

PERFORMANCE AND PROGRESS REPORT 2015 - 2016

Ministry of Health, Nutrition & Indigenous
Medicine

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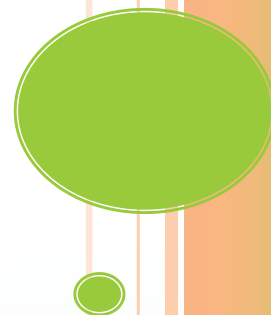
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SECTION I

HEALTH, NUTRITION



1. Introduction

The Government Health Services are operated under a Cabinet Minister assisted by a Deputy Minister. Again Unit of the Indigenous Medicine was combining with the Ministry of Health from year 2015 by naming as the Ministry of Health, Nutrition and Indigenous Medicine on September 2015 in order to operate with the integration of Western medicine system under the supervision of same cabinet Ministers.

The Ministry of Health (Central Government) is primarily responsible for the protection and promotion of peoples' health and its key functions include the setting of policy guidelines, medical, nursing and Para-medical education & training, management of Teaching and specialized medical institutions and the supply chain management for medical and logistics. With the implementation of the Provincial Councils Act in 1989, the health services were devolved creating the Line Ministry of Health at national level and separate Provincial Ministries of Health in the nine provinces. Twenty Five (25) Regional Directors of Health Services (RDHS) assist Nine Provincial Directors of Health Services. Each RDHS area is sub-divided in to several Medical Officer of Health areas and these units are responsible for preventive and promotional healthcare in a defined area.

In 1957, Establishment of Indigenous Medicine Department and appointing a person to its Commissioner's post. Later it was made as a Department of Indigenous Medicine. Subsequent to the Ayurveda Act No. 31 of 1961, all the medical practices existed in Sri Lanka like, Siddhi, Unani, Ayurvedic and all other medical systems were named as Ayurvedic Medical System.

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.

The broad aim of the health policy is to,

- i. Further increase Life Expectancy by reducing preventable deaths due to both communicable and non-communicable diseases.
- ii Improve the quality of life by reducing preventable diseases, health problems and disability and also emphasizing the positive aspects of health through health promotion.

The thrust areas identified in the previous year are,

- a. Provide & strengthen free health services in an equitable manner that benefit the rural poor and underserved, displaced communities in Sri Lanka.
- b. Providing adequate human resources in an equitable manner and enhance a suitable working environment and residential facilities in difficult and remote areas.
- c. Human resources development, emphasizing building up of positive human attitudes, appropriate knowledge and skills at delivering of services of defined quality.
- d. Prevention and control of communicable and non-communicable diseases.
- e. Promoting healthy lifestyles.
- f. Improving the quality of healthcare delivery in Base and Teaching Hospitals.
- g. Improving the health information system.
- h. Ensuring optimal utilization of resources through efficiency, effectiveness and accountability.
- i. Encouraging private sector investment in healthcare provision.

International comparisons show that the performance indicators related to Millennium Development Goals (MDG) showed outstanding progress of Sri Lanka in South East Asia Region (SEARO).

Scoreboard of progress towards health-related MDGs in countries of the South-East Asia Region, 2014												
Selected goals and targets	BAN	BHU	DPRK	IND	INO	MAV	MMR	NEP	SRL	THA	TLS	Data Source
G1. Child weight for age												1
G4. Child mortality												1
G5. Maternal mortality												1
G6. HIV/AIDS	*	**	No data available	**		*	**	**	*	**	No baseline data	1,2
G6. Malaria						No malaria						1,2
G6. TB												1,2
G7. Water												1,2
G7. Sanitation												1,2
G8. Essential drugs	Only scant data available, therefore no interpretation on progress possible											

(Source: Status of achievements towards health related MDG in countries of the South East Asia Region with in the regional and Global perspective 2014)

Achieving the Health-related Millennium Development Goals in the South-East Asia Indicators 2014 World Health Organization, Regional office for South East Asia.

2. Vision & Mission of Ministry

VISION

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

MISSION

To contribute to social and economic 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

3. Special events of health sector in Sri Lanka 2015 - 2016

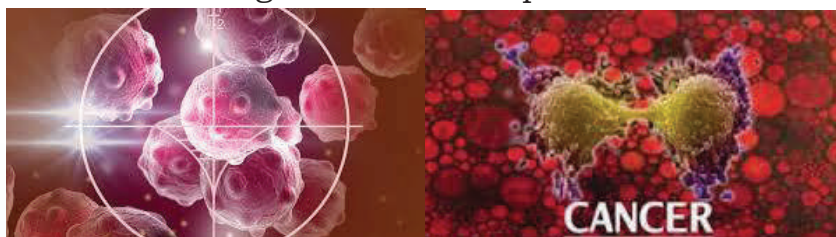
- **Establishment of National Drug Regularity Authority**



Function to establish the National Drug Regularity Authority was held at the Auditorium of National Drug Authority on 2nd July 2015 under the patronage of Hon. Dr. Rajitha Senarathna Minister of Health and Indigenous Medicine. . At this occasion Hon. Minister said that “In future patients can buy drugs without their trade names and then only they could know whether price of the drugs are high or low.

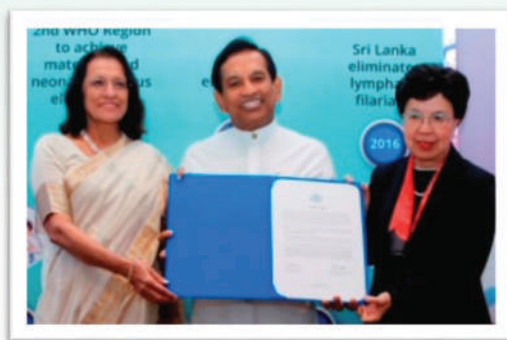
NDRA has introduced a pricing formulary to reduce the price of essential drugs and publish the Gazette Notice with Maximum Retail Price (MRP) of 48 number of essential drugs. (Annexure 1) The emphasis will be on ensuring that all relevant stakeholders practice the decision from making available to prescribing of this price reduced drugs. This will aim at reducing out of pocket expenditure on health.

Special attention made towards drugs imported to treat cancer patients. Till this year Rs. 1.5 million was allocated by the government per patient per year for provision of anticancer drugs through the government health institutions. The ministry of health has lifted this limit and now government is providing funding for the full regime of anti-cancer treatment. This will further reduce out of expenditure and bring relief to cancer patients and their families.



In addition we introduced new bio similar cancer drugs which will benefit patients and government by lower price.

- **World Health Organization Certifies Sri Lanka Malaria-Free**



In a remarkable public health achievement, Sri Lanka was certified 6th September 2016 by WHO on having eliminated malaria, a life-threatening disease which long affected the island country.

“Sri Lanka’s achievement is truly remarkable. In the mid-20th century it was among the most malaria-affected countries, but now it is malaria-free. This is testament to the courage and vision of its leaders, and signifies the great leaps that can be made when targeted action is taken. It also demonstrates the importance of grass-roots community engagement and a whole-of-society approach when it comes to making dramatic public health gains,” WHO Regional Director, Dr Poonam Khetrpal Singh, said here.

- **National Kidney Diseases Prevention Work Shop**



Expert discourse on prevention of National Kidney Diseases , organized by Presidential Task Force on prevention of National Kidney Diseases started on 16thDecember 2015 at Galle Face Hotel under the patronage of Minister of Health, Nutrition and Indigenous Medicine, Hon. Dr. Rajitha Senaratne.

- **The Ministry of Health and Indigenous Medicine wins the World Health Organization World No Tobacco Day 2015 Award**



Every Year, the World Health Organization (WHO) recognizes individuals or organizations in each of the six WHO Regions for their accomplishments in the area of tobacco control. This recognition takes the form of WHO Director – General special recognition Awards, World No Tobacco Day Awards, and in 2015 the Honorable Minister of Health and Indigenous Medicine of Sri Lanka Dr. Rajitha Senaratne, has won this prestigious award from the South East Asia Region.

- **Mathin Nidahas Ratak**



Under the Motto “a country free of Drug illness” The National Program on Drug Prevention and the declaration of Drug Prevention Month was held at Municipal Council ground of Ja Ela on 09th of July 2015. The photograph shows the participation of His Excellency the President of Sri Lanka Hon. Maithripala Sirisena and Hon. Rajitha Senaratna Minister of Health and Indigenous Medicine, in this event

- **Japanese Government Provides Medical Equipment Worth Rupees 610 Million to the Ministry of Health**



The Japanese government provided medical equipment worth Rs. 609,927,435.00 to the Ministry of Health, on 2nd March 2016 at National Blood Transfusion Centre, Narahenpita. These equipment will be distributed among District Hospitals, Base Hospitals, General Hospitals and Teaching Hospitals.

- **70 Blood Dialysis is Machine and 9 Vans are Provided to Strengthen the Kidney Disease Treatment Services**



Blood dialysis units costing Rs. 1,500,000 each were distributed among health institutions of Central Province, Eastern Province, Northern Province, North Central Province and Southern Province. Also vans were given for the purpose of transporting kidney patients and staff and to be used in health education programmes related to kidney diseases. The cost of each van is Rs. 8,000,000.

- **Providing sight to the blind/elderly – Free lenses for Cataract surgery patients**



Elders in Sri Lankan society contribute significantly to social development of their external families in their old age. Blindness is a noteworthy barrier impeding activities of daily living and old age dependency has increased. It has identified 1.7% Sri Lankan adults over 40 years were blind in 2015 and out of them the majority are elders. According available data, 1.2 million eye surgeries need to be done in the next 5 years with approximately 250,000 surgeries per year. Currently the government conducts 80,000 cataract surgeries per year, majority of these lenses have to be purchased by the patients. From year 2016, ministry of health is allocating 1200 million to provide free lenses for 120,000 Cataract surgeries

- **Providing free stents to patients with Ischemic Heart Diseases**



Ischemic Heart Diseases are non-communicable disease which contributes to premature death significantly in Sri Lanka. Although the ministry of health is taking several steps to prevent NCDs, it is important to improve the lives of people already affected. Cardiac stents are the most popular minimal invasive intervention for the ischemic heart diseases and recently ministry of health has taken steps to improve the availability of the stents in the government hospitals.

Ministry of health started providing stents worth of Rs. 324 million from this year.

- **Strengthen the Laboratory Services**



The burden of NCDs in Sri Lanka has increased the requirement for laboratory investigations for management of these patients. The government has initiated steps to strengthen the laboratory services to provide a wide range of essential investigations through the Government health facilities. This will minimize the out of pocket expenditure for the patients.

- **World Excellence Award for Prevention of Smoking**



The Global Excellence Award for prevention of smoking was presented to the Minister of Health Nutrition and Indigenous Medicine Hon. Dr. Rajitha Senarathna at the Water's Edge, Baththaramulla recently. The award was presented by World Health Organization to honor the excellent service rendered by him in the prevention of smoking.

- **Ayurvedic Expo 2015**



The International Ayurvedic exhibition “Ayurvedic Expo 2015”, organized by Chamber of Commerce was launched at Hilton Resident. Ministry of Health and Indigenous Medicine, Sri Lanka Export Development Board, Board of Investment, Sri Lanka Tourist development Board, Dept. of Commerce and other several Institutions coordinated this exhibition for three days, Hon. Rajitha Senaratna Minister of Health and Indigenous Medicine was the chief guest.

- **Emergency Ambulance Medical Care Services In Sri Lanka**



The Government of Sri Lanka has launched an Emergency Pre-Hospital Medical Care Ambulance service in partnership with the Government of India, under private public partnership with the GVK- Emergency Management and Research Institute (EMRI) of India to fulfill the emergency pre-hospital medical care needs of people in Sri Lanka.

This project is a total grant of USD 7.6 million and under the phase-I, 88 ambulance is facilitating to Western and Southern Provinces.

- **Healthcare Leadership TOT Programme**



This programme was held at Bandaranaike Memorial International Conference Hall (BMICH), Colombo, Sri Lanka as a two days' workshop from 31st March to 1st April 2016 with the joint collaboration of Singapore Health Services (SingHealth), Tesmasek Foundation and Ministry of Health, Nutrition and Indigenous Medicine and the College of Medical Administrators of Sri Lanka. The inauguration ceremony was graced by the Honourable Minister of Health Dr. Rajitha Senarathne with Mr. Anura Jayawickrama the secretary of Health and Dr. Palitha Maheepala the Director General of Health services.

- **69th Session of the World Health Organization Regional Committee for South East Asia**



Over the years, World Health Organization (WHO), in collaboration with the World Bank and other donor agencies, has supported the government's National Health Development Plan across thematic areas in addressing maternal and child health nutrition, prevention and control of non-communicable diseases and health system improvements as well as support for innovation, results monitoring, project appraisal and capacity-building in the health sector.

In this regard, Sri Lanka works closely with The South-East Asia Region of the World Health Organization (WHO-SEARO). The Regional Committee has eleven Member Countries: Bangladesh, Bhutan, Democratic Peoples' Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor Leste. SEARO meets annually to discuss its programmes and budget which is hosted by a member country and this year Sri Lanka hosted to 69th Session of the WHO Regional Committee for South East Asia with around 200-250 official delegates from over 15 countries, including Health Ministers from the 11 Member Countries.

❖ **Major development thrust areas for 2017**

1. Price reduction of essential drugs

The Ministry of Health revised the national drug policy and has taken several steps towards the reducing the price of essential drugs. The emphasis will be on ensuring that all relevant stakeholders practice the decision from making available to prescribing of this price reduced drugs. This will aim at reducing out of pocket expenditure on health.

2. Migrants health

Migration has played a significant role in Sri Lankan economy. Inbound, outbound and internal migration are drivers of our economy but also have significant health concerns. The Migration Health policy was launched in 2013. The policy has different areas for implementation through different stakeholders both within the country and outside with other countries.

The Ministry of Health intends to establish a system of Health assessment for those applying for long term resident visa into the country. This is aimed at further improving our public health safeguarding with diseases like TB, HIV, and malaria. It will also provide the migrants with health access to outpatient care in Sri Lanka through a National Health Protection insurance system. The proposal is intended to generate income to support health systems strengthening in providing care to migrants.

The Ministry of Health is also working on improving health assessments for those going out of the country. We intend to provide guidelines to private health assessment providers and also build their capacity through a training program. Those identified with problems like TB, NCDs etc will be linked to treatment in the government system.

The ministry of Health is also working with the Ministry of foreign employment to improve on their family background report to establish a coordinated care

plan, making families left behind less vulnerable. The ministry also intends to support the MOFE program to provide health care to returning labor migrants to ensure their health through a screening program.

The Government of Sri Lanka will host the 2nd Global Consultation on Migration Health in February 2017 on invitation by HE President Maithripala Sirisena.

3. Changing lifestyle to address Non Communicable diseases (NCDS)

Government policy is to prevent NCDs by prevention, early detection and treatment. With a view of screening and early detection, 842 healthy life style centers (HLC) were established all over the country. From 2017 Ministry of Health plans to improve these clinics by providing guidance for healthy life style and thereby prevention of NCDs. To provide life style guidance it is planned to recruit graduates in health promotion to HLCs

4. Expanding access to emergency care

There is a plan to construct and equip fourteen accident and emergency units throughout the country. Four of them (TH Jaffna, BH Kalmuni, DGH Polonnaruwa and BH Kalutara) are under construction at present. Another 6 units are under procurement stage and will be planned for construction in 2017. Another 14 A&E units are been upgraded during this year. This will increase the access to emergency care and prevent unnecessary complications and death.

Home to hospital ambulance service with the trained paramedics has been established with the assistance of Indian Government and the Government is planning to expand this service throughout the country in 2017.

5. Primary care reform - A family doctor for all

The Ministry of Health intends to reorganize and strengthen the Primary care level of Hospitals, i.e. hospitals without specialist to provide people with a family doctor closer to home.

The intention is to make best use of primary care curative facilities closer to home where a family doctor is identified for a population of 5000 based on available resource initially. All hospitals in the country will be clustered. A cluster will typically be an apex specialist care hospital (currently classified as Teaching hospital, General hospital, provincial hospitals, Base hospital) surrounded by the closest primary care providing hospitals (currently known as Divisional hospitals, Primary medical care units). A cluster and its hospitals therein would have demarcated catchment areas.

The proposed reform known as the Shared Care cluster will have following benefits

- a) better outpatient care in primary care hospitals, including providing all essential NCD medication and access to basic laboratory tests
- b) Providing basic emergency care access in primary care hospitals
- c) A family doctor will be available for all, for which more doctors will be appointed to primary care, who will be assigned to a few grama niladhari areas
- d) A referral system will be established ensuring access to specialist care, preventing bad outcomes
- e) A personal health record will be available to each and every citizen that shall be implemented in a phased out way.
- f) All primary level hospitals will have a Healthy lifestyle and will function full time to provide lifestyle guidance to those screened for NCD risk and those in Medical clinics with NCDs.
- g) In difficult and remote areas residential facilities will be provided to ensure that health staff will be retained so that people's health care can be continued.
- h) An outreach support system where specialists are linked with primary care doctors, which will also enhance the clinical skills of primary care doctors
- i) A community Nurse is to be appointed to primary level hospitals who will perform outreach home based care were elders, persons with disability who are less mobile can be provided with required nursing care.
- j) Primary care hospitals will be better supervised in the future to ensure that people will benefit from this reform to provide universal access to health care, especially for NCDs,
- k) The Ministry of Health will initiate the reform in the Northern Province.

6. Human Resources for Health

The Ministry of health, N & IM has within the allopathic health care a total health workforce of 124,000 the central coordination has been a critical challenge that affects the availability, distribution and quality of services. During 2017 the Ministry will put in place a Human Resource coordinating department to ensure that it is able to plan Human Resources in Health in an efficient way.

4. National Health Profile – (Summary)

Indicator	2005	2009	2012	2014
Demographic Indicators				
Total population (in thousands)	19,668	20,476	20,27	20,771
Land area (sq. km)	62,705	62,705	62,70	62,705
Population density (persons per sq.km)	314	327	323	332
Population growth rate (%)	1.1	1.1	0.9	0.9
Crude birth rate (per 1000 population)	18.83	18.0	17.5	16.9
Crude death rate (per 1000)	6.6	6.2	6.0	6.2
Urban population (%)	14.6	16.3	18.3	18.2
Sex ratio (No of males per 100 females)	97.9	95	94	93.8
Child population (under 5 years) %	8.6	9.0	8.6	8.6
Women in the reproductive age group (15-49 years) %	54.78	51.4	51.0	51.0
Average household size (Number of persons per family)	4.7	4.0	3.8	3.8
Socio-economic Indicators				
GNP per capita at current prices (Rs)	120,875	233,716	365,192	461,650
Human development index	0.751	0.653	0.715	0.711
Dependency ratio	49.27	50.8	60.2	60.2
Old-age (60 years and more)	9.49	10.9	19.8	19.8
Young (under 15 years)	39.77	28.4	40.4	40.4
Total Female Male	90.7 89.2 92.2	90.7 89.2 92.2	95.6 94.6 96.8	95.7 94.6 96.9
Health and Nutrition Indicators				
Life expectancy at birth (years)				
Female	76.4	78.7	79.8	78.6
Male	71.7	69.9	70.5	72
Neonatal mortality rate (per 1,000 live births) -FHB Data	8.4	7.3	6.8	6.2
Infant mortality rate (per 1,000 live births) - FHB Data	11.17	10.5	9.2	8.6
Under-five mortality rate (per 1,000 Under 5 population)	13.39	12.1	12.1	12.2

Indicator	2005	2009	2012	2014
Average no. of children born to ever married women in Sri Lanka	1.9	2.2	2.6	2.4
Maternal mortality rate (per 100,000 live births) – FHB Data		40.2	37.7	32
Low-birth-weight per 100 live births in government hospitals %	17.6	17.2	16.3	16.0
Percentage of under five Children Under weight (weight-for- age)	29.4	21.1	17.3	16.4
Wasting (Acute undernutrition (weight-for- height)	14	14.7	14	12.2
Stunting (Chronic malnutrition (height-for-age)	13.5	17.3	11.4	10.5
Primary Health Care Coverage				
Percentage of pregnant women attended by Skilled provider	96	98.6	98.6	98.6
Percentage of live births in government hospitals	92.2	92.2	95.6	94.6
Women of childbearing age using contraceptives (%)				
Modern Method	49.5	52.5	52.5	52.5
	20.5	15.9	15.9	15.9
Population with access to safe water (%)	68.4	89.1	80.5	81.1
Health Resources				
Government health expenditure as % of GNP	1.85	1.41	1.2	1.62
Government health expenditure as % of total government expenditure	5.4	3.86	4.1	5.96
Per capita health expenditure (Rs)	2,215	3,298	4,392	7,497
Medical Officers per 100,000	51.9	67.2	78.6	84.8
Population per Medical Officer	1,927	1,491	1,278	1,179
Dental Surgeons per 100,000	4.9	5.1	6.0	6.5
Nurses per 100,000 population	101.4	153.0	180.3	185.1
Public Health Midwives per 100,000 population	24.9	26.3	28.6	28.7
Number of hospitals	608	642	621	622
Number of hospital beds	60,237	70,842	76,08	80,105
Hospital beds per 1,000 population	3.1	3.5	3.8	3.9
Number of Medical office of Health(MOH) Divisions	286	303	337	338

Source : Medical Statistics Unit – “Annual Health Bulletin”

Health Facility Survey 2011 , 2014

Description	2011	2014
Immunization Coverage		
BCG Immunization Coverage at Birth⁴(2014)	94.8	91.00
Pentavalent 3 Immunization Coverage (at 6 months) ⁴(2014)	93.4	99.1
Measles Containing Vaccine (MCV) 1 Immunization Coverage (at 1 year)(2014) ⁴	96.5	100
Measles Containing Vaccine (MCV) 2Immunization Coverage (at 3 years)⁴(2014)	95.0	95.5
Diphtheria/Tetanus (DT) Immunization Coverage (at 5 years) ⁴	95.1	80.5
Adult Tetanus / Diphtheria (aTD) Immunization Coverage (at 13 years) ⁴(2013)	66.6	87.9
Percentage of Pregnant mothers protected with Tetanus Toxoid ⁴(2013)	89.5	99.9
Percentage of Pregnant mothers registered before 8 weeks ³(2013)	72.6	75.4

Significant Communicable Disease Conditions	2011		2014	
	<i>Number</i>	<i>Per 100,000 Population</i>	<i>Number</i>	<i>Per 100,000 Population</i>
Significant Communicable Disease Conditions				
Number of HIV cases reported ⁵2014	145	0.72	228	1.10
Newly Registered Cases of Tuberculosis⁷(2014)	9,508	46.92	8,692	42.04
Number of Dengue Cases Reported ⁴(2014)	28,473	140.51	47,502	229.75
Number of Human Rabies Cases Reported ⁴- 2014	41	0.20	19	0.09
Number of Viral Hepatitis Case Reported	1,648	8.13		
Number of Leprosy Cases Reported	2,229	11.00		
Number of Leptospirosis Cases Reported ⁴⁴(2014)	6,694	33.03	3,214	15.54

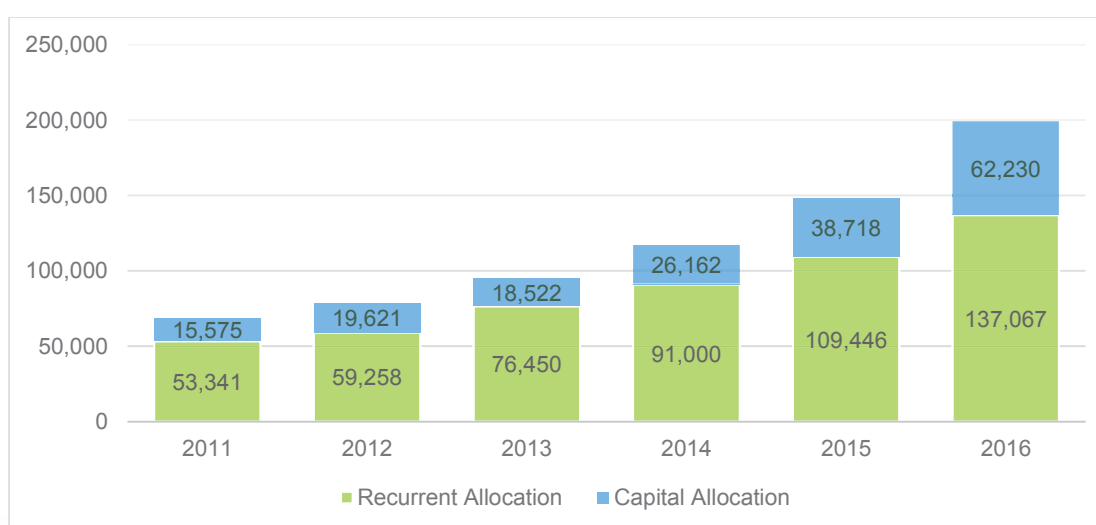
Availability of Facilities		
	2011	2014
Beds per 100,000 population	354	
Number of Intensive Care Unit (ICU) Beds	587	523
Intensive Care Unit Beds per 100,000 Population	2.90	2.52
Number of Labour Room Beds	1,387	1,451
Labour Room Beds per 1,000 Deliveries	3.57	58,404
Number of Operating Theatre Tables used at present	437	498
Number of Blood Banks available	83	75
Number of Blood Banks which provide 24 hour coverage	50	74
Number of MRI Scanners available	4	5
Number of CT Scanners available	22	21
Number of Static X-Ray Machines available	182	166
Number of Dialysis Units available	136	152
Number of Therapeutic Ventilators available	479	580
Number of Incubators available	613	570
Number of Ambulances in Running Condition	891	926

Health Budget during 2011 – 2016

A significant increase is noted in the health budget from 2011 to 2016. Total health budget increased by 289.19% over 2011 to Rs. 199,297 Millions in 2016.

Rs.Million						
Years	2011	2012	2013	2014	2015	2016 Up to June
Recurrent Allocation	53,341	59,258	76,450	91,000	109,446	137,067
Recurrent Expenditure	52,994	57,859	75,559	90,494	100,754	52,509
Recurrent Expenditure %	99.35	97.64	98.83	99.44	92.06	38.31
Capital Allocation	15,575	19,621	18,522	26,162	38,718	62,230
Capital Expenditure	10,360	13,647	17,435	21,628	29,488	6,396
Capital Expenditure %	66.52	69.55	94.13	82.67	76.16	10.28
Total Allocation (Recurrent. + Capital.)	68,916	78,879	94,972	117,162	148,164	199,297
Total Expenditure (Recurrent. + Capital)	63,354	71,506	92,995	112,122	130,241	58,905
Total Health Expenditure %	91.93	90.65	97.92	95.70	87.90	29.56

Total Budgetary Allocation 2011-2016 (Rs. Mn.)



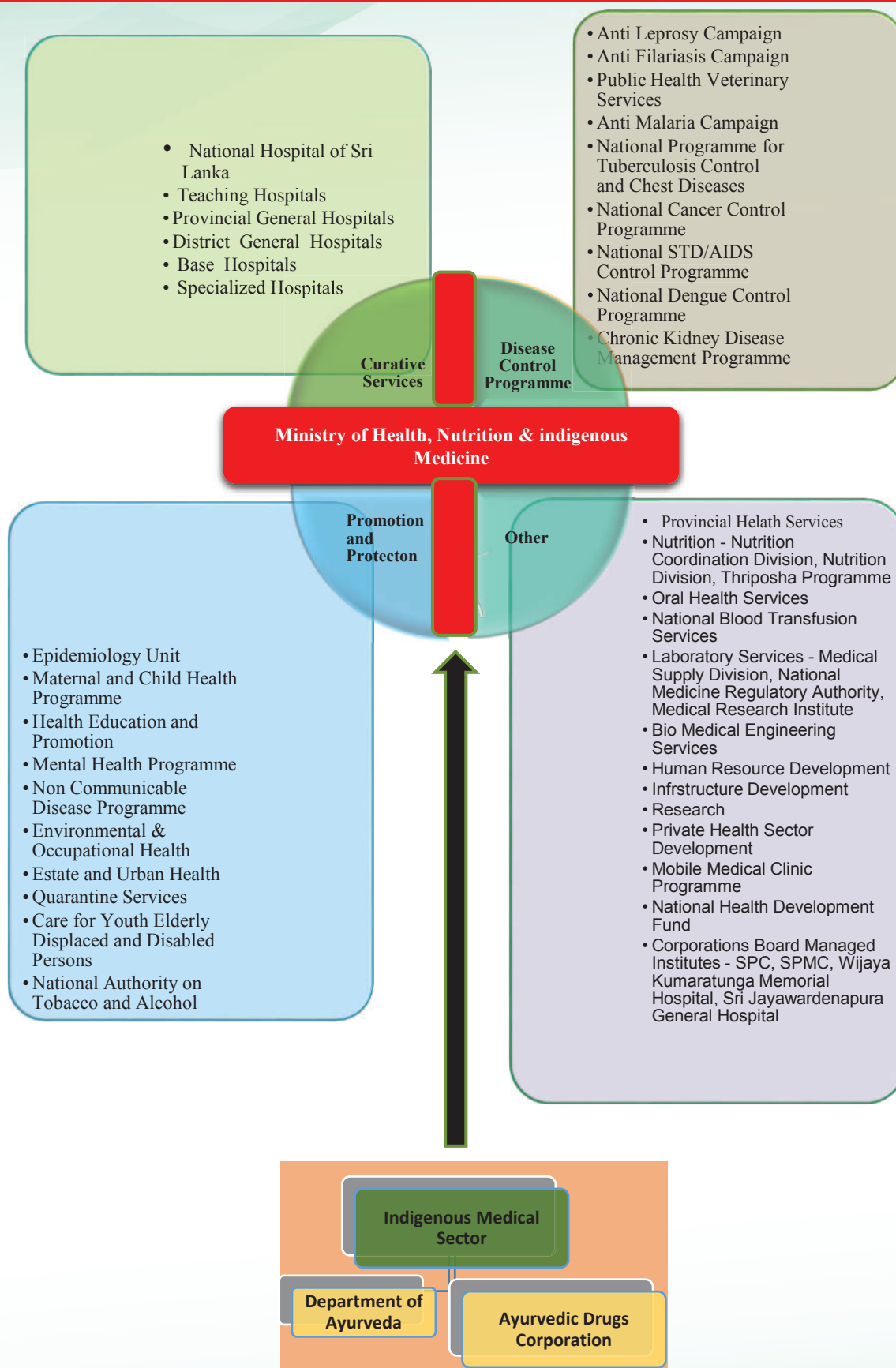
Main components of Recurrent Allocation for 2014 and 2016 are as follows

Rs.Million

Description	2014	2015	2016
Medical Supplies	34,915.45	40,000.00	45,000.00
Personal Emoluments	42,680.79	56,050.84	58,268.30
Other Recurrent Expenditure *	13,403.76	13,395.41	33,799.20
Total	91,000.00	109,446.25	137,067.50

- *Other recurrent includes mainly, travelling, supplies, diets, uniforms, fuel, electricity, water etc.*

5. Institutional structure of ministry of Health



6. Institutions, Campaign, Programme Under the Ministry and Achievements

6.1 DISEASE CONTROL PROGRAMME

6.1.1 Anti-Leprosy Campaign



Launching official website of Anti Leprosy campaign

Anti-Leprosy Campaigns (ALC) main role is policy planning, program planning, monitoring and evaluation, strengthening management information system, training program evaluation. Different program indicators outlined in the WHO 'Enhanced Global Strategy to Sustain Leprosy Activities and Further Reduce Leprosy Burden 2011-2015' are used. The ALC is also mandated to build and sustain partnership with relevant partners. In addition, Central Leprosy Clinic (CLC) and Leprosy Hospital Hendala are clinical services that are directly managed by ALC.

Leprosy is a chronic infectious disease which, if untreated, can lead to permanent and progressive nerve damage and thereby to deformities of the limbs, eyes and face. Delay in diagnosis of leprosy can increase the risk of nerve function impairments and promote the transmission of the infection in a community.

During the last two decades, Sri Lanka has made notable progress towards eliminating leprosy. The introduction and expansion of Multi Drug Therapy (MDT) in 1982, an effective chemotherapy of short term duration and the launching of the awareness campaign; the Social Marketing Campaign in 1990 to educate the general public about early signs of leprosy and to dispel misconceptions surrounding the disease, have resulted in the achievement of the leprosy elimination target in 1995 at the national level.

To further improve patients access to treatment and shift the ownership for leprosy to the Provincial and District health services, leprosy services were integrate into the general health services in 2001. Today leprosy can be diagnosed and treated at any dermatology clinic. To further improve detection of new cases through contact tracing and to improve follow-up at field level leprosy has been made a notifiable disease in 2013.

Year	New cases detection Rate for 100,000 population	Multibacillary Percentage	Child percentage	Deformity Rate for 100,000 population
2001	12.1	35.0	11.0	1.06
2002	11.6	34.6	11.1	1.07
2003	10.0	37.4	11.5	0.82
2004	9.9	41.3	11.4	0.75
2005	9.0	41.5	10.5	0.62
2006	9.0	43.9	10.3	0.57
2007	10.0	44.8	10.0	0.60
2008	9.9	44.8	10.3	0.78
2009	9.1	47.6	9.9	0.58
2010	9.5	46.2	9.7	0.69
2011	10.6	48.2	10.7	0.72
2012	10.6	49.3	7.6	0.79
2013	9.6	48.8	9.2	0.65
2014	10.4	47.01	10.39	0.71
2015	9.43	53.81	11.28	0.94

The Leprosy control program observes that although elimination level is reached at national level, packets of transmission exists as revealed by child rates. The program will need to intensify control at sub national level in selected areas.

6.1.2 Anti Filariasis Campaign

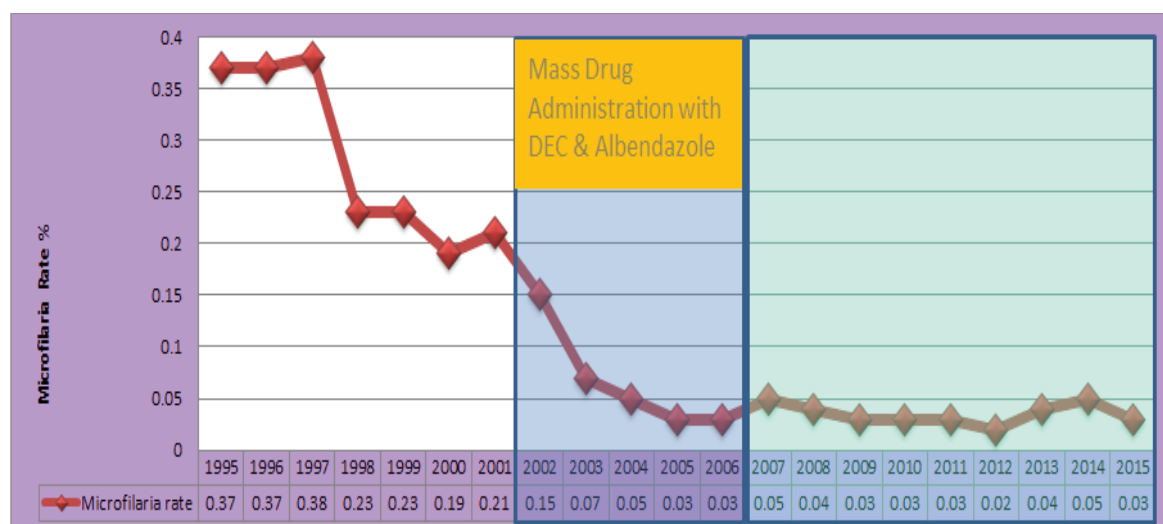
Anti Filariasis Campaign (AFC) is the National programme of the Ministry of Health responsible for prevention and control of Lymphatic Filariasis (LF) in Sri Lanka. Lymphatic Filariasis was endemic in eight districts of Sri Lanka in Western, Southern and North Western Provinces. There are Regional Filariasis Control Units in seven endemic districts.

LF is one of the most disfiguring diseases in the world which causes permanent disability leading to social stigma, economic loss with a heavy burden on health systems. LF is one of the leading causes of permanent and long-term disability. AFC extends the services towards controlling the

parasite, controlling the vector and managing the people with lymphoedema and other manifestations of LF.

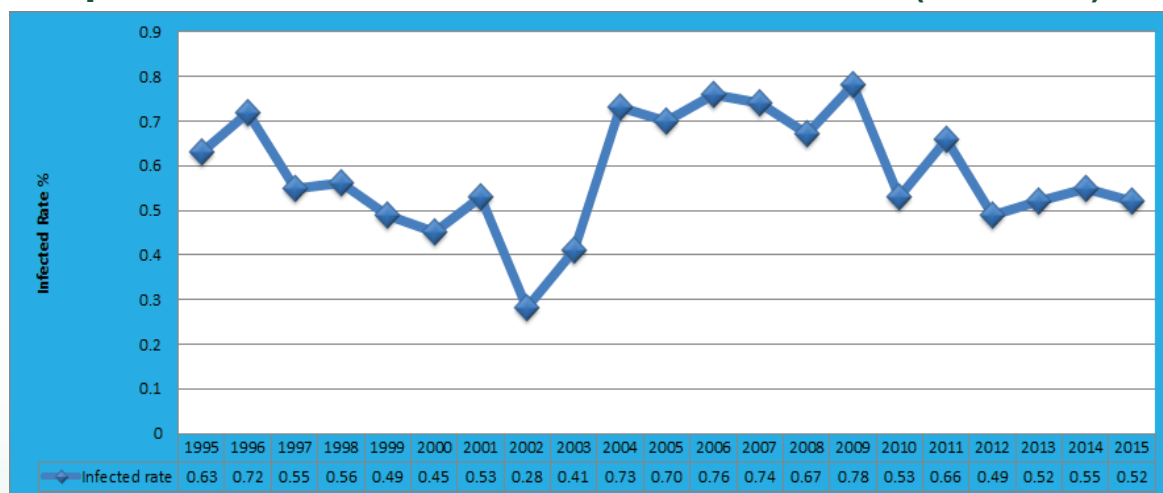
Sri Lanka is one of the first countries in South-East Asia Region identified as suitable to work towards verification process for the certification on elimination of filariasis. In June, 2011, three-member WHO expert team visited Sri Lanka to commence the verification exercise. In 2015 AFC submitted a report (dossier) to World Health Organization to consider granting the Certification on Elimination of Lymphatic Filariasis as a Public Health Problem. WHO granted the certification on elimination of Lymphatic Filariasis to Sri Lanka on 21st of July 2016.

