Leading

with compassion & care...

Recent Health Sector Success Stories
from Sri Lanka

Ministry of Health
and Mass Media
Sri Lanka

Leading with Compassion and Care...

Recent Health Sector Success Stories from Sri Lanka

ISBN - 978-624-6511-49-4

This booklet is published by Ministry of Health and Mass Media, Sri Lanka
Supported by World Health Organization, Country Office Sri Lanka

Acknowledgement

Concept: Rui Paulo De Jesus

Overall Guidance: Asela Gunawardena

Technical Input: S. Sridharan, S.C. Wickramasinghe, P.W.C.L Panapitiya, S.M Arnold, M.A.S.C. Samarakoon, Priyantha Attapattu, Lakshman Edirisinghe & Directors, Consultants, Health Staff and Other Stakeholders contributed to documentation of success stories

Principle Writer: Priyanga Ranasinghe

Technical Advice: Rui Paulo De Jesus & Reuben Samuel

Coordination: Anil Samaranayaka & International Health Unit

Administrative Support: Amit Aggarwal

Photo Courtesy: Ministry of Health and Mass Media, Sri Lanka

Design and Printing: Design Waves (Pvt) Ltd.

Support: WHO Country Office Staff, Sri Lanka

All Health Sector Staff, Multisectoral Stakeholders, Partners and All Citizens who contributed to these achievements

Message from the Minister of Health and Mass Media

Together for Health: Shaping a Resilient Future

It is with deep pride that I present “Leading with Compassion & Care: Recent Health Sector Success Stories from Sri Lanka” to the respected colleagues and friends across the WHO South-East Asia Region. Sri Lanka’s health journey has always been shaped by a clear and compassionate vision: that health is the foundation of human dignity and national progress.

As Minister of Health and Mass Media, as well as a health professional, I am proud and honoured to reflect on the journey that our health system has travelled in ensuring access to health of our people. Evidence based policies, investment in infrastructure, tireless efforts of our dedicated health workforce, and community engagement and resilience have been some of the core strategies that we have used to uphold the health of our people.

This volume, “Leading with Compassion & Care,” captures a moment in that journey — a moment defined by resilience, innovation, and unity. It highlights how Sri Lanka has responded to complex health challenges with agility and empathy, and how we have transformed adversity into opportunity. The achievements documented in this publication are not ours alone. They are part of a broader regional narrative — one that values collaboration, shared learning, and mutual support. As we gather at the 78th WHO Regional Committee Meeting for South-East Asia, I reaffirm Sri Lanka’s commitment to regional solidarity. We stand ready to share our experiences, learn from others, and build a healthier future together.

I extend my deepest appreciation to all those who made these successes possible —all our health workforce, administrators, community leaders, partners and all citizens. I also thank the WHO Country Office in Sri Lanka and the Ministry of Health team for compiling this important volume. May it serve as a source of insight, inspiration, and renewed commitment.

Hon. Dr. Nalinda Jayatissa
Minister of Health and Mass Media
Democratic Socialist Republic of Sri Lanka

Message from the Secretary Ministry of Health and Mass Media

Leading with compassion and care

For over a century, Sri Lanka has placed health at the centre of its national development. From achieving milestones in maternal and child health, to building one of the most accessible primary health care systems in the Global South, our journey has always been guided by a simple but profound conviction: that every citizen, regardless of circumstance, is entitled to the highest attainable standard of health.

The success stories highlighted in this volume reflect that enduring commitment. They showcase how Sri Lanka has responded to diverse and evolving health challenges with creativity, compassion, and courage. Whether through our efforts to ensure safe blood supplies, to protect the mental health of our people, to transform the fight against dengue, or to defend our malaria-free status, each achievement embodies the values of resilience, innovation, and solidarity. These accomplishments were made possible not by wealth of resources, but by the wealth of our vision, partnerships, and determination. They also reflect our ability to adapt global priorities to our own national realities — from building health security frameworks aligned with international standards, to embracing digital health innovations, to reorganizing primary care for an aging population.

As we gather at this Regional Committee, I am proud to say that Sri Lanka's health sector continues to serve as a beacon of what is possible through policy foresight, institutional strength, and unwavering dedication to the people. Our story is one of national achievement, but it is also a contribution to the collective strength of the South-East Asia Region.

On behalf of the Ministry of Health, I extend my appreciation to all health workers, policymakers, multisectoral stakeholders, partners and community members whose dedication has shaped these outcomes. I also wish to sincerely thank the WHO Country Office in Sri Lanka for their invaluable support in compiling these stories, together with the Ministry of Health and making it possible to share it today with you, at the 78th WHO, Regional Committee Meeting, South East Asia. May these lessons inspire and encourage collaboration across our region as we move forward — together, leading with compassion and care.

Dr. Anil Jasinghe
Secretary Ministry of Health and Mass Media

Message from the Director General of Health Services

From Vision to Action

Sri Lanka's health system has always been defined by its ability to turn vision into action. The stories in this book reflect not only our recent achievements, but the practical realities of how those achievements were made possible.

Behind every statistic lies a story of determination. Reducing the fatality of dengue to among the lowest in the region was not a chance occurrence — it was the result of years of improved clinical guidance, capacity building, and nationwide training. Launching a mental health helpline was not merely an innovation in service delivery — it was a response to the urgent needs of our people, designed to ensure timely, confidential, and compassionate care. Safeguarding our malaria-free status, strengthening our blood transfusion services, reorganizing our primary care, and ensuring oxygen security during the COVID-19 crisis — these were all operational challenges that demanded rapid decisions, clear strategies, and above all, the dedication of our health workforce.

The strength of our health system lies in its integration. We have consistently brought together policy, technical expertise, and community engagement to ensure that interventions are both effective and sustainable. The launch of the National Action Plan for Health Security, the expansion of digital health, and the bridging of institutional and home-based care for NCDs are all examples of how we connect strategy with practice.

These achievements reflect not only national pride but also our responsibility to share lessons with others. Our health sector has benefited from regional solidarity, and in turn, we are committed to contributing to regional capacity-building and collaboration.

I wish to express my heartfelt gratitude to the health professionals at every level — from village midwives and nurses to consultants and administrators — who embody the values of service and resilience. Their commitment ensures that Sri Lanka continues to move forward, not only preserving past gains but also building new models of care for the future. May this collection of success stories jointly documented by Ministry of Health and WHO country office Sri Lanka, serve as a testament to what can be achieved through persistence, innovation, and unity of purpose.

Dr. Asela Gunawardena
Director General of Health Services

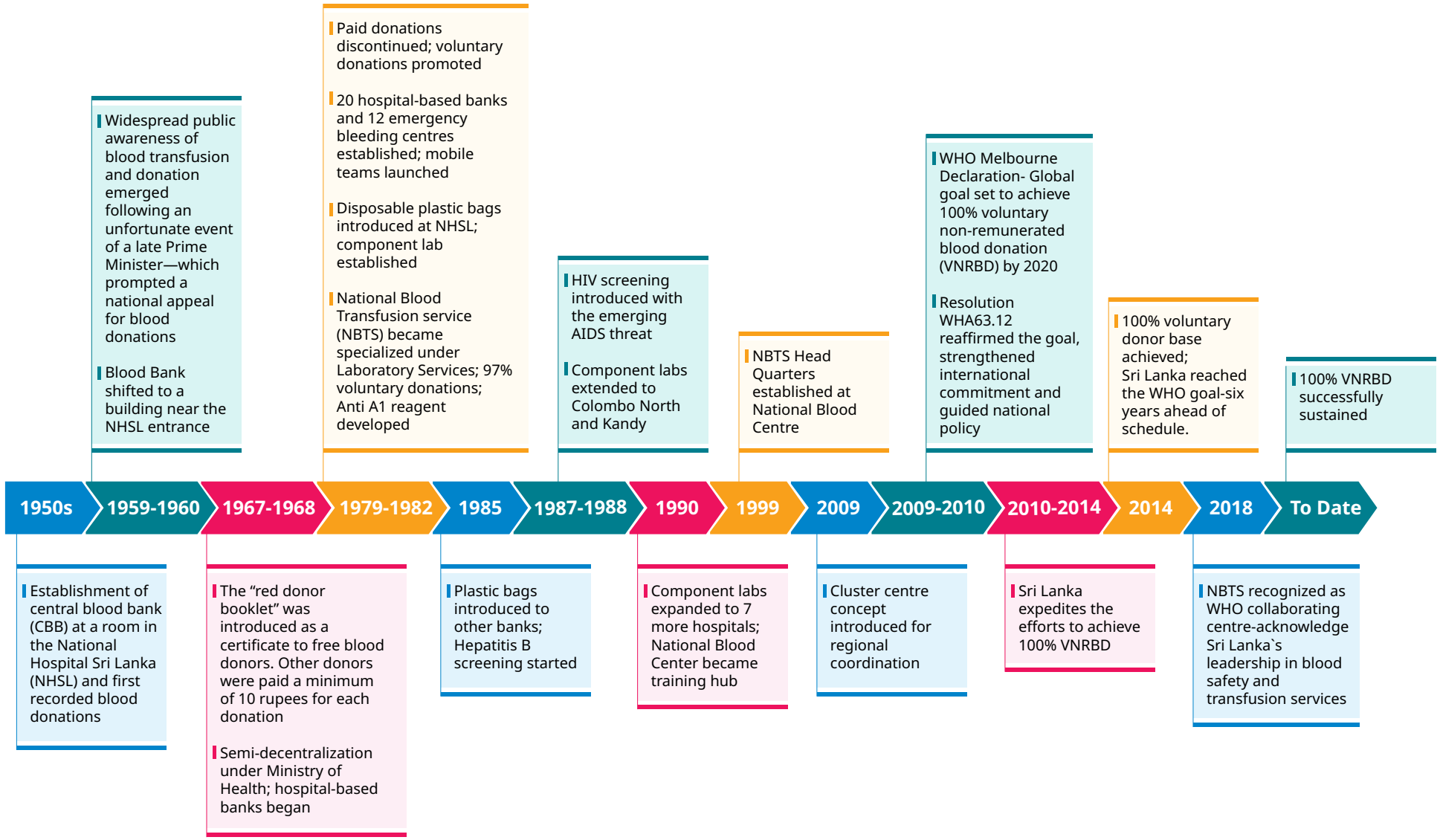
Table of Contents

Shared Civic Pride: A Nation's Gift of Life

Sri Lanka's Journey to 100% Voluntary Blood Donation

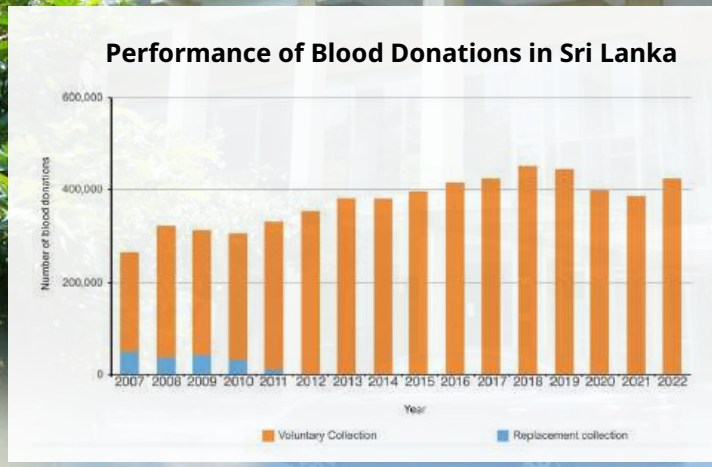
Every day, hospitals depend on safe blood to save lives during emergencies, surgical procedures, and the treatment of chronic conditions. The success of the voluntary blood donation programme has been pivotal in meeting this urgent need, while also fostering a culture of compassion and solidarity among the community. Through their selfless contributions, these donors not only ensure the availability and safety of the blood supply but have also enabled Sri Lanka to reach the global target of 100% voluntary, non-remunerated blood donations (VNRBD) ahead of schedule.

Key Milestones on Sri Lanka's Path to Success



Strategic Response: Building a National Movement

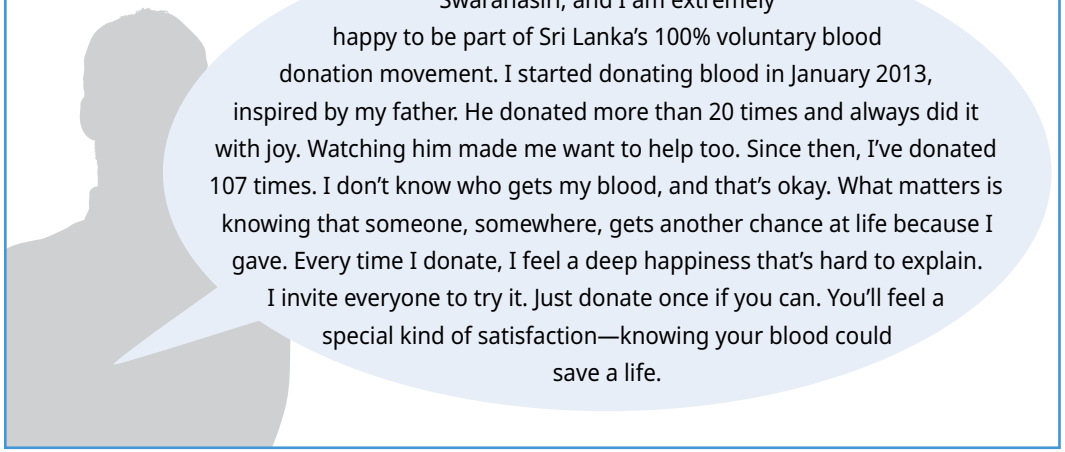
The Ministry of Health launched a centralized strategy through the National Blood Transfusion Service (NBTS) increasing voluntary blood donations and achieving 100% VNRBD in 2014



Key Actions:

- Centralized coordination across 24 regional cluster centres and 110 peripheral blood banks
- Infrastructure upgrades: ISO 15189-aligned labs, component processing, cold chain systems
- Rare donor and apheresis donor registries
- Integration of blood donation education into the school curriculum
- Staff training
- Real-time data systems
- Community mobilization & public awareness: media engagement, SMS campaigns, awareness programmes for donor engagement
- Annual donor recognition ceremonies under state patronage (1% of donors felicitated on World Blood Donation Day)

Voice of a Frequent Blood Donor Sri Lanka



I'm Shammi Swaranasiri, and I am extremely happy to be part of Sri Lanka's 100% voluntary blood donation movement. I started donating blood in January 2013, inspired by my father. He donated more than 20 times and always did it with joy. Watching him made me want to help too. Since then, I've donated 107 times. I don't know who gets my blood, and that's okay. What matters is knowing that someone, somewhere, gets another chance at life because I gave. Every time I donate, I feel a deep happiness that's hard to explain. I invite everyone to try it. Just donate once if you can. You'll feel a special kind of satisfaction—knowing your blood could save a life.

