management	DO / PHMA	03	-
02.	26.05.2022	Computer training course	DO / PHMA	02	-
03.	15.06.2022	Program for promoting institutional productivity	DO / PHMA	26	-
04.	16.06.2022	Program for promoting institutional productivity	DO / PHMA	19	-
05.	17.06.2022	Program for promoting institutional productivity	DO / PHMA	17	-
06.	01.07.2022	Computer training course	DO / PHMA	02	-
07.	04.11.2022	Organic herbal cultivation awareness program and field tour	DO / PHMA / Driver/ KKS	25	30,000.00
08.	15.11.2022	Official procedures, financial regulations, mental health	DO / PHMA	17	27,700.00
09.	17.11.2022	Official procedures, financial regulations, mental health	DO / PHMA.	17	27,700.00
10.	28.11.2022	Preparing Cabinet memoranda	DO / PHMA.	02	10,000.00
11.	28, 29.11.2022	Raising awareness on public accounting methodology and preparing final accounts	DO / PHMA	02	15,000.00
12.	05,06.12.2022	Discipline and official codes of conduct for Drivers and Office Assistants	Driver/ KKS	04	36,000.00
13.	28 ,29.12.2022	Stores Management, Inventory Administration, Board of Survey of Items and Disposal of Assets	DO / PHMA	02	18,000.00
14.	31.03.2023	Training program conducted on Procedural rules	Staff officers in the	12	8,450.00

			Administratio n Division		
15.	09.02.2023 (first day)	Official Language Proficiency – Tamil training course (150 hrs.)	DO / PHMA	30	112,500.00

Contribution of Development Division

❖ Formulation of Indigenous Medicine Policies

Activities pertaining to formulation of indigenous medicine policy in collaboration with the National Science and Technology Commission (NASTEC) and the World Health Organization (WHO) are at their final stage by now and the draft is scheduled to be submitted for Cabinet approval.

❖ (BIMSTEC) Bay of Bengal Initiative for Multi Sectoral Technical and Economic Cooperation (BIMSTEC)

Its fifth conference is scheduled to be held from 25th to 29th June 2023 and the required arrangements in that regard are in progress.

❖ Elimination of gender and sex-based violence in Sri Lanka

Identification of prerequisites for elimination of gender and sex-based violence and preparation of targets as well as preparation of strategies required to achieve such targets have been already finalized in collaboration with the World Population Fund and the Ministry of Women’s Affairs. Accordingly, the Action Plan indicating the commitment of the Indigenous Medicine Sector in this regard is being prepared at present.

Progress of Development Projects in operation under Indigenous Medicine Sector

I. Strengthening Conservation Councils

Ayurveda Conservation Councils are being implemented to preserve the traditional system of medicine, to uplift the standard of living of the traditional doctor, and to protect the identity of their medical profession and get their contribution to the advancement of the system of traditional medicine at the Divisional Secretariat division level.

As such, 08 Conservation Council strengthening and awareness programs have been conducted in the districts of Trincomalee, Ampara, Batticaloa and Gampaha by 30.06.2023 providing benefits to 562 people by spending an amount of Rs. 519,955.00.



Minuwangoda Ayurveda Conservation Council strengthening and awareness program

II. Establishing Nutrition Houses

Nutrition House program is in operation with a view to preventing non-communicable diseases by giving publicity to non-toxic nutritious indigenous food items. As such, arrangements were made during year 2022 to set up 02 gruel outlets. Provisions of Rs. 2.5 million have been allocated for this purpose during year 2023 and arrangements are in progress to construct a nutritious indigenous food outlet in the proposed Ayurvedic zone in Yakkala out of these provisions.

Providing medicines to Free Ayurvedic Dispensaries

An amount of provisions of Rs. 77.7 million has been allocated for the year 2023 for supplying medicines to Free Ayurvedic Dispensaries and the value of medicines the Ayurvedic Drugs Corporation has issued to Free Ayurvedic Dispensaries by 30.06.2023 amounts to Rs. 18.35 million.

Province wise progress as at 30.06.2023

Provision	Amount of provisions allocated for year 2023	Provisions allocated by 30.06.2023
Western Province	10,000,000.00	3,925,000.00
Central Province	8,200,000.00	3,200,000.00
Southern Province	6,500,000.00	3,000,000.00
Northern Province	12,000,000.00	1,150,000.00
Eastern Province	3,500,000.00	1,750,000.00
North Western Province	4,500,000.00	1,950,000.00
North Central Province	2,500,000.00	1,250,000.00
Uva Province	2,500,000.00	1,125,000.00
Sabaragamuwa Province	6,000,000.00	1,007,206.18
Total	55,700,000.00	18,357,206.18

Programs implemented under provisions of the Ministry of Health

Collaborative Treatment Program with Ayurveda

This is an initial program for providing treatments by a collaborative approach in terms of Allopathy and Ayurveda systems of medicine for selected diseases in a number of identified hospitals. Arrangements have been made to provide treatments in a joint approach under the first stage for diseases such as stroke, joint ailments, joint/ bone fractures and chronic wounds, cancer & diabetes. Preliminary arrangements are being made at present for required preparations (required restoration works) by selecting 03 Provincial Ayurveda Hospitals. Further, standards/ guidelines, procedures and clinical treatment plans are being made at present for treatment service management in identified hospitals for the diseases mentioned above.

