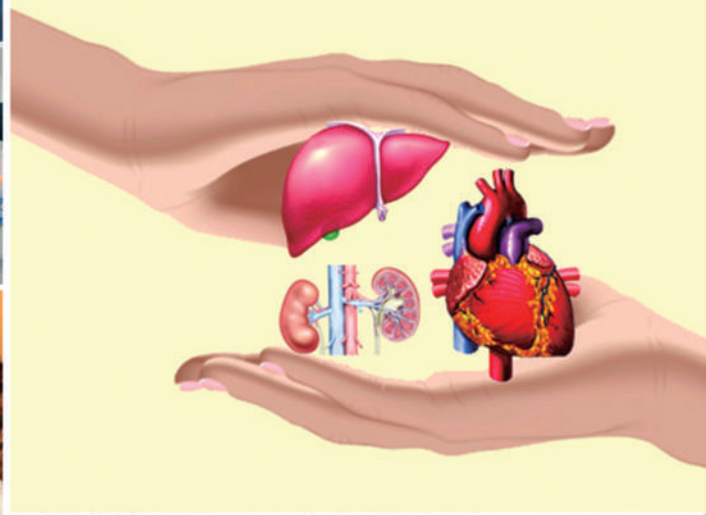


HEALTH.....*The Wealth of the Nation*



# Performance & Progress Report 2016-2017



Ministry of Health, Nutrition &  
Indigenous Medicine



# **PERFORMANCE AND PROGRESS REPORT 2016 - 2017**



**Ministry of Health, Nutrition & Indigenous Medicine**





**Present**



## **Ministry of Health, Nutrition & Indigenous Medicine**



**Future**





**Hon. Dr. Rajitha Senaratne**  
Minister of Health, Nutrition &  
Indigenous Medicine



**Hon. Faizal Cassim**  
Deputy Minister of Health, Nutrition and  
Indigenous Medicine



**Mr. Janaka Sugathadasa**  
Secretary  
Ministry of Health, Nutrition &  
Indigenous Medicine



**Dr. Jayasundara Bandara**  
Director General of Health Services



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# **Section I**

**Health, Nutrition**

**PERFORMANCE AND PROGRESS REPORT**  
**2016 - 2017**



## **1. Introduction**

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

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 the 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 into several Medical Officer of Health areas, and these units are responsible for preventive and promotional healthcare in a defined area.

Establishment of Indigenous Medicine Department and appointing a person to its Commissioner's post occurred in 1957. Later it was made as a Department of Indigenous Medicine. After 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.

### Strategic Objectives

The main objective of the Health Development Master Plan of improving health status and reducing inequalities will be achieved by implementing the following strategic objectives,

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



## Stage for a Sustainable Development Journey

*“Transforming our world: the 2030 Agenda for Sustainable Development.”*



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

- 3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- 3.3** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- 3.4** By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- 3.5** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

- 3.6** By 2020, halve the number of global deaths and injuries from road traffic accidents
  - 3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
  - 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
  - 3.9** By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- 3.a** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco control in all countries, as appropriate
- 3.b** Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- 3.c** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States
- 3.d** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

## **2. Vision & Mission of Ministry**

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### **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 2016 - 2017**

❖ **WHO awarded His Excellency the President for Excellence in Public Health – 2016**



*His Excellency President Maithripala Sirisena received the Award for Excellence in Public Health - 2016. This annual Award had been established to recognise outstanding leadership and exceptional achievements in public health by individuals. At the presentation the World Health Organisation's South East Asia regional Excellence in Public Health, Dr. Poonam Khetrapal Singh, Regional Director of WHO stated that this prestigious award is being presented to President H.E. Maithripala Sirisena for his exceptional contribution towards strengthening the Health services in Sri Lanka specially in Tobacco control, drugs regulation, health of migrants and control of kidney disease.*

❖ **Sri Lanka was Declared as a Country Eliminated Malaria**



*Sri Lanka was certified by WHO on having eliminated Malaria by the Director-General of World Health Organization Dr.Margaret Chan at the 69th Regional*

Committee of South East Asia Region and became a pioneer in the region against combating Malaria due to dedicate service and continuous measures taken against the disease, while most of the countries are still finding it difficult to combat. World Health Organization appreciated the continuous commitment and remarkable service of Sri Lankan health services on disease prevention, which allows Sri Lanka to become a leading country with imperative health indicators in the region. Sri Lanka had begun the anti-malaria campaign that successfully targeted the mosquito-borne parasite, which causes the disease, not just mosquitos. Health education and effective surveillance also contributed towards this campaign. A single locally transmitted case had not been recorded in the country for the past three and half years. To prevent parasites re-entering the country, the anti-malaria campaign is working with local and international partners to maintain surveillance and screening.

### ❖ Sri Lanka Named as Country Eliminated Filariasis



Sri Lanka has received the Certification from the World Health Organization for Elimination of Lymphatic Filariasis (LF) as Sri Lanka has successfully brought down the microfilaria rate to less than 1%. Sri Lanka and Maldives became the first countries in South East Asian region to be officially declared as Free of Filariasis. The Anti Filariasis Campaign (AFC) of Sri Lanka was established 1947. The campaign intensified mosquito control efforts, treatment of the infected population, disability prevention and control; and strengthened surveillance in order to stop the spread of infection and alleviate the suffering caused by LF. Due to the sustained efforts of the anti Filariasis campaign, supported by WHO and international partners, the microfilaria rate was reduced to 0.03% by 2008, allowing the country to work towards elimination status. Strong political commitment, dedication of the health workforce, and active community participation were some of the key components which led to the elimination of this disease as a public health problem.



❖ **69<sup>th</sup> South East Asian Regional Committee of WHO held in Colombo, September 2016**



*Hon. Minister of Health was precedent with the chairmanship at the WHO's 69th Session of the Regional Committee for South East Asia held in Colombo. The event was attended by delegates from 14 countries. Ministers of Health from the member countries region, including the Health Minister Dr. Rajitha Senaratne as well as WHO Director General Dr. Margaret Chan and WHO Regional Director of WHO Dr. Poonam Khetrapal Singh were present at the occasion.*



*“Sri Lanka is indeed a role model to other countries as it has successfully eliminated malaria, filaria, polio and neonatal tetanus. The national immunization programme is among the best in the world, and the free healthcare programme in the country is excellent.*

*Congratulations for a very successful Regional Committee held in Colombo. Your chairmanship was exemplary! Very rarely we meet a Health Minister with such brilliance, wisdom and exceptional leadership skills. We are very fortunate to have you leading the health sector in Sri Lanka.”*

***Dr.Poonam Kethrapal Singh, Regional Director, WHO SEAR***

### ❖ Official inauguration of 69<sup>th</sup> South East Asian Regional Committee of World Health Organization



*The official inauguration of the 69<sup>th</sup> South East Asian Regional Committee of WHO was held at The National Theatre – Lotus Pond under the patronage of Prime Minister of Sri Lanka, Hon. Ranil Wickremesinghe with the presence of the Hon. Minister of Health, High Commissioners, Ambassadors, high officials and distinguished delegates of the member countries.*

### ❖ 2<sup>nd</sup> Global Consultation on Migrant Health, Colombo, February 2016



*Sri Lanka hosted 2<sup>nd</sup> Global consultation on Migration health, Colombo with the support of the International Organization for Migration (IOM) and the World Health Organization (WHO), having deliberated on how to globally enhance the health of migrants. It offers Member States and partners a meaningful platform for multi-sectoral dialogue and political commitment to enhance the health of migrants under the theme of “Resetting the Agenda”. Regional Director General of the International Organization for Migration, Mrs. Maria Abiera Motus, Hon. Ministers of Health in the member countries and distinguished delegates graced the occasion.*

❖ **Hon. Health Minister Dr.Rajitha Senaratne has been elected to serve on the Executive Board of the WHO for the term 2017 - 2020**



*The Executive Board of WHO is composed of 34 officials who are technically qualified in the field of health, Member State that has been elected to serve by the World Health Assembly to serve for three years term. Hon. Health Minister Dr.Rajitha Senaratne was offered the noble opportunity to serve on the Executive Board of the WHO for the term 2017 – 2020. During the visit, Hon. Minister had bilateral discussions with newly elected Director General of WHO Mr. Tedros Adhanom Ghebreyesus.*



❖ **Opening of the New Development of District General Hospital, Dickoya, Hatton**



*The Hatton Dickoya Base Hospital, which was built on a Rs. 1,200 million budget funded by the Indian government, vested with the public by the Indian Prime Minister HE Narendra Modi at the invitation of President HE Maithripala Sirisena, the Prime Minister Hon. Ranil Wickremasinghe and at the request of Minister of Health Hon. Dr. Rajitha Senarathne. The three-story hospital building comprises of 150-bed ward complex, Medical Equipment Unit, Out Patient Department, Specialist Center, Intensive Care Unit, Maternity Ward, Emergency Treatment Unit, Labour Room and two Operation Theatres. Additionally, a Blood Bank, fire fighting equipment and two official residential building complex and other facilities required for a Base Hospital.*

❖ **6<sup>th</sup> SAARC Health Ministers Meeting & Senior Officials Meeting, Colombo**



*The Sixth Meeting of the South Asian Association for Regional Cooperation (SAARC) Health Ministers comprising eight Member States: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka was held under the patronage and chairmanship of the Hon. Minister of Health Dr. Rajitha Senarathne. Important issues related to public health in the SAARC region were discussed at the meeting. The Colombo Declaration was released following the event while agreeing to improve the status of sanitation, enabling social and economic enhancement, upgrading Nutrition and develop coherent approaches, to share experiences on best practices adopted on health issues pertaining to Non-Communicable Diseases, Vector Borne Disease, Sanitation, Climate change, and Disaster. It was also discussed to establish mechanisms to share the experiences on the development of human resources for health, ensuring the accessibility, equity and quality of health care in each country and as a region, and to work together to achieve the Sustainable Development Goals through enhanced partnership and collaboration.*



*“32% of the global TB burden is within the region, it is important to note that 1-4% of the new cases are multi drug resistance. 25 % deaths of global TB deaths had occurred in the region. The strategic interventions that are to be discussed to address to reduce the burden of the disease due to TB is a paramount importance. 1.4 Billion in our region is being at risk of contracting malaria. Although Maldives and Sri Lanka has already being achieved the elimination stages, risk remains due to migration within the region. Several other diseases as TB and HIV also have implications to spread due to migration. Whist the health assessments due to migration are important, it is equally important to see how we extend the access to care and treatment in the context of providing universal health coverage. Though, communicable diseases are the main burden in the region, noteworthy is non-communicable diseases which are escalating rapidly. Our health systems are undoubtedly challenged with this double burden to provide appropriate healthcare while putting emphasis on the risk factors that need to be addressed. There is much to do through policy intervention and this is indeed an area which Sri Lanka is keen to share its progress as well as the challenges with the rest of world.”*

***Hon. Dr. Rajitha Senaratne, Minister of Health, Nutrition & Indigenous Medicine addressing 6<sup>th</sup> SAARC Health Ministers Meeting in Colombo***

#### ❖ **Bilateral discussions between Maldives and Sri Lanka**



*Bilateral discussions were held between Hon. Abdul Nazeem Ibrahim, Minister of Health, Maldives and Hon. Dr. Rajitha Senaratne, Minister of Health, Nutrition & Indigenous Medicine on development of health systems in both countries. Maldives has special concerns with regard to assistance in Medical Education, Capacity Building, Organ Transplantation issues and Medical Tourism.*



❖ **Inauguration of the 70th Session of the WHO Regional Committee for South East Asia in the Maldives**



*Health Ministers and Representatives attended the inaugural ceremony together with health and parliament delegations. The special envoy of His Excellency President Abdulla Yaameen Abdul Gayyoom, and Dr Mohamed Shainee officially inaugurated the ceremony. Director General of WHO Dr Tedros Adhanom Ghebreyesus, Regional Director for WHO South East Asia Dr Poonam Khetrapal Singh and Honorable Minister of Health Mr Ibrahim Nazim, addressed the event.*



*"The region you represent accounts for more than one quarter of the world's population.*

*Almost 2 billion people look to you for their health. This is an enormous challenge, and at the same time, a wonderful opportunity. There is nothing more important than strengthening and investing in the health systems of your country."*

**Dr Tedros Ghebreyesus, Director General, WHO**



*"The challenges we all face are real and complex. WHO is committed to achieve the goal*

*of Universal Health Coverage. Every single country is making headway and we have powerful means to measure progress."*

**Dr.Poonam Kethrapal Singh, Regional Director, WHO SEAR**

### ❖ First ever Heart Transplant Surgery in Sri Lanka



*Sri Lanka's first ever heart transplant had been completed successfully at Teaching hospital, Kandy. The complex 08 hour surgery was carried out by an expert team of three heart surgeons, a transplant surgeon, a cardiologist, Transplant Coordinators, Anaesthesiologists and other supportive staff. A heart of a 24 year-old donor was transplanted to a 34-year-old woman, whose heart was 12 percent non-operational. The Transplant Surgical Team included Consultant Cardiothoracic Anaesthetist Dr. Jagathi Perera, Consultant Cardiac Surgeon Dr. Anil Abeywickrama, Cardiac surgeons Dr. Muditha Lansakara and Dr.K.Gnanakanthan, Cardiologist Dr.Sunethra Irugalbandara, Transplant Surgeon Dr.P.K.Harischandra with the guidance of Dr. R.M.S.K Ratnayake, Director of the Teaching Hospital, Kandy. Hon. Minister of Health and team of ministry officials visited the hospital to look into the condition of the transplanted patient and appreciated the team on their remarkable and historic achievement.*

### ❖ Sri Lanka's first Lower Limb Transplant Surgery



*Sri Lanka's first ever leg transplant surgery has been successfully completed by a team of medical professionals including consultant vascular and transplant surgeon Dr. Joel Arudchelvam, consultant anaesthetists, and medical staff at Teaching hospital Anuradhapura and made a remarkable milestone of the history of transplant in Sri Lankan healthcare. The leg*

*transplantation has been done to a 32-year-old individual whose left leg was removed from thighs due to being critically damaged following an accident. A left leg of a 52 year old patient whose brain has been confirmed dead due to bleeding following a chronic disease, has been utilized in order to conduct the leg transplantation of the 32 year old patient.*

#### ❖ **A New Building for Ministry of Health at Castle Street, Colombo**



*Foundation laying ceremony was held for the proposed 16 storied fully fledged building at a cost of 3.8 billion rupees at Colombo Castle Ground premises. The construction work will be carried out in two phases in which the 1st phase will see the construction of ten stories. Castle Grounds, on which the new building erected, will not be affected due to the construction. The ground too will be upgraded. The purpose of the building is to bring all offices of Ministry of Health under one roof.*

#### ❖ **New OPD Complex for National Hospital of Sri Lanka**



*Foundation laying was done to set up a new OPD complex with 22 floors, replacing the old OPD of the National Hospital of Sri Lanka with the aim of reducing the rush at the National Hospital, the main hospital in Sri Lanka and also Asia's largest hospital. The approximated budget of the project is 100*



million US Dollars and the new building will be fully facilitated to replace the current OPD at the Hospital. Complex expected to complete within a period of three and half years. The OPD complex will be constructed in two phases i.e. nine floors will be a grant from the Chinese Government, while the rest will be built with funds provided by China under a soft loan. The state of the art out patients' department complex will be completed by year 2020, which could provide quality medical services with better access to the Sri Lankan population.

❖ **Ownership of the Neville Fernando Hospital vested with the Government of Sri Lanka**



The handing over ceremony of the Dr. Neville Fernando Hospital to the government has been held and a Memorandum of Understanding (MOU) signed between the government, represented by Secretary to the Ministry of Health, Janaka Sugathadasa, and founder of the hospital, Dr. Neville Fernando, at the hospital premises in the presence of HE the President Maitripala Sirisena. Under the agreement, Dr. Neville Fernando Hospital will be administered independently by a board of directors and function as a government teaching hospital from August 1, 2017. Dr. Neville Fernando Hospital, established in 2013 with an estimated worth of Rupees 3.55 Billion, is set across 5 acres and consists of one four-story building and two eight-story buildings consisting of hi-tech and modern medical facilities.

❖ **Discussions held on establishment of Medical Faculty for Wayamba University – Base Hospital Kuliyaipitiya will be converted into a Teaching Hospital**



*In keeping with the policy decision made by the government to establish a medical faculty at the Wayamba University, a special discussion was held chaired by Minister of Health, Nutrition and Indigenous Medicine Dr. Rajitha Senaratne. According to the plan Kuliyaipitiya Base Hospital, which is under the Wayamba Provincial Council, would be taken over by the government and developed as a teaching hospital. In addition to the Wayamba Medical Faculty, another two medical faculties would be established at the Sabaragamuwa University and the Moratuwa University.*

❖ **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 the Private Public Partnership (PPP) with the GVK Emergency Management & Research Institute (EMRI) of India to fulfill the emergency pre-hospital medical care needs of people of Sri Lanka. The project is a total grant of USD 7.6 million.*

❖ **Signing MOU with Government of China on developing Research and Investigation on searching for the etiology on CKDu**



*A Memorandum of Understanding was signed between the Ministry of Health, Nutrition and Indigenous Medicine and Chinese Academy of Sciences. The MOU focuses on conducting further research to identify the possible causative factors for the occurrence of Chronic Kidney Disease of unknown origin. The MOU was signed between Dr. Rajitha Senarathne and Vice President of Chinese Academy of Sciences, Prof. Zhongli Ding. The entire investment on Chronic Kidney Disease is estimated at over 3 billion USDs. The uncertainty over the origin of the Chronic Kidney Disease is a major public health issue in Sri Lanka affecting 12 districts with a large number of cases being reported from North Central Province. As a result many human lives were lost and also cause high morbidity among the people in the affected areas leading to catastrophic situations with a huge adverse impact on the society. Although studies were conducted over the years the primary cause still remains unknown. MOU also provides capacity building of Sri Lankan healthcare staff on preventive and curative aspects with regard to CKD. Some of the other important areas of the MOU are exploring biomarkers for detection of CKD, strengthening the existing Renal Registry and updating the relevant statistics.*



## Major Development of the Curative Health Sector

### ❖ Base Hospital Galgamuwa modernized with Japanese Assistance



*The development work converted the Galgamuwa hospital into a fully functioning base hospital to provide a better service to the public, which has been accelerated by a project cost of 741 million rupees. With this new building complex, base hospital has been upgraded with surgical wards, Paediatric wards, Intensive Care Unit, Out Patient Department, Accident Service and clinics. Japan-assisted Galgamuwa Base Hospital complex was reopened under the patronage of His Excellency President Maithripala Sirisena and Mr. Koji Yagi, Counsellor / Deputy Head of the Mission, Embassy of Japan with the presence of Minister of Health Dr. Rajitha Senarathne. The Government of Japan provided 3,935 million Japanese Yen (approximately LKR. 5,232 million) through JICA under the project named “Improvement of Basic Social Services Targeting Emerging Regions”. The project aims to provide four secondary hospitals in Sri Lanka with facilities and equipment necessary to implement early detection, treatment and prevention of non-communicable diseases.*

### ❖ Opening of New Building Complex at BH Theldeniya



*Base Hospital Theldeniya which was upgraded with the facilities of a new building complex, declared opened under the patronage of His Excellency*

*Maithripala Sirisena. This has been a result of a project between the Government of Japan and Sri Lanka, which was conducted by JICA under the purview of Ministry of Health. This is one of the 04 hospitals constructed and upgraded through JICA under the project named “Improvement of Basic Social Services Targeting Emerging Regions”. Hospital was revamped with a five-story building comprising the Operation Theatre Complex, Medical Intensive Care Unit (MICU), and Judicial Medical Office Unit and equipped with the latest Bio Medical equipment to ensure quality healthcare to the community of the Central Province*

### ❖ **Opening of New Six Storied Hospital Building Complex at BH Warakapola**



*HE the President Maithripala Sirisena vested the newly constructed state-of-the-art six-storied clinical building at the Warakapola Base Hospital with the public at a ceremony patronage with the presence of Minister of Health Dr. Rajitha Senarathne. New complex was built at a cost of Rs. 1103 million, which consists of an Operation Theatre, Intensive Care Unit and the Neonatal Intensive Care Unit established at the newly constructed building. This is also one of the 04 hospitals constructed and upgraded through JICA under the project named “Improvement of Basic Social Services Targeting Emerging Regions”.*



### ❖ Opening of New National Dental Teaching Hospital



*The first phase of the Sri Lanka National Dental Teaching Hospital was declared opened by President Maithripala Sirisena in the presence of Health Minister Dr. Rajitha Senaratne and Health Deputy Minister Faizal Cassim, and other Health Ministry officials. The new hospital consists of an Out Patient Department (OPD), Emergency Treatment Unit (ETU), four oral and maxillofacial surgical units, two dental restoration units, dental orthopedic section, oral health promotion unit, male and female ward complexes with 32 beds, surgery complex with three theatres, oral diseases unit, two laboratories, Cone beam CT Scanner (the only such machine available in Sri Lanka currently), fully computerized x-ray unit and data storage system and fully computerized admission system etc.*

### ❖ Ceremonial handing over of Rasavi Medical Complex at Apeksha Hospital, Maharagama



*The ceremonial handing over of Razavi Medical Complex to the citizens of Sri Lanka by His Excellency Maithripala Sirisena President of the Democratic Socialist Republic of Sri Lanka and Hon. Minister Dr Rajitha Senaratne, Minister*

of Health and Rahim Afshar Chief Executive Officer of Ahmed Tea London was held at the Apeksha Hospital Maharagama, Sri Lanka. The construction of the seven storied state of art medical complex would provide treatment for 350+ cancer patients was funded by a private donor Ahmed Tea London with the partnership of Ministry of Health. This was built as a token of appreciation and gratitude towards all citizens of Sri Lanka. The Ahmad Tea Limited donated this State of the Art Cancer Treatment Hospital in partnership with the Government of Sri Lanka.

#### ❖ New Building Complex at District General Hospital, Hambantota



The work consists of reinforced and precast concrete framed Structure in a ten story configuration covering an approximate floor area of 30,000.00 m<sup>2</sup>. The 850 beds hospital will have 08 operating theaters, ETU, OPD, Clinics and all ancillary facilities.

#### ❖ Opening of OPD building Teaching Hospital Jaffna



The new Out Patient Department (OPD) building was declared opened by Hon. Dr. Rajitha Senaratne with the presence of local political authorities and dignitaries. This will further expand the facilities and services provided by Teaching Hospital - Jaffna, the leading hospital in the Northern Province.



❖ **New Children Ward Complex for Provincial General Hospital, Ratnapura**



*The new Children's Ward Complex built at the expense of 300 million rupees at Provincial General Hospital, Rathnapura was handed over to public by His Excellency the President Maithripala Sirisena.*

❖ **Paying Ward Complex established in District General Hospital Ampara**



*Hon. Dr. Rajitha Senaratne, Minister of Health, Nutrition & Indigenous Medicine, declared opened the development work at District General Hospital, Ampara worth of more than 300 million rupees, including a new paying ward complex.*

❖ **Development of Teaching Hospital Kandy as Second National Hospital in Sri Lanka**



*The Kandy Teaching Hospital will be developed and declared as the Second National Hospital of the country. This will be expected to finish by next year at the request of Minister of Health Hon. Dr. Rajitha Senarathne with infrastructure and other major developments.*

### ❖ Modern Neonatal Center for de Soysa Maternity Hospital, Colombo



*The Contract Agreements were signed between Mr. Janaka Sugathadasa, Secretary to the Ministry of Health and Mr. Oliver Malcium, Vice President of the Ideal Medical Product Engineering of France at the presence of Hon. Dr. Rajitha Senaratne, Minister of Health, Nutrition & Indigenous Medicine for constructing and supplying equipment of Modern Neonatal Center for de Soysa Maternity Hospital, Colombo. This is an investment of SL Rs. 26 Billion and will be completed in 30 months.*

### ❖ New Nursing School for Galle



*Foundation laying was done to build up a new Nursing School, Galle at the expense of 555 Million rupees. This building will consist of 05 stories including administrative block and modern lecturing & laboratory facilities.*



❖ **New Development - Establishment of Bone Marrow Transplant Facility in Sri Lanka**



*Cabinet of Ministers has given its approval to construct a Bone Marrow Transplant Centre at Teaching Hospital, Kandy for Thalassaemia patients at a cost of Rs. 856.9 million. It is identified that establishment of such unit is necessary as many of Thalassaemia patients are in Kurunegala, Colombo, Gampaha, Anuradhapura, Badulla, Ampara and Kandy Districts. The proposal was presented to the cabinet by the Minister of Health Nutrition and Indigenous Medicine Hon. Dr. Rajitha Senaratne. Currently, bone marrow transplant surgeries take place at the Apeksha Hospital, Maharagama. The Lady Ridgeway Hospital, Colombo will commence Bone marrow transplant surgeries for children in near future.*

❖ **Establishment of the High Tech Equipment (biplane angiography machine & O-arm Navigation Surgical Imaging System) at the Neuro Surgical Unit of National Hospital Sri Lanka**



*These facilities were established for the first time in a government hospital setup for the detection of aneurisms and blood clots in detecting strokes.*

### ❖ New MRI Machine installed in National Hospital of Sri Lanka



*Hon. Dr. Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine commissioned the newly established Digital Magnetic Resonance Imaging (MRI) machine. The machine will further expand the diagnostic capacity in tertiary care as well as the national level, which would enhance patient care and reduce hospital stay of the patients. Cost of MRI Scan per patient is around SL Rs. 12,000 and the services is given free of charge. Earlier calculated reporting time was around 57 minutes, it has been reduced to 03 minutes with the establishment of the digital MRI machine.*

### ❖ Establishment of Coronary Angiogram Facility in Sri Jayawardena Pura Hospital





*1<sup>st</sup> coronary angiogram being performed by Dr Naomali Lalini Amarasena Senior Consultant Cardiologist at the 2nd High end Phillips Cathlab at Sri Jayewardenepura General Hospital Officially inaugurated by Hon. Dr. Rajitha Senaratne, Minister of Health.*

❖ **Establishment of Diagnostic Laboratory**



*New Diagnostic Laboratory was declared opened at Sri Jayewardenepura General Hospital with modern high tech diagnostic facilities, which will expand the services further.*

❖ **Establishment of Laboratory Information and Networking System at National Hospital of Sri Lanka**



*National hospital of Sri Lanka, the largest hospital in the country has commenced laboratory information and networking system with the presence of Hon. Dr. Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine that the wards and units would be able to access the quality and accurate results just after authorization by laboratory officials with minimum delay and issue reports to the patients quickly.*

❖ **e-Health project introduced to Accident & Emergency Services in National Hospital of Sri Lanka**



*Accident & Emergency Services in National Hospital of Sri Lanka was enrolled to the National eHealth project. This will enable electronic health records of Patients who are getting treatment from government hospitals and will be further expanded as special eHealth cards where the hospitals visits and treatment details can be included.*

❖ **Promoting locally manufactured Dental chair**



*Minister of Health, Nutrition & indigenous Medicine had an inspection on locally manufactured dental chair by a local industry in Jaffna which was in good function and quality. It was revealed that 05 locally made dental chairs can be purchased at the cost of an imported chair.*



## **Prevention and Control of Non-Communicable Diseases (NCDs)**

### **❖ Addressing on NCD Control Strategies in Sri Lanka at the United Nations Socio-economic council**



*The United Nations Economic and Social Council (ECOSOC) is one of the six principal organs of the United Nations, responsible for coordinating the economic, social, and related work of 15 UN specialized agencies, their functional commissions and five regional commissions. Addressing on NCD control strategies in Sri Lanka at the United Nations Socio-economic council.*

### **❖ Launching of the Report on the Analysis of Non Communicable Disease Risk Factors (WHO STEPwise Surveillance (STEPS))**



*An updated situational analysis of key factors such as Tobacco use, Diet and Physical activity, with regard to NCD, of the nation is vital to plan for future in making Sri Lankans healthier. This survey provides the opportunity to compare the outcome with the regional status as well as the global status of NCD with the determination to follow a standard methodology which is the WHO STEPwise Surveillance (STEPS).*

### ❖ Introducing NCD Alliance to Sri Lanka and opening up the Official Web Site



Sri Lanka inaugurated South-East Asia's first NCD Alliance on the eve of the "Sixty-Ninth Session of the WHO Regional Committee for South-East Asia." The NCD Alliance Lanka was launched by Dr. Rajitha Senaratne, Minister of Health Sri Lanka in the presence of Dr. Poonam Khetrpal Singh, WHO Regional Director for South-East Asia and Sir George Alleyne, Director Emeritus, Pan American Health Organization (PAHO). The formation of a NCD Alliance was a key recommendation of the NCD Global Action Plan, and the Alliance will play an instrumental role in driving the NCD agenda forward in the country. NCD Alliance Lanka was formed in response to the growing epidemic of non-communicable diseases (NCDs) in Sri Lanka, which accounts for 75% of all deaths in the country.

### ❖ Report on Minimizing Sugar Concentration and Impose on Sugar-Sweetened Soft Drinks



The consumption of sugar-sweetened beverages has been identified as a contributory factor to the rising levels of childhood obesity being recorded in many countries worldwide. The evidences confirmed the link between consumption of free sugars, particularly in the form of sugar-sweetened beverages and weight gain in both children and adults. The report recommends the reduction in free sugars intake, in particular the consumption of sugar-sweetened beverages as a public health policy goal and suggested to be added

the recommendations given in many national food-based dietary guidelines to limit the consumption of free sugars and sugar-sweetened beverages. About 70 per cent of the country's deaths are due to non-communicable diseases linked to the increased intake of salt and sugar over a long period. The proposed regulations would require tea boutiques, food outlets and restaurants to provide sugar and salt separately instead of adding to the meal or drink. Though the daily requirement of salt is five grams (one teaspoon), an average Sri Lankan consumes about 10 to 15 grams. The sugar requirement is between 6 and 11 grams (two teaspoons) a day but a Lankan consumes about 60 grams, a top official said. The Health Ministry will take action to strictly restrict the content of sugar and salt in processed and instant foods as medical tests had revealed that the excessive intake of salt and sugar has contributed to an increase in non-communicable diseases among Sri Lankans. It is decided to ensure food outlets, restaurants, hotels and tea shops strictly abide by the standard set by Consumer Affairs Authority (CAA) for instant foods. In future, over 6g, per every 1g of excess of sugar will be under a fine of 1 Rupee.

❖ **World Mental Health Day Awareness Walk on the Theme of  
“Dignity in Mental Health”**



Coinciding with World Mental Health Day, a special walk was organized with the patronage of Minister of Health, Dr. Rajitha Senarathne under the theme “Dignity in Mental health, a support for a mind full of solace”



### ❖ Celebrating World Head & Neck Cancer Prevention Day



*Special walk was organized to celebrate World day on prevention of Head and Neck cancers emphasis on early detection and prevention of oral cancers.*

### ❖ Celebrating World Epilepsy Prevention Day



*The Epilepsy Association of Sri Lanka held celebrations for International Epilepsy Day on February 12th in Colombo with an event attended by the Minister of Health Hon. Rajitha Senaratne.*

### ❖ Establishment of National Stroke Registry



*The National Registry for Stroke Patients was launched with the presence of Dr. Rajitha Senaratne, Minister of Health at the National Hospital of Sri Lanka.*

*Stroke has been identified as the leading cause for paralysis in adults. Stroke prevalence in Sri Lanka is around 10 per 1,000 population. Stroke is a leading cause of disability among adults and the third leading cause of hospital deaths in Sri Lanka, Health Minister Dr. Rajitha Senaratne had said. The National Stroke Centre will be set up at Mulleriyawa Hospital, while similar centers would be set up island wide. All State Hospitals offer treatment and facilities for stroke patients and the Health Ministry had now paid attention towards improving their rehabilitation facilities. At the moment, 98 percent of stroke patients in Sri Lanka were able to get their urgently needed CT scans of the brain quickly. Strokes pose a huge impact on the life of the patient as well as his/her entire family. Therefore people should be educated on the prevention of strokes and emergency management,*

**❖ Participating for the Special Ministerial Session of the 47<sup>th</sup> World Lung Congress**



*Hon. Dr. Rajitha Senaratne, Minister of Health, represented the special ministerial session of the 47<sup>th</sup> World Lung Congress held in Liverpool, United Kingdom. This global summit, which is the largest gathering of those working to end the suffering caused by lung diseases, was conducted on the theme of “Confronting Resistance: Fundamentals to Innovations”.*



## Promoting Health Lifestyles

### ❖ National Nutrition Programme



*“Shape your meal to shape your body” – Special awareness parade was organized commemorating National Nutrition Month. A special dish was presented to HE Maithripala Sirisena displaying the correct portions of a balanced nutritious meal. Balanced nutrition can be obtained by choosing variety of food, cooking while saving the quality of food and appropriate food intake. The main theme of National Month on Nutrition is to make general public aware on correct food portions and variety of food on their daily meal plates.*

### ❖ Promoting exercises to combat with Non Communicable Diseases



*To promote healthy lifestyles, a physical exercise programme titled “Be the Change” was introduced to the WHO Regional Committee for the first time, providing the opportunity for health ministers to lead by example and put their health advocacy into practice. The President of Sri Lanka, HE Maithripala Sirisena, led the first morning session joined by health ministers from the region, WHO Director-General Dr. Margaret Chan, and WHO Regional Director, Dr. Poonam Khetrpal Singh. NCDs are a rising problem in South-East Asia,*

*and Health Ministers shone a spotlight on the importance of physical activity throughout the high level meeting.*

### ❖ **World Health Day Programme**



WHO and the Ministry of Health, Nutrition & Indigenous Medicine celebrated World Health Day in Colombo. WHO is shining a spotlight on depression for World Health Day 2017 to focus attention on this international public health issue. Globally, around 350 million people of all ages, from all walks of life, suffer from depression. It causes mental anguish and impacts on people's ability to carry out even the simplest everyday tasks, with sometimes devastating consequences for relationships with family and friends. At its worst, depression can lead to suicide, now the second leading cause of death in 15-29-year olds. Depression can be prevented and treated. A better understanding of what depression is, and how it can be prevented and treated, will help reduce the stigma associated with the condition, and lead to more people seeking help.

### ❖ **Promoting Yoga as a Solution for Daily Exercises to reduce the Risk of Cardio Vascular Diseases**



*A novel addition to the 69<sup>th</sup> WHO Regional Committee meeting was the morning exercise program, a Yoga program was organized by the Minister of Health India and Thailand.*



### ❖ National Alcohol Summit - 2016 “Towards Alcohol Free Sri Lanka”



The National Alcohol Summit 2016 was commenced and organized by the Ministry of Health in collaboration with the National Authority on Tobacco and Alcohol (NATA) held under the theme "Towards Alcohol free Sri Lanka." The National Policy on Alcohol Control was launched at the event. Nearly 40 percent of Sri Lankan adults - over 35 percent males above age 15 and two percent females consume alcohol. Even though it helped the government to earn a large amount of tax revenues, the expenses on health issues arising due to alcohol consumption surpass the revenues to the Government from alcohol. According to the World Health Organization statistics, 57 males per 100,000 population die of liver cirrhosis attributable to alcohol consumption in a year compared to 20 deaths from road traffic accidents. The government last year collected Rs. 106 billion as tax from the alcohol industry while the Health Ministry spent over Rs. 140 billion on battling non communicable diseases (NCDs) and treating victims of accidents attributable to alcohol consumption.

### ❖ “Let’s be Healthy” – National Programme on Preventing Non Communicable Diseases



“Let’s be healthy” National Programme organized by Non Communicable Disease Control (NCD) unit and Nutrition Unit held at D.S. Senanayake Maha Vidyalaya, Beruwala. A Healthy Life Style Center for the school also declared



*opened at the occasion as the part of the national programme. Measures have been taken to distribute guidebook and NCD prevention handbook in the schools island wide.*

❖ **“Mahajana Suwa Dhana” – Medical Exhibition Promoting Healthy Life Styles - 2017**



*The National Chamber of Commerce of Sri Lanka has joined hands with the Ceylon College of Physicians with the concurrence of the Ministry of Health, Nutrition & Indigenous Medicine held the “Mahajana Suwadhana” International Healthcare Exhibition & Medical Symposium on 14,15 & 16 July 2017 at the BMICH. The event was organized to commemorate the 50<sup>th</sup> Anniversary celebrations of the Ceylon College of Physicians. This monumental medical exhibition spanning over 3 days depicted the health care in Sri Lanka, highlighting the available diagnostic facilities, supportive care, future developments and provide health education to the public on common medical conditions.*

❖ **Introduce “Suposha” to Sri Lankan Domestic Market**



*One of the key reasons for health issues among infants and schoolchildren, and in the latter stages of their lives, is their parents’ failure to give them a balanced diet for their morning meal, which is a vital requirement for their physical and*

mental growth during the early stages of life. It is a primary responsibility of every mother to make sure her kids are given a nutritious meal that in turn helps to create a nutritious and healthy culture among the entire nation. Suposha, the latest product introduced by Sri Lanka Thriposha Ltd, is a completely natural and locally made additional breakfast meal from domestically grown maize and soya that fulfills the whole nutritional requirement of growing kids. Under the supervision of the Ministry Health, 'Suposha' is being introduced to domestic consumers as a nutritional product that can fulfill the requirements of a balanced diet with the right amount of nutrition needed for the early stage of growing kids. Thus Suposha is an ideal nutritionally valuable meal as breakfast for many who are rushing during the morning hours and also for infants since Suposha has one of the B Vitamins, Folate, or in its synthetic form, Folic that prevents neural tube defects (NTD), serious abnormalities of the brain and spinal cord.

## Dengue Prevention

### ❖ Special Meeting on Reviewing the National Dengue Prevention Action Plan



During the meeting special measures on dengue prevention were discussed and The World Health Organization extended Rs 58 million grant to immediately implement intensive dengue prevention and control measures in Sri Lanka.



❖ **National Dengue Prevention Programme**

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தேசிய நுளம்பு ஒழிப்பு வாரம் 2

2017 ඔක්/සෙප් 20-26

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தேசிய நுளம்பு ஒழிப்பு வாரம் - 2017

*The Ministry of Health has declared several weeks of the year as “National Dengue Prevention Week” to launch island wide cleaning campaigns aiming at mosquito eradication as well as awareness campaigns. During the Dengue Prevention declarations health officials with the assistance of the security forces will inspect houses and building premises to check for dengue breeding places and issue a citation where dengue-breeding places are identified. The Ministry has requested the public to extend support to the health officials who visit the households by cleaning their premises during this period.*

❖ **Dengue Prevention Activities at the Field Level - Integrated Vector Management – “Let us get together, Prevent Dengue”**





*Prevention and control of dengue virus transmission depends entirely on control of the mosquito vectors or interruption of human – vector contact. As a long term project, Monash University in Australia will partner with the Health and Indigenous Medicine Ministry in Sri Lanka to use ground-breaking research pioneered by Australian scientists to prevent the spread of dengue. Monash University will trial the introduction of naturally occurring Wolbachia bacteria to Sri Lankan mosquito populations. Wolbachia prevents transmission of dengue virus between humans. It has been highly successful and has been used in countries like Brazil, Colombia, Australia, Indonesia, Vietnam and India.*

### **Improve Clinical Management of Dengue Patients**

#### **❖ Opening of new dengue treatment unit at IDH**



*HE the President Maithripala Sirisena as the Chief Guest at the invitation of Hon Minister of Health, Dr Rajitha Senararatne opened the Army-built new pre-fabricated building complex for Dengue patients at the Infectious Disease Hospital (IDH) premises at Gotatuwa, Angoda. Following a special directive of the Commander of the Army, Security Force Headquarters – West (SFHQ-West), considering the need for more residential space for treatment of Dengue patients in this hospital for infectious diseases and also as a support to the National Drive for Eradication of Dengue, spent about Rs 7 million for the project which accommodates 37 new beds for patients.*



❖ **New High Dependency Unit Opening at CSTH, Kalubowila**



*A High Dependency Unit (HDU) was opened at Colombo South Teaching Hospital to mark the excellent management of dengue. The hospital looks after patients from Dehiwela, Ratmalana, Mt Lavinia and beyond where dengue epidemic exists. HDUs, also called step-down, progressive and intermediate care units. HDUs are wards for people who need more intensive observation, treatment and nursing care than is possible in a general ward but slightly less than that given in intensive care. Measures have been taken by Ministry of Health to establish HDUs in the hospitals above District General Hospitals and few selected Divisional Hospitals.*

❖ **Distribution of New Auto Haematology Analyzers to all Major Hospitals Aiming at Improving Laboratory Facilities for Dengue Management**



*The government has initiated steps to strengthen the laboratory services to provide a wide range of essential investigations through the Government health facilities. All hospitals above Base Hospital category were provided laboratory*

*facilities with auto analyzers worth of SL Rs. 2.5 billion. This will minimize the out of pocket expenditure for the patients and facilities to obtain quick results.*

#### ❖ **Prices of Dengue Blood Tests at Private Hospitals reduced**



*Health Minister Dr. Rajitha Senarathne instructed all private hospitals to reduce charges for the blood tests to diagnose dengue. All leading private hospitals have already implemented the new charges. Accordingly, a Full Blood Count Test cost a patient Rs. 250 and a Dengue Antigen Test cost Rs. 1,000 whereas previously, the cost of FBC test and Dengue Antigen Test cost Rs. 750 and Rs. 3,000 respectively.*

#### ❖ **Sri Lanka takes the Leadership in Prevention of Tuberculosis in SAARC Region**



*SAARC Regional Training of Trainers on Diagnosis, treatment and Programmatic management of Pediatric TB held in Colombo with the presence of Hon. Dr. Rajitha Senarathne, Minister of Health, Nutrition & Indigenous Medicine. As per the WHO estimates, Sri Lanka had 13,000 new cases of Tuberculosis (TB) in 2015 but only 9,975 cases were identified. According to 2016 annual statistics, a total of 8,886 cases of all forms of TB was notified to*



*the National Programme for TB and Chest Diseases. Sri Lanka is considered a middle burden country for TB, the second lowest in the SAARC region. SAARC constitutes a large population exceeding 1.5 billion. The region also houses the largest number of TB patients including child TB patients. Some of the countries in the SAARC region are making steady progress in the elimination of TB. Deaths due to TB is believed to be the leading cause for child orphanage mostly in developing countries, the Minister stated.*

## Medicinal drugs and Pharmaceutical Services

### ❖ Medical Devices Pricing Regulation imposed under The National Medicines Regulatory Authority Act No.05 2015 (17 Feb 2016) & Gazette Notification (21 Oct 2016) on Maximum Retail Price (MRP)

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දාන 2006/45 - 2017 පෙබරවාරි මස 17 දානි සිදුකරන - 2017.02.17  
No. 2006/45 - FRIDAY, FEBRUARY 17, 2017  
(Published by Authority)

**PART I : SECTION (I) — GENERAL**  
**Government Notifications**

L.D. 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 SENEARATNE,  
Minister of Health, Nutrition and Indigenous Medicine.

Colombo,  
17th February, 2017.

**Regulations**

- These regulations may be cited as the Medical Devices Pricing Regulations, No. 01 of 2017.
- No manufacturer, importer, distributor, trader, pharmacist or a medical institution inclusive of a private medical institution or a person who is in possession of a medical device shall sell, offer for sale or charge for any medical device described by brand name or approved name and set out in Column II of the Schedule hereto, above the Maximum Retail Price (MRP) stipulated in the corresponding entry in Column IV thereof.
- Every person or institution referred to in regulation 2, who sells or offer for sale or charges for any medical device which is described by its brand name or approved name and set out in the Schedule hereto, shall issue a receipt clearly indicating the brand name or the approved name and the price of such medical device.