Microfilaria rate in endemic districts in Sri Lanka (1995-2015)



This graph shows the microfilaria (mf) rate in Sri Lanka. This shows the effectiveness of mass drug administration programme during 2002-2006.

Mosquito infected rate in endemic districts in Sri Lanka (1995-2015)



This graph shows that there are infected mosquitoes in the environment. Mosquitoes get infected when they take a blood meal from a microfilaria positive person. So it is important to continue control activities.

Microfilaria rate in Sri Lanka in 2015

District	No. of blood films examined	No. of positive blood films	microfilaria (mf) rate%	No. of microfilaria (mf)	microfilaria (mf) Density
Colombo	46,304	2	0.004	27	225.05
Gampaha	50,412	6	0.01	19	52.79
Kalutara	72,033	12	0.02	124	172.26
Western Province	168,758	20	0.01	170	214.11
Galle	19,495	46	0.24	756	273.97
Matara	81,798	19	0.02	95	104.41
Hambantota	5,456	4	0.07	119	395.91
Southern Province	106,749	69	0.06	970	234.35
Kurunegala	49,134	6	0.01	84	233.38
Puttlam	11,669	1	0.01	9	150.03
North Western Province	60,803	7	0.01	93	221.47
Total (endemic districts)	336,310	96	0.03	1,233	214.11
Kegalle (Non endemic)	1,622	2	0.12	2	16.67
Sabaragamuwa Province (Non endemic)	1,622	2	0.12	2	16.67
Sri Lanka (Endemic & Non endemic)	337,932	98	0.03	1,235	210.08

* Out of these 98 microfilaria positive cases, 4 cases were positive with *B. malayi* and these cases were reported from Gampaha, Puttalam and Matara districts. The highest no. of mf positive cases (46) and highest mf rate (0.24) were reported in Galle district. Hambanthota district reported 04 mf positive cases and mf rate was 0.07% in this year.

Sri Lanka has eliminated lymphatic Filariasis however the need to continue surveillance is noted.

6.1.3 Public Health Veterinary Services

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

Rabies and Japanese Encephalitis are two major zoonotic viral diseases that affect 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. Similarly, pigs act as an amplifier of Japanese Encephalitis. Estimated pig population in Sri Lanka is around 150 thousand.

Rabies control measures which had been launched in Sri Lanka since 1975 made a tremendous impact on the incidence of human rabies which is a disease with 100% fatality. The number of human rabies deaths has declined from 377 in 1973 to 24 in 2015 and 4 deaths in 1st quarter of the year 2016. A special modular training programme on Rabies Health Education was initiated with the awarding of a Rabies Educator certificate following the successful completion of training and assessment.

A Mop-up Vaccination Campaign was conducted in the RDHS of Kalutara to improve coverage of dog's vaccination and thereby improve herd immunity against Rabies which has earlier shown a decrease in Rabies among dogs in the area.

Perform ance	Indicato r	2011	2012	2013	2014	2015
Mass vaccinat ion of dogs against rabies	Outcome Indicator					
	Number of dog rabies vaccinati on - Domestic	982,565	1,118,611	1,148,688	1,349,874	1,294,529
	Number of dog rabies vaccinati on- Stray	132,343	130,479	175,781	150,278	4152,404

	Number of dog rabies vaccination- total	1,115,399	1,260,310	1,350,561	1,533,032	1,446,933
	Number of cat vaccination					43,608
Animal Birth Control	Number of chemical dog (female) sterilization	54,345	49,989	36,416	18,664	8,017
	Number of surgical dog sterilization	106,002	116,154	135,277	134,943	133,427
Training of all Stake holders	Number of training programmes	19	5	30	48	48
Monitoring and Evaluation	Number of review meetings	02	02	04	04	04
Mass Awareness programme	Number of people visited to Exhibition stalls	373,789	537,500	588,400	1,548,000	22,704
	Number of leaflets printed and distributed	41,300	57,000	100,150	75,000	41,814
	Number of school children covered through awareness programmes	38,789	23,620	63,950	48,000	19,110

	Media Seminar	01	01		01	-
Vaccination of pigs		72,640	60,000	80,000	70,000	70,000
	Impact Indicator					
	Human Rabies Deaths	41	38	28	19	24
	Incidence of human rabies per 100,000 population	0.2	0.19	0.14	0.1	0.12

Following major inputs were carried out from GOSL funds

Prevention of Human Rabies	Expenditure (Rs Million)	
	2015	Up to May 2016
Human Rabies Vaccine	237.5	95.7
Human Rabies Immunoglobulin (HRIG)	101.3	23.4
Horse Rabies Immunoglobulin (ERIG)	74.4	39.5
Total	413.2	158.6

Prevention of Animal Rabies	Expenditure (Rs Million)	
	2015	Up to May 2016
Dog Rabies vaccination	25.2	4.7
Dog sterilization	192	52.0
Total	217.2	56.7

6.1.4 Anti-Malaria Campaign

Anti-Malaria Campaign is mainly involved in the formulation of policy, strategies and guidelines for Malaria control and monitoring of the malaria situation, provision of equipment to the provincial programmes, inter-provincial co-ordination, co-ordination of training and research activities in malaria control and liaisons with foreign donor agencies.

The World Health Organization (WHO) declared Sri Lanka free of malaria on Tuesday (6th September-2016) and termed the feat a

"remarkable" public health achievement in the country. The Asian nation was one of the most malaria-affected countries in the world.

It becomes the second country in the UN health agency's Southeast Asia region – after Maldives – to be declared malaria-free. According to WHO, there were no locally transmitted cases of the mosquito-borne disease detected in the country in the last three-and-a-half years, hence it was awarded the certification.

- The Anti Malaria Campaign (AMC) has taken several measures to verify the absence of malaria transmission with in the country, including parasitological surveillance, and has conducted 2304 outreach malaria mobile clinics and screened 153,459 people for the said purpose
- Nearly 1.14 million blood smears were examined as a part of parasitological surveillance to ensure absence of malaria parasites among the population during the stipulated period.
- Although there is absence of locally transmitted malaria, Sri Lanka continues to get imported cases of malaria due to increased migration of people. Hence case surveillance, early detection and prompt treatment of patients become very critical for prevention of reintroduction of malaria in the country. AMC identified 51 such imported cases detected and treated during the above period.

Malaria incidence in Sri Lanka 2000-2016 (up to March)

Year	Number of cases			No. of deaths
	Indigenous	Imported	Total	
2000			210,039	76
2001			66,522	53
2002			41,411	30
2003			10,510	4
2004			3,720	1
2005			1,640	-
2006			591	-
2007			198	1
2008	647	23	670	-
2009	531	27	558	-
2010	684	52	736	-
2011	124	51	175	-
2012	23	70	93	-
2013	-	95	95	-
2014	-	49	49	-
2015	-	36	36	-
2016		15	15	-

6.1.5 National Programme for Tuberculosis Control and Chest Diseases

National Programme for Tuberculosis Control and Chest Diseases is a decentralized unit in the Ministry of Health, which is headed by the Director NPTCCD. The central unit of the NPTCCD, National Tuberculosis Reference Laboratory (NTRL), and Central Drug Stores of the NPTCCD, District Chest Clinics of Colombo and Gampaha and chest ward DH Kopay are under the direct administrative purview of the Director NPTCCD.

NPTCCD provides its services through a network of chest clinics, chest wards and laboratories. Inward facilities for TB patients are provided by the chest wards situated in 13 District Hospitals and National Hospital for Respiratory Diseases (NHRD) situated in Welisara. Diagnostic services are provided through National TB Reference Laboratory (NTRL), Provincial culture laboratories in Kandy & Rathnapura, district chest clinic laboratories and over 160 microscopy centers.

National Programme for Tuberculosis control and Chest Diseases (NPTCCD)

Category	2015	2016 up to 1 st Quarter
1. Total number of TB cases reported	9,575	2,302
a) New cases	8990	2163
b) Relapses	303	84
2. Total number of persons examined	216,539	41,991
3. Total number of cases positive for TB	4,745	1,164
4. Number of chest hospitals	1	1
5. Number of chest clinics	26	26
6. Number of chest wards	13	11
7. Total number of Staff		
a) Medical Staff (MOS and AMOs)*	47	47
c) Non-Medical Staff (Paramedical staff and other *)	136	136

** Include staff of central unit, NTRL, CDS, and chest clinics, Colombo and Gampaha*

The following are the key indicators measured during the period of 2010 - 2015

	2010	2011	2012	2013	2014	2015
DOTs area coverage (%)	100	100	100	100	100	100
Case detection rate (all forms of TB) * %	72.7	73.4				
Case detection rate (for Incidence cases- new & relapse) * %			65.4	66.9	66.1	68.4
Treatment success rate (for sputum positives) ** %	86.4	87.0	86.2	85.2	83.9	
Defaulter rate(for sputum positives) ** %	4.1%	4.7%	4.9%	5.4	5	
Cure rate(for sputum positives) ** %	82.9	83.5	81.1	79.3	78.3	
Death Rate (for sputum positives) ** %	6.6%	5.4%	5.5%	5.3	7.4	

* In 2010 & 2011 Case Detection Rate is calculated for all forms of TB cases. Since 2012, it is calculated For new & relapse cases.

** Treatment outcome is available for cohort of patients registered in 2014. Outcome data for patients Registered in 2015 not still available since some of them are still on treatment.

6.1.6 National Cancer Control Programme for Sri Lanka

National Cancer Control Programme (NCCP) is the national focal point for prevention and control of cancers in the country. It is also responsible for policy, advocacy, planning, monitoring and evaluation of prevention and control of cancers including surveillance of cancers and facilitating research related to cancer.



No. of newly registered cancer patients at Government Cancer Treatment Centers

Cancer Treatment Centre	Year							2015
	2008	2009	2010	2011	2012	2013	2014	
NCI - Maharagama	11,163	11,756	11,513	12,403	12,550	12,689	13,247	13,890
TH-Kandy	3,648	3,634	4,046	5,042	3,717	3,516	4,000	4,023
TH -Karapitiya	1,764	1,866	1,793	2,193	2,158	2,455	2,479	2,394
TH -Jaffna	412	479	659	055	1,048	1,061	1,032	1,100

Cancer Treatment Centre	Year							2015
	2008	2009	2010	2011	2012	2013	2014	
TH – Anuradhapura	712	551	641	698	803	850	1,114	1,300
PGH - Badulla	753	794	858	1,430	2,152	2,203	1,527	2,285
TH - Batticaloa	Unit not opened	169	565	727	1,094	932	897	900
TH - Kurunegala	538	804	806	1,174	1,122	1,042	1,238	1,680
PGH – Rathnapura	319	485	636	735	808	767	807	902
*Total	19,309	20,538	21,517	25,457	25,452	25,515	26,341	28,4744

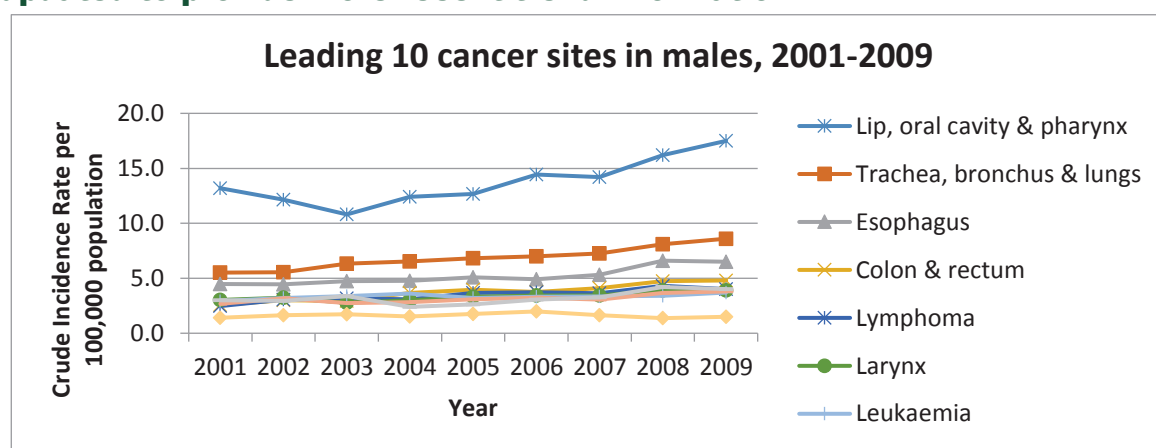
** May include duplicate entries in the same year or previous years*

Leading Cancer Sites- Males (No (Age Standardized Rate - ASR)

Site	Year				
	2005	2006	2007	2008	2009
Lip, oral cavity & pharynx	1240 (14.1)	1427 (16.0)	1415 (15.7)	1630 (18.1)	1773 (19.4)
Trachea, bronchus & lungs	666 (7.7)	691 (7.9)	723 (8.3)	814 (9.3)	875(10.0)
Oesophagus	498 (5.8)	486 (5.7)	530 (5.9)	664 (7.5)	656 (7.3)
Colon & Rectum	388 (4.4)	371 (4.2)	409 (4.5)	477 (5.3)	489 (5.8)
Lymphoma	360 (3.9)	369 (3.9)	363 (3.8)	434 (4.6)	408 (4.3)
Larynx	324 (3.7)	341 (3.9)	343 (3.9)	393 (4.4)	393 (4.4)
Leukemia	313 (3.3)	329 (3.5)	332 (3.6)	344 (3.7)	378 (4.0)
Prostate Gland	303 (3.5)	321 (3.8)	305 (3.6)	396 (4.6)	381 (4.4)

Site	Year				
	2005	2006	2007	2008	2009
Unknown Primary Site	257 (2.9)	303 (3.3)	326 (3.8)	423 (4.7)	404 (4.5)
Bladder					260 (2.9)
Brain	171 (1.8)				
Stomach			224 (2.5)	239 (2.7)	

Increasing trends are noted, however cancer registries are currently being updated to provide more recent trend information

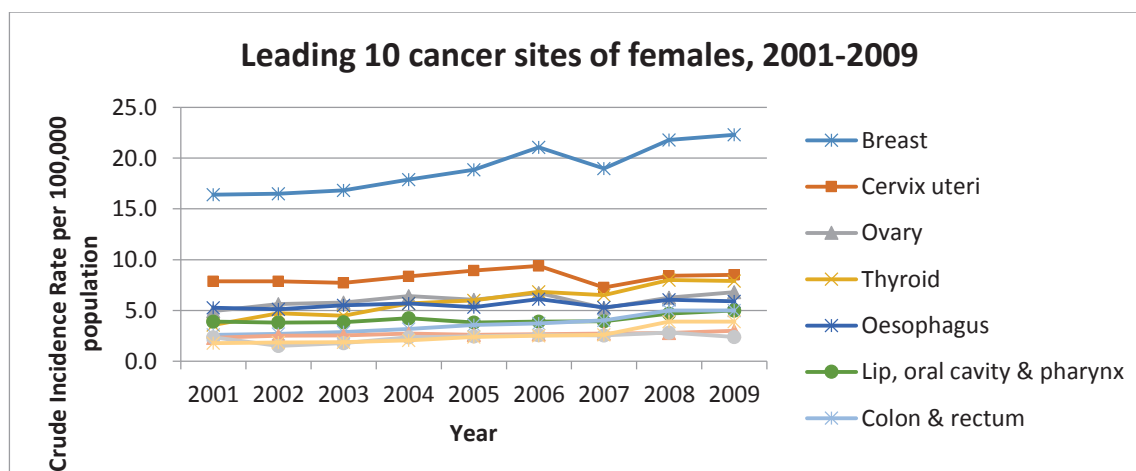


Life style related risk factors {Tobacco (both smoking and smokeless form), betel chewing, alcohol and unhealthy dietary habits) are the main modifiable risk factors for common male cancers. Therefore targeted preventive measures need to be strengthened.

Leading Cancer Sites – Females (No (ASR))

Site	Year				
	2005	2006	2007	2008	2009
Breast	1859 (18.3)	2102 (20.6)	1914 (18.8)	2220 (21.8)	2293 (22.2)
Cervix uteri	881 (8.9)	934 (9.6)	732 (7.4)	858 (8.6)	879 (8.7)
Thyroid Gland	592 (5.6)	683 (6.4)	656 (6.1)	815 (7.4)	816 (7.4)
Ovary	596 (5.9)	672 (6.7)	529 (5.3)	637 (6.2)	698 (6.8)

Site	Year				
	2005	2006	2007	2008	2009
Oesophagus	524 (5.5)	610 (6.4)	534 (5.6)	617 (6.4)	608 (6.2)
Lip, Oral Cavity & Pharynx	377 (3.8)	390 (4.0)	398 (4.0)	477 (4.8)	520 (5.2)
Colon & Rectum	353 (3.6)	372 (3.8)	405 (4.1)	508 (5.2)	517 (5.5)
Uterus	237 (2.4)	268 (2.8)	263 (2.7)	397 (4.1)	397 (4.1)
Leukemia	257 (2.8)	257 (2.8)	275 (2.9)		310 (3.2)
Lymphoma	243 (2.5)	251 (2.5)	257 (2.6)	288 (2.8)	



Among female cancers, early detection of breast cancer (awareness of changes of breast, self-breast examination, and clinical breast examination for all women and mammography and ultrasound scan for high risk females) and primary prevention of cervical cancer through Pap smear screening programme need to be further strengthened

National Cancer Control Policy emphasizes the need for prevention and early detection cancers. Service expansion is key strategy. Many preventable cancers share the same risk factors for chronic NCDs. Interventions directed at risk reduction (no tobacco and alcohol initiative, promotion of physical activity, healthy eating) would be effective in controlling both.

6.1.7 National STD/AIDS Control Programme (NSACP)



Launching New Guideline book on Prevention of HIV

The National STD/AIDS control programme (NSACP) of Ministry of Health, is the principal government organization that is responsible for the national response to HIV/AIDS in Sri Lanka. Being a specialized public health programme of the Ministry of Health, NSACP is responsible for coordinating, planning and implementation of the HIV National Strategic Plan and the AIDS Policy in the country.

The key components of this program are Prevention, Screening for STD and including HIV, Care and treatment (STIs and Patients living with HIV), Prevention of Mother to Child Transmission, Surveillance, monitoring and evaluation.

As of end 2015, there are 30 full-time STD clinics and 22 branch STD clinics in Sri Lanka. Of these STD clinics, 13 have the capacity to provide antiretroviral treatment (ART) services. The only Anti-Retroviral Treatment (ART) facility outside of NSACP is located in Base Hospital Angoda (IDH). NSACP networks with all these clinics.

Since the identification of the first HIV infected Sri Lankan in 1987, a cumulative total of 2308 HIV positive persons have been reported up to end 2015. During 2015, 235 HIV cases were reported to the National STD/AIDS control programme. Reported HIV cases show a steady upward trend. Number of cases reported annually have increased by 147% during the last 10 years. However, during 2015 the male to female ratio increased to 2.8:1. It is estimated that HIV prevalence is < 0.1% in the general population of Sri Lanka. NSACP provided counselling and HIV services to 19 out of 20 (95%) HIV positive donors detected during 2015. It is expected that these services

will minimize future donations by these HIV positive donors and will also prevent HIV transmission to their sexual partners.

Prior to scaling up of the Prevention of Mother to Child Transmission programme, two premier maternity hospitals namely the De Soyza Maternity Hospital (DMH) and the Castle Street Hospital for Women (CSHW) have been screening antenatal mothers for HIV since early 2000. Antenatal HIV prevalence is taken as a proxy prevalence of the general population. However, these two hospitals represent urban antenatal women and their HIV prevalence is considered higher than the rural antenatal prevalence.

Following table summarizes the key HIV estimated figures for 2015.

- People living with HIV in 2015 - 4100
- Estimated new HIV infections in 2015 - < 1000
- Estimated AIDS deaths in 2015 - < 100
- Estimated HIV prevalence in 2015 - < 0.1

HIV Testing in 2015

	Types of blood samples screened for HIV	Number Tested	Number Positive	Test Positivity Rate
1.	Blood Donor Screening (NBTS & private Sector blood banks)	399,500	20	0.01%
2.	Private Hospitals and Laboratories	217,889	46	0.02%
3.	Antenatal Mothers	279,196	11	0.004%
4.	STD Clinic samples*	79,900	144	0.18%
5.	Tri-forces	25,969	01	0.004%
6.	Prison HTC Programme	11,382	03	0.03%
7.	TB Screening	7,827	10	0.13%
	Total	1,021,663	235	0.02%

By the end of 2015, a total of 948 People Living with HIV (PLHIV) were under care and of them 803 were on Anti Retro viral therapy (ART). During 2015, 235 persons were diagnosed with HIV. Of them 216 (92%) were registered in HIV care services during the same year.

Comprehensive services are provided to PLHIV including ART services to reduce illness, improve quality of life and also to prevent further transmission. The services offered include counseling, support for disclosure and partner notification, screening for STI, TB, CMV, toxoplasma, Hepatitis B and C infections, screening for non-communicable diseases, Cotrimoxazole prophylaxis and Hepatitis B vaccination. In addition, females are offered

services for family planning, regular Pap smear screening and services for prevention of mother to child transmission (PMTCT) in pregnancy. National STD/AIDS control programme of the Ministry of Health is the sole provider of ART in Sri Lanka.

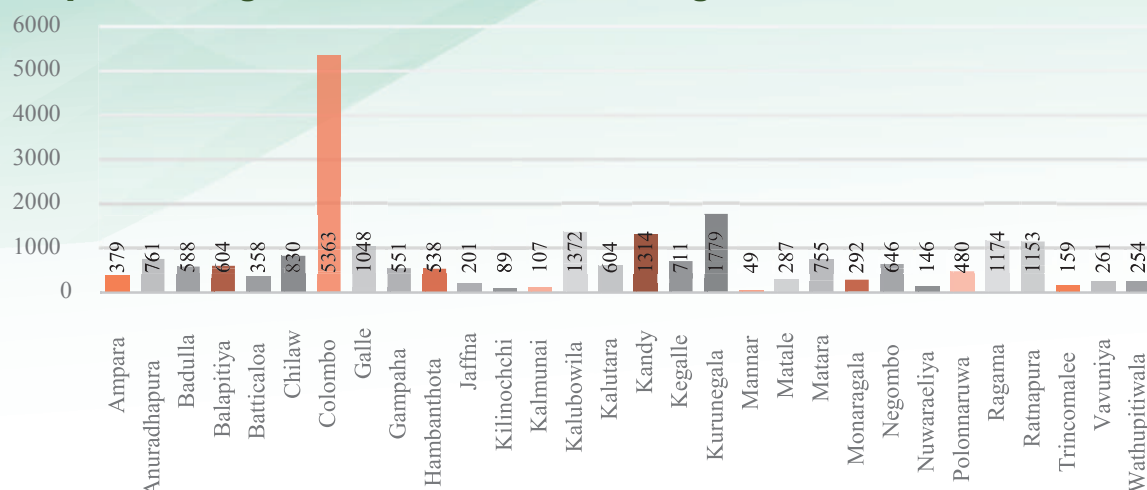
During the year 2015, thirty four (34) deaths of PLHIV were reported, out of which 32 deaths were due to AIDS. Twenty five (25) of these deaths were among those diagnosed in 2015 and they were diagnosed in the late stage with AIDS.

Management of patients with Sexually Transmitted Disease

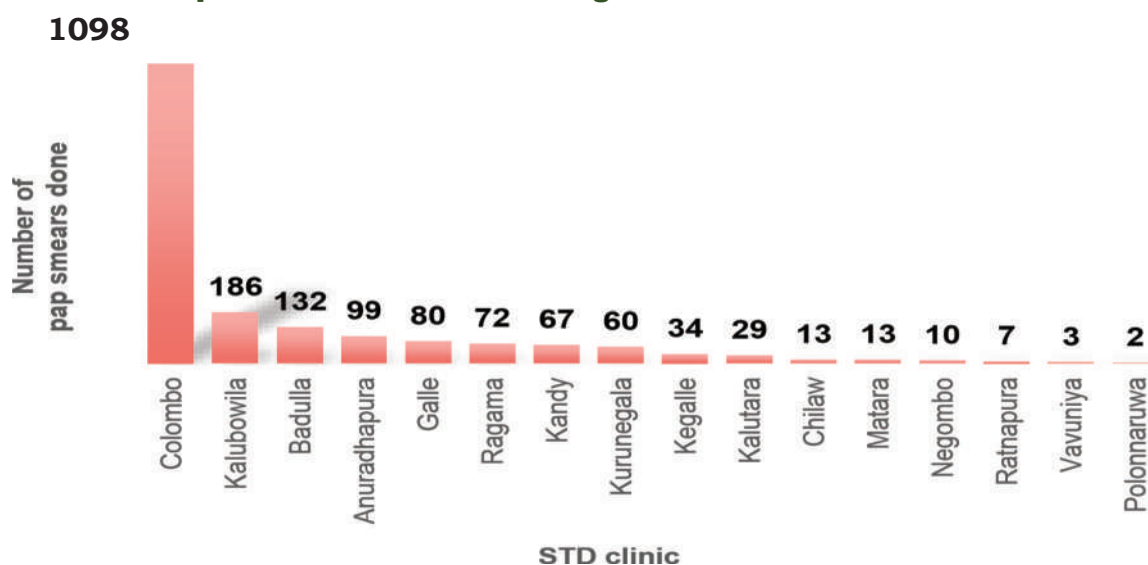
Diagnoses reported from STD clinics during 2015

Diagnosis	Male		Female		Total	
	No.	%	No.	%	No.	%
Genital Herpes	1,218	22	1,727	21	2,945	21
Candidiasis	971	17	1,618	20	2,589	19
Non-gonococcal infec.	556	10	1,663	20	2,219	16
Genital Warts	1,147	20	858	10	2,005	14
Bacterial Vaginosis	-	0	1,426	17	1,426	10
Late syphilis	613	11	342	4	955	7
Gonorrhoea	329	6	125	2	454	3
Early Syphilis	125	2	55	1	180	1
Trichomoniasis	15	0	104	1	119	1
Chlamydia	35	1	31	0	66	0
Early Congenital Syphilis	3	0	4	0	7	0
Late Congenital Syphilis	4	0	3	0	7	0
Ophthalmia neonatorum	2	0	1	0	3	0
Chancroid	2	0	1	0	3	0
Other STI	466	8	192	2	658	5
Total STI	5,650	100	8,202	100	13,852	100

New patients registered at STD clinics during 2015



Number of Pap smear tests done during 2015



Sri Lankan status with regards to EMTCT validation during 2015

- New HIV pediatric infections 1.9 per 100,000 live births
- Congenital syphilis 3.8 cases per 100,000 live births

Status of selected process indicators

1. Antenatal care coverage (at least one visit) of more than or equal to 95%
2. Coverage of HIV and/or syphilis testing of pregnant women of more than or equal to 95%
3. Antiretroviral treatment coverage of HIV-positive pregnant women more than or equal to 90%
4. Treatment of syphilis-seropositive pregnant women more than or equal to 95%.

6.1.8 National Dengue Control Programme



Strengthening Dengue Control Programme

The National Dengue Control unit (NDCU) serves as the national focal point for dengue control programme in the Ministry of Health since 2005. It is mainly responsible for the coordination of activities related to control and prevention of dengue at central level between different stakeholders and to provide support (technical & financial) for the district and divisional health authorities to control/prevent dengue in their respective areas.

The main goal of NDCU is prevention and control of dengue illness, so that it is no longer a major public health problem in the country. To achieve this goal measures are adopted to enhance disease surveillance, integrated vector management, proper case management, inter-sectoral co-ordination, social mobilization, outbreak response and research.

In Sri Lanka, although dengue fever has been around for several decades, it is reported explosively over 2 decades. Nevertheless, the Case Fatality Rate (CFR) which was 9.9% in 1980-1990, has been reduced drastically up to 0.2% as of now. The major interventions to achieve this progress includes extensive training and establishment of high dependency units on patient management.

These are described below under each component of dengue control strategic plan.

1. Patient management

1.1. Reduction in number of deaths due to Dengue.

Dengue patients and deaths

Year	Reported patients	Deaths	*Death ratio
2014	47,502	97	0.20
2015	29,777	60	0.2
2016	15,637 (Until April)	14	0.1

**Death ratio = Number of deaths: Number of reported patients*

1.2 Establishment of High dependency Units (HDU)

2015 nearly 103 million was allocated to establish 18 HDUs in selected hospitals covering all 09 provinces of the country.

1.3 Provision of Medical equipment to almost all the hospitals up to Base hospital level; 15 portable Ultrasound Scanners were distributed among major hospitals to identify critical patients in early stages.**2. Vector control**

2.1. For Mosquito Control Activities; to kill adult mosquito and larva – such as Technical Malathion, Pesgurd and Abate were purchased and distributed among all regions according to their previous risk levels.

2.2. Twenty five hand held fogging machines and 05 vehicle mounted fogging machines were purchased and handed over to high risk MOH areas in 2015 and purchasing order has been given to 50 fogging machines and tender procedures are ongoing for another 100 in 2016.

2.3. Preparation of the cabinet paper to recruit 1500 “Mosquito control assistants “at MOOH level to inspect premises and educate the public (which is being processed)

3. Disease surveillance system

Establishment of web based system (Den-Sys) to receive morbidity and mortality data from selected 55 hospitals.

4. Research

Assessing the feasibility and effectiveness of use of BTI in the integrated vector management programs for dengue control in the Colombo district.

5. Monitoring and Supervision

Provincial, District and Divisional inter-sectoral meetings are conducted quarterly, monthly and weekly covering all high-risk areas respectively.

District Review meetings were conducted in most high risk districts including Colombo,

Gampaha, Kalutara and Ratnapura.

Special events/ Innovations**1. Social Mobilization and Inter-sectoral coordination**

Number of special Mosquito control programs including several Mosquito Control Weeks were declared in 2015 island wide to eliminate breeding places including potential breeding places before the commencement of monsoonal rains. Total number of 1,717,332 premises were inspected and 362,122 potential breeding places were found with 39,049 positive mosquito larvae as shown in table below.

2015 Programs Summary

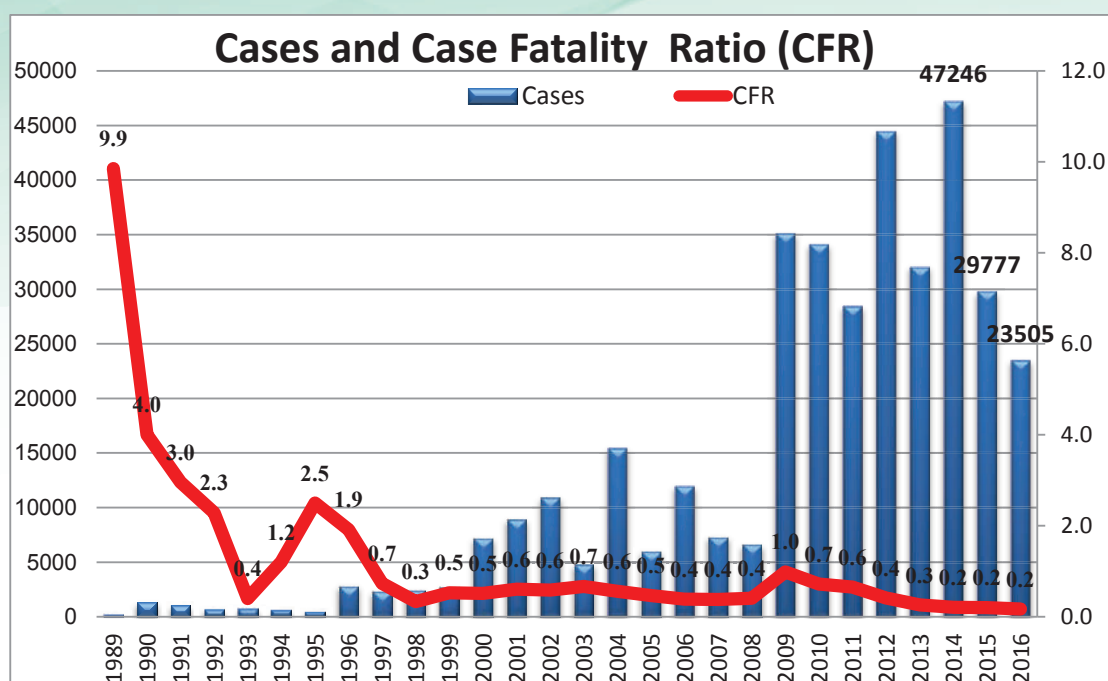
Program	Dates	No. of premises visited	No. of potential premises	%	No. of premises with larvae	%	Number corrected	%	Notice	Legal Actions to be taken
Phase I	19-21 Feb.	61,580	10,079	6.37	722	1.17	6,425	63.75	1,240	376
Phase II	4-6th June	66,884	12,821	19.17	1,644	2.46	9,238	72.05	2,277	681
Phase III	09-11 July	70,923	10,728	15.13	898	1.27	8,629	80.43	1,467	270
Phase IV	29-30 July	33,742	6,041	17.90	461	1.37	4,465	73.91	809	210
Phase V	12-14 Nov.	62,079	12,337	19.87	1,359	2.19	6,653	53.93	2,566	443
Phase VI	07-09th Dec.	53,281	8,731	16.39	1,101	2.07	6,104	69.91	2,112	505
Phase VII	21-23rd Dec.	59,668	8,628	14.46	986	1.65	5,576	64.63	2,437	398
Sub Total	WP Special Programs	408,157	69,365	16.99	7,171	1.76	47,090	67.89	12,908	2,883
Phase II	Kandy, Jaffna, Batticaloa, Trincomalee, Puttalam, Kurunegala, Rathnapura	45,557	11,654	25.58	1,294	2.84	5,476	46.99	1,019	310
NMCW1 -2015	28th March to April 2015	670,194	150,374	22.44	14,257	2.13	99,452	66.14	20,945	3,673
NMCW2- 2015	10th-16th Sept.	600,393	131,577	21.91	16,657	2.77	88,853	67.53	23,405	3,045
Total		1,724,306	362,970	21.05	39,379	2.28	240,871	66.36	58,277	9,911

Dengue case fatality trend

District	2014				2015				2016 up to June			
	Reported cases	%	Deaths	CFR%	Reported cases	%	Deaths	CFR%	Reported cases	%	Deaths	CFR%
Colombo-MC	2,446	7.56	10	0.41	1,899	8.91	3	0.16	1,879	7.99	5	0.27
Colombo-RHDS	8,313	25.69	31	0.37	4,920	23.09	14	0.28	5,550	23.61	11	0.2
Colombo	10,759	33.25	41	0.38	6,819	32.01	17	0.25	7,429	31.61	16	0.22

	2014				2015				2016 up to June			
District	Reported cases	%	Deaths	CFR%	Reported cases	%	Deaths	CFR%	Reported cases	%	Deaths	CFR%
Gampaha	5,687	17.57	12	0.21	2,996	14.06	2	0.07	2,123	9.03	5	0.24
Kalutara	2,106	6.51	0	0	1,079	5.06	1	0.09	1,467	6.24	6	0.41
Kandy	1,257	3.88	4	0.32	882	4.14	2	0.23	1,745	7.42	7	0.4
Matale	359	1.11	1	0.28	349	1.64	0	0	322	1.37	1	0.31
Nuwara Eliya	234	0.72	0	0	124	0.58	0	0	206	0.88	0	0
Galle	870	2.69	0	0	620	2.91	2	0.32	919	3.91	0	0
Hambantota	522	1.61	0	0	236	1.11	1	0.42	446	1.9	0	0
Matara	477	1.47	1	0.21	302	1.42	0	0	573	2.44	2	0.35
Jaffna	885	2.73	0	0	1,287	6.04	1	0.08	1,372	5.84	1	0.07
Killinochchi	46	0.14	1	2.17	61	0.29	0	0	52	0.22	0	0
Mannar	89	0.28	0	0	79	0.37	0	0	96	0.41	0	0
Vavuniya	105	0.32	0	0	103	0.48	0	0	167	0.71	0	0
Mulativu	86	0.27	0	0	119	0.56	0	0	120	0.51	0	0
Batticaloa	659	2.04	3	0.46	1,330	6.24	4	0.3	326	1.39	0	0

	2014				2015				2016 up to June			
District	Reported cases	%	Deaths	CFR%	Reported cases	%	Deaths	CFR%	Reported cases	%	Deaths	CFR%
Ampara	127	0.39	0	0	51	0.24	1	1.96	119	0.51	0	0
Trincomalee	505	1.56	2	0.4	520	2.44	0	0	294	1.25	0	0
Kurunegala	1,597	4.93	5	0.31	990	4.65	1	0.1	1,293	5.5	1	0.08
Puttalam	526	1.63	1	0.19	560	2.63	1	0.18	653	2.78	3	0.46
Anuradhapura	419	1.29	0	0	317	1.49	2	0.63	331	1.41	0	0
Polonnaruwa	416	1.29	0	0	176	0.83	0	0	231	0.98	0	0
Badulla	532	1.64	1	0.19	430	2.02	0	0	391	1.66	0	0
Monaragala	221	0.68	1	0.45	154	0.72	0	0	191	0.81	1	0.52
Ratnapura	2,428	7.5	8	0.33	799	3.75	2	0.25	1,465	6.23	0	0
Kegalle	1,317	4.07	0	0	466	2.19	1	0.21	807	3.43	1	0.12
Kalmunai	133	0.41	0	0	456	2.14	1	0.22	367	1.56	0	0
National	32,362	100	81	0.25	21,305	100	39	0.18	23,505	100	44	0.19



The number of cases have increased significantly whilst Case Fatality Rate has reduced. Case reduction requires a multi sector effort with community participation.

6.1.9 Chronic Kidney Disease of Uncertain origin Management Programme

Chronic Kidney Disease (CKD) is a widespread disease caused by wide range of precipitating factors. Chronic kidney disease of uncertain origin (CKDu) was first detected in the early 90s from North Central Province it is a, toxic nephropathy causing tubular necrosis and differs from the pathophysiology of CKD caused by Hypertension and Diabetes. CKDu affected areas adjacent to North Central Province were also detected which include in Ampara, Badulla, Kurunegala, Matale, Mullative, Trincomalee and Vavuniya Districts.

CKDu is the existence of chronic kidney disease without diabetes, hypertension, ureteric calculi, glomerulonephritis, pyelonephritis or snake bite. In Sri Lanka, the etiology of CKDu is uncertain. However the disease is attributed to several causative factors including high use of agrochemicals, hard water which include high levels of Calcium and Fluoride, dehydration due to inadequate drinking of water and heat, and presence or absence of certain chemical compounds (eg. high levels of Arsenic and Cadmium, low levels of Selenium).

