Annual Performance Report
2025

Ministry of Health and Mass Media

Annual Performance Report 2025

Expenditure Head No: 111

Expenditure Head No: 220

(Department of Ayurveda)

Ministry of Health and Mass Media

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CHAPTER 1

Institutional Profile/ Executive Summary

1.1 Introduction

The Ministry of Health is committed towards safeguarding the health status of citizens of Sri Lanka by providing quality healthcare services through preventive, curative, promotive, administrative and rehabilitative sectors with the vision for a healthier nation that contributes to its economic, social, mental and spiritual development. The Ministry of Health is also responsible for formulating health policies, setting standards, providing strategic direction for healthcare delivery in the country, allocating resources, training and management of staff at all healthcare delivery agencies and providing healthcare to all its citizens free of charge at the point of delivery through an extensive network of healthcare institutions.

At present, much emphasis and focus are made by the Ministry of Health towards strengthening primary healthcare, whilst maintaining the efficient and effective secondary and tertiary care services. These endeavours are carried out with the ultimate aim of achieving Universal Health Coverage (UHC), which would ensure access to promotive, preventive, curative, rehabilitative and palliative health services of good quality, to all people in need, while ensuring utilization of these services without exposing to any financial hardships.

A healthy population is essential for human capital development, as it directly contributes to higher productivity, better educational outcomes, greater workforce participation, and improved innovation and skills. It also promotes social stability, improves quality of life, and supports economic growth and stability. Accordingly, the Government Health Budget for 2025 has been significantly increased to an allocation of Rs. 604,000 million.

To ensure the supply of pharmaceuticals and medical supplies, Rs. 185,000 million has been allocated. This allocation aims to ensure the uninterrupted procurement and distribution of quality pharmaceuticals and medical supplies, while minimizing wastage, optimizing the procurement process, and ensuring the full utilization of funds.

2025 Budget included several projects which were halted in 2022 due to financial crisis after COVID-19 pandemic. With the new government's policy on Towards a Healthy Society, attention was made to the following areas under the 2025 Budget.

1. **Digitalization of the Health System**
   It is expected to carry out new initiatives and interventions for enhancement of the digitalization of healthcare delivery. It includes digitalization of functions of National Medicines Regulatory Authority (NMRA), State Pharmaceuticals Corporation (SPC), and improvement of and expansion of the "Swastha" System.

2. **Improving Rural-level Primary Health Care**
   To improve the service delivery at over 1,000 Primary Medical Care Units (PMCUs) and Divisional Hospitals with the focus on Non-Communicable Disease control and prevention. Furthermore, it is proposed to palliative and geriatric care

services make available at selected PMCUs in each district, especially considering the ageing population.

3. **Estate Health**
   It was proposed to expedite the strengthening of estate-level health care services through Public–Private Partnerships (PPP) with Regional Plantation Companies. The Government will provide the required human resources, necessary equipment, and pharmaceuticals for estate hospitals.

4. **Pandemic Preparedness**
   To strengthen surveillance and early warning capacity against all potential health hazards.

5. **Provision of healthcare treatment for Children with Neurodevelopmental Disabilities, including Autism**
   Sri Lanka has seen a rise in the number of children diagnosed with neuro-developmental disabilities, including autism over the past decade. To address these challenges, it is proposed to implement a 5-year national program to improve health, education and service facilities for children with neurodevelopmental disabilities, including autism across all 25 districts of Sri Lanka. As an initial step Rs. 200 million has been allocated for 2025 to establish a treatment centre for children with international standards at Lady Ridgeway Hospital for Children (LRH). Further, it has been proposed to establish similar kind of treatment centres in each district with the necessary human resources within the next five years. However, this allocation has been under the budget of Ministry of Women and Child Affairs.

6. **Inclusive Early Childhood Development for Children with Neurodevelopmental Disabilities, including Autism**
   Currently, the pre-schools and day care services are provided by the private sector and the pre-schools and day care facilities for children with Autism are limited. This is mainly due to the lack of awareness and capacity among preschool teachers and caregivers on inclusive education and early childhood development for children with Neurodevelopmental Disabilities, including Autism. Therefore, Rs. 250 million for developing a model daycare centre has been allocated for 2025 under the budget of Ministry of Women and Child Affairs.

   Under the Social Protection, Rs. 250 million has been allocated for 2025 to implement a medium-term program to expand the awareness and counselling services for students and adolescents by the Ministry of Health in collaboration with the Ministry of Education since the Government has recognised the severity of the issue of many unfortunate incidents of suicides among adolescents as a social problem.

In addition, it was identified the need for comprehensive program for expansion of locally manufacturing facilities of assistive devices required for people with disabilities. Therefore, under the Budget Proposals, Rs. 500 million has been allocated initially for the year 2025, to improve assistive manufacturing facility at the Rheumatology and Rehabilitation Hospital, Ragama as the national centre and regional manufacturing centres as necessary.

However, interrupting the above plan, Sri Lanka faced the cyclonic storm "Ditwah" on 28 November 2025, which created a major humanitarian crisis. All 25 districts were affected, and several healthcare institutions were damaged. As a result, by the end of the year the health budget had to bear unexpected expenses for recovery activities.

The World Health Organization (WHO) and other development partners, together with the health workforce, were fully committed to supporting the national response and ensuring that the affected communities received the timely and essential care they needed.

The total of 1,208 health care institutions as of 31.12.2025 were categorised under the three levels of care based on the General Circular No. 01-18/2020 dated 03.03.2020 and titled "Facilities offered at different categories of Medical care Institution" as given below:

Table 01 - Summary of Health Care Institutions as of 31.12.2025

No.	Level of Care	Category of Hospital	Number of Hospitals		
			Line Ministry	Provincial Ministry	Total
01	Tertiary Care	National Hospital	03	00	03
02		Teaching Hospital	11	00	11
03		Specialized Teaching Hospital	06	00	06
04		Other Specialized Hospital	09	05	14
05		Board Managed Hospital	01	00	01
06		District General Hospital	13	07	20
		Sub Total	**43**	**12**	**55**
07	Secondary Care	Base Hospital Type A	07	28	35
08		Base Hospital Type B	01	44	45
09		Board Managed Hospital	01	00	01
		Sub Total	**09**	**72**	**81**
10	Primary Care	Divisional Hospital Type A	01	66	67
11		Divisional Hospital Type B	01	147	148
12		Divisional Hospital Type C	01	276	277

No.	Level of Care	Category of Hospital	Number of Hospitals		
			Line Ministry	Provincial Ministry	Total
13		Primary Medical Care Unit	11	569	580
		Sub Total	**14**	**1,058**	**1,072**
		Total	**66**	**1,142**	**1,208**

In the Private Health Sector of the country, total of 212 private hospitals is functioning with 5,788 bed capacity.

Further, there are four Ayurveda Teaching Hospitals (in Borella, Gampaha, Kaithady & Trincomalee), seven Research Hospitals (in Nawinna, Ampara, Manchanthudawa, Hambantota, Medawachchiya, Nindavur & Mihintale) and one Homeopathic Hospital (in Welisara) are functioning which are mainly under the Indigenous Medicine Sector.

This Annual Performance Report for the year 2025 shows the progress of the annual health sector work plan, as well as the overall health sector performance, against the set targets for year 2025. Further, this publication, reports the progress of the key performance indicators, giving an overview of the achievements during the past two years. Aligning the year 2025, the report has included the performance of the indigenous medicine sector.

Total of revised allocation under Expenditure Head of 111 (Health Sector) and 220 (Department of Ayurveda) in 2025 is Rs. 89,951.98 million and expenditure is Rs. 50,908.13 million and Rs. 8,085.18 million worth bills have to be settled out. The details are given in the Table - 02:

Table – 02 Summary of the Financial Progress

#	Description	Approved Capital Allocation (Rs. Mn)	Revised Allocation (Rs. Mn)	Financial Progress (Rs. Mn)	Bills in Hand as 31.12.2025
1	111 - Ministerial Capital Allocation	90,335.00	87,911.98	49,753.17	8,073.47
2	111 - Affiliated Institutions	1,052.00	1,052.00	617.58	3.71
3	220 - Department of Ayurveda	980.00	988.00	537.38	8.00
	Total	**92,367.00**	**89,951.98**	**50,908.13**	**8,085.18**

The indigenous medicine sector has shown its commitment in realizing the vision of the Ministry of Health to produce a healthier nation that contributes to the economic, social, mental and spiritual development of the country.

Ayurveda, Siddha and Unani systems of medicine as well as the traditional medicine are making a great contribution to the development of health system of this country. The homeopathy medicine has also been accepted as an alternative medicine method among the people.

Operations within the indigenous medicine sector are carried out in accordance with the Government's national policy framework, guided by the relevant policy principles and strategic priorities. During 2025, the sector played a significant role in advancing these policy objectives through the successful implementation of planned initiatives.

In addition, activities that could not be fully completed during 2025 have been scheduled for completion in 2026. The successful implementation of these outstanding initiatives is expected to further strengthen the contribution of the indigenous medicine sector towards promoting a healthier population and achieving national health objectives.

Also, efforts are being made to contribute to the new government's policies and measures to create healthy people through quality health care.

1.2 Vision, Mission, and Objectives of the Institution

VISION

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

MISSION

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

Indigenous Medicine Sector

Vision

A Healthy Nation

Mission

Promoting a healthy nation through the use of excellence in local medical methods and the utilization of all other medical methods while confirming the country's sustainable development

Objectives

- Strengthen service delivery to achieve preventive health goals
- Appropriate and accessible high-quality curative care for all Sri Lankan citizens
- Promotion of equitable access to quality rehabilitation care
- Strengthen evidence-based service delivery to support journey along the continuum of care
- Develop new strategies to reduce out-of-pocket spending and reduce financial risk
- Ensure a comprehensive health system through a better re-structuring including Human Resource Management
- Develop strategic partnership with all providers of health care

1.3 Key Functions:

i. Formulation of policies, programmes and projects
ii. Monitoring and evaluation with regard to the subjects of health and nutrition and those subjects that come under the purview of Departments, Statutory Institutions and Public Corporations listed in 1.6
iii. Formulation of policies and standards required for public health services
iv. Formulation and implementation of programmes to improve public health and nutrition
v. Implementation of rules and regulations in relation to international quarantine and sanitation
vi. Regulation and supervision of the quality, standards and pricing of private hospitals and medical centres
vii. Regulation and supervision of charitable medical institutions
viii. Adoption of measures for the control, prevention and cure of epidemic, communicable and non-communicable diseases
ix. Implementation of medical and oral health services of the school health programme services
x. Matters relating to healthcare in the estate sector
xi. General sanitation
xii. Implementation of the Thriposha Distribution Scheme
xiii. Management of all hospitals and staff employed therein (other than those under provincial councils)
xiv. Management and organization of all departments and services in scheduled training hospitals, and liaise with other higher medical education institutions
xv. Matters relating to National Blood Transfusion Services
xvi. Matters relating to the production, import and distribution of drugs
xvii. Administration and personnel management of Sri Lanka Medical Service
xviii. Expansion of training opportunities required for the enhancement of quality and skills of medical and paramedical services
xix. Introduction of new strategies to expand research opportunities in the health sector
xx. Matters relating to national health insurance programmes
xxi. Upgrading selected hospitals as required and expansion of facilities of regional and primary care hospitals
xxii. Achieving Sustainable Development Goals relevant to Health Sector (Goal 3)
xxiii. Operation and expansion of the 1990 Suwaseriya Ambulance Service in an efficient manner

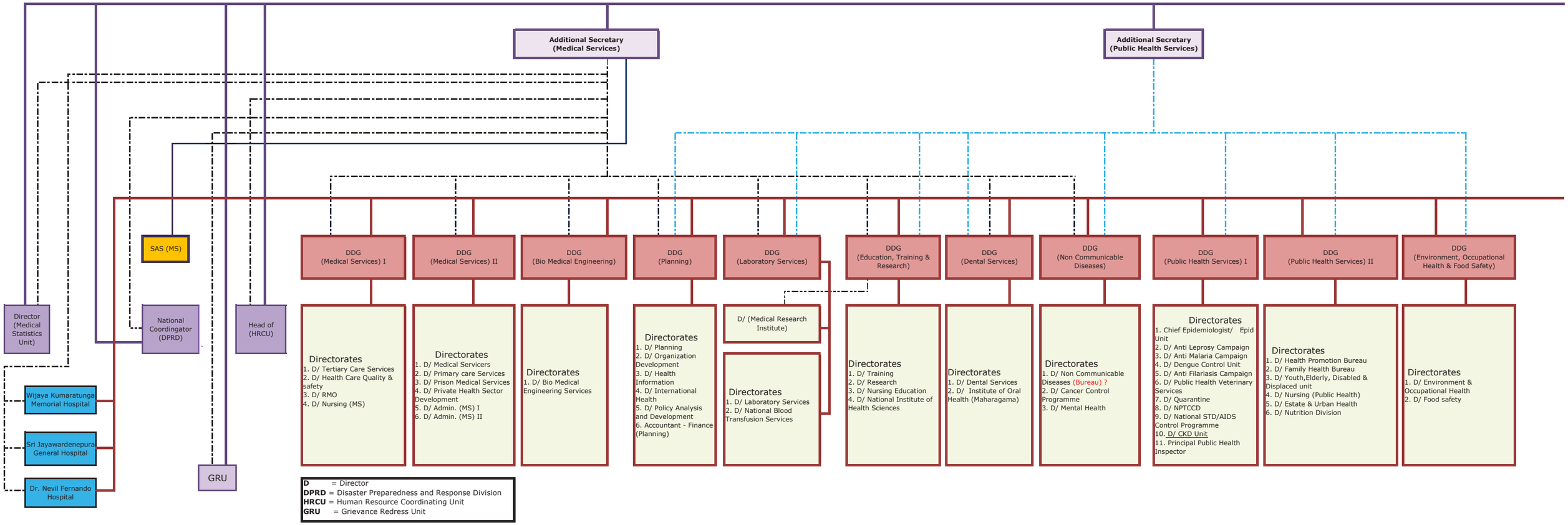
Main Functions of the Indigenous Medicine Sector:

- Formulation, implementation, monitoring and evaluation of policies, programs and projects relevant to the promotion of the indigenous medicine sector.

(i) Development and improvement of traditional medical methods
(ii) Production of Ayurveda, Siddha, Unani and Homeopathy pharmaceuticals
(iii) Import, sale and distribution of materials and products required for the treatment of Ayurveda, Siddha, Unani and Homeopathy medicine
(iv) Establishment and management of hospitals, research and training institutes and sales outlets for improvement Ayurveda, Siddha, Unani, and homeopathy medicine
(v) Regulation of exportation of medicinal plants, and products of Ayurveda, siddha and Unani pharmaceuticals
(vi) Regulation of Ayurveda pharmaceuticals manufactures
(vii) Coordination of projects on the promotion of medicinal drug plantation and improvement of indigenous medicines
(viii) Registration of Ayurveda manufacturers, Ayurvedic medicine professions, and Ayurveda para medical staff
(ix) Establishment, monitoring and promotion of Ayurvedic hospitals, Ayurveda research institutes, training institutes and Osu Sula outlets
(x) Implementation of a program for traditional and Ayurveda treatment methods for tourists coordinating with the Tourist Board and regulation the same
(xi) Promotion of researches on drugs and treatments of indigenous medicine
(xii) Administration and human resource management of the indigenous medicine sector

1.4 Organisational Chart (Draft)

Draft Organization Structure for Ministry of Health - (Edited on 29.08.2025)

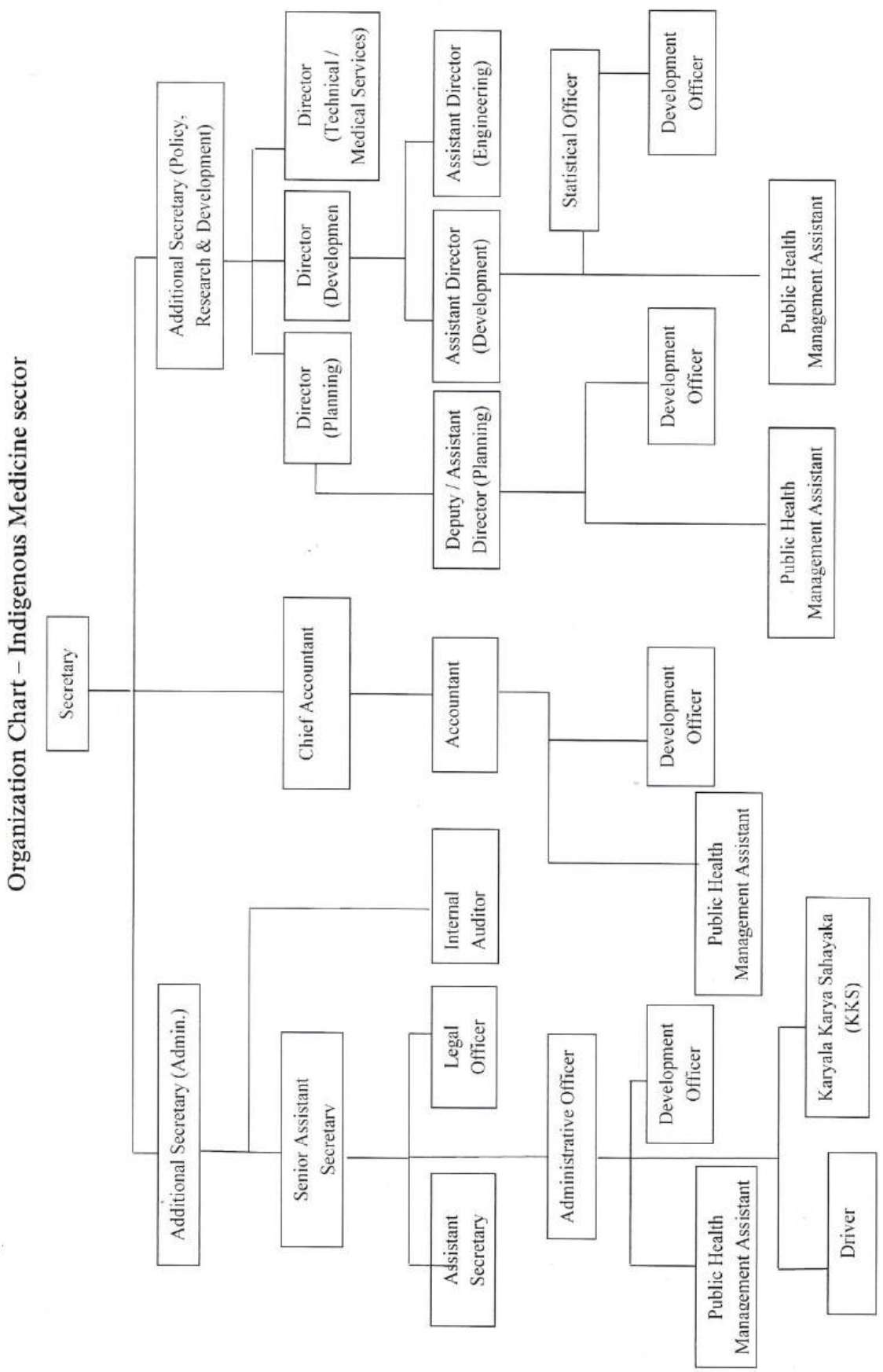


Secretary Health

- Additional Secretary (Development)
  - SAS Development
    - Asst. Sec (Development)
    - Protocol Division
- Director General of Health Services
  - SAS Admin -I
    - Asst. Sec. (Admin) I
    - Asst. Sec. (Admin) II
  - SAS Flying Squad
    - Asst. Sec. F/S
    - Asst. Sec. F/S
    - Asst. Sec. F/S
  - SAS I&P (Information & Promotion)
- Additional Secretary (Admin) I
  - SPC
    - SPMC
    - NMRA
    - NATA
  - DDG (Admin I)
    - Directorates
      1. D/ Admin. IV
      2. D/ Admin V
      3. D/ Admin VI
      4. D/ Admin VII
  - DDG (Building & Logistic)
    - Directorates
      1. D/ Building Administration
      2. **D/ Transport**
  - DDG (Investigation)
    - Directorates
      1. D/ Investigation I
      2. D/ Investigation II
  - DDG (Admin II)
    - Directorates
      1. D/ Admin I
      2. D/ Nursing Admin II
      3. D/ Examination I
      4. D/ Examination II
  - DDG (Admin III)
    - Directorates
      1. D/ Admin II
      2. **D/ Admin III**
      3. D/ Administration - Establishment
- Additional Secretary (Admin) II
- Additional Secretary (Admin)III
  - DDG (Medical Supplies)
    - Director (Medical Supplies Division)
  - Chief Legal Officer
    - Legal Officers (3)
- Additional Secretary (Procurement)
  - SAS (Procure) I
    - Asst. Sec. Procurement
  - SAS (Procure) II
    - Asst. Sec. Procurement
- Additional Secretary (Engineering Services)
  - DDG (Engineering)
    - Chief Engineer (Civil)
      - Regional Eng. (7)
    - Chief Engineer (Mechanical)
      - Regional Eng. (3)
    - Chief Engineer (Electrical)
      - Regional Eng. (3)
- Chief Internal Auditor
- CFO (Finance I)
  - Chief Accountant (Book Keeping)
  - Accountant (Budgetary Control)
- CFO (Finance II)
  - Accountant (Finance Supply)
  - Accountant (Finance Expenditure I)
  - Accountant (Finance Expenditure II)
  - Accountant (Finance Expenditure III)
- CFO (Finance III)
  - Chief Accountant (Finance Stock Verification)
  - Chief Accountant (Care & Coordination)

SPMC- State Pharnaceutical Manufacturing Cooperation
NMRA- National Medicianal Regulatory Authority
NATA- National Authority on Tobacco and Alcohol
SPC- State Pharmaceutical Coorperation

1.4 Organisational Chart of the Indigenous Medicine Sector



1.5 Main Divisions of the Ministry

Curative care services
- Hospitals under the line ministry
- Oral Health Services
- Estate and Urban Health Services

Preventive care services
- Control of Communicable Diseases
- Control of Vector-Borne Diseases
- Control of Non-Communicable Diseases
- Maternal and Child Health Services
- Nutrition
- Disaster Preparedness and Response
- Environmental and Occupational Health and Food Safety
- Health Promotion
- Services for Youth, Elderly and Disabled Persons
- Public Health Veterinary Services
- Tobacco and Alcohol Control

Other services
- Education, Training & Research
- Laboratory Services
- Blood Transfusion Services
- Quality and Safety of Health Services (Patient Safety and Accreditation Bureau for the Ministry of Health and National Healthcare Accreditation Council for Sri Lanka)
- Medical Supplies
- Biomedical Engineering Services
- Management Development and Planning Services
- Human Resource Development
- Financial Services
- Medical Statistical Services
- Regulation of Private Health Services
- Regulation of Medicines & Cosmetics
- Engineering Services

Indigenous Medicine Sector

1.6 Institutions / Funds coming under the ministry

National Hospitals
- National Hospital of Sri Lanka, Colombo
- National Hospital, Kandy
- National Hospital, Galle

Teaching Hospitals
- Teaching Hospital, Anuradhapura
- Teaching Hospital, Badulla
- Teaching Hospital, Batticaloa
- Teaching Hospital, Colombo North, Ragama
- Teaching Hospital, Colombo South, Kalubowila
- Teaching Hospital, Jaffna
- Teaching Hospital, Kalutara
- Teaching Hospital, Kuliyapitiya
- Teaching Hospital, Kurunegala
- Teaching Hospital, Peradeniya
- Teaching Hospital, Ratnapura

Specialised Hospitals
- Apeksha Hospital, Maharagama
- Castle Street Hospital for Women (Teaching), Colombo
- De Soysa Hospital for Women (Teaching), Colombo
- German – Sri Lanka Friendship Hospital for Women (Teaching), Galle
- Lady Ridgeway Hospital (Teaching) for Children, Colombo
- Leprosy Hospital, Handala
- National Dental Hospital (Teaching), Colombo
- National Eye Hospital, Colombo
- National Institute of Infectious Diseases - Angoda
- National Institute of Mental Health - Angoda
- National Institute for Nephrology Dialysis & Transplantation, Maligawatta
- National Hospital for Respiratory Diseases, Welisara
- National Nephrology Specialized Hospital, Polonnaruwa
- Rehabilitation Hospital, Ragama
- Sirimawo Bandaranayake Specialized Children's Hospital (Teaching), Peradeniya

District General Hospitals
- District General Hospital, Ampara
- District General Hospital, Chilaw
- District General Hospital, Embilipitiya
- District General Hospital, Hambantota
- District General Hospital, Kegalle
- District General Hospital, Matale
- District General Hospital, Matara & Godagama
- District General Hospital, Monaragala
- District General Hospital, Nawalapitiya
- District General Hospital, Negombo
- District General Hospital, Nuwara Eliya
- District General Hospital, Polonnaruwa
- District General Hospital, Trincomalee

Base Hospitals – Type A

- Base Hospital, Akkaraipattu
- Base Hospital, Gampola
- Base Hospital, Kalmunai North
- Base Hospital, Kalmunai South (Ashroff Memorial Hospital)
- Base Hospital, Kantale
- Base Hospital, Mulleriyawa (Colombo East Base Hospital)
- Base Hospital, Pottuvil

Base Hospitals - Type B

- Base Hospital, Beruwala

Divisional Hospitals

- Divisional Hospital, Aluthgama (Type C)
- Divisional Hospital, Dharga Town (Type B)
- Divisional Hospital, Kandana (Type A)

Board Managed Hospitals

- Sri Jayawardanapura General Hospital, Thalapathpitiya, Nugegoda
- Wijeya Kumaranathunga Memorial Hospital, Seeduwa

Public Health Institutions

- Anti Filariasis Campaign
- Anti Leprosy Campaign
- Anti Malaria Campaign
- Epidemiology Unit
- Family Health Bureau
- Health Promotion Bureau
- Institute of Oral Health, Maharagama
- National Cancer Control Programme
- National Chronic Kidney Disease Programme
- National Dengue Control Unit
- National Programme for Tuberculosis Control and Chest Diseases
- National STD/AIDS Control Programme
- Renal Disease Prevention and Research Unit (RDPRU)

Other Institutions

- Airport Health Office - Katunayake
- Airport Health Office - Mattala
- Biomedical Engineering Services
- Food Lab - Anuradhapura
- Institute of Legal Medicine and Toxicology
- Medical Research Institute
- Medical Supplies Division
- Medical Statistics Unit
- National Blood Transfusion Service
- Port Health Office - Colombo
- Port Health Office - Galle
- Port Health Office - Hambantota
- Port Health Office - Kankasanthurai
- Port Health Office - Oluvil
- Port Health Office - MRI
- Port Health Office - Trincomalee

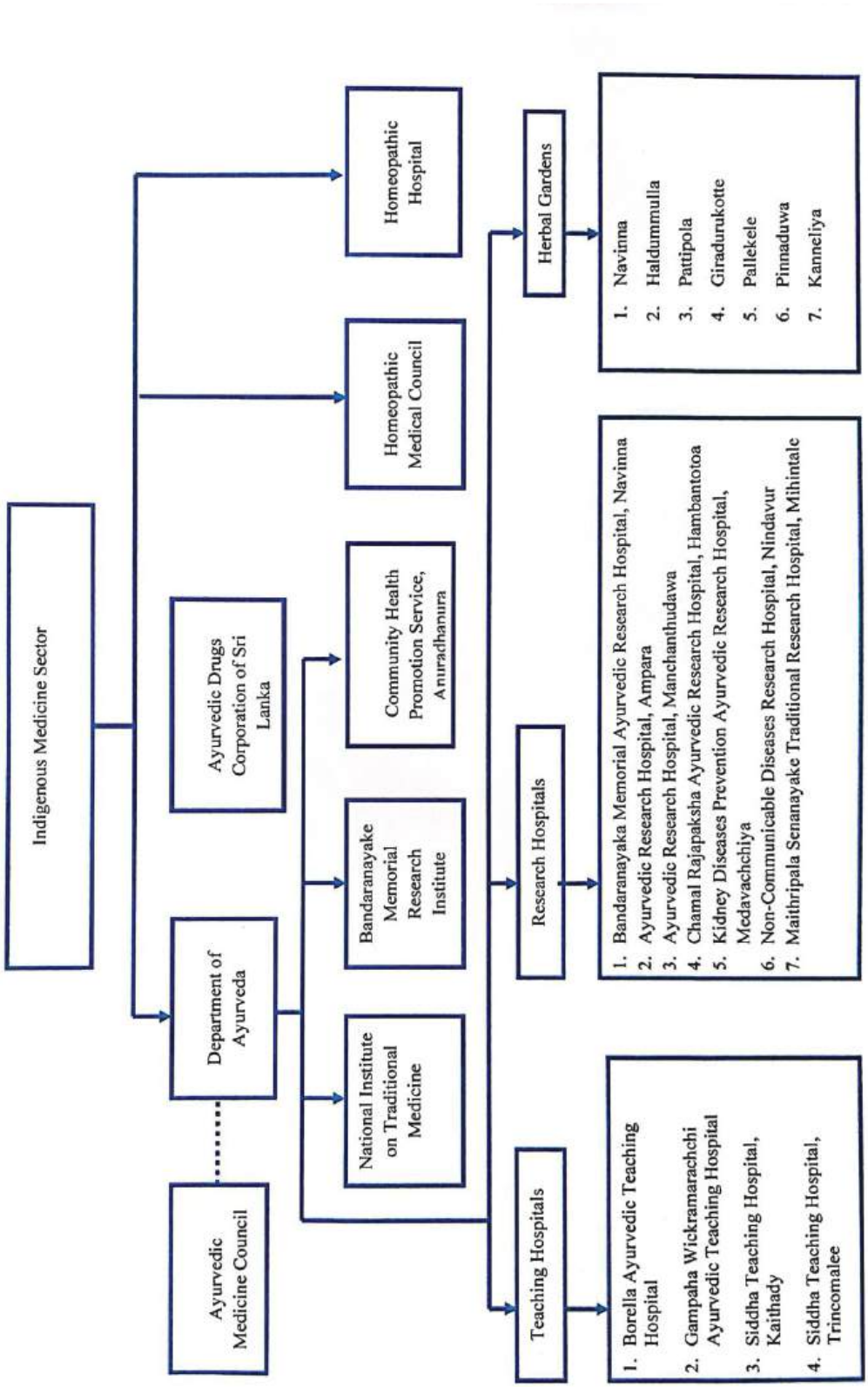
School Health Office
Sexually Transmitted Diseases Clinic, Mahamodara
Sri Lanka Parliament Medical Centre

Training Institutions
National Institute of Health Sciences - Kalutara
Post Basic School of Nursing - Colombo
Nurses Training School- Ampara
Nurses Training School- Anuradhapura
Nurses Training School- Badulla
Nurses Training School- Batticaloa
Nurses Training School- Colombo
Nurses Training School- Galle
Nurses Training School- Hambantota
Nurses Training School- Jaffna
Nurses Training School- Kandana
Nurses Training School- Kandy
Nurses Training School- Kurunegala
Nurses Training School- Matara
Nurses Training School- Mulleriyawa
Nurses Training School- Ratnapura
Nurses Training School-Vavuniya
National School of Nursing - Sri Jayawardanapura
Audiology Technicians' Training School
Cardiographers' Training School
EEG Recordists' Training School
Training School of Health Entomology
MLT Training School - Medical Research Institute (MRI)
MLT Training School - Peradeniya
Ophthalmic Technologists' Training School
Physiotherapists & Occupational Therapists' Training School - NHSL
School of Pharmacy, NHSL (UOC)
School of Radiographers
Sri Lanka School of Prosthetists and Orthotists

Funds – National Health Development Fund (NHDF)

1990 Suwaseriya Foundation

Institutions Come under the Indigenous Medicine Sector



1.7 Details of Foreign-Funded Projects

#	Name of the Project	Donor Agency	Estimated Cost of the Project Rs. Mn	Project Duration
01	Health System Enhancement Project (HSEP)	Asian Development Bank (ADB)	~~10,500.00~~ 35,346.00	2018 – 2023 Oct. - 2025 Nov.
02	Health and Medical Service Improvement Project	JICA	18,594.00	2018 Oct. – 2023 Oct.
03	Global Fund to fight AIDS, Tuberculosis and Malaria 2025/2027 Grant Cycle only for AIDS & TB)	Global Fund TB STD/AIDS	 923.53 1,990.22	2025 – 2027
04	A Neonatal and Obstetrics Reference Centre for the De Zoyza Maternity Hospital (France-HNB)	France / HNB	4,950.00	2019 - 2022
05	Health Information and Quality Improvement Project (Debt to Health Swap in Sri Lanka)	Global Fund	4,646.00	2021 – 2024 Ext. 2025/06
06	Capacity Building of Biomedical Engineering Service in Sri Lanka	Korea Foundation for International Healthcare (KOFIH)	1,656.00	2021 - 2024
07	Project for the improvement of Infectious Waste Management	JICA	1,520.00	2024 - 2026
08	Program to improve Non-Communicable Disease Treatment Facilities at Sri Jayawardanapura General Hospital	JICA	1,265.00	2024 - 2025
09	Sri Lanka Primary Healthcare System Enhancing Project (PHSEP)	World Bank	51,000.00	2024 - 2028
10	Integrated One Health Pandemic Preparedness & Response Strengthening Project	ADB /GoSL	31,000.00	2025 - 2029

CHAPTER 2

Progress and the Future Outlook

2.0 Special achievements, challenges and future goals

Health services provided by the Government of Sri Lanka are operated under a Cabinet Minister of the Ministry of Health. The indigenous medicine sector was incorporated into the Ministry of Health since 2015. Currently, a Deputy Minister has been appointed with responsibility for the portfolios of Health and Indigenous Medicine under the Ministry of Health.

The Ministry of Health as the key government organization, plays a vital role in safeguarding the status of health and well-being of all citizens of Sri Lanka along with other government departments, local and international organizations, civil society groups and the general public. It is also responsible for delivering high-quality healthcare services to the people in an equitable manner. The Ministry of Health and the Provincial Health Services provide a wide range of curative, preventive, rehabilitative, and promotive health care through an extensive network of health care institutions.

Special achievements:

2.1 Curative Sector improvements

- **Infrastructure development – On going projects implemented by Engineering Division**

  The Engineering Division of the Ministry of Health plays a vital role in the development, maintenance and enhancement of healthcare infrastructure across the country. This division is dedicated to ensure that all health facilities including hospital, clinics, and research centres are designed, built and maintained to the highest standards of safety, functionality, resilient and sustainability.

Progress of the on-going development projects as of 31.12.2025

No.	Project / Activity	Physical Progress	Cumulative Expenditure (Rs. In Mn)	Remarks
01	Proposed five-storied Ward Complex at District General Hospital, Moneragala	Two floors completed (60%)	1,407.58	On-going
02	Construction of Oncology Unit Stage – II at TH, Ratnapura	Second floor completed (Stage - I). To be restarted and procurement process in progress.	81.35	
03	Balance work of Extension to Surgical – Medical Unit at TH,	Five floors completed. Finishing works in	616.58	

No.	Project / Activity	Physical Progress	Cumulative Expenditure (Rs. In Mn)	Remarks
	Karapitiya (NH- Galle)	progress.		
04	Balance work of A & E Building at DGH, Kegalle	Three floors completed. Under procurement process for balance work (20%)	105.00	
05	Construction of A & E Unit at DGH, Trincomalee	Partially completed (40%). Procurement process in progress.	00	
06	Construction of A & E Unit at DGH, Ampara	Ground floor completed (55%).	866.00	On going
07	Construction of A & E Unit at DGH, Chilaw	Partially completed (35%). Procurement process in progress.	159.00	
08	Construction of A & E Unit at NH, Kandy	Two floors completed (40%). Procurement process in progress.	145.00	
09	Construction of A & E Unit Stage - II at TH, Jaffna	Construction completed. Finishing works except AC on going.	1,256.59	
10	Construction of Head Office Building, Castle Street	16-storied building structure completed. Finishing works of five floors completed (82%)	6,500.38	On going
11	Construction of Cancer Treatment Unit (Stage 2) - National Hospital, Kandy	Two Floors and lift installation works completed (58%)	1,772.82	
12	Construction of cancer Treatment unit (Stage 2) - National Hospital Kandy - New chiller	Procurement process in progress (2%)	00.00	

No.	Project / Activity	Physical Progress	Cumulative Expenditure (Rs. In Mn)	Remarks
13	Construction of Cancer Hospitals at Matara, Kandy, and Tellipallai	All finishing works to be completed in Tellippalai Cancer Unit	57.00	
14	Construction of Bone Marrow Transplant Unit to Cure Thalassemia Patients - National Hospital Kandy	Four Floors completed (66%).	1,330.37	
15	Construction of Little Heart Centre at LRH	12-storied building construct completed (88%). Finishing works going on.	2,265.97	
16	Design and Construction of Highly Specialized Maternity Unit and Ward Complex - De Soysa Hospital for Women	Two Floors Completed (100%).	264.60	The building is handed over to the hospital and retention to be released.
17	Construction of ten storied building at the Teaching Hospital, Badulla	Two floors structure completed (40%).	2,395.80	On going
18	Construction of Cath Lab (3 storey) DGH Ampara	Partially Completed (14%).	56.00	On going
19	Construction of Cardiac Care Complex – TH, Rathnapura	Foundation works in progress (28%).	458.73	On going
20	Health & Medical Services Improvement Project (GOSL-JICA)	Foundation works of DGH, Trincomalee and TH, Anuradhapura completed (12%).	398.00	Procurement process is in progress to re-start the constructions as the project was temporally stopped due financial crisis in 2022.

No.	Project / Activity	Physical Progress	Cumulative Expenditure (Rs. In Mn)	Remarks
21	Project for the Improvement of Infectious Waste Management JICA)	Part of machinery (out of 15 nos.) has arrived to sites and civil works are going on (95%)	784.00	
22	National Stroke Centre - BH Mulleriyawa	Diagnostic center - structure completed, finishing works going on. / stroke center- structural works going on (38%)	418.09	
23	Faculty of Nursing (20-storey) and Accommodation building (6- storey) (Sri Jayawardenapura)	Nursing faculty was suspended, Accommodation building going on	2,152.00	
24	Continuation of the Balance Part of Ground floor - Proposed Five storied Building at DGH -Embilipitiya	Procurement in progress.	00.00	
25	Construction of Academic & Administration Building (4-storey) (Kalutara)	Completed (100%)	187.00	Final bill to be paid.
26	Construction of Renal care Treatment Unit (Balance Work) TH Batticaloa	Mutually terminated, final bill to be paid and balance work to be started (92%)	339.00	
27	Specialized Children Unit (2 wings 7& 14 storey) TH Karapitiya	Structural works going on (27%)	782.63	
28	Construction of Renal care Treatment Unit, TH Badulla (Proposed Prof. Unit)	Mutually terminated, final bill to be paid (18%)	236.00	
29	Construction of Academic & Administration	Roofing and finishing works going on	465.29	

No.	Project / Activity	Physical Progress	Cumulative Expenditure (Rs. In Mn)	Remarks
	Building at NTS Anuradhapura	(72%)		
30	Improvements in Mechanical, Electrical, and Sewerage Systems	mechanical works finalized and partially completed (30%)	215.01	On going
31	Construction of a Building for Kitchen, Minor Staff Dining Room and Changing Room (Balance Work) at National Institute of Institute of Infectious Diseases, Angoda (IDH)	Preparation of bidding documents	00.00	To be started
32	Construction of Stores Building - Balance Works National Institute of Infectious Diseases, Angoda (IDH)	Completed, bills to be paid.	00.00	
33	Eye ward at TH, Kalutara-stage II	procurement process going on (45%)	47.98	
34	Proposed Respiratory unit - TH Karapitiya	(75%) procurement process going on for remaining works	47.87	
35	Construction of Medical Ward Complex (stage II of 8 - sorey) (Kalutara)	3rd floor finishing works going on (59%)	695.00	
36	Construction of Nurses' Quarters at TH, Anuradhapura (Balance Work)	65%. In progress	34.97	On going
37	Construction of Oral Health Unit (8 storey) TH Karapitiya	Partially completed and remaining works on going (54%)	644.43	On going
38	Construction of proposed Isolation Ward Complex - NH	Partially completed (55%) Preparation of bidding	-	On going

No.	Project / Activity	Physical Progress	Cumulative Expenditure (Rs. In Mn)	Remarks
	Kandy (Balance Work)	documents for the stage II		
39	Balance work of New Building Complex at DGH Nawalapitiya	Preparation of bidding documents for the stage II	-	To be started

- **National Hospital, Galle**
  - Completion of lama Piyasa construction and starting patient care services



  - Inauguration of the second Cath Lab for patient services



  - Completion of National ECMO Centre
  - Completion of Anaesthesia Lecture Hall and Anaesthesia Pre-op Clinic
  - Introduction of Polythene free concept
  - Implementation of a pass system for bystanders
  - Updating the Hospital Disaster Management Plan and conduction Disaster Drill

- Implementation of Special Meal Program
- Implementation of Drug Labelling (including LASA drugs) project
- Establishment of Clinical Audit Committee

➢ **Colombo South Teaching Hospital, Kalubowila**

- The Inter-Unit Productivity, Quality, and Patient Safety Competition was held at Colombo South Teaching Hospital on 27th May 2025.
- Enterostomal Therapy- A 5-day training program for nursing officers (08 from DGH Nuwara Eliya & 05 from Colombo South Teaching Hospital, Kalubovila)
- The Occupational Therapy Unit was relocated to a new place to improve accessibility for patients
- Ward 16, a newly established medical ward for male patients, was officially inaugurated in response to the increasing demand for inpatient care.
- A blood donation 🩸campaign was conducted at the Colombo South Teaching Hospital Blood Bank.

  Volunteers were honored on this recognition tree
  🌿Silver – for over 50 donations
  🌳Gold – for over 100 donations

- The All-Island Special Grade Nursing Officers' Training Program was inaugurated at Colombo South Teaching Hospital.
- A large trilingual signboard sponsored by Fashion Bug was installed at the hospital entrance. This new signboard helps patients easily identify different zones through colour codes and find their way to service areas.
- Drug Prevention Training Program organized by the Ministry of Health and the National Board of Dangerous Pharmaceutical Control under the project "Knowing Mind" was held at South Colombo Teaching Hospital on 2025.09.14.
- Expansion of Nutrition clinic was done to enhance the patient care services
- Inauguration of the stoma Therapy Unit was done to enhance the patient care service
- Improvements done in patient care by digitalizing clinics and Ward set up.

2.2 Foreign Funded Projects

➢ **Expansion of Infrastructure Facilities of Bio-Medical Engineering Services of Sri Lanka (KOFIH)**

Under this project, it is proposed remodeling of Bio-Medical Engineering Units and construction of Bio-Medical Engineering Service Centres in 09 provinces, provision of supplies for maintenance services, provision of service vehicles and machineries, development of national wide electronic bio-medical equipment and maintenance system, on-site and institutional training for bio-medical engineers and the

monitoring and evaluation activities. Total estimated cost of the project is 1,675,153 USD and the grant is provided by Korea Foundation for International Healthcare through the Republic of Korea.

Progress is as follows:

#	Component	Activities	Physical progress
1	Facility Improvement (Renovation phase l & phase ll)	Construction of second floor of main building of the BMES to expand administrative functions, implement Testing and Calibration centre and auditorium	Renovation – Phase I 80% Renovation – Phase II 60%
2	Tools and Equipment Support (tools phase I, Phase ll & Phase lll)	Provision of testing equipment and tool for medical equipment repair, maintenance and calibration	Phase I - Equipment supplied from Korea and distributed to PDHS Western, North Western and Sabaragamuwa provinces. Phase II - Procurements - 75%
3	Mobile Workshop	Facility improvement of maintenance of faulty equipment and testing and calibration of medical equipment	Order placed, internal modification completed, processing for vehicle registration
4	Computerized medical equipment inventory and equipment maintenance management system. (MEIMS)	Establishment of the system	
5	Capacity Building (CBT)	Capacity development of Biomedical Engineers and technical staff through Master's program and short-term courses	

- **Sri Lanka Primary Healthcare System Enhancing Project (PHSEP) 2024 – 2028**

The project objective is to improve access and quality of primary health care services across all districts of Sri Lanka. The project is financed by the World Bank

loan of USD 150 million for a period of five years. The project consists of the following components:

(i) Increase availability of comprehensive Primary Healthcare Services (PHC) services at Primary Medical Care Institutions (PMCIs) and Medical Officer of Health (MOH) Offices
(ii) Strengthen the quality of clinical and person-centres care at PMCIs
(iii) Strengthen health promotion, community empowerment and citizen engagement
(iv) Project Management and Monitoring and evaluation
(v) Contingency Emergency Response

Necessary approvals for project implementation, establishment of Project Management & Monitoring Unit and recruitment of project staff were obtained. Financing Agreement was signed on 10.09.2024.

The project was officially initiated on 26.03.2025 by conducting launching ceremony. The second Project Steering Committee meeting was also held on 26.03.2025. The main issue was implementing the project was the modality of implementing civil works in the provincial level institutions. It was solved by His Excellency the President giving directions to proceed the implementation of provincial civil works as original project execution plan. Progress of the allocation for the year 2025 is as follows:

Vote Particulars	**Description**	**Revised Allocation (Rs. Mn)**	**Financial Progress (Rs, Mn)**
111-02-12-02	Central Government	2,572.86	430.06
111-02-12-03	Western Provincial Council	816.00	00
111-02-12-04	Central Provincial Council	720.00	00
111-02-12-05	Southern Provincial Council	660.00	00
111-02-12-06	Northern Provincial Council	340.00	00
111-02-12-07	North Western Provincial Council	540.00	00
111-02-12-08	North Central Provincial Council	540.00	00
111-02-12-09	Uva Provincial Council	529.76	00
111-02-12-10	Sabaragamuwa Provincial Council	600.00	00
111-02-12-11	Eastern Provincial Council	720.00	00
Total		**8,238.62**	**430.06**

Accordingly, during the year 2025, Rs. 1,398.90 million worth procurements awarded under the Central Government procurement schedule and 12 procurement packages of provincial works published in newspapers.

- **GFATM Project 2025 – 2027**

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Project has been implemented since 2002 under the Ministry of Health to manage, prevent, and control of three diseases: HIV/AIDS, Tuberculosis (TB) and Malaria. However, since 2021, only two components–TB and HIV- have been implemented under the GFATM project. The Cabinet approval for implementation of the following two project components was obtained.

(i) GFATM Project LKA-T-MoH – TB Component (2025 – 2027), by the National Program for Tuberculosis Control and Chest Diseases (NPTCCP), utilizing the approved allocation of USD 2,969,568 (LKR 923.53 million) and to appoint the proposed project staff

(ii) GFATM Project LKA-H-MoH – HIV Component (2025 – 2027), by the National STD / AIDS Control Program (NSACP), utilizing the approved allocation of USD 6,381,149 (LKR 1,990.22 million) and to appoint the proposed project staff

- **Integrated One Health Pandemic Preparedness and Response Strengthening Project**

This project is proposed to cover mainly One Health, Surveillance and Laboratory capacity, Human Resources for Emergencies, Risk Communication and Community Resilience. Five Development Partners (FAO, ADB, WHO, WB and UNICEF) have agreed to facilitate this project. Total estimated project cost is Rs. 5,430.27 million. The grant is Rs. 4,784.25 (USD 16.79 million) and GoSL contribution is Rs. 646.02 million. The Department of National Planning has recommended this project by their letter dated 11.04.2025.

- **Strengthening Integrated Health Care for Universal Health Coverage Programme, Sri Lanka {ADB financed, Results Based Lending (RBL) Programme}**

The Asian Development Bank has agreed to provide USD 100 million in budget support to enhance the quality and capacity of secondary care hospitals across the country.

The said project proposal has two main objectives:

(i) To improve the integration between primary and first referral health services, and to standardize the service capacity and quality of the secondary healthcare hospitals including measures for climate resilience and environmental sustainability, gender responsiveness, elder friendly services, and targeted support for other vulnerable population groups in order to strengthen Universal Health Coverage (UHC).

(ii) To strengthen transparency and efficiency of pharmaceutical supply chain, health procurement and financing system.

The total estimated project cost is Rs. 31,000 million. Out of total estimated cost, Rs. 30,000 million is to be financed through Asian Development Bank (ADB) funds and Rs. 1,000 million will be allocated as GoSL counterpart funds.

- **Construction and Supply of Medical Equipment for Accident and Emergency Unit at District General Hospital, Mannar under Indian Grant**

The Memorandum of Understanding (MoU) was signed on 09th September 2025 between the Government of the Republic of India and the Government of the Democratic Socialist Republic of Sri Lanka to receive funds for implementation of the above project. Total of Sri Lankan Rupees six hundred million is to be received from the Indian Government.

2.3 Health Promotion

The Health Promotion Bureau (HPB) serves as the national centre of excellence for Health Education and Health Promotion under the Ministry of Health, Sri Lanka. The Bureau operates through seven specialized technical units, supported by an administrative division, and works in close collaboration with both health and non-health stakeholders across the country to achieve its mandate using a health promotion settings approach. In addition, HPB addresses the health communication needs of the public through multiple platforms, including the 24-hour hotline 1999 "Suwa Seriya", the official website, Facebook page, and YouTube channel, as well as through the regular conduct of weekly media seminars.

- **Community Health Promotion Unit**
  - Developed evidence-based health promotion messages for the general public and vulnerable communities.
  - Maintained regular health promotion content across social media platforms including Facebook, WhatsApp, and digital posters
  - Delivered health education messages on healthy lifestyles, mental well-being, and disaster-related health issues such as flood response.
  - Led and supported the implementation of the Happy Village Initiative to promote holistic community well-being.

- **Health Communication & Life Skills, Media and Publicity Unit**
  - Developed the National Guideline for Communication on Comprehensive Sexuality Education (CSE) in Sri Lanka and the National Guideline on Menstrual Health and Hygiene (MHH).
  - Health communication content development and standardization
  - Life Skills & Comprehensive Sexuality Education (CSE) Program Development
  - Capacity Building and Training of Trainers (ToT) programs conducted (69 programs)
  - Media, Publicity and Risk Communication activities including the first Media Awards Ceremony of 2025 conducted
  - Digital Health Promotion and Social Media Engagement activities were caried out
  - Evidence Generation, Research and Situation Analysis activities were carried out
  - Supported the "Suwa Sariya" Call Centre in delivering accurate, timely, and evidence-based health information to the public in all three national languages.

- **Training, Exhibition, Information Education Communication (IEC) and Hospital Health Promotion Unit**
  - Conducted different communication training programs and workshops
  - Health messages developed following Disaster 'Ditwah' and disseminated through Digital Signage System and different channels.

- **Policy, Advocacy, Risk Communication and Workplace Health Promotion Unit**
  - Developed, printed, and disseminated a comprehensive Risk Communication training package, including supportive video materials.
  - Developed an Accountability to Affected People (AAP) training package, conducted AAP refresher training programs for provincial master trainers and rolled out the AAP training programs at district level.
  - Conducted Technical Advisory Committee (TAC) meetings on Risk Communication.

- **Family Health, Nutrition Communication & Behaviour Research Unit**
  - Different activities on establishing and strengthening Mothers' Support Groups (MSGs) were carried out
  - Organized the annual national award ceremony recognizing high-performing district-level Mothers' Support Groups and field staff.

- **Oral Health Promotion Unit**
  - Conducted public awareness programs in commemoration of special health days related to oral health.
  - Developed and printed an oral health message book to support health workers in delivering standardized oral health messages to the public.
  - Contributed to the development of national targets for the School Dental Service.

- **Strategic Information, monitoring, Evaluation and Preschool Health Promotion Unit**
    - Developed, printed, and distributed the Guidelines and General Circular for Implementation of the National Preschool Health Promotion Setting Development Program in Sri Lanka.
    - Conducted preschool health promotion training programs in Kurunegala, Uva Province, and Kandy Municipal Council areas.
    - Conducted advocacy meetings, national steering committee meetings, and stakeholder meetings regarding the preschool health promotion

- **Administrative Section**
    - Internal Affairs Committee and Healthcare Institution Security Strengthening Committee established
    - Infrastructure improvements were carried out

2.4 Health System Strengthening

- **National Health Strategic Master Plan 2026 – 2035 was developed and finalized with the financial support of WHO funds.**

  Focus Group discussions with more than 1000 relevant stakeholders including health, non-health professionals and community participants were held to discuss the proposed strategies in developing next ten-year strategic master plan. In addition, ten major stakeholder meetings were conducted to finalize the said plan with the financial assistance of WHO biennium funds. Development of National Health Strategic Master Plan 2026 – 2035 was implemented by the Directorate of Planning of the Ministry of Health.

- **National Policy on Health and Wellbeing (2026 – 2035)**

  National Policy on Health and Wellbeing (2026 – 2035) was developed and drafted with the leadership of the Directorate of Policy Analysis and Development, and over 1,500 participants, including technical experts, civil society organizations and the voices of children and youth, based on the new government policy. The policy development process included extensive situation analysis, desk review, a rapid assessment and 58 policy dialogs. Public comments are to be obtained for finalization of the document.

- **Sectoral Policy Development**

  The Directorate of Policy Analysis and Development supported to develop National Oral Health Policy, National Biosafety Policy and National Policy on Antimicrobial Resistance.

- **Launching World Health Survey Plus (WHS+)**

  The World Health Survey Plus was launched in August 2025, to collect disaggregated data on health inequalities, service utilization, and system responsiveness.

- **Organizational Results Framework (ORF)**
  Organizational Results Framework (ORF) of the Ministry of Health was developed for monitoring the performance of the implementation of the master plan, ensuring that performance indicators are actively tracked to strengthen accountability and results-based management across the Ministry.

- **Streamlined the Human Resource Profile Data Base**

- **Internal Affairs Unit was established.**

- **Medical equipment requirement for Base Hospitals, District General Hospitals and Teaching Hospitals was identified conducting stakeholder meetings with relevant stakeholders. The list was updated in consultation with the Bio – Medical Engineering Services and representatives from the colleges. This document is published in the Health Ministry Web Site.**

2.5 Healthcare Quality and Safety

The name of the Directorate of Health Care Quality and Safety (DHQS) was renamed as Patient Safety and Accreditation Bureau (PSAB). It was published by the General Circular No. 01-24/2025 dated 27.05.2025. The Patient Safety and Accreditation Council for Sri Lanka as the Advisory Board of the Patient Safety and Accreditation Bureau also established.

- The national event was held on 17.09.2025 at the Galle Face Hotel to commemorate the World patient Safety Day under the theme of 'Safe care for every newborn and every child'
- Online performance review meetings of line ministry health institutions (53) and provincial health institutions (above base hospital type B) of 26 districts were conducted to assess hospital performance in Quality and Safety.

- Various training programmes conducted to develop a skilled, competent and satisfied workforce with enhanced productivity.

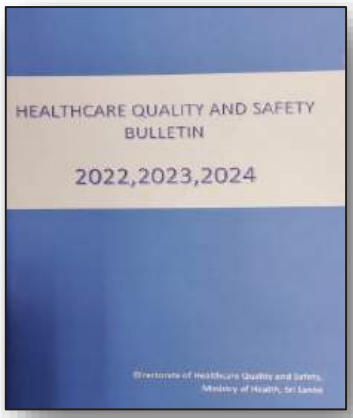
- Establishment of an accreditation system for Healthcare Institutions in Sri Lanka

- Development/ Revision/ Finalization of Policies, Plans and Guidelines

- A continuous Professional Development (CPD) manual on Healthcare Quality and Safety was developed with the aim of improving the quality of service of the critical staff categories (Medical officers, Nursing officers and Paramedical staff – MLTs, Radiographers, PHLTs and PHIs).

- Annual Healthcare Quality and Safety Bulletin was published encompassing the performances and initiatives undertaken in the years 2022, 2023, and 2024. This publication aims to highlight the progress made and the innovative solutions implemented to strengthen quality standards and safety measures.





- Conducted the meetings of National Accreditation Council, National Guideline Committee and the three Subcommittees on Medication safety, Infection Prevention and Control and Clinical Governance during 2025.

- A **Medication Safety Practice Package** was developed through a consultative process.

- Fund disbursement to hospitals under the BL 33 of the Health improvement Quality improvement (HiQi) project of Global Fund was initiated to Strengthen Quality Management Programmes at MOH hospitals, provincial and district level health care institutions through Quality Management Units while addressing gaps identified by the gap analysis conducted in 2022.

- Hospital visits made to National Institute of Infectious Diseases and Colombo East Base Hospital for supervision of hospital patient safety practices and quality initiatives.

2.6 Human Resource Development

- Education, Training and Research Unit of the Ministry of Health is responsible for policy formulation and technical guidance on training, coordinating basic training programs for all staff categories, except for Medical Officers and Dental Surgeons. Additionally, the Unit is responsible for enhancing the capacity of the health workforce through post-basic and in-service training programmes. Furthermore, the National Institute of Health Sciences (NIHS) is under the administrative and technical supervision of the DDG (ET&R).

- The ET&R Unit collaborates with the Ceylon Medical College Council, University Grants Commission, and other relevant academic and professional institutions in Sri Lanka to enhance the human resource capacity of the health sector.

- It has improved the Continuous Professional Development (CPD) programmes for state Medical Officers, particularly through the online Learning Management System (LMS) platform. The unit serves as a central hub for the initiative that enhances

career development opportunities for Medical Officers, in collaboration with the Post Graduate Institute of Medicine (PGIM) and state medical faculties. ET & R has also been able to broaden its capacity in coordinating important training programmes with international organizations to improve the capacity of the health workforce in Sri Lanka.

- Director – Nursing (Medical Services) Unit

  - In service training programme was conducted to update and enhance the clinical knowledge and skill of nursing personnel.

  - Nursing training programmes on disaster management, Non-Communicable diseases, commination skills and stress management were conducted.

No.	Name of the Programme	No. of Programmes conducted
01	Non-Communicable Diseases	09
02	Disaster Training Program	05
03	Emergency and Trauma Care	09
04	7-day Training Program on NCD for 50 SPGNOO	01
05	Midwives Training Program (Soft skills)	05
06	Sisters / Masters and In-Charge Nursing Officers	03
07	Infection Control	01
08	Nursing Management program for SGNOO	01

2.7 Implementation of Budget Proposals 2025

BP No.	Name of the proposal	Total Estimated Cost (Rs. Mn)	Allocation (Rs. Mn)	Physical Progress
	Development of Interventional Centre for Neuro-developmental disease at Lady Ridgeway Hospital for Children	200.00	87.50	Cabinet approval obtained at the end of the year. No financial progress.
	Inclusive Early Childhood Development Programe for Sri Lanka (FHB)	882.50	112.50	Cabinet approval obtained at the end of the year. No financial progress.
40	Mental Health Awareness and Counselling Programme	250.00	89.26	35%
	Upgrading the services of providing assistive	530.00	300.00	5%. Cabinet approval obtained

BP No.	Name of the proposal	Total Estimated Cost (Rs. Mn)	Allocation (Rs. Mn)	Physical Progress
	devices for differently able people at Rheumatology and Rehabilitation Hospital, Ragama			in end of October. Procurement process initiated. No financial progress.
	Manufacturing facilities of assistive devices locally - Accident & Orthopaedic Service at National Hospital of Sri Lanka	100.00	100.00	
	Total	**1,962.50**	**689.26**	

2.8 Medical Research

The Medical Research Institution (MRI) is a renowned diagnostic laboratory and the foremost institution for biomedical and applied health research in the nation. With a wide range of disciplines covered and including Virology, Bacteriology, Parasitology, Rabies, Nutrition, Biochemistry, Histopathology, Haematology, Immunology, Entomology, Molecular Biology, Pharmacology, Mycology, Health Informatics and Animal studies, MRI conducts comprehensive research across various fields.