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දාන 1989/61 - 2016 ඔක්තෝබර් මස 21 දානි සිදුකරන - 2016.10.21  
No. 1989/61 - FRIDAY, OCTOBER 21, 2016  
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**PART I : SECTION (I) — GENERAL**  
**Government Notifications**

LD-B9/2016

**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 SENEARATNE (M.P.),  
Minister of Health, Nutrition and  
Indigenous Medicine.

Colombo,  
21st October, 2016.

**Regulations**

- These regulations may be cited as the National Medicines Regulatory Authority (Ceiling on Prices) Regulations, No. 2 of 2016.
- 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").
- The ceiling on prices of the scheduled drugs shall apply to and in respect of all branded and generic versions of such drug-formulations.
- 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.
- 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.

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### ❖ Establishment of Maximum Retail Price (MRP / Ceiling Price) for Essential Medicines



On 21 October 2016, Sri Lanka transformed the pricing of essential medicines, making drugs more affordable for patients by introducing new pricing mechanism under a Maximum Retail Price (MRP) formula until a long-term solution is implemented. The Government issued a notice by Gazette setting a price ceiling for 48 essential generic medicines (over 300 drugs) used to treat noncommunicable diseases (NCDs), such as diabetes, heart disease, high blood pressure, high cholesterol, and other common diseases. Sri Lanka's pharmaceutical market is estimated to be worth USD \$ 400 million per year. The regulation of the pricing of these medicines has an enormous impact on the health of the population. The revised drug price formula introduced in 2016 ensures that essential medicines should be sold below a recommended maximum retail price at all times. Upon issuing the gazette notification the prices of certain drugs reduced up to 85 % as a result. Successful regulation of pharmaceutical prices shows how evidence based policies can protect patients' rights, reduce out of pocket expenditure, ensure affordable access to quality assured medicines and advance the principles of Universal Health Coverage. The revised pricing policy is a major achievement in safeguarding patients' rights to access affordable medicine in Sri Lanka.

Example: Prescription for diabetes & high blood pressure					
Product	Brands	Retail range (Rs.)	MRP(Rs.)	Reduction (%)	
AMLODIPINE 5mg	8	21.00-2.00	15.32	29%	
LOSARTAN 50mg	23	28.00-2.00	10.30	64%	
ATORVASTATIN 20mg	18	41.80-4.90	17.63	58%	
CLOPIDOGREL 75mg	4	20.50-6.80	15.27	26%	
METFORMIN 500mg	22	10.00-1.75	3.75	63%	
GLICLAZIDE 80mg	28	19.00-3.80	9.28	54%	

Product	Dosage	Current Cost (Rs.)	MRP	Cost (Rs.)
AMLODIPINE 5mg	daily	21.00	21.00	15.32
LOSARTAN 50mg	daily	28.00	28.00	10.30
ATORVASTATIN 20mg	daily	41.00	41.00	17.63
CLOPIDOGREL 75mg	daily	20.50	20.50	15.27
METFORMIN 500mg	3x/day	10.00	30.00	11.25
GLICLAZIDE 80mg	daily	19.00	19.00	9.28
COST per day		Rs. 159.50		Rs. 79.05
COST per month		Rs. 4,785.00		Rs. 2,371.50



❖ **Prices of Anti-Cancer Drugs have been reduced and providing Anti-Cancer Drugs free of charge for life time**

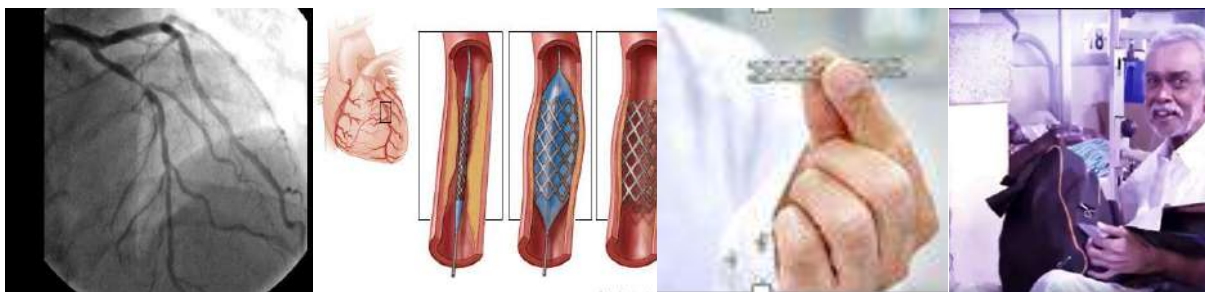


*Reduction of prices of drugs used for cancer treatment has now been imposed, ensuring a remarkable improvement of cancer management in Sri Lanka. As a result, certain cancer drug prices have come down in considerable amounts. Availability of quality substitutes ensures the reduction of drug prices to an affordable level and further, reducing the drug importing cost 2 billion to 1 billion. Savings was around 2 billion from Cancer drugs alone. In addition, Ministry of Health has decided to continue cancer treatment without having a maximum local purchasing level to safe guard the lives of patients irrespective of the cost of treatment. This is one of the measures, which ensure the privilege of free health to all the citizens in the country.*

No	Name of the anti-cancer drug	Previous Price (LKR)	Price at present (LKR)	Percentage (%) of reduction of prices
01	<b>Trastuzumab 440mg injection</b>	230,000.00	144,100.00	37.35%
02	<b>Bevacizumab 100mg injection</b>	65,500.00	47,400.00	27.63%
03	<b>Lapatinib 250mg tablet</b>	960.58	795.00	17.24%
04	<b>Pemetrexed di Sodium 100mg injection</b>	35,200.00	5,500.00	84.38%
05	<b>Pemetrexed di Sodium 500mg injection</b>	158,000.00	19,750.00	87.50%
06	<b>Abiraterone acetate 250mg tablet</b>	2,416.66	479.00	80.18%



### ❖ Distribution of Free Heart Surgery Stent



Ministry of health is taking several steps to prevent NCDs and it is equally important to improve the lives of people already affected. Cardiac stents are the most popular minimal invasive intervention for the ischemic heart diseases. The government issued the gazette notification to reduce prices of stents for heart patients, which is a life investment, by Rs.350, 000 and their medicine by Rs.50, 000. Therefore, the high quality stents selected by the consultants are provided free to patients who undergo surgeries at government hospitals. Rs. 640 million was spent in 2016 to provide free stents and the measures are taken to provide relief to patients at private hospitals as well. The prices of stents has come down from approximately SL Rs. 450,000 to Rs. 105,000 with the new move, while the medicine prices will go down from Rs.75, 000 to SL Rs. 24,000. These medicines that are given to a heart patient within two hours of a heart attack would bring the patient back to literally fully normal. It has been made available in all the hospital setup. The companies selling stents in the market as well as the private hospitals using stents on heart patients have been called to follow the price regulations. These prices have been regulated in accordance with the National Drugs Regulatory Authority Act No. 05 of 2015.

### ❖ Implementation of the Maximum Retailed Prices (MRP) (Ceiling of Prices) Regulation & Medical Devices Pricing Regulation





*Continuous post marketing surveillance, raids on complaints, observations on drug distribution & selling drugs and medical devices according to the newly imposed maximum retail price are conducted by the chief food and drug authority of the National Medicines Regulatory Authority.*

❖ **Reduction of Prices of the Intra Ocular Lenses**



*The National Drug Regulatory Authority has initiated a program to reduce the prices of contact lenses and the prices are reduced by the range of Rs.30,000 – 8,000. A gazette notification has been issued on reducing the prices of eye lenses. Meanwhile, a program to provide eye lenses free of charge to the patients undergoing eye surgeries at government hospitals is also being implemented. The Health Ministry under the directions of Health Minister has also taken steps to import 100,000 eye lenses worth Rs. 1000 million. The National Medicine Regulatory Authority (NMRA) formulated a price formula for surgical items.*

## ❖ Price Reduction of Lenses after the Regulation

IOL PRICE REVISION						
		BRAND	SUPPLIER	OLD PRICE	NEW PRICE	PRICE DEDUCTION
1	IOL	Alcon Acrysof IQ	Delmage	25500	16000	9500
2		Alcon Acrysof		18500	12700	5800
3		Alcon MA60MA		18500	12700	5800
4		Sensar	AMO - Hemas	17000	11750	5250
5		Sensar 1 Piece		19000	12800	6200
6		Tecnis		25000	15500	9500
7		Tecnis 1 Piece		28000	16200	11800
8		Hoya-PS AF-1 (UY)	Vision Solution	17000	7900	9100
9		Hoya - Yellow		25000	12100	12900
10		Hoya - Clear		25000	12100	12900
11		Akreos B+L	Vision 2000	22600	11600	11000
12		Envista B+L		25500	14800	10700
13		Acriva	George Stuart	18000	6500	11500
14		Acriva BB		25000	6900	18100
15		Acryfold		6325	3000	3325
16		Rayner C-Flex	Pan Pharma	14900	5100	9800
17		Rayner C-Flex Aspheric		24000	6000	18000
18		Nidek	Vision 20-20 Techno	25900	11750	14150
19		CT Asphina 404 - Zeiss	Dimo	25000	10500	14500
20		CT Spheris 204 - Zeiss		17000	8200	8800

### ❖ **Establishing Franchised Outlets of Osu Sala**



*The Health Ministry has taken a decision to set up state owned Osu Sala outlets countrywide under the direction of Health Minister Dr. Rajitha Senarathne, to provide drugs to people at a concessionary price. There are 35 Osu Sala outlets opened and operating countrywide. Rajya Osu Sala operated countrywide by the SPC offers drugs at a concessionary price. In addition to Osu Sala, agents of Osu Sala operate countrywide to cater to the drug requirements of the public.*

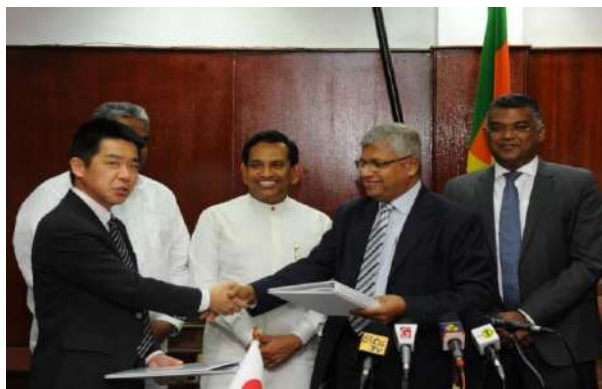
### ❖ **MoU Signing for Establishment of 38 Drug Manufacturing Industries**



*Ministry of Health, Nutrition and Indigenous Medicine signed 38 MOUs with 31 drug-manufacturing companies to locally manufacture drugs for the State Pharmaceuticals Corporation of Sri Lanka. The new factories will be set up in Horana, Kalutara, Koggala and Kandy generating nearly 2,500 job opportunities. Construction of several factories has already commenced. The managing authorities of the companies met the Ministry of Health, Nutrition and Indigenous Medicine Dr. Rajitha Senarathne recently at the Health Ministry and discussed the issues pertaining to the establishment of new factories. As a result, 85% of the requirement of drugs will be manufactured in Sri Lanka.*



❖ **Expanding the Capacity of Local Production of Drugs at State Pharmaceutical Manufacturing Cooperation (SPC)**



*The manufacturing capacity of the State Pharmaceutical Corporation has been planned to increase with the support of Japanese government to expand the local production of pharmaceutical drugs. Accordingly, a manufacturing facility will be constructed and equipped with modern machines and equipment at a cost of Rs. 1.5 billion. The agreement in this regard was signed recently at the Ministry of Health. The production capacity of the Pharmaceutical Corporation has now reached a maximum level and the new facility will enable to double the production. Currently, the Pharmaceutical Corporation manufactures about 1.9 billion tablets annually. After completion of the new factory the amount will be increased up to 3.8 billion. The Pharmaceutical Corporation expects to manufacture 70 percent of the local demand of medicines. About 24 companies have signed agreements with the Pharmaceutical Corporation to manufacture pharmaceuticals and seven more companies are scheduled to sign agreements. New factories will be constructed in Kalutara, Horana and Kurunegala areas.*

❖ **Commemorating Prof. Senaka Bibile's Service Towards Establishing a National Drug Policy to Sri Lankan Health Sector**





*Hon.Dr. Rajitha Senaratne, Minister of Health was the Chief Guest at the Senaka Bibile Commemoration held on September 23<sup>rd</sup> 2017, chose the occasion to honor the late Professor by presenting the first phase of his Ministry's new Medicinal Drugs Policy. The Minister stated "Prof. Bibile who left the island on an UN-sponsored mission to introduce Rational Pharmaceuticals Policies in third world nations had to return to the island in a small earthen-ware pot. We are all fortunate that his sacred ashes were deposited under the commemorative plaque supposing if the great man was watching the proceedings, and hearing the so-called 'implementation of first phase of Bibile Proposals' presented at the occasion, he would have been shocked and surprised and in horror and disgust might as well turn in his Grave over the uses to which his great dreams have been put in."*

### ❖ **Capacity Building Programme on Public Procurement and Contract Agreement**



*Ministry of Health with the collaboration of Sri Lanka Institute of Development Administration (SLIDA) and MILODA has organized capacity development programme on public procurement and contract agreement to improve knowledge, skills and practice of Medical Administrators, Ministry officials, Medical officers and administrative & financial officials. Second Health Sector*

*Development Project of World Bank funds this capacity building programme with the aim of establishing principals of good governance by ensuring good public procurement practices.*

### **Human Resource for Health**

- ❖ **Special Discussion on pPlanning the Establishment of Human**
- ❖ **Resource Cell in Ministry of Health**



*The Ministry of Health developed the strategic plan for HRH 2009 – 2018, after a detailed situation analysis. The strategic plan clearly identifies three key areas of policy, management and training for HRD. There is a high priority to establish a central HRD unit within the Health Ministry organization that will improve Human resource planning and management systems was identified as a requisite in the implementation of the strategic plan. Gaps in the capacity to establish a central coordinating mechanism to address key HRH policy issues are noted. Existing postgraduate training in related disciplines also need to focus on these areas. Related specialties may need to be developed further to take on these important functions.*

❖ **Salaries increased in Health Services more than twice in 2016 compared to 2006**

Service	Salary Scale	Basic Salary		Increment as a percentage	Number of employees
		6/2006 or 6/2006 A	3/2016 (by 2020)		
<b>Medical Service</b>	SL 2	25,515/=	52,955/=	107.5%	16,000
<b>Nursing Service</b>	MT7	15,620/=	32,525/=	108.2%	30,000
<b>Para Medical Services</b>	MT4	15,080/=	31,190/=	107.8%	16,000
	MT5	15,260/=	31,635/=	107.3%	
<b>Professionals Supplementary to Medicine (PSM)</b>	MT6	15,440/=	32,080/=	107.7%	5000
<b>Management Assistants</b>	MN2	13,990/=	28,940/=	106.3%	
<b>Development Officers</b>	MN4	15,215/=	31,490/=	106.9%	

❖ **9<sup>th</sup> Asia Pacific Action Alliance on Human Resources (AAAH) Conference, Colombo**



The Asia Pacific Action Alliance on Human Resources for Health (AAAH) is a response to international recognition of the need for global and regional action to strengthen country planning and action on health workforce system. As of January 2013 it has 16 members including Bangladesh, Cambodia, China, Fiji, India, Indonesia, Lao PDR, Mongolia Myanmar, Nepal, Papua New Guinea, Philippines, Samoa, Sri Lanka, Thailand, and Vietnam. There are 5 priority actions including: HRH advocacy, information monitoring, capacity strengthening, knowledge generation, and technical coordination. The objectives of the 9<sup>th</sup> AAAH conference were fostering the HRH networking across institutes, researchers and policy makers in Asia Pacific region to successful implementation of the strategy, gaining an in-depth understanding of the



*contents in the Global HRH strategies 2030 and knowing how to translate the strategy into country actions*

**Strengthening the Human Resource in Health, Providing adequate human resources in equitable manner and enhance a suitable working environment and residential facilities in difficult and remote areas**

❖ **Appointing 1034 Post Intern Medical Officers for Sri Lankan Health Sector on 26 July 2016**



❖ **Distribution of Appointment Letters at the Enrollment Ceremony of 309 Intern Medical Officers to the Sri Lankan Health Service at BMICH - 07 June 2016**





❖ **Appointment distribution for 120 Nursing Officers, 226 Para Medical Staff, and 287 Graduate Nursing Officers on 20 September 2016**



❖ **Appointment Distribution Ceremony for 338 Dispensers**



**on 02 November 2016**

❖ **Appointment Distribution for 107 Ayurvedhic Doctors**



**on 17 November 2016**

❖ **Appointing 496 Healthcare Attendants on 02 January 2017**



❖ **1500 Appointments for Nursing Officers on 23 January 2017**



❖ **Appointing 308 Post Intern Medical Officers on 27 February 2017**





❖ **500 Dengue Prevention Assistants on 01 March 2017**



❖ **336 Dispensers and 150 Midwives Appointment on 13 March 2017**



❖ **Appointing 2250 Nursing Officers and 754 Assistant Healthcare Midwives on 11 August 2017**







❖ **Appointing Dental Surgeons on 09 August 2017**



❖ **Appointing Nursing Officers on 09 April 2017**



❖ **Offering Nursing Diploma Certificates on 10 April 2017**





### ❖ **Diploma Certificate for MLTs**



### ❖ **Improving the Quality and Safety in Healthcare Delivery in Primary, Secondary and Tertiary Care Services**



*Sri Lanka is in the developing phase of Healthcare Quality and Patient Safety. Ministry of Health (MoH) has recognized the need to improve the quality and safety of health service delivery in Sri Lanka and put a great effort on this.*

### ❖ **Developing 20 Clinical Indicators in 04 Major Specialties**

*Directorate of Healthcare Quality and Safety has prepared the Clinical Indicators for all four major specialties namely Medicine, Surgery, Paeditrics and Obstetrics & Gynaecology in collaboration with the relevant colleges. Members from each college participated in several consultative meetings in order to prepare these indicators. Clinical indicators are a monitoring tool of the healthcare quality and safety. Several health indicators exist in the healthcare system worldwide and we have identified few important key clinical indicators, which will suit our country and easy to monitor.*

❖ **Establishment of National Accreditation System (The Sri Lankan Council on Healthcare Standards (SLCHS))**

*Implementation of a national wide accreditation system will reduce the risks and at the same time improve the quality associated with health service delivery. The Australian Council on Healthcare Standards (ACHS), a recognized international accreditation body, has been identified as a collaboration partner to share their expertise in implementing a local accreditation system (The Sri Lankan Council on Healthcare Standards (SLCHS))*

❖ **Launching Tele Documentary in Responsiveness (“Senehasin Suwandanaya”)**

*Directorate of Healthcare Quality and Safety, Ministry of Health Nutrition and Indigenous Medicine, has completed production of the Tele Documentary on Responsiveness in Healthcare, with the technical assistance from Independent Television Network. This was done with the view of addressing the timely need of responding non-health expectations of patients/consumers of healthcare such as confidentiality, autonomy, dignity, quality of basic amenities and social support during care.*

❖ **Participating Global Ministerial Summit on Patient Safety 2017, Bonn, Germany**



*This global summit was represented by ministers from more than 40 states and high-ranking representatives of international organizations including the World Health Organization (WHO), World Bank, the OECD and the Council of Europe, to attend the second Ministerial Summit, an event also co-sponsored by WHO. This summit addressed the current challenges facing patient safety in the world, and further discussed on the spectrum of topics including the economy and efficiency of patient safety as well as global exchange.*

### ❖ Commemoration of International Patient Safety Day



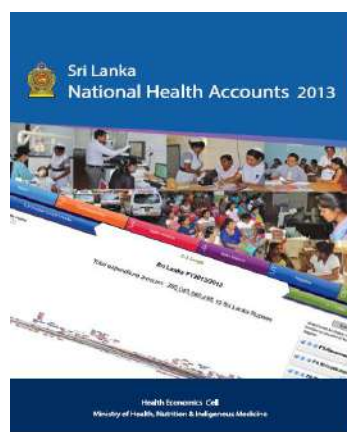
Commemorating of International Patient Safety Day was done under the theme of “Let us Build a Safety Culture” with the presence of Hon. Dr. Rajitha Senaratne, Minister of Health, Nutrition & Indigenous Medicine. Patient safety is a fundamental principle of health care. It is the prevention of errors and adverse effects to patients associated with health care. Every point in the process of care-giving contains a certain degree of inherent unsafety. Many countries show that significant numbers of patients are harmed during health care, either resulting in permanent injury, increased length of stay in health care facilities, or even death. Medication safety, surgical care, safe Obstetric and Gynecological care and infection control have been an essential component of health care worldwide for over a century. Under the directives of Ministry of Health, Directorate of Healthcare, Quality & Safety has undertaken a number of initiatives to address surgical safety in consistent with World Health Organization’s (WHO) motto which is “Safe Surgery Saves Lives”. Such activities are surgical site infection prevention, safe anaesthesia, and safe surgical teams. The WHO Surgical Safety Checklist was developed after extensive consultation aiming to decrease errors and adverse events, and increase teamwork and communication in surgery. Sri Lanka adopted the same checklist, which is practiced by all major hospitals now. Further 23 quality indicators have been introduced under 04 major specialties (Medicine, Surgery, Gyn & Obs and Paediatrics) and Microbiology. All hospitals report any adverse event happening in their respective institutes every quarter and the directorate



*of Healthcare Quality & safety critically analyzes each and every adverse event to take preventive actions. Clear policies, organizational leadership capacity, data to drive safety improvements, skilled health care professionals and effective involvement of patients in their care, are all needed to ensure sustainable and significant improvements in the safety of health care.*

## **Policy Development and Launching of Publications**

### **❖ Launching of first ever publication of National Health Accounts**



*The Ministry of Health, Nutrition & Indigenous Medicine launched its first ever National Health Accounts (NHA) 2013 in Colombo. The NHA gives a complete picture of the health care financing of the country, measuring the financial flows related to health care goods and services used by 20.5 million people in Sri Lanka. The NHA provides critical information to policy makers, who can identify existing gaps and priorities for health sector financing. The National Health Accounts reported that the Current Health Expenditure (CHE) for 2013 was approximately USD 176 million. The Government spent USD 97.2 per capita on health expenditure in 2013, a major increase from USD 25 per capita in 1995. The NHA 2013 revealed that there were approximately 5.9 million in-patients admissions and 53.8 million outpatient visits in the government health system in 2013.*



❖ **Sri Lanka has become the First Country Launching a National Policy on Alcohol**



*By launching National Policy on Alcohol, Sri Lanka has become the only country which has National Policies for tobacco and alcohol control, while the other countries have a National Policy on Tobacco, according to National Authority on Tobacco and Alcohol (NATA). The policy was launched at the National Alcohol Summit 2016 jointly organized by the Health Ministry and the NATA under the theme of "Towards alcohol free Sri Lanka". The National Policy on Alcohol aims at 10 objectives, including enforce pricing trade and investment policies related to the alcohol trade, reducing availability of accessibility to alcohol products, preventing alcohol industry interference on the National Policy on Alcohol Control and implementing and monitoring the National Policy on Alcohol Control in accordance with the NATA Act. Alcohol is a casual factor in 60 types of diseases and injuries and a component factor in 200 others. In Sri Lanka, seven out of every ten deaths are due to Non Communicable Diseases (NCD) Alcohol consumption is identified as one of the four casual factors. The other three factors are tobacco use, unhealthy dietary habits and lack of exercise.*

### ❖ Launching Ceremony of National Guidelines of Empirical and Prophylactic Antibiotics Use



*The National Guidelines on Empirical and Prophylactic use of Antimicrobials was launched at the presence of Dr. Rajitha Senaratne, Hon. Minister of Health. Antimicrobial resistance (AMR) is one of the biggest public health threats the world now faces. It is estimated that by 2050, AMR will be responsible for 4.7 million deaths in the Asia region alone. Antimicrobial resistance refers to the growing global trend of microorganisms that are not killed or inhibited by antibiotics. As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others. AMR threatens the effectiveness of modern medicine and reduces our ability to treat common infectious diseases, resulting in prolonged illness, disability and death. AMR will also have a larger impact on health, as medical procedures such as organ transplantation, chemotherapy and major surgery will become very high risk without effective antibiotics to deal with post-surgery infections. AMR is chiefly caused by the misuse of antibiotics for treatment of infections in human and animal health. Antibiotics are increasingly used as growth promoters in the agriculture and fisheries sectors. According to a global survey on WebMD, 95% of healthcare professionals prescribe antibiotics despite being unsure that they are needed. People often take antibiotics to treat viral infections such as colds and flu. However, antibiotics are only effective against bacterial infections. This common misuse of antibiotics causes AMR to spread. Urgent and coordinated action is needed on a global and national scale to ensure correct use of drugs. Sri Lanka recently launched the 'National Guidelines on the Empirical and Prophylactic use of Antimicrobials' to ensure rational prescription of antibiotics. The guidelines contain recommended antibiotic doses for common bacterial infections, which will greatly improve the outcome of infectious diseases and significantly minimize resistance to antibiotics.*



❖ **Launching Elderly Care Policy**

The elderly population in Sri Lanka (age 60 and over) is expected to increase from 12.5 per cent to 16.7 per cent of the overall population in 2021. By 2041, one out of every four persons in Sri Lanka is expected to be an elderly person. Sri Lanka is said to be the fastest growing ageing population in Asia. The ageing population is not only growing rapidly but also living under severe mental and physical trauma. Six out of ten patients are above 60 years it has been noted and hospital occupants are mostly elderly compared to youth and middle-aged people. Elderly population of 1.7 million enumerated in 2001 is expected to increase to 3.6 million by 2021, a doubling of the elderly population during the 20-year period. The percentage of elderly population (age 60 and over) is expected to increase from 12.5 per cent to 16.7 per cent in 2021. By 2041, one out of every four in Sri Lanka is expected to be an elderly person. In 2001, there were 55 dependents for every 100 working age persons. The overall dependency will increase to 55.9 by the year 2016, and to 58.3 by the year 2031. As a result of rapid increase in old-age dependency, which outpaces the decline in youth dependency, the projected overall dependency will increase significantly after 2041. (October 10, 2012 Document of the World Bank Report). It is more alarming because the pension system only covers 10 to 15 per cent of the elderly (age 60 and over) leaving the elderly depend on the families. Understanding the above urgent need, the Young, Elderly and Disabled (YED) Unit of the Ministry of Health and Indigenous Medicine has embarked on a very timely Elderly Care Policy sponsored by the Japan International Cooperation Agency (JICA) and the Rural Health Training Centre (RHTC) of Nagano, Japan.

### ❖ National Policy on Health Information launched



*This National Policy was developed to streamline the information management and increase the utilization of information for decision making, with the participation of many stakeholders including Ministry of Telecommunication and Digital Infrastructures, Department of Census and Statistics, Registrar Generals Department, WHO, WB, and other funding agencies and NGOs. The policy, which provides directions under thematic areas such as Health Information Related Sources, Indicators and Data Elements, Data and Information Management, Data/Information Security, Client Privacy, Confidentiality and Ethics, and eHealth and Innovations, was approved by the Cabinet of Ministers on 3<sup>rd</sup> January 2017.*

### ❖ Launch of the Report on “Cost of the Health Sector Component of the National Nutrition Programme of Sri Lanka”



*Report on cost of the Health Sector Component of the National Nutrition Programme of Sri Lanka launched. This was prepared with the support of UNICEF and it was presented to Minister of Health.*

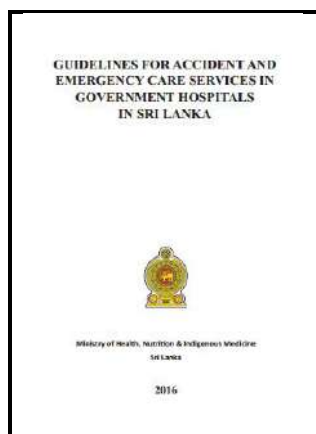
### ❖ Expanding Access to Emergency Care

*It is planned to construct and equip fourteen accident and emergency units throughout the country. Four of them (TH Jaffna, BH Kalmunai, DGH Polonnaruwa and BH Kalutara) are under construction at present. Another 6 units are in the procurement stage and earmarked 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 2017-2018.*

### ❖ **Launching of Guidelines for Accident and Emergency Care Services in Government Hospitals in Sri Lanka**



### ❖ **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 availability of 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 where 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 focusing on NCDs,*
- k) *The Ministry of Health will initiate the reform in the Northern Province.*

#### ❖ **Improvement of Primary Healthcare Services and Midwifery Service**



*Further improvement of Primary Healthcare Services and midwifery service will be planned with the assistance of World Bank. Initial discussions were held between officials of World Bank and Minister of Health, Nutrition and Indigenous Medicine. Officials of World Bank stated at the meeting that the*

current development and quality of the Sri Lankan Primary Healthcare System backed by Midwifery service is an exemplary example to the others countries. Furthermore World Health Organization has identified the importance of the PHC reform and has included this in the country cooperation strategy and would be extending the necessary technical support. In addition the Asian Development Bank would be extending support for the said reform through “Health System Enhancing” project.

### ❖ Problem Identification and Further Development of Private Healthcare System



Special discussion was held with the aim of identifying the problems facing and avenues for further strengthening & improvement of the service provided by private hospitals, between Minister of Health Hon. Dr. Rajitha Senarathne and the members of the Association of Private Hospitals.

### Development of Ayurveda Sector

#### ❖ Ayurveda Expo - 2016



Ayurveda Expo 2016 Mega Exhibition conducted for the 6<sup>th</sup> time by the National Chamber of Commerce in association with the Ministry of Health & Indigenous Medicine and other Government Institutions. Ayurveda Expo 2016 focused on

manufacturers on Ayurveda/herbal, nature friendly health foods and beverages, health resorts/spas, Ayurveda Hospitals/clinics, Educational Institutions, Yoga, acupuncture, Homeopathy, beauty care products, herbal cosmetic products.

#### ❖ **‘TradMed’ International Sri Lanka 2017**



Ministry of Health, Nutrition and Indigenous Medicine in collaboration with University of Sri Jayewardenepura and World Health Organization has organized the International Symposium on Traditional and Complementary Medicine, Educational Exhibition and Trade Fair- ‘TradMed’ International 2017- Sri Lanka. The overall aim of the International Symposium is to share the expertise and novelties in evidence based practices of Traditional Medical systems in disease prevention, diagnosis and management and use of modern science and technology, diagnostic tools, Bio-medical information system in traditional medicine in relation to the safe and effective product development with quality and standard. Another unique expected outcome of the International Symposium is the issuance of Colombo Declaration/ Statement, a Ministerial level commitment of the participating countries to implement important outcomes of the Symposium. Target audience will be International and local practitioners and stakeholders of Ayurveda, Siddha, Unani and other traditional/ indigenous systems of medicine, researchers in natural/ herbal products development, academics, scientists, researchers, professionals, industrialists and investors, policy makers and Educational Exhibition and Trade Fair will be free for all and open for public.



### ❖ **New Ayurvedhic Hospital Opened at Bandaragama**



*New two-storied ward complex at Bandaragama, the Veethiyagoda Government Ayurveda Hospital was declared opened by Minister of Health, Nutrition and Indigenous Medicine Hon. Dr. Rajitha Senaratne. Minister of Health, Nutrition and Indigenous Medicine has taken all measures to develop the indigenous medical system. People, who want to get cured of illnesses, are not concerned whether it is western or eastern medical system. Government is working hard to introduce the Ayurveda System in a scientific manner to the world and combine the Allopathic, Ayurvedhic and other systems together, which will give the expected outcome of the patient care in the future.*

### ❖ **New Ayurvedhic Hospital to Dompe**



*Foundation stone laying ceremony was held to build up the “Sarathchandra Rajakaruna memorial Ayurvedhic hospital” at Vedagama, Dompe with the aim of expanding Ayurvedhic services to the community.*

### ❖ Appreciation of Traditional Ayurvedhic Practioners in North Central Province



*Minister of Health, Nutrition and indigenous Medicine Hon. Dr. Rajitha Senaratne, appreciated the valuable service rendered by the traditional Ayurvedhic practioners in a special function held in North Central Province.*

### ❖ Opening of Ayurvedhic Community Health Center – Galen Bidunu Wewa



*Hon. Minister of Health declared opened the Ayurvedhic Community Center at Galen Bidunu Wewa.*

### ❖ A New Ayurvedhic Community Health Center for Thalawa



*Thalawa Ayurvedhic Community Center was opened with the aim of strengthening Ayurvedhic Services.*

❖ **Major thrust areas of health sector in Sri Lanka in 2016 - 2017**

- 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 non-communicable diseases and deaths from road traffic accidents
- e.** Promoting healthy lifestyles
- f.** Attainment of highest possible levels of maternal and child health
- g.** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and other medicinal products for all
- h.** Strengthening the programmes and campaigns on control of AIDS, tuberculosis and other communicable diseases
- i.** Improving the quality and safety in healthcare delivery in primary, secondary and tertiary care services.
- j.** Improving the health information system and e-health initiatives.
- k.** Strengthen the control and prevention of tobacco & related product usage, substance abuse, including narcotic drug abuse and harmful use of alcohol
- l.** Ensuring optimal utilization of resources through efficiency and effectiveness ensuring value for money, accountability, transparency, fairness and equal opportunities
- m.** Strengthen the initiatives for proper waste management and environment protection
- n.** Encouraging private sector investment in healthcare provision





## 4. National Health Profile – (Summary)

Indicator	2005	2009	2012	2014	2015
<b>Demographic Indicators</b>					
Total population (in thousands)	19,668	20,476	20,271	20,771	20,966
Land area (sq. km)	62,705	62,705	62,705	62,705	62,705
Population density (persons per sq.km)	314	327	323	332	334
Population growth rate (%)	1.1	1.1	0.9	0.9	1.1
Crude birth rate (per 1000 population)	18.83	18.0	17.5	16.9	16.0
Crude death rate (per 1000 population)	6.6	6.2	6.0	6.2	6.3
Urban population (%)	14.6	16.3	18.3	18.2	14.2
Sex ratio (No of males per 100 females)	97.9	95	94	93.8	93.8
Child population (under 5 years) %	8.6	9.0	8.6	8.6	8.6
Women in the reproductive age group (15-49 years) %	54.78	51.4	51.0	51.0	51.0
Average household size (Number of persons per family)	4.7	4.0	3.8	3.8	3.8
<b>Socio-economic Indicators</b>					
GNP per capita at current prices (Rs)	120,875	233,716	365,192	461,650	508,936
Human development index	0.751	0.653	0.715	0.711	0.766
Dependency ratio Total	49.27	50.8	60.2	60.2	60.2
Old-age (60 years and more)	9.49	10.9	19.8	19.8	19.8
Young (under 15 years)	39.77	28.4	40.4	40.4	40.4
Literacy Rate % Total	90.7	90.7	95.6	95.7	95.7
Female	89.2	89.2	94.6	94.6	94.6
Male	92.2	92.2	96.8	96.9	96.9
<b>Health and Nutrition Indicators</b>					
Life expectancy at birth (years)					
Female	76.4	78.7	79.8	78.6	78.6
Male	71.7	69.9	70.5	72	72.0
Neonatal mortality rate (per 1,000 live births) -FHB Data	8.4	7.3	6.8	6.2	6.59
Infant mortality rate (per 1,000 live births) - FHB Data	11.17	10.5	9.2	8.6	9.16

Under-five mortality rate (per 1,000 Under 5 population)	13.39	12.1	12.1	12.2	10.0
Average no. of children born to ever married women in Sri Lanka	1.9	2.2	2.6	2.4	2.4
Maternal mortality rate (per 100,000 live births) – FHB Data		40.2	37.7	32	32.0
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	6.94
Wasting (Acute undernutrition (weight-for- height)	14	14.7	14	12.2	11.38
Stunting (Chronic malnutrition (height-for-age)	13.5	17.3	11.4	10.5	16.97
<b>Primary Health Care Coverage Indicators</b>					
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	55.93
Tradional Method	20.5	15.9	15.9	15.9	
Population with access to safe water (%)	68.4	89.1	80.5	81.1	
<b>Health Resources</b>					
Government health expenditure as % of GNP	1.85	1.41	1.2	1.62	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 population	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 population	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	

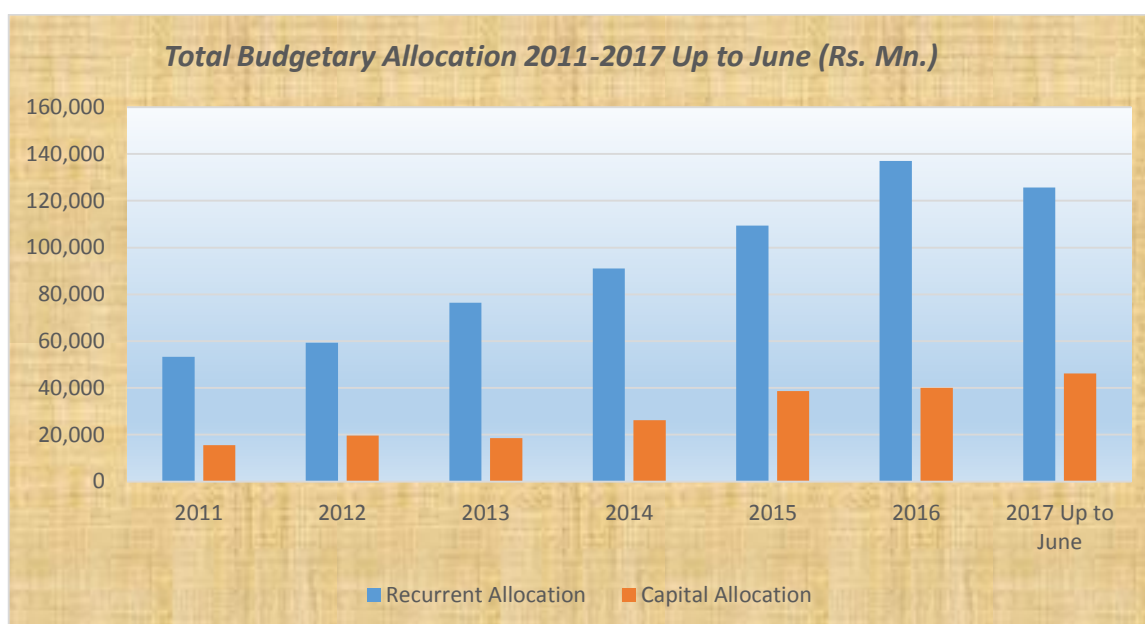


Number of hospitals	608	642	621	622	610
Number of hospital beds	60,237	70,842	76,087	80,105	76,829
Hospital beds per 1,000 population	3.1	3.5	3.8	3.9	3.6
Number of Medical office of Health(MOH) Divisions	286	303	337	338	

*Source : Medical Statistics Unit – “Annual Health Bulletin”*

## Health Budget Summary during 2011 – 2017 Up to June

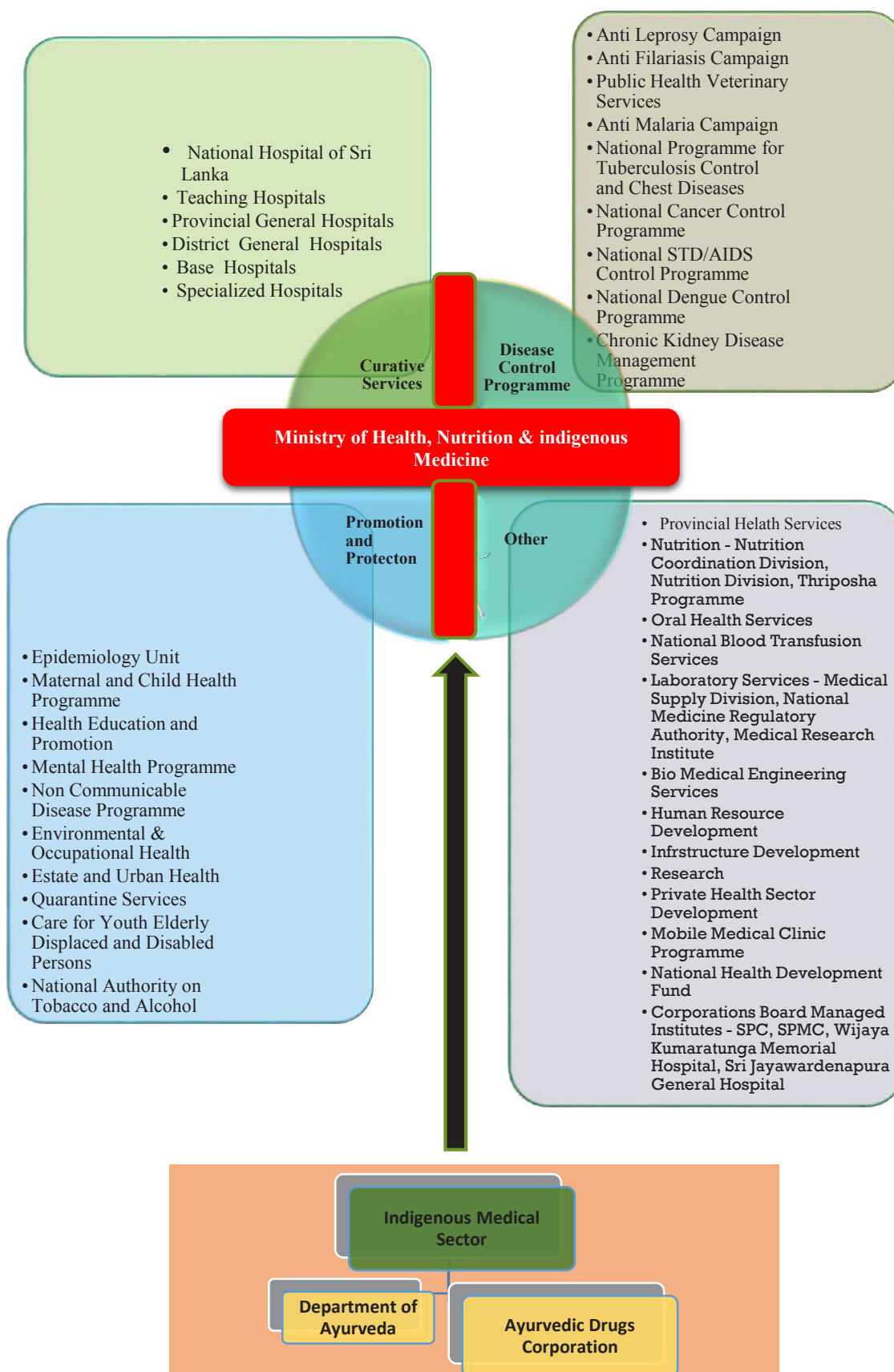
Rs.Million							
Years	2011	2012	2013	2014	2015	2016	2017 Up to June
<b>Recurrent Allocation</b>	53,341	59,258	76,450	91,000	109,446	137,067	125,623
<b>Recurrent Expenditure</b>	52,994	57,859	75,559	90,494	100,754	112,992	55,487
Recurrent Expenditure %	<b>99.35</b>	<b>97.64</b>	<b>98.83</b>	<b>99.44</b>	<b>92.06</b>	<b>82.43</b>	<b>44.17</b>
<b>Capital Allocation</b>	15,575	19,621	18,522	26,162	38,718	39,992	46,139
<b>Capital Expenditure</b>	10,360	13,647	17,435	21,628	29,488	23,641	10,431
Capital Expenditure %	<b>66.52</b>	<b>69.55</b>	<b>94.13</b>	<b>82.67</b>	<b>76.16</b>	<b>59.11</b>	<b>22.61</b>
<b>Total Allocation (Recurrent. + Capital.)</b>	<b>68,916</b>	<b>78,879</b>	<b>94,972</b>	<b>117,162</b>	<b>148,164</b>	<b>177,059</b>	<b>171,762</b>
<b>Total Expenditure (Recurrent. + Capital)</b>	<b>63,354</b>	<b>71,506</b>	<b>92,995</b>	<b>112,122</b>	<b>130,241</b>	<b>136,633</b>	<b>65,918</b>
<b>Total Health Expenditure %</b>	<b>91.93</b>	<b>90.65</b>	<b>97.92</b>	<b>95.70</b>	<b>87.90</b>	<b>77.17</b>	<b>38.38</b>

**Total Budgetary Allocation 2011-2017 Up to June (Rs. Mn.)****Main components of Recurrent Allocation for 2014 and 2017 are as follows**

Description	Rs.Million			
	2014	2015	2016	2017
<b>Medical Supplies</b>	34,915.45	40,000.00	45,000.00	45,158.00
<b>Personal Emoluments</b>	42,680.79	56,050.84	58,268.30	60,413.00
<b>Other Recurrent Expenditure *</b>	13,403.76	13,395.41	33,799.20	20,052.00
<b>Total</b>	<b>91,000.00</b>	<b>109,446.25</b>	<b>137,067.50</b>	<b>125,623.00</b>

- 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**

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### **6.1 DISEASE CONTROL PROGRAMME**

#### **6.1.1 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 patient's access to treatment and shift the ownership for leprosy to the Provincial and District health services, leprosy services were integrated 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
<b>2001</b>	12.1	35.0	11.0	1.06
<b>2002</b>	11.6	34.6	11.1	1.07
<b>2003</b>	10.0	37.4	11.5	0.82
<b>2004</b>	9.9	41.3	11.4	0.75
<b>2005</b>	9.0	41.5	10.5	0.62
<b>2006</b>	9.0	43.9	10.3	0.57
<b>2007</b>	10.0	44.8	10.0	0.60
<b>2008</b>	9.9	44.8	10.3	0.78
<b>2009</b>	9.1	47.6	9.9	0.58
<b>2010</b>	9.5	46.2	9.7	0.69
<b>2011</b>	10.6	48.2	10.7	0.72
<b>2012</b>	10.6	49.3	7.6	0.79
<b>2013</b>	9.6	48.8	9.2	0.65
<b>2014</b>	10.4	47.01	10.39	0.71
<b>2015</b>	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 vertical organization in the Department of Health to reduce the burden of Lymphatic Filariasis (LF) in Sri Lanka. 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.