There are approximately 70,000 estimated CKD/CKDu patients in known high risk areas of which majority are from North Central Province. Madawachchiya, Padaviya, Kabithigollawa, Rambawa, Madirigiriya, Wilgamuwa, Girandurukotte, Padavi Sripura, Gomerankadawala, Dehiattakandiya, Polpithigama and Welioya Medical Officer of Health (MOH)/Divisional Secretariat (DS) areas have high prevalence of CKD/CKDu

Community screening for CKD/CKDu started in 2008 and there are 21,452 patients living with CKD/CKDu in the country ((Table1).. These figures were obtained from a survey conducted this year by the Ministry of Health. .Around 2000 deaths occur in the government hospitals due to CKD/CKDu.

Table 1: Distribution of CKDu patients according to District

Actions taken by the Ministry of Health, Nutrition and indigenous

District	2014	2015	2016
Ampara	493	389	468
Anuradhapura	8903	8412	8412
Polonnaruwa	3483	5018	5018
Badulla	1010	943	943
Kurunegala	561	1706	1660
Matale	803	1706	1107
Monaragala	246	268	794
Mullathivu	333	142	486
Vavuniya	163	1684	1933
Tricomalee	484	467	426
Hambanthota	0	488	205
Total	16479	21223	21,452

Medicine according to the CKDu prevention and management strategic plan



Effort to improve supervision to find out needs of Kidney patient

1. Screening

1. During 2014 approximately 510,316 from the community were screened for early detection of CKD/CKDu from the high risk areas. By the end August 2016 a total of 785,106 individuals have been screened using the new guidelines. In 2016 alone 130,034 individuals were screened.
2. Strengthening of screening facilities in high risk areas
 - a. Appointment of 18 Medical Officers of Chronic Kidney Disease Prevention (CKDP) to CKDu high risk areas to facilitate screening programmes and CKD/CKDu prevention activities.
 - b. 15 passenger vans have already added to the service to improve the transport facilities to conduct screening programmes and CKD/CKDu prevention activities. Another 26 passenger vans have been added recently.
 - c. Strengthening of laboratory services by providing equipment's including fully and semi-automated bio-chemistry analysers to the laboratories in health institutions to assist mass community based screening programmes in CKD/CKDu high risk areas.
 - d. Capacity building programmes conducted by Nephrologists and RDHS/PDHS on community based screening and counselling for MOH health staff in CKD/CKDu high risk areas.

2. Strengthening of curative sector for management of CKD Patients

1. Four categories of patient management medical institutions within the curative settings were identified. These are:
 - a. Primary Care Units
 - b. Nephrologists Visiting Centers
 - c. Hospitals with dialysis facilities
 - d. Nephrology Units
2. Strengthening of clinic facilities in hospitals in CKD/CKDu high risk areas
 - a. Building CKD clinic centers in CKD/CKDu high risk areas. Fifteen clinic centers are planned for Divisional Hospitals and Base Hospitals (Table 2).
 - b. Capacity of all other hospitals will also be strengthened to facilitate easy access.
3. Strengthening of laboratory facilities in hospitals in CKD/CKDu affected high risk areas
 - a. The laboratory requirements were identified according to the four categories of CKD/CKDu patient management systems.
 - b. Identified laboratory equipment were purchased and is in the process of distributing to 29 identified hospitals in CKD/CKDu affected areas
4. Make available the drugs to the hospitals according to the level of care it provides in CKD/CKDu affected areas.

5. Capacity building programmes were conducted by Nephrologists on management of CKD/CKDu patients for medical officers of government institutions in CKD/CKDu high risk areas. Human resource development will be a continuous process led by the Nephrologists.
6. Strengthening of hemodialysis (HD) facilities
 - a. Presently there are 248 HD machines in government hospitals the number of machines will be expanded by adding another 259 by the end of 2016 (Table 3).
 - b. Staff requirements for the dialysis units have been identified and informed to the relevant sections for recruitments.
7. New renal units with Nephrologists will be established in TH Jaffna, TH Batticaloa, TH Karapitiya, PGH Badulla and DGH Trincomalee.
8. Strengthening of renal transplant facilities
The available facilities for renal transplant will be improved in NHSL, TH Kandy, TH Anuradhapura and TH Peradeniya. Transplant facilities will be established in TH Jaffna, TH Karapitiya. (Table 4)

Table 2: Development of new CKD Clinic Centres

	Building	Allocation-2016 (Rs. Mn.)	Responsibility	Progress (August 2016)
1	DH Madawachchiya	12	PDHS-NCP	100% Completed
2	DH Hingurakgoda	15	PDHS-NCP	60% Completed
3	BH Padaviya	37	MoH	90% Completed
4	DH Aralaganvila	34	MoH	80% Completed
5	DH Bakamuna	46	MoH	25% Completed
6	DH Hettipola	47	MoH	50% Completed
7	DH Padavi Sri pura	37	MoH	90% Completed
8	BH Dehiattakandiya	42	MoH	15% Completed
9	BH Wallawaya	42	MoH	50% Completed
10	BH Thissamararamaya	50	MoH	50% Completed
11	DH Mamaduwa	32	MoH	100% Completed
12	DH Sampath Nuwara	49	MoH	25% Completed
	Building	Allocation-2016 (Rs. Mn.)	Responsibility	Progress (August 2016)

13	BH Kabithigollawa	45	MoH	50% Completed
14	BH Mallawi	43	MoH	35% Completed
15	BH Cheddikulum	43	MoH	50% Completed
	Total	574		

Table 3: Availability of Dialysis Machines

Province	No. of machines 2013	No. of machines at end of 2015	No. of machines at the end of 2016	Private sector expansion	Machines to be installed with the Renal Units 2017-18	Total No. of machines at the end of
NCP	45	57	51	40	50 (National Centre at Polonnaruwa)	198
NWP	12	24	12	40		76
NP	17	27	12	20	36 (TH Jaffna)	95
Uva	7	14	32	20	22 (PGH Badulla)	88
EP	6	22	44	20	50 (DGH Trincomalee & TH Baticoloa)	136
SP	9	13	11	20	35 (DGH Hambanthota)	79
CP	23	35	46	40		121
WP	45	55	48	80		183
Sabaragamuwa Pr.	1	1	3	20		24
Total	165	248	259	300	193	1000

Table 4: No. of Renal Transplants conducted

	No of Renal Transplants conducted		
Established Centres	2014	2015	2016
NHSL	88	76	82
TH Kandy	78	96	115
TH Peradeniya	3	6	07
SJGH	22	23	17
TH Anuradhapura	11	17	11
NINDT	105		
TH Karapitiya	9	16	18
PGH Polonnaruwa		1 (2016)	
NEW Centres			
National Renal Care Centre at Polonnaruwa	Will be available by 2018		
TH Jaffna			
TH Karapitiya (Expansion)	Will be available by end of 2016		

3. Surveillance of CKD / CKDu

Introducing the CKD/CKDu surveillance and CKD/CKDu registries in CKD/CKDu high risk areas

1. Fifty (50) sentinel sites were identified for the CKD/CKDu surveillance programme.
2. These sentinel sites are strengthened with provision of IT equipment (computers, printers and internet) to facilitate effective surveillance.
3. Systematic collection of information of all CKD/CKDu patients through hospital surveillance system from the 50 sentinel sites have commenced. The surveillance information from health institutions flows to the Epidemiology Unit on a monthly basis as e mails and postal returns. An electronic web based system for CKD/CKDu surveillance is being initiated.
4. Geographical mapping of CKD/CKDu patients to their residences, at Grama Seva Niladhari (GSN) levels, using GPS in CKD/CKDu high risk areas has already begun. More than 9,000 CKD patients in Anuradhapura, Polonnaruwa, Trincomalee (Padavi Sripura) and Mullative (Welioya) were in a systematic method using GPS. Initiations made to collaborate with other organizations to utilize this information to explore possible etiological factors (eg. Collaborate with Survey Department).
5. Electronic surveillance will facilitate the identification of individual patients, their regular follow up for treatment and identification of CKD/CKDu high risk GSN Divisions in MOHs of the affected areas. This enhances and strengthens the development of community based registers of CKD/CKDu patients at GSN level.

6. Strengthening of IT facilities to MOH offices in CKD/CKDu high risk areas to enhance maintenance of community based CKD/CKDu registers and screening information.
7. CKD units are in process of development at RDHS Offices in CKD/CKDu high risk areas. These will be manned by MO CKDP

4. Community Empowerment (COMBI)

Coordinating the development of Communication activities for Behavioral Impact (COMBI) to prevent CKD/CKDu

1. COMBI plan has been developed
2. Required health education materials were developed

5. Financial assistance for CKD/CKDu patients

Following authorized people to recommend the financial assistance:

1. Nephrologists
2. Physicians
3. Medical Officer of Health (MOH), Officer in Charge of a Medical Institute (With the written evidence of the disease certified by either Nephrologist or Physician)
4. Ayurvedic Physicians - Patients should be referred to a Nephrologist or a Physician and should be diagnosed as CKD/CKDu
5. All the patients with the Kidney disease should visit the clinic for at least past 3 months for them to eligible for the financial assistance
6. Allocations for the financial assistance is provided by the National Secretariat for Persons with Disabilities under the Ministry of Social Services, Welfare and Livestock Development for the Anuradhapura, Polonnaruwa, Matale, Trincomalee, Ampara, Kurunegala, Mulathivu and Vavunia districts and for Badulla and Moneragala districts the allocations are provided from the Provincial Councils.

6. Strengthening of evidence based medicine

It is planned to establish a fully functional research Centre at TH Kandy/TH Peradeniya.

Presently there is operational research in following,

1. Home based peritoneal dialysis programme.
2. Assessment of the best Bio-marker for the screening of CKDu patients early.
3. Costing study on CKDu patient management

6.2 PROMOTION & PROTECTION OF HEALTH

6.2.1 Epidemiology Unit

Epidemiology Unit is the focal point within the Ministry of Health, for surveillance and implementation of programs for vaccine preventable diseases of importance to Sri Lanka.

Disease surveillance is a key strategy in the prevention and control of communicable diseases, in that the unit is responsible for, providing accurate epidemiological data for action. The unit is also responsible for developing implementation plans and carrying out close monitoring and evaluation with regards to preventive and control strategies. Vaccine preventable diseases are successfully controlled in the country through an effective National Immunization Programme (NIP). The Epidemiology Unit is the managing body of the NIP. The unit plays the main role in immunization related policy development, decision making regarding the National Immunization Schedule, new vaccine introduction, coordinating logistics for supply of vaccines and consumables and monitoring/evaluation of the NIP.

National Immunization Programme (NIP)

- The NIP maintained near 100% coverage for all childhood vaccinations adhering to the quality standards in all parts of the island. No large outbreak of vaccine preventable disease was reported during the period of 2015-2016. Additional events following immunization were closely monitored.
- A National Policy for Immunization, covering all aspects related to immunization and immunization service is now in the process of being developed into an act and gazetted at the legal division of the Ministry of Health.
- Vaccine temperature monitoring study has been carried out.
- Vaccine temperature mapping study has been completed

Disease surveillance

There were no major outbreaks of any communicable diseases reported during 2015 and the first half of 2016.

- Epidemiology Unit introduced a web based national communicable disease surveillance system “e-surveillance” in keeping with the National policy. This has been implemented since January 2015 on all island basis replacing the previous paper based National communicable disease surveillance system. This new web based surveillance system will largely improve the efficiency and accuracy of communicable disease surveillance data which in turn will help effective prevention and control of communicable diseases in the country. Currently the system functions smoothly covering all MOH

areas of the country and has been able to achieve over 98% completeness in all districts and over 90% timeliness in most of the districts.

Polio eradication programme/ Measles, Rubella & Congenital Rubella Syndrome eradication

Sri Lanka is free from poliomyelitis since 1993 and the WHO has declared that the South-East Asia region is now free from Polio. Polio eradication and endgame strategic plan 2013-18 is a comprehensive long-term strategy that was developed by the Global Polio Eradication Initiative (GPEI) in consultation with national health authorities, global health initiatives, scientific experts, donors and other stakeholders, with the objective of delivering a polio-free world by the year 2018.

Dengue Fever/Dengue Hemorrhagic Fever

Dengue is a highly endemic disease in Sri Lanka. Through improved case management, case fatality rate has reduced to less than 0.2% in 2015.

- National mosquito control weeks were declared in 2015 and 2016 and successfully carried out targeting high risk areas in the most vulnerable districts particularly in the Western Province. Nearly 2 million premises were inspected during these campaigns. Activities were monitored by central and district technical teams.
- International Conference on Dengue was conducted with many local and international experts. Specially was used as high level advocacy tool.

Leptospirosis control

- The Epidemiology Unit guided MOH level coordination meetings for Leptospirosis control and prevention activities.
- A documentary and a tele-film was launched and distributed to MOH offices.
- A guideline on clinical management of Leptospirosis has been completed.
- Special surveillance has been successfully carried out in Sri Lanka.
- One month long media campaign was carried out which coincided with the paddy cultivation season.
- Expansion of web based was established one health hub with coordination with the Department of wildlife, Veterinary faculty and Department of Animal Production and Health (DAPH).

National Avian/Pandemic Influenza Preparedness Programme-Influenza Surveillance

The Influenza status of the country was monitored through an improved surveillance system in preparation of a possible pandemic as well as the seasonal outbreaks. The surveillance system operates in collaboration with the Department of Animal Production and Health (DAPH).

Ebola and Middle East Respiratory Syndrome Corona Virus (MERS CoV) preparedness

Ebola and MERSCoV were two serious diseases with pandemic potential which mainly affected West African region and Middle East region, the latter causing an outbreak in South Korea lately was another potential to Sri Lanka. No cases of EVD or MERS CoV have been reported in Sri Lanka so far.

6.2.2 Maternal and Child Health Programme

Family Health Bureau (FHB) is the central organization of the Ministry of Health responsible for policy planning, coordination, monitoring and evaluation of maternal and child health and family planning including School Health and Well woman Clinic programmes within the country. The Bureau provides necessary guidance and direction for effective implementation of programmes at the periphery and also implements special projects funded by international agencies. The FHB lays foundation for practice of MCH services based on scientific evidence for optimizing service delivery in facing present and future challenges.

Performance indicators

Indicator	2009	2010	2011	2012	2013	2014
Maternal Mortality Rate – MMR (FHB data)	40.2 per 100,00 0 live births	31.1 per 100,00 0 live births	32.5 per 100,00 0 live births	37.7 per 100,00 0 live births	32.5 per 100,00 0 live births	32.0 per 100,00 0 live births
Neonatal Mortality Rate per 1000 live births (FHB data)	7.3	7.9	7.6	6.8	6.5	6.2
Indicator	2009	2010	2011	2012	2013	2014

Infant Mortality rate (IMR) per 1000 LB	10.5	10.6	10.2	9.2	8.8	8.6
% of mothers registered for antenatal care before 8 weeks	66%	69.8%	72.6%	75.2%	75.4%	76.2%
% of institutionalized deliveries	99.7%	99.8%	99.9%	99.9%	99.9%	99.7%
Teenage pregnancy rate	6.5%	6.5%	6.1%	6.0%	5.3%	4.9%
% of children with underweight*						
- Infants	10.2%	7.7%	7.5%	7.3%	7.6%	7.0%
- 1-2 years	24.4%	21.1%	19.5%	18.0%	16.9%	16.1%
- 2-5 years	35.5%	30.8%	26.8%	23.7%	23.3%	21.0%
% of schools where SMI conducted	88.9%	93.7%	94.9%	94.8%	94.2%	92.7%
Family planning coverage (Modern method use)	53.8%	54.9%	56%	54.0%	55.4%	56.2%
% of couples with unmet need of FP	8.5%	8.0%	7.5%	7.3%	7.1%	7.2%

Source: Annual Report on Family Health Sri Lanka

*Nutrition Month Data



Achievements in 2015

Maternal Health

- Newborn Screening for critical congenital heart diseases was launched and screening for congenital hypothyroidism was expanded to other districts in the country.

- NICU bed availability system was initiated linking up the Neonatal Intensive Care Units of the Teaching Hospitals and Provincial General Hospitals to the centrally located Bed Manager System. A hot line has been established to call the central bed manager system. Neonatal surveillance system was launched in the same NICUs.
- Development of the Every Newborn Action Plan for Sri Lanka to achieve Sustainable Development Goals for 2025 and 2035 was initiated by conducting a bottle neck analysis programmes to identify gaps and propose solutions to improve the neonatal care programme in 2015.

Child Health

1. National Strategy for Infant and Young Child Feeding for Sri Lanka 2015 – 2020 to provide guidance to all relevant health and non-health stakeholders has been published. Sri Lanka Code for the Promotion, Protection and Support of Breast feeding and Marketing of Designated Products is being revised.
2. Introduction of a system to monitor the Early Childhood Development Programme children under 5 years by the public health staff was carried out and the formats were pilot tested to be used for this process.
3. Awareness workshops for first contact physicians on ‘common childhood illnesses’ were conducted in four districts (Puttalam, Kalutara, Colombo and Polonnaruwa) under the WHO project on Integrated Management of Childhood Illnesses (IMCI)

School Health

1. Promoting services for healthy food for school children was strengthened. The Canteen circular and the tender document regarding the suppliers for school canteens were amended. Nutrition messages (including lists of healthy and unhealthy food items) a leaflet on ‘Weekly Iron Folic Acid Supplementation’ targeting primary school children were developed for school children.
2. Thousand eight hundred teachers of all 9 provinces were trained on life skills, physical education and sexual & reproductive health education in collaboration with National Institute of Education. Life Skills training programmes for Public Health Staff (MOOH, AMOOH, PHII, PHNSS and HEOO) was conducted in 25 districts. Secretaries of Training of Regional Dental Surgeons to improve managerial skills and supervision of School Dental Clinics were carried out.
3. Technical Advisory Committee on Young Person’s Health is held once in three months, chaired by the Director General of Health Services, which provides technical expertise on matters related to adolescents

and youth specially targeting out of school adolescents and young persons.

Adolescent Health

1. Adolescent health unit was expanded to incorporate “Youth Health Programmes” and reorganization of youth Friendly Health Services (YFHS) in hospitals was commenced. As the first step, establishment and reorganization YFHS centers in the Western and Southern Provinces were initiated. In parallel to this three day training of trainers programme for staff of Youth Friendly Health Service Centers a one day awareness programme for hospital staff was conducted. Further, adolescent sexual and reproductive health package to be used by PHM for educating adolescent in reproductive health issues was developed.

Family Planning

Measures were taken to strengthen healthcare services for family planning:

1. Docu-drama on family planning methods (in both Sinhala and Tamil) was developed,
2. Strengthening the implementation of post-partum IUD insertion,
3. Assessment of human resource and infrastructure facilities in family planning clinics, both in the field and in hospitals, in Sri Lanka.
4. National Family Planning Program Review was initiated and eight review meetings were conducted.

Women Health

Several activities were conducted in 2015 for effective response from preventive and curative health sector for prevention and management of gender based violence.

1. Services were expanded through establishment of ten hospital centers providing befriending services (Mithuru Piyasa). Workshops were conducted for sharing experiences for staff of Mithuru Piyasa to share their experiences, best practices, their innovations, challenges and ways of overcoming them.
2. Well women clinic services were strengthened in all districts and well women clinics per 15,000 population in MOH areas were implemented to address specific reproductive health issues of women. Special awareness programmes for non-health staff were conducted on the importance of attending the well woman clinics in 3 districts. Performance appraisal programme was done for cervical cancer screening programme in 2014 and an awards ceremony was conducted for rewarding the best performance at the BMICH.



Reproductive Health – Management Information System

Reproductive Health-Management Information System (RH-MIS) was revised and implemented island wide.

Supervision, Monitoring and Reviews

1. Annual review workshops for Regional Supervising Public Health Nursing Officers (RSPHNO), District Supervising Public Health Inspectors (SPHID) and Programme Planning Officers (PPO/PPA/SSO) were conducted.
2. National MCH reviews are conducted annually in all districts with the participation of FHB staff. At these reviews performance of every MOH area is evaluated and actions are recommended to address the issues.

6.2.3 Health Education and Promotion

Health Education Bureau (HEB) is the center of excellence in Sri Lanka for health education, health promotion and publicity of information pertaining to health promotion.

Empowering and mobilizing communities for the improvement of their quality of life through health promotion principles is the goal of the organization and the main achievement gained over the period.

HEB provides common objectives to be achieved by different sectors and technical guidelines in order to assure the standards of health promotion activities.

Major achievements in 2015 and up to June 2016

Developing, implementing and evaluating plans, technical guidelines, training modules and strategies pertaining to health promotion

- Launching communication strategy on Reproductive Health
- Implementation of Non Communicable Diseases prevention

Communication strategy

- Finalizing the revised Communication strategy on nutrition
- Launching Mothers' Support Group guideline

Advocacy on health promotion for policy changes

Advocacy is one of the main communication strategies performed by the HEB at various levels for different stake holders aiming policy changes that lead to health promotion and wellbeing of the people. As Sri Lanka is in a phase of rapid industrialization, HEB advocates and have become partners in urban development and town planning to build healthy infrastructure and environment for the people. As a whole, HEB does advocacy for *health in all policies; consider health of the people in all activities*.

Communication for public awareness and behavior change leading to health promotion

- Telecasting and broadcasting TV and radio spots on Dengue, Non Communicable Diseases, Tobacco and alcohol prevention
- Conducting seminars for media personals on current health issues and days based on particular health issues (about 30 media seminars annually).
- Active participation and public awareness about emerging health problems, health promotion and healthy behavior changes at "Medicare" International health exhibition at BMICH in March 2016.
- Active participation and public awareness about "Oral Health for General Health" to commemorate World Oral Health Day at NIHS, Kalutara in March, 2016
- Conducting Health promotion and screening health camp for members of youth parliament at the Youth center, Maharagama

Developing health education materials

- Leaflet and poster on Chronic Kidney disease
- Printed materials on reproductive health
- CD on Chronic Kidney disease
- Leaflet on Tobacco prevention

- Developing electronic health education materials on common public health problems eg. Dengue, Non Communicable Diseases, prevention of injuries and road traffic accidents
- Video clips for youth to avoid tobacco, drugs and alcohol

Developing health promotion settings

Developing households and public places such as hospital, preschool, school, villages, towns, work place etc as health promotion settings is another successful program conducted by HEB and appreciated by all parties.

- Developing health promotion preschools across the country with inter-sectoral collaboration
- Developing selected hospitals as model health promotion hospitals

Capacity building on health promotion of health care personals and others who are involving or interested in health

- Establishing “Mother Support Groups” (MSG) at village levels that provides leadership and work cordially with others sectors in the community towards the improvement of nutrition status and wellbeing of the children and families
- Empowering volunteer groups in vulnerable communities, estate communities for nutrition improvement
- Innovative program to address smoking and alcohol issue among youth through developing life skills (how to overcome challenges successfully in day to day life)
- Capacity building of public health staff in affected areas on Chronic Kidney disease
- Reproductive health program for young people to deliver scientific knowledge about the subject

Research and monitoring/ evaluation of health promotion programs

- Research on oral health literacy among pregnant mothers
- Research on health promotion preschool development and presented at scientific forums
- Research on utilization of e-health services (Suwasariya public health website and 24/7 call center) of HEB
- Periodical monitoring/ evaluation of health promotion programs at district, provincial and national level
- Periodical monitoring/ evaluation of health promotion preschool development program at district, provincial and national level

6.2.4 Mental Health Programme

Mental health policy of the Ministry of Health was established in 2005 to provide comprehensive, community based mental health services that will promote the mental wellbeing and improve the services for prevention, treatment and rehabilitation of mental disorders. Mental Health policy for 2016 -2025 has been revised and drafted

Directorate of Mental Health is the focal point for mental health in the Ministry of Health responsible for strategic planning; policy development; assess the needs related to mental health of the country with collaboration of other relevant sectors and evaluation of national mental health programme at district level regularly.

Major Strategies of National Mental Health Program

- ▶ Promotion of Mental Wellbeing
- ▶ Standard patient care
- ▶ Prevention of suicide
- ▶ Reduce alcohol related harm and substance abuse
- ▶ Prevention of violence
- ▶ Develop infrastructure and Human Resource for mental health.
- ▶ Monitoring and evaluation of the mental health programme

Key activities conducted in 2015 - 2016

1. Drafting the National Policy on Mental Health and Strategic Plan which is in the process of formalizing subsequent to approval of the cabinet
2. Development capacity building programmes for the protection and promotion of the mental wellbeing for mental health work force and disaster victims
3. Conduction of central provincial mental health advocacy meetings has facilitated identification of service gaps and remedial measures and fruitful dialogue for the improvement of mental health service
4. World Mental Health Day on October 10- The theme for 2015 was "dignity in mental health".
5. World Suicide Prevention Day on September 10 - the theme for 2015 was "reaching out and saving lives".
6. Preparation of National Strategy on Suicide Prevention is at the draft stage
7. Development of national policy on alcohol control launching of the policy and conduction of National alcohol summit on 4th and 5th august 2016 with the technical assistance of WHO headquarters and Regional Office SEARO
8. Prevention of violence - Public awareness on prevention of violence



Celebrated World Mental Health Day –10th October 2015 to publicize the year's theme – “Dignity in Mental Health”

Ongoing development projects details

WHO

Project Description	Total Cost	Physical Progress by 31.12.2015	Financial Progress by 31.12.2015
Conduct survey on prevalence and treatment gap of mental illness and dissemination of result to all mental health service providers in the country	780,000.00	Continuing in next biennium	623,604.25
Training of District Psychiatrists and MOMH focal points on district mental health programme and PHCW & MO-OPD in other institution on recognition, referral and basic management	416,000.00	Completed	415,398.67
Conducted World Mental Health Day 2015	637,294.30	Completed	601,086.14
Dissemination of health messages for World Mental Health Day 2015	475,000.00	Completed	475,000.00
Conduct World Suicide Prevention Day 2015	1,378,301.00	Completed	1,323,919.99
Dissemination of health messages for World Suicide Prevention Day 2015	225,000.00	Completed	225,000.00
Conduct National Mental Health Forum 2015	308,447.14	Completed	306,256.40
Training on development of IEC materials	100,000.00	Completed	100,000.00

GOSL

Project Description	Total Cost	Physical Progress by 31.12.2015	Financial Progress by 31.12.2015
Develop mental health posters	190,120.00	Completed	190,120.00
Purchase computers for mental health clinics in districts	1,997,760.00	Completed	1,997,760.00
Renovation of Mental Health Unit – Senarathpura Hospital	732,904.88	Completed	664,560.17
Renovation of Mental Health Unit, DGH, Mannar	450,000.00	Completed	225,000.00
Purchasing requirement for MH Unit	90,890.00	Completed	90,890.00
Construction of CSC Panadura – 2nd stage	1,633,530.12	Completed	1,072,839.66
Renovation of MH Rehabilitation Unit – DH Mawathagama	1,785,000.00	Completed	1,579,066.19
Renovation of Mental health Intermediate Care Unit – DH Kahawatta	5,000,000.00	Completed	2,500,000.00
Renovation of Stay Unit for female psychiatric patients at Ridiyagama Ruhunu Suwa Niwasa	5,749,400.00	Completed	4,944,182.13
Purchasing requirements for Rehabilitation Centres at Minuwangoda/Puttalam/Nuwara Eliya	1,672,670.00	Completed	1,281,879.00
Developed mental health leaflets & books	2,475,000.00	Completed	2,475,000.00
Mental health reviews with field monitoring	75,194.29	Completed (Three meetings)	45,598.56

6.2.5 Non Communicable Disease Programme



Giving Leadership to NCD Prevention Programme

Non Communicable Diseases (NCD) have emerged as a leading cause of mortality and morbidity with the transition of socioeconomic, epidemiological and demographic transition over the last few decades. Government hospital statistics indicate that in 2008, 71% of all annual deaths in Sri Lanka were due to chronic NCDs. Among all NCDs, Cardiovascular Diseases, Diabetes, Cancers and Chronic Respiratory diseases are now the leading causes of mortality, morbidity, and disability accounting for 29.6%, 9.4%, 3.9% and 8.5% respectively. The NCD Unit is the national focal point for prevention and control of acute and chronic NCDs in the country. The Unit coordinates and implements its activities through the Provincial and Regional health authorities.

Main activities conducted for prevention and control of NCD

The goal stated in the NCD policy is to reduce the premature deaths (less than 65 years of age) due to NCD by 2% annually over the next 10 years. The policy document addresses four major NCDs and strategies for reduction of shared modifiable risk factors: smoking, alcohol, obesity, unhealthy diet and sedentary lifestyles. Prevention of NCD are being carried out by doing interventions throughout the life cycle considering the need to adopt the life cycle approach in prevention of NCD.

Main activities conducted for primordial prevention of NCD

Sri Lanka is very successful in providing quality antenatal care and promoting exclusive breast feeding and complementary feeding which target a new born child towards a NCD free life in the future.

Main activities conducted are,

- Conducted Awareness programmes targeting
 - Preschool teachers and parents
 - school teachers and parents,
 - community groups and work force
 - Armed Forces
- Healty dish competitions & Dish competitions among chefs
- TV commercials related to NCD were aimed and radio programme on NCD was conducted for 3 months
- Polic decisions taken
 - Healthy canteen policy to ensure only healthy diet is available in school canteens
 - Meal plan for school children so that they bring only healthy food to the school
 - 30 minutes physical activity for school children
 - Subject matters related to NCD were included in the school curriculum
 - Questions related to NCD were included in the main examinations

A MOU signed between the Ministry of Health and Ministry of Youth Affairs and Skills Development and national Youth Services Council in view of mobilizing youth for the prevention of non-communicable Diseases. Following activities were carried out in view of mobilizing the youth.

- Training of national level leaders of the youth councils
- Training of members of the youth clubs
- Training of the members of the national Youth Corps
- It has been decided to conduct one district level programme in each district to train youth club members in 2016

Primary prevention

• 820 Healthy Lifestyle Centers (HLCs) have been establish throughout the country for screening apparently healthy clients between 40 to 65 years. A decision has been taken to screen all the apparently healthy people above 35 years age and people among 20- 35 years with higher risk to screen at HLCs in the future. Facilities are available to check FBS and BP, height and weight will be measured. BMI and cardiovascular risk will be assessed. Facilities to check total cholesterol will be available in clinics in the future. In addition, Pap smear facilities and breast examination have been included in to the screening package since 2016.

Secondary prevention

- Provided funds for some hospitals to improve the facilities available to manage NCDs

Capacity building of the health staff

- Training of District Focal Points (MO/NCD)
- Training of Trainers on Promotion of Physical Activity
- Training of Trainers on Cessation of Tobacco, Alcohol and Substance Abuse
- Training on management of NCD at primary health care
- TOT on Nutrition programmes in all 9 provinces

Multi sectoral involvements

NCD unit is working in collaboration with other relevant Ministries, authorities and departments in view of including NCD related policies in to their action plan and to ensure that they conduct activities needed to be conducted by them. Many working groups have been formulated in view of achieving some target and relevant documents have been prepared in collaboration with the colleges and academia. Awareness programmes have been conducted for the upper and middle level managers of the other ministries, authorities and departments and a focal point has been identified in other ministries to promote healthy life styles among the employers.

6.2.6 Environmental & Occupational Health

Environmental and Occupational Health Unit of the Ministry of Health is responsible for coordination with relevant Ministries and other agencies in relation to environmental health, strengthening infrastructures facilities at central & regional level, training public health staff on environmental health issues, establishment of occupational health units at district level, awareness and training programmes for targeted high-risk groups including the industrial sector.

Major Achievements in Environmental Health

A. List of major achievements

1. Public Health staff trained on environmental health issues and strategic options as solutions.
2. Initiated developing policies & guidelines on environmental health
3. Healthcare waste management activities strengthened in hospital.
4. Research carried out on environmental health.

B. Activities carried out

1. District & Provincial Training programmes on Environmental Health were carried out for public health staff (05 programmes conducted – 30 – 40 participants each) The subject areas covered were, Environmental Health, Air pollution & Health Impacts, Climate change & Health impacts, Disaster management, Healthcare Waste Management, Water Pollution and Health Impacts.
2. Initiation of Mercury & Electronic Waste Management systems in Hospitals
3. Inter sector collaboration on “Environmental Health programmes and issues.
4. Preparation of action plans of WB funded project /II Health Sector Development Project. (Healthcare waste management activities.)

Occupational Health and Safety**a) List of major achievements**

- 1.Awareness raising on occupational health and safety
- 2.Refreshers training on occupational health for Medical Officers of Health (MOOH) and Public Health Inspectors (PHII) (Preventive health staff) who are working at the grass root level was conducted. It is intended to address occupational health issues of the informal sector as well as small scale industry workers through them.
- 3.Awareness raising on occupational health and safety for workers Workshops were conducted in Ampara district to promote occupational health in marginalized and socially deprived workers such as municipal waste handlers.

6.2.7 Estate and Urban Health



The main objective of this programme is to improve the quality of curative and public health service to the residential population sector on par with that in other areas and strengthening preventive and promotive health intervention to the urban population

Major Achievements

Curative Services

- Constructions and Renovation of Newchattle hospital was completed - Western province (Rs. 3.5Mn).
- Constructions and Renovation of Geekiynanakanda hospital is under construction - Western Province (Rs. 2Mn).
- Dental surgeon's quarters at Diagama hospital is under construction - Central Province (Rs2.2Mn).
- Construction of Mortuary Building of Dickoya hospital was completed - Central Province (Rs. 2.1Mn).
- Pitakandawaththa, Gammadawa, Tathnagiriya MCH clinics latrine constructions were completed - Central Province.
- Refurbishment and repair of estate hospitals at the cost of Rs. 25.21 Mn in the following districts Badulle, Kegalle, Kandy, Matale, Nuwaraeliya, Galle.

Preventive Services

- Latrine construction in estates of 05 provinces. (Rs. 5.1Mn)
- Capacity building programmes in 05 province with eatates.
- District Estate Health Review in 10 Districts.
- High level meeting for estate stakeholders.
- Road safety programmes in estate schools.

- Mapping of estate health institutes to assess the status of taken over hospitals, and the need assessment of identified to takeover hospitals.
- Screening of NCD for common cancers in Kandaloya estate, Kegalle district as a pilot project.
- Nutrition awareness programmes at district level for the CDOs in the Estate Sector.
- Household cash Management intervention programme at Sembuwaththa Estate at Matale.
- Mother supportive group activity promotion among the estate community in the district of Badulla.

6.2.8 Quarantine Services

Sri Lanka is legally bound to comply with the obligation under international Health Regulation (IHR) 2005 and the Ministry of Health is the focal organization to implement the IHR to prevent and , control possible entry of diseases which could present significant harm to humans and which concerns with international spread of diseases, travel and trade.

This unit is mainly concerned with implementation of Quarantine and prevention of diseases ordinance of 1897, and International Health Regulations (IHR- 2005). IHR- 2005 aims at more secure world that is on the alert and ready to respond collectively to the threats to public health security, which may occur through international trade and travel. According to IHR 2005 Quarantine unit of Ministry of Health and Epidemiology Unit designated as national IHR focal point to be accessible at all times with WHO IHR focal points.

The following decentralized units are functioning under the quarantine unit

- ❖ Port Health Office, Colombo Harbour.
- ❖ Office of the Assistant Port Health Officer, at MRI (vaccination only)
- ❖ Airport Health Office, Katunayake.
- ❖ Port Health Offices at Galle
- ❖ Airport Health Office at Rajapaksha International Port - Hambantota
- ❖ Port Health office -Mattala
- ❖ Port Health office -Trincomalee

Summary of the activities carried out by the each unit during 2015

Katunayake/Mattala MRIA in 2015

Activities		Katunayake BIA	Mattala MRIA
1. Yellow Fever Surveillance			
1.1 No. with valid certificate		412	
1.2 No. without valid certificate & Deported		-	
1.3 No. without valid certificate & Isolated			
2. Disinfections of Aircrafts			
2.1 No of flight arrived		26,400	436(Domestic 14)
2.2 No. of flights has to be disinfected		24,108	19
2.3 No. of flights disinfected		21,989	
3. Passenger Arrivals & Departures			
3.1 No. of passengers Arrived		4,266,643	Foreign 1,202 Domestic 1,544
3.2 No. of passengers Departure			
4. Release of Human Remains			
4.1 No. of Human Remains released		472	
4.2 No. of released to J.M.O. for postmortem		25	
4.3 No. alleged suicide		24	
4.4 Surveillance of other infectious Diseases		-	
1. Serveillance of other infection Diseases		Nil	
6. Airport food Sanitation			
6.1 No. of sanitary inspections carried out including Food establishment		153	32
6.2 No. of food samples taken under food act		12	F/B08 IF/B02
6.3 No found defectives			01
6.4 No found defectives	prosecuted	00	02
	warned	00	06

Activities	Katunayake BIA	Mattala MRIA
7. Other Health activities		
7.1 No of Food referral from a. passenger Customs b. Food	631 1905	
7.2 Health Talks given to staff	118	157
7.3 Medical screening programme		02
7.4 No of Screening		63
7.5 Dengue Control Programme		12
7.6 Vector Control activities		17
7.7 Occupational Health activities		11
7.8 No of in service training/special programme		05
8.Environmental sanitation	00	
8.1 no. of water samples take for bacteriology analysis	67	13
8.2 No of reported contaminated	28	01
8.3 No of places checked RCL in Drinking water		68
8.3 No of mosquito breeding places detected by PHI		83
8.4 No of places with larve detected by PHI		27
8.5 No of spot corrected by PHI		26
8.6 No of Environmental pollution investigated		02
8.7 No of problem situation settled		05
9.Imported food inspection		
9.1 No of food item		02
9.2 Quantity of food items - Dry fish		1,450 Kg.
-Maldives fish		100 Kg.