Results That Matter

https://nbts.health.gov.lk

- 100% voluntary donations since 2014
- ~450,000 units collected annually
- ~1.5 million registered donors
- 85% of blood collected via mobile drives
- 100% component preparation and 100% quality assured testing for Transfusion Transmitted Infections
- Maintained 100% voluntary donations even during COVID19 lockdown

Sustainability & Lessons Learned; How Sri Lanka Keeps the Lifeblood Flowing

Sri Lanka's success in achieving 100% voluntary blood donation is not just a milestone—it's a sustained movement. The country has built a resilient system that continues to deliver safe, sufficient blood year after year, even during national crises such as the COVID19 pandemic.

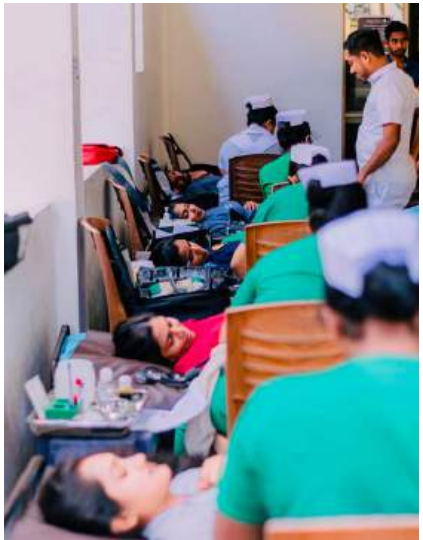
Sustainability Pillars

- Policy Commitment: Blood donation is embedded in national health policy and budget planning, with full government funding and oversight
- Community Ownership: Blood donation campaigns organized by government and private sector workplaces, schools, non-government organizations, religious institutions, civil society and individual organizers
- Digital Tools: Real-time data systems, SMS and social media campaigns ensure donor retention and service continuity
- Global Standards: NBTS is a WHO Collaborating Centre, adhering to GMP and ISO protocols
- Teaching & Training: Centralized training of all recruits to NBTS with periodical assessments and continued medical education programs
- Quality & Accreditation: Continuous training, hemovigilance, and lab accreditation strengthen safety and reliability

Key Takeaways

Sri Lanka's journey offers powerful insights for countries seeking to build sustainable, equitable blood donation systems:

- **Strong Governance Enables Sustainability:** Centralized coordination and leadership under the Ministry of Health ensured accountability and consistency
- **Community Engagement Drives Participation:** Schools, religious leaders, and civil society embedded donation into national identity.
- **Mobile Units Bridge Urban–Rural Gaps:** Decentralized outreach ensured inclusion of remote and minority communities.
- **Digital Innovation Improves Resilience:** Apps and online systems helped maintain services during lockdowns and beyond
- **Recognition Retains Donors:** National and regional felicitation ceremonies-built loyalty and pride among donors
- **Training and Quality Are Ongoing Needs:** Sustainability depends on continuous capacity building and adherence to global standards

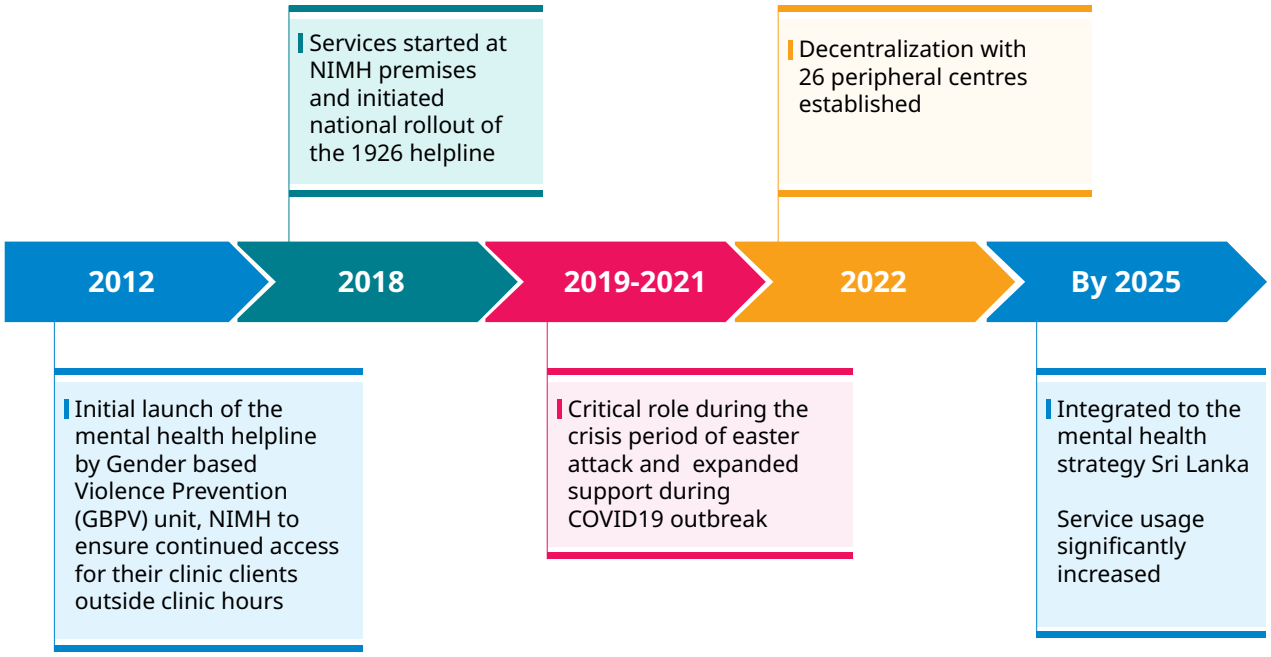
A Model of Altruism

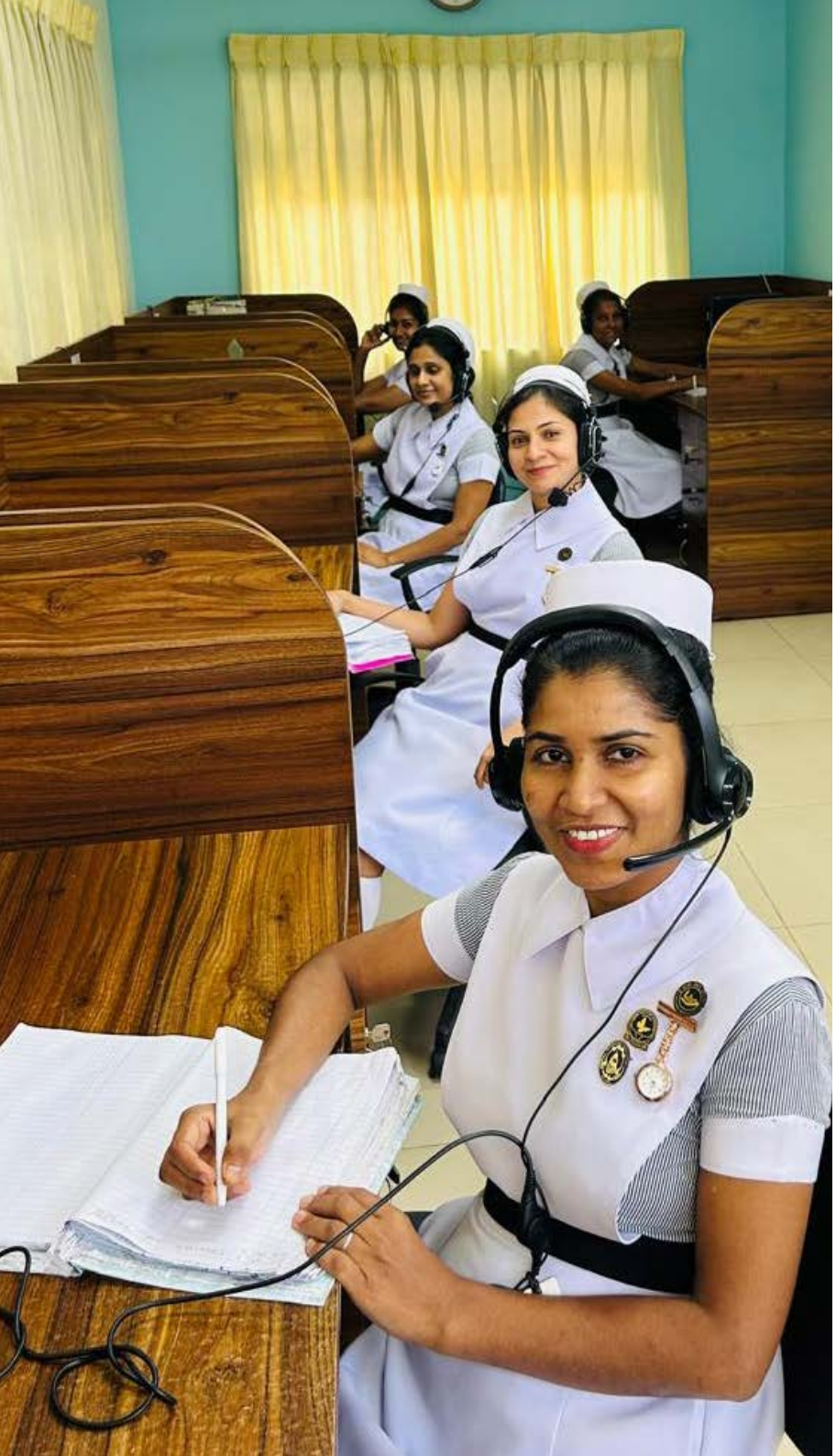
Sri Lanka's blood donation programme is more than a public health achievement—it's a reflection of shared civic pride. It shows how a nation can unite across generations, faiths, and regions to give selflessly and save lives. With strong leadership, community spirit, and innovation, Sri Lanka has built a legacy that inspires the world.

A Lifeline for the Mind: “1926”

Sri Lanka clearly recognized the growing demand for accessible, inclusive, and timely mental health support—driven by rising rates of depression, anxiety, substance use, and suicide, which can intensify during national crises. Traditional clinic-based services alone were insufficient to meet this urgent and widespread need for psychological support across the country’s diverse communities. In response, the launch of the 1926 National Mental Health Helpline, and its gradual expansion by the National Institute of Mental Health (NIMH) under the Ministry of Health, marked a transformative shift. It offered a lifeline to individuals in distress through a confidential, toll-free, 24/7 hotline.

Key Milestones on Sri Lanka's Path to Success





From Clinic to Country

Started in 2012 as a helpline for clinic clients outside working hours, it grew into a nationwide system providing hope and care through the 1926 Mental Health Helpline, that expanded into a 24/7, toll-free service accessible to all Sri Lankans. Decentralization brought mental health support closer to communities with 26 centers nationwide. The Ministry of Health, Sri Lanka provided infrastructure for the project in collaboration with telecommunication partners. The helpline is widely publicized and well known among the public, including school children.

Voice behind the Line

The 1926 helpline is operated by consultant psychiatrists, trained medical officers, and more than 200 trained nursing officers assigned to the service. The primary service provider is the nursing staff, while consultant psychiatrists supervise the overall functioning and the service delivery of the unit. The hotline is mainly committed to suicide prevention. They listen and support any caller with distress or in need of mental health support.

Psychological First Aid during Crisis

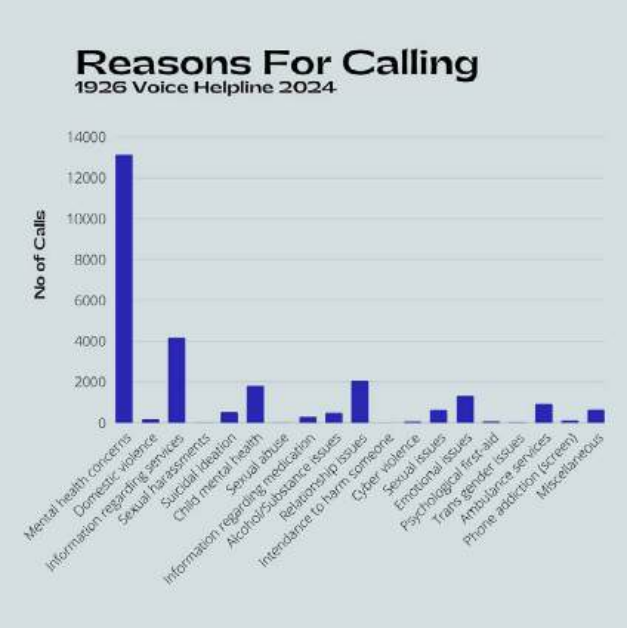
During the 2019 Easter attacks and the COVID19 outbreak, “1926” became a frontline responder, providing psychological first aid closer to the community, managing outreach clinics, and supporting medication programs.