An allocation of Rs.10.0 million has been received from the Ministry of Health to the Indigenous Medicine Sector for the purpose and since these activities are directly carried out by the Department of Ayurveda, the allocations have been handed over to that department.

Prevention and control of non-communicable diseases

This program is implemented to motivate people to practice the indigenous medical knowledge and its vision of life for prevention and control of non-communicable diseases. There, local medical lifestyle practices, yoga exercises, use of non-toxic nutritious local food, educating the community about local traditional food recipes and food processing methods, identification of substitutes that can be used locally instead of imported drugs and directing people to herb cultivation, knowledge enhancement programs for school children and disseminating knowledge of indigenous medicine by the use of digital technology are currently being carried out under this. Also, the "Suwa Dharani" herbal farming village program is also being implemented in connection with this where the provision of herbal plants, technology and counseling for the community interested in growing herbs is being successfully carried out.



Highlights of "Suwa Dharani – Sisunena Diriya"

Special Programs conducted with intervention of the Hon. State Minister

❖ Launching "Wedaduru" Mobile Telephone Application

With the aim of bringing indigenous medicine to the international community, publishing the academic book of Ayurveda Samiksha with experimental publications in the field of local medicine, uploading Ayurvedic Drugs Compendium to Ayurveda website and taking the traditional and Ayurveda practices of medicine to the international community, the "Wedaduru" mobile telephone application (<https://www.wedawaru.lk/#/mobile-download>) was launched on 10.01.2023 in Temple Trees under supervision of the Prime Minister Hon. Dinesh Gunawardena.



Provision of modern medical equipment to Borella Ayurvedic Teaching Hospital

Recognizing the measures taken for the advancement of the system of indigenous medicine, Sweden's ServeNow Sri Lanka organization has donated a number of modern medical technical equipment including beds with modern technical facilities worth Rs. 213 million to Borella National Ayurvedic Teaching Hospital on 02.02.2023.

Offering Homeopathy Scholarships

Scholarships and air tickets were offered by the Hon. State Minister on 09.02.2023 for ten Sri Lanka students to pursue the degree in Homeopathy Medicine in India.

Suwa Dharani Suwa Dekma Indigenous Medicine Exhibition

With the aim of popularizing knowledge in indigenous medicine and providing indigenous medicinal products and services to the people at affordable prices, "Suwa Dharani Suwa Dekma" local medical exhibition was arranged to be held on 22nd and 23rd of February 2023 at Battaramulla Diyatha Uyana. This exhibition was organized very successfully with contribution of the private sector without using public funds.



Ayurvedic Service Assistant appointments to 322 Multipurpose Development Officers

Ayurvedic Service Assistant – Grade III appointments were granted on 23.03.2023 under supervision of the State Minister of Indigenous Medicine Hon. Sisira Jayakody, Attorney-at-Law, at the Faculty of Indigenous Medicine of the University of Colombo in Rajagiriya, to 322 Multipurpose Development Officers, thus solving the shortage of Ayurvedic Service Assistants which had created many crises in the past

Construction of a fully facilitated Bhikshu Ward in Kurunegala Ayurvedic Hospital

The discussion on the basic requirements for construction of a fully facilitated Bhikshu Ward in the premises of Kurunegala Ayurvedic Hospital for the use of meditating monks living in hermitages was conducted on 30.03.2023 in the Governor’s Office of the North Western Province. This project is implemented collaboratively by Ill Monks Trust Board of Kurunegala Maha Vihara, the State Ministry of Indigenous Medicine, North Western Provincial Council and the Department of Ayurveda, North Western Province and the Ill Monks Trust Board of Kurunegala Maha Vihara provides financial assistance required for the purpose without putting any encumbrance on the government.

Standardizing Ayurveda Massaging Practice



The event of launching National Skill Standards and Skill Based Curricula for the National Vocational Qualification Level 04 (NVQ - 04) for creating masseurs with proper skills, creating local and international employment opportunities by standardizing Ayurveda Massaging, improving medical and health tourism and enhancing economic and life standards of the communities

took place on 04.04.2023 at the National Institute on Traditional Medicine, Navinna producing skilled masseurs. The National Proficiency Standards and the Proficiency Based Syllabus were released to the internet collaboratively by the National Institute on Traditional Medicine coming under the Ayurveda Department, National Apprenticeship and Industrial

Training Authority and Tertiary and Vocational Education Commission to standardize Ayurvedic Massaging Practice.

Registering Traditional Doctors with special skills with the Ayurvedic Medical Council



47 traditional doctors qualified under the categories of Physical, Fractures, Dermatological disorders, snake venom, boils and eye diseases were registered with the Ayurvedic Medical Council on 07.04.2023 at the Banadaranaike Memorial Ayurvedic Research Institute under supervision of the Hon. State Minister of Indigenous Medicine. Also 105 traditional doctors with special skills were registered under the same

categories in the National Institute on Traditional Medicine, Navinna, on 12.06.2023.