Summary of the Activities Carried out by the Port Health Officer-Colombo Port, Galle Port and Hambantota Rajapaksha International Port and Trincomalle Port

Indicator	Colombo Port	Galle Port	Hambantota Port	Trincomalle Port
No. of Ship arrival/ Pratique granted	4,289		289	134
No. of Yellow fever vaccines given	79	37	-	28
No. of Deratting exemptions certificate issued	231		-	06
No. of human remains released	03		-	-
No. of under graduate trained	-		-	-
Issuing ship sanitation exemption certificates		22		
Training programme conducted for medical students		08		
Training programme conducted for nursing students		01		
Rabiec control programmes conducted		01		
Dead body handling		03		

Summary of the Activities Carried out by the Asst. Port Health Officer-MRI -Colombo

YEAR	TOTAL NO. OF YELLOW FEVER VACCINATION	TOTAL NO. OF MENINGOCOCCAL MENINGITIS VACCINATION	TOTAL NO. OF ORAL POLIO VACCINATION (BOOSTER)
2015	3,915	1,691	1,683

6.2.9 Care for Youth Elderly Displaced and Disabled Persons

The main objectives of this programme is improve quality of health services to Youth, Elderly and Disable Persons through improvement of health facilities, disease prevention and health promotion.

Achievements

- DGH Trincomalee, DGH Ampara, TH Anuradhapura and DGH Chelaw have renovated wards, clinics, toilets and purchased equipment's spending 7.1 Million rupees to make Elderly friendly facilities.
- Rs. 40 Million allocated to establish Model Elderly care unit at Handala.
- Rs. 12 Million allocated for National Institute of mental health, TH Karapitiya, PGH Rathnapura, PGH Badulla, DGH Nuwara Eliya, Maharagama Cancer Institute to convert existing wards elderly friendly.
- To improve knowledge attitude and life skills among youth to reduce youth problems and improve their wellbeing.
- TH Karapitiya, TH Jaffna and Batticaloa have constructed wards, toilets, renovated wards, clinics, toilets and purchased equipments to improved disability care facilities spending 37 Million rupees.
- RRH Ragama, TH Kurunegala have purchase equipments and renovated toilets for the desabled spending 1.5 Million rupees.
- Rs. 40 Million allocated for Infrastructure development of rehabilitation unit in RRH Ragama, TH Karapitiya, PGH Kurunegala, PGH Rathnapura, PGH Badulla, TH Anuradhapura, TH Jaffna, TH Batticaloa, TH Kalubovilla and work is in progress.
- Rs. 2.5 Million allocated to supply of Rehabilitation equipment to needy hospitals and procuring process currently in progress.

6.2.10 National Authority on Tobacco and Alcohol

National Authority on Tobacco and Alcohol (NATA) was established in 2007 as an implementation of the NATA act No 27 of 2006. The main objective of this act is to implement legislation pertaining to control of Tobacco and Alcohol to protect our future generation from devastating consequences of Tobacco and Alcohol use.

National Authority on Tobacco & Alcohol has the responsibility of elimination of tobacco and alcohol related harm through the assessment and monitoring of the production, marketing and consumption of tobacco products and alcohol.

Following activities were carried out in view of achieving the following targets.

1. Prevention of new users of tobacco.	Awareness programmes for children on health harms of tobacco jointly with the Ministry of Education. Conducting the GYTS Pictorial Warnings New NATA Website
2. Reduction of tobacco supply and usage	Working to form a new taxation regime. (A study on tobacco costs and prices with the WHO) On Elimination of illicit trade on Tobacco Products. NATA organized a Sub regional workshop with the FCTC, WHO, MOH and the concerned Ministries. Workshop was held at the Galle Face Hotel and many countries in the South East Asia region participated at this workshop. NATA with WHO and the Ministry of Health organized the visit for the FCTC impact Assessment group and meetings were held with various stakeholders. Presentation of the Tobacco Tax proposal to the H.E. President and the Minister of Health, at the WNTD celebrations held on 31 st May 2016 at BMICH. Prepared the cabinet paper and proceeding to get the cabinet approval for the tax proposal.
3. Encourage the users in Quitting of tobacco	Strengthening the Tobacco Quit Programme. Capacity building of the PHIs on counselling skills. Building up of Tobacco free villages (target at least one in each MOH divisions initially and then to expand.)
4. Implementation of the NATA Act	Identifying the issues and remedies in implementing the NATA Act through workshops for the Authorized officers and the Judicial officers. Workshop was held for all the Magistrates on issues of implementing the NATA Act and another workshop for the High Court Judges is planned. Workshops for the Police Officers and for the PHIs were conducted. Review the Amendments to the NATA Act with the expert group and the Ministry of Health. Proposed Necessary amendments for the NATA Act and handed over to the legal unit of the Ministry of Health for submission to the Cabinet.
5. Prevention of harms due to Alcohol	Developed a comprehensive program for Alcohol prevention. Training of the Medical Officers and the community staff of the kilinochchii district was done as the pilot programme of this multisectoral alcohol prevention programme.

6. Address the issues of Smokeless Tobacco	NATA established a subcommittee on smokeless tobacco to advice on policies and practices for prevention and control of the health harms of smokeless tobacco. Work with the Ministry of Buddhasasana to reduce harm from tobacco among the clergy. Participation at the WHO regional Seminar on Smokeless Tobacco.
7. Research & Information System	Health Intervention Technology Assessment Study. Survey was done and the data were presented to the Minister of Health. Preparation of "State of Tobacco and Alcohol in Sri Lanka Study" with the MOH and ADIC.
8. Strengthening the NATA Office and Infrastructure.	Recruitment of staff for the NATA office as approved by the management service department was done. Improving the office facility - partition of the office, purchasing of equipments and furniture.

All these activities are in line with the governments accelerated process of eliminating tobacco and alcohol as a public health problem.

6.3 CURATIVE SERVICES

Curative health care institutions are organized into several categories according to the level of sophistication of medical services offered and its size. The curative health services consists of primary, secondary and tertiary level of care provided by service outlets ranging from centers of excellence like National Hospital of Sri Lanka and the Teaching Hospitals to grass root level primary care health centres know as Primary Medical Care Units.

Highlights of the Curative Sector

- NHSL - Established customer oriented clinics- Patients are given numbers & date which is convenient for them. Scheduled time date and their allocated number is displayed digitally



- NHSL - Shifted the OPD clinic which was upgraded with electronic numbering system, audiovisual health education, new clinic book, patient waiting area, drinking water and way finding system. Information boards are displayed in all 3 languages and a fully air conditioned pharmacy with patient oriented counters.



- NHSL - Battery driven small car is parked at the OPD premises to transport disabled or elderly patients to other wards, distant clinics & Laboratory/ X-ray.



- NHSL - Landscaping of entire hospital including repairing of adjacent corridors & structures to create patient friendly environment



- NHSL - Fiber optic cable across the hospital is being installed down for greater integration & enhancement of patient care



- NHSL - Initiation of an information hub for the convince of the public, NHSL staff & staff of other hospitals



- NHSL - Foot operated waste bins with lid opening up to 90 degrees according to national colour code are purchased.



- NHSL - Training of Medical Officers, Matrons ,Nurses , Paramedical staff, Healthcare assistants , cleaning service staffs on hand washing / hand hygiene and clinical waste and general waste management



- NHSL - OPD/Clinics is shifted to a new place to provide better care. The old OPD building has been demolished to vacate the land to build fully equipped OPD with all services at one location



- NHSL - Tertiary care for Epilepsy patients has improved by providing new state of art Epilepsy building which is ready to function



- NHSL - Accident Service OPD, Auditorium and , ward 72 is renovated with new lghtening system, computerized patient registration and new seating facilities



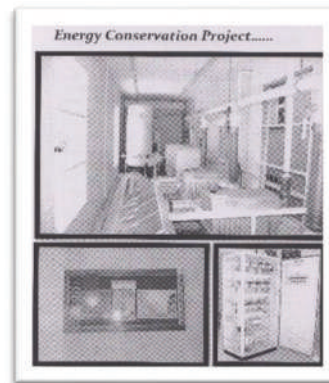
PERFORMANCE & PROGRESS REPORT 2015 - 2016

- Organ Transplant surgery is successfully established at NHSL and the 1st International Conference was successfully conducted



- Energy conservation project at NHSL

Energy audit conducted in 3 buildings at NHSL. Capacity bank is fixed at the Neuro Trauma building to save energy. Compressor room and condenser of the chiller of the main AC plant of the Neuro Trauma Unit was changed



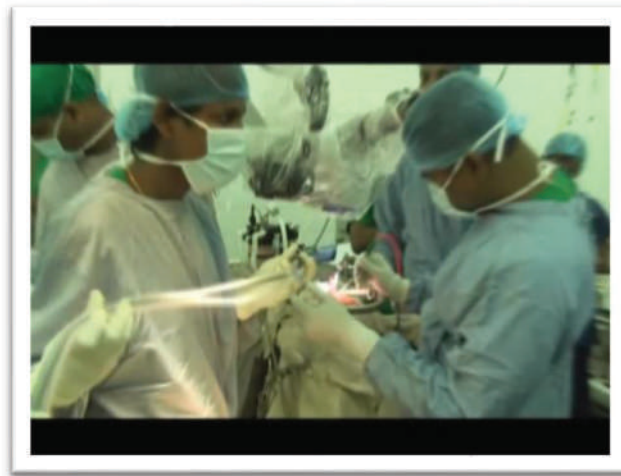
- Special Surgery done at Karapitiya Hospital , Doctors re-connect a totally severed right arm



- Conjoined Twins Surgery – TH Karapitiya



- Successful Brain Surgery carried out at TH Jaffna



- Two iron rods stuck in the body of a person removed after a three-hour successful surgery done by Teaching Hospital Peradeniya



- Performing the first kidney transplant surgery at the Polonnaruwa General Hospital



- Donation Medical Equipment to National Hospital with support SPC



- Monaragala District General Hospital won the 3rd place of National Productivity Award 2014/2015



- Renovation of Medical Officer's Quarters at Monaragala District General Hospita



- Opening new Sport Medicine unit, Mortuary Building and Blood Bank at Kurumegala Teaching Hospital.



- Opening Blood Bank at North Colombo Teaching Hospital Ragama



- Construction of New 10 storied building for Vascular, Transplant & Nephrology Unit at Teaching Hospital Karapitiya



- Construction works of the New Maternity Hospital at Karapitiya has commenced



- Opening Ceremony of Cancer Unit & Administrative Block and Laying Foundation Stone for the construction of A&E Trauma Unit at TH - Batticaloa



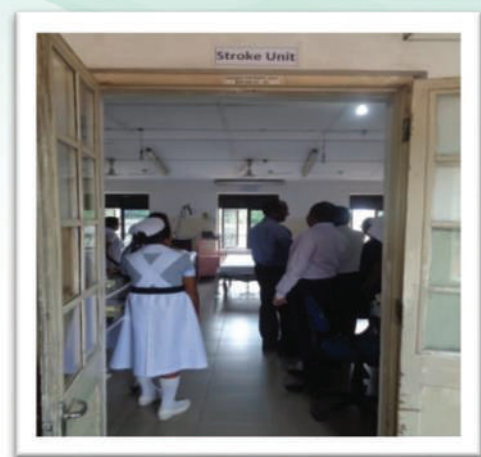
- Eye camp conducted at Aranaganwila by Saddha TV



- Opening new Mental Physical Rehabilitation centre at DGH - Ampara



- Opening new Stroke Unit at DGH - Matara



- Opening New Blood Bank and New Cardiology Unit at DGH - Polonnaruwa



Curative Health Care Institutions in Sri Lanka						
	2011		2014		2015	
	Number	Bed Strength	Number	Bed Strength	Number	Bed Strength
Teaching Hospital	21	21,350	21	21,945	21	21,895
Provincial General Hospital	3	4,203	3	4,264	3	4,836
District General Hospital	18	10,423	18	10,189	19	11,419
Base Hospital – Type A	26	8,306	22	7,315	25	6,837
Base Hospital – Type B	41	6,458	47	7,333	50	7,676
Divisional Hospital – Type A	46	4,763	39	4,645	70	7,220
Divisional Hospital – Type B	134	8,732	131	8,952	141	9,502
Divisional Hospital – Type C	311	7,168	318	7,884	281	6,951
Primary Medical Care Unit	476	271	485	196	475	445
Other				714		
Total	1,076	71,674	1085	73,437	1,085	76,781

- Hospital Wise Details are attached Annexure No 2

Utilization Details of Health Services	2011	2014
Total Out-Patients seen (without PMCU)	46,284,056	42,269,096
Total Out Patients seen in Dental Units	2,363,637	2,402,546
Total Number of Clinic visits in Hospitals	19,657,793	20,157,110
Number of Out-Patients seen between 4 – 8 p.m.	446,797	2,897,871
Total Patient Admissions in Hospitals	6,667,417	6,140,614
Total Patient Admissions (Dental)		1,033,436
Number of Deliveries performed in (Assisted)		126,442
Number of Deliveries performed in (Normal)		227,559

Utilization Details of Health Services	2011	2014
Number of Caesarean Sections performed	114,460	111,921
Percentage of Caesarean Sections out of total deliveries	28.76%	24.02%
Number of surgeries performed	933,331	1,022,941
Number of major surgeries performed	305,573	396,534
Total Number of Cardiothoracic surgeries performed	5,128	2,100
Total Number of Cardiac Surgeries		4,356
Total Number of Neuro surgeries performed	9,429	9,269
Number of Laboratory tests performed in Hospitals	38,510,729	26,738,030
Number of Laboratory tests done in the OPD	5,264,290	7,834,475
Number of CT Scans done	153,196	284,786
Number of X-Ray Examinations done	2,693,372	3,144,271
Number of ECGs done	2,342,482	2,556,929
Number of dialysis episodes carried out	60,107	117,047

6.4 NUTRITION

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

6.4.1 Nutrition Coordination Division

It has already been identified that improvement of nutritional status of the population in Sri Lanka is a coordinated effort of all stakeholders. Therefore, the Nutrition Coordination Division of the Ministry of Health is mandated to formulate a National Nutrition Policy and guidelines to coordinate all nutrition and related activities within institutions of the Ministry of Health e.g. FHB, HEB, MRI, Non- Communicable Disease Unit, Food Control Unit, Nutrition Division, Young Elderly & Disabled Unit, Provincial Authorities, other ministries and non-governmental organizations.

Progress of the Major activities done by Nutrition Coordination Division

Project Description	Total cost Rs. Mn.	Physical progress By 31.12.2015	Financial progress By 31.12.2015
1. <i>District Nutrition Action Plan (DNAP)</i>	18.30	100% completed	95% utilized
2. Nutrition aspects of Early Childhood Development Programme Preschool Teacher Training Programme in Badulla, Hal Ela, Haldumulla and Welikanda Training of Trainers in Anuradhapura and Jaffna Orientation in Anuradhapura	953,213.22 349,737.37 147,160.001, 450,110.59	100% completed	100% utilized
3. <i>Nutrition Awareness and Food Demonstration Programme:</i>	Funded by GoSL 153,930.90	90% completed	90% utilized
4. <i>Establishment of National Nutrition Surveillance System NNSS)</i>	86,000.00	100% completed	100% utilized
4. <i>National Nutrition Month: Sponsored by UNICEF Sponsored by WFP</i>	726,000.00 392,000.00 1,118,000.00	100% completed	100% utilized

6.4.2 Nutrition Division

Nutrition Division is the coordinating agency across institutions within the ministry offering guidance in policy formulation, planning and implementation of programmes, resource development, monitoring & evaluation.

It is geared to monitor all nutrition related activities in the country and carries out its own activities. The division also focuses on food based to ensure proper nutrition among hospitalbased patient, adult and elders.

A publication Food Based Dietary Guidelines (FBGD) for Sri Lanka was developed by the Nutrition division.

FBGD are science based recommendations for healthy eating. Nutrition information was disseminated through sustainable food based approaches that encourage dietary diversification through the production and consumption of micronutrient rich foods, including appropriate local and traditional foods.

People understand and eat food and not nutrients, dietary advice based on food rather than nutrients is more likely to be followed and therefore more likely to influence health and nutritional status of individuals and populations.

6.4.3 Thripasha Programme

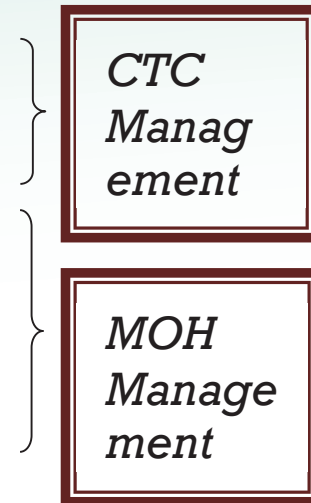
Sri Lanka Thripasha Limited was established by a cabinet decision as a fully government owned company in 1987 previous it was managed by C.T.C Service Ltd.

The main objective of this programme is to contribute to eradication of malnutrition in pregnant mothers and children (age from 6 months to 5 years) by giving supplementary food.

Thripasha Company is managed by a Board of directors which has 7 members.

In 2015 total beneficiary requirement is 1.3 million and the company were able to cater to 90% of total requirement.

Year	Master Bags	750g Packets
2007	259,369	7,781,070
2008	258,369	7,751,070
2009	480,281	14,408,430
2010	395,021	11,850,630
2011	512,947	15,388,410
2012	490,452	14,713,560
2013	502,263	15,067,890
2014	621,062	17,369,880



6.5 ORAL HEALTH SERVICES



Celebrating International Oral Maxillofacial Surgeons' Day

Sri Lanka is celebrating hundred years of the public oral health services which commenced in 1915. Oral Health Services was started with one apothecary licentiated Dentist in 1915 and has expanded to a network of more than 500 oral health service points including tertiary care specialty services.

There are 1574 Dental Surgeons, 63 Dental Consultants and about 433 School Dental Therapists working in government sector up to date. The basic oral health care services are provided by Dental Surgeons, while specialized care is provided by Oral & Maxillo-Facial Surgeons, Consultants in Restorative Dentistry and Consultant Orthodontists. Moreover, Consultants in Community Dentistry are predominantly involved in specialized oral health promotion, oral disease prevention and research. The Regional Dental Surgeons operate in provincial health care settings and at office of the Regional Director of Health Services and coordinate the provincial and the line ministry institutions to ensure provision of effective oral health care services as well as to promote oral health activities.

Physical Resources Development

The year 2016 the first phase of construction of the new building complex of the 9-storied Dental Institute at Ward Place was completed in May. The estimated cost of the completion of the project was LKR 694 million. The outpatient department, emergency treatment unit, 4 oral & maxillo-facial units , 2 restorative consultants units and 01 preventive oral health unit (community dental unit) and 01 orthodontic unit have started rendering patient care services. The new building complex of Dental Institute is fully

geared to provide Outpatient, Emergency, In-patient and multidisciplinary Specialized Oral Health Care to public enriched with the Vision of to be the Centre of Excellence Providing Quality Oral & Maxillo-Facial Health Care Services as the Leader in South East Asia and the Mission of Advancing Maxillo-Facial and Health Care Services through excellence in patient-centered care, education, research and innovation.

High technology Investigative equipment such as Cone Beam CT Scanner, 10 Dental X-Ray Machines and High Pressure Sterilizer, Washer Disinfectors and Oral & Maxillo-Facial equipment to the value of SLR 350Mn have been purchased.



Further, necessary steps have been taken to procure Oral Maxilo facial Surgery items and Advance Restorative laboratory items to provide high quality treatment in the Dental Institute, Colombo as well as for other line ministry institutions providing specialize care services in Sri Lanka.

Mobile Oral Health Services

The mobile dental unit at the Dental Institute, Colombo is deployed to any destination of the country on request. Further, mobile dental set up mounted on vehicles are available in 10 districts which are under the supervision of the respective Regional Dental Surgeons.

Necessary steps have been taken to procure 07 Modern Dental Mobile Bus which includes facilities for seating patients (dental chair), recording clinical findings and services, maintaining supplies and equipment, and sterilizing equipment at a cost of SLR 100.00 million by the Ministry of Health. 07 Dental Mobile buses will be distributed among 07 districts to conduct outreach programmes for remote villages.

Dental Public Health Activities

Oral health promotion and oral disease prevention have been identified as major dental public health activities under the oral health policy. Steps have been taken to provide necessary materials and equipment to prevent Dental fluorosis in 8 districts in Sri Lanka when high prevalence and severity of dental fluorosis is seen. These districts are Polonnaruwa, Anuradhapura, Kurunegala, Rathnapura, Matale, Vavyniya, Monaragala, Puttalam and Hambanthota. The cost for Fluorosis prevention programme is 3 million SLR for year 2016.

4th National Oral Health Survey

Sri Lanka is one of the country is in the South East Asia Region that the National Oral Health Surveys are conducted regularly. Three National Oral Health Surveys have been conducted in 1984, 1994, and 2002/2003. The fourth survey covering a sample of more than 10,000 people from Island wide commenced in the year 2015 is due to complete by 2016. The report will be published in early 2017.

School Dental Services

Ministry of Health in collaboration with Ministry of education has already started to construct 25 New School Dental Health Centers and renovation of existing Dental Clinics to strengthen the School Dental Health services promotion in Sri Lanka which cost of LKR 250 Million.

School Dental Services have evolved over the years with distinct improvement of its management information system. Outcome indicators demonstrate discernible reductions in dental caries among school children below 12 years, which could be attributed to strengthening of school dental activities in addition to wider use of fluoride toothpaste by children. According to the district review, more than 60% 12 years old School children are covered by the available school dental services and they are reported to be orally healthy which could be considered as a positive improvement.

6.6 NATIONAL BLOOD TRANSFUSION SERVICES

National Blood Transfusion service (NBTS), Sri Lanka is a fully government owned special campaign coming under the Ministry of Health. It is the sole supplier of blood and blood products to all government hospitals and majority of private sector hospitals. There are 98 functioning hospital based blood banks & 2 standalone blood centers (National Blood Centre & Southern Regional Blood Centre (SRBC – Kaburugamuwa) affiliated to 19 cluster centers, depending on the geographic distribution. (New cluster center established in 2015 – Hambantota & Peradeniya)

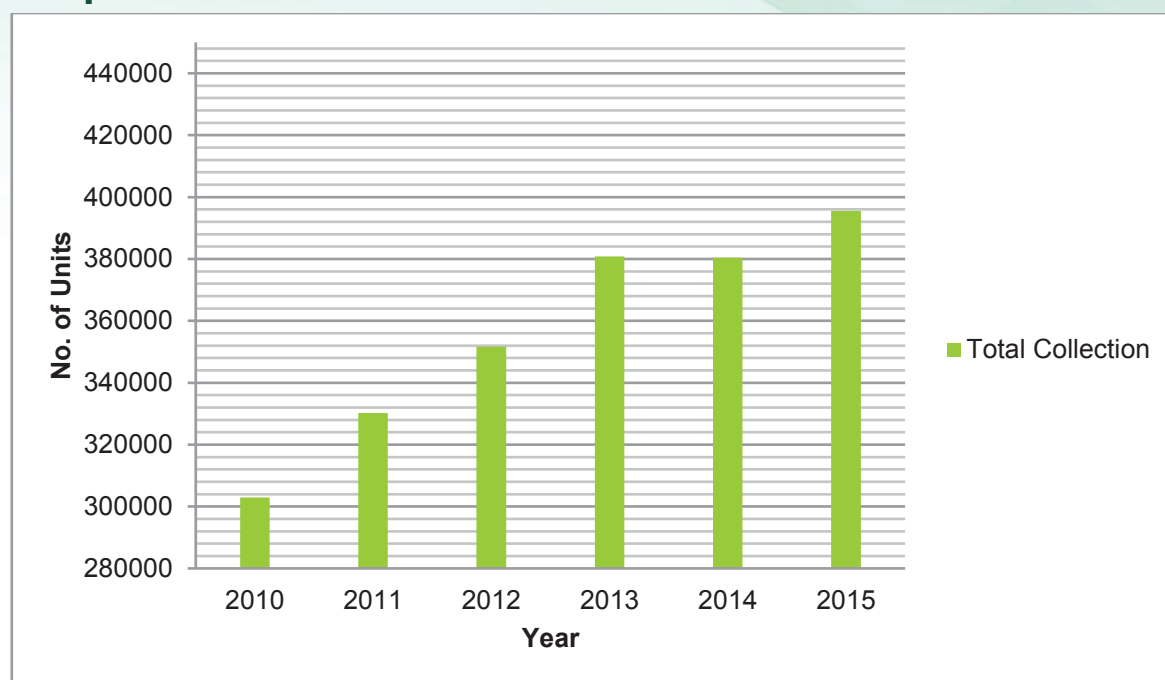
NBTS collects blood through mobile blood donation camps and as in house donations through its island wide blood bank network. Collected blood is tested and sent for component preparation and finally stored in optimum conditions until they are issued for clinical use as and when requested. NBTS has very good quality control system and a system to detect unwanted effect of transfusion through National haemovigilance network.

Achievements

1. Two cluster centers were introduced to the cluster system - Hambantota, Peradeniya.
Hambantota consists of 3 Hospital Blood Banks
Peradeniya consists of 6 Hospital Blood Banks
2. Two (2) new Blood Banks were added to Ragama Cluster - Minuwangoda & Meerigama.

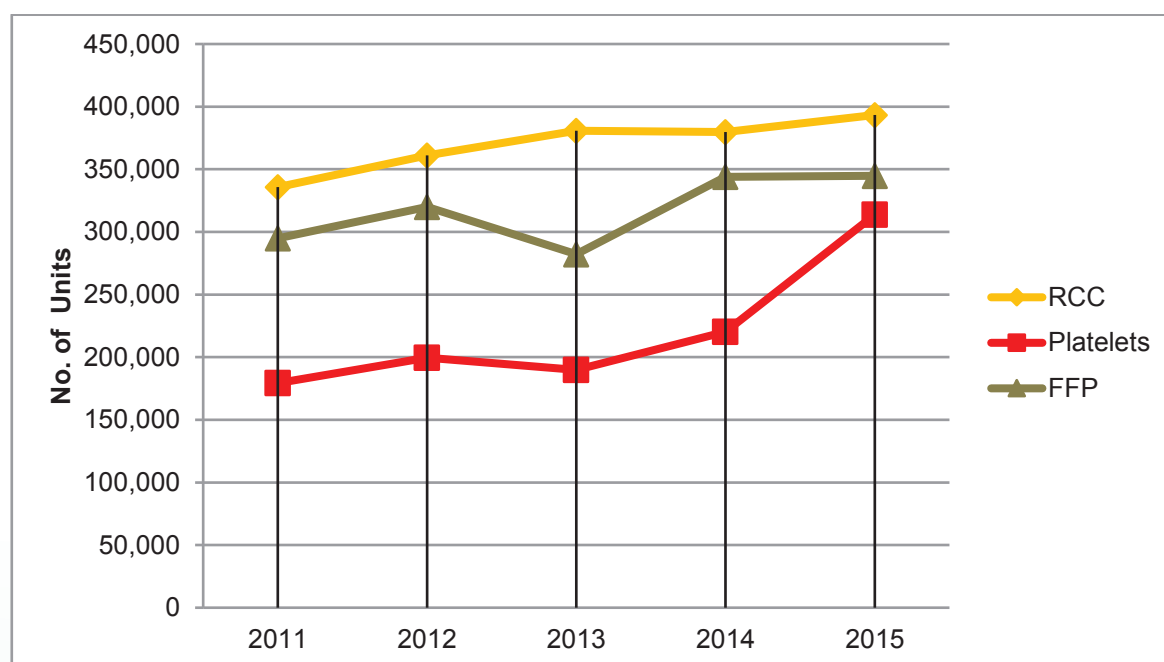
Total Blood Collection	395,500
Component Preparation	
Platelets	220,335
Fresh frozen plasma(FFP)	344,091
Cryoprecipitate(Cryo)	81,824

Comparison of Annual Blood Collection



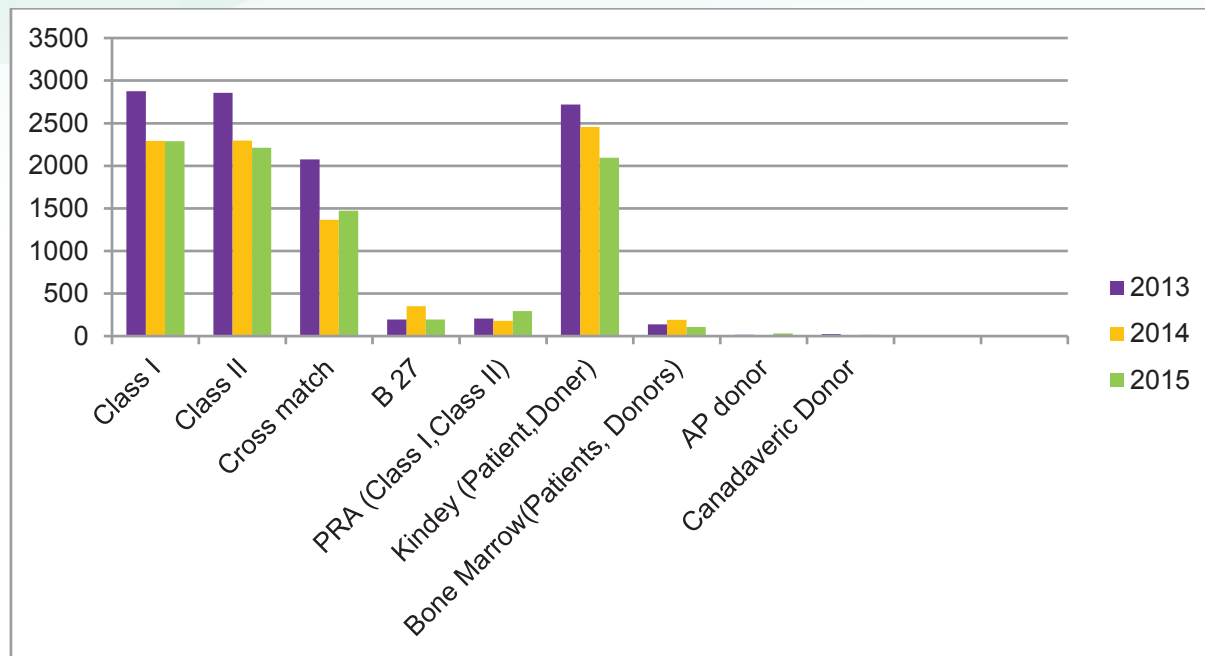
Component Preparation and Comparison with Previous Years.

	2011	2012	2013	2014	2015
RCC	335,746	361,149	380,760	379,774	393,348
Platelets	179,315	199,489	189,879	220,335	313,726
FFP	294,910	319,869	282,231	344,091	344,788

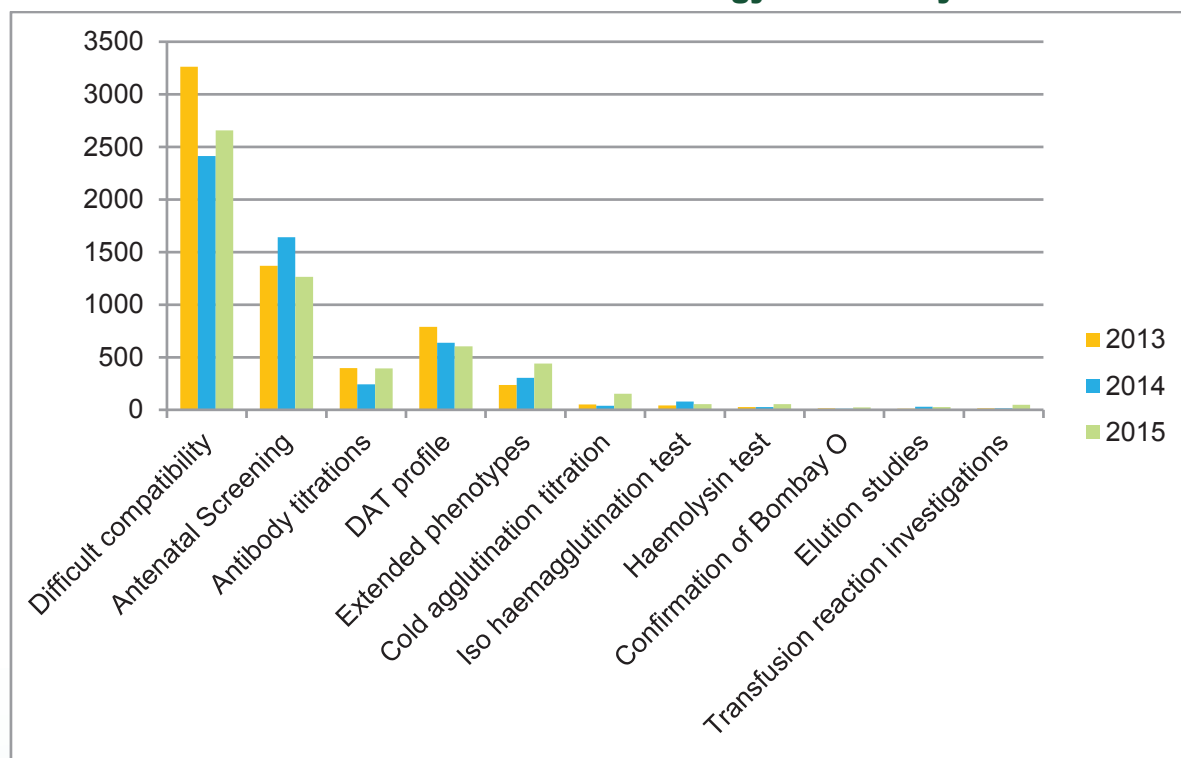


Performance of HLA laboratory

HLA laboratory of NBTs is the only place in Sri Lanka to do the cross matches for organ transplantation.



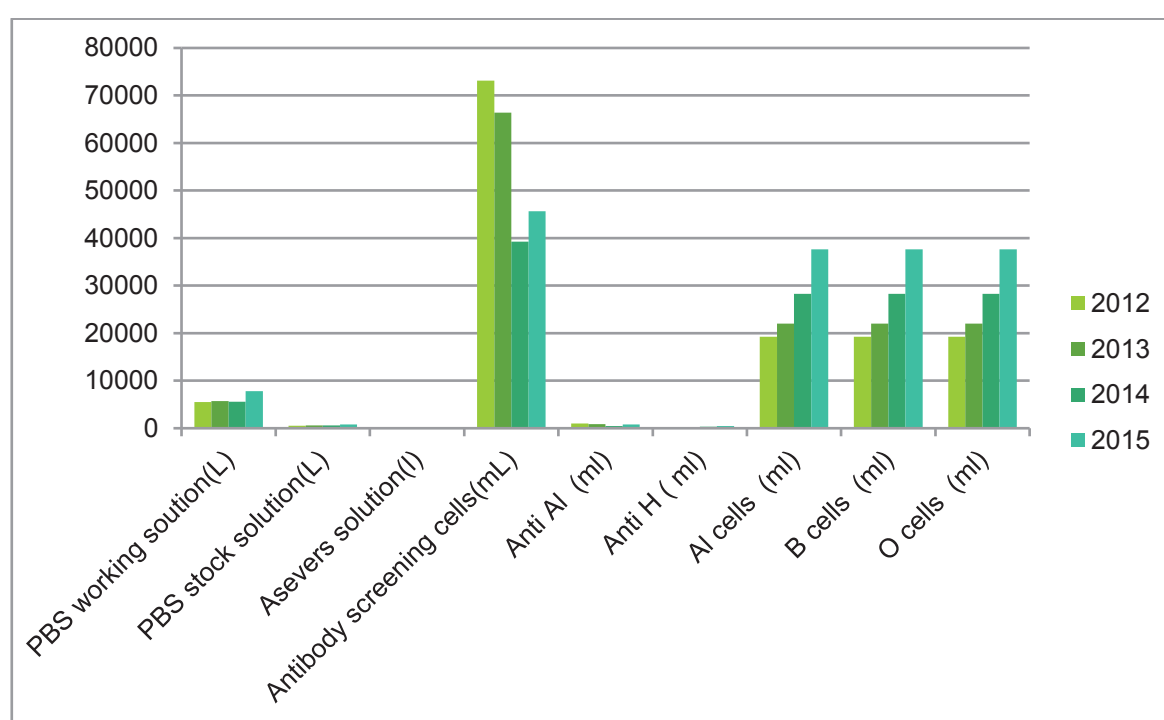
Performance of Reference Immunohematology Laboratory



Statistics of Reagent Laboratory

Comparison of Statistics of Reagent preparation

Reagents prepared	2012	2013	2014	2015
PBS working solution(L)	5510	5730	5565	7785
PBS Stock solution(L)	520	610	620	810
Alsevers solution	108	116	148	172
Antibody screening cells(ml)	73114	66390	39255	45650
Anti A(ml)	1030	837.5	482.5	775
Anti H(ml)	80	247.5	327.5	475
A cells(ml)	19280	21980	28275	37625
B cell(ml)	19280	21980	28275	37625
O cells(ml)	19280	21980	28275	37625



The project of NAT facility at National Blood Centre

Introduction

Nucleic Acid Testing (NAT) was introduced to the National Blood Centre (NBC) by the State of Art Technology Project funded by the government of the Netherlands.

Nucleic Acid Testing directly amplifies and detects the genetic material (DNA or RNA) of viruses in order to screen for the existence of transfusion transmitted infections in donated blood (eg. Human Immunodeficiency Virus - HIV, Hepatitis B Virus - HBV and Hepatitis C Virus - HCV).

Advantages in implementing NAT in the National Blood Transfusion Service

Even though the high cost for the infrastructure and consumables, NAT provides the following advantages,

- Safeguard the blood safety furthermore in reducing the window period by early detection of viral infections and before appearance of antibodies.
- Fulfills an international requirement for the provision of plasma products for Plasma Fractionation Plants.
- Detects mutant, variant viruses that many not be detected by antibody detection methods.

Review Report of Nucleic Acid Testing (NAT) facility at National Blood Centre (NBC) - up to 31st December 2015

Infrastructure development and Staff training.

- Equipment's installations were done in a temporary NAT laboratory in December 2013.
- Testing was initiated in February 2014 after training sessions were conducted for four operators.

Testing Summary

- NAT TESTING were done for the samples collected in house or from mobile campaigns conducted by the NBC.

Following table summarizes the testing done up to 1st January 2016.

• Total tests performed	-	118,916
• Total Samples tested	-	105,600

- Out of the above tested samples, **two NAT yields** was gained. (NAT yield is taken as serology negative but NAT positive sample).

One for hepatitis B Virus and one for HIV.

