



Ministry of Health, Nutrition and
Indigenous Medicine



PERFORMANCE & PROGRESS REPORT 2017-2018





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Ministry of Health, Nutrition & Indigenous Medicine







Ministry of Health, Nutrition & Indigenous Medicine





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Section
I
HEALTH, NUTRITION







1. Introduction

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

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

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

Sri Lanka has achieved a commendable health status measured in terms of health indices comparable to those of developed countries mainly due to the social policies including free healthcare and education adopted by successive governments.

Strategic Objectives

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

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



8. To coordinate with health-related governmental, non-governmental and international agencies and organization in promoting the health of people.
9. To develop managerial capacities of health and health-related sectors to manage health promotive programmes
10. To monitor and evaluate the health promotion programmes and facilitate monitoring and evaluation of them at different levels.
11. To support and undertake research related to Behavior change of the community and social mobilization.

Stage for a Sustainable Development Journey

"Transforming our world: the 2030 Agenda for Sustainable Development."



Goal 3. Ensure healthy lives and promote well being for all at all agesTargets

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



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



2. Vision & Mission of Ministry

VISION

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

MISSION

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



3. Special events of health sector in Sri Lanka 2017 – 2018

- ❖ *Hon. Minister of Health Dr. Rajitha Senaratne was Crowned as the “SUWAPATHI” for the Services Rendered for the People of the Country*



Hon. Minister of Health & Indigenous Medicine Dr. Rajitha Senaratne was crowned as the “SUWAPATHI” of the country. This prestigious event was organized by the Association of Health Services Trade Union Federation of Sri Lanka under the sponsorship of Ministry of Health and World Health Organization in order to award Hon. Minister for addressing the health needs of the common man of the country. This event was held on 31.07.2018 with the participation of His Excellency President Maithipala Sirisena, Hon. Prime Minister Ranil Wickramasinghe, Sri Lanka Representative of WHO, Dr. Raziya Pensey, Cabinet of Ministers, Members of Parliament and other officials. Downward revision of the all essential drugs, supply of eye lenses and cardiac stents for needy people, provision of all blood test free of charge and lifting the limit of Rs 1.5 Million for the treatment of cancer patients are the major services done by Hon. Minister of Health towards the common man of the country.



❖ **70th World Health Day of WHO Commemorated in Colombo, April 2018**



The 70th World Health Day of the World Health Organization (WHO) was celebrated under the patronage of His Excellency President Maithripala Sirisena at the Nelum Pokuna Theatre in Colombo on 07.04.2018.

The main objective of the World Health Organization established in 1948 is to enhance the health and wellbeing of the world's population. For decades, the WHO together with other global partners and donor agencies has been fully supportive in improving the health standards of Sri Lankans including developing maternal and child health, nutrition and health care services.

The World Health Day is celebrated on the 7th of April in every year under the patronage of World Health Organization (WHO), and hosting it this time in Sri Lanka could be regarded as one of the most prestigious international recognition for Sri Lanka.

The theme of this year's World Health Day was: "Universal health coverage: everyone, everywhere".

The President also symbolically launched the e-Health card, a commemorative stamp and the National Health TV channel named as "Life TV".



Hon. Prime Minister Ranil Wickremesinghe, Hon. Minister of Health, Nutrition and Indigenous Medicine Dr. Rajitha Senaratne, Hon. Deputy Minister Faizal Casim, Director General of the WHO Dr. Tedros Adhanom Ghebreyesus, WHO Regional Director for South-East Asia Dr. Poonam Khetrapal Singh and representatives of the WHO participated in this event.

| | |
|--|---|
|  <p><i>“Sri Lanka’s health service is one of the best not only in Asia but in the world; the reason behind the high quality of Sri Lanka’s health service is because it is freely available. Sri Lanka’s political leadership gives a clear guidance to the Sri Lankan Health Service. This is a good example even for high income countries”.</i></p> <p>Dr. Tedros Ghebreyesus, Director General, WHO on 7th April 2018</p> |  <p><i>The WHO has planned to achieve sustainable development goals by 2030 but Sri Lanka has already achieved some of them. The steps taken by the Sri Lankan Government to control Non Communicable Diseases provide a good example for other countries”.</i></p> <p>Dr Poonam Kethrapal Singh, Regional Director, WHO SEAR on 7th April 2018</p> |
|--|---|

❖ Sri Lanka was Declared as a Country Eliminated Rubella



The World Health Organization (WHO) declared Sri Lanka as a Rubella-free-country on 05th of September 2018 at the WHO South-East Asia Regional meeting in New Delhi, India. This certificate was awarded to Hon. Minister of Health Dr. Rajitha Senaratne by the Regional Director of WHO SEAR Dr. Poonam Kethrapal Singh. “Sri Lanka was declared as Malaria-free-country in 2015, Filariasis-free-country in 2016 and Neonatal



Tetanus-free-country in 2017 by the WHO. “Declaration of Sri Lanka as a Rubella-free-country was another landmark for the healthcare services of the country in 2018,” Dr. Singh added. Further, The WHO regional director pointed out that Sri Lanka eliminates a disease every year, praising the country's leadership in health services as a big support for the achievements.

❖ ***First SAARC Meeting on Non Communicable Diseases held under the Patronage of President of Sri Lanka.***



The first SAARC Annual meeting on Non Communicable Diseases (NCDs) held at Galle Face Hotel under the patronage of President Maithripala Sirisena on 31st March 2018.

During the meeting, the attention was drawn regarding the strategies to reduce non communicable diseases, implementing policies, opportunity to share the initiatives taken by member countries and their experience in implementing them.

Many initiatives are introduced by World Health Organization (WHO) to many countries to control and manage these non communicable diseases which occur due to genetic, physical and socio habits. Its significance is that mainly low and middle income countries have been exposed to these chronic NCDs including heart Disease, cancer, and respiratory difficulties and diabetes. Approximately 10 million people die across the world due to NCDs annually and it is mainly due to wrong dietary habits, lack of physical exercises, stress and indulgence in alcohol and tobacco.



❖ ***Sri Lanka receives World No Tobacco Day Award by the WHO for third time***



Sri Lanka for the third time won the World No Tobacco Day Award, bestowed by the World Health Organization (WHO) upon WHO regions for their accomplishments in the area of tobacco control. The award was officially presented to President Maithripala Sirisena by the Regional Director of WHO Southeast Asia Dr. Poonam Khetrpal Singh at Waters Edge Hotel in Battaramulla on 23.11.2017. President Sirisena received the same award in 2014 as the then Health Minister for his work to minimise the consumption of tobacco. In 2015 Health Minister Rajitha Senaratne received this award. Speaking at the occasion, Dr. Singh said Sri Lanka had become an exemplary country in its commitment to control alcohol and tobacco.



❖ **Sri Lankan Healthcare System and Leadership praised at 71st World Health Assembly in Geneva**



The Commonwealth Secretary General highlighted Sri Lanka as a shining example in health coverage for its population, which, she said, was extending the service delivery to near universal levels. She also appreciated Sri Lanka for the innovative and forward-looking approach aimed to promote affordable health care for all its people, building upon the health service delivery system that had been in place in Sri Lanka since 1952. Ms. Graca Machel, the Co-Founder of the Elders Foundation highlighting both the progress achieved as well as the existing gaps in many countries of the Commonwealth in providing affordable healthcare coverage, signled out Sri Lanka as a healthcare model among Commonwealth developing countries. Having paid glowing tribute to Sri Lanka's leadership in the delivery of healthcare services, she ended her keynote address with a poser directed to all those present at the meeting; if Sri Lanka could make this achievement through sustained policy focus and targeted interventions, why those countries, which were lagging behind, cannot also follow through and make affordable healthcare a reality.



“If Sri Lanka can provide publicly financed health care to their people why cannot their wealthier neighbours?”

“At all income levels there are shining examples of Commonwealth countries outperforming their peers in increasing coverage of essential health services and protecting their people from the costs of these services.

I am afraid I do not have time to herald all your successes this morning, but I would like to highlight a few. In South Asia, Sri Lanka has famously provided universal free, publicly financed health care to its entire population since 1951 and as a result has achieved stunning successes in improving health outcomes. Its maternal mortality rate, for example, is lower than some states in the United States – which we all know has yet to achieve UHC despite it being 15 times richer than Sri Lanka.”

Madam. Graça Machel, Co-Founder of the Elders Foundation

❖ ***Sri Lanka is ready to act as the Centre for Patient Safety Improvement in SEARO Countries***



Hon. Minister of Health Dr. Rajitha Senaratne, at the side event of 71st World Health Assembly, “Global Action on Patient Safety for achieving effective Universal Health Coverage” expressed that the Sri Lanka is ready to act as the centre for patient safety improvement in South East Asian Regional Office Countries. “Sri Lanka provides free healthcare services and free education to all its citizens. We have achieved remarkable health outcomes whilst being cost effective, as endorsed so by many health economic critique. We are committed towards improving our health services further, through the incorporation of quality and safety, under a very well structured approach. For us patient safety is an important driver towards achieving Universal Health Coverage. Our training has been extended internationally and many overseas participants have benefitted from training programs conducted in Sri Lanka. The program is known as the quality and safety “third country training programme”. Up to date we have trained 60 foreign health professionals of 03 batches from countries such as Tanzania, Uganda, Bangladesh, Vietnam, Myanmar, Ghana, Cambodia and Ethiopia. Sri Lanka is interested to take this further considering to establish a regional collaboration center on patient safety for South East Asian Region with the assistance of the WHO. The National Quality and Safety program in Sri Lanka is in line with the global action plan



practices in many ways, we believe that the National Quality and Safety program is making a significant contribution in our journey in preserving Universal Health Coverage. Sri Lanka is ready to learn and support other developing countries in advancing efforts towards Universal Health Coverage”.

❖ **Hon. Minister of Health Dr. Rajitha Senaratne has been elected as the Vice Chairman of WHO**



Hon. Minister of Health, Nutrition and Indigenous Medicine Dr. Rajitha Senaratne has been elected as a Vice Chairman of the Executive Board of World Health Organization (WHO) unopposed during its Executive Committee Meeting held in Geneva. He was elected Vice Chair from the South-East Asia region at the 143rd Session of the WHO Executive Board on 28.05.2018, for a period of one year. The Executive Board is composed of members technically qualified in the field of health. Members are elected for three-year terms. The main functions of the Board are to give effect to the decisions and policies of the World Health Assembly, to advise it and generally to facilitate its work.

❖ **Bill and Melinda Gates Foundation praises Sri Lanka’s high quality Primary Healthcare**



Former Microsoft CEO Bill Gates, now focusing on his Bill and Melinda Gates Foundation, delivering his keynote address at the Joint Plenary Session on day two of Commonwealth Heads of Government Meeting (CHOGM) 2018 on Tuesday praised Sri Lanka’s ‘high quality’ primary healthcare system that other countries are following. Sri Lanka has built very high quality primary healthcare systems, staffed primarily by women healthcare workers. Bill Gates further added that “If you want to do something better, find out who is already doing better than anyone else in the world, and adopt what they are doing, to your own challenges. The Commonwealth is ideal for this and you have positive outliers in almost every area of expertise, and you meet regularly to learn from one another”.



❖ **World Bank praises Sri Lankan Health Service**



THE WORLD BANK



The World Bank (WB) praised the public health service in Sri Lanka by saying that there are few if any other low or middle-income countries that have public health service like in Sri Lanka, simultaneously achieved strong health outcomes, good financial protection and low cost. In a publication on universal health care study series titled 'Sri Lanka: Achieving Pro-Poor Universal Health Coverage without Health Financing Reforms,' says that many countries are lauded for achieving two out of three, but few can claim to have done as well as Sri Lanka on all fronts, especially considering that it is still classified as a lower-middle income country.

❖ **UNICEF compares Sri Lankan new born survival rate with that of USA**

The screenshot shows the Guardian website interface. The main headline is "Newborn survival rates in US only slightly better than in Sri Lanka". The sub-headline reads: "Unicef expresses alarm over figures that show five newborn babies a minute die from preventable causes worldwide". The article is by Karen McVeigh, dated Tue 20 Feb 2018 06:00 GMT. The article is supported by the Bill & Melinda Gates Foundation. A sidebar on the right lists "most viewed in US" with various news items. The bottom of the article shows social media sharing icons and a note that the article is over 4 months old.

The risk of dying as a newborn in the US is only slightly lower than the risk for babies in Sri Lanka and Ukraine, according to UNICEF. A report by the UN children's agency found that five newborn babies die around the world every minute – a total of about



2.6 million a year. The figure was described as “alarmingly high”, not least because 80% of the deaths were from preventable causes. But a country’s income explains only part of the story. In Kuwait and the US, both high-income countries, the newborn mortality rate is respectively 4.4 and 3.7 deaths for every 1,000 live births, only slightly better than Sri Lanka and Ukraine, where the respective rates are 5.3 and 5.4.

❖ **Political commitment and the strategies of Sri Lanka in eradicating non communicable diseases were highly commended at World Health Summit 2017 in Berlin, Germany**



World Health Summit is held once a year, and is recognized as the world’s most prominent Forum for addressing global health issues. This time, the Summit was held from 15 -17 October 2017, and featured over 40 sessions and brought together stakeholders and decision makers from different sectors, representing 100 countries. Dr. Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine attended the 9th World Health Summit (WHS) which commenced under the patronage of German Chancellor Angela Merkel, on Sunday 15th October 2017. The political commitment and the strategies implemented by the Government of Sri Lanka in eradicating non communicable diseases were highly commended by the Speakers and the participants of the event. It was further mentioned that Sri Lanka should be considered a positive example by all member States, for its successful approach in overcoming persistent health challenges of the world.

❖ **A Ministerial Declaration was signed at First WHO Global Ministerial Conference on Ending TB held in Moscow, Russia**





TB carries a grave global toll having been one of the top 10 causes of death worldwide in 2015, causing 1.8 million deaths, including 0.4 million among people with HIV. In 2015, there were an estimated 10.4 million new TB cases worldwide. The public health crisis of multi-drug resistant TB (MDR-TB) continues. Although 49 million lives have been saved through global efforts since 2000, actions and investments fall far short of those needed to end the TB epidemic. A Ministerial Declaration was signed at the Conference; containing bold commitments by countries to accelerate action to end TB and meet the milestones towards the 2030 SDGs. Hon. Minister of Health Dr Rajitha Senaratne addressed the gathering and expressed the commitment given by the Ministry of Health, Sri Lanka in control & prevention of Tuberculosis in the country.

❖ **Ministerial Roundtable on Accelerating Elimination of Malaria in the South-East Asia Region in New Delhi.**



In 2008, the last case of indigenous malaria-related death was reported in Sri Lanka. The National Strategic Plan was developed with the aim of achieving malaria elimination within a time-bound framework to reach zero local transmission by 2014. Since Sri Lanka was declared malaria-free on Sept. 5, the country has now emerged as an example of what is needed to eliminate malaria and what are the opportunities and challenges of malaria-free status, Health Minister Dr. Rajitha Senaratne said while addressing the Ministerial Roundtable on Accelerating Elimination of Malaria in the South-East Asia Region on November 29 in New Delhi.



“Since Sri Lanka was declared malaria-free on Sept. 5, the country has now emerged as an example of what is needed to eliminate malaria and what are the opportunities and challenges of malaria-free status. The several key factors among many others such as the government commitment, dedication of health workers, highly technical and professional approach combined with the extremely effective surveillance system paved the way to reach the objectives two years ahead of the target year with the last case of locally transmitted case of malaria reported in 2012”.

Hon. Minister of Health Dr. Rajitha Senaratne addressing Ministerial Roundtable on Accelerating Elimination of Malaria in the South-East Asia Region in New Delhi

❖ **Agreements were signed to obtain drugs and medical equipment manufactured in Cuba to Sri Lanka at the International Convention "Cuba Salud 2018"**



The convention organised by Cuba's Public Health Ministry and attended by health ministers from 42 countries, together with over 3,000 delegates from 82 countries, served as a forum for discussing a global health agenda and other topical issues. Key health sector personnel, including World Health Organization Director General Dr. Tedros Adhanom Ghebreyesus, attended the convention. The Cuban Government pledged extended its fullest support to develop the Sri Lankan health sector. The Cuban public Health Minister Roberto Morales Ojeda pledged to support Sri Lanka in a meeting held with Health Minister Rajitha Senaratne at the International Convention "Cuba Salud 2018" held in Havana Convention Center, Cuba, recently. During the discussions held between the two Ministers it was agreed to sign an agreement in connection with obtaining drugs and medical equipment manufactured in Cuba to Sri Lanka through the State Pharmaceuticals Corporation (SPC). More rounds of discussions will be held between Sri Lankan and Cuban health authorities before signing the agreement.



❖ **Signing of a MOU to construct a Cancer Treatment Unit at General Hospital, Karapitiya**



The MoU was signed between the Ministry of Health, National Health Development Fund and Colours of Courage Trust for their collaborative effort to construct an auxiliary cancer treatment unit at the Karapitiya Teaching Hospital in Galle. The project is a USD 10 million project with Colours of Courage Trust contributing USD 5 million through the Trail initiative.

❖ **Overall Use and Access to quality Medicines Rise, while Market Share of Innovator Brands also increases**

Percentage increase in overall use of selected medicines

| Products | Strength | Total Units sold 2016 | Total Units sold 2017 | % Increase of sale volume |
|--|----------|-----------------------|-----------------------|---------------------------|
| Drugs for Cardiovascular Diseases | | | | |
| Losartan Potassium | 50mg | 80,572,287 | 88,770,752 | 10% |
| Metformin Extended release | 500mg | 50,199,011 | 63,233,646 | 26% |
| Gliclazide | 80mg | 39,851,931 | 45,960,801 | 15% |
| Telmisartan | 40mg | 10,730,975 | 12,006,363 | 12% |
| Amiodipine | 5mg | 14,819,717 | 16,286,971 | 10% |
| Atorvastatin Tablets | 20mg | 17,973,786 | 19,326,112 | 8% |



| | | | | |
|----------------------|-------|-----------|------------|-----|
| Rosuvastatin Tablets | 10mg | 9,140,245 | 11,030,031 | 21% |
| Antibiotics | | | | |
| Co-Amoxiclav | 625mg | 9,086,965 | 10,759,188 | 18% |
| Clarithromycin | 500mg | 1,186,391 | 1,441,725 | 22% |
| Azithromycin Tablets | 500mg | 1,510,841 | 1,723,220 | 14% |
| Cefixime | 100mg | 485,511 | 779,529 | 61% |
| Cefixime | 200mg | 711,535 | 892,910 | 25% |
| Levofloxacin | 250mg | 457,825 | 606,420 | 32% |

Having placed a Maximum Retail Price (MRP) on 48 medications in October 2016, the NMRA has not been resting on its laurels. A year after, in 2017, the National Medicines Regulatory Agency (NMRA) of Sri Lanka had conducted an analysis based on IMS (International Marketing Systems) data. The analysis, according to Prof. Asita de Silva, the Chairman of NMRA has shown some “positive” trends: Overall use of medicines has increased significantly indicating greater compliance with prescriptions. Access to quality assured medicines has increased significantly, contrary to views expressed by certain groups that internationally reputed pharmaceutical manufacturers would withdraw from the Sri Lankan market. Market shares of ‘innovator’ brands of medicine have increased rapidly, in turn making the local pharmaceutical market competitive, paving the way for a further reduction of prices.

❖ **Sri Lanka’s National Neonatal Transport Service is the best in South Asia**



Sri Lanka’s national neonatal transport service has been adjudged as the best such service among eight South Asian countries at the BMJ Awards South Asia 2017. The award was presented to the Minister of Health, Nutrition and Indigenous Medicine, Dr. Rajitha Senarathne at a ceremony held at the Ministry of Health recently. It has been recorded that one-third of premature and underweight babies die within the first month of birth and the Ministry of Health has taken steps to establish a new transport service to protect such children. Medical officers and nurses attached to the Children’s Hospital have been given special training and assigned to the service.



❖ **Construction on China – Sri Lanka Friendship Hospital (the Largest Kidney Hospital in South Asia)**



The construction works of the National Nephrology Hospital in Polonnaruwa, which is a gift from China, was commenced on 21.08.2018 under the patronage of President Maithripala Sirisena. This New Hospital is being built as the largest kidney hospital in South Asia, at a cost of Rs. 1.2 billion, fulfilling a long term aspiration of the President to provide services for kidney patients. The hospital would be a great asset and a gift to the people of Sri Lanka, not only for the people living in the North Central Province but also in other areas. The hospital project includes state-of-the-art equipment and all necessary facilities for kidney patients. The hospitals consist of 200 bedded ward complex, OPD with 100 dialysis machines and six modern operation theaters. A 200-seated auditorium and a car park which has 300 parking slots and residential facilities for hospital staff will also be included in this hospital. The project is expected to complete within 24 months and accordingly in July 2020 the hospital will be ready for functioning.



❖ **New Nursing Quarters Complex for Teaching Hospital, Jaffna**



The newly built Nursing Quarters Complex for the Teaching Hospital, Jaffna was declared opened by Hon. Minister of Health Dr. Rajitha Senararatne on 16.08.2018. The new building was constructed at a cost of Rs. 600 Million.

❖ **Establishment of National Stroke Centre in Colombo East Base Hospital Mulleriyawa**



A National Stroke Centre for the multidisciplinary care of stroke patients in Sri Lanka is to be set up at the Colombo East Hospital in Mulleriyawa. The Minister of Health, Nutrition and Indigenous Medicine, Dr. Rajitha Senararatne has recently laid the foundation stone to establish the National Stroke Centre and the Accident and Emergency Care Centre at the Colombo East Hospital in Mulleriyawa. The National Stroke Centre will be a one-stop centre providing not only emergency but also multidisciplinary care for long-term rehabilitation of stroke patients. The work on the National Stroke Centre is expected to be completed by 2020. The Colombo East Base Hospital will be developed as a teaching hospital and the university students will get the opportunity to study.



❖ **Ten story Cardiac and Critical Care Complex for Lady Ridgeway Hospital (LRH) for Children.**



The foundation stone laying ceremony for new Cardiac and Critical Care Complex for Lady Ridgeway Hospital (LRH) for Children was done under the patronage of His Excellency the President Maithripala Sirisena with the participation of Hon Minister of Health Dr Rajitha Senaratne on 02.10.2017. The Lady Ridgeway Hospital is the premier children hospital of the country and it has bed strength of 969 beds. It is estimated that there are about 3000 children born with heart diseases every year in Sri Lanka. These children deserve a chance to live. One cannot possibly comprehend the acute feeling of loss that a parent experience if one is not a parent. Only a mother or father can truly know the intense feeling of pain associated with the loss of their child. 1000 – 1500 children with heart diseases and critical illnesses are lost every year due to a lack of facilities for treatment in Sri Lanka. This is a project to construct and commission a ten storey Cardiac and Critical Care Complex at the Lady Ridgeway Hospital (LRH) for Children. This Hospital LRH is the premier public children's hospital which provides treatment to children from all districts of Sri Lanka. The Central Engineering Consultancy Bureau has estimated cost of the new wing at Rs. 2 billion.

❖ **New Medical Ward Complex and Medical Officer Quarters Complex for Base Hospital, Hinguragoda.**





❖ **New Dialysis Unit established at National Hospital of Sri Lanka**



The new dialysis unit of the National Hospital of Sri Lanka which comprises of 04 hemodialysis machines was declared opened by Hon Minister of Health Dr Rajitha Senaratne on 05.10.2017. Facilities at the new unit were completed under the Kidney Disease Prevention Program in accordance with the government initiative mooted by His Excellency President Maithripala Sirisena at a total cost of 20 million rupees. Four new renal dialysis machines were installed at the unit for the benefit of kidney patients. The new unit was established under the first phase of the project to increase the number of dialysis machines to 35 at the Colombo National Hospital. The cost for the whole project is estimated at 90 million rupees.

❖ **Opening of the Accident & Emergency Unit of General Hospital, Kalutara**



Newly established Accident & Emergency Unit of the General Hospital Kaluthara was declared opened by the Hon. Minister of Health Dr Rajitha Senaratne on 10.05.2018. The Ministry spent about Rs. 1030 million for the project and it is one of the A & E Units of the country which was built under the guidance of Hon. Minister in order to develop



the A & E Units of the country. General Hospital, Kaluthara to be upgraded to a Teaching Hospital after the completion of its development projects.

❖ **Colombo South Teaching Hospital (Kalubowila) facilitated with new buildings**



The new building of the Out Patients' Department (OPD) and a Daycare Building for Patients with Mental Disorders at the Colombo South Teaching Hospital (Kalubowila Hospital) were opened by Hon. Minister of Health Dr. Rajitha Senararatne on 26.06.2018.

❖ **Opening of the Health Management Information System of Castle Street Hospital for Women**





❖ **Opening of the Pearl Child Guidance Center for Children with Special Needs in Moragolla, Aluthgama**



❖ **Construction of a Rehabilitation Hospital for Teaching Hospital, Jaffna**





The foundation laying for the Rehabilitation Hospital for Teaching Hospital, Jaffna was done on 16.08.2018 by Hon. Minister of Health Dr. Rajitha Senaratne. The total cost of the project will be Rs 530 Million and the aid is donated by the Kuwait Red Crescent Society.

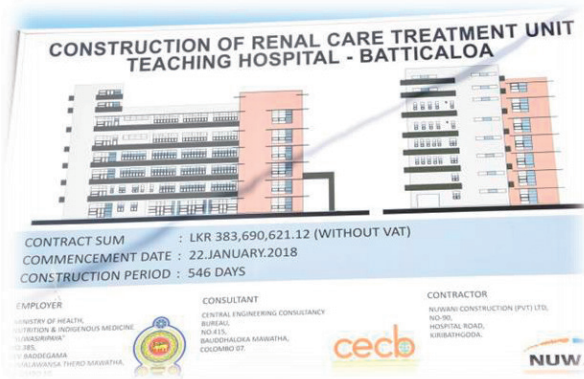
❖ **Construction of the of Accident and Emergency Treatment Unit of Ashroff Memorial Base Hospital – Kalmunai**



Foundation laying ceremony was held for the proposed modern Accident and Emergency Unit of the Ashroff Memorial Base Hospital – Kalmunai under the patronage of Hon. Minister of Health, Dr. Rajitha Senaratne on 17.06.2018. The project will cost about Rs. 1900 million.