Taking back the traditional indigenous medical knowledge from overseas



A host of ola leave writings and numerous other heritages enriched with indigenous knowledge are available in libraries overseas. Since a large number of rare ola leave writings linked with our traditional systems of medicine unlikely to be found from anywhere in this island are available in Euston Library, London, UK, a special discussion was held between the State Minister of Indigenous

Medicine Hon. Sisira Jayakody, Attorney-at-Law and the administration of the said library on 15.05.2023 to take them back here in the form of electronic re-prints.

Opening Polonnaruwa Free Ayurvedic Dispensary and Homeopathy Clinic for public use

The Polonnaruwa Free Ayurvedic Dispensary renovated under financial provisions for year 2021 and the Municipal Council Fund and the newly opened Homeopathy Medical Clinic were declared open for public use on 09.06.2023.

Setting up local medicine purchasing centers

A huge amount of money is drawn abroad every year for the import of raw materials required for local medicines and Ayurvedic products, and the economy should be strengthened by saving that money locally. With that aim, a program of establishing local medicinal ingredient purchasing centers all over the island is underway, under which the

local medicinal ingredient purchasing center located at Maithripala Senanayake Mawatha in the new town of Anuradhapura and Hela Osusala of Sri Lanka Ayurvedic Pharmaceutical Corporation established to purchase crops of the farmers in the Rajara region were declared open on 15.06.2023.



International Day of Yoga

The United Nations has declared June 21 as International Day of Yoga, and a special celebration was held on 17.06.2023 at Independence Square, Colombo to mark this day. This special celebration was held with demonstrative and practical exercises consisting of exercises that are helpful for the physical and mental wellbeing of people. This was done with contribution of many partners including the Indian High Commission, Indigenous Medicine Sector, Ministry of Health, Ministry of Public Administration and Ministry of External Affairs.



"Wedaduru Abiman - 2023"

"Wedaduru Abiman - 2023" Presidential Medical Award Ceremony was held to confer Presidential Awards on 62 Traditional, Siddha, Unani, Doctors and Graduate Ayurvedic Doctors for their outstanding contribution to the field of indigenous medicine at Bandaranaike Memorial International Conference Hall, Colombo on 20.06.2023 chaired by the Hon. Prime Minister.



Promotion of Sri Lankan Ayurveda overseas

A program to promote Ayurveda abroad is planned to be carried out in association with the Japan International Cooperation Agency (JICA) and a preliminary discussion was held with JICA on 26.06.2023 under the chairmanship of the State Minister of Indigenous Medicine Hon. Sisira Jayakody. JICA has expressed its agreement to provide necessary support regarding the issues pertaining to the export of products of Sri Lanka Ayurvedic Drugs Corporation to foreign countries, & necessary technology, machinery and market.



Financial Progress of the Indigenous Medicine Sector

Progress as at 30.06.2023

Object	Provision (Rs.)	Expenditure (Rs.)	Percentage (%) of expenditure
Indigenous Medicine Sector			
Recurrent	360,000,000.00	190,170,240.33	52.83
General Administration / Other programs	308,000,000.00	160,872,662.58	52.23
Establishment Services			
Public Institutions			
Homeopathic Medical Council	30,000,000.00	18,105,155.40	60.35
Homeopathy Hospital	22,000,000.00	11,192,422.35	50.87
Capital	14,000,000.00	3,198,094.96	22.84

General Administration Special Programs	5,000,000.00	2,578,809.96	51.58
Conservation Councils	3,000,000.00	619,285.00	20.64
Homeopathy Council	1,000,000.00	-	-
Homeopathy System Development	2,500,000.00	-	-
Establishment of Nutrition Houses	2,500,000.00	-	-
Total	374,000,000.00	193,368,335.29	51.70
Other	Provision (Rs.)	Expenditure (Rs.)	Percentage (%) of expenditure
Collaborative treatments with Ayurveda	10,000,000.00	-	-
Non-communicable diseases	10,000,000.00	368,637.00	3.69
Grand total	394,000,000.00	193,736,972.29	49.17

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.

Establishment Activities

Recruitments and Promotions

S/No.	Activity	Service Category
01.	Recruitments	Getting approval for recruitments for 62 (a number equal to the number of retired Medical Officers as at 31.12.2022) posts of Primary Grade Medical Officer in Medical Officer category of the Department of Ayurveda under Ayurvedic Medical Service of Sri Lanka Getting approval for recruitment into 505 posts including 491 vacancies in P1-01 posts and 14 vacancies in the post of Driver.
02.	Promotions	Submission of the proposal for promotion into Specialist Grade in Sri Lanka Ayurvedic Medical Service, for approval of the Public Service Commission Taking action to promote Ayurvedic Medical Officers to Grade 1 in the post in terms of the new service minute in operation with effect from 27.10.2020. In addition to the above said promotions, the grade wise promotions etc. granted through the personal file have been granted during their pertinent periods of time.
03.	Amendment of approved cadre	Amendment of the designation of 40 officers of Allied Services approved for the Department of Ayurveda and its affiliated institutions as Development Officer
04.	Other	No approval has been received so far for new recruitments in terms of Management Service Circular No. 01/2020 of 21.02.2020 under the title 'Temporary Suspension of All Recruitments' and the letter of the Secretary to the General Treasury of the Ministry of Finance No. DMS/policy/Recruitments of 20.11.2019. Further, the Management Service Circular No. 02/2020 has specified the requirement to adhere to the provisions in Circular 01/2020.