#### **Objectives**

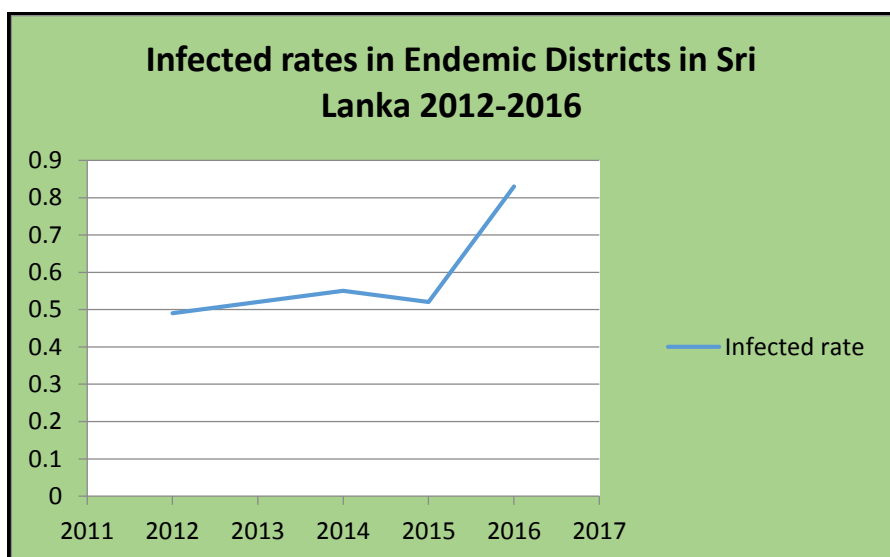
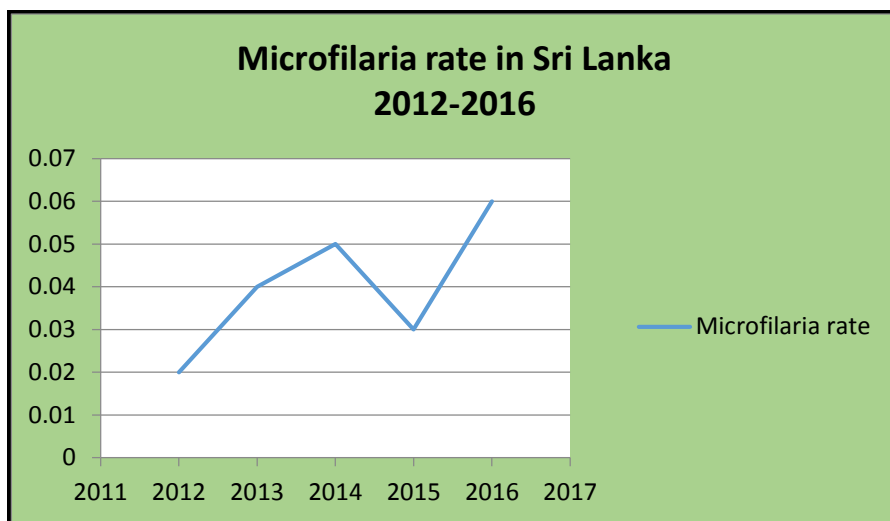
- I. To strengthen the parasitological surveillance and control activities
- II. To strengthen the entomological surveillance and control activities
- III. To strengthen the laboratory facilities in Anti Filariasis Campaign and Regional Anti Filariasis Units
- IV. To prevent complications and disabilities of affected individuals by morbidity management

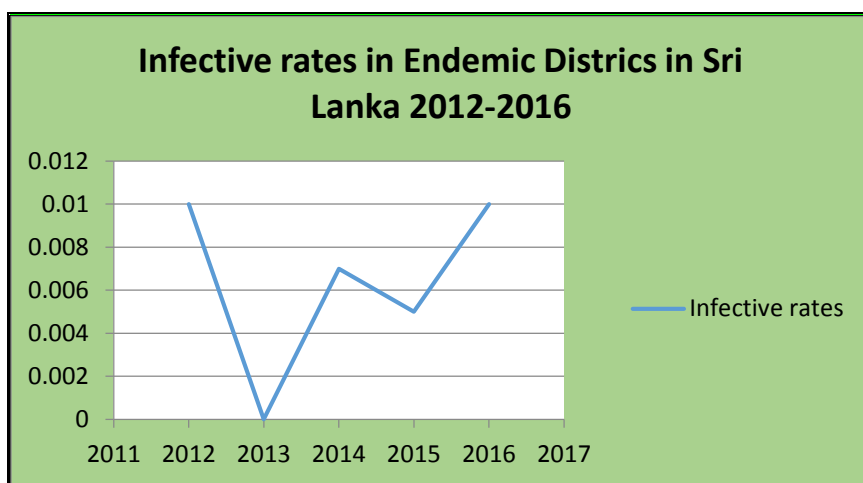


### **Achievements/ Special Events in 2016**

- Elimination of Lymphatic Filariasis as a public health problem and certified by the World Health Organization
- Mass Drug Administration for the population in Galle district

### **Last 5 year performance trend**





### 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 150,000.

Activities		2015	2016
		Physical Progress (million)	Physical Progress (million)
<b>01</b>	Anti — rabies vaccination for dogs	1,480,668	472,976
<b>02</b>	Female dog sterilization	167,379	52,809
<b>03</b>	In Service training of staff on dog vaccination	26	8 programme
<b>04</b>	Training of Medical officers and Nursing officers on post Exposure Treatments	22 programme (22x15) 330	16 Programme

### **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.

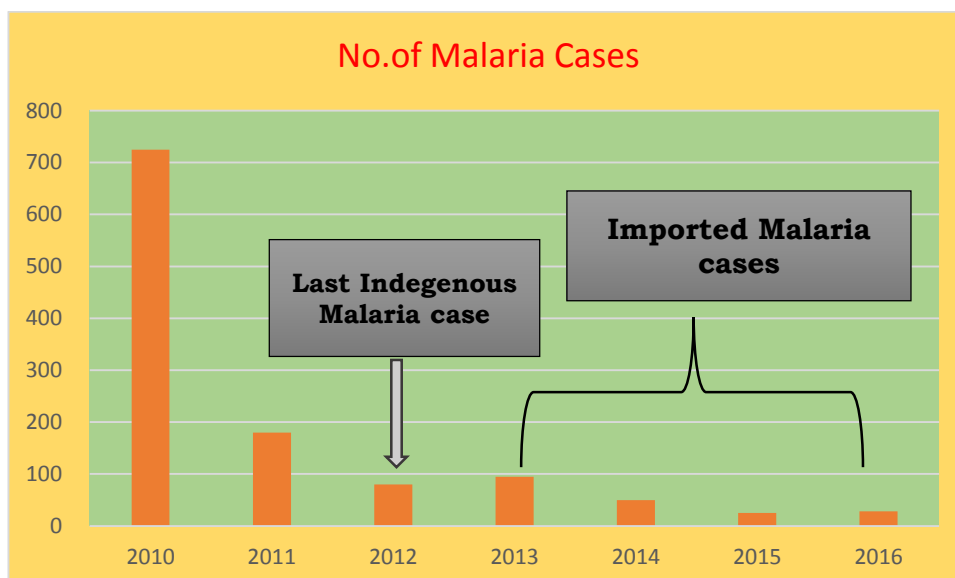
The World Health Organization (WHO) declared Sri Lanka free of malaria on Tuesday (6<sup>th</sup> September-2016) and termed the feat a "remarkable" public health achievement in the country. The Asian nation was one of the most malaria-affected countries in the world.

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.

#### **Achievements/Special Events in 2016**

- Sri Lanka has achieved a milestone achievement in Malaria elimination and has been certified as a Malaria free country after a rigorous evaluation by the World Health Organization in September 2016 by the Director General, WHO, in WHO /SEARO Annual sessions held in Colombo, 2016.
- Risk group surveillance among high-risk groups for imported malaria was further strengthened to cover foreign labor, asylum seekers, travelers, and tourists.
- Steps were taken to Improve systems for outbreak management & response, by developing guides and establishing Rapid Response Teams.
- AMC started Entomological surveillance around ports of entries (POE) (airports and sea ports) to prevent infected vector mosquitoes are being introduced via POE
- Renovation and refurbishment of Patient Consultation room and patient waiting areas in the AMC Headquarters spending Rs.1,842,857.00
- Renovation of drug stores & store rooms in AMC Headquarters spending 1494955
- Upgrading Parasitology laboratory in the AMC Headquarters as the National reference laboratory for Quality assured quality controlled malaria microscopy (by establishing PCR) spending Rs.2,273,695.50
- (1.11.4) Upgrading Entomology Laboratory and insectary as a national reference center of Malaria entomology spending Rs 1,571,509 million





### 6.1.5 National Programme for Tuberculosis Control and Chest Diseases

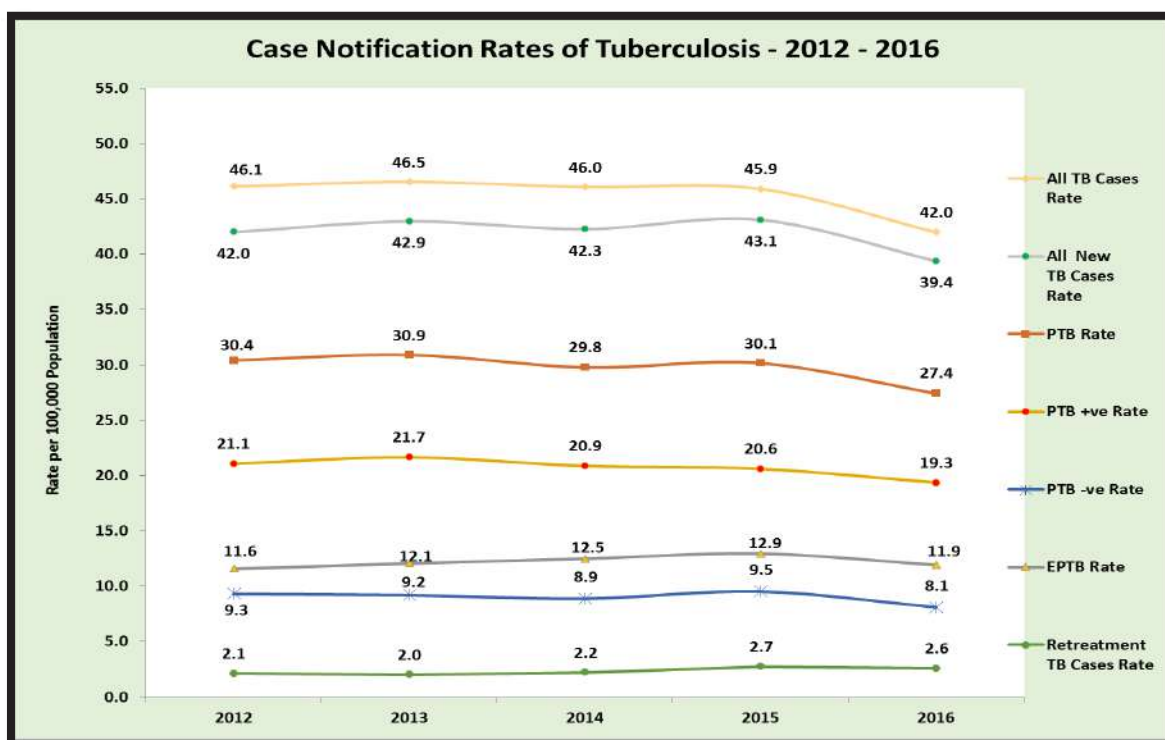
National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) is a decentralized unit in the Ministry of Health, which is headed by the Director, NPTCCD. The programme functions under the Deputy Director General - Public Health Services (I) of the Ministry of Health. The Central Unit of the NPTCCD, National Tuberculosis Reference Laboratory, Central Drug Stores of the NPTCCD, District Chest Clinics (DCCs) of Colombo and Gampaha are under the direct administrative purview of the Director NPTCCD.

TB and Respiratory disease control activities at the District level are carried out by the 26 District Chest Clinics situated in 25 districts. All the District Chest Clinics except Colombo and Gampaha are under the administrative scope of respective Provincial and District health authorities.

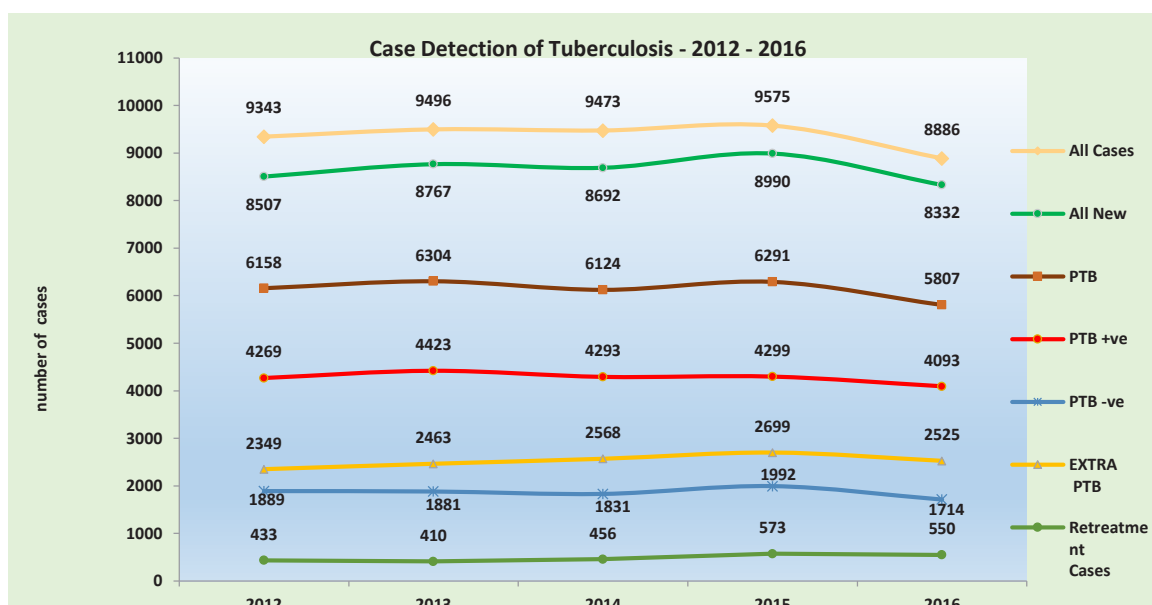
Diagnostic services are provided through National TB Reference Laboratory, Regional Culture Laboratories in Kandy and Ratnapura, District Chest Clinic laboratories and 160 Microscopy Centers.

Central Drug Store of the NPTCCD is responsible for estimation, procurement, supply and distribution of anti TB drugs to District Chest Clinics.

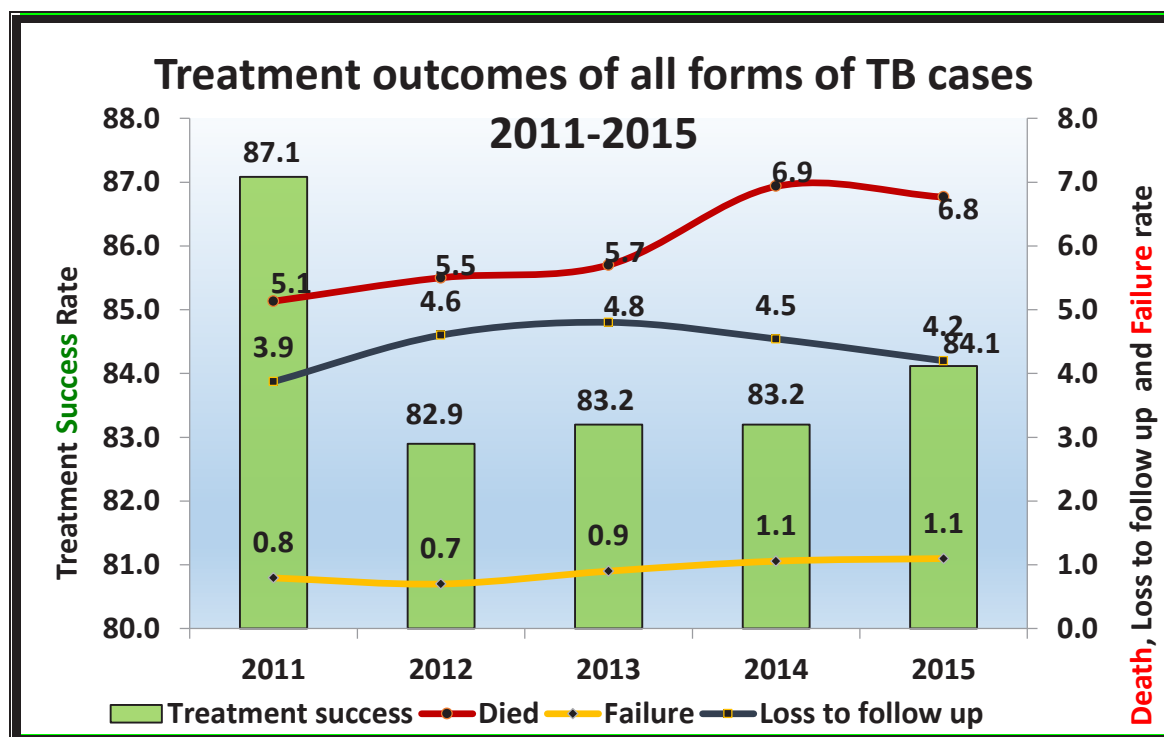
## Last 5 years performance trend



The case detection trend from 2012 to 2015 was almost static with a reduction in no. of cases in 2016. In year 2016, 8886 all TB cases were reported in the country of which 8332 were new TB cases. Of all new cases, there were 5807 Pulmonary TB cases and 2525 extra pulmonary TB cases.



The TB case notification rate for 2016 was 42.0 per 100,000 population.



The treatment success rate for 2015 was 84.1% and the loss to follow up rate has come down to 4.2%. Death rate of 6.8% has accounted for the relatively low treatment success rate

### 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.

#### Achievements / Special Events in 2016

- Conducted advocacy programs for cancer prevention, early detection and care for cancer survivors.
  - Conducted 3 media seminars to commemorate World Cancer Day – 4<sup>th</sup> of February 2016, World Head and Neck Cancer Day – 28<sup>th</sup> July 2016 and World Breast Cancer Awareness Month – October.
  - Conducted an advocacy program to commemorate World Palliative Care Day in collaboration with Sri Lanka Medical association.

2. Strengthen public education and awareness on prevention & control of Cancers
  - Established mobile cancer control exhibition units at each district - Procured and distributed 115 sets of light boxes, flex banners and easy pull banners for district level exhibition units at RDHS offices.
  - Conducted TV and Radio campaigns on Oral Cancer during the month of July and on Breast Cancer during the month of October through the television & radio media.
  - Printed 1,000 Flex banners on early warning symptoms & signs of breast cancer and distributed to all MOH Offices.
  - Printed 700,000 leaflets on cancer prevention & control and 10,000 sets of flash cards on self-breast examination for distribution among primary healthcare institutions and the community.
  - Conducted a national level poster competition among school children, a Vehicle Parade & a Health Walk on prevention and early detection of Oral cancer to commemorate World Head and Neck Cancer Day.
  - Installed 4 Tri Vision Boards on oral cancer prevention at hospitals.
3. Capacity building of health care staff through conducting training workshops and providing necessary equipments for healthcare staff at central & district level, and other targeted groups.
  - Conducted two modules on Palliative Care Master Trainer programs.
  - Conducted two day, three residential training workshops on cancer control for MO/NCD, MO/Planning, HEOO.
  - Printed 10,000 information cards on early detection of cancers to empower primary health care workers.
  - Conducted Colposcopy training program in collaborating with IARC/WHO.
  - Conducted 2 programs on promotion of Cancer research among Medical Officers & Nursing Officers.
  - Printed 1000 OPMD guidelines to be distributed among Dental and OMF units.
4. Strengthening of cancer surveillance at central and district levels
  - Completed 2 review meetings with offices in charge of Medical Record Departments of Hospitals, Divisional Death Registrars of the District of Colombo & 6 review meetings at Cancer Treatment Centers.
  - Printed 250 Cancer Registry books & distributed.
  - Development of Web Based Data Management System.



**Trends in performance in last 5 years****Services offered at the National Cancer Screening and Early Detection Centre and Mobile Clinics**

	2012	2013	2014	2015	2016
No. attended to clinics	7386	7137	7602	5478	6208
No of breast examination done	7076	6599	7075	5293	6008
No. of breast abnormalities detected	1185	1295	1367	1428	1584
No of cervical visualizations done	1016	3323	3242	2111	2550
No of cervical abnormalities detected	386	565	372	299	339
No of PAP smears taken	4104	3239	3308	2076	2470
No. of PAP smear abnormalities detected	484	445	490	492	442
No of mammography done	390	355	344	414	243
No of colposcopy examinations done	-	24	13	37	57
No. of referrals made	2139	1770	912	1141	863

**No. of newly registered cancer patients at Government Cancer Treatment Centres\***

Cancer Treatment Centre	Year								
	2008	2009	2010	2011	2012	2013	2014	2015	2016
NCI - Maharagama	11,163	11,756	11,513	12,403	12,550	12,689	13,247	13,890	14,248
TH-Kandy	3,648	3,634	4,046	5,042	3,717	3,516	4,000	4,023	3,877
TH -Karapitiya	1,764	1,866	1,793	2,193	2,158	2,455	2,479	2,394	2,595
TH -Jaffna	412	479	659	1,055	1,048	1,061	1,032	1,100	1,099
TH - Anuradhapura	712	551	641	698	803	850	1,114	1,300	1,131

PGH - Badulla	753	794	858	1,430	2,152	2,203	1,527	2,285	2,225
TH – Batticaloa**	-	169	565	727	1,094	932	897	900	1,325
TH - Kurunegala	538	804	806	1,174	1,122	1,042	1,238	1,680	1,863
PGH – Rathnapura	319	485	636	735	808	767	807	902	1094
Total	<b>19,309</b>	<b>20,538</b>	<b>21,517</b>	<b>25,457</b>	<b>25,452</b>	<b>25,515</b>	<b>26,341</b>	<b>28,474</b>	<b>29,457</b>

*\*There is an over-reporting of number of cases since some patients might get registered in more than one cancer treatment centre. For example after removing all duplicates, the correct number of new cases for 2008 was 16,511 and for 2009 it was 16,888.*

*\*\* Provincial Cancer Treatment Center in TH Batticaloa commenced functioning in 2009*

### **6.1.7 National STD/AIDS Control Programme (NSACP)**

The National STD/AIDS Control Programme (NSACP) of the 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 headquarters of the NSACP is situated at 29, De Saram Place, Colombo 10, Sri Lanka.

As of end 2016, there are 31 fulltime STD clinics and more than 23 branch STD clinics, 21 have the capacity to provide antiretroviral treatment (ART) services Island wide. The only ART facility outside of NSACP is located in Base Hospital Angoda (IDH). NSACP networks with all these clinics.

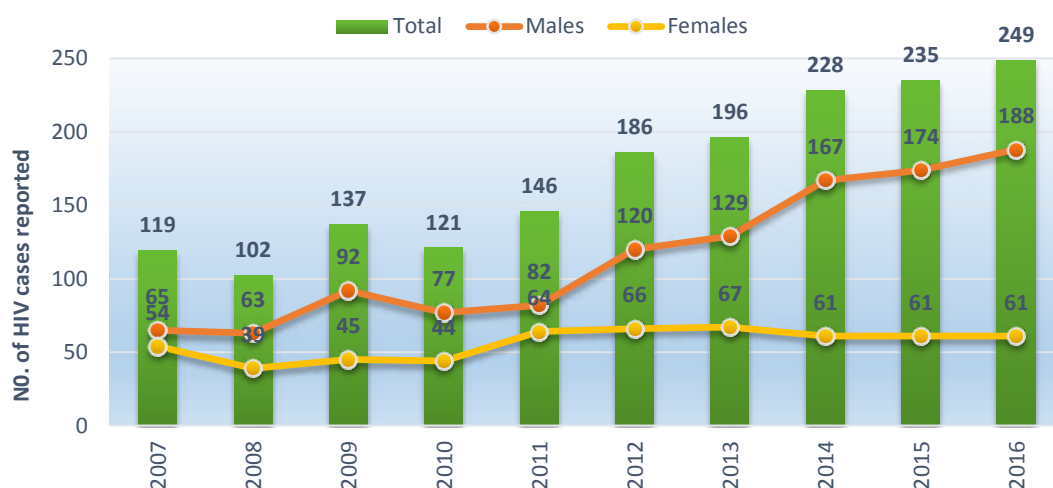
The main objectives are;

- 1) Prevention of transmission of sexually transmitted infections (STIs) including HIV.
- 2) Provision of care and support for those infected and affected with STIs including HIV.

### Situation of HIV epidemic in Sri Lanka

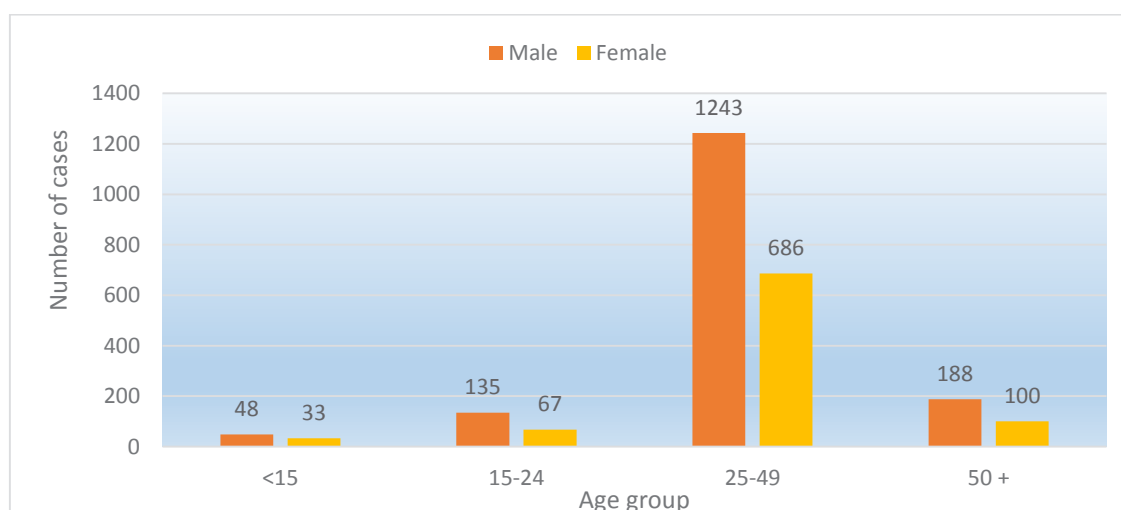
During 2016, a total of 249 HIV cases were newly reported in Sri Lanka. This is the highest number reported in a year since the identification of the first HIV infected Sri Lankan in 1987. However, the reported numbers do not represent all HIV infected people in the country as many infected persons may perhaps not be aware of their HIV status. In addition, stigma and discrimination towards HIV hinders seeking HIV testing services.

### Trends of reported HIV cases by sex, 2007-2016



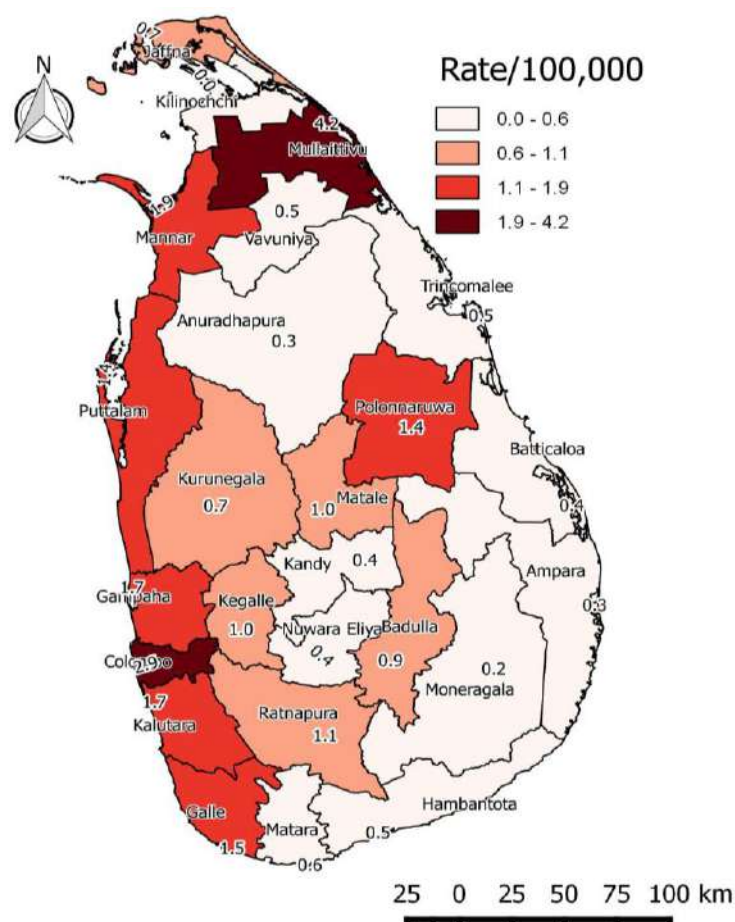
Since 2011, the proportion of males with HIV has been gradually increasing. The male to female ratio of cumulative reported cases up to end of 2016 was 1.8:1. However, among newly reported HIV cases during 2016, the male to female ratio increased to 3.1:1.

### Cumulatively reported HIV cases by Age and Sex by end of 2016



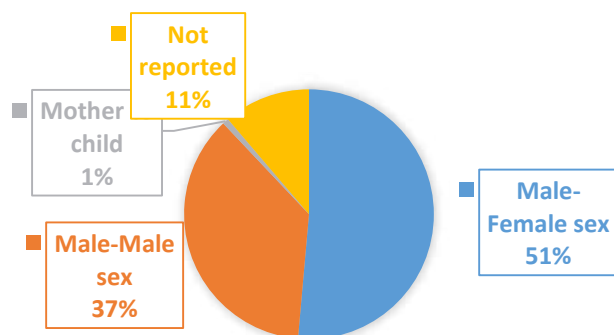
Above figure shows age and sex distribution of cumulative reported HIV cases since 1987 (N=2500, age and sex not reported in 57 cases). Majority of the cases are in 25-49 year age group.

## Rate of HIV cases reported in 2016 per 100,000 population



As shown in the figure above, Mullaitivu and Colombo had the highest rate of reported HIV cases during 2016. Six other districts showed a HIV case rate of over 1 per 100,000 population. These districts are Gampaha, Kalutara, Galle, Puttalam, Mannar and Polonnaruwa.

## Probable modes of transmission of HIV cases reported in 2016 (N=249)



Sexual transmission accounted for 88% of all cases reported during 2016. However, in 11% of cases adequate data was not available to ascertain the probable mode of transmission.



## HIV testing services in 2016

HIV testing services are critical in national response to HIV epidemic in the country. Over the years the number of HIV tests carried out in the country has been increased. However, total number of HIV tests done may be under reported in the private sector as there is no formal mechanism established to report all the HIV tests. However, all confirmed positive HIV results are reported to NSACP as confirmatory test (Western Blot) testing is available only at the national reference laboratory of NSACP. Diversification of testing and service delivery methods were attempted during 2016.

## HIV testing details in 2016

Types of blood samples screened for HIV	Number tested	% of samples	Number positive	% of positives	Positivity rate
Blood donor screening (NBTS and private blood banks)	417,428	37%	23	9%	0.01%
Antenatal mothers	323,518	29%	11	4%	0.003%
Private hospitals, laboratories and Sri Jayewardenepura GH	225,047	20%	40	16%	0.02%
STD clinic samples*	90,271	8%	160	64%	0.18%
Tri-forces	29,236	3%	4	2%	0.01%
Survey sample	23,615	2%	1	0%	0.004%
Prison HIV testing programme	12,776	1%	6	2%	0.05%
TB screening	7,896	1%	4	2%	0.05%
<b>Total</b>	<b>1,129,787</b>	<b>100%</b>	<b>249</b>	<b>100%</b>	<b>0.02%</b>

\*(STD clinic samples include; clinic attendees, symptomatic patients, outreach samples and testing of contacts)

## HIV treatment and care services

The world has embarked on a mission to end the AIDS pandemic. Globally there is consensus that activities for HIV prevention and care services need to be accelerated to reach the targets of ending AIDS by 2030. Early enrollment in ART services contributes significantly to reducing HIV transmission while minimizing morbidities and mortality related to HIV/AIDS.

**Number of PLHIV\* in pre-ART and ART stage as of 2016**

	Name of clinic	Pre ART stage	ART stage	Total in care	%
<b>1</b>	Colombo	26	581	607	54%
<b>2</b>	Ragama	4	131	135	12%
<b>3</b>	IDH	2	83	85	8%
<b>4</b>	Kandy	4	53	57	5%
<b>5</b>	Galle	1	44	45	4%
<b>6</b>	Kurunegala	3	26	29	3%
<b>7</b>	Kalubowila	3	25	28	2%
<b>8</b>	Jaffna	1	21	22	2%
<b>9</b>	Anuradhapura	2	16	18	2%
<b>10</b>	Kalutara	1	17	18	2%
<b>11</b>	Ratnapura	1	17	18	2%
<b>12</b>	Chilaw	3	14	17	2%
<b>13</b>	Gampaha	1	10	11	1%
<b>14</b>	Negombo	1	10	11	1%
<b>15</b>	Polonnaruwa	0	8	8	1%
<b>16</b>	Kegalle	3	4	7	1%
<b>17</b>	Matara	0	4	4	0%
<b>18</b>	Matale	0	3	3	0%
<b>19</b>	Badulla	1	1	2	0%
<b>20</b>	Hambantota	0	0	0	0%
<b>21</b>	Batticaloa	0	0	0	0%
	<b>Grand Total</b>	<b>57</b>	<b>1068</b>	<b>1125</b>	<b>100%</b>

In the year 2016, the number of newly diagnosed PLHIV was 249. Of these, 227 (90%) were linked to HIV care services. According to the progress report of WHO SEA Region in 2016, the ratio of newly enrolled in care to newly diagnosed HIV cases is closer to 1 in Sri Lanka, suggesting strong linkages.

**Situation of STIs during 2016**

The Strategic Information Management unit of the National STD/AIDS Control Programme carries out Monitoring and Evaluation of STD services. In low-level HIV epidemics, STIs act as a sensitive marker of high-risk sexual activity. Therefore, monitoring STI rates can help to identify vulnerability to HIV and also help to evaluate the success of prevention programmes. In addition, STI services are critical entry points for HIV prevention in low-level epidemics. Early diagnosis and treatment of STI will decrease related morbidity and reduce the likelihood of HIV transmission.

**Number of STIs reported during 2016**

Diagnosis	Male		Female		Total	
	No.	%	No.	%	No.	%
Genital Herpes	1,302	31%	1,718	35%	3,020	33%
Non-gonococcal infections	596	14%	1,595	33%	2,201	24%
Genital Warts	1,152	27%	926	19%	2,078	23%
Syphilis*	597	14%	337	7%	934	10%
Gonorrhoea	235	6%	66	1%	301	3%
Trichomoniasis	10	0%	55	1%	65	1%
Other STIs	330	8%	200	4%	530	6%
<b>Total #</b>	<b>4,222</b>	<b>100%</b>	<b>4,897</b>	<b>100%</b>	<b>9,129</b>	<b>100%</b>

\* All forms of syphilis

# Candidiasis and Bacterial vaginosis not included

A total of 21,973 new patients had received services from the National STD/AIDS Control Programme during 2016 while a total of 65,820 clinic visits were made by all STD attendees. Among them 9,129 STI diagnoses were made as summarized in the table above. Genital herpes has been reported as the commonest STI presentation.

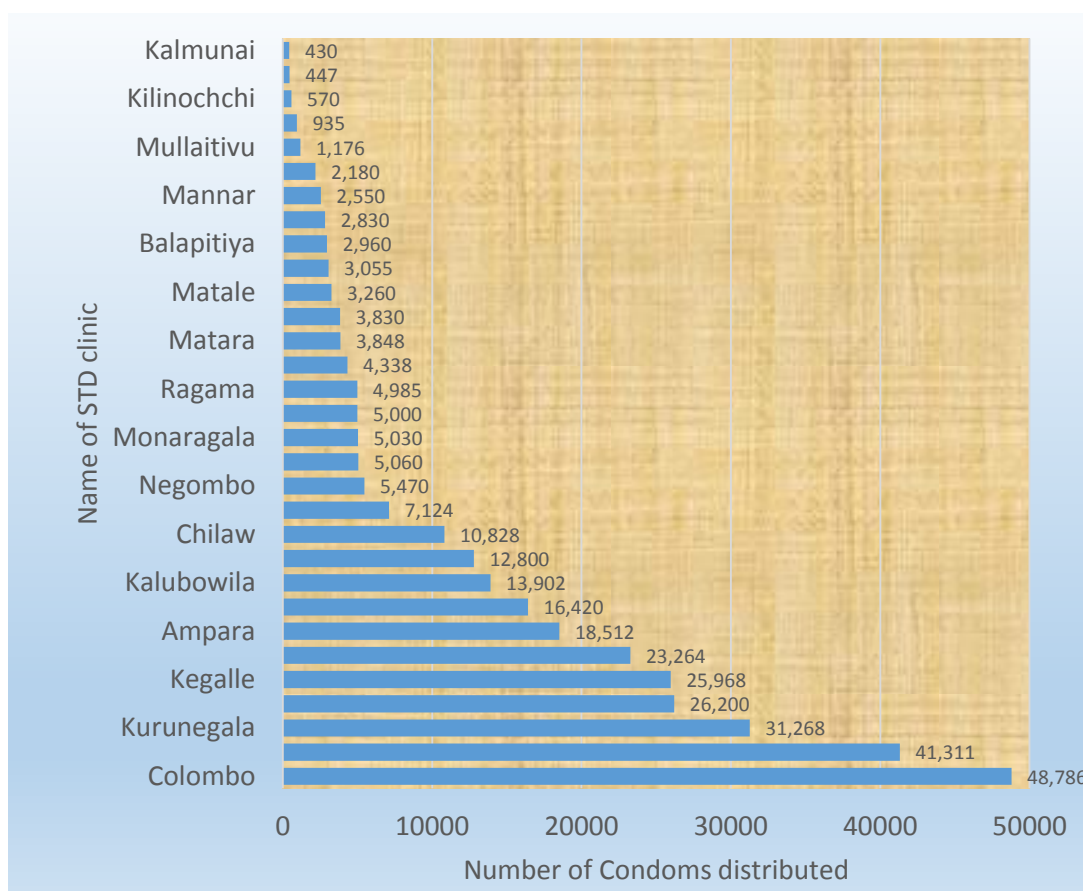
**EMTCT of syphilis and HIV**

The elimination of Mother to Child Transmission (EMTCT) of syphilis and HIV programme was scaled up to cover the whole country during 2016. During 2016 the EMTCT programme was carried out mainly with government funds while UNICEF assisted in printing IEC material, conducting review meetings and purchasing safe delivery kits.

According to reported data, Sri Lanka has achieved the required status in relation to indicators for validation of EMTCT of syphilis by the end 2016 and most likely to satisfy indicators for EMTCT of HIV by the end 2017.

**Condom promotion**

Condom promotion remains an effective method of prevention of STIs including HIV throughout the world. Use of condoms has the added advantage of protection against unnecessary pregnancies. The NSACP promotes condoms through its network of STD clinics and peer-led targeted intervention programmes among Key populations.

**Number of condoms distributed by STD clinics during 2016**

*The above graph shows the number of condoms distributed by STD clinics during 2016.*

**Laboratory services**

NSACP continued to introduce of new tests related to STI and HIV while improving the quality of the existing tests. All the peripheral laboratories are planned to be equipped with ELISA technique for HIV screening. This was addressed in 2016 with the distribution of 10 ELISA machines to the peripheral clinics. In the reference laboratory of NSACP, new testing with real time PCR technology for Chlamydia, Gonorrhoea and HSV was introduced in year 2016. In addition, to facilitate HIV management at peripheral level, two CD4 machines were provided to Kandy and Galle STD clinics while two automated real time PCR machines for viral load testing were introduced to Galle and Anuradhapura.

**Multi-sectoral collaboration**

This programme area has its focus mainly on the activities conducted aiming the vulnerable groups, which has been identified in the National HIV Strategic plan 2013-2017. It oversees, coordinates and provides technical support for advocacy, capacity building, awareness and internalization of STI and HIV prevention activities of the multi-sectoral institutions.



National STD/AIDS Control Programme developed the Policy on prison HIV prevention, treatment and care. During 2016, a total of 12,776 prison inmates underwent voluntary HIV testing and counseling in the prisons situated island-wide. Of them, six (6) were HIV positive. The sero-positive rate among the prison inmates in 2016 was 0.05%.

HIV prevention programmes in armed forces, police sector, youth sector, education sector, migrant Sector and tourism sector continued during 2016.

### Global Fund supported activities in 2016

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) has been working with the National STD/AIDS Control Programme (NSACP) closely for many years. The NSACP received a grant of US\$ 5,323,102 for the period of 2016-2018 under the New Funding Model proposal .

## 6.1.8 National Dengue Control Programme



*Dengue Prevention Activities at the field level - Integrated vector management –  
“Let us get together, Prevent Dengue”*

Dengue illness continues to remain the major challenging public health problems in Sri Lanka. The Ministry of Health has implemented numerous activities to minimize the burden of dengue by early diagnosis and proactive case management during the past years, as reflected by the reduced case fatality rate.