❖ **Construction of Renal Care Treatment Unit of General Hospital, Batticaloa**



Foundation laying was done for the Renal Care Treatment of General Hospital Batticaloa under the patronage of Hon. Minister of Health Dr. Rajitha Senarathne and the participation of Hon. Deputy Minister of Health Mr. Fazal Cassim on 17.06.2018. The project will cost about 383 million rupees and it is expected to complete the work within 1 year and 10 months.

❖ **Opening of Skill Laboratory Complex of General Hospital, Batticaloa**





❖ **Opening of the Level 04 Accident and Emergency Unit of General Hospital, Batticaloa**



The level 04 Accident and Emergency Unit of General Hospital Batticaloa was declared opened by Hon. Minister of Health and Hon. Deputy Minister of Health on 17.06.2018. The total cost of the project was Rs. 895 million.



❖ **Development of District Base Hospital, Horana**



District Base Hospital Horana is a rapidly developing hospital in the Western province. Hon. Minister of Health Dr. Rajitha Senarathne declared opened several development projects of the hospital including three story Quarters complex for Medical officers and Consultants, Judicial Medical Complex, Blood Bank and Hemodialysis Unit, Hospital Land Scaping project, installation of CT Scanner and other projects. Total cost of the project is 300 Million rupees.



❖ ***Renal Care Unit for District General Hospital, Hambanthota***



Foundation laying was done to build up a new Renal Care Treatment Unit for DGH Hambanthota at the expenses of 240 Million rupees.

❖ ***New Building Complex for DH Aluthgama under the Chines Aid Project for Development of 13 Hospitals***





With the assistance of the Government of China, 13 Sri Lankan hospitals will be developed to provide better services to the public. With the financial assistance of the Chinese government, the Government has planned to develop the Beruwala Dharga Hospital, Aluthgama Hospital, Sammanthurai Hospital, Eravur, Pottuvil, Karapitiya, Polonnaruwa, Padaviya, Walasmulla, Kalawana, Mahiyanganaya and Rikillagaskada hospitals. Under this project, the foundation laying was done to build a two story building complex for Aluthgama Hospital. The cost of the project will be 165 Million rupees.

❖ **New 10 story building complex for District Base Hospital, Balapitiya**



Foundation laying ceremony was held for the proposed 10 storied fully fledged building at a cost of Rs.3600 million rupees at District Base Hospital, Balapitiya. The construction work will be included medical ward complex, Accident and Emergency Unit, Dental Surgery, Operation Theatre complexes and a modern Laboratory.

❖ **Nanotechnology Cancer Drug Manufacturing Plant in Sri Lanka**





Sri Lanka, which is aiming to locally manufacture 90% of the medicine needed by the country, launched a project to construct a facility for manufacturing cancer drugs using nanotechnology. Health, Nutrition and Indigenous Medicine Minister Dr. Rajitha Senaratne on 2 February of 2018 laid the foundation stone for a nanotechnology drug manufacturing plant in the Malegoda area of Payagala. The project under the program to locally produce drugs is being implemented under the supervision of the Health Ministry and State Pharmaceuticals Manufacturing Corporation (SPMC). It is a joint investment of Rs. 1.4 billion by two Indian companies. The agreement to build the manufacturing facility was signed yesterday in Kalutara. SPMC Chairman Dr. Sayura Samarasundera and India's SPAL Ltd. Chairman Vijay Prakash signed the agreement.

❖ **New Medical Ward Complex for District Base Hospital, Beruwala**



Foundation laying ceremony was held for the proposed medical ward complex for District Base Hospital, Beruwala under the patronage of Hon. Minister of Health Dr. Rajitha Senaratne on 27.02.2018. The total cost of the project is Rs. 3400 million.

❖ **Development of District Base Hospital, Gampola**





Foundation laying was done to set up a new Accident and Emergency Unit for Base Hospital, Gampola which is a secondary care institution in Kandy district. The approximated budget of the project is SL Rs. 369 million and the new building will be fully facilitated to a Level 02 A & E Unit. The state of the art A & E Unit will be completed by year 2020.

❖ **A new Accident and Emergency Unit for General Hospital, Kegalle**



Foundation laying was done to set up a new Accident and Emergency Unit for General Hospital, Kegalle which is the second major hospital in Sabaragamuwa Province of Sri Lanka. The approximated budget of the project is SL Rs. 495 million and the new building will be fully facilitated to a Level 01 A & E Unit. The state of the art A & E Unit will be completed by year 2020, which could provide quality medical services with better access to the Sri Lankan population.

❖ **An Accident and Emergency Unit for General Hospital, Anuradhapura**



Foundation laying was done to set up a new Accident and Emergency Unit for General Hospital, Anuradhapura which is the major hospital in North Central Province of Sri Lanka. The project is aimed at minimizing the number of deaths caused by road-traffic and other accidents, and to prevent people from becoming disabled. The construction work of the building complex is scheduled to be commissioned by Hon. Minister of Health and Indigenous Medicine Dr. Rajitha Senarathne. The proposed four storied building complex will cost Rs. 370 million. The project and the estimates have been approved by the Cabinet. Under the first phase, the first two storeys will be constructed. In the ground floor, there will be a short staying ward with 29 beds. In the second floor for males and females, there will be two wards consisting of 58 beds. The building complex will consist of a well-equipped operation theatre, x-ray room and other essential medical facilities and appliances.



During Vesak, Posen and Esala festivals and during other poojas, thousands of pilgrims visit Anuradhapura and Polonnaruwa. With this, the number of road-traffic accidents has also increased. As such, the need of an emergency accident unit is vital. Construction work will complete by the end of 2018.

❖ **New Development Projects for District General Hospital, Chillaw**



Provincial General Hospital – Chillaw is a secondary care hospital with bed strength of 470. There are 18 wards, an ICU and a children's ward in the hospital and more than 1000 seek treatment from the outpatients department. Also, about 15 clinics for various patients are being held on five days of the weeks and a large number of patients make use of these facilities. Infrastructure deficiency had been identified as a constraint for the development of the hospital. Foundation laying was for 11 development projects of the District General Hospital, Chillaw was carried out by the Hon. Minister of Health Dr. Rajitha Senaratne in order to enhance the rapid development process of the hospital.

❖ **New Development - Establishment of Special Surgical Ward Complex and Orthodontic Surgical Complex for Teaching Hospital, Karapitiya.**



Foundation laying was done to set up a new surgical ward complex and a Orthodontic surgical unit for Teaching Hospital, Karapitiya. Teaching Hospital Karapitiya (THK) is the largest Tertiary care centre in Southern Province and it was established in 1982. THK is the main clinical training institute for the Faculty of Medicine, Karapitiya. It consists of 1560 beds and 54 wards and several other units. The specialties covered in the hospital include General Medicine, Surgery, Paediatrics, Psychiatry, Cardiology, Rheumatology, Oncology, Orthopedics, Neurology, Neuro Surgery, Otolaryngology,



Ophthalmology, Dermatology, Gastroenterology, Radiology, Dentistry and Outpatient Departments with many others clinics. Also the blood bank, Haemodialysis unit and the facilities for modern investigations are freely available in the hospital. New development will add a modern surgical ward complex as well as an orthodontic surgical complex to the hospital.

❖ **Implementation of Several Development Projects in District General Hospital, Ampara**



Hon. Minister of Health Dr. Rajitha Senarathne visited District General Hospital Ampara on 15th of April in 2017 and inaugurated several health development programmes. During his visit, Hospital Digital Health Unit was opened by the Hon. Minister. and he personally assessed the improvement of digital health project in Ampara Hospital.



❖ **Construction of a Pharmaceutical Manufacturing Factory in Ballapitiya, Horana**



This factory is a SL Rs.1.5 billion investment and will be opened by the end of 2018. The factory will create 300 job opportunities. The Ministry of Health and State Pharmaceutical Manufacturing Corporation (SPMC) have signed 48 agreements with pharmaceutical manufacturing companies to manufacture medicine needed for Sri Lanka. 2 new pharmaceutical manufacturing factories have been opened in Digana, Kandy and Horana. Hon. Minister of Health Dr. Rajitha Senaratne expects that by 2020, Sri Lanka to manufacture necessary medicine within the country.



❖ **New Faculty of Nursing affiliated to University of Colombo**



His Excellency the President Maithripala Sirisena laid the foundation stone for a Nursing Faculty affiliated with the University of Colombo at Sri Jayawardenepura General Hospital premises. This event was attended by Hon. Minister of Health Dr. Rajitha Senarathne. This Faculty of Nursing, established with an investment of Rs 14.5 billion, will contribute to creating graduate nurses with knowledge, attitudes and skills required for future. The new building complex will be built for the faculty with 17 floors. This modern facility can accommodate approximately, 2,000 student nurses at once. The hostel facilities for the nursing students will be built at the premises of the Colombo East Base Hospital and it will comprise of all the facilities including sports, swimming pools and gyms.

❖ **Opening of the Nutrition Unit of National Hospital of Sri Lanka**



Medical Nutrition Therapy (MNT) is a therapeutic approach to treating medical conditions and their associated symptoms via the use of a specifically tailored diet devised and monitored by a registered dietitian or professional nutritionist. The diet is



based upon the patient's medical and psychosocial history, physical examination, functional examination and dietary history.

❖ **Launching of New Nutrition Center at Ampara District**



❖ **New MOH Office for Bandaragama, Millaniya Divisional Secretariat Division**



A newly built MOH office for the Millaniya of Bandaragama was declared opened by the Hon. Minister of Health Dr. Rajitha Senarathne on 03rd June 2018.



❖ **Renal Disease Prevention Unit and a New Administrative Building for Divisional Hospital, Bakamuna**



The newly built “Renal Disease Prevention Unit and the new Administrative Building” for the Divisional Hospital, Bakamuna of Pollonnaruwa District was declared opened by Hon. Minister of Health Dr. Rajitha Senaratne on 01.08.2018. This constructions were completed under the programme of “Pubudamu Pollonnaruwa”.

❖ **New Medical Officer of Health Office for Horana Division**





A new MOH Office was constructed for the Horana Divisional Secretariat area and the cost of the project was 45 Million rupees. The MOH office was declared opened by Hon. Minister of Health Dr. Rajitha Senararatne with the participation of local politicians and the public.

❖ New Development of Divisional Hospital, Moratuwa



Foundation laying was done for 05 story ward complex for Divisional Hospital, Moratuwa on 19th May 2018. The expected cost of the project is Rs. 800 Million.

Modernized OPD for Sirmavo Bandaranayake Specialized Children Hospital, Peradeniya





Sirimavo Bandaranayake Specialized Children Hospital, Peradeniya is the second biggest children hospital of Sri Lanka and provides tertiary care specialized services for children. The hospital is up graded in many aspects of its service provision recently including Merchant ward, Neurology ward and Customer friendly Pharmacy service. The Out Patient Department was up graded using the funds allocated by the Minister of Health. The modernized OPD services includes Specialist's OPD services, 24 Hour OPD admission service, 8 AM -10 PM OPD consultation, Phlebotomy unit, Children play area, Automated banking facilities, Hot line facilities, Quality seating facilities and the patient care in a pleasant and responsive environment. Hon. Minister of Health Dr. Rajitha Senaratne has taken steps to upgrade the hospital services for next 20 years by expanding the infrastructure. Recently steps were taken to acquire a new land for further expansion of the hospital.

❖ **Distribution of New Buses for Nursing Training Schools**



The Health Ministry is to provide buses for all Nurses Training Schools (NTS) in the country. Under the first phase, buses valued at Rs. 53 million were provided for NTS in Galle, Matara, Kalutara, Kandana and Batticaloa.

According to the Hon. Minister of Health buses will be provided to all NTS in the country soon. There are 18 NTS in Sri Lanka which train nurses for state hospitals and other state health institutions. There is a principal for each NTS.



❖ ***New Administrative Building for Nursing School, Matara***



A nursing administration building for Nursing Training School Matara was declared opened by Hon. Minister of Health Dr. Rajitha Senarathne on 28.07.2018. The total cost of the new building was Rs. 76 Million.

❖ ***Distribution of Mobile Dental Service Units to Facilitate the Dental Services in Remote Areas***





Dental health of the Sri Lankan public is one of the major concerns of the Ministry of Health. Hon. Minister of Health Dr. Rajitha Senaratne has given instructions to develop the dental health of the public throughout the country. One of the major steps for providing services to remote areas is the conducting mobile dental clinics. Health Ministry has taken steps to provide Mobile Dental Units for the Offices of the Regional Directors of Health services.

❖ **Provision of Motorcycles for Midwives Serving in the Country**



Around 1,500 midwives (family health workers) serving in the country need motorcycles and arrangements will be made soon to provide them motorcycles according to the policy decision made by the Hon. Minister of Health Dr. Rajitha Senaratne.

An approval has already been given to change the official uniform of the midwives, considering the fact that they travel by riding motorcycles.

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

Human Resource Recruitment during year 2017 – 2018

(Major categories)

| <i>Health Care Category</i> | <i>Number Recruited</i> |
|----------------------------------|-------------------------|
| Consultants & Acting Consultants | 498 |
| Medical Officers | 1146 |
| Dental Surgeons | 77 |
| Nursing Officers | 3369 |
| Medical Laboratory Technologists | 214 |
| Pharmacists | 145 |
| Radiographers | 63 |
| Occupational Therapists | 17 |
| Physiotherapists | 83 |



| | |
|--------------------------------|------|
| Speech Therapists | 44 |
| Public Health Midwives | 571 |
| Public Health Inspectors | 168 |
| Public Health Field Officers | 2014 |
| PHLTs | 87 |
| Saukya Karya Sahayaka (Casual) | 1622 |
| Dengue Prevention Assistants | 700 |
| Psychiatric Social Workers | 28 |
| Attendants | 115 |
| Lab Orderly | 145 |

❖ **Appointing 295 Post Intern Medical Officers for Sri Lankan Health Sector on 25.07.2018**





❖ ***Appointing 900 Intern Medical Officers and 1146 Post-intern Medical officers for Sri Lankan Health Sector on 28th November 2017***



❖ ***Appointing of 582 Intern Medical Officers on 13th of June 2018***





❖ **Appointing 77 Dental Surgeons for Sri Lankan Health Sector on 5th July 2018**



❖ **Appointment Distribution for Total of 2145 Health Staff Members including 1629 Nursing officer, 76 Nursing Graduates and 168 Public Health Inspectors on November 2017**





❖ ***Distribution of Appointment Letters at the Enrollment Ceremony of 325 Para Medical Staff to the Sri Lankan Health Service at BMICH***



❖ ***Diploma Certificate Awarding Ceremony for 1452 Nursing Officers Held on 11th June 2018 at Temple Trees***





❖ ***Distribution of Appointment Letter to 2014 Public Health Field Officers and 28 Psychiatric Social Workers on 21st June 2018***



❖ ***Awarding Diploma Certificates for Eye Technicians***



❖ ***Appointing 700 Dengue Prevention Assistants and Health Service Assistants on 19th September 2017***





❖ ***Distribution of Appointment Letters for 2014 Public Health Field Officers and for 21 Psychiatric Social Workers***



❖ ***Awarding Diploma Certificates for 525 Public Health Midwives***





❖ ***Distribution of Appointment Letters for 2564 Health care workers including 2031 Nursing Students, PHIs, MLTs, Telephone Operators, Attendants and Entomological Assistants on 02.08.2018 at Temple Trees***



❖ ***National Conference on Health Development Projects to Enlighten Public on Progress in Health Sector***



A national symposium on initiation of a timely health development process by the Ministry of Health, Nutrition and Indigenous Medicine was held under the patronage of the Minister of Health Dr. Rajitha Senaratne at the BMICH on Friday, March 09, 2018. Providing reliable information to the public will build confidence of the Ministry to be able to provide a proper health service to the people. Accordingly, the public will be informed of various health development projects implemented from the year 2015 to date. According to the reports of World Bank, World Health Organization (WHO) and the World Economic Forum, Sri Lanka's health service has been identified as in the forefront.



❖ **Commemoration of “World Women’s Day” at General Hospital, Anuradhapura**



A day that has been observed since the 1900s International Women's Day is now recognised each year on March 8. In 1910, a woman called Clara Zetkin – leader of the ‘women’s office’ for the Social Democratic Party in Germany – tabled the idea of an International Women’s Day. She suggested that every country should celebrate women on one day every year to push for their demands. A conference of more than 100 women from 17 countries agreed to her suggestion and IWD was formed. In 1911, it was celebrated for the first time in Austria, Denmark, Germany and Switzerland on March 19. In 1913, it was decided to transfer IWD to March 8, and it has been celebrated on that day ever since. The day was only recognised by the United Nations in 1975, but ever since it has created a theme each year for the celebration. World Women’s Day was celebrated with the patronage of Hon. Minister of Health Dr. Rajitha Senarathne at the General Hospital, Anuradhapura and awarding ceremony was held for the healthcare workers who were the winners of the exhibition held.

❖ **Commemoration of International Nurses Day – 2018**





The International Nurses Day celebration annually organized by the Public Services United Nurses Association was held under the patronage of President Maithripala Sirisena at the BMICH on 10th May 2018. International Nurses Day (IND) is celebrated every year all around the world on 12th of May to commemorate the birth anniversary of Florence Nightingale and to mark the nurses' contributions towards people's health. Each year, nurses in Sri Lanka also celebrate this day in a graceful manner.

❖ **Commemoration of World Blood Donors Day – 2018**



World Blood Donor Day 2018 is on June 14th, and hosted by Greece, with the theme 'Blood Connects us All'. It is an annual event, usually on the same date each year, to thank voluntary blood donors and acknowledge them and encourage blood donation and new donors, especially by representing how blood donations have saved and changed lives. The Day has the slogan 'Share Life, Give Blood', referring to the caring and cohesion that giving blood and caring for others involves. The commemoration Ceremony of World Blood Donors Day was held at Nelum Pokuna on 14.06.2018 under the patronage of Hon. Minister of Health Dr. Rajitha Senarathne.



❖ **Commemoration of World No Tobacco Day - 2018**



World No Tobacco Day with the theme of TOBACCO AND HEART DISEASE held on 7th June 2018 at Water's Edge Baththramulla. The programme was graced by the presence of Hon. Dr.Rajitha Senarathne Minister of Health, Nutrition and Indigenous Medicine. The event was initiated with the welcome speech of Dr.Palitha Abeykoon - Chairman NATA. Key people in the events were Mr.Janaka Sugathadasa - Secretary Ministry of Health Nutrition and Indigenous Medicine, Dr.Anil Jasinghe -Director General of Health Service, Dr.Razia Pendse -World Health Organization Representative-Sri Lanka, Dr.M.R Mubarak- President, Sri Lanka Heart Association, various individuals representing their organizations related to tobacco control with around 250 participants. Two Technical sessions were carried out with the scope of "Aspects of Tobacco Control" Addressing Smokeless Tobacco Use in Sri Lanka". And also the book" DUMWATIYEN BIDENA HADAWATH" was launched.

❖ **An Advocacy Program for Hon. Members of Parliament on the Theme of "Role of Parliamentarians in Achieving Universal Health Coverage (UHC)"**





More than 50 Members of Parliament (MPs) signed the pledge at the conclusion of the session 'Health for All in Sri Lanka: Role of Parliamentarians in achieving Universal Health Coverage (UHC)' organized by the Sri Lanka Medical Association (SLMA), held in Committee Room 1 of the parliamentary complex at Sri Jayewardenepura, Kotte. on 04.07.2018.

❖ **The World TB Day Awareness Walk on the Theme of “Wanted: Leaders for a TB-free world”.**



The World TB (Tuberculosis) Day was commemorated on 24th March 2018. This year's theme was “Wanted: Leaders for a TB-free world”. The TB walk took place at Independence Square, Colombo 7 under the patronage of Health Minister Dr. Rajitha Senarathne.

Sri Lanka has around 13,000 TB patients. Of them, only around 8,511 were detected and undergo treatment. Of them, 8,113 were newly identified cases. Sri Lanka has around 4,500 unidentified TB patients and they actively spread the disease.

The World Health Organization (WHO) says TB continues to be the top infectious killer worldwide, claiming over 4,500 lives a day. The emergence of multi drug-resistant TB (MDR-TB) poses a major health security threat and could risk gains made in the fight against TB. Last year, WHO reported that 10.4 million people fell ill with TB and that 2016 reported 1.8 million TB deaths. The disease is deeply rooted in populations where human rights and dignity are limited.



❖ **Commemorating “Organ Donor Day 2018” in order to Lift the Barriers for Organ Transplantation in Sri Lanka**



Hon. Minister of Health Dr. Rajitha Senarathne has taken steps to encourage the organ donation for transplant surgeries for required patients. Ministry of Health is planning to lift the cost burden over patients who are donating organs for patients at the public or private sector.

❖ **The Medicare National Healthcare Exhibition 2018**



The high quality of healthcare professionals in Sri Lanka is acknowledged around the world and creating awareness about and adopting the newest innovations in different branches of medicine, technology and science will undoubtedly enable us to improve the overall quality of national health. The Medicare National Healthcare Exhibition 2018 is a B2C Exhibition that focuses on introducing and promoting the latest advances in medical science and technology. This exhibition offers businesses and medical institutions an ideal platform to network, do business and discover cutting edge breakthroughs in medical science. However, its primary purpose is to provide the public with timely, accurate and important information and updates on health issues and the latest technology available for disease diagnosis, prevention and cure.



❖ **Involving in “Health Run & Walk – 2018” Organized by the Sri Lanka Medical association**



❖ **Promoting Exercises to Combat with Non Communicable Diseases**



To promote healthy lifestyles, a physical exercise programme titled “Be the Change” was introduced to the WHO Regional Committee for the first time, providing the opportunity for health ministers to lead by example and put their health advocacy into practice. The World Health Organization has launched programs in every country to minimize non-communicable diseases, which result from a combination of genetic, physiological, behavioral, and environmental factors. The main types of NCDs are cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. The WHO has said that programs implemented by Sri Lanka in this regard is an example to other countries.

Minister of health, Nutrition, and Indigenous Medicine Dr. Rajitha Senarathne and Deputy Minister Faizal Cassim, Secretary to the Ministry Janaka Sugathadasa and the Director General of the SAARC Secretariat attended the inauguration of the Summit.



❖ **Health Ministry in the process of Launching “Goodness at the Edge” Healthy Meal Plan**



Healthy eating and a healthy lifestyle is Colombo's latest phenomenon. With the entire nation recognizing the need for healthy living, supported by the Government, people are often looking for ways in which to consume healthier food. Taking on the responsibility of providing a healthy meal option at an affordable price, Waters Edge, Colombo's fastest growing entertainment hub, launched 'Goodness at the Edge' on 5th April 2018, a healthy meal plan for busy lifestyles. The launching ceremony was held under the patronage of Minister of Megapolis and Urban Development Patali Champika Ranawaka and Health Minister Dr. Rajitha Senaratne.



Ayurvedic Sector

❖ *Official Inauguration of the Tramed International 2017 – Sri Lanka*



Excellency the president Maithripala sirisena. This international symposium on Traditional & Complementary Medicine was a valuable opportunity to interact and be a part of a world class leadint scientists, researchers, healthcare practioners and young scholars who would contribute to bring about a new era for innovations in the fields of Traditional Medicine, Complementary Medicine and medicinal plant based drug discovery.

❖ *Cultivation of Herbal Medicinal Plants in North-Western Province*



special project to cultivate herbal medicinal plants in a 1000 acres of lands in Anuradhapura and Polonnaruwa was started under the guidance of Ho. Minister of Health Dr. Rajitha Senarathne. This project would be expected to generate self-employment opportunities for the youth of the districts. The Alovera plant has been planned to be cultivated as its crop will result in period of 06 months. This project will generate a considerable income for the country and the global sale of the herbal medicinal plants had been calculated as 26 Billions of US Dollars.



❖ **Opening of the Regional Office of Sri Lanka Ayurvedic Drugs Corporation in Anuradhapura**



Sri Lanka Ayurvedic Drugs Corporation which was incorporated in 1969 by the government extra ordinary gazette notification No. 14853/1 dated 11May 1969 under the provision of State Industrial Corporation Act. No. 49 of 1957 as the pioneer of manufacturing and marketing of Ayurvedic Drugs to the government hospitals, Ayurvedic physicians and private sector has been playing the major role in health sector in Sri Lanka for more than 40 years. It must be stated that local as well as foreign consumers have good faith and better perception on Ayurvedic medicines produced by the Corporation. As a policy, the Corporation is mainly focused on quality of medicines and service to the general public rather than operating as a business entity. Hon. Dr. Rajitha Senaratne declared the opening of the regional office of the Sri Lanka Ayurvedic Drugs Corporation in Anuradhapura.

❖ **Opening of the Ayurvedic Nutrition Centre at Ingiriya**





❖ ***Distribution of IT devices for Aurvedic Physicians.***



IT devices including computers and multimedia projectors were distributed among Aurvedic Physicians in order to strengthen the capacity building of the healthcare personals.

❖ ***Opening of the Nutrition Stall in Aurveda Teaching Hospital, Borella***



The nutrition stall of Teaching Hospital, Borella was declared opened by Hon. Minister of Health Dr. Rajitha Senarathne. This nutrition stall was established in order to promote indigenous foods.

❖ ***Special Project on Training Indigenous Students Between the University of Daegn Haany of South Korea and Sri Lanka***





❖ ***New Paying Ward Complex for Aurvedic Hospital, Palkekele, Kandy***



❖ ***International Indigenous Healthcare Exhibition & Symposium, "Ayurveda Expo 2018"***



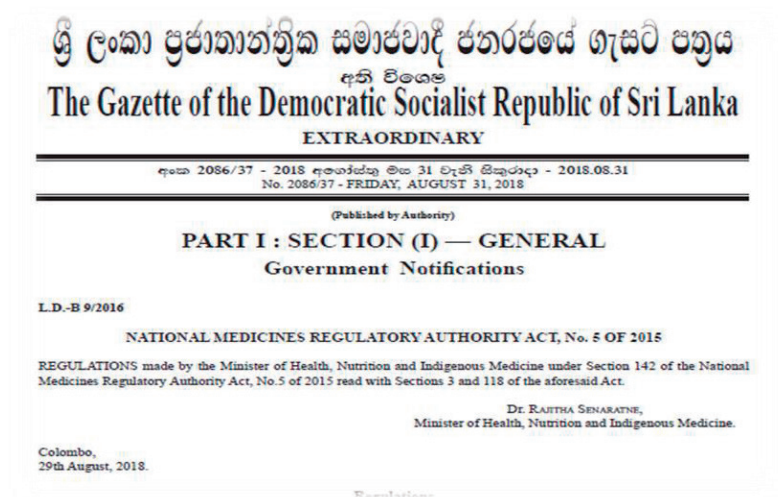


❖ **Foundation laying Ceremony for the Herbal Drug Manufacturing Plant at Maharagama, Navinna.**



Medicinal drugs and Pharmaceutical Services

❖ **The cost of medicines and medical equipment including 10 very expensive drugs were reduced**





The costs of medicines and medical devices including highly expensive drugs have been reduced from 31.08.2018. This price reduction is applicable for the expensive antibiotics, commonly used anti-diabetic drug, Soluble Insulin and an essentially needed medical device, Glucometers and Test strips of Glucometers. This decision was taken by the National Medicinal Regulatory Authority under the guidance of Hon. Minister of Health Dr.Rajitha Senaratne.