Human Resource Development – Local Training Programs (2022)

Name of the Program	No. of beneficiaries	Duration	Total investment
One day workshop on preparing salaries of government officers	7	04.03.2022	35,000.00
Two-day workshop on Procurement Process – National Institute of Labor Studies	2	08,09.03.2022	20,000.00
Two-day workshop on annual board of survey – National Institute of Labor Studies	1	24-25.03.2022	10,000.00
Two-day workshop on personal file keeping - SDFL	4	31.03.2022 01.04.2022	34,000.00
One-day workshop on preparing Government Officers' Advance Account (via Zoom) - SDFL	1	09.03.2022	3,750.00
Certificate course in postgraduate Research, Faculty of Medicine, University of Colombo	1	Feb. – July 2022	30,000.00
Providing replies to Audit Queries – National Institute of Labor Studies	1	21.11.2022, 28.11.2022	10,000.00

Role and responsibility of Accounts Clerks – National Institute of Labor Studies	1	13.12.2022	5,000.00
Writing official minutes and writing official letters – National Institute of Labor Studies	1	30.11.2022	5,000.00

State Function of Anointing Oil

The state function of anointing oil was conducted on Monday, 16.04.2023 at historical Heiyantuduwa Purana Viharaya under supervision of Prime Minister Hon. Dinesh Gunawardana.



Physical resource development activities and their progress

Activity	Provision (Rs.)	Financial progress (Rs.)	Physical progress
Minor routine repairs in the Head Office	100,000.00	95,000.00	100% (work finalized)
Major repairs in the Head Office	3,000,000.00	413,000.00	Submitted to Maharagama Divisional Secretariat to take the estimate
Minor repairs in Ayurvedic Teaching Hospitals	200,000.00	53,070.00	Removing and re-fixing tiles at Audit Division in Borella Hospital, breaking off the concrete wall of the kitchen, cleaning gullies
Major repairs in Ayurvedic Teaching Hospitals	20,000,000.00	-	Though provisions have been allocated for renovation works in Borella Hospital, estimates are being prepared for roof renovation works of Yakkala Hospital since it has to be prioritized.
Minor repairs in Ayurvedic Research Hospitals	100,000.00	40,000.00	Cleaning the drainage system flowing in the middle of Ayurveda Research Institute, Navinna, repairing backside gate of Medawachchiya Hospital.

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Major repairs in Ayurvedic Research Hospitals	12,000,000.00	-	Arrangements have been made to get estimates from Maharagama Divisional Secretariat
Major repairs in National Institute on Traditional Medicine	2,000,000.00	-	Arrangements have been made to get estimates from Maharagama Divisional Secretariat
Major repairs in herbal gardens	5,000,000.00	185,000.00	Estimation requirement has been submitted to Mahiyanganaya Divisional Secretariat for repairs in Girandurukotte herbal garden
Land development in herbal gardens	1,000,000.00	-	Kannelliya, Pinnaduwa, Haldummulla and Girandurukotte herbal garden development works are being arranged in priority order.
Total	43,400,000.00	4,503,070.00	

Total financial progress

Category/ object/ item	Provisions (Rs.)	Expenditure (Rs.)	Percentage %
Recurrent expenditure	1,950,000,000.00	758,734,000.00	38.91
General administration	133,000,000.00	51,509,000.00	38.73
Hospital services	1,412,800,000.00	555,009,000.00	39.28
Research	292,500,000.00	108,086,000.00	36.95
Education and training	32,650,000.00	12,636,000.00	38.70
Conservation and expansion of herbal cultivation	79,050,000.00	31,494,000.00	39.84
Capital expenditure	60,000,000.00	2,489,000.00	4.15
General administration	6,000,000.00	1,369,000.00	22.82
Hospital services	23,000,000.00	-	-
Research	16,000,000.00	270,000.00	1.69
Education and training	4,000,000.00	665,000.00	16.63
Conservation and expansion of herbal cultivation	11,000,000.00	185,000.00	1.68
Total expenditure	2,010,000,000.00	761,223,000.00	37.87
Hospital services	139,000,000.00	52,878,000.00	38.04
Research	1,435,800,000.00	555,009,000.00	38.66
Education and training	308,500,000.00	108,356,000.00	35.12
Conservation and expansion of herbal cultivation	36,650,000.00	13,301,000.00	36.29
Hospital services	90,050,000.00	31,679,000.00	35.18

Conducting examinations

S/No.	Name of the examination	Duration	Attendance
01.	Ayurveda Shasthri Additional Examination - 2021	18.02.2022	317
02.	Examination for final year students in Ceylon Siddha Medical College - 2022	21-26.02.2022	19