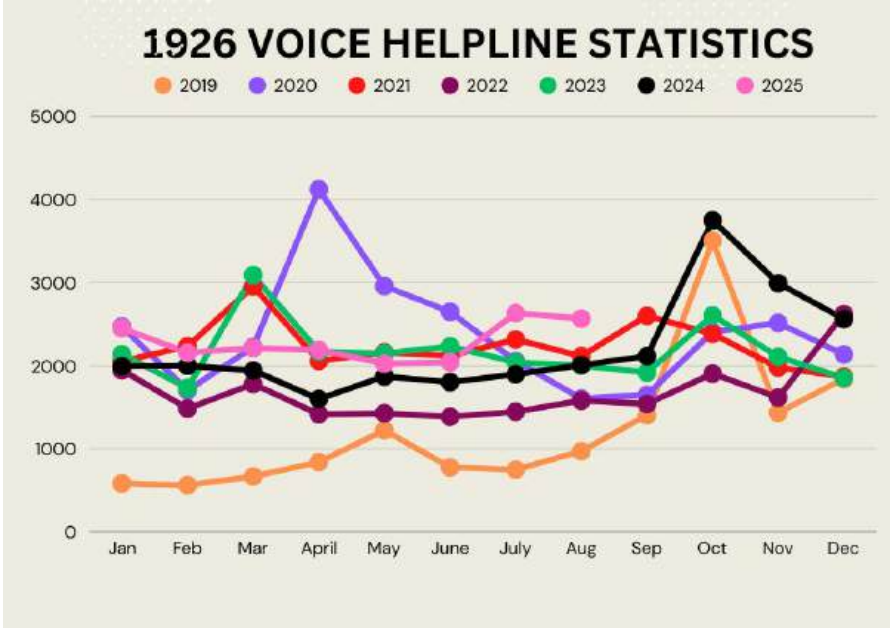
Sustaining the Lifeline

- Sustainability is built into the system—voice recordings, chat logs, caller sheets, and handover books ensure continuity and accountability
- Review meetings, daily and monthly statistics guide ongoing service improvements
- Regular training sessions update staff knowledge and enhance the quality of service
- Linking with the nearest district clinics provides close follow-up for individuals in need

Results that Speak Volumes

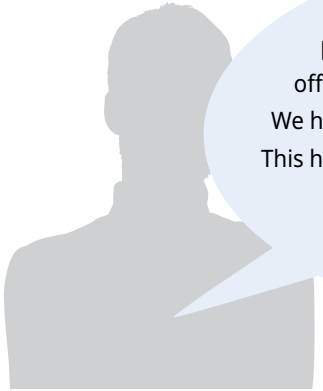
- Successfully supported over 2,500 cases round-the-clock, involving suicidal ideation
- The service facilitated more than 161,000 successful interventions, offering timely, confidential, and compassionate support to individuals in psychological distress
- The most frequently addressed concerns include depression, followed by anxiety disorders, relationship and sexual problems. Other common issues include substance use disorders, adjustment disorders, and child and adolescent mental health problems





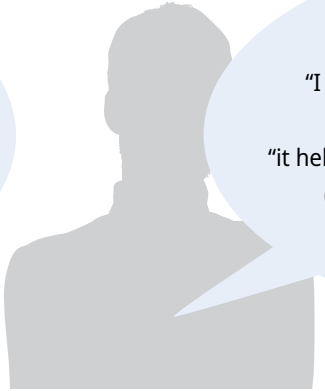
Voices of Key People

"One of my most impactful contributions has been the development of the 1926 National mental health helpline in 2018, which has since expanded to include SMS and digital platforms like Whats App.
(Consultant psychiatrist, Dr Pushpa K Ranasinghe)



"The 1926 helpline has become a trusted first point of contact for many individuals in acute distress, offering empathetic listening and timely crisis intervention. We have a clear process for handling calls, triage and follow up. This helps us calm urgent situations and guide callers to the right local support"
(Medical Officer In Charge 1926 helpline, Dr Charith Pathirana)

"I have six years of experience working with the Mental Health Helpline, where I have provided emotional support, counselling, and guidance to individuals facing crises such as suicidal risk and conflicts. I was also responsible for conducting risk assessments during Calls and doing necessary triage. I improved my skills in active listening, empathy, effective crisis intervention day by day"
(Nursing officer 1926 Helpline, MS. M G Sakunthala Malkanthi)



"I am thankful to NIMH helpline staff for talking with me"
"Talking helped change my state of discomfort"
"it helped me to continue and complete my degree programme"
(Extracted from a voluntary client feedback email)

Lessons from Listening

Lessons learned highlight the importance of tailoring counseling to literacy levels, fostering self-awareness, and using feedback to refine service delivery and enhance the quality of care. The helpline continues to evolve with every call.

Key Takeaways

It demonstrates how a toll free, confidential, and 24/7 service can bridge critical gaps in access to mental health services, especially during times of crisis. The helpline's success lies in its;

- **Multidisciplinary approach**
- **Decentralized reach**
- **Strong integration with community-based services**
- **Regular training, data-driven monitoring, close supervision**
- **Culturally sensitive communication**

The 1926 model underscores that compassionate, well-coordinated mental health support can be scaled nationally and serve as a blueprint for other countries seeking inclusive and resilient care systems

Road Ahead

As Sri Lanka strengthens its mental health infrastructure, the 1926 Helpline stands as a model of resilience, compassion, and innovation—ready to answer the next call for help.

1926

Beyond Borders: Sri Lanka's Dengue Expertise Goes Global

Sri Lanka has long battled dengue fever, with over 50,000 cases annually and outbreaks affecting every district. In 2009, the country faced a crisis with a case fatality rate (CFR) of 1%, exposing critical gaps in clinical management. Between 2009 and the present, Sri Lanka successfully reduced its CFR from 1% to less than 0.1% by 2022, driven by a combination of factors including improved infrastructure, skilled clinical staff, clinical guidelines, a death review process and targeted capacity-building efforts. The role played by the Epidemiology Unit of the Ministry of Health, the National Institute of Infectious Diseases (NIID) and all the clinicians and stakeholders involved in coordinating and providing guidance was crucial to this achievement. Recognizing the importance of sharing its hard-earned expertise, Sri Lanka launched a comprehensive training initiative to build clinical capacity nationwide and expanded it to foster regional collaboration.

Key Milestones on Sri Lanka's Path to Success

2009

- Facing the Outbreak

2011

- Support gained from clinical experts from Thailand for capacity building

2012

- Dengue Management Guidelines and Monitoring Charts Development

  Introduced inward PCV testing

2013

- Dengue Death Review Initiated
- Developed hospital infrastructure for dengue management (Dengue HDU)
- Training of Trainers (ToT) programme introduced for clinical management of dengue patients

2015

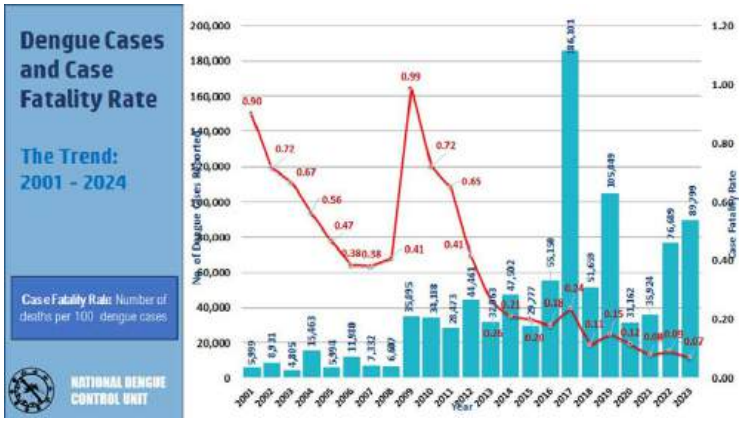
- Introduction of routine ultrasound scanning in dengue management practices to identify leaking
- Hands on training conducted in Sri Lanka for Consultant Physicians and Consultant Paediatricians by a group of clinical experts from Thailand

2017

- Maintaining a comparatively low CFR (0.24%) even during the biggest dengue outbreak (186,101 cases) witnessed in Sri Lanka up to now

2022 onwards

- Expanding the capacity building programme



Strategic Intervention: Tailored Training for Targeted Impact

A partnership between the National Institute of Infectious Diseases (NIID) and the National Dengue Control Unit (NDCU) initiated in 2022, led to the development of tailored comprehensive training programmes through rigorous needs assessment. The programme offers targeted modules—ranging from two-, three- and five-day workshops for medical officers and nurses to an intensive ten-day course for medical registrars. The training is delivered across government, private, military, police, and university hospitals, ensuring wide institutional reach. It is led by a highly experienced panel of dengue experts. The training is conducted for dengue management teams collectively rather than silos and has expanded to include international trainees enrolled either through WHO Regional Office support or via an open call through a self-funded pathway.

The training programme covers diagnosis, clinical management, case discussions, surveillance, outbreak investigation and response, and public health strategies. These are delivered through classroom discussions, bed-side teaching, hands on clinical/ Imaging/ laboratory training, simulation exercises and field level activities.

From Numbers to Narratives: Tangible Outcomes

- 1,361 medical and nursing officers trained
- 383 registrars completed intensive programs
- Trainees became institutional trainers, creating a ripple effect of excellence across the country
- In 2024, two international programmes of seven days' duration were conducted, with participants from Bangladesh, Bhutan, and Myanmar

Qualitative outcomes

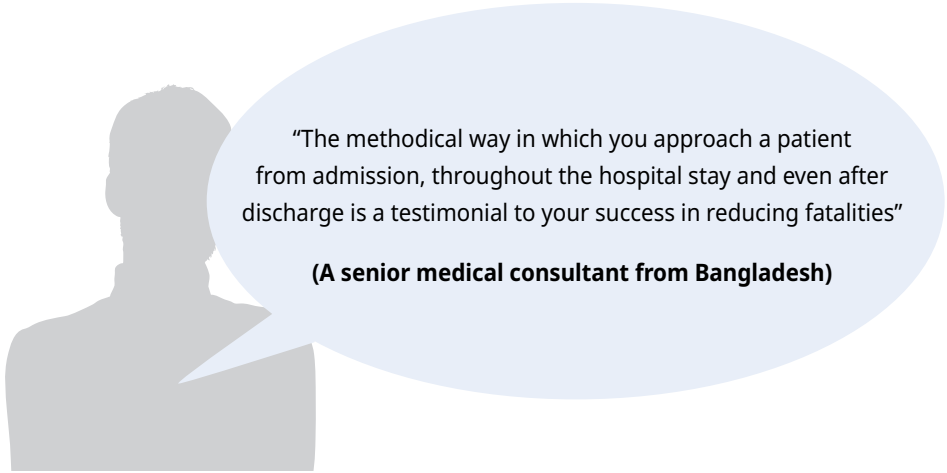
- Improved clinical decision-making and patient outcomes
- Strengthened collaboration between curative and preventive sectors
- Enhanced confidence and rapport between trainees and expert trainers
- Ongoing mentorship and peer-to-peer knowledge sharing
- Continuous reduction in CFR

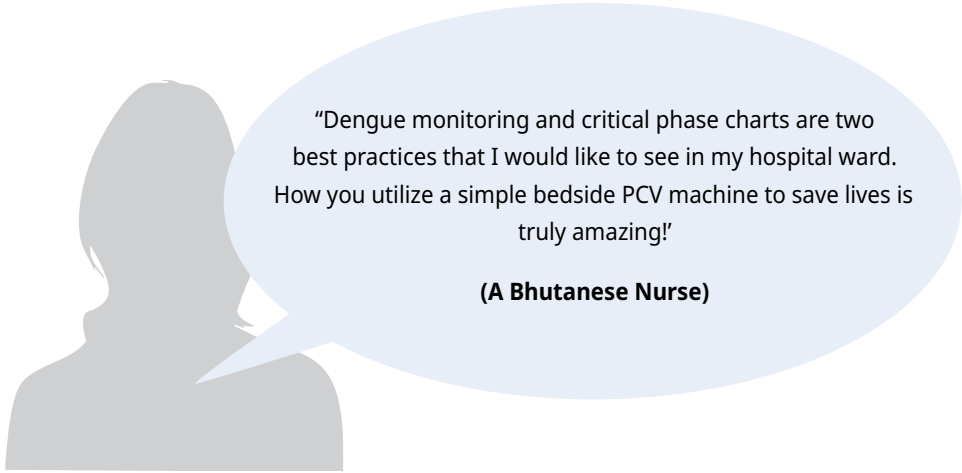
Sustaining Learning

- Follow-up sessions with trainees once they return to their countries to discuss local adaptations, difficult cases, challenges and practical solutions
- Creating a Community of Practice for the exchange of best practices among trainees from different countries and local experts

Impact Beyond Borders

“Testimonials from International Trainees”





From Local to Regional Success

- Trainees from Bangladesh contributed as expert resource personnel for the development of the Dengue Management Guidelines of Bangladesh, 2025
- Ministry of Health, Bangladesh adapted Sri Lanka’s low cost and effective bed side PCV monitoring and ultrasound scanning by procuring bedside PCV machines and ultrasound scanners for tertiary hospitals (Sri Lanka experts provided technical support)
- Bhutanese trainees conducted their country’s first ToT programme for dengue management

The Road Ahead: Excellence Without Borders

The current vision is to establish NIID as a regional hub in dengue management training. Plans include expanding research facilities, developing a financially self-sustaining training model, and continuing the enrolment of international participants in the training programmes. With continued collaboration between NIID, NDCU, (Sri Lanka Medical Association), and WHO, Sri Lanka is moving towards leading global efforts in dengue clinical capacity building.

This isn't just a national success—it's a blueprint for regional resilience and global health leadership.

A Model for Regional Hub in Dengue Clinical Training

Sri Lanka's dengue clinical management training programme is a solid example of how targeted capacity building can transform public health outcomes. From reducing mortality to becoming a regional training hub, this initiative reflects the power of a vision, collaboration, expertise and experience sharing.


World Health Organization

Victory to Vigilance

Sri Lanka's Malaria Surveillance Success

In 2016, Sri Lanka became one of the few tropical nations certified malaria-free by WHO—a victory earned through decades of relentless effort in vector control, case management, community engagement, sustained financing and political commitment. With competent mosquito vectors still present and with increasing international travel and migration, Sri Lanka remains vulnerable to re-establishment—especially through imported cases. In response, Sri Lanka committed to a proactive phase of high-sensitivity surveillance, rapid response, and strengthened intersectoral collaboration to safeguard its malaria-free status and support global elimination efforts. The success of malaria surveillance offers a valuable oppertunity to serve as a model for other vector borne disease surveillance systems, adavnacing the National Health and Welbeing Policy.