❖ **Action to be Taken to Issue Prescriptions in Generic Drug Names Within the Next Two Years**



Issuing prescriptions for drugs with brand names, and issuing such drugs under brand names will be prohibited with the implementation of a new method under the provisions of National Drugs Act, and only generic names of drugs will be permitted for prescription purposes, Hon. Minister of Health expressed at the Parliament during the debate of National Medicinal Regulatory Act.

❖ **Arrangements are being made to perform Cataract Surgeries after 4.00 pm in Government Hospitals**



One hundred thousand (100,000) best quality intra ocular lenses (eye lenses) imported and distributed to state hospitals in 2017 and estimated 150,000 lenses are planned to make available in 2018 free of charge to all patients undergoing cataract surgery in government hospitals. On the advice of Hon. Minister of Health, Nutrition & Indigenous Medicine, arrangements are being made to perform cataract surgeries after 4.00 pm in government hospitals, get the services of retired eye surgeons, utilize facilities at Sri Jayawardenepura General Hospital & Neville Fernando Teaching Hospitals as well as private sector facilities to serve the need of patients without having to wait in long waiting lists.



❖ **Price Regulation of the Eye Lenses in the Sri Lankan Health Care Market**



Months after reducing the prices of several essential drugs, the Government sharply cut the prices of costly lenses used as implants during cataract surgery and it was eyeing another expensive but inevitable option in patient care – private hospitals and laboratories. The prices of 38 common varieties of intra-ocular lenses implanted during cataract surgery have been regulated by the government, reducing some of them by as much as 77 %.

❖ **Maximum cash limit (of Rs1.5 million) to purchase of Drugs for a Cancer Patient has been lifted**



In order to strengthen the free health services, Hon. Minister of Health Dr.Rajitha Senarathne has taken steps to remove the maximum cash limit of Rs. 1.5 Million to purchase drugs for a cancer patient. It was a well-known fact that the poor cancer patients were dying due to restricted drug locally purchased supply. The Medical Supplies Division (MSD) of Ministry of Health had allocated only Rs 1.5 million per year for a single cancer patient up to now for drugs which are extremely costly. The budget for year 2016 have allocated Rs.2015 billion for the health sector and Rs.3070 million out of that have been allocated for the treatment services of cancer patients.



❖ **Introduction of Nutritious Biscuits for Estate Sector Children in order to Combat Malnutrition**



The Health Ministry has introduced a special variety of biscuits to improve the nutrition level of estate sector children and the highly nutritious biscuits help to improve the nutrition level of estate sector children. It was revealed that the nutrition level of estate sector children is lower than the children in other parts of the country. Hon. Minister of Health Dr. Rajitha Senarathne handed over the biscuits to estate superintendents in the Kalutara district, on 01.07.2018. The biscuits are to be distributed among estate sector children between the ages of two and five. Addressing the gathering at the handing over ceremony, Minister Senarathne stated that the biscuits will be given to children three times a week and they will provide the required nutrition to the children. Thriplosa is being provided to pregnant and lactating mothers, free of charge to improve their nutrition level.

❖ **National Health TV Channel Launched**





The launching ceremony was held at the Colombo Galadari hotel under the patronage of the Hon. Health, Nutrition and Indigenous Medicine Minister Dr. Rajitha Senarathne. This is an endeavor to uplift the people's health standards and create a healthy population. Through this channel, the public will be educated on non-communicable diseases, create a broad knowledge on family health, nutrition, sports and family life.

❖ Major thrust areas of health sector in Sri Lanka in 2017 – 2018

- a. Provide & strengthen free health services in an equitable manner that benefit the rural poor and underserved, displaced communities in Sri Lanka.
- b. Providing adequate human resources in an equitable manner and enhance a suitable working environment and residential facilities in difficult and remote areas.
- c. Human resources development, emphasizing building up of positive human attitudes, appropriate knowledge and skills at delivering of services of defined quality.
- d. Prevention and control non-communicable diseases and deaths from road traffic accidents
- e. Promoting healthy lifestyles
- f. Attainment of highest possible levels of maternal and child health
- g. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and other medicinal products for all
- h. Strengthening the programmes and campaigns on control of AIDS, tuberculosis and other communicable diseases
- i. Improving the quality and safety in healthcare delivery in primary, secondary and tertiary care services.
- j. Improving the health information system and e-health initiatives.
- k. Strengthen the control and prevention of tobacco & related product usage, substance abuse, including narcotic drug abuse and harmful use of alcohol
- l. Ensuring optimal utilization of resources through efficiency and effectiveness ensuring value for money, accountability, transparency, fairness and equal opportunities
- m. Strengthen the initiatives for proper waste management and environment protection
- n. Encouraging private sector investment in healthcare provision
- o. Policy on healthcare delivery for universal health coverage was approved by the cabinet of ministers on 10th April 2018 and launched on 15th October 2018. The Essential (health) Services Package is drafted with stakeholders and implementation workshops are being carried out at the provincial level.



4. National Health Profile – (Summary)

| Indicator | 2005 | 2009 | 2012 | 2014 | 2015 | 2016 |
|---|--------------------|-------------------|---------------------|----------------------|----------------------|----------------------|
| <i>Demographic Indicators</i> | | | | | | |
| Total population (in thousands) | 19,668 | 20,476 | 20,359 ⁹ | 20,771 [*] | 20,966 [*] | 21,203 [*] |
| Land area (sq.km) | 62,705 | 62,705 | 62,705 | 62,705 | 62,705 | 62,705 |
| Population density (persons per sq.km) | 314 | 327 | 325 ⁹ | 332 [*] | 334 [*] | 338 [*] |
| Population growth rate (%) | 1.1 | 1.1 | 1.1 ⁹ | 1.1 ⁹ | 1.1 ⁹ | 1.1 [*] |
| Crude birth rate (per 1000 population) | 18.83 | 18.0 | 17.5 [*] | 16.9 [*] | 16.0 [*] | 15.6 [*] |
| Crude death rate (per 1000 population) | 6.6 | 6.2 | 6.0 [*] | 6.2 [*] | 6.3 [*] | 6.2 [*] |
| Urban population (%) | 16.3 ¹ | 16.3 ¹ | 18.2 ¹ | 18.2 ¹ | 18.2 ¹ | 18.2 ¹ |
| Sex ratio (No females per 100 males) | 97.9 ¹ | 97.9 ¹ | 93.8 ⁹ | 93.8 ⁹ | 93.8 ⁹ | 93.8 ⁹ |
| Child population (under 5) | 8.6 ¹ | 9.0 ⁷ | 8.6 ⁹ | 8.6 ⁹ | 8.6 ⁹ | 8.6 ⁹ |
| Women in the reproductive age group (15-49 years) % | 54.78 ¹ | 51.4 ⁷ | 51.0 ⁹ | 51.0 ⁹ | 51.0 ⁹ | 51.0 ⁹ |
| Average house hold size (Number of persons per family) | 4.7 ¹ | 4.0 ⁷ | 3.8 ⁹ | 3.8 ⁹ | 3.8 ⁹ | 3.8 ⁹ |
| <i>Socio-economic Indicators</i> | | | | | | |
| GNP per capita at current prices (Rs) | 120,875 | 233,716 | 365,192 | 461,650 [*] | 508,936 [*] | 546,408 [*] |
| Human development index | 0.751 ² | 0.653 | 0.715 | 0.711 | 0.766 | 0.768 |
| Dependency ratio Total | 49.27 ¹ | 50.8 ⁷ | 60.2 ⁹ | 60.2 ⁹ | 60.2 ⁹ | 60.2 ⁹ |
| Old-age (60 years and more) | 9.49 ¹ | 10.9 ⁷ | 19.8 ⁹ | 19.8 ⁹ | 19.8 ⁹ | 19.8 ⁹ |
| Young (under 15 years) | 39.77 ¹ | 28.4 ⁷ | 40.4 ⁹ | 40.4 ⁹ | 40.4 ⁹ | 40.4 ⁹ |
| Total Literacy Rate % | 90.7 ¹ | 90.7 ¹ | 95.7 ⁹ | 95.7 ⁹ | 95.7 ⁹ | 95.7 ⁹ |
| Female | 89.2 ¹ | 89.2 ¹ | 94.6 ⁹ | 94.6 ⁹ | 94.6 ⁹ | 94.6 ⁹ |
| Male | 92.2 ¹ | 92.2 ¹ | 96.9 ⁹ | 96.9 ⁹ | 96.9 ⁹ | 96.9 ⁹ |
| <i>Health and Nutrition Indicators</i> | | | | | | |
| Life expectancy at birth (years) | | | | | | |
| Female | 76.4 | 78.7 | 79.8 | 78.6 | 78.6 | |
| Male | 71.7 | 69.9 | 70.5 | 72 | 72.0 | |
| Neonatal mortality rate (per 1,000 live births) - FHB Data | 8.4 | 7.3 | 6.8 | 6.2 | 6.59 | |
| Infant mortality rate (per 1,000 live births) - FHB Data | 11.17 | 10.5 | 9.2 | 8.6 | 9.16 | |



| | | | | | | |
|---|--------------------|-------------------|--------------------|-------------------|--------------------|--------------------|
| Under-five mortality rate(per 1,000 Under 5 population) | 13.39 ³ | 12.1 ⁴ | 12.2 ¹⁰ | 12.2 | 10.0 ¹¹ | 9.4 ¹² |
| Average no. of children born to ever married women in Sri Lanka | 1.9 ³ | 2.2 | 2.4 ⁹ | 2.4 ⁹ | 2.4 ⁹ | 2.4 ⁹ |
| Maternal mortality rate(per100,000 live births) – FHB Data | | 40.2 | 37.7 | 32 | 32.0 | |
| Low-birth-weight per100 live births in government hospitals % | 17.6 | 17.2 | 16.3 | 16.0 | 16 | 15.5 |
| Percentage of under five Children Under weight (weight-for-age) | 29.4 ⁵ | 21.1 ⁷ | 17.3 | 16.4 | 15.6 | 20.5 ¹⁵ |
| Wasting (Acute under nutrition(weight-for-height) | 14 ⁵ | 14.7 ⁷ | 14 | 12.2 | 12.2 | 15.1 ¹⁵ |
| Stunting (Chronic malnutrition (height-for-age) | 13.5 ⁵ | 17.3 ⁷ | 11.4 | 10.5 | 9.6 | 17.3 ¹⁵ |
| <i>Primary Health Care Coverage Indicators</i> | | | | | | |
| Percentage of pregnant women attended by Skilled provider | 96 ⁵ | 98.6 ⁷ | 98.6 ⁷ | 98.6 ⁷ | 98.6 ⁷ | 99.5 |
| Percentage of live births in government hospitals | 92.2 | 92.2 | 95.6 | 94.6 | 94.1 | 91.7 |
| Women of child bearing age using contraceptives (%) | | | | | | |
| Modern Method | 49.5 ⁵ | 52.5 ⁷ | 52.5 ⁷ | 52.5 ⁷ | 52.5 ⁷ | 53.6 |
| Traditional Method | 20.5 ⁵ | 15.9 ⁷ | 15.9 ⁷ | 15.9 ⁷ | 15.9 ⁷ | 11.0 |
| Population with access to safe water (%) | 68.4 ⁶ | 89.1 ⁷ | 81.1 ⁹ | 81.1 ⁹ | 81.1 ⁹ | 81.1 ⁹ |
| <i>Health Resources</i> | | | | | | |
| Government health expenditure as % of GNP | 1.85 | 1.41 | 1.2 | 1.62 | 1.66 | 1.67 |
| Government health expenditure as % of total government expenditure | 5.4 | 3.86 | 4.1 | 5.96 | 5.65 | 6.2 |
| Per capita health expenditure (Rs) | 2,215 | 3,298 | 4,392 | 7,497 | 8,639 | 9,081 |
| Medical Officers per 100,000 population | 51.9 | 67.2 | 78.6 | 84.8 | 87.0 | 89.5 |
| Population per Medical Officer | 1,927 | 1,491 | 1,278 | 1,179 | 1,149 | 1,118 |
| Dental Surgeons per100,000 population | 4.9 | 5.1 | 6.0 | 6.5 | 6.4 | 6.8 |
| Nurses per100,000 population | 101.4 | 153.0 | 180.3 | 185.1 | 202.3 | 200.7 |



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| | | | | | | |
|---|--------|--------|--------|--------|--------|--------|
| Public Health Midwives per 100,000 population | 24.9 | 26.3 | 28.6 | 28.7 | 28.8 | 29.5 |
| Number of hospitals | 608 | 642 | 621 | 622 | 631 | 629 |
| Number of hospital beds | 60,237 | 70,842 | 76,087 | 80,105 | 80,581 | 81,580 |
| Hospital beds per 1,000 population | 3.1 | 3.5 | 3.8 | 3.9 | 3.8 | 3.8 |
| Number of Medical office of Health (MOH) Divisions | 286 | 303 | 337 | 338 | 341 | 342 |

Source : Medical Statistics Unit – “Annual Health Bulletin”

¹ Population Census 2001

² UNDP Report - 2003

³ Registrar General Department , 2002

⁴ Registrar General Department , 2009

⁵ Demographic and Health Survey, 2000

⁶ Demographic and Health Survey, 1994

⁷ Demographic and Health Survey, 2006/07

⁸ Life Tables for Sri Lanka , 2000-2002 (Department of Census Statistics)

⁹ Population Census, 2012

¹⁰ Registrar General Department , 2010

¹¹ Registrar General Department , 2013

¹² Registrar General Department , 2014

¹³ Department of Census Statistics

¹⁴ Life Tables for Sri Lanka, 2011-2013 (Department of Census Statistics)

¹⁵ Demographic and Health Survey, 2016

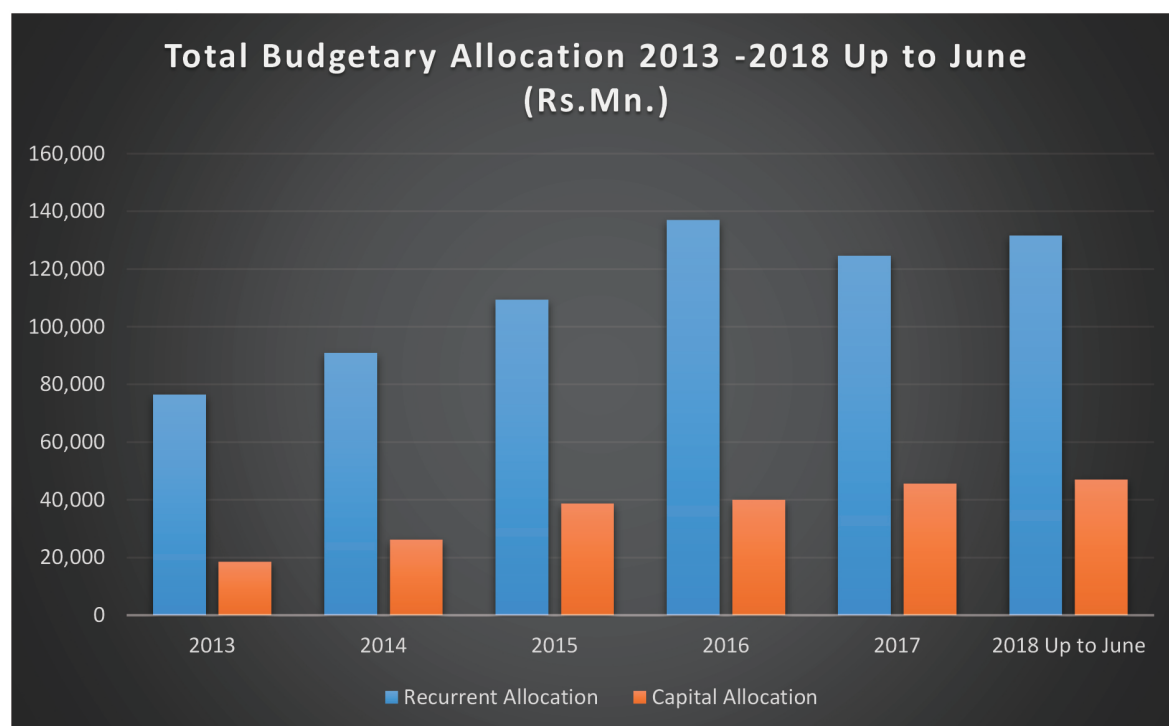
* Provisional

Health Budget Summary during 2011 – 2017 Upto June

| Rs. Million | | | | | | |
|---|---------------|----------------|----------------|----------------|----------------|-----------------|
| Years | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 Up to June |
| Recurrent Allocation | 76,450 | 91,000 | 109,446 | 137,067 | 124,627 | 131,661 |
| Recurrent Expenditure | 75,559 | 90,494 | 100,754 | 112,992 | 116,796 | 87,807 |
| Recurrent Expenditure % | 98.83 | 99.44 | 92.06 | 82.43 | 94.00 | 67.00 |
| Capital Allocation | 18,522 | 26,162 | 38,718 | 39,992 | 45,594 | 46,999 |
| Capital Expenditure | 17,435 | 21,628 | 29,488 | 23,641 | 27,500 | 12,127 |
| Capital Expenditure % | 94.13 | 82.67 | 76.16 | 59.11 | 60.31 | 25.80 |
| Total Allocation (Recurrent. + Capital.) | 94,972 | 117,162 | 148,164 | 177,059 | 170,221 | 178,660 |
| Total Expenditure (Recurrent. + Capital) | 92,995 | 112,122 | 130,241 | 136,633 | 144,296 | 99,934 |
| Total Health Expenditure % | 97.92 | 95.70 | 87.90 | 77.17 | 84.77 | 55.94 |



Total Budgetary Allocation 2013 - 2018 Up to June (Rs. Mn.)



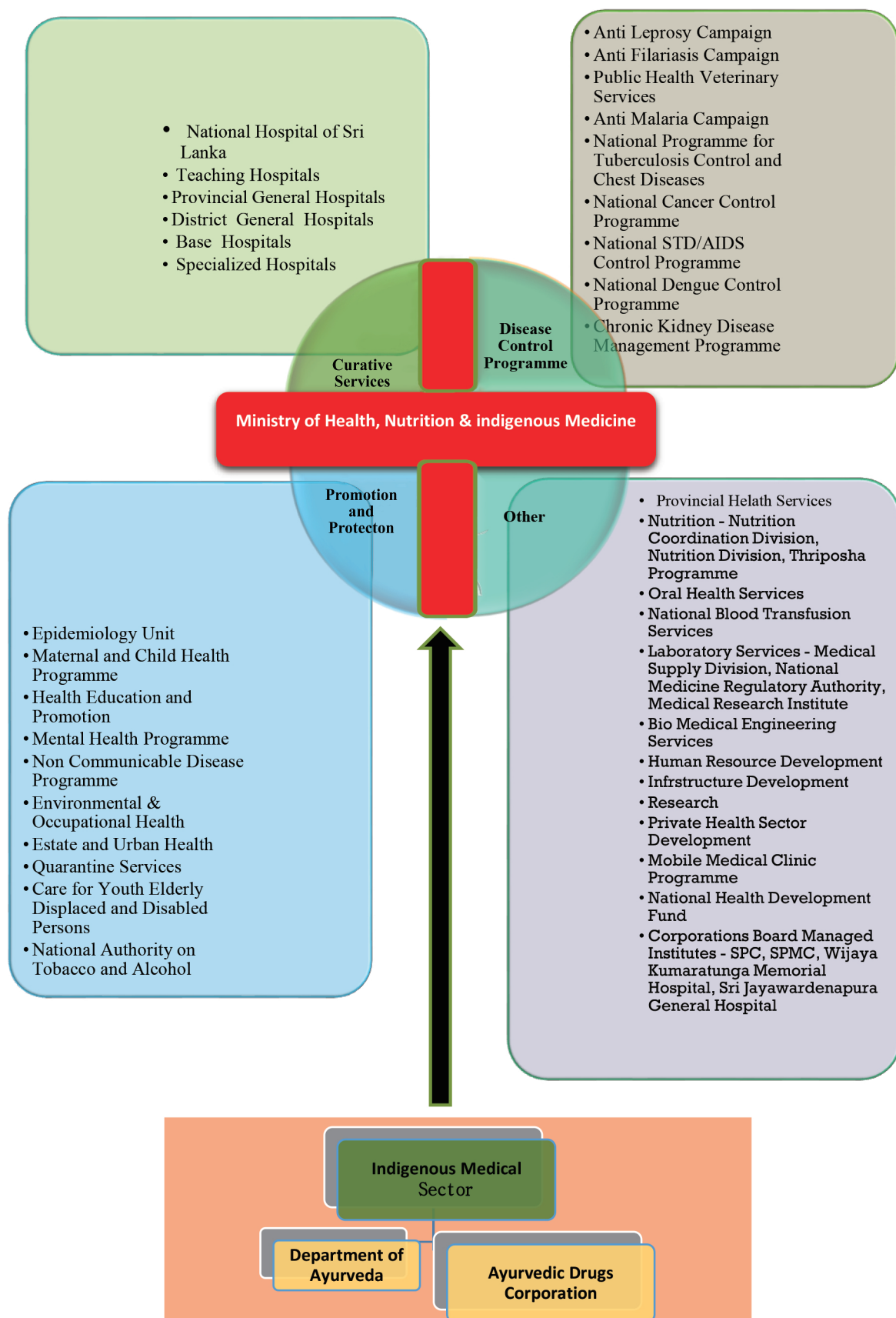
Main components of Recurrent Allocation for 2014 are as follows

| Description | Rs.Million | | | | |
|--------------------------------------|------------------|-------------------|-------------------|-------------------|-------------------|
| | 2014 | 2015 | 2016 | 2017 | 2018 Upto August |
| Medical Supplies | 34,915.45 | 40,000.00 | 45,000.00 | 44,276.35 | 43,642.31 |
| Personal Emoluments | 42,680.79 | 56,050.84 | 58,268.30 | 64,979.43 | 70,894.75 |
| Other Recurrent Expenditure * | 13,403.76 | 13,395.41 | 33,799.20 | 15,371.19 | 17,123.80 |
| Total | 91,000.00 | 109,446.25 | 137,067.50 | 124,626.97 | 131,660.86 |

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



5. Institutional structure of ministry of Health





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

6.1 DISEASE CONTROL PROGRAMME

6.1.1 Anti-Leprosy Campaign

Anti-Leprosy Campaigns (ALC) main role is policy planning, program planning, monitoring and evaluation, strengthening management information system, training program evaluation. The performance is measured using different programme indicators outlined in the National Leprosy Strategy 2016-2020: "Accelerating towards a leprosy-free Sri Lanka" which has been adapted from the WHO "Global Leprosy Strategy 2016-2020: Accelerating towards a leprosy-free world". The ALC is also mandated to build and sustain partnership with relevant partners. In addition, Central Leprosy Clinic (CLC) and Leprosy Hospital Hendala are clinical services that are directly managed by ALC.

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

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

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

| Year | New cases detection Rate for 100,000 population | Multibacillary Percentage | Child percentage | Deformity Rate for 100,000 population |
|------|---|---------------------------|------------------|---------------------------------------|
| 2001 | 12.1 | 35.0 | 11.0 | 8.0 |
| 2002 | 11.6 | 34.6 | 11.1 | 9.0 |
| 2003 | 10.0 | 37.4 | 11.5 | 8.0 |
| 2004 | 9.9 | 41.3 | 11.4 | 7.0 |
| 2005 | 9.0 | 41.5 | 10.5 | 6.0 |
| 2006 | 9.0 | 43.9 | 10.3 | 5.6 |
| 2007 | 10.0 | 44.8 | 10.0 | 6.0 |
| 2008 | 9.9 | 44.8 | 10.3 | 7.9 |
| 2009 | 9.1 | 47.6 | 9.9 | 6.35 |
| 2010 | 9.5 | 46.2 | 9.7 | 7.09 |
| 2011 | 10.6 | 48.2 | 10.7 | 6.66 |
| 2012 | 10.8 | 49.3 | 7.6 | 7.37 |
| 2013 | 9.6 | 48.8 | 9.2 | 6.73 |



| | | | | |
|------|------|-------|-------|-------|
| 2014 | 10.4 | 47.01 | 9.87 | 7.1 |
| 2015 | 9.43 | 53.81 | 11.28 | 10.01 |
| 2016 | 8.6 | 53.5 | 8.6 | 7.5 |
| 2017 | 8.68 | 57.8 | 10.39 | 7.3 |

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

6.1.2 Anti Filariasis Campaign

Lymphatic Filariasis (LF) is one of the most disfiguring diseases in the world, which causes permanent disability leading to social stigma, economic loss with a heavy burden on health system. LF is one of the leading causes of permanent and long-term disability after mental illness.

In Sri Lanka LF is endemic in eight districts in three provinces along the coastal belt. In July 2016, Sri Lanka was declared by the World Health Organization as a country which has eliminated Lymphatic Filariasis as a public health problem because the programme reached the required target of microfilaria rate less than 1%. Yet, Anti Filariasis Campaign (AFC) of Ministry of Health, the public health institute responsible for filariasis control of Sri Lanka is detecting around 200 patients positive for microfilaria and more than 800 new patients with lymphedema /elephantiasis per year.