03.	Written examination for traditional doctors	12,13.03.2022	291
04.	Efficiency Bar Examination for Ayurvedic Doctors - 2021	08.04.2022	153
05.	Government Dispenser Tri-monthly training course - Tamil medium final evaluation test	24,27,28.06.2022	19
06.	Written examination for Traditional Doctors	14.10.2022	450
07.	Ayurveda Shasthri Annual Examination - 2022	29,30.10.2022 05,06,12.11.2022	487
08.	Efficiency Bar Examination for posts recruited under Code Nos. PL 01,02	01,02.12.2022	76
09.	Efficiency Bar Examination for Management Assistant Technical Segment, Technical Officer (MT-01, MN-03) - 2022	05.12.2022	02
10.	Efficiency Bar Examination for Community Health Development Officer (II) - 2022	10.12.2022	176

Technical activities (issuance of licenses) Performance during year 2022

S/No.	Activities performed	No. of applications	Income received (Rs. Mn.)
01.	Issuance of applications for registration in the Department of Ayurveda (total)	1,371	180,700.00
02.	Undertaking applications for registration (all categories)	1,158	2,203,000.00
03.	Issuance of permits for institutions (all categories)	1,572	17,458,112.00
	Total	4,101	19,841,812.00

Performance during year 2023

S/No.	Activities performed	No.
01.	Undertaking applications for registration	625
02.	Issuance of permits for institutions (all categories)	853

- 75 committee meetings including Technical Committee, Formula Committee, Committees for Duty-Free Importation of Medicine etc. have been held this year.
- 18 letters of recommendation for cannabis, recommendations for the quantities of cannabis powder 262kg, 44g and Paripaka Spirits 44830L & 500ml issued.

I. Ayurvedic Teaching Hospitals and Research Hospitals

Patient treatment services

Teaching hospitals - 2022/2023

PERFORMANCE AND PROGRESS REPORT 2023

Hospital	Borella	Yakkala	Kaithadi	Trincomalee
2022				
Outer	128,249	63,392	34,376	11,787
Resident	1,856	997	677	26
Total	130,105	64,389	35,053	11,813
As at 31.05.2023				
Outer	61,007	32,143	15,637	8,695
Resident	959	9,373	467	11
Total	61,966	41,516	16,104	8,706

Research Hospitals - 2022/2023

Hospital	Navinna	Medawachchiya	Hambantota	Ampara	Mihintale	Manchanthoduwai	Ninthavur
2022							
Outer	41,237	7,247	17,536	20,349	3,113	10,504	3,578
Resident	620	160	395	193	-	-	-
Total	41,857	7,407	17,931	20,542	3,113	10,504	3,578
2023.05.31 දිනට							
Outer	20,350	2,296	12,314	5932	637	2,774	1,144
Resident	581	61	337	62	-	-	-
Total	20,931	2,357	12,651	5,994	637	2774	1,144

Production of medicines during year 2022 - Ayurvedic Research Hospitals

Hospital	Ampara	Hambantota	Medawachchiya	Navinna
Bottles				
Asawa	-	-	-	375
Oil	201 3/4	-	11 ounces 12	641
Syrup	-	-	-	37
Kwatha	25	3,124	55	4,980
Decoction	540.58	668	333	3,780
Anupana beverages	1000	-	8	-
Other (boiled water)	-	240	279	987.56
Eye drops	-	-	-	45.375
Kg.				
Lepa	6	-	0.7	42.28
Powder	157.75	4.3	9.7	1,511.35
Panta	36.3	-	-	72.31
Pattu fermentations	-	7.95	19.63	5.8
Varti	-	17.328	48.925	38.15
	-	-	-	1,028

Drugs production during year 2022 - Ayurvedic Teaching Hospitals

Hospital	Borella	Yakkala	Kaithadi	Trincomalee
Bottles				
Arista	-	-	-	1.55
Asawa	4	-	128	-
Oil	4,274	1,785.95	993	540
Syrup	347	250	-	12
kwatha	5,974	-	1,002	-
Beverages	380	292.65	-	-
Decoction	11,134	18.796	5,631	-
Other	3,727	-	433	-
Anupana (60 ml.)	77	13.898	-	-
Eye drops	19	-	-	-
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Pills	8.23	34.27	-	-
Paste	240	-	98.9	-
Lepa	460	8.32	213.95	-
Powder	2,902	537.22	598.62	11.5
Saline	2,165	-	-	-
Panta	198	-	1,902.85	-
Fermentations	393	416.54	132.49	-
Leha	-	12.48	-	-
Guggulu	166.6	-	63.13	-
fermentations	48	-	423.3	-
Vati	11.2	-	-	-
Varti	0.91	-	-	-
Powder	1.1	-	-	-
Rasa medicines	46.313	-	-	-
Purified gugul	86.3	-	-	-
Panchawalkala	8,033	-	-	-
Plasters	18	-	-	-
Mallum	14	-	-	-
Other (saline formula strings)	1,272	-	-	-
Unani medicines	-	-	15.6	-
Other	18	-	-	-