Performance of each department is given below:

Department	Achievement / Performance
Directorate of MRI	- Academic symposiums conducted in each month aimed at updating and enhancing the knowledge of health staff on a wide-range of current and emerging medical topics - Discussions on the Pandemic Fund activities made with World Bank delegates. - NASTEC visit and discussion regarding the institutional performance evaluation - Conducted a medical screening program for health staff in parallel with the 125th celebration of MRI
Bacteriology	- Newly updated standard for ISO15189:2022 medical laboratory accreditation assessment completed. - MALDI-TOF mass spectrometry advanced microbial identification system will arrive as a donation by the Fleming Fund project, UK to the National Reference Laboratory for AMR Surveillance, Department of Bacteriology - A training programme on 'Microbiological media preparation' was carried out for 10 laboratory staff from the Royal Government of Bhutan - National External Quality Assurance Scheme in clinical microbiology serving public and private microbiology laboratories with 90 participant laboratories, completed
Chemical Pathology	- Won the 2nd place in the IFCC Global Medlab Week 2025 podcast competition - No of Dengue surveys performed -18 - No. of Bio Efficacy Tests Field Trials-51 (10 products) - No of Bio Efficacy Tests Trials (including standards, controls) -300 - No of Effective Period Assesments-06 - No. of colonies maintained-04 - Total Income generated from Bio Efficacy Tests and Effective period assesments-LKR1,540,000.00
School of Medical	- Monthly academic symposium of MRI

Department	Achievement / Performance
Laboratory Technology	initiated - As part of World Antimicrobial Awareness Week (WAAW) 2025, awareness programme titled "Breaking the Chain: Vector Management Against AMR" conducted on 25th November 2025.
Laboratory Animal Sciences	- Laboratory animals were issued for research and diagnostic purposes from the animal centre, - Zebrafish embryos were issued for research as an alternative to animal testing - Animal blood was issued for media preparation and diagnostic purposes - Forty-four undergraduate students from the Department of Indigenous Medical Resources, Faculty of Indigenous Health Science and Technology, were trained
Histopathology and Cancer Genetics	- In-Service Training Program for Medical Laboratory Technologists in Histopathology Laboratories in Government Hospitals Island wide conducted on 25th April 2025 - Inclusion of cytology assessment and wax block assessment to National External Quality Assurance Scheme 2025 - Commencement of Renal Transplant rejection markers with SV 40 - Introduction of Full Panel of Immunofluorescence testing for renal disease diagnosis including Albumin - Commencement of specific diagnostic markers for renal disease. eg Anti PLA2R, DNAJB9 - Further expansion of breast cancer markers for personalized medication - Commencement of cancer molecular genetic testing. EGFR
Electron Microscopy	- Transmission Electron Microscope was used for both diagnostic and research purposes
Virology	- The Department of Virology functions as the focal laboratory for national and international viral disease surveillance programmes. - Monitoring of emerging and re-emerging viral infections at both national and global levels through strengthened surveillance

Department	Achievement / Performance
	systems. - Research findings, conclusions, and recommendations were disseminated to scientific, clinical, public health, and administrative communities through peer-reviewed journal publications, conference abstracts, and presentations at scientific forums ranging from Sri Lanka College of Microbiologists, Post Graduate Institute of Medicine and National Health Research Symposium, enabling translation of evidence into public health action and policy development. - Successful conduct, completion and initiation of nationally relevant research projects eg-antiviral resistance testing - Effective outbreak response to multiple emerging and re-emerging viral infections - Strengthening of disease surveillance, including initiation of waste water surveillance and support for national cervical cancer screening programme - Establishment of new diagnostic tests, including molecular testing and sequencing for mpox
Rabies and Vaccine Quality Control	- Performing direct smear for Rabies. From January 1st to 30th June, 449 Tests were performed. - Performing Direct Fluorescent Antibody Test for Rabies which is the gold standard method for Rabies detection in world wide. A total of 491 DFAT for rabies done. - Medical officers are actively conducting patient examinations and providing essential guidance regarding rabies. This initiative is crucial in ensuring the health and safety of our community. Within past six months 566 patients have been examined.

Department	Achievement / Performance
	- Performed rabies PCR tests as a further confirmation method. From January to June conducted 30 PCR tests. - Vaccine document reviewed and facilitate vaccine lot releases by issuing lot release certificates. 39 vaccine lot release have been done during past 6 months.
Nutrition	- Abstract on "Acceptance Study" has been selected for the publication in the 46th ESPEN (Europena Society of Parenteral and Enteral Nutrition) 2025 - Abstract was published and full paper was accepted on "Determination of knowledge, attitudes and utilization of cooking oil among families of applied sciences undergraduate students in selected university, Sri Lanka" in the Colombo conference proceedings
Mycology	- Establishment of PCR assay to detect *Candidozyma auris (Candida auris)* - Started to emailing the culture and serology reports to the relevant hospitals

2.9 Medical Supplies

The Medical Supplies Division (MSD) of the 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. The MSD is the sole supplier of dangerous drugs (narcotics) to all hospitals in the country including private hospitals.

- Purchased medical supplies worth Rs. 122,856.31 million for the year 2025.

Description	Vote No.	Total Allocation (RS. Mn)	Total Expenditure (Rs. Mn)	Financial Progress as a %
Medical Supplies to the MSD and Hospitals (GoSL)	111-2-25-010-1204(11)	54,300.00	33,922.98	62.47
State Pharmaceuticals	111-2-25-010-	76,800.00	67,135.40	87.42

Corporation - SPC (GoSL)	1204(11)			
State Pharmaceuticals Manufacturing Corporation - SPMC (GoSL)	111-2-25-010-1204(11)	30,000.00	21,797.93	72.66
Total		**161,100.00**	**122,856.31**	**76.26**

- Total number of supply position review meetings conducted was 46 (25 chaired by Hon. Minister of Health and 21 chaired by DGHS).

- Completed the formulary revision of diagnostic items list and partially completed the surgical items list.
- In-service training programs for 60 staff members including ICT Officers, Public Management Assistants, Development Officers, ICT Assistants & Wharf field Officers were conducted.

- Special project activities under the World Bank funded PHSEP and ADB funded HSEP were implemented.

- Progress of the Local Manufacturing Items

1	Number of Items in the 2024	129
2	Number of Items in the 2025	175
3	Item Value in 2025	Rs. 27,513 Mn.
4	% of Improvement in 2025	36

2.10 National Blood Transfusion Service

National Blood Transfusion Service (NBTS) is a centrally coordinated specialized campaign of the Ministry of Health. It carries the national responsibility of the supply of blood and blood products to all government hospitals and majority of the private sector hospitals. There are 110 hospital-based Blood Banks and 02 standalone Blood Centres affiliated to 24 cluster centres depending on the geographic distribution.

- Blood discard level reduced to <1%
- Maintain 100% voluntary donation
- Completion of ERASMUS Project – Stage I (Developing High Impact Sustainable Educational Program for Transfusion Medicine Professionals for Safe Blood Donation and Supply)
- Donor recruitment for Stem Cell Donor Registry
- Completion of exporting excess Plasma for Fractionation
- Introduced Good Manufacturing Practices (GMP) to all Blood Blanks
- Establishment of Simulation Laboratory

- Conducted World Blood Donor Day

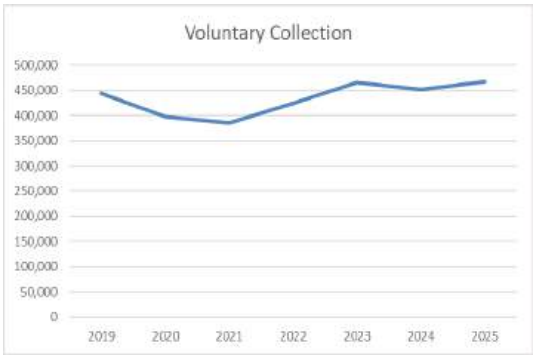


Figure 1: Yearly improvement of the blood collection with continuous maintenance of 100% voluntary donor base.

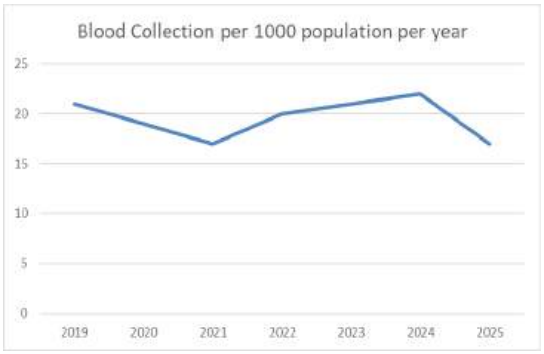


Figure 2: Annual Blood Collection per 1000 population

2.11 Public Health Services

- **Environmental Health, Occupational Health and Food Safety**
  - National Environmental Health Programme involves the management of environmental health issues in collaboration with other stakeholders. This programme addresses environmental risk factors such as air pollution and chemical safety, climate change and health, Water, Sanitation and Hygiene (WASH) in health care facilities and health care waste management as areas.

    - Training of Trainers (TOT) Programme on climate change adaptation and health sector resilience. Two-day nine programmes covering all Regional Directors of Health Services for health staff were conducted. Total participants were 1,009 and expenditure was Rs. 1,823,285.00.

    - District review meetings on environmental and occupational health were conducted.

    - Training of Trainers (TOT) Programme on Healthcare waste management for public health staff in Western Province.

    - The workshop for dissemination of WASH Survey findings was conducted in Batticaloa for 33 participants.

    - A four-day National Training of Trainers workshop on WASH FIT was conducted.

    - National and provincial draft healthcare waste management action plans and initiate development of a national WASH roadmap for health settings.

- Eliminating Mercury in Skin Lightening Products (SLPs). Seven programmes on behavior change and public awareness on SLPs use conducted and 288 participated.

- Research study on SLPs usage among hospital health assistants conducted.

o National Occupational Health Program. Occupational health services are provided at the grass root level by Public Health Inspectors together with the Medical Officers of Health through the District and Provincial Health Systems.

o Food safety is a cornerstone of public health, ensuring that the food consumed by the population is safe and free from harmful contaminants. It encompasses all aspects of food handling, preparation, storage, transportation, and distribution to minimize the risk of contamination from biological, chemical, or physical hazards.

- District Food Safety Reviews were conducted at RDHS level and CMC area to assess the performance of authorized officers and to ensure food safety at district level.
- The Food Safety Policy was amended following the comments of Food Advisory Committee.
- A media seminar was conducted to commemorate the World Food Safety Day in 2025, providing a platform to raise awareness and promote evidence based best practices with the theme of "Food Safety: Science in action".
- Residential Training Programmes on Food Safety and Hygiene for authorized officers were conducted in 2025 to enhance their knowledge and expertise.
- National Salt iodization survey 2024 was completed in 2025 with the support of Iodine Global Network (IGN) and shared the report with relevant officers.
- Nutrition and Food safety guideline and social media posts were developed to ensure food safety during disaster situation (Cyclone Ditwah) in the country and posts were disseminated island wide.
- Food act was revised with the guidance of DDG (PHS1) and it will be completed in near future
- Initial discussions were held to develop an Inspection Information Management System (IIMS) for the country and Learning Management System (LMS) for authorized officers under BESPA project

➢ **Estate and Urban Health**

- **Leadership and Governance –** One National Estate and Urban Health Steering Committee meeting conducted with key stakeholders from both estate and urban sectors.

- **Strategic Planning and Policy Development –** Development of the Five-Year Strategic Plan (2026-2030) for the Estate and Urban health was initiated with WHO support and four consultative meetings conducted.

- **Strengthening Urban Primary Health Care –** Eight capacity building programs on injury prevention, emergency response and basic first aid for health and non-health stakeholders in Colombo Municipality were conducted.

- **Non-Communicable Disease Prevention** - Implemented NCD screening programmes in selected urban settings in collaboration with RDHS Colombo, CMC and USDA.

- **Community Empowerment and Substance Abuse Prevention -** Launched community-based initiatives to prevent alcohol, tobacco and other drug (ATOD) use in Sirimuthu Uyana (Colombo 14) and Soranawatta (Horana), focusing on protection of women and children.

- **Strengthening partnerships -** Legislature amendments were made to the Municipal and Urban Ordinances to overcome disparities in health status and health service provision in local authority area.

- **Development of Human Resources for Health -** Implemented Community-Based Alcohol Prevention Programme in Nuwara Eliya District to address substance use and improve community wellbeing.

- **Strengthening Primary Health Care and Health Promotion -** Established 'Happy Estates' initiatives in Colombo, Nuwara Eliya, Matale, Matara, Galle, Kalutara and Kegalle to promote community wellbeing.

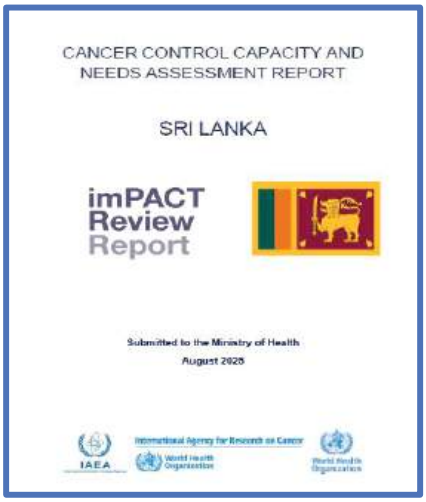
- Initiated establishment of 60 model breastfeeding corners in Child Development Centres in collaboration with UNICEF to promote optimal infant and young child feeding practices.

➢ **National Cancer Control Program**

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

- **Comprehensive review on cancer control activities at national level**
  'imPACT' review on Cancer Control was conducted in year 2025 with the participation of national and international experts through the collaboration of International Atomic Energy Agency (IAEA), World Health Organization (WHO) and International Agency for Research on Cancer (IARC). Based on the extensive review 'Cancer Control Capacity and Needs Assessment Report' was generated with recommendations to be considered for implementation through

the updated National Strategic Plan on Prevention & Control of Cancers 2026-2030.



- National Advisory Committee (NAC) on Cancer Control and Technical Advisory Committees (TAC) on different thematic areas of cancer control was conducted. A total of 6 Provincial cancer control reviews (Western, Southern, Eastern, Northern, Central, North Central) were conducted.

- The special days / months were commemorated as advocacy activities at national level & provincial level - Commemoration World Cancer Day (4th February), International Childhood Cancer Day (15th of February), World Head and Neck Cancer Day (27th July), Colon Cancer Awareness Month (March), Childhood Cancer Awareness Month (September) and Breast Cancer Awareness Month (October).

- Capacity Building Programmes on Prevention & Early Detection of Cancers were conducted for Medical Officers, Public Health Nursing Sisters, Nursing Officers, Public Health Nursing Officers, Public Health Inspectors, Health Education Officers, Ayervedic Medical Officers, etc.

- Developing and Disseminating Information Education & Communication (IEC) Materials on prevention & Control of cancers.

- Cancer Early Detection Centres (CEDC) were established at the Teaching Hospitals in Rathnapura, Batticaloa, Kurunegala and District General Hospital - Polonnaruwa

- Facilitation of IAEA mission (4th Mission) on evaluation of Nuclear Medicine Services in Sri Lanka (SRL9012 project)

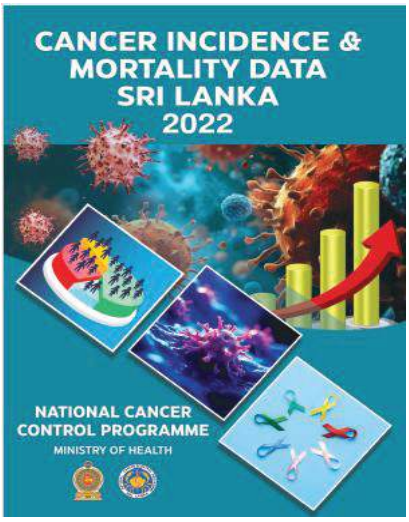
- Strengthening palliative care services for cancer patients and beyond cancer

- National Cancer Control Programme in collaboration with Sri Lanka Atomic Energy Board (SLAEB) facilitated equipment donated by International Atomic Energy Agency (IAEA) to strengthen the QA/QC programmes of cancer

treatment centres at National Cancer Institute- Maharagama, National Hospital - Galle, Teaching Hospital - Batticaloa & Teaching Hospital -Anuradhapura

- Joining Global Platform for Access to Childhood Cancer Medicines (GPACCM)





- Reports of National Cancer Incidence & Mortality Data for years 2022 was published and disseminated.

➢ **National Programme for Tuberculosis Control and Chest Diseases**

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

Curative care for TB patients is mainly provided through 26 District Chest Clinics, 108 branch clinics, and National Hospital for Respiratory Diseases. Diagnostic services are provided through the National Tuberculosis Reference Laboratory at Welisara, Intermediate TB Laboratories in Galle, Ratnapura, Jaffna & Kandy, District Chest Clinic laboratories (26), and over 160 Microscopy Centers in the country.

- On the 25th of March, World TB Day was commemorated by conducting the TB Day Walk from Colombo Chest Clinic to NHSL in collaboration with community-based organizations (CBOs) and all other stakeholders.

- ePIMS System Troubleshooting and Network Assessment at Kandy Chest Clinic and ePIMS User Training Session conducted

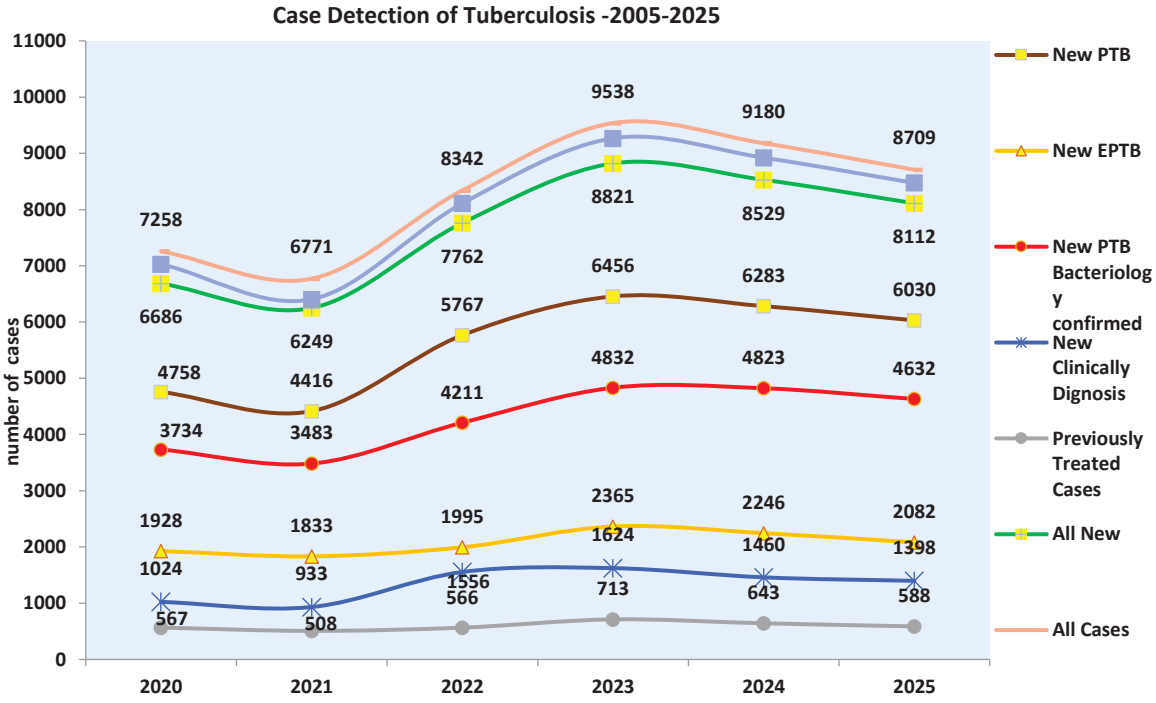
- Two technical Support Group (TSG) meetings were held in 2025 with the participation of stakeholders.

- Several targeted health education and tuberculosis awareness activities were conducted across diverse settings during 2025.

- NPTCCD prioritized the development and dissemination of effective Information, Education, and Communication (IEC) materials to support TB awareness and behaviour change.

- A total of 40 cough booths were constructed and being installed at selected health facilities to improve respiratory infection control, facilitate safe sputum collection, and reduce the risk of airborne disease transmission among patients and healthcare workers.

- National TB Death Review and District TB Reviews conducted



➢ National Renal Disease Prevention and Research

The National Renal Disease Prevention and Research Unit (NRDPRU) serves as the National Focal Point for the prevention of chronic kidney disease (CKD) and chronic kidney disease of Uncertain origin (CKDu), promoting and enabling the community to maintain healthy kidneys from a young age.

- World Kidney Day was celebrated on 13th March with the participation of all Regional Directors of Health Services. An awareness campaign developed, aligned with the global theme "Stay aware, Detect early, Protect your Kidneys".

- Provision of safe drinking water with establishment of 63 new RO Plants.

- Conducted community-based screening programmes for early detection of CKD – 823 persons were screened in 2025.

- Supporting to conduct effective haemodialysis, conduct peritoneal dialysis, and palliative care

- Collaborative research activities were conducted between the Kothalawala Defence University, Regional Director of Health Services – Gall and the Chinese Academy of Sciences. Three abstract publications were done.

- Initiated the development of guidelines on the maintenance of haemodialysis units and for screening on CKD. It is expected to be completed in the year 2026.

➢ **Nutrition Division**

<u>Measures taken to address malnutrition in 2025</u>

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

- Two National Nutrition Steering Committee (NNSC) meetings were conducted on 16th July 2025 and 9th December 2025 to discuss key issues regarding overcoming malnutrition in Sri Lanka and decisions were taken for implementation of strategies to overcome the nutritional issues.

- Development of National Micronutrient Strategic Plan 2025-2030

- The month of June-2025 was declared as the National Nutrition Month and the main theme was "Vegetables and fruits: always keep you healthy" focusing on promotion of fruit and vegetable intake.



- Promotion of healthy dietary practices – Food Based Dietary Guidelines (FBDG) for Sri Lankans

- Supplementary food for children with MAM - Thriposha Programme

- Preventing micronutrient deficiencies – Rice Fortification Programme
  Provision of Fortified Rice (FR) to schoolchildren via the School Meal Programme (SMP).

- Promotion of Healthy School Canteens and Revision of School Canteen Guideline

- The revision of the existing circular for "supply of meals to patients and employees in medical institutions" was initiated. Awareness programmes were conducted for the hospital staff of District General Hospital – Kegalle, National Hospital for Respiratory Diseases – Welisara and Colombo East Base Hospital – Mulleriyawa regarding the hospital diet circular.
- Programme to upgrade the nutritional status of the urban low-income settings, a pilot project was initiated with the Estate and Urban Heath Unit, Ministry of Health in the Sirimuthu Uyana housing complex.

- Programme to upgrade the nutritional status of the elderly people living in residential care homes completed.

- The workplace canteen guidelines revision has been completed.

➢ **Maternal and Child Health Care Services (Family Health Bureau)**

Family Health Bureau is the central organization of the Ministry of Health responsible for policy planning, coordination, monitoring and evaluation of reproductive health, maternal health, newborn health, youth health, child health, family planning and well woman clinic programmes within the country. In this role the Bureau provides necessary guidance and direction for effective implementation of programmes at the periphery and implements special projects funded by international agencies. FHB lays foundation for practice of Maternal and Child Health services based on scientific evidence for optimizing service delivery in facing present and future challenges. Government of Sri Lanka is funding overall function of the FHB. However, a proportion of the total budgetary requirement is supplemented by the external resources (UN agencies) as various project activities.

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

1. Maternal Care Programme

- Psychosocial Screening Tool is being is developed to screen both antenatal and postnatal women for psychosocial issues.

- **Collection and analysis of Nutrition month data from Pregnant women on pregnancy weight gain and associated factors:** An online data collection form was designed and sent to relevant MOH/PHM areas. Data analysis is currently in progress.

- **Quality assessment tools:** Quality assessment tools to be used in antenatal, labour room, postnatal and neonatal care units in hospitals – Three best performing hospitals were selected and awarded at the World Patient Safety Day celebrations.

- **Training of healthcare staff on Basic Maternal Care:** Twelve programmes of training of trainers (ToT) and 35 district training programmes were conducted covering all nine provinces.
- Procured and distributed 720 digital blood pressure apparatuses to all MOH clinics island wide and this activity was funded by GoSL

2. Intra Natal and Newborn Care Unit

- Promotion of breastfeeding among general public through educational videos and Mass media interviews.

- Strengthening national newborn screening programme for congenital hypothyroidism: Piloting of newborn screening package.

- A 'Field newborn care package' and the training module for public health staff were developed to address the gaps in knowledge and competencies of field staff in providing newborn care.

3. Child Nutrition Program

- The National Nutrition Month anthropometric assessment of children under 5 year of age was conducted in the month of June 2025

- Ready to Use Therapeutic Food – BP 100 and Multiple Micronutrient powder sachets (MMN-P) which are essential nutrition commodities were procured as donations of UNICEF and distributed among the under five children to reduce nutrition problems and ensure optimum health of child beneficiaries under the RMNCAYH programme of the FHB. The distribution of these commodities through eLMIS - SWASTHA system - of the Medical Supplies Division of Ministry of Health under 'Item Category – Family Health Bureau' (FHB) was commenced in 2025.

- As measures of emergency response to protect the nutritional status of children affected by the cyclone Ditwah in December 2025, successfully coordinated with UNICEF and other partner agencies to ensure the availability of supplementary food especially in the face of irregular supply

of Thriposha; BP5 a ready to use supplementary food for MAM was donated by UNICEF and distributed among affected MAM children.

4. Child Morbidity and Mortality Surveillance Program

- The **National Desk Review of Under-Five Child Deaths for 2024** was successfully conducted on **17 September 2025**

- The **National Desk Review of Neonatal Deaths for 2025** was conducted on **26 March 2025** at the Family Health Bureau, with the participation of Consultant Neonatologists and Pediatricians
- **National Desk Reviews on the Psychological Autopsy Tool for Child Suicide (PATChis) on** 28 January 2025, 26 June 2025 and 19 November 2025

- **Stakeholder Meetings conducted:** to Review the Draft National Strategic Plan for Birth Defects (2025–2030), Revising Under-Five Child Mortality Case Review Formats, Finalize Under-Five Child Death Notification and Investigation Forms, Mandatory Post-Mortem Requirements and Admission Death Investigations, and National Limb-Related Birth Defects

5. Childcare, Development and Special Needs Program

- Island-wide implementation of the first phase of the Caring for the Caregiver package
- Pilot implementation of a community-based parenting program in a rural and estate community
- Piloting the Autism Specific Screening tool administered by PHMs in the Colombo District
- Piloting a qualitative monitoring and evaluation framework for CFC via reflective portfolios and storytelling**.**
- Development of minimum guidelines for childcare institutions catering to children with disabilities.

6. School Health Program

School health services are provided jointly by Ministries of Health and Education. The Family Health Bureau (FHB) is the focal point for the School Health Programme (SHP). Children and adolescents attending government and private schools are the target group for School Health Programme (SHP) and there are 3,816,234 schoolchildren enrolled in 10,076 government schools alone (National School Census, 2024).

- School Medical Inspection (SMI) conducted

- Eight training programs on Life Skills Development covering Kandy, Anuradhapura, Polonnaruwa, Puttalam, Kurunegala, Ratnapura, Kegalle and Ampara districts were conducted with 40-50 public health and education officials participating in each programme.

- Global School Health Survey Sri Lanka – 2024 was conducted conducted and completed.

- A major advocacy meeting was conducted for high and middle level officials in the Ministry of Education including National Institute of Education on nutritional and psychosocial issues among school children in May 2025

7. Adolescent and Youth Health Program

- Development of the National Strategic Plan on Adolescent and Youth Health
- The Third National Youth Health Survey was initiated with the financial support of UNICEF, WHO and UNFPA among the 15-24 age group youth in a national representative sample of 8800 in the community.
- Training of Trainers on Adolescent and Youth Health and AYFHS – Eastern Province
- Training of Trainers Programmes for Implementation of the National Youth Health Survey 2025 - Northern Province and Trincomalee District.

8. Oral Health Program

The Oral Health Unit (OHU) of the Family Health Bureau (FHB) continued its mandate to strengthen preventive and promotive oral health services under the Maternal and Child Health (MCH) Programme.

- Procured 1,500 Fluoride Varnish and 800 packs of fissure sealants to support clinical preventive care.





- Commemoration of World Oral Health Day and Advocacy Activities

- Strengthening School Dental Services Infrastructure
  Standard building plans for school dental clinics, determine dental equipment requirements, and establish priority lists for renovation and new construction were finalized.

9. Family Planning Program

- Procurement of contraceptive commodities for family planning services

Contraceptives Procured from Government Funds

Year	Contraceptive Commodity	Quantity	Cost (Rs.)
2025	Oral pill (cycles)	650,011	31,203,778.00
	DMPA injectable (vials)	350,000	82,091,090.00
	Two rod Implants (Five year)	60,000	179,712,000.00
	AD Syringes 1ml, 22G needle	350,000	5,564,650.00
	Total		**298,571,518.00**

- Capacity Building of Supply Chain Managers
- Code of Practice for Assisted Reproductive Techniques
- Revision of H523 and H524 to Strengthen Data Collection

10. Well Woman Program

- **HPV DNA testing for cervical cancer screening in Sri Lanka** was conducted. Sri Lanka received a donation of HPV DNA test kits valued at 101 million rupees during December 2024, in addition to 35 million rupees worth of test kits purchased using Government of Sri Lanka (GOSL) funds. In 2025, these test kits were utilized covering about 12% of the target population of females in the 35 and 45-year age cohorts.

- Audit tools for Well Woman Clinics and laboratories were developed as self-assessment tools to improve service quality.

11. Gender and Women's Health Unit

- Revised Protocols: With UNFPA and GoSL support, 900 copies of the revised "Operational Protocol for Mithuru Piyasa Centres" were printed and disseminated.

- Capacity building programs and training programs conducted

12. Maternal Morbidity and Mortality Surveillance Program

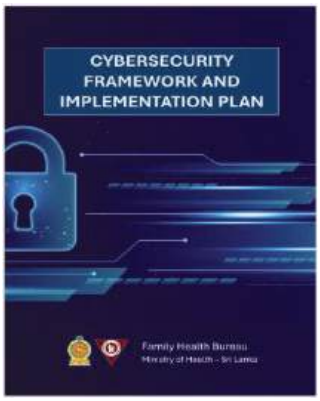
- Maternal Morbidity & Mortality Surveillance programme carried out
  To further strengthen the surveillance and investigation of maternal deaths, Sri Lanka has introduced the Confidential Enquiry into Maternal Deaths (CEMD) system which started in 2023 as a pilot project in the Western and Southern provinces.

13. Monitoring and Evaluation Unit

- To review the progress of the district MCH activities and to update the middle level managers, a three-day workshop was held in Kandy Myst by Cinnamon with the participation of all Medical Officers of Maternal and Child Health and Consultant Community Physicians from all 28 health districts [including CMC and the NIHS area]. This was held from 23rd to 25th July 2025.

- Capturing maternal and newborn health data through eIMMR:
- New supervision frame work was introduced completing training of all supervising officers in the country except North Western Province. All supervising officers were given instructions to strengthen the supervisions in their respective areas
- Optimizing under 5 child mortality surveillance system
- Digitalization of Child Health Development Record [CHDR]:
- Status assessment of MCH services following the cyclone Ditwah:
- Preparation of Strategic Plan for Health Informatics and Digital Health Transformation 2025–2029
- Preparation of Cybersecurity Framework for FHB:





14. Planning and Development

- Existing Policy on Maternal and Child Health (MCH) of Sri Lanka was reviewed.
- Two Disaster preparedness meetings for district staff and four post disaster meetings were conducted.
- Motor bikes were provided to Public Health Midwifes (PHMs), with PSSP funds.
- A MCH Quality assessment conducted.

15. Research Unit

- National Emergency Obstetric and Newborn Care (EmONC) Needs Assessment-2025
- A five-day Master training workshop on AMDD tools were conducted by the Columbia University resource person Mrs. Emily Keys from 28.07.2025 to 01.08.2025

- Data collection manual and guide for EmONC adapted tools were finalized by the Research Committee members.

➢ **Prison Health Services**

- Established Emergency Treatment Units in 12 out of 28 prisons

- Operationalized a Prison Hospital at Vavuniya prison, improving access to secondary health care level services in the Northern Province

- Established a 10-bedded in-patient ward at Batticaloa Prison, strengthening inpatient capacity and continuity of medical care

- Designated Welikada, Mahara, Bogambara and Agunakolapelessa as specialized Prison Hospitals with consultant level service provision in General Medicine, General Surgery, Dermatology and Psychiatry.

- Introduced bi-weekly mobile dental clinics to prison hospitals in collaboration with relevant Regional Directors of Health services.

- Conducted Non-Communicable Disease (NCD) and eye screening programs in selected prisons in parallel with Prison Day Celebrations (10 – 23 August 2025)

- Expedited and streamlined Coordinated Care Pathways for inmates with psychological and psychiatric needs.

- Fo patients with ward stays exceeding 28 days, approval was obtained from Director General of Health Services to appoint a Medical Board to review cases and initiate immediate actions.

➢ **Public Health Veterinary Services**

Public Health Veterinary Services (PHVS) of the Ministry of Health is currently the focal point of rabies control, entrusted with national responsibilities of preventing human and animal rabies in collaboration with other stake holders such as the world Health Organization (WHO) who is one of the key stakeholders of Rabies control in Sri Lanka.

- Further reduction of the number of human deaths due to Rabies disease from 20 to 14.

- A total of 1,484,825 domestic and stray dogs have been vaccinated in the island.

- A total of 8855 female dogs have been surgically sterilized in the island.

- 'Rabies Educator Certificate (REC)' which is conducted district wise for PHIs was conducted in 8 districts training 269 PHIs, 'PEP for medical officers' were conducted in 6 districts training 283 medical and nursing officers and 'vaccinator training' was conducted in 6 districts training 132 vaccinators.

- Revision/updating of the Rabies post-exposure prophylaxis guidelines was initiated.

- All guidelines revision has been taken place and is projected to be completed in the 1st quarter of 2026.
- The **National Strategic Plan to eliminate dog mediated human Rabies from Sri Lanka 2026-2030** was developed and will be launched in 2026

➢ **Quarantine Unit**

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

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

- Provided Yellow fever vaccination for 4,173 travelers

- Inspected 410 ships for issuance of Ship Sanitation Certificates
- Developed the National Investment plan for Health Emergency Prevention, Preparedness and Resilience for Sri Lanka (WHO Funds).

- Updated the Standard Operative procedures for Public Health Measures at Points of Entry (WHO Funds).

- Conducted advocacy meetings for highest level authorities of stakeholder units to strengthen the IHR capacities (WHO Funds).

- Conducted a consultative meeting for filling of State Party Annual Reporting Tool (SPAR) for IHR 2005 for the stakeholders (WHO Funds).

- Conducted a consultative meeting to assess the progress of National Action Plan for Health Safety (NAPHS) for relevant stakeholders (WHO Funds).

- Ministry of Health with International Organization for Migration (IOM) conduct Inbound Health assessment of resident visa applicants and screen them for Malaria, Filariasis, Tuberculosis and HIV.

2.12 Indigenous Medicine Sector

➢ **Formulation of policies, ordinances and legal matters**

- The draft regulations for the supervision and regulation of private Ayurvedic hospitals, dispensaries and Ayurvedic health care centers have been referred to the Legal Draftsman.

- Providing instructions for the relevant activities of the Hela Veda Gewal (traditional medicine homes) and Vedagama projects related to traditional doctors and amending the acquisition proposal related to the distribution of lands related to Vedagama.

➢ **Memorandum of Understandings (MoUs) enter into different countries relevant to indigenous medicine sector**

- The necessary amendments and exchange of views are underway between the two countries for the signing of the Memorandum of Understanding on Cooperation in the Field of Indigenous Medicine and Homeopathy between Sri Lanka and India.

- The necessary amendments and exchange of views are underway between the two countries for the signing of the Memorandum of Understanding on Indigenous Medicine between Sri Lanka and Bhutan.

- The necessary views are underway between the two countries for the signing of the Memorandum of Understanding on Indigenous Medicine between Sri Lanka and Bangladesh.

➢ **Cooperation with BIMSTEC**

- The Seventh Session of the BIMSTEC Task Force on Traditional Medicine was held in Sri Lanka on 26th and 27th November 2025.
  The meeting was hosted by Sri Lanka and was attended by representatives of the BIMSTEC Secretariat, the Kingdom of Bhutan, the Republic of India, the Republic of the Union of Myanmar, Nepal, the Democratic Socialist Republic of Sri Lanka and the Kingdom of Thailand, as well as officials from the Ministry of Health and Mass Media and the Department of Ayurveda. The meeting reviewed the implementation of the Action Plan prepared for the development of traditional medicine in the BIMSTEC region. There, special attention was paid to the progress of developing a BIMSTEC Traditional Medicine Portal, research on traditional medicine used for Covid-19 and diabetes, review of courses and the establishment of a Centre of Excellence for Traditional Medicine, and the protection of traditional medical knowledge, genetic resources and intellectual property rights.

- The 2nd BIMSTEC Conference on Traditional Medicine Knowledge (TMK), Genetic Resources (GR) and Intellectual Property Rights (IPR) and the Nodal Group Meeting back – to back with the conference was held online on 27 August 2025. Discussions were held on how to share traditional medical knowledge, genetic resources and intellectual property rights between countries.

- **The programmes / Projects implemented under budgetary allocations**

(i) Empowerment of Conservation Councils

Programs are being implemented to empower Ayurveda Preservation Councils at the Divisional Secretariat Divisional level with the aim of uplifting the standard of living of traditional doctors by preserving traditional medical systems and ensuring that traditional doctors contribute to the advancement of traditional medical systems while preserving the identity of their own medical profession.

For the year 2025, a provision of Rs. 3.0 million was allocated for this purpose and under this provision, awareness and empowerment activities of the members of the Conservation Council, provision of small-scale pharmaceutical manufacturing machines for the promotion of pharmaceutical production, promotion of library service facilities and procurement of herbal plants required for pharmaceutical production and other activities were carried out.

Physical and financial progress is given below:

Activity	Allocation (Rs. Mn)	Target	Physical Progress	Financial Progress (Rs. Mn)
Awareness and empowerment programmes	0.372	29 Programmes	Programmes conducted in Divisional Secretariate Divisions (26) in Jaffna, Mannar, Moneragala, Badulla, Colombo, Kurunegala, Matara, Gampaha, Trincomalee, Galle and Hambantota districts and for 1,076 doctors registered at Ayurveda Conservation Councils of 3 District Secretariats and registered medical students	0.372 (100%)
Provision of facilities to Conservation Council Libraries	0.299	7	The libraries in the Divisional Secretariats of Dickwella, Central Nuwara Eliya and Thambalagamuwa have been provided with the necessary bookshelves on traditional medicine for the use of the members of the Conservation Councils.	0.299 (100%)
Providing small pharmaceutical manufacturing	1.415	7	Juice/oil extraction machines (3), medicine grinding / powdering machines (6), a	1.376 (96%)

machines			sealer machine and a hand medicine powder/pellet making machine have been provided for the common use of the members of the Conservation Councils at the regional offices of Valikamam East-Kopai, Buttala, Valikamam South, Uduvil-Wunnakam, Thenmarachchi-Chavakachcheri, Trincomalee and Siyambalanduwa.	
Conducting traditional medicine clinics	0.600	20	Medical clinics have been held with the resources of traditional healers in 20 Divisional Secretariat Divisions in the districts of Ampara, Galle, Ratnapura, Batticaloa, Matara, Galle and Colombo. 1532 people have been treated through these clinics.	0.599 (99%)
Providing facilities for herb cultivation	0.300	23	Necessary facilities have been provided for herbal cultivation to meet the medicinal production needs of traditional healers in 23 Divisional Secretariat divisions.	0.300 (100%)
Total	**2.986**	**86**		**2.947 (98%)**

(ii) Establishment of Poshana Mandira (Nutritious Homes)

The Poshana Mandira Program is being implemented with the aim of preventing non-communicable diseases by popularizing non-toxic, nutritious local food among the people. Accordingly, a provision of Rs. 2.0 million has been allocated for this for the year 2025 and utilizing those provisions, the facilities of the Nutrition House built in 2024 in the Attanagalla Divisional Secretariat area and the provision of porridge carts for the promotion of nutritious food for 10 Divisional Secretariat divisions have been carried out. The financial progress is Rs. 1.959 million

(iii) Development of Homeopathy Methods

Rs. 3.0 million has been allocated for the development of the Government Homeopathic Hospital and the promotion of its related facilities. Under this, renovation works including the renovation of the hospital's laboratory building, renovation of the hospital wall, and construction of a security booth have been carried out.

Also, a provision of Rs. 6.0 million was allocated for the purchase of equipment required to establish laboratory research services in the hospital, but considering the existing capacities and available human resources of the hospital, it was decided to start laboratory services on the basis of the laboratory equipment purchased in the previous year and these provisions were used to provide computers and accessories and other facilities required for 14 clinics operating under the Homeopathic Medical Council. The total financial progress of this is Rs. 9.277 million (97.6%).

(iv) Implementing Collaborative Care with Ayurveda

In accordance with the government's accepted program for the introduction of integrated medical care, a provision of Rs. 5.0 million was allocated in the 2025 budget for the preparation of relevant hospitals. Under this, renovation work was carried out in a selected part of the Pottuvil Base Hospital to start tourist health care services. The financial progress is Rs. 4.875 million (97.51).

(v) "Osu Diriya" Project

The "Herb Cultivation" project is being implemented with the aim of minimizing the annual foreign exchange spent on importing raw materials required for local pharmaceutical production from abroad, making quality pharmaceutical raw materials available in the country, and contributing to social and economic development by effectively utilizing unused lands for herbal cultivation.

This is a pilot project designed to promote herbal cultivation. The total project cost is Rs. 20.0 million and more than 90% physical and financial progress has been achieved by the end of the year.

The progress of the main activities carried out in the year 2025 under the "Osu Diriya" project is given below.

No.	Main Activity	Allocation (Rs. Mn)	Financial Progress as of 31.12.2025 (Rs. Mn)	Physical Progress	%
01	Development of infrastructure to increase plant production in herbal gardens	2.00	1.982	The 08 safe houses at the Pinnaduwa Herbal Garden have been renovated.	100
02	Purchasing agricultural equipment needed for cultivation	1.00	0.961	Agricultural equipment required for the Pinnaduwa and Giradurukotte herbal gardens has been purchased.	96

03	Training on herbal cultivation and post-harvest techniques	1.00	0.982	Training on cultivation has been provided to Development Officers working at the Divisional Secretariat Divisional level and identified farmers.	98
04	Herbal plant purchases and operations	4.50	3.780	- 25,000 Hemp (Heen Araththa) plants have been produced in the Matara district. - Water supply system has been established in the Giradurukotte herbal garden. - As per the requests of the Provincial Ayurveda Department, herbal plants have been provided for cultivation. - As a community service, herbal plants have been provided to several schools for herbal gardens.	84
	Total	**8.50**	**7.705**		

- **Other Programmes conducted**
  - **Intervention in Control and Prevention of Non-Communicable Diseases by Indigenous Medicine**

    This Programme is being implemented to educate and motivate the public to practice indigenous medical knowledge and its philosophy of life for prevention and control pf Non-Communicable Diseases. The Ministry of Health has allocated Rs. 4.013 million in 2025 for this purpose. The financial progress is Rs. 3.99 million.

    Under this, activities such as introducing traditional food recipes and food preparation methods to the public, improving knowledge and practices of people-centered local food and nutrition, sharing practical experience of local methods to overcome the problem of malnutrition, and popularizing yoga practices were successfully carried out.

    Here, numerous programs were implemented at the regional level to popularize the concept of "Food instead of Medicines", and under this, a great contribution has been made to popularize local foods and food processing methods that are

nutritious. Also, a number of joint programs have been conducted by the Anuradhapura Community Health Promotion Unit for the control of non-communicable diseases.

Programme	Allocation (Rs. Mn)	Targets	Physical Progress / Completed Programs	Financial Progress (%)
Nutrition Programmes	999,985.00	Implementation of these programs in 131 Divisional Secretariats.	131	99
YOGA Programmes	1,000,000.00	Implementation of yoga programs in 33 Divisional Secretariats.	33	100
Other - Programs conducted by the Anuradhapura Community Health Promotion Service	1,713,500.00	- Protect health from the local foods (40 programs) - Training of Community Health Development Officers for the control of non-communicable diseases (05 programs) - Awareness through street drama (09 programs) - Occupational health programs (37 programs) - Yoga programs (59)	40 05 09 37 59	99
Total	**3,713,485.00**		**314**	

Supply of medicines to Free Ayurvedic dispensaries

SN	Description	Value of Medicines provided (Rs.)
01	Western Province	49,500,000.00
02	Central Province	27,300,000.00
03	Southern Province	22,400,000.00
04	Northern Province	25,400,000.00
05	Eastern Province	10,800,000.00
06	North Western Province	16,000,000.00
07	North Central Province	5,400,000.00
08	Uva Province	13,500,000.00
09	Sabaragamuwa Province	21,800,000.00
10	Community Health Promotion Service - Anuradhapura	7,600,000.00
	Total	**199,800,000.00**

- **Department of Ayurveda**
  - **Institutional Activities**

SN	Activity	Category of Staff	Number
01	Recruitments	Grade I Medical Officer of the Sri Lanka Ayurvedic Medical Service	303
02	Promotions	Sri Lanka Ayurvedic Medical Service Administration Grade II	19
		Specialist Grade of the Sri Lanka Ayurvedic Medical Service	15

- **Development Division**

  - **Projects carried out through departmental allocations**

No.	Activity	Allocation (Rs. Mn)	Financial Progress		Physical Progress (%)
			(Rs. Mn)	%	
01	Major renovations of head office of the Ayurveda Department	50.00	20.60	41.20	100
02	Major renovations of Ayurveda Hospitals	275.00	204.03	74.19	92
03	New constructions of Ayurveda Hospitals	35.24	13.91	39.36	32
04	Stage II of eight-storied building of National Ayurveda Hospital	300.00	90.96	30.32	70
05	Minor renovations of Bandaranayake Memorial Ayurveda Research Institute	10.00	5.81	58.14	100
06	Land scaping of Bandaranayake Memorial Ayurveda Research Institute	15.00	14.66	97.74	100
07	Major renovations of National Institute of Indigenous Medicine	7.50	7.08	94.43	100
08	Major renovations of Herbal Gardens	75.00	74.92	99.89	96
09	New construction of Herbal Gardens	0.22	00	00	00
10	Land scaping of Herbal Gardens	5.28	4.53	85.81	96
	Total	**773.24**	**436.50**		

- **Technical Division**

  - **Issuing Licences**

No.	Type of Licence issued	Number of applications	Income (Rs.)
01	First registration of local products	44	646,500.00
02	Renewal of registration of local products	26	376,500.00
03	Registration of local products exports	08	21,531.59 & USD 10
04	First registration of imported products	14	USD 7000 (USD 500 X 14)
05	Annual registration of imported products	41	USD 6150 (USD 150 X 41)
06	First registration of Ayurveda Osu Sel	100	2,000,000.00
07	Annual registration of Ayurveda Osu Sel	294	2,940,000.00
08	Annual registration of production plants	115	2,875,000.00
09	First registration of production plants	32	1,600,000.00
10	Annual registration of Transport	39	390,000.00
11	First registration of Transport	05	75,000.00
12	First registration of Medical Centres	20	31,200.00
13	Annual registration of Medical Centres	90	108,000.00
14	First registration of Ayurveda Medical Centres in Hotels	05	90,000.00
15	Annual registration of Ayurveda Medical Centres in Hotels	25	300,000.00
16	Annual Licence of Ayurveda Hospital	20	180,000.00
	Total	**878**	

- **Examination Division**

No.	Activity	Duration	Number of participated
01	Additional Examination for final year students of Ceylon Siddha Ayurveda Medical College - 2024	From 27.01.2025 to 08.02.2025	17
02	Efficiency Bar Examination for Ayurveda Medical Officers - 2025	30.03.2025	13
03	Additional Examination for Ayurveda Shastri Students	From 29.04.2025 to 04.05.2025	210
04	Final Assessment Written, Oral and Practical in Ayurveda Dispenser Quarterly Training Program - 2025	From 05.05.2025 to 14th and 21st	29

05	Additional Examination for Ayurveda Shastri 2024 (2025) – Practical Test	28th and 30th June 2025	56
06	Additional Examination for Ayurveda Shastri 2024 (2025) – Written Test	From 04.08.2025 to 07.08.2025 and 11.08.2025 to 15.08.2025	108
07	Efficiency Bar Examination for the posts of Shiatsu (Massage) and Physiotherapist Grade III recruited under MN01 and MT02 Codes - 2025	27.09.2025	06
08	Efficiency Bar Examination for Grade II Community Health Development Officers - 2025	28.09.2025	22
09	Efficiency Bar Examination for the posts of Office Assistant Grade I recruited under PL01	24.10.2025	03
10	Efficiency Bar Examination for Grade I, II, III recruited under PL02 Code - 2025	22.10.2025 and 24.10.2025	44
		Total	**508**

- **Curative services**
  - **Teaching Hospitals**

Name of the Hospital	Borella	Gampaha	Kaithady	Trincomalee
Basic Information				
Number of Wards	12	04	05	02
Number of Beds	239	109	130	12
Number of Medical Officers	82	62	17	06
Number of Nursing Officers	62	17	04	08
Other Staff	231	76	50	13
Treatment Services for patients				
Number of OPD Patients	208,636	47,191	28,117	17,123
Number of In-Ward Patients	2,962	1,493	00	267
Number of Patients attended for Clinics	175,815	55,4534	1254	3,407
Number of Patients Treated by Panchakarma	2,492	6,122	00	50
Total	**389,905**	**110,259**	**29,371**	**20,847**
Number of Medical Students offered Teaching	600	466	682	52 - 60

Facilities				
Number of clinics conducted	-	01	-	-

- **Pharmaceutical Production**

Type of Medicine	Borella	Kaithady	Yakkala
Bottles			
Arishta / Aasawa	783.75	-	301.00
Oil	3,371.87	2,155.6	972.67
Kwatha	16,575	-	480.92
Syrup	0	135.5	-
Kasaya	13,568.64	249	6,971.52
Anupana / Dalu Anupana	0	29 (60 ml)	256.00
Panchawaled Steamed Water	3,782.25	-	-
Liquid / Drinks / Steamed water	3,193.11	-	1,285.00
Eye drops	39.00	-	-
Theeneer	-	253	-
Unani pharmaceuticals	420.75 L	-	-
Siddha pharmaceuticals	161	-	-
IsoaO TAIO	-	-	-
Kg			
Churna	2,103.07	-	73.67
Panchawaled Churna	218	-	-
Guli / Tablets	64.89	87.235	-
Panta	-	-	827.00
Solid pharmaceuticals	-	-	-
Ointment	206.86	155.362	-
Unani pharmaceuticals	401.09	-	-
Siddha pharmaceuticals	65.24	-	-
Pattu	181.06	9,882	443.34
Warthi	0.11	-	-
Kshara	1.49	-	-
Panta	116.60	-	-
Pottani	34.56	-	-
Thavili	-	-	477.07
Leha	-	38,856	-
Other	-	-	18.65
Sweet pharmaceuticals	159.81	5,000	-
Senthuram	-	4.900	-
Decocation	-	652.009	-
Patpam	-	5.395	-

- **Research Hospitals**

Research Hospital	**Nawinna**	**Ampara**	**Hambantota**	**Medawachchiya**	**Manchanthudawa**	**Ninthavur**	**Mihinthalaya**
Basic Information							
Number of Wards	04	02	04	02	02	-	-
Number of Beds	68	31	102	28	26	-	12
Number of Medical Officers	50	11	13	08	06	02	02
Number of Nursing Officers	10	09	17	05	01	-	-
Other Staff	97	42	48	25	30	05	09
Number of Regional Community Health Medical Officers	70	-	-	-	-	-	-
Total	**299**	**95**	**184**	**68**	**65**	**07**	**23**
Treatment Services for patients							
Number of OPD Patients	44,779	37,511	25,726	8,507	18,578	-	13,803
Number of Patients attended for Clinics	34,491	6,726	-	-	-	-	-
Number of In-Ward Patients	762	-	728	5,478	171	-	-
Total	**80,032**	**44,237**	**26,454**	**13,985**	**18,749**	**-**	**13,803**

- **Pharmaceutical Production**

Type of Medicine	Nawinna	Ampara	Hambantota	Medawachchiya	Manchcntudawa
Bottles					
Aasawa	1,169	-	-	-	1379.75
Oil	607.5	168	42 L, 750ml	110.20	-
Kwatha	4590	-	225 L, 750 ml	-	-
Kasaya	5,216.56	1,271 L, 268 ml	589 L, 240 ml	1,560	-
Anupana / Dalu Anupana	494	660 L, 162 ml	10 L 750 ml	417	-
Other boiled water	-	-	--	-	-
Drinks (Swarasa)	-	-		12	-
Other (Maha dalu Anupanaya)	109.5	-	-	51	-
Other (Liquids)	5,751.5	-	-	429	-
Eye Drops	21.5	-	-	-	-
Kg					
Churna	-	57.6	-	38.100	169.165
Kalka	-	-	-	3.200	-
Lepa	-	-	-	8.500	119.5
Panta	-	-	-	2.570	-
Pattu	-	175.635	2.200	61.750	895
Thavili	-	149	0.550	119.930	909
Leha	-	-	-	1.320	-
Mellum	-	-	-	39.220	-

- **Research and Extension Services – Herbal Gardens**
  - Sale of Medicinal Plants

Herbal Garden	Number of plants produced	Sale of plants	
		Number of plants	Amount (Rs.)
Pallekelle	6,607	7,043	298,540.00
Giradurukotte	43,945	8,167	378,310.00
Nawinna	20,920	9,889	433,710.00
Pinnaduwa	7,350	2,817	122,980.00
Haldummulla	34,664	9,937	492,400.00
Total	**113,486**	**37,853**	**1,725,940.00**

- Plant exchanges/free plant distribution between herbal gardens

Herbal Garden	Number	Amount (Rs.)
Pattipola	36	1,480.00
Pallekele	243	9.800.00
Giradurukotte	1,275	54,240.00
Nawinna	555	19,600
Pinnaduwa	988	44,180.00
Haldummulla	645	25,800.00
Total	**3,742**	**155,100.00**

- **Bandaranayake Memorial Ayurveda Research Institute**

  - **Research and Development Division**

Activity		Division	Number
Strategical Target 01: Expansion of Research and Development			
01	Collaborative research to identify chemical and pharmacological activities of medicinal plants/pharmaceutical products	Standardization Division	20
02	Publication of research work in scientific publications	Standardization Division Medicinal Plants Division	07 11
03	Propagation methods and cultivation research and tissue culture of medicinal plants which are economically important but not cultivated locally	Medicinal Plants Division	03
04	Clinical Research	Clinical Research Division	05 (started)
05	Publication of scientific books	Medicinal Plants Division	02
Strategical Target 02: Expansion of Curative Services			
01	Providing inpatient and outpatient patient care services according to indigenous medicine	In-patient Division Out-Patient Division	BOR 58% ALOS – 19 Daily average 262
Strategical Target 03: Assurance of Quality and Safety			
01	Preparation of standard specifications for local finished medicines	Quality Division	05 50% completed

Activity		Division	Number
02	Preparation of standard specifications for raw materials	Quality Division	03 60% completed
03	Study of changes in the quality/standard of raw materials/finished medicines depending on their storage conditions	Quality Division	02
04	Standardization services - Testing the quality of local pharmaceutical raw materials, finished medicines and issuing quality certificates	Quality Division	81 samples
05	Preparation of standard specifications for local medicines	Medicinal Plants Division	05
06	Formulation and publication of botanical and chemical standards for indigenous medicinal raw materials (plants)	Medicinal Plants Division	07
07	Collaborative research on identification of controversial medicinal plants and their analogues	Medicinal Plants Division	03
Strategical Target 04: Innovation Research and Development			
01	Launching value-added user-friendly products	Quality Division	08
02	Making medicinal products through research to accurately identify medicinal plants	Medicinal Plants Division	01
Strategical Target 05: Conservation of indigenous medicine knowledge			
01	Transcription and printing of herbal books	Literature and Research Division	800 copies (08 books)
02	Transcription of herbal books	Literature and Research Division	05
03	Physical preservation of herbal books	Literature and Research Division	139
04	Digital preservation of herbal books	Literature and Research Division	816
05	Proper numbering, documenting and preserving herbal books	Literature and Research Division	1,661
06	Establishment of a national register of traditional healers	Literature and Research Division	1,220

Activity		Division	Number
Strategical Target 06: Improvement of Expansion Services			
01	Publication of standard parameters for medicinal raw materials • Preparation of monographs containing relevant standard parameters for selected medicinal raw materials • Development of a database for the introduction of botanical and chemical standards for medicinal raw materials.	Medicinal Plants Division	06 01
02	Correct identification of medicinal plants and raw materials • Updating the book "A Checklist of Medicinal Plants Sri Lanka". Updating the dry herbarium and raw material museum	Medicinal Plants Division	01 200 samples
Strategical Target 07: Discipline and Capacity Development			
01	Training and workshops on Ayurvedic drug standardization and quality control	Standardization Division	131 beneficiaries
02	Awareness and training services	Medicinal Plants Division	50 beneficiaries
03	Providing services for exhibitions and workshops	Medicinal Plants Division	02
04	Providing services to external parties - verified dry samples	Medicinal Plants Division	Dry plant samples 279 Materials 69
05	Capacity development on literature research and related technical knowledge	Literature and Research Division	09 Programmes
Strategical Target 08: Development of Human and Physical Resources			
01	Subject-specific local training	Medicinal Plants Division	04 02
02	Development of a medicinal garden to conserve medicinal plants and biodiversity at the Bandaranaike Memorial Ayurveda Research Institute Medicinal Garden	Medicinal Plants Division	Phase 1 & 2 completed

- **National Institute of Indigenous Medicine Methods**
  Physical and Financial Progress of 2025

SN	Main Program / Project	Physical Progress		Financial Progress (Rs.)
		No. of Programs	No. of beneficiaries / modules	
01	Preparation of Training Modules	-	11 Modules	275,285.00
02	Training Programmes for Ayurveda Medical Officers	11 (Phase manner 19)	355	2,480,794.05
03	Training Programmes for Ayurveda Community Health Medical Officers	06 (Phase manner 15)	214	2,046,215.49
04	Training Programmes for Medical Assistants	11	398	3,030,141.50
05	Training Programmes for Non-Academic Staff	04	98	246,035.00
06	Training Programmes for other Government Officers	01	20	Conducted free of charge
07	Training Programmes for Post-Intern Doctors	05	733	901,554.00
08	Training Programmes for Traditional Ayurveda Medical Officers	11	351	2,218,843.84
09	Capacity Development Programmes for staff of the National Institute of Indigenous Medicine Methods	09	16	459,500.00
10	Private Training Courses – Ayurveda Therapist (NVQ4)	01	20	311,896.68
11	Health Promotion Programmes	05	534	361,510.00
12	Printing of books related to Elderly care services	14,000 books	-	566,577.00
	Total			**12,918,352.56**

- **Other Training Programmes**

SN	Programme / Description	No. of Programmes	No. of Participants
01	For Officers in Government Sector	50	1,085
02	Intern Medical Training	05	733
03	Traditional Medicine Training	11	351
04	Private Training Courses	01	20
05	Health Promotion Programmes	05	534
	Total	**72**	**2,723**

- **Community Health Promotion Service - Anuradhapura**

SN	Programme / Description	No. of Programmes	No. of Beneficiaries
01	Elderly care Programmes	1,838	31,404
02	Helaviru Suwadarani Suwa Sewa Programmes	206	5,242
03	Child Health Protection	1,352	19,804
04	Child Health Protection – Primary Schools	31	1,605
05	Control of Non-Communicable Diseases	3,237	46,085
06	Communicable Disease Control Programmes	3,609	43,471
07	School Programmes	52	2,705
08	Introduction of simple treatment methods	38	415
09	Maternal Programmes	02	06
10	Community Care Programmes	109	5,299
	Total	**10,474**	**156,036**

Based on the Ayurveda concept, various programmes and awareness programmes on communicable and non-communicable diseases and primary health care were carried out in the Anuradhapura district. Special emphasis is placed on pre-school and school-based nutrition programs and child health care for food and nutritional security, provision of community-based adult health services, mental health promotion, maternal health care, programs on the conservation and sustainable use of medicinal plants, research programs, and yoga training programs.