Ojectives

- I. To reach 0% of mf in endemic areas by 2021
- II. To ensure maintenance of 0% of mf rate in non-endemic areas
- III. To prevent progression of lymphedema in to elephantiasis among patients with past infection of filariasis

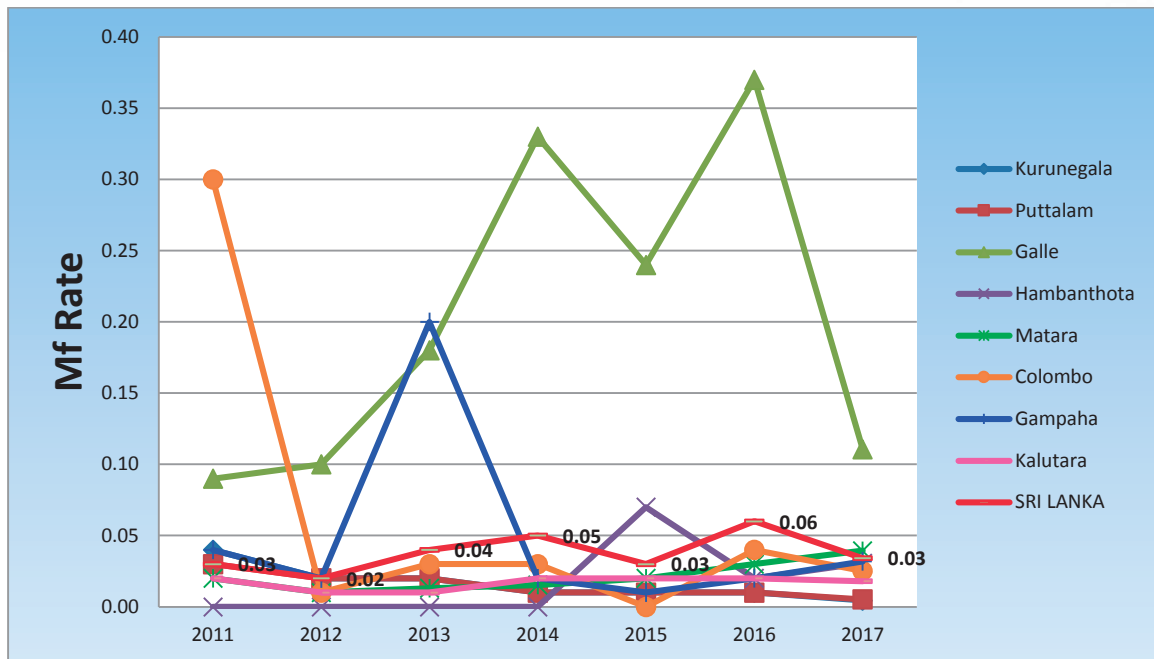
Achievements/ Special Events in 2017

- Developed, printed and distributed a treatment guideline for management of patients with Filariasis
- Implemented xenomonitoring guided enhanced parasitological surveillance
- Microfilaria rate showed a 50% reduction despite increased surveillance (mf rate 0.04%)
- Mass Drug Administration for the population in Galle district

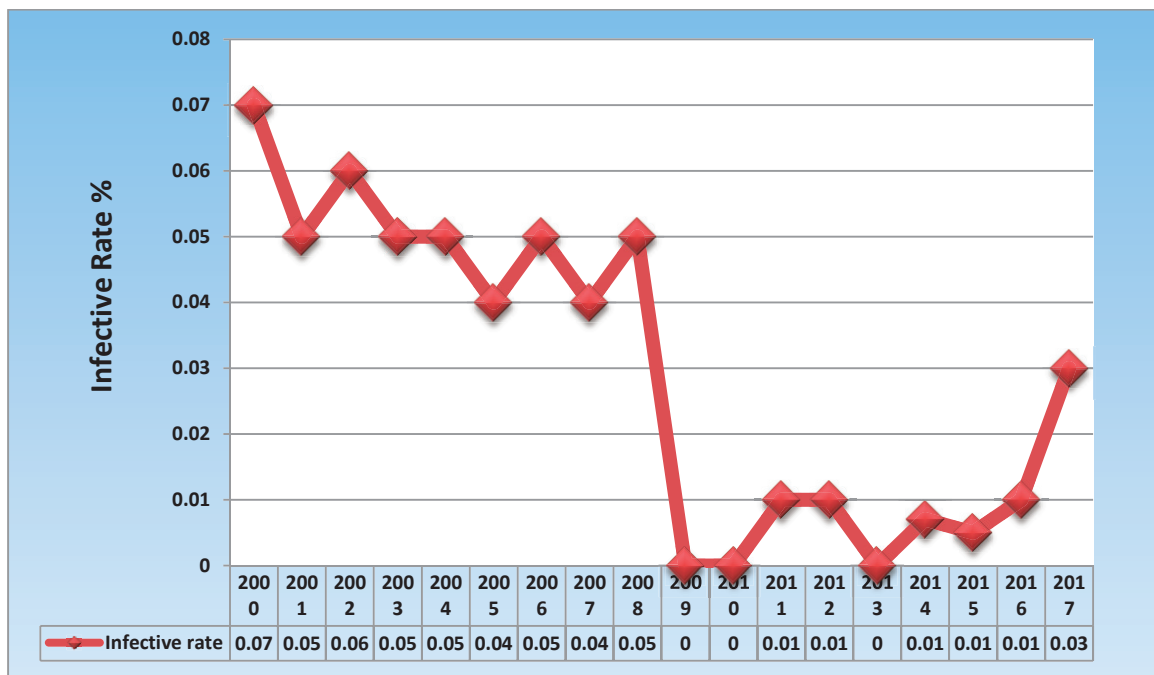


Last 5 year performance trend

Mf rate in Sri Lanka by district

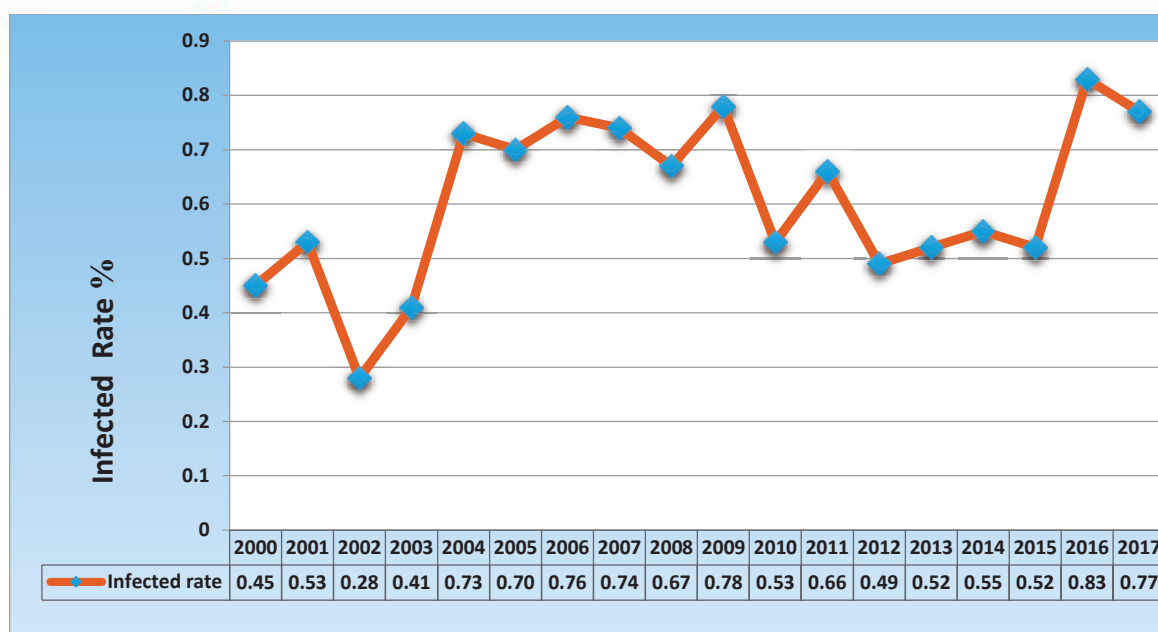


Infective rates in Sri Lanka 2000-2017





Infected rates in Sri Lanka 2000-2017



6.1.3 Public Health Veterinary Services

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

Rabies and Japanese Encephalitis are two major zoonotic viral diseases that affect humans in Sri Lanka. Dog is the main reservoir of dog rabies and the main transmitter of human rabies in Sri Lanka. The estimated dog population in Sri Lanka is around three million of which 20% is stray dogs. Similarly, pigs act as an amplifier of Japanese Encephalitis. Estimated pig population in Sri Lanka is around 150,000.

| | | 2015 | 2016 | 2017 |
|----|---|--------------------------|-------------------|-------------------|
| | Activities | Physical Progress | Physical Progress | Physical Progress |
| 01 | Anti — rabies vaccination for dogs | 1,480,668 | 1,295,675 | |
| 02 | Female dog sterilization | 167,379 | 52,809 | |
| 03 | In Service training of staff on dog vaccination | 26 | 8 programme | |
| 04 | Training of Medical officers and Nursing officers on post Exposure Treatments | 22 programme (22x15) 330 | 16 Programme | |



6.1.4 Anti-Malaria Campaign



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

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

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

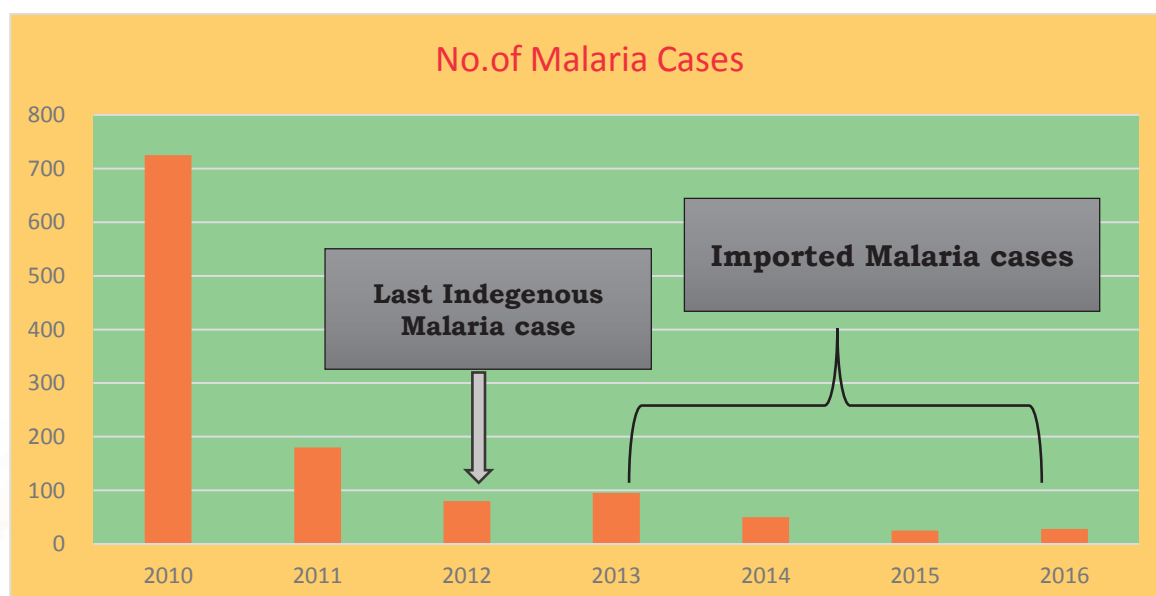
Achievements/Special Events in 2017

- During 2017, 57 imported malaria cases were reported especially from India and African countries. Anti Malaria Campaign has extended prompt service, free of charge with malaria diagnostics and treatment facilities, to both Government and private health institutions in managing these imported malaria cases.
- Steps were taken to ensure that all malaria patients entering the country were diagnosed promptly and treated effectively to ensure that reintroduction will not occur. At ports of entry special screening programmes were carried out for high risk groups returning from malaria endemic countries in collaboration with security forces, International Organization for Migration (IOM) and United Nations High Commission for Refugees (UNHCR).
- The AMC has taken several measures to verify the absence of malaria transmission within the country. In 2017, AMC has conducted more than 2500 outreach malaria mobile clinics targeting high risk groups. In total, about 0.8 million blood smears were examined as a part of parasitological surveillance which also include passive surveillance in hospitals and screening of blood bank slides.



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- Quality assured and quality controlled malaria diagnostic services have been scaled up throughout the country. Malaria diagnostic services were scaled up with Rapid Diagnostic Test kits (RDT) for hospitals throughout the country. Training programmes were conducted to ensure quality of diagnosis and ensure that WHO standards of quality assurance are met.
- Sri Lankans traveling abroad to malaria-endemic countries were provided with necessary guidance and preventive treatment free-of-charge by the AMC to prevent malaria during their overseas travel.
- Entomological surveillance was continued with nearly 50 sentinel sites throughout the country to monitor behaviour of malaria vector mosquitoes and targeted vector control measures were taken as and when necessary. Long Lasting Insecticide Impregnated bed nets were distributed for selected target groups to prevent reintroduction of Malaria.
- Two workshops with participation of international experts were successfully held during 2017;
 - Workshop on Prevention of Re-introduction of malaria
 - Workshop on re-orientation of entomological activities
- AMC has taken series of interventions to keep the momentum of public interest on malaria by conducting public awareness programmes for teachers, village leaders etc.
- World Malaria Days in 2017 and 2018 were celebrated giving more attention to create public awareness on malaria. In addition to media briefings, key messages were disseminated through newspapers, radio and television. New website for Anti Malaria Campaign was launched at the Malaria Day media briefing held on 24th of April 2018.
- Sri Lanka sponsored a highly successful malaria side event with other countries such as China, Maldives at the World Health Assembly held on May 2018.





6.1.5 National Programme for Tuberculosis Control and Chest Diseases



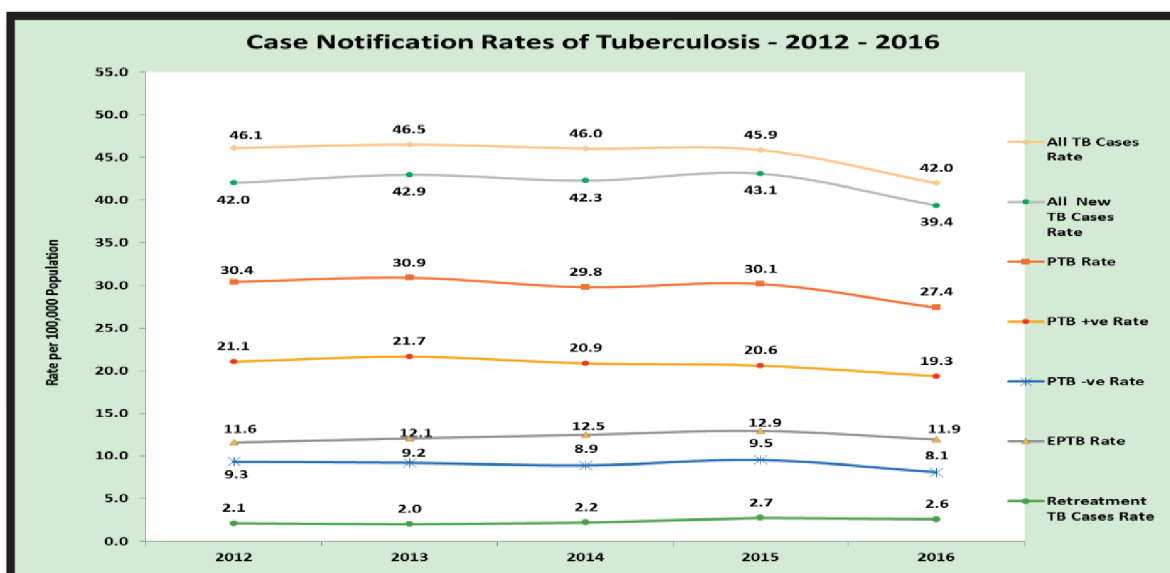
National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) is a decentralized unit in the Ministry of Health, which is headed by the Director, NPTCCD. The programme functions under the Deputy Director General - Public Health Services (I) of the Ministry of Health. The Central Unit of the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

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

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

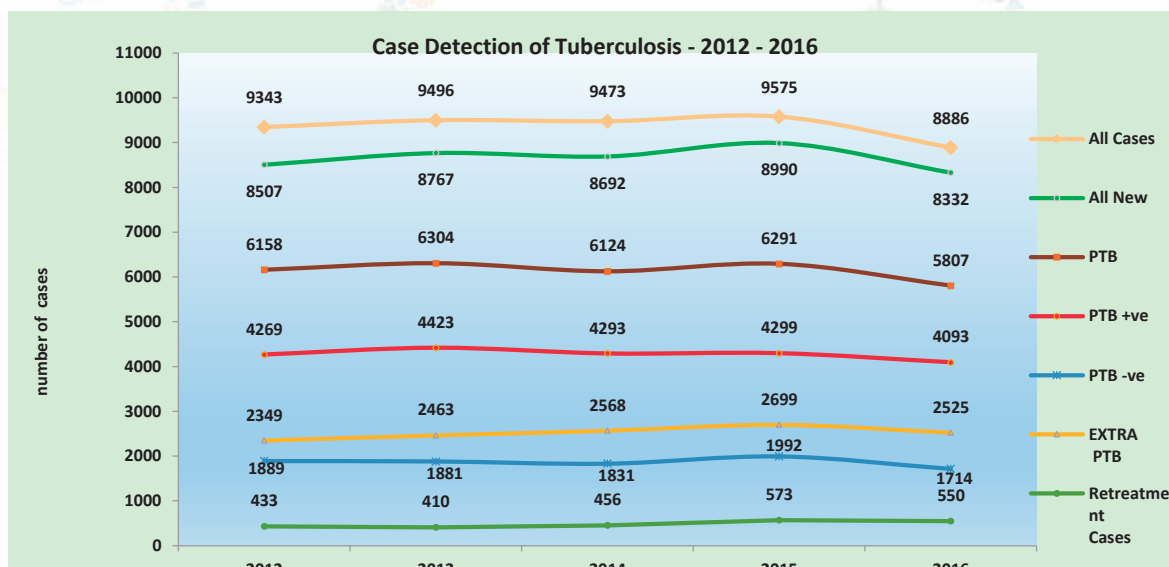
Central Drug Store of the NPTCCD is responsible for estimation, procurement, supply and distribution of anti TB drugs to District Chest Clinics.

Last 5 years performance trend



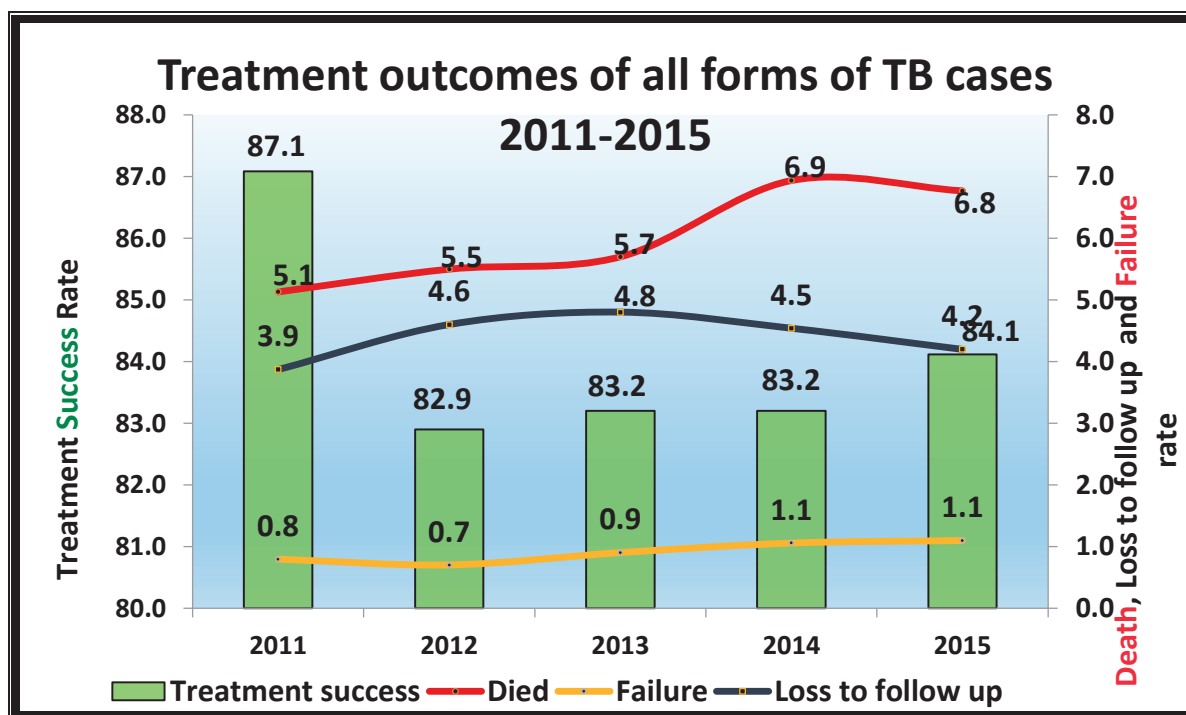


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The case detection trend from 2012 to 2015 was almost static with a reduction in no. of cases in 2016. In year 2016, 8886 all TB cases were reported in the country of which 8332 were new TB cases. Of all new cases, there were 5807 Pulmonary TB cases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

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



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



6.1.6 National Cancer Control Programme for Sri Lanka



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

Achievements / Special Events in 2017

1. Developed manuals, guidelines common cancers & strategic framework for palliative care
 - Conducted 8 consultative meetings to develop/ revise guidelines on thyroid cancer, colorectal cancer and breast cancer.
 - 500 booklet for cancer pain management were developed and printed.
 - National guidelines for management of Oral Potentially Malignant Disorders (OPMD) was revised.
 - Strategic framework for palliative care, symptom management guidelines for primary care workers, guidebook on palliative nursing for nursing officers at divisional hospitals were developed.
2. Research conducted in relation to cancer in order to generate evidences to practice evidence based medicine.
 - Research conducted on 'Delays in breast cancer care: Types, associated factors and the effect on quality adjusted life years among female breast cancer patients attending state cancer treatment centres in Sri Lanka'
 - Research conducted on "Psycho social needs and psychological distress of the primary caregivers of children & adolescents with cancers, at the National Cancer Institute, Maharagama and the impact of an intervention to address their emotional and informational needs"
3. Capacity building of health staff and non-health staff at other governmental institutions on cancer control activities were done by conducting training programmes at central and district level.
 - Conducted Module VI (the last module) of palliative care master trainer programme in collaboration with the Asia-Pacific Hospice Palliative Care Network.
 - Conducted two day training programme on cancer registration for surveillance staff at cancer treatment centres
 - Trained nursing officers attached to the Health Educations units
 - Workshop conducted for Pharmacists on palliative care & Morphine usage
 - Conducted training programme on prevention and control of cancers for dental surgeons and primary healthcare staff in 12 districts



4. Strengthen the health promotional activities in the country by improving the public awareness and education on prevention and control of cancers.
 - Procurement of 115 light boxes, flex banners and easy pull banners for district level exhibition units.
 - Printing of posters, leaflets, booklets & other IEC materials was done (leaflets and folding charts for primary prevention and early detection of oral cancer in Tamil language, printing flex banners on oral cancer, printing posters on early detection of common cancer, designing and printing laminated information card for early detection of cancer for primary healthcare staff, developing and printing leaflets/ booklet for care givers on caring cancer patients beyond cancer treatment centres in Sinhalese and Tamil language, re- printing and distribution of booklet on Be Breast Aware and breast cancer early detection among general public, designing & printing of flex banners on primary prevention of cancers targeting school children, designing & installation of bill boards on primary prevention of cancers at estate sector, designing and printing of 50,000 posters and 10,000 wall charts on primary prevention of cancers, developing and printing of booklet on cancer surveillance at cancer treatment centres).
 - Implemented a social media campaign on cancer prevention and early detection through a professional media company.
 - Media related activities –conducted media seminars and newspaper advertisements were published on prevention and early detection of cancers.
 - Production of DVDs with selected health educational materials on cancer and duplication of the developed DVD to produce 2,000 copies was completed.
 - Developed COMBI plans for ; prevention of betel quid chewing (and smokeless tobacco) , primary healthcare workers to integrate cancer control at primary care level, to improve self-referral for breast screening, to improve self-referral for breast screening.
5. Strengthen the infrastructure development of National Cancer Control Programme, Cancer Early Detection Center, cancer treatment units and other designated units.
 - The Ministry of Health, Nutrition & Indigenous Medicine signed the revised Memorandum of Understanding with the Dialog Axiata PLC for construction of four storied building at Narahenpita for National Center for Hearing & Speech and National Cancer Prevention & Early Detection Center. The Dialog Axiata PLC obliged a sum of Rs 120 million for the project.
 - Procurement of equipment and accessories for cancer treatment centers and other designated units (eg. Procurement of a Cytotoxic Isolator, a Medical grade monitor for Laparoscope, Multipara Monitors, Syringe pumps, Infusion pump, Pulse oximeters, treatment planning unit, digital colposcopy machines and accessories for cervical screening and treatment at Gynaecological units, colonoscopes)
 - Procured equipment and other necessary accessories for the office of NCCP and for the CEDC.
6. Advocacy programmes and review meetings for school teachers, estate sector administrators, NGOs and civil society leaders.
 - Training of school teachers in Training Colleges on primary prevention of cancers with especial emphasis on tobacco control
 - Conducted review meetings with estate sector health administrators in Ratnapura, Galle and Kandy districts.



7. Monitoring and evaluation of the cancer control activities in the country (progress reviews, advisory committee meetings & district reviews).
 - Conducted 15 district level review meetings to appraise the progress of the cancer control activities in district level.
 - Conducted 3 advisory committee meetings
 - Conducted review mission for PACT model
 - Conducted 3 meetings of National Steering Committee on Palliative care
 - Conducted 12 review of cancer surveillance at cancer treatment centres
8. Improvement of cancer surveillance system
 - The Ministry of Health, Nutrition & Indigenous Medicine signed a Collaborative Research Agreement with International Agency for Research on Cancer for the development of the population based cancer registries in Sri Lanka.
 - Developed real-time web based data management system
9. Fellowships visits to attend overseas training/ workshop/ conferences for the central level and district level staff to facilitate in upgrading the knowledge
 - Altogether 25 fellowship visits were made by central and peripheral level healthcare staff including senior administrative and consultant staff of the National Cancer Control Programme, oncologists, other consultants, Medical Officers, Dental Surgeons, Public Health Nursing Sisters, Nursing Officers, and Health Education Officers for training in cancer prevention and control, cancer epidemiology, palliative care and observation of cancer control programmes in France, Singapore and Thailand during the year 2017.