Ayurvedic Teaching Hospital, Borella



Chamal Rajapakse Ayurvedic Research Hospital

II. Bandaranaike Memorial Ayurvedic Research Institute

Research conducted during year 2022 and up to 31st May 2023 and their progress

S/No.	Standardization Division	
	Project	Progress
02.	Quality Assessment of three Ginger varieties grown in Sri Lanka	95%
03.	Preliminary Comparative Chemical analysis of selected piper sp.	80%
04.	Comparative phyto - chemical & TLC study of Lothsumbul & Bombu	80%
05.	Standardization of Dashanga Guggulu	50%
06.	Assessment of Microbial quality of some heavily used powdered herbal drugs prepared in pharmaceutical drug manufacturing unit of BMARI	100%
07.	Comparative evaluation of microbial quality of Tripla choorna, Kwatha & their raw material	90%
08.	Determination of microbial contamination of some selected raw materials heavily used in Ayurvedic treatments	75%
09.	A Review on Antimicrobial efficacy of family Orchidacea	100%
10.	Introduction of a standard pack with the suitable dosage to provide Navaratne paste to patients.	100%
11.	Producing several types of oil in common use with a new outlook as easy-to-use products (ointments/ balm) for patients (primary study)	100%
12.	Producing Thalisedi powder as a chewable tablet (primary study)	100%
Botanical Division		
01.	Preparing standards for ingredients 12	90%
02.	Identifying species of heart leaved mooseed through human - botanical studies 7	60%
03.	Forestry studies on Balicspermu mountanum & Boehmeria niuea	95%
04.	Proper identification of red sandalwood and its substitutes	50%
05.	Forestry studies on Lodra (symplocos racemose & Melaleuca leucoden substitutes	95%
06.	Forestry studies on Solanum species	50%

	<ul style="list-style-type: none"> • Insanum • Incanum • Melongena • Torvum 	
07.	Introducing high quality long pepper species	55%
08.	Tissue culture research on rare and endangered medicinal plants Duhul, Ground Neem, Binara, Fire plant & Indian snake root	70%
Literary Division		
01.	Literary enquiry into the Binduraja pill referred to in Vatika Book	100%
02.	Literary research on history of Ayurveda Samiksha	100%
03.	Conducting literary research on the history of Bandaranaike Memorial Ayurvedic Research Institute	75%
04.	Conducting literary research on the research activities conducted in Bandaranaike Memorial Ayurvedic Research Institute	75%
05.	A review of Koladawundaya Recepte and its Application	100%

The key projects and activities such as Traditional Medical Knowledge Conservation Project, Herbal Plant Conservation and Development Project, Young Herbal Farmer Project, updating Ayurvedic Drugs Compendium and establishment of a system of medicine for production of traditional medicines are in progress at present.

III. National Institute on Traditional Medicine

Local training courses/ programs conducted from 2022 to 31.05.2023

Program	No. of training programs	No. of beneficiaries	Estimated cost (Rs.)	True expenditure (Rs.)
Preparation of syllabi	03	-	53,700.00	39,120.00
Updating syllabi	1			
Workshop for training trainers	02	65	105,800	70,685
Preparing a national policy	08	-	Conducted free of charge	
Capacity development program	02	91	48,100.00	32,770.00
Awareness (accounts, procurement and other)	02	135	Conducted free of charge	
Service orientation program – for newly registered traditional doctors	02	217 traditional doctors	476,200.00	256,721.78
Service orientation program – for employees promoted to PL2 post	02	70 PL2 employees	1,669.00	1,669.00
New programs	1	50	Conducted free of charge	

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Commemoration program	02	90	Conducted free of charge	
Medical internship training (first batch 2022/2023)	03	252	146,200.00	39,875.00
Medical internship training (first batch 2023/2024)	01	64	-	-
Medical internship training (first batch 2023/2024)	05	242	71,600.00	42,230.00
Printing the Handbook of Guidelines for Medical Internships	400 books		477,710.00	477,710.00
Yoga programs	03	42	920.00	-
Service orientation program	01	86	352,300.00	189,164.80
Total			1,734,199.00	1,149,945.58

Coordination of all programs conducted by the National Institute on Traditional Medicine and preparation of training schedule of the institution are in schedule.

IV. Ayurvedic Medical Council

Financial provision

Item	2022 Rs.	2023.05.31 Rs.
Government provisions	7,200,000.00	3,492,000.00
Income earned	12,704,690.61	8,423,322.62
Total receipts	19,904,690.61	11,915,322.62
expenditure	16,609,527.77	4,956,926.53
Excess / shortage	3,295,162.84	6,958,396.09

Doctors registered with the Ayurvedic Medical Council

Item	As at 31.12.2022	As at 31.05.2023	Total no. of doctors as at 31.05.2023
General physician			
1. No. of general physicians registered	16,351	294	16,645
Graduates	3,689	236	3,925
Diploma holders	5,761	17	5,778
Traditional - physician	6,901	41	6,942
Traditional - special			
2. Total No. of registered (traditional - special) doctors	10,299	82	10,381

Total No. of registered doctors	26,650	376	27,026
Total No. of doctors reported dead	3,827	17	3,844

- Ayurvedic Medical Council maintains mobile offices all over the country for the convenience of its customers and 08 such mobile offices have been maintained so far in year 2023 through which 355 doctors have been served. 143 persons were invited for oral tests and 56 out of them have passed.
- 391 general physicians and 125 special doctors have renewed their registration by 31.05.2023.