Through the intervention of the indigenous medicine sector, a portion of the allocations received from the Ministry of Health for the control of non-communicable diseases has been provided to this unit, making it possible to carry out many of the above programs. In addition, this unit has been able to provide better services by providing basic facilities for elderly care programs through the Indigenous Medicine Division, the Department of Ayurveda, and the National Institute of Indigenous Medicine, as well as the preparation of medicinal products required for the Ranaviru Clinics and other clinics.

- **Ayurveda Medical Council**

1. During the year, 371 doctors, including 332 general graduates and 39 general diploma holders, were registered.

2. By the end of the year, the total number of doctors registered with the Medical Council was 28,015, including 4,614 graduate doctors, 5,867 diploma holders, 7,016 traditional general practitioners and 10,518 traditional specialists.

3. The number of doctors whose registration has been renewed this year is 1,710, including 1,241 general practitioners and 469 specialists.

4. 30 Ayurvedic nurses, 30 nursing officers and 216 herbalists have also obtained registration this year.

5. Out of the 27 complaints received by the Medical Council in 2025, investigations have been completed in 18.

Other activities carried out by the Ayurveda Medical Council

Description	Number
Verifying medical certificates	235
Issuing identity cards for registered Ayurveda Medical Officers	1,150
Issuing vehicle badges for registered Ayurveda Medical Officers	125
Issuing Medical Certificate Books for registered Ayurveda Medical Officers	1,564

- **Homeopathy Hospital, Welisara**

- The hospital consists of an outpatient department that provides treatments to approximately 100 – 150 patients daily and an inpatient department that can accommodate 20 patients.

- A laboratory has been established to conduct the necessary tests for the hospital, and laboratory facilities were provided to 1,311 patients during the year.

- Ten Sri Lankan students were sent to the National Institute of Homeopathy in Kolkata for the year 2025 under the scholarships provided annually by the Ministry of AYUSH of India to pursue a degree in Homeopathy.

- Orders have been placed for stocks of medicines worth 5.3 million for the year 2025.

No. of patients treated in 2025

Month	No. of OPD patients	No. of In-ward patients
January	2,353	23
February	2,139	17
March	2,176	21
April	2,143	18
May	2,062	15
June	2,311	07
July	2,383	09
August	2,386	18
September	2,363	23
October	2,345	16
November	2,009	18
December	2,224	15
Total	**26,894**	**200**

- Mobile Clinics and awareness programmes conducted

Date	Location	No. of patients treated
24.03.2025	Divisional Secretariate, Katana	150
15.05.2025	Vidyadeepa Maha Vidyalaya, Webada	120
23.05.2025	Rajamaha Viharaya, Attanagalle	53
05.06.2025	Old Temple, Wanavasala	60
26.06.2025	Elderly Community Hall, Gonawala, Biyagama	60
03.07.2025	Divisional Secretariate, Dompe	84
07.08.2025	Bi-Junction, Kadirana, Katana	74
27.08.2025	Anandarama Viharaya, Katana	81
19.09.2025	199 Raddoluwa Division	50
18.11.2025	Ambalamulla	51
27.11.2025	Bhodiraja Vidyalaya, Pugoda	36
	Total	**819**

- **Homeopathy Medical Council**

Performance of the clinics conducted by the Homeopathy Medical Council

SN	Clinic	No. of patients treated
01	Dehiwala	5,630
02	Tholangamuwa	9,857
03	Parakaduwa	4,583
04	Kurunegala	15,166
05	Kotmale	7,656
06	Moneragala	9,448
07	Palamunai	5,959
08	Puttalam	7,180
09	Ambalantota	6,103
10	Batticaloa	5,963
11	Ingiriya	1,381
12	Rathgama	4,222
13	Polonnaruwa	10,407
14	Akurana	5,886
	Total	**99,441**

- The number of doctors registered with the Medical Council as homeopathic doctors is 03.

- Every year, the Homeopathic Medical Council conducts mobile clinics in various parts of the island to educate the public about the homeopathic medical system. All the people who participate are provided with free treatment and the number of participants in 28 such mobile clinics held in the year 2025 was 1,635.

- The Technical Committee has recommended 07 import licenses worth US$ 99,548.87 to doctors and institutions for the import of homeopathic medicines.

- **Sri Lanka Ayurveda Pharmaceuticals Corporation**

(i) Production

The Ayurveda Pharmaceuticals Corporation has reported an annual production of Rs. 735 million in the year 2025.

(ii) Sales

In product sales, sales to the public sector (Ayurvedic hospitals, provincial and regional independent Ayurvedic dispensaries) is account for a higher percentage. Several steps have been taken to diversify sales by identifying the local and foreign market opportunities for Ayurvedic medicines. Sales activities are also carried out through 15 sales centers belonging to the

Corporation and agents. The corporation has been able to record sales of Rs. 1688 million in 2025.

Achievements in the year 2025:

15 District Sales Centers operating throughout the island are being managed by 12 District Sales Representatives. Efforts were made to further expand this sales network by appointing local sales representatives and online sales representatives.

- **Expansion of Promotional and Advertising Activities**
  Media and social media were used to expand promotional and advertising activities and the number of users on the Corporation's official Facebook page has increased to 12,000. Participation in various promotional and advertising programs has provided an opportunity to significantly increase publicity and local sales during the year.

- **Herbal Crop Cultivation**
  Steps were taken to carry out short-term, medium-term and long-term cultivation of new herbal crops in the Nikaweratiya, Medawachchiya-Dangolla herbal gardens maintained by the corporation. Also, under the "Osu Diriya" cultivation program, in collaboration with the Indigenous Medicine Division of the Ministry of Health and Mass Media, cultivation projects were initiated at the Anuradhapura Prison Open Camp, Padaviya Civil Defence Force Camp, and Rambewa Civil Defence Force Camp.

  Furthermore, a project to cultivate Heen Aratta saplings was jointly initiated by the Faculty of Technology of the University of Ruhuna and the Matara District Secretariat.

- **Introduction of ERP computer software system**
  Although a computer software system is implemented within the corporation, there was a problematic situation due to the fact that an ERP software system was not implemented to cover all departments. Especially since the sales center activities are carried out manually, updates are delayed and there are opportunities for errors and fraud.

  Attention was paid to this issue and steps were taken to introduce an ERP software system, the basic work of which has now been completed and several modules have been implemented.

- **Minimizing production costs**
  It has been possible to minimize costs by making direct purchases locally when purchasing pharmaceutical raw materials required for production activities, collecting medicines at the Corporation's Anuradhapura Purchasing Center, and collecting pharmaceutical raw materials in areas surrounding the Corporation's herbal gardens.

It has also been possible to reduce costs by optimizing the use of existing machine capacity and optimizing employee performance.

- **Launching new products**

  The launch of 07 new products identified during the year 2025 was held on 30.12.2025 at the Ayurveda Pharmaceuticals Corporation Auditorium under the patronage of the Hon. Minister of Health and Mass Media, Dr. Nalinda Jayatissa.

  Accordingly, the Sri Lanka Ayurveda Pharmaceuticals Corporation, which is currently the pioneer in the production of Ayurvedic medicines with 194 products and about 450 production units, further expanded its role and launched medicinal products such as Kubja Prasarani Oil, Bala Koranda Oil, Panchavalkala Churna, Sanstha Bone Marrow Pattuwa and herbal products such as Pinda Balm, Rathadun Body Wash and Panchavalkala Shampoo.

Challenges:

There are various factors which influence the health status and country's ability to provide quality health services for its people. Health system performance refers to how far the available health systems achieve each of these factors which contribute to the overall enhancement of health status of the country. Ministry of Health is responsible for delivering high quality healthcare services to the people in an equitable manner.

Emerging health issues associated with the rapid increase of Non-Communicable Diseases (NCDs) coupled with the swift rate of population ageing and changes in disease patterns have contributed to transforming the healthcare needs of the country.

Future Goals / Targets:

Health Sector

a. Rebuilding of healthcare institutions damaged or destroyed by Ditwah Cyclone.
b. Completion of already started development projects.
c. Increase the intake of skilled categories of health workforce.
d. Further enhancing community access by establishment of 1,000 Arogya Health and Wellness Centres.
e. Strengthening skilled health workforce.

Indigenous Medicine Sector

a. Strengthening of monitoring mechanism of legal framework in indigenous medicine field.
b. Improvement and strengthening management of hospital system for contribution in the national health system.
c. Generating foreign exchange for the country through the potential of the indigenous medicine sector.
d. Discouraging the import of medicines from abroad and saving foreign exchange by promoting herbal cultivation.
e. Promotion and preservation of traditional medicine.
f. Promotion of nutritious, non-toxic local food and beverages and food preservation methods.
g. Attraction of foreign tourists through indigenous medicine.
h. Establishment of healthcare centres in major tourist areas.
i. Operating the existing herbal gardens at maximum capacity and obtaining essential medicinal raw materials for hospitals through them.
j. Maintain Ayurvedic care services in collaboration with Western Medical Services for disease prevention. Implementing multifaceted strategies for the control and prevention of non-communicable diseases.

k. Implementing multifaceted strategies for the control and prevention of non-communicable diseases.

l. Introducing timely and practical courses related to the field of indigenous medicine and strengthening the education system.

m. Implementing relevant programs to update the knowledge of traditional doctors.

n. Taking steps to bring homeopathy closer to the people as an alternative medical system.

o. Expansion and diversification of Ayurvedic medicine production.

p. Encouragement of indigenous medical research

q. Establishment of an Ayurvedic Hospital Management Information System

Dr. Anil Jasinghe
Secretary
Ministry of Health & Mass Media
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10

Dr. Anil Jasinghe
Secretary
Ministry of Health and Mass Media

Date: 08/08/2020

CHAPTER 3

Overall Financial Performance of the Year

3.1 Statement of Financial Performance

ACA -F

Statement of Financial Performance
for the period ended 31st December 2025

Revised Budget Allocations 2025 Rs.		Note	Actual 2025 Rs.	Actual 2024 Rs.	
-	**Revenue Receipts**			-	
-	Income Tax	1	-	-	ACA-1
-	Taxes on Domestic Goods & Services	2	-	-	
-	Taxes on International Trade	3	-	-	
-	Non Tax Revenue & Others	4	98,719,800	-	
-	**Total Revenue Receipts (A)**		**98,719,800**	-	
-	**Non Revenue Receipts**		-	-	
-	Treasury Imprests		364,505,010,768	321,123,886,117.80	ACA-3
-	Deposits		2,006,723,376	1,344,641,024.88	ACA-4
-	Advance Accounts		1,476,648,175	1,290,793,425.58	ACA-5
-	Other Main Ledger Receipts		175,118,658	-	
-	**Total Non Revenue Receipts (B)**		**368,163,500,976**	**323,759,320,568.26**	
	Total Revenue Receipts & Non Revenue Receipts C = (A)+(B)		368,262,220,776	323,759,320,568.26	
	Remittance to the Treasury (D)		**1,168,975,557**	**222,158,300.93**	
-	**Net Revenue Receipts & Non Revenue Receipts E = (C)-(D)**		**367,093,245,219**	**323,537,162,267.33**	
	Less: Expenditure				
-	**Recurrent Expenditure**		-	-	
159,366,752,000	Wages, Salaries & Other Employment Benefits	5	158,475,058,438	135,517,216,606.37	ACA-2(ii)
222,736,111,963	Other Goods & Services	6	180,988,735,939	186,169,296,136.73	
14,923,100,000	Subsidies, Grants and Transfers	7	10,018,896,814	8,858,166,665.42	
-	Interest Payments	8	-	-	
2,288,037	Other Recurrent Expenditure	9	2,288,037	-	
397,028,252,000	**Total Recurrent Expenditure (F)**		**349,484,979,228**	**330,544,679,408.52**	
	Capital Expenditure				
30,334,552,417	Rehabilitation & Improvement of Capital Assets	10	18,211,780,237	14,282,591,170.94	ACA-2(ii)
47,743,456,354	Acquisition of Capital Assets	11	26,817,155,198	15,723,339,759.31	
1,060,000,000	Capital Transfers	12	624,275,988	190,248,271.00	
-	Acquisition of Financial Assets	13	-	-	
2,205,349,896	Capacity Building	14	1,704,872,075	1,462,984,801.14	
6,568,641,333	Other Capital Expenditure	15	2,395,190,619	2,320,008,718.40	
87,912,000,000	**Total Capital Expenditure (G)**		**49,753,274,116**	**33,979,172,720.79**	
	Deposit Payments		1,309,454,845	1,164,549,353.68	ACA-4
	Advance Payments		2,082,238,286	1,623,820,662.82	ACA-5
	Other Main Ledger Payments		-	12,000.00	
	Total Main Ledger Expenditure (H)		**3,391,693,130**	**2,788,382,017**	
	Total Expenditure I = (F+G+H)		402,629,946,475	367,312,234,145.81	
484,940,252,000	**Balance as at 31st December J = (E-I)**		**(35,536,701,255)**	**(43,775,071,878.48)**	
	Balance as per the Imprest Adjustment Statement		(35,537,063,958)	(43,783,915,216)	ACA-7
	Imprest Balance as at 31st December		362,702	8,843,338	ACA-3
			(35,536,701,255)	(43,775,071,878)	

3.3 Statement of Financial Position

ACA-P

Statement of Financial Position
As at 31st December 2025

	Note	Actual 2025 Rs	Actual 2024 Rs
Non Financial Assets			
Property, Plant & Equipment	ACA-6	276,180,745,082	254,485,180,261
Financial Assets			
Advance Accounts	ACA-5/5(a)	4,635,938,735	4,030,348,624
Cash & Cash Equivalents	ACA-3	362,702	8,843,338
Total Assets		**280,817,046,519**	**258,524,372,223**
Net Assets / Equity			
Net Worth to Treasury		1,777,588,399	1,870,599,882
Property, Plant & Equipment Reserve		276,180,745,082	254,485,180,261
Rent and Work Advance Reserve	ACA-5(b)		
Current Liabilities			
Deposits Accounts	ACA-4	2,858,350,336	2,159,748,742
Unsettled Imprest Balance	ACA-3	362,702	8,843,338
Total Liabilities		**280,817,046,519**	**258,524,372,223**

Detail Accounting Statements in ACA format Nos. 1 to 7 presented in pages from ..... to..... and Annexures to accounts presented in pages from ..... to ..... form an integral part of these Financial Statements. **The Financial Statements have been prepared in accordance with the Government Financial Regulations 150 & 151 and State Accounts Guideline No. 02/2025, dated 17.12.2025** and hereby certify that figures in these Finacial Statements, Notes to accounts and other relevant accounts were reconciled with the Treasury Books of Accounts and found in agreement.

We hereby certify that an effective internal control system for the financial control exists in the Reporting Entity and carried out periodic reviews to monitor the effectiveness of internal control system for the financial control and accordingly make alterations as required for such systems to be effectively carried out as per the Section 38(1) (C) of the National Audit Act No.19 of 2018

Chief Accounting Officer	Accounting Officer	Chief Financial Officer/ Chief Accountant/ Director (Finance)/ Commissioner (Finance)
Name :	Name :	Name :
Designation :	Designation :	
Date : 26/02/2026	Date : 26/02/2026	Date : 25/2/2026
Dr. Anil Jasinghe Secretary Ministry of Health & Mass Media "Suwasiripaya" 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10	Dr. Anil Jasinghe Secretary Ministry of Health & Mass Media "Suwasiripaya" 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10	G.S. Karunarathne Chief Financial Officer I Ministry of Health and Mass Media "Suwasiripaya" 385, Rev Baddegama Wimalawansha Thero Mawatha Colombo 10

2

3.4 Statement of Cash Flows

ACA-C

Statement of Cash Flows
for the Period ended 31st December 2025

	Actual	
	2025 Rs.	2024 Rs.
Cash Flows from Operating Activities		
Total Tax Receipts	-	-
Fees, Fines, Penalties and Licenses	98,719,800	-
Profit		-
Non Revenue Receipts	15,105,705,315	22,006,019,097
Revenue Collected on behalf of Other Revenue Heads		-
Imprest Received	364,495,766,164	321,123,520,666
Recoveries from Advance	1,481,471,433	1,293,543,616
Deposit Received	2,006,723,376	1,344,641,025
	175,118,658	
Total Cash generated from Operations (A)	**383,363,504,746**	**345,767,724,404**
Less - Cash disbursed for:		
Personal Emoluments & Operating Payments	331,873,803,764	312,696,272,291
Subsidies & Transfer Payments	3,550,635,471	3,044,562,857
Rehabilitation & Improvement of Capital Assets,Capital Transfers, Capacity Building and Other Capital Expenditure	19,737,774,365	15,232,647,024
Expenditure incurred on behalf of Other Heads	709,233,053	504,415,148
Imprest Settlement to Treasury	1,168,975,557	222,158,301
Advance Payments	2,073,847,215	1,624,787,526
Deposit Payments	1,309,454,845	1,164,549,354
Other Main Ledger Receipts	-	12,000
Total Cash disbursed for Operations (B)	**360,423,724,271**	**334,489,404,501**
NET CASH FLOW FROM OPERATING ACTIVITIES(C)=(A)-(B)	**22,939,780,475**	**11,278,319,903**
Cash Flows from Investing Activities		
Interest	-	-
Dividends	-	-
Divestiture Proceeds & Sale of Physical Assets	-	-
Recoveries from On Lending	-	-
Total Cash generated from Investing Activities (D)	-	-
Less - Cash disbursed for:		
Capital Asset Construction, Purchases and Other Investment Acquisitions	22,948,662,377	11,269,842,017
Total Cash disbursed for Investing Activities (E)	22,948,662,377	11,269,842,017
NET CASH FLOW FROM INVESTING ACTIVITIES(F)=(D)-(E)	(22,948,662,377)	(11,269,842,017)
NET CASH FLOWS FROM OPERATING & INVESTMENT ACTIVITIES (G)=(C) + (F)	(8,881,902)	8,477,886
Cash Flows from Fianacing Activities		
Local Borrowings	-	-
Foreign Borrowings	-	-
Grants Received	-	-
Total Cash generated from Financing Activities (H)	-	-
Less - Cash disbursed for:		
Repayment of Local Borrowings	-	-
Repayment of Foreign Borrowings	-	-
Total Cash disbursed for Financing Activities (I)	-	-
NET CASH FLOW FROM FINANCING ACTIVITIES (J)=(H)-(I)	-	-
Net Movement in Cash (K) = (G) + (J)	(8,881,902)	8,477,886
Opening Cash Balance as at 01st January	9,244,604	365,452
Closing Cash Balance as at 31st December	362,702	8,843,338

3.5 Notes to the Financial Statements

None

3.6 Performance of the Revenue Collection

Rs. Mn

Revenue Code	Description of the Revenue Code	Revenue Estimate		Collected Revenue	
		Original	Final	Amount (Rs.)	as a % of the Final Revenue Estimate
20.02.01.01	Rent on government buildings	220,000,000.00	220,000,000.00	436,162,731.81	198
20.02.01.99	Revenue on government assets other rental charges	20,000,000.00	35,000,000.00	70,276,988.23	201
20.02.02.99	Interest – other	100,000,000.00	100,000,000.00	145,252,027.38	145
20.03.01.00	Sales Proceeds and Charges-Departmental Sales	50,000,000.00	50,000,000.00	123,610,476.51	247
20.03.02.99	Sales Proceeds and Charges-Administrative Fees and Charges Sundries	45,000,000.00	45,000,000.00	111,237,540.20	247
20.03.03.02	Sales Proceeds and Charges-Fines and forfeits - other	30,000,000.00	85,000,000.00	124,099,324.23	146
20.03.99.00	Sales Proceeds and Charges- other receipts	2,500,000,000.00	4,500,000,000.00	9,200,622,920.77	204
20.06.02.01	Revenue on sale of capital assests - Vehicles	2,000,000.00	2,000,000.00	120,877,000.00	6044
20.06.02.02	Revenue on sale of capital assests - other	1,500,000.00	1,500,000.00	2,361,893.40	157

3.7 Performance of the Utilization of Allocation

Rs. ,000

Type of Allocation	Allocation		Actual Expenditure	Allocation Utilization as a % of Final Allocation
	Original	Final		
Recurrent	383,162,000,000	397,028,252,000	349,484,979,228.13	88
Capital	91,387,000,000	87,912,000,000	49,753,274,116.03	57

3.8 In terms of F.R. 208, grant of allocations for expenditure to this Department as an agent of other Ministries/ Departments

Rs. ,000

Serial No.	Allocation Received from Which Ministry /Department	Purpose of the Allocation	Allocation		Actual Expenditure	Allocation Utilization as a % of Final Allocation
			Original	Final		
01	Ministry of Justice	228 – Courts Adminstration	41,000,000	41,000,000	40,216,033.99	98

3.9 Performance of the Reporting of Non-Financial Assets

Rs.

Assets Code	Code Description	Balance as per Board of Survey Report as at 31.12.2025	Balance as per financial Position Report as at 31.12.2025	Yet to be Accounted	Reporting Progress as a %
9151	Building and Structure	63,520,641,516.25	63,520,641,516.25	-	
9152	Machinery and Equipment	91,445,607,077.57	91,445,607,077.57	-	
9153	Land	68,434,466,250.00	68,434,466,250.00	-	
9154	Intangible Assets	376,933,573.26	376,933,573.26	-	
9155	Bioliogical Assests	-	-	-	
9160	Work in Progress	52,913,866,300.23	52,913,866,300.23	-	
9180	Lease Assets	-	-	-	
	Total	**276,691,514,717.31**	**276,691,514,717.31**		

➢ Financial Progress of Indegenous Medicine Sector – As of 31.12.2025

Vote Particulars	Allocation (Rs.)	Expenditure (Rs.)	Percentage of Expenditure (%)
Recurrent	**593,000,000.00**	**561,280,451.34**	**94.65**
General Administration / Other Programs	531,700,000.00	502,854,815.06	94.57
Institutional Services			
State Institutions			
• Homeopathy Medical Council	32,700,000.00	31,849,653.22	97.40
• Homeopathy Hospital	28,600,000.00	26,575,983.06	92.92
Capital	**34,500,000.00**	**30,530,700.00**	**88.49**
General Administration	**10,500,000.00**	**7,641,411.05**	72.78
Repairing Plant & Machinery	3,000,000.00	791,542.35	26.38
Vehicles	3,500,000.00	3,105,049.49	88.72
Furniture & Office Equipment	2,000,000.00	1,781,357.10	89.07
Plant & Machinery	1,500,000.00	1,479,762.11	98.65
Staff Training	500,000.00	483,700.00	96.74
Special Programmes	**15,500,000.00**	**15,181,622.58**	97.95
• Homeopathy Council	1,000,000.00	996,943.40	99.69
• Conservation Councils	3,000,000.00	2,946,978.46	98.23
• Establishment of Poshana Mandira	2,000,000.00	1,959,985.00	98.00
• Development of Homeopathy Methods	9,500,000.00	9,277,715.72	97.66
Herbal medicine cultivation promotion program	**8,500,000.00**	**7,707,666.37**	90.68
Building and constructions	2,000,000.00	1,982,201.98	99.11
Plant and Machinery	1,000,000.00	961,104.14	96.11
Training Progrmmes	1,000,000.00	982,811.25	98.28
Other	4,500,000.00	3,781,549.00	84.03
Total	**627,500,000.00**	**591,811,151.34**	**94.31**
Other	**Allocation (Rs.)**	**Expenditure (Rs.)**	**Percentage of Expenditure (%)**
Collaborative care with Ayurveda	5,000,000.00	4,875,609.75	97.51
Non-Communicable Diseases	4,013,500.00	3,997,147.25	99.59
	9,013,500.00	**8,872,757.00**	**98.44**

3.10 Auditor General's Report

ජාතික විගණන කාර්යාලය
தேசிய கணக்காய்வு அலுவலகம்
NATIONAL AUDIT OFFICE

මගේ අංකය எனது இல. My No. } එම්ඊඩී/බී/එම්ඕඑව්/02/2025/14

ඔබේ අංකය உமது இல. Your No. }

දිනය திகதி Date } 2026 මැයි 29 දින

SECRETARY MINISTRY OF HEALTH & MASS MEDIA 23265775 01 JUN 2026 CFO-III

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සෞඛ්‍ය හා ජනමාධ්‍ය අමාත්‍යාංශය

සෞඛ්‍ය අමාත්‍යාංශයේ 2025 දෙසැම්බර් 31 දිනෙන් අවසන් වර්ෂය සඳහා වූ මූල්‍ය ප්‍රකාශන පිළිබඳව 2018 අංක 19 දරන ජාතික විගණන පනතේ 11(1) වගන්තිය ප්‍රකාරව විගණකාධිපති සම්පිණ්ඩන වාර්තාව

යටෝක්ත වාර්තාව මේ සමඟ එවා ඇත.

සෞඛ්‍ය අමාත්‍යාංශය 02 JUN 2026 ලිපි අංශය

කේ.කේ.එස්.ජයකොඩි
නියෝජ්‍ය විගණකාධිපති
විගණකාධිපති වෙනුවට

පිටපත :- රාජ්‍ය ගිණුම් අධ්‍යක්ෂ ජනරාල්, රාජ්‍ය ගිණුම් දෙපාර්තමේන්තුව, මහා භාණ්ඩාගාරය

FCCD 1007 02 JUN 2026 ආරක්ෂණ හා සම්බන්ධතා අංශය

අංක 306/72, පොල්දූව පාර, බත්තරමුල්ල, ශ්‍රී ලංකාව இல. 306/72, பொல்துவ வீதி, பத்தரமுல்லை, இலங்கை. No. 306/72, Polduwa Road, Battaramulla, Sri Lanka.
+94 11 2 88 70 28 - 34 +94 11 2 88 72 23 ag@auditorgeneral.gov.lk www.naosl.gov.lk

My No: MED/B/MOH/02/2025/14 29 May 2026

Secretary
Ministry of Health and Mass Media

Auditor General's Summary Report on the Financial Statements for the year ended December 31, 2025 – Head 111 of the Ministry of Health and Mass Media in accordance with Section 11 (1) of the National Audit Act No. 19 of 2018

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1. Financial Statements

1.1 Qualified Opinion

The Financial Statements for the year ended 31December 2025 – Head 111, consisting of the Financial Statement for the year ended 31 December 2025, Financial Performance Statement and the Statements of Cash Flow of the Ministry of Health and Mass Media which are to be read in conjunction with the provisions of the National Audit Act No. 19 of 2018 under the provisions of Article 154 (1) of the Constitution of the Democratic Socialist Republic of Sri Lanka have been audited as per my order. This report contains my comments and observations on these financial statements submitted to the Ministry of Health and Mass Media in terms of section 11 (1) of the National Audit Act No. 19 of 2018 (as revised). The Annual detailed Management Audit Report will be released in due course to the Chief Accounting Officer in terms of section 11 (2) of the National Audit Act No. 19 of 2018. The Auditor General's report, which is to be presented in terms of Section 10 of the National Audit Act No. 19 of 2018, which is read in conjunction with Article 154 (6) of the Constitution of the Democratic Socialist Republic of Sri Lanka, will be presented to Parliament in due course.

I am of the opinion that it reflects a fair situation on all counts, excluding the impact of the matters set out in paragraph 1.6 of this report, relevant to the financial status, financial performance and cashflow of the financial statements of the Ministry of Health and Mass Media for the year ended 31 December 2025 have been prepared in accordance with the basis for preparation of the financial statements set out on page 6 of the financial statements.

1.2 The Basis for Qualified Opinion

My qualified opinion is based on the facts of the paragraph 1.6 of this report. I audited in accordance with the Sri Lanka Audit Standards (SLSI). My responsibility for financial statements is further described in the Auditor's Responsibility section. I believe that the

audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

1.3 Emphasis of matter – Basis of preparation of financial statements

Attention is drawn to page 06 of the financial statements which describes the basis of preparation of these financial statements. The financial statements have been prepared for the needs of the Ministry of Health and Mass Media, the Treasury and Parliament in accordance with Government Finance Regulations 150 and 151 and Public Accounts Guideline No. 02/2025 dated 17 December 2025. Therefore, these financial statements may not be suitable for other purposes. My report is intended solely for the use of the Ministry of Health and Mass Media, the Treasury and the Parliament of Sri Lanka. My opinion on this matter is not modified.

1.4 Responsibility of the Chief Accounting Officer for the Financial Statements

The responsibility of the Chief Accounting Officer is to decide the required internal control enabling to prepare financial statements that are free from quantitively misstatement whether due to fraud or error, in accordance with Government Finance Regulations 150 and 151 and Public Accounts Guideline No. 02/2025 dated 17 December 2025, reflecting a fair position in all quantitative respects.

As per Section 16 (1) of the National Audit Act No. 19 of 2018, the Ministry of Health and Mass Media shall maintain proper books and records of its income, expenditure, assets and liabilities enabling to prepare annual and periodic financial statements.

The Chief Accounting Officer shall ensure that an effective internal control system is developed and maintained for the financial control of the Ministry in terms of subsection 38 (1) (c) of the National Audit Act. Effectiveness of the system shall be reviewed time to time and changes should be made to maintain the system more effectively.

1.5 Auditor's Responsibility in Auditing Financial Statements

Overall, my objective is to provide a reasonable assurance that the financial statements are free from any inaccurate false statements resulting from fraud and misrepresentation and to issue the Auditor General's Report as per my opinion. While fair certification is a high-quality guarantee, when the audit is conducted in accordance with the Sri Lanka Audit Standards, it does not always ensure that it is without quantitative misstatements. Frauds and errors either individually or collectively, can result in quantitative misstatements, and users should be careful when making economical decisions based on these financial statements.

I audited in accordance with Sri Lanka Auditing Standards with professional judgment and professional skepticism. I further,

• Proper audit procedures are planned and implemented to identify and assess the risk of fraudulent misrepresentations in financial statements as a basis for the stated audit opinion. Rather than being influenced by quantifiable misrepresentations, the impact of fraud is strong enough to cause fraud by misconduct, forgery, intentional avoidance, misrepresentation, or bypassing internal controls.

• An understanding of internal control has been obtained to design appropriate audit procedures on a case-by-case basis, although it is not intended to express an opinion on the effectiveness of internal control.

• Evaluating whether the financial statements adequately and fairly reflect the underlying transactions and events for the structure and content of the financial statements, including disclosures.

• The overall presentation of the financial statements was assessed including that the transactions and events underlying the structure and content of the financial statements are appropriately and fairly included and also disclosures.

Important audit findings, key internal control deficiencies and other matters identified in my audit were communicated to the Chief Accounting Officer.

1.6 Comments on the Financial Statements

1.6.1 Non-Financial Assets

(a) Although detailed information on the assets shown in the SA 80 and SA 82 forms submitted by the Treasury attached to the Statement of Non-Financial Assets (ACA 6 form) in the financial statements as at 31 December 2025 was requested to be submitted to the audit to verify whether the assets shown in the SA 80 and SA 82 forms were comparable to the assets shown in the new CIGAS program of the Ministry, such information was not submitted to the audit. Due to this, it was not possible to verify what non-financial assets were actually carried out by the Ministry.

(b) Although the opening balance of non-financial assets in the Statement of Financial Position for the year under review was Rs. 254,485.18 million, and according to the Cumulative Non-Financial Assets Account Report (SA 82) as of 31 December 2024, the corresponding value as of 01 January 2025, according to the Cumulative Non-Financial Assets Account Report (SA 82) for the year under review, was Rs. 249,319.12 million. Consequently, a discrepancy of Rs. 5,166,06 million was observed.

(c) As per the Treasury's printed Cumulative Non-Financial Assets Account Report (SA 82), adjustments were made to the opening balance of the year under review of Rs. 9,673.61 million, purchases of assets during the year under review of Rs. 21,808.16 million, disposable of assets of Rs. 5,818.22 million, transfers of assets of Rs. 1,158.08 million and detailed schedules relating to the balance of non-financial assets of Rs. 276,180.75 million as per the financial statements as on 31 December of the year under review were not submitted to audit. Therefore, those amounts were not possible to verify satisfactorily in the audit.

(d) Although the cost of the non-financial assets as of 31 December 2025, according to the financial statements of the Ministry was Rs. 276,180.75 million. However, according to the computer soft copies of the information on non-financial assets of the Ministry and 68 institutions under it as of 31 December 2025 submitted to the audit was Rs. 277,141.82 million. Accordingly, a discrepancy of Rs. 961.07 million was observed.

(e) According to the financial statements related to the Health systemin Enhancement Project implemented under the Ministry, non-financial assets totaling Rs. 271.62 million as on 31December 2025 and medical equipment purchased during the year under review at a cost of Rs. 213.26 million as per the financial statements related to the Health System Enhancement Project had not been included in the computer soft copy showing information on the non-financial assets of the Ministry.

(f) According to the financial statements related to the Health Systems Enhancement Project, ambulances worth Rs. 507.40 million had been purchased in the year under review, but had not been accounted for under the non-financial assets of the Ministry.

(g) During the year under review, 08 vans worth Rs. 158.85 million, which were converted into mobile workplaces under the Korea Foundation for International Healthcare (KOFIH) project implemented by the Korean Government, were not recorded under non-financial assets.

(h) Although Rs. 14,173.75 million had been spent on work in progress of non-financial assets, only Rs. 10,257.97 million had been shown in the cumulative non-financial assets account statement (SA 82) for the year under review. Accordingly, the cost of work in progress included in non-financial assets had been less-accounted by Rs. 3,915.78 million.

(i) Evidence relating to the accounting of assets generated by the following projects completed as of 31 December of the year under review as non-financial assets and information relating to their transfer to the Ministry were not submitted to the audit.

(i) Component I and Component II of the Primary Health Systems Strengthening Project had been completed and the evidence for accounting the non-financial assets of Rs. 2,177.72 million as per the financial statements of those projects as non-financial assets of the Ministry was not submitted to the audit.

(ii) The COVID-19 Emergency Response and Health Systems Preparedness Project and its Second Additional Financing Project ended on 30 April 2024 and as per the consolidated financial statement of the relevant project on that date, information related to the transfer of assets of Rs. 3,460.31 million and evidence related to accounting for these assets as non-financial assets of the Ministry were not submitted to the audit.

(iii) Although the financial statements of the Covid 19 Vaccine Responsive Recovery Project as of 31 December 2024 indicated that assets worth Rs. 8.37 million had been transferred to the Ministry, the information related to the transfer of these assets and the evidence related to accounting for these assets as non-financial assets of the Ministry were not submitted to the audit.

(j) Although the Base Hospital - Pottuvil was transferred to the Ministry of Health based on a Cabinet decision made on 22 May 2024, the assets of this hospital had not been included and accounted for in the new CIGAS system until the end of the year under review.

(k) According to the computer soft copies of the information on non-financial assets of the Ministry of Health and 69 hospitals / institutions affiliated to it as of 31 December 2025 submitted to the audit for the year under review, the lands of 07 hospitals and the buildings of 02 hospitals had not been valued and accounted for, and sufficient evidence was not submitted to the audit to verify the accuracy of the information accounted for.

(l) The value of non-financial assets was under-stated due to the fact that the cost of 3 vehicles, the ownership of which was transferred to the Ministry of Mass Media, of Rs. 128 million, was not included in the financial statements over a period of 5 to 15 years.

(m) The value of non-financial assets was over-stated due to the inclusion of Rs. 20.20 million, the cost of 4 vehicles handed over to the Department of Posts by the Ministry of Mass Media as of 31 December 2025, in the financial statements of the year under review.

(n) After the transfer of hospital operations from the old Mahamodara Teaching Hospital to the new German Sri Lanka Friendship Women's Hospital, the medical equipment and other equipment received from the hospital construction project for the new hospital, which was in the CIGAS Asset Management Programme,

amounting to Rs. 3,926.43 million (valued at the average exchange rate of Rs. 355 in the year 2023 when converted to Euro Rupees), had been removed from that account and included in the Asset Account as a total without classification. Accordingly, it was observed that the cost of asset items such as land, buildings, machinery and equipment, etc., were not accurately reflected in the non-financial asset classifications shown in the year-end financial statements. Furthermore, after transferred the Nursing Training School - Galle, which was under the administration of Mahamodara Teaching Hospital, to the administration of the National Hospital - Galle from 01 February 2024, the assets belonging to the Nursing Training School should have been removed from the German Sri Lanka Friendship Women's Hospital CIGAS Asset Management Program, but due to non-compliance, the audit could not rule out that the information about the assets in the German Sri Lanka Friendship Women's Hospital CIGAS Asset Management Program was not accurate. Furthermore, although 172 items of medical equipment previously used by the old Mahamodara Teaching Hospital were issued to other hospitals following the transfer of operations to the new German-Sri Lanka Friendship Women's Hospital, their costs had not been removed from the CIGAS asset management system. Consequently, the audit could not rule out the possibility that the asset costs disclosed in the financial statements were inaccurate.

(o) In the year 2018, the cost of non-financial assets was under-stated by Rs. 46,940.73 million, of which Rs. 7,102.99 million was under-stated as new land acquisition in the year 2019.

(p) Capital assets as at 31 December 2019 were under-stated by an equivalent amount due to the understatement of capital asset acquisitions by Rs. 14,793.13 million in 2018.

(q) According to the Treasury Financial Statements, the cost of buildings and constructions acquired during the year 2019 amounting to Rs. 6,501.94 million had not been included in the statement of non-financial assets and due to the cost of assets acquired during the year 2019 being overstated by Rs. 2,967.27 million, non-financial assets were overstated by that amount as of 31 December 2019.

(r) The necessary adjustments had not been made to account for the difference of Rs. 19,789.44 million in the cost of non-financial assets as at 31 December 2020, as per the SA 80 Non-Financial Assets Monthly Summary and SA 82 Cumulative Non-Financial Assets Account Report maintained by the Treasury.

(s) Although the cost of property, plant and equipment as at 01 January 2021 was Rs. 192,229.15 million as per the Statement of Financial Position as at 31 December 2021, the same value as per the Monthly Summary of Non-Financial Assets Account (SA 80) and the Cumulative Non-Financial Assets Account Report (SA 82) maintained by the Treasury was Rs. 172,439.71 million and Rs. 184,327.77

million respectively, the reasons for the differences of Rs. 19,789.44 million and Rs. 7,901.38 million respectively were not disclosed.

(t) The reasons for the difference of Rs. 16,877.89 million between the figures of capital asset acquisitions during the year under review and the cumulative non-financial asset account statement (SA 82) maintained by the Treasury, as per the expenditure statement (Form ACA 2 (i)) for the year 2021 and the monthly expenditure summary (SA 10), were not disclosed.

(u) Expenditures incurred for acquisition and development of non-financial assets included in the expenditure of Rs. 7,603.09 million incurred under 54 foreign aid projects implemented by the Ministry during the period from 2010 to 2020 had not been accounted for under non-financial assets.

(v) A difference of Rs. 5,244.56 million was observed between the value of non-financial assets as at 31 December 2021 and the value of non-financial assets as at 01 January 2022 as per the Treasury Accumulated Non-Financial Assets Account Report (SA 82) for the year 2022, as per the Statement of Financial Position as at 31 December 2021 and the same value as at 01 January 2022 as per the Treasury Accumulated Non-Financial Assets Account Report (SA 82) and the reason for this difference was not explained during the audit.

(w) According to the Statement of Expenditure by Programme (ACA 2 (i) Form) and Treasury Printed Notes SA 10 for the year 2022, there was a difference of Rs. 11,423.16 million between the acquisition of capital assets in the year 2022 and the same figure as per the Treasury's Cumulative Non-Financial Assets Account Report (SA 82).

(x) The information requested by the audit had not been provided by certain institutions. The total cost of goods worth Rs. 2.66 million of 11 hospitals, other health institutions, training institutions and departments under the Ministry for the years 2018 and 2019 and the cost of goods not mentioned in the Provincial General Hospital - Badulla for the year 2017, had been written off from the books. However, it had not been confirmed to the audit whether the cost of those condemned goods had been removed from the non-financial assets in the financial statements of the Ministry. Furthermore, instances were observed where disposal activities in certain hospitals had not been concluded, where appointed disposal boards had not finalized the relevant disposal processes, and where actions required under Financial Regulation 757(2) regarding deficiencies identified during annual stock verifications had not been taken.

(y) In 2057 cases where information on the value of goods worth Rs. 2,588.30 million received by various local and foreign institutions, organizations and individuals to the Ministry and 31 institutions / hospitals and departments under it in the years

2020 and 2021 was not included, the relevant goods had not been properly documented and included in the financial statements.

(z) According to the statement of financial position prepared as at 31 December 2023, the value of property, plant and equipment as at 01 January 2023 was Rs. 195,221.42 million. However, the opening balance as at 01 January 2023 in the Monthly Summary of Non-Financial Assets Accounts (SA 80) printed by the Treasury was Rs. 200,118.27 million. Accordingly, a difference of Rs. 4,896.85 million was observed.

(aa) According to the 2022 Cumulative Non-Financial Assets Account Report (SA 82), the value of non-financial assets as at 31 December 2022 was Rs. 200,118.27 million, while in the same report prepared for the year 2023, the value as at 01 January 2023 was Rs. 195,221.42 million. Accordingly, a difference of Rs. 4,896.85 million was observed and the reasons for this difference were not explained.

(ab) According to the Statement of Expenditure by Programme (ACA 2(i) Form) for the year 2023 and Treasury Printed Notes SA 10, the cost of acquiring capital assets in the year 2023 was Rs. 11,605.50 million, but according to the Treasury's Cumulative Non-Financial Assets Account Report (SA 82), the same value was Rs. 3,698.37 million, thus the cost of the assets was understated by Rs. 7,907.13 million.

(ac) According to the financial statements, the value of non-financial assets as at 31 December 2023 was Rs. 204,292.96 million, but according to the computer soft copies of the information on non-financial assets of the Ministry of Health and 63 institutions under it as at 31 December 2023, the value of those assets was stated as Rs. 215,870.86 million. Accordingly, a difference of Rs. 11,577.90 million was observed.

(ad) Although, a 3-storey surgical ward complex under the provisions of the University of Peradeniya, and a renal treatment unit had been constructed in the Peradeniya Hospital premises after 2018, the value of these buildings had not been identified and accounted for.

(ae) Although 3764 number of 6800-liter empty oxygen cylinders at a cost of Rs. 173.13 million were purchased and provided to hospitals in 2022 through the financial provisions of the Third Additional Financing Project for Covid-19 Emergency Response and Health System Preparedness, the cost of those assets had not been accounted for under the non-financial assets of the Ministry.

1.6.2 Impreset Balance

The advance balance of Rs. 362,702 belonging to the Teaching Hospital - Batticaloa, which was carried forward without being settled since the year 1997, had been transferred to the Advance Account as an outstanding advance balance in the year 2021 and that balance had not been settled in the year under review.

1.6.3 Lack of Evidence for Audit

(a) Regarding non-financial assets with a total cost of Rs. 276,180.75 million—specifically concerning the amount of Rs. 9,673.61 million adjusted against the asset balance as of 31 December of the previous year—the detailed schedules, physical verification reports, and asset information generated by the CIGAS system, it was not possible to satisfactorily verify the values amounting to Rs. 21,808.16 million recorded as asset acquisitions, as well as asset disposals worth Rs. 5,818.22 million and asset transfers worth Rs. 1,158.08 million during the year under review, because the relevant detailed schedules were not submitted. Files concerning property and vehicle loans, involving outstanding dues totaling Rs. 13.85 million owed by 68 officers who had been transferred, interdicted, vacated their posts, or retired, were not submitted for audit. Furthermore, it was not possible to properly audit the relevant areas because, as of 10 April, 2025, information had either not been provided or was incomplete in response to 37 requests for information regarding various matters. In some instances, more than 38 months had passed since the requests for information were issued.

(b) Regarding the project "Health Assessment Program for Resident Visa Applicants to Sri Lanka", initiated under the Memorandum of Understanding signed on 04 May 2018 between the Secretary to the Ministry of Health, Nutrition and Indigenous Medicine (on behalf of the Government of Sri Lanka) and the International Organization for Migration (Mission in Sri Lanka), the following information had not been submitted for audit as of the date of this report.

(i) Information regarding the cooperation agreement signed between the Government of Sri Lanka and the International Organization for Migration (IOM) in June 2001; the Cabinet memoranda and Cabinet approvals obtained to amend the Memorandum of Understanding (MoU) signed on 04 May, 2018; and whether joint assessments required to be conducted by the Ministry of Health in coordination with the IOM under Clause 2(l) of the MoU, have been carried out, along with certified copies of such assessment reports, if applicable.

(ii) Clause 3(d) of the Memorandum of Understanding stipulates that the capacity of the Ministry of Health must be built—through training and consultancy—to implement the technical and operational aspects of the program. Accordingly, details regarding the activities carried out from 2018 to March 2026.

(iii) Details regarding all health staff deployed under this programme from the year 2018 up to March 2026, including their names and designations, registration numbers with the Sri Lanka Medical Council or the Sri Lanka Nursing Council, and the period of service.

(iv) Clause 3(h) of the Memorandum of Understanding stipulates the requirement to assist the Ministry of Health in establishing a permanent coordination center and building the capacity of its appointed staff. Accordingly, details regarding the activities carried out from 2018 to March 2026.

(v) As per clause 3(i) of the MoU, this work shall be assigned to the Ministry of Health based on the joint assessment conducted on this programme. In this regard, whether the joint assessment has been conducted and if so, certified copies of the assessment reports, whether the costs incurred by IOM for the implementation of this programme have been identified and if so, written reports on the same, Does the Ministry possess information regarding the revenue generated by the program and the government, as well as the operational expenses incurred during the program's implementation from 2018 to March 2026? If so, what is that information? Furthermore, does the Ministry possess sufficient information to determine whether the costs incurred by the IOM for implementing the program have been covered? If so, what is that information?

(vi) Whether the service fees have been revised from the year 2018 to March 2026 and if no such revision of fees has been made, what are the reasons for this, the currency in which the service fee is charged by the program, the amount paid to the government from the service fee charged by the program, the currency in which it is paid, Information regarding the basis for determining the exchange rate when the currency used to collect service fees differs from the currency in which the government's share is paid, and the reasons why the government's share of the service fee was not collected in US dollars despite the country facing a foreign exchange crisis.

(vii) Information regarding the approvals received for the 'Sri Lanka Inbound Health Assessment Program Technical Instructions' prepared in 2019 in connection with this program, and the document revised in 2024.

(viii) Whether a response has been received to the letter sent by the Minister of Health and Mass Media to the International Organization for Migration (Mission in Sri Lanka) on 11 December 2025, under the subject "Request for Most Recent Programme Statistics," and, if so, a certified copy thereof.

(ix) This task, which was to be implemented by the Government of Sri Lanka, was assigned to an external party in 2018 through a Memorandum of Understanding (MoU). Under the MoU, the program was to be handed over to the Ministry of Health once the entity had recovered the costs it incurred. However, the program

has continued to operate without being transferred to the government for a period of approximately 8 years. It was observed that, as a result, the government has lost out on a significant amount of potential foreign exchange earnings.

1.6.4 No maintained documents and books

In accordance with Financial Regulation 110(1) of the Financial Regulations of the Democratic Socialist Republic of Sri Lanka, the Ministry of Health and Mass Media, the Family Health Bureau, the Anti-Malaria Campaign, and the National Blood Transfusion Service had not maintained a register of damages and losses.

2. Report on other legal requirements

In terms of Section 6 (1) (d) of the National Audit Act No 19 of 2018, I declare the followings matters.

(a) That the financial statements presented correspond to the previous year.

(b) The following recommendations made by me regarding the financial statements of the previous year had not been implemented.

Paragraph reference to the previous year report	The recommendation not implemented	Paragraph reference of this report
1.6.1 (a)(i)	These errors should be rectified and financial statements prepared for the year 2025 and submitted.	1.6.1 (o)
1.6.1 (a)(ii)	These errors should be rectified and financial statements prepared for the year 2025 and submitted.	1.6.1 (p)
1.6.1 (a)(iii)	These errors should be rectified and financial statements prepared for the year 2025 and submitted.	1.6.1 (q)
1.6.1 (a)(iv)	Seek reasons for the differences and make necessary changes and correct financial statements should be prepared for the year 2025 and presented.	1.6.1 (r)
1.6.1 (a)(v)	Seek reasons for the differences and make necessary changes and correct financial statements	1.6.1 (s)

	should be prepared for the year 2025 and presented.	
1.6.1 (a)(vi)	Seek reasons for the differences and make necessary changes and correct financial statements should be prepared for the year 2025 and presented.	1.6.1 (t)
1.6.1 (a)(viii)	Written evidence confirming that all assets acquired under projects have been accounted for should be immediately submitted to the audit.	1.6.1 (u)
1.6.1 (a)(ix)	Seek reasons for the differences and make necessary changes and correct financial statements should be prepared for the year 2025 and presented.	1.6.1 (v)
1.6.1 (a)(x)	Seek reasons for the differences and make necessary changes and correct financial statements should be prepared for the year 2025 and presented.	1.6.1 (w)
1.6.1 (a)(xiv)	All institutions must provide the requested information and make the necessary adjustments in the financial statements regarding disposed assets. Furthermore, upon receipt of the reports from the Boards of Survey, action must be taken in accordance with Financial Regulation 757(2) regarding any discrepancies, deficiencies, or losses.	1.6.1 (x)
1.6.1 (a)(xv)	Action should be taken to account for all donations properly.	1.6.1 (y)
1.6.1 (a)(xvi)	Reasons for discrepancies should be investigated and necessary adjustments should be made.	1.6.1 (z)
1.6.1 (a)(xvii)	Reasons for discrepancies should be investigated and necessary adjustments should be made.	1.6.1 (aa)
1.6.1 (a)(xviii)	Reasons for discrepancies should be investigated and necessary adjustments should be made.	1.6.1 (ab)
1.6.1 (a)(xix)	Reasons for discrepancies should be investigated and necessary adjustments should be made.	1.6.1 (ac)
1.6.1 (a)(xx)	The assets should be valued and action should be taken to account for.	1.6.1 (ad)
1.6.1 (a)(xxv)	Written evidence confirming that all assets acquired under projects have been accounted for should be promptly submitted to the audit.	1.6.1 (ac)

3. Financial Review

3.1 Revenue (Income) Management

(a) Revenue generated from the tax on teledramas, films, and commercial programs in 2024 was Rs. 121.4 million and it was Rs. 94.15 million in 2025, resulting a 22.4 percent decrease compared to 2024.

(b) A sum of Rs. 20 million due from two private entities had been outstanding for a period ranging from 12 to 19 years, and no action had been taken to recover it even by 31 March 2026.

(c) Although, in accordance with Cabinet Decision No. 12/1037/37/019-1 dated 13 August 2012, news websites are required to be registered and have their registrations renewed annually with the Ministry of Mass Media, revenue amounting to Rs. 190,000 was lost due to the non-renewal of registrations for 19 websites in the year 2024, and a further Rs. 300,000 was lost for the year under review.

(d) While 30 new websites were registered in 2024, only 16 were registered during the year under review. This represents a decline in registrations of nearly 50 percent; it was observed that this was caused by delays in obtaining the necessary clearances from the Ministry of Defense, with 24 websites facing such delays. Consequently, a loss of direct revenue amounting to Rs. 240,000 was noted for the year under review.

3.2 Expenditure Management

The accurate and realistic estimates for the year under review had not been prepared as per the Financial Regulation 50. The details are given below:

(a) The total provision of Rs. 748.50 million for 18 capital expenditure codes provided under annual budget estimate of the year under review had been transferred to other expenditure codes through the Financial Regulations 66 and 69.

(b) 50 percent to 99 percent of the total allocation of Rs. 6,213.50 million that was made for 20 capital expenditure codes had been transferred to other expenditure codes by the Financial Regulations 66 and 69. Furthermore, preliminary estimate of Rs. 1,266.50 million provided for 13 capital expenditure codes had been increased through transferred by financial regulation 66 from 113 percent to 996 percent as total of Rs. 3,027.232 million.

(c) The total basic provision of Rs. 11,286.40 million for 56 expenditure codes including 9 recurrent expenditure codes and 47 capital expenditure codes, was remained.

(d) After transferred Rs. 1,495.15 million to other expenditure codes from the basic provision of Rs. 28,470.60 million allocated for 46 capital expenditure codes and 47 re-current expenditure codes, remained total net provision was Rs. 26,975.45 million. Out of this net provision, Rs19,944.84 million was not utilized. The percentage of remaining provision out of net provision was between 50 – 99 percent.

(e) From the additional allocations of Rs. 1,088.00 million made through financial regulation 66 for total of 3 capital expenditure codes, Rs. 750.19 million had been remained and the percentage of those savings was ranged 56 percent and 69 percent of the additional allocation.

3.3 Incurring of Liabilities and Commitments

According to Format (iii) of the notes to the financial statements submitted for audit by the Ministry of Health and Mass Media under Expenditure Head No. 111 (the Report on Accumulated Commitments and Liabilities – SA 92, issued by the Treasury), the balance of commitments as of 31 December 2025 was Rs. 5,196.79 million, and the balance of liabilities was Rs. 5,027.46 million. An audit examination regarding this matter revealed the following observations.

(a) Non-compliance with Financial Regulation 94 (i), institutions under the Ministry incurred liabilities amounting to Rs. 127.48 million in excess of the available provisions for 08 expenditure items under the operational programme, and liabilities amounting to Rs. 92.76 million in excess of the available provisions for 08 items under the development programme. Consequently, total liabilities incurred exceeded the provisions by Rs. 220.24 million.

(b) Liabilities totaling Rs. 51.35 million were reported against 21 expenditure items under operational and development programs items that were neither included in the annual budget estimates nor newly created. The audit could not ascertain the amount of provisions allocated for these expenditure items or whether the liabilities incurred had exceeded such allocations.

(c) The following matters were observed during the detailed examination of obligations and liabilities:

(i) According to the Statement of Liabilities presented alongside the Ministry's financial statements for the year under review, the liability to the State Pharmaceuticals Corporation for medical supplies obtained was

Rs. 320.91 million; however, according to that Corporation's financial statements for the same year, the amount receivable from the Medical Supplies Division was Rs. 39,022.80 million, resulting in an observed discrepancy of Rs. 38,701.89 million. Furthermore, according to the balance confirmation letter issued by the Medical Supplies Division to the State Pharmaceuticals Corporation, that value was Rs. 24,187.95 million.

(ii) Although a balance of Rs. 5.28 million received from the Ministry was recorded in the financial statements of Sri Lanka Thriposha Limited for the year under review, this amount was not reflected under liabilities in the Ministry's financial statements for the year ended 31 December 2025.

(iii) Although a sum of Rs. 3,600.28 million was payable to various institutions by 31 December 2025 for medical equipment procured for the Biomedical Engineering Division, this amount was not reflected in the Ministry's financial statements.

(iv) Although the Ministry of Health and Mass Media reported a liability of Rs. 31.27 million payable to the Ceylon Petroleum Corporation in its financial statements as of 31 December 2025, the Corporation's financial statements recorded the amount receivable from the Ministry as Rs. 39.38 million. Consequently, a discrepancy of Rs. 8.11 million was observed.

3.4 Certificates to be made by the Chief Accounting Officer

Although, in terms of the provisions of section 38 of the National Audit Act No. 19 of 2018, the Chief Accounting Officer and Accounting Officer are required to ensure that all audit queries are answered within the prescribed time period as required by the Auditor General, but as per Chapter 4.7 of the report, responses to audit queries had not been provided.

3.5 Non-compliance with laws, rules and regulations

(a) Public Administration Circulars	
(i) Paragraph 03(3) of Public Administration Circular No. 19/89 dated 23 March 1989	Audit observations revealed that approving and paying for overtime work performed by office staff of the Ministry of Health and its subordinate hospitals, institutions, and divisions prior to 8:30 a.m. is unlawful—given that audit findings had previously pointed out that such overtime cannot be

	approved and that any deviation due to special circumstances requires obtaining formal approval—and that this practice creates opportunities for financial irregularities. Furthermore, the audit observed that, given the absence of a system where health service employees record their arrival and departure times via fingerprint machines as mandated by the government, the approval of overtime work for office staff starting from 6:00 a.m.—without formal verification of their actual attendance times—fails to provide assurance that the vital functions entrusted to the health service are being carried out efficiently.
(ii) Public Administration Circular No. 27/91 dated 07 August 1991	All officers who are entitled to receive uniforms or uniform allowances, or who receive a uniform tailoring allowance, are required to wear the uniform while on duty; and the value of the uniforms issued to and the tailoring fees paid to, any officer who fails to do so must be recovered. Although it was stipulated that this offense should be treated as one falling under Schedule 'A'—in accordance with the provisions of Chapter XLVIII, Paragraph 16 of the Establishments Code—an audit revealed that 379 Office Support Assistants and Health Service Assistants of the Ministry of Health, who were entitled to uniform allowances, did not actually wear uniforms while on duty, despite having been paid a total of Rs. 7.05 million in March 2025.
(iii) Public Administration Circular No. 26/92 dated 19 August 1992	Although government vehicles are required to display the state emblem, 128 out of the 180 vehicles in the ministry's pool—representing 71 percent—did not bear the emblem. Nevertheless, 200 stickers featuring the state emblem were printed in 2024 at a cost of Rs. 26,400.

	(iv) Clause 3.1 of the Public Administration Circular No. 30/2016 dated 29 December 2016	Fuel inspections had not been conducted regarding 07 vehicles belonging to the District General Hospital – Kegalle and for vehicles associated with the Anti-Malaria Campaign, the Medical Research Institute, the National Blood Transfusion Service, the Family Health Bureau, and also 12 pool vehicles of the Media Division.
(b)	Circulars of the Ministry of Health and Indigenous Medicine	
	(i) Sub-clause 11.8 of General Circular No. 01-21/2015 dated 28 May 2015	Although the contractor was required to supply raw food ingredients for the lunch service before 8.00 a.m., and for the dinner and following day's breakfast services before 2.00 p.m., records regarding the receipt of raw food ingredients at Teaching Hospital - Kalutara revealed that on many days during the year under review, the supply of raw ingredients for lunch took place after 9.00 a.m., while the supply for dinner and the following day's breakfast occurred after 2.00 p.m. Due to this situation, cooked meals were distributed late to inpatients; consequently, food become wasted as the patients had already obtained food through other means by that time.
	(ii) Sub-clause 12.14 of General Circular No. 01-21/2015 dated 28 May 2015	Although accepting substitutes for ordered food items should not be standard practice, the District General Hospital - Hambantota received substitute food items, different from what was originally ordered, in 57 out of the 78 instances where food was ordered between 01 January and 30 May 2025; this represents a high rate of 73 percent of the total orders.
(c)	Circular No. 02-55/2024 dated 02 April 2024 of Secretary to the Ministry	Payments amounting to Rs. 334,800 were made as uniform allowances to 18 individuals holding positions that did not

of Health	entitle them to such allowances.

3.6 Informal Transactions

(a) The following matters were observed during the examination of the personal file of a Medical Officer attached to the Castle Street Hospital for Women.

(i) On two occasions, the Medical Officer remained abroad without authorization for a total of 13 days beyond the approved period of foreign leave. Furthermore, according to information obtained from the Department of Immigration and Emigration, the officer had left the country on 08 September 2006, and remained abroad until 08 October 2006; however, no formal approval for this period of foreign leave was found in the officer's personal file submitted for audit.

(ii) Paid leave had been approved for the Medical Officer to travel abroad for a period of six months, from 01 June 2007, to 30 November 2007. The following observations were made in this regard.