Trends in performance in last 5 years

Financial Performances (in SL Rupees)

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|-------|---------------|---------------|---------------|---------------|---------------|
| GOSL | 9,963,733.54 | 15,971,337.70 | 8,537,118.11 | 13,694,207.88 | 10,341,020.99 |
| WHO | 2,537,223.89 | 753,079.43 | 1,532,010.11 | 233,155.00 | 1,896,613.02 |
| HSDP | - | - | 9,816,448.20 | 17,864,261.63 | 38,239,241.19 |
| Total | 12,500,957.43 | 16,724,417.13 | 19,885,576.42 | 31,791,624.51 | 50,476,875.20 |

Services offered at the National Cancer Screening and Early Detection Centre and Mobile Clinics

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|--------------------------------------|------|------|------|------|------|
| No. attended to clinics | 7137 | 7602 | 5478 | 6208 | 6184 |
| No of breast examination done | 6599 | 7075 | 5293 | 6008 | 5912 |
| No. of breast abnormalities detected | 1295 | 1367 | 1428 | 1584 | 1419 |
| No of cervical visualizations done | 3323 | 3242 | 2111 | 2550 | 2745 |



| | | | | | |
|---|------|------|------|------|------|
| No of cervical abnormalities detected | 565 | 372 | 299 | 339 | 250 |
| No of PAP smears taken | 3239 | 3308 | 2076 | 2470 | 2653 |
| No. of PAP smear abnormalities detected | 445 | 490 | 492 | 442 | 638 |
| No of mammography done | 355 | 344 | 414 | 243 | 292 |
| No of colposcopy examinations done | 24 | 13 | 37 | 57 | 44 |
| No. of referrals made | 1770 | 912 | 1141 | 863 | 638 |

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

| Cancer Treatment Centre | Year | | | | | | | | | |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| NCI - Maharagama | 11,163 | 11,756 | 11,513 | 12,403 | 12,550 | 12,689 | 13,247 | 13,890 | 14,248 | 13,651 |
| TH-Kandy | 3,648 | 3,634 | 4,046 | 5,042 | 3,717 | 3,516 | 4,000 | 4,023 | 3,877 | 4,150 |
| TH -Karapitiya | 1,764 | 1,866 | 1,793 | 2,193 | 2,158 | 2,455 | 2,479 | 2,394 | 2,595 | 2,585 |
| TH -Jaffna | 412 | 479 | 659 | 1,055 | 1,048 | 1,061 | 1,032 | 1,100 | 1,099 | 1,103 |
| TH - Anuradhapura | 712 | 551 | 641 | 698 | 803 | 850 | 1,114 | 1,300 | 1,131 | 1,214 |
| PGH - Badulla | 753 | 794 | 858 | 1,430 | 2,152 | 2,203 | 1,527 | 2,285 | 2,225 | 2,015 |
| TH - Batticaloa** | - | 169 | 565 | 727 | 1,094 | 932 | 897 | 900 | 1,325 | 1,048 |



| | | | | | | | | | | |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| TH - Kurunegala | 538 | 804 | 806 | 1,174 | 1,122 | 1,042 | 1,238 | 1,680 | 1,863 | 2,062 |
| PGH – Rathnapura | 319 | 485 | 636 | 735 | 808 | 767 | 807 | 902 | 1094 | 1,103 |
| Other centres*** | - | - | - | - | - | - | - | 1 | - | 3,687 |
| Total | 19,309 | 20,538 | 21,517 | 25,457 | 25,452 | 25,515 | 26,341 | 28,474 | 29,457 | 32,618 |

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

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

**** Other centers are the newly established cancer treatment centers and include: North Colombo Teaching Hospital, DGH Gampaha, DGH Nuwaraeliya, DGH Hambantota, DGH Vavuniya, DGH Trincomalee, DGH Ampara, DGH Polonnaruwa, DGH Chilaw, DGH Monaragala and DGH Kegalle*

6.1.7 National STD/AIDS Control Programme (NSACP)

The National STD/AIDS Control Programme (NSACP) of the Ministry of Health, is the principal government organization that is responsible for the national response to HIV/AIDS in Sri Lanka. Being a specialized public health programme of the Ministry of health, NSACP is responsible for coordinating, planning and implementation of the HIV National Strategic Plan and the AIDS Policy in the country. The headquarters of the NSACP is situated at 29, De Saram Place, Colombo 10, Sri Lanka.

As of end 2017, there are 34 fulltime STD clinics and more than 23 branch STD clinics, 21 have the capacity to provide antiretroviral treatment (ART) services Island wide. The only ART facility outside of NSACP is located in Base Hospital Angoda (IDH). NSACP networks with all these clinics.

The main objectives are;

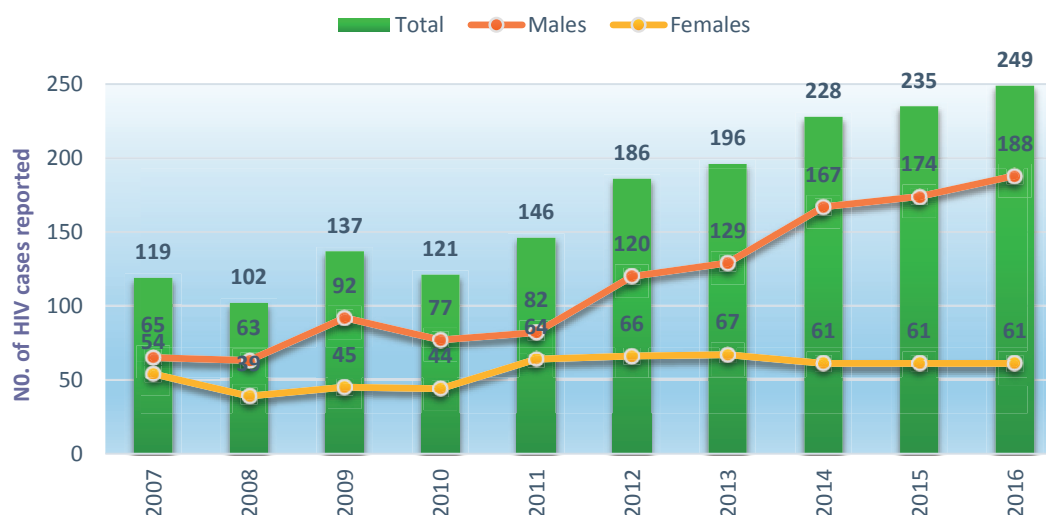
1. Prevention of transmission of sexually transmitted infections (STIs) including HIV.
2. Provision of care and support for those infected and affected with STIs including HIV.



Situation of HIV Epidemic in Sri Lanka

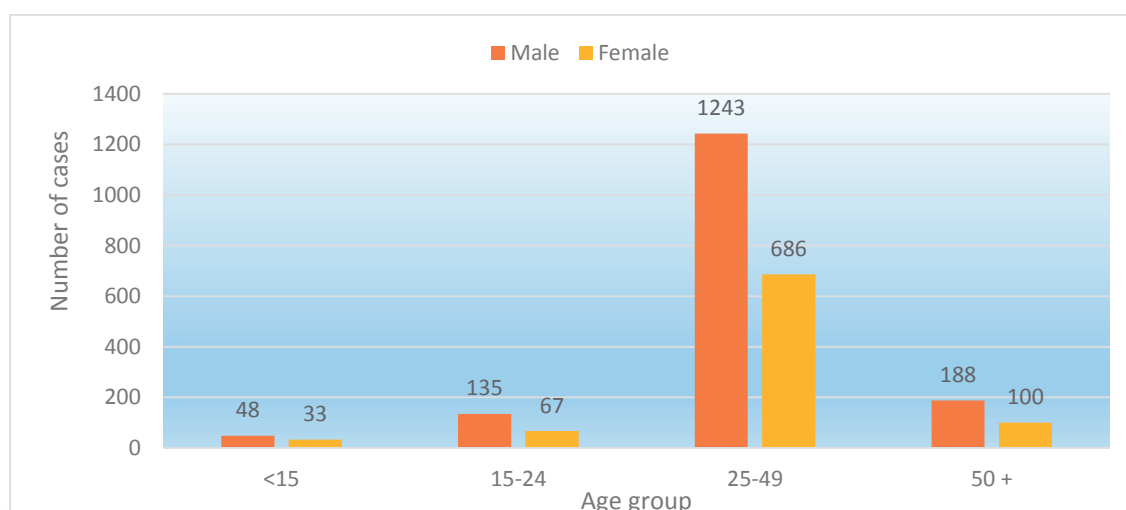
During 2016, a total of 249 HIV cases were newly reported in Sri Lanka. This is the highest number reported in a year since the identification of the first HIV infected Sri Lankan in 1987. However, the reported numbers do not represent all HIV infected people in the country as many infected persons may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

Trends of reported HIV cases by sex, 2007-2016



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

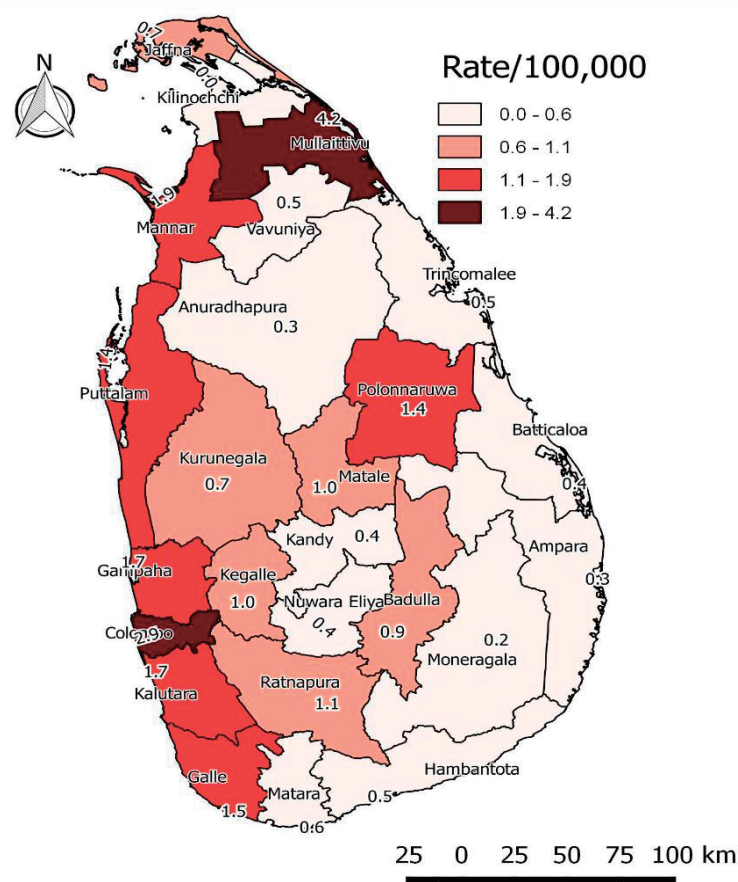
Cumulatively reported HIV cases by Age and Sex by end of 2016



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

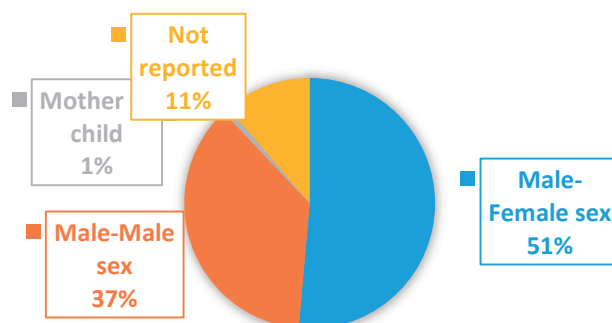


Rate of HIV cases reported in 2016 per 100,000 population



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

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



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



HIV testing services in 2017

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

HIV testing services

| Type of sample | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|-----------------------|----------------|----------------|----------------|----------------|------------------|------------------|------------------|
| Blood donor | 329,934 | 351,605 | 380,808 | 380,367 | 399,500 | 417,428 | 427,063 |
| Private (Hos. & Labs) | 13,771 | 154,073 | 223,692 | 237,605 | 217,889 | 222,013 | 191,984 |
| Antenatal | | | | 168,221 | 279,196 | 322,977 | 338,363 |
| STD clinics | 78,366 | 81,084 | 99,288 | 72,063 | 79,900 | 90,271 | 127,897 |
| Tri-forces | | | | 20,191 | 25,969 | 29,236 | 63,018 |
| Prison | | | | 13,803 | 11,382 | 12,776 | 13,088 |
| TB screening | | | | 7,409 | 7,827 | 7,896 | 7,996 |
| survey | | | | | | 23,615 | 1440 |
| Total | 422,071 | 586,762 | 704,331 | 899,659 | 1,021,663 | 1,126,212 | 1,171,596 |

HIV testing details in 2016

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

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



HIV treatment and care services

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

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

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

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

Situation of STIs during 2016

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



Number of STIs reported during 2016

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

* All forms of syphilis

Candidiasis and Bacterial vaginosis not included

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

EMTCT of syphilis and HIV

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

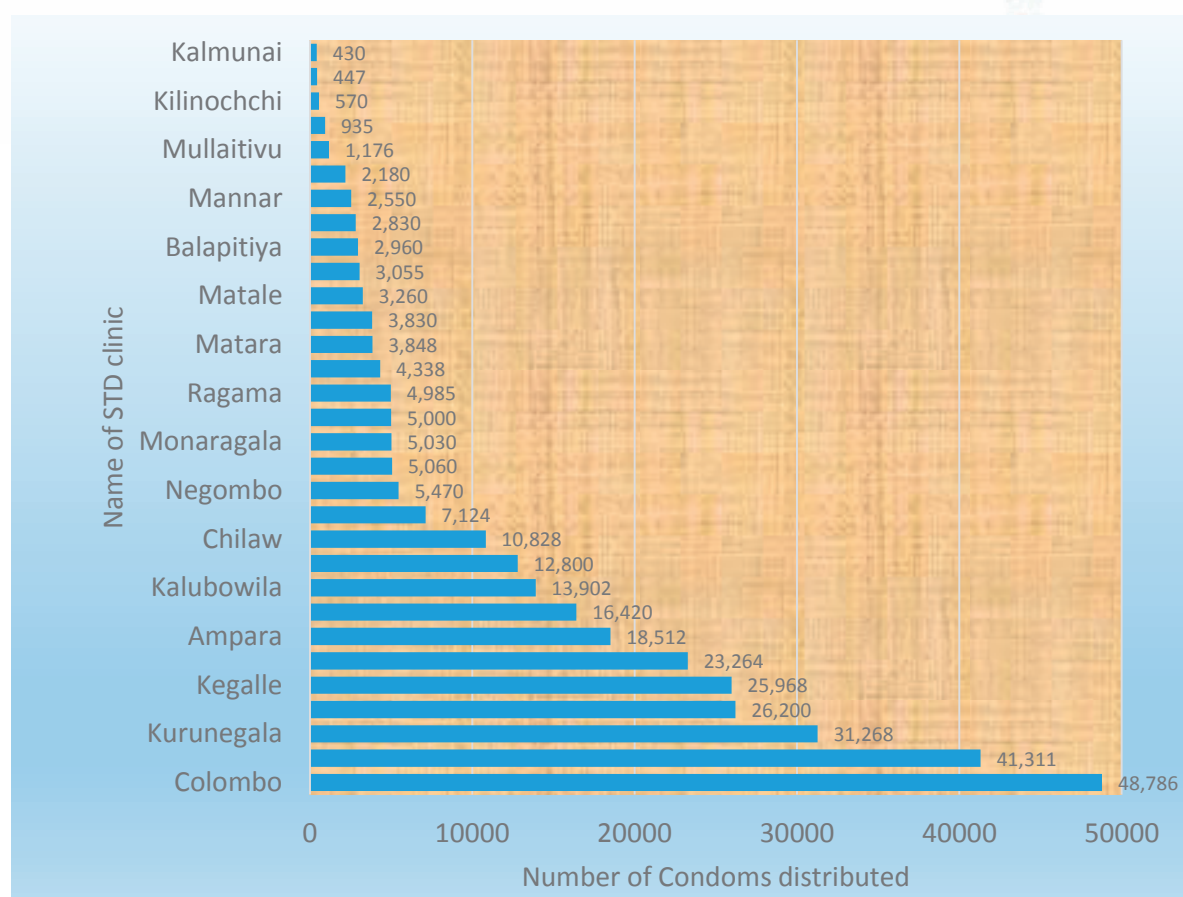
According to reported data, Sri Lanka has achieved the required status in relation to indicators for validation of EMTCT of syphilis by the end 2016 and most likely to satisfy indicators for EMTCT of HIV by the end 2017.

Condom promotion

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



Number of condoms distributed by STD clinics during 2016



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

Laboratory services

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

Multi-sectoral collaboration

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

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



Global Fund supported activities in 2016

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

Special development activities planned for 2018

1. Request for Validation certificate from the WHO as a country which has eliminated mother to child transmission of HIV and Syphilis in Sri Lanka in 2018
2. Implementation of National Communication Strategy.
3. Establishment infrastructure for 10 new clinics for Sexually Transmitted Diseases and HIV/AIDS
4. Establishing mobile testing unit at NSACP
5. Procurement of vehicles for 10 peripheral STD clinics under the operational leasing methods
6. Receiving certificate for Accreditation of National Reference Laboratory of NSACP and improve quality of peripheral STD clinic laboratories
7. Development of Electronic Information Management System (EIMS) to develop a paperless patient care and monitoring system through islandwide STD clinic network

6.1.8 National Dengue Control Programme

National Dengue Control Unit is the focal point for the dengue control programme in the Ministry of Health in Sri Lanka. It was established in the year 2005 as a decision taken by the Ministry of Health following the major DF/DHF outbreak in 2004. Initially it was functioned only as a Coordination Unit, but once dengue illness increasingly poses a socio-economic and public health burden, in 2011 it was upgraded to a directorate as National Dengue Control Unit (NDCU) with an annual budget allocation. Dengue illness continues to remain the major challenging public health problems in Sri Lanka. The Ministry of Health has implemented numerous activities to minimize the burden of dengue by early diagnosis and proactive case management during the past years, as reflected by the reduced case fatality rate.

In 2017, a total of 186,101 dengue cases which corresponds to a rate of 865.9 per 100,000 population, and 440 deaths (Case Fatality Rate: 0.24) were reported from the entire country. Epidemic in 2017 had the highest ever case load with a large number of more severe disease needing hospitalization.

As of June, 2017, 69380 patients are reported with 210 deaths.

Objectives

To achieve incidence below 100 / 100,000 by 2022 and to decrease the case fatality rate due to dengue to < 0.1% by 2022



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

Achievements in 2017

- Purchasing of equipment necessary for vector management and surveillance
- Purchase of adulticides & larvicides
- Purchasing of necessary equipment including fogging machines & spraying equipment
- Utility vehicles for field activities (50)
- Establishment of high dependency units in hospitals for close monitoring of Dengue patients
- Assisting implementation of special dengue control projects in high risk districts
- Production of IEC materials and documentary (WB)
- Declaration of dengue weeks and activities parallel to dengue weeks
- Implementation of advertising campaigns through leading electronic and print media (WB)
- Provide funds for outbreak response (WB)
- Purchasing of necessary equipment, software (NDCU/ICNO/Entomologists)
- Strengthen the central level lab facilities

6.1.9 Chronic Kidney Disease of Uncertain origin Management Programme

Introduction

There are approximately 60,000 estimated CKD/CKDu patients in known high risk areas of which majority are from North Central Province. In addition to this districts like Ampara, Trincomalee, Badulla, Moneragala, Hambanthota, Matale, Kurunegala, Vavuniya and Mullathivu are affected.

Community screening for CKD/CKDu started in 2008 and there are 27,530 patients living with CKD/CKDu in the country. These figures were obtained from a survey conducted this year by the Ministry of Health. Around 2000 deaths occur in the government hospitals due to CKD/CKDu.

CKD/ CKDu patient count in 11 high risk districts – as at 31, December 2017



Actions taken by the Ministry of Health, Nutrition and indigenous Medicine according to the CKDu prevention and management strategic plan

- Screening of individuals above 20 years in the high risk areas
- Improve Medical services for patients
- Improve number of trained medical staff in affected areas
- Establish a surveillance system to obtain data of patients with CKD/CKDu
- Empower the community to develop behaviours to prevent the disease
- Establish coordination between sectors in prevention of the disease
- Carry out research

1. Screening

During 2017 approximately 313,648 from the community were screened for early detection of CKD/CKDu from the high risk areas. The following table shows the number screened by district.

| District and risk AGA divisions | 2017 - Upto 31 Dec 2017 |
|--|--------------------------|
| Anuradhapura – all AGA divisions | 86,591 |
| Polonnaruwa– all AGA divisions | 44,791 |
| Badulla - – Girandurukotte, Rideemaliyadda, Mahiyanganaya | 10,888 |
| Ampara- Dehiattakandiya, Mahaoya | 9457 |
| Kurunegala – Polpithigama, Ehetuwewa, Low risk - Giribewa, Kotawehera, Mahawa, Nikaweratiya | 32,656 |
| Matale – Wilgamuwa Low risk – Naula, Pallegama, Galewela, Dambulla | 24,271 |
| Monaragala – Buttala, Wellawaya, Thanamalwila, | 20,691(all DS divisions) |
| Mullathivu – Welioya, Mallavi | 8234 |
| | |
| District and risk AGA divisions | 2017 - Upto 30 Oct 2017 |
| Trincomalee – Pasavisripura, Gomarankadawala, KAnthale (Wanela) | 4404 |
| Vavuniya - Chettikulam, Vavuniya South, Vavuniya | 48,946 |
| Hambanthota – Tissamaharama, Sooriyawewa, Angunakolapelessa, Lunugamvehera | 17,320 |
| Puttalam – Anamaduwa, Karuwalagaswewa, Arachchikattuwa | 5399 |
| Total | 313,648 |



• Strengthening of curative sector for management of CKD patients

1. Four categories of patient management medical institutions within the curative settings were identified (Annexure 1). These are:
 - a. Primary Care Units
 - b. Nephrologists Visiting Centres
 - c. Hospitals with dialysis facilities
 - d. Nephrology Units



A screening clinic held in Padavisripura

2. Strengthening of facilities in hospitals in CKD/CKDuhigh risk areas
 - a. Building CKD clinic centres in CKD/CKDuhigh risk areas. Thirteen clinic centres were planned for Divisional Hospitals and Base Hospitals (Annexure 2).
 - b. Construction of 15 Dialysis Units in high risk areas – 10 units have been completed
 - c. Establishment of 15 renal units with and without transplant facilities in Jaffna, Batticaloa teaching hospitals, Badulla, Trincomalee and Hambanthota hospitals – work for 3 units have been awarded
 - d. Improvement of laboratory services in the affected districts
 - e. Strengthening of transplant services and dialysis services in National hospital, Kandy Teaching Hospital, Anuradhapura Teaching Hospital and Peradeniya Teaching Hospital.

Establishment of Transplant units at Karapitiya Teaching Hospital.