Other special activities

Item	Progress as at 31.05.2023
No. of medical certificate confirmations	19
Issuance of identity cards for registered Ayurvedic doctors	472
Issuance of vehicle logos	52
No. of medical certificate books issued	784

V. Ayurvedic Herbal Gardens

Development of herbal gardens (progress of research and extension service herbal gardens)

Annual production of plants - 2022

Herbal garden	No. of plants produced	Value of plants produced (Rs.)	No. of plants sold	Sales income (Rs.)	No. of plants issued free of charge	value of plants issued free of charge (Rs.)
Pinnaduwa	11,862	424,180.00	5,558	214,215.00	175	5,370.00
Pallekele	10,465	325,890.00	2,903	97,330.00	1,210	36,300.00
Pattipola	6,510	234,715.00	1,601	64,610.00	710	21,300.00
Haldummulla	7,200	340,640.00	5,418	246,050.00	1,646	44,750.00
Navinna	5,423	177,550.00	5,878	200,370.00	1,353	49,220.00
Girandurukotte	25,506	815,580.00	1,534	60,530.00	2,330	75,750.00
Total	66,966	2,318,555.00	22,892	883,105.00	7,424	232,690.00

Annual production of plants - (as at 31.05.2023)

Herbal garden	No. of plants produced	No. of plants sold	Sales income (Rs.)	No. of plants issued free of charge	value of plants issued free of charge (Rs.)
Pinnaduwa	9,350	4,541	166,940.00	100	3,000.00
Pallekele	4,394	1,497	58,690.00	75	2,500.00
Pattipola	1,899	504	19,245.00	31	1,130.00
Haldummulla	1,939	1,378	71,534.00	-	-

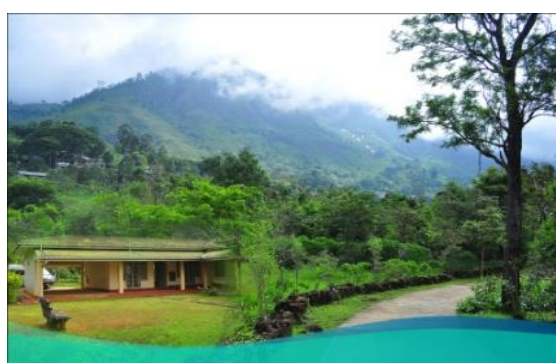
Navinna	1,450	2,258	85,275.00	300	9,000.00
Girandurukotte	7,601	206	9,020.00	-	-
Total	26,633	10,384	410,704.00	506	15,630.00

Production of herbal planting materials/ ingredients and free issuance of ingredients to hospitals

Herbal garden	Type of herbal ingredient	Amount (Kg.)	Institution
Pinnaduwa	cinnamon	6.3	National Ayurvedic Teaching Hospital - Borella
	Maha Aratta	3	
	Indian Patchouli	1.7	
	Gurmar	2.9	



Pattipola herbal garden



Haldummulla herbal garden

VI. Anuradhapura Community Health Promotion Service

This unit is conducting various programs and awareness programs based on Ayurvedic concept in Anuradhapura district for the control of communicable and non-communicable diseases and primary health care. Pre-school, school-oriented nutrition programs and programs on child health care, community-based adult health services, mental health promotion, maternal care, herbal plant conservation and their sustainable use are held particularly under it. However, only recurrent provision (for employee remuneration) has been made for this unit and no provision has been made for maintaining other activities.

Homeopathy medicine

Homeopathy is popular as a side effect free alternative medicine that cures diseases by boosting the body's natural immunity. Homeopathic medicines are best for non-communicable diseases and viral diseases that cannot be controlled by antibiotics. These medicines are also easy to use and are produced at minimum cost using natural materials such as parts of plants, animals and metals.

I. Homeopathy Hospital

Present position and progress

- I. The outpatient department is in operation and the inpatient department consisting of 02 wards and 20 beds is temporarily closed for repairs.
- II. 9,280 patients have received treatments from outpatients' Department up to May, 2023.
- III. 10 Sri Lankan students have been given the opportunity to study homeopathic medicine under the annual scholarships offered by the Ministry of Ayush in India.
- IV. The value of drugs imported by the Homeopathic Hospital for the Government Independent Homeopathic Clinics coming under the Homeopathic Medical Council is Rs. 6.325 million.
- V. A provision of Rs. 2.5 million has been set aside for year 2023, for the development of homeopathic systems. The Welisara Government Homeopathic Hospital is currently being restored to a condition suitable for treating inpatients under supervision of the Wattala Divisional Secretariat.



Granting Homeopathic scholarships

II. Homeopathy Medical Council

Performance of Homeopathic clinics

S/No.	Clinic	No. of patients treated	
		2022	As at 31.05.2023
01.	Dehiwala	4,046	1,392
02.	Tholangamuwa	3,141	1,789
03.	Parakaduwa	2,796	1,683
04.	Kurunegala	12,002	3,258
05.	Kotmale	2,704	2,310
06.	Monaragala	2,994	1,294
07.	Palamunei	3,022	1,758
08.	Puttalam	2,635	800
09.	Matale	4,171	2,094

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10.	Ambalangoda	2,305	1,467
11.	Batticaloa	1,534	1,592
12.	Ingiriya	1,269	813
13.	Ratgama	4,719	1,599
Total		47,338	21,849

Homeopathic mobile clinics and seminars held during year 2023 (as at 31.05.2023)