In 2016 a total of 54,945 dengue cases were reported from the entire country, which corresponds to a rate of 262 per 100,000 population. The number of deaths was 90 with case fatality rate of 0.15% which was 0.05% less than previous year.

As of June, 2017, 69380 patients are reported with 210 deaths. Case fatality rate from 2009 to 2017.

## Achievements /special events conducted in 2016

Year	Dengue Cases Reported	Dengue Deaths	Case Fatality Rate
<b>2010</b>	34,105	246	0.72
<b>2011</b>	28,473	186	0.65
<b>2012</b>	44,461	181	0.41
<b>2013</b>	32,063	89	0.27
<b>2014</b>	47,502	97	0.20
<b>2015</b>	29,777	60	0.20
<b>2016</b>	54,945	85	0.15
<b>2017</b>	69,000	120	0.3

### Integrated Vector Management (IVM): Vector Surveillance and Integrated Vector Control



*Opening of new dengue treatment unit at IDH*



*New High Dependency Unit Opening at CSH, Kalubowila and Distribution of new auto haematology analyzers to major hospitals aiming at to improving laboratory facilities for dengue management*

Vector control interventions including source reduction (elimination of breeding places), biological and chemical vector control activities are carried out by the health authorities with all relevant stakeholders and the community in accordance with the guidelines of the Ministry of Health.

To improve the knowledge and experience of the central and regional level technical officers on Integrated vector Management, 10 technical officers were trained in Singapore on Vector Surveillance, control, monitoring and laboratory activities. The *"Aedes vector surveillance and control guideline"* was published and distributed in 2016 with the inputs from training for streamlining the vector surveillance and control system in the Sri Lanka

### Disease Surveillance

Web based sentinel site surveillance in collaboration with the Epidemiology Unit was further strengthened in 2016, covering 56 hospitals to send dengue patients data online.

### Case Management

Curative health care personal were trained on proper management of dengue patients based on National guidelines coordinated by the Epidemiology Unit and Education, Training and Research unit, Ministry of Health. Case Management further enhanced by providing equipment's for 66 existing HDUs.

**Table 2 - HD Units of Health Institutions provided with equipments in 2016**

Type of Hospital	No.of HDUs facilitated in 2016
Teaching Hospitals (with NHSL)	12
Provincial General Hospitals	03
District General Hospitals	15
"A" Gade Base Hospitals	17
"B" Grade Base Hospitals	19
<b>Total</b>	<b>66</b>

In addition, allocations were given with instructions to selected hospitals to improve or upgrade the case management facilities (Table 3)

Province	Allocations in Millions
PDHS Western	14.95
PDHS North Western	24.95
PDHS Central	8.32
PDHS East	24.79
PDHS Uva	5.59
PDHS Southern	29.79
PDHS North Central	2.61
PDHS Northern	13.87
PDHS Sabaragamuwa	28.38
<b>Total</b>	<b>153.29</b>

### **Social Mobilization, Inter-sectoral coordination and Outbreak Response**

Presidential Task Force on Dengue Prevention (PTFD) meeting held on 24<sup>th</sup> October in 2016. A review of the progress was held on 27<sup>th</sup> Dec 2016. Actions were taken to rectify the issues.

Two Mosquito Control Weeks were conducted island wide from 29<sup>th</sup> March to 4<sup>th</sup> April and 7 Sept. to 03<sup>rd</sup> Oct: 17 other programmes were conducted targeting mainly at the GN divisions in selected high risk Medical Officer of Health (MOH) areas with the support of the armed forces and police targeting houses, schools, institutions, public and religious places and bare lands etc. A Civil-Military Cooperation (CIMIC) activity involving approximately 50,000 personnel from Tri forces, Civil Defence Force, Police and Health services was conducted. Total number of 2,298,003 premises were inspected and found 452,934 potential breeding places with 40, 287 (1.75%) positive mosquito larvae (Annexed).

This activity was primarily aimed at detection of mosquito breeding sites and their elimination through source reduction augmented by health education, other vector control methods such as larviciding and fogging when needed, and enforcing legal action when necessary.

Cabinet paper was approved to recruit 1500 labourers (mosquito prevention field assistants) in phased manner to identify and eliminate mosquito-breeding places in high-risk Medical Officer of Health (MOH) Officer areas.



### 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, which is a toxic nephropathy causing tubular necrosis. It differs from the pathophysiology of CKD caused by Hypertension and Diabetes. Apart from North Central Province CKDu affects areas are Ampara, Badulla, Kurunegala, Matale, Mullative, Moneragala, Trincomalee, Hambanthota and Vavuniya Districts.

CKDu is the existence of chronic kidney disease without diabetes, hypertension, ureteric calculi, glomerulonephritis, pyelonephritis or snakebite. In Sri Lanka, the aetiology 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 60,000-estimated CKD/CKDu patients in known high-risk areas of which majority are from North Central Province. According to a survey carried out by the Health in the high-risk districts, there are 24, 800 patients in high-risk AGA divisions.

Table 1 – **No and Prevalence of CKD/CKDu patients in high risk AGA divisions**

District with high risk AGA Divisions	Patient count as at 31 Jan 2017		Prevalence as at 31 Jan 2017
	Population of risk AGA Divisions	No of pts diagnosed CKD/CKDu	
Anuradhapura – all AGA divisions	920,187	9,902	1.07%
Polonnaruwa – all AGA Divisions	443,818	5,306	1.19%
Badulla – Giradurukotte, Redeemaliyadda, Mahiyanganaya.	181,644	1,691	1.29%
Kurunegala – Polpithigama ,Ehetuwewa Low risk –	433,298	1,904	0.44%

Giribewa, Kotawehera, Mahawa Nikaweratiya			
Matale – Weligamuwa Low risk – Naula, Pallegama, Galewela, Dambulla	114,333	1,611	0.97%
Monaragala – Buttala, Wellawaya, Thanamalwila	162,066	394	0.18%
Mullathivu- Welioya, Mallavi	28,605	492	1.5%
Vavuniya – Chettikulam, Vavuniya south, Vavuniya	176,030	1,542	0.88%
Trincomalee – Padavisiripura, Comarankadawala, Kanthale	87,079	702	0.49%
Ampara – Dehattakandiya, Mahaoya	89,510	1,077	1.2%
Hambanthota – Tissamaharama, Sooriyawewa, Agunukolapelessa, Lunigamwehera	611,576	185	0.05%
<b>Total</b>	<b>3,248,146</b>	<b>24,806</b>	<b>0.76%</b>

### Strengthening of curative sector for management of CKD patients

1. Construction of 15 dialysis units in high risk districts
2. Strengthening of laboratory facilities in hospitals in CKD/CKDu affected high risk areas
  - a. The laboratory requirements were identified and strengthened according to the four categories of CKD/CKDu patient management systems. **In 2016, four** Strengthening of Renal Units at National Hospital, Anuradhapura Teaching Hospital, Peradeniya Teaching Hospital.
3. Construction of Renal units at TH Jaffna, TH Batticaloa, TH Karapitiya, PGH Badulla and DGH Trincomalee
4. Strengthening of haemodialysis (HD) facilities
  - a. In 2016, there were 229 haemodialysis machines functioning in government hospitals. Adding of another 236 new machines to the system **was started in 2016. It** will be complete by July 2017.
  - b. Staff requirements for the dialysis units have been identified and informed to the relevant sections for recruitments.

The following table shows the distribution of dialysis machines by districts

**Table: Distribution of dialysis machines by districts**

Province	District	Number of dialysis machines		
		Machines functioning in 2016	Newly procured by end of 2016	Newly procured in 2017
<b>North Central</b>	Anuradhapura	33	12	
	Polonnaruwa	19	16	
<b>Uva</b>	Badulla	14		25
	Moneragala	07		4
<b>North Western</b>	Kurunegala	16	06	06
	Puttlarn			04
<b>Sabaragamu</b>	Ratnapura		03	04
<b>Northern</b>	Jaffna	10	11	
	Mullaithivu	0	02	
	Vavuniya	06	06	
	Kilinochchi		02	
	Mannar		02	
<b>Southern</b>	Hambanthota	0		04
	Matara	02	01	02
	Galle	11		02
<b>Eastern</b>	Batticaloa	05	08	
	Kalmunai	0	13	
	Trincomalee	09	10	
	Ampara	08	12	
<b>Central</b>	Kandy	34	32	
	Matale	0		08
	N. Eliya	0		02
<b>Western</b>	Colombo	52	13	
	Gampaha	03	18	
	Kaluthara	0	08	
<b>Total</b>		<b>229</b>	<b>175</b>	<b>61</b>

## **6.2 PROMOTION & PROTECTION OF HEALTH**

### **6.2.1 Epidemiology Unit**

Epidemiology Unit is the national focal point for prevention and control of majority of communicable diseases including vaccine preventable diseases, emerging diseases and re-emerging diseases, and their risk factors.

The vision of the Epidemiology Unit is ‘Healthy people in a healthy Sri Lanka’ and its mission is ‘Promoting health and the quality of life by prevention of control of disease, injury and disability’.

#### **Achievements/ Special events in 2016**

##### **A. National Immunization Programme (NIP)**

- A national immunization policy was a long felt in Sri Lanka. The backing of a policy is very much helpful in better implementation of the National Immunization Programme. A comprehensive immunization policy was developed under the leadership of the Epidemiology Unit with contribution from all stakeholders including relevant professional colleges, senior academics, ministries of Education and Justice. The immunization policy was developed and the cabinet approval obtained in 2015. The immunization policy was published as a gazette notification in 2016.
- In keeping with the WHO’s move to face the global scarcity of IPV, Sri Lanka successfully implemented administration of a ‘fractional dose’ of IPV while maintaining the high coverage, being the only country to do so country wide at present. Post implementation evaluation and surveillance was conducted following the introduction of ‘fractional dose’ IPV. □ Polio switch was conducted: tOPV was switched to bOPV in 2016 in keeping the global polio eradication strategies.

B. National guidelines on clinical management of leptospirosis were developed under the leadership of the Epidemiology Unit in collaboration with relevant professional colleges and senior academics.

C. Laboratory capacity for water quality testing was strengthened through upgrading the capacity of Anuradhapura water quality laboratory for chemical testing and testing of heavy metals.



## 6.2.2 Maternal and Child Health Programme

Family Health Programme is a collection of several packages of interventions that are aimed to promote the health of the families around the country with special emphasis on mothers and children. The programme provides the most wide-spread community based healthcare services benefitted by Sri Lankan public. Present day Family Health Programme reflects more than 85 years of successful programme maturation. The Programme relies on evidence based interventions which are proven to be effective and delivered by multi-disciplinary team of health professionals. Major share of the programme interventions are preventive in nature while some of them focus on secondary care by including interventions to ensure the standards and quality of care. The Family Health Programme is comprised of several major components;

1. Preconception care
2. Maternal care
3. Intrapartum and Newborn care
4. Infant and Child Health including child development, nutrition and children with special needs
5. School and Adolescent Health
6. Family Planning
7. Womens Health including perimenopausal care and gender concerns

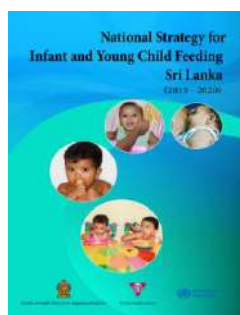
### Achievements/ Special events in 2016 and early 2017

#### A. Policy and Advocacy

1. A national level resource pool of 26 comprising medical administrators, consultant community physicians, legal officers, pediatricians was trained on **‘Monitoring and Enforcement of Sri Lanka Code for the Promotion, Protection & Support of Breastfeeding and Marketing of Designated Products’**, by two international resource persons from ICDC – Penang - Malaysia at a 5 day training programme in June-July held at the FHB.
2. An advocacy programme for magistrates on provision of Adolescent Sexual and reproductive health service provision for co- habiting underage females was conducted.
3. Advocacy meetings on comprehensive quality intervention and management of Gender Based Violence for Judiciary and Police officers and plantation managers.

## **B. Strategies and technical guidance**

1. Development of **‘Maternal, Infant and Young Child Nutrition (MIYCN) targets for the year 2025’**, to track progress of the Maternal Child Nutrition component of the MCH programme
2. **‘National Strategy on Infant and Young Child Feeding 2015- 2020’** was launched. The aim of this strategy is to provide guidance to all relevant stakeholders in improving child nutrition.



3. **‘Sri Lanka Every Newborn; An Action Plan to end Preventable Morbidity and Mortality 2017-2020’** was developed, launched and introduced to 12 districts.
4. **‘National Maternal and Newborn Health Strategic Plan 2017-2025’** was developed.
5. **Capacity building:**
  - I. Two master training programmes on ‘Facility Based Care of the Sick Newborn’. Fifty Consultant Paediatricians, Medical Officers and Nursing Officers as Master Trainers were trained for the country.
  - II. Two master training programmes on ‘Emergency Obstetric Care’ were conducted by the Liverpool School of Tropical Medicine. Trained a pool of 34 Master Trainers including Consultant Obstetricians, Medical Officers, Nursing Officers and Midwives.
  - III. The ‘nutrition month technical update’ was held to update peripheral health staff on nutrition month activities and new additions to the child health programme from 2017 (i.e. inclusion of preterm growth charts to the CHDR and scaling up of MN supplementation island wide etc).
  - IV. District level trainers (MOMCHs, MOHs) and Master trainers including Provincial level & Ministry CCPs were trained on ‘Infant and Young Child Feeding’
  - V. Public health teams of Moneragala and Trincomalee districts were trained on ‘New WHO Growth Standards and Growth Monitoring and Promotion’ to ensure quality of growth assessment and infant

and young child feeding counseling to improve nutrition status of this important target group.

- VI. Twenty two training programmes on 'life skills' and 'School Medical Inspection' were conducted.
- VII. One Training of Trainers programme and 17 District level training programs on Family Planning (FP), were conducted for Medical officers providing FP services at preventive and curative institutions.
- 6. To address the issue of iron deficiency anemia among infants and young children, a circular guideline on iron supplementation of this important target group was developed through a consultative process with the involvement of relevant stakeholders.
- 7. Adolescent Sexual and Reproductive health guideline (ASRH) was developed for health staff.
- 8. The circular on managing critically-ill pregnant mothers with multidisciplinary approach was issued: conducting combined obstetric-cardiology clinics and day one fever admission for inward care to prevent deaths due to H1N1 infection and dengue haemorrhagic fever.
- 9. The circular on admission to an Obstetric Unit was issued.
- 10. National Guidelines for Maternal Care Volume III was printed and distributed.
- 11. To improve the quality of shared care and continuity of care, the pregnancy record was revised with a space for recording hospital clinic care.
- 12. Elimination of mother to child transmission of Syphilis and HIV programme has been launched with the partnership of NSACP.
- 13. Quality of care assessment tool for maternal and newborn services in hospitals were developed for antenatal, postnatal, labour room and newborn units and was introduced in 10 hospitals in 2017 including DMH, CSTW, TH Mahamodara, DGH Anuradhapura, BH Vavunia, BH Kuliyapitiya, BH Kethumathie, DGH Ampara.
- 14. A national resource pool actively involve for the service provision at the gender based violence (GBV) care centre (Mithuru Piyasa) was established.

### **C. Health system strengthening**

- 1. Facilities to provide quality care at Maternal and Child Health and Nutrition clinics in the field were strengthened by procurement and distribution of anthropometric equipment (10 M).
- 2. Nutrition Clinic Register was introduced to the Nutrition Clinics conducted by MOOH to streamline the services further.
- 3. Essential equipment was supplied for establishment of high dependency units, offering quality care for antenatal and postnatal

mothers need close monitoring: TH Mahamodara, DGH Trincomalee, BH Puttalam, DGH Gampha and DGH Nuwara Eliya.

4. Essential equipment was supplied for labour rooms (infusion pumps for 18 hospitals), to enable skilled care during childbirth.
5. Equipment for Emergency Obstetric and Newborn Care were procured (17 m).
6. Field screening services for anemia were expanded by supplying hemoglobinometers in the field clinics.
7. Field maternal care services on non-communicable disease eg: Hyperglycemia in pregnancy was strengthened.
8. Micronutrient supplementation: Iron blister packs for pregnant mothers were introduced with improved quality.
9. Multiple micronutrient (MMN) supplementation programme for infants and young children to address childhood anemia was scaled up island wide from January 2017.
10. Essential equipment was procured for field Family Planning clinics.
11. Twenty two Adolescent & Youth Friendly Health Services (AYFHS) centres in hospitals were revamped. Communication facilities were improved in 15 AYFHS centres.
12. Ten Mithuru Piyasa centers were launched in year 2016 and 2017 in Western, Central and North central provinces to improve adolescent and gender based violence related health problems.
13. Dental equipment was procured for School Dental Services (20 M).

### **Community awareness and Behavior change**

1. Breastfeeding week was celebrated under the theme “Breastfeeding; a key to sustainable development” during the month of August with a national level workshop held at BMICH under the patronage of Hon. Minister of Health.
2. IEC material on complementary feeding for public health staff: panels to be used for complementary feeding classes conducted by field health staff and wall charts on Management of Severe Acute Malnutrition with therapeutic food in the curative sector were printed and disseminated.
3. Consultative meeting were conducted to develop family planning IEC material to improve coverage and community awareness on the current methods.

### **D. Monitoring and evaluation**

1. Web based Reproductive Health Management Information System (eRHMS) was developed. Data compiled at Public Health Midwife and clinic level were the initial entry point during phase I. User training on eRHMS were conducted in all 26 districts and 3 training on analysis of



eRHMS data were conducted for district level health staff covering all districts.

2. National maternal near-miss surveillance system was implemented in January 2016 in addition to the on-going national maternal and foeto-infant mortality surveillance and response. National Maternal mortality reviews were conducted in 26 health districts and the findings were disseminated in 2016. 20 district reviews were covered up to July 2017. National Birth defect surveillance system was initiated.
3. Hospital maternal and perinatal information system was developed to improve quality of care for pregnant mothers, during labour, postpartum and newborn. Obstetric BHT is being piloted at Kethumathi hospital, Panadura and will be implemented islandwide.
4. Annual performance evaluation of Well women clinic services were conducted in order to increase motivation among the service providers for improving the coverage and effectiveness of this programme. The award ceremony for the best performance was held at BMICH.
5. Evaluation and awarding of best performing 'Health Promoting Schools' were carried out in collaboration with the Ministry of Education.
6. External review of the National Family Planning programme was conducted and the results disseminated.
7. National MCH reviews were conducted in all 26 health districts in year 2016 and 20 districts were completed by July, 2017. At these reviews performance of each MOH area was evaluated and recommendations were made to address the issues.

**Table: Last 5-year performance trend**

Indicator	2012	2013	2014	2015	2016
Maternal Mortality Ratio – MMR (FHB data ) per 100,000 live births	37.7	32.5	32.0	33.7	N/A
Neonatal Mortality Rate per 1000 live births (FHB data)	6.8	6.5	6.2	6.59	6.00
Infant Mortality rate (IMR) per 1000 LB	9.2	8.8	8.6	9.16	8.45
% of mothers registered for antenatal care before 8 weeks	75.2%	75.4%	76.2%	77.07%	78.47%
% of institutionalized deliveries	99.9%	99.9%	99.7%	99.9%	99.9%
Teenage pregnancy rate	6.0%	5.3%	4.9%	5.25%	4.8%
% of children with underweight Infants					
1-2 years	8.5%	8.7%	8.8%	6.94%	6.47%
2-5 years	16.3%	16.1%	16.0%	11.38%	14.25%
	20.8%	20.4%	19.3%	16.97%	21.23%
% of schools where SMI conducted	94.8%	93.4%	92.7%	96.68%	92.28%
Family planning coverage (Modern method use)	55.1%	55.4%	56.2%	55.93%	57.01%
% of couples with unmet need of FP	7.3%	7.1%	6.8%	6.55	6.22

### 6.2.3 Health Education and Promotion

Health Education bureau is the main focal point in Sri Lanka for health education, health promotion and publicity of health information. The activities of the Bureau are coordinated and implemented through seven units, which were under the supervision of Consultant Community Physicians and a Consultant in Community Dentistry. Namely: Training, Evaluation and Research Unit, Nutrition and Family Health Communication Unit, Health Promotion Unit, Behavior Change Communication Unit, Oral Health Unit, Planning Unit and the Publicity Unit.

#### Major achievements in 2016 and up to June 2017

##### Training, Evaluation and Research Unit

Sepatha magazine production, ISLIDA training on 'emotional intelligence for work life success for staff of Health Education Bureau and Health Education Officers

## Basic counselling skills training module development



## Nutrition and Family Health Communication Unit

National Review of the Mothers' Support Groups - 3 Mothers' Support Groups with best performance in each district were rewarded.

## Guidelines on Complementary Feeding - Printed in Sinhala, Tamil and English languages



Wallcharts on Complementary Feeding - Printed in Sinhala and Tamil languages



**Publicity Unit**

The Publicity Unit plans and conducts media briefings and media seminars as part of commemoration of special health days as well as facilitates all advocacy activities of all health institutions (preventive and clinical). Banners, pennants, leaflets and other IEC material prepared by the various units of the Health Education Bureau are made available to the general public at public events such as exhibitions and publicity programmes, too.

**6.2.4 Mental Health Programme**

Directorate of Mental Health is the national focal point of the Ministry of Health responsible for policy development, strategic planning, strengthening of mental health services through improved infrastructure, human resources and monitoring and evaluation of national mental health programme. In implementing this role, a close collaboration is needed with professional bodies, provincial health authorities and other relevant ministries and departments, NGOs and civil societies and consumer groups.

**List of special events**

A three day Training of Trainers programme on Mindfulness based therapy & counseling for professionals in the field of mental health was conducted with the involvement of a Professor from the Department of Mental health, Ministry of Health, Thailand.

Conducted National Alcohol Summit on 4th August 2016, in collaboration with National Alcohol and Tobacco Authority (NATA). The theme of the summit was "Towards an Alcohol Free Sri Lanka". Main highlight of the summit was the launching of the National Policy on Alcohol Control.

Celebrated World Mental Health Day —10<sup>th</sup> October 2016 to publicize the year's theme —"Dignity in Mental Health; Psychological and Mental Health First Aid for All".





Conducted Inter school debate competition in Galle district and Art competition & exhibition on suicide prevention in Polonnaruwa and national level Media seminar on World Suicide prevention Day — 10<sup>th</sup> September 2016 under the theme of "Connect; Communicate; Care".

### 6.2.5 Non Communicable Disease Programme



*Promoting Yoga as a solution for daily exercises to reduce the risk of cardio vascular diseases*

Routinely collected mortality data reveals that more than 68% of hospital deaths in Sri Lanka are due to Non-Communicable Diseases. Of the total hospital deaths in Sri Lanka, coronary vascular diseases, cancers, respiratory diseases and stroke are among the top leading causes of death with coronary vascular disease being the number one leading cause and cancer the number second leading cause accounting for 29.6% and 9.4% respectively.

The mandate of the NCD unit is to avert, prevention and control of rapidly growing NCDs through expansion of services, guided by National NCD Policy leading to healthy life free of morbidity, disability and premature mortality

with the partnership of relevant stakeholders to lessen the human, social and economic impact to the people in the country.

The activities of the NCD unit were carried out based on the strategic objectives of the NCD Policy and they are as follows.

### **Objectives of Chronic NCD Prevention and Control Programme**

The objective of the chronic NCD prevention programme is to reduce premature mortality (less than 70 years) due to chronic NCDs by 2% annually over the next 10 years through expansion of evidence-based curative services and individual and community-wide health promotion measures for reduction of risk factors.

### **Key Strategies of Chronic NCD Prevention and Control Programme**

- Support prevention of chronic NCDs by strengthening policy, regulatory and service delivery measures for reducing level of risk factors of NCD in the population.
- Implement a cost effective NCD screening program at community level with special emphasis on cardiovascular diseases
- Facilitate provision of optimal NCD care by strengthening the health system to provide integrated and appropriate curative, preventive, rehabilitative and palliative services at each service level
- Empower the community for promotion of healthy lifestyle for NCD prevention and control
- Enhance human resource development to facilitate NCD prevention and care
- Strengthen national health information system including disease and risk factor surveillance
- Promote research and utilization of its findings for prevention and control of NCDs
- Ensure sustainable financing mechanisms that support cost-effective health interventions at both preventive and curative sectors
- Raise priority and integrate prevention and control of NCDs into policies across all government ministries and private sector organizations

### **NCD Screening Programme**

In order to reduce the disease burden, early detection of main risk factors and health guidance are the strategies identified within the National NCD Policy. NCD screening program at community level and to empower the communities for adoption of healthy lifestyles are the cost effective strategy.

NCD screening programme implemented through the NCD unit, consists of 3 strategies.

- I. To screen people in HLCs
- II. To conduct workplace screening
- III. To conduct mobile screening

Ministry of Health has taken an initiative to establish HLCs throughout the island to screen normal people. The target group to screen at Healthy Life style centers is people who are between 35 and above. Main aim of screening is to identify both behavioral and intermediate risk factors early in view of preventing pre mature deaths due to NCDs.

Most of the MOH areas have at least two HLCs, improving the accessibility.

### NCD Prevention and Control Programme in 2016

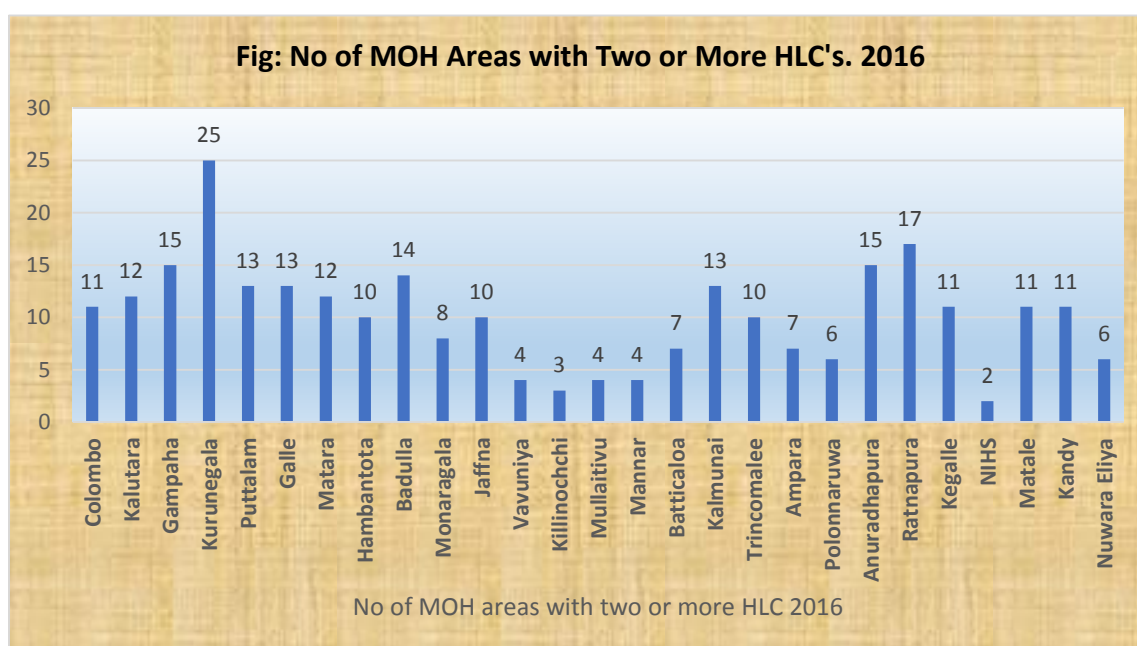
- Establishment of 885 Healthy lifestyle centers(HLC) in primary health care institutions upto 2016 for screening people between 35 years and above, For early recognition of risk factors and prevention of premature deaths due to NCD.



*“Mahajana Suwa Dhana” – Medical Exhibition promoting healthy life styles*

- Ministry of Health, Ministry of Youth Affairs and Skills Development and National Youth Services Council signed a Memorandum of Understanding for mobilizing youth for NCD prevention. Two days residential training programs consisting of lectures and practical sessions were conducted at the provincial level.
- In order to reduce the smoking prevalence, advocacy programmes were conducted to increase the tax and health warnings about dangers of smoking to develop high level of awareness of the health risks.
- National multisectoral action plan on NCD prevention and control 2016 -2020 was formulated with the participation of all relevant stakeholders.

- Based on NCD global targets, NCD targets for Sri Lanka were identified.
- Workshop to reduce indoor air pollution conducted.
- Revision of guideline for management of NCDs in Primary Health Care (Total risk assessment approach) was implemented.
- Training of trainers programme was conducted on National Guidelines on management of NCDs at primary Health care Level for provincial and district level physicians and Medical officers attached to primary health care Institutions.
- World Heart Day and World Diabetic Day Commemorated yearly to make the community awareness on the importance of healthy life style.
- Development of IEC materials and social marketing strategy were carried out for NCD risk factor reduction
- Workshops on COMBI is conducting, which applies in disciplines of marketing, public relations and advocacy, administrative mobilization, advertising, counseling, personal selling, community mobilization, health education, mass communication, general media, social media, and market research used to bring up the ultimate desired behavioral outcome.
- Implementation of the NCD prevention and control activities at the district level through MOONCD.
- Conducted healthy lifestyle programme for upper and middle level managers of other ministries, departments & authorities.



- To reduce the consumption of salt among the population, development of salt reduction strategies were implemented.



## **Monitoring and Evaluation of the NCD Programme**

1. Monitoring and evaluation of NCD programme is carried out by assessing the trends in morbidity and mortality due to major NCD. This is done by analyzing routinely collected morbidity and mortality data.
2. Assessing the trend in the risk factors for NCD. This is usually done by conducting periodic surveys specially the STEP survey. Last step survey carried out in 2014 and the next step survey will be planned in 2018.
3. Conducting review meetings at the national and district levels.

### Central level review meetings

- NCD steering committee meeting
- National Advisory Board on NCD (NABNCD)
- Quarterly MO (NCD) review meeting
- District level review meeting
- Quarterly review meeting

The focal point for injury prevention in the ministry of health is the Non Communicable Disease (NCD) unit. It involves in planning programmes, developing guidelines and policies in preventing almost all types of injuries which could occur during one's lifetime from the date of birth to the death covering all ages from infancy to adulthood. NCD unit is working closely in collaboration with other stakeholders in view of integrating injury prevention into everyday life of people across homes, schools, work places and roads in Sri Lanka.

## **Injury surveillance**

- A pilot study was carried out in 15 selected hospitals covering all provinces in Sri Lanka
- The plan of the injury surveillance system was finalized
- Injury surveillance will be implemented in all the hospitals throughout the country since 2016.
- Draft injury death review format was developed

## **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. Refresher 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

Sri Lanka has a population of 21 million, with different ethnic and religious origin. Sri Lanka is recognized as a middle income country with good social indicators, such as low maternal, infant mortality rates and long life expectancy. Challenges remain in several pockets such as estate sector and urban slums. Public and social services do not reach or not adequate due to poverty, remoteness, language barrier or low literacy level in these population.

### **Estate Population'**

Health nutrition indicators are well below the national average in this population. According DHS 2006, 57.9% of them live in the "Line rooms" with poor ventilation. Only 66.3% have sanitary facilities in the household, and only 11% have improved source of drinking water, and 68% have electricity to household (DHS 2006).

Women with low BMI < 18.5 is 33.3%, 40.2% of under 5 years children are stunted and 30.1% are underweight and low birth weight is 31.0%. Infant mortality rate in 29 per 1000 live births and neonatal mortality rate in 18 per 1000 live births, and 18.3% of the married females (15- 49 years) have no education (DHS 2006).

Pregnant estate employees and their children are sent by a lorry of estate management to the nearest MOH clinic, which is usually situated in a nearby village. Since estate are situated at difficult terrain and divided into sub divisions, they have to travel in a lorry for a long distance to attend MOH clinic. Sometimes the second-generation mothers who do not work in the estate are not recognized for this service. Due to their daily wage and attendance basis payment they are reluctant to attend the clinics regularly, which leads to high incidence of home deliveries (2.2% where it is 0.0%, 0.5% in the urban and rural sector respectively) (DHS, 2006) and Mental Deaths.

Most MOHs having estate population could not conduct the clinics in the estate clinic centres due to difficult terrain issues and lack of appropriate vehicles. Effective implementation of national programmes are also hindered due to non availability of Tamil speaking PHIs and PHMs in the estates such as Mental health services, Cancer control programme, Sexually Transmitted infections, Tuberculosis screening, Leprosy control programme, Environment & Occupational health and Youth Elderly & disabled.

In the year 2007, preventive health in the estate sector was brought under the Provincial Health authority with the Cabinet memorandum. Whereas the curative health provision is still not streamlined with National Health Service.

They are under the estate management, and the medical treatment is given by Estate Medical Assistant (EMA) who are mostly pharmacist by qualification. Currently 153 EMAs are practicing in the estate dispensaries.

### **6.2.8 Quarantine Services**

The main responsibility of this unit is to protect Sri Lanka by the prevention of the spread of diseases into the country and to protect, prevent and control of international spread of diseases and other public health risks specially the Public Health Emergency of International Concern (PHEIC) while avoiding unnecessary interference with international Traffic and Trade.

History of the notification of communicable diseases in Sri Lanka dates back to late 19<sup>th</sup> century. The Quarantine and Prevention of Diseases Ordinance had been introduced in 1897 to implement the notification system on communicable diseases in the country. Sri Lanka is also legally bound to comply and obliged to Implement the International Health Regulations (IHR) -2005 with the other member states in accordance with the purpose and scope to protect, prevent and control of international spread of diseases as well public health risks specially the PHEIC.

#### **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

### **Achievements/Special Events in 2016 and early 2017**

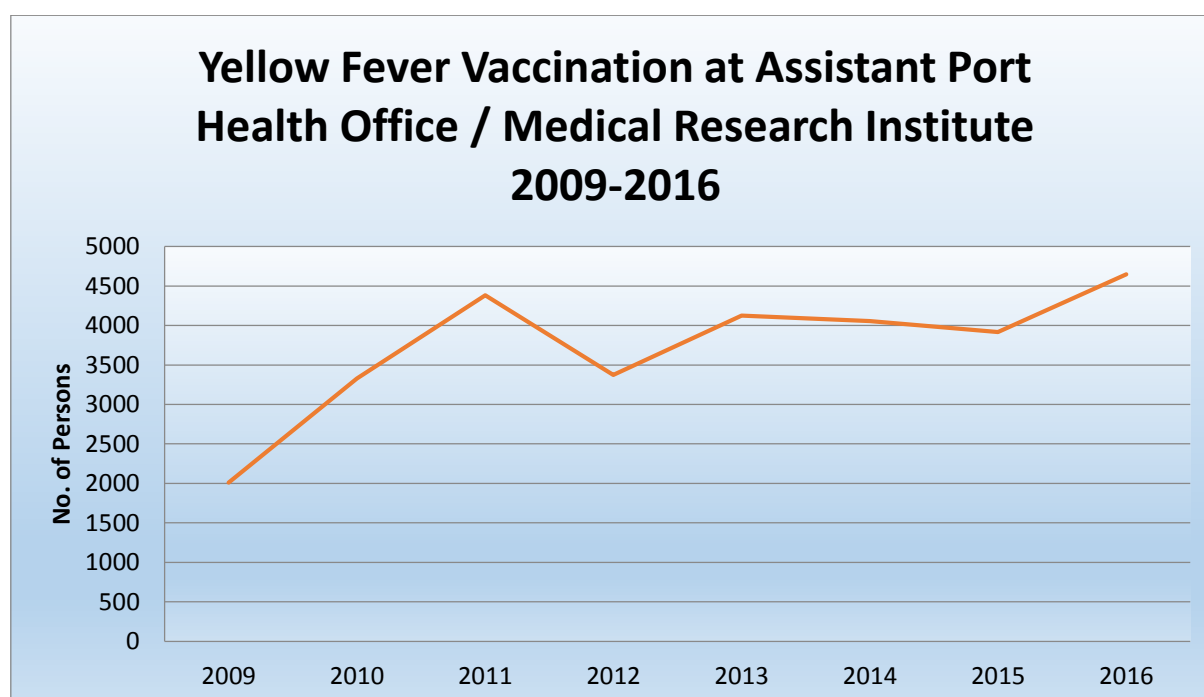
#### **Major developments in the Quarantine unit**

- Introduced of “Malaria Screening” for people arriving from Malaria endemic countries was started at 24 hour functioning health desk in Airport Health Office, BIA Katunayake.
- Developed Standard Operational Procedure (SOPs) to strengthen the border health practices.
- Mapped Legal Framework, current legal framework, routine practices, procedures, duties and systems in place for border health management. The cabinet of ministers have approved the amendments to quarantine and diseases prevention act in 2016.

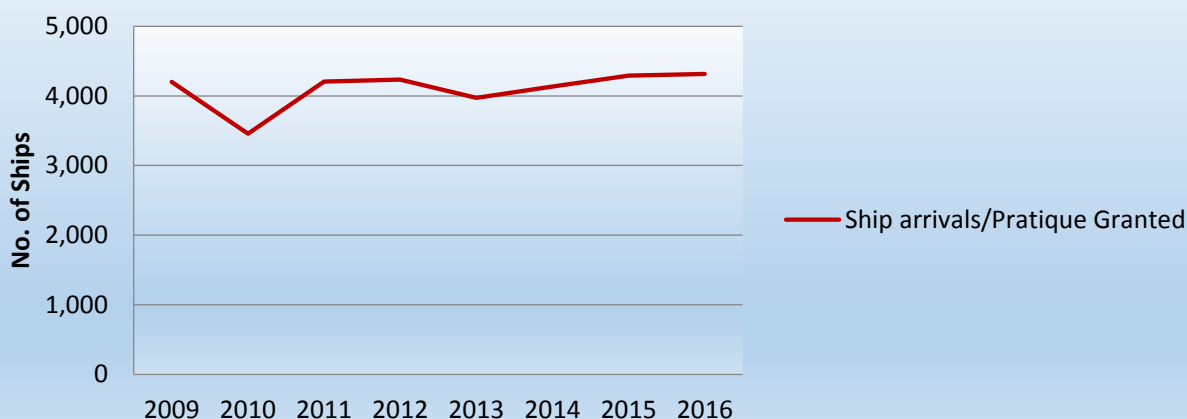


- Risk assessment and emergency preparedness table top review meeting conducted for ports and air ports in 2016.
- Table top exercise of public health emergency preparedness plan conducted at Bandaranayke International Airport (BIA) in 2017.
- Quarterly Progress review meeting among seaport and airport health officers initiated in 2016.
- Trained staff of port and airport health offices on personal protective equipment (PPE) and preparedness plans.
- Provided Personal protective equipment to staff of port and airport health offices.
- National IHR steering committee was established in 2016 to improve the coordination of IHR related activities under the chairmanship of Director General of Health Services.
- Conducted Joint External Evaluation of IHR 2005 implementation status in Sri Lanka with several stakeholders including Health and non-Health sectors in the country and the mission of WHO in June 2017.
- Initiated activities for inbound health assessment for long stay visa holders in line with migrant health policy approved by Cabinet Ministers in 2011.

**Figure: Last five year performance Trend**



### Ship arrivals/ Pratique Grated at Colombo Port by Port Health Office 2009-2016



## 6.2.9 Care for Youth Elderly Displaced and Disabled Persons

The main objectives of this programme are to 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, and 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 has purchased equipments and renovated toilets for the disabled 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.

#### **Objectives**

- To identify policies those protect public health and to eliminate tobacco and alcohol related harm through the assessment & monitoring of the production, marketing and consumption of tobacco products and alcohol products.
- To take measures that discourages people, especially children from smoking or consuming alcohol by curtailing their access to tobacco products and alcohol products.

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.

#### **Achievements/ Special Events**

- Increase taxes on cigarettes
- Banning of smokeless tobacco products by gazetting the regulation.
- Obtaining the cabinet approval for the alcohol policy and launching the policy on 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.
2. Reduction of tobacco supply and usage	Increasing tobacco taxation. On Elimination of Illicit trade on Tobacco Products NATA supported the accession of FCTC protocol on illicit trade in Tobacco Products. 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 <sup>st</sup> May 2016 at BMICH. With the consent of the President forwarded the tax proposal for cabinet approval and t NATA with the support of the WHO SEARO organized an Inter Country consultation and main goal of this workshop was to promote implementation of alternative livelihoods for tobacco farmers and workers in tobacco growing countries in the South-East Asia Region. Officials from Ministry of Agriculture of India, Bangladesh, Thailand, Indonesia Brazil and Sri Lanka participated this consultation. ax increase was brought.
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
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 High Court Judges on issues of implementing the NATA Act with the experts on this area from McCabe Centre Workshops for the Police Officers and PHI's. Review and Proposed Necessary amendments for the NATA Act with an expert group and the Ministry of Health and forwarded to the cabinet.
5. Prevention of harms due to Alcohol	Developed a comprehensive program for Alcohol prevention. Conducted skill-building workshops for medical officers in seven districts. This will be in cooperated with the multisectoral alcohol prevention programme.
6. Address the issues of Smokeless Tobacco	NATA is carrying out several activities to minimize the harms of smokeless tobacco.
7. Research & Information System	Health Intervention Technology Assessment Study. Survey was done and the data were presented to the Minister of Health. Fact finding survey of the estate sector. Knowledge, Attitudes and skills of the health care workers on tobacco & alcohol prevention.



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 facilities — partition of the office, purchasing of equipments and furniture.
9. Capacity building of the officers in health and other sectors on tobacco & alcohol prevention.	Workshop on Economics of tobacco control was conducted with the experts from university of Cape town & WHO SEARO

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.

<b>Curative Health Care Institutions in Sri Lanka</b>						
		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		
<b>Total</b>	<b>1,076</b>	<b>71,674</b>	<b>1085</b>	<b>73,437</b>	<b>1,085</b>	<b>76,781</b>

- **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
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

Nutrition Coordination Division is mandated to formulate a National Nutrition Policy and guidelines and coordinate all nutrition related activities within the institutions of Ministry of Health, Nutrition & Indigenous Medicine – e.g. Family Health Bureau, Health Education Bureau, Medical Research Institute, Non Communicable Disease Unit, Food Control Unit, Nutrition Division, Young, Elderly & Disabled Unit, other Provincial Authorities, and other Ministries and Non Governmental Organizations.

### Progress of the Major activities done by Nutrition Coordination Division

#### 1. *District Nutrition Action Plan (DNAP)*

According to the National Nutrition Policy and Strategic Plan, guidelines were prepared for developing the District Nutrition Action Plans. Rs.24.0 Mn funds were released to all Provincial Director of Health Services (PDHS) for the implementation of the Nutrition Action Plan in all districts. Under this District Nutrition Action Plan the following activities were implemented. 1. Training programmes to the Health Care workers on Infant, young child feeding 2. Renovating the Thripasha storage facilities 3. Food demonstration programmes 4. Awareness programmes and nutrition interventions in schools 5. Awareness programmes on home gardening 6. Training programmes to preschool teachers on ECCD and nutrition

#### 2. *Nutrition aspects of Early Childhood Development Programme –*

##### ***(Multi sectoral approach programme)***

The objective of this programme is to improve nutrition knowledge and skills of preschool teachers and officers of Early Childhood Care & Development in order to improve the nutrition and health status of the preschool children.

- Orientation programmes were held in Mannar, Moneragala, Batticaloa, Puttalam, Galle, and Kandy districts.
- Conducted the TOT programmes in the above-mentioned districts.



### **3. National Nutrition Secretariat:**

Under the guidance of the Secretary, Ministry of Health and Indigenous Medicine, Nutrition Coordination Division was able to reactivate the Nutrition Secretariat and now trying to streamline the secretariat activities.