3. Strengthening of Dialysis facilities

By the end of 2016, there were 278 dialysis machines in operation. During the periods 2017-2018, another 228 were added. The following shows the establishment of machines by province –

| Province | Machines by end of 2016 | Machines added during 2016/2017 | Total number st present |
|---------------|-------------------------|---------------------------------|-------------------------|
| North Central | 51 | 33 | 84 |
| Uva | 14 | 31 | 43 |
| North Western | 18 | 22 | 38 |
| Sabaragamuwa | 02 | 13 | 17 |
| Northern | 17 | 18 | 34 |
| Southern | 13 | 22 | 33 |
| Eastern | 11 | 39 | 61 |
| Central | 37 | 45 | 69 |
| Western | 53 | 52 | 98 |
| Total | 216 | 275 | 477 |



The following shows the newly established dialysis unit in base hospital Dehiattakandiya



4. Maintenance of surveillance system – to obtain data on CKD/ CKDu patients, 56 centres have been established. Computers, printers and internet facilities have been provided to maintain this system
5. Community Empowerment – Health education material has been developed for this
6. Social welfare of patients – Monthly allowance to patients is being done by the National Secretariat for Persons with Disabilities
7. Research – In 2017, the Ministry of Health launched a prospective research to find the aetiology for CKDu

The following gives the physical and financial progress of the CKDu programme for 2017

| Activity | Allocation for 2017 in Rs, Mn | Financial Progress | Physical Progress |
|--|-------------------------------|--------------------|---|
| Screening | 53 | 10 | 313,648 persons screened |
| Construction of 15 Dialysis Units | 160 | 57 | 10 have been completed |
| Procurement of Equipment for dialysis units | 852 | 595 | 228 machines and equipment procured |
| Expansion of Dialysis unit TH Kandy | 91 | 37 | 85% |
| 5 Renal Units an Unti at TH Karapitiya | 300 | 72 | Karapitya TH - 75% |
| Construction of 132 clinic centres | 360 | 115 | 07 completed |
| Health education activities | 13 | 05 | Leaflets on prevention designed, printed and distributed. |
| Surveillance | 43 | 39 | 80% |
| Establishment of Dialysis Units at PGH Polonnaruwa, Kurunegala and TH Peradeniya | 137 | 29 | 30% |
| Supply of AC machines and racks to pharmacies of hospitals | 147 | 42 | 40% |
| Other | 244 | 155 | 70% |
| Total | 2400 | 1156 | |



Annexure 01 - Distribution of curative settings in high risk districts for CKD management

| District | Primary Care Units | Nephrologists Visiting Centres | Dialysis Units managed by VPs | Nephrology Units |
|--------------|--|--------------------------------|----------------------------------|------------------|
| Anuradhapura | Galenbindunuwewa, Horowpathana, Kahatagasdigiliya, Kakirawa, Mahawilachchiya, Nochchiyagama, Rambawa, Thalawa, Thambuthegama | Madawahchciya, Kabathigollawa | Padaviya* | TH Anuradhapura |
| Polonnaruwa | Walikanda, Aralaganwila | Bakamuna, Hingurakgoda | Madirigiriya* | DGH Polonnaruwa |
| Kurunegala | Giribawa, Kobeigane, Kotewehera, Nikawawa | Nikawaratiya, Polpithigama | - Nikawaratiya, Polpithigama | TH Kurunegala |
| Matale | - | Wilgamuwa | -Dambulla | - |
| Trincomalee | Padavisripura, Gomerankaradwala, Wanela, Kanthalai | - | - | -DGH Trincomalee |
| Ampara | - | Dehiattakandiya | DGH Ampara BH Dehiattakandiya | - |
| Badulla | | Girandurukotte, | BH Mahiyangana ya* | PDG Badulla |
| Moneragala | Bibile, Siyabalanduwa, Wellawaya, Buttala, Madagama, Thanamalwila | - | DGH Moneragala* | - |
| Hambanthota | Thisamaharamaya, Lunugamwehera, Sooriyawawa | - | -DGH Tissamaharama | - |
| Vavuniya | Vavuniya South, Cheddikulam | | - | DGH Vavuniya |
| Mullaitivu | Sampathnuwara, Welioya, Mallavi | - | -DGH Mullaithivu | - |



Annexure 02 - Development of new CKD Clinic Centres

| Building | Total allocation in RsMn | Progress (August 2016) |
|------------------------|--------------------------|------------------------|
| 1. BH Padaviya | 40 | 100% Completed |
| 2. DH Aralaganvila | 15 | 100% Completed |
| 3. DH Bakamuna | 44 | 95% Completed |
| 4. DH Hettipola | 48 | 75% Completed |
| 5. DH Padavi Sri pura | 38 | 100% Completed |
| 6. BH Dehiattakandiya | 48 | 100% Completed |
| 7. BH Wallawaya | 50 | 60% Completed |
| 8. BH Thissamararamaya | 43 | 90% completed |
| 9. DH Mamaduwa | 38 | 100% Completed |
| 10. DH SampathNuwara | 49 | 100% Completed |
| 11. BH Kabithigollawa | 39 | 100% Completed |
| 12. BH Mallawi | 37 | 80% Completed |
| 13. BH Cheddikulum | 37 | 80% Completed |
| Total | 465 | |



6.2 PROMOTION & PROTECTION OF HEALTH

6.2.1 Epidemiology Unit

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

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

Achievements/ Special events in 2017

(A) National Immunization Programme

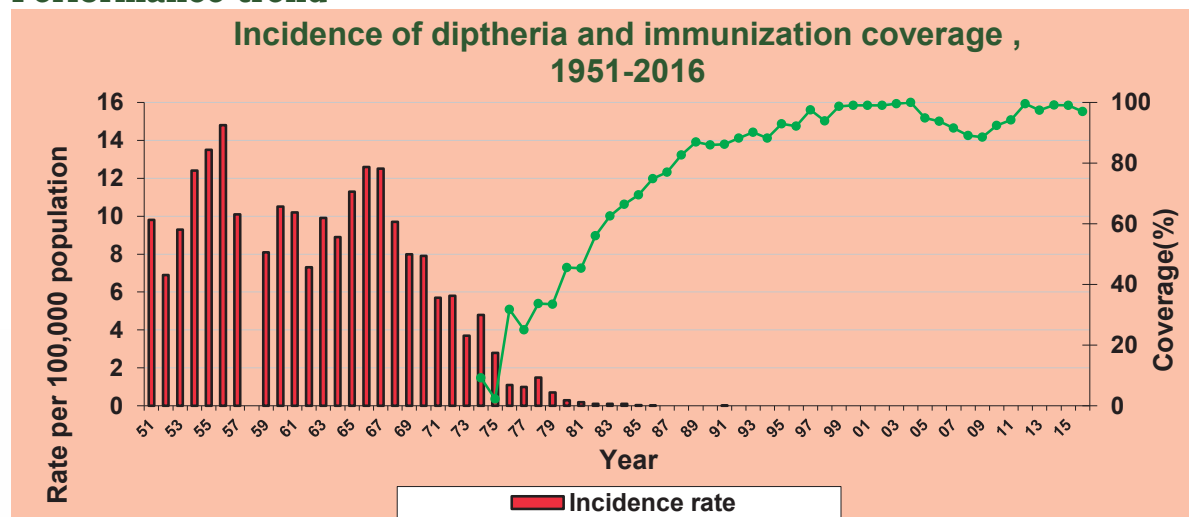
- Introduction of HPV vaccine to the National Immunization programme
- HPV vaccine was introduced to the National Immunization Programme in 2017. Vaccine implementation is done through the school based immunization programme at grade six for girls for prevention of cervical cancer.
- Conducting an EPI (Expanded Programme on Immunization) Coverage survey
- EPI Coverage survey was conducted in Puttalam District in 2017.
- (B) Chronoc Kidney Disease/Chronic Kidney Disease of unknown etiology
- Conducting a research study to identify causative agent/agents for this unknown kidney disease

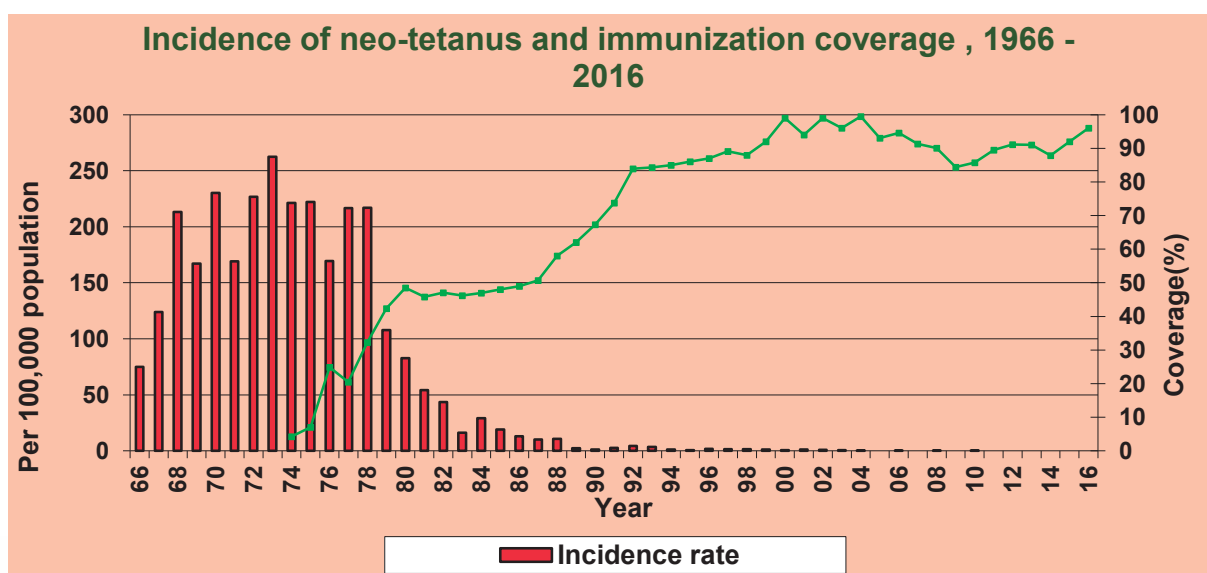
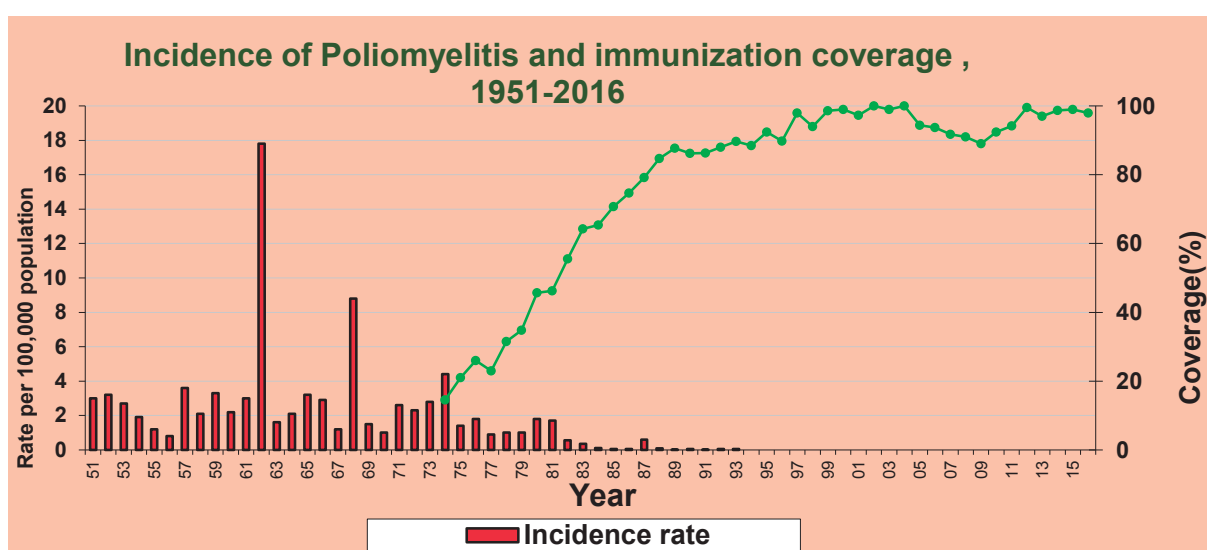
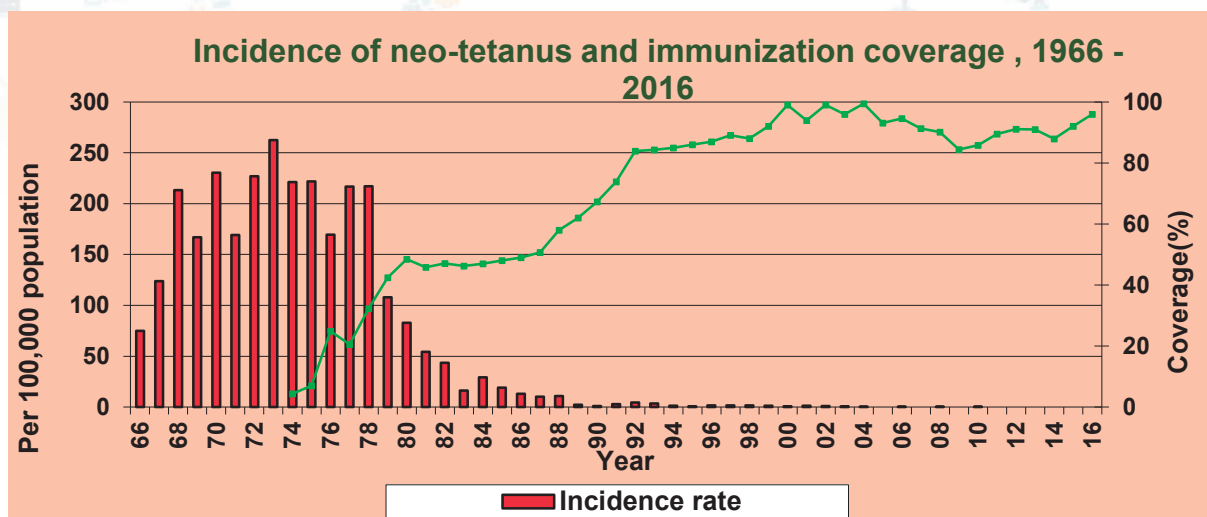
Long term research study (cohort study) on chronic kidney disease of unknown origins planned jointly with the WHO. This study is fully funded by the National Science Foundation (NSF) and the first part of the study was implemented from mid July 2017. The main purpose of the study is to identify the causative agent/agents for this unknown kidney disease. Initial data collection and analysis was conducted in 2017. The study is currently ongoing.

- Updating of Screening guidelines for Chronic Kidney Disease in Sri Lanka

Screening guidelines for Chronic Kidney Disease in Sri Lanka was revised and reprinted in 2017 National Immunization Programme (NIP)

Performance trend







6.2.2 Maternal and Child Health Programme

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

The Family Health Programme is comprised of several major components;

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

Achievements in 2017

- Strengthening institutional maternal care services: Establishment of high dependency units (HDU) - New 30 high dependency units were established.
- Develop quality assessment tools, assess quality in maternal and newborn health in hospitals and introduce them to 10 hospitals - Quality assessment tools developed and quality assessment system for maternal and newborn health is implemented in 2 hospitals
- Development of Maternal and Newborn Health Strategic Plan 2017-2025
- Development of and advocate on Sri Lanka Every Newborn Action Plan (SLENAP) 2017-2020
- Revision of Sri Lanka Code for the Promotion, Protection, Support of Breast Feeding and Marketing of designated products.
- Procurement and distribution of nutrition commodities - Supplementation of Multiple Micronutrient islandwide.
- Develop and disseminate Child Health Strategic Plan 2017-2025
- Procurement of height measuring tapes, weighing scales - 500/ 500 weighing scales & height measuring tapes, 10,000 Snellens charts distributed among Public Health Inspectors.
- Raising public awareness on Reproductive Health - National Family Planning day celebrated.
- Development of standards to implement and assess adolescent & youth friendly health services
- Life skills development on adolescent sexual & reproductive health - PHM package developed & printed.
- Strengthen AYFHS by providing training 7 resources - 15 AYFHS centres equipped.
- Launching of youth website



- Capacity building - 26 training on breast feeding counselling , Neonatal advanced life support, Neonatal transport, neonatal information system (eIMMR), 2 training programmes on Infant and Young Child feeding & Growth Monitoring and Promotion, 11 Early Child development training, 19 life skills training programmes (680 trained) , 2 school health promotion & SMI, 15 TOT on life skills, 4 TOT, 8 hospitals based programmes, 6 district level training programmes, PPIUD training programmes in 11 districts (SLCOG funded). 1 IUCD Insertion Programme & 2 Pro. for PG Trainees in adolescent health
- Development and dissemination of communication material - 25,000 printing of adapted breastfeeding booklets & posters developed & disseminate a docudrama on early childhood development.
- Maternal death surveillance - National maternal death reviews in 28 health regions completed and national and district level maternal mortality statistics are available for 2016.
- Strengthen feto-infant mortality surveillance system - 28 district reviews completed. Web-based feto-infant mortality surveillance system is established.
- Develop & implement web based Reproductive Health Management Information System - All Public Health staff trained on eRHMS & implemented islandwide.
- Introduce oral health educating video for preschool teachers - 13 programmes completed

Table: Last 5-year performance trend

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



6.2.3 Health Education and Promotion

The Health Education Bureau was upgraded to the status of Health Promotion Bureau in January 2018, as per cabinet approval obtained in 2015. The Health Promotion Bureau is the key wing of the Ministry of Health, Nutrition & Indigenous Medicine which is responsible for Health Promotion & Health Education. The Health Promotion Bureau is in the process of developing the National Health Promotion Programme of which, Health Communication & Life skills, Advocacy, Community & Social Mobilization and Community Empowerment have been identified as major components. Strategies of the bureau are planned and activities are implemented through ten Technical Units: Media, Publicity & Risk Communication Unit, Health Education & IEC development & production Unit, Training & Research Unit, Health Communication & Life skills Unit, Advocacy & Policy Unit, Strategic Information & Planning Unit, Community Mobilization Unit, Nutrition & Family Health Communication Unit, Health Promotion Unit and Oral Health Promotion Unit have been established and under the supervision of Consultant Community Physicians and a Consultant in Community Dentistry.

Major achievements in 2017

- Conducted media briefings and media seminars on key health issues as well as to commemorate International Health Days
- Training of Health Education / Nursing Officers on Communication & Counselling
- National review on Mothers' Support Groups and awards for best groups from each district
- Revision of Mothers' Support Group Guidelines
- National reviews on Health Education & Health Promotion for Health Education Officers
- Provincial level Consultative Conferences on Health Promotion & Health Education
- Upgrading of the official website
- Development of an official Facebook page
- Development of an official 'You tube' link
- Commencement of spiritual wellbeing programme for the staff
- Commencement of a physical activity promotion programme for the staff
- Capacity building of staff on Procurement procedure
- Training of trainers programmes for school teachers on Life skills
- National level training on COMBI for Health Education Officers
- National level training on COMBI for Medical Officers / Chronic Kidney Diseases
- Advocacy on Health Promotion for district level health staff
- Post graduate training on all aspects of Health Promotion
- National review on Oral Health Promotion
- Training of trainers on geriatric oral health promotion for Regional Dental Surgeons
- Training of School Dental Therapists on communication
- Development and printing of IEC material on Oral Health Promotion
- Commencement of first stage (piling) of construction of new building



Training, Evaluation and Research Unit

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

6.2.4 Mental Health Programme



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

Achievements in 2017 and early 2018

Mental health promotion and prevention

- Training of Master Trainers on Mindfulness Based Therapy and Counseling for Medical Officers from Ministry of Health and Counselors from Ministry of Education and Ministry of Social Empowerment and Welfare to promote mental wellbeing at work place
- Printing of 'Suwaya' magazine on mental health issues targeting for school children, teachers and primary health care staff, which was distributed to all schools and health institutions islandwide.
- Preparation of new IEC materials on common mental health problems to improve mental health literacy
- Incorporation of Mental Health into Primary Health care staff by training the PHC staff on Mental Health in few districts
- Provision of Psychological First-aid at Meethotamulla area for affected victims following the collapse of garbage dump and training of teams to provide Psycho-social First Aid for the victims in flood affected areas in Kalutara and Bulathsinhala



- Conduction of training on Primary care Medical Officers on Child Psychiatry in Monaragala, Kurunegala, and Ampara districts
- Conduction of training for persons involved in rehabilitation of mentally ill patients in Kandana

revention of suicide

- Conduction of consultative meetings with the participation of foreign experts to develop the strategies for school and community based suicide prevention.
- Preparation of draft document on National Strategy on Suicide Prevention

revention and control of substance use including alcohol

- Conduction of workshop on development of Alcohol Prevention Strategies with the support of an International Consultant of the World Health Organization.
- Development of manuals and guidelines for multi-sectoral alcohol prevention & rehabilitation programme
- Conduction of Multi-sector Alcohol Prevention and Control Programme in Kegalle, Kurunegala and Anuradhapura districts with training workshops for curative and preventive care health staff, officers of Social Services and other departments and volunteer
- Establishment Alcohol Rehabilitation centre at District Hospital Rambukkana

velopment of infrastructure and human resources

ollowing infrastructure developments were completed with financial support from the Directorate of Mental health.

- Renovation of Mental Health Unit at Kottantivu, Puttalam
- Establishment of Alcohol Rehabilitation Centre at DH Rambukkana, Kegalle
- Renovation of Alcohol Rehabilitation Centre at DH Mawathagama, Kurunegala
- Renovation of Mental Health Unit at DH Dematampitiya, Kegalle
- Construction of New Psychiatry ward at DGH Mullaitivu
- Establishment of male psychiatry ward DGH Nawalapitiya
- Construction of New Psychiatry ward at GH Kegalle
- Construction of Mental Health Rehabilitation Unit at DH Anamaduwa
- Provision of equipment and supplies to RDHS Office Matara, Badulla, Ampara, Puttalam, Community Mental Health Resource Center Katugasthota Kandy, Community Alcohol Rehabilitation Centre Rambukkana, Ridiyagama Suwa Niwahana, Mental Health Units at Teaching Hospital Kegalle and Teaching Hospital Kurunegala.

uman Resource Development

- Conduction of official ceremony to recognize services rendered by Community Psychiatry Nurses and initiated training of new batch of Community Psychiatry Nurses



Monitoring and evaluation of the mental health program

- Review and revision of the Management Information System (MIS) on Mental Health
- Launching and implementation of Electronic based Mental Health Management Information System (MHMIS) replacing the paper based system
- Conduction of National Mental Health Review, and Mental Health Reviews at District level in order to identify the problems related to implementation of mental health programme and to improve the service delivery
- Conduction of National level training programme for Medical Officers/ Mental Health (Focal Point) and relevant officers at RDHS offices, to get experience and skills on data entry.
- Conduction of National Mental Health Forum to share the knowledge & experiences of district level implementers
- Conduction of National Mental Health Review and workshop on data analysis for Medical Officers/ Mental Health Focal points at Kalawewa

Research

Validation of Sinhala and Tamil versions of the Mini International Neuropsychiatric Interview Tool to Sri Lanka as a prerequisite for conducting the National Mental Health Prevalence Survey in 2018

- Conduction of consultative workshops for designing the National Mental Health Prevalence Survey

In parallel with World Mental Health Day celebrations, the Mental Health Directorate launched its website (www.mentalhealth.health.gov.lk) on 6th of October 2017. Special activities were implemented island wide to commemorate World Mental Health Day.





6.2.5 Non Communicable Disease Programme



More than 65% of the deaths in Sri Lanka are due to non communicable diseases and heart diseases are the number one cause of death in Sri Lanka. Of the total NCD related deaths, estimated 17% deaths are pre mature. The NCD Unit is the national focal point for prevention and control of acute and chronic NCDs in the country. The Unit coordinates and implements its activities through the Provincial and district health authorities. NCD unit has agreed to adopt the 10 voluntary targets laid down by WHO.

The mandate of the NCD unit is to avert, prevention and control of rapidly growing NCDs through expansion of services, guided by National NCD Policy leading to healthy life free of morbidity, disability and premature mortality with the partnership of relevant stakeholders to lessen the human, social and economic impact to the people in the country.

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

Objectives of Chronic NCD Prevention and Control Programme

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

Key Strategies of Chronic NCD Prevention and Control Programme

- Support prevention of chronic NCDs by strengthening policy, regulatory and service delivery measures for reducing level of risk factors of NCD in the population.
- Implement a cost effective NCD screening program at community level with special emphasis on cardiovascular diseases
- Facilitate provision of optimal NCD care by strengthening the health system to provide integrated and appropriate curative, preventive, rehabilitative and palliative services at each service level
- Empower the community for promotion of healthy lifestyle for NCD prevention and control
- Enhance human resource development to facilitate NCD prevention and care
- Strengthen national health information system including disease and risk factor surveillance
- Promote research and utilization of its findings for prevention and control of NCDs



- Ensure sustainable financing mechanisms that support cost-effective health interventions at both preventive and curative sectors
- Raise priority and integrate prevention and control of NCDs into policies across all government ministries and private sector organizations

NCD Screening Programme

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

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

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

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

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

Achievements/ Special events in 2017

I. Scaling up of NCD prevention and control activities at the district levels

Each district was given a Rs. 1,000,000.00 to conduct the NCD related activities. Activities done at the district level includes.

- **Activities conducted for primordial prevention**
 - Conducting healthy life style promoting programmes including awareness programmes for the pre school children, school children, parents , teachers, youth, work force, mother groups and other community groups
 - Facilitation of conducive environments at the grass root level in collaboration with other stake holders (eg. Healthy food outlets, establishment of places to do physical activity, establishing no smoking zones)
 - Enforcement of legislations (eg. Implementation of healthy canteen policy)
 - Promoting healthy habits among the work force (Eg. Initiation of physical activity programmes in the work places, serving of healthy diet in programmes, awareness programme on the need to have healthy canteen guidelines for the work places implemented)
- **Activities conducted for primary prevention**
 - Establishment of/ renovation/ improving of Healthy Life Style Centers
 - Screening at Healthy Life Style centers,
 - Work place screening programmes: Screening programmes are conducted in work places to screen the work force.
 - Out reached clinics; Out reached clinics are conducted at the grass root level to reach the un reached population in inaccessible areas
 - Promoting healthy life style behaviours among the screened population



II. Programmes conducted at the central level

- Implementation of the national NCD Multi Sectoral Action Plan
- Establishment of the National NCD council chaired by Hon. Minister of Health, Nutrition and Indigenous Medicine
- Conducted advocacy meetings for other Ministry officials and expand the collaboration and facilitation of the activities needed to be conducted by other Ministries (Eg. Ministry of education, Ministry of National policies, Ministry of Sports)
- Training of focal points in the other ministries on the healthy life styles (training of upper and middle level managers)
- Development of advocacy packages in collaboration with the Health Promotion Bureau
- Initiation of a 2 days healthy life style promotion programme for the work force
- Conducted district level NCD multisectoral meetings chaired by the District Secretariat and represented by the national level officials
- Distribution of “ we are healthy “ booklet, BMI charts, sports equipment to schools
- Establishing of NCD corners in selected schools
- Mobilizing youth for the prevention of NCD by conducting island wide residential programmes for youth club members in collaboration with the Ministry of national policies and National Youth services Council
- Improve the care given for the patients present with major NCDs
- Capacity building of the health staff
- Development and revising of guidelines
- Development of the essential technology list
- Revising the essential NCD medicine list
- Development and revising of leaflets, posters, flip charts
- Ensuring the availability of NCD essential medicines at the PHC levels
- 871 Healthy Lifestyle Centers (HLCs) have been established
- Initiated to revise formats use in Healthy Lifestyle Centers and personal health records
- Initiated to conduct STEP survey in 2018
- A work shop was conducted by the international experts on developing strategies for reducing salt in Sri Lanka
- Conducted workshop for beverage and dairy product manufacturers
- Provided funds to conduct survey on salt intake
- Provided funds to identify the trans fat content in the commonly use food

Monitoring and evaluation

The chronic NCD programme is monitored and evaluated at National Steering Committee and National Advisory Body for NCDs at the national level. Programmes conduct at the district level are monitored at the quarterly review meetings conducted at national and district level. Many district review meetings were conducted at the district level during first two quarters and there was a representation from the national NCD unit for that review meetings.

Injury prevention programme

Overview

The focal point for injury prevention in the ministry of Health, Nutrition and Indigenous Medicine is the Non Communicable Disease (NCD) unit. It involves in planning programmes, developing guidelines and policies in preventing almost all



types of injuries which could occur during one's lifetime from the date of birth to the death. NCD unit is working closely in collaboration with other stakeholders in view of integrating injury prevention into everyday life of people across homes, schools, work places and roads in Sri Lanka.

Funding agencies

Government of Sri Lanka and World Bank

Policies and action plans

- **Injury policy**

Injury policy has been approved by the cabinet of Sri Lanka and gazetted in December 2017. Next step is to make the other relevant stakeholders aware on injury policy to incorporate the related items/ sections/ activities into their own policies, guidelines and programmes.

- **Multi sectoral injury prevention action plan**

As injury prevention is a multi-sectoral activity, to identify the responsibilities and roles of each unit/ agency/ department, multi sectoral action plan is being developed based on the policy document.