Key Milestones on Sri Lanka's Path to Success

1934-1935 — A devastating malaria outbreak

1963 — Near elimination

1967-1968 — Resurgence of malaria leads to a national epidemic

1994 — Introduction of Lambda-Cyhalothrin (Indoor Residual Spraying)

1996-1997 — Shift in IRS (Insecticide Residual Spraying) strategy to target spray (High risk areas)

2007 — ACT (Artemisinine Combined Treatment) introduced

2012 — Last indigenous case

2016 — WHO certification for malaria elimination

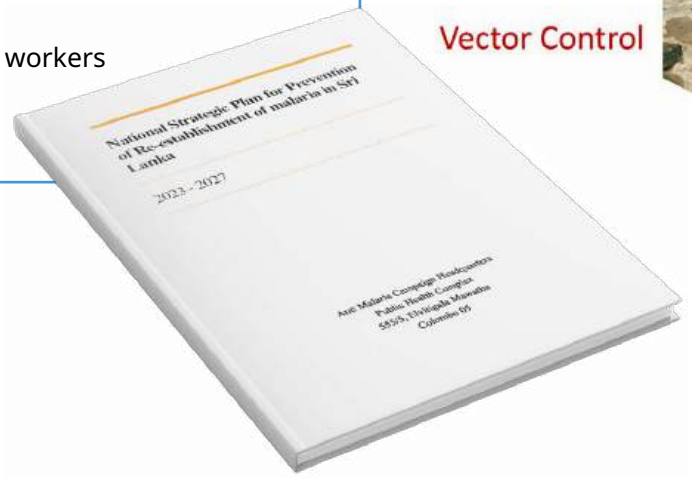
2018-2022 — The launch and rollout of the National Strategic Plan for Prevention of Reestablishment (NSP-PoR) of malaria 2018-2022

2023-2027 — Timely updating and rollout of NSP-PoR malaria 2023-2027

Strategic Shift

Sri Lanka launched its first national Strategic Plan for Prevention of Re-establishment (PoR) in 2018–2022 and updated it in a timely manner for 2023-2027 emphasizing that vigilance is essential. The Plan targets to address rising imported cases, diagnostic delays, and gaps in surveillance and implementation focusing five pillars:

- **Surveillance and Case Detection**
  Travel history screening integrated into routine fever assessments
  District-level surveillance teams trained in PoR protocols
  Real-time data reporting and analytics
- **Laboratory and Diagnostic Capacity**
  24/365 hotline system
  Rapid confirmation through microscopy and rapid diagnostic tests (RDTs)
  Strengthened lab networks across all districts
- **Intersectoral Collaboration**
  Coordination between health, immigration, military, and education sectors
  Joint response protocols for imported cases
- **International and Local Notification**
  Formal WHO reporting channels activated for imported cases
  Cross-border intelligence sharing to prevent re-establishment elsewhere
  Integration with National Health Policy
- **Community Engagement and Training**
  Continuous education for clinicians and frontline workers
  Public awareness campaigns in high-risk zones



A Real Time Test - July 2025 Case

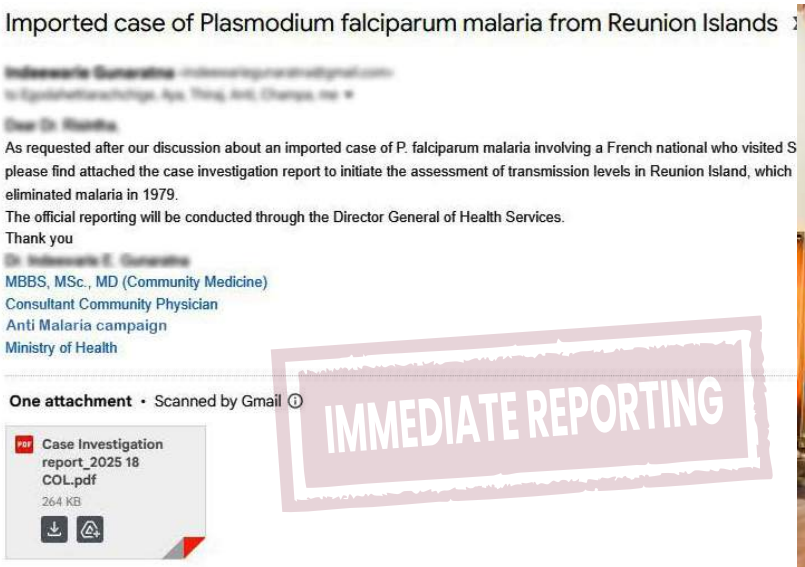
In July 2025, a 10-year-old French girl who had travelled from Reunion Island a malaria-free territory, was diagnosed with Plasmodium falciparum malaria in Sri Lanka.

The case was:

- detected within hours after first contact care through travel history screening
- confirmed rapidly by laboratory team at Malaria Campaign
- investigated thoroughly to assess exposure risk
- reported immediately to WHO, triggering an alert to Reunion Island

Results and Impact

No local transmission occurred. The case validated Sri Lanka's surveillance model as a global asset, protecting not just one country, but others at risk of re-establishment.



Imported case of Plasmodium falciparum malaria from Reunion Islands

[redacted]

[redacted]

As requested after our discussion about an imported case of P. falciparum malaria involving a French national who visited S please find attached the case investigation report to initiate the assessment of transmission levels in Reunion Island, which eliminated malaria in 1979.
The official reporting will be conducted through the Director General of Health Services.
Thank you

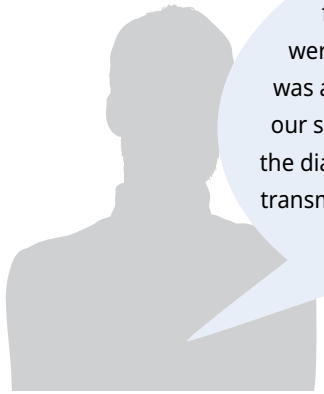
[redacted]
MBBS, MSc., MD (Community Medicine)
Consultant Community Physician
Anti Malaria campaign
Ministry of Health

One attachment • Scanned by Gmail

Case Investigation report_2025 18 COL.pdf
264 KB

IMMEDIATE REPORTING

Voices of the Team



"The patient was reported to the general practitioner within a few days arriving to Sri Lanka and although the features were not typical for malaria, considering travel history malaria was also suspected as a possibility. This case showed how quickly our surveillance system can respond—within hours we confirmed the diagnosis, initiated treatment, and contained the risk of onward transmission within the country and through WHO notified Reunion Island for early action"
(**Consultant Community Physician, Antimalaria Campaign (AMC))**

"The early suspicion by doctors at the medical camp and the rapid notification by the private hospital highlight the strength of awareness programs we have built across the health system."
(**Medical Officer, AMC)**

"Our immediate entomological survey reassured that there were no local Anopheles vectors around the hotel, confirming that onward transmission risk was minimal."
(**Entomologist, AMC)**

Key Takeaways

- **Elimination Is a Milestone, not a Finish Line:** Countries must invest in sustained surveillance to prevent re-establishment
- **Surveillance Is a Global Asset Systems:** Sri Lanka's system serve as early warning mechanisms for other nations
- **Imported Cases Are a Shared Risk:** In a connected world, malaria travels silently. Vigilance must be both local and international
- **Replicability Is Possible:** Sri Lanka’s model offers a blueprint for malaria-free and near-elimination countries

The Way Forward

Sri Lanka continues to invest in high-sensitivity surveillance, digital tools, intersectoral coordination, and regional partnerships. Vigilance is embedded in its health system and its legacy.

Sri Lanka’s journey from malaria victory to vigilance is a story of resilience, foresight, and global solidarity.

In public health, success is not just eliminating disease-it’s preventing its return

Assessments to Action

Sri Lanka's Systematic Approach in Health Security Planning and Implementation

Sri Lanka's longstanding commitment to health security dates back to 1897 with the enactment of the Quarantine and Prevention of Disease Ordinance, a legal framework that remained instrumental during the COVID19 pandemic by enabling swift public health and social measures. As a signatory to the International Health Regulations (IHR 2005), Sri Lanka was one of the first countries in South-East Asia to conduct a Joint External Evaluation (JEE) in 2017 and launch a five-year National Action Plan for Health Security (NAPHS) for 2019–2023. Sri Lanka continues to advance its implementation of the IHR through its second NAPHS 2024–2028. This phase builds upon a series of health security capacity assessments, translating evidence-based recommendations into targeted actions. It also integrates lessons learned from the COVID19 pandemic, aligns with updated global frameworks and accelerates progress through a triangulated, evidence-based approach.

Key Milestones on Sri Lanka's Path to Success

1897

- Quarantine and Prevention of Disease Ordinance was enacted

2005-2007

- IHR (2005) adopted by 58th World Health Assembly on 23rd May 2005
- It entered into force on 15th June 2007
- Sri Lanka is a signatory to IHR (2005)

2017

- First JEE

2018

- Developed First National Action Plan for Health Security (NAPHS 2019-2023) based on JEE recommondations

2019-2023

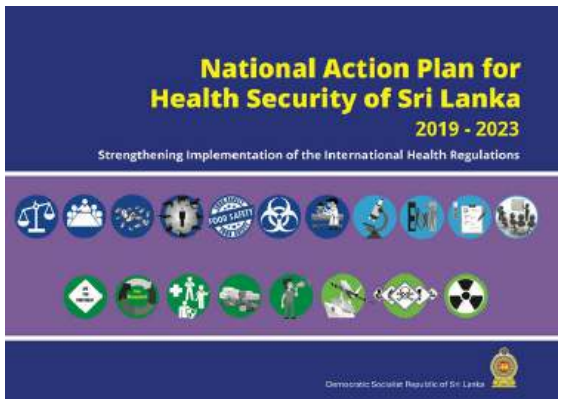
- Roll out of first NAPHS intiated. Planned implementation stagnated due to COVID pandemic respsnse

2023

- Post pandemic -IHR capacity assessemnts:
- February :IHR-PVS-NBW
- May :Risk profiling using strategic tool for assessing risk (STAR)
- July: PVS assessment
- Septemeber: second JEE

2024 onwards

- NAPHS (2024 2028) Strategic Plan and Two-Year Operational Plan development
- Launch of the e-NAPHS Platform for monitoring NAPHS implementation
- Resource Mapping (ReMap) to accelerate NAPHS implementation
- Rollout Initiated
- Sri Lanka's Strategic Approach to Health Security paved the way for receiving the Pandemic Fund Grant in 2024
- Global Advancements: Adoption of IHR Amendments and the Pandemic Agreement

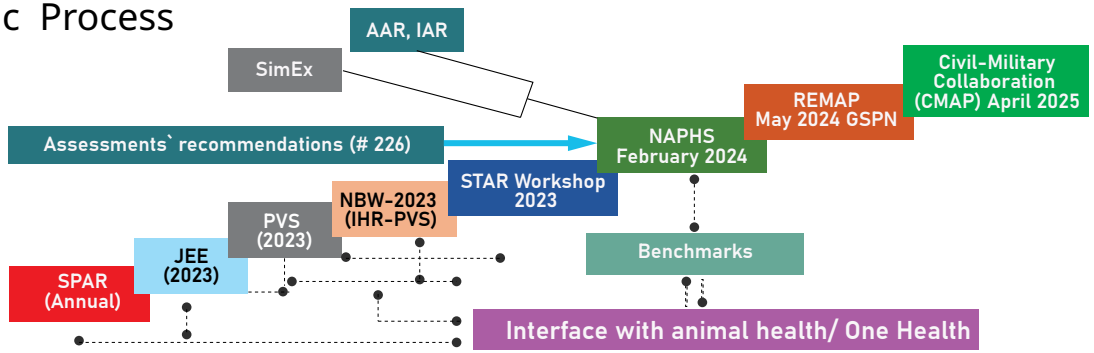


Building Back Better; From Crisis to Confidence

Joint Commitment

Ministry of Health ensures multisectoral stakeholder engagement throughout the process of strengthening health security capacities by working jointly with Department of Animal Production and Health, Ministry of Agriculture, Ministry of Environment, Central Environmental Authority, Disaster Management Centre-Ministry of Disaster Management, Triforces-Ministry of Defence, Civil Aviation Authority of Sri Lanka, Airport and Aviation Services (Sri Lanka) (Private) Limited, Sri Lanka Ports Authority Ministry of Finance, Sri Lanka Atomic Energy Regulatory Council, Department of Wild Life, National Aquatic Resources Research and Development Agency, and other relevant departments, World Health Organization Country Office, Regional Office for South East Asia (SEARO), Headquarters (HQ), other UN agencies and partners including World Bank, United Nations International Children's Emergency Fund, International Organization for Migration, Asian Development Bank, Food and Agriculture Organization, World Organisation for Animal Health, and others.

Systematic Process



Evidence Based, Risk Informed & Implementation Focused Planning

- A series of assessments conducted in 2023 laid the foundation for developing Sri Lanka's NAPHS 2024–2028:
  - The Performance of Veterinary Services (PVS) assessment identified key areas for strengthening veterinary services, while the IHR-PVS National Bridging Workshop (NBW) developed a roadmap to address collaboration gaps between human and animal health sectors
  - JEE provided evidence-based recommendations to enhance health security capacities across 19 IHR technical areas
  - Through the STAR Workshop, Sri Lanka conducted strategic risk profiling to identify priority hazards requiring national response. These insights informed a risk-based approach to NAPHS activity planning
- The planning process was guided by updated global frameworks, including the WHO Benchmarks for Strengthening Health Emergency Capacities, and was aligned with emerging regional and international best practices
- Sri Lanka developed a comprehensive five-year strategic NAPHS and a costed two-year operational plan (2024–2025) and launched the e-NAPHS platform
- Notably, Sri Lanka became the first country in the South-East Asia (SEA) region to conduct a formal Resource Mapping (ReMap) workshop following the NAPHS development—an initiative aimed at accelerating implementation through targeted resource alignment

Strong Governance & Implementation Monitoring

- The NAPHS process in Sri Lanka is led by the Director General of Health Services and overseen by the Deputy Director General of Public Health Services 1 (DDG/PHS 1), with the Quarantine Unit and Epidemiology Unit of the Ministry of Health serving as IHR co-national focal points. Implementation is supported through shared ownership by multisectoral stakeholders
- Sri Lanka is the first country to use the e-NAPHS platform as a planning tool, featuring a real-time progress monitoring system integrated with a dynamic dashboard
- This digital monitoring system is further reinforced by an annual NAPHS progress review to ensure accountability and continuous improvement
- At the technical level, each unit head is responsible for tracking implementation progress within their scope. At the ministerial level, department heads or lead stakeholders are expected to monitor NAPHS activities through their respective institutional monitoring systems
- Oversight and strategic direction are provided by the IHR Steering Committee, ensuring alignment with national priorities and international standards

Implementation in Progress

- Implementation of planned activities under the 2024–2025 NAPHS operational plan is progressing steadily
- Key highlights include legal mapping and analysis relevant to IHR requirements, updating national health accounts and capacity building for health emergency operation centers while many other activities remain on track
- A systematic approach and clear road map to enhancing health security capacities-paved the way for Sri Lanka to be selected for the Pandemic Fund grant in 2024
- Sri Lanka's experience in developing and implementing NAPHS 2024–2028 has been showcased as a best practice intervention at multiple WHO forums

Key Takeaways

- **Strong leadership and commitment** ensure continued progress
- **Multisectoral engagement** is key to sustainability
- **The One Health approach** strengthens collaborative action
- **Comprehensive assessments** guides evidence-based action
- **Risk profiling** leads to risk-based prioritization
- **Global alignment** integrates the latest advancements
- **Integrated monitoring** supports continued progress
- **Operational planning** embeds an iterative process to be responsive to changing contexts
- **A clear road map** enhance the confidence of funders

Sri Lanka's journey stands as a powerful example of how evidence-based planning, multisectoral collaboration, and global alignment can transform health security systems—building back better and fostering lasting resilience.