### **4. Establishment of National Nutrition Surveillance System NNSS)**

A consultative meeting was held during the first quarter of 2016 in Nuwara Eliya district to review the indicators of the system followed by National level consultative meeting to finalize the indicators.

### **5. National Nutrition Month**

Nutrition Coordination Division is the focal point to conduct the National Nutrition Month Activities.

The Theme for the National Nutrition Month 2016 is **“Shape Your Meal to Shape Your Body”**.

**‘Nutrition Walk’** was held on 6<sup>th</sup> June 2017 morning from Vihara Mahadevi park to Sri Lanka Foundation and followed by the Inauguration ceremony of the National Nutrition Month at the Auditorium of the Sri Lanka Foundation under the distinguished patronage of His Excellency The President Maithripala Sirisena and with the Hon. Minister of Health, Nutrition & Indigenous Medicine, Dr. Rajitha Senaratne as the Guest of Honour

### **6. Thripasha Programme:**

#### **a). Assessment of the effectiveness of Thripasha programme in improving growth of 6-24 months old children in two MOH areas in Ratnapura district.**

The aim of the study is to assess the effectiveness of the Thripasha programme when delivered under ideal conditions (intervention area) and under existing field conditions (control area) in two MOH areas in Rathnapura district. This will enable the identification of factors, which could improve its effectiveness and make recommendation accordingly. Study was commenced in October 2015 and data collection has been completed in May 2016. This Project is funded by World Food Programme.

## 7. Coordination & Collaboration with other Agencies

- Nutrition Coordination Division is the Secretariat to the Nutrition Steering Committee, which is chaired by the Secretary of Ministry of Health.
- Take part in awareness exhibitions & campaigns on nutrition.
- Provide technical support to other Ministries such as Ministry of Agriculture, Ministry of Economic Development, Ministry of Education, Ministry of Child Development & Women's Empowerment, Ministry of Industry and Commerce, Ministry of Youth, Ministry of Sports on nutrition related issues
- Involved in conducting lectures at Postgraduate Institute of Medicine & National Institute of Education.
- Working with UN agencies such as UNICEF, WHO, WFP and NGOs (World Vision Lanka, Sarvodaya etc)

Project Description	Total cost	Physical progress By 31.12.2016	Financial progress By 31.12.2016
1. <i>District Nutrition Action Plan (DNAP)</i>	23,052,945.93	100% completed	95% utilized
2. Nutrition aspects of Early Childhood Development Programme <ul style="list-style-type: none"> <li>• <b>Orientation programmes were held in Mannar, Moneragala, Batticaloa, Puttalam, Galle, and Kandy districts.</b></li> <li>• <b>Conducted the TOT programmes in the above mentioned districts.</b></li> </ul>	Rs. 3.0Mn	100% completed	100 % utilized
3. <i>Establishment of National Nutrition Surveillance System (NNSS)</i>			
4. <i>National Nutrition Month- 2016:</i>	Rs.2.50Mn	100% completed	100% utilized

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 hospital-based patient, adult and elders.

A publication named “Food Based Dietary Guidelines (FBGD) for Sri Lanka” was developed and distributed by the Nutrition division.

FBGD is an evidence-based guideline consisting of 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.

### **Activity**

1. Circulated a circular for Healthy canteen.
2. Printing of IEC materials (Banners of Food Plate, Booklet of Public health staff & ongoing procurement).
3. Established 15 Nutrition Promotion Clinics at selected hospitals.
4. National level nutrition intervention programmes and surveys with monitoring and evaluation.
5. Nutrition profiling and labelling system for Sri Lanka.
6. Rice fortification strategy to combat micronutrient deficiency.
7. The Nutrition division actively participated in Health promotion Exhibitions, carried out by various government institutions.
8. A graphical representation of Healthy food plate for Sri Lankans.
9. The Nutrition awareness programmes carried out in selected schools in Colombo district.
10. Revising of National Nutrition Policy (NNP).
11. In service, basic training programmes conducted for medical doctors, nursing staff and nursing sisters.

## 12. Local Training (Technical) for office staff strengthened the Nutrition Division

### Promoting Health Lifestyles



*National Nutrition Programme*

“Shape your meal to shape your body” – Special awareness parade was organized commemorating National Nutrition Month. Special dish was presented to HE Maithripala Sirisena, which displays the correct portions of a balanced nutritious meal. Balanced nutrition can be obtained by choosing variety of food, cooking while saving the quality of food and appropriate food intake. The main theme of National Month on Nutrition is to make aware the general public on correct food portions and variety of food on their daily meal plates.

### 6.4.2 Thriplosa Programme

Sri Lanka Thriplosa 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.

Thriplosa 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.



BENEFICIARY LEVEL SUMMARY					
DISTRICT	2012	2013	2014	2015	2016
AMPARA	25,433	26,143	26,542	26,542	26,508
ANURADHAPURA	54,242	56,615	56,505	56,410	56,142
BADULLA	39,739	43,201	41,461	41,461	38,654
BATTICALOA	62,556	42,705	43,405	43,405	44,820
COLOMBO HOSPITAL	5,411	5,148	5,148	4,848	4,373
COLOMBO SOUTH	53,116	44,513	42,553	44,513	43,243
COL.MUNICIPAL COUNCIL	7,646	9,240	9,240	9,240	8,731
GALLE	50,737	47,365	47,365	47,365	47,365
GAMPAHA	63,988	51,159	51,159	51,159	56,010
HAMBANTOTA	37,918	34,758	34,758	34,758	34,758
JAFFNA	34,928	31,243	31,010	31,010	33,062
KALMUNE	43,354	35,552	37,706	37,706	34,585
KALUTARA	45,342	38,924	30,854	34,317	36,940
KANDY	71,748	59,458	59,458	59,458	61,713
KEGALLE	37,129	30,288	30,288	30,288	29,681
KILINOCHCHI	13,849	13,849	7,719	7,719	7,987
KURUNEGALA	69,549	66,798	66,798	66,798	71,212
MANNER	9,864	7,488	7,398	7,398	10,224
MATALE	27,434	31,233	31,233	31,158	31,715
MATARA	53,533	50,795	50,795	50,695	50,695
MONERAGALA	28,919	29,517	29,517	29,517	28,509
MULATIVU	START FROM 2014		6,335	6,335	6,825
NUWARA ELIYA	26,650	28,311	27,191	26,798	25,849
POLLONNARUWA	42,427	32,367	32,367	32,367	33,500
PUTTALAM	31,558	27,857	27,857	27,857	27,857
RATNAPURA	49,046	42,555	42,555	42,555	45,377
TRINCOMALEE	42,149	34,302	40,884	40,884	28,266
VAVUNIYA	15,365	8,290	8,290	8,290	8,101
ESTATES **	55,556	55,211	55,033	54,688	55,211
MAHAWELI	-				
PROBATION & CHILD CARE	24,249	22,692	22,692	22,692	22,692
<b>TOTAL</b>	<b>1,123,435</b>	<b>1,007,577</b>	<b>1,004,116</b>	<b>1,008,231</b>	<b>1,010,605</b>

### Monthly Thripasha Production Performance

	2014	2015	2016	2017
Months	750g bags	750g bags	750g bags	750g bags
<b>JAN</b>	1,209,480	1,437,030	1,726,260	1,687,080
<b>FEB</b>	1,431,240	1,310,370	1,602,480	1,448,640
<b>MAR</b>	1,707,510	1,596,180	1,662,300	1,744,500
<b>APR</b>	1,154,760	1,265,280	1,335,030	1,408,680
<b>MAY</b>	1,693,680	1,721,010	1,582,710	1,482,960
<b>JUN</b>	1,549,620	1,601,790	472,710	1,204,020
<b>JUL</b>	1,719,270	1,830,000		1,443,840
<b>AUG</b>	1,730,310	1,731,570	91,800	1,595,370
<b>SEP</b>	1,728,630	1,805,460	1,142,130	-
<b>OCT</b>	1,755,660	1,871,430	1,164,180	-
<b>NOV</b>	1,689,720	1,827,240	1,421,760	-
<b>DEC</b>	1,262,160	1,458,990	866,940	-
<b>Total Quantity 750g Packets</b>	18,632,040	19,456,350	13,068,300	12,015,090
<b>Quantity / Mts</b>	13,974.03	14,592.26	9,801.23	9,011.32
<b>Cost (Rs)</b>	<b>2,050,688,902.50</b>	<b>2,141,414,521.88</b>	<b>1,438,329,768.75</b>	<b>1,322,410,843.13</b>

**Note - Cost of Thripasha 1 kg = 146.75**

**Monthly Suposha Production 2017**

No	Month	100g Packets	250g Packets	500g Packets	750g Packets
<b>1</b>	<b>Apr.</b>	62650	57350	24816	21020
<b>2</b>	<b>May</b>	51350	73625	31032	39560
<b>3</b>	<b>June</b>	14950	64175	17328	39500
<b>4</b>	<b>July</b>	6000	226425	10479	126240
<b>5</b>	<b>Aug</b>	8250	187827	42096	97860

Note – Cop for 1 Kg. 146.75

## 6.5 ORAL HEALTH SERVICES



Sri Lanka is celebrating ninety years since the public sector oral health services have started in 1915. Services which was started with one apothecary licenciated dentist in 1915, has expanded to network of more than 500 oral health service points including tertiary care specialty service.

There are 1516 Dental Surgeons, 63 Dental Consultants and about 421 School Dental Therapists are working in government sector up to date. At the end of year 2016, it is planning to recruit another 32 new dental surgeons in to the work force in government sector. The basic oral health care services are provided by Dental Surgeons, while specialized care is provided by Oral & Maxilo-Facial Surgeons, Consultants in Restorative Dentistry ,Consultant Orthodontists and Oral Pathalogy Moreover, Consultants in Community Dentistry are predominantly involved in specialized oral health promotion, oral disease prevention and research. The Regional Dental Surgeons are operating in provincial health care settings at office of the Regional Director of Health Services and coordinate with the provincial and the line ministry institutions to ensure provision of effective oral health care services as well as to promote oral health activities.

Category	No of recruitment for year 2016
Consultant Dental Surgeons	02
Dental Surgeons	32
School Dental Therapists	30
Dental Technicians	10



## Achievements/Special Events in 2016

The year 2016 makes landmark history as the first phase of construction new building complex of 9-storied Dental Institute at Ward Place was completed and opened to the public in December. 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.

Accordingly, the worth of 350Mn high technology Investigative equipment such as

Cone Beam CT Scanner, 10 Dental X-Ray Machines, High Pressure Sterilizer, Washer Disinfectors and Oral & Max jib-Facial equipment 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 for patients in newly constructing Dental Institute, Colombo as well as for other line ministry institutions in Sri Lanka. Construction of second phase of new building complex of 9-storied Dental Institute at Ward Place is already started.

## Mobile Oral Health Services

In order to provide essential oral health services in underserved and under privileged communities, mobile oral health services are carried out. The mobile dental unit at the Dental Institute, Colombo is deployed to any destination of the country on request. Moreover, several other health regions (Districts) have their own mobile units catering to the target groups

such as school children, adolescents, antenatal mothers, adult groups (particularly in work places).

Further, mobile dental set up mounted on vehicles are available in 10 district dental health units \which are under the supervision of the respective Regional Dental Surgeons.

Further, 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 with cost of LKR 100.00 million by Oral Health Unit of Ministry of Health. 07 Dental Mobile buses will be distributed among 07 districts to conduct outreach programmes for patients who are in need of getting oral health care than the traditional delivery system.



### **Dental Public Health Activities**

Oral health promotion and oral disease prevention has been identified as major dental public health activities under the oral health policy. Oral Health Unit of Ministry of Health has taken necessary steps to procure 200 LED televisions, 50 sets of slim light Boxes in three languages (Two in each set), Five hundred thousand Posters and leaflets including Oral health promotional Messages which cost of LKR 12 million to distribute among health Institutions Island wide in year 2016 to promote oral health messages to public.

Steps have been taken to provide necessary materials and equipment to prevent Dental fluorosis in 8 districts in Sri Lanka with high prevalence and severity of dental fluorosis such as Polonnaruwa, Anuradhapura, Kurunegala, Rathnapura, Matale, Vavuniya, Monaragala, Puttalam and Hambanthota. Under this programme, estimated cost for this activity is LKR 3 million in year 2016.

## 4<sup>th</sup> National Oral Health Survey

Sri Lanka is the only country in the South East Asia region in addition to Thailand which has done National Oral Health Survey regularly. Three National Oral Health Surveys have been conducted in the past in 1984, 1994, and 2002/2003. The fourth survey covering a sample of more than 10,000 people from Island has been commenced middle of the year 2015 and data collection has already been completed. Data analyzing and Publication of survey report is processing at the moment.

## Oral Health Care Programmes

There are five main ongoing special community oral health programmes conducting successfully in Island wide.

1. Oral health care services to pregnant mothers.
2. Early childhood caries prevention Programme/Fluoride Varnish programme.
3. Save Molar programme for School Children.
4. Oral Potentially Malignant disorder (OPMD) and Oral Cancer Prevention and early detection programme.
5. Dental Fluorosis prevention & control programme.

## Physical Resources Development

### Opening of New National Dental Teaching Hospital



The first phase of the Sri Lanka National Dental Teaching Hospital was opened President Maithripala Sirisena in the presence of Health Minister Dr. Rajitha Senaratne and Health Deputy Minister Fizal Kassim, Health Ministry. The new hospital consists of an Out Patient Department (OPD), Emergency Treatment Unit (ETU), four oral and maxillofacial surgical units, two dental restoration units, dental orthopedic section, oral health promotion unit, male and female ward complexes with 32 beds, surgery complex with three theatres, oral diseases unit, two laboratories, Cone beam CT Scanner (the only such

machine available in Sri Lanka at the moment), fully computerized x-ray unit and data storage system, fully computerized admission system etc.

## **6.6 NATIONAL BLOOD TRANSFUSION SERVICES**

National Blood Transfusion Service (NBTS), Sri Lanka is a special campaign coming under the Ministry of Health Nutrition and Indigenous Medicine. It is the sole supplier of blood and blood products to all government hospitals, majority of private sector hospitals and hospital of security forces. There are 99 functioning Hospital Based Blood Banks & 2 Standalone Blood Centers affiliated to 19 cluster centers, depending on the geographic distribution. Kiribathgoda blood bank was established as a new blood bank in 2016.

National Blood Center (NBC) is the operational headquarters of NBTS. Within NBC, there are several departments and units each of which has its own distinctive role to assure the timely supply of quality assured blood and blood products and transfusion & transplant related services to the entire country. NBTS is a well-established nationally coordinated service with high scientific and technical standing at national and International levels and holds a prominent place in the country's health, scientific and educational structure. Blood transfusion service in Sri Lanka is considered as one of the most quality service in the region and in the world.

### **Objectives**

1. To provide twenty four hour service at all blood banks island wide
2. To assure supply of blood products according to the demand
3. To establish new blood banks in few upgraded hospitals
4. To strengthen the new technologies introduction to NBTS
5. To assure quality of blood transfusion service through continuous monitoring and evaluation

### **Achievements**

1. Establishment of blood bank BH Kiribathgoda
2. Commencement of Stem Cell transplant services in collaboration with National Cancer Institute Maharagama
3. Commencement of Frozen Red Cell and preserve it for 10 years
4. Changes to HLA testing method: serological testing to more advanced molecular testing
5. Computerization of Donor & Blood Processing information
6. Completion of construction and supply of equipments to Cord Blood Bank



7. Completion of constructions of peripheral blood banks and declared open (CIM,BH Tangalle)
8. Celebration of World Blood Donor Day on 14<sup>th</sup> July at BMICH to appreciate Voluntary Donors
9. Improved transport capacity of National Blood Center by getting 2 staff transportation vehicles for mobiles
10. Establish new blood component processing centers at DGH Chillaw & DGH Hambanthota
11. Expanding of Nucleic Acid Testing to other clusters- pilot project at Ragama cluster blood collection
12. Receive a Mobile Blood Collection Vehicle from National Health Service UK as a gift

### Ongoing Development project details

Project Description	Total Estimate Cost	Physical Progress by 31.12.2016	Financial Progress by 31.12.2016
Upgrading the NBTS with the State of Art Technology	Rs.4518Mn	89%	Rs.3610Mn

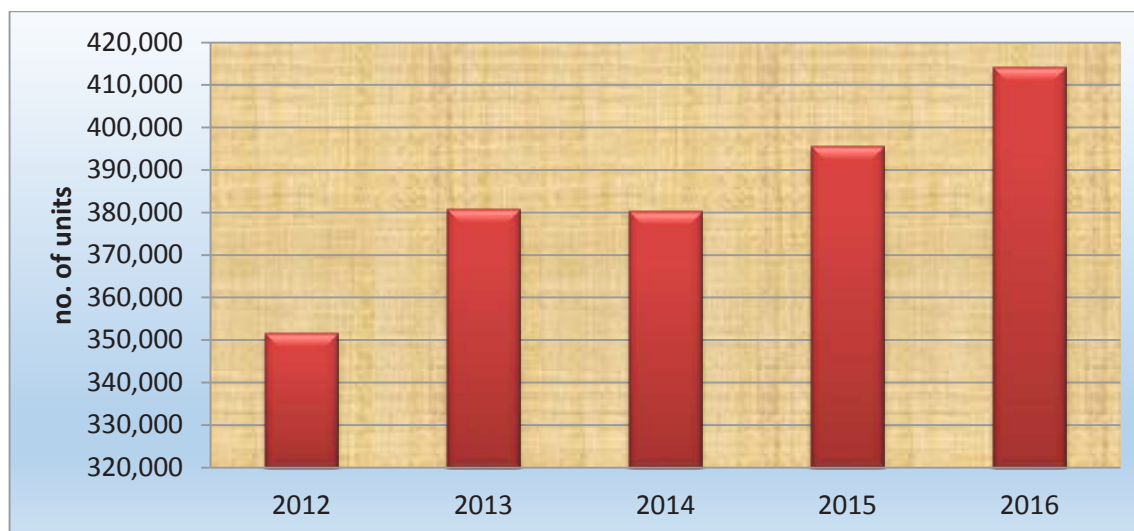
### Last 5 years performance trend

#### Annual Blood Collection

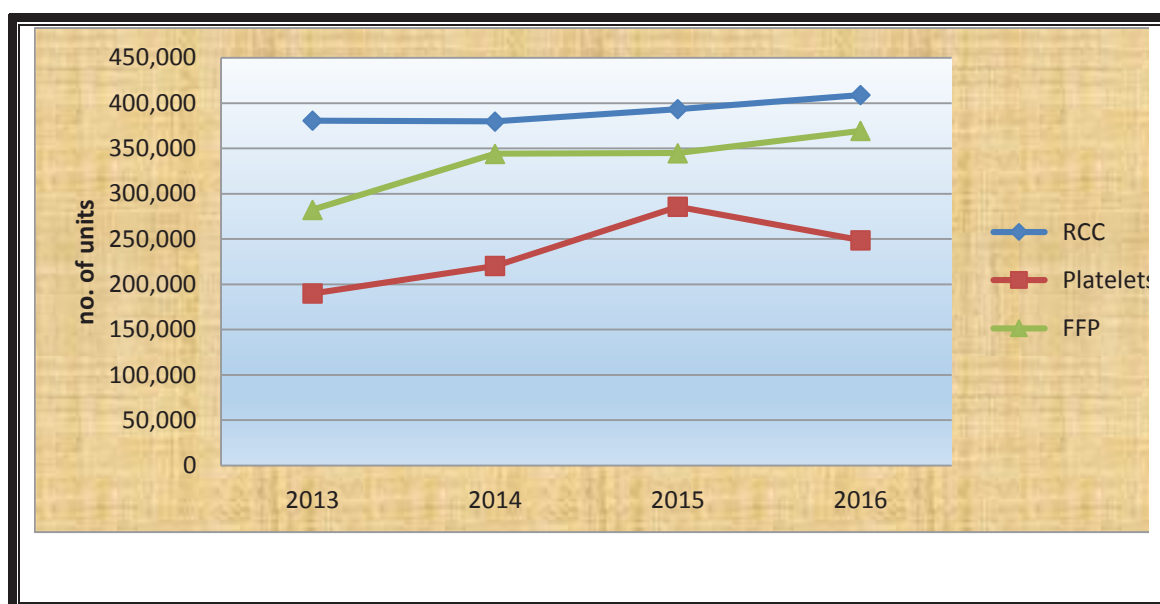
Year	Voluntary collection	Replacement collection	Total collection
<b>2012</b>	349,423	2,182	351,605
<b>2013</b>	380,808	0	380,808
<b>2014</b>	380,367	0	380,367
<b>2015</b>	395,500	0	395,500
<b>2016</b>	414,175	0	414,175

	2013	2014	2015	2016
<b>RCC</b>	380,760	379,774	393,348	408,959
<b>Platelets</b>	189,879	220,335	285,646	248,644
<b>FFP</b>	282,231	344,091	344,788	369,299

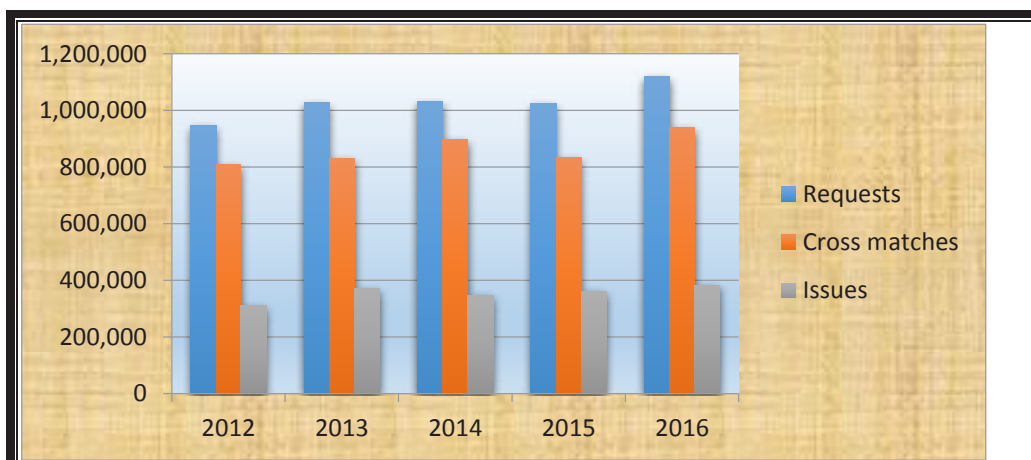
From 2013 blood was donated by 100% voluntary, regular, non-remunerated blood donors.



### Blood component preparation



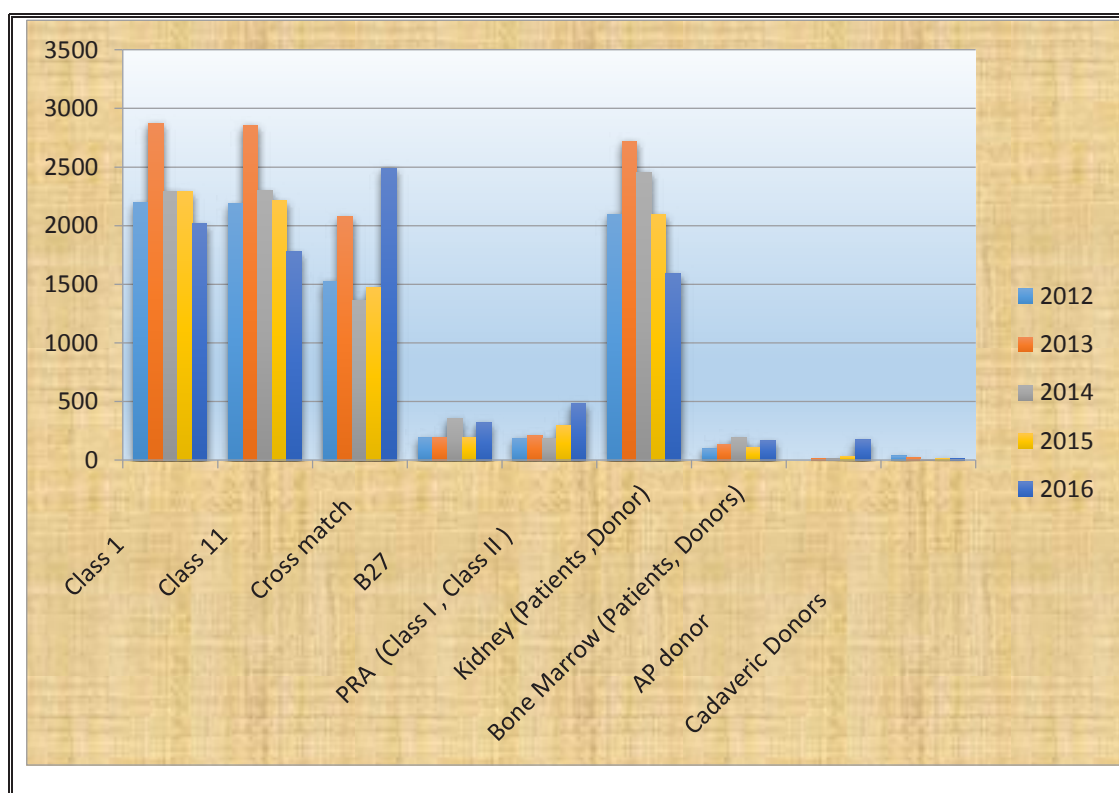
### Red cell concentrates (RCC) requests, cross matches and issues



	Requests	Cross matches	Issues
<b>2012</b>	947,650	808,978	310,539
<b>2013</b>	1,028,425	831,063	370,645
<b>2014</b>	1,031,895	896,997	347,668
<b>2015</b>	1,022,445	834,023	361,308
<b>2016</b>	<b>1,118,987</b>	<b>940,777</b>	<b>382,907</b>

*PRA – Panel Reactive Antibodies*

Typing and cross matches	2012	2013	2014	2015	2016
<b>Class 1</b>	2195	2876	2293	2288	<b>2015</b>
<b>Class 11</b>	2188	2856	2297	2214	<b>1777</b>
<b>Cross match</b>	1526	2076	1365	1471	<b>2490</b>
<b>B27</b>	187	194	352	194	<b>319</b>
<b>PRA (Class I , Class II )</b>	185	207	179	295	<b>484</b>
Transplantation					
<b>Kidney (Patients ,Donor)</b>	2096	2721	2455	2094	<b>1589</b>
<b>Bone Marrow (Patients, Donors)</b>	96	136	192	108	<b>167</b>
<b>AP donor</b>	0	14	11	32	<b>171</b>
<b>Cadaveric Donors</b>	34	22	7	15	<b>11</b>



**Performance of Reference Immunohaematology Laboratory**

Test category	2012	2013	2014	2015	2016
Difficult compatibility testing	3411	3263	2413	2656	<b>2767</b>
Antenatal Screening	1012	1371	1640	1263	<b>3266</b>
Antibody titrations	339	398	243	394	<b>241</b>
DAT profile	708	790	637	603	<b>702</b>
Extended phenotypes	261	237	303	439	<b>414</b>
Cold agglutination titration	55	50	38	154	<b>47</b>
Isohaemagglutination test	36	43	80	54	<b>97</b>
Haemolysin test	36	26	26	55	<b>97</b>
Confirmation of Bombay O	22	13	111	22	<b>15</b>
Elution studies	25	11	30	26	<b>30</b>
Transfusion reaction investigations	12	15	14	49	<b>21</b>

**Performance of Reagent Laboratory**

Total tests performed	Tested samples
<b>48,858</b>	43,214

Reagents prepared	2012	2013	2014	2015	2016
PBS working solution (L)	5510	5730	5565	7785	3965
PBS stock solution (L)	520	610	620	810	3965
Alsevers solution(l)	108	116	148	172	274
Antibody screening cells(mL)	73114	66390	39,255	45,650	162,800
Anti A1 (ml)	1030	837.5	482.5	775	1450
Anti H (ml)	80	2475.5	327.5	475	1125
ABO reverse grouping cells (ml)	19280	21980	28,275	3,7625	120,200



### Statistics of Nucleic Acid Testing - 2016

Nucleic acid testing (NAT) facility is available for TTI testing at the National Blood Center, which will reduce the window period of detecting HIV, Hepatitis B and Hepatitis C in donated blood.

As a pilot study for the total blood collection of NBC 61.6% NAT testing was performed. Number of tests performed was more than the tested samples due to several reasons.

1. For each work sheet calibrations controls should be performed.
2. In hardware failure the whole batch should be repeated again.
3. In a contamination saline run should be performed.
4. When invalid test was noted it should be repeated with next batch.

In future this will be streamline and extended for all the testing centers to improve the quality of blood products. As a pilot project NAT Testing was initiated for TH Ragama blood collection

### Statistics of Pathogen Inactivation (PI) of Platelets – 2016

New technologies such as Pathogen Inactivation have been introduced recently adding more value to the services already provided. Pathogen Inactivation is a proven method in preventing risk of Transfusion Transmitted Infection and bacterial contamination.

Month	No of PI pools	Issues	Discards
TOTAL	14	14	0

All the PI platelets were transfused to patients in Apeksha Hospital, Maharagama.

### Statistics of FROZEN RED CELL (FRC) – 2016

Freezing of rare blood groups for the period of 10years is the latest technique done by developed countries. Currently a validation program is conducting at NBC on Frozen Red Cell technology for freezing Red Blood Cells especially rare blood groups.

No of Red Cell Units Frozen	Units	No of Red Cell Units Deglycerolized	Units
Bombay O Rh D Positive units	7	O Rh D Positive Units	8
A Rh D Positive Units	1		
<b>Total</b>	<b>8</b>	<b>Total</b>	<b>8</b>

**Stem Cell Transplantation – 2016**

Upgrading the National Blood Transfusion Service with the newer technologies, Hematopoietic stem cell transplantation (HSCT) was initiated at National Blood Center combined with Apeksha Hospital, Maharagama to treat the patients suffering from blood malignancies such as multiple myeloma, leukemia, congenital disorders of the blood and bone marrow (thalassemia, sickle cell disease).

From the 3<sup>rd</sup> quarter of 2016 the Stem Cell Transplantation was initiated. From January 2017 onwards 3 stem cell transplantations per month was performed

Number of procedures	<b>4</b>
Number of patients	2
Diagnosis of the patients	All are with multiple myeloma

## 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 2015 - 2017

Description	Rs. Million		
	2015	2016	2017
Direct Payment to SPC, SPMC	26,000	27,000	28,000
Epidemiology Unit (Immunization)	500	550	550
Family Health Bureau	680	700	700
Cancer Treatment Drugs	1,650	1,500	2,000
Medical Supply Division, Gause, etc...	11,170	15,250	13,850
<b>Total</b>	<b>39,000</b>	<b>45,000</b>	<b>45,100</b>

## **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 of this act is to ensure that all the medicines, medical devices and borderline products available in Sri Lanka are efficacious, safe and of acceptable quality, ensure uninterrupted supply and rational uses. This act was implemented from 1<sup>st</sup> 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
<b>January</b>	208	230	4	442
<b>February</b>	282	320	2	604
<b>March</b>	250	271	7	528
<b>April</b>	187	128	2	317
<b>May</b>	278	335	0	613
<b>June</b>	449	244	3	696
<b>July</b>	334	318	14	666
<b>August</b>	345	186	11	542
<b>Total</b>	<b>2333</b>	<b>2032</b>	<b>43</b>	<b>4408</b>

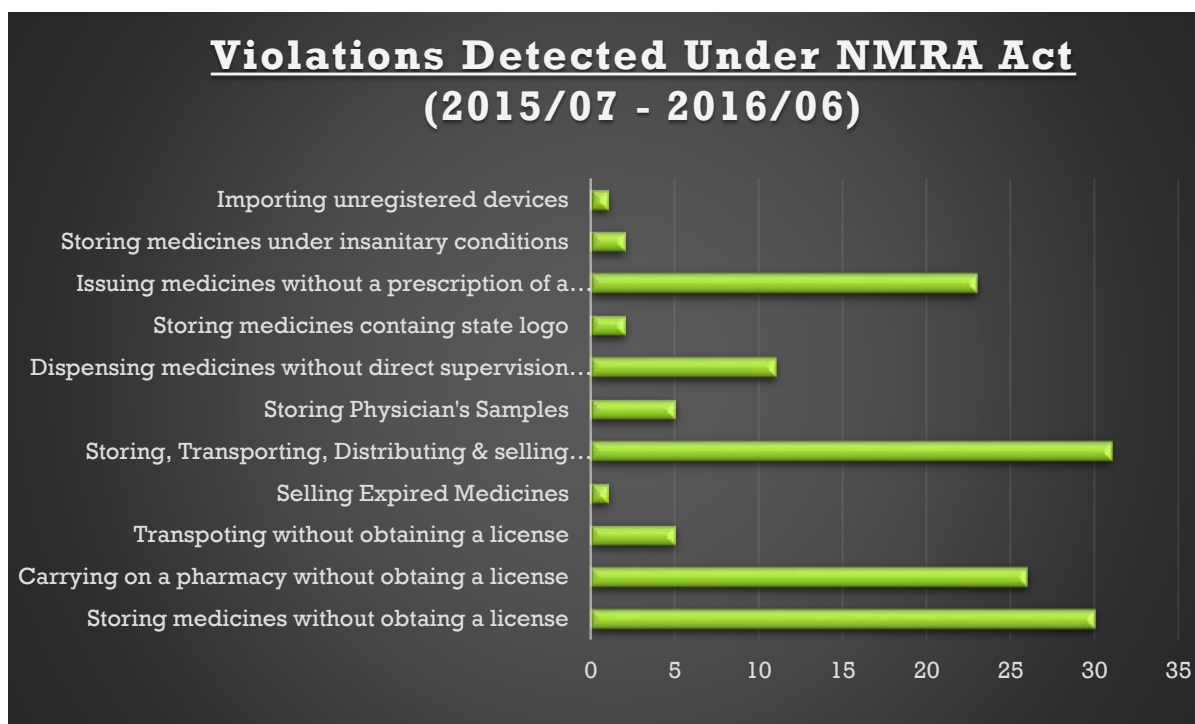
### Training Programs conducted by the Regulatory Section – NMRA From 01/ 2016 to 09/2016

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/Pura	0	0	Peradeniya	Colombo	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 imposed – Rs.4.10 Mn



- Awareness Programs conducted**

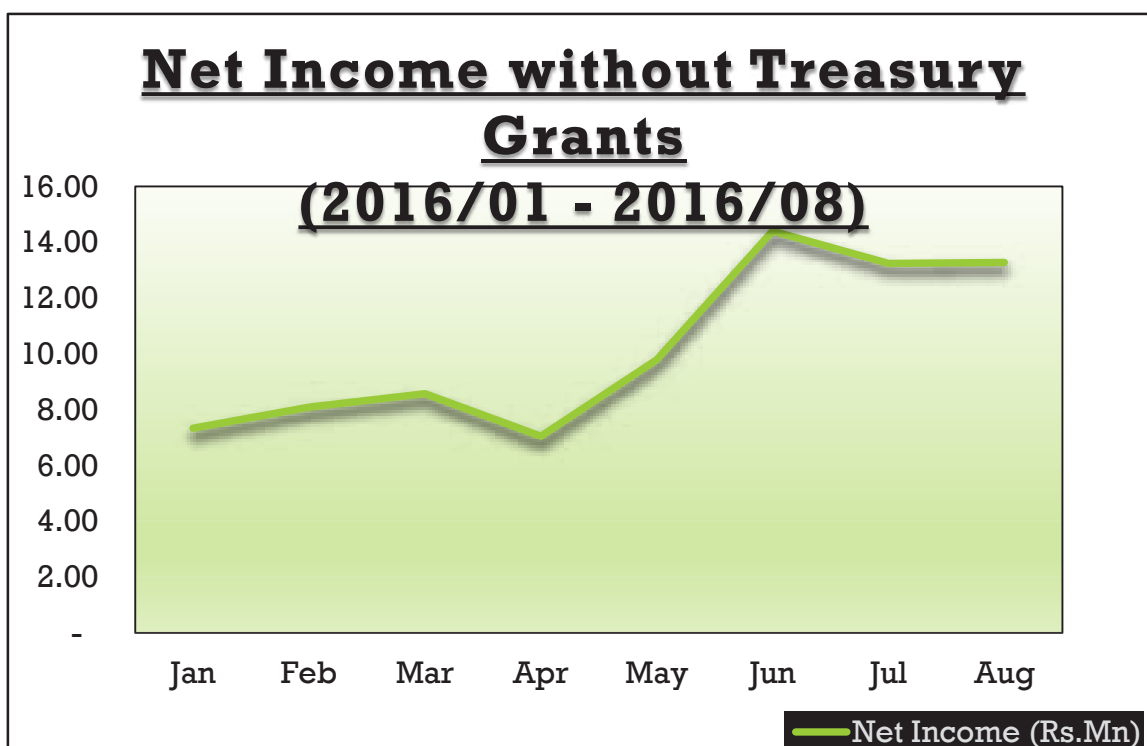
	Target Group	No of Participants
01	Pharmacy Owners (Island wide)	2404
02	F& D inspectors & Authorized officers	40
03	Medical officers of Health	32

- 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)
<b>Jan</b>	7.33	-	7.33
<b>Feb</b>	8.09	8.00	16.09
<b>Mar</b>	8.57	-	8.57
<b>Apr</b>	7.05	-	7.05
<b>May</b>	9.79	8.10	17.89
<b>Jun</b>	14.40	-	14.40
<b>Jul</b>	13.25	-	13.25
<b>Aug</b>	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.

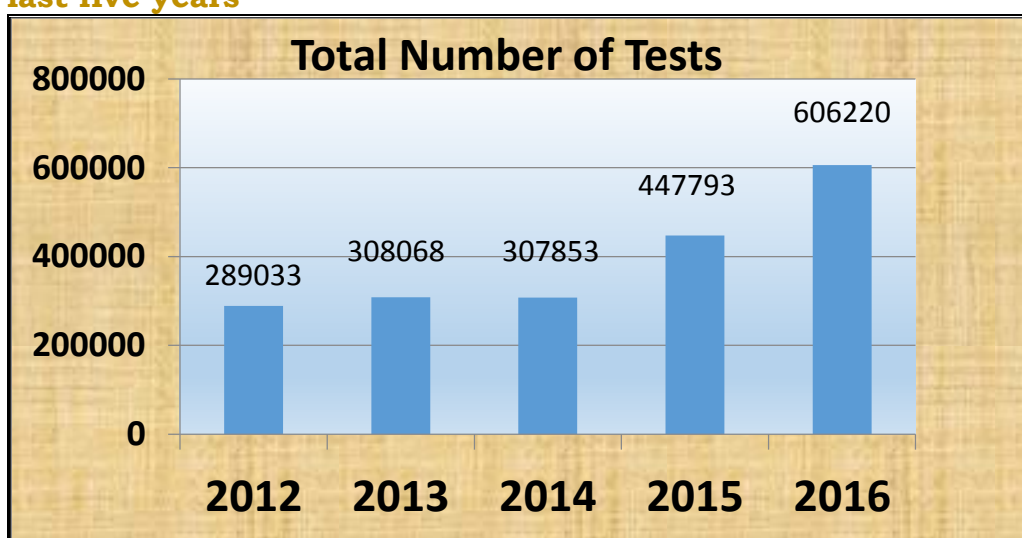
#### **Achievements / Special Events in 2016-**

- Limitation of Sample load being sent to MRI by limiting samples for HBA1C & Lipid Profiles from NHSL and Panadura Hospital
- Establishment of a Laboratory Test Report issuing station which reduced delays in report issuing

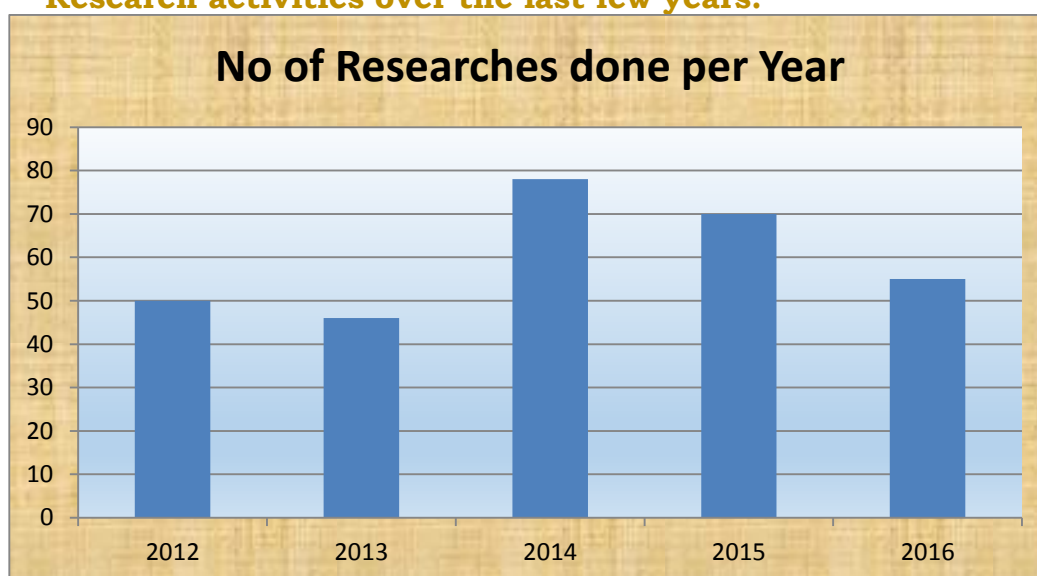
- Establishment of sending reports back to original laboratory - Lab to Lab service
- Pilot project of LIMS - Laboratory Information Management System Initiated at Virology department
- Was able to attract 15 new Minor staff members to MRI staff 6 new MLTs Joined MRI during 2016
- Establishment of Molecular Biology Unit at Department of Bacteriology
- Over 150 new Laboratory Tests initiated in 2016

### 1. Last 5 years performance trends

**Total number of Laboratory tests done at MRI per year over the last five years**



**Research activities over the last few years:**





## 2. Special Development activities planned for 2017

- a) Establishment of the BSL 3 High Risk Lab at MRI
- b) Initiation of a Molecular and Genetic Lab at MRI
- c) **HSDP activities at MRI :**
  - c.1. Pathology lab Refurbishment,
  - c.2. Hematology Lab Refurbishment,
  - c.3. Bio Chemistry Lab Refurbishment,
  - c.4. Purchasing of Automated DNA / RNA extractor for Virology Department
- d) Complete Networking and initiation of LIMS at MRI from Health Ministry HSDP funds

## **7 Infrastructure Development**

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The importance of improving health sector infrastructure, which is essential to achieve and improve health indicators and healthy life of the people, has been well recognized by health managers. Benefiting from continuous investments, a gradual improvement can be observed over the years in the country's health infrastructure, which includes medical equipment's, transport and buildings.

Continues provision of quality and efficient service in all levels of health sector namely Primary, Base, General, District and Tertiary are essential to achieve rapid growth and development in the country. In this context, the government continued with its role as the main health service provider in the country, while the private health sector investment on health too has increased significantly over the years.

In 2016-2017, 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 2016 - 2017.

### **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 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 (BES) can be listed as follows.

1. Procurement of medical equipment
2. Repair & maintenance of medical equipment
3. Training of end users and technical staff
4. Provision of local/foreign technical expertise in medical equipment

The head office of the Biomedical Engineering Services Division is located in Colombo has workshop 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 14 no of Biomedical Engineers, 42 no of Forman and 43 no of Technicians are attending on management of medical equipment.



Biomedical Engineering Services also provide facilities for industrial training for engineering undergraduates from Peradeniya University and Sri John Kothalawala Defence University.