- Although the hospital's record of overseas travel indicated that he was going abroad, he had not actually left the country during that period. Furthermore, as the record of overseas travel for the year 2007—maintained by the Office of the Director General of Health Services at the Ministry—was not submitted for audit, it could not be verified whether his departure had been recorded therein.

- Although the Medical Officer had not left the country, he failed to report for duty; furthermore, the question of whether his submission of a letter on 07 December 2007, to cancel his foreign leave was a deliberate act, given that he had been hospitalized since 10 October 2007, due to an accident sustained while remaining in the country without having previously cancelled said leave, became a matter of dispute. It was also observed that the officer failed to submit acceptable written evidence to support the claim for compensation, which was based on the assertion that the accident occurred while he was on official leave on 23 March 2010.

- Medical boards had approved medical leave for this officer for a period of 21 months, and a medical board on 01 February 2010, recommended that he was fit to resume service on light duties. The medical board granted approval for his reinstatement and for the regularization of the leave taken from the date of the accident up to the present (the specific date is not clearly stated).

- Based on these recommendations, he was attached to the Castle Street Hospital for Women via a letter dated 16 February 2010. However, the hospital director sent a letter to the Ministry of Health on 17 February 2010, refusing to utilize the officer's services and stating that there were no suitable light duties available for him at the hospital; furthermore, the information contained in his personal file did not specify the exact date on which he reported for duty.

- Although a recommendation was made to take disciplinary action based on findings from a preliminary investigation conducted on 26 January 2011, the Public Service Commission issued an order of vacation of post on 28 June 2011, because the officer had failed to report for duty without any notification since 23 February 2011. However, pursuant to an appeal submitted by the Medical Officer and a notification issued by the Public Service Commission on 19 July 2012, he was reinstated in service effective 16 January 2013, through an undated letter issued by the Director General of Health Services in September 2012.

- A letter dated 10 October 2024, addressed to the Director of the hospital where the he served, stated that the application submitted by the Medical Officer on 23 March 2010, to claim Agrahara insurance benefits had not been forwarded to the National Insurance Trust Fund. However, information regarding this matter was not included in the file submitted for audit.

(iii) Information regarding the implementation of recommendations—concerning both the officer in question and the responsible officers—made following the examination of a written representation submitted by the officer (as detailed in the Internal Auditor’s report No. FIB/02/2025 dated 26 May 2025) was not submitted for audit.

(b) The need to take disciplinary action against the medical officer in accordance with Section 8 of Chapter XLVII of Part Two of the Institutions Code of the Democratic Socialist Republic of Sri Lanka, regarding the 29 instances of a medical officer who was questioned by the audit, going abroad without formal approval, and A recommendation was made to retire the officer, disregarding the audit's observation that steps should not be taken to formally retire her until the relevant disciplinary proceedings were concluded. Furthermore, the progress regarding the implementation of recommendations made by the Ministry’s Audit and Management Committee on 22 August 2025, was not reported to the audit; additionally, although a request was made to submit certified copies of the

officer's diaries covering the periods associated with the 29 foreign visits cited in the audit query, that information was also not provided for audit purposes.

(c) Written evidence regarding the recovery of Rs. 895,008, representing salaries and allowances paid to a medical officer who had not performed any duties, was not submitted for audit; furthermore, the formal letter of appointment issued to the officer was missing from the personal file presented for audit. Although it was reported to the audit that a program was being formulated to raise awareness among all hospitals and institutions to prevent such situations, the details of that program were not disclosed to the audit.

(d) Investigations conducted regarding the cab bearing registration number PB-6544 which was registered in the name of the Director General of Health Services and sent to a private vehicle repair facility without proper authorization on 15 February 2016, only to be left to deteriorate at that facility for over seven years did not recommend a mechanism to recover the loss incurred by the vehicle. Furthermore, the matters outlined in paragraph (c) of the audit query dated 13 October 2023 were not examined during this investigation. Although the overall responsibility had been assigned to an officer who had served on a contract basis and was no longer in service, no recommendation was made to take action against that officer under the prevailing general law of the country to recover the loss incurred by the government. The investigation failed to identify the cause of the vehicle's breakdown, whether the trip being undertaken at the time was an official one, or the identities of the officers traveling in the vehicle at that moment. Consequently, this investigation was incomplete and lacked proper procedure. Furthermore, no steps were taken to have a mechanical engineer inspect the vehicle brought from the garage and issue a report confirming that all its components were intact.

(e) A sum of Rs. 943,286, pertaining to a salary deduction cheque dated 24 November 2023 that had not been presented to the bank, remained held in the General Deposit Account until the audit date of 10 November 2025; meanwhile, a replacement cheque for the same payment had already been issued on 02 January 2024. Consequently, the processing of salary deductions and the making of payments via cheque at the District General Hospital - Matale were conducted in a highly irregular manner.

(f) In accordance with Health Secretary’s Circular No. 02/41/2009 regarding patient deposits and daily charges for paying wards, the deposit and daily charge were stipulated as Rs. 3,000 and Rs. 200 respectively for first-class ward patients, and Rs. 2,000 and Rs. 175 respectively for second-class ward patients. The National Institute of Mental Health charges first-class rates for male patient wards and second-class rates for female patient wards; however, as there is no distinction

between these two wards in terms of class, the audit observed no justification for the difference in pricing.

(g) Through Ministry of Health Circular No. 01–41/2017 dated 24 July 2017, a new amended circular was issued—effective from 24 July 2017—revoking all previously issued circulars regarding the charges for services provided to patients in paying wards. Although the National Institute of Mental Health has acted in accordance with the relevant circular regarding patient examination fees, it continues to charge deposit fees based on the old circular (02/41/2009). Consequently, the hospital lost a total of Rs. 579,000 in deposit fees between July 2017 and 15 August 2025.

(h) Seventeen medical laboratory technicians serve across four medical laboratories at Teaching Hospital - Kuliyapitiya; one laboratory remains open for medical tests during the night (on-call), with a single medical laboratory technician performing the on-call duties on a daily basis. During the seven-day period from 02 June 2025, to 08 June, 2025, a total of 3,938 laboratory tests were conducted for patients across 14 wards; of these, 2,794 were performed during night/on-call duty and 1,144 during day duty. When viewed as a percentage of the total tests performed, 29% were conducted during standard daytime hours while 71% were carried out during on-call duty; consequently, the low volume of laboratory tests performed during the day became a matter of contention.

(i) Regarding 15 selected types of tests performed during May 2025 using the ERBA XL 640 Biochemistry Analyzer installed at the Teaching Hospital - Kuliyapitiya laboratory, the number of tests recorded in laboratory technical reports was 20,070, whereas the number of tests based on data obtained from the ERBA XL 640 equipment was 22,841. This ERBA machine performed 2,771 tests in excess of the quantities recorded in the laboratory technical reports. The cost of the reagents alone for these 2,771 tests—conducted without medical authorization—amounted to Rs. 174,264. As these tests were carried out without adhering to the approved procedure, this expenditure became an unproductive financial burden on the government.

(j) Following a request by the Government Medical Officers' Association and an order from the Chairman of the Committee on Public Accounts, the cafeteria reserved exclusively for medical officers at the National Hospital - Kandy was leased to the Medical Officers' Welfare Association for the years 2025/2026—bypassing the standard bidding procedure and subject to certain conditions—via a letter from the Committee Secretary dated 09 August 2024; this arrangement resulted in an annual loss of at least Rs. 1,338,000 to the government, and, in violation of Paragraph IV of the said letter, the Welfare Association subleased the cafeteria to a private entity.

(k) The newspaper stall, which had been operated at National Hospital - Kandy since 1996, was transferred by its operator to another individual in 2013 without the permission of the hospital authorities. From 2019 onwards, the stall was allocated to the Hospital Welfare Society at an assessed rental rate—bypassing standard procurement procedures—and the Welfare Society subsequently subleased it to a private sector entity. This resulted in a minimum annual loss of Rs. 434,400 to the government.

(l) Overtime allowances were incorrectly calculated and paid to a retired Medical Superintendent at the Kalmunai Ashraff Memorial Hospital at a rate exceeding that prescribed by the relevant ministry circulars; consequently, an overpayment amounting to Rs. 2,761,860 had been made up to August 2025.

(m) Due to the fact that no trainees had been recruited to the Medical Laboratory Technologist Training School which is administered by the National Institute of Health Sciences, Kalutara, after 05 February 2020, and that the academic and examination activities of the trainees recruited in 2020 had concluded in February 2023, the services of five officers holding the post of Medical Laboratory Technologist attached to the school had remained underutilized for a period exceeding three years. Under these circumstances, a sum of Rs. 568,610 was paid as holiday wages to these officers for reporting for duty on Saturdays during the period from January 2024 to October 2025. Furthermore, although no trainees had been recruited to this training school since 2023—meaning the five officers attached to the school did not directly contribute to teaching activities, a total sum of Rs. 3,600,000, calculated at the rate of Rs. 20,000 per month, was paid to those officers as teaching allowances for the period spanning from February 2023 to the end of December 2025.

(n) Public Circular No. 02/19/2009 dated 27 March 2009, was issued without obtaining Cabinet approval regarding the duty hours of nursing staff, their deployment for additional shifts and duties on weekly rest days, and the associated payments. After this circular had been in operation for over two years without formal approval, the Minister of Health submitted a Cabinet memorandum on 05 April 2011, seeking covering Cabinet approval for it. Cabinet approval to implement the circular, subject to amendments, was granted on 14 September 2011. Accordingly, although the Secretary to the Ministry of Health had issued General Circular No. 02/19/2009(1) on 02 January 2012, the circular was temporarily suspended pending a future decision via a letter dated 13 January 2012 and Reference No. 01(11)/16/20. Consequently, additional allowances were paid to nursing staff without formal approval for a period of approximately 17 years, spanning from 01 April 2009, to 31 December 2025. Nursing unions have continuously expressed their opposition regarding the implementation of the circular issued with amendments to the general circular, and have requested the removal of Clause 4(x) and sought authorization for nursing officers who serve in

accordance with the duty schedule to receive additional allowances in the same manner as other nursing officers. Accordingly, a special committee has been appointed to examine the handling of that request and to provide recommendations for addressing the shortcomings in the general circular, and this committee will take the necessary steps to provide solutions to the relevant issues in the future. It was observed that, despite the Ministry Secretary having provided a response to the 2020 Auditor General's Report, responsible officials have continued to act without any formal approval and in contravention of Cabinet approval.

(o) A tripartite agreement among the Ministry of Health, the Central Environmental Authority, and a private company regarding the disposal of clinical waste in the health sector was in effect from 2014 until 31 December of the year under review. It was observed that although government hospitals and institutions had paid the company for the packaging required for the segregation and storage of clinical waste, the said packaging had not been supplied; instead, the hospitals and institutions had purchased the necessary packaging from external parties. Although the price paid to the company per kilogram of waste was revised from time to time, to Rs. 67, Rs. 103, and Rs. 260, starting from 25 April 2014, these unit prices had not been determined and approved through a formal price analysis. Action had not been taken to calculate and recover from the relevant private company the total expenditure incurred by hospitals and other health institutions on packaging since 2014, due to the company's failure to supply the packaging as stipulated in the agreement, nor had this recovery been verified by audit; furthermore, as of the date of this report, the responsible officials had failed to prepare and approve a formal price analysis to determine the unit price.

(p) Thirty items of medical supplies were procured through the State Pharmaceuticals Corporation of Sri Lanka during the years 2022 and 2023, utilizing funds from the COVID-19 Emergency Response and Health Systems Preparedness Project and its second additional financing project. Although the project had directly paid Rs. 7,660.10 million to suppliers across 30 instances in 2022—meaning the State Pharmaceuticals Corporation should have charged the Medical Supplies Division only the service fee of Rs. 872.53 million (after deducting the supplier payment value)—it instead submitted a debit note amounting to Rs. 8,935.27 million to the Medical Supplies Division for settlement. In 2023, the Medical Supplies Division settled a sum of Rs. 8,252.00 million to the State Pharmaceuticals Corporation using local funds, following deductions totaling Rs. 683.26 million for issues such as quality failures and the imposition of surcharges. Furthermore, although payments were made to suppliers based on the amounts stated in the pro forma invoices for these medical supplies, an overpayment of Rs. 28.16 million occurred because 122,282 units across five items were not actually delivered to the Medical Supplies Division.

3.7 Issuance and settlement of ad hoc imprests

(a) The settlement of task advances amounting to Rs. 1,965,115, obtained by the Ministry on 37 occasions during the year under review, was delayed by periods ranging from 11 to 50 days following the submission of bills upon completion of the tasks.

(b) There were delays ranging from 21 to 43 days in settling advances amounting to Rs. 892,690, relating to 09 instances at the Family Health Bureau during the year under review.

(c) The following matters were observed regarding the reconciliation statement of the Government Officers' Advance 'B' Account submitted for the year ended 31 December 2025.

(i) Upon comparing the loan balances of officers in service as of 31 December 2025 with their loan balances as of 31 December 2024, the following matters were observed.

- It was observed that loan balances outstanding as of 31 December 2024, in respect of 450 officers had not been recovered during the year 2025. Consequently, the audit could not rule out the doubt as to whether these individuals were indeed officers currently in service.
- Although Section 10.5 of Chapter XXIV of the Establishment Code of the Democratic Socialist Republic of Sri Lanka stipulates that, for disaster loans exceeding two months' consolidated salary but not exceeding three months' consolidated salary, a minimum of 10 percent of the consolidated salary must be recovered monthly, the audit identified issues regarding the loan amounts recovered during the year under review against the outstanding disaster loan balances of 1,470 officers as of the end of 2024.
- In respect of 162 officers, the disaster loan balance and the total loan balance as of 31 December 2025 had increased to unacceptable levels.

(ii) It was observed that the National Identity Card numbers recorded for 534 loan balances, amounting to Rs. 87.33 million and included in the loan balances of officers in service as of 31 December 2025 as shown in Table 3.1, were incorrect.

(iii) Upon examination of the National Identity Card numbers associated with 120 loan balances, totaling Rs. 18.10 million, outstanding from officers in service as of 31 December 2025, it was observed that two officers were listed under the same National Identity Card number.

(iv) Upon examination of the National Identity Card numbers of the officers associated with 35 loan balances, totaling Rs. 4.20 million that were due from officers in service as of 31 December 2025, it was observed that those officers could not have been in service on that date.

(v) Regarding loan balances recoverable from officers in service as of 31 December 2025, two separate entries were recorded for each of the 34 loan balances, totaling Rs. 3.99 million. Some of these balances were listed under a single institution, while others were listed under two institutions.

(vi) According to Annex 3 of the reconciliation statement, the outstanding balance receivable from officers who had transferred to other government ministries/departments across 63 institutions amounted to Rs. 53.83 million. In accordance with Budget Circular No. 118 dated 11 October, 2004, if an outstanding loan balance was not settled within two months of an officer's transfer, the department that effected the transfer was required upon verifying the officer's employment at their new department and notifying that department in writing, to recover the outstanding balance via the monthly account summary during the third month, and to ensure that the balance was no longer reflected in the accounts after the three-month period. However, action regarding the outstanding balances was not taken in accordance with the aforementioned circular. It was also observed that the provisions of sections 1:6 and 1:7 of Chapter XXIV of the Establishments Code had not been complied with. Of these outstanding balances, Rs. 39.26 million represented debts that were more than five years old, accounting for approximately 73 percent of the total outstanding balances owed by transferred officers. Among the remaining balances, Rs. 7.25 million represented debts that were more than three months overdue. Accordingly, the audit revealed that Rs. 46.51 million or 86 percent of the total outstanding debtor balance arose due to the negligence of officials.

(vii) Regarding the outstanding loan balances due from officers transferred to the Ministry of Health and its affiliated institutions, as listed in Schedule 3.2.2 of the reconciliation statement, the designations of the transferred officers were not indicated for 21 debtor balances totaling Rs. 977,710, while the National Identity Card numbers of the officers concerned were not provided for 148 debtor balances amounting to Rs. 10.71 million.

(viii) In accordance with Schedule 3.3, the institutions to which the officers from whom outstanding loan balances totaling Rs. 1.60 million comprising 13 balances were due, had been transferred were not specified.

(ix) The designations of the officers concerned were not stated for 43 debtor balances amounting to Rs. 1.42 million, as shown in Schedule No. 3.3.

Furthermore, the National Identity Card numbers of the officers concerned were not provided for 439 debtor balances amounting to Rs. 27.41 million.

(x) The Provincial Council institution from which the officers associated with the 55 debtor balances amounting to Rs. 1.39 million and had transferred, as shown in Schedule No. 3.3, was not specifically identified.

(xi) The six debtor balances, amounting to Rs. 512,405 as shown in Schedule No. 3.3, represented amounts due from officers who had been transferred to institutions under the Ministry of Health.

(xii) The debtor balance of Rs. 10.89 million as of 31 December 2025, included in Schedule No. 3.2.2, consisted of amounts due from officers who had transferred to hospitals and other health institutions under the Ministry of Health; this matter was brought to your attention through Auditor General's reports covering the years 2019 to 2024. Although it was recommended to examine and settle these debtor balances, given that debtor and creditor balances cannot exist between institutions falling under the same expenditure head, no action had been taken to identify them by 31 December 2025. Consequently, the audit could not rule out the suspicion that these balances had been erroneously included to balance the reconciliation statements.

(xiii) The outstanding loan balance due as of 31 December 2025 from 184 officers placed under interdiction was Rs. 9.52 million; of this amount, Rs. 7.49 million or 78 percent represented balances outstanding for more than five years, while Rs. 9.46 million or 99 percent, represented balances outstanding for more than one year.

(xiv) The designations of four officers under interdiction were not stated in relation to loan balances totaling Rs. 139,184, and the National Identity Card numbers of 94 officers with loan balances totaling Rs. 6.39 million, were not recorded.

(xv) Outstanding loan balances totaling Rs. 43.22 million were due from 1,087 officers who had vacated their posts; of this amount, Rs. 12.53 million or 29 percent represented balances outstanding for more than five years, while Rs. 33.67 million or 78 percent represented balances outstanding for more than one year. This balance continues to increase year by year, and the audit could not be satisfied that adequate measures had been taken regarding debt recovery.

(xvi) The designations of 27 officers who had vacated their posts,mounting to a total of Rs. 719,823 were not recorded, and the National Identity Card numbers of 269 officers, amounting to a total of Rs. 7.58 million were not recorded.

(xvii) The total amount of loans recoverable from 294 retired officers was Rs. 22.16 million; of this, Rs. 7.02 million or 32 percent represented loan balances outstanding for more than one year.

(xviii) The designations of four retired officers involving a total sum of Rs. 389,407 were not stated, and the National Identity Card numbers of 18 officers, involving a total sum of Rs. 705,007 were not recorded.

(xix) The total loan amount outstanding from deceased officers as of 31 December 2025 stood at Rs. 8.60 million; of this, the outstanding balance attributable to 107 officers amounted to Rs. 1.84 million or 21 percent of the total, representing loan balances that were more than five years old. Furthermore, Rs. 4.76 million or 55 percent of this outstanding debt consisted of balances that had been pending for more than one year.

(xx) The National Identity Card numbers of the officers concerned were not recorded against outstanding loan balances amounting to Rs. 432,305 due from 11 deceased officers.

3.8 Deposits

(a) As of 31 December 2025, there was a net difference of Rs. 16.79 million between the deposit account summary according to the CIGAS system and the individual account summary records of the Ministry of Health and Mass Media.

(b) In accordance with Financial Regulation 571(3), no action had been taken to settle or credit to government revenue deposit balances amounting to Rs. 1,089.38 million, relating to 31 institutions under the Ministry, which had remained outstanding for more than two years.

(c) Upon examination of the schedules relating to the Ministry's General Deposit Account, it was observed that cheques valued at Rs. 3.93 million, pertaining to Teaching Hospital - Mahamodara, Colombo South Teaching Hospital, General Hospital - Nuwara Eliya and District General Hospital - Monaragala had been retained in the General Deposit Account without action being taken in accordance with Financial Regulation 396, despite the fact that more than six months had elapsed since their issuance and they had not been presented for payment.

4 Operational Reviews

4.1 Performance

4.1.1 Non-performing the activities

(a) Although a sum of Rs. 13,325 million was allocated under the annual budget provisions for the purchase of medical equipment for the year under review, no procurement planning was undertaken regarding the provision of Rs. 705.97 million, as the Biomedical Engineering Division had prepared a procurement plan covering purchases amounting to only Rs. 12,619.03 million out of the allocated funds.

(b) Out of the sum of Rs. 4,665.67 million allocated for the settlement of outstanding bills of the Biomedical Engineering Division as of 01 January 2025, an amount of Rs. 2,661.87 million remained unsettled during the year under review. It was also observed that the settlement of certain bills had been delayed for over eight years due to the non-completion of procurement activities. This indicated weaknesses in financial control and the procurement process.

(c) The audit observed a argumentative situation where, despite the allocation of Rs. 3,793.75 million in the budget for the Biomedical Engineering Division to purchase 1,358 units across 24 categories of new medical equipment for the year under review, not a single unit of equipment was actually purchased. Furthermore, it was observed that there were serious deficiencies in the planning and execution of the procurement process, given that by January 2026, contract awards had been made for only 30 units across two types of equipment, while the majority of the remaining procurement processes were delayed at stages such as evaluation, appeals, rejections, document preparation, or delayed decision-making.

(d) Due to shortcomings in procurement planning and implementation, the procurement of nine items, valued at Rs. 1,745 million and planned for acquisition during the years 2024 and 2025, was cancelled. Consequently, it was observed that the failure to provide essential medical equipment to the hospital system in a timely manner could adversely affect the quality and delivery of patient care services.

4.1.2 Activities Inconsistent with Core Functions

The Ministry/Department of Indigenous Medicine procured medicines worth Rs. 479.43 million directly from the Sri Lanka Ayurvedic Drugs Corporation between 2021 and 2025, utilizing central government funds, for nearly 400 free Ayurvedic dispensaries operating under local government authorities of the nine provinces, which do not fall under the central government, without adhering to the National Procurement Guidelines.

4.1.3 No taking expected output level

(a) The Ministry of Health had informed on 01 August 2024 that with the aim of further improving the Health Information Management System established at the National Hospital - Galle and implementing the infrastructure development work required for the system through the HiQi Project (Health Information and Quality Improvement Project), the necessary equipment would be provided and a server computer room (Server Unit) should be constructed and completed by the date of receipt of the equipment. Without any necessary action being taken in this regard, 3,851 units of equipment—including computers and peripherals—were supplied to the hospital in batches between 17 July 2025, and 22 December 2025; however, these items remained idle in a hospital storeroom. The cost of 1,827 computer and peripheral items provided to the hospital by the Ministry of Health dated 17 July and 21 July 2025 was US$ 64,008, amounting to approximately Rs. 19.20 million (at an exchange rate of US$ 1 = Rs. 300) whereas no evidence regarding the cost or warranty periods for another 2,024 items of equipment was submitted for audit.

(b) Cabinet approval was granted in 2020 to establish a dedicated pharmaceutical manufacturing zone at the Arabokka Estate in Hambantota, aimed at attracting investment for local drug production with the goal of manufacturing 40 percent of the country's pharmaceutical requirements locally, with plans to set up 40 companies across a 400-acre land area in two phases. In 2021, the State Ministry of Pharmaceutical Production, Supply and Regulation spent a total of Rs. 197.20 million, comprising Rs. 53.20 million for electricity supply and Rs. 144.00 million for water supply, to provide utilities to the pharmaceutical manufacturing zone; meanwhile, in 2022, 66 percent of the Rs. 100.00 million allocation for the project was transferred to two other expenditure items. However, an outstanding payment of Rs. 281.94 million is due to the National Water Supply and Drainage Board; furthermore, although plans were in place to carry out this development work through the Board of Investment and the Ministry of Investment Promotion by April 2026, the pharmaceutical manufacturing zone had not been established even after a period of five years. Similarly, although the State Ministry of Pharmaceutical Production, Supply and Regulation called for expressions of interest from suppliers to establish a pharmaceutical industrial zone in the Oyamaduwa area of Anuradhapura in 2020 and incurred an expenditure of Rs. 23.04 million to provide electricity to the zone the relevant development activities had not been completed by the year under review, and the agreement between the Ministry of Health and the zone developer had also been cancelled during that year.

4.1.4 No taking expected outcomes

(a) The following matters were observed during the examination of the information management systems maintained at the Teaching Hospital - Kurunegala.

(i) It was observed that, although more than 10 years have elapsed since the implementation of an information management system began on 01 January 2016, to handle the admission, registration, and discharge of patients in wards and units, the software is currently being used solely for the registration of inward patients. Patient discharge procedures are still carried out manually at the ward level before being entered into the software system; consequently, the entry of bedside records for patients discharged in May 2025 into the software system had not been completed even by 23 September 2025.

(ii) There was no digital information system within the hospital to obtain information regarding the number of inpatients receiving treatment at any given moment. The audit observed that the inpatient count is compiled for the following day based on the 'Midnight Report' currently obtained manually from the wards, a process that requires additional effort.

(iii) Although equipment and accessories (barcode scanners, laptops, sticker printers, and dot matrix printers) which had been provided by ICTA to Teaching Hospital - Kurunegala in 2017 and 2018 for the implementation of electronic medical records in government hospital Outpatient Departments, were distributed to various other units for purposes unrelated to their intended use after a period of approximately two years and while their warranty periods were nearing expiration, 32 barcode scanners remained idle in the store as of 13 March 2026, despite having been in storage for over seven years.

(iv) Although public health institutions are required to develop and maintain a website in accordance with Chapter 4 of the 'National Health Guidelines and Standards 1.0' introduced by the Ministry of Health in March 2016, it was observed that the Teaching Hospital - Kurunegala had not maintained a website that provided the public with accurate and up-to-date information.

(b) The following matters were observed during the examination conducted regarding the installation and current usage of the Picture Archiving and Communication System (PACS) at the Teaching Hospital - Kurunegala.

(i) Due to the need for patients to remain on long waiting lists to obtain the radiological images (CT scans/X-rays) required for diagnosis, and the delays in providing such images, the Picture Archiving and Communication System (PACS) which was established for the entire

hospital in October 2019 with the contribution of the North Western Cancer Fund, was initially accessed by doctors using their personal communication devices; and subsequently, due to the failure to provide the necessary communication equipment, the hospital's wards and clinics had ceased using this facility by late 2024. The Medical Supplies Division (MSD) provides the necessary X-ray films for patients. It was observed that, during the period from 01 January to 31 December of the year under review, the hospital incurred a total expenditure of Rs. 91.88 million; this comprised Rs. 40.81 million for 84,600 X-ray films and Rs. 51.07 million for 77,875 films used for CT scans and mammograms.

(ii) Radiological images obtained after connecting the hospital's CT, mammogram, and X-ray machines to the Picture Archiving and Communication System (PACS) and the server were stored on the hard drives of the hospital's computer network; however, due to insufficient hard drive capacity, images dating up to 30 April 2022, had been deleted. A server dedicated to the hospital's PACS system, with an invoiced value of Rs. 1.70 million, was received at the main stores on 21 September 2021. It was issued to the computer maintenance unit approximately one year and five months later, on 08 April 2023. Consequently, it was observed that the hospital has faced various issues due to delays in the procurement and management of the equipment.

(iii) Although equipment, including 40 computers and accessories, a network switch, and two Ethernet port switches, was purchased at a cost of Rs. 15.34 million by 31 December 2025, to relocate the hospital's existing server system to a secure location and restore the image archiving and communication system, the equipment was not utilized efficiently for the intended purposes. It was observed that, due to the lack of a specific implementation plan, the project was proceeding slowly and deviating from its original objectives.

(c) Although the basic infrastructure for an internal hospital network was established at the Sirimavo Bandaranaike Specialized Children's Hospital - Peradeniya in 2019 at a cost of Rs. 19.50 million under the e-Health program, and assurances were given in response to audit inquiries that the system would be made operational, the system remained inactive even seven years after the completion of the work.

(d) Although the children's ward established in the new building at the Divisional Hospital - Aluthgama which operates under the National Institute of Health Sciences, Kalutara, was designed with adequate physical facilities and staffed by two nursing officers and an attendant for night shifts, the number of patients admitted for treatment remained very low; on some days, no patients were

admitted for inpatient care. This situation was caused by the lack of specialist medical services for the hospital's children's ward, even on a weekly basis as well as the absence of facilities for conducting medical tests and inadequate laboratory facilities.

(e) During a site inspection conducted on 08 September 2025, regarding the internal telephone system and smart data center established for the Anti-Malaria Campaign at a cost of Rs. 11.52 million in 2021, it was observed that the system and data center were non-functional; furthermore, the telephones purchased for the system had been dismantled and were lying in an unsecured state. Consequently, the total expenditure incurred for this project proved to be a wasteful expense.

4.1.5 Abandon of projects without completion

(a) Financial and Operational Audit – Upon examination of the response submitted on 19 September 2025 to the audit query dated 19 November 2024,titled "Inspection of suspended construction projects at the Teaching Hospital, Kalutara" the following matters were observed.

(i) Written evidence was not submitted for audit to verify the accounting procedure of the sum of Rs. 26.67 million, stated as having been recovered in relation to the project for constructing an eye ward building equipped with an operating theatre, the contractor's experience, the actual billed amount, comprising the Rs. 44.01 million spent on the first phase of the project and the amount covered by the advance payment made for the second phase, and the recording of these under non-financial assets; and it was observed that the instruction given to the Director of Teaching Hospital – Kalutara to account for Rs. 39.11 million, relating to the second phase of this project under non-financial assets, as stated in the reply letter, was incorrect. Furthermore, the audit could not verify whether a final bill for the second phase of the project had been prepared, or if not whether payments had been made for construction materials supplied to the site in relation to the last settled bill.

(ii) Regarding the project for the construction of the generator room and the side wall, written evidence confirming the payment of the bills mentioned in the response and the subsequent crediting of Rs. 892,219 to government revenue along with a certified copy of the payment voucher containing said bills, were not submitted for audit; furthermore, no information was provided to the audit regarding whether the contractor blacklisting process had been initiated or if this specific contractor had been blacklisted.

(b) An agreement was signed on 09 February 2024, with a contractor selected through the national competitive bidding process, utilizing Ministry of Health funds, to complete the work within 210 days at a cost of Rs. 20.32 million (excluding tax), with the aim of expanding the operations and capacity of the Premature Baby Unit at Badulla Teaching Hospital. A time extension of 119 days, representing an additional 57% of the originally agreed project duration was granted, and payments totaling Rs. 2.16 million were made across two instances; however, by 10 May 2025, when the contract was terminated, the physical progress of the project was at 15%.

(c) The following matters were observed regarding the takeover of Kuliyapitiya Hospital by the Central Government and its development into a Teaching Hospital.

(i) Concurrently with the establishment of the Faculty of Medicine affiliated with the Wayamba University, Kuliyapitiya Hospital was vested in the Central Government and declared a Teaching Hospital via Gazette Notification No. 01/08 dated 23 January 2019. Accordingly, although foundation stones were laid and commemorative plaques unveiled at five locations within the hospital, namely the Accident and Emergency Unit, the Professorial Unit, quarters for specialist doctors and medical officers, and the State Pharmaceuticals Corporation (SPC) outlet - Kuliyapitiya branch in accordance with the master plan prepared by the Central Engineering Consultancy Bureau (CECB) under the guidance of the Ministry of Health, and despite the ceremonial unveiling of the plaque designating the facility as a Teaching Hospital on 31 August 2019, none of these construction projects had been carried out even by March 2026.

(ii) A soil test was conducted on 03 December 2019, to assess the soil condition of the land designated for the implementation of the master plan, at a cost of Rs. 4.10 million. Furthermore, the Central Engineering Consultancy Bureau (CECB) had submitted a bill valued at Rs. 4.72 million for the preparation of the master plan. It was observed that if this master plan could not be implemented, this expenditure would become a wasted cost.

(iii) Although a period of approximately 06 years has elapsed since the approval of the master plan on 18 September 2019, up to 03 March 2026, no development projects associated with the master plan which had an estimated value of Rs. 32,232 million had been implemented. However, an expenditure of Rs. 169.07 million was incurred over the two-and-a-half-year period from 2023 to 05 August 2025, for development projects such as building maintenance and expansions necessitated by service requirements.

(iv) Although the hospital was unable to fully meet the required standards for a Teaching Hospital due to a lack of infrastructure and resources, the designation itself led to an increase in patient numbers. Between 2023 and 2024, the number of patients seeking inpatient care rose by 12 percent, while the number of patients visiting the Outpatient Department increased by 7 percent. Furthermore, due to the lack of essential medical facilities such as CT scan services, and units for cardiology, neurology, renal care, and oncology, 6,784 patients admitted to the hospital were transferred to other facilities between 23 September 2023, and 12 August 2025. It was observed that this situation imposes an additional financial burden on the government for ambulance services and other requirements, while also placing patients' lives at serious risk.

(v) Infrastructure and staff numbers were not increased in proportion to the rise in the number of patients; furthermore, 129 vacancies across 35 positions remained unfilled, a situation that had persisted for three years.

(vi) Following its designation as a Teaching Hospital, the number of approved specialist medical officer positions was increased to 36. Out of the 27 specialist medical officers who arrived during the years 2024, 2025, and 2026, four did not have assigned wards or units and conducted only clinics. A single common space was used by 16 medical specialists to conduct their respective clinics. However, due to insufficient space, a large number of patients missed the opportunity to receive care.

(vii) Government quarters and rooms allocated for doctors had fallen into a state of severe disrepair due to a lack of renovation over the past five years. Furthermore, owing to the dilapidated condition of existing government quarters and an overall shortage of such housing, two specialist doctors and the hospital director were provided with rented accommodation; the government incurred an expenditure of Rs. 11.50 million for these rentals during the period from 2019 to 19 July 2025.

(viii) The establishment of the new Faculty of Medicine of the Wayamba University of Sri Lanka was announced by the Gazette Notification dated 19th February 2016 and clinical training for its first batch was scheduled to commence in the year 2022. For this purpose, Base Hospital - Kuliyapitiya was graded as a Teaching Hospital with effect from 25th January 2019. Although the Professorial Unit was required to be fully established by late 2022, it had not yet been set up; consequently, the Ministry of Health granted permission, via a letter No. DGHS/Universities/073/2022 dated 14 June 2022 addressed to the Hospital Director, to establish the Professorial Unit at Kurunegala Hospital on a temporary basis. Medical students and staff faced severe difficulties because Kuliyapitiya Hospital was not

upgraded to a teaching hospital although it was located approximately 2 km from the Faculty of Medicine, consequently, they had to travel a round trip of 36 km daily and bear additional expenses.

(d) Construction work on the building at the National Hospital – Kandy, funded by a grant from the SAARC Development Fund and intended to help control COVID-19 was halted on 15 March 2024. The project was originally scheduled for completion within six months at a total estimated cost of Rs. 288.83 million, due to the resulting delay in this project the provision for price escalation adjustments rose from Rs. 10.54 million to Rs. 64.52 million, and further cost increases became inevitable. No agreement had been reached regarding the payment mechanism for the completed work on the project which was to be settled using local funds amounting to Rs. 169.14 million; furthermore, although Rs. 202.55 million had been spent by 15 March 2024, the date work was halted. There was no possibility of making any part of the building available for public use up to 31 December 2025.

(e) The contract for the construction of the Accident and Emergency Treatment Unit at the National Hospital - Kandy was awarded for Rs. 373.58 million, a value 9.64 percent lower than the engineering estimate of Rs. 413.41 million. Due to the slow progress of project implementation, the contract was terminated on 23 August 2019, with the project only partially completed. During that same period, contracts for six projects including this one, were abandoned due to underperformance, a situation resulting from the contracts having been awarded without due regard for the contractor's capacity. Even after encashing the performance bond of Rs. 18.68 million submitted by the contracting firm, a sum of Rs. 109.47 million remained due to the government from the firm, based on the value of advances and bills previously paid to it.

(f) The following matters were observed during the audit conducted regarding the suspension of construction work on the new multi-storey building at the Base Hospital - Beruwala, which operates under the Teaching Hospital – Kaluthara.

(i) In accordance with Cabinet Decision No. අමෙ/19/0077/112/007/TB dated 23 January 2019, and taking into account the need to provide high-quality patient care services to the people of the Beruwala area, to reduce congestion at nearby tertiary care hospitals, and to address the limited space currently available within the hospital premises and with the aims to develop the facilities required for a 'Category B' Base Hospital, the tender of the Phase I of the nine-story Beruwala Hospital building project had been awarded to a private construction firm on 20 February 2019 at a Rs. 355.05 million without tax. Following the tender awarding, all construction work was halted after 30 July 2022, despite an expenditure of

Rs. 364.71 million on activities such as site preparation, excavation, and the construction of foundation piles.

(ii) Regarding the completion of the initial phase of the new multi-storey building at Base Hospital – Beruwala, the total expenditure incurred by the government, comprising Rs. 364.71 million paid as the certified value of work based on the completion certificate dated 30 July 2022 and Rs. 16.15 million paid to the contractor due to delays in settling bills, amounted to Rs. 380.86 million, which constituted an unproductive expenditure.

(iii) Hospital operations were severely hampered because two buildings, a single-storey and a two-storey structure had been demolished to facilitate the construction of the new hospital building; these demolished buildings had previously housed essential patient care facilities, including the Out-Patient Department (OPD) and laboratories, and the Ministry failed to focus on continuing the remaining construction work after 2022.

(g) Construction work on the sewage disposal system, initiated alongside the new building at the Divisional Hospital - Aluthgama which operates under the National Institute of Health Sciences, Kalutara, had been abandoned with only about half the work completed; consequently, a large quantity of wire used in the system was rusting and deteriorating. Water had accumulated in the internal cavities, creating a risk of mosquito breeding, and the expenditure incurred by the government for this project had effectively gone to waste.

4.1.6 Projects where funds had been released but no progress had been achieved

Batticaloa Teaching Hospital, which serves approximately 1.5 million people annually and treats around 10,000 patients with Chronic Kidney Disease (CKD), continued to operate with limited facilities, possessing only eight dialysis machines and lacking a dedicated ward for CKD patients. To address these deficiencies, the contract for the construction of the hospital's renal care unit was awarded on 09 November 2017, for a sum of Rs. 383.69 million, with a scheduled completion date of 09 June 2019, under the contract agreement. However, construction was completed after a four-year delay, and the building was handed over to the hospital on 15 September 2023. Although approval had been granted for an additional Rs. 241.5 million to complete the remaining work which was intended to equip the building with dialysis units, wards, specialized treatment facilities, and essential equipment, the facility remained incomplete and had not been utilized for its intended purpose as of 31 December 2025. Consequently, the building and associated equipment remained idle for an extended period, and the warranty periods for certain machines and equipment had already expired.

4.2 Procurements

(a) The following matters were observed during the audit inspection regarding the contract for the laundering of soiled linen at the District General Hospital - Matale.

(i) Although this contract, valued at Rs. 17.79 million per annum was awarded to a private contractor in accordance with the decision dated 08 November 2024, of the Procurement Committee "F" of the Ministry of Health and as indicated by the Technical Evaluation Committee "C", subject to the rectification of deficiencies pointed out by the Municipal Medical Officer of Health of the Matale Municipal Council, the deficiencies identified in the report of the Municipal Medical Officer of Health had not been rectified even by the audit date of 16 December 2025 as the service was being obtained without proper supervision and follow-up.

(ii) Due to the lack of a suitable and adequate area for drying clothes, resulting in clothes being dried in an unhygienic manner on dirty grass surfaces in the open; the very poor level of personal hygiene among workers; the failure to properly use disinfectant solutions; the unhygienic manual washing of soiled clothes in dirty wash tanks; and the absence of suitable racks, containers, etc., for stacking the clothes, improper practices were observed when collecting clothes dried outdoors, such as workers placing them on the grassy ground during the collection process.

(iii) Although, in accordance with Condition No. 2 of the contract agreement, washed linen was required to be ironed and delivered to the respective units, but it was observed at the time of audit that such ironing was not being carried out; instead, the washed and dried linen was being kept in an uncovered outdoor area in an improper manner until handover to the units.

(iv) Although an Environmental Protection License is required for the wastewater discharge points of laundry facilities in accordance with the stipulations of the Central Environmental Authority, the contract for the hospital's laundry facility was awarded without such a license being in place.

(v) Although the Hospital Director had requested the necessary funds for modernizing the hospital's laundry unit through letters addressed to the Director General of Health Services dated 21 May 2025 and 02 June 2025, the funds were not approved as the Ministry failed to pay due attention to the existing shortcomings of the hospital's laundry unit.

(b) The following matters were observed during the audit examination regarding the procurement of a patient warmer and a neonatal stethoscope by the District General Hospital - Matale.

(i) Although any cheques that were not handed over to the payee and were subsequently removed from the records in accordance with Financial Regulation 390 (b) of the Democratic Socialist Republic of Sri Lanka should be kept in a safe or other secure location, three cheques totaling Rs. 1,800,655, drawn on 31 December 2024, for the purchase of two patient warmers for the hospital's operating theatre and emergency treatment unit, and 14 neonatal stethoscopes for the PBU and MBCU units were irregularly retained by the Pharmacist at the surgical supplies store until 28 May 2025; a period exceeding five months from the date the cheques were issued.

(ii) Although the cheques amounting to Rs. 1,470,280, which had been withheld following a verbal notification by the Biomedical Engineer that the patient blankets supplied with the patient warmer machines did not meet the relevant specifications were released to the supplier after 29 September 2025. By 17 December 2025, the date of the physical inspection of the machines was conducted, three adult patient blankets required to be supplied with the units had not yet been provided. Furthermore, issues were observed regarding the supplied blankets: they were insufficient to cover the patient's entire body (contrary to the specification requiring uniform distribution of warm air around the patient's body), failed to provide adequate warmth, and did not distribute heat effectively.

(iii) Although 14 stethoscopes which had been supplied and entered into the hospital’s surgical inventory by 31 December 2024, were returned to the supplier as defective without any accompanying written report, with a request for replacements, the supplier was unable to provide alternative stethoscopes. As notification had been received on 24 June 2025, to cancel the orders placed, the payment value was credited to state revenue on 07 July 2025, approximately six months after the orders were placed and the cheques drawn. Furthermore, the performance security of Rs. 28,000 had not been obtained to safeguard the procurement process against a failure in contract performance.

(iv) The supplier provided machines that did not meet specifications because the Technical Evaluation Committee which included a Biomedical Engineer decided to purchase two patient warmer units valued at Rs. 1,470,280 without conducting an inspection of the samples or verifying the required specifications.

(v) In instances concerning supplies under Financial Regulation 137 of the Democratic Socialist Republic of Sri Lanka, the approving officer is responsible for verifying that the items have been inspected and correctly taken into charge; and although the officer certifying the voucher under F.R. 138 (8) bears responsibility for ensuring that it is correct and complete in all respects, payments amounting to Rs. 1,800,655 were made irregularly for the purchase of patient warmer machines and stethoscopes, without due consideration to the matter and without obtaining formal reports from the goods acceptance committee.

(c) Regarding the procurement of 11 air conditioners by the District General Hospital – Matale, VOLTAS-model air conditioners which had been rejected during the 2024 procurement process were selected for purchase in 2025 at a cost of Rs. 3,973,000; this represented an increase of Rs. 682,000 compared to the 2024 figures. For both procurement exercises, no formal Technical Committee or Bid Evaluation Committee comprising officers with technical expertise had been appointed, nor had an evaluation report been obtained. Furthermore, regarding both procurement activities, steps were not taken to obtain performance securities valued at Rs. 260,700 and Rs. 397,000 respectively, in accordance with the provisions of Section 5.4.10 of the 2006 Procurement Guidelines and Section 5.19 of the 2024 Procurement Guidelines.

(d) For a period of more than 5 years from 2020 to 2025, a single private institution was selected under the market price quotation system for the servicing of air conditioners at the District General Hospital - Matale and was contracted to perform the work for an annual amount of Rs. 1,240,000, subject to a maximum of Rs. 310,000 per quarter, and in most cases, only the selected service provider submitted prices, this procurement process was carried out without proper competition, transparency, or a defined schedule, involving instances such as obtaining services for a period of one and a half to two and a half months prior to the notification of the procurement decision and without a formal contract or contract extension in place.

(e) The following matters were observed during the audit inspection conducted regarding the project for installing additional lights at the District General Hospital - Matale .

(i) Although the estimated value (excluding tax) for the project to install additional lights in areas of the hospital lacking lighting was Rs. 23.68 million, the Hospital Procurement Committee, having spent Rs. 132,160 on trilingual newspaper advertisements carelessly or erroneously published the estimate as Rs. 2.68 million (an understatement of Rs. 21 million); this discouraged interested and capable contractors from responding, thereby resulting in a loss of proper competition.

(ii) Although it is the duty of the Engineer/Consultant/Technical Officer to certify completed work for interim payments, upon verifying that the work has been executed in accordance with the contract specifications and other agreed terms as stipulated in Section 9.1(c) of the Procurement Manual to be used in conjunction with the 2024 Procurement Guidelines by 31 December 2025, only 07 pits had been prepared at 04 of the 44 locations designated for the installation of lamp posts. Regarding the first interim bill for this project, the value of work performed as of that date was erroneously certified as Rs. 2,985,020.

(f) The following matters were observed during the audit inspection conducted regarding the project for the renovation of the waste management building at the District General Hospital - Matale.

(i) Due to non-compliance with the provisions of Sections 9.2 (a) and (b) of the Procurement Manual which is to be used in conjunction with the 2024 Procurement Guidelines, work valued at Rs. 1,101,500 (approximately 13% of the initial contract value) under the first of two contracts for the repair of the waste management building at the District General Hospital - Matale was abandoned without completion; meanwhile, the second contract involved total variations amounting to Rs. 1,911,882 (approximately 22% of the initial contract value) in the form of 'extra works' and 'additional works'.

(ii) Although approval is required for contract variations in accordance with Section 9.2 of the 2024 Procurement Guidelines and Section 9.2 of the Procurement Manual, no approval was obtained in compliance with these provisions for contract variations amounting to 22 percent of the original contract value or Rs. 1,911,882 in the second contract (renovation, rainwater drainage, and landscaping work at the waste storage area).

(iii) During the physical audit inspection, it was observed that although a sum of Rs. 707,746 had been paid for 272.21 square meters of brickwork under Item No. 2.1 of the final bill for the first contract, the work did not meet the required standards, resulting in vertical cracks extending from top to bottom at approximately six locations. Furthermore, although payments totaling Rs. 4,757,940 were made for concrete work under both the first and second contracts, quality assurance was never verified through the procurement of quality test reports.

(iv) Regarding the second contract, payments were made as follows: Rs. 780,077 for laying 167.04 square meters of interlocking blocks under Item No. 7.1; Rs. 115,276 for supplying 25.06 cubic meters of ABC mixture for the base layer under Item No. 6.1; and Rs. 81,194 for transporting the ABC mixture under Item No. 6.2; and although the contractor was

required to submit a Compressive Strength Test report for every 800 interlocking blocks to ensure quality, and approximately 8,018 blocks had been supplied, the relevant laboratory test reports were not submitted for audit.

(v) Based on measurements taken during the physical audit inspection conducted on 07 and 08 January 2026, the area where interlocking paving blocks were used measured 167.04 square meters, and the average thickness of the ABC (Aggregate Base Course) layer was 85 mm; consequently, the volume of ABC material actually used was 14.2 cubic meters. However, payments totaling Rs. 115,276 were made for 25.06 cubic meters under final bill items 7.1, 6.1, and 6.2, resulting in an overpayment of Rs. 49,956 for 10.86 cubic meters, plus an additional Rs. 14,661 in transportation charges for that quantity, bringing the total overpayment to Rs. 64,617.

(vi) Although a bid of Rs. 4,200 per square meter had been submitted for the laying of interlocking blocks under Item No. 9.1 of the first contract's estimated scope of work, that specific task was abandoned without execution; subsequently, the work was included in the second contract, and a total of Rs. 780,077 was paid at a rate of Rs. 4,670 per square meter for the completion of 167.04 square meters under Item No. 7.1 of the final bill. By having the second contract task executed by the same contractor at a price of Rs. 4,670 which was Rs. 470 higher than the price agreed upon for the first contract task a loss of Rs. 78,509 was incurred by the government, calculated at the rate of Rs. 470 per square meter.

(vii) Although the Bills of Quantities specified an average thickness of 150 mm for the ABC (Aggregate Base Course) layer used in the base for laying interlocking blocks, a site inspection conducted with a Technical Officer from the Central Engineering Consultancy Bureau (CECB) assigned to the District General Hospital – Matale, confirmed that the actual average thickness of the ABC layer was 85 mm. Furthermore, it was confirmed that the ABC mixture had not been properly compacted and that no quality test reports had been obtained for it.

(viii) Regarding the final bill items 7.3 of the second contract, specifically under 'Unforeseen Work' for SSR 03 and SSR 07, it was observed that the bills submitted from the private entity, valued at Rs. 110,000 and Rs. 247,500 respectively, had not been fully completed by that entity; instead, blank bills had been provided. Since these blank bills were obtained irregularly, filled in with the required amounts, and included in the final bill, the validity of the Rs. 358,500 payment could not be accepted during the audit.

(ix) Although payments totaling Rs. 1,402,144, comprising Rs. 919,059 and Rs. 483,085 respectively, were made to the Central Engineering Consultancy Bureau for consultancy and supervision services regarding two projects at the District General Hospital – Matale, installing additional lighting in unlit areas and renovating the waste management building, the lack of adequate consultancy and supervision resulted in significant contract variations, construction defects, overpayments, and payments lacking transparency.

(g) Although the bidding documents for three procurement activities regarding the purchase of equipment for the Laboratory stipulated at District General Hospital Matale, in accordance with CC 15.1.iii.(a) that a penalty of up to 10% would be charged if the supplier failed to deliver the goods within the agreed timeframe, the ordered equipment was supplied with delays ranging from 4 to 12 weeks beyond the agreed period, yet the applicable penalty charges amounting to Rs. 651,376 were not recovered.

(h) During the year under review, medicines worth Rs. 7.6 million were purchased directly from the Ayurvedic Drugs Corporation under the expenditure vote for supplying medicines to free Ayurvedic dispensaries and were provided to the Anuradhapura Community Health Promotion Service, which functions under the Department of Ayurveda.

(i) Although the annual estimated cost for raw food items prepared by the Teaching Hospital - Kurunegala for the 12-month period from June 2024 to May 2025 was Rs. 280.44 million, the actual expenditure incurred for raw food items purchased during that period was Rs. 171.45 million, resulting in a variance of Rs. 108.98 million. Consequently, it was observed that the failure to prepare accurate estimates resulted in the loss of the economic benefit that the government could have secured through competitive bidding.

(j) The hospital had awarded a contract on 21 December 2022, at a cost of Rs. 8.80 million (excluding VAT), for the supply, installation, testing, commissioning, and maintenance of two new sewage submersible pumps (with an 8.5 kW capacity) and two corresponding pump panels, replacing two old motors in the main sewage system of Teaching Hospital - Kerunegala. The following observations were made regarding this matter.

(i) Following the installation of these two motors in January 2023, abnormal noise and vibration occurred within approximately one month; consequently, the hospital's sewage pumping operations have been carried out using only one motor from that time up to the audit date of 31 December 2025.

(ii) Due to frequent blockages occurring in these two new wastewater pumps, the Deputy Director General (Engineering) of the Ministry of Health conducted an inspection and observed that waste matter had accumulated at the existing T-connection in the drainage system. Consequently, one motor had been operated for 817 hours and the other for 23 hours; it was reported that, provided they operated according to the specified standards, their effective lifespan would range between 10 and 15 years. Although a payment of Rs. 9.34 million (inclusive of VAT) was made on 31 August 2024, for the relevant procurement, following a recommendation to pay 90% of the total procurement value pending the restoration of the 'Y' connection and the assurance of proper system functionality, the 'Y' connection had not been restored, nor had the proper functioning of the drainage system been confirmed, by the audit date of 13 March 2026. Although a contract had been entered into with the contractor for the supply, installation, testing, commissioning, and maintenance of the system, a payment amounting to 90% of the total value was recommended while only a single motor was in operation.

(k) The contract for cleaning the Apeksha Hospital - Maharagama and its associated building complex was awarded to a private company at an annual cost of Rs. 150.91 million for the year 2024/2025 and Rs. 159.34 million for the year 2025/2026. An examination of the cleaning services provided and the chemicals used for this purpose revealed the following observations.

(i) In accordance with the contract award letter for the 2025/2026 year, 09 work supervisors and 171 laborers must be deployed for a 9-hour workday to serve the hospital and the Rasavi building, with staff allocations of 125 and 55 personnel respectively. Accordingly, 07 work supervisors and 131 laborers were required to be deployed for the hospital's cleaning services including the Rasavi building, during the day shift, while 02 work supervisors and 40 laborers were required for the night shift. According to a physical inspection conducted during the audit on 07 October 2025, 124 workers had signed the attendance record indicating their arrival for the day shift. Consequently, it was found that 07 workers who were required to be deployed daily under the terms of the contract award letter, were not on duty; furthermore, a physical check of 18 workers selected from those who had signed the attendance record revealed that 11 of them were not actually performing their duties. Accordingly, it was observed that the relevant institution had taken steps to unlawfully obtain funds by fraudulently affixing signatures to misrepresent the number of employees.

(ii) Hospital officials conducted 03 on-site inspections each for the Apeksha Hospital and the Rasavi Building during March, April, and May 2025; on those dates, 24, 19, and 18 employees for the hospital and 6, 3, and 8

employees for the Rasavi Building who had signed in as present for duty, were found not to be engaged in work. Although the hospital deducted one day's wages and imposed fines for the days in question, no mechanism had been established to specifically identify employees who were not actually working, remove them, and calculate wages accordingly. Furthermore, an analysis of employee absences and non-deployment during the period under review reveals that the employee attendance rate was below 90 percent; consequently, although payments should have been made by calculating the overhead cost component in proportion to the actual workforce deployed in accordance with Clause 8.6 of the tender conditions, it was observed that this procedure had not been followed. Furthermore, the fact that the institution consistently maintained the cleaning service with a minimal workforce raised questions during the audit as to whether the hospital received the expected quality of service.

(iii) According to reports provided by the Infection Control Officer up to June 2025, the service provider had supplied chemicals (excluding the chemical known as TCL) that bore no reference to SLS or any other standard; this was despite the fact that an audit query dated 16 May 2024 (Ref. No. THO/B/MAH/2023/AQ-04) had pointed out that, upon testing 09 chemicals submitted for analysis in February 2024, six of them failed to comply with standard parameter values. The chemicals were utilized up to June 2025. Although the hospital had temporarily suspended payments from February to June 2025 because the packaging of the supplied chemicals lacked details regarding chemical composition and SLS certification, payment was subsequently made as the chemicals had already been used. Consequently, it was observed that the use of substandard chemicals meant the hospital did not receive the expected level of health safety.

(iv) In accordance with Clause 12.6 of the agreement pertaining to the service contract for the 2024/2025 year, should the Hospital Director decide it is necessary to verify through the ITI that the chemicals being used meet the agreed-upon standards and chemical composition, such verification shall be carried out, and the cost thereof shall be borne by the contractor. Furthermore, in accordance with the tender conditions, the hospital administration must ensure that the contractor supplies chemicals that meet the prescribed standards; additionally, periodic checks regarding quality standards must be conducted as appropriate during the supply process. Although nine chemical samples were handed over to the ITI on 19 December 2024, pertaining to the year in question, to obtain a chemical and bacteriological quality report. The payment of testing fees, estimated at Rs. 273,702 was not made due to a dispute with the contracting agency,

and steps were taken to recall the submitted samples. However, no steps were taken to obtain a quality report regarding the chemicals for the 2024/2025 period; instead, payments amounting to Rs. 25.03 million were made for the chemicals during that period without verifying their quality, in violation of the contract terms.

(v) This entity had been providing sanitation services to the hospital for over 20 years. According to a letter dated 25 March 2025, sent by the Hospital Director to the Deputy Director General (Supplies) regarding the sanitation service, issues included: workers residing in temporary, unauthorized structures erected within the hospital premises; the use of substandard disinfectants; cleaning agents lacking the required percentages of active compounds and recommended weights; and failure to carry out cleaning operations as prescribed. Despite the identification of shortcomings—such as the deployment of workers with physical limitations that hinder cleaning tasks and those with disabilities, a lack of cleaning-related knowledge, experience, and proper training among supervisors, and a failure to deploy the required number of workers steps were nevertheless taken to select this agency for the 2025/2026 period.

(l) The following matters were observed during the audit regarding waste management at the Apeksha Hospital – Maharagama.

(i) Although the price charged per kilogram of clinical waste disposed of by the company under the tripartite agreement entered into by the Ministry of Health, the Central Environmental Authority, and the private company, included the cost of supplying the necessary disposable bags and boxes, the company failed to supply these containers to the hospitals receiving the service as stipulated in the agreement. Consequently, the hospital had to purchase the required containers from external sources. Due to this, out of the Rs. 20.77 million overpaid by Apeksha Hospital to the relevant company for containers that were not supplied between 2015 and 2022, a sum of Rs. 8.86 million was recovered during 2024; however, Rs. 11.91 million remained unrecovered as of 22 July 2025, the date of the audit.

(ii) However, according to the response provided by the Secretary to the Ministry of Health regarding the audit query, the relevant company had supplied containers valued at Rs. 11.79 million; consequently, the amount due to the hospital was only Rs. 8.98 million, and since Rs. 8.85 million had already been recovered, the outstanding balance to be recovered was stated to be only Rs. 127,397. However, the hospital's stock ledgers contained no record of the receipt of waste containers, and no other acceptable supporting documentation was submitted for audit.

Furthermore, the amount of overpayment made to the relevant company for containers not supplied since 2023 was not disclosed for the audit.

(m) The following matters were observed during the examination regarding the awarding of construction and repair contracts for the Apeksha Hospital, Maharagama.

(i) In accordance with an agreement entered into by the Ministry of Health with the Central Engineering Consultancy Bureau (CECB) in 1991, consultancy services for construction projects were assigned to the Bureau without calling for competitive bids. Accordingly, as it was observed that the Central Engineering Consultancy Bureau, acting as the consultant for the Apeksha Hospital construction contract, directly handles all tasks ranging from the preparation and evaluation of bid documents and coordination between the contractor and the hospital, to making recommendations regarding time extensions and additional work, certifying construction activities, and certifying and submitting the final bill. It was observed that the roles of the Regional Procurement Committee and the Technical Evaluation Committee regarding procurement activities were limited. Furthermore, although the sections 2.6.1(a) and (b) of the Procurement Guidelines 2006 state that the Technical Evaluation Committee may obtain the assistance of an external consultant during the procurement process provided that such services are rendered under the guidance and supervision of the said Committee and that the Technical Evaluation Committee is required to review and approve the bid solicitation documents. It was observed that, instead of proceeding in that manner, these tasks were being carried out by the Central Engineering Consultancy Bureau (CECB), which was acting as an external consultant. Consequently, it was not possible to be satisfied with the transparency and internal controls regarding the transactions associated with these contracts.

(ii) It was observed that for many contracts works where bids were invited by the Apeksha Hospital, the submitted prices exceeded the engineering estimates, necessitating the cancellation of contracts, the revision of estimates, and the re-invitation of bids; this resulted in the repeated execution of the procurement process for the same contract work, higher costs due to rising market prices, and delays in the completion of the work. It was also observed that the submission of competitive prices was limited due to the small number of registered suppliers for contract work.

(n) The following matters were observed during the examination of minor contracts related to construction and repair work at the Apeksha Hospital, Maharagama.

(i) A significant number of minor contract works are carried out within the hospital annually. In accordance with the financial control powers vested in the Secretary to the Ministry of Health, contracts were awarded directly to registered suppliers, bypassing the standard procurement process, based on estimates obtained from the Central Engineering Consultancy Bureau (CECB) or a Technical Officer. These awards were made within the limits of Rs. 300,000 for the years 2022 and 2023, and Rs. 500,000 for the years 2024 and 2025. As a result, the hospital was unable to secure the advantages that could have been gained through competition.