Strategic Toolkit for Assessing Risks (STAR) Workshop
16-18 May 2023
Sri Lanka


Strategic
Toolkit fo
Assessin
Risks


IHR-PVS National Bridging
Workshop
21 - 23 February 2023
#RoadtoOneHealth


INTERNATIONAL HEALTH REGULATIONS (2005)
JOINT EXTERNAL EVALUATION OF THE IHR CORE CAPACITIES OF SRI LANKA
4-8 September 2023 | Colombo, Sri Lanka


P3.1. National IHR Focal Point functions


REMAP
RESOURCE MAPPING
FOR HEALTH SECURITY
PREPAREDNESS
20-22 May 2024
Colombo-Sri Lanka

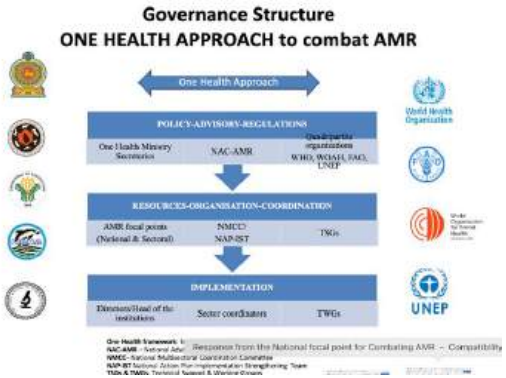

Implement
Implement
Implement
Capacity Building for Health Emergency Operatin
Centers June 2024
ONE HEALTH
ZOONOTIC DISEASE PRIORITIZATION
SRI LANKA
21-23 AUGUST 2024

The Silent Shield

Sri Lanka's Strategic Antimicrobial Resistance (AMR) Surveillance Model

AMR is one of the most pressing global health threats, responsible for an estimated 5 million deaths in 2019, including 1.27 million directly attributable to resistant infections. Sri Lanka, like many nations, has faced the growing burden of AMR across its healthcare system. Between 2018 and 2024, resistance levels showed only modest declines—third-generation cephalosporin-resistant Escherichia coli dropped from 67% to 62.2%, while methicillin-resistant Staphylococcus aureus (MRSA) prevalence fell from 57.4% to 43.2%. These figures underscore the urgent need for a robust, systematic surveillance mechanism to guide targeted interventions and policy decisions.

Key Milestones on Sri Lanka's Path to Success



2009-2013 Pilot Phase

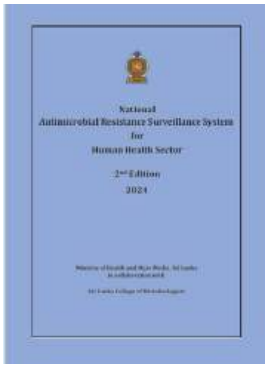
- Initiated blood culture surveillance in 7 hospitals
- Focused on standardizing lab methods and building technical capacity

2011-2016 Expansion Phase

- Surveillance scale up to include urine isolates
- Adopted WHONET global software for standardized data capture
- Began Isalndwide reporting to Ministry of Health

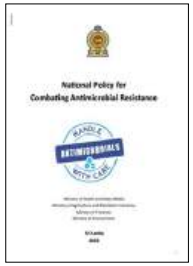
2017 onwards Strategic National Rollout

- Launched first National Strategic Plan for AMR 2017-2022 and updated on time for 2023-2028 along with a 2 year costed operational plan
- Designated 25 sentinel labs across all provinces
- Started quarterly data collection and formal reporting to global systems



2024-2025 Advanced Integration

- Included fungal surveillance and antimicrobial consumption reporting
- Extended sentinel network to 29 hospitals by 2025

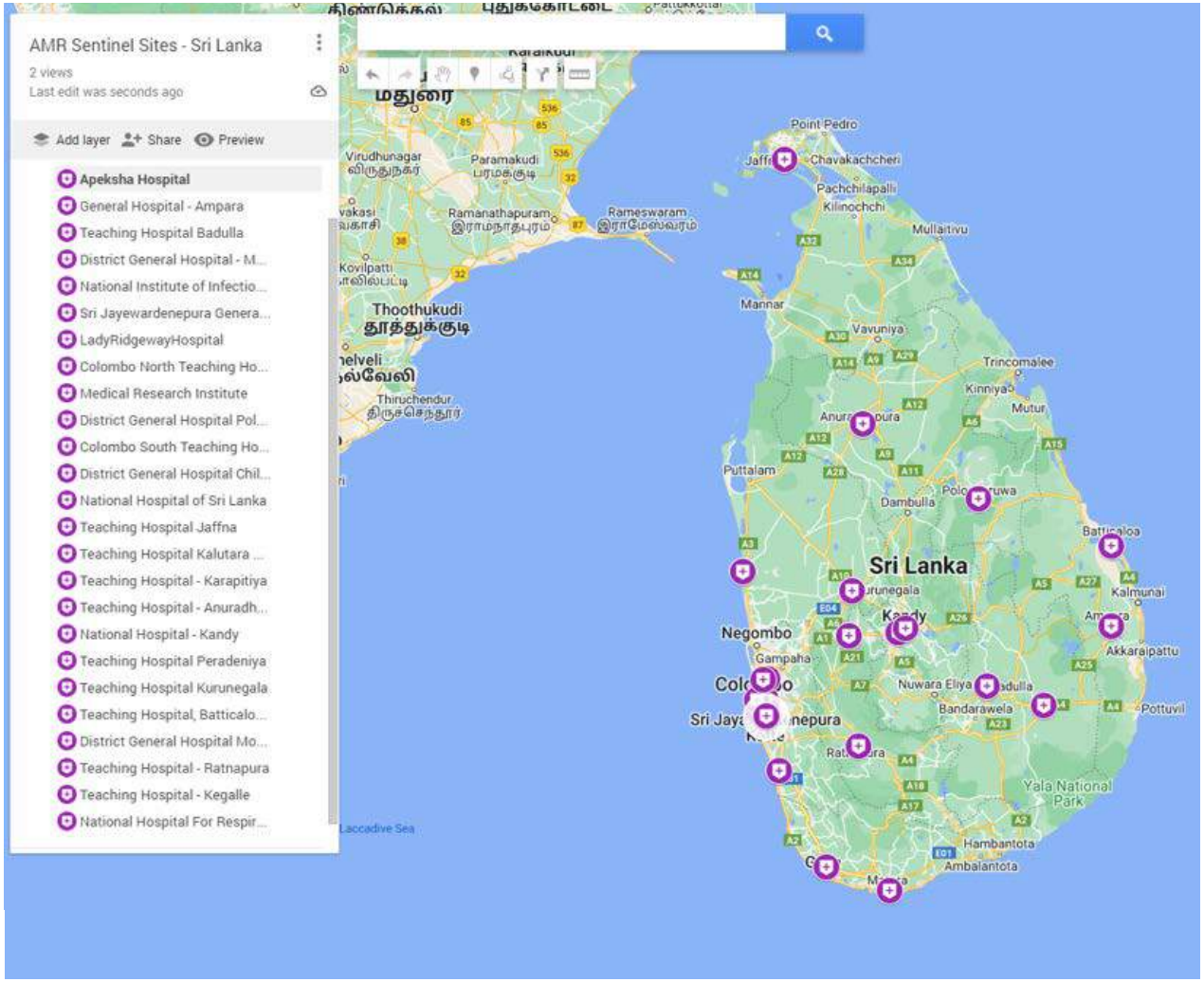


Building a National Shield in Phases

Pilots to Policy:

Sri Lanka launched a phased, data-driven intervention rooted in collaboration, standardization and global alignment to establish an AMR surveillance system. The process began with pilot blood culture surveillance in seven hospitals in 2009. This initiative expanded to include urine isolates through the National Laboratory-Based Surveillance of Antimicrobial Resistance (NLBSA) project and aligned with global frameworks, including the implementation of WHONET for standardized data collection and reporting. By 2017, the country formalized its approach with a National Strategic Plan, establishing 25 sentinel laboratories across all nine provinces, each equipped with trained staff, quality assurance systems, and quarterly reporting protocols. The surveillance system evolved to include fungal pathogens and antimicrobial consumption, transforming fragmented laboratory data into a unified national defence.

AMR Surveillance Network



Sri Lanka in Global Alignment

- **CLSI Standards:** Clinical and Laboratory Standards Institute (CLSI) protocols for antimicrobial susceptibility testing (AST) were adopted to ensure international consistency and reliability
- **WHONET Software:** WHONET was implemented for standardized laboratory data capture and analysis, aligning with global data management practices
- **WHO GLASS Enrolment:** Sri Lanka joined the Global Antimicrobial Resistance Surveillance System (GLASS) in 2018 and began submitting national AMR data in 2019
- **WHO Global Action Plan (GAP AMR):** A National Strategic Plan (2017–2022) was developed and launched, aligned with WHO's GAP AMR 2015, incorporating a One Health and multi-sectoral approach. The second edition (2023-2028) was timely updated and launched, along with a costed operational plan (2024-2025)
- **WHO AWaRe Classification Integration and AMR Stewardship Guideline:** Integrated to guide rational antibiotic use
- **NEQAS:** Participation External quality assurance was ensured through participation in National External Quality Assessment Schemes (NEQAS), supporting global standards in laboratory performance

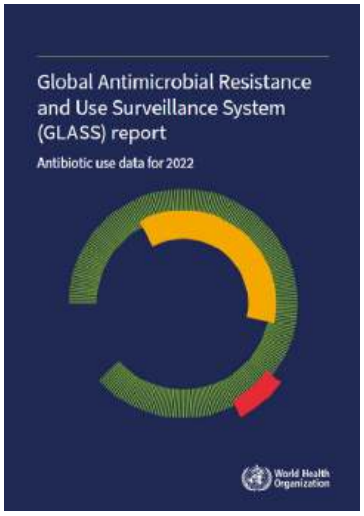
Collaboration is the Key

- **Deputy Director General, Laboratory Services Unit, Ministry of Health:** Acted as the national focal point for AMR, facilitating policy integration, data reporting, and alignment with WHO's Global Action Plan
- **Sri Lanka College of Microbiologists (SLCM):** Led the initial pilot phase of the Antibiotic Resistance Surveillance Project (ARSP), providing technical leadership and laboratory expertise
- **National Reference Laboratories (Medical Research Institute):** Provided training, quality assurance, and oversight for sentinel sites, ensuring standardized practices across the country
- **Hospital Networks:** Government, university, and private hospitals contributed data and participated in surveillance, expanding the reach and diversity of resistance monitoring
- **Public Health and Veterinary Sectors:** Collaborated under the One Health framework to support multisectoral surveillance and stewardship efforts
- **Other Ministries:** The Ministry of Agriculture, Ministry of Fisheries and Ministry of Environment also partnered in the surveillance effort
- **WHO and other partners:** Continued guidance and support from WHO and other partners were instrumental

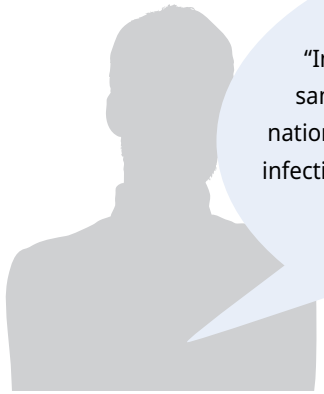
Data to Impact

Data that Drives Decisions

- Quarterly reporting of blood and urine resistance data was targeted
- Candida bloodstream infection (BSI) and antimicrobial consumption surveillance in the animal sector enriched the data landscape
- AMR surveillance data now informs national stewardship tools, including AWaRe classification, prescription charts, and updated treatment protocols
- Sri Lanka AMR surveillance data also informs global response through data reporting to GLASS (since 2019), UN SDG indicator database and InFARM (Food and Agriculture Organization-FAO)

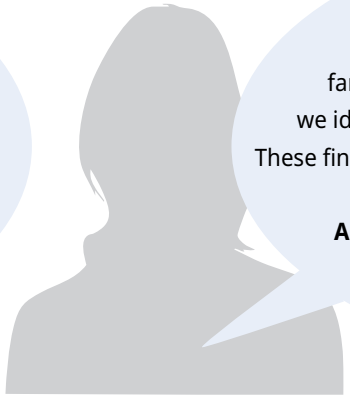


The Voices of the Team



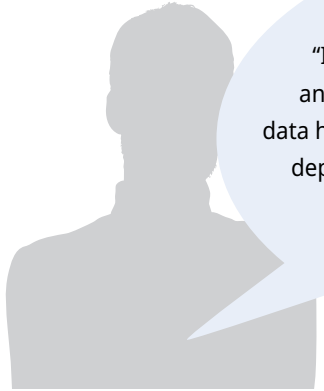
"In our hospital laboratory, we routinely culture patient samples and share antimicrobial resistance data with the national AMR surveillance system. This helps us track resistant infections like carbapenem-resistant Klebsiella and guides us in adjusting treatment guidelines for patients."

Human Health (Clinician /Microbiologist)



"We collect and test samples from poultry farms for E. coli and Salmonella. The resistance trends we identify are reported to the veterinary public health unit. These findings support decisions to reduce the misuse of antibiotics in livestock production."

Animal Health (Veterinary Officer/ Poultry Sector)



"In shrimp aquaculture, we monitor for Vibrio species and test for antimicrobial susceptibility. Our surveillance data helps us advise farmers on better biosecurity and reduced dependency on antibiotics, ensuring both food safety and compliance with export standards."

Aquaculture (Fisheries Scientist/ Shrimp Farms)

"We analyze water samples from rivers near sewerage drains, effluent sites and livestock farms to detect multidrug-resistant bacteria. This provides early warning signals on environmental contamination and strengthens intersectoral action to control AMR spread."

Environment (Environmental Scientist – River Basin Study)

Key Takeaways

- **Start Small, Scale Smart:** Begin with standardized pilots and expand incrementally
- **Align Globally:** Use international frameworks like CLSI, WHONET, GLASS, and AWaRe to ensure data comparability
- **Invest in Capacity:** Strengthen human resources, laboratory infrastructure, and external quality assurance
- **Think Beyond Bacteria:** Include fungal pathogens and antimicrobial consumption for a complete surveillance picture
- **Coordinate Across Sectors:** Embrace a One Health approach to unify human, animal, plant and environmental health efforts

Challenges

- Over-the-counter access and misuse of antibiotics
- Limited diagnostic capacity in primary care
- Resource constraints for sustaining antimicrobial surveillance nationwide
- Need for stronger private sector engagement

Way Forward

- Strengthening integrated national AMR surveillance (human, animal, plant & environment)
- Expanding AMS to regional & private hospitals and community level
- Enhancing diagnostic stewardship
- Continuing public education and behaviour change communication to enhance awareness on AMR

A Model for Regional Excellence

Sri Lanka's journey offers a structured model for countries aiming to build AMR surveillance systems.