National Injury surveillance

- Sentinel sites identified for implementation of Injury surveillance have gradually incorporated the system into their routine work. Number of steps have been taken to establish the system in hospitals.
- In 2017, 2 rounds of reviewing the system at provincial level have been conducted. Further, a national review was also conducted with the participation of the relevant stakeholders. In 2018, during February – March period, another round of provincial reviews was conducted to review 2017 progress. Reviewing the progress of first six months at provincial level will be started in July, 2018 and the national review is planned to be conducted in October – November in 2018.
- Injury report based on 2017 information is also being developed.
- Piloting of injury death review was conducted in 3 hospitals. Final steps of the plan are being carried out before the implementation in whole country.
- NCD unit has taken necessary steps to improve the IT facilities of the hospitals which are carrying out injury surveillance depending on the requirement

Awareness on injury prevention

- Capacity building of provincial Consultant Community Physicians and district and hospital MONCDs was conducted.
- Social media campaign was launched to aware the public on different aspects of injury prevention
- Number of public awareness programmes for different categories on different aspects of injury prevention were conducted
- Public awareness programmes related to different aspects of injuries were conducted through the country mainly through MONCDs
- Training manual for public health staff on prevention of child related injuries has already been developed and in print.
- Home safety check list has been developed to make the public aware about the safety aspects of the residences and printed.



- In 2017, 2nd National injury prevention week was conducted from 18th to 22nd of September 2017. During these 5 days, different aspects were considered. Day 1 – Transport safety, Day 2 – Work place safety, Day 3 – Home safety, Day 4 – Preschool safety and Day 5 – School safety.
- In 2018, the 3rd National injury prevention week will be conducted from 2nd to 6th of July 2018. As for 2017, the 5 days will be identified for 5 different themes. Day 1 – Transport safety, Day 2 – Work place safety, Day 3 – Home and elderly home safety, Day 4 – Preschool safety and Day 5 – School safety.

Pre admission care for injured

- As a joint activity with Ministry of Education, a group of teachers from each province was trained on injury prevention and basic first aid. The aim of this programme is to train school children on injury prevention and basic first aid.
- As part of the school safety programme, to enhance school injury prevention activities, NCD unit has decided to distribute First aid boxes with essential items among all schools in Sri Lanka. As the first step, these were distributed among schools in Central province. In the second step, the rest of the country will be covered.
- Following programmes have also been conducted in 2017 as part of the injury prevention and first aid programme.
 - Training of 30 three-wheeler drivers from each MOH division covering whole country
 - Training of school bus/ van drivers from each MOH division covering whole country
 - Training of district staff (30 from each district institution) starting from Regional Director of Health Services
- In 2018, A first aid training team will be established at the district level to conduct training sessions for different groups in the district to achieve the first aid aims.
- First aid handbook to be referred by the general public trained on first aid was developed and printed to be used by the trainees attended to first aid trainings conducted by the health ministry.
- To strengthening the first aid programme at district and MOH level, each district and MOH was provided with a mannequin to be used in the training programmes conducted at each level.

Monitoring and evaluation

- Injury prevention action plans, strategies and activities are coordinated, monitored and evaluated at the national level by a multi stakeholder committee known as National Committee for Prevention of Injuries (NCPI) which consists of all the relevant stake holders from both government and private sectors related to injury prevention chaired by the Director General of Health Services.
Every 2 – 3 months, these meetings were conducted and most of the issues were addressed in the meeting
- Technical working groups formed on prevention and control of injuries, drowning prevention, child injury prevention and injury surveillance met several times and discussed about the progress of the relevant prevention and control programmes.
- New working group was formed to look at the building safety
- Relevant activities conducted by MONCDs were monitored at the review meetings at the district and national level.



6.2.6 Environmental & Occupational Health

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

Major Achievements in Environmental & Occupational Health

Environmental Health Unit

1. Health Care Waste Management

Health Care Waste Management is a major programme under Environmental Health. Thirteen Line Ministry hospitals have been provided with financial support in 2017 for improvement of sewerage and waste water management.



Figure 1 waste storage at NHSL



Figure 2 Sewerage plant at TH Batticaloa

2. Development of IEC Material on Environmental Health

Development of IEC material on Air pollution, Electronic waste, Mercury, Organic food & Water was done and 200000 leaflets were printed. The IEC material will be used for awareness rising among general public and healthcare staff.

3. Water quality assurance programme

Under this programme, testing for heavy metals in drinking water sources of 340 selected schools in 17 Districts have been carried out.

4. Development of Heat Health Action Plan for Sri Lanka

Sri Lanka needs to have a Heat Health Action Plan to minimize heat related adverse health outcomes. This action plan development was done based on several stakeholder consultations and the final draft has been prepared.

Occupational Health Unit

1. Capacity building of National, Provincial and District level Health Staff

20 Medical officers of Health, 40 senior Public Health Inspectors and , 185 nursing officers ,110 health drivers , 155 junior health staff was trained on Occupational Health and safety .

2. International Training on Health Risk Assessment and Management of Toxic Chemicals for Public Health Medical Officers Training of Trainers



3. Development of IEC material

41250 leaflets were developed and printed on occupational Health. 28300 posters on prevention of food wastage and polythene plastic burning were developed. Occupational Health unit prepared and printed 30000 workplace survey formats and summary formats with H numbers. The Public Health Inspectors are expected to use these formats for data collection, summary preparation and update the information on workplaces and workforce characteristics in their respective areas. 2000 Training guide on carrying out workplace surveys was prepared and printed.

4. Conducting reviews on occupational health and safety at district level

Review formats were developed and District level reviews were conducted Galle, Kurunegala, and Matale and Gampaha procurement of Personal Protective Equipment to protect from environmental hazards

5. Procurement of Personal Protective Equipment to protect health workers from environmental hazards

Procurement of 5000 N 95 respiratory masks as personal protective equipment was done and distributed to all MOH Offices.

6. Inter sectoral Coordination

Strengthening inter sectoral coordination is essential in the field of occupational health and environmental health. Several activities including provision of technical guidance were carried out with the Ministry of Environment and Mahaweli Development, Ministry of Labour and Trade Union Relations, Central Environmental Authority and relevant stakeholders to strengthen occupational health in other policies, action plans and projects.

Food Safety

1. Import control activities

At the Rank Container terminal 40459 consignments were inspected and out of that 03 consignments were rejected. 6494 number of samples were sent to laboratories and 60 samples became unsatisfactory. At the Air port 4201 samples were inspected and at the sea port 1812 samples were inspected.

2. Bottled water registration and Iodized salt regulation Activities

3. Export Certification

Export certificates for exporting food consignments are issued by the food control administration unit, and 11320 health certificates were issued. 49 new food factories were registered for 2017 and 17 food exporting factories were inspected and necessary actions were taken for improvements.

4. Regulatory Activities

Food (Milk and Milk Products) regulation, Food (Preservative) regulation, Food (Additive General) regulation, and Food (Amendment of Labeling and Advertisement) regulations were reviewed in 2017.

Stakeholder meetings were held for amended bottled or packaged water regulation, Iodization of salt regulation and registration of premises.

5. Activities to enhance the knowledge, skills and attitudes of authorized officers

Local training- Five, 5 days training programmes to update the food safety for PHI/SPHI was conducted with over 250 participants.



International training- One Medical officer and one Food and Drug inspector were trained at Republic of Korea in food hygiene and HACCP. (Capacity Building Programme in Food Hygiene for Public Officers in Asia).

6. **Review meetings-**

Two national review meetings were held for all SPHIDs and F&DI, in order to discuss the food safety issues at the peripheral levels, and necessary actions were taken to improve the food safety at the grassroots levels.

7. **Development of Food Safety Security Seals**

3000 food safety security seals in Food safety were developed and distributed among authorized officers for improvement and streamlining the food sampling system.

8. **Food Surveillance activities**

9. **Inter-secoral coordination**

Actions have been taken to strengthen the linkage with other line ministries, Provincial authorities, International Agencies and NGOs to bring about effective, sound management conducive for food safety and hygiene during the year of 2017.

10. **Analytical Capacity**

There is a network of 5 food laboratories continued to support in testing food and water samples for surveillance and contamination. A decision was taken to gazette an additional approved analyst for Kandy city analyst.

6.2.7 Estate and Urban Health

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

Estate Population

The socio-economic and health status of the estate population in Sri Lanka is a subject that has raised concern at national, as well as international level. The estate population constitutes about 4.2 % (2011) of the total population in Sri Lanka and has a history of 200 years of existence in the country. They were brought to Sri Lanka from South India to work on the coffee and tea plantations during the colonial period and kept as a separate community within the strict confines of the estates. The estate population of today consists of descendants of several generations. All aspects of their social welfare, health, education and other needs were looked after by the British planters initially and by the estate management today. They have lived within the estate premises under poor housing and sanitary conditions and undergone many hardships to generate wealth for the British Planters. This situation can be seen even today. They lived as stateless people for many years, with a few being given citizenship from time to time under several Acts until 2003. In addition to the language barrier, this too impacted on their enjoyment of civil rights of the country and led to the poor social, educational and economic development of this community.



Tea production became one of the main sources of foreign exchange for Sri Lanka contributing to the economic development of the country in a significant way. Although the estate community contributes immensely to the country's economy, they live in poverty; in remote locations with difficult to accessible terrain under poor living conditions in the line rooms with poor water and sanitary facilities. Though the preventive sector was nationalised in 2007 by a cabinet memorandum, the curative sector has not yet been fully nationalised. Preventive health provision has been improved further by appointment of qualified government PHMM during the past decade. However, the service provision is still limited due to unavailability of infrastructure facilities inside the estates to conduct MCH clinics, to have PHM offices and due to lack of quarters for PHMM. The PHMM are dependent on the estate management for these infrastructure facilities as the estates are under long lease with the plantation companies.

The situation of the curative care provision is even worse as the services are provided by the Estate Medical Assistants in some estates, instead of the MBBS doctors. The situation leads to health complications and avoidable deaths among the plantation community.

Most MOHs having estate populations cannot conduct clinics in the estate clinic centres due to difficult terrain issues and lack of appropriate vehicles. Effective implementation of national programmes such as maternal and child health services, mental health services, cancer control programme, sexually transmitted infections, tuberculosis screening, leprosy control programme, environment & occupational health and youth elderly & disabled are also hindered due to poor availability of Tamil speaking PHII, PHMM and other health staff in the estates.

Due to all these limitations, health and nutrition indicators among this population are found to be poorer than the national average (DHS 2016).

Performance in 2017

As the most important activity, a cabinet memorandum was developed and put to the cabinet to take over all the existing estate health institutions to the provincial health authorities. The cabinet observations are being addressed and relevant discussions are being carried out to get it approved by the cabinet. It will certainly pave way to bring the health service provision to the plantation community on par with the rest of the country.

As another important policy decision, activities to bring the thripasha distribution under control of MOOH have been initiated. This will pave way to ensure regular receipt of thripasha irrespective of the worker and non-worker population of the plantation community.

As another important activity, infrastructure development of hospitals which were taken over by the government, preventive health institutions like MOH offices and quarters facilities could be mentioned. The infrastructure facility improvement together with human resource provision ensured quality health services provision for the plantation community. Nearly Rs 235 million has been spent for infrastructure development during 2017. In addition Rs.5.3 million was spent on purchasing medical and non - medical equipment and Rs. 4.1 million was spent to latrine construction.

Preventive health programmes such as nutrition training programmes, alcohol, tobacco and gender based violence prevention, life skill training programmes, language and cultural training for health staff were coordinated by the unit using GOSL funds and with the support of Save The Children International.



6.2.8 Quarantine Services

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

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

The following decentralized units are functioning under the quarantine unit

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

Achievements in 2017 and early 2018

- Conducted Joint External Evaluation of IHR 2005 implementation status in Sri Lanka with several stakeholders including Health and non-Health sectors in the country and the mission of WHO in June 2017.
- Report was submitted to Ministry of Health based on Joint External Evaluation with the scores and priority actions for each technical area
- Initiated the preparation of five year National Action Plan for Health Security (NAPHS) based on the priority actions identified in Joint External Evaluation with the involvement of several health and non-health stakeholders. Quarantine Unit involves as a stakeholder as well as the coordinator for preparation of NAPHS
- National Steering Committee on International Health Regulations (IHR) 2005 was conducted in January 2018 to improve the coordination of IHR related activities with different sectors under the chairmanship of Director General of Health Services.
- Passengers from yellow fever endemic countries should get the yellow fever vaccination and this has been included as a visa requirement in Electronic Travel Authorization when travellers applying visa with the assistance of Department of Immigration and Emigration and Ministry of Foreign Affairs in 2017
- International Organization on Migration and the Sri Lanka Ministry of Health, Nutrition and Indigenous Medicine signed a Memorandum of Understanding for the establishment of a health assessment program for foreign nationals applying for Sri Lankan residence visas in April 2018. This inbound health assessment will be conducted for long stay visa holders in line with migrant health policy approved by Cabinet Ministers in 2011.



- Ship Sanitation Inspection and Issuance of Ship Sanitation Certificate Training Programme (Online and Face to Face components) was conducted in Sri Lanka with the assistance of WHO for the Doctors of Quarantine Unit and Doctors and Public Health Inspectors of Port Health Offices
- Conducted desktop drill to review public health contingency plan for Bandaranaike International Airport (BIA)
- Initiated developing a web based Quarantine Health Record Management and Surveillance System for record management and surveillance of activities of Quarantine Unit, Airport and Port Health Offices.
- Conducted a workshop in February 2018 for shipping agents to improve the health security in the country

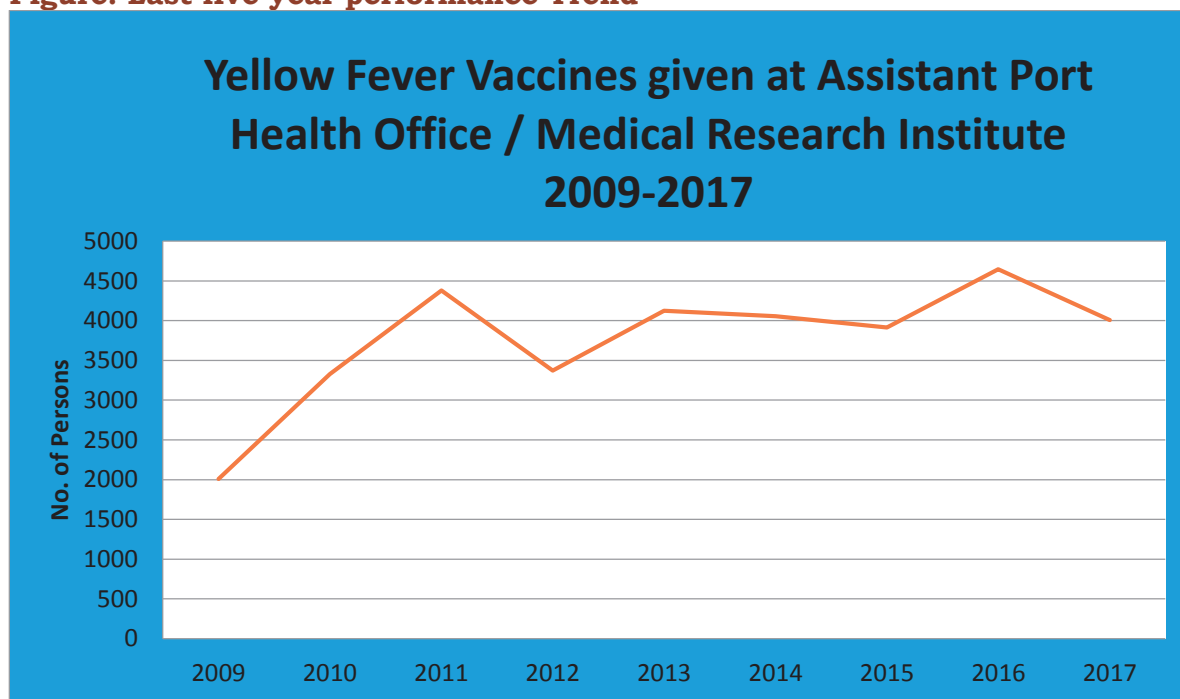
Infrastructure development in the Quarantine unit

- Purchased equipment (LED TV ,Refrigerators ,Furniture's and medical equipment) for Public Health Offices at seaport and airport
- Enhanced the capacity of Quarantine/Border Health Officers through in-service training programs

New policy enactments

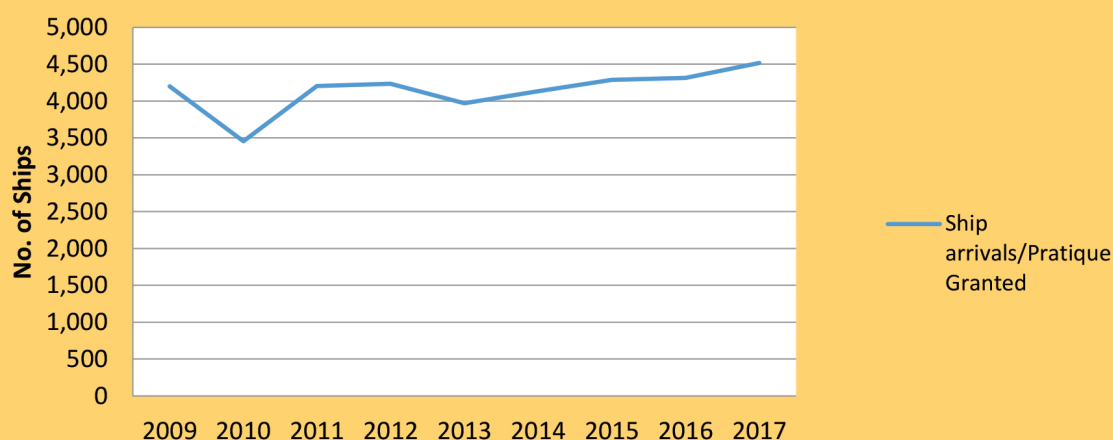
Cabinet approval was obtained to amend the quarantine and prevention of diseases ordinance to harmonize with IHR 2005 and currently working with the Legal Draftsman's Department to make the amendments

Figure: Last five year performance Trend





Ship arrivals/ Pratique Grated at Colombo Port by Port Health Office



6.2.9 Care for Youth Elderly Displaced and Disabled Persons

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

Achievements in 2017

Elderly care

- National Elderly Health policy – in Sri Lanka (published)
- Elderly care note (published)
- Elderly Health care delivery plan (published)
- Report of the institutional survey and community survey in selected areas of Sri Lanka on Elderly Health care 2016 (published)
- Construction of activation hall in ward 17 and Elderly care unit in ward 20 in National institute of mental health Angoda
- Awareness programme on active healthy aging for the officers attached to the Armed Forces and Police Department - 2017

Disability care

- Purchased equipments for prosthetics and Orthotics workshops
- Commemoration of the International Disability Day at Ragama Rehabilitation Hospital on 03/12/2017
- Establishment of local area network system in Ragama Rehabilitation Hospital
- Establishment of intercom system in Ragama Rehabilitation Hospital
- Upgrade of health facilities in Karapitiya TH
- Printing 70,000 leaflets on stroke education for family



6.2.10 National Authority on Tobacco and Alcohol

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

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

Objectives

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

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

Achievements/ Special Events in 2017 – 2018

• New Amendments

The Government approved the proposed amendments to the NATA Act *inter alia* inclusive of the following vital points namely,

- a. Prohibition of the sale of Tobacco and Alcohol Products within 100 meter radius of a premises frequented by Children;
- b. Prohibition of the sale of Tobacco Products by children under 21 years of age
- c. The correction of certain translation errors in the Sinhala and English Acts such as the word “Any Public Conveyance”;
- d. Inclusion of the Medical Officer into the list of Authorized Officers under the S. 16 Act
- e. Enlarging the powers of the Authorized Officers under the Act
- f. Prohibition of display of Tobacco products such as “enhanced display”

The said amendment is currently with the Department of Legal Draftsman. Further, the cabinet approved the introduction on Plain Packaging at the Cabinet Meeting held on 10th April 2018 and the said matter is also with the Department of Legal Draftsman.

• Legal actions

- Violation of Section 35 of National Authority on Tobacco and Alcohol Act No 27 of 2006.
- NATA sent warning letters and remove tobacco and Alcohol advertisements and promotions from restaurants, Hotels, Social media, You Tube, film “Sevanali”.



- **Building capacity**

The NATA Act is implemented through Authorized Officers: Food and Drugs Inspectors; Public Health Inspectors; Police Officers and Excise Officers. NATA is continuously engaged in improving their awareness of the NATA Act, as well as the health hazards of tobacco and alcohol, in order to strengthen their capacity to implement the NATA Act effectively and comprehensively. To this end, NATA organized several workshops for Authorized Officers and Judicial Officers, and during the discussions, challenges of implementing the Act as well as possible remedial measures were identified.

- NATA also conducted awareness programmes for the field officers in Divisional Secretariat in Colombo, Kaluthara, Mathugama, Palanthu Nuwara, Narammala, Gampaha, Polonnaruwa, Alawwa, Nikaweratiya and Kurunegala to ensure their support for field level activities of Authorized Officers.
- NATA, together with international experts from McCabe Centre, held a workshop for all High Court Judges on the issues of implementing the NATA Act.

- **Development of district resource teams**

NATA is developing a sustainable and comprehensive programme to address alcohol consumption, which will address primary prevention, detection, referral, treatment at primary care level and rehabilitation, using existing health and social resources at the district level.

- **Cessation Services**

The Tobacco Quit Program is identified as a priority area. The quit line was first established in September 2010 at the RDHS Office Anuradhapura. The existing Quit line (Toll Free number: 1948) has been strengthened with the introduction of new software, by increasing the number of incoming lines and extending its operating hours to 8.00 am to 4.15 pm. The services are toll free and trained volunteer counselors are working on the Quit line to enable us to provide round the clock island wide service.

- **Awareness programmes for children and Youth**

Children and youth are vulnerable and lucrative target groups for the tobacco industry. It is well documented that the younger the age of initiation of smoking, the more likely the person is to become a regular smoker, and the less likely he/she is to quit. It is important to ensure that young people are aware of the harmful effects of smoking, as well as educate them on the unethical marketing tactics of the tobacco industry.

- **Awareness programmes for Households**

NATA, in collaboration with the National Housing Development Authority is conducting tobacco and alcohol prevention program for newly form villages in Hambanthota, Matara and Anuradapura districts.

- **Establishing smoke free villages**

NATA has supported the establishment of smoke free villages through Medical Officers of Health (MOH) and Public Health Inspectors, together with community participation. Currently smoke free villagers are formed in Hakmana, Alawwa, Akurana and Kaduruwela. This was achieved using a multi-disciplinary approach. The MOH office collaborated with the Divisional Secretariat, Pradeshiya Sabha, Police, Zonal Education office by NATA. Local government authorities, Divisional Secretaries, community and Religious leaders also extended their support for the program.



- **Workshops to develop and strengthen the programmes for prevention of drink and drive**
- **Alcohol and Tobacco prevention program in the Estate Sector**
- **Intercountry consultation on alternative livelihoods for tobacco farmers and workers**
- **Rapid Assessment of Tobacco Farming in Sri Lanka**



6.3 CURATIVE SERVICES

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

| Curative Health Care Institutions in Sri Lanka | | | | | | | | | | |
|--|--------|--------------|--------|--------------|--------|--------------|--------|--------------|--------|--------------|
| | 2011 | | 2014 | | 2015 | | 2016 | | 2017 | |
| | Number | Bed Strength | Number | Bed Strength | Number | Bed Strength | Number | Bed Strength | Number | Bed Strength |
| Teaching Hospital | 18 | 21,331 | 16 | 20,008 | 16 | 19,696 | 16 | 20,109 | 21 | 22,789 |
| Provincial General Hospital | 2 | 2,430 | 3 | 4,581 | 3 | 4,668 | 3 | 4,790 | 3 | 5,207 |
| District General Hospital | 17 | 9,034 | 20 | 11,770 | 20 | 12,098 | 19 | 11,911 | 19 | 11,341 |
| Base Hospital – Type A | 22 | 7,187 | 21 | 7,783 | 24 | 8,609 | 24 | 8,862 | 27 | 8,097 |
| Base Hospital – Type B | 46 | 7,321 | 48 | 7,963 | 47 | 7,478 | 47 | 7,798 | 52 | 7,783 |
| Divisional Hospital – Type A | 38 | 4,333 | 45 | 4,911 | 50 | 5,359 | 50 | 5,406 | 63 | 6,612 |
| Divisional Hospital – Type B | 135 | 9,156 | 134 | 9,404 | 130 | 8,969 | 135 | 9,170 | 137 | 8,034 |
| Divisional Hospital – Type C | 318 | 8,024 | 291 | 7,956 | 302 | 8,065 | 298 | 7,937 | 290 | 6,808 |
| Primary Medical Care Unit | 17 | 204 | 18 | 271 | 14 | 188 | 12 | 153 | 506 | 158 |
| Other | 25 | 4,919 | 26 | 5,458 | 25 | 5,451 | 25 | 5,444 | | |
| Total | 638 | 73,939 | 622 | 80,105 | 631 | 80,581 | 629 | 81,580 | 1,118 | 76,829 |



• **Hospital Wise Details are attached Annexure No 2**

| Utilization Details of Health Services | 2011 | 2014 | 2015 | 2016 |
|--|------------|------------|------------|-------------|
| Total Out-Patients seen (without PMCU) | 43,495,071 | 46,885,163 | 46,686,261 | 45,744,126 |
| Total Number of Clinic visits in Hospitals | 20,229,551 | 24,759,893 | 25,889,534 | 27,317,886 |
| Number of Out-Patients seen between 4 – 8 p.m. | 446,797 | 2,897,871 | | 2,034,353 * |
| Total Patient Admissions in Hospitals | 5,610,949 | 6,120,470 | 6,359,681 | 6,497,773 |
| Number of Deliveries performed in (Normal) | 238,638 | 220,569 | 206,634 | 193,554 |
| Number of Caesarean Sections performed | 96,406 | 106,058 | 104,201 | 106,154 |
| Percentage of Caesarean Sections out of total deliveries | 28.5% | 32.2% | 33.2% | 35.1% |
| Number of surgeries performed | 933,331 | 1,022,941 | | 736,285 * |
| Total Number of Cardiothoracic surgeries performed | 5,128 | 2,100 | | 1,960 * |
| Total Number of Neuro surgeries performed | 9,429 | 9,269 | | 7,640 * |
| Number of CT Scans done | 153,196 | 284,786 | | 263,421 |
| Number of ECGs done | 2,342,482 | 2,556,929 | | 2,130,675 |

* Provisional



6.4 NUTRITION

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

6.4.1 Nutrition Coordination Division

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

Major achievements in 2017

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

- District based nutrition action plans were developed by district programme managers. These activity plans were reviewed by panels of national managers in the presence of district representative professionals and accepted as plan of the district to upgrade nutrition problems. These planned activities were funded island wide (In 6 districts DNAP funds not utilized due to processing delays)

2. Nutrition aspects of Early Childhood Development Programme – (Multi sectoral approach programme)

Three modules were developed by the technical support of the Nutrition Coordination Division with financial support by FAO. Modules are

- A Practical Guide prepared to improve the nutritional status, good habits, and caring practices of school children (to promote nutrition status of preschool children)
- Preschool Children's Nutrition and Care (Parent's participation in improving nutrition status of preschool children)
- Practical Guide to promote nutrition knowledge of Preschool Teachers (to promote nutrition status of Preschool children).