(ii) Although, in accordance with Paragraph 15.2 of the Circular on the Delegation of Financial Control Powers, it is permissible to award minor contracts for urgent works related to electricity, water, sanitation systems, roofs, and buildings to registered suppliers without following the standard procurement process subject to the aforementioned limits. Upon reviewing the work carried out between 2022 and 2025, it was observed that tasks not requiring immediate attention such as painting, establishing vehicle parking areas, and constructing wall cupboards, had been awarded to contractors based on estimated values outside the standard procurement process; consequently, the economic benefits that could have been realized through a competitive process were lost.

(iii) According to the document submitted for audit regarding minor contracts undertaken by the hospital, 690 minor contracts with an estimated value of Rs. 81,054,853 were awarded to registered suppliers during the period from 2022 to August 2025; the Central Engineering Consultancy Bureau contributed to the execution of 522 of these contracts, representing over 75 percent of the total. Accordingly, it was observed that the institution played a direct role in all tasks ranging from the preparation of estimates to completion, regarding a large number of minor contracts executed at the hospital, and charged a fee of 10 percent of the total contract value for these services. The fact that this entity was assigned and executed tasks related to minor contracts despite a Technical Officer already being attached to the hospital, became a point of contention during the audit. Consequently, the expenditure incurred for consultancy fees covering the period from 2022 to August 2025 amounted to Rs. 4,074,948 (inclusive of VAT).

(iv) It was observed that certain contractors refused to complete minor contract works based on estimates prepared by the Central Engineering Consultancy Bureau; consequently, a sum of Rs. 1,079,710 had to be paid to the said institution as consultancy fees in respect of 145 minor contracts that were rejected and left unexecuted by contractors between 2022 and 2024.

(v) Although, in accordance with Guideline 8.9.1 (a) of the Procurement Guidelines 2006, formal agreements specifying the completion date and other conditions should have been entered into when awarding contracts for minor repairs and maintenance work exceeding Rs. 250,000, no such agreements were executed; furthermore, a considerable period had elapsed since the award of contracts for many minor maintenance tasks without the work being carried out.

(vi) Although the circular regarding the delegation of financial control powers directed hospital authorities to establish maintenance units to the extent possible and to carry out minor repairs through them, no action had been taken to establish a maintenance unit within the hospital even by the date of this report.

(o) By the time of the audit in October 2025, the District General Hospital - Hambantota had issued purchase orders worth Rs. 2,596,596 based on 14 procurement decisions that had not been approved by the procurement committee members. Furthermore, no procurement decisions were reached regarding 08 vehicle repairs with an estimated value of Rs. 1,288,062 carried out during the years 2024 and 2025; instead, these repairs were executed subject to the covering approval of the Procurement Committee. Consequently, it was observed that actions were not taken in accordance with the objectives set out in Section 1.2 of the Procurement Guidelines 2006 and 2024.

(p) A contract for the cleaning of dirty linen at the National Hospital – Galle for the 2024/2025 period was entered into with a private entity for a one-year term commencing on 17 December 2024, at a value of Rs. 38.58 million. Although the agreement entered into with the Ministry of Health on 10 June 2025, as per second clause stipulated, an obligation to wash, dry, iron, and return the linen, the relevant institution lacked the necessary laundry facilities; furthermore, despite the agreement under the third clause to clean and return all provided linen to the hospital within the specified timeframe, delays ranging from 06 to 33 days occurred during the months of January and February 2025. It was observed that, in violation of Clause 04 of the agreement, there were instances where a lower quantity of cleaned linen was returned than what had been handed over for processing for January 2025; furthermore, it took between 04 and 73 days for the shortfall in linen to be returned to the hospital. Furthermore, in accordance with Clause 05 of the agreement, the Secretary to the Ministry of Health or an authorized officer is required to supervise the laundry operations at the designated facility to ensure that appropriate conditions are maintained; however, as of the date of the audit, no inspection had been conducted to verify whether the facility met the required standards, whether proper methods for discharging wastewater were in place, or whether the disinfecting detergents used for washing met the prescribed specifications. Although the contractor had agreed in accordance with

Clause 07 of the agreement to pay a sum calculated by adding a 25 percent departmental charge to the replacement cost as determined by the government in the event of the loss or failure to return items accepted for cleaning, no action was taken regarding the loss of 10 textile items over a period of five days in January and February 2025. Upon physical inspection of the relevant laundry facility, it was observed that the required washing machines were absent and that operations were being conducted without adhering to proper standards; consequently, it was determined that no economic value was obtained for the payments made for washing the dirty laundry.

(q) Quality tests conducted by the Industrial Technology Institute (ITI) using samples randomly collected in both 2023 and 2024 from the chemicals utilized for cleaning operations by the private companies contracted to provide cleaning services to Teaching Hospital – Kalutara revealed that the products failed to meet the required standards, thereby violating the terms of the agreement. Furthermore, despite the private service provider repeatedly violating contractual terms such as failing to deploy the required number of workers and neglecting to make payments to employees in accordance with the agreement the cleaning service contract for the 2024/2025 period was awarded to the very same company without any steps being taken to blacklist it.

(r) The following matters were observed during the audit conducted regarding the contract for the supply of raw food items for the preparation of meals for in-patients at the District General Hospital - Trincomalee for the years 2024/2025.

(i) Out of the 05 institutions that submitted quotes for this contract, the bid of the institution that submitted the lowest bid of Rs. 47.91 million was rejected on the grounds that it did not submit audited financial statements, documents related to storage facilities, a letter or remittance slip issued by the Commissioner General of Inland Revenue stating that income tax is paid and bank statements confirming financial stability, a bidder who had failed to submit either a letter from the Commissioner General of Inland Revenue confirming income tax payments or relevant remittance slips, was selected. As this bidder had not submitted the required documents even by 14 May 2025, the Ministry was unable to enter into a formal agreement in accordance with Section 8.9.1 of the Procurement Guidelines 2006.

(ii) Upon comparing the prices of several food items listed in the bid submitted by the selected entity for the 2024/25 raw food supply contract against average market rates, it was observed that the quoted prices were abnormally low rather than reflecting prevailing market rates. By quoting such unusually low prices, the total bid value was significantly reduced; however, the procurement entity awarded the contract without giving due

consideration to this aspect. Although the hospital had planned to procure raw food items for which unusually low prices had been quoted, to meet monthly requirements, it is an unusual situation that the hospital did not place orders for these items or ordered only negligible quantities during the 06-month period from January to June 2025 under review. This was a matter of controversy; furthermore, the hospital failed to take steps to secure the benefit available to the government by ordering these unusually low-priced food substitutes.

(iii) No further action was taken regarding a letter dated 27 March 2025 submitted by a private entity concerning the non-placement of food orders at abnormally low prices under the contract for the supply of raw food items; and although the Ministry of Health was informed via a letter dated 28 October 2025, from an Attorney-at-Law, Public Notary, and Commissioner for Oaths, regarding corruption and irregularities in the contract process for supplying raw food to the hospital, no subsequent action appears to have been taken in this regard.

(j) The following matters were observed during the audit examination regarding the purchase of a urine analyzer by the National Hospital of Colombo.

(i) Although Ministry approval was granted in 2017 for the procurement of a urine analyzer following a request from the hospital's medical laboratory, bids for the procurement were invited only four years later, in 2021. Furthermore, when bids were invited, quotations were sought for two machines instead of one. A period of two years and nine months elapsed between the date price quotations were called and the granting of approval by the procurement committee. Two suppliers had submitted quotations for this procurement, with a difference of Rs. 23 million between the quoted prices. However, based on the recommendation of the Technical Evaluation Committee which stated that the lowest bid did not comply with specifications, approval was granted by the procurement committee to make the purchase from the bidder who had quoted Rs. 29.99 million.

(ii) The purchased machine consists of three units, whereas the rejected machine performs all the same functions within a single unit. Since the quantity of reagents required for the three-unit machine exceeds that of the single-unit machine, the cost of reagents for the purchased machine is higher. It was observed that, as a result, the government has to incur higher costs for reagents. However, neither the Technical Evaluation Committee nor the Procurement Committee had paid attention to this matter. Furthermore, regarding the unit cost per test, although the quoted unit cost was Rs. 364 for the purchased machine and Rs. 170 for the

machine offered by the rejected bidder, this factor was not taken into consideration when the procurement committee granted its approval.

(iii) Specification No. 05 stipulated that the machine must be equipped with fluorescent flow cytometry technology, and the supplier who submitted a higher price for a machine meeting that specification was selected. However, it was observed that this was a non-mandatory specification requirement, as fully automated urine analyzers which are NMRA-registered and already in use in Sri Lanka, are available to perform these tests using alternative technologies; consequently, this requirement had limited the competitiveness of price bids submitted for this procurement.

(iv) Although the two machines had been received by the hospital by August 2024, they remained idle and unused as of the date of this report. However, no payments had been made, as the Ministry of Health had not provided the necessary funds for the machines.

(t) The following matters were observed during the audit conducted on the procurement of CT scanners for hospitals by the Biomedical Engineering Services Division.

(i) The initial procurement process for purchasing a CT scanner for the National Hospital of Colombo, which began in 2014 and was subsequently cancelled, was restarted in August 2017; however, there were shortcomings and delays across all stages of the procurement process, namely planning, implementation, and subsequent management. Accordingly, the evaluation process was delayed for a prolonged period due to intermittent changes in the membership of the Technical Evaluation Committees; furthermore, the stipulated timeframes set out in sections 7.4.1 and 8.1.1(a)(i) of the Government Procurement Guidelines (2006) were exceeded regarding the issuance of technical evaluation reports, and subsequent actions were taken without completing the relevant approval process, thereby failing to adhere to the prescribed schedules. Furthermore, it was observed that actions contrary to regulatory provisions were taken, specifically, issuing the Letter of Acceptance to the successful bidder with a delay of nearly five months, despite the requirement under Section 8.7.1(b) of the Government Procurement Guidelines (2006) to issue it immediately after the final decision was reached, and failing to obtain the approval of the Secretary to the Ministry of Health prior to implementing procurement decisions. It was also observed that the service agreement intended to take effect after the expiration of the three-year warranty period had not been implemented even though two years had already elapsed since that period ended; this situation gives rise to various issues regarding asset maintenance and long-term usability.

(ii) The audit observed a number of actions inconsistent with government procurement guidelines, delays, and administrative shortcomings within the procurement process initiated in 2020 to purchase a CT scanner for the Outpatient Department of the District General Hospital - Matara. Failure to award the bid without delay, resulting in a delay of nearly a year meant that the provisions of Paragraph 8.5.2 of the Procurement Guidelines were not complied with. Furthermore, although additional costs amounting to Rs. 5,007,047 were incurred due to the opening of Letters of Credit and delays in supplies, no action had been taken to identify the parties responsible and recover the funds. Furthermore, following a delay of nearly 04 years in the overall procurement process, the equipment was installed at the hospital on 28 March 2024. Subsequently, the failure to fully provide the foreign training required under bid specification 19.1(b) limited the technical capabilities necessary for the proper maintenance of the equipment; moreover, full payment was made to the supplier without entering into a post-warranty service agreement or recovering the relevant training costs.

(iii) Significant shortcomings in planning, delays, actions inconsistent with guidelines, and a lack of regard for cost-effectiveness were observed in the procurement process initiated in 2021 for the purchase of a CT scanner for Teaching Hospital - Kalutara. It was observed that a proper and comprehensive evaluation process was not followed, as the Technical Evaluation Committee failed to submit its report within the stipulated 2–4 week period, conducting the evaluation only after a 05-month delay and also failed to consider the cost of essential spare parts during the evaluation. Although approval for the bid award was received on 24 August 2022, approximately 03 months after the Technical Evaluation Committee's decision, the bid was awarded on 07 June 2024, at a total cost of US$ 584,500, based on a decision made by the Ministry Procurement Committee on 09 May 2024. Accordingly, it was observed that at the time of re-awarding the bids almost two years after the approval of the original bid award, no re-evaluation of the current market prices of the equipment or obtaining updated prices had been carried out, and that when bidding for the purchase of a similar equipment for the Teaching Hospital - Kurunegala in July 2024, the bid had been awarded to the bidder who submitted the lowest bid with a total cost value of US$ 464,946. Furthermore, it was observed that the failure to provide equipment essential for patient care services in a timely manner stemmed from the fact that the entire process, spanning from the issuance of the purchase order to the opening of Letters of Credit was 07 months later and the subsequent release of the machine from the Customs Department was 03 months after that, took over 04 years to complete. Furthermore, the

foreign training required under the terms of the bid had not been provided by 21 May 2026.

(iv) Deficiencies in planning, shortcomings in coordination, and delays were clearly observed in the procurement process initiated in 2024 for the purchase of a CT scanner for Teaching Hospital - Kurunegala. The commencement of the procurement process was delayed due to repeated revisions of specifications resulting from discrepancies between the Biomedical Engineering Division and the Technical Evaluation Committee; furthermore, the revision of specifications during the pre-bid meeting and the delayed submission of technical evaluation reports indicated a lack of efficient planning and proper coordination. Furthermore, the timely procurement of medical equipment was delayed due to the need to repeat the approval process, stemming from a failure to accurately consider all costs and benefits during procurement decision-making and delays in opening Letters of Credit. Additionally, although the machine was delivered to the hospital on 08 December 2025, it could not be put into use because the construction work required for its installation had not been completed even by March 2026; and regarding the provision of overseas training, itt was observed that the Ministry failed to nominate and dispatch the relevant officials by the audit date of 23 March 2026, despite the supplier having provided the opportunity to do so, indicating weaknesses in administrative and infrastructure planning.

(v) The audit observed a number of issues, including planning deficiencies, non-compliance with procurement guidelines, delays, and concerns regarding fairness within the procurement process initiated in 2024 to purchase 03 CT scanners for the Dambulla, Nawalapitiya, and Kuliyapitiya hospitals under an allocation of Rs. 600 million. It was observed that there was a lack of efficient planning and coordination, evidenced by repeated revisions during the preparation of technical specifications and the pre-bid stage, as well as delays in the submission of technical evaluation reports. Furthermore, it was observed that the provisions of sections 8.1.1(a)(i) and 8.2.1 of the Government Procurement Guidelines (2006) were not complied with, as the recommendation of the Ministry Procurement Committee had not been submitted for the approval of the Secretary to the Ministry, and all bidders had not been duly informed regarding the selection of the winning bidder. However, it was observed that the decision to award the bid to the accuser based on the assumption that they would fulfill the relevant conditions, without verifying compliance with technical specifications during the appeal process, constituted a violation of the fundamental objectives of the procurement process. Furthermore, the fairness of the procurement

process was compromised due to the delay in issuing the Letter of Acceptance following the final decision, the failure to inform previously recommended bidders about re-evaluations or decisions, and the consequent denial of an equal opportunity to appeal. Moreover, the relevant procurement process had not been concluded even by May 21, 2026.

(u) The following matters were observed during the examination of the contract for the renovation of the warehouse of the Malaria Control Campaign at the Public Health Complex and the construction of a new warehouse.

(i) Due to the failure to provide quantitative details in the estimate regarding 13 work items involved in the warehouse renovation, it was not possible to verify the accuracy of the estimated cost or to assess progress upon completion of the work. Examples include the failure to specify the quantity of panels to be removed and the dimensions such as length, width, and thickness of the concrete encasements at the panel-to-floor connection points; the absence of measurements showing how the workload was calculated for constructing the steel-column framework for the new warehouse; and the failure to specify the dimensions i.e. length, width, and height and required materials for the warehouse shelving units.

(ii) Although price quotations were invited from 06 selected organizations for the award of the contract, the basis for their selection was not disclosed to the audit, and none of these entities were included in the list of registered suppliers of the Department of Buildings for the year 2024. Furthermore, upon verifying the registration number and address of the organization to which this contract was awarded, it was observed that the registration number corresponded to the organization with a different name, and that no organization operating under the stated name existed at the given address.

(iii) There were instances where the selection of the supplier for this construction was carried out in violation of the following provisions of the Procurement Guidelines.

- Guideline 2.8.1(b) – The Technical Evaluation Committee did not include a subject matter expert or a member possessing adequate knowledge.

- Guideline 5.4.6 (b) – A retention amount had not been deducted.

- Guideline 6.3.6 – A formal bid opening form and a formal letter of appointment were not available.

- Guideline 8.9.1 (b) – No action had been taken to draft and sign a formal contract agreement.

- Guideline 8.12.2 – A certificate of completion of work had not been issued by the Engineer/Consultant.

(iv) According to the site inspection conducted on 26 September 2025 with the assistance of a Technical Officer from the Ministry of Health and upon comparing the work actually carried out against the specifications in the Technical Evaluation Committee report, the following issues were observed: corroded sheets in the first warehouse had not been completely removed; the iron supports within the first warehouse had neither been removed nor repaired; and silicone sealant had not been applied between the sheets and the concrete covering. Although it was stated that 140 meters of iron support posts were used for the frame of the new warehouse, the actual amount completed was only 50 meters, instead of 60 square meters of 0.47 mm thick sheets, only 35 square meters were completed, instead of 200 square meters of anti-corrosive paint, only 190 square meters were used, instead of a 4x20 foot concrete strip between the new and existing warehouses, a width of between 2 and 3 feet was used and the accuracy of its thickness could not be verified. It was observed that the roof of the new warehouse had not been repaired to make it watertight, and the wooden planks required for the shelving units such as iron frames with wooden planks had not been fully installed. Due to payments being made despite these deficiencies, audit calculations revealed an overpayment of Rs. 916,200 to the contractor.

(v) The following matters were observed during the audit of procurement activities carried out by the Family Health Bureau.

(i) Although, in accordance with Section 8.9.1(b) of the Government Procurement Guidelines (2006), a formal contract agreement should be drawn up and signed following the issuance of a formal Letter of Acceptance for contracts for goods and services exceeding Rs. 500,000, this procedure was not followed regarding the procurement for printing 20,000 PHM Diaries worth Rs. 5,876,400, 15,000 Eligible Family Registers worth Rs. 1,325,553, 750 copies of the Global School Health Survey 2024 worth Rs. 1,057,221, and 400,000 Moews Charts worth Rs. 1,718,080.

(ii) Regarding the procurement for the printing of PHM diaries and Moews charts, the goods must be supplied within two weeks of receiving the Bureau's approval for the final draft, in accordance with the instructions provided to the bidders. Otherwise, a delay charge of 1% of the total

contract value must be levied in accordance with Clause 15.1 of Paragraph 7 of the tender documents. The audit was unable to determine whether or not delay charges should be levied, as the specific date on which the Bureau granted approval for the final draft was not stated. Furthermore, although the Instructions to Bidders as per Clause 37.2, regarding the said procurements stipulated that the bidder must not have incurred a net loss over the preceding 03 years to demonstrate financial capability, the submitted audited financial statements revealed that net losses had indeed been incurred during those years.

(iii) Although Guideline 2.8.1(b) of the Procurement Manual requires the Technical Evaluation Committee to include at least one member possessing adequate knowledge of the scope and procurement procedure, the Technical Evaluation Committee for the procurement of electronic adult weighing scales valued at Rs. 2,002,932 did not include such a member.

(w) During the year under review, when purchasing a fully automated microtome for the District General Hospital - Chilaw, the machine was bought from the supplier who had quoted a price Rs. 9,500,000 higher than the other bidder.

(x) A total of 282 local suppliers were registered to supply surgical gauze (SR-14500101) to the Medical Supplies Division on a quota basis, and an order No. 2025/MSD/N/R/S/00005 was placed to procure 30 million meters from them for the year under review. A sample audit examination regarding the supply of 5.6 million meters pertaining to the second quarter of the said order revealed the following observations.

(i) Regarding orders accepted for the supply of 86,500 meters of surgical gauze in April 2025, two suppliers delivered only 17,800 meters of the agreed-upon product, while 58,400 meters supplied by another vendor consisted of gauze of inferior quality and standard. Although 10,300 meters remained undelivered, invoices amounting to Rs. 5,965,905 were submitted, claiming the supply of the entire 86,500-meter consignment. It was observed that warehouse officials had not paid attention to these deficiencies; instead, arrangements had been made to prepare Goods Received Notes (GRNs) for the full value stated on the invoice without taking steps to verify that the stock supplied met the required specifications regarding type, quality, and quantity.

(ii) Although orders were placed with 53 suppliers in May 2025 for the supply of 1,047,900 meters of surgical gauze, five suppliers who had agreed to supply a total of 295,900 meters failed to make the respective deliveries; however, no action was taken against them in accordance with Order Condition No. 10. Furthermore, a physical inspection revealed that while

a supplier had submitted invoices claiming the delivery of 75,200 meters of surgical gauze, the quantity actually supplied to the warehouse was only 33,000 meters.

(iii) In accordance with Section 1.5 of Chapter XLVII of the Establishments Code, an officer shall not engage in any activity that creates a conflict between their personal affairs and official duties, or that obstructs the performance of their official functions; furthermore, pursuant to Section 1.2 of Chapter XXX, they shall not engage in any commercial or trading enterprise. However, it was observed that gauze allocations had been granted to businesses with which officials of the Medical Supplies Division maintained direct connections. An audit regarding the ownership and management of local entities supplying surgical gauze to the Medical Supplies Division revealed that certain officials with such connections had also served on the committee responsible for determining gauze allocations; furthermore, the committee itself had failed to conduct any follow-up in this regard.

(y) The following matters were observed during a sample audit conducted regarding the procurement of medicines, surgical items, and reagents at the Maharagama Apeksha Hospital.

(i) In accordance with Guideline 3.5 of the 2022 Guidelines for the Procurement of Medicines and Surgical Items, a Waiver of Registration (WOR) from the National Medicines Regulatory Authority must be obtained for special instances namely, emergency and very urgent purchases, or situations where there are no registered suppliers or manufacturers for a specific product. Accordingly, the Regional Procurement Committee decided to purchase medical supplies whose quality had not been verified through the standard registration process from the local market, based on the issuance of a Waiver of Registration (WOR) certificate. A sample check revealed that medical supplies valued at Rs. 11,617,655 (inclusive of VAT) were purchased across 10 instances subject to the requirement of obtaining a certificate of exemption from registration; however, it was observed during the examination of files that the relevant organizations had failed to submit such certificates for reagents totaling Rs. 3,492,800 purchased in 2024. Consequently, the quality of these items became a matter of contention during the audit.

(ii) Instances were observed where essential medicines and reagents purchased during the year under review were procured at prices ranging from 56 percent to 767 percent higher than the latest prices recorded by the Medical Supplies Division. Accordingly, a sample audit revealed 10

instances where the hospital incurred an additional total expenditure of Rs. 22,330,915.

(iii) Payments had not been made regarding an emergency purchase carried out by the State Pharmaceuticals Corporation in 2020, as there were no procurement documents or written records available at the hospital. The State Pharmaceuticals Corporation had repeatedly notified the hospital via reminder letters to settle these outstanding bills and had informed them that further supplies of medicines on a credit basis could not be provided until the arrears were paid. Consequently, the hospital lost the opportunity to purchase emergency medical supplies from the State Pharmaceuticals Corporation, as stipulated in General Circular No. 01-41/2019 dated 10 July 2019, issued by the Secretary to the Ministry of Health regarding the procurement of essential emergency medical supplies for hospitals.

(iv) Price quotations were invited from the relevant agent for the purchase of reagents for the Selectra Pro-XL analyzer in the Chemical Pathology Division. The Regional Procurement Committee dated 26 September 2024 had decided to purchase the said reagents for an amount of Rs. 40,522,141 and this Procurement Committee decision had been approved by the Hospital Director. It was observed that, although the Regional Procurement Committee was authorized under the Ministry of Health's financial delegation of powers to handle procurements up to a limit of Rs. 25 million, the committee exceeded this limit during this particular purchase.

(v) A sample examination revealed that, although Guideline 7.6.2 of the 2022 Procurement Guidelines for the Purchase of Medicines and Surgical Items requires obtaining at least three quotations to ensure competitive pricing, the hospital purchased medicines and surgical items worth Rs. 42,711,118 without competition basing the transactions on a single quotation in 32 instances where the method of purchasing from registered suppliers was utilized. Consequently, the opportunity to derive maximum economic benefits at the lowest prices, as intended through the procurement process was lost.

(vi) During the years 2024 and 2025, 15 instances were observed where, despite the emergency procurement of medicines, surgical items, and reagents due to shortages, the associated procurement process took between three and six months to complete. The audit noted that the inability to provide continuous patient care resulting from these delays could adversely affect patients' medical conditions.

(z) The following matters were observed during the audit conducted regarding emergency local market purchases at the National Hospital, Galle.

(i) Based on a sample audit check, contracts for the supply of surgical instruments totaling Rs. 54,045,008 in value and purchased between 2024 and May 2025 revealed that 35 percent of these items amounting to Rs. 19,341,200 in cost had been awarded to a single supplier. Accordingly, an audit-conducted sample check of 80 surgical instrument items purchased during those years revealed that the selected sample included six items awarded to this supplier; regarding four of these items, the government incurred a loss of Rs. 2,668,800 because the procurement committee decided to award the bids to that company disregarding the lowest price and citing no specific reason based solely on the recommendation of the relevant medical specialist.

(ii) Although, in accordance with Section 1.2.1 of the Procurement Guidelines, procurement activities should be conducted in a manner that allows for fair competition among suppliers thereby enabling the procuring entities to derive the associated benefits procurements were made in six instances without adhering to this requirement; specifically, 588 units comprising six types of medicines and surgical instruments, valued at Rs. 6,690,175, were purchased where only a single supplier had submitted a price quotation.

(aa) The following matters were observed during the audit conducted in respect of the District General Hospital - Hambantota.

(i) In the year under review, regarding the procurement of pharmaceuticals, chemicals, and surgical equipment from the local market specifically when calling for quotations from suppliers providing fair, equal, and maximum opportunities for qualified, interested parties to participate in the procurement in accordance with Section 1.2 (e) of the 2024 Procurement Guidelines; providing sufficient time and adequate information to all qualified potential bidders in accordance with Section 1.3.2 (e); and, contrary to the objectives and principles of providing sufficient time and information to all qualified potential bidders and maintaining confidentiality within the public procurement process as stipulated in 1.5.1, price quotations were sought from suppliers through various channels deviating from the uniform procedure for the same procurement activity.

(ii) It was observed that, in 26 instances involving the purchase of 26 types of medicines from the local market at a total cost of Rs. 8,350,031, prices higher than those of the Medical Supplies Division were paid; the unit prices in the local market exceeded the Medical Supplies Division's rates by margins ranging from 6 percent to 2,859 percent.

(iii) 100 units of 'Kabimol Inf 1% w/v 100 ml glass bottle' were purchased as emergency medical supplies on 07 March 2025, utilizing of Rs. 78,034 at a rate of Rs. 780.34 per unit, however, the validity period of the Medicine

Regulatory Authority certificate held by the supplier had already expired on 20 September 2024, by the time the purchase was made.

(iv) Under local procurement, two units of the item "Implant for Revision Knee System" (SR 12704102) were purchased at a cost of Rs. 2,894,700 for two patients on 28 January 2025. According to data from the Medical Supplies Division, the unit price of the item in question is approximately Rs. 228,000; however, it was procured from the local market under an emergency purchase at the significantly higher price of Rs. 1,219,350 per unit. Although the equipment was ordered at the request of a medical specialist, it was observed that by the time the order was placed, one and a half months and six months, respectively, had already elapsed since the two patients concerned had completed their inpatient treatment and been discharged from the hospital. Furthermore, although the equipment was issued to Wards No. 07 and 08 on 05 February 2025, it had not been used for treatment for a period exceeding four months by the date of the audit, 26 June 2025.

(v) On 10 April 2025, 35 units of the item 'SPO 2 Sensors' were purchased at a rate of Rs. 38,000 per unit; although a balance of 05 units remained after 30 units had been issued to various sections by 19 June 2025, a physical stock verification revealed a shortage of 04 units valued at Rs. 152,000.

(d) The following matters were observed during the audit conducted in respect of the District General Hospital - Negombo .

(i) It was observed that, although the hospital placed orders for medicines and chemicals under emergency procurement with the aim of providing patient care services promptly and efficiently, the respective suppliers took between 10 and 101 days, and between 6 and 68 days, to deliver 11 types of medicines costing Rs. 1,831,355 across 15 instances and chemicals costing Rs. 459,590 across 17 instances, respectively.

(ii) During the year under review, the Medical Supplies Division took between 3 and 24 days to grant approval for the local purchase of four surgical instruments costing Rs. 3,256,820 on four occasions and five surgical consumable items costing Rs. 2,824,003 on eight occasions; furthermore, delays ranging from 21 to 137 days occurred between the dates of ordering and the actual delivery of the surgical instruments to the hospital.

4.3 Assets Management

(a) No response had been provided as of the date of this report regarding the audit query dated 20 November 2025 concerning the management of vehicles owned by the Ministry of Health; however, upon visiting the Department of Motor Traffic to

verify the details stated in the response letter dated 01 November 2025 submitted in reply to the audit query dated 20 December 2024, the following matters were observed.

(i) It was confirmed that the ownership of 27 vehicles reported to the audit as having been sold as scrap vehicles at the auction held on 29 January 2024, remained registered in the names of state institutions and external parties, and that certain vehicles had been sold as scrap despite conditions prohibiting their sale. Although steps should have been taken to cancel the registration of vehicles before selling them as scrap, this procedure was not followed. The manner in which ownership of the vehicles sold as scrap was transferred to external parties became a contentious issue during the audit.

(ii) It was confirmed that information had previously been reported to the audit regarding 12 vehicles held by the Ministry, which were noted as not being registered under the Ministry, absent from the Department of Motor Traffic's database, and currently under inquiry.

(iii) Although it was informed to the audit that the vehicle bearing number LX-2913 was not registered under the Ministry, it was confirmed that this vehicle (a lorry trailer) was registered under the Ministry on 30 December 2016; was transferred to the Faculty of Medicine, University of Kelaniya on 31 July 2018; and that ownership has currently (since 15 February 2022) been transferred to the Sri Lanka Air Force. Furthermore, this vehicle was included in the Ministry's vehicle management data system.

(iv) Although the audit was informed that vehicles bearing numbers 43-5982 and 53-7953 had been allocated to the Gampaha Wickramarachchi Ayurveda University and the Department of Technical Education and Training respectively and were subject to a condition prohibiting their sale, it was confirmed that the registration of these two vehicles remained under the Director General of Health Services and the Secretary, Ministry of Health & Women's Affairs, respectively. Furthermore, both vehicles were subject to a non-sale condition and were listed in the Ministry's vehicle management database.

(v) Although the audit was informed that the vehicle bearing number PG-9418 was not registered under the Ministry, it was included in the Ministry's vehicle management data system. As of the present time, the vehicle was registered in the name of an external individual.

(vi) Although it was reported to the audit that the ownership of vehicle No. KW-0360 had been transferred to the Presidential Secretariat, Goods Issue Orders had been handed over without obtaining Goods Receipt Orders.

(vii) Although the audit was informed that the ownership of the vehicle bearing number PK-7041 had been transferred to the Presidential Secretariat, it was confirmed that the vehicle was actually under the ownership of the Secretary to the State Ministry of Primary Health Care, Epidemics and COVID Disease Control.

(viii) Although the audit was informed that the motorcycles bearing numbers ML-1508 and ML-1510 had not been returned to the Ministry, it was confirmed that ownership of these vehicles rested with the Director General of Health Services; however, no action had been taken to acquire them for the Ministry.

(ix) It was confirmed that the ownership of the three vehicles bearing numbers JT-0356, JT-8007, and GQ-8592, regarding which the audit had been informed that information was being sought was registered in the names of two external individuals and under the Director General of Health Services, respectively.

(x) It was confirmed that the ownership of the two vehicles bearing numbers 39-1151 and PA-6266, which had been reported to the auditors as being subject to non-sale conditions, vests in the Director General of the Sri Lanka Rupavahini Corporation and the United Nations Children's Fund, respectively. Ownership of these two vehicles has not been transferred to the respective institutions, and as of the date of this report, they remained parked at the Mulleriyawa vehicle yard.

(xi) It was confirmed that the ownership of vehicle No. PA-6242, which had been reported to the audit as being subject to special conditions prohibiting its sale was vested in the United Nations Children's Fund. No action had been taken to acquire ownership of this vehicle.

(xii) It was confirmed that the vehicle bearing number 59-7953 which had been reported to the audit as having been handed over to the Department of Technical Education and Training was registered in the name of an external individual.

(xiii) It was confirmed that the ownership of eight vehicles which had been reported to the audit as having been handed over to technical training institutes remained vested in the Ministry. Although the registration of these vehicles should have been cancelled prior to their handover for training purposes, this procedure had not been followed.

(xiv) It was confirmed that the vehicle bearing number PA-7161 reported to the audit as having been transferred to the Department of Ayurveda is actually vested in the Secretary to the Ministry of Health and Indigenous Medicine; that the vehicle bearing number GN-5059 reported to the audit as having

been handed over to the Sri Lanka Prisons is vested in the Director General of Health Services; and that conditions prohibiting their sale are attached to both.

(xv) It was confirmed that the ownership of eight vehicles reported to the audit as having been provided to the Sri Lanka Air Force remained vested in the Ministry. It was observed that no action had been taken to transfer the ownership of these vehicles to the relevant institution.

(xvi) It was confirmed that the ownership of the three vehicles bearing numbers LW-0528, LW-0540, and LW-0707 which had been reported to the audit as having been issued to the Sri Lanka Police Department was vested in external parties.

xvii) The three vehicles bearing numbers PD-4265, PW-0414, and RG-1332 which had been reported to the audit as not being registered under the Ministry were, in fact, included in the Ministry's vehicle management data system. Ownership of these three vehicles was vested in the Director of the Department of Textile Industries and external individuals, respectively.

(xviii) Ownership of the three vehicles bearing numbers 19-5590, 40-8552, and 254-1839 regarding which the audit was informed that no information on the transfer of ownership existed was vested in external parties. According to the special audit report on vehicle management in the Ministry of Health, Nutrition and Indigenous Medicine issued by the Auditor General on 22 April 2019, these three vehicles were identified as being in a dilapidated state but were classified as vehicles for which no measures regarding disposal had been identified.

(xix) Although it was reported to the audit that vehicle No. 40-4764 was not registered under the Ministry, it was included in the list of 76 vehicles parked at the premises, that the Ministry's Transport Division had submitted for audit. As of the present time, the vehicle was registered in the name of an external party.

(xx) Although vehicle No. 42-0664 was not registered under the Ministry, information was submitted for audit indicating that it was a vehicle proposed to be handed over by the Ministry to the Madura Vithana Foundation for repairs. Ownership of this vehicle was vested in an external entity.

(xxi) Although it was reported to the audit that vehicle No. 42-4237 was not registered under the Ministry, it was observed that the vehicle was registered under the Director General of Health Services and that its ownership is currently held by an external individual.

(xxii) It was confirmed that the vehicle bearing number QP-2468, regarding which the audit had been informed that information was being sought was previously registered under the Secretary to the Ministry of Health, Indigenous Medicine, and Social Welfare and is currently registered under the Department of Social Services; furthermore, it was confirmed that the vehicle bearing number PF-6977 was previously registered under the Ministry of Health and is currently registered under the Ministry of Tourism. Additionally, the vehicle bearing number PF-6977 was included in the Ministry's vehicle management data system.

(xxiii) It was observed that the vehicle bearing number HU-8373 regarding which information was being sought is registered under the Secretary, Ministry of Health. Information indicating that this vehicle is located at the Teaching Hospital-Jaffna had also been submitted to the audit.

(xxiv) It was reported to the audit that a used, unregistered Nissan ambulance bearing the name of a non-governmental organization identified by the Ministry's Vehicle Disposal Committee in 2022 was sold as scrap metal based on its weight, without ascertaining how the Ministry of Health had acquired the vehicle and without lodging a complaint with the police regarding the matter. Furthermore, no evidence was presented to the audit to show that the vehicle's engine and chassis numbers had been cut off and the vehicle handed over to the Department of Motor Traffic upon its sale. Although the auditors were subsequently informed that the ambulance had been transferred to a vocational training institute, details regarding the relevant issue orders and receipt orders were not submitted for audit.

(b) The following matters were observed during the examination of the response provided on 25 July 2025 to the audit query issued on 05 February 2025 regarding the transfer of ownership of vehicles belonging to the Ministry of Health over the past 10 years.

(i) Although it was stated that issue orders had been issued for 514 vehicles allocated to other ministries, institutions, provincial councils, and provincial directors of health services, the corresponding receipt orders had not been obtained. Furthermore, the issue order number and date pertaining to the issuance of vehicle No. 227-5495 were not recorded.

(ii) Written evidence confirming the transfer of ownership of the 06 vehicles for which it was stated that documents regarding the transfer of ownership to the Southern Provincial Council had been handed over was not submitted for audit.

(iii) Progress regarding the transfer of ownership (either acquiring or handing over) of 16 vehicles was not reported for audit.

(iv) With reference to the reply, neither the information regarding the appointment of the committee which was proposed to be appointed to obtain recommendations for streamlining the process of transferring ministry vehicles nor a copy of the report submitted by the said committee was presented for audit.

(c) Upon examination of the response provided on 07 January 2026, to the audit query issued on 25 February 2025, regarding the utilization of vehicles belonging to the Ministry of Health and the internal control system of the Ministry's transport division, the following matters were observed.

(i) It was confirmed that daily running logs charts for the year 2022 had not been properly submitted for 108 out of the 150 vehicles. It was further confirmed that, even for the 42 vehicles for which information indicating the submission of daily running charts had been presented, the charts had not actually been submitted in the prescribed manner.

(ii) In accordance with Financial Regulation 1646 of the Democratic Socialist Republic of Sri Lanka, the original copies of daily running charts and monthly summaries of government vehicles must be submitted to the Auditor General before the 15th day of the following month. Consequently, the daily running charts and monthly summaries for all vehicles should have been filed separately within the Ministry's Transport Division to facilitate inspection by the Auditor General's staff whenever required; however, this procedure was not followed.

(iii) It was observed that the statement made by responsible officials approximately 30 months after the audit query was issued indicating that they would further examine the daily records pertaining to official vehicles and submit them for audit, reflects a failure to discharge their responsibilities. Although a request was made to submit certified copies of the daily records for official vehicles covering the four-year period from 2022 to 2025, these daily running records had not been submitted for audit as of the date of this report.

(iv) Transport and fuel allowances were paid to four unnamed officers for the year 2021, two officers for 2022, and two officers for 2023, based on approvals obtained for the use of their private vehicles for official transport purposes. Furthermore, the information submitted for audit did not confirm that transport and fuel allowances had been paid to three officers who were recorded as having obtained such approval.

(v) Although the audit requested information regarding the actions taken against the heads of the units to which the vehicles mentioned in the audit query dated 20 June 2023 were assigned, and against the drivers who operated them given that the failure to use gate passes for these vehicles constituted an act in defiance of the directives

(d) Although 34 Barcode Hand Held Scanners for the HIMS system were received by the District General Hospital – Matale in accordance with the Hospital Superintendent's letter dated 04 April 2018, information regarding the physical existence and usage of 24 of these units was not submitted for audit.

(e) Although 36 laptops were provided to the District General Hospital - Matale for the HIMS system, the stock register recorded only 34 units. Furthermore, there was a discrepancy between the code numbers listed on the supplier's delivery advice and the information obtained from the hospital as of September 11 2025, regarding three of the laptops; additionally, details concerning two of the laptops reportedly supplied were not submitted for audit.

(f) Although six barcode scanners and four functional dot matrix printers were physically available at the District General Hospital – Matale remaining idle as of 11 September 2025, the hospital purchased 18 additional barcode readers at a cost of Rs. 108,000 and five dot matrix printers at a cost of Rs. 297,150 in 2025. These new items were delivered to the main store on 21 July 2025; however, as of 31 October 2025, four of the dot matrix printers and all 18 barcode readers remained in the main store, with no decision having been made regarding which departments they should be issued to.

(g) Seven sticker printers and five printers provided to the District General Hospital - Matale for the HIMS system were lying idle.

(h) The GE Optinga XR-200 AMX Mobile X-Ray unit at the Radiology Department of the District General Hospital - Chilaw remained out of service because no action was taken to repair it from 25June 2024, onwards; furthermore, the dental X-ray machine remained idle and unused from January 2025 due to a lack of IOPA X-ray films.

(i) Although the land occupied by the Teaching Hospital - Kurunegala is registered under the name of the Kurunegala Divisional Secretariat and despite the fact that unauthorized occupants had been identified and the Divisional Secretariat notified no further action had been taken to vest the entire land in the hospital.

(j) The following matters were observed during the audit inspection regarding the government quarters at Teaching Hospital - Kurunegala.

(i) Although the staff consisted of 3,245 officers across 52 designations as of 31 December 2025, there were only four government quarters allocated

based on long-standing usage to officers of three specific grades and no scheduled government quarters were available for the positions of Director and Deputy Director.

(ii) Two government medical officers' quarters, situated on a land area of approximately 01 acre belonging to the hospital, had remained in a dilapidated state and unoccupied since 26 September 2008. One of these quarters had been used for the collection of clinical waste since 2019 and was further destroyed by a fire that occurred on 23 April 2023. As of the audit date of 16 February 2025, a portion of this land was being used as a vehicle park, while another section had become overgrown with wild vegetation. The other quarters had remained disused for a long period. Although the entire land area spanning approximately one acre remains underutilized, and a request was submitted to the Central Engineering Consultancy Bureau (CECB) in 2016 to prepare estimates for demolishing two medical officers' quarters and constructing a medical officers' housing complex in accordance with Ministry of Health letter No. BO7/THKURU(1)/2012 dated June 15, 2015, no further action had been taken regarding these 02 dilapidated government quarters even by the date of the audit.

(k) No action had been taken to legally vest any of the land parcels utilized by Teaching Hospital - Gampola by 26 January 2026; furthermore, apart from the land on which the hospital is situated, the other land parcels had not been valued or brought to account. Additionally, the Jayamalapura lands measuring 0.0559 hectares and 0.2508 hectares and the Arayagoda land measuring 0.1242 hectare, all belonging to the hospital had been subject to unauthorized occupation.

(l) The 127-kW solar power system at the District General Hospital - Ampara, costing Rs. 17.4 million, remained unused from October 2020 to January 2023 (27 months) due to the absence of an operational agreement, resulting in a loss of Rs. 24.17 million. Although an agreement was signed in January 2023, a further loss of Rs. 5.37 million was incurred because the system was not connected to the national grid until August 2023. Even after the system became operational, it functioned at a significantly reduced capacity up to the date of the audit; consequently, an additional loss of Rs. 19.94 million was incurred due to electricity generation falling far short of the expected output.

(m) The following matters were observed during the audit conducted regarding the two generators installed within the premises of the new District General Hospital - Hambantota.

(i) The automatic operation of the two generators, activating during a power failure and shutting down automatically once the power supply was restored had ceased after 27 February 2023; although more than two years

had elapsed since this malfunction occurred by 04 July 2025, no measures had been taken to rectify the issue.

(ii) Although the electricity supply was restored around 9:05 a.m. following a power outage in the national grid at approximately 9:00 a.m. on 28 June 2025, the hospital's two generators failed to disconnect automatically; consequently, they remained active for about 9 hours and 30 minutes from 9:00 a.m. to approximately 6:30 p.m. resulting in the wasteful consumption of 391 liters of diesel and a financial loss of Rs. 112,999 to the government.

(iii) Proper records were not maintained regarding the duration of generator operation and the quantity of fuel consumed during power outages. Accordingly, records indicate that during the period from 15 March 2023 to 28 June 2023, there were 20 instances of power outages totaling 242 hours and 58 minutes, during which 11,356 liters of diesel were consumed. When comparing the duration of power outages with the quantity of fuel consumed in each instance, the difference in fuel consumption per hour of machine operation fell within a significant range of 15.49 to 74.39 liters.

(iv) It was observed that there was a discrepancy of 14 hours and 47 minutes between the duration of machine operation, calculated based on the machine hour readings recorded at the beginning and end of the period from 15 March 2023 to 28 June 2025 and the duration of operation calculated based on the meter readings recorded in the log for the 20 instances of machine usage during that period.

(n) The expenditure incurred for the purchase of laundry equipment, costing Euro 18,000 (approximately Rs. 6,390,000) and provided under the construction project for the German-Sri Lanka Friendship Women's Hospital has become an unproductive expense, as the equipment remains idle and unused.

(o) Following the transfer of hospital operations from the old Teaching Hospital - Mahamodara to the new German-Sri Lanka Friendship Women's Hospital, medical and other equipment were purchased for the new hospital in 2023. An audit examination regarding this matter revealed the following observations. (The value was calculated based on the average exchange rate of Rs. 355 for the year 2023 when converting Euros to Rupees.)

(i) It was observed that the fire protection and fire alarm system valued at approximately Rs. 1,775,000 (Euro 5,000) and installed at the new hospital was handed over by the supplier without verifying its proper functionality; furthermore, officials had not been trained in the operation

of the system, and the system was not in an operational state as of the audit date in May 2025.

(ii) A Semi-Auto Cryotome machine worth Rs. 5,950,000, purchased on 14 November 2018 based on the recommendation of a medical laboratory specialist and without a quantitative technical evaluation, remained idle and unused for a period of 07 years. Although the old Mahamodara Hospital possessed three items of laboratory medical equipment, valued at Rs. 12,550,000 that were still suitable for patient care services, as well as 16 other items of medical equipment of undetermined value, the relevant medical equipment was purchased again under the new project without taking these existing assets into consideration. Accordingly, old medical equipment remained idle in the new hospital's medical laboratory from the hospital's opening on 07 March 2024, up to the date of the audit; although it was observed that the two 'Plasmapheresis System' units included in this equipment are used to separate blood plasma from blood cells, it was noted that the likelihood of such equipment being utilized in a women's hospital is minimal.

(iii) The audit observed that the 'Nurse Call System' installed at the hospital (used by patients to contact nursing staff) which cost Rs. 37,305,175 (Euro 105,085) was not being utilized; consequently, the funds spent by the government to install the system became an unproductive expenditure.

(iv) The Hydroclave waste management unit, purchased on 28 December 2023, for clinical waste management at a cost of Rs. 136,799,250 (Euro 385,350) has remained idle from 12 March 2024, up to the date of audit, following only about 05 days of use after the hospital commenced operations; consequently, the expenditure incurred for it has become an unproductive cost.

(p) Although the German-Sri Lanka Friendship Women's Hospital was established with a capacity of 623 patient beds, it was observed that only 470 beds were available in the wards and units as of the date of audit. Furthermore, a sample audit covering the months of November and December 2025 and January 2026 revealed that the daily number of inpatients ranged from 155 to 249; consequently, the utilization rate of the available bed capacity stood between 33 percent and 52 percent, indicating that approximately 50 percent of the capacity remained underutilized or idle. However, based on the hospital's construction plan which provides for a maximum capacity of 623 beds, it was observed that, considering current usage, the underutilized bed capacity ranges between 60% and 75%. It was observed that the 852 square meters allocated for the HDU unit scheduled to be established on the hospital's 03rd floor, and the 957 square meters allocated for the Oncology unit scheduled for the 04th floor, have remained

underutilized for nearly two years spanning the period from the hospital's opening in March 2024 to the date of the audit and that the rooms within the 03rd-floor HDU unit are being used as residential quarters for medical officers.

(q) Two DR X-Ray machines, purchased for a sum of US$ 330,666 under the 2016 Chinese loan-funded project, were provided to the Colombo North Teaching Hospital. In response to the audit inquiry No. HMS/E/MH/07/2020/67 dated 10 May 2021, it was stated that one machine, which had not yet been installed, had been provided to the Kandana District Hospital, but it was observed that this machine was still idle at the Colombo North Teaching Hospital as of 10 February 2026, the date of the audit. Similarly, it was observed that the other operational machine installed at the Colombo North Teaching Hospital had been used only until October 2020; due to the absence of an agent to carry out maintenance and servicing, it has remained non-functional and idle from that date up to the date of the audit.

(r) Ambulance No. 227-7286, belonging to the District General Hospital - Embilipitiya, was handed over to a private entity in the Embilipitiya area for repairs on 10 April 2022, with the approval of the Sabaragamuwa Provincial Development, Desinging and Machinery Authority; however, more than three years after the vehicle was handed over for repairs, the Assistant Director (Mechanical) of the said Authority submitted a repair estimate amounting to Rs. 1,542,968 on May 21, 2025. It was observed that an estimate obtained when the vehicle was handed over for repairs in 2022 was not submitted for audit; furthermore, the price estimate likely reflected the impact of inflation over the 2022–2025 period, and no follow-up action had been taken regarding the ambulance sent for repairs over a period exceeding 03 years.

(s) The cab bearing number PB-0022, belonging to the District General Hospital - Embilipitiya, was involved in an accident on 08 October 2025; however, by the date of audit, 17 February 2026, no action had been taken to submit a full report regarding the incident in accordance with Financial Regulation 104(4), nor to calculate the loss resulting from the accident and recover the amount from the responsible parties.

(t) Although more than 04 years had elapsed by October 2025 since the ambulance bearing number LW-1558 attached to the District General Hospital - Kegalle met with an accident, the vehicle remained unrepaired and was parked at the Mulleriyawa vehicle yard of the Ministry of Health. Furthermore, the preliminary investigation regarding the vehicle accident conducted in accordance with FR 104 had not been concluded, and insurance compensation could not be obtained because the vehicle's insurance coverage had expired at the time of the accident. It was also observed that the vehicle was at risk of deterioration due to having remained parked in the same location for over 04 years. Additionally, no

disciplinary action had been taken against the officers held responsible for the accident.

(u) Although the 'Indiko Plus Auto Chemistry Analyzer' was transferred from Teaching Hospital - Karapitiya to the Maligawatta National Institute for Nephrology and Kidney Transplantation on 29 March 2024 for conducting laboratory tests, the machine remained idle in the laboratory, unused for testing purposes as of the audit date of 31 December 2025; this was due to the fact that the reagents required for its operation would cost Rs. 7,277,718, and no decision regarding these costs had been reached.

(v) It was observed that 03 air-conditioned containers had been left idle and unused for a long period within the premises of the Medical Research Institute. Due to this lack of use, the area surrounding them had become overgrown with vegetation; inside the containers, there were sets of modern bathroom fittings, 3 mattresses, 2 beds, and 3 air-conditioning units.

(w) Although ownership of the vehicle bearing registration number CAD-6806 valued at Rs. 39,500,000 and not yet brought to account as of the date of this report, vests in the Ministry of Mass Media, the vehicle was referred to a repair facility by the Mechanical Engineer following a mechanical fault in 2024; however, contrary to the requirement under Public Administration Circular No. 30/2016 dated 29 December 2016 which mandates obtaining a report from a Mechanical Engineer prior to internal repairs, the vehicle was dismantled at the relevant facility upon a payment of Rs. 15,000, without adhering to this procedure. The vehicle was returned to the Ministry after one month without undergoing repairs; however, the Ministry official responsible for transport failed to take the necessary steps to inspect the vehicle's condition at the time of its return in accordance with established procedures. Furthermore, a sum of Rs. 4,274,849 had been incurred for the vehicle's repair by 31 December 2025. It was observed that this expenditure was not in compliance with National Budget Circular No. 01/2024 dated 10 January 2024.

(x) It was observed that Metamizer machines supplied in 2017 under an Australian loan-funded project at a cost of US$ 701,335.83 per unit and totaling US$ 3,506,679.15, to the District General Hospital - Ampara, Ashraff Memorial Hospital - Kalmunai, Base Hospital Kalmunai North, Base Hospital - Akkaraipattu, and District General Hospital- Chilaw were not being utilized. Although the District General Hospital- Chilaw had repeatedly requested from the Secretary to the Ministry, to remove the Metamizer machine from the hospital premises as the hospital utilizes incinerator supplied in 2021 for clinical waste disposal that it was no longer needed for waste disposal and that the space was required for patient accommodation, the machine remained idle on the hospital grounds as of the audit date, 12 March 2026. This machine was also affected by

water due to the 'Ditwah' cyclonic conditions that impacted the hospital premises on 29 November 2025, and its functionality had not yet been tested at the time of the audit.

4.4 Transactions in the form of financial irregularities

(a) The Department of Examinations confirmed on 29 December 2021, that the G.C.E. (Ordinary Level) results sheet submitted in connection with the appointment of a health service driver attached to the National Hospital - Karapitiya and appointed on 02 February 2009 with service confirmed from the date of appointment via the Director General of Health Services' letter No. TRC/PF/137 dated 04 October 2013 was a forged document. It was observed that, between 2009 and July 2025, a total of Rs. 10,929,399 in salaries and allowances was paid without proper authorization, as the officer had been confirmed in service without the Department of Examinations verifying whether the necessary minimum qualifications for the appointment had been met. Furthermore, although it was confirmed on 29 December 2021, that the educational certificates submitted by the officer were forged, the responsible officials failed to take any action and continued to employ the officer.

(b) On 25 February 2025, near the Borella junction, 34 cheques from a cheque book belonging to the Medical Research Institute bearing serial numbers 456476 to 456525 went missing; furthermore, the procedure followed during the dispatch of the cheques did not comply with Financial Regulation 384(5). As of the audit date of 20 November 2025, no action had been taken to conduct a preliminary inquiry into this incident.

(c) According to the internal inspection report conducted on 12 August 2025, regarding the stock of Tramadol Hydrochloride 50mg capsules (Cap Tramadol – IP 50mg) held in the internal store of the Rheumatology and Rehabilitation Hospital, a balance of 700 units was recorded comprising 100 units under batch LTHMF 04 and 600 units under batch LTHMF 05. According to the physical verification conducted by the audit on 27 August 2025, there was a balance of 650 units on that date, comprising 500 units of batch LTHMF 01 and 150 units of batch LTHMF 04. Consequently, it was observed that the batch numbers of the medicines presented during the internal inspection differed from those observed during the audit's physical verification and from the batch numbers of the medicines supplied to the hospital by the Medical Supplies Division.

(d) It was observed that a formal internal control mechanism had not been introduced for the process of purchasing the reagents required for the laboratory since the Chief Medical Laboratory Technologist (CMLT) has been allowed to carry out all activities related to the procurement of reagents for the Hambantota District

General Hospital laboratory including tasks falling within the purview of the Procurement Officer, such as obtaining price quotations from suppliers, issuing purchase orders, obtaining invoices from suppliers, and preparing 'General 35' vouchers, Furthermore, a sample audit inspection revealed that 61 units of 06 essential reagent items, purchased from the local market on 03 occasions during the years 2024 and 2025 at a cost of Rs. 864,375 had been re-issued to other hospitals. The audit confirmed that the respective hospitals had not requested 55 units valued at Rs. 589,920 of the 03 types of reagent materials reported as issued, and that these materials had not been received by the hospitals. Accordingly, it was observed that the information submitted to the audit, claiming that laboratory reagents had been issued to other hospitals was inaccurate; furthermore, by submitting such inaccurate information to the audit, the responsible officials committed offenses listed in the First Schedule regarding misconduct by public officers, as set out in Volume II of the Establishment Code.

4.5 Losses and Damages

(a) According to the statement of losses and write-offs prepared by the Ministry of Health and Mass Media under Financial Regulations 106 and 113 (Note (i)), the value was Rs. 31.97 million; however, according to the statements prepared by hospitals and institutions, the value was Rs. 1,352.19 million. Consequently, a discrepancy of Rs. 1,320.22 million was observed.

(b) Of the total value of Rs. 1,352.19 million, representing amounts outstanding for recovery or write-off as of 31 December 2025, as prepared by hospitals and institutions, Rs. 419.82 million related to amounts outstanding for more than five years. This comprised 31 percent of the total value, while the value for which no time analysis was provided amounted to Rs. 1.61 million.

(c) Regarding a salary-related financial fraud at the Provincial General Hospital - Badulla (currently Teaching Hospital - Badulla), the assessed loss at the time of the incident as per Financial Regulations 104(4) and 109, amounted to Rs. 1,622,024; pursuant to the relevant court verdict, a sum of Rs. 1,406,959 was recovered in three installments during 2024. However, no action was taken to write off the recovered amount from the records, nor was the remaining loss of Rs. 215,065 reflected in the books.

(d) Although the Statement of Losses and Waivers prepared by the Teaching Hospital - Badulla listed the theft of medicines valued at Rs. 15,378 and the theft of equipment from the new auditorium valued at Rs. 586,000, these values were not reflected in the Statement of Losses and Waivers prepared by the Ministry.

(e) Upon examination of Annex ii prepared by the Ministry and Annex ii prepared by the hospital authorities, it was observed that while a total of Rs. 1,598,048 relating to 16 instances of expired medicines and a total of Rs. 10,092,698 relating to 8 other instances at National Hospital - Kandy were recorded as carried-forward balances in the statement prepared by the Ministry, these instances were not listed in the hospital's Annex ii.

(f) Although the statement regarding write-offs and recoveries prepared by the Ministry (Annex ii) indicated a carried-forward balance of Rs. 42,417,803, relating to 16 hospitals and institutions that had not been written off, the said hospitals and institutions had submitted 'nil' reports.

(g) The cost of medicines and surgical items damaged in the stores of the District General Hospital - Chilaw due to the cyclonic conditions that affected the island in November 2025 amounted to Rs. 108 million; however, the cost of medicines and surgical items damaged in other sections and wards had not been assessed even by the time of the audit on 12 March 2026. The materials had been stacked inside a building currently under construction on the hospital premises. Due to this incident, a CT scanner valued at Rs. 41 million in the Radiology Department, as well as an ultrasound machine and a short-wave therapy unit valued at Rs. 14.99 million in the Physiotherapy Department, were damaged; the Biomedical Engineering Institute informed the hospital management that these machines could not be repaired. Consequently, the hospital incurred an expenditure of nearly Rs. 3 million during January and February 2026 for CT and X-ray services obtained from private hospitals.

(h) As the Pharmacist-in-charge of the drug store at the Rheumatology and Rehabilitation Hospital failed to report for duty, a committee was appointed to conduct a physical count of the drugs and medical supplies held in the store and to formally hand them over to the Chief Pharmacist, with the aim of ensuring the uninterrupted continuation of patient care services. Accordingly, on 06 March 2025, the committee conducted a physical inspection and entered only the physically verified stock balances into the 'Swastha' system as a separate unit (PHA 2). However, based on the data from the original unit (PHA 01), a total of 422,582 units across 77 types of expired medicines which should have been present in the warehouse were physically missing on that day.

(i) During the period from August 2024 to July 2025, the Dialysis Unit of the Teaching Hospital - Kurunegala performed 15,343 dialysis procedures for patients. The total number of 5-liter and 10-liter plastic cans discarded during this process was 30,686. Of these, only 22,394 plastic cans had been issued to the scrap store and the Wariyapola Army Camp; Consequently, revenue amounting to

Rs. 1,221,870 was lost due to the disappearance of 8,292 plastic cans. Despite the availability of facilities at the scrap store to store plastic cans issued by the dialysis unit, a loss of revenue totaling Rs. 1,363,473 was incurred because 10,911 of the plastic cans handed over to the scrap store during the period under review went missing.

(j) An ambulance of National Hospital – Kandy had met with an accident on 23 September 2020. Although the insurance company had agreed, via a letter dated 08 November 2021, to pay the market value of Rs. 11.80 million, determined at the time of the accident under the total loss, the ambulance was handed over to a private entity on 03 August 2022 for repairs at an estimated cost of Rs. 8.30 million without a cost-benefit analysis by a formal committee; consequently, a payment of Rs. 6.23 million was made by the insurance company to the garage on 23 December 2022. The Ministry had failed to initiate legal action regarding the failure to complete repairs and return the vehicle to the hospital even though three and a half years had elapsed by 05 February 2026, since it was handed over for repairs while the insurance company had also decided not to pay the remaining insurance compensation.