Nurses at your Doorstep

Sri Lanka's Novel Public Health Approach for Non-Communicable Diseases (NCD)

Sri Lanka’s aging population and increasing burden of non-communicable diseases have led to increased morbidity, disability, and complications. The rising treatment costs, frequent hospital admissions, and overcrowding at tertiary and secondary healthcare institutions have increased the burden of care on the health system, patients and families. A patient-centred, integrated primary health care approach with home-based support, empowering families and easing the burden on hospitals is needed to improve treatment compliance, patient satisfaction, quality of life and health outcomes. In response, Sri Lanka initiated an innovative approach to NCD care bridging institutional care and home-based support which is gradually expanding island wide.

Key Milestones on Sri Lanka's Path to Success

2017-2023

- Public Health Nursing Officers (PHNOs) were recruited, trained and deployed

  1st batch 84
  2nd batch 74
  3rd batch 84

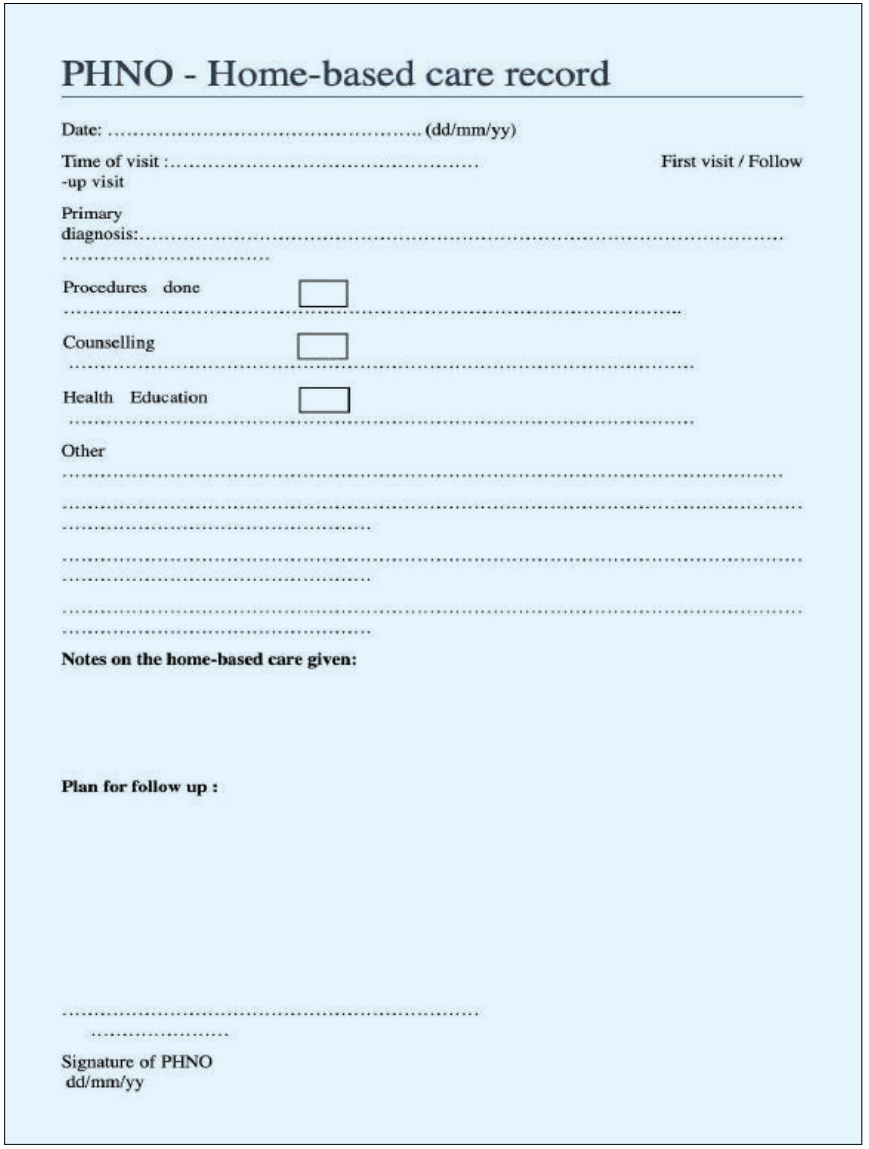
2024

- Integrated monitoring and evaluation sytem developed for service delivery
- Record keeping formalized
- National and district performance reviews initiated

2025 onwards

- Stepwise recruitment of PHNO and training continued

  4th batch 92



PHNO - Home-based care record

Date: ..... (dd/mm/yy)

Time of visit :..... First visit / Follow -up visit

Primary diagnosis:.....

Procedures done ☐

Counselling ☐

Health Education ☐

Other

Notes on the home-based care given:

Plan for follow up :

Signature of PHNO
dd/mm/yy

Building the Backbone

Sri Lanka created a new cadre of systamatically trained PHNOs, carefully selected, by both clinical and public health teams with the target of assigning one PHNO to each primary medical care unit (PMCU) island-wide. A total of 242 PHNOs were recruited and trained to deliver both institutional and home-based care to individuals residing in areas empanelled under Primary Medical Care Institutions (PMCI). The medical officer in charge of PMCI serves as the immediate supervising officer, while Directorate of Non-Communicable Diseases provides technical support, coordinates and conducts capacity building sessions and oversees review processes.

Delivery of Care

Institutional care:

- Screening for NCDs and risk factors through Healthy Lifestyle Centers
- Brief interventions for tobacco and alcohol cessation
- Management of overweight and obese patients
- Nutrition counselling
- Physical activity and mental health promotion: aerobic exercise sessions, yoga and meditation sessions
- Palliative care : pain management, family and patient counselling

Home based care:

- NCD Care: risk factor assessment, monitoring NCD control, lifestyle modification, nursing care for patients living with NCDs, compliance support
- Palliative care: comprehensive care for patient and caregiver
  - Caregiver training to support patient care
  - Bereavement care.
  - Family and patent counselling in a home setting
  - Nutrition care: support for feeding and care
  - Pressure sore prevention and management
  - Ostomy care
- Basic care of elders and persons with disabilities

Results in Progress

Support feeding care (NG feeding) at home

Health education at PMCI

NCD screening at comiunity level

Healthy lifestyle promotion at PMCI

Ostomy care at home

Key Takeaways

- **Integrated Care :** Bridging institutional services with home-based support improves access, continuity, and patient outcomes
- **Community Nursing :** Delivering nursing care at the community level is both achievable and impactful, even in resource-limited settings
- **Family Involvement :** Engaging caregivers enhances patient compliance, satisfaction, and overall well-being
- **Resilient Workforce :** Despite challenges, PHNOs adapt through training, innovation, and strong community commitment
- **Scalable Model :** Stepwise implementation make a difference

Navigating Challenges to the Future Ahead

Despite constraints in human and financial resources, challenges in referral systems, geographical locations, and transport facilities, the program continues to evolve through adaptive strategies and strong community commitment. With ongoing innovation and improvement, Sri Lanka embraces a Human Right Based Approach to shaping a future where every citizen receives dignified, inclusive, and accessible care — close to home.

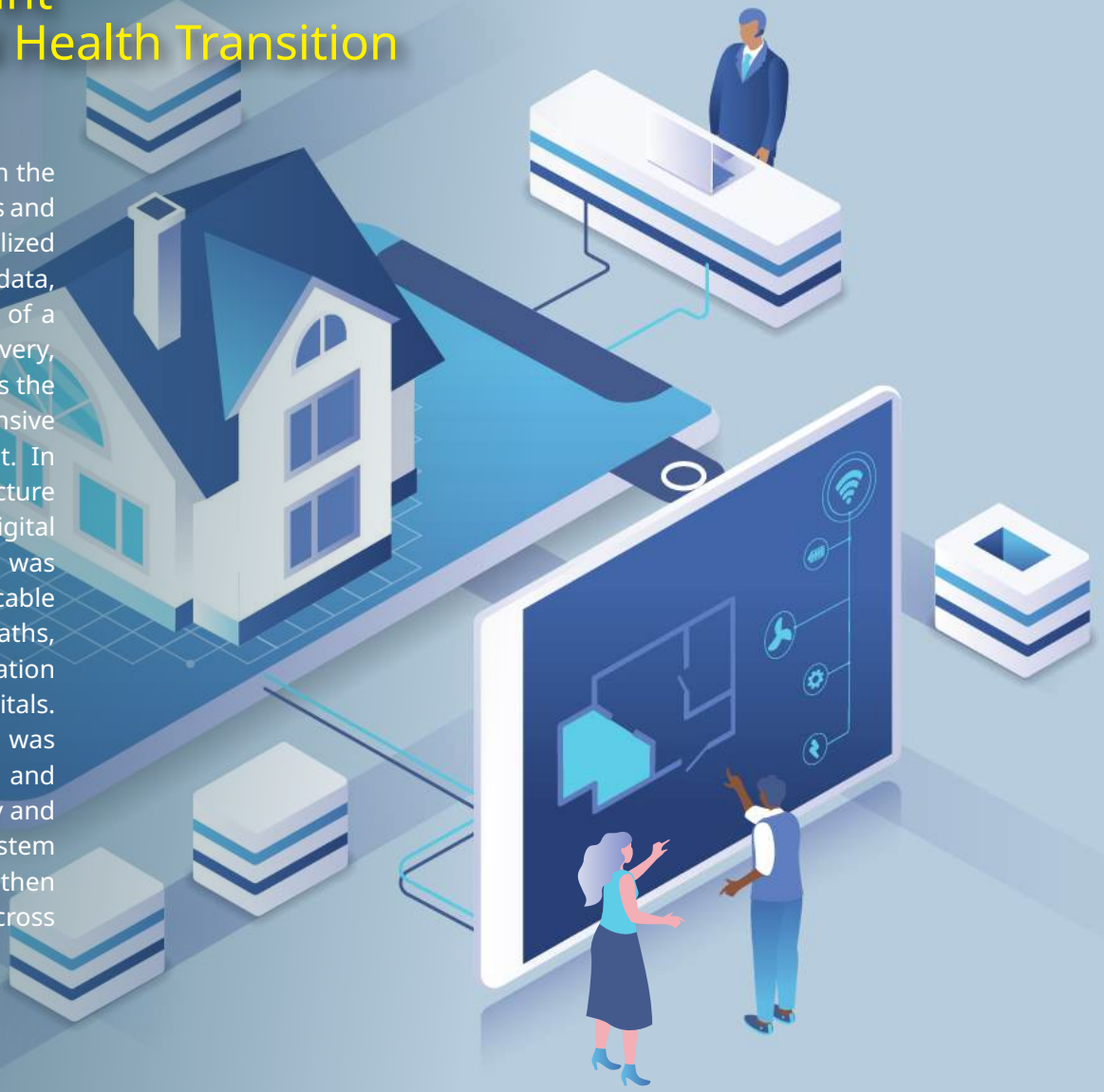
Communities empowered to engage in health promoting activities

Health education in community settings

Digital Health in Action

Sri Lanka's Digital Health Blueprint - A Platform for Seamless Digital Health Transition

Sri Lanka’s digital health journey began two decades ago with the introduction of standalone digital applications across hospitals and public health programmes. While these systems delivered localized improvements, they operated in silos, resulting in fragmented data, duplicated efforts, and limited interoperability. The absence of a unified framework posed significant challenges in service delivery, data-driven decision-making, and national health planning. As the demand for coordinated care grew, the need for a comprehensive digital transformation strategy became increasingly urgent. In response, Sri Lanka developed its Digital Health Architecture Blueprint envisioning an interconnected and interoperable digital health ecosystem tailored to national needs. This urgency was further amplified by the rising burden of non-communicable diseases (NCDs), which account for an estimated 75% of deaths, the need to adapt to a rapidly aging population, underutilization of primary-level facilities and overcrowding in tertiary hospitals. To address these challenges, the primary healthcare system was reorganized to optimize existing infrastructure, systems, and human resources — with a focus on improving cost-efficiency and service delivery. In 2024, a cluster-based digital health ecosystem was designed and piloted to enhance service quality, strengthen public confidence in primary care, and improve efficiency across both curative and preventive health services.



Key Milestones on Sri Lanka's Path to Success

2009

Digital-enabled doctors: Launch of the MSc in Biomedical Informatics, laying the academic foundation for health informatics course.

2011

Digital Health applications for health statistics

Introduction of e-IMMR (Electronic Indoor Morbidity and Mortality Reporting), now covering 95% of state hospitals

2014-2015

Electronic Patient Records: Initiation of HHIMS (Hospital Health Information Management System), currently active in 100 hospitals, and HIMS (Hospital Information Management System) in an additional nine hospitals.

2016 -2017

Launch of national e-health standards and guidelines.

Publication of the National Policy on Health Information, including digital health.

Establishment of Health Informatics as a recognized medical specialty, accelerating professional capacity in digital health.