BES is able to extended regional Biomedical Engineering Units to Anuradhapura, Badulla, Kandy, Jaffna and Batticaloa with new recruitment of Biomedical Engineer.

BES has started development of web-based software for medical equipment Inventory Management System.

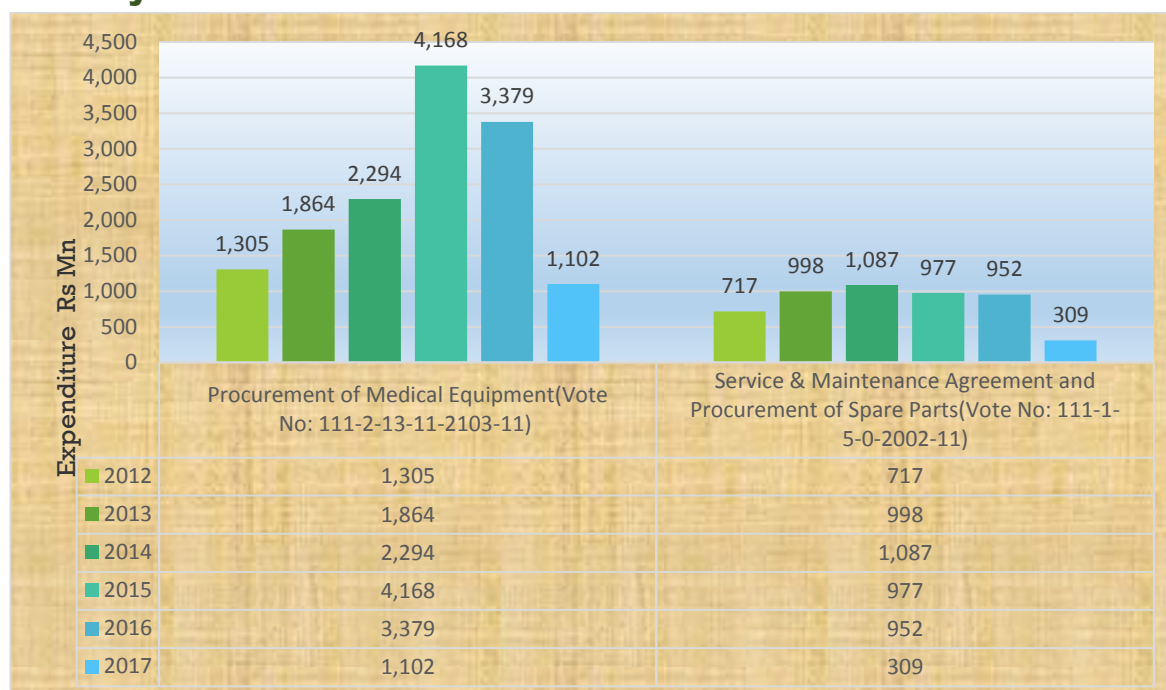
### Major Achievements/Special Events in 2016

Index	Equipment Name	Qty	Rs. Mn.
			Awarded Cost (Rs.)
1	Laparoscopy M/C	3	36,672,000.00
2	ICU Ventilator	10	29,655,000.00
3	BP Apparatus	873	11,707,500.00
4	Spot Lamp	73	10,840,500.00
5	Exercise ECG	6	14,981,250.00
6	Eye Microscope	8	85,197,000.00
7	ENT Microscope	4	39,616,000.00
8	Infant Incubator (Transport)	11	10,450,000.00
9	Laparoscopy M/C	3	36,672,000.00
10	Eye Laser	5	44,186,500.00
11	Patient warmer	75	18,637,500.00
12	OT Table	28	73,881,060.00
13	OT Table (Orthopedic)	9	67,150,800.00
14	Ventilator (Trans)	24	25,680,000.00
15	Ventilator (ICU)	45	63,369,270.00

16	Intra-Aortic Balloon pump	3	37,719,420.00
17	Autoclave Table Top	145	42,630,000.00
18	Central Monitoring Sys (A'pura)	1	18,840,000.00
19	Central Monitoring Sys (Kara'pitiya)	1	18,392,000.00
20	C-PAP	33	27,060,000.00
21	Exercise ECG	6	13,961,040.00
22	Eye Operating Microscope	2	16,729,000.00
23	ENT Operating Microscope	2	20,400,000.00
24	Neuro Navigator	1	103,190,000.00
25	Operating Microscope (Neurosurgery)	1	32,915,400.00
26	Operating Microscope (Plastic Surgery)	1	42,492,125.00
27	USS (Radiology)	8	31,019,520.00
28	Ventilator (Transport)	17	16,966,000.00
29	X-ray (mobile)	20	49,220,000.00
30	X-ray (Fluoroscopy)	3	134,406,150.00
31	USS (portable)	15	21,921,210.00
32	Multi monitor	150	17,025,000.00
33	Echocardiography	4	38,595,000.00
34	Skull Base Navigator	1	27,714,250.00
35	Echocardiography	1	21,285,000.00
36	Neurosurgical operating Microscope (Teach)	1	93,579,137.00
37	Lithotripter	1	61,800,000.00
38	Heart Lung M/C	1	35,461,113.94
<b>Total Amount</b>			<b>1,492,017,745.94</b>



### Last 5 years Performance Trend



### 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	

<b>11</b>	G.H.Mahamodara				06			03	02	
<b>12</b>	C.H.Walisara		01	03	10			03		
<b>13</b>	T.H.Kurunegala		01	03	10			05	01	01
<b>14</b>	De Zoysa Maternity Hospital			01	06			03		
<b>15</b>	T.H.Kandy	01	01	05	56	01	02	04	04	01
<b>16</b>	T.H.Peradeniya		01	02	20	01		06	01	
<b>17</b>	Cancer Institute Maharagama		01	02		03	03	02	01	
<b>18</b>	D.G.H.Chillaw			01	16			03	01	
<b>19</b>	D.G.H.Polonnaruwa		01	03	17	01		03	01	
<b>20</b>	D.G.H.Trincomalee		01	01	15			02		
<b>21</b>	T.H.Batticaloa		01	02	20			04	01	
<b>22</b>	D.G.H.Monaragala		01	01	07			02		
<b>23</b>	B.H.Ashrof Memorial			01	10			02		
<b>24</b>	B.H.Kalmunai North			01	03			02		
<b>25</b>	B.H.Akkaraipaththu			01	02			02		
<b>26</b>	G.H.Ampara		01	02	05			05	01	
<b>27</b>	G.H.Gampola			01	03			02		
<b>28</b>	G.H.Kalutara		01	03	06			03	01	
<b>29</b>	Eye Hospital							02		
<b>30</b>	G.H.Badulla		01	03	25	01	01	06	01	
<b>31</b>	G.H.Kegalle		01	03	10			03	01	
<b>32</b>	G.H.Nuwara Eliya			02	08			02	01	
<b>33</b>	Lady Ridgeway Hospital		01	03	37			06	02	01
<b>34</b>	T.H.Ragama		01	03	26			06	01	
<b>35</b>	I.D.H			01	01			01		
<b>36</b>	B.H.Mullariyawa			01				01		
<b>37</b>	National Institute of Mental Health – Angoda			01						

38	R.H.Ragama			01	01					
	<b>Total</b>	<b>05</b>	<b>23</b>	<b>71</b>	<b>585</b>	<b>08</b>	<b>09</b>	<b>134</b>	<b>41</b>	<b>09</b>

### 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.

### On-going Construction Projects (Local Funded)

	Project	TEC(Rs.Mn.)	Cumulative Expenditure 2017.06.30 Rs. Mn.
1	Improvement of ETU Facilities under Line Ministry Hospitals	9,525.00	1,100.61
2	Clinical Building and OPD Complex at DGH Kalutara Stage 11	240.30	130.37
3	Proposed Extension to PBU -De Soyza Maternity Hospital	325.40	80.36
4	Construction of proposed Millennium Ward Complex at TH Kalubowila (Colombo South)	900.00	441.66
5	Construction of Cardiology Unit, Catheter Lab, Laboratory Complex and Ward Complex at Teaching Hospital Batticaloa	627.00	13.32
6	Maternity Ward Complex at TH Kurunegala - Stage III	914.94	827.38
7	New Medical Ward Complex at DGH Chilaw	311.00	23.11
8	Construction of Drug Stores for MSD at Mulleriyawa(MSD) - For Balance Work	305.00	10.88
9	Construction of Accident Service and Wards Complex of Teaching Hospital Ragama	1,125.40	679.56

<b>10</b>	Development of Polonnaruwa District General Hospital	507.00	352.96
<b>11</b>	Development at Karapitiya Hospital	1,024.00	9.65
<b>12</b>	Development of District Hospital Kalutara as a Specialized Maternal and Children's Hospital	4,500.00	698.68
<b>13</b>	Construction of Ministry Building	3,897.00	659.52
<b>14</b>	Construction of National Stroke Centre at Base Hospital Mulleriyawa	400.00	41.82
<b>15</b>	Extension of OPD, Laboratory and Radiology Unit at BH Angoda (IDH)	830.00	50.74
<b>16</b>	Upgrading the Anuradhapura, Kurunegala and Jaffna Hospitals	1,750.00	1,355.16
<b>17</b>	Construction of 03 Cancer Hospitals in Thellipalei, Kandy and Matara	1,000.00	531.79
<b>18</b>	Emergency Pre Hospital Care Ambulance	455.55	62.76
<b>19</b>	Development of Dental Institute Colombo (Stage II)	1,050.00	0.46
<b>20</b>	Construction of Staff Quarters for Medical Officers ,Nurses & Others in identified hospitals	100.00	58.68
<b>21</b>	Development of Estate sector Hospitals	200.00	53.28
<b>22</b>	Establishment 1000 Kidney Dialysis Centers in Kidney Diseases prevalent areas	6,500.00	484.57
<b>23</b>	Construction of a word Complex for District Ayurveda Hospital Manchanthuduwa	185.00	0.36
<b>24</b>	Construction of two storied Building for Ayurveda Hospital Kithady	63.60	17.25
<b>25</b>	Construction of 08 storied Ward complex at Borella ayurvedic Teaching Hospital	1,113.00	128.72



*Borella ayurveda Building Visit*





Mannarama Quarters

### 7.3 Special Foreign Funded project

project		TEC(Rs.Mn.)	Cumulative Expenditure 2017.06.30
1	Development of Ambulatory Care Centre (OPD) of National Hospital of Sri Lanka (GSOL- China)	14,600.00	220.26
2	Epilepsy Unit at National Hospital Colombo	4,598.00	4,444.81
3	Strengthening Patient Care Services by Establishing Clinical Waste Managements Systems in the needy hospitals comes under the provincial councils in Sri Lanka (GSOL-Australia)	2,600.00	759.03
4	Batticaloa Teaching Hospital Emergency and Accident Centre Project (BEAP) under the Foundation supporting a National Trauma Services in Sri Lanka (GOSL-Australia)	675.00	94.41
5	Helmut Khol Maternity Hospital Karapitiya, Galle (GOSL -Germany ) -	4,480.00	1,185.00
6	Development of District General Hospital Hambantota and District General Hospital Nuwaraeliya under Netherlands Assistance - GOSL	15,915.00	15,805.70
7	Provision of High Quality Radiotherapy for Cancer Patients in Sri Lanka With High Energy Radiation (GOSL - Denmark)	10,000.00	2,345.29
8	Rehabilitation and Expansion of Production Capacity at State Pharmaceuticals Manufacturing Corporation (SPMC) GOSL - JICA	2,007.00	261.07
9	Upgrading of National Blood Transfusion services of Sri Lanka with State of the Art Technology giving special Emphasis on North & East ( GosL-Netherland)	4,518.00	4,248.88

<b>10</b>	Construction and upgrading peripheral blood banks Coming under the National Blood Transfusion Services of Ministry of Health in Sri Lanka Under Netherlands Assistance	3,750.00	2,615.21
<b>11</b>	Global Fund to Fight Against Tuberculosis and Malaria(GFATM)	4,669.00	1,097.63

## 7.4 Transport

### Transport Unit

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

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

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

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

## 8 Human Resource Development



Education, Training and Research Unit is the focal point for policy formulation, coordination and provision of technical guidance to conduct basic (except for basic degree programmes for Medical Officers and Dental Surgeons) and in-service training programmes for the staff. Also the Unit is responsible for policy formulation and capacity building on health research. The unit and two institutions, namely the Medical Research Institute (MRI) and the National Institute of Health Sciences (NIHS) functions under the purview of the DDG/ET&R. Furthermore, the Unit coordinates with Ceylon Medical College Council, University Grants Commission and other relevant academic and professional institutions and organizations with the objective of strengthening, human resource capacity of the health sector.

### Human Resource Situation

Human Resources	2011		2014		2015	
	Number	Population per Health Person	Number	Population per Health Person	Number	Population 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		
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	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		

## Performances

### A. Basic/Post basic Training of health workforce

#### 1. Trainees successfully completed & qualified to practice by category

Category	2016	2017
Nursing	135 + 175 ( <i>for Military &amp; Department of Ayurveda</i> )	1809
Ophthalmic technologists	32	24
Electro Encephalographers	24	-
ElectroCardiographers	81	-
Radiographers		
School Dental Therapists	25	30
Entomological Assistancts	10	7
Public Health Laboratory technicians	21	-
Dispensers	726	12

**2. Intake of trainees for basic training (by category)**

Category	Period of Training	2016	2017*
Nursing	3 years	786	1383
Pharmacists	2 years	75	300
Medical Laboratory Technologists	2 years	-	150
Physiotherapists	2 years	-	20
Occupational therapists	2 years	-	40
Radiographers	2 years	-	50
Ophthalmic technologists	2 years	-	26
Electro Encephalo-graphers	1 year	-	20
School Dental therapists	2 years	-	66
Entomology Assistants	2 years	-	50
Prosthetics & Orthotics	3 years	-	10
Public Health Inspectors	1 1/2 years	-	384
Electro Cardiographers	1 year	-	80
Public Health Laboratory Technicians	1 year	103	-
Public Health Midwives	1 1/2	654	-
Dental Technicians	2 years	3	10
Dispensers	9 months	12	-
<b>Total Intake</b>		<b>1633</b>	<b>2589</b>

\* up to 30th June

**3. Trainees currently undergo basic training (by category,)**

Category	2017*	Training to be completed by
Nursing	7430	June 2017 - 1749 2018 - 3512
Medical Laboratory Technologists	225	June 2017
Pharmacists	273	June 2017
Physiotherapists	67	June 2017
Occupational Therapists	45	June 2017
Radiographers	64	June 2017
Public Health Laboratory Technicians	100	2017
Public Health Inspectors	193	2017
Public Health Midwives	654	October 2017
Dental technicians	8	2017 (No.5); 2018(No.3)
Prosthetics & Orthotics	5	2018
Public Health Field	248	October 2017

\* 2017 intake is not included

#### 4. Post basic training

##### a. for Nursing Officers

Training programme	Period of training (Month)	2016	2017
On Emergency care	6	41	60
On Midwifery		864	
On management, rehabilitation on orthopaedic spinal cord injury			26
On psychiatry nursing		-	102
On intensive care training		57	113*

\* Intake was on the previous year

##### b. For Paramedicals

Training programme	Period of training (Months)	2016	2017
Food & Drug Inspectors	6	-	20
Supervisory Public Health Midwives	3	-	159
Orthotics	6	6	-

#### 5. Intake for induction programmes for graduates recruited to the Ministry of Health

Category	2016	2017
Medical Laboratory	99	-
Physiotherapists	100	-
Pharmacists	75	-
Radiographers (Diagnostic)*	19	-
Nursing Officers	-	113

\* Foreign graduates

### B. In-service Training

#### a. Local training

##### 1. In-service training programmes conducted by the unit (2016/2017)

Category	2016	2017	Expenditure
Development Officers, Planning Officers & Management Assistants	200	100	8,18,500.00
Medical officers, Assistants Medical Officers, Nursing Officers, Public Health Midwives (on Management of poisoning)	835	-	5,34,625.00
Training of Nursing Principals & tutors of the school of nursing on new teaching methodologies	90	80	7,10,000.00



Capacity building of trainers of the training schools <i>(in collaboration with the Faculty of Medicine, University of Colombo)</i>	35	35	12,50,000.00
Library user awareness programmes	245	70	3,15,000.00
Hospital Overseers	57		12,45,370.00
Drivers	80		
Seamstress	54		
House warden	50		
Saukya Karya sahayake	77		
<b>Total</b>			<b>48,73,495.00</b>

## 2. Funds allocated to other institutions under provincial authorities on request to conduct in-service training programmes

Category	Amount (Rs. mn)	
	2016	2017*
Consultants	0.61	1.2
Administrative grade		
Medical Officers	16.8	5.3
Nursing Officers (Special grade)	24.3	2.2
Nursing Officers		
Professional Supplementary to Medicine	4.8	0.77
Paramedical	5.4	0.15
Programme & Planning Officers/ Development Officers/ Management Assistants	2.8	1.3
Health Assistants	2.3	0.11
Other	4.4	0.98
<b>Total</b>	<b>61.41</b>	<b>12.01</b>
<b>For Individual/Group training (of the total)</b>	5.3 (8.6%)	3.6 (29.9%)

\* up to 30th April 2017

### 3. Foreign training

Training programme	Category	Period	Country	2016	2017
On e-learning for education management	Medical Officers related to training institutions (Central (MoH & NIHS), Regional Training centers	2 weeks	Thailand	10	-
On pedagogy	Nursing tutors	4 weeks	Singapore	16	-
On Critical care nursing	Nursing Officers	4 weeks	Singapore	16	-
On emergency	Nursing Officers	4 weeks	Singapore	16	-
On emergency	Nursing Officers	1 week	Singapore	3	3
Health care leadership programme	Medical Administrators, medical officers, Nursing officers & Allied health personnel	2 weeks	Singapore		38
On transformative education	Middle level managers, Medical Officers & Nursing officers of the central & provincial Training institution training institutions	5 days	Thailand		8
Capacity building of library technology	Librarians & Planning Officers	5 days	Thailand		6
Global burden of disease surveillance	Higher and senior level officers	10 days	Greece		2

### C. Development of infrastructure facilities of the training schools

#### a. Funds allocated (on request) by the ET&R unit for training schools for construction/renovations-

Institution	Amount Allocated (Rs.) mn	
	2016	2017
Ampara NTS	10.33	-
Galle NTS	1.526	-
Kandana NTS	26.31	-
Mulleriyawa NTS	12.84	5.2
Kandy NTS	9.7	-
Vauniya NTS	6.9	-
MLT School - Peradeniya	1.05	-
MLT School - Kalutara/NIHS	7.39	9.11
MLT School - MR1	12.18	12.5
School of Dental Therapists	3.32	3.51
School of Entomology Assistants	1.58	3.21
School of Pharmacists - Kalutara/NIHS	1.5	-
School of Prosthetics & Orthotics	-	0.81
School of Electro-Encephalography	-	2.48
<b>Total (Rs. mn)</b>	<b>94.63</b>	<b>36.82</b>

#### b. Funds allocated (on request) by the ET&R unit for training schools for procurement of teaching & Training material/items

Institution	Amount Allocated (Rs.) mn	
	2016	2017
Ampara NTS	4.25	8.18
Galle NTS	2.22	-
Kandana NTS	0.45	0.8
Mulleriyawa NTS	1.93	1.25
Kandy NTS	3.8	-
Sri Jayawardanapura NTS	2.65	-
Kurunegala NTS	4.61	-
Kalutara NTS	1.53	0.36
Rathnapura NTS	0.4	-
Anuradapura	0.79	-
Hambanthota NTS	3.6	5.88
Vauniya NTS	1.35	-
Matara NTS	2.53	0.87
Colombo NTS	3.85	-
Batticaloa NTS	6.35	1.83
MLT School - Peradeniya	-	8.94
MLT School - MRI	3.62	1.5
School of Dental Therapists	0.42	-

School of Pharmacists - Kalutara/NIHS	3.51	2.71
School of Public Health Laboratory Technicians	4.66	4.1
School of Prosthetics & Orthoptics	0.8	0.37
School of Electro-Encephalography	-	1.37
Provincial Training Center — Unawatuna	0.66	-
National Institute of Health Sciences	0.37	0.21
Medical Research Institute	-	2.0
<b>Total (Rs. mn)</b>	<b>54.35</b>	<b>40.37</b>

#### **D. Improvement of Quality of Training programme (2016/2017)**

- Development of national standards for conduct of basic training programme
- Updating of curriculum — PHFO, PHLT, Ophthalmic, EEG
- Development of Standards of Procedures for conduct of training programmes
- Updating of Code of conduct for trainees
- Printing of handbooks/logbooks/workbooks for trainees
  - 300 copies for Public Health Field Officers training programme
  - 1500 copies of Student Logbooks for PHM training programme
  - 1500 copies of Student workbooks for PHM training programme
  - 5000 copies of Handbook on Nursing experience for nursing training programme
  - 300 copies of Nursing procedure manual
  - 3000 copies of Handbooks on Management of Poisoning

#### **E. Books and Journals**

Books and journals for the training schools under the purview of the DDG/ET&R and the Libraries of the Ministry of Health

Institution	201	2017
Training schools & Libraries of the Ministry of Health	23,00,000.00	17,18,500.00
Hospitals & Other health institutions	5,00,000.00	-
<b>Total</b>	<b>28,00,000.00</b>	<b>17,18,500.00</b>

**F. Research****a. Research allowances (as per Management circular No 44 and 45 of 2010)**

Description	2016	2017
No. of research proposals received	251	133
No. of research proposals approved for the payment	225	64
No. persons received the allowance for the 1 <sup>st</sup> year	599	186
Payments for the 1st year <i>before publication (Rs in mn)</i>	46.5	15.8
No of publications <i>(of the completed researches)</i>	153	43
Payment as continuation of research allowance for an additional year <i>after publication (Rs in mn)</i>	66.0	13.3

\* up to 30th April 20

**b. Other**

- Final draft of the Act on establishment National Health Research Council submitted to Attorney General Department for approval
- Workshops conducted to build capacity of the institutional Ethical Review Committees
  - 2016 — 87 persons trained *(two workshops)*
  - 2017 — 64 person trained *(one workshop)*



## 9 Corporation Board Managed Institutes

### 9.1 State Pharmaceuticals Corporation

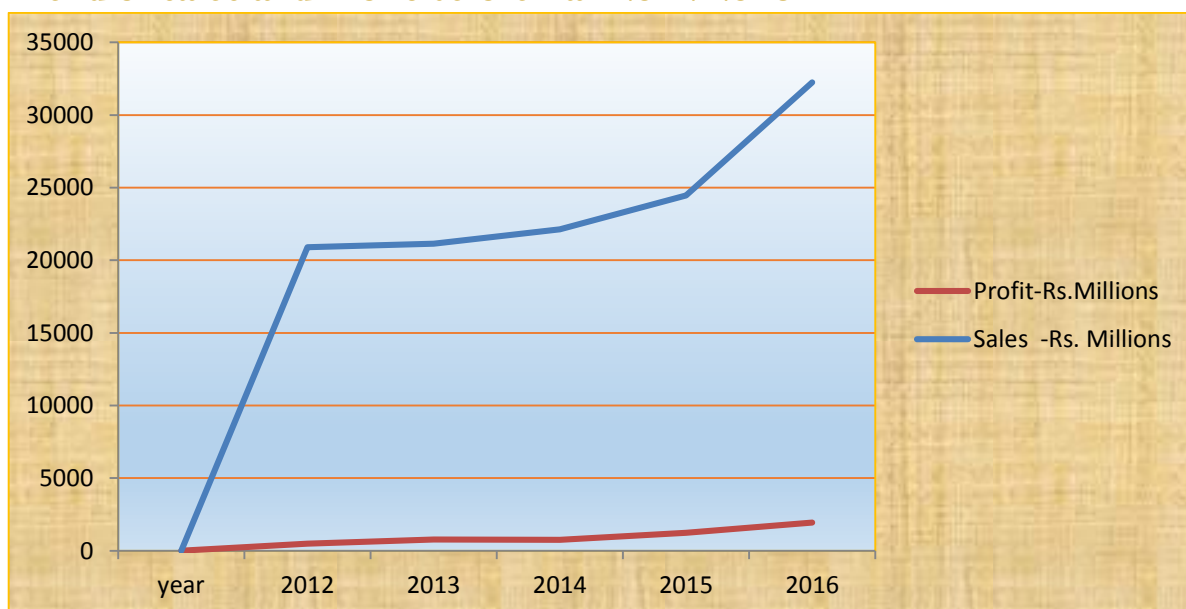
State Pharmaceuticals Corporation was (SPC) established by the state industrial Corporation Act No: 47 of 1959 and presently functioning as an institution coming under the Ministry of Health Nutrition & Indigenous Medicine. Import, Distribution and Selling of Western Medicine and Surgical Consumables 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.

During the year 2016 SPC continued its operation in procuring, importing and trading pharmaceuticals and health care items. SPC continued to earn profits and expand its sales in 2016. sales from open market operations were Rs 6.1 billion against Rs 5.2 billion which is 17% increase over 2015. Supplies made to DHS increased by 36% to Rs 26 billion in 2016 from Rs 19 billion in 2015.

Due to overall 33% increase in sales from both sectors, SPC earned Rs 1,940 million against Rs 1,230 million of 2015.

SPC has paid 734 million as taxes to the government on profits earned.

#### Trend of sales and Profit before Tax 2012-2016



## Open Market Opeation

35 Rajya Osu Sala Outlets scattered around the island inclusive of three new Rajya Osu Salas opened for the public in **Gampaha, Nagoda, Beruwala and Kandy Railway Station** premises. 106 Franchised Osu Salas, 10 Authorised retailers also operates all over the country. 48 Authorized Distributors distribute medicines to all pharmacies in the country. SPC Continued the availability of price reduced 48 essential items. Prof. Senaka Bibile Commemoration was held in institute SLFI and pharmacology students were rewarded. It was also highlighted through media to educate the public of the value of purchasing SPC medicines in the newspapers, over radio by commercials etc. SPC Product Information Representatives also make the promotion of SPC generics for the Medical Professionals in Galle, Matara, Kandy, ampara, Embilipitiya, Colombo, Gampaha, Jaffna, Badulla areas. Two new editions of the Magazine “Prescriber” were printed and distributed among the doctors and updated information on medicine. Awareness raising programs on rational use of medicine were held to educate the public in Embilipitiya, Badulla, Matara, Galle, Ampara, Colombo and Polonnaruwa and are focused on elders associations where educated them the availability of high quality medicines with SPC at a reasonable price.

## 9.2 State Pharmaceuticals Manufacturin Corporation (SPMC)

State Pharmaceuticals Manufacturing Corporation (SPMC) was established in 1987 under the Industrial Corporation Act No. 49 of 1957. In 2016, SPMC completed 29 years of commercial production of essential medicinal drugs for the Healthcare of Sri Lanka population. SPMC has 47 numbers of effective formulations out of the 71 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 manufacture and processing of drugs.
3. Pharmacological and pharmaceutical research and the standardization of drugs.
4. Marketing of drugs.

All products released to the market meet with our in house specifications (SPMC) in addition to the British Pharmacopoeia (BP) and United State Pharmacopoeia (USP) requirements. It closely adheres to the requirements of good manufacturing Practices (GMP) as laid down by the World Health Organization (WHO)



## Performance for the Year 2016

- 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) 2016	Rs. (Million) 2017 up to March
Sales	2,434.508	916.855
Operating Profit	359.37	102.435
Net Profit before Tax	441.312	123.051
Net Profit after Tax	296.798	60.39

## Production Output for the year – 2,145.297 million units

	Tablets	Units (Million)
1	Paracetamol Tablets BP 500mg	416.80
2	Prednisolone Tablets BP 5mg	204.40
3	Salbutamol Tablets BP 2mg	201.60
4	Folic Acid 1mg	140.0
5	Metformin Tablet BP 500mg	94.85
6	Gliclazide Tablets BP 80mg	84.00
7	Famotidine Tablets USP20mg	83.70
8.	Enalapril Tablets USP 5mg	48.00
9.	Gliclazide Tablets BP 40mg	47.635
	<b>Total</b>	<b>1320.985</b>

Capsules		Units (Million)
1	Amoxicillin Capsules BP 250mg	184.10
2	Cloxacillin Capsules BP 250mg	130.90
3	Cloxacillin Capsules BP 500mg	29.40
4	Amoxicillin Capsules BP 500mg	17.85
<b>Total</b>		<b>362.25</b>

### Sales Channel

Sales Composition	Value (Rs.m.)	%
Department of Health Services	1901.29	78.10
SPMC direct Distribution Network	533.25	21.90
<b>Total</b>	<b>2434.54</b>	

## 9.3 Wijaya Kumaratunga Memorial Hospital

Wijaya Kumaratunga Memorial Hospital Seeduwa was established by an act of Parliament in 1999. At the inception this Hospital it consisted of an OPD and 02 wards and served as a Primary Healthcare Center. The Hospital is managed by a Board of Directors and its main source of funds is from the Government. The Vision of the Hospital is to serve the people of the area efficiently with a support staff to work with dedication. Wijaya Kumaratunga Memorial Hospital is not a profit oriented institution as a matter of policy. The Hospital aspires to be a model hospital and will set an example to the other hospitals in the country.

This hospital has well expanded OPD, in addition Eye, General Surgical as well as Medical Unit are managed by Consultants.

### Hospital

Utilization & Facility Details	
No. of Beds	180
No. of Wards	06 Wards
No. of Specialist Available	Permanent - 3 Visiting - 5

### Human Resource Details

Specialists	By December 2016
Medical Officer	22
Nurse	68
MLT	3
Pharmacists	5
Radiographer	1

**Utilization Details**

Total Number of Activities Done During The Year 2016	
Lab tests	59178
X- Rays	5478
Special Radiological Investigations	
CT Scans	
Eye Surgeries -	
Major	6788
Minor	312
General Surgeries -	
Major	252
Minor	206

**Achievements/Special Events in 2016**

1. Establishment of a Endoscopy unit-Upper and Lower Gastro-intestinal with a donation worth Rs. 10,120,000/=
2. Establishment of New Surgical Unit & purchased medical Equipment.
 

Operation Theatre Table	- Rs. 4,300,000.00
Operation Theater over headlamp	- Rs. 2,301,120.00
Ultra Sound Scanner	- Rs. 3,500,000.00

**9.4 Sri Jayewardenepura General Hospital**

Sri Jayewardenepura General Hospital was inaugurated on 17<sup>th</sup> September, 1984 and completed 33 years of excellence by the year 2017, Established and empowered by the act of parliament, Sri Jayewardenepura Hospital Act No: 54 of 1983. Hospital was set up to supplement curative health services in Sri Lanka & to assist in the training of medical undergraduate, post graduates & other health care personnel. Highly qualified, experienced and competent medical, nursing and technical staff is engaged in patient care and other hospital activities.

This hospital is a gift from the Government of Japan to the people of Sri Lanka. It has a well-designed building complex with provision for further expansion to meet future demands. Substantial financial contribution from the General Treasury is also provided to the hospital.

As per the government policy of developing this hospital as the bench mark private sector hospital and on advice of the COPE committee we have developed a comprehensive business plan up to 2020 and the action plan accordingly.

There is a growing demand to expand the services of the hospital to meet the current needs of the public. SJGH has shown remarkable improvement in its services and revenue generation during the last three years.



### Major Achievements / Special Events in 2016

- Expansion of services and infrastructure development of the Emergency Treatment Unit.
- Expansion and refurbishment of the main laboratory and expansion of its services
- Taking measures to combat the general ageing of the 30 year old buildings and accessories
- Improving the physical condition of the sanitary facilities  
(The management has been able to formulate a stepwise plan to renovate and refurbish the buildings. This onerous task has now begun and is in progress. The completion of this renovation will provide an edge to SJGH when competing with the modern private sector health facilities.)
- Following High Dependency Units were established. Pediatrics, Cardio-Thoracic Surgery, Medical Units, and NICU.
- Strengthened internal financial control system, billing procedures, improving the financial transparency (30% increase in the hospital income purely by increasing the accuracy of billing )
- Expansion of the car park has increased the monthly revenue from Rs 900,000.00 to over Rs.2,000,000.00



2016  
*Commemoration of the Thirty  
first Anniversary of the Hospital  
in (January) 2016.*



2016  
*Commencing the Heart to Heart  
Trust Fund*

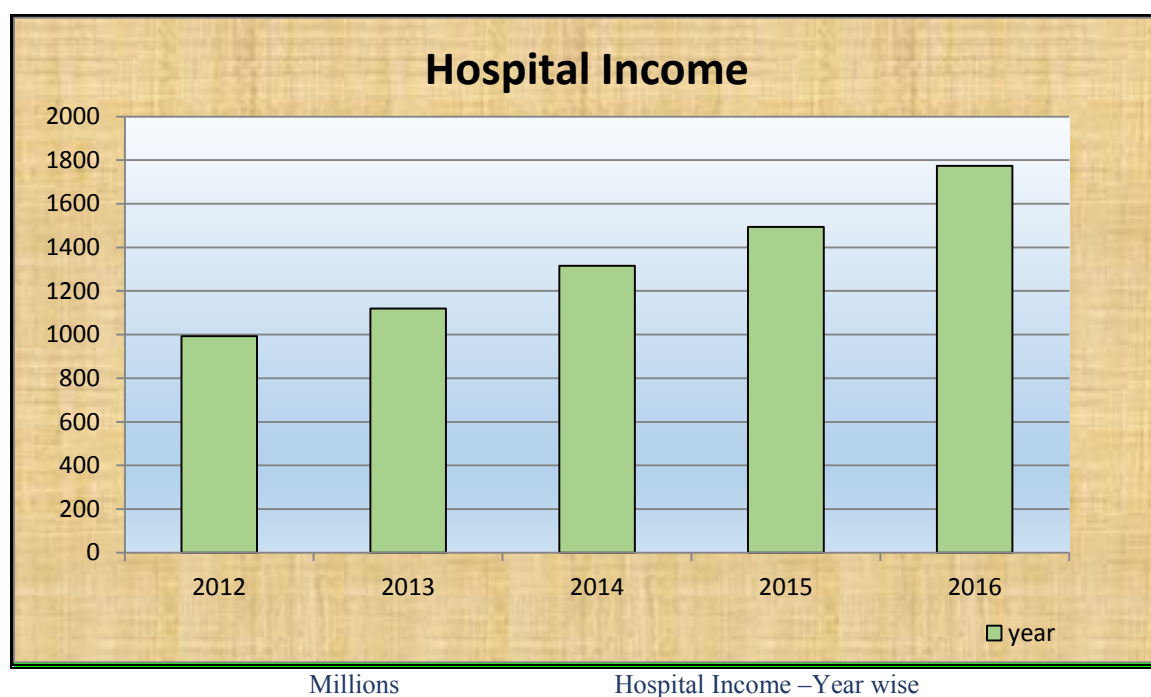
*Lounge of SJGH Official Web  
Site*



*Inauguration of a modern incinerator facility.*

## Financial performance

### Comparative Analysis (income) (Year 2012, 2013, 2014, 2015, 2016)



## Utilization details

### Total number of activities done during the year 2016

No	Indicator	Year 2016
1	Number of Patient Beds	1086
2	Total Number of Patient Admissions	59257
3	Average Length of Stay (Days)	4.5
4	Hospital Bed Occupancy (%)	68.80
5	Number of Out Patient Department Visits	21847
6	Number. of Emergency treatment Unit Visits	40792
7	Total Number of Patients attended for Clinics	165158
8	Total Number of Surgeries done	15007
9	Number of Cardio Thoracic Surgeries done	558
10	Number of Dialysis done	6296

11	Number of Echo Cardiograms done	14660
12	Number of ECG Tests done	45501
13	Radiology services	85027
14	Number of CT studies	12278
15	Number of Physiotherapy done	18591
16	Number of Medical Check-ups	3598
17	Number of Psychological counseling done	1899
18	Number of Pathological tests done	1099202
19	Total Number of endoscopy tests done	5147

### Utilization details

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### Patient Admission (Details)

Unit	Patient Admission
	Year 2016
General Medical Unit	
Ward 6	5997
ward 12	5666
Ward 17	5777
Total	17440
General Surgical Unit	
Ward 8	2941
Ward 14	2006
Ward 14a	2274
Ward 15	2939
Total	10160
Gynecology and Obstetrics Unit	
Ward 2	5213
Ward 9	2516
Total	7729
Paediatrics Unit	2924
ENT Unit	1150
Orthopedic Unit	2526
Ophthalmology (Eye) Unit	1640
Cardiology Unit	2664
Cardio-Thoracic Unit	881
Dermatology Unit	19
Neonatal Intensive Care Unit	1038
Neurosurgery Unit	998
Dialysis and Nephrology Unit	6584
General ICU	744
Cardiothoracic ICU	611
Paying ward –Class I	1956
Paying ward –Class II	3478





## 10. Private Health Sector Development

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Ministry of Health & Indigenous Medicine recognizes the value of safe, efficient and quality health service provision either through State or Private Healthcare Services, through monitoring and evaluation, regulating through guidelines and developing through capacity building and technical support.

### **Vision**

Safe, efficient and quality health services through Private Health Sector

### **Mission**

To regulate the functioning of the Private Health Sector by streamlining registration of Private Medical Institutions, developing standards and guidelines, providing technical guidance and assistance in human resource development programmes, observation and inspection of institutions, handling complainants against institutions, reducing offences committed by institution and enforcing relevant penalties.

### **Objectives**

- To complete the process of amending the PMI Act
- To improve registration and regulation of private medical institutions
- To streamline the mechanism to collect Health Information from private health sector
- To strengthen the human resources capacity of the private health sector
- To educate all Authorized Officers at Provincial levels on PMI Act and executing the power vested to them
- To create awareness among health professionals, general public and patients' rights groups on PMI Act, patients' rights and obligations of health professionals
- To request private health sector to limit the prizes for laboratory tests and specific selected procedures.
- To upgrade the resources at Directorate of Private Health Sector Development (D/PHSD) and Secretariat of Private Health Services Regulatory Council(S/PHSRC) including human resources, infrastructure facilities ect

### Special Events in 2016

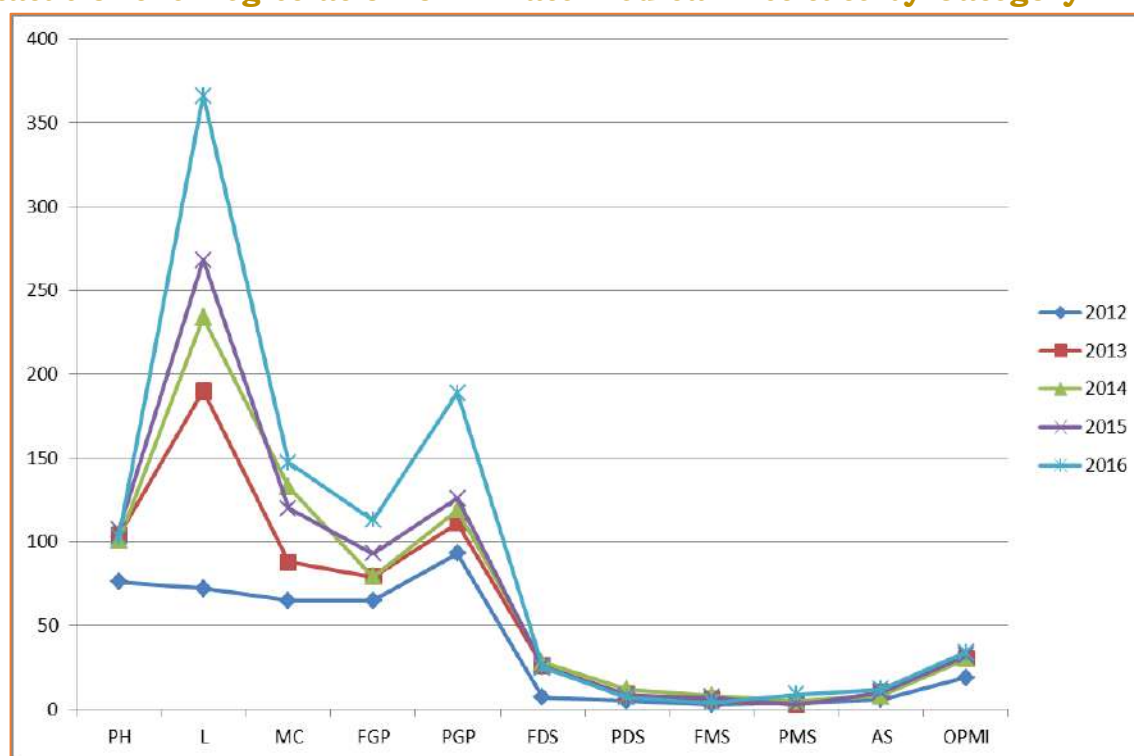
- Coordination of the process of amending the existing Private Medical Institutions (Registration) Act with Legal Decision of the Ministry of Health, Nutrition and Indigenous Medicine and Legal Draftsman.
- Continuation of registration & renewal of Private Medical institutions' licensing
- Providing technical expertise in human resource development training programmes conducted by provinces and private health institutions
- Handling of complaints against Private Medical Institutions
- Inspection and observation visits to Private Medical Institutions
- 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

### Last 5 year performance Trend

- Registration of Private Medical Institute by Category**

Category	Abbreviation	Number of Registrations				
		2012	2013	2014	2015	2016
Private Hospitals and Nursing Homes & Maternity Homes	PH	76	104	101	107	103
Medical Laboratories	L	72	190	234	268	366
Medical Centers/ Screening Centers/ Day Care Medical Centers/ Channel Consultations	MC	65	88	133	120	147
Full Time General Practices/ Dispensaries/ Medical Clinics	FGP	65	79	79	93	113
Part Time General Practices/ Dispensaries/ Medical Clinics	PGP	93	111	119	126	189
Full Time Dental Surgeries	FDS	7	26	28	26	25
Part Time Dental Surgeries	PDS	5	9	12	8	7
Full Time Medical Specialist Practices	FMS	3	6	8	7	4
Part Time Medical Specialist Practices	PMS	4	3	5	3	9
Private Ambulance Services	AS	6	10	8	10	12
Other Private Medical Institutions	OPMI	19	30	30	32	34
<b>Total Private Medical Institutions</b>		<b>415</b>	<b>656</b>	<b>757</b>	<b>800</b>	<b>1009</b>

### Status of the Registration of Private Medical Institute by Category





# **Section II**

## **Indigenous Medicine**

**PERFORMANCE AND PROGRESS REPORT**  
**2016 - 2017**





## 1. Introduction

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It is believed that traditional Sinhalese practice of medicine runs back to a history of some 6,000 years. It is believed that King Ravana who ruled this country in ancient times was a clever medical practitioner and his era is believed to be a period with much advancement in all aspects of the practice of indigenous medicine in this country.

An examination of the surgical equipment found out of hospitals belonging to the eras of Anuradhapura, Polonnaruwa and Dambadeniya etc., well testifies that our country has claimed a very rich system of surgery during those reigns. Kings such as King Buddhadasa even treated animals and it is very clear that he has been a surgeon. Medicinal talents of the Sinhalese are very well testified by the writings such as *Bhaisajya Manjusawa*, *Sinhala Yoga Ratnakaraya*, *Warayoga Saraya*, *Upcountry Medicines*, *Gei Es Weda Potha* which are books and ola writings made under state patronage during reigns of Sinhalese Kings. The Sinhalese Traditional Practice of Medicine generated under features particular and hereditary to different regions runs so far by evolving through generations of caste.

Action was taken after Independence to fertilize this grand system of medicine of the Sinhalese. With amendment of the Indigenous Ordinance by article 49 of 1949 sections pertaining to registration of indigenous medical practitioners were methodically revised. Department of Indigenous Medicine was established in year 1957 and a Commissioner was appointed to it and, after enacting the said Act, the Department of Indigenous Medicine was turned to be the Department of Ayurveda.