(k) A publicity board designed to raise public awareness about non-communicable diseases purchased on 21 November 2018, using funds from the Health Education Unit of the Ministry of Health, had been provided to Teaching Hospital - Karapitiya but was dismantled and removed on 18 July 2024. Although it was observed that, in accordance with the Ministry of Health's 2018 performance plan, a sum of Rs. 6 million had been estimated for the installation of an LED publicity board measuring 20 feet in length and 10 feet in width at Teaching Hospital - Karapitiya. No evidence was submitted to the audit regarding the costs associated with purchasing the board, installing it at the hospital, and other related expenses. The board had been in use for approximately one year; it remained non-functional from 06 March 2022, until it was dismantled and removed from the hospital premises on 18 July 2024. The computer and 18 other accessories related to the advertising board, along with the iron poles, were in the custody of the Nursing Officer-in-Charge of the Health Education and Health Promotion Unit; these items were stored insecurely at official quarters of No. 36/12. An inspection conducted by the hospital on 27 June 2025, revealed the theft of 11 iron supports used to mount the panel, comprising 5 C-bars of lengths of 20 feet and 8 feet and six H-bars, varying in dimensions: 8 feet by 1 inch; 9 feet by 6 inches; 8 feet by 6 inches; and 4 feet by 6 inches. It was also observed that the funds spent on this advertising board had effectively gone to waste. Furthermore, no action had been taken to recover the resulting financial loss to the government from the parties responsible for the theft.

4.6 Non-monetary transactions

(a) In 2020, the Health System Enhancement Project recruited an expert for the Quarantine Unit at a cost of Rs. 2.11 million to amend the Quarantine and Prevention of Diseases Ordinance No. 3 of 1897. The final report submitted by this expert on 05 July 2021, was not approved as it failed to provide adequate coverage of the subject matter. Consequently, the expenditure incurred by the project became an unproductive expense.

(b) The following matters were observed during an audit inspection regarding the vehicle bearing number 64-7610, which was registered with the Department of Motor Traffic on 14 September 1994 under the name Sri Lanka Emmaus Leprosy Control Project.

(i) A letter dated 13 December 2023, sent by the Director of the Anti-Leprosy Campaign to the Director (Transport) of the Ministry, stated that the vehicle had not been driven since 2017 due to a mechanical fault and had consequently suffered minor deterioration. Although the Department of Motor Traffic had notified that it had decided to cancel the registration of this vehicle which was registered under a non-governmental project, because no revenue license had been obtained for it since 2008, the responsible officials failed to take action to legally transfer ownership of the vehicle to the Ministry of Health.

(ii) Although the Ministry incurred a total expenditure of Rs. 727,983 on repairs carried out in several stages by 24 February 2025, following the receipt of these vehicles, the vehicle in question remained parked and idle within the Ministry premises. It was observed that, despite some of these repairs being covered by a warranty, the warranty periods expired while the vehicle remained idle and unused.

(c) Upon examination of the response provided on 31 December 2025 to the audit query issued on 05 February 2025 which concerned the utilization of the Automated Immunoassay/Hormone analyzer machine purchased in 2023 at a cost of Rs. 34.2 million, the following matters were observed.

(i) Although it was stated that this equipment was provided at the request of the hospitals, no written evidence confirming this was submitted.

(ii) Although the equipment originally allocated to the Base Hospital - Mutur was subsequently transferred to the Teaching Hospital - Badulla, the transfer was affected despite the fact that the latter hospital had not

indicated a requirement for such equipment. Teaching Hospital - Badulla possesses a fully automated analyzer, and the relevant company provides lifetime service and maintenance for it free of charge; the device serves the entire Uva Province as well as the District General Hospitals in Ampara and Nuwara Eliya, yet it is not being utilized at an optimal level; the equipment proposed for new acquisition has a higher capacity than the existing unit; and even the current device does not receive a sufficient volume of samples. The doctor in charge had informed the Hospital Director in writing on 22 November 2024, that no additional equipment was required in that context. However, disregarding these facts, the equipment that had been allocated to the Base Hospital - Mutur was issued to the Teaching Hospital – Badulla.

(iii) The Director of Teaching Hospital – Badulla had also informed the Director (Laboratory) that there was no need for an additional piece of equipment, as the analyzer currently available at the hospital was not being utilized to its full capacity as of 19 December 2024. Although the response provided indicated plans to conduct tests covering the entire Uva Province in the future, the analysis equipment already possessed by Teaching Hospital - Badulla was already providing services to the Uva Province as well as to the District General Hospitals in Ampara and Nuwara Eliya, even prior to the purchase of this new equipment. Consequently, it was observed that this equipment was supplied to Teaching Hospital - Badulla without any request or actual need, and that the responsible officials had acted irresponsibly in this matter.

(iv) Although the equipment originally allocated to Base Hospital - Kattankudy had been transferred to General Hospital - Ampara, no request for it from the latter hospital was submitted for audit. At that time, sample testing for that hospital was being conducted by Teaching Hospital - Badulla.

(v) Although it was stated that the equipment previously provided to Base Hospital - Pottuvil had been transferred to District Hospital - Palamunai, no written request for this transfer nor any information regarding the hospitals involved, was submitted for audit. Information previously submitted for audit had made no mention of equipment being provided to Base Hospital - Pottuvil, but it had indicated that the equipment was installed at District Hospital - Palamunai on 30 June 2023.

(vi) Although it was stated that there was a proposal to transfer the equipment provided to the Base Hospital - Kalavanchikudi to the Batticaloa Training

Centre, no information regarding a request for such a transfer or the hospitals intended to be covered by it was submitted for audit. Furthermore, the fact that the equipment could not be installed and put into use by 31 December 2025, despite three years having elapsed since its purchase, it was observed that the equipment had been procured without an actual need.

(vii) It was stated that the equipment provided to the Base Hospital - Kalavanchikudi had been sent to the District General Hospital - Ampara for repairs. It was unclear what repairs were required even before the machine had been installed.

(viii) Although the response provided stated that the cost of equipment capable of performing a limited number of tests was excessively high, no evidence was submitted to confirm this claim. The assertion that the price of equipment capable of performing only about 8 to 10 tests was significantly higher than that of equipment capable of performing approximately 50 tests became a point of contention during the audit.

(ix) The institutions provided with the 10 units of equipment failed to submit for audit information regarding the number of tests conducted using said equipment during the year under review, as well as details concerning expenses incurred for service, maintenance, and repairs, costs associated with reagents, and expenses related to the re-installation of the equipment.

(x) The Secretary to the Ministry ordered a full, formal investigation into this procurement following discussions at the Ministry Audit and Management Committee; however, the response did not indicate that such an investigation had been or was being conducted.

(d) For the year under review, Ceylon Electricity Board electricians were deployed to the National Hospital - Galle on a payment basis, at an estimated cost of Rs. 29,287,411. It was observed that wage estimates for these electricians are prepared based on the number of days worked; specifically, with two electricians engaged in 24-hour hospital electrical maintenance, a monthly payment of Rs. 2,041,620 is made for the pair, calculated at Rs. 30,024 per day for ordinary days (excluding Poya days and Sundays) and Rs. 45,036 per day for Sundays or holidays. However, no documentation was submitted for audit regarding the basis for determining the electrician's hourly wage rate of Rs. 1,251; furthermore, an analysis of the electrical maintenance and services performed between January and July of the year under review revealed that over 90 percent of the work consisted of minor maintenance tasks such as the installation of bulbs, fans, plug

bases, and plug tops, as well as power restoration, inspections, and rectifications. However, no written agreement had been entered into with the Ceylon Electricity Board regarding the tasks to be performed, assigned duties, or payments. An analysis of the maintenance interventions carried out during the year under review, and their nature revealed that bulb installations accounted for a proportion ranging from 38% to 58% of the total number of maintenance interventions in any given month. It was observed that while the hospitals' own maintenance units are capable of carrying out minor electrical maintenance work, paying the Ceylon Electricity Board a substantial sum of Rs. 2,041,620 per month for the services of two electricians amounts to a wasteful expenditure of public funds.

(e) The Galle National Hospital purchased 3,508 light bulbs at a cost of Rs. 2,331,445 for the year 2024 and utilized 1,581 of them; meanwhile, for the year under review, 1,228 light bulbs were purchased at a cost of Rs. 2,403,335, with 1,179 units being utilized. Furthermore, it was observed that although light bulbs were purchased with a two- or three-year warranty, funds were being unnecessarily spent on them because new bulbs were issued without regard for whether the existing ones had actually failed during the warranty period. Additionally, information regarding the usage of 1,976 of the light bulbs purchased over a two-year period was not submitted for audit.

(f) It was observed that, during the year under review, medical supplies, comprising pharmaceuticals, surgical items, and laboratory materials, valued at Rs. 1,210.52 million were withdrawn from use due to quality failures, while the use of additional medical supplies valued at Rs. 1,409.23 million was temporarily suspended for the same reason. Issues such as the presence of visible particles in certain medicines, non-compliance with British and United States Pharmacopoeia specifications, discoloration, dark stains on bottles, and the occurrence of adverse reactions were identified as reasons for quality failure, leading to the withdrawal or suspension of their use. It was observed that the medical supplies withdrawn from use due to quality failure included medications used for eye conditions, bacterial infections, diabetes, heart disease, cancer, respiratory ailments, skin diseases, and mental health conditions, as well as painkillers. At the National Hospital - Kandy and the Sirimavo Bandaranaike, Kurunegala, Embilipitiya, and Kegalle hospitals, there were over 34 types of medical supplies, valued at Rs. 25.71 million that failed to meet quality standards; by the time these medicines and surgical consumables were declared substandard, a significant quantity had already been issued to patients.

4.6 Failure to Respond to Audit Inquiries

Although the Chief Accounting Officer is required to ensure that responses to all audit inquiries are provided within the specific timeframes stipulated by the Auditor General, the total number of unanswered audit inquiries stood at 128 as of 07 April 2025; notably, 45 of these inquiries remained unanswered despite a period of more than one year having elapsed.

4.8 Management Weaknesses

(a) The following observations were made regarding the recovery of monies due from medical officers who had breached their contractual bonds.

(i) Information regarding the recovery of Rs. 1,156.56 million, due from 705 Medical Officers who had breached their agreements, was not submitted for audit; this amount was identified in the special audit report issued on 29 September 2025, concerning outstanding dues to the government from Medical Officers who had left the service and the deployment of specialist medical officers who had received foreign training.

(ii) The personal files of 485 Medical Officers, which were not submitted for audit during the special audit, remained unsubmitted as of the date of this report. Furthermore, no information was provided to the audit regarding the recovery of Rs. 119.40 million due from 116 Medical Officers whose personal files had not been submitted.

(iii) Following the selection of the sample for the special audit report, information regarding the amounts due from 33 Medical Officers identified as having vacated their posts, covering the period up to 29 September 2024, was not submitted for audit as of the date of this report.

(iv) Information regarding the recovery of Rs. 1.04 million, comprising salaries, allowances, and outstanding advances, paid to five Medical Officers who had vacated their posts without having signed bond agreements with the government as noted in the special audit report, was not submitted for audit.

(v) Out of the 1,680 Medical Officers identified during the special audit as having abandoned their service, no action had been taken to blacklist 1,621 of them. Information regarding the measures taken in this regard was not submitted for audit up to the date of this report.

(vi) Information regarding the amounts due from 344 Medical Officers who had vacated their posts, identified after the issuance of the special audit report, was not submitted for audit, nor had any action been taken to blacklist them.

(vii) It is the responsibility of the Head of the Institution to take action to immediately inform, via registered post, any officer deemed to have vacated their post in accordance with Rule 214 of Chapter XV of the Public Service Commission Procedural Rules, published in Extraordinary Gazette No. 2010/29 dated 14 December 2022 of that fact. However, it was observed that the time taken to issue notices of vacation of post to Medical Officers who failed to report for duty after the expiration of ministry-approved leave ranged from a period of two months to as long as 239 months.

(b) Upon examination of the responses provided on 29 June 2022 and 27 May 2024 regarding the audit query dated 07 April 2022 titled "Inquiry into the vacation of post by a Judicial Medical Officer at the General Hospital - Kalutara " the following matters were further observed.

(i) Progress regarding disciplinary action against responsible officers was not reported to the audit; furthermore, although it was stated that a complaint would be lodged with the Sri Lanka Police concerning the misplacement of the personal files of 38 medical officers, the progress of this matter was not reported to the audit.

(ii) Information requested by the audit regarding the 38 misplaced personal files was not submitted to the audit.

(c) Upon examination of the responses submitted on 25 May 2024 and 04 December 2024 regarding the two audit queries dated 30 June 2023 and 30 May 2024, which concerned the irregular admission of a trainee for the Medical Laboratory Technologist training program at the National Institute of Health Sciences, Kalutara, it was observed that the audit was not informed of the progress regarding the formal disciplinary inquiry against the officer interdicted based on investigation recommendations, nor the progress in recovering the sum of Rs. 3,744,271 due to the government as a result of this incident.

(d) The following matters were observed during the audit examination regarding the generation of revenue through the leasing of spaces within the premises of District General Hospital - Matale and the crediting of such revenue to government revenue.

(i) Although revenue generated from canteens is required to be credited to government revenue in accordance with the instructions contained in sections 10.3.5 and 34.1 of the Ministry of Health Circular No. HM/CEO/FR135/2024 dated 31 December 2023 titled Delegation of Financial Control Powers – 2024 and section 34.1 of the Ministry of Health and Mass Media Circular No. HM/CEO/FR135/2025 dated 31 December 2024 titled Delegation of Financial Control Powers – 2025. A monthly rent of Rs. 7,500 for a cafeteria, occupying approximately 492 square feet within the specialist doctors' lounge building and operated for nearly three years was credited to a welfare account instead of being remitted to government revenue.

(ii) The canteen remains open from 7:00 a.m. to 6:00 p.m. on all days except Sundays and Poya days, and the electrical appliances used for this purpose include 02 rice cookers (5kg and 2kg), a double-door refrigerator, a blender, and an electric heater; however, the hospital failed to estimate the electricity and water consumption associated with the use of these electrical appliances and to recover the costs from the canteen operator up to the date of the audit—or to devise a suitable alternative arrangement—thereby continuing to bear the expense itself.

(iii) No formal agreement had been entered into with the private party operating the 'Communication Centre' within the hospital premises for approximately 04 years; although a monthly rental of only Rs. 3,000 was paid to the hospital, the business operations involved the use of electrical equipment, specifically a photocopier, a fan, a computer, and a laminating machine but no charges were levied for the electricity consumed, with the hospital itself bearing that cost.

(iv) There was no written agreement with the relevant bank regarding the ATM installed within the hospital. The electricity costs associated with the machine had been paid by the hospital.

(v) A sum of Rs. 340,500 paid by the shop owner at a daily rate of Rs. 1,000 up to 21 January 2026, for the shop operated since 2024 within an area of approximately 100 square feet in the building where clinic patients and visitors arriving to see patients temporarily stay; a sum of Rs. 78,000 earned during the period from January 2024 to 21 January 2026, by renting out these premises to other vendors from time to time; as well as a sum of Rs. 164,600, part of a total of Rs. 583,100 collected from mobile vendors visiting the hospital during this period was credited to the hospital's welfare society account instead of being remitted to government

revenue. Although the Hospital Director had approved the request dated 03 November 2023, for the Welfare Association to collect rental income from these premises and utilize 50% of those funds to cover the hospital's minor hospitality expenses, the Association continued to bear these expenses without maintaining proper records.

(e) An examination of the attendance records at the Colombo North Teaching Hospital for November and December 2025 revealed that 23 members of the office staff had been on duty continuously for three days. As it is not possible for an ordinary person to work for nearly 60 consecutive hours without a break, the accuracy of the attendance records could not be accepted during the audit. Hospital management had failed to monitor this long-standing practice or take appropriate measures regarding the arrival and departure of officers. Furthermore, it was observed that all officers routinely signed in for 7:00 a.m., as the attendance register was not closed at 8:30 a.m.; however, on 18 December 2025, the date of the audit, audit officials closed the register at 8:30 a.m., resulting in many officers recording arrival times later than 8:30 a.m.

(f) Due to the failure to settle water and electricity bills by the due dates, the National Institute of Mental Health, Mulleriyawa, paid Rs. 762,509 in late payment charges for water bills and Rs. 144,566 for electricity bills for the 2023–2025 period; similarly, the Rheumatology and Rehabilitation Hospital paid Rs. 361,169 in late payment charges for water bills and Rs. 1,880,076 for electricity bills for the 2023–2025 period. Furthermore, the District General Hospital - Ampara paid penalties amounting to Rs. 7,392,588 due to its failure to settle electricity bills by the due dates between July 2023 and August 2025.

(g) Although an annual stock verification should be conducted by a board of survey appointed by the Ministry of Health, no annual stock verification had been carried out at the drug store of the Rheumatology and Rehabilitation Hospital since the year 2021. However, a drug survey board was appointed by the Director of the Colombo North Teaching Hospital via letter No. CC/49/RRH/D/2023 dated 29 May 2023, and a survey of the drug stocks in the internal medical store was conducted on 29 May 2023. Accordingly, new stock records were prepared using the physical stock balances held on that day as the opening balances. The audit observed that the balances for 18 drug items had not been recorded correctly when transferring the closing balances from the old records to the new ones; specifically, there was a shortage of 9,325 units across 10 drug items and an excess of 3,101 units across 8 items.

(h) At the Rheumatology and Rehabilitation Hospital and the National Hospital for Respiratory Diseases, the contractor, who has held the laundry service contract for

over ten years, carries out all tasks, including washing, drying, and ironing, within the hospital premises. Although the hospital bears the cost of the electricity and water consumed for these operations, no measures were taken to install meters and recover the associated costs.

(i) Base Hospital - Akkaraipattu had not implemented a fingerprint-based attendance system in accordance with circular provisions, and audit inspections confirmed instances of forged attendance and departure records. Irregular overtime payments were revealed, particularly during weekends, for periods when no official duties were performed. Consequently, a total of Rs. 5,654,878 in overtime payments had been irregularly made to officers attached to the hospital's administrative and financial divisions.

(j) It was observed that six external contractors and external entities were operating unauthorized work sites and offices covering an area of approximately 1,207.4 square meters within the Galle National Hospital premises, without formal permission or approval from the Ministry of Health. It was observed that hospital authorities have permitted these offices to operate without charging the government any ground rent or fees for the water and electricity consumed. Official residence No. 36/23 was allocated for the use of the Central Engineering Consultancy Bureau in a manner inconsistent with Section 04 of Chapter XIX of the Establishments Code of the Democratic Socialist Republic of Sri Lanka; furthermore, in accordance with Section 05 of the said Chapter and based on the valuation report dated 05 September 2024, housing rent amounting to a total of Rs. 716,000 had not been recovered for the period spanning from the year 2022 to 31 December 2025.

(k) With the aim of reducing the long waiting lists for heart surgeries by expediting such procedures, in accordance with the Cabinet Memorandum dated 06 November 2015 and No. 15/1692/718/018 submitted by the Minister of Health, Nutrition and Indigenous Medicine regarding the "commencement of surgeries after official working hours at selected tertiary care hospitals", authorization was granted via Presidential Secretariat Circular No. PF/O/23812 dated 02 May 2016, to pay an incentive of Rs. 57,500 per surgery funded by the President's Fund and accompanied by a payment mechanism for staff working outside official hours, under a project aimed at expediting cardiac surgeries at the then Teaching Hospital - Karapitiya and 03 other hospitals. When the number of open-heart surgeries performed outside of official working hours in a single surgical unit exceeded 50 per month, the incentive payment per open-heart surgery was increased to Rs. 81,000 with effect from 01 July 2016; subsequently, that payment was further raised to Rs. 95,000 and Rs. 125,000. It was stipulated that eight conditions had to be met for this incentive payment to be made to the staff. The

following observations were made during the audit conducted in this regard at the National Hospital - Karapitiya.

(i) According to Condition 2 of the President's Fund Secretary's Circular No. PF/O/23812 dated 02 May 2016, payments for surgeries are applicable only to those performed by a surgical team outside of official working hours (after 4:00 PM); however, based on information provided to the audit by the National Hospital - Galle, it was observed that while payments totaling Rs. 84,124,500 were made for 1,133 open-heart surgeries performed between 2020 and May 2025, as many as 1,092 of these surgeries had actually been performed during official working hours.

(ii) In accordance with the letter dated 03 August 2018 and No. PF/O/23812 sent to the hospital by the Presidential Secretariat, a recommendation was made to pay an allowance of Rs. 81,000 for a single heart surgery performed after duty hours, subject to the condition that the total number of open-heart surgeries performed per month exceeds 50. Accordingly, during the period from 2020 to May 2025, which was subject to audit allowances totaling Rs. 18,977,000 were paid without proper authorization for 1,133 heart surgeries, despite the fact that the monthly volume of open-heart surgeries had not exceeded the limit of 50 and the conditions required for the payment of the Rs. 81,000 allowance had not been met.

(iii) Although condition (3) of the Secretary to the President’s Circular No. PF/O/23812 dated 03 August 2018, stipulated that "employees receiving this payment are not entitled to overtime or other payments," overtime and holiday allowances totaling Rs. 124,209,296 were paid during the years 2022, 2023, and 2024 to the entire staff, including the doctors who performed the relevant surgeries in violation of the circular's provisions.

(l) The hospital received a total lease income of Rs. 24,632,747 from the leaseholders of seven canteens and sales outlets operating within the National Hospital - Galle for the period from the year 2024 to 31 October 2025. An audit conducted in this regard revealed the following observations.

(i) Although suppliers for operating hospital canteens must be selected by following a formal procurement procedure, in accordance with the Ministry of Health and Mass Media letter No. MH/DEV/WF/02/2025 dated 01 January 2025 and Paragraph 02 of the Ministry of Health General Circular No. 02–92/2023 dated 23 June 2023, action had not been taken in accordance with the relevant requirements; the Nursing Officers' canteen was operated by the Nursing Officers' Welfare Association without

adhering to the guidelines set out in the Procurement Guidelines of the Democratic Socialist Republic of Sri Lanka in 2006 and 2024. The Welfare Society sublet the facility to another external contractor for varying periods at monthly rental rates of Rs. 60,000, Rs. 80,000, and Rs. 130,000, while paying only the assessed monthly canteen rent to the hospital. Accordingly, the hospital lost rental income amounting to Rs. 1,960,000 that it could have earned during the audited period spanning from 2023 to July 2026.

(ii) The rental for the Nursing Officers' Canteen was assessed at Rs. 30,000 per month for the two-year period from 01 July 2023 to 30 June 2025, and at Rs. 45,000 per month for the subsequent two-year period commencing 01 July 2025; however, the Valuation Department calculated the assessed rental by reducing the assessed value by 50 percent, based on the premise that the canteen is used exclusively by nursing officers. Actions were taken in a manner inconsistent with Article 12(3) of Chapter III of the 1978 Constitution. Consequently, due to the failure to act in a way that secured the maximum benefit for the government, it was observed that the hospital lost a total of Rs. 1,065,000 in lease revenue for the period from 01 July 2023 to 30 November 2025.

(iii) Since its inception, the Medical Officers' Canteen had been managed by the Medical Officers' Welfare Association, with only the assessed rent being paid to the government; however, as of the date of audit, a sum of Rs. 310,000 remained with the Association instead of having been credited to state revenue. When assessing the Medical Officer's canteen, the monthly assessed rental value was understated because the calculation took into account only the 470 square feet used for cooking, while excluding the 529-square-feet dining area from the valuation.

(iv) The monthly rental was calculated by reducing the assessed value by 50% on the grounds that the doctors' canteen restricted access to doctors only, thereby limiting the clientele in a manner inconsistent with Article 12(3) of Chapter III of the 1978 Constitution, resulting in an assessment of Rs. 45,000; however, the correct assessment for the period from 01 July 2025, to November 2025 should have been Rs. 199,800 based on a rate of Rs. 200 per square feet for an area of 999 square feet, meaning the value was under-assessed by Rs. 154,800. Furthermore, although the monthly market rent for the period from 26 October 2023 to 30 June 2025, should have been assessed at Rs. 174,825 based on a rate of Rs. 175 per square foot, it was assessed at Rs. 35,000, an undervaluation of Rs. 139,825. Consequently, due to the failure to correctly assess the market rental value, the

government lost a total of Rs. 2,981,300 in rental income between November 2023 and November 2025, the date of the audit.

(v) It was observed that, in accordance with the notifications published in Extraordinary Gazette No. 2294/51 dated 25 August 2022, and Extraordinary Gazette No. 2398/19 dated 21 August 2024, the approved unit water rates charged by the Water Supply Board for hospitals were Rs. 69 and Rs. 95 respectively; however, canteens were charged at a rate of Rs. 58 per unit. Consequently, a loss was incurred by the government due to an undercharge totaling Rs. 184,462 during the period from the year 2024 up to the date of audit.

(m) The total annual cost for the cleaning service at the German-Sri Lanka Friendship Women's Hospital for the year 2024/2025 was agreed upon at Rs. 54,391,073. The audit observed that the figure included a sum of Rs. 11,313,600 for other general overhead costs representing a 99 percent increase compared to the previous year and that the number of employees had risen from 37 to 65, an increase of 76 percent over the previous year. The total floor area of the German-Sri Lanka Friendship Women's Hospital, spanning from the ground floor to the fifth floor was 28,173.81 square meters; of this, corridors and lobbies accounted for 8,631.39 square meters, ie. 30% of the total area. Consequently, the hospital incurred significant expenses for cleaning materials and staff wages due to the need for increased resources to maintain these areas. However, although the packaging of the cleaning chemicals valued at Rs. 4,631,400 was required to properly specify the prescribed chemical composition and quantity, a physical inspection conducted on 14 February 2025, revealed that these details were not properly indicated; consequently, the failure to use cleaning agents and equipment of the specified standard and type, resulted in the corridor tiles becoming discolored and turning black. It was observed that, Item No. 07 in the annual cost schedule under the category of Other General Services, part of a supply agreement valued at Rs. 3,513,600, 78 units of equipment had not been provided, and that the items supplied did not meet the agreed-upon specifications and standards; consequently, it was concluded that the cleaning services provided were neither of high quality nor satisfactory.

(n) The Ministry Procurement Committee had recommended that it be appropriate to add 20 percent to the cost of utilities paid in the previous year, as the number of contracted workers to be employed for cleaning work at the Teaching Hospital-Kalutara in the year 2024/2025, which is an increase of 10 workers compared to the number in the previous year, is 150. However, for the period from January to June 2025, an excess payment of Rs. 1,088,904 calculated as a monthly sum of Rs. 181,484 over six months was made for overhead costs; this amount was

derived by adding 20% to the previous year's cost, without any increase in the workforce despite monthly attendance records indicating that the actual number of workers employed was fewer than 140.

(o) Although quality test reports from the Industrial Technology Institute received on 15 August 2023, indicated that chemical samples used for cleaning operations at Teaching Hospital - Kalutara had failed the tests, the follow-up inspection to verify whether the issue had since been rectified was delayed until 26 December 2024. Furthermore, although the hospital had recovered payments from the service provider for substandard chemicals supplied during the year under review chemicals which had been confirmed as failing quality tests for over a year yet were still utilized for cleaning operations, no action was taken to recover the sum of Rs. 864,550 due from service providers for the year 2024.

(p) Although the Secretary to the Ministry of Health and Mass Media reported to the audit on 19 July 2025 that the Flying squad of the Ministry of Health was conducting an investigation into the matters mentioned in the audit query issued on 10 April 2025 regarding the District General Hospital - Embilipitiya and that further action would be taken based on that report, neither the details of the action taken nor the relevant investigation report had been submitted to the audit as of the date of this report.

(i) Purchase of furniture and electrical appliances worth Rs. 239,535 for the Director's official residence without following the procurement procedure.

(ii) Construction of a chicken coop at the Director's official residence after 02 December 2024, and its subsequent demolition by 25 March 2025.

(iii) Using a hospital-owned ambulance to travel to the Director's private residence.

(q) An incinerator capable of burning 150 kg of waste per hour for the disposal of clinical waste at the District General Hospital - Kegalle was provided with the assistance of UNESCO; installation work was completed by 02 September 2024, and the supplier handed over the relevant warranty certificates to UNICEF and the General Hospital – Kegalle on 05 January 2025. The following observations were made regarding this matter.

(i) The formal takeover of this machine to the hospital was delayed until 17 September 2025. Consequently, due to the delay in the takeover/handover of the machine, a payment of Rs. 4,813,813 was made to a private entity for the disposal of clinical waste during the year under review.

(ii) Although the hospital had formally taken delivery of the incinerator on 17 September 2025, it proceeded to enter into an agreement with a private entity on 18 September 2025 to incinerate 60,000 kg of waste at a rate of

Rs. 260 per kilogram (excluding VAT); subsequently, arrangements were made to pay Rs. 12,310,350 with VAT for the disposal of 40,125 kg of waste over a two-month period, from 19 September to 24 October 2025.

(iii) The supplier of the incinerator provided by UNICEF had contracted to provide maintenance training to at least two operators. Although the incinerator was operated at 80 percent capacity as well, the hospital possessed the capacity to incinerate the average monthly volume of waste within nine days, it failed to operate the machine itself; instead, it awarded a contract to an external agency to incinerate clinical waste at a rate of Rs. 60 per kilogram, thereby incurring an unnecessary annual expenditure of at least Rs. 7,560,000 for the government.

(r) The following matters were observed during the audit inspection of the National Hospital of Colombo's mortuary.

(i) In accordance with international standards (ASHRAE/ASHE), cold storage units maintained between +2°C and +4°C must be used for the routine storage of bodies, while units maintained between -15°C and -25°C must be used for the storage of unidentified bodies. As all 08 cold storage units in the National Hospital's mortuary were operating at a temperature of +5 degrees Celsius, the decomposition of bodies caused a severe smell to permeate the hospital surroundings on certain days, alongside an unavoidable risk of germ transmission.

(ii) Although the mortuary in use is equipped with 08 cold storage units capable of holding a total of 64 bodies, one unit with a capacity of 22 bodies and 05 other units, each with a capacity of six bodies are very old, frequently malfunction, and require constant repair. Therefore, due to the lack of sufficient cold storage facilities for the bodies handed over to the mortuary daily, it became necessary to store multiple bodies within a single cold storage unit designed for only one.

(iii) An inventory of the cold storage units had not been conducted in accordance with Financial Regulation 454(2); furthermore, although a Board of Survey should have inspected the items, as required by Financial Regulation 756 and informed the heads of institutions regarding any cold storage units found not suitable for use, no such action had been taken.

(iv) During an audit inspection conducted on 14 August 2025, 15 unidentified bodies were found piled up in the mortuary; these bodies had been stored in cold storage for periods ranging from 11 to 483 days. It was observed that very old bodies had decomposed to the point where only unidentifiable skeletal remains were left; a subsequent inspection on 14 January 2026, revealed the presence of 37 unidentified bodies that had

been kept in cold storage for periods ranging from 2 to 117 days. It was observed that the prolonged storage of bodies in the main mortuary's cold storage facilities obstructs the space needed for newly arriving bodies; therefore, measures must be taken to streamline the existing procedure for handing over these bodies to their next of relatives as soon as possible.

(v) Since all components of the seven mortuary refrigeration units, each capable of storing six bodies are contained within a single unit, the failure to exhaust the hot air emitted by them leads to a rise in temperature within the mortuary, thereby impairing the efficiency of the refrigeration units. Failure to install an air filtration system alongside exhaust fans designed to purify the air from the cold storage area before releasing it into the upper atmosphere, posed a health risk to both staff and external visitors; this was because contaminated air, expelled during the cleaning of the cold storage units, would mix with the air in the area where air conditioning systems were installed.

(s) The following observations were made regarding the procurement and use of reagents by the National Hospital of Colombo.

(i) Although the Medical Supplies Division requires that laboratory items, including laboratory reagents possess 85 percent of their shelf-life remaining at the time of acceptance, the National Hospital of Colombo had not specified a minimum shelf-life requirement for the procurement of reagents. Reagents worth Rs. 4.56 million, purchased on 08 occasions in 2024, were already expired at the time of acquisition; furthermore, a physical inspection revealed that reagents valued at Rs. 12.89 million had expired within the hospital's internal laboratory by April 2025.

(ii) Although an annual stock verification was required to be conducted in accordance with Financial Regulation 756 and the Ministry of Health Secretary’s Circular No. 01-38/2024 dated 22 October 2024, no such annual stock verification was carried out regarding the stocks held in the laboratories for the year 2024.

(iii) Due to a lack of adequate storage facilities, chemicals, including reagents were stored haphazardly and unsafely in hospital corridors and within laboratories. Furthermore, although the hospital possessed 4 cold storage units for reagents and laboratory materials, only 2 were in use; of the remaining 2, one had been taken out of service for two years due to rodent damage to its door, while the other had been allocated for use by officials from the Electricity Board.

(t) The following matters were observed during the audit conducted on the maintenance of biomedical engineering units in hospitals and other health institutions.

(i) Biomedical engineering units had been established in only 22 out of the 44 hospitals identified under the Ministry of Health, and there was no specific methodology for assigning staff to these units or determining their composition. Furthermore, as these units were established without considering the specific nature or location of the hospitals, it was impossible to finally determine the necessity for them or whether adequate staffing was in place. Consequently, not a single unit was maintained with a full complement of staff comprising positions such as Biomedical Engineer, Assistant Biomedical Engineer, Technical Officer, Technical Officer, Lathe Machine Operator, Development Officer, Health Service Assistant, and Driver. It was also observed that biomedical engineering units had not been established in several major hospitals, engineers had not been appointed in several provinces, and there was an insufficient number of support staff. Furthermore, the audit raised concerns regarding the efficient execution of duties, given that some locations were overstaffed beyond requirements while others lacked essential personnel.

(ii) Officers were assigned on an acting basis to hospitals and institutions where separate Biomedical Engineering Units had not been established, with a single Biomedical Engineer being placed in charge of multiple hospitals and institutions for extended periods. A progressive increase in such acting assignments was observed from 01cJanuary 2022, through the year under review. Due to this situation, issues arose regarding the efficient and timely delivery of biomedical engineering services at the relevant hospitals, and there were administrative shortcomings concerning staff planning, unit installation, and resource allocation.

(u) An inspection of the Family Health Bureau's stores revealed that seven inventory items had remained undistributed for periods ranging from 1 to 30 years, and their value was not disclosed to the audit. This stock included four laptops, inventoried on 09 June 2022 whose warranty periods had already expired. Furthermore, 34 pulse oximeters received as donations, with no recorded value, had remained undistributed in the stores for a period of eight months.

(v) The media policy identified as a specific function and task of the Ministry of Mass Media under Extraordinary Gazette Notification No. 2289/43 dated 22 July 2022, and in the process of formulation for two and a half years, had not been

established as of the date of this report, despite an expenditure of Rs. 239,617 incurred for the task of policy formulation.

(w) The Asidisi Media Scholarship Program was implemented continuously from 2006 to 2025 and Rs. 19,954,711 was spent on 116 journalists who received media scholarship benefits from 2019 to 2023. Out of the 116 people who were given scholarships from 2019 to 2023, only 46 had completed the courses and been given certificates, while 70 had not completed the courses and provided a copy of the certificate to the Media Division. As of the date of this report, no action had been taken to properly monitor scholarship recipients who failed to complete their courses, nor to recover the course fees in accordance with the agreements or initiate appropriate measures.

(x) In accordance with Public Administration Circular No. 03/2017 dated 19 April 2017, requiring all government institutions to take measures to maintain records verifying the arrival and departure of officers through the use of fingerprint scanning machines, and in accordance with the letter dated 12 May 2017 and No. DMS/0016 issued by the Secretary to the Treasury to the Secretary to the Ministry of Health, otherwise steps should have been taken to ensure that overtime allowances based on current salaries were not paid if fingerprint machines capable of verifying the attendance and departure of health staff were not operational from 01 July 2017. Furthermore, Sub-committee No. 2 of the Committee on Public Accounts, which met on 09 November 2023, recommended the use of fingerprint machines for the health service. However, 213 fingerprint machines procured by the Ministry at a cost of Rs. 31.08 million for the Ministry itself and its affiliated hospitals and institutions remained unused and idle; meanwhile, based on current salary rates, a total of Rs. 109,918.85 million was paid during the year under review, comprising Rs. 58,980.31 million for salaries and Rs. 50,938.54 million for overtime and holiday pay. Furthermore, the total expenditure on overtime and holiday pay amounted to approximately 86.36 percent of the expenditure on salaries.

(y) Ship Sanitation Certificates are issued by the ports of Colombo, Galle, Hambantota, and Trincomalee in accordance with the World Health Organization's International Health Regulations 2005. Fees ranging from US$ 200 to US$ 300 are charged for the issuance of this certificate, depending on the tonnage of the vessel, while a fee of US$ 100 is charged for extending the validity of the certificate. The following observations were made in this regard.

(i) The fees charged for issuing the certificate were revised by the Secretary of Health on 23 October 2018, whereas the fee had not been revised during the preceding 07 years.

(ii) According to the information submitted for audit, 715 such certificates were issued in 2025, generating revenue amounting to Rs. 63,558,185 and US$ 4,650. Despite the prevailing foreign exchange issues in the country, no consideration was given to collecting these fees exclusively in US dollars.

(z) Although an allocation of Rs. 9,710.00 million was made across 28 expenditure heads under the Primary Health Care System Enhancing Project, no funds had been utilized by the end of the year. As delays in the procurement process were cited as the reason for this, it was observed that the failure to operate according to a formal procurement plan had prevented the realization of the expected benefits from the funds allocated to the projects.

(aa) The Medical Supplies Division ordered 15,000 units of the drug 'Human Immunoglobulin IV 5-6g' (SR 00603205) at a cost of Rs. 503.75 million utilizing financial allocations from the Emergency Assistance of USD 100 Million for the Procurement of Essential Pharmaceuticals and Medical Supplies project, and subsequently purchased 7,500 of these units in 2024. This drug had previously been withdrawn from use due to a quality failure, as notified by Circular No. MSD/Q/P/2024/41 dated 23 October 2024. However, approximately seven and a half months later, all hospitals were informed via Circular No. MSD/Q/P/2025/31 dated 09 June 2025, to resume using the drug, based on the recommendations of the National Medicines Regulatory Authority. Although this medication required storage at temperatures between 2°C and 8°C, the government incurred a loss of Rs. 21.86 million after 651 units across 13 hospitals were ruined; this occurred because certain hospitals removed the drug from refrigeration and kept it at room temperature, acting on a notice regarding its withdrawal from use.

(ab) In August 2023, 415,990 kg of Yellow soft paraffin costing Rs. 280.27 million, were purchased to manufacture a pain-relieving ointment by blending Yellow soft paraffin (SR-01100102) and Methyl salicylate spirit (SR-01400101). The following observations were made regarding this matter.

(i) The Director General of Health Services' circulars 01-14/2023 dated 04 April 2023 and 01-14/2023(i) dated 30 November 2023 removed the item Methyl salicylate from the priority list of medicines and cancelled the orders related to it, resulting in an excess stock of Yellow soft paraffin, which could not be released, and the officials had not analyzed the impact of the orders for the items removed from the priority list, the audit revealed that, due to the lack of any constructive intervention by management to ensure the proper distribution of the relevant stock, a stockpile of 223,965 kg, sufficient for 87 months held by the medical

supplies division and hospitals is due to expire on 31 May 2026. The audit observed that this constitutes 54 percent of the stock and that the stock is at risk of expiry; should this occur, the government would incur a loss of approximately Rs. 150 million. It was also observed that officials failed to exercise due diligence when consignments corresponding to 02 separate orders from the same supplier arrived during the same period, and neglected to revise delivery schedules; consequently, a risk has arisen that a large volume of stock could expire simultaneously.

(ii) This situation similarly affected the item 'white soft paraffin' (01100103); consequently, the audit observed that there were stocks totaling 33,379 kg available island-wide which, despite having an expiry date of 31 May 2026, remained usable for a period exceeding 35 months. The audit revealed that 22,395 kg of these items remain undistributed in the Medical Supplies Division's warehouses; consequently, if this stock expires, the government would incur a loss of approximately Rs. 21 million.

(ac) The Medical Supplies Division had purchased 78,000 bottles of Peritoneal Dialysis solution 1.5% in 1000ml at a cost of Rs. 15.12 million for the years 2019 and 2020; however, due to the failure of the Division's management to take effective action, 36,411 of these bottles expired on 31 March 2025, and 31 August 2025 despite having a five-year shelf life resulting in a loss of Rs. 7.39 million to the government. Although specifications and the indents issued to the supplier required the provision of 6,000 units each of the two items essential for the use of this medication, namely, a peritoneal dialysis catheter set for dialysis and lavage and an administration set for peritoneal dialysis solution with two leads, officials accepted the stock without proper verification; consequently, out of the 33,000 units ordered for 2020, 32,135 units valued at Rs. 6.59 million, or 97 percent of the total, expired in the Medical Supplies Division stores without ever being distributed to hospitals.

(ad) A stock of 694,836 units of Enoxaparin 0.6ml (SR-00204702) (IU 6000) valued at approximately Rs. 1,672.73 million and received as a donation from a United States entity in November and December 2023, had expired without being distributed to hospitals; as of the audit in January 2026, the stock remained stored at the Iranawila warehouse. The sum of Rs. 6.51 million spent to clear this stock had become a wasted expenditure.

(ae) The expiry dates for 73,300 hoods and head covers, 26,555 boot covers, and 21,350 PPE sets, procured through UNOPS under emergency procurement and foreign loan assistance during the 2021 COVID-19 pandemic and which had expired by 31 December 2025 were extended, deeming them suitable for

continued use. An audit revealed that 14,900 protective coveralls, 55,540 pairs of safety goggles, and 13,761 PPE sets none of which had expired were haphazardly stacked at the Iranawila warehouse. It was also observed that the goggles, which were not due to expire for another 53 years, had already become discolored by the year under review. No measures had been taken to properly store these items procured at significant cost through emergency purchases and foreign loan assistance or to maintain them as a secure reserve stock and minimize the risk of expiration.

(af) It was observed that as internet facilities were not provided at the Iranawila warehouse, and no formal procedure had been introduced to access the 'Swastha' system and print Stock Transfer Vouchers (STVs), officers were carrying out the relevant tasks using their personal mobile phones; furthermore, no permanent arrangements had been made to provide drinking water facilities or necessary toilet facilities for the warehouse staff. It was also observed that the lack of electricity supply to the right-hand section of the warehouse made it difficult to store, inspect, and monitor the stock in that area, and that there was a risk of damage to surgical supplies because certain parts of the warehouse were exposed to rain.

(ag) The Medical Supplies Division procures locally the rectified spirit (95–99% alcohol) required to produce surgical spirit for all government hospitals and imports chemicals such as ethyl alcohol and ethanol for laboratory use; however, as of the audit date in November 2025, a total of 68,634 liters of these 03items valued at Rs. 251.32 million were found to be stored unsafely within the Division's warehouses. Accordingly, the Medical Supplies Division failed to adhere to the laws, regulations, and standard guidelines imposed by the government regarding the storage of highly flammable substances such as alcohol or ethyl alcohol, intended for medicinal or industrial use. Furthermore, an Environmental Protection License for the storage of chemical substances had not been obtained, as required by the National Environmental (Amendment) Act No. 53 of 2000 and the Extraordinary Gazette Notification No. 2264/18 issued on 27 January 2022, under the National Environmental Act No. 47 of 1980. Furthermore, the Fire Department's certificate had not been obtained, and due to the absence of this certificate, the Excise Department license had not been issued either. Although the procurement process for modernizing the Angoda warehouse complex including an alcohol storage facility was initiated in 2022, the work remained incomplete as of 31 March 2026. The audit revealed that alcohol and chemicals continued to be stored under unsafe conditions and highlighted the risk that insurance companies might refuse compensation in the event of an emergency, given that the storage was maintained without the necessary approvals and licenses.

(ah) Although permission was granted for temporary storage of stocks for only 03 days, i.e. 72 hours, outside of that period, when there were problematic situations regarding documents, quality test reports or labels, the stocks of 08 surgical items were accepted and temporarily stored in warehouses No. 25 and 27 of the Angoda Warehouse Complex without issuing goods receipts, and it took between 33 and 75 days to issue stock receipts for 06 of these surgical items, regarding the other two items, Goods Received Notes had not been issued even by the date the audit query was raised a period of 53 days.

(ai) A consignment of 53,500 kg of Paraffin Wax (SR – 40300201), ordered for the years 2021, 2024, and 2025, was received by the Medical Supplies Division over a nine-month period commencing 12 August 2024; it was observed that, as of 03 September 2025, a stock of 38,218 kg valued at Rs. 79.72 million, remained at Warehouse No. 17 of the Medical Supplies Division's Angoda warehouse complex. The audit observed that the Medical Supplies Division had received a stock of supplies sufficient for approximately three years, and that this stock was stored in a disorganized manner at the Angoda warehouse. Although maintaining an optimal inventory level allows for minimizing inventory holding costs, the storage of a three-year supply of a particular item has made it difficult to manage the inventory for that item as well as for other items and to manage storage space effectively. It was observed that officials failed to arrange stock delivery schedules or coordinate information regarding project-supplied stock in a manner that would minimize the receipt of such large quantities at the warehouses within a very short timeframe.

(aj) Action was taken on 141 occasions to clear donations received from foreign entities for the medical supplies sector from the seaport and airport; in 120 of these instances, demurrage and warehouse charges exceeding Rs. 84.45 million were paid. It was observed that a lack of proper coordination regarding donations from foreign entities to Sri Lankan hospitals and health institutions, prior to their arrival in the country has resulted in delays in receiving clearance documentation at the Medical Supplies Division's wharf section and in processing import permits, with delays ranging from 2 to 209 days. It was also observed that, in 22 instances, demurrage and warehousing charges exceeding one million rupees were paid. The audit further revealed that, in certain cases, the port authorities had issued notices regarding the auctioning of the consignments due to delays in initiating the clearance process; additionally, it was noted that the demurrage charges incurred during the clearance of computer equipment, construction materials, and medical equipment were paid from the budget allocation designated for the procurement of pharmaceuticals by the Medical Supplies Division.

(ak) It was reported that in 2023, out of 17 patients put at risk by the use of Prednisolone Acetate Eye Drops, 12 patients were legally classified as blind due to the permanent loss of vision in one eye, while another three patients had lost more than 70 percent of their vision. Although an ex-gratia payment of Rs. 14.70 million was made during the year under review to those who fell victim to this incident, the State Pharmaceuticals Corporation had not up to the date of this report taken steps to either seek compensation for damages under common law provisions (in addition to contractual remedies) against suppliers who provided substandard medicines, or to include provisions in procurement documents for recovering compensation from companies supplying substandard medicines. It was also observed that no measures had been taken to blacklist such suppliers.

(al) Medicines including Human Immunoglobulin and Rituximab were withdrawn from use by the Director of Medical Supplies due to quality failure, via circulars numbered MSD/Q/P/2023/56 and MSD/Q/Special/2023/4 issued on 09 and 18 October 2023. Although nearly two and a half years had elapsed since the quality failure of these two drugs which had sparked significant public controversy by the audit date of 30 March 2026, the cost of Rs. 180.37 million and the 25 percent administrative charges had not yet been recovered from the relevant supplier, in accordance with Paragraph 9 of purchase order number ICL/EOI/P1/174/2022 issued to the supplier on 13 January 2023.

(am) The sum of Rs. 7.57 million, paid to a private company as security and electricity deposits for the lease of the 'Rare Wing' on the first floor and the fifth floor of the 'HQ Colombo' building premises previously occupied by the State Ministry of Pharmaceutical Production, Supply and Regulation had not been recovered, even though nearly two and a half years had elapsed since the contractual period ended on 31 March 2026.

(an) Due to the failure of the Medical Supplies Division to properly manage the issuance of medical supplies to hospitals, the hospitals were compelled to locally purchase 119 types of medical supplies valued at Rs. 1,411.49 million during the year under review; furthermore, because 2.5 million blood glucose strips expired within the Medical Supplies Division's stores without being issued to hospitals, the hospitals had to purchase 1,968,415 units valued at Rs. 133.96 million from the local market at higher prices during the 2024/2025 period.

(ao) Due to the failure of the Medical Supplies Division to supply medicines on time and the practice of making ad-hoc purchases without properly estimating requirements, Teaching Hospital - Polonnaruwa, Polonnaruwa Renal Hospital, and Kegalle Hospital procured 128 medical supply items through local quotations; a significant price variance was observed between the rates at which the Medical

Supplies Division would have supplied the medicines and the prices paid during local procurement, resulting in an additional cost of Rs. 62.51 million.

(ap) Medical supply items valued at Rs. 10,065.82 million, procured by the Medical Supplies Division, expired during the year 2025; it was observed that the expiration of certain items was attributable to factors such as officer negligence and the acceptance of stocks that did not comply with specifications. Issues regarding medical supplies provided by the Medical Supplies Division to hospitals in Kandy, Peradeniya, Nawalapitiya, Kuliyapitiya, Kurunegala, Matara, Batticaloa, and Hambantota include: the non-utilization by hospitals of over 118 types of medical supplies valued at Rs. 108.22 million; low usage despite estimates made by specialist doctors; the failure of the Medical Supplies Division to provide necessary ancillary equipment; delivery to hospitals shortly before the expiry date; and non-utilization due to the adoption of new treatment methods. Items had expired due to the transfers of medical specialists, the failure to issue quality reports for items whose usage had been suspended due to quality failures, and reduced utilization caused by the COVID-19 pandemic.

(aq) By 31 December 2025, over 402 items of medical supplies, valued at Rs. 134.14 million and obtained from the Medical Supplies Division for the hospitals in Badulla, Galle, Chilaw, Kuliyapitiya, Kurunegala, Embilipitiya, Trincomalee, Kantale, and Polonnaruwa were found to be either substandard or expired; however, no action had been taken to dispose of these stocks since 2017.

(ar) Although the manual on drug management stipulates that medicines must be stored under safe, clean, well-ventilated, and temperature-controlled conditions, medical supplies valued at Rs. 63.96 million were stored unsafely along both sides of hospital storage corridors and on the hospital premises outside the drug store due to inadequate storage facilities at the hospitals in Kurunegala, Polonnaruwa, Batticaloa, Embilipitiya, and Chilaw, as well as at the National Nephrology Hospital in Polonnaruwa.

(as) Eighteen items of medical supplies valued at Rs. 5.51 million which required storage at temperatures below 25°C were found to be stored at temperatures ranging from 26°C to 30°C at the Polonnaruwa and Polonnaruwa Nephrology hospitals. Although a large quantity of medicines belonging to Chilaw Hospital, stored at the Iranawila warehouse complex, required storage at temperatures below 30°C, the temperature at the facility was 37°C at the time of the audit.

(at) The following matters were observed during the audit inspection regarding the shortage of medicines at the Maharagama Apeksha Hospital.

(i) Medical supplies required for the hospital are provided by the Medical Supplies Division of the Ministry of Health; however, based on information obtained during the audit, it was observed that a shortage of certain anti-cancer drugs and vaccines administered to cancer patients at the hospital existed during the year under review due to the failure to receive a continuous supply of medicines from the Medical Supplies Division. Accordingly, based on information provided for audit by the Apeksha Hospital on 09 October 2025, it was observed that 42 types of essential medicines and vaccines for cancer patients were in short supply for periods ranging from 3 to 281 days during the year under review; furthermore, it was noted that 13 of these medicines and vaccines remained in short supply throughout the entire year. The audit revealed that seven types of 'named-patient drugs' imported specifically for certain cancer patients were in short supply for periods ranging from 27 to 281 days; consequently, patients faced severe hardship due to the hospital lacking sufficient stocks to ensure uninterrupted administration of these medications. The hospital had to resort to using substitute medications, sourcing supplies from other hospitals with surpluses, obtaining them through donations, or when these options were not feasible purchasing them from the local market. It was observed that the inability to ensure a continuous supply of medicines due to difficulties in finding suppliers for certain drugs in the local market and the lengthy procurement process could adversely affect patients' medical conditions.

(ii) Due to shortages of medicines and vaccines, the hospital was compelled to make local purchases during the year; a price increase was observed when comparing the purchase prices with the estimated prices maintained by the Medical Supplies Division and the latest purchase prices, a situation attributed to factors such as the limited number of suppliers and low procurement volumes. Accordingly, it was observed that price increases ranging from 14 percent to 1224 percent were recorded for 06 medical supply items purchased during the year, and that the government had to bear an additional financial burden due to the failure to establish a specific mechanism for the continuous procurement of medical supplies.

(au) The following matters were observed during an audit inspection regarding the utilization of supplies within the Local Market Emergency Procurement and Medical Supplies Unit of the National Hospital - Galle.

(i) The hospital submitted requests to the Medical Supplies Division for approval to purchase 13,322 units of 27 types of medicines totaling Rs. 29.26 million across 57 instances in 2024; the Medical Supplies Division

took between 2 and 123 days to grant approval for these requests via the 'Swastha' computer system. It was also observed that the smooth functioning of health services was hindered because, although orders were placed with suppliers on 51 occasions for 16,851 units of medicine valued at Rs. 28.65 million, there were delays ranging from 2 to 69 days in supplying the relevant medicines to the hospital.

(ii) In 28 cases during the year under review, the hospital had referred 7,442 units of medicines belonging to 15 categories worth Rs. 11.45 million to the Medical Supply Division for approval, and the Medical Supply Division had taken a delay of 06 to 38 days to grant approval through the health computer system. Furthermore, although orders worth Rs. 10.58 million for 7,027 units of medicine were placed with suppliers on 26 occasions, the efficient delivery of health services was hindered because the suppliers took between 2 and 38 days to deliver the required medicines to the hospital.

(iii) The hospital had referred a request to the Medical Supplies Division to obtain approval for the purchase of 3,393 units of surgical instruments comprising 17 varieties with a total value of Rs. 27.41 million across 10 instances in 2024; and although the Medical Supplies Division took between 2 and 62 days to grant approval via the 'Swastha' computer system and subsequently placed orders with suppliers, surgical procedures at the hospital were delayed because the suppliers took between 17 and 143 days to deliver the relevant surgical equipment.

(iv) The hospital submitted a request to the Medical Supplies Division for approval to purchase 473,745 units of 30 types of medicines, valued at a total of Rs. 4.91 million across 47 instances in 2024; the Medical Supplies Division took between 3 and 43 days to grant approval via the 'Swastha' computer system. Furthermore, although orders totaling Rs. 4.91 million for the procurement of 473,745 units of medicine across 47 instances were placed with suppliers, delays ranging from 13 to 224 days in the actual delivery of these medicines to the hospital resulted in disruptions to medical laboratory operations.

(v) According to the sample check conducted during the audit, a total expenditure of Rs. 35.29 million was incurred on emergency procurement instead of placing orders through the Medical Supplies Division due to the failure to maintain safe stock levels of medicines, surgical instruments, and laboratory equipment at the hospital, as well as the lack of proper inventory management; and the audit concluded that had the items been

procured directly through the Medical Supplies Division, the total cost would have been only Rs. 14.11 million; consequently, the government incurred a loss of Rs. 21.18 million.

(av) The following matters were observed during the audit conducted in respect of Teaching Hospital - Kurunegala

(i) For the year under review, 681 types of medicines were estimated for the hospital; however, the Medical Supplies Division did not supply 92 of these types. It was observed that the supply of 139 types of medicines was less than 50 percent. Furthermore, it was noted that 56 types of medicines had to be procured through supplementary estimates due to deficiencies in the preparation of the initial estimates.

(ii) No quality reports had been issued for 14 types of expired or near-expiry medicines the release of which had been temporarily suspended for periods ranging from three months to eight years due to quality failures occurring prior to 2024 and during 2025.

(iii) Regarding 12 medicines produced by combining several drug components, it was observed that the inability to manufacture the finished products stemmed from the receipt of only a portion of the required items during the year under review; furthermore, it was noted that the items actually received were nearing their expiry dates.

(aw) The following matters were observed during the audit conducted in respect of Teaching Hospital - Polonnaruwa.

(i) It was observed that there was a failure to meet the requirement for medicines in a timely and adequate manner; although suppliers had submitted bids agreeing to provide the specified quantities and orders were placed for 25,500 units across two types of medicines, the suppliers did not deliver the full ordered quantity in a single consignment but instead supplied only 10,500 units in three separate installments of varying quantities.

(ii) The state emblem was not printed on 19 pharmaceutical items stored in 03 of the hospital's storerooms.

(iii) It was observed that the local procurement process for 21 pharmaceutical items took a significant amount of time, ranging from 34 to 257 days spanning the period from the initial request by a medical specialist and its

approval by the head of the institution to the final acceptance of the supplied goods by the Goods Acceptance Committee and their handover to the stores; this delay could potentially result in the postponement of patient treatment.

(ax) The following matters were observed during the audit conducted in relation to the National Specialized Nephrology Hospital - Polonnaruwa.

(i) It was observed that a significant period, ranging from 36 to 147 days elapsed during the entire process, spanning from the time a specialist doctor made a request for the emergency procurement of medicines to the date the supplies were delivered to the stores by suppliers following approval by the head of the institution.

(ii) Contrary to the instructions in Paragraph 9.1(c) of the Procurement Guidelines - 2024, 42,926 units belonging to 17 types of medical supplies, valued at Rs. 30.55 million were forwarded to the relevant hospital sections by the Goods Acceptance Committee without verifying their quality, quantity, and suitability.

(iii) Supplies of 03 types of medicines and one surgical consumable item had not been received by the relevant hospital even by the date of audit of 03 February 2026, because no suppliers came forward to provide 03 specific medical items requested by specialist doctors, and the Medical Supplies Division failed to supply them.

(iv) Although 06 medical supply items, ordered following requests from medical specialists for the procurement of urgent medicines had been placed, a period ranging from 38 to 130 days had elapsed between the date of the order and the audit date of 03 February 2026 without the suppliers delivering the relevant items to the hospital.

(v) A total of 120,153 units of medicines and surgical consumables across five categories held by the hospital did not bear the Sri Lanka State Emblem.

(ay) Although the Badulla Regional Medical Supplies Division (RSMD) had issued medicines to hospitals and medical centers in the Uva Province via the 'Swastha' system, medicines valued at Rs. 3,844,276 had not been physically received by the Haldummulla and Meegahakivula Divisional Hospitals.

5 Sustainable Development

5.1 Progress in achieving Sustainable Development Goals

Forty-two Sustainable Development indicators relevant to the Ministry of Health had been identified, and progress regarding 3 of these indicators was reported for audit via internal memorandum No. HP/SDG/01/2025-Vol 1, dated 08 April 2026. It was stated that progress on the remaining Sustainable Development Goals would be presented following a committee meeting scheduled for 2026; however, the indicators for which progress had been reported had not reached the required performance levels.

(a) Although the target under indicator 3.3.5 (1) was to maintain the number of new dengue cases per 100,000 population at 21,000 by 2030, the figure was at 45,926 by the year 2025.

(b) According to indicator number 3.3.5 (1a), the mortality rate among Dengue patients was at 0.05 per 100,000 in 2024, and no progress was achieved during the year under review.

(c) According to indicator 2.2.2.b, although the percentage of children under the age of five suffering from overweight or obesity was 0.49% in 2024, this figure rose unfavorably to 0.57% in 2025.

6 Good Governance

6.1 Service Delivery to the Public

(a) The following matters were observed during the examination of information forwarded via email to the Government Audit Division on 10 November 2025, by the Directorate of the Primary Health Care Services regarding applications for medical examination boards and the issuance of related reports.

(i) Although requests were made to submit information regarding applications for medical examination boards and the issuance of related reports for the period starting from 2018, the relevant information was provided only for the period commencing in 2022. Consequently, it was not possible to verify during the audit whether the issuance of reports for medical examination boards applied for prior to 2022 had been finalized.

(ii) Although the aforementioned information was presented using two separate data systems, covering the period from 2022 to May 2025 and the

period from June 2025 onwards, respectively, the information in both systems was incomplete.