Deployment of eRHMIS (electronic Reproductive Health Information Management System) at the Family Health Bureau, based on DHIS2 software

Initiation of Health Informatics as a Medical Specialty

2020

2020-Covid immunization tracker development development and island wide implementation based on DHIS2-globally appreciated

2021

Streamlining Digital Health: Ministry of Health initiated the Digital Health Blueprint using an enterprise-architecture approach to unify fragmented systems supported by heath informatics community followed by the support from multiple stakeholder engagement to refine the zero draft

Financial and technical partnerships; Global fund/WHO and other partners and UN agencies

2023

Completion and Endorsement of Digital health Blueprint

2024 onwards

Blueprint into Action: Stepwise operationalization of digital health blue print with the support from United Nations Office for Project Services (UNOPS)

Hospital digitalization

Primary Care Cluster Health Information System (Cluster HIS) linking primary healthcare institutions with an apex secondary care facility

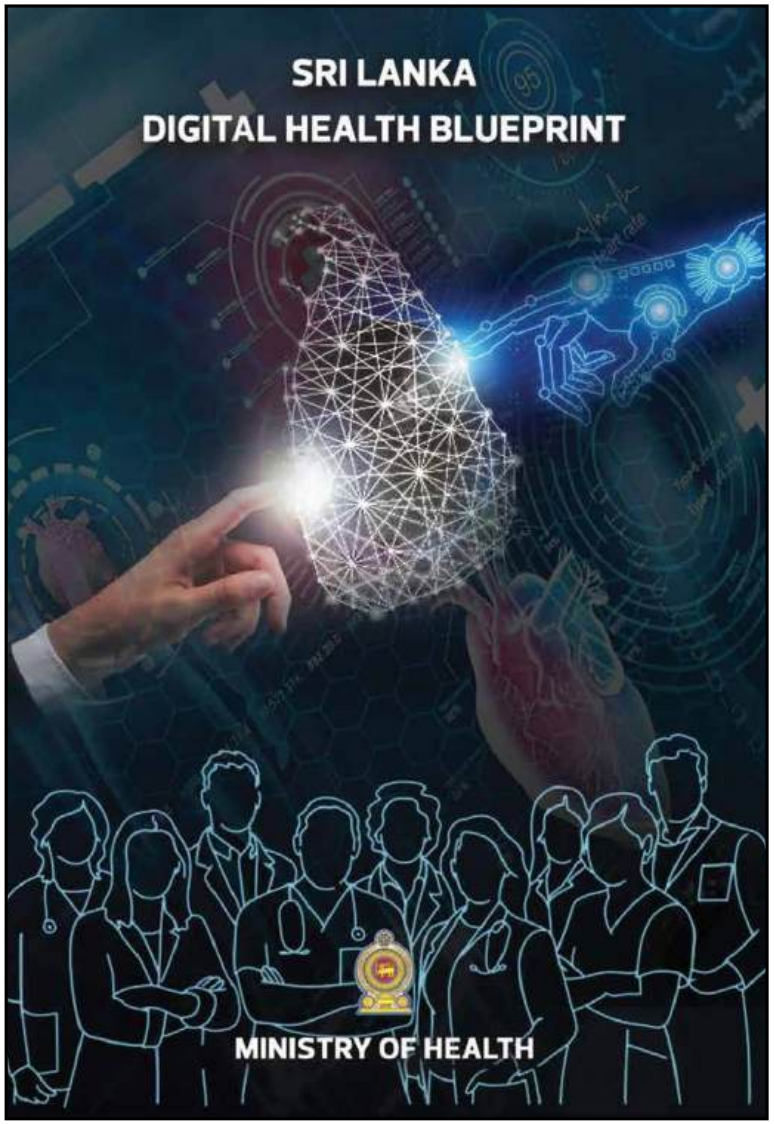
Building the Blueprint

Sound Methodology:

In 2021, the Ministry of Health (MoH) initiated a multi-year initiative to develop the Digital Health Blueprint, applying an enterprise-architecture approach to map fragmented information systems, identify gaps, and design a scalable, interoperable framework-adapting "The Open Group Architecture Framework" (TOGAF) methodology and aligned with Open Health Information Exchange (OpenHIE) principles. Through iterative design sprints and provincial consultations in 2022, the blueprint was refined and benchmarked against global best practices.

Collaboration Matters:

The effort was led by Health information Unit, National eHealth Committee comprising clinicians, public health specialists, health informatic specialists, ICT technologists, representatives from hospital and preventive health programme directors, academia, representatives from private sector, professional colleges, the Information Communication and Technology Agency (ICTA), Sri Lanka Computer Emergency Readiness Team (SLCERT), other relevant Ministries along with technical experts from WHO, Global Fund and other partners.

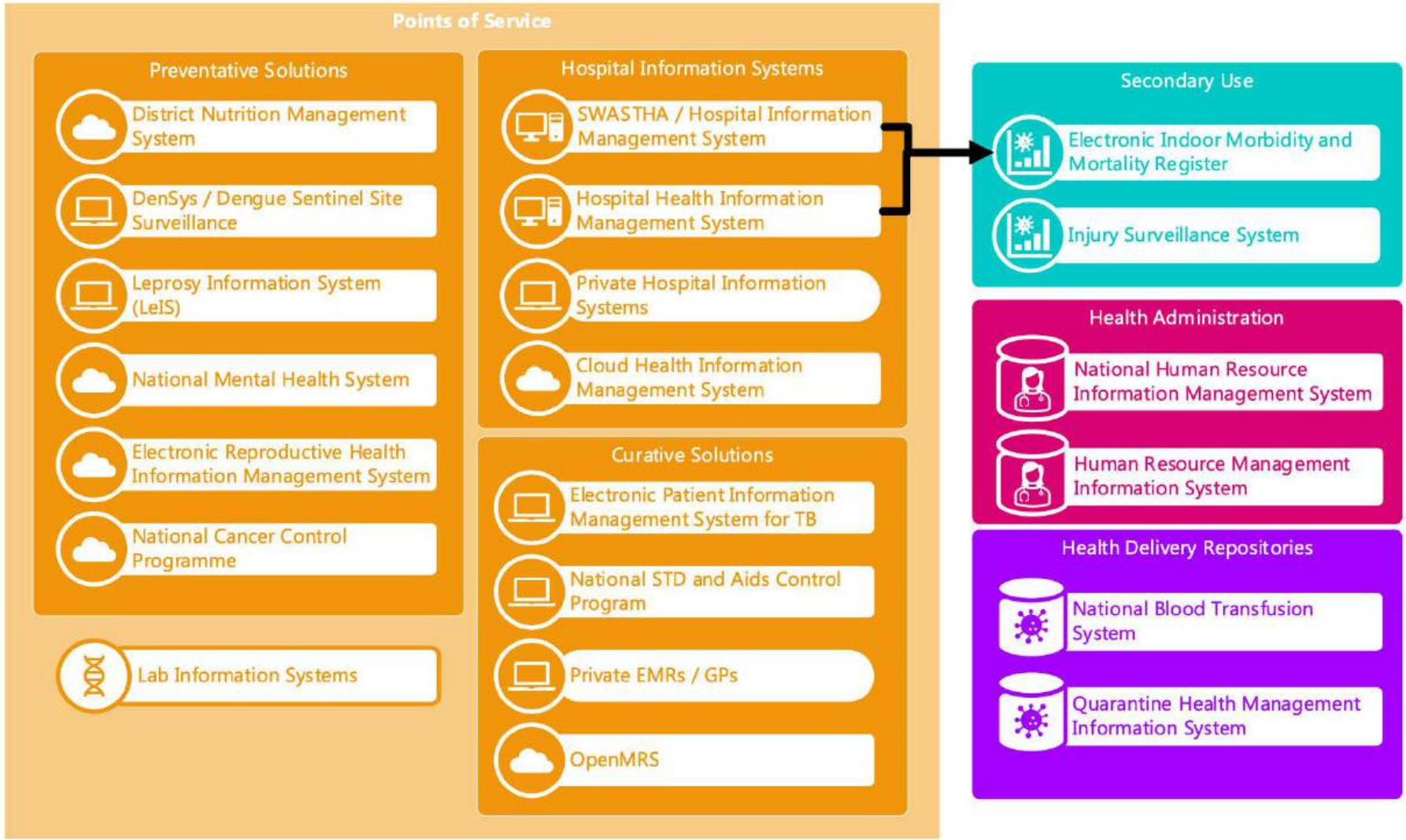


Empowering Workforce:

Academic milestones: Introducing MSc in Biomedical Informatics (2009) as a postgraduate stream for medical officers and the recognition of Health Informatics as a medical specialty in 2017 have helped build a skilled workforce to lead this transformation.

The Mission Achieved:

Sri Lanka's Digital Health Blueprint was officially published in 2023 as a dynamic reference to guide national digital health maturity and integration.



Current Application Architecture State (Blueprint Nomenclature)

Implementation in Action

- OPDs and Clinics of 135 hospitals are digitally transformed using electronic medical record (EMR) system
- HHIMS operates in 110 hospitals while advanced HIMS operates in nine hospitals
- Public health programmes utilize DHIS-2 based information management systems such as eRHIMS
- e-IMMR currently covers 95% of state hospitals
- Primary care institutions are piloting OpenMRS-based Primary Care Cluster Health Information System (Cluster HIS) in selected settings

Key Takeaways

- The blueprint provides technical clarity and guides future roadmaps
- Multidisciplinary collaboration is essential
- Low-cost local innovations are effective
- **Open-Source product adoption ensures sustainability**
- Phased realization leads to lasting implementation
- **Local capacity is a strength**
- The blueprint advocates and aligns donor funding with national priorities

The Future Ahead

Sri Lanka's Digital Health Blueprint is a living roadmap guiding the nation toward smarter, connected, people-centric health system. A model for the world, built on collaboration

Breath of a Nation

Sri Lanka's Strategic Oxygen Management during COVID19 Pandemic

Sri Lanka's health system faced an unprecedented public health emergency with over 671,000 confirmed cases and 16 808 deaths by 2022 during the COVID19 pandemic. The third wave, driven by the Delta variant, led to a surge in hospital admissions and oxygen therapy needs - nearly 3500 oxygen dependent patients were managed per day in ICU, HDU, and inpatient setups at all levels of care. The Ministry of Health Sri Lanka reassessed its oxygen supply chain and applied a strategic approach to ensure optimum stocks, equitable access, preventing wastage, and building a resilient oxygen management system to address the rising need.

Key Milestones on Sri Lanka's Path to Success

2020-2023

- Reassessment of existing production, storage and delivery capacity for oxygen within the country at the early stage of the pandemic
- Demand forecasting based on lessons from different scenarios observed in other countries
- Strategic management of oxygen throughout the pandemic by enhancing production, storage, availability and efficient delivery to patients

Strategic Overhaul

Scenario based forecasting for the demand was applied for three different levels of caseloads; if low caseloads continued or increased to moderate or worst-case scenarios experienced by other countries at the time of analysis. It enabled the country to take proactive actions to prevent oxygen shortage. Real-time data on oxygen availability and utilization was received through the Health Information Update System and pilot intervention such as mobile app for hospitals informed timely decision making.

Rational Use and Training

Healthcare workers were trained for clinical vigilance and efficient oxygen use. Updated guidelines prevented irrational use and wastage. Home-Based Care was introduced for mild cases, easying pressure on hospitals.

Reducing Demand- Preventive Measures

Strong public health messaging, community engagement, high vaccination coverage, restrictions on non-health oxygen utilization and legal measures helped reduce COVID transmission and case severity, thus lowering oxygen demand.

Expanded Infrastructure- Optimized Supply Chain

- Hospitals expanded ICU/ HDU capacity and wall oxygen outlets at hospitals including general inward setups
- 234 COVID19 care centers were activated across the country.
- Sri Lanka's oxygen production capacity and availability were assessed and enhanced through;
  - Partnerships with manufacturers to boost national oxygen output
  - Established additional Pressure Swing Adsorption (PSA) plants
  - Providing bedside oxygen concentrators for decentralized access
  - Importing contingency liquid oxygen for uninterrupted supply
- Expanded oxygen storage and carrying capacity
  - Installing mega oxygen storage tanks at strategically identified hospital settings
  - Increasing cylinder stocks
- Improved transport, and delivery infrastructure across the health system
  - Equitable distribution of oxygen cylinders, concentrators, BiPAP, CPAP machines and other relevant equipment
- Enhanced buffer stocks and emergency reserves to prevent supply disruptions

Results that Saved Lives

Sri Lanka maintained a low mortality rate. No district was left behind. No single death due to oxygen shortage was reported. The oxygen supply chain management system proved resillient, equitable and cost effective.

A Breath of Hope

From crisis to triumph, Sri Lanka's oxygen strategy during COVID19 pandemic provides a successful model which can be replicated in future health emergencies to prevent deaths due to oxygen shortage.

Key Takeaways

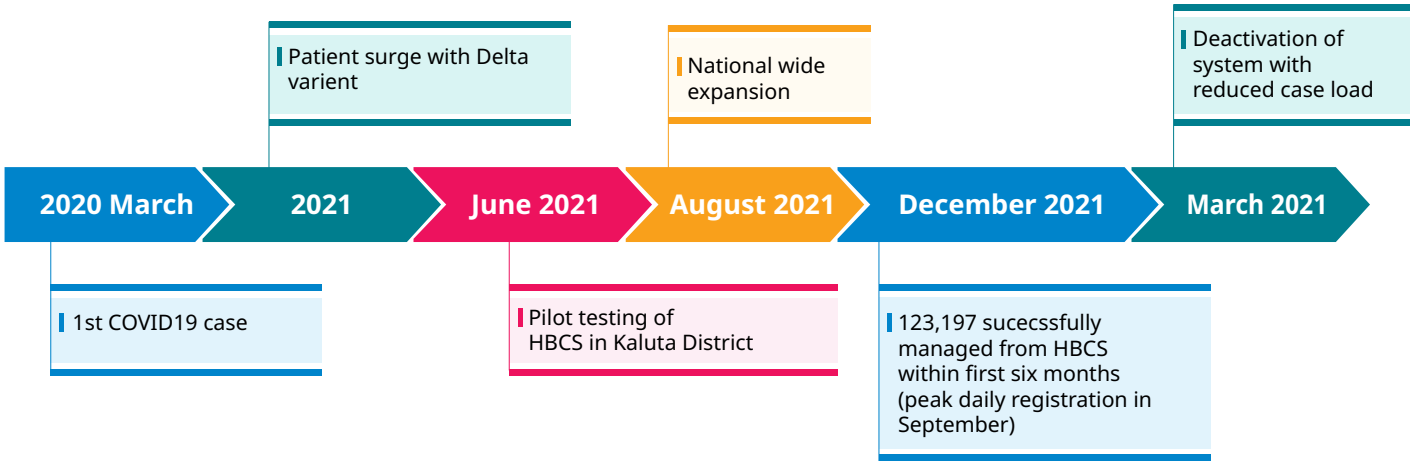
- Integrate scenario-based forecasting in emergencies and proactive action
- Expand production, but plan for limits
- Scale up hospital-level oxygen Infrastructure
- Match supply with real demand
- Delivery to right patient at right time
- Use technology to track and optimize
- Train teams for efficient use and prevent wastage
- Reduce demand through prevention

Healing at Home

Sri Lanka's Integrated Home-Based Patient Care for COVID19

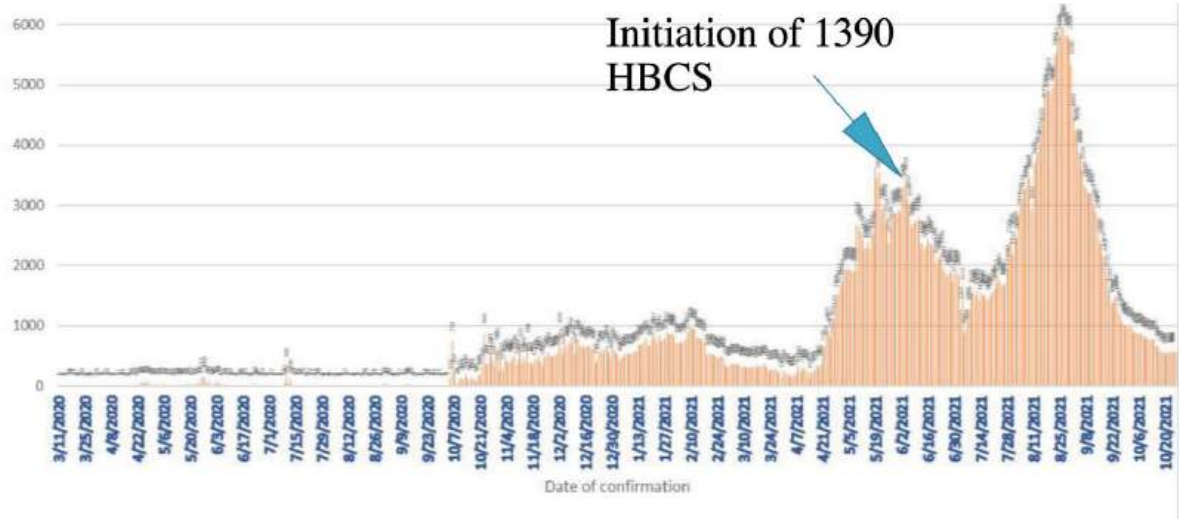
Sri Lanka experienced three distinct waves of COVID19 infections, with the third wave triggering a significant surge in cases and fatalities pushing the health system to its limits. Faced with thousands of asymptomatic and mildly symptomatic patients, Sri Lanka experienced the critical challenge of delivering equitable care without exhausting the nation's resources. The urgent need for alternative care models led to the innovative solution— **Integrated Home-Based Care Solutions (HBCS).** The adoption of home-based care was not only aimed at preserving hospital capacity but also at providing eligible patients with the comfort and safety of recovering in familiar surroundings while receiving structured medical oversight, making care more accessible during a time of crisis.