S/No.	Conducted by	Venue	Date	Objectives	Beneficiaries
01.	Homeopathic Medical Council	Suwa Dharani – Vision for Health (Diyata Gardens)	22-23.02.2023 (02 days)	Public awareness program on Homeopathic system of medicine and treatment service	198
03.	Homeopathy Clinic, Ingiriya	Service Locale, Ratmalgoda West	11.05.2023	Public awareness program on Homeopathic system of medicine and treatment service	92

- 316 homeopathic doctors have been registered in Sri Lanka in the general register of the Homeopathic Medical Council during year 2023.
- Homeopathic medicines worth USD 22,026.13 have been imported for doctors and institutions up to May 2023.
- New Homeopathy Clinic in Polonnaruwa was declared open on 10.06.2023.
- The written examination for registration of Homeopathic Practitioners has been conducted from 24th April to 02nd May 2023 under Section 30(1) of the Homeopathy Act No. 10 of 2016.

Sri Lanka Ayurvedic Drugs Corporation

Annual production (as per cost of production)

Annual production (Rs. Mn.)	2020	2021	2022	As at 30.06.2023
Anticipated production	569.11	617.40	683.45	525.66
Actual production	367.70	496.88	495.53	348.96
Achievement in meeting production target (%)	64.65%	80.47%	72.5%	66.38%

Annual sale

Annual sales (Rs. Mn.)	2020	2021	2022	As at 30.06.2023
Anticipated amount to be sold	842.895	923.909	970.000	804.6
Actual amount sold	676.30	800.26	947.13	621.56
Achievement in meeting sales target (%)	80.23%	86.61%	97.64%	77.25%

Introducing new products

05 new products were introduced to the market during year 2022 under supervision of the State Minister of Indigenous Medicine.

1. Thiladi paste – 150 g
2. Venivel hand sanitizer – 100 mg
3. Daru parpata tablets - 30 g / 200 g
4. Sudarshana tablets - 30 g / 200 g
5. Rakthachandan facewash – 100 ml

Capital projects

600 Liter Stainless Steel Machine 02, 1200 Liter Stainless Steel Machine 01



These machines have been purchased to the Urn Division in order to increase the main production capacity during year 2022 and this has enabled the production to be increased with a higher productivity and efficiency

Amount invested - Rs. 20,150,000

Granting District Franchise Dealer posts

District Franchise Dealer posts were granted for the first time in history of the Corporation on 20.10.2022 under supervision of the State Minister of Indigenous Medicine Hon. Sisira Jayakody, Attorney-at-Law, in order to further strengthen the distribution network of Sri Lanka Ayurvedic Drugs Corporation and to take its sales to the general public by implementing successful collaborative programs with private sector.

Development Projects and Programs Scheduled for Year 2024

- Improvement of Ayurvedic hospital system to provide a higher contribution to the national health system.
- To take action to earn foreign exchange through potentials available in Indigenous medicine sector
- Promotion and protection of traditional systems of medicine
- Diversification and exportation of products pertaining to indigenous medicine sector
- Empowering regulation of indigenous medicine sector
- Widening research opportunities in indigenous medicine sector
- Saving exchange flowing out of the country by discouraging medicines imported.
- Efficient and effective maintenance of research herbal gardens
- Promotion of non-toxic nutritious indigenous food and beverages.
- Development of Homeopathic medicine as an alternative system of medicine
- Running collaborative/ joint treatment services
- Use of indigenous medical knowledge and approaches to control and prevent non-communicable diseases
- Expansion of indigenous medicine sector related human resource development opportunities and introducing timely courses.
- Promotion of international cooperation pertaining to indigenous medicine sector and exchange of knowledge
- Getting a higher contribution from herbal gardens belonging to Sri Lanka Ayurvedic Drugs Corporation

Capital Investment – 2024

Indigenous Medicine Sector

S/No.	Program	Amount to be spent (Rs.)
01.	Empowering conservation councils	5.0
02.	Establishment of Nutrition Houses	5.0
03.	Homeopathy system development	15.5
04.	Homeopathy Medical Council	2.0
05.	Operational activities	15.0
06.	Capacity development	1.5
07.	Collaborative treatments with Ayurveda	15.0
08.	Approaches of Indigenous Medicine to control and prevent non-communicable diseases	20.0
	Total	79.0

Department of Ayurveda

S/No.	Program	amount anticipated to be allocated (Rs.)
01.	Major renovations at Head office	2.0
02.	Major renovation and development work in Head Office	45.0
03.	Minor renovation of Ayurvedic Teaching Hospitals	2.0
04.	Major renovation of Ayurvedic Teaching Hospitals	42.1
05.	New construction of Ayurvedic Teaching Hospitals	915.26
06.	Minor renovation of Ayurvedic Research Hospitals	1.0
07.	Major renovation of Ayurvedic Research Hospitals	38.5
08.	Minor renovation in the National Institute of Traditional Medicine	1.0
09.	Major renovation in the National Institute of Traditional Medicine	1.50
10.	Minor renovation of herbal gardens	1.0
11.	Major renovation of herbal gardens	10.87
12.	Community health promotion service - Anuradhapura	1.0
	Grand total	1,061.23



Management Development and Planning Unit