(iii) The following matters were observed during the examination of the data system covering the period from 2022 to May 2025.

- Out of the 16438 applications received by the institutions during the period, hospitals were designated for medical board examinations in only 10958 cases; the number of applications referred to hospitals by the Ministry was 8116, representing just 49 percent of the total applications submitted.

- During this period, hospitals designated by the Ministry of Health had not forwarded 3440 medical examination reports to the Ministry.

- According to the data system, there were 938 instances where Medical Examination Board reports were received by the Ministry of Health during the relevant period, even though no specific hospital had been designated for obtaining them.

- According to the data system, there were 7840 instances during the period where the Ministry of Health failed to issue Medical Board reports to the respective institutions in response to applications submitted by them.

- Data regarding the dates applications were received by the Ministry of Health, the dates applications were forwarded to hospitals, the dates medical board reports were received by the Ministry from hospitals, and the dates the Ministry forwarded medical board reports to the relevant institutions had not been entered into the data system in a standardized manner.

- A sample audit inspection revealed that the requirements of applicants were not met efficiently, as reports for applications submitted by institutions in 2022 were issued in 2024, and reports for applications submitted in 2023 were issued in 2025.

- There were instances where the date on which the application for a medical board examination was forwarded to the hospital and the date on which the medical board report was received from the hospital were not recorded. Similarly, there were instances where the dates on which medical reports, approved by the Director General of

Health Services were forwarded to the relevant institution were not recorded.

(iv) Although the Primary Care Unit had been recording data using a new system since June 2025, out of 862 instances between June and August 2025 where the application receipt date was correctly recorded, data for 304 instances had been entered in a manner that prevented the proper identification of the relevant institution.

(v) The Director General of Health Services is responsible for approving the medical board recommendations contained in General Form (142) I and General Form (142 A) II which are completed after officers in the state and semi-state sectors receive treatment from the indigenous medical sector and are referred to a medical board to obtain approval for accident leave and special sick leave, or to have their fitness for continued service assessed and the following matters were observed in this regard.

- In accordance with the discussion held on 29 July 2022, at the Office of the Director General of Health Services regarding the convening of medical boards for officers who had received treatment under the indigenous medical system, the matter was submitted for the approval of the Director General of Health Services; this submission included all relevant documents from the applicants and a specially formatted certificate bearing the signatures of the Ayurvedic Specialist Medical Board, the Chairperson of the Medical Board, and the Commissioner of Ayurveda. However, the Commissioner of Ayurveda informed the Director General of Health Services via letter reference No. 6-3/3 ෙවෙ.ම්ණ්.ෙපොදු dated 27 March 2023 that arrangements were being made to summon individuals before a medical board to re-examine their medical certificates, without any consultation regarding the recommendations of the Ayurveda Medical Board. It was subsequently decided to submit the medical board reports previously issued following assessments by boards appointed by the Ayurvedic hospital to a specialized medical examination board comprising two Western Medical Specialists and one Ayurvedic Medical Specialist. However, the audit revealed that, at present, such specialized medical examination boards are not conducting reviews of medical certificates.

- By letter No. 6-3/3 ෙවෙ.ම්ණ්.ෙපොදු dated 27 March 2023, the Commissioner of Ayurveda requested the Director General of Establishments to take appropriate action regarding the delegation

of authority to the Commissioner of Ayurveda to approve and sign off on the recommendations of the Ayurveda Medical Board concerning officers receiving treatment from the indigenous medical sector. Regarding this matter, the Director General of Establishments had requested the observations and recommendations of the Secretary to the Ministry of Health via letter No. EST-6/03/LEA/3460(I) dated 26 August 2023. Since the Director General of Health Services had expressed agreement in an internal note dated 26 October 2023, the Secretary to the Ministry of Health informed the Director General of Establishments via letter No. MIM/AD/14/9/1 dated 16 November 2023, that the signing by the Commissioner of Ayurveda was recommended. Subsequently, in accordance with the decisions reached during the discussion held at the Office of the Director General of Establishments on 09 January 2024, it was required to submit observations and recommendations to the Director General of Establishments regarding four matters. Approximately six months after the aforementioned decisions were reached, the Director General of Health Services appointed a committee including the Commissioner of Ayurveda on 30 July 2024, to submit recommendations regarding the matter; although the committee met on 09 October 2024, the report containing its recommendations was forwarded to the Director General of Health Services by the Director (Primary Care Services) only on 26 September 2025, a delay of nearly a year. It was observed that the Commissioner of Ayurveda, a key stakeholder in reaching these decisions did not participate in the process.

- However, the file submitted for audit did not contain information regarding whether observations and recommendations concerning the aforementioned matters had been forwarded to the Director General of Establishments.

- The audit observed a delay in approving the medical board reports of officers who had received Ayurvedic treatment from the Indigenous Medicine Division of the Ministry of Health; this delay arose because the Director General of Health Services did not approve the recommendations made by the Ayurvedic Specialist Medical Board, but instead referred the cases back to a Combined Medical Board. However, the officials responsible for taking remedial action in this regard did not act efficiently.

(vi) Although the forms General (142) I and General (142 A) II completed upon referral to a medical board specify the Director of Health Services as the authority to approve the medical board's recommendations, no such position currently exists within the Ministry of Health; furthermore, despite the existence of the position of Director General of Health Services, no action had been taken to effect the necessary amendments to reflect this.

(b) Both inpatients and outpatients at the National Institute of Mental Health are admitted to the hospital's paying wards based on the decision of a consultant psychiatrist and the approval of the Hospital Director. Due to an insufficient number of paying wards, it was observed that, as of the audit date of 15 August 2025, there were 67 patients on the waiting list seeking admission to these wards. Hospital management had established a formal procedure to be followed regarding patients awaiting admission to long-stay wards, effective until 31 December 2025.

(c) Although a system was established to chlorinate wastewater collected in the drainage network of the District General Hospital - Nawalapitiya before releasing it into the Mahaweli River, thereby minimizing environmental damage the public has been inconvenienced because the chlorination motor has been non-functional since 2012, resulting in the discharge of wastewater into the Mahaweli River without any treatment up to the date of audit, 30 January 2025.

(d) Although the contract for supplying raw food items to the kitchen of the Teaching Hospital - Kalutara for the years 2025/2026 was awarded at a value of Rs. 57.19 million, the supplier failed to supply raw food continuously throughout the month at the rate of 03 meals per day in accordance with the approved menu. In many instances, as the final days of the month approached, the ordering limits for specific food items were exceeded; consequently, meals were prepared using available substitute raw ingredients, deviating from the approved menu to replace the specific items that were unavailable. Consequently, a situation arose where the nutritional quality and balance of meals were overlooked, and suppliers were unable to meet the requirements for high-protein and specialized diets needed for patients with specific conditions, such as cancer and diabetes.

(e) Although over 100 patients attended the weekly Non-Communicable Disease (NCD) clinic at the Divisional Hospital - Aluthgama, the hospital laboratory lacked adequate facilities to conduct basic tests such as blood sugar and cholesterol screenings forcing patients to undergo these tests at external facilities at their own expense before attending the clinic. Furthermore, the chemistry spectro meter in the hospital laboratory used for tests such as blood sugar and

cholesterol had remained idle and unused since 2023 because the necessary reagents could no longer be procured. Although substantial funds had been spent on constructing buildings for this divisional hospital, there had been no commensurate improvement in laboratory or other medical facilities; consequently, the public was unable to derive the intended benefits.

(f) Regarding the supply of raw food items to the District General Hospital - Embilipitiya for the year 2025/2026, it was not possible to provide meals meeting the patients' nutritional requirements because seven types of raw food items were not supplied in the stipulated quantities on the 21 days examined during the audit.

7. Human Resource Management

(a) An examination of the cadre information as of 31 December 2025, pertaining to the Ministry of Health, Provincial Health Services, and institutions under their purview, as submitted to the audit by the Planning Division, revealed that the total approved cadre categorized by salary scale was 177,942, while the actual cadre count was 147,850; consequently, the total cadre shortage amounted to 30,092, representing a significant deficit of 17 percent.

(b) According to the information submitted for audit, there was a shortage of 18,213 officers across 351 positions, while a surplus of 559 officers existed across 28 positions. Specifically, a shortage of 14,430 officers was observed across 48 positions within the institutions, alongside a surplus of 1,982 officers in certain institutions; it was noted that deploying staff without balancing these surpluses and shortages constituted a management weakness.

(c) In addition to the positions where the aforementioned surpluses and shortages existed, there was a staff shortage of 5,644 officers across another 305 positions that faced only shortages. It was observed that attention needs to be paid to this matter; if the continued maintenance of these positions is essential, steps should be taken to fill the vacancies, or otherwise, to suppress non-essential positions.

(d) In addition to the positions where the aforementioned surpluses and shortages existed, there was a staff surplus of 440 officers across another 25 positions. The authority exercised to recruit officers to these unauthorized positions and to pay their salaries and allowances became a matter of disagreement during the audit.

(e) It was observed that 157 officers were serving within the Ministry and its affiliated institutions in 15 job titles not included in the approved cadre as of 31 December 2025; the retention of officers in such unapproved positions, without taking steps to secure approval for these roles based on actual requirements as well as the exercise

of authority to recruit officers to unapproved posts and pay their salaries and allowances, became matters of disagreement during the audit.

(f) It was observed that, across the Ministry and its affiliated institutions, 282 officers were serving in positions not included in the respective institutions' approved cadres as of 31 December 2025; the retention of officers in such unapproved positions and the necessity thereof became a matter of contention during the audit.

(g) According to the information submitted for audit, although a staff of 16 officers had been approved for three institutions as of 31 December 2025, no officers had been assigned to those three institutions.

(h) The officer who held the post of Chief Legal Officer of the Ministry retired on 10 December 2025 without properly handing over the documents pertaining to the legal and administrative matters under her charge; and by the date of audit 11 March 2026, she had not taken steps to formally hand over any of the documents belonging to the Legal Division that were required to be handed over by her. It was observed that the failure of the retiring officer to properly hand over documents related to the legal and administrative matters under her charge could lead to complications in the Ministry's future legal proceedings and the administration of the legal division, as well as create difficulties in the discharge of duties for the new Chief Legal Officer.

(i) The following matters were observed during a sample audit examination regarding the cadre of the Ministry of Health and the hospitals, institutions, and divisions under its purview.

(i) It was observed that the post of Deputy Director General at the National Hospital of Colombo, as well as the posts of Director at three other institutions namely, De Soysa Hospital for Women, the National Institute for Nephrology, Dialysis and Transplantation, and the National Eye Hospital of Sri Lanka have remained vacant for over a year; the fact that these positions are being managed on an acting basis rather than through permanent appointments has adversely affected the proper administration of these hospitals.

(ii) An audit inspection regarding staff management in the Biomedical Engineering Services Division revealed that a number of senior-level management and technical positions had remained vacant for a prolonged period, and that management had failed to take adequate measures to make permanent appointments to these posts. The inability to efficiently carry out the division's core functions such as the procurement and maintenance of medical equipment, the formulation of technical specifications, and supervision at both institutional and provincial levels, stemmed from several

factors: specifically, the fact that the positions of Deputy Director General and Director had been filled on an acting basis since 2016 and 2024 respectively; the failure to recruit for Senior Biomedical Engineer posts since their approval in 2014; and the existence of significant vacancies for biomedical engineers. Furthermore, weaknesses in human resource planning were observed due to recruitment not aligning with the approved staff establishment, the non-approval of promotion procedures, and delays in obtaining the necessary approvals for amendments to recruitment schemes. Furthermore, administrative shortcomings, such as the failure to properly include documents regarding Public Service Commission approval in personal files were observed. It was also noted that, due to a severe shortage of storekeepers, fundamental control functions such as the receipt and issuance of valuable medical equipment, rested on a single individual; such conditions adversely affect the division's operations, service quality, and the efficiency of resource utilization.

(iii) Although the Director General of Health Services' Circular No. 01-22/2001 dated 30 September 2001 stipulates in paragraph 2:1:1 the Medical Officers of all grades are subject to transfer upon completion of four years of service, as of 03 November 2025, 20 Medical Officers serving at the Medical Research Institute had been retained in their positions for periods ranging 5 - 14 years without being transferred.

(iv) Although, in accordance with Public Administration Circular No. 18/2001 dated 22 August 2001, any officer who has served the maximum tenure of five years in a single post or at a single duty station should be immediately transferred to allow for service in other posts or duty stations, this requirement was not adhered to several such instances are outlined below.

- As of 31 May 2025, the staff deployed at the Family Health Bureau included 20 officers with 5 to 10 years of service, 27 officers with 10 to 20 years of service, and 3 officers with 20 to 30 years of service.

- As of 30 September 2024, the staff at the Children's Hospital included 520 officers with 5 to 10 years of service, 389 officers with 10 to 20 years of service, 219 officers with 20 to 30 years of service, and 33 officers with over 30 years of service.

Sgd: K.K.S. Jayakody
Deputy Auditor General
For Auditor General

CHAPTER 4

Performance Indicators

4.1 Performance Indicators of the Institute

Performance monitoring plays a crucial role in the healthcare sector to achieve higher efficiency and effectiveness in providing services. The performance can be measured using selected indicators through which healthcare organizational goals and objectives can be monitored over time. Ministry of Health has identified a National Health Performance Framework to fulfil this need. These indicators could be used as the foundation to analyse and track health performance and base strategic decisions regarding staffing and allocating resources. Some of the important indicators selected are given below.

Indicator	2022	2023	2024	2025
Maternal mortality ratio per 100,000 live births (FHB data)	33	25		DNA
Infant mortality rate per 1000 live births (FHB data)	10.1	10.4		DNA
Children under-five mortality rate per 1000 live births (FHB data)	12.0	12.5	12.1	DNA
TB treatment success rate (NPTCCD data)	78.1	79	DNA	DNA
Dengue case fatality rate (Dengue Control Unit)	0.09	0.07	0.05	DNA
Number of Dengue related deaths	72	62	24	DNA
Child (less than 15 years) cases of Leprosy (ALP data)	DNA	11.8%	7.1%	9.6%
Percentage of people living with HIV currently receiving antiretroviral therapy (NSACP data)	68.00	71	DNA	
Number of new HIV infections per 1,000 uninfected population (NSACP data)	0.01	0.01	0.01	
Health worker density (per 10,000 population) (Annual Health Bulletin data)	Population 22,181,000	Population 22,037,000	Population 21,781,000	DNA
Medical Specialists	1.28 (2,839)	1.25 (2,756)	1.36 (2,957)	DNA
Medical Officers (Excluding administrators & Specialists)	9.21 (20,426)	9.58 (21,119)	9.62 (20,960)	DNA
Dental Surgeons	0.76 (1,689)	0.73 (1,604)	0.69 (1,494)	DNA

Indicator	2022	2023	2024	2025
Nursing Officers	22.77 (50,516)	24.18 (53,283)	22.80 (49,665)	DNA
Pharmacists and Dispensers	1.66 (3,676)	1.64 (3,625)	1.67 (3,635)	DNA
Midwives including Supervising Midwives and Hospital Midwives	4.18 (9,100)	4.16 (9,059)	3.92 (8,528)	DNA
Availability of essential medicines in hospitals BH and above (SARA Survey data)		DNA		
Children under 5 years who are stunted (FHB data)	9.2	10.3	10.5	10.1*
Children under 5 years who are wasted (FHB data)	10.1	10.0	9.2	8.6*
Children under 5 years who are underweight (FHB data)	15.3	17.1	17.0	16.1 *
Children under 5 years who are overweight (FHB data)	0.59	0.43	0.49	0.57 *
Child immunization: Percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine (Epidemiology Unit data)	<95	<95	<95	
Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (Global Health Observatory data)				
Hospital- MRSA bacteraemia rate per 10,000 patient days				
Percent of post-LSCS surgical site infection rate			Hospital-wise data in Hospital performance tables	
The proportion of elective surgeries postponed in a month as per theatre list OR Waiting time duration in indexed operations				
Rate of adherence to surgical safety checklist				
Waiting time at OPD without lab investigations (Minutes)				

DNA = Data Not Available

Performance Indicators of Indigenous Medicine Sector

- Quality and adequate development of indigenous medicine service
- Production of quality herbs, raw materials and quality standardized medicines
- Preservation of traditional medical practices and medical knowledge
- Expanding research opportunities in the field of indigenous meidicne
- Contribution of indigenous medicine to primary health care and control of non-communicable diseases
- Expanding the educational system related to indigenous medicine

Performance Indicators of Line Ministry Hospitals (Base Hospitals and bove)

- **National Hospitals**

No.	Indicator	Name of the Hospital		
		National Hospital of Sri Lanka	**National Hospital Kandy**	**National Hospital Galle**
01	Whether EPL and SWML obtained/Renewed for the year 2025	No	Yes	No
02	Number of total Hospital beds	3413	2808	2107
03	Number of inpatient (inward) beds	3374	2167	2084
04	Bed Occupancy Rate (BOR)	81.6	63	77.97%
05	**Intensive Care Unit (ICU) bed capacity by ICU types**	**131**	**85**	**56**
	SICU		08	0
	MICU		09	07
	NICU /NSICU		07/22	05
	ETC-ICU		00	12
	OITU / PICU / CTU-ICU / CCU-ICU		0/12//16/08/08/	05 / 12 /07 / 08
06	Total number of High Dependency Unit beds (HDU beds)	186	136	54
07	Dengue case fatality rate for the year	0.046	0.4	0.24
08	Proportion of deaths out of patients admitted with myocardial infarction during the year	9.0		15.60
09	Number of major surgeries performed during the year	22942	22362	12813
10	Percentage of essential drugs for NCD management available throughout the year	90.87	57.8	96.29

No.	Indicator	Name of the Hospital		
		National Hospital of Sri Lanka	**National Hospital Kandy**	**National Hospital Galle**
11	Number of investigations performed per MLT per year	62954	38898	37,299
12	Percentage expenditure for local purchase for drugs out of the total allocation for drugs	13.07	56.50	10.78
13	Caesarean section rate (number of Caesarean sections per 100 live births) during the year	NA	43	N/A
14	Rate of post-LSCS infections for the year	NA	0.1	NA
15	**Percentage of staff (by category) who underwent at least one capacity-building programme during the year**			
	1. Doctors	15.13	16.37	64
	2. Nurses	37.43	17.61	91
	3. Other Technical Officers	22.30	24.13	58
	4. Minor Staff	25.37	5.78	61
16	Average number of general OPD patients seen per doctor per day	45	34	75

NA = Not Applicable

EPL – Environmental Protection License
SWML – Scheduled Waste Management License

➢ **Teaching Hospitals**

No.	Indicator	Name of the Hospital										
		Teaching Hospital Anuradhapura	**Teaching Hospital Badulla**	**Teaching Hospital Batticaloa**	**Teaching Hospital Colombo North Ragama**	**Teaching Hospital Colombo South Kalubowila**	**Teaching Hospital Jaffna**	**Teaching Hospital Kalutara**	**Teaching Hospital Kuliyapitiya**	**Teaching Hospital Kurunegala**	**Teaching Hospital Peradeniya**	**Teaching Hospital Ratnapura**
01	Whether EPL and SWML obtained/Renewed for the year 2025	NA	Yes	NA	No / Yes	Yes	NA	Yes / No	Yes / No	Yes / No		NA
02	Number of total Hospital beds	2037	1556	1257	1908	1344	1499	1572	694	2554	1062	1685
03	Number of inpatient (inward) beds	1955	1461	1205	1827	1283	1451	1502	646	2392	1006	1385
04	Bed Occupancy Rate (BOR)	68.9	68.7	73	61.4	87	73.02	61.5	61.54	62	73	75.66
05	**Intensive Care Unit (ICU) bed capacity by ICU types**	**53**		**67**	**58**	**36**	**26**	**07**	**05**	**30**	**10**	**37**
	SICU	05	08	10	08	08				10+03	10	00
	MICU	06	04	04	08	05				07		06
	NICU	04	05	27	00	13		10		10		18

No.	Indicator	Name of the Hospital										
		Teaching Hospital Anuradhapura	Teaching Hospital Badulla	Teaching Hospital Batticaloa	Teaching Hospital Colombo North Ragama	Teaching Hospital Colombo South Kalubowila	Teaching Hospital Jaffna	Teaching Hospital Kalutara	Teaching Hospital Kuliyapitiya	Teaching Hospital Kurunegala	Teaching Hospital Peradeniya	Teaching Hospital Ratnapura
	GICU/CCU /ETU /PBU/SCBU	0/04/04 /26	00/05	0/5 /6/	38 (SCBU)	10						13
	PICU / TICU/Onco MICu & SICU	04	00	0/4 /6 /5	04					04		00
06	Total number of High Dependency Unit beds (HDU beds)	97	13	67	05	34	14	04	00	-	-	
07	Dengue case fatality rate for the year	0.2	0.19	00	0	0.045	0.00	0	00	0.14	0.10	
08	Proportion of deaths out of patients admitted with myocardial infarction during the year	8.4	6.75	6.05	9.95	-	18.52	4.96	1.32	20.16	7.57	7.3
09	Number of major surgeries performed during the year	17721	17810	6398	12566	10528	23324	7461	5293	20504	5773	12518
10	Percentage of essential drugs for NCD management available throughout the year	89.36	80.7	87.50	90.14	85.7	98.51	86.27	94.73	89.5	81.48	50
11	Number of investigations performed per MLT per year	58854	44057	56648	96579	65929	47818	59505	39866	72433	42613	355891

No.	Indicator	Name of the Hospital										
		Teaching Hospital Anuradhapura	**Teaching Hospital Badulla**	**Teaching Hospital Batticaloa**	**Teaching Hospital Colombo North Ragama**	**Teaching Hospital Colombo South Kalubowila**	**Teaching Hospital Jaffna**	**Teaching Hospital Kalutara**	**Teaching Hospital Kuliyapitiya**	**Teaching Hospital Kurunegala**	**Teaching Hospital Peradeniya**	**Teaching Hospital Ratnapura**
12	Percentage expenditure for local purchase for drugs out of the total allocation for drugs	91.44	4.15	5.32	2.63	95.60	100	99.4	98.84	98.67	5.71	
13	Caesarean section rate (number of Caesarean sections per 100 live births) during the year	39.59	44.7	35.22	53	47.12	45.58	43.9	46.13	56.11	52	48.11
14	Rate of post-LSCS infections for the year	0.03	1.47	0.19	1.26	1.9	NA	0.18	0.08	0.73	0.65	
15	**Percentage of staff (by category) who underwent at least one capacity-building programme during the year**											
	1. Doctors	26	49.5	4.58	06	32	24	37	74.75	46.64	27.8	
	2. Nurses	32	58.5	19.80	29.43	83	34	121.5	54.36	198	26.8	
	3. Other technical officers	107	43.1	00	20.13	0	20	33	53.57	66	27	
	4. Minor staff	9.9	55.7	00	12.86	14	27	44.5	15.54	86.85	26	
16	Average number of general OPD patients seen per doctor per day	35	92	37	40	30	39	48	67.35	41	39	52

➢ **Special Hospitals**

No.	Indicator	Name of the Hospital								
		Apeksha Hospital Maharagama	**Castle Street Hospital for Women**	**De Soysa Hspital for Women**	**German-Sri Lanka Friendship Hospital for Women (Teaching) - Galle**	**Lady Ridheway Hospital for Children**	**National Dental Hospital (Teaching) of Sri Lanka**	**National Eye Hospital**	**National Institute of Infectious Diseases Mullariyawa**	**National Institute of Mental Health Mullariyawa New Town**
01	Whether EPL and SWML obtained/Renewed for the year 2025	NA	Renewed		NA	NA	No		No / Pending	
02	Number of total Hospital beds	1036	563	345	501	1050	37	504	300	1380
03	Number of inpatient (inward) beds	976	466	305	425	1050	32	474	300	1360
04	Bed Occupancy Rate (BOR)	71	56	65.35	50.4	59.3	84.82	46.8	47.7	74.9
05	**Intensive Care Unit (ICU) bed capacity by ICU types**		**18**		**23**		**05**			
	SICU	08	00		00	14	00		-	
	MICU	06	00		00	14	00		4 + 4	
	NICU	00	10		19	00	00		-	
	PICU	04	00		00	00	00		-	
	CTICU I +II	00	00		00	06+17	00		-	
06	Total number of High Dependency	07	00		00	06+17	00		-	

No.	Indicator	Name of the Hospital								
		Apeksha Hospital Maharagama	Castle Street Hospital for Women	De Soysa Hspital for Women	German-Sri Lanka Friendship Hospital for Women (Teaching) - Galle	Lady Ridheway Hospital for Children	National Dental Hospital (Teaching) of Sri Lanka	National Eye Hospital	National Institute of Infectious Diseases Mullariyawa	National Institute of Mental Health Mullariyawa New Town
	Unit beds (HDU beds)									
07	Dengue case fatality rate for the year	02	00		00	0.07	NA		0.19	
08	Proportion of deaths out of patients admitted with myocardial infarction during the year	NA	00		00	NA	NA		6.76	
09	Number of major surgeries performed during the year	3273	7692		5008	2637	292		-	
10	Percentage of essential drugs for NCD management available throughout the year	53.5	94.70		12.1	63.69	-		89.47	
11	Number of investigations performed per MLT per year	32159	24858		31247	32696	NA		34412	
12	Percentage expenditure for local purchase for drugs out of the total allocation for drugs	xx	27		0.37	99.57	**		22.45	

No.	Indicator	Name of the Hospital								
		Apeksha Hospital Maharagama	Castle Street Hospital for Women	De Soysa Hspital for Women	German-Sri Lanka Friendship Hospital for Women (Teaching) - Galle	Lady Ridheway Hospital for Children	National Dental Hospital (Teaching) of Sri Lanka	National Eye Hospital	National Institute of Infectious Diseases Mullariyawa	National Institute of Mental Health Mullariyawa New Town
13	Caesarean section rate (number of Caesarean sections per 100 live births) during the year	NA	40.03		43.3	NA	NA		NA	
14	Rate of post-LSCS infections for the year	NA	0.88		2.4	NA	NA		NA	
15	Percentage of staff (by category) who underwent at least one capacity building programme during the year									
	1. Doctors	75	77		12.2	58.61	100		90.6	
	2. Nurses	98.5	72		68	46.39	100		100	
	3. Other technical officers	52.8	37.5		48	44.11	60		78.12	
	4. Minor staff	28	26		93	77.97	50		100	
16	The average number of general OPD patients seen per doctor per day	No OPD	21		45	52	22		61	

NA	Indicator	National Institute for Nephrology, Dialysis and Transplant Maligawatta	National Hospital for Respiratory Diseases Welisara	National Nephrology Specialzed Hospital Polonnaruwa	Rheumatology and Rehabilitation Hospital, Ragama	Sirimawo Bandaranayake Specialized Children Hospital Peradeniya
01	Whether EPL and SWML obtained/Renewed for the year 2025			Yes	Yes Yes	-
02	Number of total Hospital beds	88	604	318	272	353
03	Number of inpatient (inward) beds	60	511	292	231	353
04	Bed Occupancy Rate (BOR)	67.3	56.02	55.57	56.85	52
05	**Intensive Care Unit (ICU) bed capacity by ICU types**			02		
	SICU			-	NA	05
	MICU			-	-	05
	NICU			-	-	04
				-	-	-
06	Total number of High Dependency Unit beds (HDU beds)			18	-	NA

NA	Indicator	National Institute for Nephrology, Dialysis and Transplant Maligawatta	National Hospital for Respiratory Diseases Welisara	National Nephrology Specialzed Hospital Polonnaruwa	Rheumatology and Rehabilitation Hospital, Ragama	Sirimawo Bandaranayake Specialized Children Hospital Peradeniya
07	Dengue case fatality rate for the year			NA	NA	0
08	Proportion of deaths out of patients admitted with myocardial infarction during the year			46.10	NA	0
09	Number of major surgeries performed during the year			76	NA	21840
10	Percentage of essential drugs for NCD management available throughout the year			77.77	NA	92
11	Number of investigations performed per MLT per year			50,664	19953	18575
12	Percentage expenditure for local purchase for drugs out of the total allocation for drugs			06	0	92
13	Caesarean section rate (number of Caesarean sections per 100 live births) during the year			NA	NA	0

	Indicator	National Institute for Nephrology, Dialysis and Transplant Maligawatta	National Hospital for Respiratory Diseases Welisara	National Nephrology NASpecialzed Hospital Polonnaruwa	Rheumatology and NARehabilitation Hospital, Ragama	Sirimawo Bandaranayake Specialized Children Hospital Peradeniya
14	Rate of post-LSCS infections for the year			NA	NA	0
15	Percentage of staff (by category) who underwent at least one capacity building programme during the year					
	1. Doctors			16.66	6	0
	2. Nurses			39.58	91.2	0
	3. Other technical officers			55	88.23	0
	4. Minor staff			48	44.4	0
16	The average number of general OPD patients seen per doctor per day			NA	12.99	26

➢ **Board Managed Hospitals**

No.	Indicator	Name of the Hospital	
		Sri Jayawardanapura General Hospital	**Wijaya Kumaratunga Memorial Hospital, Seeduwa**
01	Whether EPL and SWML obtained/Renewed for the year 2025	EPL – Yes SWML - No	NA
02	Number of total Hospital beds	1021	117
03	Number of inpatient (inward) beds	1008	117
04	Bed Occupancy Rate (BOR)	58	83.11
05	**Intensive Care Unit (ICU) bed capacity by ICU types**	**45**	**00**
	SICU		00
	MICU		00
	NICU		00

06	Total number of High Dependency Unit beds (HDU beds)	27	00
07	Dengue case fatality rate for the year	00	00
08	Proportion of deaths out of patients admitted with myocardial infarction during the year	12.82	30
09	Number of major surgeries performed during the year	3011	13064
10	Percentage of essential drugs for NCD management available throughout the year	42.58	100
11	Number of investigations performed per MLT per year	45992	27235
12	Percentage expenditure for local purchase for drugs out of the total allocation for drugs	2.43	13.83
13	Caesarean section rate (number of Caesarean sections per 100 live births) during the year	60.72	NA

	Indicator	Sri Jayawardanapura General Hospital	Wijaya Kumaratunga Memorial Hospital, Seeduwa
14	Rate of post-LSCS infections for the year	1.06	NA
15	Percentage of staff (by category) who underwent at least one capacity building programme during the year		
	1. Doctors	00	00
	2. Nurses	2.98	6.58
	3. Other technical officers	40	00
	4. Minor staff	00	00
16	The average number of general OPD patients seen per doctor per day	36	62

➢ **District General Hospitals**

No.	Indicator	Name of the Hospital												
		District General Hospital Ampara	**District General Hospital Chilaw**	**District General Hospital Embilipitiya**	**District General Hospital Hambantota**	**District General Hospital Kegalle**	**District General Hospital Matale**	**District General Hospital Matara & Kamburugamuwa**	**District General Hospital Monaragala**	**District General Hospital Nawalapitiya**	**District General Hospital Negombo**	**District General Hospital N' Eliya**	**District General Hospital Polonnaruwa**	**District General Hospital Trincomalee**
01	Whether EPL and SWML obtained/Renewed for the year 2025			-	Applied	Yes / No	Yes	Yes / Applied	Yes / Applied	Applied			Applied	
02	Number of total Hospital beds	867	649	535	972	888	787	1004	629	509	872	799	1124	639
03	Number of inpatient (inward) beds	818	618	495	964	809	756	933	580	479	819	799	1085	554
04	Bed Occupancy Rate (BOR)	58	54	77	58	61	63.3	76.25	64	59.1	64.4	61.6	65	61.4
05	**Intensive Care Unit (ICU) bed capacity by ICU types**			**05**	**29**	**12**	**05**		**06**	**05**			**08**	
	SICU				08	06		05	00	00			00	
	MICU				04	06		10	00	00			00	
	NICU				13	00		00	00	00			00	
	CCU				00	00		04	00	00			00	
	SCBU				04	00								

No.	Indicator	Name of the Hospital												
		District General Hospital Ampara	District General Hospital Chilaw	District General Hospital Embilipitiya	District General Hospital Hambantota	District General Hospital Kegalle	District General Hospital Matale	District General Hospital Matara & Kamburugamuwa	District General Hospital Monaragala	District General Hospital Nawalapitiya	District General Hospital Negombo	District General Hospital N' Eliya	District General Hospital Polonnaruwa	District General Hospital Trincomalee
06	Total number of High Dependency Unit beds (HDU beds)			06	29	20	No	22	05	06			15	
07	Dengue case fatality rate for the year			0.35	0	0	0.14	0.13	0.33	0			0	
08	Proportion of deaths out of patients admitted with myocardial infarction during the year			7.39	6	17.69	4.8	7.92	7.72	5.1			12	
09	Number of major surgeries performed during the year			3613	7420	6150	5018	6694	3062	3271			6116	
10	Percentage of essential drugs for NCD management available throughout the year			65	90	100	100	81.49	78	89			83.33	
11	Number of investigations performed per MLT per year			62368	49643	49493	39473	32834	30459	84717			53609	

No.	Indicator	Name of the Hospital												
		District General Hospital Ampara	**District General Hospital Chilaw**	**District General Hospital Embilipitiya**	**District General Hospital Hambantota**	**District General Hospital Kegalle**	**District General Hospital Matale**	**District General Hospital Matara & Kamburugamuwa**	**District General Hospital Monaragala**	**District General Hospital Nawalapitiya**	**District General Hospital Negombo**	**District General Hospital N' Eliya**	**District General Hospital Polonnaruwa**	**District General Hospital Trincomalee**
12	Percentage expenditure for local purchase for drugs out of the total allocation for drugs			1.7	99*	7.7	4.69	0.84	0.20	6.65			2.86	
13	Caesarean section rate (number of Caesarean sections per 100 live births) during the year			42	53	51.32	52.53	55.94	48	42.9			52	
14	Rate of post-LSCS infections for the year			1.26	0.58	1.06	2.28	0.43	0.69	0.70			0.4	
15	**Percentage of staff (by category) who underwent at least one capacity-building programme during the year**													
	1. Doctors			96	107	24	57.14	0.43	81.34	9.5			24	
	2. Nurses			97	70	82	79.49	0.74	82.90	3.1			73	
	3. Other technical officers			96	00	42	53.30	15.89	76.60	9.3			25	

No.	Indicator	Name of the Hospital												
		District General Hospital Ampara	**District General Hospital Chilaw**	**District General Hospital Embilipitiya**	**District General Hospital Hambantota**	**District General Hospital Kegalle**	**District General Hospital Matale**	**District General Hospital Matara & Kamburugamuwa**	**District General Hospital Monaragala**	**District General Hospital Nawalapitiya**	**District General Hospital Negombo**	**District General Hospital N' Eliya**	**District General Hospital Polonnaruwa**	**District General Hospital Trincomalee**
	4. Minor staff			96	33	72	75.87	9.77	50.61	1.2			09	
16	Average number of general OPD patients seen per doctor per day			60	53	37	58	111	53	55			53	

➢ **Base Hospitals (Type A and B)**

No.	Indicator	Name of the Hospital							
		Base Hospital Akkaraipattu	**Base Hospital Gampola**	**Base Hospital Kalmunai North**	**Base Hospital Kalmunai South (AMHK)**	**Base Hospital Kanthale**	**Base Hospital Mullariyawa (Colombo East)**	**Base Hospital Potuvil**	**Base Hospital Beruwala**
01	Whether EPL and SWML obtained/Renewed for the year 2025	NA	Yes	Yes	Yes				
02	Number of total Hospital beds	337	427		350	251	302	130	53
03	Number of inpatient (inward) beds	282	401	345	296	218	285	115	35
04	Bed Occupancy Rate (BOR)	72.5	64.87	51	65	52.23	76.34	54	68.6
05	**Intensive Care Unit (ICU) bed capacity by ICU types**	04	04	05					
	SICU	00	00	00	02				
	MICU	00	00	00	02				
	NICU	00	00	07	07				
06	Total number of High Dependency Unit beds (HDU beds)	50	10	00	03				

No.	Indicator	Name of the Hospital							
		Base Hospital Akkaraipattu	Base Hospital Gampola	Base Hospital Kalmunai North	Base Hospital Kalmunai South (AMHK)	Base Hospital Kanthale	Base Hospital Mullariyawa (Colombo East)	Base Hospital Potuvil	Base Hospital Beruwala
07	Dengue case fatality rate for the year	0	0	00	0				
08	Proportion of deaths out of patients admitted with myocardial infarction during the year	14.08	3.23	7	5.85				
09	Number of major surgeries performed during the year	2328	2219	1482	2886				
10	Percentage of essential drugs for NCD management available throughout the year	100	90	92.30	93.75				
11	Number of investigations performed per MLT per year	88180	50969	76588	53661				
12	Percentage expenditure for local purchase for drugs out of the total allocation for drugs	99.99	87.43	87	97.08				
13	Caesarean section rate (number of Caesarean sections per 100 live births) during the year	53.3	46.56	61.15	60.34				

	Indicator	Base Hospital Akkaraipattu	Base Hospital Gampola	Base Hospital Kalmunai North	Base Hospital Kalmunai South	Base Hospital Kanthale	Base Hospital Mullariyawa (Colombo East)	Base Hospital Beruwala
14	Rate of post-LSCS infections for the year	1.66	0	1.27	1.4			
15	Percentage of staff (by category) who underwent at least one capacity building programme during the year							
	1. Doctors	69.44	48.52	67	30			
	2. Nurses	47.6	61.81	66	9.75			
	3. Other technical officers	00	46.15	54	5.67			
	4. Minor staff	53.76	43.60	69	1.88			
16	The average number of general OPD patients seen per doctor per day	50	55	49	65			

Performance Indicators of Healthcare Institutions / Programmes / Projects

Anti-Leprosy Campaign

Key Performance Indicator/s :	Progress		
	2023	2024	2025
New cases detected	1520	1282	1282
New Case Detection Rate (NCDR per 100,000 population)	6.9	5.85	5.89
Percentage of Children (< 15 years) with Leprosy	11.8%	7.1%	9.6%
Percentage of Grade 2 Deformity among New Leprosy Patients	6.05%	7.6%	9.9%
Percentage of Multi Bacillary (MB) Cases among New Leprosy Patients	65.6%	68.7%	71.7%

Director – Nursing (Medical Services)

Key Performance Indicators (In-servce Training Programs for Nursing Staff)	Target for 2025	Progress		
		2023	2024	2025
Training Programme on Non-Communicable Diseases for Nursing Staff	10	10	10	09
Disaster Training Programmes	05	12	08	05
Emergency and Trauma Care Training Programes	10			09
Seven-day Training Programme on NCD for 50 SPGNOO	01			01
Midwives Training Programmes (Soft skills)	05			05
Sisters / Masters and In-Charge Nursing Officer Training Programmes	03	04		03
Infection Control Training Programmes	01	01	01	01
Nursing Management Training Programme for Sp. Grade Nursing Officers	01	00	01	01
Pain Management	00	02	02	00
Geriatrict Training Programme	00	01	00	00

Disaster Preparedness and Response Division

Key Performance Indicator/s :	Progress		
	2023	2024	2025
Number of Disaster Management Drills conducted in the hospitals	01. National Level Disaster Drill & Review of Drills conducted 2022 at Naanperial Viveganda Vidyalaya , Belihuloya, Ratnapura District 02. 11 Disaster Management Drills held at 11 hospitals	01. National Level Disaster Drill 2024 & Review of Drills conducted in 2023 at Naanperial Viveganda Vidyalaya Belihuloya Rathnapura District 02. 12 Disaster Managegment Drills held at 12 hospitals	01. National Level Disaster Drill 2025 & Review of Drills conducted in 2024 at Naanperial Viveganda Vidyalaya Belihuloya Rathnapura District 02.12 Disaster Managegment Drills held at 12 hospitals 03. Three Disaster Management Drills at NH Galle, TH Peradeniya and NIID
Number of Re - Awareness Training Programmes for Nursing Professionals on Disaster Management	12 Re - awareness programmes for nursing professionals on Disaster Management (600 officers)	08 Re - awareness programmes for Nursing Professionals on Disaster Management island wide	01. 05 Re- Awareness Programme for Nursing Professionals on Disaster Management (250 Nursing Officers) 02. 09 Re awareness programme for nursing officers grade iii on Emergency & Trauma Care (450 Nursing Officers)
Equipment Purchasing (for improvement of DP&R activities) for several hospitals		01. Equipment Purchaing for Health Institution - Public Addressing System for NIID 02.Establishment of fire protection system (East Base Hospital Colombo)	01. Equipment Purchaing for Health Institution - Public Addressing System Phase II for NIID 02.Establishment of fire protection system - Phase II (East Base Hospital Colombo)
Printing of Publications	Annual Bulletin 2020 (500 books)	01. Annual Bulletin 2021 02. Annual Bulletin 2022 Prepared above mentioned two books as e-books	01. Annual Bulletin 2023 02. Annual Bulletin 2024 Prepared above mentioned two books as e-books

Environmental Health, Occupational Health and Food Safety Division

Key performance Indicator	Target for 2025	Progress		
		2023	2024	2025
Number and % of food safety reviews conducted out of total reviews planned	28 food safety reviews for all RDHS areas and CMC and NIHS area	78% 22/28	93.3% 28/30	17.8% 05/28
Completion of National Food Safety Survey	Conducting National Food Survey on fish & salt iodization programme	100%	70% (Fish survey) 50% (Salt iodization survey)	100% (Fish survey) 100% (Salt iodization survey)
Number and % of Food Safety weeks conducted out of total food safety weeks planned	Conducting food safety weeks during festivel seasons	100%	100%	100%
Commeration of World Food safety Day	Conduct a media seminar to raise awareness	100%	100%	100%
Completion of workshop on Chronic Kidney Disease & Renal Health	Completion of workshop on Chronic Kidney Disease & Renal Health	-	-	100% (1/1)
Completion of residential training programme on Food Safety and Hygiene for officers involved in food safety	Conducting training programmes for PHIs as authorized officers	100%	100% (7/7 for PHII / 600 trained) 1/1 (SPHID & MOH)	100% 1/1 (102 PHIs trained)
Number and % of inspection of Iodized salt manufacturing / transportation plants registered at the Food Control Administrative Unit	Inspection of all Iodized salt manufacturing / transportation plants	06/30 20%	12/42 28.6%	48/57 84.2%
Number and % of Food Advisory Committee and Sub Committee meetings conducted	Conducting 84 meetings (12 FAC, 12 Technical, 12 Health Claims, 48 Regulations)	64/84 76.19%	57/84 67.86%	70/84 83.3%

Import Control Activities (to support food safety at Ports of Entry)

Food import control procedure is implemented at the Ports of Entry by Food Control Administrative Unit (FCAU) of the Directorate of Environmental Health, Occupational Health and Food Safety to ensure that the food arrives in Sri Lanka are safe for human consumption. Import control activities are carried out by Food and Drug Inspectors in sea port, airport, and container terminals. Inspection of documents, foods and food sampling based on food safety hazards are done at the entry points.

Table 1: Import control activities at ports of entry

Port of Entry	Acivities	2023	2024	2025
RCT	Number of consignments inspected	36,590	38,073	40,585
	Number of consignments rejected	56	43	32
	Number of consignments destroyed or re-export	56	43	32
	Number of products referred to FCAU	08	14	45
	Number of products released by FCAU decision	08	11	14
Sea Fort	Number of consignments registered & inspected	3,557	5,249	7,225
	Number of samples taken	50	395	398
Air Port	Number of consignments received and inspected	2,669	3,831	4,573
	Number of consignments referred to FCAU	02	02	02
	Number of samples sent for analysis	21	17	26
	Number of consignments destroyed under supervision	00	01	05
	Number of consignments rejected	00	01	53

Export Control Activities (to ensure the best quality of export food items and to provide export health certificates when necessary)

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

Table 2: Export control activities of the unit

Acivity	2023	2024	2025
Number of Health certificates issued	12,410	13,787	14,920
Number of food factories newly registered	141	103	64
Total Number of factories registered as an export food factory at FCAU	1,243	1,594	1,658
Number of factories visited	412	177	212

Domestic Control (to protect consumers from preventable health risks)

Domestic food control activities are conducted by Authorized officers under the food act. Food and Drug Inspectors at district level and Medical Officers of Health and Public Health Inspectors implement food act and its regulations island wide to ensure food safety. They involve in the activities such as inspection and grading of food establishments, obtaining food samples, prosecution and seizing when needed under the Food Act and its regulations and conducting awareness programs in the community.

- **Bottled or Packaged Water Registration Activities**

  All bottled or packaged natural mineral water and bottled or packaged drinking water have to be registered under the Food (Bottled or Packaged Water) Regulations 2005.

Table 3: Bottled or Packaged Water Registration

Acivity	2023	2024	2025
Total number of factories	202	213	223
Number of factories that registration cancelled	00	01	01
Number of bottled drinking water facilities newly registered	11	04	04
Number of mineral water facilities newly registered	00	01	00
Number of bottled drinking water facilities registration renewed	53	41	71
Total number of factories visited	99	64	151
Number of certificates issued	58	47	75

- **Iodized Salt Regulation Activities**

  All premises used for iodization of edible common salt are registered under the Food (Iodization of Salt) Regulations 2005.

Table 4: Issuing of permits for common salt

Acivity	2023	2024	2025
Number of factories that registration cancelled	00	07	00
Number of factories registered at FCAU	70	42	57
Number of factories visited	04	12	48
Number of factories newly registered	03	19	22

- **Food Advisory Committee and its subcommittees to ensure food safety**

  Food Advisory Committee (FAC) has been setup under the Food Act No.26 of 1980 and has regular meetings every month. FAC consists of almost all the stakeholders of food chain and it is the main forum to discuss food safety matters in the country. Subcommittees are appointed under the Food Advisory Committee to facilitate its functions. Food (Technical) subcommittee meets monthly to attend technical matters related to food safety. Food (health claim) subcommittee meets monthly to discuss "health claims" submitted for approval by food industry. Section 32 of the Food Act has given powers to form food regulation. Hence, Food (Regulation Formation) subcommittee is formed to develop fair, effective and science-based food regulations that support competitive markets and protect consumers. This committee meets weekly to expedite regulation formation and amendment procedure.

Table 5 : Number of Food Advisory Committees and Food Advisory Subcommittees Meetings Conducted

Name of the Committee	2023	2024	2025
Food Advisory Committee	12	09	10
Food Advisory Sub Committee (Technical)	11	07	11
Food Advisory Sub Committee (Health Claims)	09	11	09
Food Advisory Sub Committee Regulation Formation)	39	30	40 (GoSl 27, WHO 13)

Epidemiology Unit

Key Performance Indicator	Target for 2025	Progress			
		2022	2023	2024	2025
Immunization coverage for key vaccine- preventable diseases – BCG, Pentavalent, DT, Measles	100	BCG- 99% PVV- 98% DT- 97.4% MCV1-99% MCV2-98%	BCG- 99% PVV- 99% DT- 97.2% MCV -99%	>95%	
Surveillance of communicable diseases – Completeness of reporting (reporting from all MOH offices)	100	91.2	99.0	100	
Incidence of confirmed COVID-19 cases (per 100,000 population)	0.23	2530.2	3.703	0.476	

Estate and Urban Health Unit

Performance Indicators	Target for 2025	Progress		
		2023	2024	2025
Number of Urban Health Steering committees held	4			1
Number of Estate Health Steering committees held	4			1
Percentage of Consultative meetings held out of planned to develop strategic plan	4 (100%)	-	-	4 (100%)
Percentage of programmes on injury prevention, emergency response and basic first aid conducted out of planned	8 (100%)			8 (100%)
Percentage of Community-Based Alcohol Prevention Programme in Urban sector in Colombo MC & Horana UC	100%			75%
Percentage of Community-Based Alcohol Prevention Programme in Nuwara Eliya for estate communities with CDOs done out of planned	100%			80%
Number of CDO trainings done on Gender-Based Violence, Mental Health and Adolescent Health out of planned	3			3
Number of District Estate Reviews were held	11			9

Examination Division

Key Performance Indicator	Target for 2025	Progress		
		2023	2024	2025
No. of Exams conducted	620	439	447	EB & Department Exams = 584
				Recruitment Exams = 11
				Total = 595

Family Health Bureau

- **Maternal Care Program**

Indicator	2023	2024	2025 (Provisional)
Percentage of Pregnant women registered before 8 weeks	81.70	82	82.10
Percentage of pregnant mothers attended 3 or less government antenatal clinic	3.90	3.5	3.40
Percentage of institutional deliveries	99.99	99.99	99.99
Percentage of mothers receiving atleast one postpartum visit during fist 1o days for deliveries reported	94.20	94.40	95.60

- **Child Nutrition Program**

Nutrition Indicator (Children under five years)	2021	2022	2023	2024	2025
Underweight	12.2	15.3	17.1	17	16.1
Stunting	7.4	9.2	10.3	10.5	10.1
Wasting	8.2	10.1	10	9.3	8.6
Overweight	0.78	0.59	0.43	0.49	0.57

- **School Health Program**

Coverage of School Medical Inspection (SMI) – (2023/2024)

No	Indicator	2023	2024	2025
1	% of schools SMI completed	99.1	83.2	97.7
2	% of schools sanitary surveys completed	98.8	98.8	99.3
3	% of students examined	91.8	77.9	88.6
4	% of children wasted	18.7	19	17.8
5	% of children stunted	5.8	6.7	6.7
6	% of children obese	2.2	2.4	2.7
7	% of children overweight	5.1	5.3	5.7
8	% Health Promoting Schools	72.7	73.3	75.7

- **Oral Health Program**

Year	Percentage of pregnant mothers screened for dental problems out of total registered pregnant mothers
2019	76.0
2020	80.0
2021	65.0
2022	65.0
2023	87.7
2024	87.9
2025	89.5 (Provisional)

- **School Dental Service**

	Indicator	2022	2023	2024	2025
Outcome Indicators	% of 12 year old children free from dental caries	82.7	83.2	84	84.2
	% of 12-year-old children free of calculus	80.3	80.7	81.8	81.2
	% healthy 12-year-old children	61.4	59.4	62.1	61.5
Process Indicators	Screening Coverage of 12-year-old children	74.9	80.9	79.2	82
	Coverage percentage of the 12 year old children	67.3	73.8	73.9	76.7

- **Family Planning Program**

PERFORMANCE INDICATORS	2022	2023	2024	2025 (Provisional)
1. Contraceptive Prevalence Rate (Any method) %	68.5	69.4	69.8	69.3
2. Contraceptive Prevalence Rate (modern methods) %	59.4	60.2	60.5	60.2
3. Couples with unmet need for contraception %	5.5	5.4	5.2	05
4. Demand satisfied by modern contraceptive methods (%)	80.3	80.5	80.7	81

- **Well Women Program**

Well Woman Clinic attendance by women aged 35 years and 45 years

Indicator	2022	2023	2024	2025 (Provisional)
Percentage of women aged 35 years who attended the WWC	55.2	65.6	62.5	58.5
Percentage of women aged 45 years who attended the WWC	30.1	46.7	46.6	50.3

Percentage of Pap smears taken from women aged 35 years and 45 years

Indicator	2022	2023	2024	2025 (Provisional)
Percentage of Pap smears taken from women aged 35 years who attended the WWC	50.3	60.6	50.7	48.3
Percentage of Pap smears taken from women aged 45 years who attended the WWC	28.3	43.3	36.2	41.2

Clinic attendance and morbidities detected

Indicator	2022	2023	2024	2025 (Provisional)
Percentage of new cases of Breast abnormalities detected	2.2	2.3	2.6	2.9
Percentage of new cases of Diabetes Mellitus detected	7.9	4.7	5.7	5.2
Percentage of new cases of Hypertension detected	4.5	4.8	5	4.9

Finance / Planning Unit

Key Performance Indicators	Target for 2025	Progress		
		2023	2024	2025
Preparation of Capital Budget Estimate	2026 Budget	100%	100%	100%
Preparation of Performance Progress Report	2025/2026	100%	100%	100%

Health Information Unit

Key Performance Indicator	Target for 2025	Progress		
		2023	2024	2025
Percentage of clinical health institutes issuing unique health identifier key (Personal Health Number – PHN for patient visits)	55%	60%	58%	55%
Number of Hospitals with installed Hospital Health Information Systems	110	111	104	110
Total Aggregated Number of Healthcare Institutes using Cloud HIMS for Hospital Lifestyle clinics	650	720	700	650
Total Aggregated Number of PHN Numbers issued (HHIMS, HIMS, OpenMRS, CloudHIMS)	17.5 Mn	13.16 Mn	15.33 Mn	17.5 Mn

Health Promotion Bureau

Key Performance Indicator	2023	2024	2025
% of PHM areas in a district with at least one functioning Mother Support Group (MSG)*	80.2%	72.4%	86.7%
% of MSGs registered with the HPB via App/online	17.8%	20.9%	19.9%
Number of training programs conducted	52	47	124
% of MOH areas with one established Happy Village per MOH area	84.75% (300/354)	112% (400/357)	112% (400/357)
Average reach of the HPB Facebook page	1,687,256 active monthly reach (25.8%)	2.1 million (22.3%)	2.0 million (21.3%)

International Health Unit

Key Performance Indicators	Progress			
	2022	2023	2024	2025
No. of activity proposals approved and sent to donor agency	WHO- 354 of proposals (Estimated amount is Rs.2,279,587,153.00)		WHO- 304 of proposals (Estimated amount is Rs.1,046,501,799.00)	
	Other sources fund sasakawa-13 of proposals and Estimated amount is Rs.17,659,218.00			
	UNFPA-31 of proposals (Expenditure-Rs.14,710,049.16)	UNFPA-39 of proposals (Expenditure-Rs.19,393,585.50)	UNFPA-59 of proposals (Received amount Rs.50,800,000.00)	UNFPA-61 of proposals (Received amount Rs.53,000,000.00)
	UNICEF-10 of proposals (Expenditure-Rs.13,273,576.54)	UNICEF-16 of proposals (Expenditure - Rs.188,116,000.00	UNICEF-30 of proposals (Received amount Rs.310,386,199.43)	UNICEF-55 of proposals (Received amount Rs.169,424,970)
No. of Workshops on Global Health Diplomacy Training programme for Sri Lanka Health Professional		One two-day workshop completed	One, two-day workshop and one, one day workshop completed.	One, two-day workshop and one, one day workshop completed
No. of progress review meeting	WHO-one monitoring meeting conducted. UNICEF-one planning & review meeting conducted	WHO-three monitoring & review meeting conducted. UNICEF-one review meeting conducted	WHO-two monitoring meeting conducted. UNICEF-one review meeting conducted	WHO-two monitoring meeting conducted. UNICEF-one review meeting conducted
No. of workshops on Proposal Writing for International Funded Activities	Two day one workshop completed		Two day three workshops completed	-
Provision of fellowships to officers in the Ministry of Health	60 of fellowships awarded for 119 fellows	128 of fellowships awarded for 297 fellows	145 of fellowship/training /workshop awarded for 254 officers.	111 of fellowship/training /workshop awarded for 205 officers.
Facilitating to grant visa & concurrences	Granting 44 Visa and 42 Concurrences	Granting 26 Visa and 64 Concurrences	Granting 40 Visa and 95 Concurrences	Granting 55 Visa and 66 Concurrences

Logistics Division

Key Performance Indicator	Target for 2025	Progress		
		2023	2024	2025
Finalization of allocation	100%	90%	90%	90%
Commencing procurement activities	100%	60%	60%	65%
Processing of Land Aquisitions	100%	80%	80%	85%
No. of Cabinet Memorandum prepared	100%	85%	85%	85%
No.of Contracts awarded	100%	75%	75%	80%
No. of Service Contracts (Security Service, Cleaning Service, Medical Gas, Raw Food, Laundry & Quarters) awarded	100%	78%	80%	85%
No. of Services Maintenace completed	100%	95%	95%	95%
Solving complaints about services	100%	95%	95%	95%

Medical Research Institute (MRI)

Key Performance Indicator	Progress		
	2023	2024	2025
MLT School No. of students	24	24	24
No. of In-Service MLTT Trained (NEQUAS)	-	-	60
No. of In-Service Laboratory Service Trained	-	-	300
MRI Staff Training – WAAW Program	-	-	50
No. of candidates for EB Exams conducted	420	480	550
No. of Tests done in the Histopathology Department	111,982	87,105	39,810
No. of Lab Tests Performed	1,362,909	1,160,301	1,065,966
No. of Research Projects handled	48	52	58
No. of students trained at School of Entomology	29	29	26

Medical Statistics Unit

Key Performance Indicators	Progress		
	2023	2024	2025
Updated Health Institution List	Prepared the complete list of health institutions for 2023	Prepared the complete list of health institutions for 2024	Prepared the complete list of the health instititions for 2025
Annual Health Bulletin (AHB)	Finalized the Annual Health Bulletin – 2021 and submitted to Additional Secretary (Medical Services) for final approval	Finalized the Annual Health Bulletin 2022-2023 and published in the web	Finalized the Annual Health Bulletin - 2024 and submited to Additional Secretary (Medical Service) for final approval.
eIMMR System	eIMMR system is functioning in 588 hospitals island - wide by the end of 2023	eIMMR system is functioning in 571 hospitals island - wide by the end of 2024	eIMMR system is functioning in 575 hospitals island-wide by the end of 2025
Conducting review programmes /Hospital statistics training/ Checking Data quality of IMMR / ICD training	*Conducted 06 training programmes due to budget limitation, *Conducted 02 training programmes on ICD coding including 01 online programme in colloboration with NIHS,Kaluthara	*Conducted 02 training programmes due to budget limitation, *Conducted 01 training programmes on ICD coding including 01 online programme in colloboration with NIHS,Kaluthara	* Introduced Basics of ICD 11 to 8 districts.Conducted 08 Hospital statistics training programmes,funded by WHO. Conducted 8 data quality exercises * Conducted 01 training programme and 01 data quality review programme funded by government *Organized 01 ICD 10 coding training programme at NIHS, Kalutara for 45 officers
Mid year population estimates	*Updated the GN list of each MOH area in Sri Lanka for 2023 *Prepared the mid year population estimates by MOH area for 2024	*Updated the GN list of each MOH area in Sri Lanka for 2024 *Prepared the mid year population estimates by MOH area for 2025	Updated the GN list of each MOH area in Sri Lanka for 2025 Prepared the mid year population estimates by MOH area for 2026

Key Performance Indicators	Progress		
	2023	2024	2025
Data collection tools			Introduced KOBO tool box for rapid data needs
Theatre Procedure data collection			Introduced new theatre registers to selected hospitals in Western Province and North Western Province

National Blood Transfusion Services

Year	Total blood collection from voluntary donors	Blood collection per 1000 population per year
2019	444,515	21
2020	397,833	19
2021	385,054	17
2022	424,127	20
2023	466,061	21
2024	451,623	22
2025	466,814	17

National Dengue Control Unit

Key Performance Indicator	Progress		
	2022	2023	2024
Number of reported suspected dengue cases	76,689	89,799	49,870
Number of dengue related deaths	72	62	24
Dengue Incidence (per 100,000 people)	345.7	407.5	228.0
Dengue Case Fatality Rate (%)	0.09	0.07	0.05
Premise Index for *Aedes* larvae	9.3	9.0	9.03

National Institute of Health Sciences, Kalutara

Key Performance Indicators	Progress			
	2022	2023	2024	2025
Basic Training programs conducted	12	02	06	03
Inservice programs conducted	37	27	22	22
Dengue incidence	K-594	K – 388	K – 243	K – 172
	B-1501	B – 527	B – 329	B – 226
Maternal deaths	03	01	02	02
SMI Coverage	K-100%	K – 100%	K – 100%	K – 100%
	B-98.2%	B – 100%	B – 100%	B – 100%
Well Women Coverage (35 years)	64.1%	62.3%	61.9%	61.5%
PAP Coverage (35 years)	52.4%	53.8%	53.4%	56.3%
PAP Coverage (45 years)	-	-	-	47.7%