6.7 LABORATORY SERVICE

6.7.1 Medical Supplies Division

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. In this context, the main functions of MSD are estimating, indenting, procuring, storing, monitoring, distributing and accounting of medical supplies. The National requirement of medical items is procured mainly through the State Pharmaceutical Corporation (SPC) which is the procurement agency for MSD. In addition MSD has its own purchasing unit for emergency local purchase of selected items and procurement of locally manufactured pharmaceuticals from the private sector. MSD is the central organization where the medical supplies are stored until they are distributed among government healthcare institutions. It has a network of stores comprising of, a central medical stores in Colombo (MSD) and 26 Regional stores at the district level (RMSD). The central medical stores consist of 18 Bulk warehouses at the main building, 3 bulk warehouses at Angoda, 5 bulk warehouses at Wellawatha, one warehouse at Kotikawatta one warehouse at Digana and one warehouse at Welisara.

The Distribution of Total Drug Allocation in 2014 - 2016

<i>Description</i>	Rs. Million		
	2014	2015	2016
Direct Payment to SPC, SPMC	25,250	26,000	27,000
Epidemiology Unit (Immunization)	500	500	550
Family Health Bureau	680	680	700
Cancer Treatment Drugs	1,500	1,650	1,500
Medical Supply Division, Gause, etc...	6,985	11,170	15,250
Total	34,915	39,000	45,000

Special events/Innovations in 2015 and 2016

1. Medical Supplies Management Information System (MSMIS) has been established and it has become fully functioning during the year 2015.
2. Conducted awareness programmes for 22 districts to improve medical supplies management in the year 2015 and up to 2016.
3. Weekly supply position review meetings have been held regularly with the participation of the representatives of State Pharmaceutical Corporation and Ministry of Health, to minimize out of stock situation in the year 2015 and up to now

4. A plan of action is being implemented to dispose quality failed medical supplies in institutions at district level Kalutara, Matara, Galle, Hambantota, Colombo, Gampaha, Kandy, Kegalle, Batticaloa, Trincomalee, Jaffna, Polonnaruwa, Kurunegala, Badulla, and Rathnapura districts have been completed up to now and it is to be extended to other districts in the future.
5. Work initiated on the new administrative block on the roof top of MSD main building and 1st stage of the construction has been completed in the year 2015 and remaining work is wish to be completed in the year 2016.
6. Development and modification of the cold store facilities with digital temperature control and monitoring system has been completed, which will ensure continuous 24 hour surveillance and monitoring of cold chain maintenance of drugs and vaccines in a more reliable & safe manner.
7. Workshops have been organized at the institutions, in all districts to introducing Drug and Therapeutic Committees. With this effort now there are 80 institutions with functioning monthly DTC which are sending their reports regularly.
8. Documentation has been completed and has been submitted for approval to construct a pre-fabricated 40,000 sq feet store facility for MSD at the Welisara hospital premises.
9. Action has been initiated to Air condition the main pharmaceutical stores complex of MSD. All plan and documentation relevant to procurement activity have been completed. And the tender is expecting to be awarded before the turn of the year 2016.

6.7.2 National Medicine Regulatory Authority (NMRA)

National Medicine Regulatory Authority (NMRA) was established under parliamentary act no-05 in 2015. This act is given the legislative framework to control medicine including vaccine and biological product, medical devices and borderline product. The main objective is this act is to ensure that all the medicine medical devices and borderline product available in Sri Lanka are efficacious, safe and of acceptable quality, ensure uninterrupted supply and rational uses. This act was implemented from 1st of July 2015.

Responsibilities of the Authority

- Regulation & control of registration, licensing, manufacture, importation & all other aspects pertaining to medicines, medical devices & borderline products
- Conducting of clinical trials in a manner compatible with the national medicines policy
- Establishment of divisions of the national medicines regulatory authority
- (The medicines regulatory division, medical devices regulatory division, borderline products regulatory division and clinical trials regulatory division)
- To establish a national advisory body

Performance

Regulatory Division

Number of registration certificates issued by NMRA (From 2016/01 -2016/08)

Dossier Type	Approved	Rejected
New Chemical Entities	10	21
New Fixed Dose Combination	Nil	4
New Dosage Forms	1	Nil
Bio Therapeutic Products	37	6
Vaccines	14	2

Evaluation of Special Product Dossiers – From 01/01/2016 to 08/09/2016

Month	Drug	Medical Devices	CP	Grand Total
January	208	230	4	442
February	282	320	2	604
March	250	271	7	528
April	187	128	2	317
May	278	335	0	613
June	449	244	3	696
July	334	318	14	666
August	345	186	11	542
Total	2333	2032	43	4408

Training Programs conducted by the Regulatory Section – NMRA

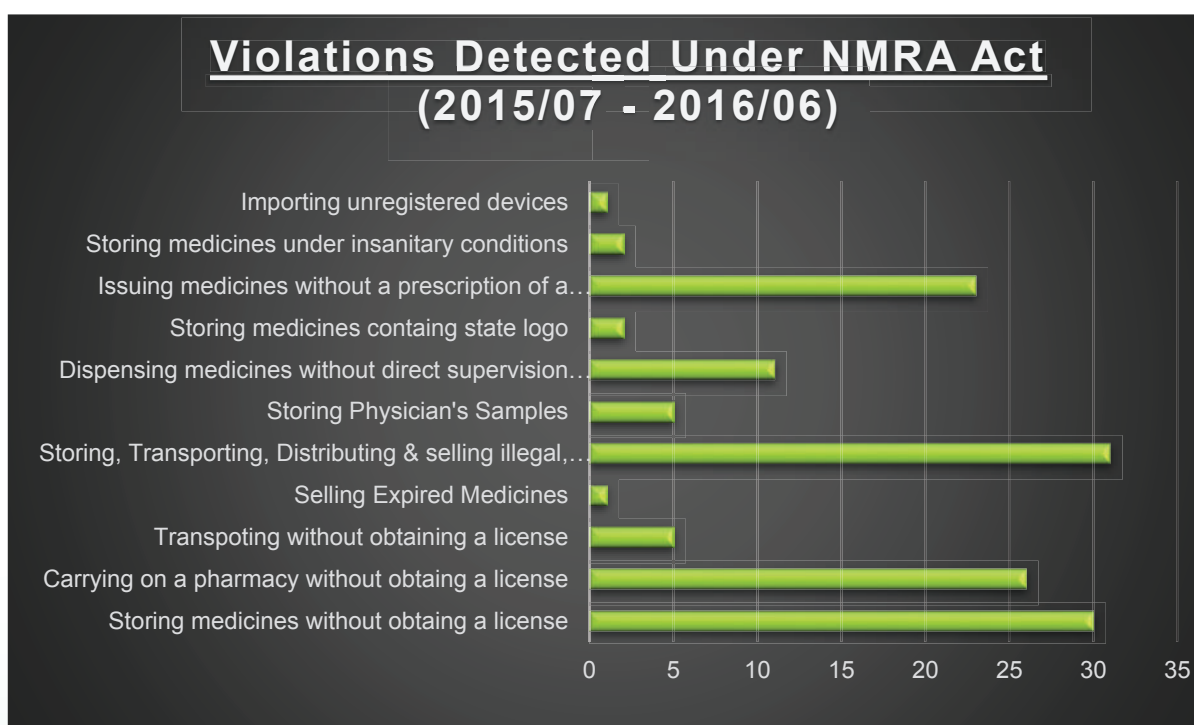
From 01/ 2016 to 09/2016

For Intern Pharmacists B.Pharm/B.Sc Pharmacy

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Number of Trainees	0	2	0	0	24	5	0	12	
University	0	J/P ura	0	0	Perade niya	Colom bo	0	KDU	KDU

Law Enforcement Division

- Number of Retail, Wholesale & Transport Licenses recommended
 - Wholesale Licenses Issued – 654
 - Retail Pharmacies Licenses Issued – 2831
 - Transport Licenses Issued – 3390
- Details of prosecutions made under NMRA Act
 - Number of cases filed by F & DI – 96
 - Number of cases convicted – 83
 - Number of cases pending – 16
 - Total Fines imposes – Rs.4.10 Mn



- Awareness Programs conducted**

	Target Group	No of Participants
01	Pharmacy Owners (Island wide)	2404
02	F& D inspectors & Authorized officers	40
03	Medical officers of Health	32

- Their Duties**

Number of Public Complaints Handled - 43
 Number of Destruction supervised & Recommended - 41

Income Report – (From 2016/01 to 2016/08)

Month	Net Income Rs.(Mn)	Treasury Grants RS.(Mn)	Total Income Rs.(Mn)
Jan	7.33	-	7.33
Feb	8.09	8.00	16.09
Mar	8.57	-	8.57
Apr	7.05	-	7.05
May	9.79	8.10	17.89
Jun	14.40	-	14.40
Jul	13.25	-	13.25
Aug	13.28	9.25	22.53



6.7.3 Medical Research Institute

The medical research institute, in its capacity as the premier research institute for biomedical and allied fields is dedicated to the aim of improving health and wellbeing of the country. The MRI takes great pride in its contribution to the advancement of knowledge, through research and training. The MRI conducts research in various field in bacteriology ,virology ,mycology ,parasitology ,entomology, immunology ,histopathology ,hematology ,biochemistry ,nutrition ,pharmacology ,natural products and in animal sciences. It also supports research in areas needing advanced techniques of animal studies and drug trials. During the past few years, the availability of a research grant from the Treasury has greatly contributed to the advancement of research at the MRI. These funds are available for all researches attached to the Ministry of health.

Department of Parasitology

Lab tests

	Number
Toxoplasma ELISA IgG	1555
Toxoplasma ELISA IgM	1555
Toxoplasma ELISA IgG/ IgM TORCH	415
Toxoplasma ELISA IgG/ IgM STD	83
Toxocara ELISA IgG	355
FFAT- Filarial Fluorescent Antibody Test	553
Worm identifications	35
Sputum for oocysts of <i>Pneumocystis jiroveci</i>	38
Special staining for <i>Cryptosporidium</i> oocysts	59
Parasites in food	16
Filarial antigen test	11
Malarial antigen test	17
Leishmania identification	03
AOC	63
CSF for amoeba	01
Liver abscess/ amoeba	04

24 hour stool collection for tapeworms	04
Tapeworm segments	05
Hydatid cyst and cystic fluid	03

Department of Entomology

Lab tests for different sample types

Type	Number of Samples	Tests
Coils	35	105
Mats	5	75
Vapourizers	11	264
Creams	4	192
Sprays (Aerosols)	4	12
Larvicides (lab/ field)	5	240
Fly baits	1	3
Impregnated bed nets	1	9
Repellent patches	1	20
Insect identifications	30	30
Total		950

Number of surveys

Type	Number	
House to house (Kelaniya, Piliyandala, Hanwella, Moratuwa, Nugegoda, Ja-Ela)	Number of houses inspected	Number of surveys
	8218	84
Institutions (SLAF Ratmalana, SLAF Katunayake, Colombo port, NHSL, LRH, Eye hospital)	Number of institutions	Number of surveys
	6	28
Other (Anuradhapura- Puja Nagaraya, Ratnapura, Eheliyagoda, Balangoda- Gem pits, Ratnapura- tick survey, Ambalangoda- yphus fever survey, Welikada Prison- bed bug survey)	4	
Total	116	

Department of Virology

Ongoing surveillance,

Global Laboratory Surveillance programs 02 (Polio, Influenza)

Regional Laboratory Surveillance programs (Measles & Rubella, JE, and Rota)

National Laboratory Surveillance programs (Dengue, Hepatitis, VDPV, and EV)

Output for 2015

Total No of samples received in 2015 : 29,909

No of tests in 2015 : 52

Total No of tests performed : 49,953

Department of Immunology

Utilization details - Total Number of activities done during the year 2015

	Type of test	Number of investigations
1	Anti-Nuclear Antibody	1338
2	Double stranded DNA	222
3	C reative protein	18
4	Direct Immunofluorescence of skin biopsy	273
5	Serum Immunoglobulin G	796
6	Serum Immunoglobulin M	789
7	Serum Immunoglobulin A	792
8	Complement C3,C4	2060
9	Nitro blue Tetrazolium Reduction assay	168
10	Cryoglobulin test	16
11	Lymphocyte subsets	655
12	Anti cardiolipin antibody IgM	115
13	Anti cardiolipin antibody IgG	188
14	Tetanus IgG	131
15	Serum tryptase	53
16	Specific IgE	199
17	Anti-thyroid peroxidase IgG	32

Department of Mycology

No of seriological tests done - 14

1. Launching of 'Handbook on Basic Medical Mycology'

'Handbook on Basic Medical Mycology' by Dr. Primali Jayasekera, Consultant Medical Mycologist, was launched at the inauguration of the first workshop.

Department of Bacteriology

1. New Tests introduced:

- MAT testing with pathogenic server panel (11 pathogenic servers)
- PVL gene detection in MRSA
- Antimicrobial Susceptibility Testing for Leptospira
- NDM gene detection in gram negative bacteria

2. No of research done - 07

3. No of research publications and presentations done - 03

4. No of research presentations National and International fora done -13

Rabies Reference Laboratory & Vaccine Unit- Medical Research Institute

Total Number of activities

Post mortem diagnosis of rabies - Animals

Total number of samples received - 1306

Total number of samples tested - 1236

Type of test	Number tested	Number positive for rabies
Direct smear	1236	189
FAT	981	421
ICT	34	15
Mice inoculation	-	-
Molecular- Conventional PCR	-	-
Number of samples decomposed & unfit for examination	70	
Total number of specimens received	1236	605

Post mortem diagnosis of rabies- Human

Type of test	Number tested	Number positive for rabies
FAT	25	23
Molecular – Conventional PCR	-	-
ICT	02	01
Total	25	24

Hematology Department**Utilization Details; lab tests done in 2015**

Test	No
Platelet Function Tests- ADP	466
Platelet Function Tests- Arachnoid acid	223
Platelet Function Tests- Collagen	233
Platelet Function Tests- Ristocetin	466
HPLC- Thalassemia testing	3735
Hemoglobin Electrophoresis	88
Sickling Test	38
Blood Methemoglobin Assay	25
Full Blood Count	2200
Retic Count	07
Golf Ball Preparation Test	20
Blood Picture	3806
Prothrombin time	52
APTT	52
Thrombin Time	52
Fibrinogen	23
vonWillebrand Antigen	49
vonWillebrand Activity	49
Factor V111	52

Department of Pharmacology

Laboratory Assessment	Number of Tests - 2015
24 hour Urinary VMA	1352
24 hour Urinary 5HIAA	22
Tacrolimus level	1288
Cyclosporine level	674
Gentamycin Level	52
Medical Clinic / once a week	>300 patients
CME Lectures	01
Training Programs	For BSC Pharmacy Students

7. Infrastructure Development

The importance of improving health sector infrastructure, which is essential to achieve 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 which is 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 too has increased significantly.

In 2015-2016, the government further continuing a number of new health projects directed at improving the wellbeing 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 during 2015 - 2016.

7.1 Medical Equipment's

The Division of Biomedical Engineering Services of the Ministry of Health is entrusted with procuring, installing, commissioning and maintaining medical equipment's in line ministry hospitals. This division also provides technical assistance to the Provincial Health authorities based on their requirements.

The main functions and responsibilities of the Biomedical Engineering services can be listed as follows.

1. Procurement of Medical Equipment.
2. Repairs & Maintenance of Medical Equipment
3. Training of end users & technical staff
4. Provision of Local / Foreign technical expertise in medical equipment.

The headquarters of the Biomedical Engineering Services Division is located in Colombo has workshop facilities, warehouse facilities for equipment and spare parts storage and administrative functions. Biomedical Engineering

Services has also started development of web based software for medical equipment Inventory Management System.

At present 07 no of Biomedical Engineers, 42 no of Forman and 43 no of Technicians are attending on management of medical equipment.

Regional Biomedical Units are established in Southern Province, and supervised by Biomedical Engineer appointed to TH/Karapitiya. The division has 22 numbers of Hospital based maintenance units so that the down time of equipment as well as maintenance cost could be kept minimum. The Division is in the process of recruiting Engineers to strengthen BES and establish new Regional Units

BMES also provide facilities for industrial training of engineering undergraduates at Peradeniya University and Sir John Kothalawala Defense University

Major Achievements in 2015 & early 2016

Rs. Mn.

	Description	Cost
1	Provision of MRI Scanner for TH/Anuradhapura	225
2	Provision of 6 Nos. CT Scanners for GH/ Monaragala, TH/ Peradeniya, GH/ Kegalle, CH/ Welisara , GH/ Trincomalee & LRH	350
3	Provision of Mammography Machines for TH/Kandy, TH/Peradeniya, GH/ Badulla & NHSL	140
4	Provision of Cath lab for SBSCH	135
5	Provision of Gamma Camera for NHSL, CI/ Maharagama & TH/ Karapitiya	126
6	Provision of X- Ray machines for GH/ Ampara, GH/ Kegalle & BH/ Tangole	12
7	Provision of 37 Nos. Dialysis machine	56
8	Provision of Operation Theatre Equipments (45 Nos. OT lamp, 64 Nos. OT Table, 9 Nos. Orthopedic OT Table, 164 Nos. Diathermy Machine)	286
9	Provision of Equipment to strengthen ICU in Line Ministry Hospitals	146
10	Provision of Ophthalmic Equipments	206
11	Provision of Monitoring Equipments for Line Ministry Hospitals	95
12	Provision of Operating Microscope for plastic surgery (NHSL and TH/ Karapitiya)	42
13	Provision of Equipment to strengthen CSSD in Line Ministry Hospitals (20 Nos High pressure sterilizers)	103

	Description	Cost
14	Provision of Highend Echocardiography Machines for TH/Anuradhapura, GH/ Rathnapura, GH/ Kegalle, TH/ Jaffna & GH/ Nuwaraeliya	60
15	Provision of Ultrasound scanners, Multi parameter monitors , ECG Recorders and Defibrillators by Japanese Non Project Grant Aid (JICS)	500
16	Provision of Digital Fluoroscopy System for NHSL	90
17	Provision of Biplane Angiography Machine for NHSL	150
18	Provision of Lithotripter for TH/ Karapitiya	61
19	Provision of Monitoring System for Cardiothoracic unit TH/ Karapitiya	59
20	Provision of Neuro Navigator for NHSL	103
21	Provision of Heart Lung Machine for LRH	35
22	Provision of Neurosurgical equipment for TH/ Jaffna (Neurosurgical operating table, Mayfield head fixuater, High speed drill system & Ultrasonic aspirator.)	32
23	Provision of Neurosurgical equipment for TH/ Batticaloa (Neurosurgical operating table, Mayfield head fixuater, High speed drill system & Ultrasonic aspirator.)	32

Availability of selected medical equipment in Hospitals under the Line Ministry

No.	Hospital Equipment	MRI	CT	X-Ray Static	ICU Ventilator	Mamography	Cobolt 60	High Pressure Sterilizer	Echo Machine	Cath Lab
1	N.H.S.L	02	02	09	63	01		13	10	02
2	Sirimawo Bandaranayke Children Hospital	01	01	01	16			04	02	01
3	G.H.Rathnapura		01	01	13			06	01	
4	T.H.Kalubowila		01	03	16			07	01	
5	T.H.Jafna		01	02	21	01	01	04	02	01
6	Castle Street Hospital for women			01	14			04	01	
7	G.H.Anuradhapura	01	01	03	42		01	07	01	
8	T.H.Matara		01	03	20			04	01	
9	T.H.Karapitiya	01	01	03	54	01	01	09	03	02
10	G.H.Hambanthota		01	01	06			03	01	
11	G.H.Mahamodara				06			03	02	

No.	Hospital Equipment	MRI	CT	X-Ray Static	ICU Ventilator	Mamography	Cobolt 60	High Pressure Sterilizer	Echo Machine	Cath Lab
12	C.H.Walisara		01	03	10			03		
13	T.H.Kurunegala		01	03	10			05	01	01
14	De Zoysa Maternity Hospital			01	06			03		
15	T.H.Kandy	01	01	05	56	01	02	04	04	01
16	T.H.Peradeniya		01	02	20	01		06	01	
17	Cancer Institute Maharagama		01	02		03	03	02	01	
18	D.G.H.Chillaw			01	16			03	01	
19	D.G.H.Polonnaruwa		01	03	17	01		03	01	
20	D.G.H.Trincomalee		01	01	15			02		
21	T.H.Batticaloa		01	02	20			04	01	
22	D.G.H.Monaragala		01	01	07			02		
23	B.H.Ashrof Memorial			01	10			02		
24	B.H.Kalmunai North			01	03			02		
25	B.H.Akkaraipaththu			01	02			02		
26	G.H.Ampara		01	02	05			05	01	
27	G.H.Gampola			01	03			02		
28	G.H.Kalutara		01	03	06			03	01	
29	Eye Hospital							02		
30	G.H.Badulla		01	03	25	01	01	06	01	
31	G.H.Kegalle		01	03	10			03	01	
32	G.H.Nuwara Eliya			02	08			02	01	
33	Lady Ridgeway Hospital		01	03	37			06	02	01
34	T.H.Ragama		01	03	26			06	01	

No.	Hospital Equipment	MRI	CT	X-Ray Static	ICU Ventilator	Mamography	Cobolt 60	High Pressure Sterilizer	Echo Machine	Cath Lab
35	I.D.H			01	01			01		
36	B.H.Mullariyawa			01				01		
37	National Institute of Mental Health - Angoda			01						
38	R.H.Ragama			01	01					
	Total	05	23	71	585	08	09	134	41	09

Cost of Maintenance of Medical Equipments

	Spare parts /Rs	Service & Maintenance / Rs	Total /Rs
2015.01.01-2015.12.31	203,433,272.77	694,418,273.86	897,851,546.63
2016.01.01-2016.06.07	11,975,640.00	230,593,170.38	242,568,810.38

7.2 Construction

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.



Opening of new Nursing School Building at NIHSL

Local Funded Projects

New Projects during the year 2015 and last six months

Project	Total Project Cost Rs. Million	Provision for year 2015 Rs. Million	Provision for year 2016 Rs. Million
Proposed Extension to PBU -De Soyza Maternity Hospital	325.40	50	100
Development of District Hospital Kalutara as a Specialized Maternal and Children's Hospital	4,750		1,100
Construction of Ministry Building	3,897	10	800
Upgrading the Anuradhapura, Kurunegala and Jaffna Hospitals (Budget Proposal)			1,750
Development of Mobile Hospital (Budget Proposal)			150
Construction of 03 Cancer Hospitals in Thellipalei, Kandy and Matara (Budget Proposal)			1,000
Emergency Pre Hospital Care Ambulance (Budget Proposal)			455.55

Special Ongoing Projects as follows

Project	Total Project Cost Rs. Mn	Provision year 2015 Rs. Mn	Provision year 2016 Rs. Mn
Improvement of Ayurvedic Drugs Corporation	180		80
Improvement of ETU Facilities under Line Ministry Hospitals	9,525	700	500
Development of Ambulatory Care Centre (OPD) of National Hospital of Sri Lanka (GSOL- China)	14,600	2,850	1,980
Clinical Building and OPD Complex at DGH Kalutara Stage 11	240.30	50	100
Expansion of OPD & Clinic Building at National EYE Hospital in Colombo - Stage II	241.90	100	100
Proposed Extension to PBU -De Soyza Maternity Hospital	325.40	50	100

Project	Total Project Cost Rs. Mn	Provision year 2015 Rs. Mn	Provision year 2016 Rs. Mn
Construction of Proposed Millennium Ward Complex at TH Kalubowila(Colombo South)	900	80	300
Maternity Ward Complex at TH Kurunegala - Stage III	914.94	201.58	300
Construction of Drug Stores for MSD at Mulleriyawa(MSD) - For Balance Work	305	20	150
Construction of Accident Service and Wards Complex of Teaching Hospital Ragama	1,125.40	251.25	300
Development of Polonnaruwa District General Hospital	260.80	128.15	250
Development at Karapitiya Hospital	1,024	35	100
Epilepsy Unit at National Hospital Colombo	4,598	2,089.50	1,745
Helmut Kohl Maternity Hospital Karapitiya, Galle (GOSL -Germany) -	4,480	338.74	1,050
Development of District General Hospital Hambantota and District General Hospital Nuwaraeliya under Netherlands Assistance - GOSL	21,250	5,728.32	1,050
Upgrading of National Blood Transfusion Services of Sri Lanka with State of the Art Technology giving special Emphasis on North & East (GOSL-Netherlands)	4,669.90	1,127.23	680
Construction and upgrading peripheral blood banks Coming under the National Blood Transfusion Services of Ministry of Health in Sri Lanka Under Netherlands Assistance	4,090	2140.69	550
Modernizations of Children Hospitals as Centres of excellence	320	665	320

The following construction works have been completed during the year 2015 and first six months of the current year

TEC Rs. Mn.

Construction of the State of the Art Cancer Ward Complex at National Institute of Cancer, Maharagama (Razavi Project)	2,063
Development of Dental Institute of Sri Lanka - Phase I	733.79
Construction of Accident Service & Wards Complex at Teaching Hospital Ragama Stage II	144
Construction of Accident Services at DGH Rathnapura	502.86
Construction of OPD & Clinical Complex at castle Street Hospital for Women (Teaching) - Colombo	269.46
Completion of Construction work at Cardio Thoracic Unit at Lady Ridgway Hospital	222
Completion of Partially Constructed Neurology, Nephrology and Orthopedic wards at Lady Ridgway Hospital	53.25
Reorganization of OPD Building at Lady Ridgway Hospital and Construction a Critical Care Unit	44
Medical Ward Complex - Kandy	493.45
Theatre Complex at GH Kegle	325
Construction of OPD Building Base Hospital Kalmunai	37.36
Construction of OPD & Ward Complex at DGH Monaragala	364.40
Maternity Ward Complex Stage II Teaching Hospital Kurunegala	191.65
Construction of New four Storied Ward Complex GH Polonnaruwa	351
Construction of Clinical Building Complex at GH Kaluthara Stage I	89.18
Construction of Oncology Complex Stage II TH Batticaloa	151.61

7.3 Special Foreign Funded project

❖ Development of District General Hospital Hambantota Under The Netherlands Assistance

Background

Hambantota District has been identified as one of the three districts, which are to be developed in an accelerated manner. With the establishment of international Airport, Sea Port, Cricket Stadium, Convention Centre, road network etc. the district has become more urbanized and commercialized. Keeping with the rise of population, the demand for healthcare services in the district is expected to increase.

The existing Hambantota District General Hospital caters to a population of nearly 600,000 in the area, majority of them comes under low-income group and mostly they are farmers. As the existing hospital could not be able to deliver proper healthcare service to the people in the area due to the prevailing unsatisfactory situation of the hospital, it is decided to construct a new hospital in a new location, which has already been identified, under the financial assistance by the Government of the Netherlands.

New DGH Hambantota

The cost of establishment of new ten storied DGH Hambantota is EURO 46,842,156.91 (Rs. 6,792 Mn. Approx.). New hospital consists of 850 beds with modern medical equipment and facilities of Wards, Intensive Care Units, Out Patient Department, Accident Service, Diagnostic Services, Operation Theatres, Clinic Facilities, Blood Bank, Medical Laboratory, Central Sterilizing Unit, Pharmacy, Judicial Medical Unit, Dental Unit, Health Education Unit, Stores Complex, Doctors and Staff Quarters etc. Construction of new hospital commenced in 2013 and scheduled to be completed in end of March 2017. Current progress of the construction of new hospital is 95% as on September 2016.



Perspective of New DGH Hambantota

❖ **Development of District General Hospital Nuwara Eliya Under The Netherlands Assistance**



Background

District General Hospital - Nuwaraeliya, which was constructed over 100 years ago, is the only hospital that provides specialist care for over a 700,000 people in the Nuwaraeliya District. Over the past few decades, no significant attempt has been made to invest on the development of this hospital, as there was no land available for the expansion. The existing hospital buildings occupy approximately nine acres. At present, the hospital is in an extremely poor condition. The estate population in Hatton, Maskeliya, Norton Bridge, Welimada, Walapone, Haguranketha and Pussallwa divisions, envelops the main area serviced by the hospital. Since the area is hilly, the transport facility is also limited.

Therefore, there is a dire need to improve the facilities in this hospital to cater to the needs of the people of the Nuwaraeliya district. As such it is decided to construct a new hospital under the financial assistance by the Government of the Netherlands.

New Construction

The cost of establishment of new six storied DGH Nuwaraeliya is EURO 39,649,042.75 (Rs. 6,686 Mn. Aprox.). New hospital consists of 650 beds with modern medical equipment and facilities of Wards, Intensive Care Units, Out Patient Department, Accident Service, Diagnostic Services, Operation Theatres, Clinic Facilities, Blood Bank, Medical Laboratory, Central Sterilizing Unit, Pharmacy, Judicial Medical Unit, Dental Unit, Health Education Unit, Stores Complex, Doctors and Staff Quarters etc. Construction of new hospital commenced in 2013 and scheduled to be completed in end of March 2017. Current progress of the construction of new hospital is 94% as on September 2016.

❖ **Construction and Upgrading of Peripheral Blood Banks Coming Under the National Blood Transfusion Services of Ministry of Health in Sri Lanka under Assistance of the Netherland Government.**

National Blood Transfusion Services (NBTS) of Sri Lanka is a centrally coordinated service coming under the purview of Ministry of Health. The National Blood Center (NBC) situated in Colombo is the operational headquarters of NBTS, which is having 15 Cluster & 60 hospital based Blood Banks attached to all major hospitals in the country. Cluster centers coordinate administrative and technical activities of the blood banks within the cluster. NBTS is the sole provider of blood and blood products to all state sector and majority of private sector in Sri Lanka.

As per the WHO norms on blood safety, NBTS service is committed to ensure the;

- Availability of adequate supplies of blood and blood products and their accessibility to all Patients who require transfusion.
- Safety of blood and blood components
- Safety and appropriate clinical use of blood and blood products

By providing these services to the general public of Sri Lanka, lack of adequate facilities in the peripheral blood banks, space, and basic equipment for storage of blood in accurate temperature, processing equipment for blood and blood products is a major issue for health sector of this country. Inadequately equipped mobile service vehicles have hindered the mobile blood donation services in the rural areas, as it would severely affect the proper blood distribution services to the rural areas. The cluster centers and peripheral blood bank are still functioning with very minimal facilities. Also, reactivation of blood transfusion activities in the Northern and Eastern provinces is essential to restore the health services in these provinces. Thus, it is decided to establish new blood banks and upgrade the existing blood banks in these provinces under the financial assistance by the Government of the Netherlands.

Total estimated cost of the project is Euro 21,237,254. (Rs.3, 460 Approx.). Project commenced in 2013 and scheduled to be completed in end of 2016. Current overall progress is 99.9% as on September 2016.



Killinochchi Blood Bank Opening



Mullativu Blood Bank opening

Blood Banks to be upgraded with new buildings & medical laboratory equipment

Type 'A' Buildings	Type 'B' Buildings
1. Trincomalee GH	1. Killinochchi
2. Ragama TH	2. Kalmunai South
3. Peradeniya TH	3. TH Kurunegala
4. Rathnapura GH	4. BH Mullativu
5. Vavuniya GH	5. Chilaw
6. Kalutara GH	6. MahaOya
	7. Padaviya
	8. Dehiattakandiya
	9. Polonnaruwa
	10. Marawila
	11. Tangalle
	12. Kuliyaipitiya
	13. Mahiyanganaya

Blood banks to be upgraded with medical laboratory equipment only

1. Central Province	Kandy, Dambulla, Matale, Nuwaraeliya, Nawalapitiya, Gampola, Dikoya, Rikillagaskada.
2. Eastern province	Ampara, Batticaloa, Kantale, Kinniya, Kalmunai North, Akkaraipattu, Samanthurai
3. North Central Province	Anuradhapura, Tabuttegama, Madirigiriya
4. North Western Province	Kurunegala, Nikawaratiya, Dambadeniya, Puttalam, Kalpitiya
5. Northern Province	Jaffna, point Pedro, Mullative, Mannar
6. Sabaragamuwa Province	Embilipitiya, Balangoda, Kahawatta, Karawenella, Kegalle, Mawanella
7. Southern Province	Kamburugamuwa, Karapitiya, Matara, Hambantota, Mahamodara, Kamburupitiya, Elpitiya, Balapitiya, Tissamaharamaya
8. Uva Province	Badulla, Manaragala, Diyatalawa, Bibile, Wellawaya, Siyambalanduwa
9. Western Province	CIM- Cancer Institute Maharagama, Awissawella, Homagama, Negombo, Gampaha, Wathupitiwala, Welisara, Panadura, Horana, Kethumati, NHSL – National Hospital of Sri Lanka, CSTDH – Colombo South TH Kalubowila, CSHW – Castle Street Hospital for Woman, DMH – De Soysa Maternity Hospital, Accident Service of NHSL, Mullariyawa, LRH – Lady Ridgeway Hospital, Minuwangoda

7.4 Transport

Transport Unit

The transport unit of the Ministry of Healthcare and Nutrition plays an very important role in the provision of services in the health institutions by providing the necessary transport facilities. The following section are included to the transport section

- Service station – at Mulleriyawa
- Repair section – at Bio Medical Engineering Unit

It has been also possible to prevent irregularities and ensure saving on expenditure as a result of the setting up to above station/section belonging to the Ministry of Health. The following table given the details of the vehicles of the Ministry of Health.

Type of Vehicle	Over 2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Ambulances	529	26	52	43	52	30	12	-	250	87	-			1,081
Double cabs	267	13	65	-	58	9	-	92	-	-	5	35		544
Cars	48	-	-	-	-	-	-	5	-	-	-		3	56
Lorries	110	-	10	-	-	-	-	-	-	-	-			120
Vans	84	-	2	7	-	3	-	9	-	-	17		48	170
Mini Vans	-	-	-	30	-	-	-	-	-	-	-			30
Bauser	9	-	-	-	-	-	-	-	-	-	-			9
Jeeps	78	27	13	4	-	1	-	-	-	-	2	2		127
Buses	59	-	5	11	1	-	-	-	-	-	-			76
Ref.Lorries	2	-	2	3	4	-	-	-	10	-	-			21
Three Weels	49	-	-	3	1	-	-	-	-	-	-			53
B/C Vehicles	7	-	-	-	-	-	-	-	-	-	-			7
Vans (Mobile)	33	-	-	-	1	-	-	-	-	-	-			34
X-ray Vehicles	1	-	-	-	-	-	-	-	-	-	-			1
Crue Cabs	10	-	-	-	-	-	-	-	-	-	10			20
Motor Cycles	1010	-	-	-	-	125	-	140	150	-	-		5	1,430
Tractor	2	-	-	-	-	-	-	-	-	-	-			2
Total	2297	66	149	101	117	168	12	246	410	87	34	37	56	3,781

8. Human Resource Development



Recruiting 1100 Students for Nurses Training

Education, Training and Research Unit of the Ministry of Health which functions under purview of Deputy Director General (ET&R) is the focal point in policy formulation, providing technical guidance related to training and also coordinating of 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 is responsible for developing policies and capacity in research related to health.

Medical Research Institute (MRI) and National Institute of Health Sciences (NIHS) are two institutions, which come under the purview of the DDG (ET&R). Coordination and technical supervision of the work carried out by these institutions is a responsibility of the DDG (ET&R).

Furthermore, 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, human resource capacity of the health sector. Furthermore, the unit has developed partnerships with international training organizations and nationally important trainings for the healthcare staff of Sri Lanka. I.e. Asian Institute of Technology-Thailand, Tang Ton Sek Hospital-Singapore, Inje University – South Korea and etc.

Human Resource Situation

<i>Human Resources</i>	<i>2011</i>		<i>2014</i>		<i>2015</i>	
	Number	Population n per Health Person	Number	Population n per Health Person	Number	Population n per Health Person
Total number of Medical Specialists	1,486	13,363	1,575	13,127	1960	10,597
Physicians	192	105,540	178	116,151	251	82,753
Paediatricians	140	144,741	141	146,631	190	109,321
Obstetricians	135	150,102	117	176,709	162	128,216
General Surgeons	112	180,926	126	164,087	169	122,905
ENT Surgeons	41	494,237	43	480,814	45	461,578
Eye Surgeons	54	375,254	46	449,456	57	364,403
Radiologists	71	285,405	90	229,722	103	201,660
Cardiologists	36	562,881	45	459,444	52	399,442
Maxillo-Facial Surgeons	33	614,052	28	738,393		

<i>Human Resources</i>	2011		2014		2015	
	Number	Population per Health Person	Number	Population per Health Person	Number	Population per Health Person
Psychiatrists	46	440,516	41	504,268	78	266,295
Consultant Judicial Medical Officers	28	723,704	34	723,704		
Medical Officers *	11,062	1,832	14,256	1,832	17,939	1,169
Dental Surgeons	1,243	16,302	1,248	16,302	1,314	15,273
Medical Officers of Health ³	281	72,113	335	61,716		
Nursing Officers	28,785	704	31,376	658	31,535	665
Professions Supplementary to Medicine (PSM)	4,531	4,472	4,531	4,472		
Public Health Nursing Sisters	289	70,117	247	83,704	258	81,263
Public Health Inspectors attached to MOH Offices	1,234	16,421	1,234	16,421	1,244	16,653
Public Health Midwives attached to MOH Offices	5,676	3,570	8,523	2,425	5,820	3,602
Health Assistants (Junior Health Staff)	35,892	565	42,477	486		

- Provisional

1. 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 and Planning Unit.

	Category of Staff	Number Recruited for Training		Number successfully passed out
		2015	2016	2015/16
1.	Nursing Officers	3619	786	1895
2.	Medical Laboratory Technologists	225		123
3.	Pharmacists	296		99
4.	Physiotherapists	67		69
5.	Occupational Therapists	45		19
6.	Radiographers	64		47
7.	Public Health Midwives	210	750	360
8.	Public Health Inspectors	193		271
9.	Entomological Assistants	14		19
11.	Cardiographers	82		40
12.	E.E.G Recordists	24		17
13.	Ophthalmic Technicians	38		32
16.	Dispensers	740	17	408
17.	Dental Technicians	2		5
18.	School Dental Therapists	31		25
19.	Public Health Laboratory Technicians	21	100	21
21.	Orthotics and Prosthetics	7		-
22.	Hospital Attendants	289		-

1.1 Orientation programme

Orientation programme of 6 months was conducted for the below mentioned graduates recruited from government Universities of Sri Lanka. The number of participants in the programme are mentioned below.

Category	No.
Nursing Officers	118
Medical Laboratory Technicians	150
Pharmacists	78
Physiotherapists	131
Radiographers (Diagnostic)	30
Radiographers (Therapeutic)	05

2. Capacity Development of Service Providers under the Ministry 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 2015/16 funds were allocated for the training of many categories of the health workforce. The ET&R Unit developed the ISTP management system which includes reviewing of the training proposal for identification of training needs of institutions and the categories, approval for funding, and monitoring and evaluation of training programmes.