A new lease of life was added to the system of indigenous medicine in Sri Lanka after passing the Ayurveda Act no. 31 of 1961. Accordingly, a new Ministry was formed in year 1980 for promotion of the system of indigenous medicine which developed to be a Cabinet Ministry in 1994. The Ministry of Indigenous Medicine which operated under supervision of a Cabinet Minister and a Deputy Minister thereafter was taken over to the Ministry of Health on 18.01.2015 which functioned since then as the Ministry of Health and Indigenous Medicine and, from 21.09.2015, as the Ministry of Health, Nutrition and Indigenous Medicine.

The system of Indigenous Medicine has turned out to be a precious practice of medicine which heals many a patient being popular not only in Sri Lanka but also overseas. Cancer, kidney ailments etc., which are difficult to cure, are successfully cured by indigenous medical practitioners at present.

Indigenous medical practitioners have succeeded even in overcoming the Dengue illness spreading out from time to time as an epidemic. Indigenous Medicine Sector and institutions falling thereunder perform a huge mission by trying to find out different illnesses and treatments to them through new researches with a view to generate a healthy community.

The Indigenous Medicine Sector which functions at present under the Ministry of Health has taken following measures to bring about health protection in the country.

- Formulation of policies to promote indigenous system of medicine
- Propagation of the system of indigenous medicine to build up a healthy nation
- Preservation and promotion of systems of indigenous medicine
- Increasing production of medicines by wider implementation of indigenous herbal cultivation
- Developing Tourism through a protected system of Ayurveda and taking its contribution for development of the country.
- Bringing about a promotion in the system of Homeopathy system of medicine

## 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.







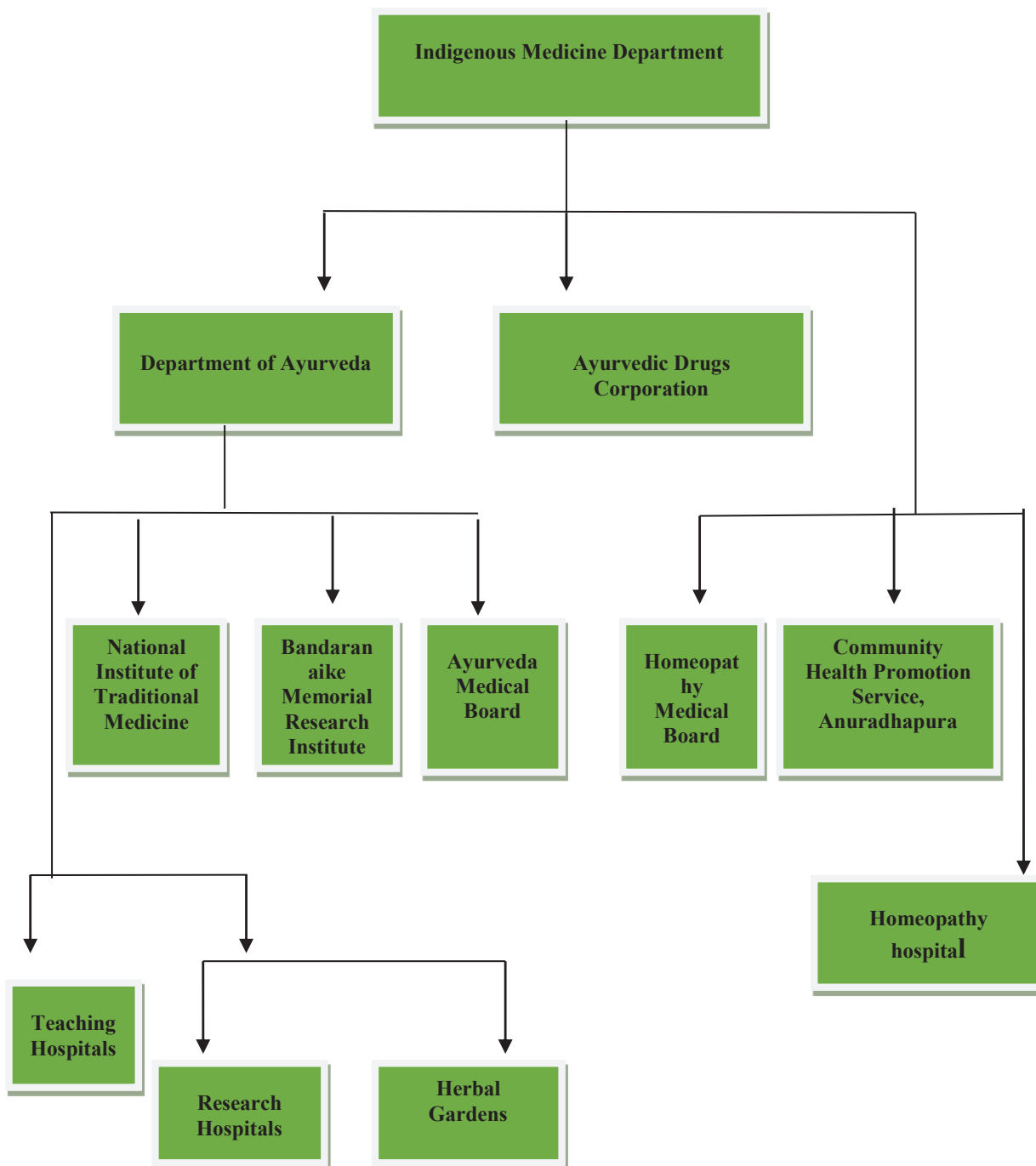
### 3. Priorities in the sector of Indigenous Medicine

Prioritized areas drawing particular attention	Results generation index
1. strengthening legal framework on systems of indigenous medicine	<ul style="list-style-type: none"> <li>• Minimum irregularities observable in the system of Ayurveda Medicine.</li> <li>• Generation of professionally satisfied Ayurveda Doctors.</li> <li>• Strengthening Ayurveda Treatment institutions on a legal basis.</li> </ul>
2. strengthening and improving Ayurveda Research	<ul style="list-style-type: none"> <li>• Quantitative rise of new quality Ayurveda products.</li> <li>• Establishment of rights of Ayurveda Researchers.</li> <li>• Broadened recognition to the system of Ayurveda Medicine.</li> <li>• Creation of more opportunities for Ayurveda researches and Researchers.</li> <li>• Introduction of indigenous systems of medicine for controlling non-communicable diseases.</li> <li>• Quantitative increase of preserved traditional Ayurveda documents.</li> <li>• Protection and regularization of intelligence property rights pertaining to the Ayurveda.</li> <li>• Establishment of a satisfied service of Ayurveda Practitioners.</li> </ul>
3. Utilizing Information Technology for Ayurveda	<ul style="list-style-type: none"> <li>• Creation of an up-dated information system.</li> <li>• Creation of a systematically networked operation system.</li> <li>• Creation of an E-Ayurveda system of medicine.</li> <li>• Broadened vistas of the system of Indigenous Medicine.</li> </ul>
4. Human Resource Development for updating and improvement of Ayurveda Health Protection.	<ul style="list-style-type: none"> <li>• Quantitative uprise of the qualitative human resources.</li> <li>• Increase in the professionally satisfied human resource.</li> <li>• Capability to meet the global demand for the system of Indigenous Medicine.</li> <li>• Up-dating the knowledge and skills of the Traditional Medical Practitioners to cater to up-to-date social requirements.</li> <li>• Quantitative increase of skilled indigenous medical practitioners.</li> <li>• Improvement of knowledge, attitudes and skills of users of Ayurveda medical systems in state and private sectors.</li> </ul>
5.improvement of production of Ayurveda Medicines and cultivation and improvement of herbal plants and initiation of herbal gardens	<ul style="list-style-type: none"> <li>• Increase in the quantity of qualitative and high standard medicines.</li> <li>• Improvement of income generation through the Ayurveda.</li> <li>• Uprise of foreign market opportunities for Ayurveda medicines.</li> <li>• Increase in production of easy-to-use medicines.</li> </ul>
6.Commercialized maintenance of the Ayurveda	<ul style="list-style-type: none"> <li>• International propagation of Traditional medical practice, Ayurveda, Siddha and Unani systems of medicine.</li> <li>• Creation of hospitals with modern facilities enabling provision of specialized Ayurveda treatments.</li> <li>• Up gradation of the existing and new herbal gardens.</li> </ul>

7. promotion of the use of Homeopathy systems of medicine	<ul style="list-style-type: none"><li>• Establishment of a Homeopathy Medical Service to customer Satisfaction.</li><li>• Regular establishment of institutions related to Homeopathy system of Medicine.</li><li>• Generation of a professionally satisfied Homeopathy human resource.</li></ul>
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## 4. Institutions coming under Indigenous Medicine Sector

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## 5. Indigenous Medical Sector - Financial Progress as at 30<sup>th</sup> June 2016

Category/object/item	Allocation (Rs.)	Expenditure (Rs.)	Percentage of expenditure
<b>Recurrent</b>	<b>223,700,000.00</b>	<b>82,477,086.00</b>	<b>36.87</b>
General administration/other programs	189,700,000.00	67,423,454.41	35.54
<u>Establishment Services</u>			
• Homeopathy Medical Council	10,500,000.00	6,207,181.30	59.12
• Homeopathy Hospital	18,500,000.00	8,635,540.29	46.68
<u>Special Programmes</u>			
• Nutrition Programme	5,000,000.00	210,910.00 (notes - 01)	4.22
<b>Capital</b>	<b>251,680,000.00</b>	<b>53,817,043.79</b>	<b>21.38</b>
General Administration	1,200,000.00	4,950.00	0.41
<u>Special Programmes</u>			
• Community Health Promotion Programme	100,000,000.00	49,023,103.87	49.02
• Construction in Drugs Corporation	100,000,000.00	notes - 02 -	
• Conservation Councils	9,000,000.00	(notes - 03)	
• Youth Herbal Farmer Village Programme	3,000,000.00	-	
• Homeopathy Medical Council	2,500,000.00	-	
• Development of Homeopathy systems	28,980,000.00 7,000,000.00	4,788,989.92 (notes - 04) (notes - 05)	16.53
• Nutrition Houses			
<b>Grand Total</b>	<b>475,380,000.00</b>	<b>136,294,129.79</b>	<b>28.67</b>

Provisions have been released as follows by 30.06.2017 for relevant programs.



**Notes**

01. Provisions of Rs. 2,682,836.00 released to District Secretariats for Nutrition Programs.
02. An amount of Rs. 30,337,818.15 released to District Secretary, Anuradhapura as total provisions for all daily spending on salaries and wages of Community Health Promotion Service.
03. A provision of Rs. 2,006,133.66 released to District Secretary, Hambantota to construct a building for Conservation Councils in Thissamaharama Divisional Secretariat.
04. A provision of Rs. 5,000,000.00 released to the Buildings Department for construction of hostel in Homeopathy Hospital, Welisara.
05. Following provisions released for Nutrition Homes

Rs.

D/S - Matara (Malimbada Div/Sec)	531,869.97
D/S - Colombo (Maharagama Div/Sec)	92,966.36
D/S - Matara (Thihagoda Div/Sec)	1,093,381.16
D/S - Monaragala (Sevanagala Div/Sec)	849,133.90
D/S - Trincomalee (Kuchchaweli Div/Sec)	412,000.00
D/S - Kurunegala (Pannala Div/Sec)	420,310.45
D/S - Gampaha (Negombo Div/Sec)	244,951.90
D/S - Ampara (Ampara Div/Sec)	1,300,000.00
D/S - Matara (Malimbada Div/Sec)	20,890.34
<b>Total provisions by 30.06.2017</b>	<b>5,794,504.08</b>

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

### 6.1 Anuradhapura Community Health Promotion Service

Ayurveda Community Health Promotion Service operated for the purpose of preventing diseases under the direct supervision of the Indigenous Medicine Sector is functioning in all 22 Divisional Secretary's Divisions in the District of Anuradhapura. Main objective of this project initiated in year 2001 as a pilot project is to improve health standards of people by raising their awareness and thereby to scale up their living standards.

#### Staff information

Director	01
Medical Officers of Community Health	22
Development Assistant (Agriculture) Officers	03
Community Health Development Officers	206
Management Assistant	01
Driver	01
Service Assistant (Attached)	02



*Children's Health Protection plants*



*Conservation and Sustainable use of herbal*



*Nutrition Program controlling non-communicable diseases*

Following programs are prioritized among the programs implemented by this project

### **Ayurveda Community Health Promotion Service, Anuradhapura - Progress as at 30<sup>th</sup> June 2017**

S/n o.	Program	Particulars of program	No. of programs conducted	beneficiaries
1.	Controlling non-communicable diseases	1. mobile medical clinics	215	4821
		No. of patients referred	113	
		2. primary test for patient identification	202	6381
		3. service station related health promotion programs	110	2190
		4. mental health promotion through Yoga and disciplinary exercises	220	4107
		5. awareness programs	1648	34863
		6. no. of patients checked		1097
2.	Communicable disease control program	Communicable disease control programs	1307	23851
3.	Nutrition programs and child health conservation	Popularizing indigenous foods/ program for promotion of nutrition concepts suitable for Sri Lankans		
		1. Yoga Programs	1090	24084
		2. Awareness Programs	1520	
		3. child hygiene promotion programs	884	
		4. children's clinics	486	17716
		5. awareness programs	695	
4.	Community based elders' health service program	Elders' health promotion clinics	389	9205
		No. of elders supervised	12312	
		Reference for further treatments	265	
5.	Mental health promotion program	Mental health promotion programs	108	5319

6.	Maternal care	Mothers' clinics	113	691
7.	School programs	1. raising awareness among pupils and teachers	113	5386
		2. Year 5 Scholarship assistance programs	42	2925
		3. school related clinical service program	8	663
		4. Yoga and discipline exercise program	775	4398
8.	Awareness of household units	Awareness of household units	13399	20618
9.	Community care programs and other special programs	1. controlling non-communicable diseases/other special programs	405	11185
		2. special kidney clinic/controlling non-communicable diseases	87	1201
		3. spiritual development program	57	342
10	Conservation and sustainable use of herbal plants	1.no. of organic home garden cultivation	260	1729
		2.no. of home gardens	1515	
		3.herbal gardens (schools/ state entities/ other)		
		No. of herbal gardens	84	
		No. of planted herbal plants	1031	

### Special programs implemented during year 2016

- Conducting Yoga Discipline Exercise Workshops in Divisional Secretariats of Nochchiyagama, Nachchaduwa, Kahatagasdigiliya, Mihintale and Galnewa.
- Two Kidney Clinics are conducted every month by Kebithigollewa region with attendance of some 250 beneficiaries.
- Conducting Padaviya Kidney Disease Prevention Clinic.
- Conducting Medawachchiya Kidney Disease Prevention Clinic.

### Special Programs conducted during year 2017

- "Thirasara Yugayaka Haritha Udanaya" (Dawn of Greenery in a Sustainable Era) Exhibition in BMICH (from 29<sup>th</sup> March to 05<sup>th</sup> April 2017)
- Programs conducted with the MOH office
- Leadership Training Programs
- Programs conducted in Zonal office of Education
- Spiritual Programs
- Kidney Disease Prevention Programs
- Program for proper ways of hand washing
- Drugs Prevention Program
- Exhibition to celebrate World Kidney Day presided over by H.E. the President - (13<sup>th</sup> March 2017, Wilgamuwa)

## **Development Projects and Programs designed for year 2018 by Community Health Promotion Service**

### **01. Awareness Programs for people in the area on use of proper popular medicines**

It is expected during this program to raise awareness on protective popular medicines that can be easily used by people, among 2,100 families from a Divisional Secretary's Division during the initial period of 6 months for which it is expected to utilize the book issued on popular medicines by the Wickramarachchi Ayurveda University, Gampaha. People will be enlightened on the areas of preparation of proper popular medicines, their use, times improper to use popular medicines etc., at this awareness program and it is expected to prepare a home garden consisting of a gross number of 25 herbal plants required for use of such popular medicines (Your medicine your garden).

### **02. Cancer Elimination Awareness Program**

- It is expected to enlighten the community for elimination of cancer illnesses on the uprise day by day in their respective areas. It is expected to prevent, identify and refer to proper medical centers the instances of cancer including mouth cancer, larynx, bladder, skin, breast, lung, womb, cervical and ovarian cancers. Programs are implemented for 300 persons during a single year by a Medical Officer which covers 63,000 (300x210) persons.

### **03. Program for prevention of Kidney diseases in the District in collaboration with Ayurveda Research Institute**

It is expected to raise awareness among household units for prevention of kidney illnesses which has become a priority issue in the area.

- Raising awareness on chronic kidney failure
- Raising awareness on water suitable for drinking
- Raising awareness on organic home gardening
- Introduction of proper ways of cooking
- Raising awareness on country specific food patterns
- Raising awareness on the repercussions of the use of artificial flavors and colors
- Raising awareness on danger of using weedicides and pesticides in order to minimize their use.

Further, it is expected to conduct patient identification camps and special mobile clinics for kidney illnesses in collaboration with



Ayurveda Research Institutes and Medawachchiya Ayurveda Kidney Hospital and it is scheduled to be implemented jointly with programs conducted by the Development Division of the Indigenous Medicine Sector.

04. It is also expected to supervise programs conducted in the Central Environment Authority, Anuradhapura Municipal Council, Pradeshiya Sabhas, Department of Health and Divisional Secretariats for management of garbage which has turned out to be a timely issue and to take active participation of Community Health Officers to that public program at village level.

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



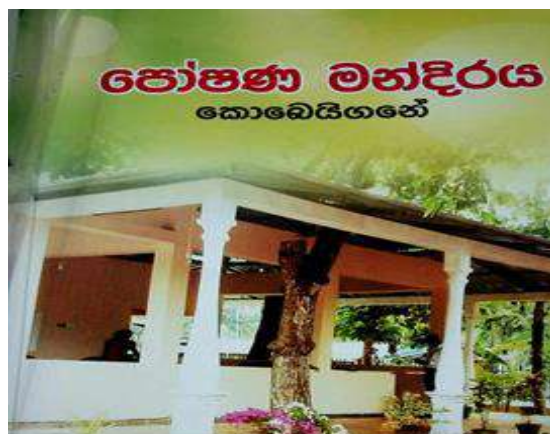
### **Progress up to 01<sup>st</sup> June 2017**

S/No.	No. of programs conducted	No. of attendants	Amount spent (Rs.)	Projects/ Programs scheduled for the year 2018
01	Happy Village Program	01		
02	Programs conducted in Divisional Secretariats	326	a gross number of 50-100 per program	4,101,769.00
				It is expected to conduct nutritional indigenous food programs in Divisional Secretary's Divisions islandwide

### 6.3 Nutrition House Programme



*Nutrition House, Ganewatta*



*Nutrition House, Kobeigane*

It is expected to provide support to generate a healthy population and to control non-communicable diseases in terms of propagation of nutritional, quality indigenous food among the public by the Nutritional House Program implemented by the Ministry of Health, Nutrition and Indigenous Medicine.

#### Progress during year 2016

Request	Estimate Rs.	Provisions Allocated Rs.	Released Date
<b>Kobeigane</b>	1,128,299.61	1,000,000.00	2016.07.02
<b>Galewela</b>	554,922.94	554,922.94	2016.07.26

Provisions of Rs. 7.0 million have been provided for construction of Nutrition Houses by the Budget-2017 and such provisions have been released to relevant District Secretaries as follows for construction of Nutrition Houses.

S/No.	Nutrition Houses	Date sent for release of provisions	Provisions granted (Rs.)
01	Malimbada	2017.06.07	552,760.31
02	Sevanagala	2017.04.19	849,133.90
03	Maharagama	2017.04.19	921,966.36
04	Thihagoda	2017.04.19	1,093,381.16
05	Pannala	2017.05.15	420,310.45
06	Kuchchaweli	2017.05.05	412,000.00
07	Negombo	2017.05.23	244,951.90
08	Ampara	2017.06.05	1,300,000.00
09	Ingiriya	2017.07.10	1,053,945.64
	<b>Total</b>		<b>6,848,449.72</b>

## **6.4 Conservation Councils**

Financial provisions of Rs. 2,006,133.66 have been released to the District Secretary, Hambantota for construction of a building for Ayurveda Conservation Council, Thissamaharamaya. Divisional Secretaries islandwide have been enlightened to provide information pertaining to construction and repairing of conservation council buildings, provision of library facilities for conservation councils and provision of herbal production equipment and the relevant Divisional Secretaries have provided information of some 66 conservation councils so far.

## **6.5 Young Herbal Farmer Programme**

This is a project designed to cultivate herbal plants such as yellow berried night shade, fire plant, Heen Nerenchi, Indigo blue, ginger, Java galangal, little king bitter, aerva lanata, snap ginger, Winter Cherry, Vishnukranthi, egg plant and variegated sweet flag centered on the districts of Ratnapura, Kurunegala, Anuradhapura, Moneragala and Galle to encourage 2000 farmers to cultivate herbs in state owned lands and to meet short term demand for medicines by starting cultivation of short term herbs by providing required financial provisions owing to the complexity of gathering standard herbal raw materials for medina manufacturing industry based on indigenous systems of medicine.

It is also scheduled to provide advanced technical methodologies to farmers, provide certified standard seeds and planting materials and to raise awareness among farmers and Field Officers on purchase of harvest at this event.

Action has been taken to gather particulars on state owned lands in the districts of Ratnapura, Kurunegala, Anuradhapura, Moneragala and Galle by enlightening all District Secretaries of those Districts, all Divisional Secretaries in such Districts and Indigenous Medical Development Officers.

### **Educational and training programs**

- Two officers were sent to attend the training course on procurement planning, preparing bid documents during year 2016 conducted by Skills Development Fund.
- 04 Sri Lankan students sent to follow the Degree on Homeopathy under the scholarship scheme granted to Sri Lankan students by National Institute of Homeopathy, Culcatta, India.

- Provisions have been granted to four Doctors of Anuradhapura Community Health Promotion Service functioning under Indigenous Medicine Sector for completion of postgraduate degrees required to be completed by them on service requirements.

### **Progress we achieved in years 2016 / 2017**

New Ayurveda Medical Council Act was reviewed and recommendations pertaining to it were submitted and required steps have been taken to refer that Bill to the Legal Draftsman.

- Sri Lanka had a longstanding requirement of a formal institution to read for postgraduate degree courses for doctors in Indigenous Medical sector and accordingly a Cabinet Memorandum has been submitted for establishment of the Postgraduate Institute of Indigenous Medicine in collaboration with the Ministry of Higher Education and Highways by fulfilling that requirement. Accordingly, arrangements are in progress for establishment of the Postgraduate Institute of Indigenous Medicine.
- Cabinet approval was received in year 2005 to repeal Homeopathy Act No. 07 of 1970 and bring a new Act and, with passage of 11 years, the new Homeopathy Act No. 10 of 2016 was enacted on 27.07.2016 and the same was enforced with effect from 22.08.2016.
- Secretary and officers of the Ministry of Health, Nutrition and Indigenous Medicine participated to celebrate International Homeopathy Day on an official invitation of the Ayush Ministry, India where consultations were made at Ministry level for signing a Memorandum of Understanding on provision of an Indian advisor and improvement of the field of Homeopathy education. Approval of the Cabinet of Ministers was received for signing the said Memorandum of Understanding and the said Agreement is due to be signed in recent future in Sri Lanka under representation of the High Commissioner of India.
- The Hon. Minister opened 02 Community Health Promotion Centers in Thalawa and Thambuttegama on 06.08.2017 for public use.
- Sending 100 Ayurveda Doctors to Gujarat University of India for short term overseas training under the second Health Development Project operating under World Bank aids.

## 7. Information Technology Approach of the Indigenous Medical Sector

Information Technology Division of the Indigenous Medicine Sector functions under Policy No's 10101 & 10102 issued by Information Technology Division of Sri Lanka under the national program for equipping state sector in computer knowledge. While providing required Information Technological instructions and assistance to the Indigenous Medicine Sector and its affiliated institutions, this Division is engaged also in the Digital role of islandwide and worldwide dissemination of the information on value of the use of indigenous food and herbal plants as well as knowledge and good habits of the Indigenous Medical system.

Additionally, this Division is also engaged in performing following technical roles.

- Maintaining and updating the website of Indigenous Medicine Sector.
- Maintaining the e-mail of Indigenous Medicine Sector.
- Maintaining and updating computer system of Indigenous Medicine Sector.
- Rectifying computer defects.
- Graphic creations in Indigenous Medicine Sector (book covers, advertisements, banners, CDs).
- Provision and handling audio-visual facilities required for functions and meetings.

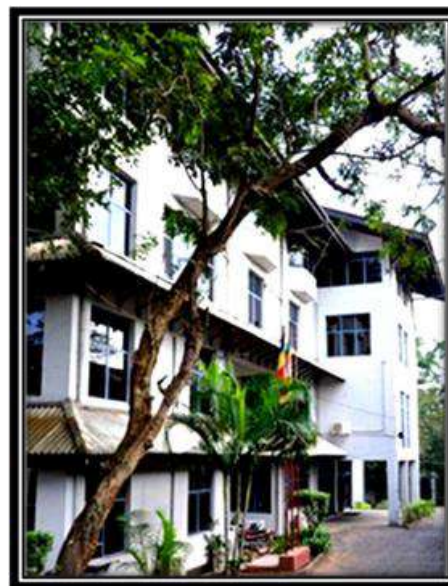






## 8. Department of Ayurveda

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### ***Vision***

Good health for all through  
Ayurveda and Indigenous  
systems of medicine

### ***Mission***

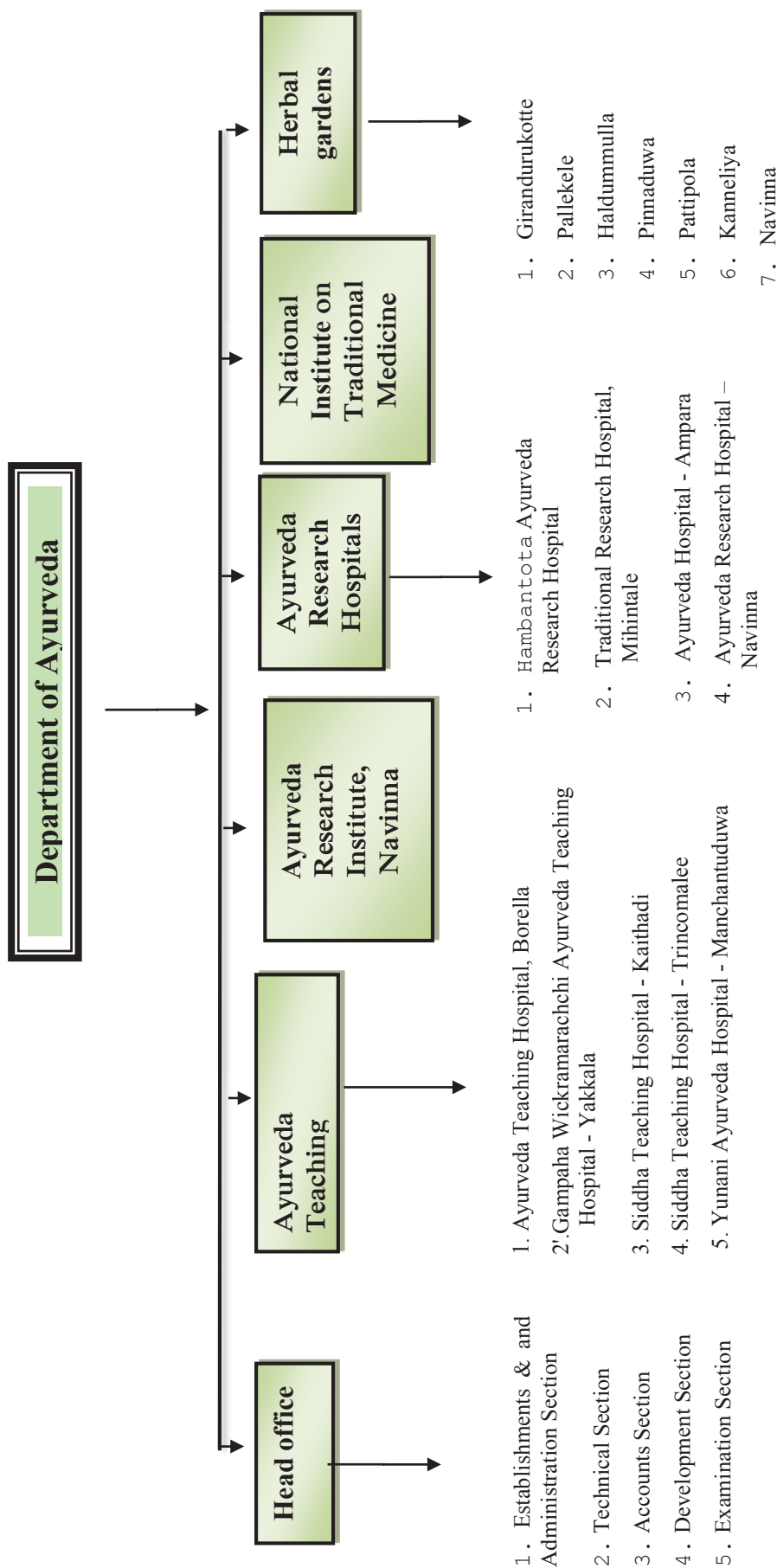
Designing and implementing programs  
at national level for bringing about  
good health for all by conservation,  
development and preserving identity  
of Ayurveda, Traditional and  
Indigenous systems of medicine.

Department of Ayurveda is the key institution performing the role of the Indigenous Medicine Sector and was established by the Act no. 31 of 1961. Its key functions are as follows.

01. Healing illnesses, conservation of health and prevention of illnesses by Ayurveda.
02. Encouraging Ayurveda Research activities, Ayurveda education and development of herbal cultivations, manufacture of medicines and raising public awareness.

### **Key functions**

- Establishment and maintenance of hospitals and other sections for research and teaching purposes.
- Conducting seminars, exercise classes and courses of study.
- Conducting clinical medical services and literary research.
- 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 Divisions****Training Programs**

S/no.	Institutions and venues held	Courses attended and worker category	Date
01	SDFL	Public Procurement - PMAS 3	2017.02.27-28
02	Department of Official Languages	Tamil Language Training Course - PMAS 1	06 months (only Wednesday)
03	SDFL	Annual Goods Survey Program - Ayurveda Medical Officer - 2	2017.03.02
04		Annual Goods Survey Program - Ayurveda Medical Officer - 1	
05		Annual Goods Survey Program - PMAS - 1	
06	SDFL	Use of Provisions and Procedural Rules of the Establishments Code - PMAS - 2	2017.03.27-28
07	Sri Lanka Association for the Advancement of Science	New innovation & Future Direction of Indigenous Medicine & Herbal product Ayurveda Medical Officer - 4	2017.04.03
08	Department of National Archives	Awareness programme on Digital Archives Ayurveda Medical Officer - 1	2017.06.20
09	SDFL	One day workshop on "The Art of Public Speaking"- Ayurveda Medical Officer - 1	2017.06.22
10	National Productivity Secretariat	Lean Healthcare practitioners – Green belt Awareness raising on Certificate Course. Director, Ayurveda Hospital, Borella - 1	2017.06.19-27 2017.06.27-28
11	PRAG Institution	Vehicle Management - Technical Officer - 1	2017.06.28



### Overseas training

S/no.	Worker category	Course attended	Number	Institution and venue held	Period
1	Ayurveda Medical Officers	Modernization of Traditional Medicine	03	KIOM Institution, Korea	From 09.05.2017 to 02.06.2017
2		Seminar on Chinese Medicine for Developing Countries	02		05.06.2017 (01 day)
3		From 7 <sup>th</sup> June to 6 <sup>th</sup> July 2017 China	06	Xiyuan Hospital, China	From 06.06.2017 to 07.07.2017
4		Raining on Ayurveda Integrating with Western with Western System	07	University of Gujarat, India	From 18.06.2017 to 30.06.2017

## 2. Development Section

### Progress in year 2017

Oil anointing and other state functions - 15.04.2017

The state function of anointing oil held to mark the Sinhala and Hindu New Year was ceremonially conducted at the Sri Natha Maha Devala premises of the Temple of Tooth Relic Square headed by H.E. the President Maithripala Sirisena and attended by the Hon. Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine



S/no.	Program	Number/ institutions /no. of beneficiaries	Expenditure (Rs.)
1.	Mobile clinics	70 (has been conducted at relevant locations by Ayurveda Hospitals)	
2.	Indigenous beverage popularization program	23 39,315	Rs.494,510.00
3.	Free provision of herbal plants (for state institutions, schools, temples)	8,747	
4.	Services i.provision of herbal garden sets  (hand shovels, mamoty blades, digging bars, flower buckets, rakes, hand forks, soil pans)	01	
9.	<b>Exhibitions</b>	9	

### Herbal Garden Development Programs

1. Preparation of sign boards for plants established in the garden.
2. Preparation of plant price indices for herbal plant nurseries.
3. Purchasing and provision of garden maintenance equipment.

### Expansion of Farmer Participatory Herbal Cultivation

1. Preparation of "Handbook of Procedure" containing matters to be attended in implementation of the Project.
2. Awareness and Training programs for farmers and field officers

#### (a) **Printing 5 handbills**

- Cultivation of herbal plants - Technical instructions manual no. 1
- *Let's cultivate herbal plants in the garden and grow constant health*
- A guideline for organic cultivation
- Utility of traditional seed conservation
- *Let's find grandeur by cultivating herbal plants*

- (b) Taking action necessary to design and print the drawing handbook containing good agricultural and collecting practices.
  - (c) Preparation of 2 hand books on herbal plant cultivation and raw material standards and making arrangements to print it.
  - (d) Initiating work on creation of the video on systems of good agriculture required for practical trainings.
3. Finalizing work on selecting state lands required for cultivation from Divisional Secretary's Divisions in the 5 districts of Ratnapura, Galle, Anuradhapura, Moneragala and Kurunegala.

**Projects implemented by the Department of Agriculture on GEF / UNDP Assistance**

**1. BACC Project**

- (a) Conducting training programs on traditional seed conservation and organic cultivation for farmers in Millaniya Divisional Secretary's Division. (29.03.2017).
- (b) Herbal plants for home garden development- distribution of 1250 plants for 50 home gardens.

**2. BFN project**

- (a) Distribution of kitchen appliances for self-employed women beneficiaries - to 20 women beneficiaries in Ududumbara Divisional Secretary's Divisions.
- (b) Finalizing printing of the booklet containing indigenous food and beverage preparation formula - " Sinhalese food and beverage formulae enriched with herbal and nutritional quality"

### • Constructions

Head of Expenditure	Constructions	Allocations of financial provisions (Rs. M.)	Progress	
			Financial (Rs. M.)	Physical
2 - 2104	<b>Ayurveda Teaching Hospitals</b>			
	Construction work in Borella Ayurveda Hospital - Stage 2	200	193	83%
	Construction work of the Pharmacy in Ayurveda Hospital, Kaithadi	20	17.25	85%
	Construction work of the Pharmacy in Ayurveda Hospital, Mananthoduvai	20	0.365	2%
	Siddha Teaching Hospital, Trincomalee	275	-	2%
3-2001	<b>Wedagama Ayurveda Hospital</b>	50	0.877	5%
4 - 2104	<b>National Institute on Traditional Medicine</b>	0.15	-	5%
5 - 2104	<b>Herbal gardens</b>	13.5	0.584	
	i. Pattipola herbal garden			10%
	ii Girandurukotte herbal garden			10%
	iii. Haldummulla herbal garden			10%
	iv. Pinnaduwa herbal garden			-
	v. Pallekele herbal garden			10%
5 -2105	<b>Lands and land developments</b>	5	0.639	10 %

### • Reparations

Head of expenditure	Construction work	Allocation of financial provisions (Rs. M.)	Progress	
			Financial	Physical
1-2001	<b>Head office</b>	2.65	1.2	10%
2-2001	<b>Ayurveda Teaching Hospitals</b>	26	1.4	
	i Ayurveda Teaching Hospital, Borella			10%
	ii Wickramarachchi Ayurveda Teaching Hospital, Gampaha			5%
	iii. Siddha Teaching Hospital, Kaithadi			10%

	iv. Ayurveda Hospital, Manchanthoduwai			10%
	v. Ayurveda Hospital, Ampara			10%
3-2001	<b>Research Hospitals</b>	30	3.2	
	i Chamal Rajapaksha Ayurveda Research Hospital, Hambantota			10%
	ii Bandaranaike Memorial Ayurveda Research Institute			20%
4-2001	<b>National Institute on Traditional Medicine</b>	1	.051	%
5-2001	<b>Herbal Gardens</b>	20	.514	
	i. Pattipola herbal garden			10%
	ii Haldummulla herbal garden			-
	iii. Pallekele herbal garden			10%
	iv. Girandurukotte herbal garden			10%
	v. Kataragama circuit bungalow			10%

### 3. Technical Division - Progress as at 30.06.2017

- Granting approval for indigenous and imported drugs, their registration and charging fees due for them by convening the Drugs Standardization Committee (*Yoga Sangraha Committee*)
- i. No. of meetings of the Drugs Standardization Committee - 04
- ii. No. of meetings of Sub-committees - 08

S/no.	Function	Number	Income received (Rs.)
<b>1.</b>	<b>Locally produced medicine formula committee</b>		
	No. of applications issued	240	24,000.00
	Sample testing	43	21,500.00
<b>2.</b>	<b>Issue of locally produced drugs licenses</b>		
	No. of licenses issued for first registration	04	8,000.00
	Extension of registration of licenses issued	05	2,500.00



<b>3.</b>	<b>Issue of applications for submission of imported drugs to Formula Committee</b>		
	No. of applications issued	96	48,000.00
	No. of sample tested applications	24	48,000.00
	No. of licenses issued for the first registration	16	160,000.00
	No. of applications for extension of registration	41	102,500.00
	<b>Total income received</b>		<b>414,500.00</b>

<b>S/no.</b>	<b>Function</b>	<b>No.</b>	<b>Income received (Rs.)</b>
<b>01</b>	<b>Receiving approval by submission of approved drugs to Media Propaganda Advertisement Committee</b>		
	Media Propaganda Advertisements	02	
<b>02</b>	<b>Granting permission for duty free importation of drugs</b>		
	Amount of dry drugs imported	Kgs. 1,197,289.6	US\$ 3,127,457.12

**Following income earned under registration and renewal of registration of Private Hospitals, Panchakarma institutions and Dispensaries**

<b>S/no.</b>	<b>Institution</b>	<b>Registration income (Rs.)</b>	
		<b>First</b>	<b>Annual</b>
<b>1.</b>	Issue of private hospital licenses (first applications - 02, annual - 05)	20,000.00	37,500.00
	Entertaining private hospital applications (first applications - 01, annual - 07)	3,000.00	21,000.00
<b>2.</b>	Inspection of Panchakarma institutes ( annual applications - 31)	-	93,000.00
	Issue of licenses for Panchakarma institutes (annual applications - 2)	-	19,334.00
<b>3.</b>	Inspecting hotel related Panchakarma institutes (first applications - 08, annual - 07)	24,000.00	21,000.00
	Issue of licenses for hotel related Panchakarma institutes (annual applications - 02)		20,000.00
<b>4.</b>	Dispensaries (first applications - 64, annual - 27)	83,200.00	27,000.00
	<b>Total</b>	<b>130,200.00</b>	<b>238,834.00</b>

### Registration of Ayurveda Drugs Manufactories

S/no.	Matter	Registered income (Rs.)	
		First	Annual
<b>1</b>	Ayurveda Drugs Manufactory Licenses (first applications - 14, annual - 71)	70,000.00	213,000.00
<b>2</b>	Licenses for transportation of raw and ready-made drugs (first applications - 07, annual - 05)	7,000.00	7,500.00
<b>Total</b>		<b>77,000.00</b>	<b>220,500.00</b>

### Registration of Ayurveda pharmacies/ sales outlets

S/no.	Subject	Registration income (Rs.)	
		First	Annual
<b>1.</b>	<b>Ayurveda Drugs outlet licenses</b> (first applications - 13, annual - 86)	15,900.00	79,922.00

Giving ganja, Paripaka spirit recommendations for Ayurveda Drugs Manufactories

- i. Ganja powder - 18.720 kgs.
- ii. Paripaka spirits - 51,785 liters

Printing and islandwide distribution of "Ayurvedic Circumspection"

- i. Circumspection submitted for printing for years 2016 & 2017.

Designing, printing and islandwide distribution of the Ayurveda Calendar and New Year Book for the state function of anointing oil for year 2017.

- i. Calendars
 

Sinhala medium	-	200,000
Tamil Medium	-	5,000
- ii. New Year Books
 

Sinhala medium	-	10,000
Tamil Medium	-	2,500

## 4. Accounts Division

### Role of the Accounts Division

- Forecasting and Management of funds for satisfactory maintenance of patient treatment services.
- Financial Management for physical and human resource development in order to keep a high productivity in the Department of Ayurveda.
- Financial Management for Community Hospitality Services, in particular state function of anointing oil and other religious and national functions.
- Introduction, management and inspection of systems for effective and efficient continuation of routine public services of the Department of Ayurveda.
- Constant supervision of the up-dated existence of management functions and relevant activities and submission of its pertinent information and proposals to the Commissioner of Ayurveda.
- Up-dated maintenance of routine work of herbal gardens, income-expenditure reporting and provision of proposals and instructions required for development.
- Up-dated review of entire accounting functions of the Department of Ayurveda.
- Co-ordination of activities on quantitative and qualitative pursuance of national budget policies.
- Provision of information required for monthly and quarterly accounting in the General Treasury in association with monthly, semester and annual reports.

**Department of Ayurveda - Financial Progress as at 30.06.2017**

Category/ object/ item	Provisions (Rs.)	Expenditure (Rs.)	Percentage
<b>Recurrent expenditure</b>	<b>1,218,258,000.00</b>	<b>573,421,746.00</b>	<b>47.07</b>
1. general administration	114,654,000.00	54,581,744.00	47.60
2. hospital services	847,400,00.00	399,683,594.00	47.17
3. research	163,999,000.00	75,487,849.00	46.02
4. education and training	31,455,000.00	13,434,672.00	42.71
5. herbal cultivation, conservation and extension	60,750,000.00	30,233,887.00	49.77
<b>Capital expenditure</b>	<b>1,119,913,000.00</b>	<b>228,638,390.00</b>	<b>20.42</b>
1. general administration	9,400,000.00	2,646,336.00	28.15
2. disease prevention services	852,513,000.00	215,769,774.00	25.30
3. researches	190,400,000.00	8,545,569.00	4.49
4. education and training	7,150,000.00	950,176.00	13.29
5. herbal cultivation and conservation project	60,450,000.00	726,535.00	1.20
<b>Grand total</b>	<b>2,338,171,000.00</b>	<b>802,060,136.00</b>	<b>34.30</b>
1. general administration	124,054,000.00	57,228,080.00	46.13
2. disease prevention services	1,699,913,000.00	615,453,368.00	36.20
3. researches	354,399,000.00	84,033,418.00	23.71
4. education and training	38,605,000.00	14,384,848.00	37.26
5. herbal cultivation and conservation project	121,200,000.00	30,960,422.00	25.54

**Monthly receipts and payments pertaining to Advance "B" account from 01.01.2017 to 30.06.2017**

S/No.	Month	Receipts (Rs.)	Payments (Rs.)
1.	January	1,909,308.34	3,099,140.00
2.	February	1,656,290.81	3,743,640.00
3.	March	1,760,070.18	12,250,950.00
4.	April	1,730,018.51	2,855,500.00
5.	May	2,855,889.84	752,640.00
6.	June	2,883,081.51	4,707,385.00
	<b>Total</b>	<b>12,794,659.19</b>	<b>27,409,255.00</b>

**Progress in purchase of equipment**

S/no.	Subject	Physical progress
01	Purchase of office equipment and furniture	Tenders due to be opened on 14.04.2017.
02	Purchase of computers and related accessories	Due to present to the Procurement Board as per the TEC meeting held on 03.07.2017.
03	Purchasing refrigerators	Submitted for approval for calling bid documents and quotations
04	purchasing electronic appliances	Quotations opened under the first stage are due to be presented to the Technical Evaluation Committee on 11.07.2017.

