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சுவசிரிபாய
SUWASIRIPAYA

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02.2026

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சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு
Ministry of Health & Mass Media

General Circular No: 01-12/2026

Deputy Director General (NHSL)
All Provincial Directors of Health Services
All Directors of National Hospitals (Kandy and Galle)
All Regional Directors of Health Services
All Directors of Teaching /Provincial/Specialized, and District General Hospitals
All Medical Superintendents of Base Hospitals and all MOICs of the hospitals

Re. Strengthening Early Diagnosis, Reporting, and Standard Treatment of Chronic Kidney Disease among selected High-Risk Groups.

Chronic kidney disease (CKD) represents a significant and escalating public health challenge in Sri Lanka, affecting thousands of individuals and placing a substantial strain on the healthcare system. The disease burden in Sri Lanka is driven primarily by diabetes mellitus and hypertension, which together account for most CKD cases. These conditions represent the leading causes of end-stage kidney disease (ESKD) in Sri Lanka and globally.

In line with World Kidney Month (March), we are launching a national program to promote early diagnosis and standard treatment for chronic kidney disease in patients with diabetes and hypertension, with follow-up in government hospitals. Accordingly, all Heads of Institutions are hereby informed to take the necessary action to implement the following activities, effective from 1st March 2026.

1. Screening for CKD among patients attending Medical & Diabetic Clinics

- All patients with diabetes and hypertension should be screened for CKD at the time of diagnosis and annually. Clinic staff should be able to conduct annual screening for CKD in their patients from March 2026. Please ensure that at least 50% of eligible follow-up patients are screened during the period from March to August 2026. The remaining patients should be screened from September 2026 to February 2027.

- **Screening should include the following investigations, depending on the availability of resources:**

Urine Albumin–Creatinine Ratio (UACR)

Urine Protein-Creatinine Ratio (UPCR)

Urine Full Report (UFR)/ Urine Protein (dipstick/SSA)

Serum Creatinine and eGFR (eGFR calculated by CKD-EPI 2021 equation)

Presence of any one of the following positive results

UACR > 30 mg/g

UPCR > 150 mg/g

UFR/ Urine Protein (dipstick/SSA) -Trace or above

eGFR < 60 mL/min/1.73 m²

- Please make sure to make optimal use of available resources and monitor the progress of work. The monthly summary reports of the above investigations should be submitted to the National Renal Disease Prevention & Research Unit of the Ministry of Health using the format provided in Annex I, with a copy to the relevant RDHS office to be compiled at the district renal disease prevention focal point.
- It is the responsibility of the Head of the institution to ensure accuracy, completeness, and timely submission of the data mentioned above
- In places where Urine ACR/ Urine PCR is not available, UFR can be performed.
- In central dispensaries where laboratory facilities are not available, blood and urine samples should be sent to the apex hospital laboratory, where required investigations can be done. It is the duty of the RDHS to identify apex hospital laboratories and make necessary arrangements with the help of the MO CKD or the MO NCD.

- Line Ministry Institutions should carry out the screening program under the supervision of the Director, the Consultant Chemical Pathologist, and the Medical Officer in charge of Planning.
- At the regional level, investigations should be supervised by Provincial Directors of Health Services, Regional Directors of Health Services, and MO-CKD or MO-NCD.

2. Awareness-raising program regarding the updated management of CKD

- Regional workshops are planned to be conducted to improve knowledge and skills among healthcare workers.
- Considering the Line Ministry Institutions, the training programmes would be coordinated via the relevant Consultant Nephrologist/Sri Lanka Society of Nephrology
- At the RDHS level, the training programmes would be coordinated via the district focal point (MO-CKD/MO-NCD).
- CPD credits can be awarded to successful participants.

All Heads of Institutions are requested to ensure strict adherence to the above instructions and to extend their full cooperation for the successful implementation of this programme.


Dr. Anil Jasinghe
Secretary

Dr. Anil Jasinghe
Secretary
Ministry of Health & Mass Media
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Colombo 10

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Director General of Health Services
Deputy Director General, Public Health Services I
Deputy Director General, Public Health Services II
Deputy Director General, Non-Communicable Diseases
Deputy Director General, Laboratory Services
Director, Non-Communicable Diseases
Director, Medical Supplies Division
President, College of Chemical Pathologists
President, Sri Lanka Society of Nephrology
President, Sri Lanka College of Endocrinologists
President, Ceylon College of Physicians
President, College of Community Physicians of Sri Lanka

Monthly CKD Screening Reporting Format

Name of Institution:

District:

Month:

No	Description	Total number of tests performed	Positive Result	Number of test positive
1.	Urine analysis			
	UACR		> 30 mg/g	
	UPCR		> 150 mg/g	
	UFR/Urinary Protein (dipstick/SSA)		Trace Protein or above	
2.	Blood analysis			
	eGFR		< 60 ml/min/1.73m ²	

Remarks (if any)

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Name of Responsible Officer:

Designation:

Signature:

Date:

Recommended by:

.....

Head of the Institution

Instructions: This format should be completed monthly. Please email the report to ckd@health.gov.lk before the 10th of each month, with a copy to the relevant RDHS.