2.1 In-service Training Programme

A. Training Programmes conducted by the ET&R Unit

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, professional organizations and post basic training programmes for nursing officers.

Local Training

- In-service training programmes conducted by the ET&R Unit during the period of 2015 to June 2016 are as follows

Category	Training Programme	Total Participants
Medical Officers	Good Intern Programme	1200
	Language competency (Tamil)	200
	Research Capacity	290
	Acute Management Positioning	1200
Matrons	Supervisory Management	60
Nursing Sisters	Training of Trainers on Health Assistants	80
	Acute Management Positioning	215
Nursing Tutors	Training of Trainers on Attendant Training	80
	Acute Management Positioning	150
Nursing Officers	NICS Training	364
	Dengue Management	1600
	First Aid in Poisoning	1100
MLT	Supervisory Management	175

Category	Training Programme	Total Participants
Pharmacies	Supervisory Management	110
Telephone Operators	Training Programme for Telephone Operators	178
Management Assistants & Development Officers	First Aid in Poisoning	650
Special Programmes		
Library users (Faculty of Indigenous Medicine/ Faculty of Medicine Colombo/ Peradeniya/ Ministry of Health/ HEB/ KDU/ MRI libraries)	Library Users Awareness	75
Medical Officers/ Nursing Officers/ Nursing Tutors, Public Health Nursing Tutors/ Supervisory Public Health Midwives	Trainer Capacity Development on Teaching & Learning methods	610
Public Health Midwives	Trainer Capacity Development	466
House Warden	In Service Training	50
Seamstress	Induction Training	29

Post Basic Training

The post basic training programmes, namely Pediatric Nursing and Emergency care were carried out and 41 nursing officers, Ward Management & Supervisory/Teaching Supervisory 187 nursing Officers, ICU Training 525 Nursing Officers, Midwifery and Psychiatric Training for 572 Post Basic Nursing Officers Emergency Treatment unit Training 41 Nursing Officers Midwifery Training 864 Nursing Officers were trained respectively.

Overseas Training programmes

In addition to local training programmes conducted for capacity development of the health staff, ET&R Unit coordinated, several overseas training programmes as well. Furthermore it was a grand highlight to have training partnerships based on a training model in which the candidates were selected based on a project as a team and had an explicit follow up plan.

Country	Training Programme	Group	Number Participated	Period
Singapore	Trainer Capacity Development	Medical Officers Tutors of the Basic Training Schools	27	One Week
	Clinician leadership training	Medical Administrators, Medical Officers, Nursing Officers, Nursing Tutors, Pharmacies	39 (12 institutions)	Two weeks
	Gerontology Nursing	Nursing Officers	16	Four Weeks
	Management Training	Nursing Officers	20	Two Weeks
Korea	MSc. In Nursing in (Nursing Tutors)	Nursing Principals and Tutors	06	Two Years
Thailand	eLearning Management for Health education managers	Medical Officers	10	Two weeks

B. Funds allocation for the In-service training programme

With the intention of improving the quality of service, ET&R unit regularly provides financial assistance to the authorities of the health institutions, which functions under line ministry and provincial health service. The total allocation of 45 million for the year 2015 was completely utilized while a total of 57.6 million allocated for in-service training programmes to conducted 306 training programmes island-wide in the year up to June 2016.

2.2 Training Needs Analysis

Training needs analysis for the healthcare institutions for the year 2015 was carried out based on the requirements identified by the institution/unit managers. According to the analysis, five main training areas were identified. The highest declared needs were in the area of office management skills (24%), general management (22%), personal development (19%), computer and IT skills.



Based on the results of the TNA, the ETR unit plans to pool the resources for 2016 and develop training programmes that fit-in to the national and service level needs. Furthermore, the priority in fund allocation shall be based on highest declared needs and for the programmes that are targeted for multi-professional development.

3. Research

Education, Training & Research Unit of the Ministry of Health coordinates the research activities in collaboration with National Health Research Council (NHRC) to promote research in health. The research proposals, submitted to the unit for funding are scrutinized for suitability by the NHRC and grants are made available for the approved proposals through the consolidated fund of the Ministry of Health.

Several workshops were conducted the members of the Ethical Review Committees of the healthcare institutions to improve their capacities in ethical aspects of research.

Currently the unit is in the process of finalizing the Act for establishment of the National Health Research Council, which will be the apex body responsible for promoting health research in the National Health System.

Research Allowance (2015 to June 2016)

According to the Management Services Circular No. 44 and 45 of 2010, introduced in 2011, payment of research allowances for executive grade officers is in process. Research subcommittee has been established in the Ministry of Health, under the Chairmanship of the Secretary of Health and three senior officials as members, in order to facilitate the process of research proposal approval and payment of research allowance. To facilitate and streamline the process further, Guidelines for submission and evaluation of

research proposals and for the functioning of Institutional Ethical Review Committee were formulated and made available.

1. No. of Research proposals submitted (2015 to June 2016) 297
2. No. of Research Proposals approved for payment of allowance
Out of submitted proposals (2015 to June 2016) 228

9. Corporation Board Managed Institutes

9.1 State Pharmaceuticals Corporation

State Pharmaceuticals Corporation was established by the state industrial Corporation Act No: 47 of 1959 and presently functioning as an institution coming under the Ministry of Health Nutrition & Indigenous Medicine. Import, Distribution and Selling of Western Medicine and Surgical Consumables are the main businesses of the State Pharmaceutile Corporation. Apart from that it engages in Manufacturing and re-packing of items for the purpose of its own distribution.

In year 2015 and the first half of year 2016, Corporation rendered its best services to the nation whilst maintaining its profitability and operating as a profit making public Enterprise since its inception up to now.

Operational Results of SPC

SPC recorded the total turnover of Rs. 24,467 Million for in year 2015. private market operations recorded Rs 5,290 Million and Health Ministry supplies stood at Rs19, 176 Million.

The Net Profit from total operations before tax was Rs 1,230 Million. Contribution to the Net Profit from SPC private market was Rs 579 Million and the contribution by supplies of to the Health Ministry was Rs.651 Million.

Income Tax and Deemed Dividend Tax paid during the year was Rs 610 Million and Dividend of Rs 100 Million was paid to the Treasury.

SPC has recorded a total turnover of Rs 4,180 Million for the first quarter of the year 2016 months ended 30th March, 2016. Contribution from SPC's private market operations was Rs 1,460 Million and Health Ministry supply contributed Rs 2,719 Million. Total Net Profit before the Tax for this period was Rs 143 Million.

Human Resources

State Pharmaceuticals Corporation has the strength of 871 employees. During the year 2015 and first part of the year 2016 it has generated 89 new job opportunities as direct recruitments.

State Pharmaceuticals Corporation has achieved 8.75% sales growth in the year 2015.

Expansion of Production Facility

A new building constructed for manufacturing facility was commissioned in year 2015. This will enable to expand the present product range mainly Jeewani, Benzoate Cream and Glucose.

Development Projects

MAIN PROGRAMMES/PROJECTS	SOURCE OF FUNDS	ALLOCATION RS.	STATUS
New building for RajyaOsu Sala, Colombo 07	SPC	106,305,200.00	90% Completed
Kandy Branch (Railway Premises)	SPC	5,701,507.75	To be Completed
Avissawella ROS Building	SPC	11,776,419.52	Completed

9.2 State Pharmaceuticals Manufacturin Corporation (SPMC)



Opening New SPMC Outlet in Galle.

State Pharmaceuticals Manufacturing Corporation (SPMC) was established in 1987 under the Industrial Corporation Act No. 49 of 1957. In 2013, SPMC completed 26 years of commercial production of essential Medicinal Drugs for the Healthcare of Sri Lankan population. SPMC has 47 effective formulations out of 67 numbers of its own developed formulations. The main functions are,

1. Manufacturing, processing, stocking, packing and repacking of drugs.
2. Provisions of technical assistance for the manufacturing and Processing of drugs.
3. Conducting Pharmacological and pharmaceutical research and Standardization of drugs.
4. Marketing of drugs.

All products released to the market meet with in house specifications of (SPMC) in addition to the British Pharmacopoeia (BP) and United State Pharmacopoeia (USP) requirements.

It complies to the Good Manufacturing Practices (GMP) standard of World Health Organization (WHO)

Performance for the Year 2015

• Brief Description of services provided in 2015

SPMC continued manufacturing of quality, effective, solid dosage forms and marketed to Medical Supplies Division of Health Ministry, State Pharmaceuticals Corporation (SPC) and SPMC direct Distributors.

Sales and Performance

	Rs. (Million)
Sales	2,054
Operating Profit	364
Net Profit before Tax	414
Net Profit after Tax	262

Production Output for the year – 2028.682 million units

	Tablets	Units (Million)
1	Paracetamol Tablets BP 500mg	350.25
2	Prednisolone Tablets BP 5mg	196.00
3	Salbutamol Tablets BP 2mg	171.20
4	Metformin Tablet BP 500mg	108.50
5	Famotidine Tablets USP20mg	95.34
6	Folic Acid 1mg	90.00
7	Diclofenac Sodium Tablet BP 50mg	84.5
	Total	1095.79

	Capsules	Units (Million)
1	Amoxicillin Capsules BP 250mg	186.133
2	Cloxacillin Capsules BP 250mg	87.10
3	Amoxicillin Capsules BP 500mg	12.716
4	Cloxacillin Capsules BP 500mg	24.35
5	Indometacin Capsules 25mg	17.00
	Total	327.299

Sales Channel

Sales Composition	Value (Rs.m.)	%
Department of Health Services	1487.34	72.39
State Pharmaceuticals Corporation	1.41	0.068
SPMC direct Distribution Network	565.64	27.53
Total	2054.39	

Development Works

- Factory Improvement**

A high speed blister packing machine was introduced to the production department in order to supply customer friendly package.

- Expansion Project**

SPMC has obtained a loan facility for the expansion project through JICA. The estimated annual output will be 3500m units of tablets & capsules after the expansion project by 2017. Purchasing of new machines, renovation of existing buildings, construction of new storage building for raw material and finished goods are the main output of the expansion project.

- The new Products introducing in 2015**

- ✓ Losartan Potassium Tablet BP 50mg
- ✓ Gliclazide Tablets BP 40mg
- ✓ Metronidazole Tablets USP 200mg
- ✓ Domperidone Tablets BP 10mg

Performance for the period from January to March 2016

	Output (Million)
Tablets & Capsules upto 31 st March	523.77

	Rs. (Million)
Sales up to 31 th March	594.6
Operating Profit up to 31 st May	102.0
Net Profit before tax up to 31 st May	117.3
Net Profit after tax up to 31 st May	65.3

Development Activities

- Factory Improvement**

In order to increase the packing capacity, recently purchased a cartooning machine for blister packing machine.

- Construction of New Buildings**

Preliminary steps were taken to construct warehouse and new administration block.

9.3 Wijaya Kumaratunga Memorial Hospital

Wijaya Kumaratunga Memorial Hospital was established under the Wijaya Kumaratunga Memorial Hospital Board Act No. 38 of 1999 by the parliament. The Hospital is managed by a Board of Directors and GOSL its main source of funds is from the Government.

Seeduwa is densely populated urban area situated North of Colombo, it comprehensive health care service to the General Public currently caters to catchment population from Kandana to Katunayake.

Service Rendered	Monthly Average						
	2009	2010	2011	2012	2013	2014	2015
OPD	11,231	10,887	10,934	11,316	10,934	11,368	
ETU	1,681	1,657	1,585	1,543	1,585	1,554	1,769
CLINICS							
Eye Clinics	6,945	6,657	5,955	5,470	5,955	5,331	6,074
Dental	830	735	693	692	693	701	686
Medical	1,838	1,984	1,898	2,072	1,898	2,385	2,896
Diabetic & hypertension	139	116	114	143	114	180	224
Surgical	168	117	114	95	114	60	62
Pediatric	332	322	175	161	175	143	113
Psychiatric	146	155	150	168	150	170	188
Well Woman	33	30	21	18	21	12	10

Service Rendered	Monthly Average						
	2009	2010	2011	2012	2013	2014	
Family Planning	106	68	32	11	32	5	4
Chronic Ulcer care unit	-		232	506	232	1,206	1,926
In Ward patients-Admissions (No. of Patients)	1,315	1,031	1,174	1,330	1,174	1,448	1,468
Eye Operations(no. of surgeries)	978	648	707	853	707	959	945
General Surgery (no. of surgeries)	8	5	13	22	13	9	9
Laser (no. of patients)	345	287	219	186	219	158	165
LAB (no. of tests)	3,404	3,625	3,353	2,840	3,353	3,955	4,762
X-Ray (no. of x-rays)	281	295	286	285	286	378	459
E.C.G(no. of tests)	206	228	233	250	233	284	251

Summary of the performance of the eye unit

	2010	2011	2012	2013	2014	2015
		10,011	11,257	12,830	13,718	13,632
No. of surgeries	11,737	7,771	8,180	10,247	11,514	11,341
No. of clinic patients	83,345	79,871	71,449	65,642	63,983	72,559
No. of laser treatments	4,141	3,328	2,619	2,228	1,900	1,984
No. of refractions	52,724	45,352	48,523	22,104	17,949	15,258
No. of Emergencies	1,131	1,838	2,257	2,235	2,194	2,494
No. of Eye camp patients			2,400	3,000	1,891	2,257

Inward Patient Management

The number of surgeries performed exceeds the available number of beds in the hospital, most patients who come from different places, are discharged on the same day after the surgery as "Day Care Surgeries", to avoid floor patients.

Total No. of Admissions

	2011	2012	2013	2014	2015
Number of patients admitted	10,186	11,257	12,830	13,718	17,620

Major Achievements

The following purchases & constructions have been done in year 2015

1) Medical Equipments

- 2) The total amount spent to purchase of medical equipments was Rs. 24,583,437.00

Equipments Purchased

- Vitrectomy Machine
- Non-Contact Biometry System
- Auto KeratoRefractometer
- AB Scanner with Phacymetry
- Operation Theater Beds
- Defibrillators

2) Building

- Total on construction of new three Storied building Rs. 150,860,032.02
(Expansion of Laboratory, Ulcer Care Unit, Duty Rooms, etc.)
- Other (roof of Laboratory Building) Rs.84,829.00

9.4 Sri Jayewardenepura General Hospital

Sri Jayewardenepura General Hospital was established under an Act No. 54 of 1983 by the Parliament of the Democratic Socialist Republic of Sri Lanka. Therefore this hospital has a Statutory Board established under the above Act. The Recurrent and Capital expenditure is partly provided by way of an annual government grant to meet the promotional, regulatory, educational, research and other services.



Commencing the CT Machine

Major Achievements

- Expansion of the laboratory services by enhancing the variety available of tests and streamlining the process of reporting has been initialized to make the hospital experience more time saving, cost effective and satisfying for the patient.
- One main factor that prevents increasing the bed occupancy at SJGH is the dilapidated status of the thirty one year old master building of the hospital. Deterioration of essential components such as the sewage system, physical condition of the toilettes / wash rooms and the overall ageing of the building.
- A second Consultant Orthopedic Surgeon has been recruited with a view of diversifying the services of the specialty in keeping with the rising number of admissions. The first Consultant Chemical Pathologist of SJGH has been recruited in order to provide technical guidance at the Chemical Pathology section of the Laboratory.

ew recruitments and filling the existing vacancies

Six new consultants in following specialties were recruited. (Chemical Pathologist, Chest physician, Endocrinologist, Cardiac Anesthetist, Orthopedic surgeon, Cardio physiologist.)Nursing, Paramedical, Clerical and Orderly staff carders has been increased and new recruitments initiated. Recruiting Nursing and Paramedical trainees also initiated.

IT system of the hospital was further expanded to cover the stock control system, whereby drugs, dressing, surgical and other items could be managed by the system without paper works.

Marketing Plan

- New website has been developed by the SJGH providing all information required by the stakeholders and the customer's .Additional useful facilities as LCD screens with information, televisions for waiting patients, pay and go machines etc. have been provided in the common areas of the hospital, which benefits both staff of SJGH, patients and visitors.
- In addition to these achievements, one of the most important challenges that the management wishes to address is the strengthening of the internal control system and the financial transparency of the institution. Perhaps the greatest of achievements is the efforts taken towards increasing the vigilance and transparency in billing and streamlining the processes ensuring the completeness of the billing process. These efforts have resulted in a 30% increase in the hospital income merely by increasing the accuracy of billing. This is a very clearly seen change since the taking over by the present administration.

10. Private Health Sector Development

Private Health Sector Development under the Ministry of Health, Nutrition and Indigenous Medicine, executed through the Directorate of PHSD and the Private Health Services Regulatory Council. Director General of Health Services is the Chairman of the Private Health Services Regulatory Council where as Director, Private Health Sector Development functions as the Secretary. Nine Provincial Director of Health Services, Registrar of the Sri Lanka Medical Council are the other members of the Private Sector Health care Services. 09 members from Medical Clinics and Dental Surgeries attached to the Private Services and Private Hospitals/Nursing Homes are also members of the regulatory council. Four members are appointed under special categories by the Hon Minister from law management, financial and nursing services. After all 28 members are included to the Regulatory Council.



Director General of Health Services chairs the Private Health Services Regulatory



Recognition Board issued to private medical center

Registration of Private Medical Institute by Category

Category	Number of Registrations as of 15 th June 2016
Private Hospitals and Nursing Homes & Maternity Homes	176
Medical Laboratories	878
Medical Centers/ Screening Centers/ Day Care Medical Centers/ Channel Consultations	472
Full Time General Practices/ Dispensaries/ Medical Clinics	512
Part Time General Practices/ Dispensaries/ Medical Clinics	1,367
Full Time Dental Surgeries	146

Category	Number of Registrations as of 15 th June 2016
Part Time Dental Surgeries	130
Full Time Medical Specialist Practices	24
Part Time Medical Specialist Practices	34
Private Ambulance Services	24
Other Private Medical Institutions	248
Total Private Medical Institutions	4,011

Bed strength of Private Hospitals

Category	
Total number of private Hospitals	176
Total number of Beds	5,722

Major Achievements in 2015 and 2016

- Coordination of amendment of the existing Private Medical Institutions (Registration) Act with Legal Division of the Ministry of Health, Nutrition and Indigenous Medicine and Department Legal Draftsman.
- Registration & renewal of Private Medical institutions' licensing
- Providing technical expertise in Human Resource Development training programmes conducted by provinces and private health institutions
- Handling of complaints against Private Medical Institutions
- Inspection and observation visits to Private Medical Institutions
- Coordinating with other Directorates of Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka Medical Council, Health Sector Trade Unions and Professional Organizations if and when necessary
- Establishment of proper information system in Private Medical Institutions
- Granting preliminary approval to establish new private hospitals after evaluating the project proposals.
- Processing of documents pertaining to Kidney Transplants by private hospitals
- Processing of documents pertaining to Temporary Registration of specialists

List of Special events/Innovations 2015 / 2016

- Advocacy workshop in coordination with Provincial Directorates of Health Services /North Central Province following observation visits to selected private medical institutes in the province
- Evaluation and assessment of services offered by selected private hospitals in order to make recommendations to be registered at the President's Fund
- Development of quality of services provided by the private medical institutions by advocating to adhere to National Guidelines for Standards in patient care and treatment and Standards in conducting preventive services
- Submission of the finalized regulations for registration of minimum requirement for Private Hospitals and Private Medical Laboratories to the Legal Draftsman.
- Finalization of proposed regulations for registrations of Medical Centers, Full Time and Part Time Medical Practices, Full Time and Part Time Dental Surgeries , Home Nursing Care Services, Private Ambulance Servicers and Homes for Long Term Care and Palliative Care
- Improvement of complaints handling procedure by timely investigation and enforcing remedial actions against Private Medical Institutions
- Establishment and maintenance of proper information system in Private Medical Institutions including data on human resource , communicable and non-communicable diseases
- Initiation of the conduct of refresher/gap filling courses for "Dental Surgery Assistants" who are currently employed at dental surgical practices/clinics in collaboration with PHSD, PHSRC, NAITA and SLDA
- Conducting refresher/gap filling courses for "Private Health Sector Nurses" who are currently employed at private hospitals in collaboration with PHSD,PHSRC,NAITA and APHNH
- Conduct of a training workshop for the staff of selected private hospitals and medical centers to develop Knowledge, Attitudes and Practices in respect of HIV/AIDS and STD prevention treatment and care in collaboration with National STD/AIDS Control Programme.
- Conduct of a training programme for private health professionals who conduct Pre- departure Health Assessments for out bound migrants on developing the quality of care and services in collaboration with National Program for Tuberculosis Control and Chest Diseases.
- Develop guidelines for Ethical Review Committee for human tissue transplants with special reference to kidney transplants conducted at private hospitals

- Develop suitable charges/prices for various procedures and medical laboratory tests charged by private health sector
- Observation visits to private hospitals to make recommendations to improve the Kidney Transplant programme.

11. Mobile Medical Clinic Programme

Main objective of this program is to provide of curative & preventive health care services to people in under privileged remote & rural areas in order to improve their health status.

This objective is achieved by conducting eye clinics, dental mobile clinics, specialist medical clinics, respiratory diseases clinics, kidney diseases, screening clinics, maternal & child health clinics, nutrition clinics, cancer screening clinics & laboratory mobile services to screen patients for Diabetes, Hypertension, etc in temples or school in most remote rural settings.

Apart from that, health exhibitions, seminars and other educational programs were conducted to improve the knowledge of the people on prevention of diseases.

January 2015 – December 2015			
No	Month	Place where programme conducted	No of People obtained the service
1	February	Swarnajitha Sunday School – Hambanthota, Suriyawewa	1100
2	April	Central College – Killinochchi	1200
3	May	D.S. Senanayake College – Beruwala	800
4	June	Broomball Tea Factory – Palawatta	1200
5	June	Bolape Temple – Kandy	1200
6	July	Central College - Bulathsinhala	1050
7	July	St. Mary College – Mathugama	390
8	September	National Water Supply Board – Galle	95
9	September	Sri Rathanasara College – Waga	80
10	October	University of Wayamba – Makadura, Gonawila	420
11	October	Sri Sarada Pirivena – Anuradhapura	300
12	October	Darma Jayanthi Temple – Pollonnaruwa	270
13	October	Ministry of National Conversation - Rajagiriya	120
14	November	Amararakkitha Temple – Aampegama	200
15	November	Dambagasara Bodhi Senasun Viharasthanaya – Matara	250
16	November	Stanly Thikarathna Vidyalaya – Nugegoda	285

No	Month	Place where programme conducted	No of People obtained the service
17	November	Puwakpitiya Elukkowita Vidyalyaya – Awissawella	240
18	November	Katuwallegama College – Diwlapitiya	400
19	December	Southgate International College – Ambalangoda	240
20	December	St. Maris Church – Seeduwa	300
21	December	Sri Wijaya Sugatha Piriwena – Walana, Panadura	500
22	December	Hirana Kanista Vidyalyaya	500
23	December	Abinawarama Temple – Seeduwa	250

January 2016 – June 2016			
No	Month	Place where programme conducted	No of People obtained the service
1	January	Nalagama Ganegama Purana Rajamaha Viharaya – Vitharandeniya	900
2		Walikanda Maha Vidyalyaya – Polonnaruwa	1100
3	February	Nawagamuwa Temple – Kaduwela	375
4	March	Dimbulagala Madagama Sumithrarama Viharaya – Polonnaruwa	600
5		Darmaraja Viharasthanaya – Madampe	700
6		Anuradapura Nochchiyagama Alapathgama	250
7		Kumarathunga Munidasa Vidyalyaya – Meerigama Kosatadeniya	235
8	April	Sri Sumagalarama Viharaya – Moranthuduwa, Kalapugama	332
9		Biyagama Siyambalapewatta Kanitu Viduhala	280
10		Anuradapura Thalawa Ariyagama	186
11		Umandawa Maha Vihra Asramaya – Kurunagala	157
12		Darmapala Vidyalyaya – Kaluthara, Katukurunda	230
13	May	Isipathana Pirivena – Matara Kirinda	300
14		Darmodarama Viharasthanaya – Hikkaduwa, Embulagoda	810
15		Al- Hidaya Collage – Trincomalee	720
16	June	Dammissara National College – Naththandiya	1800

12. National Health Development Fund

The National Health Development Fund which was established in 1981 (Act No. 13 of 1981) in order to improve the free Health services offered by the Ministry of Health to the General Public of Sri Lanka Contributions were made to the Fund by the National Lotteries Board as well as by various Philanthropist.

The National Health Development Fund has initiated several important activities in order to promote, access equity and quality of health care services delivered by the Ministry of Health.

Objectives of the National Health Development Fund are;

- Development and promotion of Institutions providing health care services in Sri Lanka
- Assist in health related research
- Encourage health promotive activities
- Assist in health related human resource development
- Assist in prevention of diseases and improving health of individuals
- Assist in obtaining essential drugs and equipment

Administration and Management of the Fund

The Fund is governed by a Board of Trustees which consists of seven members with the Secretary to the Ministry of Health functioning as the Chairman of the Board. Out of the Seven Members, three members are appointed by the Hon Minister from the Public.

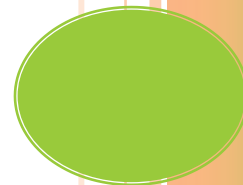
Financial performance for the year 2015 and up to June 2016

Description	2015 Rs. M	Up to June 2016 Rs. M
<u>Income</u>		
Contribution from Hospital Lottery	69.3	41.6
Donations	154.6	87.3
Interest on Investment	20.5	10.7
Other Income	51.6	0.2
Total Income	296.5	139.8
<u>Expenditure</u>		
Administration Cost	1.8	0.9
Construction and repair of Health Care Institutions	143.0	7.3
Health Research	61.7	18.1

Health related Human Resource		
Development	4.4	-
Prevention of Diseases	3.5	-
Patients Care	57.3	1.1
Supply of essential drugs and equipment	17.1	10.9
Total Expenses	288.8	38.3

SECTION II

INDIGENOUS MEDICINE



1. Introduction

There are evidences to the effect that Sri Lanka had its own inherited system of medicine from the very ancient history. Historical information testifies that the King Buddhadasa treated even animals. Herbal boats made for various treatments and medicinal grinding stones would prove it. Surgical instruments found among Anuradhapura and Polonnaruwa antiquities bear evidence to the fact that indigenous medical practitioners had practiced highly improved systems of surgery that are not used by indigenous medical practitioners of today. Miracles contained in the system of indigenous medicine are exhibited even today by traditional practitioners in many areas of Sri Lanka.

The indigenous medical science lost ground to a certain extent with propagation of the system of Western Medicine during colonial era. However, the rulers of this country who identified miraculous powers of indigenous medicine took action to promote it and develop Ayurveda Medical Colleges to the level of universities. Society got used to treat graduates passing out of it at a level equal to graduates of Western Medicine.

Indigenous Medicine has become very popular for Saw Bone treatments and detoxification. There are innumerable instances where even foreigners visit indigenous medical practitioners for saw bone treatments. Arrangements are being taken at present to carry this noble system of treatment even to the future by promotion of indigenous system of medicine.

Sections pertaining to registration of Indigenous Medical Practitioners were formally amended following Independence, after revision of Indigenous Ordinance by Article 49 of 1949. Department of Indigenous Medicine was established in 1957 and a Commissioner appointed. Department of Indigenous Medicine, thereafter, was established as the Department of Ayurveda following development of the said Act to be law.

A new vigor was added to the system of indigenous medicine in Sri Lanka by passing the Ayurveda Act no. 31 of 1961. Accordingly, a new Ministry was formed in 1980 to promote the system of Indigenous Medicine, which was developed as a Cabinet Ministry in 1994. The Ministry of Indigenous Medicine which operated under supervision of a Cabinet Minister and a Deputy Minister from then on was taken over to the Ministry of Health and was re-named then as the Ministry of Health and Indigenous Medicine and later as the Ministry of Health, Nutrition and Indigenous Medicine.

Accordingly, following actions have been taken with a view to operating at present as the Indigenous Medical Sector and generating a healthy labour force and people in the county by conservation of health of the Nation.

- Formulation of Policies in order to uplift Indigenous Medical system
- Utilization of the system of Indigenous Medicine to create a healthy nation
- Preservation and promotion of systems of indigenous medicine
- Increasing manufacture of medicines by widespread propagation of cultivation of indigenous herbs.
- Improvement of Tourism Industry by creation of a secure system of Ayurveda and taking its contribution for development of the Country.
- Promotion of Homeopathy Medical system

2. Vision & Mission of Indigenous Medicine Sector

Vision

To deliver healthcare facilities to all citizens through the system of indigenous medicine

Mission

To provide healthcare to all communities and improve human potentials enabling them to strongly contribute to meet National Economic and Millennium Development Objectives by the use of research and modern technology while preserving Sri Lankan identity.

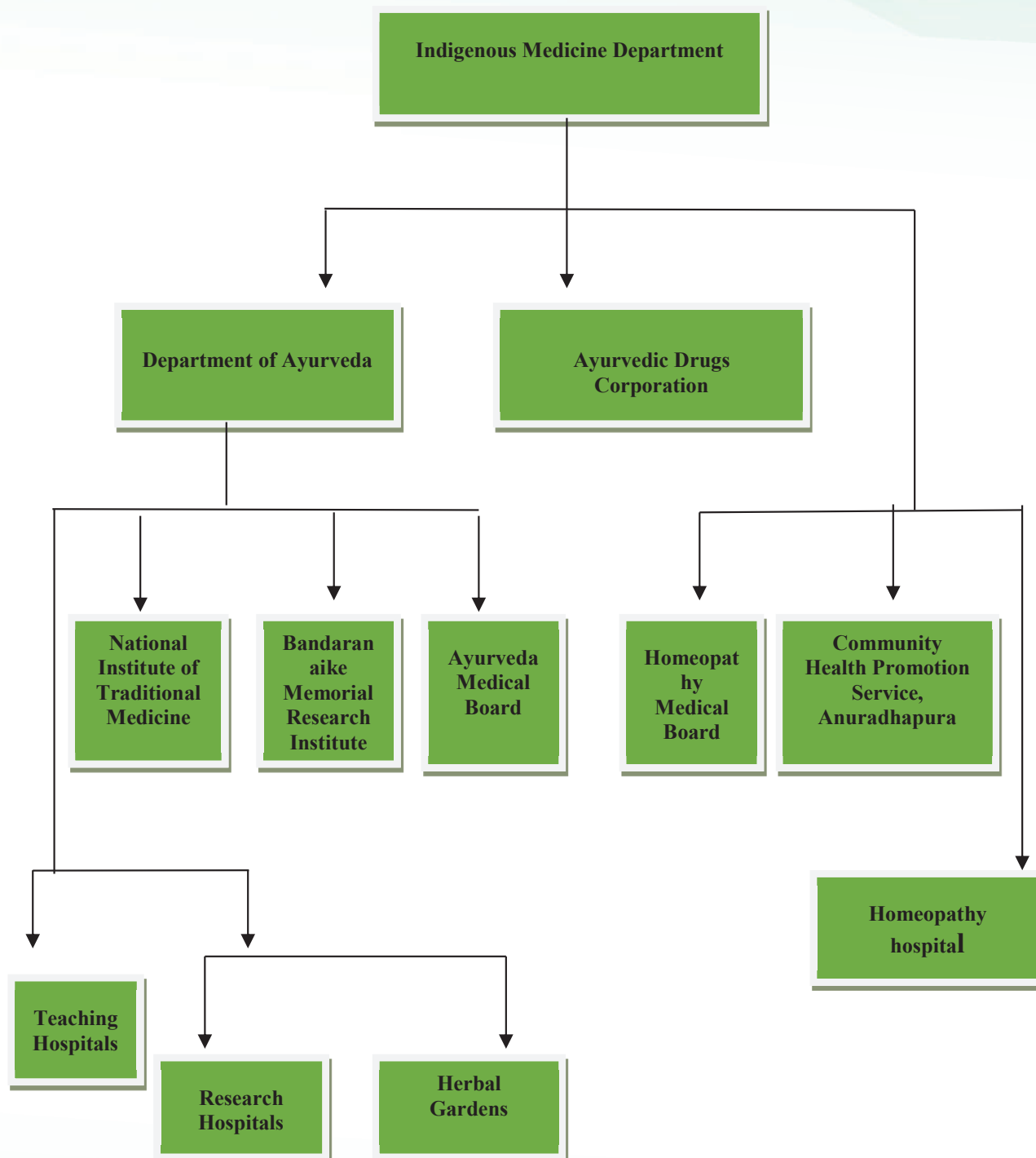


3. Priorities in the sector of Indigenous Medicine

Priority areas capturing particular attention	Results generation index
1. strengthening legal framework on systems of Indigenous Medicine	Minimizing irregularities in the use of Ayurveda systems of medicine Generation of professionally satisfied practitioners. Strengthening Ayurveda Treatments on a legal basis.
2. strengthening and improvement of Ayurveda Researches	Quantitative increase in new quality Ayurveda productions. Establishment of rights of Ayurveda Researchers Widespread propagation of recognition of Ayurveda systems of medicine Opening up more opportunities for Ayurveda Researchers and Researches. Introduction of indigenous systems of medicine for control of non-communicable diseases. Increase of the number of preserved traditional Ayurveda documents. Protection and formalization of Ayurveda related Intelligence Property Rights.
3. use of Information Technology for Ayurveda	Creation of an undated system of information. Creation of a standard network system of operations Creation of an e-Ayurveda system of medicine Widening vistas of indigenous medicine.
4. human resources development for the purpose of updating and improvement of Ayurveda Health Protection	Quantitative increase of quality human resources. Increase of professionally satisfied human resources Ability to cater to the global demand for indigenous systems of medicine Updating knowledge and skill of traditional doctors for present day social requirements. Quantitative increase of skilled practitioners of indigenous medicine Improvement of knowledge, attitudes and skills of users of Ayurveda systems of medicine in State and Private Sectors.
5. Improvement of manufacture of Ayurveda drugs and cultivation of Herbal Plants and opening herbal gardens.	Increase of the amount of standard quality drugs. Increase of income generation through the Ayurveda. Increase of overseas market opportunities for Ayurveda drugs.

Priority areas capturing particular attention	Results generation index
6. Commercial maintenance of the system of Ayurveda	International propagation of traditional system of medicine, Ayurveda, Siddha and Yunani systems of medicine. Creation of hospitals with modern facilities enabling provision of specialized Ayurveda treatments. Upgradation of existing and new herbal gardens.
7. Increasing the use of Homeopathy systems of Medicine	Systematic establishment of Homeopathy system of Medicine Creation of a professionally satisfied human resource of Homeopathy.

4. Institutions coming under Indigenous Medicine Sector



5. Indigenous Medical Sector - Financial Progress as at 30th June 2016

Category/object/item	Allocation (Rs.)	Expenditure (Rs.)	Percentage of expenditure
Recurrent	264,400,000.00	93,331,490.35	35.30
General administration/other programs	230,400,000.00	80,314,070.99	34.86
<u>Establishment Services</u>			
Homeopathy Medical Council	10,500,000.00	6,693,929.12	63.75
Homeopathy Hospital	18,500,000.00	5,552,730.24	30.01
<u>Special Programmes</u>			
Nutrition Programme	5,000,000.00	770,760.00	15.42
Capital	240,300,000.00	121,561,539.47	50.59
General Administration	5,300,000.00	26,200.00	0.49
<u>Special Programmes</u>			
Community Health Promotion Programme			
	90,000,000.00	56,450,085.68	62.72
Construction in Drugs Corporation	80,000,000.00	50,000,000.00	62.50
Conservation Councils	7,000,000.00	142,389.05	2.03
Youth Herbal Farmer Village Programme	2,000,000.00	-	-
Homeopathy Medical Council	2,000,000.00	1,999,920.75	99.99
Development of Homeopathy systems	50,000,000.00	11,556,646.98	23.11
	4,000,000.00	1,386,297.01	34.66
Nutrition Houses			
Grand Total	504,700,000.00	214,893,029.82	42.58

6. Progress of Development Projects/ Programmes functioning under Indigenous Medical Sector

6.1 Anuradhapura Community Health Promotion Service

This programme was initiated in year 2005 with a view to bringing condition of life of people to a standard level by promotion of their level of health. Accordingly, following officers are engaged in it which operates covering 22 Divisional Secretary Divisions in Anuradhapura District.

Special Programmes conducted upto 30.06.2016

1. Conducting Yoga Discipline Workshops - State institutions (Divisional Secretariats)
2. Nochchiyagama, Nachchduwa, Kahatagasdigiliya, Mihintale, Galnewa.
3. A Kidney ailment prevention awareness programme and a mobile medical clinic were conducted in Kebethigollewa Davison on 26-02-2016 with attendance of some 150 people.
4. 05 state institutions and 350 family units were made aware at the household awareness programme conducted in collaboration with Presidential Task Force on kidney ailment prevention on 31-03-2016 in Kebethigollewa Division.
5. 02 Kidney Clinics are conducted every month by Kebethigollewa region with attendance of some 250 people.
6. Conducting Padaviya Kidney ailment prevention clinic.
7. Conducting Medawachchiya Kidney ailment prevention clinic.