Food Quality Control Laboratory (Chemical) - NIHS

Key performance Indicator	Progress			
	2022	2023	2024	2025
1. Total number of Sample Received	6286	7981	7988	8491
2. Number unsatisfactory quality samples	871	896	746	1027
3. Percentage unsatisfactory quality samples	13.85 %	11.2%	9.3%	12.09%
4. Number uatisfactory quality samples	5415	7085	7,242	7464
5. Percentage satisfactory quality samples	86.14 %	88.7%	90.6%	87.90%
6. Income Generation (Rs)	1,615,630.00	2,469,380.00	2,021,520.00	1,403,840.00

Performance of Service Laboratory – NIHS

Key performance Indicator	Progress				
	2021	2022	2023	2024	2025
1. Urine	10740	9060	10778	10914	13464
2. Blood	7611	7096	6861	6399	6719
3. CSF	356	442	484	587	422
4. Pus/HVS/Wound Swab	5029	5908	6442	8006	8380
5. Sputum	1841	2692	3091	2643	3237

6. Body Fluid	609	619	819	666	710
7. Others Swabs/Specimens	-	83	34	80	150
8. Stool	53	36	92	94	5289
9. PAP Smears	1789	5063	6972	6703	2117
10. TB PCR (GENE XPERT)	1080	937	1847	1727	181
11. Covid 19 PCR	40794	10288	-	-	0
12. CT/GC (Gene XPERT)	-	-	15	-	-

Performance of Food Microbiology Laboratory – NIHS

Key performance Indicator	Progress			
	2022	**2023**	**2024**	**2024**
1. Water samples	923	1720	1513	1781
2. Milk samples	780	1107	727	711
3. Food samples	1668	1917	2853	3657
4. Income (Rs.)	874,100.00	1,452,600.00	1,093,800.00	1,153,400.00

National Programe for Tuberculosis & Chest Diseases

Key Performance Indicators	Progress			
	2022	**2023**	**2024**	**2025**
Case Detection Rate	58.1%	67.1%	64.2%	
TB incidence (new and relapse) rate (per 100,000 population)	36.6	41.6	39.8	
Treatment success rate of all forms of TB	79.4%	78.1%	78.9%	
Case fatality rate (%)	8.8%	9.0%	7.7%	
LTBI Coverage**	13%	92%	83%	

Case Finding and Incidence Rate per 100,000 population of TB in Sri-Lanka (2005 – 2025)										
Year	New PTB	New EPTB	New PTB Bacteriology confirmed	New Clinically Diagnosis	Previously Treated Cases	Others	Relapse	All New	All Cases	Incidence
2020	4758	1928	3734	1024	567	5	344	6686	7258	7030
2021	4416	1833	3483	933	508	14	156	6249	6771	6405
2022	5767	1995	4211	1556	566	14	348	7762	8342	8110
2023	6456	2365	4832	1624	713	4	446	8821	9538	9267
2024	6283	2246	4823	1460	643	8	393	8529	9180	8922
2025	6030	2082	4632	1398	588	9	362	8112	8709	8474

National Renal Disease Prevention & Research Unit (NRDPRU)

Key Performance Indicators	Progress			
	2022	2023	2024	2025
No. of Programs	11	18	30	05
Number screened	3239	5116	7923	823
No. screened - positive for CKD	198 (6.11%)	619 (12.2%)	595 (7.5%)	91 (11.1%)
No. screened - positive for other diseases (DM, HPT, Anaemia)	367 (11.3%)	313 (6.1%)	685 (7.7%)	82 (9.9%)
Total number reffered	565 (17.4%)	885 (17.4%)	1280 (16.1%)	173 (21%)

Nutrition Devision

Nutrition Profile - Sri Lanka

	Target set by National Nutrition Policy 2022-2030	Progress as per latest survey/surveillance data
	Stunting: Under five years 17.3% (DHS, 2016) to 10% by 2030.	National Nutrition Month 2025- 10.1% *Dietary Adequacy survey 2022- 12.7%
	Wasting: Under five years 15.1 % (DHS, 2016) to <5% by 2030.	National Nutrition Month 2025- 8.6%
	Low Birth weight: 15.7% (DHS, 2016) to 10% by 2030.	RHMIS Routine Data 2023- 14.8%
	Low BMI in children 10-18 years: 26.9 % (MRI, 2018) to 18% by 2030.	*Dietary Adequacy survey 2022- 21.7%
	Overweight Under five years: 0.6% (MRI, 2012), overweight and obesity among adolescents: 7.6% and 2.2% (MRI,2018) - no increase by 2030.	National Nutrition Month 2025- 0.57% *Dietary Adequacy survey 2022- 1.2%
	Overweight among adults and elderly: 29.3% (NCD Survey, 2015) to 15% by 2030. Obesity further reduced from 5.9% by 2030.	*STEPS survey 2021: Female underweight-9.6% Female overweight-32.4% Female Obesity- 15.2%

	Anaemia and other micronutrient deficiencies to less than 10% by 2030.	*National Nutrition and Micronutrient Survey in Sri Lanka: 2022 Anaemia in children under five years -14.6%, primary school 5-9 years- 10.2%, adolescents 10-17 years- 18.3%, pregnant mothers- 15% Iron Deficiency in under five children-5.4%, children 5-9 years – 5.9%, adolescents 10-17 years- 5%, pregnant mothers- 11% Vitamin D deficiency in children under five years -26.2%, primary school 5-9 years- 23.9%, pregnant mothers- 35.6%
	Reduce Household Food insecurity of 10.3 % (DCS, 2014) to 5% by 2030.	Food insecurity (2024) SL- 16% of households

Patient Safety and Accreditation Bureue (Healthcare Quality and Safety Unit)

Indicator	Progress (%)		
	2023	2024	2025
Quarterly Performance Review Meetings (PRMs) conducted	100%	100%	50%
Biannual Performance Review Meetings / District Performance Review Meetings (DPRMs) conducted	100%	100%	50%
Number of (Percentage of) staff trained as Master Trainers on 5S, CQI & TQM, patient safety and clinical audit	100/150 (66.66%)	151/200 (75.5%)	129/130 (99.23)
Number of (Percentage of) staff trained as Master Trainers on Clinical Audits	72/100 (72%)	121/80 (151%)	43/43 (100%)
Percentage of healthcare facilities which commenced reporting adverse events	98%	98.5%	98.5%

Planning Unit

Key Performance Indicators	Target for 2025	Progress		
		2023	2024	2025
Availability of Annual Action Plan	Available	Available	Available	Available
Availability of Annual Performance Report of the previous year	Available 2024	Available 2022	Available 2023	Available 2024
Frequency of updating and publishing HR Profile	Two reports	Two reports	Two reports	Two reports
Frequency of Monitoring Annual Action Plans	04 reports	03 reports	03 reports	04 reports

Private Health Sector Development (PHSD)

Key Performance Indicators	Target for 2025	Progress		
		2023	2024	2025
Processing of relevant documents by PHSD to grant Ministry of Health permission for kidney transplant surgeries in private hospitals for end-stage renal disease patients	Completion of 100% of the files received during the year	Approval granted for 312 surgeries	Approval granted for 309 surgeries	Approval granted for 372 surgeries
Processing of relevant documents by PHSD to grant Ministry of Health permission for kidney transplant surgeries in private hospitals for end-stage renal disease patients	Completion of 100% of the files received during the year	Files not received	Approval granted for 07 surgeries	Approval granted for 18 surgeries
Processing of documents pertaining to the temporary registration of foreign specialists	Review, proceed, and complete each file received during the year, on time	100% of the files received were completed. 48	100% of the files received were completed. 165	100% of the files received were completed. 98
Amendement of the exisiting PMIR Act to cover all private sector mendical instiutions and services, including relevant regulations and	Amendment of the exsiting PMIR Act	-	-	At discussion level

Key Performance Indicators	Target for 2025	Progress		
		2023	2024	2025
guidelines, to overcome inherent weaknesses	to be sucessfully completed			
Granting preliminery approval to establish new private hospitals after evaluating project proposals	Review, proceed, and complete each file received during the year, on time	01	01	01 file received from PDHS – Western Province – not allowed
Inspection and observation visits to private medical institutions, especially to grant permission for kidney transplant sugeries	Complete all schedulled inspections and observation visits	No requests received	Received – 03 Granted - 03	No requests received
Inspection and observation visits to private medical institutions, especially to grant permission for liver transplant sugeries	Complete all schedulled inspections and observation visits	Received – 01 Granted - 00	Received – 01 Granted - 02	Received – 02 Granted - 00
Inspection visits to private hospitals to grant approval for registration with the President's Fund	Complete all schedulled inspections and observation visits	Received – 01 Visit – 00 Granted - 00	Received – 06 Visit – 00 Granted - 01	Received – 03 Visit – 00 Granted - 00

Public Health Veterinary Services

Key Performance Indicators	Target for 2025	Progress		
		2023	2024	2025
Number of human deaths due to Rabies	10	18	20	14
Total no. of dog vaccination against Rabies	1,500,000	1,317,422	1,281,990	1,484,825
Total no. of female dog sterilization surgeries	35,000	24,747	30,881	8,855

Health System Enhancement Project / Health System Enhancement Project – Additional Financing

No.	Key Performance Indicator	Progress		
		2023	2024	2025
01	By 2026, a. Outpatient utilization at PHC facilities (PMCUs and district divisional hospitals) (disaggregated by age, sex, place of residence, district, and province) increased by at least 20.0% (2021 baseline: 28.5% of females and 23.4% of males)	Percentage of persons in the population who utilized outpatient services at the Baseline 2021: Females:28.5 % Males: 23.4% (Annual Report 2022 - Baseline household survey 2021) Baseline values were taken as status since baseline survey was done in the 2nd and 3rd quarters of the year, and there was no other source of data	Percentage of persons in the population who utilized outpatient services at the Baseline 2021: Females:28.5% Males: 23.4% (Annual Report 2024 - Baseline household survey 2021) Baseline values were taken as status since baseline survey was done in the 2nd and 3rd quarters of the year, and there was no other source of data	Percentage of persons in the population who utilized outpatient services at the baseline: 2021 Female:28.5% Male: 23.4% (Annual Survey Report 2024) Baseline household survey 2021 (the endline will be available in 2026) Baseline values were taken as status since baseline survey was done in the 2nd and 3rd quarters of the year, and there was no other source of data
02	By 2026, b. Patients reporting knowledge of and satisfaction with PHC services (disaggregated by age, sex, and district) increased by at least 20.0% (2021	Knowledge (PHC users who had a knowledge score of 70 or more) Overall- 32.7% Awareness by gender Females-36.5% Males – 27.4% Satisfaction: (PHC users who reported a satisfaction score of 70 or more at the baseline):	Knowledge (PHC users who had a knowledge score of 70 or more) Overall- 28.0% Awareness by gender Females-32.2% Males – 23.2% Satisfaction: (PHC users who reported a satisfaction score of 70 or more at the baseline): Overall : 67.2% Satisfaction by gender:	Knowledge of PHC services (PHC users who had a knowledge score of 70 or more) Overall : 28.0% Awareness by gender Female-28.5% Male – 19.5% Satisfaction: Knowledge of PHC services (PHC users who had a knowledge score of

No.	Key Performance Indicator	Progress		
		2023	2024	2025
	baseline: 58.1.% of females and 47.3% of males reported knowledge of PHC services, and 51.9% of females and 54.0% of males reported satisfaction with PHC services) (2021 baseline: 0)	Overall : 64.8% Satisfaction by gender Females-63.0% Males – 60.0%	Females-64.9% Males – 69.9%	70 or more at the baseline): Overall : 67.2% Satisfact ion by gender: Female-61% Male – 63.2% reported satisfaction with PHC services) b (OP 1.1)
03	By 2026, c. Notifiable diseases notified by cluster linked hospitals to the medical officers of health offices, within the stipulated time, in the target provinces increased to at least 90% (2018 baseline: N/A)	Dengue fever = 84.1% Leptospirosis = 76.8% Leishmaniasis= 85.5% both hospital admissions and outpatient settings Hepatitis=92.3% Tuberculosis= 81.4% (Annual Report 2023 – Health Facility survey,2023)	Dengue fever = 92.8% Leptospirosis = 86.7% Leishmaniasis= 75.6% both hospital admissions and outpatient settings Hepatitis=100% Tuberculosis= 18.6% (Annual Report 2024 – Health Facility survey,2024)	Dengue fever = 92.8% Leptospirosis = 86.7% Leishmaniasis= 75.6% Hepatitis=100% Tuberculosis= 18.6% Measles = no reported admissions (Annual Survey Report 2024 Health Facility Survey, 2024)
04	By 2026, d. Cluster system reform implemented and evaluated in all nine clusters (2018 baseline: 0)	Implemented 100% Evaluated 0% (Evaluation will be done at the end of project) (Annual Report 2023 – Qualitative study)	Implemented 100% Evaluated 0% (Evaluation will be done at the end of project) (Annual Report 2024 – Qualitative study)	Implemented 100% Evaluated 0% (Evaluation will be done at the end of project) (Annual Report 2024 – Qualitative study)

No.	Key Performance Indicator	Progress		
		2023	2024	2025
05	By 2026, e. The average response time of 1990 Suwa Seriya ambulance system in all districts reduced by 25% (2021 baseline: 11 minutes 41seconds) (2021 baseline: 11)	11 minutes and 38 seconds (Annual Report 2023 -Suwa Seriya Statistics 2023)	13 minutes and 8 seconds (fleet of 322 ambulances) (Annual Report 2024 – SuwaSeriya Statistics 2024)	13 minutes and 8 seconds (fleet of 322 ambulances) (Annual Report 2024 - Suwa Seriya Statistics 2024)

CHAPTER 5

Performance of achieving Sustainable Development Goals (SDG)

5.1 Identified respective Sustainable Development Goals

In 2015, Sri Lanka, along with other nations, embraced the 2030 agenda for Sustainable Development, committing to achieving the 17 Sustainable Development Goals (SDGs). Of these, SDG 3 concentrates on health, aiming to ensure healthy lives and well-being for everyone, irrespective of age. This encompasses 13 targets, each vital for advancing healthcare. The Ministry of Health in Sri Lanka meticulously identified and finalized 46 indicators pertinent to health, aligning them with SDG 3 objectives. Notably, the 13 core indicators of SDG 3 were disaggregated into 38 health indicators, including 16 specifically tailored for gauging Universal Health Coverage, with the remaining 8 indicators being health-related although not directly part of SDG 3.

Recognizing the significance of SDG 3, the Ministry of Health established a National Steering Committee in January 2017, dedicated to spearheading progress towards achieving the Core Health Indicators (CHI) outlined in SDG 3. Over the years, this committee has convened twice in 2023 and once in 2022, ensuring ongoing guidance and oversight.

A pivotal step forward was the formulation of a strategic plan geared towards attaining the 2030 targets. The Ministry of Health took on the responsibility of monitoring and reporting on 31 SDG 3 indicators, along with 3 additional non-SDG 3 indicators. The finalized National Action Plan delineating pathways to achieve the SDG targets by 2030 was meticulously crafted and disseminated across pertinent stakeholders.

The Ministry of Health remains vigilant in its commitment to staying abreast of global developments in health metrics. Recognizing the dynamic nature of healthcare priorities, the Ministry periodically revisits its indicator framework, incorporating new indicators given by the UN in order to better reflect emerging challenges and opportunities. This iterative process ensures that the national health agenda remains responsive to evolving global standards while remaining contextually relevant to Sri Lanka's unique circumstances. Through swift and decisive action, the Ministry adeptly translates global advancements into tangible strategies tailored to meet the nation's specific healthcare needs, fostering resilience and adaptability in pursuit of improved health outcomes for all Sri Lankans.

Progress of the SDG indicators in 2025 is given in the table below:

Table 6 – Progress of the SDG indicators in 2025

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2023	2024	2025
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal Mortality Ratio	~~16~~ 20 per 100,000 live births	25 (FHB)	24.9*	Data is not finalized (FHB)
	3.1.2 Births attended by skilled health personnel	~~100%~~ 99.9%	99.9 (FHB)	99.9 (FHB)	
3.2 By 2030, end preventable deaths of new-borns 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	3.2.1 Children under-five mortality rate	~~5~~ 9 per 1000 live births	12.5 (FHB)	12.2 (RGD)	
	3.2.2 Neonatal mortality rate	4 5.5 per 1000 live births	7.2 (FHB)	7.2 (FHB)	
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	3.3.1 HIV incidence rate	<0.01 by 2030	0.01 (NSACP)	0.01 (NSACP)	0.01 (NSACP)
	3.3.2 TB incidence rate	13 per 100,000	62 (NPTCCD)	62 (NPTCCD)	
	3.3.3 Malaria Incidence per 1000, population	Maintain zero indigenous malaria incidence	0 (AMC)	0 (AMC)	0 (AMC)
	3.3.4 Hepatitis B incidence per 100,000 among children 5-years of age	Survey has been carried out and the baseline and targets are yet to be finalized	NA		

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2023	2024	2025
	3.3.5 Number of people requiring interventions against Neglected Tropical Diseases (NTD)		89,799 (DCP)		
	1. Dengue- Number receiving treatment for dengue per year	21,000	89,799 (DCP)	49,873 (DCP)	45,926* (DCP)
	1.a Dengue Case Fatality Rate (CFR)	0.00	0.07 (NDCU)	0.05 (NDCU)	0.05 (NDCU)
	2. Rabies- Number of deaths due to human rabies	Zero human rabies deaths by the year 2030	16 (PHVS)	20 (PHVS)	
	3. Filariasis - Number of new lymphedema cases due to filariasis receiving treatment per year	Zero number of new lymphedema cases by 2030	908 (AFC)	1,109 (AFC)	
	Replaced by Microfilaria Positivity Rate of Wucheraria Bancrofti	0.001 (1 per 100,000 population screened)	0.003	0.002	
	4. Leprosy- Number receiving treatment for leprosy per year	1000 by 2030	1,580 (ALC)	1,350 (ALC)	
	5. Leishmaniasis- incidence of reported cases of leishmaniasis per year	<1 per 100,000 by 2030	4,267 Epid Unit	4,448 Epid Unit	
	3.4.1 Mortality Rate		-	-	-

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2023	2024	2025
	attributed to Cardiovascular disease, Cancer, Diabetes or Chronic respiratory disease (Proxy) (Probability of dying age between 30 – 70 years)				
	3.4.2 Suicide Mortality Rate per 10,000 population	11.6	15.33	15 (Police)	
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorder a. Drugs	17.4%	Responsibility of reporting is no longer with MoH		
	b. Alcohol	10%			
	3.5.2 Total alcohol per capita (age 15+ years) consumption	3.8 litres per person	NA		
3.6 By 2030, halve the number of global deaths and injuries from road traffic accidents	3.6.1 Mortality rate from road traffic injuries per 100,000 population (RTA)	Reduce by 20% in 2030 (~~11.4~~ 10.74)	10.53 (Police)	11.5 (Police)	
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family	3.7.1 Percentage of currently married women of reproductive age (15-49 years) who	81 % (FHB)	80.6 (RHMIS)	80.7 (RHMIS)	

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2023	2024	2025
planning, information and education, and the integration of reproductive health into national strategies and programmes	desire either to have no (additional) children or to postpone the next child and who are currently using any modern method				
	3.7.2 Annual number of births to women aged 15−19 years per 1000 women in that age group Adolescent fertility rate	20 per 1000	Data Not available	Data Not available	Data Not available
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	3.8.1 Coverage of essential health services – 14 tracer indicators **Reproductive, maternal, newborn and child health**	80%			
	3.8.1.1 Family planning – same as 3.7.1		80.6 (RHMIS)	80.7 (RHMIS)	
	3.8.1.2 Pregnancy and delivery care: Antenatal care coverage – at least four visits (%)	> 99%	96.6 (FHB)	94.6 (FHB)	
	3.8.1.3 Child immunization: % of infants receiving three doses of dipthria-tetanus-pertussis		98 (EPID)	97 (EPID)	

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2023	2024	2025
	containing vaccine (instead of DPT, Sri Lanka is giving PENTA 3)				
	3.8.1.4 Child treatment: Care seeking for symptoms of Acute Respiratory Infection (ARI)	Data Not Available			
	3.8.1.5 Tuberculosis: TB treatment success rate	~~84.6%~~ > or = 90	66.2 (NPTCCD)	63.7 (NPTCCD)	
	3.8.1.6 HIV/AIDS: Antiretroviral therapy (ART) coverage (%)	~~15.3%~~ > 90%	71	81	
	3.8.1.7 Water and Sanitation: Population using safely managed sanitation services	~~91.2% (2016)~~ 98 (2030)			
	3.8.1.8 Population using safely managed drinking water service	~~90.4% (2016)~~ 100 (2030)		93.4	
	3.8.1.9 Hypertension: Age-standardized prevalence of non-raised blood pressure	80%	M 64.2% F 66.2% Both 65.2% (STEPS 2022)	M 64.2% F 66.2% Both 65.2% (STEPS 2022)	M 64.2% F 66.2% Both 65.2% (STEPS 2022)
	3.8.1.10 Diabetes: Age-standardized mean fasting plasma glucose (mg/dl) for adults aged 18 to 69 years	80mg/dl	M 103.1 mg/dl F 104.8 mg/dl Both 104 mg/dl	M 103.1 mg/dl F 104.8 mg/dl Both 104 mg/dl (STEPS 2022)	M 103.1 mg/dl F 104.8 mg/dl Both 104 mg/dl (STEPS 2022)

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2023	2024	2025
			(STEPS 2022)		
	3.8.1.11 Tobacco: Age-standardized prevalence of adults >=15 years not smoking tobacco in last 30 days	90%	M 51.1% F 93.5 % Both 73.8 % (STEPS 2022)	M 51.1% F 93.5 % Both 73.8 % (STEPS 2022)	M 51.1% F 93.5 % Both 73.8 % (STEPS 2022)
	3.8.1.12 Hospital beds per capita, relative to a maximum threshold of 18 per 10,000 population				DNA
	3.8.1.13 Health workforce: Health worker density and distribution (per 1000 pop.)				DNA
	3.8.1.14 Health security: International Health Regulations (IHR) core capacity index	70%	70.67%	66.44%	DNA
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 18-69 years (STEP Survey aata. Latest available is for 2015)	10%	M 48.9% F 6.5% Both 26.2% (STEPS 2022)	M 48.9% F 6.5% Both 26.2% (STEPS 2022)	
3.b Support the research and development of vaccines and medicines for the	3.b.1 Proportion of the target population covered by all vaccines	BCG (100) DPT 3 (100) Polio 3 (100)	BCG (99) PENTA 3(98) Polio 3(98)	BCG (99) PENTA 3(98) Polio 3(98)	

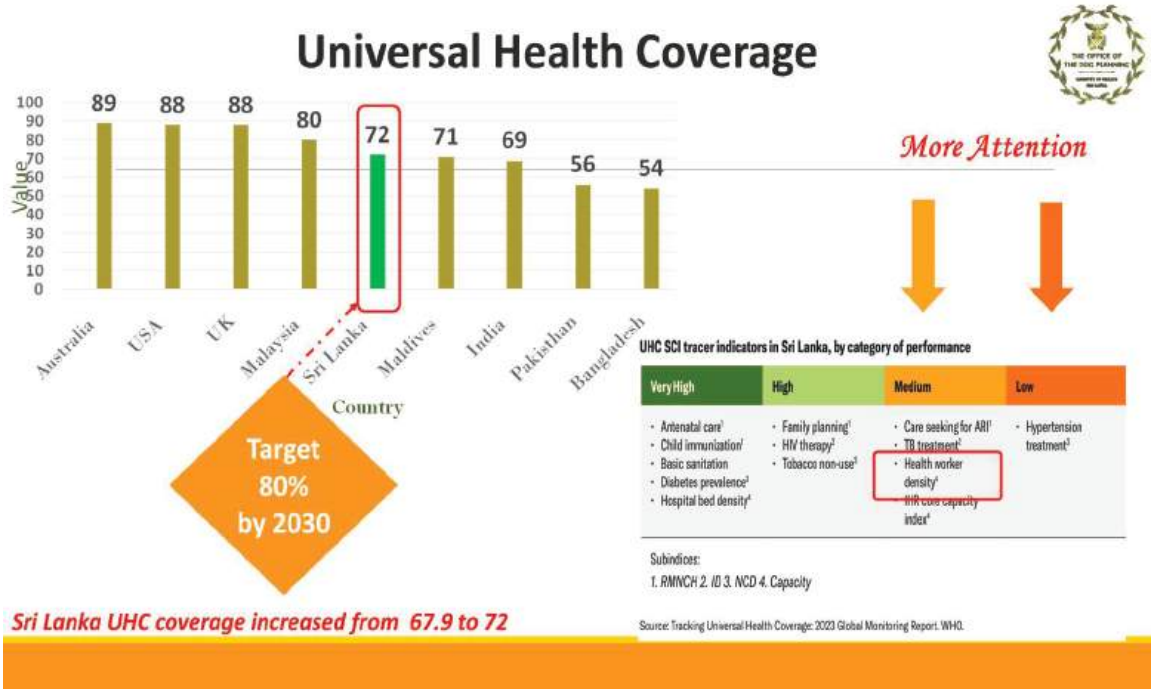
Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2023	2024	2025
communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the fullfil 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	included in their national programme	MCV 2 (100) Tetanus T (100) HPV 2 (100)	DPT 4 (99) DT (97) TT (98)	DPT 4 (99) TT (98) MCV 2 (98)	
	3.b.3 Availability of essential medicines and commodities This indicator is under development globally. (SARA Survey data. Latest available is for 2017)	Maintain at same level (50% - Public 100.0, Private 95.29) 75% - Public 82.16, Private 80.26 90% - Public 21.44, Private 53.04)	Data Not Available	Data Not Available	
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States	3.c.1 Health worker density and distribution	Physicians-1.79 Dental Surgeons-0.14 Midwives/Nurses - 3.82 Pharmacists- 0.47	Physicians 1.01 Dental surgeons-0.07 Midwives/Nurses- 2.69 Pharmacists-0.17	NA	
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction	3.d.1 International Health Regulations (IHR) capacity and health emergency	70% (Quarantine Unit)	70.67%	66.44	DNA

Goal/ Objective (Global Target)	Indicators	Targets for 2030	Progress of the Achievement		
			2023	2024	2025
and management of national and global health risks	preparedness (%)				
	3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (%) (Methicillin resistance to Staph Aureus / Ecoli resistance to Cephalosporin)	Methi: 50	Methi: 47.2	Methi: 43.25	
		Ecoli:60	Ecoli:58.3	Ecoli:62.17	

5.2 Achievements and Challenges of the Sustainable Development Goals

Sri Lanka moved downward, ranking 93 out of 167 countries in the SDG country ranking in 2024, compared to its 87th position in 2021. The SDG index score for Sri Lanka is 67.9, placing it as a front-runner in achieving the SDGs, and the Spillover Score was 93.7 in the year 2024. However, when each SDG is individually assessed, Sri Lanka is "**On track or maintaining SDG achievement**" only in four SDGs, including no poverty (SDG 1), quality education (SDG 4), climate action (SDG 13), and responsible consumption and production (SDG 12). The SDG 3 on good health and well-being showed a moderate improvement, together with Goals 2, 6, 7, 9, 11 and 14. Gender equity (Goal 5) is stagnating, together with Goals 8, 15, 16 and 17. No trend information is available to see the reduced inequalities (SGD 10). In all other SDGs, including SDG 10 on reducing inequalities, and SDG 5 on gender equality, Sri Lanka is facing either major, significant, or moderate challenges.

Universal Health Coverage (UHC) implies that all people receive quality health services they need, without experiencing catastrophic health spending due to healthcare costs. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. Progress towards reaching SGD Target 3.8 on UHC is tracked using two separate metrics: specifically, SDG indicator 3.8.1 on the coverage of essential health services and SDG indicator 3.8.2 on catastrophic health spending. SDG 3.8.1 coverage of essential health services is defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn, and child health, infectious diseases, non-communicable diseases, service capacity and access, among the general and the most disadvantaged populations. The indicator is measured as an index reported on a unitless scale of 0 to 100, which is computed as the geometric mean of 14 tracer indicators of health service coverage.



The progress review meeting was conducted on 10.12.2025 with all relevant stakeholders.

CHAPTER 6

Human Resource Profile

6.1 Cadre Management

	Approved Cadre	Existing Cadre	Vacancies/ (Excess)
Senior	18,916	17,232	1,684
Tertiary	1,128	636	492
Secondary	46,602	39,706	6,896
Primary	34,759	26,275	8,484
Other	276	178	98
Total	**101,681**	**84,027**	**17,654**

- Both Line Ministry and Provincial healthcare institutions included

6.2 How the shortage or excess in human resources has affected the performance of the institute

As shown in the above table, there are vacancies at all levels of staff, which negatively affects the performance of the institutions under the Ministry of Health. Especially in institutions directly involved in the management of patients, this shortage of human resources can at times affect the quality of the patient care provided. A shortage of staff can also lead to employee dissatisfaction.

- **Human Resource Profile of the Indegenous Medicine Sector**

SN	Designation	Service	Salary code (PA circular 03/2016)	Class / Grade	Approved cadre	In-position	Vacancies
01	Additional Secretary (Admin)	SLAS	SL3	Special	01	01	-
02	Additional Secretary (Policy, Research & Development)	SLAS	SL3	Special	01	01	-
03	Senior Assistant Secretary	SLAS	SL1	1	01	-	01

SN	Designation	Service	Salary code (PA circular 03/2016)	Class / Grade	Approved cadre	In-position	Vacancies
04	Chief Accountant	SLAcct. S	SL1	1	01	01	-
05	Director	SLAS	SL1	1	01	01	-
06	Director	SLPS	SL1	1	01	01 (Actg.)	-
07	Director (Technical)	SLAMS	SL1	1	01	-	01
08	Accountant	SLAcct. S	SL1	111/11	01	-	01
09	Internal Auditor	SLAcct. S	SL1	111/11	01	-	01
10	Assistant / Deputy Director	SLAS	SL1	111/11	01	-	01
11	Assistant / Deputy Director	SLPS	SL1	111/11	01	-	01
12	Assistant / Deputy Director	SLES	SL1	111/11	01	-	01
13	Assistant Secretary	SLAS	SL1	111/11	01	-	01
14	Legal Officer	Department	SL1	111/11	01	01	-
15	Administrative Officer	PHMAS	MN7	I /Super Grade	01	01	-
16	Translator	TS	MN6	11/1	01	-	01
17	Statistical Officer	Department	MN5	111/11/1	01	01	-
18	Development Officer	DOS	MN4	111/11/1	331	331	-
19	Public Health Management Assistant	PHMAS	MN2	111/11/1	18	07	11
20	Video Cameraman	Department	MT2	-	01	01	-
21	Driver	CDS	PL3	111/11/1 Sp.	07	04	03
22	Office Assistant	KKS	PL1	111/11/1 Sp.	10	06	04
	Total				**384**	**357**	**27**

Cadre Details of Homeopathy Hospital

SN	Designation	Salary Code	Approved cadre	In-position	Vacancies
01	Medical Consultant in Homeopathy	SL-3	1	0	1
02	Homeopathy Medical Officer	SL-2	5	1	4
03	Medical Officer In-Charge (Actg.)	-	1	1 (Actg)	-
04	Deputy Director	SL-1	1	0	1
05	Nursing Officer	MT-07	4	0	4
06	Pharmacist	MT-06	1	0	1
07	Laboratory Technician	MT-06	1	0	1
08	Development Officer	MN-4	2	2	0
09	Public Management Assistant	MN-2	2	0	2
10	Dispenser	MN-1	2	1	1
11	Driver	PL-2	1	0	1
12	Attendant	PL-2	8	6	2
13	Cook	PL-2	1	0	1
14	Labor	PL-1	8	4	4
Total			**37**	**16**	**22**

Cadre Details of Homeopathy Medical Council

SN	Designation	Salary Code	Approved cadre	In-position	Vacancies
1	Registrar	MM 1-1	1	0	1
2	Medical Profession	MM 1-1	15	12	3
3	Public management Assistant	MA 1-1	2	1	1
4	Dispenser	PL 2-2006A	14	5	9
5	Laborer	PL 1-2006A	16	12+1	4
	Total		**48**	**31**	**18**

6.3 Human Resource Development

Local Training Programmes

Education, Training and Research Unit of the Ministry of Health regularly conducts training programs for different staff categories based on the requests made by the heads of institutions and professional organizations utilizing the annual allocation for training.

(i) Continous Professional Development (CPD) Program

Continuous Professional Development (CPD) refers to the ongoing process of learning and developing professional skills and knowledge throughout one's career. It involves activities such as workshops, seminars, conferences, and training sessions - both in-person and online- that professionals undertake to maintain and enhance their expertise, stay current with industry trends, and adapt to changes in their field.

Indegenous Medicine Sector – Local Training Programmes

SN	Training Program	Beneficiaries	Number	Amount (Rs.)
01	Writing official letters and reports	Development Officers / Management Service Officers	7	49,000.00
02	Maintaining Personal File effectively	Development Officers	2	13,000.00
03	Awareness on New Procurement Guidelines	Development Officers	2	26,000.00
04	Public Accounting Procedure and Financial Accounting	Development Officers	1	13,000.00
05	Training Programs of the working station	Development Officers / Management Service Officers	All staff members	128,700.00
06	Annual Stock Verification	Development Officers / Management Service Officers	4	60,000.00
07	Time Management	Development Officers / Management Service Officers	2	26,000.00
08	Contract Administration in Government Procurement Guidelines	Chief Accountant	1	20,000.00
09	Office Management and Financial Regulations	Development Officers / Management Service Officers	4	48,000.00

10	Skill Development of Drivers and Office Assistants for Quality Work Environment	KKS and Drivers	3	19,500.00
11	Government Vehicle Maintanance	Development Officers / Management Service Officers	2	6,500.00
12	Maintaining a Personnel File effectively	Development Officers / Management Service Officers	3	19,500.00
13	Public sector salary payment procedures	Development Officers	1	6,500.00
14	Two-day Training of Office Assistants in Government and Semi-Government Sectors	KKS	3	24,000.00
15	Accounting role and practical application	Development Officers / Management Service Officers	2	24,000.00
		Total		**483,700.00**

Department of Ayurveda – Local Training Programmes

No.	Programme	Institution conducted	No. of officers participated	Dates conducted	Course Fee (Rs. Per head)
01	Workshop on Salary Conversion	Skills Development Fund	03	25.03.2025	13,000.00
02	Diploma in English	Institute of Official Launguges and Professional Studies	01	28.02.2025	60,000.00
03	Office Management and Finacial Regulations	National Institute of Labour Studies	02	25.03.2025 20.05.2025	12,000.00
04	Answering Audit Queries	National Institute of Labour Studies	03	28.05.2025	6,500.00
05	Driver Skills Development	National Institute of Labour Studies	03	29.05.2025	12,000.00
06	One-day Workshop for Drivers	Construction Machinery Training Center			6,000.00
07	Government Vehicle Maintenance	National Institute of	02	12.06.2025	6,500.00

		Labour Studies			
08	Leadership Skills Development	National Institute of Labour Studies	05	17.06.2025	6,500.00
09	Certificate Course on Disciplinary Process	National Institute of Labour Studies	03	19.06.2025	25,000.00
10	One-day training workshop on Government Financial Regulations	National Institute of Labour Studies	05	04.07.2025	7,000.00
11	Time Management	National Institute of Labour Studies	09	23.10.2025	6,500.00
12	Accounting Functions and Practical Use	National Institute of Labour Studies	03	14.10.2025 15.10.2025	12,000.00
13	Skill Development of Development Officers and Management Service Officers	National Institute of Labour Studies	02	15.10.2025 16.10.2025	12,000.00
14	Discipline and Office Etiquette for Drivers and Office Assistants	Skills Development Fund	08	30.10.2025 31.10.2025	13,000.00
15	Cost organization related to the recruitment of doctors	Different Institutions	304	03.11.2025	86,528.02 (Total cost)
16	100 hours Tamil language course	Department of Official Launguges	67	25.11.2025	750.00 per hour
17	Accounting functions and practical application	National Institute of Labour Studies	13	19.12.2025 23.12.2025	12,000.00
18	Effective maintenance of a personal file	National Institute of Labour Studies	08	08.12.2025	6,500.00
19	Procurement process for support staff	National Institute of Labour Studies	04	11.12.2025 17.12.2025	12,000.00

Overseas Training Programmes

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investment (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
01	11th meeting of the South-East Asia Region Polio Laboratory Network and Capacity building workshop on risk assessment	1	08-Sep	11-Sep	125	India	Meeting
02	16th Meeting of the South-East Asia Regional Immunization Technical Advisory Group	3	16 - Sep	18 - Sep	320	India	Meeting
03	20th Asia Pacific Congress of Clinical Microbiology and Infection (APCCMI 2025)	1	02-Nov	04-Nov	0	Thailand	Conference
04	2nd Training on Essential Laboratory Diagnostic Tools for Malaria Elimination	1	24 - Sep	26 - Sep	0	Thailand	Training
05	37th Commonwealth (17 May) & 78th WHA (19-27 May)	7	17 - May	27 - May	240	Switzerland	Meeting
06	53rd Board meeting	1	07 - May	09 - May	200	Switzerland	Meeting
07	58th Session of the Commission on Population and Development (CPD58)	1	04 - May	11 - May	240	USA	Meeting
08	5th Global Conference on Climate and Health/ ATACH	2	29 - July	31 - July	560	Brazil	Meeting
09	5th International Scientific and Practical Conference	1	10 - Jun	11 - Jun	160	Russia	Conference
10	6th Meeting of the Conference of the Parties to the Minamata Convention on Mercury (COP-6)	1	03 - Nov	10 - Nov	240	Switzerland	Meeting
11	6th World Hypertension Congress: SEAHEARTS session	1	07 - Mar	09 - Mar	0	India	Meeting
12	78th Session of WHO RC & 18th Subcommittee on SPPDM	2	11 - Aug	13 - Aug	1440	India	Meeting
13	9th Singapore International Dengue Workshop	1	04 - Nov	08 - Nov	0	Singapore	Workshop
14	ADB-OECD Meeting on Healthy Ageing and Long	1	23 - Sep	24 - Sep	160	Republic of Korea	Meeting

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investment (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
	Term Care						
15	ADB's Future Health Accelerator Course	2	07 - Jul	15 - Jul	0	Philippines	Training
16	Adopting Ultra-Hypofractionated Radiotherapy as a Standard of Care	3	11 - Aug	15 – Aug	0	Malaysia	Training
17	Alliance for Transformative Action on Climate and Health Working Group meeting	2	25 - Feb	28 – Feb	560	Timor-Leste	Meeting
18	Asia Pacific Regional Workshop on Wastewater and Environmental Surveillance	3	02 - Dec	04 - Dec	300	Thailand	Workshop
19	Assembly of the South-Ea5st Asia Regulatory Network	1	15 - Jul	16 – Jul	0	Bhutan	Meeting
20	Capacity Building Programme on Digital Governance for the Civil Servants	1	26 - May	06 – Jun	0	India	Training
21	Capacity Building programme on strategic leadership	5	28 – Jul	08 – Aug	875	India	Training
22	Climate Change and Health Adaptation from Climate Change	2	17 – Mar	20 – Mar	300	Thailand	Training
23	Codex Committee on Spices and Culinary Herbs	1	13 – Oct	17 - Oct	280	India	Meeting
24	Delivering for Nutrition in South Asia	1	02 – Dec	04 - Dec	100	Nepal	Conference
25	DHIS2-Asia Pacific 4th Annual Conference	2	15 – Oct	17 – Oct	250	Indonesia	Conference
26	Digital Transformation in Public Healthcare Course	1	25 – Aug	29 – Aug	175	Singapore	Training
27	Entry and Exit Inspection and Quarantine Technical Specification Standardization	1	31 – Oct	13 – Nov	175	China	Seminar
28	Factory Acceptance Test and Factory Training	1	24 – Sep	27 – Sep	0	India	Training
29	Factory Acceptance Test Visit	1	03 – Sep	04 – Sep	0	China	Training
30	Factory Acceptance Test Visit	2	17 – Nov	21 – Nov	0	China	Visit
31	Factory Acceptance Test Visit	1	17 - Dec	20 - Dec	0	Malaysia	Study Visit
32	Factory Inspection Visit	1	28 - Oct	02 – Nov	0	China	Visit
33	First meeting of the Joint Working Group (JWG) for MoU	5	28 - Aug	30 – Aug	1665	India	Contry Deligation

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investment (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
34	Fleming Fellowship Programme Phase II	3	23 - Feb	08 – Mar	525	China	Training
35	Fleming Fellowship Programme Phase II AMR Laboratory Human Health	1	23 - Nov	29 – Nov	175	China	Training
36	Fleming Fellowship Training Programme Phase II	5	11 - Apr	15 – Apr	350	Autria	Congress
37	Fleming fund Regional Training : Clinical Engagement Leadership Training on AMR hosted by IVI	2	18 - Feb	20 - Feb	250	Republic of Korea	Training
38	Fleming fund Regional Training : Training on advanced data analysis (CAPTURA) on Antimicrobial resistance	1	18 - Feb	20 – Feb	125	Republic of Korea	Training
39	Food for Health: Transforming Policy and Outcomes Summary	2	06 - May	08 – May	125	England	Seminar
40	Global Forum for Public Procurement of Health Product	1	04 – Nov	07 – Nov	150	Tunisia	Forum
41	Global Training Hub for Bio Manufacturing 2025	1	03 - Nov	28 – Nov	175	Republic of Korea	Training
42	Health System Management /Project Management Training	16	24 - Mar	28 – Mar	0	India	Training
43	Health Systems Management - Leadership and Governance	1	13 - Jan	01 – Feb	0	Japan	Training
44	IAEA TC SLR 9014/ dose optimization in diagnostic and interventional radiology	1	13 – Jan	07 – Feb	0	Malaysia	Training
45	IHR Joint External Evaluation Mission	2	15 - Jun	20 – Jun	280	Bhutan	Meeting
46	Implementation of Safety Guide in Diagnostic Radiology	1	12 - May	16 – May	0	Pilippines	Workshop
47	Improvement of Community Health and Medical Systems with Telemedicine Services	2	07 - Jan	23 – Jan	175	Japan	Training
48	Improving access to priority antibiotics and regional coordinated procurement mechanism	1	07 – Jul	08 – Jul	0	Thailand	Meeting
49	Independent External EPI-VPD Surveillance Review	1	01 - Sep	08 – Sep	0	Thailand	Meeting

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investment (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
50	India MedTech Expo 2025	2	03 - Sep	06 Sep	200	India	Contry Deligation
51	Intermediate Training in Medical Mycology	2	10 – Nov	21 – Nov	175	India	Training
52	International Scientific Meeting	1	08 - Sep	12 – Sep	280		Meeting
53	International Symposium on Health Technology Assessment	1	08 - Mar	09 – Mar	75	India	Conference
54	International training course on Hospital Preparedness Course for states parties from Asian region	1	05 - Oct	09 - Oct	0	Bangladesh	Training
55	JICA Knowledge Co-Creation Program : Lifestyle-Related Diseases Prevention	1	16 – Nov	06 – Dec	0	Japan	Seminar
56	JICA Knowledge Co-operation Programme Medical Equipment Managements and Maintenance	1	14 - Jan	07 – Mar	0	Japan	Training
57	Joint Coordinating Board	1	18 – Jun	19 – Jun	0	Switzerland	Meeting
58	Launch of National UHC Forum	1	12 – Dec	14 – Dec	0	Maldives	Forum
59	Leadership course in Health Policy and Management 2025	1	09 – Nov	16 – Nov	175	Republic of Korea	Training
60	Meeting of the Policy and Coordination Committee (PCC)	1	29 – Apr	30 – Apr	0	Switzerland	
61	Neurological and Psychiatric Diseases Prevention	2	07 – May	20 – May	0	China	Seminar
62	Nurture Nutrition Research Course to translate and utilize Research	3	21 – Jul	01 – Aug	525	India	Training
63	Optimization of Re-irradiation in Palliative Care	1	12 – May	16 – May	0	Malaysia	Training
64	Overseas Training for Radiologist & Radiographers on CT Scanner	4	01 – Sep	05 – Sep	0	India	Training
65	Pandemic Preparedness for Indo-Pacific Region	2	17 – Mar	19 – Mar	200	India	Workshop
66	Prince Mahidol Awards Conference 2025 : Harnessing Technologies in an age of Al to Build a Healthier World	2	28 – Jan	02 – Feb	480	Thailand	Conference

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investment (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
67	Prject (RAS6105) Mid-Term Review Meeting	1	08 – Dec	11 – Dec	0	Autria	Meeting
68	Quality improvement of Health Services	1	17 – Jul	16 – Aug	0	Japan	Training
69	ReAct Asia Pacific Anti Microbial Resistance Regional Conference 2025	1	12 – Sep	13 – Sep	75	Indonesia	Conference
70	Regional Workshop on the Certification of Medical Physicists	2	24 - Nov	28 - Nov	0	Indonesia	Workshop
71	Regional Biosafety Cabinet Use and Maintenance Training at DMCS	2	21 - Jan	24 – Jan	300	Thailand	Training
72	Regional Consultation on Advancing Communicable Diseases Surveillance	2	17 – Nov	19 - Nov	0	India	Meeting
73	Regional Consultation with Member States on Priorities for PB 2026 - 2027	2	05 – Nov	07 - Nov	240	India	Meeting
74	Regional Neurosurgery Symposium	1	23 – Oct	24 – Oct	0		Meeting
75	Regional Open Digital Health Summit	3	19 – Nov	21 – Nov	225	India	Conference
76	Regional Private Sector Engagement for AMR Workshop	1	12 – Mar	14 – Mar	100	Thailand	Workshop
77	Regional Training "MPXV Genomic Surveillance"	2	10 – Mar	14 - Mar	0	Thailand	Training
78	Regional Training Course on Management of External Beam Radiotherapy	1	08 – Dec	12 – Dec	0	Indonesia	Training
79	Regional Training of Trainers on WHO's Essential Newborn care Course (Second edition)	3	27 – Oct	31 - Dec	0	India	Training
80	Regional Training on Hybrid Imaging with non-FDG Tracers	2	19 – Oct	23 – Oct	0	Jordhan	Training
81	Regional Training Course on Medical Phy	2	06 – Jan	10 – Jan	0	Vietnam	Training
82	Regional workshop on framework and toolkit development	1	25 – Nov	28 – Nov	75	Thailand	Workshop
83	Regional workshop on interpretation of AMU/AMR data	1	18 – Nov	19 – Nov	75	Thailand	Workshop
84	Regional Workshop on	2	06 –	10 –	0	Thailand	Workshop

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investment (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
	the Role of the Medical Physicist in Quality Management and QA		Oct	Oct			
85	Regional Workshop on the Role of the Medical Physicist in Quality Management of Radiology Departments	2	27 – Jan	31 – Jan	0	Thailand	Workshop
86	Regional Workshop to Improve Medical Products' Risk Management	1	02 – Dec	04 – Dec	100	Thailand	Workshop
87	Rice Fortification Workshop	1	28 – Jul	30 – Jul	125	Italy	Workshop
88	Second Cohort of Regional Public Health Laboratory Network	2	17 – Nov	21 – Nov	300	Thailand	Training
89	Second global assessment of SCORE for health data & Health sector accelerated improvements in CRVS	1	21 – Apr	25 – Apr	150	Thailand	Workshop
90	Second Quadripartite One Health Workshop and Pandemic Fund Consultative Meeting	1	25 – Nov	28 - Nov	0	Thailand	Meeting
91	Second WHO Traditional Medicine Global Summit	1	17 – Dec	19 – Dec	120	India	Conference
92	Seminar on Public Financial Management	1	05 – Nov	18 – Nov	175	China	Seminar
93	Singhealth International Collaboration Office & National Neuroscience Institute	2	23 – Oct	24 – Oct	0	Singapoor	Contry Deligation
94	South Asia Regional One Health AMR Workshop	3	09 - Dec	11 – Dec	100	Thailand	Workshop
95	South Asia Regional Training Workshop on Economic Analysis of Investment Projects	1	10 – Nov	13 – Nov	0	Thailand	Workshop
96	South Asia Sub regional Economic Cooperation (SASEC) Programe's Working Group Meeting	1	02 – Dec	03 – Dec	0	Nepal	Meeting
97	South East Asia Regional Forum for PHC Oriented Health Systems	5	08 – Dec	10 – Dec	320	Nepal	Meeting
98	South-East Asia Regional UN Partners' Workshop	1	25 – Sep	26 - Sep	0	Thailand	Workshop
99	Streamlined and Emerging Theranostic Techniques	2	09 – Jun	13 – Jun	0	Thailand	Workshop
100	Strengthening integrated disease	6	30 – Jun	04 – Jul	900	India	Study visit

#	Name of the programme	No. of staff trained	Duration of the program		Toal Investment (USD)	Nature of the program (Abroad)	Output / knowledge gained
			From	To			
101	Third Ministerial Conference on Civil Registration and Vital Statistics in Asia and Pacific	1	24 – Jun	26 – Jun	0	Thailand	Conference
102	Tokyo AMR One Health Conference 2025	1	18 - Feb	19 – Feb	125	Japan	Conference
103	Towards Better Vision: WHO South -East Asia Regional Meeting on Eye Health	1	10 – Nov	12 - Nov	200	India	Meeting
104	Training Course for Biomedical Engineers	1	26 - May	08 – Aug	0	Republic of Korea	Training
105	Training on Vibriowatch and Cholera	1	01 – Dec	05 – Dec	175	Malaysia	Training
106	Training Session for Biomedical Engineers-C-ARM Machines	3	02 – Jun	13 – Jun	525	China	Training
107	United Against Rabies Forum Meeting	1	07 – Oct	09 – Oct	0	Thailand	Meeting
108	Update the capacity of fungal diagnostics for high threat fungi	2	27 – Jan	05 – Feb	350	India	Training
109	WHO Bi-regional Workshop on Drowning Prevention	1	01 – Sep	02 – Sep	0	Thailand	Workshop
110	WHO South East Asia Regional workshop (Hybrid) : Prioritizing NCD Prevention and Control	3	28 – Oct	30 – Oct	300	India	Workshop
111	Workshop on Artificial Intelligence	1	04 - Aug	08 - Aug	0	Japan	Workshop
	Total	**205**			**17,860**		

* Briefly state how the training programmes contributed to the performance of the institute:

Basic training programmes train apprentices for each field and recruit them for the relevant positions. This will enable the recruitment of trained staff to meet the service requirement.

Participating in in-service training and overseas training programmes allows gaining extensive knowledge in the subject matters of the relevant posts, thereby enabling them to perform their duties better. In addition, participation of relevant officers in workshops and study visits are also important in sharing experiences with other countries to improve the performance of the health services of the country.

CHAPTER 7

Compliance Report

07. Compliance Report

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
1	**The following Financial statements/accounts have been submitted on the due date**			
1.1	Annual financial statements	Complied	-	-
1.2	Advance to public officers account	Complied		
1.3	Trading and Manufacturing Advance Accounts (Commercial Advance Accounts)	Not Applicable		
1.4	Stores Advance Accounts	Not Applicable		
1.5	Special Advance Accounts	Not Applicable		
1.6	Others	Not Applicable		
2	**Maintenance of books and registers (FR445)/**			
2.1	Fixed assets register has been maintained and updated in terms of Public Administration Circular 267/2018	Not Complied		In the process of preparing Fixed Assests Rgister
2.2	Personal emoluments register/ Personal emoluments cards have been maintained and updated	Complied	-	-
2.3	Register of Audit queries has been maintained and updated	Complied	-	-
2.4	The Register of Internal Audit reports has been maintained and updated	Complied	-	-
2.5	All the monthly account summaries (CIGAS) are prepared and submitted to the Treasury on due date	Complied	-	-
2.6	Register for cheques and money orders has been maintained and updated	Complied	-	-
2.7	The inventory register has been maintained and updated	Complied	-	-
2.8	The stocks Register has been maintained and updated	Complied	-	-
2.9	Register of Losses has been maintained and updated	Complied	-	-

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
2.10	The commitment Register has been maintained and updated	Complied	-	-
2.11	Register of Counterfoil Books (GA – N20) has been maintained and updated	Complied	-	-
3	**Delegation of functions for financial control (FR 135)**			
3.1	The financial authority has been delegated within the institute	Complied	-	-
3.2	The delegation of financial authority has been communicated within the institute	Complied	-	-
3.3	The authority has been delegated in such manner so as to pass each transaction through two or more officers	Complied	-	-
3.4	The controls have been adhered to by the Accountants in terms of State Account Circular 171/2004 dated 11.05.2014 in using the Government Payroll Software Package	Complied		
4	**Preparation of Annual Plans**			
4.1	The annual action plan has been prepared	Compiled	-	-
4.2	The annual procurement plan has been prepared	Compiled	-	-
4.3	The annual Internal Audit plan has been prepared	Complied	-	-
4.4	The annual estimate has been prepared and submitted to the NBD on due date	Complied	-	-
4.5	The annual cash flow has been submitted to the Treasury Operations Department on time	Complied	-	-
5	**Audit queries**			
5.1	All the audit queries have been replied to within the specified time by the Auditor General	Not Complied	More time is taken to get the information from hospitals and instituions.	Informed the heads of institutions to reply for the audit quaries in the specified time period.
6	**Internal Audit**			

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
6.1	The internal audit plan has been prepared at the beginning of the year after consulting the Auditor General in terms of Financial Regulation 134(2)) DMA/1-2019	Complied	-	-
6.2	All the internal audit reports have been replied to within one month	Not Complied	When audit quaries are issued the relevant institutions are informed in writing to send the answers within 14 days but they have not answered accordingly	Instructions given at Audit and management Committeee meeting.
6.3	Copies of all the internal audit reports have been submitted to the Management Audit Department in terms of Sub-section 40(4) of the National Audit Act No. 19 of 2018	Complied	-	-
6.4	All the copies of internal audit reports have been submitted to the Auditor General in terms of Financial Regulation 134(3)	Complied	-	-
7	**Audit and Management Committee**			
7.1	Minimum 04 meetings of the Audit and Management Committee have been held during the year as per the DMA Circular 1-2019	Complied		
8	**Asset Management**			
8.1	The information about purchases of assets and disposals was submitted to the Comptroller General's Office in terms of Paragraph 07 of the Asset Management Circular No. 01/2017	Complied	-	-
8.2	A suitable liaison officer was appointed to coordinate the implementation of the provisions of the circular and the details of the nominated officer was sent to the Comptroller General's Office in terms of Paragraph 13 of the	Complied	-	-

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
	aforesaid circular			
8.3	The boards of the survey were conducted and the relevant reports were submitted to the Auditor General on the due date in terms of Public Circular No. 05/2016	Complied		
8.4	The excesses and deficits that were disclosed through the board of survey and other related recommendations, and actions were carried out during the period specified in the circular	Complied		
8.5	The disposal of condemn articles had been carried out in terms of FR 772	Complied	-	-
9	**Vehicle Management**			
9.1	The daily running charts and monthly summaries of the pool vehicles had been prepared and submitted to the Auditor General on the due date	Complied		
9.2	The condemned vehicles had been disposed of within a period of less than 6 months after condemning	Complied		
9.3	The vehicle logbooks had been maintained and updated	Complied		
9.4	The action has been taken in terms of F.R. 103, 104, 109 and 110 with regard to every vehicle accident	Complied		
9.5	The fuel consumption of vehicles has been re-tested in terms of the provisions of Paragraph 3.1 of the Public Administration Circular No. 30/2016 of 29.12.2016	Complied		
9.6	The absolute ownership of the leased vehicle log books has been transferred after the lease term	Complied		
10	**Management of Bank Accounts**			

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
10.1	The bank reconciliation statements had been prepared, got certified and made ready for audit by the due date	Complied		
10.2	The dormant accounts that had existed in the year under review or since previous years settled	Complied	-	-
10.3	The action had been taken in terms of Financial Regulations regarding balances that had been disclosed through bank reconciliation statements and for which adjustments had to be made, and had those balances been settled within one month	Complied		
11	**Utilization of Provisions**			
11.1	The provisions allocated had been spent without exceeding the limit	Complied		
11.2	The liabilities not exceeding the provisions that remained at the end of the year as per the FR 94(1)	Complied		
12	**Advances to Public Officers Account**			
12.1	The limits had been complied with	Complied	-	-
12.2	A time analysis had been carried out on the loans in arrears	Complied	-	-
12.3	The loan balances in arrears for over one year had been settled	Not Complied	Being settled	The Heads of institutions are continuously instructed to take actions immediately to recover the unsettled loan balances
13	**General Deposit Account**			
13.1	The action had been taken as per F.R.571 in relation to disposal of lapsed deposits	Complied		

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
13.2	The control register for general deposits had been updated and maintained	Complied	-	-
14	**Imprest Account**			
14.1	The balance in the cash book at the end of the year under review remitted to TOD	Complied	-	-
14.2	The ad-hoc sub imprests issued as per F.R. 371 settled within one month from the completion of the task	Complied		
14.3	The ad-hoc sub imprests had not been issued exceeding the limit approved as per F.R. 371	Complied	-	-
14.4	The balance of the imprest account had been reconciled with the Treasury books monthly	Complied	-	-
15	**Revenue Account**			
15.1	The refunds from the revenue had been made in terms of the regulations	Complied	-	-
15.2	The revenue collection had been directly credited to the revenue account without credited to the deposit account	Complied	-	-
15.3	Returns of arrears of revenue forward to the Auditor General in terms of FR 176	Complied	-	-
16	**Human Resource Management**			
16.1	The staff had been paid within the approved cadre	Complied		
16.2	All members of the staff have been issued a duty list in writing	Complied		
16.3	All reports have been submitted to MSD in terms of their circular no.04/2017 dated 20.09.2017	Complied		
17	**Provision of information to the public**			

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
17.1	An information officer has been appointed and a proper register of information is maintained and updated in terms of the Right To Information Act and Regulation	Complied		
17.2	Information about the institution to the public has been provided by Website or alternative measures and has it been facilitated to appreciate / allegation to the public against the public authority by this website or alternative measures	Complied		
17.3	Bi- Annual and Annual reports have been submitted as per sections 08 and 10 of the RTI Act	Complied		
18	**Implementing citizens charter**			
18.1	A citizen′s charter/ Citizens client′s charter has been formulated and implemented by the Institution in terms of the circular numbers 05/2008 and 05/2018(1) of the Ministry of Public Administration and Management	Complied		
18.2	A methodology has been devised by the Institution to monitor and assess the formulation and the implementation of Citizens Charter / Citizens client′s charter as per paragraph 2.3 of the circular	Continoues monitoring	--	
19	**Preparation of the Human Resource Plan**			
19.1	A human resource plan has been prepared in terms of the format in Annexure 02 of Public Administration Circular No.02/2018 dated 24.01.2018.	Draft National Human Resource Strategic Plan2020 – 2030 is available and it is being finalized with the collaboration of WHO.		

No.	Applicable Requirement	Compliance Status (Complied / Not Complied)	Brief Explanation for Non-Compliance	Corrective actions proposed to avoid non-compliance in future
19.2	A minimum training opportunity of not less than 12 hours per year for each member of the staff has been ensured in the aforesaid Human Resource Plan	Compiled. This requirement has been included in the HRStrategic Plan 2020 – 2030 and but it is implemented based on the availability of funds.		
19.3	Annual performance agreements have been signed for the entire staff based on the format in Annexure 01 of the aforesaid Circular		--	
19.4	A senior officer was appointed and assigned the responsibility of preparing the human resource development plan, organizing capacity-building programs and conducting skill development programs as per paragraph No.6.5 of the aforesaid Circular	Complied		Human Resource Coordination and Management Division is responsible for strategic level implementation of the HR functions. Capacity development and training is directly under the purview of directorate of training with a Deputy Director General, Education, Training and Research.
20	**Responses Audit Paras**			
20.1	The shortcomings pointed out in the audit paragraphs issued by the Auditor General for the previous years have been rectified	Complied		

[END]

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