Key Milestones on Sri Lanka's Path to Success



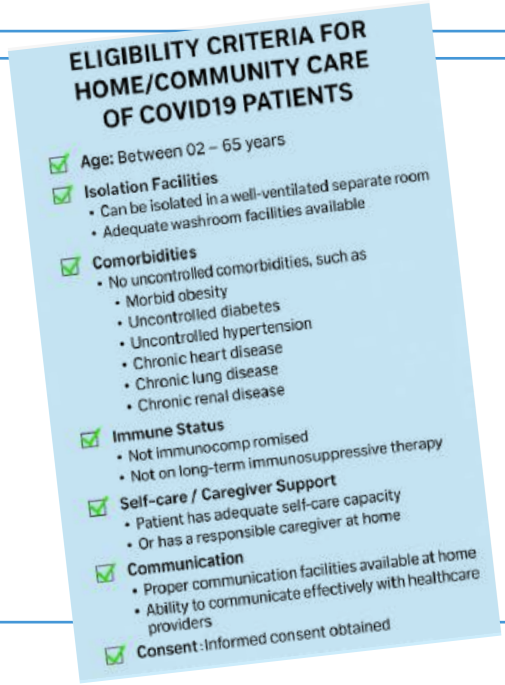
A Strategic Pivot

A well-designed nationwide integrated Home-Based Care system was established by the Ministry of Health in collaboration with WHO Country Office Sri Lanka and the telecommunication partner Dialog Axiata PLC to manage asymptomatic and mild COVID19 patients. This innovative program combined digital health technologies with clinical oversight to deliver structured, remotely supervised care to COVID19 patients. The project aimed to enhance access to care, reduce the burden on hospitals, and optimize available human resources during the pandemic. Piloted successfully in Kalutara District from 7th July 2021. it was rapidly scaled nationwide by 14 August 2021, operating through March 2022.



Building the Backbone

- A centralized call centre, “Hotline 1390,” and a dedicated digital platform were established with operational infrastructure, including staffing, technology, protocols, clinical processes for patient triage, monitoring, follow-up, and emergency ambulance services—ensuring scalability and adaptability
- Pre-intern doctors were well-trained and utilized to deliver care as surge capacity. They were guided by a pool of consultant family physicians, registrars, and medical officers
- Direct access to care was enabled through a self-registration web-based system, hotline, or through the area Medical Officer of Health
- Consultations were conducted in multiple languages—Sinhala, Tamil, or English—respecting patient comfort and cultural context
- Doctors specializing in health informatics worked 24/7, providing support for the web-based system



ELIGIBILITY CRITERIA FOR HOME/COMMUNITY CARE OF COVID19 PATIENTS

- **Age:** Between 02 – 65 years
- **Isolation Facilities**
  - Can be isolated in a well-ventilated separate room
  - Adequate washroom facilities available
- **Comorbidities**
  - No uncontrolled comorbidities, such as
    - Morbid obesity
    - Uncontrolled diabetes
    - Uncontrolled hypertension
    - Chronic heart disease
    - Chronic lung disease
    - Chronic renal disease
- **Immune Status**
  - Not immunocomp romised
  - Not on long-term immunosuppressive therapy
- **Self-care / Caregiver Support**
  - Patient has adequate self-care capacity
  - Or has a responsible caregiver at home
- **Communication**
  - Proper communication facilities available at home
  - Ability to communicate effectively with healthcare providers
- **Consent**: Informed consent obtained

Healing Begin at Home

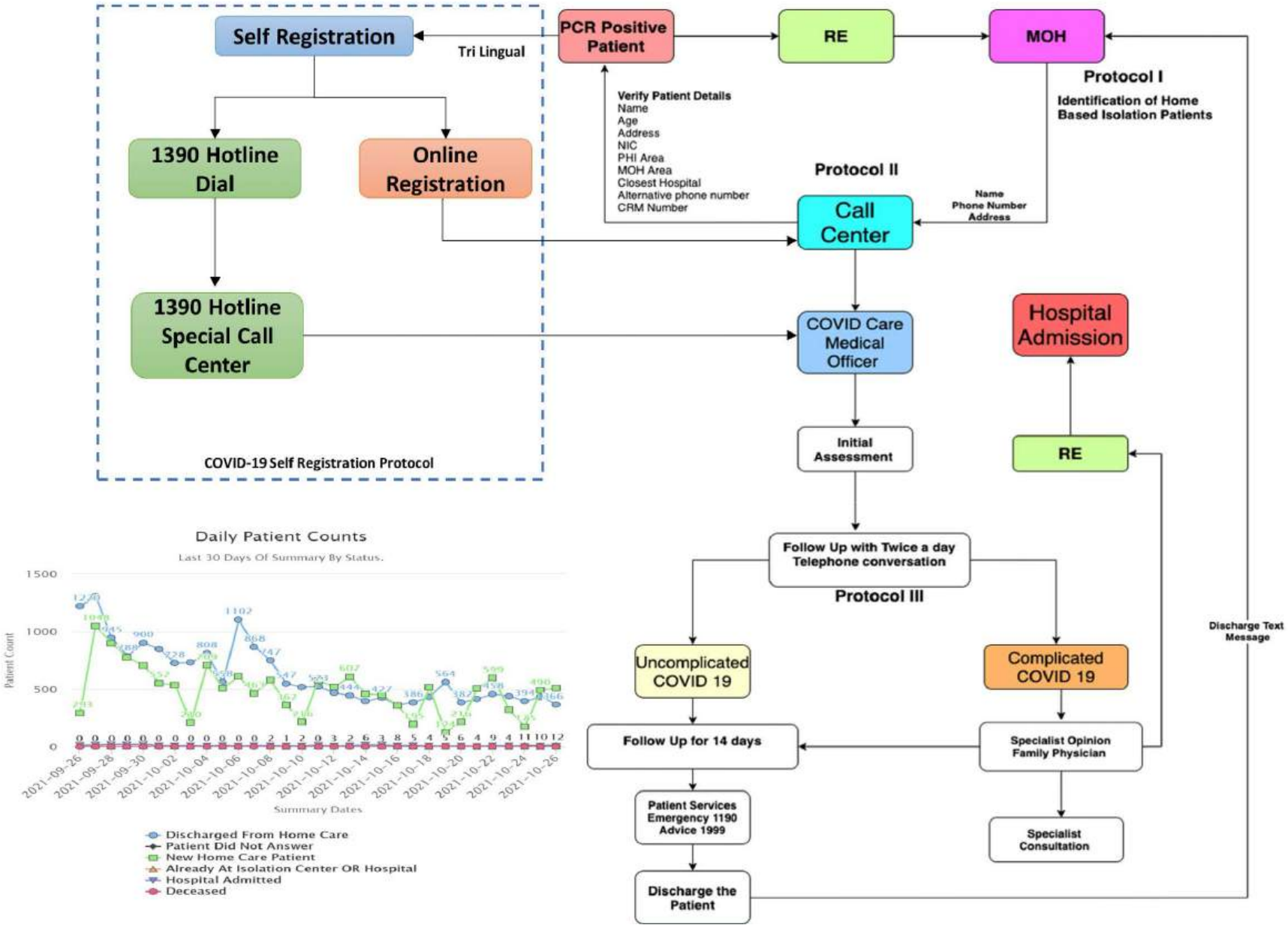
Each COVID19 patient registered for home-based care was followed up for 14 days at their home through twice-daily clinical assessments over the phone—conducted by the same doctor who performed the initial evaluation, ensuring continuity of care. More frequent monitoring was provided based on the patient's condition. Both pharmacological and non-pharmacological methods were applied for patient management, including guidance on medicine, rest, hydration, nutrition, emotional well-being, and post-COVID recuperation.

Seamless Support

The system was digitally integrated—linking curative services, field teams, and emergency transport. If a patient showed signs of deterioration, hospital transfer was swift and seamless. Patients who recovered smoothly were discharged from the system after the tracking period, with post-COVID advice provided.

Empowering Families

Patients and families were educated on how to prevent transmission, manage symptoms, and recognize red flags. The system helped reduce anxiety, build trust, and empower communities.



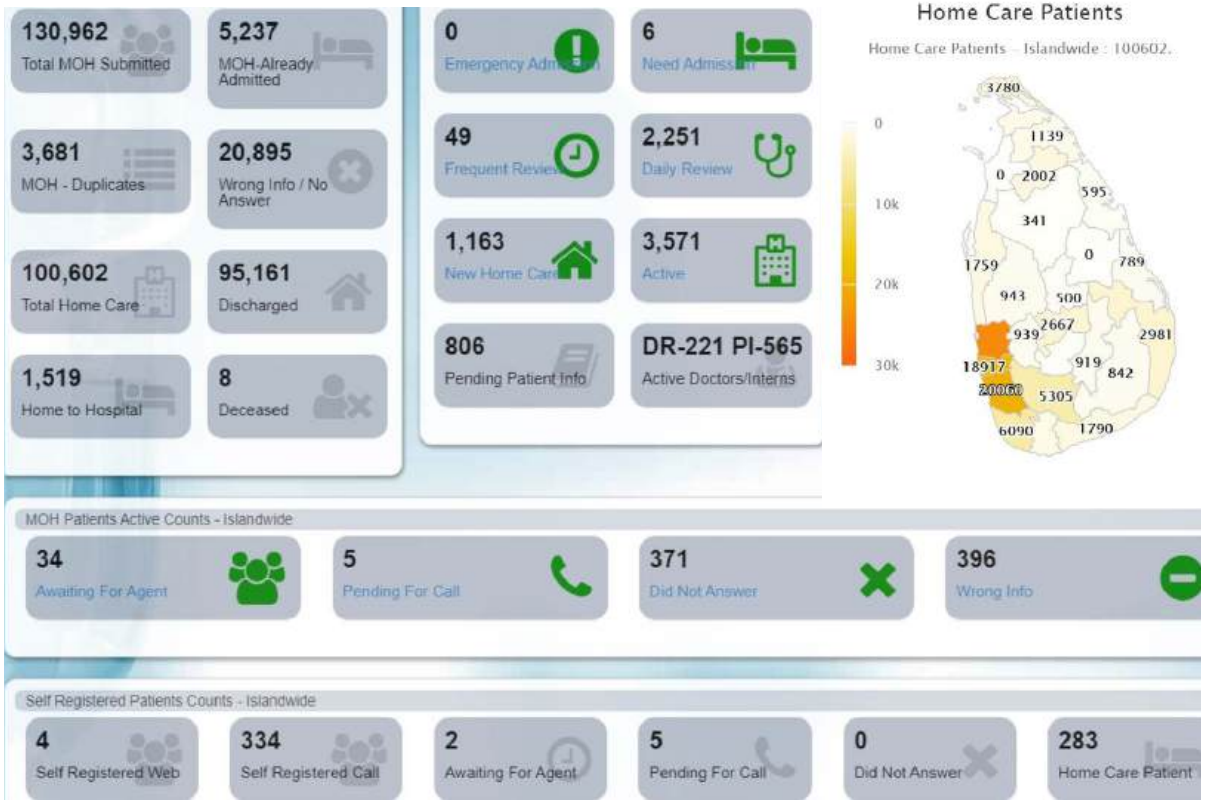
Home Based Care Flow Chart

Results: A System Transformed

- 123,197 patients cared for at home within the first six months and safely managed
- Just 1.6% required hospital admission
- Hospitals were freed to treat the most critical cases
- Comfort and confidence for families, with patients receiving quality care at home
- Lower costs for both patients and the government
- Global recognition from WHO for innovation and impact

Key Takeaways

- **Decentralized Care Works:** Treating eligible patients at home can be safe, effective, and scalable
- **Digital + Human Touch:** Technology enabled care, but human connection sustained it
- **Community Health Systems Matter:** Local health workers are the backbone of pandemic resilience
- **Resource Optimization Saves Lives:** Prioritizing hospital beds for severe cases improved outcomes across the board
- **Empathy in Policy:** Healing at home for mild cases reduced psychological stress on patients and families, ensuring recovery in their own comfort zones



Progress (1390 Dashboard view at a point of time)

Sri Lanka's integrated Home-Based Care system for COVID19 ensured equitable access and quality healthcare during the crisis.
It showcased the potential of a technology-enabled, community-based care model to enhance the health system's resilience during emergencies and beyond—one that can be effectively utilized and adapted for managing future health emergencies.

Published by: Ministry of Health and Mass Media, Sri Lanka
Coordinated by: International Health Unit, Ministry of Health and Mass Media, Sri Lanka
Prepared to present to delegates at the 78th Session of the WHO Regional Committee for South-East Asia, held from 13th–15th October in Colombo, Sri Lanka
Supported by: World Health Organization, Country Office for Sri Lanka

ISBN 978-624-6511-49-4