Conservation and sustainable use of Herbal plants



Patient treatment services



Mental health promotion programmes



Nutrition programmes

Anuradhapura Ayurveda Community Health Promotion Service - Progress as at 30th June, 2016

S/ no.	Programme	Description of programmes	No. of programs conducted	Benefic iaries
1.	Non-communicable disease control	1.mobile medical clinics	306	10,189
		No. of patients referred	483	
		2. basic checkups to identify patients	285	12,728
		3. Official Service Station centered Health Promotion programmes.	167	5,292
		4. Mental Health Promotion through Yoga and Discipline Exercises	58	1,165
2.	Nutrition programme	1.Propagation of Indigenous Foods /Programme for Promotion of Nutrition Concepts Appropriate for Sri Lankans		21,898
		Practical Programmes	867	
		Awareness Programmes	998	
		Child Hygiene Promotion Programmes	868	16,963
		Child Clinics	356	
		Awareness Programmes	659	
3.	Community based elder health service programme	Elder Health Promotion Clinics	442	11,560
		Reference for further treatments		164

S/ no.	Programme	Description of programmes	No. of programs conducted	Benefic iaries
4.	Maternal conservatio n "Pregnant Mother is Resource of the Nation"	Maternal Clinics	8	254
5.	School programmes	1. Raising awareness among school children and teachers	85	5141
		2. Year 5 Scholarship Assistance Programmes	28	1940
		3. School related clinical service programme	21	1188
		4. Yoga and Discipline Exercise Programme	13	410
		5. School Herbal Gardens	86	
		Grown / Distributed plants		889
6.	community care services	1. Ahimansala Disabled Armed Personnel Hospitality Services	1	33
		2. Regional Mobile Services	51	2190
7.	Other programmes	1. Awareness Raising among Households	278	10175
		2. Special Kidney Clinic / Control of Non-Communicable Diseases	302	14241
		3. Spiritual Development Programme	79	6308
8.	Conservatio n and sustainable use of herbal plants	1. Model Nurseries	16	
		2. Organic Home Garden Cultivations	1141	
		3. Herbal Gardens	401	

6.2 Ayurveda Vision of Life and Nutrition - Awareness Programme on Controlling Non- Communicable Diseases through Indigenous Food Pattern

This is a series of programmes conducted with a view to raising awareness among people at Divisional Secretariat level for the purpose of easy training in indigenous systems of treatment, Ayurveda vision of life, indigenous food patterns and nutritional habits, hand treatment methods and methodologies of increasing nutritional quality and conservation of food as followed in food

preparation etc. with the noble objective of handing down a patriotic generation of people to the Nation.

Indigenous Medical Sector provides required instructions and assistance on conducting these programmes through Divisional Secretariats and full provisions required to conduct these programmes are provided by the Indigenous Medical Sector. Nutrition Programmes were conducted by 30th June, 2016 in Divisional Secretary Divisions of Kuliyaipitiya East, Katuwana, Ambalangoda, Negombo, Kamburupitiya, Pathadumbara, Suriyawewa, Pannala, Maspotha, Hakmana, Matale, Agalawatte, Mahara, Polgahawela, Wariyapola, Giribawa, Kuliyaipitiya West and Kotawehera.



6.3 Nutrition House Programme



Nutrition Houses are constructed at Divisional Secretariat level under this programme with a view to generating a healthy citizenry by improvement of their nutritional condition in the form of familiarizing them with indigenous foods, herbal gruel and herbal drinks. Nutrition houses are being constructed at present in Divisional Secretariat Divisions of Panduwasnuwara East, Athuraliya, Rasnayakepura and Galewela and preparations are being made for construction of a nutrition house also in the Divisional Secretary's Division of Angunakolapelessa. The estimated amount for construction of

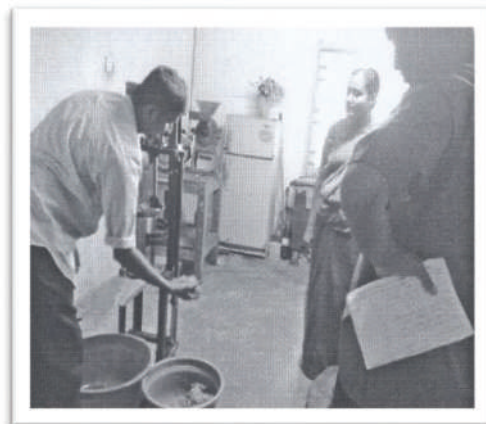
these nutrition houses is Rs. 4,069,490.84 for which provisions of Rs. 3,941,191.23 have already been released.

6.4 Conservation Councils

Conservation Councils will be set up island wide at Divisional Secretary Division level with participation of traditional medical practitioners. Divisional Secretary will perform its supervisory role and it is expected by this programme to render a massive service to the general public through herbal cultivation and manufacture of medicines under indigenous system of medicine. Accordingly, some 90 sets of medicinal equipment were provided in years 2015/2016 for Conservation Councils scattered island wide at a cost of Rs. 5,428,571.40.

Indigenous Medical Development Officers serving attached to Divisional Secretariats have been kept informed to submit project reports to launch herbal gardens through Ayurveda Conservation Councils pertaining to Divisional Secretariats.

Some 130 requests have already been presented following the notification made to Divisional Secretaries to submit requests to provide library facilities for Ayurveda Conservation Councils situated island wide. Arrangements are being made at present to provide a steel cupboard and required books for the purpose.



6.5 Youth Herbal Cultivation Programme

This is a programme implemented with the objective of providing an additional means of income for the rural youth by referring them to herbal cultivation. This programme is implemented as a solution to the issues of local raw material shortage, absence of a supply in proportion to the demand and the high amount of foreign exchange expendable in importation of raw materials. Further, this programme also aims at restricting importations of raw materials from the countries such as India and Pakistan.

Accordingly, Indigenous Medical Development Officers serving attached to Divisional Secretariats were kept informed to submit project reports for herbal cultivation. Further, required arrangements are under way for implementation of a project of herbal cultivation centered in Uva Province.

6.6 State Oil Anointing Function – 2016



The annual State Anointing Ceremony held under aegis of the Ministry of Health and Indigenous Medicine and Department of Ayurveda was held this time in Malegoda Sri Pushparama Temple, at the auspicious time of 10.41 a.m. on 16th April, 2016 presided over by H.E. Maithripala Sirisena, the President of the Democratic Socialist Republic of Sri Lanka with participation of the Hon. Rajitha Senaratne, Minister of Health and Indigenous Medicine.

6.7 Ayurveda Expo – 2015



A number of events of the Exhibition

National Chamber of Commerce of Sri Lanka, under full assistance and aegis of the Ministry of Health, Nutrition and Indigenous Medicine and in collaboration with other state entities, conducted the Ayurveda Expo - 2016 International Trade Exhibition and Conference in all three days of 8, 9 and 10 of July, 2016 in Bandaranaike Memorial International Conference Hall. The main objective of this exhibition is to give an adequate local and international publicity to indigenous systems of medicine and products in Sri Lanka and to build public awareness on the miraculous power of this system of medicine to cure illnesses.

The series of conferences conducted parallel to the exhibition consisted of a line of lectures delivered by a panel of world renowned scholars on systems of medicine used in a number of countries, research results and knowledge on traditional medicine.

A model home of a traditional indigenous medical practitioner was created, people were made aware of herbal plants and a number of stalls were maintained for exhibition and sale of Ayurveda books, Panchakarama and Yoga exhibition and as a sales outlet of indigenous medical products etc. Exhibition stalls were presented also by Provincial Ayurveda Departments.

7. Information Technology Approach of the Indigenous Medical Sector

Information Technology Division of the Indigenous Medical Sector functions under policies no. 10101 and 10102 issued by Sri Lanka Information Technology Division under the National Programme to equip public sector with computer knowledge. This Sector supervises the digital role of disseminating information on the knowledge of the system of indigenous medicine, good hygienic habits, value of the use of local food and information on herbal plants among Sri Lankans as well as throughout the world while offering required Information Technology related instructions and assistance to the Indigenous Medical Sector and its affiliated institutions.

In addition, this Division also performs the following roles:

- Running and updating the website of the Indigenous Medical Sector
- Maintenance of E-mail of the Indigenous Medical Sector
- Maintenance and updating of Computer network of the Indigenous Medical Sector
- Repairing computer errors.
- Graphic creations in Indigenous Medical Sector (book covers, Advertisements, Banners, compact disks)
- Provision and operation of audio-visual facilities required for functions and meetings.



8. Department of Ayurveda

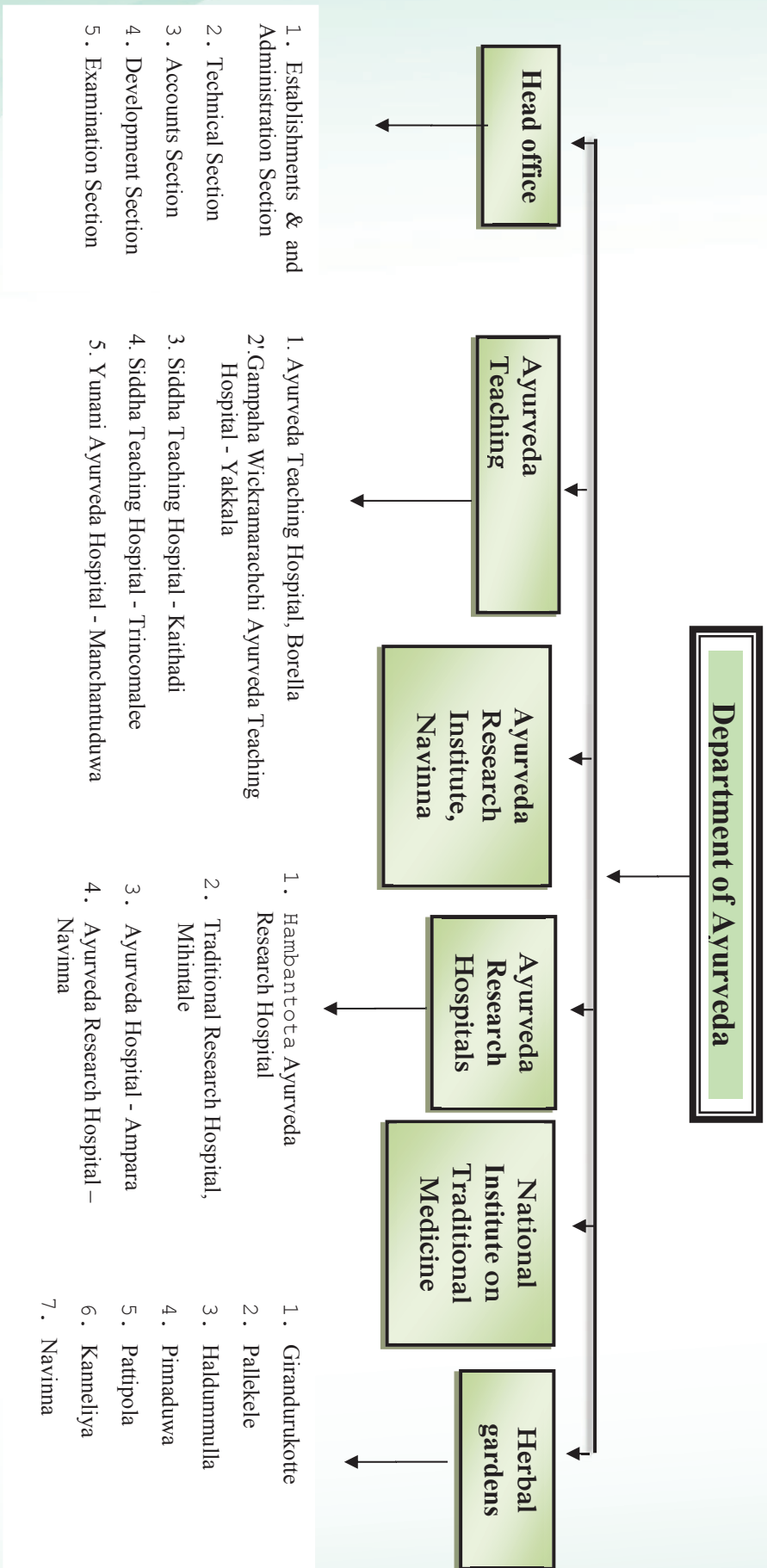


As established under Act no. 31 of 1961, Department of Ayurveda is the main institution performing the role and mission of the Indigenous Medical Sector. Its key functions are as follows:

1. Curing illnesses through Ayurveda, conservation of health and prevention of diseases.
2. Encouraging Ayurveda research work, Ayurveda education, development of herbal cultivations, manufacture of medicines and public awareness.

Key functions

- Setting up hospitals and other sections for research and teaching purposes and their maintenance.
- Conducting conferences, exercise classes and study courses.
- Conducting clinical medical services and literary researches.
- Cultivation, conservation and dissemination of herbal plants.
- Supervision and administration of all registered Ayurveda Doctors in the island.
- Formulation of rules and regulations for matters pertaining to Ayurveda hospitals, central dispensaries, Ayurveda drugs manufactories and private Ayurveda education.



Progress as at 30.06.2016

(1) Establishments and Administration Section

Recruitments

1. Actions taken to conduct Interviews to recruit 107 Medical Officers.
2. Actions are being taken to recruit 132 no. of Ayurveda Service Assistants. Referred to the Ministry for Approval.
3. Arrangements made to present applicants who have submitted applications for 11 posts of Masseur to an Aptitude Test.

Promotions

Report of the Board of Interview on promotion of Ayurveda Medical Officers to Grade I has been sent to the Public Service Commission and interviews are scheduled to be conducted by inviting 10 applications for promotion of Junior employees.

Trainings

39 Nursing Officers have completed their training and they have been temporarily attached to service stations and action will be taken in future to provide them with permanent service stations. Further, Attendant Training has already commenced and 7 Medical Officers have participated in the overseas training programmes.

(2) Development Section

State Ceremony of Anointing Oil - The State Function of Anointing Oil was ceremonially conducted at Sri Pushparama Temple, Payagala, Malegoda, presided over by H.E. Maithripala Sirisena, the President and participation of the Hon. Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine.

Mobile Clinics - The Department conducts mobile clinics with a view to familiarizing general public to systems of indigenous medicine by preserving traditional systems of medicine and 51 requests have been received this time for the purpose and the clinics held at scheduled venues by Ayurveda Hospitals.

Indigenous Drinks Popularization Programme - A number of 26,450 units of herbal drinks provided for 15 programmes and a sum of Rs. 110,500.00 spent for the purpose.

Ayurveda Exhibitions - These are conducted in such a way as to expose indigenous herbal plants and indigenous treatment services with the objective of keeping the public aware of the Ayurveda.

Date	Venue
25 to 27 of Feb. 2016	75 th Anniversary of Kalutara Girls' School
04 to 06 of March, 2016	National Health Service Exhibition - BMICH
21 to 25 of May, 2016	Exhibition at the main Conference Hall of the Temple Trees of utensils with Buddhist archeological value including teeth of the Fully Enlightened One.

Free provision of herbal plants - 25 each of herbal plants are provided free of charge for requests made by schools and public institutions under approval of the Commissioner of Ayurveda and 6,271 plants issued free of charge this year.

Constructions and reparations - progress as at 30.06.2016

Hospitals

Activities	Financial provisions (Rs. mn.)	Financial progress (Rs. mn.)	Present Status
Construction work			
Borella, Stage 2	1,000.0	227.544	Progress – 48%. Construction work completed upto the Slab level in 3 rd floor.
Kaithadi hospital pharmacy	65.0	0.244	Bids opened on 08-04-2016. Arrangements are in progress to submit the job of preparation of required reports for submission of quotations to the Industrial Development Authority and the Buildings Department has expressed its willingness to get the work of preparation of these reports done at a cost of 1%.

Activities	Financial provisions (Rs. mn.)	Financial progress (Rs. mn.)	Present Status
Constructions in Manchantuduwa hospital.	10.0		Approval received to get all jobs performed upto preparation of procurement documents required for calling bids from Construction Industry Development Authority at a cost of Rs. 350,000. Instructions issued for preparation of a hospital register.
Construction of Medawachchiya Hospital	20.0		Actions in progress for receiving equipments required for the hospital.

Setting up Herbal Gardens

1. Provision of technical instructions to set up herbal gardens, preparation and implementation of project proposals.

- Setting up herbal gardens for 16 nos of Army regiment centers.
- Ganewatta herbal garden (Development Programme for existing Herbal Garden at Ganewatta)
- Provision of consultancy services required for implementation of work of preparation and submission of project proposal required to be developed on request of the National Botanical and Zoological Department.
- Establishment of Herbal garden at MAS Fabric Park (Pvt.) Ltd, Thihariya – provision of Consultancy services for preparation and implementation of project proposals for creation of Herbal gardens
- Halfway Home, Mulleriyawa – provision of services

2. Awareness, exhibitions and workshops

- Two day awareness raising workshop for Army Service Personnel for identification, cultivation and use of herbal plants and preparation of herbal gardens – 21 & 22 of May, 2016, Haldummulla herbal garden.
- “Buddhist Inspiration for a Healthy Life”, the exhibition parallel to the Exhibition of Tooth Relic held in the Temple Trees from 20th to 25th May 2016.

3. Herbal garden development work (initiation of economic crop cultivations)

- Haldummulla herbal garden - Long Pepper, Fire Flame, Snap Ginger
- Girandurukotte herbal garden – Yellow berried night shade, Fire plant, yellow gingelly
- Pinnaduwa herbal garden – initiation of new cultivations used as raw herbs
- Pattipola – Loth Sumbul, Thuwarala

4. Projects implemented in collaboration with other Ministries / Departments.

- Ministry of Environment and Mahaweli Development.
- Department of Agriculture.

Mainstreaming Biodiversity Conversation and Sustainable use & Improved Human Nutrition and well being (BFN Project) – UNPE / GEF funded Project

“Self-employment program for women to popularize use of nutrition herbal food and beverage in the Society” – 2016

Mainstreaming Biodiversity Conversation and use in Sri Lankan Agro – ecosystems for livelihoods and adaptation to climate change (BACC Project) - UNPE / GEF funded Project

(3) Technical Division - Progress as at 30.06.2016

S/no.	Description	Income (Rs.)
01	Issue of licenses and registration of indigenous medicines	125,000.00
02	Issue of licenses and registration of imported drugs	1,650,000.00
03	Registration of companies that import readymade medicine	10,000.00
04	Registration of private hospitals, Panchakarma institutions and dispensaries	249,500.00
05	Registration of Ayurveda Drugs Manufactories	649,000.00
06	Issue of annual licenses to owners of registered Ayurveda Drugs for transportation of raw and readymade medicines	37,100.00

- Meeting of the Yoga Sangraha Committee 03 times and the Sub-Committee 07 times.

- Media Propaganda Advertisement Committee met 02 times and approval has been granted for 5 media propaganda advertisements.
- The amount of dry medicine imported is 1,181,595.500 kg and its value is 2,871,504.1 US\$.
- A systematic arrangement has been prepared for appointment of Boards of Inspection to inspect private hospitals, Panchakarma Institutions, Ayurveda Medicine Manufactories etc.
- Recommendations granted for 134 kgs of cannabis powder and 18,000 Liters of distilled spirits.
- Arrangements are being prepared to upload into the website in both Sinhala and English languages the forms presently available only in Sinhala medium.
- Required arrangements are in progress on formulation and revision of Ayurveda regulations and legislative enactments, passing the final proposal of the Ayurveda Legal Codes Committee and receiving powers of importation of opium to Ayurvedic Drugs Corporation.
- Required arrangements are in progress for formulation of a System of Regulation catering to the present day needs for Ayurvedic Drugs Manufactories, continuation of work of the Ayurveda Research Ethics Committee and investigations conducted by the Department of Ayurveda etc.
- The Ayurveda Survey Revision Committee has been appointed for year 2016 and required arrangements are being made for printing.
- Designing and printing of Ayurveda calendar and New Year Book for year 2016 and its distribution islandwide completed. (60,000 in Sinhala Medium and 5,000 in Tamil medium of calendars and 1,000 in Sinhala medium and 300 in Tamil medium of New Year books.)

(4) Accounts Section**Department of Ayurveda – financial progress as at 30-06-2016**

Category/object/item	Provisions (Rs.)	Expenditure (Rs.)	Percentage
Recurrent expenses	1,222,500,000.00	553,979,375.00	45.32
1. General Administration	108,150,000.00	50,363,362.00	46.57
2. Hospital Services	837,000,000.00	390,736,439.00	46.68
3. Researches	174,050,000.00	67,628,797.00	38.86
4. Education and Administration	33,000,000.00	13,622,428.00	41.28
5. Herbal cultivation, conservation and extension	70,300,000.00	31,628,349.00	44.99
Capital Expenditure	1,300,600,000.00	269,839,232.00	20.75
1. General Administration	9,800,000.00	729,040.00	7.44
2. Disease prevention services	1,132,700,000.00	229,798,282.00	20.29
3. Researches	116,700,000.00	37,545,524.00	32.17
4. Education and administration	9,100,000.00	1,076,566.00	11.83
5. Herbal cultivation and conservation project	32,300,000.00	689,820.00	2.14
Grand total	2,523,100,000.00	823,818,607.00	32.65
1. General Administration	117,950,000.00	51,092,402.00	42.32
2. Disease prevention services	1,969,700,000.00	620,534,721.00	31.50
3. Researches	290,750,000.00	105,174,321.00	36.17
4. Education and administration	42,100,000.00	14,698,994.00	34.91
5. Herbal cultivation and conservation project	102,600,000.00	32,318,169.00	31.50
Total Expenditure	2,523,100,000.00	823,818,607.00	32.65

Monthly receipts to Advance B account from 01-01-2016 to 30-06-2016 amounts to Rs. 13,557,372.72 and the amount of payment is Rs. 14,868,755.00.

(5) Examinations Division

Progress as at 30.06.2016

Activities	Allocation (Rs.000)	Financial Progress (Rs.000)	Physical Progress
Inviting applications for Ayurveda Shasthri test, conducting interviews, registration of students and issue of identity cards	150	97	Out of applications received, 324 students have been registered for this year and identity cards issued.
Conducting Ayurveda Shasthri and additional tests and awarding certificates for students getting through final year examination.	1500	491	Marking answer sheets of the Ayurveda Shasthri Additional Examination and issue of results (338 students appeared) and calling applications for the annual examination.
Conducting examinations for final year students of Lanka Siddhya Ayurveda Medical College (Tamil Medium)	50	-	
Conducting Efficiency Bar Examination for Ayurveda Doctors	280	133	Conducting Efficiency Bar Examination for Ayurveda Doctors and issue of results
Conducting Efficiency Bar Examination for Ayurveda Community Health Development Officers	20	16	Conducting Efficiency Bar Examination for Ayurveda Community Health Development Officers.
Conducting Evaluation Tests for Final Certificate Courses pertaining to Attendants, Dispensers, Masseurs and Panchakarma etc.	75		

Conducting Final Evaluation Test of the Astrological Course for Ayurveda Doctors	50		-
Implementation of decisions taken at Ayurveda Education and Hospital Board Meetings, Board of Examination Administration and Sub-Committees.	375	103	Conducting Ayurveda Educational and Hospital Board Meetings, Meetings of the Board of Examination Administration.
Running Ayurveda Colleges for conducting Ayurveda Shasthri Courses and granting donations for such colleges and related inspections.	2100		

➤ **Ayurveda Hospital, Borella**

- Commencement - 1929
- Beds - 195
- Wards - 14

Patient statistics

- Outdoor patients - 95,817
- Indoor patients - 1,048



Drugs Production

S/no.	Type of Medicine	Amount
01	Decoctions	35300 bottles
02	Arishta and Medicates syrup	1995 bottles
03	Pills/pastes/ointment	723.39 kgs.
04	Types of powder	2014.300 kgs.
05	Types of oil	6203 bottles
06	Yunani Medicines	
	- Oil types	439 bottles
	- Syrup	465 bottles
	- Powder/ pulps/ointments/ pills	1062.650 kgs.

S/no.	Type of Medicine	Amount
07	Siddha - Types of ointment - Powder	88 bottles 66.492 kgs
08	Alkaline strings	360
09	Alkaline powder	364 gms

➤ **Gampaha Wickramarachchi Ayurveda (Teaching) Hospital – Yakkala**

- Commencement - June 1984
- No. of wards - 4

Patient Statistics – as at 30-06-2016

- Out patients - 28,417
- Senior Citizen Clinic Patients - 388
- Mobile Clinic Patients - 687
- In patients - 500



Production capacity

s/ no.	Type of drug	Amount
01	Types of decoction 04	5450 bottles
02	Types of Panta 32	1081 kgs. 300 gms.
03	Types of powder 16	481 kgs.
04	Types of medicated syrup and Arishta 03	355 bottles
05	Types of oil 05	703 bottles of 750 ml
06	Navaratne paste	27 kgs. 650 gms.
07	Lakshadi ointment	37 kgs. 900 gms.
08	Rohane Kash	16 kgs.
09	Kaishora gugul	03 kgs. 540 gms.
10	Gokshura gugul	27 kgs. 720 gms.
11	Eye drops	15 bottles

➤ **Ayurveda Teaching Hospital - Kaithadi**



- Opening date of the Out Patients Division – 29-06-1973
- Opening date of the ward complex - 1978.10.02
- Wards - 5
- Beds - 150

Patient statistics – 30.06.2016

- Out patients - 23,951
- In patients - 591

Drugs production

S/No.	Type of medicine	amount
01	Types of Powder	279.65 kgs.
02	Types of Pills	13.07 kgs.
03	Sinnasiwappu	1.750 kgs.
04	Praminei	6 bottles
05	Oil types	809.5 bottles
06	Pungavi Chithuram	2 kgs.
07	Adathoda syrup	3.75 bottles

➤ **Manchanthudai Ayurveda hospital**

Having taken over to the central government on 21-11-2009, the Manchanthudai Ayurveda hospital was officially taken over to the Department of Ayurveda of the Ministry of Indigenous Medicine on 01-12-2009.

Cadre particulars

- Medial Officers - 04
- Attendant - 01
- Other staff - 15

Patient statistics

70 patients took part in the mobile clinic held in the Kanthandudi Gama Niladhari Office on 27-02-2016 and 8697 patients have obtained treatments from the Outer patients' Department during the 06 months passed.

➤ Ampara Ayurveda Hospital

As per a decision taken at the Cabinet Meeting held on 19th August 2009, the Ampara Ayurveda Hospital belonging to the Eastern Provincial Council was taken over to the Ministry of Indigenous Medicine of the Central Government. 04 wards are operative here with 44 beds.

14,252 out patients received treatments from this hospital by 30-06-2016 and medicines valued at Rs.3, 000, 841.00 have been issued for these patients. 123 patients were admitted for residential treatments and medicines valued at Rs. 198,239.44 have been issued for those patients. 14 clinics conducted and 659 patients have received treatments out of it.

Drugs production

S/no.	Type of medicine	amount
01	Thripala decoction	22 bottles
02	Nagaradi decoction	14 bottles
03	Pippalyadyasawayaya	27 bottles
04	Sarshapadi oil	124 bottles

➤ Siddha Teaching Hospital - Trincomalee

Patient statistics - 2016

- No. of out patients - 13084
- No. of resident patients - 106
- Dermatological clinic - 984
- Arthritis Clinic - 1571
- Diabetes Clinic - 627
- Hypertension Clinic - 434
- Respiratory Disease Clinic - 1181

➤ **Chamal Rajapaksha Ayurveda Research Hospital**

Launch of the Hospital -	31.10.2010
Wards -	02
Beds -	137
Patient Statistics -	by
30.06.2016	
Out patients -	13839
Resident patients -	155



8.1 Bandaranaike Momorial Ayurveda Research Institute

Navinna Research Hospital

Launch -	14.10.1962
No.of wards -	04
Beds -	71
Out patients -	45,827
Resident patients -	490



Research institute

This consists of Out Patient and Resident Patient Departments, Standardization, Botanical, Medical Manufacturing, Literary Research Departments etc., for patient treatments.

Progress of the Standardization Department

Researches

1. Initiation of primary work of the research of GCMS equipment based analysis of the chemical component compound of the white sandalwood plant picked up from various climatic areas of the market.
2. Initiation of primary physiochemical analysis of the research for examining the possibility of using parts of the trunk, branches in place of the root parts of the Adathoda tree.

Programmes conducted by Research Institute from 01.07.2015 to 31.12.2015

S/No.	Programme/ Function	No. of programmes	Amount Exp.(Rs.)
01	Exhibitions, conferences and workshops	08	195,602.43
02	Drugs purchases	04	32,878.00
03	Minor reparations, purchase and fixing of equipments	05	126,702.50
04	Awareness programmes	08	48,276.00
05	Productivity programmes	01	43,882.00
06	Research work		71,160.00
07	Conservation of traditional knowledge of medicine		19,685.00
08	Other		51,500.00
	Total		589,685.93

Progress as at 30.06.2016

S/ no.	Programme	Venue and date of the event	No. of participants	Expenditure (Rs.)
01	Conducting a mobile kidney clinic	Masbedda Ayurveda Hospital – 19.01.2016	50 Medical Officers	1,880.00
02	Introduction of 5S concept to the staff	Ayurveda Research Institute . 09.02.2016	Institutional staff	13,530.00
03	Conducting one day workshop and opening the Audio-visual Unit for Traditional Doctors.	Auditorium of Ayurveda Research Institute	The Hon. Prime Minister, Ministry Officers and Selected Traditional Medical Officers	48,055.00
04	Nipponmaru Programme	Ayurveda Research Institute Garden 17.02.2016	Japan Foreign Friendship Youth Group and Project Section	4,204.00

S/ no.	Programme	Venue and date of the event	No. of participants	Expenditu re (Rs.)
05	Establishment of Cell Planting Laboratory Plan	Ayurveda Research Institutes, Standardization Laboratory – 17.02.2016	Cancer Research Project Team	1,790.00
06	Raising awareness among Community Health Medical Officers under Traditional Medical Knowledge Conservation Project	Office of the Ayurveda Commissioner of North-Eastern and Northern Province - 26-02-2016 to 01-03- 2016	Project Division	93,921.00
07	Reparation of Ola Leave Book Conservation Unit	Ayurveda Research Institute Library – 23.02.2016	Project Department and Dr. (Ms.) Chandrika Welevitigoda.	11,259.00
08	Purchase of research medicines for cancer research projects	Ayurveda Research Institute 23.02.2016	Cancer Research Project Team	88,255.00
09	Programme for offering certificates to private sectors of sponsorship for the National Conference, 2015	Ayurveda Research Institute Auditorium, 09.03.2016	Some 35 sponsors	8,234.00
10	Programme to find fertility of Cancer Ayurveda Treatments	Ayurveda Research Institute 23-03-2016	Cancer Research Project Team	1,320.00
11	Purchase of items for Dengue Research	Ayurveda Research Institute 01.04.2016	Dengue Research Group	1,320.00
12	Evaluation of Heen Nerenchi plant for timely kidney disease	Embilipitiya – 04.04.2016	Timely Kidney Illness Research Project Team	8,950.00
13	Awareness Exhibition on Ayurveda Systems	University of Sri Jayewardanapura, Gangodawila, 14 to 16 of May, 2016	Institutional staff	14,760.00
	Total			297,478.00

*A sum of Rs.27.16 million out of the provisions allocated for year 2016 was spent for laboratory equipments to be purchased for year 2015.

8.2 National Institute of Traditional Medicine

This institution, which may be identified as a creative and productive center of study on Ayurveda and Traditional systems of medicine, was launched in year 1987. This institution is engaged in promotion of understanding, skills and conduct of every party through training for the purpose of provision of Ayurveda treatment service to the people in an efficient, quality and more productive manner. The Institution is also engaged in conducting Sambhasha and School of Thought Programmes and direct involvement in sustainable use and enrichment of systems of medicine through knowledge gathered from them and also offering required knowledge to relevant parties. This institution is engaged in conducting short term courses free of charge and long term paid courses. These courses are conducted for the staff ranging from the Doctor to the Attendant and to target groups such as school students, Public Officers, elders, beauticians etc.



Progress as at 30.06.2016

S/ no	Programme	No.of program mes	No. of beneficiari es	Estimated amount (Rs.)	Expenditu re (Rs.)
01	Medical Officer training programmes	08	276	570,800.00	397,205.00
02	Traditional Medical Officer training programmes	04	200	476,000.00	305,316.00
03	Nursing and Medical Ancillary Staff and other training	04	143	711,500.00	299,581.00
04	Community Health/Maternal and Child Nutrition Training Programmes	06	606	233,300.00	218,185.44
05	Poison-Free Country Exhibition - BMICH	01		-	20,493.00
	Total	23	1225	1,991,600.00	1,240,780.44

Progress from 30-06-2015 to 31-12-2015

S/ no.	Programme	No.of progr amme s	No.of beneficia ries	Estimated amount (Rs.)	Expenditu re (Rs.)
01	Medical Officer Training Programmes	12	540	862,650.00	792,066.00
02	Community Health/ Maternal and Child Nutrition Training Programmes	07	674	221,200.00	160,900.00
03	Traditional Medical Officer	06	229	474,900.00	416,951.00
04	Nursing and Medical Assistant Staff and other training programmes	06	266	1,124,000. 00	1,138,040.00
05	Expo 2015			80,000.00	61,272.00
06	Capacity development programmes	01	03	300,000.00	300,000.00
	Total			3,062,750.00	2,869,229.00

8.3 Ayurveda Herbal Gardens

Herbal gardens were initiated by the Department of Ayurveda with a view to maintaining them as a lively plant house (by cultivating a host of types of Herbal Plants at the same location), conservation of herbal plants and creation of model herbal plant nurseries and also conducting cultivation research. 07 Ayurveda Herbal Gardens are operating at present under the Department.

Herbal garden	Total acreage	Acreage cultivated	Number of employees
National herbal garden of Ayurveda Research Institute	15	15	Contract 3
National herbal garden, Haldummulla	65	63	53
Pattipola herbal garden	32	32	21
Girandurukotte herbal garden	178	98	31
Pallekele herbal garden	03	03	11
Pinnaduwa herbal garden	6.5	5.75	10
Kanneliya	3.04		3

➤ **Navinna – Herbal Garden of Bandaranaike Memorial
Ayurveda Research Institute Herbal plant report**

- No. of plants produced - 6,596
- No. of plants sold out - 5,584
- Sales income - **Rs. 253,480.00**
- No. of plants issued free of charge 3,067
- Value of plants issued free of charge **-Rs. 96,520.00**



Arrivals to visit herbal garden

- For study purposes - 21
- For research purposes - 23
- Foreign tourists - 01
- Local tourists - 03

➤ **Haldummulla – National Research Herbal Garden**

Herbal plant report

- No. of plants produced - 11,801
- No. of plants sold out - 5,389
- Sales income - **Rs. 248,840.00**
- No. of plants issued free of charge - 1,450
- Value of plants issued free of charge - **Rs. 53,185.00**



Arrivals to visit herbal garden

- For study purposes - 676
- For research purposes - 07
- Foreign tourists - 16
- Local travelers - 175

➤ **Pattipola – Kadulesiya Herbal Garden -
Herbal plant report**

- No. of plants produced - 900
- No. of plants sold out - 498
- Sales income - **Rs. 25,610.00**
- No. of plants issued free of charge - 19
- Value of plants issued free of charge - **Rs. 970.00**



Arrivals to visit herbal garden

• For study purposes	-	16
• foreign tourists	-	25
• local tourists	-	480

➤ Girandurukotte – Rath Nitula herbal garden**Herbal plant report**

• No. of plants produced	-	8,504
• No. of plants sold out	-	152
• Sales income	-	5,190.00
• No. of plants issued free of charge	-	2,962
• Value of plants issued free of charge	-	Rs. 89,760.00

Arrivals to visit herbal garden

• For study purposes	-	28
• Local tourists	-	70

➤ Pallekele – National Research Institute herbal garden**Herbal plant report**

• No. of plants produced	-	2,888
• No. of plants sold out	-	3,136
• Sales income	-	Rs. 108,350.00
• Plants issued free of charge	-	958
• Value of plants issued free of charge	-	Rs. 29,960.00

Arrivals to visit herbal garden

• For study purposes	-	415
• For research purposes	-	01
• Foreign tourists	-	02
• Local travelers	-	42

➤ Pinnaduwa Herbal Garden**Herbal plant report**

• No. of plants produced	-	104,293
• No. of plants sold out	-	2,773
• Sales income	-	Rs. 148,965.00
• No. of plants issued free of charge	-	786
• Value of plants issued free of charge	-	Rs. 30,770.00



Arrivals to visit herbal garden

• For study purposes	-	312
• Foreign tourists	-	17
• Local travelers	-	159

Progress in year 2016 of Pinnaduwa herbal garden (from 01-01-2016 to 30-06-2016)

• Land conservation

Bio ranges – installation of a Khas-Khas border at some 200 meters in Length.

Land cover cultivations – applying cover cultivations for about half an Acre

Reparation and renovation of drainage systems

• Plant conservation

Rare plants - Planting and conservation of Beraliya, White Sandalwood, Red Sandalwood, Kokum, garlic pear tree, Indian Allophylus tree, Salacia, Ceylon Balsam etc.

Endemic plants – Planting and conservation of Rath Beraliya, Kekiri Wara, heen bovitiya, Etamba, Yakada Marang, Ela lee etc.

Common plants – planting and conservation of Kiratha, Ceylon Balsam, Margosa, Bulu, Le Verella, Kumbuk, Mee etc.

• Land development

Weeding and clearing of the extent of land of some one-and-half acres to be developed and additionally, arrangements have been made to root out plants in some half acres in it and mamoty the area and thereafter cultivate plants to be conserved and also to commence commercial cultivations of ginger, Turmeric in that area after clearing it.



Land development

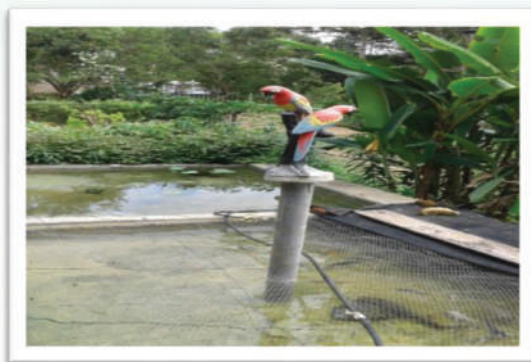


plant conservation



beekeeping

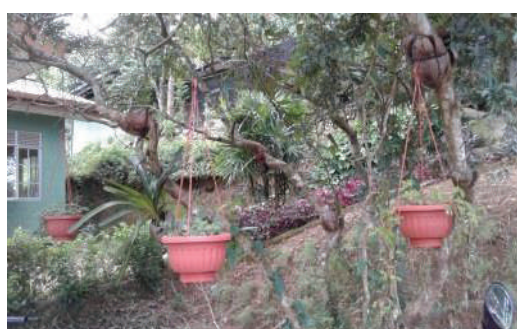
- *Construction of a water tank near the office and making arrangements for keeping exotic fish in one of them and planting medicinal herbs in the other tank.*



- *Creation of a herbal home garden*



- *Setting fences of herbal plants bearing exotic leaves in front of the herbal garden, fixing hanging vases with exotic creepers and fixing idols so as to make an attractive landscaping.*



Products – 14,988 planting materials were planted in Polythene baskets which were valued at Rs. 747,660.00.

Sales – 2,773 units of planting materials planted in polythene baskets

and plastic containers sold out at a value of Rs. 169,660.00.

19,224 planting materials planted in polythene baskets by 30-06-2016 valued at Rs. 833,250.00.