**5. Examinations Division****a) Conducting examinations**

No.	Activities	group	No. attended
01.	Ayurveda Shastri Additional test-conducting oral and practical tests	May 2016 (November 2016)	449
02.	Issue of results of the Ayurveda Shastri Additional test March 2017	May 2016 (November 2016)	382
03.	Conducting Ayurveda Shastri Annual Examination - May 2017	November 2016	791
04.	Final Examination of Ayurveda Massaging Tri-monthly Training Course - Tamil medium	June 2017	20

**b) Registration** - conducted interviews for 407 candidates for new admission of students for Ayurveda Shastri Examination for year 2017 and 353 candidates registered after examination.

**c) Other functions performed** - carrying out responsibilities entrusted under Ayurveda Act to Ayurveda Education and Hospital Board. 05 Ayurveda Education and Hospital Board meetings and 03 Examination Control Board Meetings conducted under this.



**Special targets achieved in the field of Ayurveda**

- Getting 817 new posts approved for Ayurveda Medical Service.
- Promotion to Supra Grade of Ayurveda Medical Service had not so far been granted and it was able to appoint 40 officers to Supra Grade during year 2016.
- Making arrangements to provide the one year intern practical training for all doctors passing out of the Universities at the point they complete their final examination.
- Action has been taken to recruit 37 Nursing Officers during year 2016 and measures are being taken to recruit 240 Ayurveda Nursing Officers since there is a huge shortage of Nursing Officers in the field of Ayurveda.
- Action has been taken to recruit 18 Research Officers and 14 Technical Officers required to expedite work in Ayurveda Research Institute during this year.
- Granting appointment for 100 posts of Ayurveda Service Assistant.
- Arrangements have not been made to update matters related to Medical Profession owing to lack of sufficient provisions in Ayurveda Act no. 31 of 1961 for operation of Ayurveda Medical Council and therefore a new Act has been drafted and referred to the Legal Draftsman for further action.
- The posts required for re-structuring the Department of Ayurveda have been sent to the Department of Management Services for approval.

**Ayurveda Teaching Hospitals**

- **Patient Treatment Services**

S/no.	Treatment service	Borella	Gampaha	Kaithadi	Manchanthoduwai	Trincomalee
1.	Outer Patients	95,171	27,342	17,325	7,099	11,174
2.	Resident patients	971	510	619	55	857
3.	Patients in clinics	65,456	20,453	-	-	3,066
4.	Panchakarma	4,300	2323	-	-	10
5.	patients in Senior Citizens' clinics	744	442	2817	-	423
6.	Patients in Special clinics (of Traditional Doctors)	4210	2599	-	-	-

7.	Community Health Treatment Service Patients	7540	849	-		-
8.	Korean Acupuncture clinic	8,817	136	196		-

• **Educational Services**

Service	Borella	Kaithadi
1. Education		
<b>* School Health Educational Services</b> i <b>Workshops</b> ii <b>Exhibitions</b> <b>* Internal Medical Officer Training (3 months)</b> <b>* reporting Internal Medical Officers to Traditional Practitioners</b> <b>* attendance to training programs conducted by the National Institute on Traditional Medicine (Tamil medium)</b>	01	02 08 students 07 students
2. Patient treatment services		
<b>* programs conducted for medical students designed by Kaithadi Hospital</b> <b>* Provision of teaching facilities for medical students, lecturers</b>		5 student teams

• **Manufacture and use of medicines- by 30.06.2017**

S/No.	No. of types of medicine bottles/ Kgs.	Borella		Gampaha		Kaithadi		Manchanthoduwai
		Production	Use	Production	Use	Production	Use	production
1	Arishta (bottles)	1,800	1,939	-	477.33	-	1,835	488
2	Asawa (bottles)	2,035	2,001	406	566.40	-	1,288	505
3	Oil (bottles)	5,815	583	549	1,111.94	873.05	2,746.5	632
4	Syrup (bottles)	225	205	-	-	-	245	12
5	Kwatha (bottles)	28,300	28,300	5,632	3,999	-	595	269

<b>6</b>	Other (bottles)	104	104	18	48	6.25	1	-
<b>7</b>	decoction (bottles)	-	-	3650		13,831	13,831	-
<b>8</b>	Alkaline formulae (bottles) Alkaline powder (Kgs.)	527 837	554 833	-	-	-	-	-
<b>9</b>	After drinks (Anupana) (bottles)					7,179	7,179	-
<b>10</b>	Pills (Kgs.)	291.8	347.28	19.168	73.528	4.09	82.485	45.75
<b>11</b>	Paste (Kgs.)	1,143.45	774.95	32	39.225		102.5	20.55
<b>12</b>	Coatings (Kgs.)	371.66	725.963	33.250	99.100		96.25	18
<b>13</b>	Powder (Kgs.)	2,721.775	25,544.955	459.600	359.796	374.07	688.58	180
<b>14</b>	Panta (Kgs.)	24.350	25.85	1,234.070	1,114.970		6,627	-
<b>15</b>	Anupana (Kgs.)	-	-	-	-		-	-
<b>16</b>	Paththu (Kgs.)	-	-	17.100	17.100	6,627	-	-
<b>17</b>	Other (Kgs.)	39.21	24.53	177.210	177.200	3.150	53.3	-
<b>18</b>	beverages (bottles)	-	-	-	3	-	-	-

• **Medical Laboratory Sample Testing**

S/no.	Test	No. tested	
		Borella	Gampaha
<b>1.</b>	Laboratory Tests	7310	280
<b>2.</b>	Radiology Division Tests (X-Ray )	No. of Patients - 572 No. of Radiology Tests - 1269	-

• **Research Patient Treatment Services**

S/no.	Treatment Service	Hambantota	Ampara
1.	Outer Patients	13,569	13,188
2.	Resident Patients	282	117
3.	Clinical Patients	-	382
4.	Senior Citizen's Clinic Patients	-	129
5.	Special Clinics (Clinics conducted by Traditional Practitioners)	765	1,985
6.	Community Health Treatment Service Patients	1,061	255

• **Herbal production**

S/no.	No. of types of medicine Bottles/Kgs.	Hambantota		Ampara	
		Product	Use of medicine	Product	Use of medicine
1	Kwatha (bottles)	1958	322	61	151
2	beverages (bottles)	155	6	-	-
3	decoction (bottles)	1031	-	1578.76	1578.76
4	Arishta (bottles)	-	1279	-	-
5	Asawa (bottles)	-	890	-	-
6	Ointments (bottles)	-	995	-	-
7	Syrup (bottles)	-	9	-	-
8	Pills (Kgs.)	-	15.500	-	-
9	Pastes (Kgs.)	-	57	-	-
10	Coatings (Kgs.)	-	21.500	-	-
11	Powder (Kgs.)	-	289	22.700	8.6
12	Vati (Kgs.)	-	47.250	-	-
13	Flavors (Kgs.)	-	15	-	-
14	Leha (Kgs.)	-	7.600	-	-
15	Tablets (Kgs.)	-	1.250	-	-

- **Ampara - 332 blood samples tested by 30.06.2017**



*Siddha Teaching Hospital - Kaithadi*



*Siddha Teaching Hospital  
Trincomalee*



Manchanthuduwai Ayurveda Hospital



Chamal Rajapaksha Ayurveda Research  
Hospital



Borella Ayurveda Teaching Hospital



Gampaha Wickramarachchi Ayurveda Teaching  
Hospital



### Special Projects conducted during year 2017

- Ayurveda Research Hospital on Non-communicable Diseases, Ninthavur - Approval of the Cabinet of Ministers has been received for implementation of the project proposal valued at Rs. 192 million prepared for construction of a Research Hospital on Non-Communicable Diseases and it is scheduled to lay the foundation stone in September 2017 for construction of this Hospital in Ninthavur in Ampara District.
- Wedagama Traditional Ayurveda Hospital - Foundation stone was laid by the Hon. Minister of Health, Nutrition and Indigenous Medicine on 22.07.2017 for construction work of the Wedagama Traditional Hospital in Wedagama, Dompe with a view to provision of facilities required by Traditional Doctors to carry out their residential treatment services and to facilitate the general public receive treatments of different Traditional Doctors at the same location. A master plan of Rs. 170 million has been already prepared for construction of this hospital as a fully facilitated and equipped hospital.
- Medawachchiya Kidney Disease Prevention Ayurveda Research Hospital - the Medawachchiya Kidney Disease Prevention Ayurveda Research Hospital operating under the National Program for Kidney Disease Prevention was handed over for public use by the hands of the Hon. Minister of Health, Nutrition and Indigenous Medicine on 06.08.2017 to provide qualitative benefits of free health service to the public.
- **Mathugama Meddegedara Watta Natural Tourism Village and Ayurveda Research Hospital** - Surveying has been completed for reclamation of the land for this purpose.

## 8.1 Bandaranaike Memorial Ayurveda Research Institute

### Navinna Research Hospital



Launch	-	14.10.1962
No.of wards	-	04
Beds	-	71

#### Research institute

This consists of Outer Patients Division and Resident Patients Division for patients' treatment and other Divisions named Standardization, Botanical, Medical Manufacturing and Literary Research.

#### Staff information

Medical Specialist	-	02
Medical Officer	-	36
Nursing Sister	-	01
Nursing Officer	-	16
Dispenser	-	04
Masseur	-	04
Attendant	-	09
Other staff	-	22

**Programs conducted by the Research Institute - from 30.06.2016 to 31.12.2016**

S/no.	Program / Function	No. of programs	Amount spent (Rs.)
01	Exhibitions, conferences and workshops	05	155,602.00
02	Repairs, purchase and installation of equipment	02	50,000.00
03	Awareness programs	02	29,380.00
04	Productivity programs	01	97,511.00
05	Research work	01	3,062.00
06	Conservation of traditional medical knowledge	01	31,151.00
07	Other programs	03	82,915.00
<b>Total</b>		<b>15</b>	<b>449,621.00</b>

**Progress as at 30.06.2017**

S/no.	Program	Venue and date conducted	Resource persons	Expenditure (Rs.)
01	Diabetes test	University of Ruhuna (From January to June)	Dr. Sampath Attanayake	178,445.00
02	Purchasing medicines for Diabetes Research Project	Ayurveda Research Institute	Diabetes Research Team	156,081.00
03	Discussion on laboratory testing of the Diabetes Project	Ayurveda Research Institute 15.06.2017	Diabetes Research Team	3,210.00
04	Purchasing chemicals for research work in Cancer Project	Ayurveda Research Institute 17.01.2017	Cancer Research Team	629,050.00
05	Green Dawn in a Sustainable Era - Exhibition	In BMICH from 31 <sup>st</sup> March to 04 <sup>th</sup> April 2017		7,750.00
<b>Total</b>				<b>974,536.00</b>

### Patient Treatment Services

S/no.	Treatment service	No. of patients
<b>1.</b>	Outer patients	26,631
<b>2.</b>	Residential patients	569
<b>3.</b>	Clinical patients	14,374
<b>4.</b>	Senior citizens' clinical patients	404
<b>5.</b>	Panchakarma	1,218

### Drugs Production

S/no.	No. of types of medicine	Amount bottles/Kgs.
<b>1.</b>	Asawa 01	396 bottles
<b>2.</b>	Oil 02	324 bottles
<b>3.</b>	Kwatha 01	11154 bottles
<b>4.</b>	Other 01	80 bottles
<b>5.</b>	Decoction 110	3456 bottles
<b>6.</b>	Anupana 28	2815 bottles
<b>7.</b>	coatings 5	80.125 Kgs.
<b>8.</b>	Powder 38	665.936 Kgs.
<b>9.</b>	Foment bundles 03	104 Kgs.
<b>10.</b>	Paththu 10	40.7 Kgs.
<b>11.</b>	Mellum 02	18.3 Kgs.
<b>12.</b>	Other 05	99.604 Kgs.

**Medical Laboratory Sample Testing**

3020 blood samples, 1194 urine samples and 2300 cholesterol samples tested.

Provision of other services and facilities

School education

- 02 workshops
- 03 Exhibitions
- 03 Awarenesses
- 05 Project instructions
- Provision of data on plants 110
- 230 Botanical naming
- 20 Cultivation instructions
- 30 Herbal values

**Data and related research on Medawachchiya Kidney Clinic**

While some 98% of patients getting treatment from the clinic are patients receiving only Ayurveda treatments, it has been observed that many of their physical difficulties have decreased with a considerable drop indicated in medical laboratory reports on blood and urine. Many patients, at present, seem to be engaged in their day-to-day livelihood work with no difficulty at all.

**Studies and activities conducted clinically****01. Tendency of recovery of clinical signs of patients**

A study conducted by selecting 50 patients who attended this clinic revealed a 60%-95% reduction of the symptoms of Constipation, back pain, food aversion, bone, joint/muscle pain, itching, tiredness and urine related variations in them.

**02. Identification of changes of Medical Laboratory Reports of patients before and after treatment - It was able to conclude by observation and analysis of laboratory test report data that most of medical reports of patients are turning out to be satisfactory.****03. Data are being gathered by providing a research medicine at present for the patients suffering from the illness of release of Protein with urine.**



04. Testing life standard of patients.

It has been confirmed by results of this study that life standard of patients has been upgraded in all four areas of physical, mental, social and environmental.

05. Study of the relation between true situation of patients and clinical signs.

06. Case studies

Fertility was tested of the assortments of medicine applied for each kidney patient which has confirmed convalescence of patients.

07. Scientific identification of "Thrunapanchamulaya" used as a medicine for kidney patients. As a result, the types of medicine of that category are recommended for patients visiting clinics.

08. Animal research completed so far have assured that long-term use of Navaratna Paste which is used as a medicine for treatment to kidney patients causes no hazard.

09. Comparative testing of chemical components of the blady grass in Sri Lanka which is a component of *Thruna Pancha Mula*. It has been confirmed.

10. Conducting a two-day training programme for doctors in Community Health Division of North-Central Province.

11. Preparatory arrangements were made to conduct a one-day training workshop for Doctors in Community Health Division in North-Western Province and to conduct a clinic for kidney patients in Ambanpola Ayurveda Hospital.

12. A clinic for kidney patients of Masbedda Rural Hospital in Sabaragamuwa Province was set up the other day headed by the Ayurveda Research Institute.

### **Research and activities designed to be conducted in future**

- Identification of clinical changes caused by the use of Navaratne Paste with different after drinks and changes in laboratory tests.
- Study of fertility of the Navaratne Paste - Clinical research
- Study of functionality of two pills used for patients
- Identifying primary stage patients by initial tests of blood and urine of people living in Provinces of Uva, North-Central and Sabaragamuwa who are mainly threatened by contact with the disease and referring them for treatment.



*Public Awareness Exhibition on the use of  
Systems of Ayurveda - University of  
Sri Jayewardenepura*



Herbal Plant Awareness School Programs  
conducted by Botanical Division

## 8.2 National Institute of Traditional Medicine

This institution which may be identified as a creative and effective center of study on Ayurveda and Traditional Medicine was launched in year 1987. This institute develops understanding, skill and conduct of all parties by training in more efficient, quality and productive provision of Ayurveda treatment service to the general public. The institute is engaged in conducting Sambhasha and School of Thought programs thereby making a direct intervention to growth and sustainable use of systems of indigenous medicine and giving required knowledge to relevant teams. This course is conducted for all categories ranging from the Doctor to Attendant and also for target groups such as school pupils, government officers, elders, beauticians etc.

### **Vision**

A healthy society by excellence in Ayurveda

### **Mission**

To become the most excellent institution in development of Ayurveda Human Resources

### Staff information

Director	-	01
Assistant Director	-	01
Lecturer	-	05
Medical Officer	-	09
Other	-	15
No. of vacancies	-	15
Extra	-	03



### Progress from 01.07.2016 to 31.12.2016

S/No.	Program	No. of programs	No. of beneficiaries	Estimated amount (Rs.)	Expenditure (Rs.)
01	Medical Officer training programs	11	587	1,976,022.00	1,667,941.38
02	Traditional doctor training programs	02	89	127,700.00	95,850.00
03	Nursing and Medical Assistant Staff and other trainings	03	86	426,750.00	319,745.00
04	Community health / Maternal and Child Nutrition Training Programs	04	649	125,900.00	111,809.50
05	Specific Programs	03	-	272,200.00	140,743.00
	<b>Total</b>	<b>23</b>	<b>1411</b>	<b>2,928,572.00</b>	<b>2,339,088.88</b>

**Staff training**

S/no.	Program	Progress	Cost
01	Workshop on Writing Project Proposals 10.10.2016 - 14.10.2016 Sri Lanka Institute of Development Administration	Receiving training for 12 Medical Officers of the institution	355,462.96
02	Herbal Drugs & Cosmetic Value Addition Techniques 2016.11.05 – 2016.12.24 (Institute of Industrial Technology)	Receiving training for 03 Medical Officers of the institution	360,000.00

**Progress from 01.01.2017 to 30.06.2017**

S/no.	Program	No. of Programs	No. of beneficiaries	Estimated amount (Rs.)	Expenditure (Rs.)
01	Medical Officer Training Programs	02	163	403,200.00	309,750.00
02	Community Health / Maternal and Child Nutrition Training Programs	08	687	290,500.00	188,504.73
03	Traditional Medical Officer	02	129	289,200.00	169,720.00
04	Nursing and Medical Assistant Staff and other Training Programs	01	Service Assistants and Masseurs working in Government Hospitals	373,280.00	93,730.00
05	Green Dawn in a Sustainable Era Exhibition - 2017 31.03.2017 - 04.04.2017			95,000.00	65,603.00
	<b>Total</b>			<b>1,451,180.00</b>	<b>827,307.73</b>

### 8.3 Ayurveda Medical Gardens



#### **Vision**

To create a generation with understanding on identification, production and sustainable use of herbal plants.

#### **Mission**

Optimum use of physical resources and fulfillment of development needs by promotion of skills and attitude of human resources.

The Department of Ayurveda, which is the public institution functioning for the purpose of public propagation of the system of Ayurveda Medicine initiated setting up herbal gardens to represent various environmental zones in various regions in the island with effect from 1964 to achieve following objectives.

- To cultivate a host of herbal plant species at the same location to keep it as a live herbarium.
- Conservation of rare and endemic herbal plants.
- Dissemination of herbal plants by nurseries and introduction of herbal plant cultivation techniques.

#### **Other functions performed**

- Provision of herbal plants and technical instructions required for setting up herbal gardens in schools, temples, public and private sector institutions.
- Sale of herbal plants and publications.
- Conducting awareness programs based on the requests made by public and private sector.
-



Herbal garden	district	Total acreage	Acreage cultivated
Ayurveda Research Institute National Herbal Garden - Navinna	Colombo	15	15
National Research Herbal Garden, Haldummulla	Badulla	65	63
Pattipola Herbal Garden	Nuwaraeliya	32	32
Girandurukotte Herbal Garden	Girandurukotte	178	98
Pallekele Herbal Garden	Kandy	03	03
Pinnaduwa Herbal Garden	Galle	6.5	5.75
Kanneliya Herbal Garden	Galle	3.04	

### Conservation activities

- Land conservation work completed in 2½ acres in Haldummulla Herbal Garden and in 22 acres in Girandurukotte.
- Plant Conservation work completed as 46 plant species in Haldummulla, 14 in Pattipola, 37 in Girandurukotte, 25 in Pinnaduwa and 31 in Navinna.

### Marketing work

S/no.	Herbal Garden	No. of plants produced	Plant sales income		Free distribution of plants	
			No. of plants	Value (Rs.)	No. of plants	Value (Rs.)
1.	Pinnaduwa	14,747	3,786	174,845.00	4,017	128,870.00
2.	Pattipola	2,193	404	13,500.00		
3.	Pallekele	5,047	2545	96,580.00	1,366	41,540.00
4.	Haldummulla	13,479	4,952	228,980.00	2,527	76,830.00
5.	Navinna	6,074	4,758	177,140.00	2,527	76,830.00
6.	Girandurukotte	8,510	279	8,760.00	3,285	101,960.00
7.	Kanneliya	1,600	-	-	-	-
	<b>Total</b>	<b>51,650</b>	<b>16,724</b>	<b>699,805.00</b>	<b>13,722</b>	<b>426,030.00</b>

### Miscellaneous income

S/no.		Value (Rs.)
1	Giving on rent - circuit bungalows/ hostels/ lecture halls/ holiday homes (upto 16.07.2017)	803,500.00
2	Sale of by-products	115,330.00

### Social hospitality work

S/no.	Work	haldum mulla	Girandur ukotte	Pattipola	Pinnadu wa	Pallekele
1.	Awareness	5	153	06 (515 beneficiaries)	05 (200 beneficiaries)	-
2.	Technical cultivation instructions	-	04 (90 beneficiaries)	-	05 (32 beneficiaries)	-
3.	New herbal gardens	-	08 (200 beneficiaries)		06 ( 5350 beneficiaries)	-



*Girandurukotte*



*Pinnaduwa*



*Pattipola*



*Navinna*

*Haldummulla**Pallekele*

## 8.4 Ayurveda Medical Council

Indigenous Medical Board established in 1928 under recommendations of sub-committees of 1927 State Assembly was the first legally authorized body in the field of Ayurveda in Sri Lanka. Thereafter, the Ayurveda Medical Council established by Ceylon Ayurveda Medical Council Ordinance no. 46 of 1935 was re-established under provisions of Indigenous Medical Ordinance (as amended by no. 49 of 1945 and no. 49 of 1949). The Ayurveda Medical Council in operation at present is a statutory body established under Ayurveda Act no. 31 of 1961.

### **Roles**

- Recommending whether the Minister should approve any institution teaching Ayurveda for purposes of this Act.
- Registration of names of persons as Ayurveda Doctors.
- Registration of names of persons as Ayurveda Dispensers.
- Registration of names of persons as Ayurveda Attendants.
- Cancellation or suspension of such registration and,
- Formulating articles for regularizing and controlling professional conduct of Ayurveda Doctors, Ayurveda Dispensers and Ayurveda Attendants as well as for any purpose listed out in paragraphs (a) to (e) in this Section.

**Vision**

To become the supreme body in the field of Ayurveda in Sri Lanka by protecting professional quality and pride.

**Mission**

Protecting the legal basis required for qualitative development in the field of Ayurveda by rendering an optimum public service in keeping with professional etiquettes.

**Staff information**

Registrar (Contract basis)	-	01
Management Assistant	-	09
Labourer	-	02

Ayurveda Medical Council has registered 410 Ayurveda Doctors during year 2016 consisting of 268 Physicians, and 142 specialized doctors in the categories of serpent poison, fractures, oral diseases, dermatological etc.

There were 24,701 doctors registered in Ayurveda Medical Council by the end of year 2016. Total number of doctors by 30.06.2017 is 24,799 with 98 doctors registered in 2017. Doctors are registered in the segments of Ayurveda Doctors and Surgery Graduates in University of Colombo, Unani Medical and Surgery Graduates in the University of Colombo, Siddha Medical and Surgical Graduates in the University of Jaffna, Diploma holders and Traditional Ayurveda Doctors (General and Special) in the Siddha College, Jaffna.

Two Standing Sub-committees were implemented by Ayurveda Medical Council.

1. Committee on Punishable occasions

2. Board of Control of Examinations - Standing Sub-Committees

Additionally, the Sub-Committee ascertaining additional qualifications of Registered Ayurveda Doctors is in operation.

The written examination for registering Traditional Ayurveda Doctors under full supervision of Board of Control of Examinations was conducted in Colombo on

01<sup>st</sup> and 02<sup>nd</sup> October, 2016 and 401 applicants appeared for the written examination.

- Arrangements have been made to conduct the written examination for year 2017 in October this year.
- Approval of the Council has been received for inclusion of additional qualifications of 05 persons to the Sub-Committee ascertaining additional qualifications of Registered Ayurveda Doctors.

### **Programs conducted by Ayurveda Medical Council**

- 238 Doctors attended the Vocational Development Program conducted in Northern Province while 182 Doctors attended the program conducted in Eastern Province.
- Following functions have been performed by the Mobile Service Counter of the Ayurveda Medical Council at the Ayurveda Expo Exhibition conducted in year 2016.
  - I. Issue of applications required for registration of Traditional Doctors
  - II. Entertaining applications for registration of Traditional Doctors
  - III. Correcting errors in applications sent for registration
  - IV. Solving problems of registered applicants
  - V. Issue of books of Ayurveda Medical Certificates
  - VI. Conducting interview for registration of Traditional doctors
  - VII. Conducting professional development programs for registered Ayurveda doctors
  - VIII. Issue of identity cards for registered Ayurveda doctors



**Annual income and expenditure from 2016 to 30.06.2017**

Item	Upto 30.06.2017 (Rs.)	2016 (Rs.)
Total income	4,912,779.00	13,290,949.00
Expenditure	5,924,745.00	10,606,315.00
Excess/shortage	1,011,966.00	2,684,634.00
Government Provisions	2,250,000.00	5,250,000.00
Government provisions as a % of total income	45.8%	39.5%

**Other services of Ayurveda Medical Council**

Item	2016	Upto 30.06.2017
No. of doctors reported to be dead	35	10
No. of Medical Boards held	02	01
No. of confirmed medical certificates	1080	
No. of identities issued	716	163
No. of vehicle signs issued	170	56
No. of medical certificates issued	1405	165
No. of international certificates issued	42	13



## 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 11<sup>th</sup> May, 1969 of the Government of Ceylon under State Industrial Corporation Act no. 49 of 1957.

### Main objectives of the Corporation

1. To produce high standard Ayurvedic drugs.
2. To become the main supplier of medicines to all Ayurveda hospitals, central dispensaries and free Ayurveda Treatment Centers.
3. To import raw materials for Ayurveda, Siddha, Unani medicines and sell them for local market requirements.
4. To produce high quality indigenous medicines targeting competitive market and to popularize them.
5. To receive a maximum price for cultivator manufacturers by purchase of raw materials produced locally at certified prices, to store them and sell at fair prices.
6. To conserve medicinal plants and expand cultivation.
7. To conduct research for quality of medicinal products and standardize such types of medicine.

8. To take action to protect the Traditional System of Medicine by lawful receipt of medicines required for production of Ayurveda drugs and yet are prohibited by law and to lawfully provide them to doctors who produce them.

### Medicines produced in the Corporation

Types of Kwatha	Types of Leha	Types of ointment
Types of savoury products	Types of powder	Types of Arishta
Types of Syrup	Types of Vatika	Types of Paste
Types of Asawa	Types of coating	Types of balm

### New Products of the Corporation

White Sandalwood Face Wash	Indian Gooseberry Drink
Aloe Vera Drink	Gurmar Herbal Tea
Carrot Face Wash	Cinnamon capsules
Jeewalepa balm	Venivel Body wash
Iramusu Herbal Tea	Papaya face wash
Cinnamon tea	Ayurveda Lipsticks
Cucumber face wash	

### Types of product proposed to be updated

S/no.	Type of product	Present nature of product	Proposed method
1	Types of powder	Polythene packed as 25g, 30g, 50g, 100g, 250g, 400g, 500g & 1kg	Production in capsules and tablets in a specific dose
2	Types of coating (external application)	Polythene packed as 25g, 30g, 50g, 100g, 250g, 400g, 500g & 1kg	Packing in tubes
3	Types of paste, flavors, Vatika and balm	Polythene packed as 25g, 30g, 50g, 100g, 250g, 400g, 500g & 1kg	Packing in plastic bottles
4	Types of Arishta, Asawa and Kwatha	Outdated packing methods used	It is scheduled to introduce packings suitable for modern market

Drugs valued at Rs. 246.394 million have been produced in year 2016 (at cost price) in the Ayurvedic Drugs Corporation of Sri Lanka and that year records a production sales income of Rs. 568.228 million. An income of Rs. 984,974.25

has been received from the special sales stall maintained at BMICH under new product promotion projects of the Corporation through District Secretariats. Sales centers have been launched at Matara and Borella hospital premises in addition to the sales centers operating at present and trade centers have been launched in Matale, Kaduruwela, Aluthgama and Jaffna in year 2016.

### Steps taken by the Corporation for worker welfare

- Issue of vouchers each in value of Rs. 6000.00 for 291 workers to increase welfare activities for workers.
- Provision of short-eats for every employee
- Payment for leave saved during the year
- Payment of attendance allowance, production increment to encourage worker attendance to promote production.

### All projects conducted in the Corporation in years 2016, 2017 - physical and financial progress

S/no.	Project	Estimated amount (Rs. M.)	Amount received (Rs.M.)	Amount spent (Rs.M.)
01	Construction of the new four storied stores complex Physical progress - 84% Financial progress - 81.40% It has been scheduled to finalize construction work by the end of year 2017	157.00	143.00	124.30
02	New Factory Project Water and electricity supplied and an area of 3850 square feet fully renovated. Packing of Aloe Vera shampoo, Venivel Body wash, Iramusu tea, Cinnamon capsules, sandalwood face wash, papaya face wash, cucumber face wash and ghee oil, gingelly oil is done in the new factory. Co-ordination work is done with the Institute of Industrial Technology for further creation of new products. Purchase of a new tea bag packing machine, 04 no's of Vibratory Sieving machines, 04 no's of Mixing machines, 02 no's of Filling machines and 02 no's of capping machines and purchase and installation of 03 no's of refrigerators.	561.50 (total project value - inclusive of work at stage 2)	66.00 (GT) 62.00(SLAD C)	128.00
03	Purchase of a capsule filling machine for the new factory	3.03	0.91	



	Physical progress - 95% Financial progress - 30%			
04	Purchase of 04 no's of grinding machines. Procurement procedure in progress. It is scheduled to finalize purchasing work by the end of year 2017.	6.00	3.50	0.00
05	- purchase of 02 no's of 600Lit SS Steam Jacketed Boiling Pans - procurement process in progress. It has been scheduled to finalize purchasing work before the end of the year 2017.	4.00		
06.	Purchasing 03 no's of Electric Tray Driers. Procurement process in progress. It has been scheduled to finalize purchasing work before the end of the year 2017.	6.00		
07.	Newly purchasing a Diesel generator of 500KVA capacity for the main manufactory in the Corporation. Primary procurement work in progress.	15.00		
08.	Newly installing a power system for the main manufactory in the Corporation. Primary procurement work in progress.	10.00		
09.	Newly purchasing a Multipurpose Bottling Plant	15.00		
10.	Newly purchasing an Automatic powder Filling machine	7.50		
11.	Newly purchasing an Automatic pills marking machine	3.50		
12.	Renovation of the main manufactory. Preparation of Bills of Quantity (BOQ) pertaining to renovation work initiated.	12.50	12.50	
13.	Renovation of the roof of the main factory Preparation of Bills of Quantity (BOQ) pertaining to renovation work initiated.	15.00		
14.	Purchasing a machine for production of compost fertilizer	5.00		
15.	Further development of Medawachchiya and Nikaweratiya herbal gardens. Gathering a part of raw materials for production of medicines in the Corporation by development of these herbal gardens.	Implementat ion of work that can be performed out of provisions in the institution		

16.	Initiation of work of stage two of the new herbal extract manufactory	Completion of further development out of provisions to be received from the General Treasury		
17.	Launching the dry medicine collection center in Anuradhapura town	Out of provisions of the Corporation		
18.	Development and cultivation of herbs in 43 acre land in Ambanpola	Out of provisions of the Corporation		
19.	Development and cultivation of herbs in 43 acre land in Ingiriya, Zoysa Watta.	Out of provisions of the Corporation		

**Specific programs conducted during years 2016, 2017**

S/no.	Program / project	Particulars of program	Year
01.	Isiwara Osu Project II	A sales promotion project for introduction of new products to market where sales work conducted in collaboration with Sales Representatives of the SPC.	2016
02.	Public awareness project on the use of poison free food together with drugs market promotion and propagation.	Programs are conducted hereunder centered on District Secretariats and Divisional Secretariats in every District in the island. Programs have been conducted in the areas of Kalutara, Matara and Jaffna by now.	2016
03.	Sales Promotion programs conducted in the areas of Katunayake Free Trade Zone, Hirdaramani company, Biyagama Free Trade Zone, Delkanda Fair, Sri Pada, Star Garment, Sri Lanka Customs, Sri Lanka Insurance	Sales Promotion Programs	

	Corporation and Institute of Disaster Management. Sales income received Rs. 265,228.00		
04.	Sales Promotion Programs conducted in the North-Central Provincial Council, Panagoda Army Cantonment, University of Rununa, Sri Lanka Customs, Kuruwita Army camp, Beragala Army Camp, Ministry of Health, Nutrition and Indigenous Medicine, Sustainable Sri Lanka in BMICH, Sivali College, Ratnapura Sales income received - Rs. 458,513.40	Sales Promotion Programs	



*New factory*



*Machines newly purchased and installed*



*Third floor of the stores complex where construction work has been completed*





## 10. Homeopathy system of medicine

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*Founder of Homeopathy system of medicine*

The Homeopathy system of medicine founded by the German nationalist medical specialist Christian Friedrich Samuel Hahnemann in 18<sup>th</sup> century became a recognized system of medicine in Sri Lanka by Homeopathy Act no. 07 of 1970 somewhere around year 1970. A person becomes ill due to decrease of natural immunity and this is a system of medicine which treats such patients by stimulating this natural immunity.

Homeopathy medicines are produced by the use of natural substances of plants, animals and metals etc., and are devoid of side-effects since the use of Homeopathy medicines increases resistance to illnesses thereby curing illnesses and making a person healthy.

### 10.1 Homeopathy Hospital

#### **Vision**

To generate a healthy community this is able to contribute to the overall development of the entire Sri Lankan populace.

#### **Mission**

To take an active program to the public through Homeopathy Hospital, Welisara for propagation of Homeopathy system of medicine as a system of medicine easy and economical for prevention and curing illnesses at a low cost for all Sri Lankans.

Homeopathy hospital, Welisara is the only Government Hospital with outer and in patient treatment services. General Treasury allocations of Rs. 28.98 million as Capital Provisions and Rs. 18.5 million as Recurrent Provisions have been received for year 2017. The Government Homeopathy Hospital, Welisara

consists of an Outer Patients Department and an In-patients Department functioning all 24 hours of the day. 150-200 patients receive treatments daily in the Outer Patients Department and the In-patients Department which consists of 02 wards and capable of providing treatments for 20 patients.

### **Services rendered by the hospital**

- Provision of treatments by Outer Patients Department
- Counseling for a healthy life pattern and practices and patient awareness on mental health
- 24 hour operative in-patient Department
- Organizing patient awareness workshops and mobile clinics
- Provision of Homeopathy drugs for Homeopathy medical clinics and mobile clinics
- Raising awareness among students on following overseas Homeopathy courses and facilitating students who have completed such overseas courses for clinical work.

### **Illnesses for which Homeopathy treatments can be taken**

- All viral diseases (bad cold, optical viral troubles, communicable diseases)
- Children's diseases (bad cold, cough, asthma, fever, diarrhea, allergies, rheumatic fever)
- Women's diseases (issues related to menstruation, menstrual release issues, womb diseases, troubles during pregnancy)
- Dermatological diseases (Psoriasis, Leucoderma, eczema, leprosy, allergies)
- Diseases contracted with seniority of age (diabetes, joint troubles, high blood pressure)
- Stomach diseases, goiter, persistent headache and nervous troubles

**No. of patients who received treatments from Outer Patients'  
Department 2016/2017**

Month	2016	2017
January	2041	2274
February	2399	2164
March	2326	2600
April	1955	1792
May	1843	1900
June	2076	2028
July	2354	
August	3032	
September	3392	
October	2755	
November	2418	
December	2230	
<b>Total</b>	<b>28,821</b>	<b>12,758</b>

**No. of patients who received treatment at the In-patients Department  
2016/2017**

Month	2016	2017
January	10	11
February	8	10
March	7	11
April	11	7
May	6	7
June	8	3
July	10	
August	7	
September	11	
October	10	
November	14	
December	10	
<b>Total</b>	<b>112</b>	<b>49</b>

- 01.** Laboratory service – It was started from September 2016 to provide laboratory services for two days every week to enable identification of non-communicable diseases at their initial stage and services have been provided for 323 patients from September to December 2016. Laboratory facilities provided for 455 patients upto June 2017.
- 02.** Importation of Homeopathy Medicines – Homeopathy medicines are supplied by Homeopathy hospital also for Free Homeopathy Clinics administered under the Medical Council and Homeopathy medicines for the value of Rs. 2.658 million were imported from India by State Pharmaceuticals Corporation.
- 03.** Constructions and Renovations – Rs. 1.556 million allocated for repairs and renovations of the In-Patients Department. Rs. 10 million spent per year for the Official Quarters Complex being constructed valued at Rs. 76 million. Constructions are at final stage and Rs. 4.311 million allocated for supply of water and electricity and purchase of furniture by the end of year 2016. All constructions are scheduled to be finalized in year 2017 for which provisions of Rs. 20 million allocated. Also water and electricity supplies have been already received.
- 04.** Homeopathy Medical Education work – 09 graduates who have completed education in Homeopathy National Institute of India have entered the field of Homeopathy. 05 graduate Homeopathy Doctors have been provided with facilities required for clinical work by Homeopathy Hospital in year 2016 too.
- 05.** A tree planting program and an offering of cool drinks for patients in Outer Patients Department were conducted at Homeopathy Hospital premise to mark completion of second year for the President's ascendancy Presidency on 08.01.2017. Also a special mobile clinic was conducted the same day.
- 06.** Renovation of the Outer Patients Department of the Homeopathy Hospital - It is scheduled to repair the Outer Patients Department opened in year 2008 and the estimates have already been prepared.
- 07.** Construction of a new garage – A garage is due to be constructed in the hospital premise for which estimates have been prepared.
- 08.** Erection of a wall around hospital premise – The wall around the hospital premise is 50 years old and renovation work of a part of it has been initiated with an estimated cost of Rs. 3.587 million.

### **Development Projects planned for year 2017**

- Establishment of a laboratory in the Homeopathy Hospital
- Designing a website on the Homeopathy Hospital
- Initiation of work of the second stage of Homeopathy Hospital
- Renovations in the Laboratory Building

## **10.2 Homeopathy Medical Council**

### **Vision**

To promote Homeopathy system of Medicine to be a national health service

### **Mission**

To popularize, promote and upgrade Homeopathy system of medicine by formulating proper policies for development of human and physical resources for Homeopathy system of medicine.

### **Progress upto 30.06.2017**

- Registration of graduate doctors – Six graduate doctors who followed Homeopathy Medical Science in India by receiving scholarships through the Ministry of Indigenous Medicine were registered in Homeopathy Register and interviews were conducted to register 4 graduate doctors further.
- Registration of those who have engaged in Homeopathy medical practice for over five years in Homeopathy Register – Postal applications were called by publishing advertisements in papers and Ministerial website in all three languages and already 179 applications have been filled and submitted. The regulations required to conduct the relevant examination have been passed by the Interim Medical Council on Law and have been forwarded to the Ministry to publish in the gazette under approval of the Hon. Minister.
- Popularizing Homeopathy System of Medicine as a Public Health Service – Provision of treatments from Free Government Homeopathy Medical Clinics maintained by the Medical Council with a view to protecting health of the most number of people by application of side-effectless Homeopathy system of medicine which is able to fully cure many illnesses.



Clinic	No. of patients treated
Dehiwala	7,584
Parakaduwa	5,509
Matale	4,823
Palamunei	5,697
Kurunegala	4,586
Moneragala	2,604
Tholangamuwa	6,393
<b>Total</b>	<b>37,196</b>

- **Mobile Clinics** – 08 Mobile clinics were conducted in two districts in collaboration with Homeopathy hospital, Welisara where 938 patients were treated. Measures were taken at these clinics also to raise public awareness on Homeopathy system of medicine by delivering brief lectures and distribution of handbills and exhibition of banners in addition to checking and providing medicines to patients.
- **Building up a new convention on development of Homeopathy systems and checking patients** - A workshop was conducted for Homeopathy Doctors on 26.05.2017 at Homeopathy Medical Council premise, Welisara with the main purpose of developing a general convention on Homeopathy system development and checking patients. Every Doctor whose registration was updated was notified in writing to attend this conference conducted also with a view to building up mutual contribution among Doctors and out of them 52 made their presence at the conference. A common agreement was arrived at this workshop on checking patients which will be launched in coming month.
- **Launching new Homeopathy clinics** – Posts have been approved for launching 7 new Homeopathy clinics and it has been difficult to find suitable locations. It is expected to open 4 clinics expeditiously in the districts of Anuradhapura, Puttalam, Kalutara and Hambantota on the requests already made by the District Secretaries.
- **Recruitment to posts** – It is scheduled to recruit suitable persons to posts of Labourer that have fallen vacant in 7 Homeopathy clinics in operation at present.
- **Formulating regulations for Homeopathy Act** – Work on formulating regulations required for implementing Homeopathy Act no. 10 of 2016 are being finalized by now and they are due to be presented to Parliament during coming two months.

- **Developing infrastructure facilities in Government Homeopathy Clinics**
  - The requests on provision of CDMA telephones for all 7 clinics in order to ease-off co-coordinating work with clinics and provision of sign boards for easy public identification of clinics etc. have been properly prepared and submitted to the Ministry.





# **Annextures**

**PERFORMANCE AND PROGRESS REPORT  
2016 - 2017**





## **Annextures - 01**

### **Price reduction after applying Maximum Retail Prices in Selected Therapeutic category of Medicin**

Therapeutic Area	Medication	Previous Price (Rs.)	Regulated Price (Rs.)	Reduction in percentage (%)
<b>Diabetes</b>	Metformin 500mg	10..00	3.95	60
	Gliclazide 80mg	19.00	11.30	43
<b>Cardiovascular disease</b>	Losartan 50mg	81.00	10.30	87
	Atenolol 50mg	27.90	4.40	84
	Atenolol 100mg	62.00	13.00	79
	Diltiazem 30mg	8.89	2.70	70
	Atorvastatin 10mg	215.00	17.60	92
	Rosuvastatin 10mg	150.00	37.00	75
	Asprin 100mg	21.00	5.30	76
	Clopidogrel 75mg	34.00	17.50	49
<b>Pain relief</b>	Paracetamol 500mg	3.00	1.30	56
	Diclofenac Sodium 50mg	40.00	13.00	67
	Diclofenac Potassium 50mg	37.00	10.95	70
	Ibuprofen 400mg	17.00	3.70	78
<b>Gastrointestinal</b>	Omeprazol 20mg	28.85	4.50	84
	Esmoprazol 20mg	101.00	20.20	80
	Domperidone 10mg	18.00	5.40	71
<b>Antimicrobials</b>	Co-amoxiclav 1.2 injection	1068.00	631.00	41
	Azithromycin 250mg	71.00	37.60	47
	Cefuroxime 250mg	72.00	45.50	37
	Aciclovir 200mg	156.00	10.10	94
	Ciprofloxacin 500mg	62.00	8.00	87
<b>Bronchial Asthma</b>	Salbutamol Inhaler	580.00	310.00	47
<b>Neurological</b>	Carbamazepine	30.80	12.00	61
<b>Rheumatological</b>	Alendronic Acid	3179.23	405.60	87
<b>Antipsychiatric</b>	Risperidone	25.48	9.25	64





*Healthy Nation, Healthy people in  
a Health Community*

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