➤ **Kanneliya Herbal Garden**

- ***Land development work***



- Clearing the remaining portion of land of some acre by the bill chopper.
- Land preparation by rooting out plants in an extent of some acre.
- Planting new herbal plants by digging pits in garden

Orchid, wild curry leaves, beraliya, Gurmar, Moonamal, Yakin Narang, Madu, Ashoka, Hora, Kukuruman, Kudu Daula, Kumarika, White Gigantic Swallow Wort, Loth Sumbul etc.

- ***Preparations to receive pipe water***



8.4 Ayurveda Medical Council

The main objective of Ayurveda Medical Council is preserving legal basis required for quality development in the field of Ayurveda by rendering the maximum public service in keeping ethics of the profession.

Programmes conducted during years 2015 and 2016

- Mailing calendars and mucilage to registered practitioners parallel to state function of anointing oil.

Necessary contribution was rendered to post calendars and packets of mucilage to 15,000 updated Ayurveda Doctors parallel to the above programme.

- Indigenous Medical Profession Development Programme - Northern Province

Theme - rendering maximum contribution of the Ayurveda Medical Council for promotion of knowledge of Professionals of Indigenous Medicine.

Objective

1. Promotion of collaboration between registered Medical Professionals and the Council by taking services and functions of the Ayurveda Medical Council to regional level.
2. Strengthening Professional Development process for qualitative progress in the field of Ayurveda Medicine.

3. Receiving active participation of relevant parties for conservation of traditional systems of medicine.

Activities

- Issue of applications required for registration of traditional physicians
- Entertaining applications for registration of traditional physicians
- Correcting errors in applications sent for registration
- Resolving issues of applicants for registration
- Issue of Ayurveda Certificate books
- Issue of Ayurveda Identity Cards
- Issue of vehicle badges for registered doctors
- Issue of applications for international certificates and their entertainment
- Undertaking applications for change of names and issue of copies of certificates
- Issue of applications for renewal of registration and undertaking them.

Progress of the programme

Letters were sent to 1027 registered Ayurveda Doctors by informing about this programme. In addition, action was taken to inform doctors serving in all hospitals, dispensaries and all Divisional Secretariats with the assistance of Provincial Office of the Commissioner of Ayurveda. Accordingly, 238 registered physicians attended this programme and the amount spent on the programme is Rs. 101,110.00 while an amount of Rs. 495,750.00 was earned as income.

9. Ayurvedic Drugs Corporation of Sri Lanka

Vision

To become a service oriented pioneer in fulfilling national and international medicinal requirements with a high standard by preserving identity of Indigenous Medicine for a healthy society.



Mission

To perform a leading role in creating a healthy society by bringing about promotion of employee standards and social welfare while fulfilling people's aspirations through promotion of high standard Ayurvedic drugs, their importation, distribution, provision of research services and conservation. Ayurvedic Drugs Corporation of Sri Lanka was established by the Hon. Phillip Gunawardena, the Minister of Industries and Fisheries by Gazette Extraordinary no. 14853/3 dated 11th May, 1969 of the Government of Ceylon under State Industrial Corporation Act no. 49 of 1957.

Main objectives of the Corporation

1. To manufacture high standard Ayurvedic drugs.
2. To become the central supplier of medicines to all Ayurveda hospitals, Central Dispensaries and Free Ayurvedic treatment centers of the public sector.
3. Importation of raw materials for Ayurveda, Siddha, Yunani medicines and sale of them for local market requirements.
4. Production of quality indigenous medicine targeting competitive private market and propagation of them among general public.
5. Receiving a maximum price for cultivators by purchase of locally produced raw materials, storing them and selling them at a fair price.
6. Conservation of herbal plants and expansion of crops.
7. Conducting research for quality of medicinal production and their standardization.
8. Taking action to protect Traditional system of medicine by lawfully collecting materials that are necessary for Ayurveda drugs manufacture and, still, are prohibited by law and providing them to doctors engaged in manufacture of medicines.

Drugs manufactured in the Corporation

Types of decoction	types of leha	types of oil	types of flavour products
Types of Powder	types of Arishta	types of syrup	types of vatika
Types of paste	types of Asawa	types of oil	types of gugul

New products of the Corporation

White Sandalwood facewash	cinnamon tea
Komarika Shampoo	Cinnamon capsules
Papaya facewash	Sarsaparilla herbal tea
Cucumber facewash	Jeewalepa balm
Venivel Body Wash	Gurmar herbal tea
Carrot facewash	Komarika drink
Myrobalan drinks	Ayurveda Lipsticks

Ginger beer, Corporation aniseed spirit, godapara shampoo, Ayurveda herbal cream, herbal wine etc. are at research testing level.

Types of products proposed to be upgraded

S/no.	Product type	Present nature of the product	Proposed method
1	Types of powder	They are packed in Polythene covers as 25g, 30g, 50g, 100g, 250g, 400g, 500g and 1kg.	Manufacture in capsules and tablets at proper dosage
2	Types of oil (these are external applications)	They are packed in Polythene covers as 25g, 30g, 50g, 100g, 250g, 400g, 500g and 1kg.	Packing in tubes
3	Pastes, flavours, Vatika and gugul types	They are packed in Polythene covers as 25g, 30g, 50g, 100g, 250g, 400g, 500g and 1kg.	Packing in Plastic bottles
4	Types of Arishta, Asawas and decoctions	Outdated methods of packing are used.	Packings suitable to present market are scheduled to be introduced

- The Drugs Corporation has manufactured medicines valued at Rs. 141.57 million during initial 05 months in year 2016.
- Revenue of Rs. 984,974.25 has been earned by 22-07-2016 out of the special sales outlets positioned at the BMICH under New Products Promotion Project of the Corporation through District Secretariats.
- Sales centers have been commenced in Matara and Borella hospital premises in addition to the existing sales centers and sales centers are

scheduled to be opened during year 2016 in the towns of Matale, Kaduruwela, Aluthgama and Jaffna.

- A staff of 348 personnel is serving at present in the Corporation and there are 27 vacancies by now. 43 persons were newly recruited from 30-06-2015 to 30-06-2016.

Staff welfare measures taken by the Corporation

- Vouchers for value of Rs. 6000.00 each offered for 291 employees for the purpose of Upgrading employee welfare.
- Providing short-eats for every staff member.
- Making payments for medical leaves unavailed of during the year.
- Payment of Attendance Allowance, Production Promotion Allowance with a view to Encouraging employee attendance to promote production.

Projects and programmes initiated and operative after year 2015

S/n.	Programme/ project	Programme particulars	Year
01	Renovation of Nikaweratiya herbal garden	A herbal cultivation project	2015
02	Launch of a new manufactory	Modernization of beauty cultural products and selected old products	2015
03	Isiwara Osu - 1	A sales promotion project designed for introduction of new products to the market. Works in collaboration with Cargills Group of Companies in this connection.	2015
04	Isiwara Osu Project - 11	A Sales Promotion Project designed to introduce new products to the market. Sale work performed in collaboration with SPC sales agents hereunder.	2016
05	Public awareness project on consumption of poison free food and herbal cultivation encouragement with drugs sales promotion and propagation	Programmes are conducted under this centered on every District Secretariat and Divisional Secretariat in the island. Programmes conducted in the districts of Kalutara, Matara and Jaffna by now.	2016

- Sales revenue of the Ayurvedic Drugs Corporation during the first 05 months of year 2016 amounted to Rs. 193.44 m., which is a 26% growth as compared with the first 05 months of the preceding year.



Construction of four storied stores complex



purchase of new machines

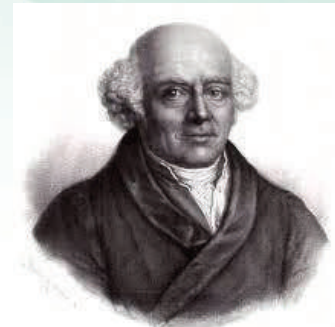


The moment H.E. the President unveiled the Plaque of the new herbal manufactory

Progress of Capital Projects presently operative in the Corporation

S/no.	Project	Estimated amount (Rs. Mn.)	Received amount (Rs. Mn.)	Amount Exp. (Rs.Mn.)
01	Construction of new four storied stores complex physical progress -73% financial progress - 67% construction works are scheduled to be completed by the end of year 2016	157.00	143.00	103.00
02	New factory project new factory land properly cleared Water and power supplied and full renovation of an area of 3850 sq. ft. of the manufactory. Komarika Shampoo, Venivel Body Wash, Iramusus Tea, Cinnamon Capsules, White Sandalwood Facial Wash, Papaya Facial Wash, Cucumber Facial Wash and Ghee Oil and Gingelly Oil products packing are performed in the new manufactory. Coordination made with Institute of Industrial Technology for further innovations of new products. Purchase of new Tea Bag Packing Machine, 04 nos of White Iron Mixers, 21 Filling and Capping Machines and 03 Air Conditioners.	561.50	66.00(GT) 62.00(SLD C)	128.00
03	Purchase of two Metal Crushers Procurement Process in progress. It is designed to complete construction works by the end of year 2016.	3.50	3.50	0.00
04	Renovation of the existing factory Preparation of Bills of Quantities pertaining to renovation work completed Construction works designed to be completed by the end of year 2016.	12.50	12.50	0.00
	Grand Total	734.50	287.00	228.00

10. Homeopathy system of medicine



Founder of Homeopathy system of medicine

This system of medicine was found in 18th Century by a German Specialist Medical Practitioner named Christian Frederick Samuel Hahnemann as a system of medicine based on the natural principle of *Like cures like*. As a result of his endeavour to disseminate this system of medicine throughout the world, it grew and progressed from generation to generation and action was taken by around 1970s by the government of Sri Lanka to propagate it as an accepted system of medicine by the Act no. 07 of 1970. This is a system of medicine that treats the patient by stimulating his natural immunity on the understanding that any person becomes ill due to factors weakening his powers of resistance to that illness. Homeopathy Medical Council situated at no. 94 is the state entity established for propagation of this particular system of medicine that treats the root cause of the illness or all the mental and physical ailments of the patient simultaneously rather than individually attending each symptom. The first and only Homeopathy Hospital in Sri Lanka rendering Homeopathy treatments is the Government Homeopathy Hospital, Welisara and both these institutions are administered by Indigenous Medical Council of the Ministry of Health, Nutrition and Indigenous Medicine. These medicines carrying natural zoological, botanical and metallic substances are free of side-effects and are economical and, hence, are more suitable to developing countries like Sri Lanka. This system of medicine is capable of treating all types of illness such as child and women's illnesses, respiratory ailments such as asthma and catarrh, joint ailments, ailing conditions including gastritis, mental illnesses, skin diseases such as Leucorrhoea, Psoriasis, nerves troubles, megrim, Dengue, viral ailments such as Chickenpox and Smallpox etc.

Particular action taken for development of Homeopathy system of medicine

- **Passing a new Homeopathy Act**

Approval of Parliament was taken in year 2005 to subject the system of Homeopathy Medicine to a formal regulation and to establish it as a public health service, for which purpose approval of Parliament was obtained to repeal the Act no. 07 of 1970 and present a new Act. The said new Homeopathy Bill was passed in Parliament on 05-07-2016. The new Homeopathy Medical Council is expected to be appointed by the Hon. Minister under the said Act. It is expected, by this Act, to properly regulate the field of Homeopathy medicine and disseminate it throughout the island as a public health service. This new Act provides for establishment of Educational Institutions of Medicine under University Grants Commission and registration of qualified Doctors, Pharmacists, Clinics, Hospitals, Pharmacies etc., under a proper methodology.

- **Memorandum of Understanding with the Government of India**

Necessary arrangements are in progress, following official consultations with Ayush Ministry of India for development of alternative systems of medicine including Homeopathy. Necessary approval has been received by now from the Ministry of External Affairs and Attorney General's Department, Sri Lanka and approval of the Government of India is yet to be received. It is expected to receive **an** Indian Consultant, to offer assistance for improvement of Homeopathy Education and also to develop the area of research for other alternative systems of medicine by this Memorandum of Understanding.

10.1 Homeopathy Hospital

Vision

Creation of a healthy generation of people who are able to contribute to the development of the entire populace of Sri Lanka.

Mission

To take an active programme to the general public through Homeopathy hospital, Welisara, for propagation of Homeopathy system of Medicine as a system of medicine which is easy and economical for the entire populace of Sri Lanka to cure and prevent illnesses at a minimum cost.

Homeopathy Hospital consists of an entire staff of 17 personnel including the Medical Officer in charge, 02 Medical Officers and 14 personnel of the other staff.

1. Some 150 patients are treated daily by the Out Patients' Department of Homeopathy Hospital for all types of mental and physical ailments including Joint ailments, asthma, and gastritis and in this period of time the spread of non-communicable diseases is on the increase. Homeopathy medicines are easy to use and are free of side effects.
2. An official quarter's complex valued at Rs. 79 million is being constructed with a view to increasing facilities for the staff of Homeopathy Hospital and its works are reaching the final stage. An amount of Rs. 10 million spent for year 2016.
3. Students are sent to follow degree programmes in Homeopathy National Institute, Calcutta, under scholarships offered by the Government of India to the Indigenous Medical Sector and 06 students went overseas to India to follow the degree course in year 2015. Applications for these Scholarships for year 2016 are invited by paper advertisements. Further, clinical training opportunities have been provided in the Homeopathy Hospital for three out of nine students who have completed their degree courses in year 2010.
4. Secretary to the Ministry of Health, Nutrition and Indigenous Medicine and Ministry Officers participated in commemoration of International Homeopathy Day parallel to the date of birth of Mr. Samuel Hahnemann, the founder of Homeopathy in April under an official invitation of the Ayush Ministry, India where discussions were held at Ministerial level for coming to a Memorandum of Understanding on provision of an Indian Consultant to improve the field of Homeopathy Education. Recommendations pertaining to the said Memorandum of Understanding were received from the Ministry of Foreign Affairs and Attorney General's Department and concurrence of the Government of India needs to be taken for it.
5. Expo - 2016 exhibition was conducted from 08-07-2016 to 10-07-2016 at Bandaranaike Memorial International Conference Hall and also a Homeopathy Medical Clinic and Awareness Programme were conducted. 1903 no. of visitors of the exhibition were enlightened during these three days on Homeopathy system of medicine and 368 patients underwent Homeopathy treatments.

Patient statistics as at 30.06.2016

Month	In-patients	Out-patients
January	10	2,041
February	08	2,399
March	07	2,326
April	11	1,955
May	06	1,843
June	08	2,076
Total	50	12,640

Progress from 01-07-2015 to 30.06.2016

Date	Venue of the clinic	Female	Male	Total
11-07-2015	St. Mary's College, Kalutara	14	22	36
25-10-2015	Thelangapatha, Wattala	74	21	95
15-11-2015	Elpitiwela, Ragama	43	24	67
25-11-2015	Bollegala Sri Sunandaramaya, Thalwatta.	156	44	200
19-01-2016	Mahinda Rajapaksha Vidyalaya, Homagama	74	35	109
30-01-2016	Sri Saddharamarama Temple, Godigamuwa, Maharagama	56	37	93
22-02-2016	Sri Ariyanandanarama Temple, Udathuththiripitiya	131	63	194
21-04-2016	Sri Wijayaramaya, Gonawala, Bollegala	72	20	92
	Grant Total	620	266	886

*A few events of Expo - 2016 Exhibition*

10.2 Homeopathy Medical Council

Vision

To promote Homeopathy system of medicine upto a national health service

Mission

To formulate proper policies to increase human and physical resources for Homeopathy system of medicine and work for its dissemination among general public, its improvement and advancement.

Progress as at 30-06-2016

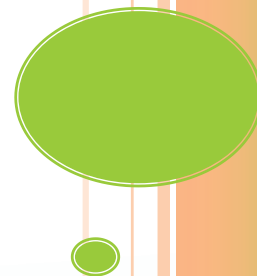
- Following treatments have been offered through the 07 Homeopathy clinics with a view to disseminating as a health service the Homeopathy system of medicine which is capable of fully curing many illnesses without side effects, as a health service to preserve health of a highest number of patients.

Clinic	No. of patients treated
Dehiwala	7,356
Parakaduwa	5,605
Matale	3,673
Palamunei	6,059
Kurunegala	5,589
Moneragala	1,724
Tholangamuwa	4,352
Total	34,358

- 04 mobile clinics were conducted in the areas of Homagama, Maharagama, Udathuttiripitiya, Warakapola and Bollegala in collaboration with Homeopathy Hospital, Welisara and another mobile clinic was held in collaboration with Tholangamuwa clinic. 663 patients have received treatments from these 05 mobile clinics. These mobile clinics were conducted in 05 venues belonging to 03 districts where actions were taken to propagate Homeopathy system of Medicine by delivering short lectures, distributing handbills and exhibition of banners in addition to checking and treating the patients.

- Provision of plastic medicinal containers and covers to put medicines in for the 07 Homeopathy clinics with a view to building up quality of Homeopathy Medical Service.
- The clinic maintained in a very small room in Moneragala was able to be established in a well facilitated government building situated at Wellawaya, Hulandawa Junction, Moneragala on 25-01-2016.
- A Homeopathy register has been prepared in all three languages for year 2016 and handed over to the Printer to be published in gazette.
- Required books and compact disks are being printed and recorded to table in Parliament the Annual Reports 2011 and 2012 of Homeopathy Medical Council.
- Arrangements are being prepared for printing books required for submission of Annual Report, 2013 to the Cabinet.
- Draft of Annual Report - 2014 prepared.
- The Interim Committee is taking action to recruit a suitable person to the post of Management Assistant fallen vacant in the office of the Medical Council.
- Required arrangements are being made to prepare the NVQ course for Dispensers in collaboration with National Apprentice and Industrial Training Authority and get the same approved.
- Approval of the Department of Management Services has been obtained to initiate 07 new Homeopathy Clinics in the government and required arrangements are being made to initiate such clinics in the districts of Kalutara, Hambantota, Nuwara Eliya, Polonnaruwa, Anuradhapura, Trincomalee and Puttalam.

ANNEXTURES



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The Gazette of the Democratic Socialist Republic of Sri Lanka

EXTRAORDINARY

අංක 1989/61 - 2016 ඔක්තෝබර් මස 21 වැනි සිකුරාදා - 2016.10.21
No. 1989/61 - FRIDAY, OCTOBER 21, 2016

(Published by Authority)

PART I : SECTION (I) — GENERAL

Government Notifications

LD.-B 9/2016

THE NATIONAL MEDICINES REGULATORY AUTHORITY ACT, No. 5 OF 2015

REGULATIONS made by the Minister of Health, Nutrition and Indigenous Medicine under Section 142 read together with Section 118 of the National Medicines Regulatory Authority Act, No. 5 of 2015.

Dr. RAJITHA SENARATNE (M.P.),
Minister of Health, Nutrition and
Indigenous Medicine.

Colombo,
21st October, 2016.

Regulations

1. These regulations may be cited as the National Medicines Regulatory Authority (Ceiling on Prices) Regulations, No. 2 of 2016.
2. There shall be a ceiling on prices of the drug-formulations set out in the Schedule hereto (hereinafter referred to as "scheduled drugs") which shall come into operation on the date of publication of these regulations in the *Gazette Extraordinary* (hereinafter referred to as the "relevant date").
3. The ceiling on prices of the scheduled drugs shall apply to and in respect of all branded and generic versions of such drug-formulations.
4. On and after the relevant date, no manufacturer, importer, trader and pharmacist shall sell any scheduled drug set out in Column II of the Schedule hereto, above the Maximum Retail Price (MRP) stipulated in the corresponding entry in Column V thereof.
5. A manufacturer, importer, trader or pharmacist who currently sells a scheduled drug at a price less than the MRP stipulated in the Schedule is required to maintain the existing price without any price increase.



6. The relevant MRP as set out in the Schedule hereto or the current retail price, whichever is less, of each unit of item in the stock of scheduled drugs manufactured or available in the market or pharmacy for sale on the relevant date shall be printed or marked in their respective commercial package or label as expeditiously as practicable, so however, before the expiry of a period of forty-five days from the relevant date.
7. Notwithstanding the provisions of regulation 6 above, the MRP of each unit shall be as set out in the Schedule on and after the relevant date. The MRP set out in the Schedule shall continue to be valid and effectual for a period of two years from the relevant date unless earlier revised.
8. The implementation of these regulations shall be the responsibility of the National Medicines Regulatory Authority, the Ministry of Health, Nutrition and Indigenous Medicine and the Consumer Affairs Authority.
9. Any manufacturer, importer, trader or pharmacist who contravenes the provisions of these regulations commits an offence and shall be triable under Section 132 of the National Medicines Regulatory Authority Act, No.5 of 2015.
10. It shall be the duty of every manufacturer, trader, importer and pharmacist to display at every retail outlet the MRP of the scheduled drugs set out in the Schedule hereto.

SCHEDULE

MAXIMUM RETAIL PRICES OF 48 SELECTED MEDICINAL PRODUCT FORMULATIONS

Column I	Column II Generic name	Column III Route of administration / dosage form	Column IV Strength	Column V Ceiling / maximum price (SLR)
1	ALBENDAZOLE	Tablet	400mg	30.00
2	AMOXICILLIN + CLAVULANIC ACID	Oral suspension	156mg / 5ml	287.50
	AMOXICILLIN + CLAVULANIC ACID	Tablet	375mg	35.40
	AMOXICILLIN + CLAVULANIC ACID	Tablet	625mg	60.00
	AMOXICILLIN + CLAVULANIC ACID	Injection	1.2 g	631.00
3	CLARITHROMYCIN	Tablet	250mg	36.50
	CLARITHROMYCIN	Tablet	500mg	74.00
	CLARITHROMYCIN	Oral suspension	125mg / 5ml	436.00
4	AZITHROMYCIN	Tablet	250mg	37.60
	AZITHROMYCIN	Tablet	500mg	52.75
	AZITHROMYCIN	Oral suspension	200mg / 5ml	175.00
5	CEFUROXIME	Tablet	250mg	45.50
	CEFUROXIME	Tablet	500mg	72.60
6	DOXYCYCLIN	Tablet	100mg	10.10
7	ACICLOVIR	Tablet	200mg	37.00
8	CIPROFLOXACIN	Tablet	250mg	5.75
	CIPROFLOXACIN	Tablet	500mg	8.50

Column I	Column II Generic name	Column III Route of administration / dosage form	Column IV Strength	Column V Ceiling / maximum price (SLR)
9	LEVOFLOXACIN	Tablet	250mg	24.20
	LEVOFLOXACIN	Tablet	500mg	40.00
10	CEPHALEXIN	Capsule	250mg	8.20
	CEPHALEXIN	Capsule	500mg	15.00
	CEPHALEXIN	Oral suspension	125mg/5ml	265.00
11	CEFIXIME	Tablet	100mg	23.00
	CEFIXIME	Tablet	200mg	42.70
	CEFIXIME	Oral suspension	50mg/5ml	345.00
12	AMLODIPINE	Tablet	5mg	15.30
	AMLODIPINE	Tablet	10mg	21.30
13	DILTIAZEM	Tablet	30mg	2.70
	DILTIAZEM	Tablet	60mg	8.90
	DILTIAZEM	Tablet	90mg	21.40
14	LOSARTAN POTASSIUM	Tablet	25mg	7.35
	LOSARTAN POTASSIUM	Tablet	50mg	10.30
15	LOSARTAN + HCT	Tablet	62.5mg	19.45
16	ENALAPRIL	Tablet	5mg	6.00
	ENALAPRIL	Tablet	10mg	10.10
17	ATENOLOL	Tablet	25mg	3.00
	ATENOLOL	Tablet	50mg	4.40
	ATENOLOL	Tablet	100mg	13.00
18	NIFEDIPINE - sustained release	Tablet or capsule	20mg	3.70
19	CLOPIDOGREL	Tablet	75mg	17.50
20	ATORVASTATIN	Tablet	10mg	11.15
	ATORVASTATIN	Tablet	20mg	17.60
21	ROSUVASTATIN	Tablet	5mg	21.50
	ROSUVASTATIN	Tablet	10mg	37.00
22	TELMISARTAN	Tablet	20mg	10.20
	TELMISARTAN	Tablet	40mg	16.20
	TELMISARTAN	Tablet	80mg	30.40
23	ASPIRIN	Tablet	75mg	3.00
	ASPIRIN	Tablet	100mg	5.30

Column I	Column II Generic name	Column III Route of administration / dosage form	Column IV Strength	Column V Ceiling / maximum price (SLR)
24	METFORMIN	Tablet	500mg	3.95
	METFORMIN - sustained release	Tablet or capsule	500mg	7.70
	METFORMIN	Tablet	850mg	7.40
25	GLIBENCLAMIDE	Tablet	5mg	2.20
26	GLICLAZIDE	Tablet	80mg	11.30
27	THYROXINE	Tablet	50mcg	6.10
	THYROXINE	Tablet	100mcg	9.10
28	GLIPIZIDE	Tablet	5mg	7.90
29	IBUPROFEN	Tablet or capsule	200mg	1.10
	IBUPROFEN	Tablet or capsule	400mg	3.70
30	DICLOFENAC SODIUM	Tablet	50mg	13.00
	DICLOFENAC SODIUM	Tablet	100mg	15.10
31	DICLOFENAC POTASSIUM	Tablet	50mg	10.95
32	PARACETAMOL	Tablet	500mg	1.30
33	SODIUM VALPROATE	Tablet	200mg	9.00
34	RISPERIDONE	Tablet	1mg	7.90
	RISPERIDONE	Tablet	2mg	9.25
35	OLANZAPINE	Tablet	5mg	10.00
	OLANZAPINE	Tablet	10mg	20.80
36	CARBAMAZEPINE	Tablet	200mg	12.00
37	ALPRAZOLAM	Tablet	0.25mg	6.50
	ALPRAZOLAM	Tablet	0.5mg	9.90
38	FLUOXETINE	Tablet	20mg	11.00
39	GABAPENTIN	Tablet	100mg	16.75
	GABAPENTIN	Tablet	300mg	33.15
40	BECLOMETHASONE	DP capsule (inhalation)	200mcg	6.00
	BECLOMETHASONE	DP capsule (inhalation)	400mcg	6.80
	BECLOMETHASONE	Metered dose inhaler (200 doses)	100mcg	507.50
	BECLOMETHASONE	Metered dose inhaler (200 doses)	250mcg	561.00

Column I	Column II Generic name	Column III Route of administration / dosage form	Column IV Strength	Column V Ceiling / maximum price (SLR)
41	SALBUTAMOL	DP capsule (inhalation)	200mcg	4.00
	SALBUTAMOL	DP capsule (inhalation)	400mcg	5.50
	SALBUTAMOL	Metered dose inhaler (200 doses)	100mcg	310.00
42	METHYL PREDNISOLONE	Tablet	4mg	11.85
	METHYL PREDNISOLONE	Tablet	16mg	41.00
43	OMEPRAZOLE	Tablet	20mg	4.50
44	PANTOPRAZOLE	Tablet	20mg	17.00
	PANTAPRAZOLE	Tablet	40mg	28.00
45	ESOMEPRAZOLE	Tablet	20mg	20.20
	ESOMEPRAZOLE	Tablet	40mg	38.40
46	DOMPERIDONE	Tablet	10mg	5.40
47	RABEPRAZOLE	Tablet	10mg	11.30
	RABEPRAZOLE	Tablet	20mg	21.55
48	ALENDRONIC ACID	Tablet	70xmg	101.40

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Hospital Details

Table 2

Hospital Name	Utilization & Facility Details			Human Resource Details						Utilization Details						
	Year	Beds	Units	Specialist	Medical Officer	Nurses	MLT	Pharmacists	Radiographer	Lab Tests	X Ray	Special Radiological Investigations	CT Scan	Surgeries (Major)	Surgeries (Minor)	MRI
National Hospital of Sri Lanka	2012	3,249	106	115	603	2,169	85	81	69	3,315,862	226,137	10,060	39,369	23,334	40,406	8,425
	2015	3,382	79	116	847	2,087	81	84	68	3,449,335	400,910	11,833	53,299	37,449	40,950	8,425
Teaching Hospitals																
Kandy Teaching Hospital	2012	2,291	91	80	562	1,740	56	47	38	18,331,191	194,087	818	27,476	24,831	29,884	5,724
	2015	2,292	91	94	612	1,807	58	47	38	2,103,041	182,875	4,355	32,777	24,227	30,118	5,150
Colombo North Teaching Hospital - Ragama	2012	1,421	32	38	286	781	37	32	15	97,363	1,558,117	359	19,600	7,712	14,289	
	2015	1,442	32	92	335	845	37	36	14	1,989,728	133,624	-	11,296	9,962	18,785	-
Colombo South Teaching Hospital	2012	1,098	34	45	380	768	33	36	15	1,149,704	159,944	17,458	7,347	11,650	18,154	-
	2015	1,092	34	31	440	748	32	37	15	1,332,631	190,766	1,109	11,892	11,713	19,918	-

Hospital Name	Utilization & Facility Details			Human Resource Details					Utilization Details							
	Year	Beds	Units	Specialist	Medical Officer	Nurses	MLT	Pharmacists	Radiographer	Lab Tests	X Ray	Special Radiological Investigations	CT Scan	Surgeries (Major)	Surgeries (Minor)	MRI
Castle Street Hospital for Women	2012	444	6	14	105	318	-	11	3	247,595	3,536	305	-	7,421	2,694	-
	2015	459	7	14	106	311	13	11	3	33,152	2,709	-	-	5,093	2,610	-
Lady Ridgeway Hospital for Children	2012	910	29	53	300	687	31	29	13	1,184,975	72,636	13,911	2,803	2,158	4,387	-
	2015	938	31	54	300	687	30	30	14	1,235,587	105,896	777	3,349	4,932	13,762	-
De Zoysa Hospital for Women	2012	343	11	9	101	318	11	8	3	243,350	3,790	-	-	3,341	1,604	-
	2015	343	13	8	91	299	11	8	3	293,170	8,039	-	-	2,954	1,208	-
Peradeniya Teaching Hospital	2012	904	22	-	216	596	24	28	13	710,960	29,922	482	296	9,442	9,648	-
	2015	921	22	8	241	624	24	29	13	699,071	42,872	399	3,333	9,781	5,521	-
Karapitiya Teaching Hospital	2012	1,721	61	93	371	1,164	36	39	18	2,305,141	134,801	1,102	12,449	12,067	28,146	-
	2015	1,851	61	9	384	1,188	-	43	18	1,185,996	188,648	-	21,289	9,923	33,241	5,276

Hospital Name	Utilization & Facility Details			Human Resource Details						Utilization Details						
	Year	Beds	Units	Specialist	Medical Officer	Nurses	MLT	Pharmacists	Radiographer	Lab Tests	X Ray	Special Radiological Investigations	CT Scan	Surgeries (Major)	Surgeries (Minor)	MRI
Mahamodara Teaching Hospital	2012	369	12	9	69	277	9	9	3	145,485	3,388	467	-	4,748	1,973	-
	2015	366	11	9	73	265	-	8	3	175,996	3,462	-	-	5,347	1,405	-
Anuradhapur a Hospital	2012	1,389	42	42	248	764	32	33	15	1,219,639	102,542	11,914	6,264	12,563	18,872	-
	2015	1,950	46	87	278	875	32	38	15	1,649,885	87,777	12,372	6,264	12,827	17,813	-
Batticaloa Hospital	2012	931	37	31	141	378	20	23	10	638,047	57,528	4,702	-	7,913	1,578	-
	2015	998	35	39	176	463	21	25	8	980,844	72,717	569	5,878	7,463	10,915	-
Jaffna Teaching Hospital	2012	1,250	37	49	172	309	21	19	13	938,415	136,145	13,140	13,505	12,312	22,212	-
	2015	1,323	31	64	220	392	24	28	14	997,229	146,848	13,354	12,045	8,435	26,129	-
Eye Hospital	2012	477	17	14	60	158	-	5	-	41,619	-	-	-	14,326	6,224	-
	2015	583	18	15	73	180	4	4	-	46,309	-	-	-	17,011	4,215	-

Hospital Name	Utilization & Facility Details			Human Resource Details						Utilization Details						
	Year	Beds	Units	Specialist	Medical Officer	Nurses	MLT	Pharmacists	Radiographer	Lab Tests	X Ray	Special Radiological Investigations	CT Scan	Surgeries (Major)	Surgeries (Minor)	MRI
Provincial General Hospitals																
Kurunegala Provincial General Hospital	2012	1,771	60	45	308	1,161	42	39	17	1,041,626	82,613	524	5,926	12,277	23,838	-
	2015	1,802	71	52	390	1,216	40	38	16	1,118,182	90,665	17,998	10,108	11,202	18,350	-
Rathnapura Provincial General Hospital	2012	1,057	21	33	159	644	28	24	13	685,577	84,506	30,106	5,712	7,803	17,701	-
	2015	1,255	45	-	183	667	29	27	13	977,735	88,020	17,164	10,593	8,737	15,955	-
Badulla Provincial General Hospital	2012	1,357	41	31	149	589	28	30	12	752,647	90,995	1,110	14,256	12,532	11,501	-
	2015	1,493	66	43	183	606	28	31	11	985,683	97,395	40,848	16,808	12,480	13,102	-
District General Hospitals																
Hambantota District General Hospital	2012	588	12	17	83	376	16	17	6	862,309	22,367	5,424	-	3,210	6,829	-
	2015	635	14	-	103	395	16	17	6	678,594	46,748	7,372	4,001	1,311	6,755	-

Hospital Name	Utilization & Facility Details			Human Resource Details						Utilization Details						
	Year	Beds	Units	Specialist	Medical Officer	Nurses	MLT	Pharmacists	Radiographer	Lab Tests	X Ray	Special Radiological Investigations	CT Scan	Surgeries (Major)	Surgeries (Minor)	MRI
Ampara District General Hospital	2012	589	16	23	126	301	15	19	5	362,111	21,249	236	3,385	4,047	6,629	-
	2015	565	16	24	102	326	15	19	6	818,967	22,999	189	3,435	2,502	7,318	
Kalutara District General Hospital	2012	803	32	30	175	604	18	21	9	558,316	78,308	14,729	2,920	4,047	1,501	-
	2015	589	26	32	194	601	20	24	9	550,590	86,720	347	3,792	6,872	14,692	-
Matara District General Hospital	2012	1,060	38	28	250	780	28	30	9	1,011,498	45,423	4,720	-	11,032	19,881	-
	2015	1,023	37	34	264	852	30	32	11	2,077,250	56,370	-	6,150	1,871	13,764	-
Nuwara Eliya District General Hospital	2012	414	13	23	100	186	14	12	6	371,058	45,068	5,624	-	2,487	7,249	-
	2015	425	14	26	72	214	14	14	6	571,766	26,713	-	-	3,536	7,260	-
Monaragala District General Hospital	2012	370	14	18	149	219	24	13	4	567,129	41,073	1,394	-	3,805	8,250	-
	2015	441	12	20	82	234	16	12	3	482,234	50,641	402	3,206	7,118	14,238	-

Hospital Name	Utilization & Facility Details			Human Resource Details						Utilization Details						
	Year	Beds	Units	Specialist	Medical Officer	Nurses	MLT	Pharmacists	Radiographer	Lab Tests	X Ray	Special Radiological Investigations	CT Scan	Surgeries (Major)	Surgeries (Minor)	MRI
Polonnaruwa District General Hospital	2012	697	27	25	173	417	18	21	8	462,256	58,840	-	7,201	4,319	13,596	-
	2015	892	27	32	143	477	19	21	8	854,409	178,787	12,262	20,142	5,307	21,144	-
Kegalle District General Hospital	2012	746	19	22	129	556	21	19	7	822,549	42,210	-	-	5,864	10,362	-
	2015	759	16	26	151	560	22	20	7	604,152	56,434	3,092	4,112	5,153	9,748	-
Base Hospitals																
Base Hospital - Akkarappaattu	2012	264	11	4	50	78	5	6	3	324,000	13,500	459	-	1,608	2,484	-
	2015	274	7	4	52	97	5	6	3	690,847	22,917	371	574	1,701	2,888	-
Base Hospital - North Kalmunai	2012	413	11	4	45	132	7	9	3	135,551	11,664	1,280	-	1,887	1,908	-
	2015	413	12	9	59	145	5	10	3	296,068	15,912	1,707	398	1,648	1,225	-
Asraff Memorial Hospital - South Kalmunai	2012	333	9	5	55	141	11	8	3	242,461	10,408	962	-	770	2,992	-
	2015	286	49	6	71	157	11	7	3	305,531	12,728	3,006	-	580	3,222	-

Utilization & Facility Details				Human Resource Details						Utilization Details						
Hospital Name	Year	Beds	Units	Specialist	Medical Officer	Nurses	MLT	Pharmacists	Radiographer	Lab Tests	X Ray	Special Radiological Investigations	CT Scan	Surgeries (Major)	Surgeries (Minor)	MRI
Base Hospital - Gampola	2012	362	9	3	80	178	7	10	2	102,962	15,015	75	-	2,751	3,836	-
	2015	357	10	14	64	176	8	13	3	236,606	21,667	55	-	2,648	3,318	-
Base Hospital - Kantale	2012	240	10	8	48	114	5	8	2	113,456	8,842	2,520	-	774	2,861	-
	2015	235	48	8	45	125	4	8	2	225,900	11,924	2,450	-	552	2,058	-
Specialized Hospitals																
National Institute of Mental Health	2012															
	2015	1,491	42	10	50	446	6	8	2	113,548	5,391	162	966	-	-	19
Maharaga Institute of Cancer	2012	808	24	31	174	438										
	2015	843	25	37	218	478	32	27	39	1,133,510	30,748	3,392	4,591	2,544	3,719	-
Sirimavo Bandaranayake Children's Hospital	2012	157	4	16	75	153										
	2015	256	9	29	119	200	10	10	8	235,214	10,060	6,114	4,467	1,248	1,201	4,045

Hospital Name	Utilization & Facility Details			Human Resource Details						Utilization Details						
	Year	Beds	Units	Specialist	Medical Officer	Nurses	MLT	Pharmacists	Radiographer	Lab Tests	X Ray	Special Radiological Investigations	CT Scan	Surgeries (Major)	Surgeries (Minor)	MRI
Chest Hospital - Welisara	2012	671		8	58	147										
	2015	641	15	11	70	176	8	7	9	187,521	35,630	44	1,665	541	1,072	-
Sri Jayawardeneputra General Hospital	2012															
	2015	1,076	24	25	166	551	35	19	8	-	-	-	-	-	-	-