An orientation programme was done in Matara district. In the same district a TOT for health and non health partners of the programme was done.

3. Improve Thriposha storage facilities

Thriposha supply chain evaluation was conducted in Anuradhapura and Kalutara districts. Based on the recommendations of the study, Thriposha warehouse management training programme was completed in 7 provinces. Total expenditure for the ware house training, 0.48 Mn LKR was funded by WFP.

Seventeen new Thriposha stores were built islandwide. Total projected expenditure for the activity is 13.87 Mn LKR Out of this 2.88 Mn LKR released upto now and yet 10.99 Mn LKR to be released (Funded by GoSL).



4. Establishment of National Nutrition Surveillance System NNSS)

- National Nutrition Surveillance System was successfully established in planning units of the District Secretariats. Revision of surveillance indicators, dissemination of the revised indicators to districts was completed. Training of district level coordinators on data entry and data analysis completed for all districts.
- Policy makers and programme managers as well as general users can use the data of this system through our Website nutrition.lk.

5. Conduct pilot testing of new supplementary food for Moderate Acute Malnourished children Trials were conducted at ITI, Colombo and Gannoruwa. Total expenditure for the activity 0.14 Mn LKR was funded by GoSL

6. National Nutrition Month June 2017

- Nutrition Coordination Division is the focal point to conduct the National Nutrition Month Activities.
- The Theme for the National Nutrition Month 2017 was “Taste without sugar”.
- Inauguration ceremony of the National Nutrition Month June 2017 was held on 23rd June at the Auditorium of the Rathnawalee Balika Vidyalaya, Gampaha.
- Developed Educational Materials
 - Booklet on “Taste without sugar” (sugar content of different beverages and food)
 - Banners based on the theme.

7. Report on Cost of Health Sector component of the National Nutrition Programme of Sri Lanka

Government of Sri Lanka spends considerable amount of money on nutrition, while the other non government and UN Agencies also provide financial support to improve the nutritional status of the people of Sri Lanka. Despite the large amount of money spend on nutrition, the cost of the programme have never been studied so far.

Therefore, the assessment of cost of the Health sector component of the National Nutrition Programme of Sri Lanka was conducted by the Nutrition Coordination Division with the technical support of Dr. Neil Thalagala CCP, FHB with the financial assistance of UNICEF.

Final report on “Cost of Health Sector component of the National Nutrition Programme of Sri Lanka” was launched on 23rd August 2017 at the ‘Lavender Hall’, BMICH under the distinguished patronage of Hon. Minister of Health, Nutrition and Indigenous Medicine, Dr. Rajitha Senarathne.

8. Multisectoral approach for nutritional interventions at divisional level district Nutrition Monitoring System (DNMS)

Android based mobile app was developed by Health Informatics Society of Sri Lanka (HISSL) for grass root level electronic data collection under the Multi Sectoral Action Plan on nutrition. Nutrition Coordination Division implemented the pilot project of the DNMS with the technical support of HISSL in Matale, Polannaruwa and Nuwera Eliya districts following a training programme conducted to Public Health Midwives. HISSL is currently



working with ICTA to develop the master patrol Index for the interoperability between DNMS and National Nutrition Information System.

9. National Strategy for Prevention and Control of Micro Nutrient Deficiencies in Sri Lanka (2017-2022)

National Strategy for Prevention and Control of Micro Nutrient Deficiencies in Sri Lanka (2017- 2022) was developed by the Nutrition Coordination Division with the support of the Technical Committee and funded by UNICEF and WHO. The main objective is to provide guidance to improve the nutrition status of the population by preventing and alleviating micronutrient deficiencies and that will pave the way forward for a healthier future for all Sri Lankans.

10. Improve Thriposha storage facilities

Thriposha supply chain evaluation was conducted in Anuradhapura and Kalutara districts. Based on the recommendations of the study, Thriposha warehouse management training programme was completed in 7 provinces. Total expenditure for the ware house training, 0.48 Mn LKR was funded by WFP. Seventeen new Thriposha stores were built island wide. Total projected expenditure for the activity is 13.87 Mn LKR

6.4.2 Nutrition Division

Nutrition Division is responsible for overall management of nutrition services across the country on behalf of Ministry of Health. This unit is responsible for nutrition related policy formulation, coordination, monitoring and evaluation. Nutrition Division formulates guidelines on nutrition related matters which are translated in to action at grass root level. In addition this unit carries out in-service training programmes, awareness sessions and other capacity development activities for health workers as well as other categories of staff. Nutrition Division coordinates with provincial and other grass root level organizations and officers ensuring effective implementation of nutrition programmes in the country.

Major achievements in 2017 / 2018

1. Formulation, printing and introduction of “Public Health Guidelines for prevention of diabetes, heart disease and cancer”
 - Non- Communicable diseases including diabetes, heart disease and cancer are rising in Sri Lanka. This book addresses about relevant risk factors & prevention strategies for the above diseases.
 - Original book was printed in English medium. Quotations / tenders will be called for reprinting during this year (2018) Public Health Guidelines for prevention of Cancer, diabetes & heart disease was translated into Tamil & Sinhala
2. Formulation of a picture book for delivering information on healthy dietary habits for school children or adolescents
 - This easy to read & attractive book illustrates most of the information through pictures and consist few words, hoping to attract school children specially targeting adolescents.
 - This picture book was printed in all three languages (English, Sinhala and Tamil)



3. Nutrient Profile Model to implement recommendations on food marketing to children in Sri Lanka was developed under the technical & financial assistance of WHO and awaiting for printing
 - Nutrient Profile Model for Sri Lanka was adapted using WHO-SEARO Nutrient Profile Model with the help of the content and context experts and with the participations of the food industries and other stakeholders. The primary aim of this document is to control undue exposure of children from food high in fat, salt and sugar including trans-fats. This will help to control marketing of such food to children including advertising with a view of preventing childhood obesity and diet related non communication diseases.
4. National nutrient policy was reviewed through a external Consultant agency selected by an expert committee representing Ministry of Health
 - Based on the findings of the review, it is being revised and in progress
5. Fortification of rice & wheat with iron & folic acid was considered for Sri Lanka with a view of reducing iron deficiency anemia & related issues
 - Cabinet paper on common staple food fortification with iron & folic acid has been forwarded for cabinet approval. Phase I of implementation of cabinet recommendations will commence in 2018

6.4.3 ThriposhaProgramme

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

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

Thriposha Company is managed by a Board of directors, which has 7 members. In 2015 total beneficiary requirement is 1.3 million and the company were able to cater to 90% of total requirement.



Beneficiary Level Summary

| DISTRICT | 2013 | 2014 | 2015 | 2016 | 2017 |
|------------------------|------------------|------------------|------------------|------------------|------------------|
| AMPARA | 26,143 | 26,542 | 26,542 | 26,508 | 26,950 |
| ANURADHAPURA | 56,615 | 56,505 | 56,410 | 56,142 | 57,904 |
| BADULLA | 43,201 | 41,461 | 41,461 | 38,654 | 42,219 |
| BATTICALOA | 42,705 | 43,405 | 43,405 | 44,820 | 48,660 |
| COLOMBO HOSPITAL | 5,148 | 5,148 | 4,848 | 4,373 | 5,121 |
| COLOMBO SOUTH | 44,513 | 42,553 | 44,513 | 43,243 | 50,338 |
| COL.MUNICIPAL COUNCIL | 9,240 | 9,240 | 9,240 | 8,731 | 10,414 |
| GALLE | 47,365 | 47,365 | 47,365 | 47,365 | 49,251 |
| GAMPAHA | 51,159 | 51,159 | 51,159 | 56,010 | 56,267 |
| HAMBANTOTA | 34,758 | 34,758 | 34,758 | 34,758 | 40,455 |
| JAFFNA | 31,243 | 31,010 | 31,010 | 33,062 | 23,669 |
| KALMUNE | 35,552 | 37,706 | 37,706 | 34,585 | 43,110 |
| KALUTARA | 38,924 | 30,854 | 34,317 | 36,940 | 38,094 |
| KANDY | 59,458 | 59,458 | 59,458 | 61,713 | 66,817 |
| KEGALLE | 30,288 | 30,288 | 30,288 | 29,681 | 59,544 |
| KILINOCHCHI | 13,849 | 7,719 | 7,719 | 7,987 | 10,044 |
| KURUNEGALA | 66,798 | 66,798 | 66,798 | 71,212 | 70,328 |
| MANNER | 7,488 | 7,398 | 7,398 | 10,224 | 8,762 |
| MATALE | 31,233 | 31,233 | 31,158 | 31,715 | 30,971 |
| MATARA | 50,795 | 50,795 | 50,695 | 50,695 | 54,348 |
| MONERAGALA | 29,517 | 29,517 | 29,517 | 28,509 | 28,063 |
| MULATIVU | | 6,335 | 6,335 | 6,825 | 5,038 |
| NUWARA ELIYA | 28,311 | 27,191 | 26,798 | 25,849 | 26,416 |
| POLLONNARUWA | 32,367 | 32,367 | 32,367 | 33,500 | 30,762 |
| PUTTALAM | 27,857 | 27,857 | 27,857 | 27,857 | 34,069 |
| RATNAPURA | 42,555 | 42,555 | 42,555 | 45,377 | 45,267 |
| TRINCOMALEE | 34,302 | 40,884 | 40,884 | 28,266 | 40,288 |
| VAVUNIYA | 8,290 | 8,290 | 8,290 | 8,101 | 9,172 |
| ESTATES ** | 55,211 | 55,033 | 54,688 | 55,211 | 54,293 |
| MAHAWELI | | | | | |
| PROBATION & CHILD CARE | 22,692 | 22,692 | 22,692 | 22,692 | 23,396 |
| TOTAL | 1,007,577 | 1,004,116 | 1,008,231 | 1,010,605 | 1,090,030 |



Monthly Thriposha Production Performance

| Months | 2016 | 2017 | 2018 | 2019 Targeted |
|-----------------------------|------------------|------------------|------------------|------------------|
| | 750g bags | 750g bags | 750g bags | 750g bags |
| JAN | 1,726,260 | 1,687,080 | 1,532,070 | 2,400,000 |
| FEB | 1,602,480 | 1,448,640 | 1,210,530 | 2,400,000 |
| MAR | 1,662,300 | 1,744,500 | 1,439,070 | 2,400,000 |
| APR | 1,335,030 | 1,408,680 | 771,600 | 2,400,000 |
| MAY | 1,582,710 | 1,482,960 | 1,800,000 | 2,400,000 |
| JUN | 472,710 | 1,204,020 | 1,800,00 | 2,400,000 |
| JUL | | 1,443,840 | - | 2,400,000 |
| AUG | 91,800 | 1,595,370 | - | 2,400,000 |
| SEP | 1,142,130 | - | - | 2,400,000 |
| OCT | 1,164,180 | - | - | 2,400,000 |
| NOV | 1,421,760 | - | - | 2,400,000 |
| DEC | 866,940 | - | - | 2,400,000 |
| Total Quantity 750g Packets | 13,068,300 | 12,015,090 | 8,553,270 | 28,800,000 |
| Quantity / Mts | 9,801.23 | 9,011.32 | 6,414.95 | 21,600.00 |
| Cost (Rs) | 1,438,329,768.75 | 1,322,410,843.13 | 1,028,958,381.00 | 3,464,640,000.00 |

Note-Cost of Thriposha 1 kg = 146.75



Suposha production - 2017

Monthly Suposha Production 2017

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

Note:-

COP for 1 kg = 146.75

Note – Cop for 1 Kg. 146.75

6.5 ORAL HEALTH SERVICES

Introduction

There are 1516 Dental Surgeons, 75 Dental Consultant services and about 443 School Dental Therapists are working in government currently. At the end of year 2017, it was planned to recruit another 32 new dental surgeons in to the work force in government sector. The basic oral health care services are provided by Dental Surgeons, while specialized care is provided by consultants in Oral & Maxillo-Facial Surgeons, Restorative Dentistry, Orthodontists and Oral Pathology. Moreover, Consultants in Community Dentistry are predominantly involved in specialized oral health promotion, oral disease prevention and research. The Regional Dental Surgeons are operating in provincial health care settings at the office of the Regional Director of Health Services and coordinate with the provincial and the line ministry institutions to ensure provision of effective oral health care services as well as to promote oral health activities.

| Category | No of recruitment for year 2017 |
|----------------------------|------------------------------------|
| Consultant Dental Surgeons | 02 |
| Dental Surgeons | 32 |
| School Dental Therapists | 30 |
| Dental Technicians | 10 |

Vision

A healthier Sri Lankan nation with healthy mouths contributing to its economic, social mental and spiritual development.

Mission

To contribute to social and economic development of Sri Lanka by performing all possible activities for achieving the highest attainable oral health status through promotive, Preventive, Curative dental services of high quality made available and accessible to people of Sri Lanka.

Objective

To improve the accessibility of oral health care services



Major Achievements/Special Events in 2017

Second phase of 9-storied new building complex of National Dental Hospital (Teaching) Colombo was planned in 2017. The estimated cost for the completion of the project was LKR 1200 million. It includes 04 Outpatient Department Units, Surgical Stores, General Stores, Drug Stores, Oral Pathology Lab, Administrative Block, 4 Oral & Maxillo-Facial Units, 01 Restorative Consultants Units, 01 Preventive Oral Health Unit (Community Dental Unit), 02 Orthodontic Units, Main Auditorium with 100 seats and 02 Wards.

Ongoing Development Project Details

| Project Description | Total Cost | Physical progress by 31.12.2017 | Financial Progress 31.12.2017 |
|--|------------|---------------------------------|-------------------------------|
| Procurement of Dental Equipment | 400Mn | 82.5% | 330Mn |
| Maintenance of Dental Equipment | 10Mn | 10% | 1Mn |
| Health promotion and prevention of Fluorosis | 15Mn | 100% | 15Mn |

Mobile Oral Health Services

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

Dental Public Health Activities

Oral health promotion and oral disease prevention has been identified as major dental public health activities under the oral health policy. Oral Health Unit of Ministry of Health has taken necessary steps to procure 50 sets of slim light Boxes in three languages (Two in each set).

4th National Oral Health Survey

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

National Oral Health policy

A draft National Oral Health policy document has been formulated for Sri Lanka in order to adopt new strategies to improve oral Health status of the people in this country while consolidating the previous achievements. Public opinions of stake holders related to dentistry and public have been collected in middle of the year 2016 and report is processing at the moment.

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

1. Oral health care services to pregnant mothers.
2. Early childhood caries prevention Programme/Fluoride Varnish programme.
3. Save Molar programme for School Children.



4. Oral Potentially Malignant disorder (OPMD) and Oral Cancer Prevention and early detection programme.
5. Dental Fluorosis prevention & control programme.

Oral health care services to pregnant mothers

Oral health care programme for pregnant mothers is geared to provide comprehensive oral health care for them in order to improve the oral health by reducing the complications of dental decay during pregnancy and prevent worsening of the existing oral disease. This will result in reducing the risk of transmission of caries causative bacteria to the new born and thereby reducing the possibilities of adverse outcomes.

Early childhood caries prevention Programme/Fluoride Varnish programme

Identifying Oral diseases at early stages enables curing them with simple interventions. Primary health care providers are advised to examine the children's teeth at the age of 12 & 18 month & requested to refer them for dental advice and treatment if they detected any abnormalities during the screening. Ministry of health decided to introduce Fluoride varnish in to Adolescent Dental Clinics, Community Dental Clinics and to the dental surgeons attached to the MOH offices in Sri Lanka in order to prevent and control the developing dental caries among young children.

Save the Molar programme for School Children

Ministry of health started the Save the Molar programme in the year 2013 to strengthen the primary oral health care services in Sri Lanka. The school children are screened and the high risk children were identified to seal the molar teeth with a sealant material which will protect the occlusal surfaces for carious attack.

Oral Potentially Malignant disorder (OPMD) and Oral Cancer Prevention and early detection programme

Ministry of health with the collaboration of National Cancer Control Programme has commenced early detection and prevention of OPMD and Oral Cancer to strengthen the primary oral health care in Sri Lanka. In this programme high risk groups for OPMD are identified by applying the risk factor model. This strategy used for screening for OPMD and referring these persons who score more than 12 in the risk factor model, to a dental surgeon at the nearest hospital.

Dental Fluorosis prevention & control programme

Dental Fluorosis is a defect of tooth enamel caused by excessive intake of Fluoride during tooth developing stage. This brings about discolouration and pitting of the enamel of the teeth.

Children as well as adolescents with Dental Fluorosis suffer significant embarrassment and anxiety over the appearance of teeth.

Ministry of health started dental fluorosis prevention and control programme in 2016 in Dental Fluorosis endemic areas which involves

1. Screening for Dental Fluorosis
2. Treatment of identified cases
3. Mapping of high fluoride water sources.

Ministry of Health in collaboration with Ministry of education has already started to construct 25 School Dental Health Centers and renovation of existing Dental Clinics



to strengthen the School Dental Health services promotion in Sri Lanka which cost of LKR 250 Million.

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

6.6 NATIONAL BLOOD TRANSFUSION SERVICES

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

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

Objectives

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

Major Achievements in 2017 / 2018

1. NBTS was able to maintain 100% collection of the blood from voluntary blood donations during the year 2017. (423668 units of whole blood)
2. Three new blood banks opened
Theldeniya – Kandy cluster
Galgamuwa – Kurunegala cluster
Kaththankudy – Batticaloa cluster
3. Successful acceptance of application from NBTS for consideration as a WHO-CC
4. HLA- expanded to molecular testing and training by an accreditation expert from Netherland



Geographical distribution of blood banks 2017

| North Central | | Northern | | Eastern | | |
|-----------------|--|-------------|--------------|--------------|-------------|-----------------|
| ANURADHAPURA | | VAVNIYA | JAFFNA | BATTICALOA | TRINCOMALEE | AMPARA |
| Padaviya | | Mannar | Killinochchi | Valachchenai | Kantale | Akkarepattu |
| Thambuththegama | | Chettikulam | Mulathiv | Kattankudy | Kinniya | Dehiattakandiya |
| Polonnaruwa | | | Point Pedro | | Muththur | Kalmunai North |
| Medirigiriya | | | Thelippalai | | | Kalmunai South |
| | | | | | | Mahaoya |
| | | | | | | Sammanthurai |
| | | | | | | Pothuvil |

| North Western | |
|---------------|--|
| Kurunegala | |
| Dambadeniya | |
| Kuliyapitiya | |
| Nikaweratiya | |
| Galgamuwa | |

| Uva | |
|-------------|--|
| BADULLA | |
| Bibila | |
| Diyathlawa | |
| Mahiyangana | |
| Monaragala | |
| Welimada | |
| Wellawaya | |

| Sabaragamuwa | |
|--------------|--|
| RATNAPURA | |
| Balangoda | |
| Embilipitiya | |
| Kahawatta | |

| Southern | |
|------------|-------------------|
| KARAPITIYA | KAMBURUGAMUWA |
| Balapitiya | Kamburupitiya |
| Elpitiya | Matara |
| Mahamodara | Walasmulla |
| Udugama | HAMBANTOTA |
| | Tangalle |
| | Tissamaharama |

| Central | |
|----------------|--|
| KANDY | |
| Dabulla | |
| Gampola | |
| Matale | |
| Nawalapitiya | |
| Rikillagaskada | |
| Theldeniya | |
| PERADENIYA | |
| Warakapola | |
| Kegalle | |
| Mawanella | |
| Dikkoya | |
| NuwaraEliya | |

| Western | | | | |
|----------------------|---------------|-----------|-------------|------------|
| NBC | CNTH | CHILAW | CIM | KALUTARA |
| NHSL | Gampaha | Marawila | Awissawella | Horana |
| CSHW | Wathupitiwala | Negambo | Homagama | Kethumathi |
| CSTH | Welisara | Puttlam | Karawanella | Panadura |
| DMH | Meerigama | Kalpitiya | | |
| LRH | Minuwangoda | | | |
| SJGH | Kiribathgoda | | | |
| Accident Ser. | | | | |
| IDH- Angoda | | | | |
| CETH- Mulleriyawa | | | | |
| NINDT- Maligawaththa | | | | |
| Army Hospital | | | | |

***19 ClusterCenters are shown in block capitals and Blood Banks assigned are listed below.**

***102 Blood Banks are functioning**

***3 new blood banks added in 2017: Galigamuwa, Theldeniya and Kattankudy**



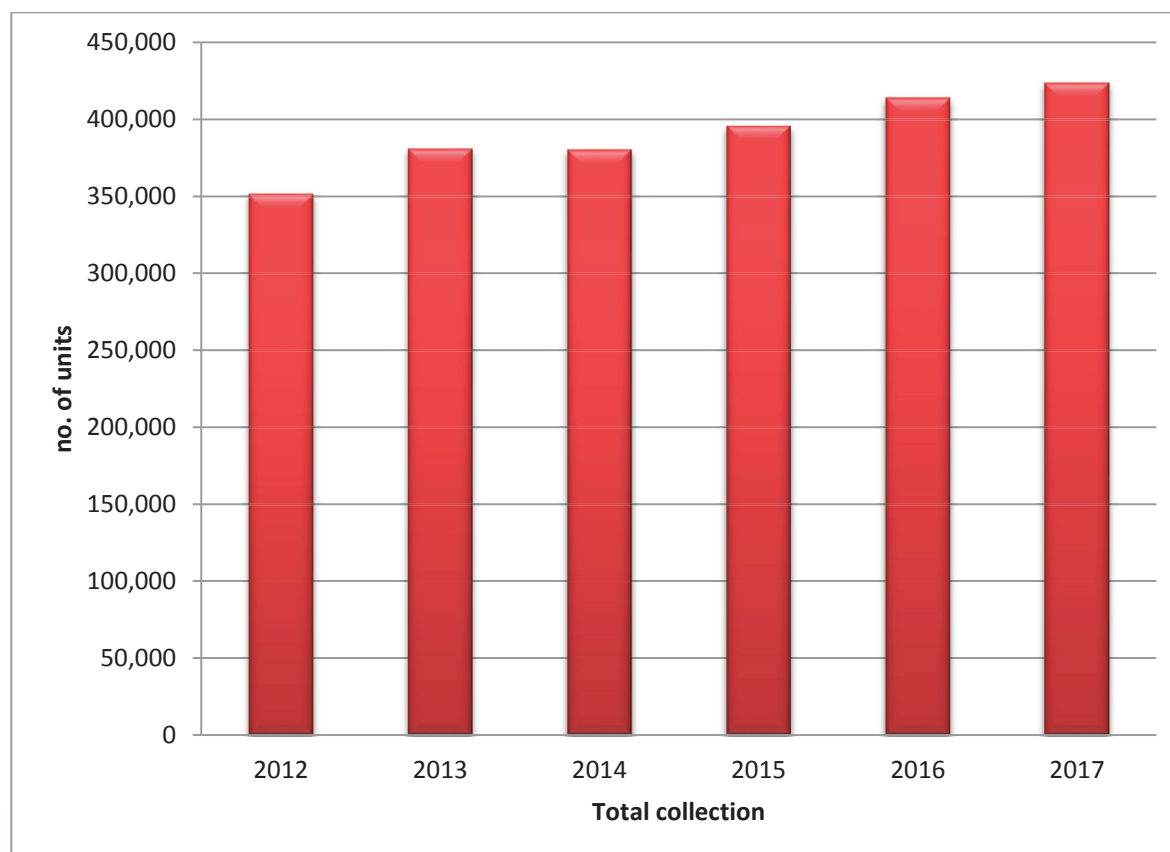
5. Frozen Red Cell facility – validated to issue frozen blood products for clinical use
6. Initiate bone marrow transplantation programme at LRH
7. Successful continuation of provision of Fresh frozen plasma for fractionation
8. Successful continuation of stem cell transplantation program

Last 5 years performance trend

Annual Blood Collection

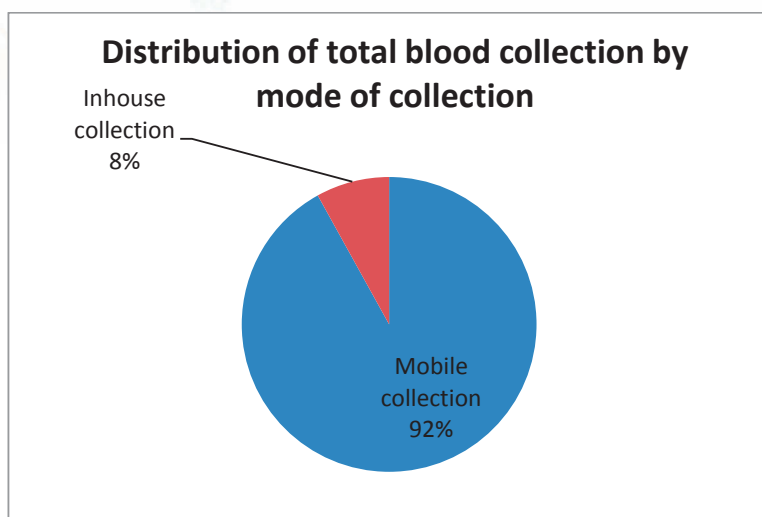
| Year | Voluntary collection | Replacement collection | Total collection |
|------|----------------------|------------------------|------------------|
| 2013 | 380,808 | 0 | 380,808 |
| 2014 | 380,367 | 0 | 380,367 |
| 2015 | 395,500 | 0 | 395,500 |
| 2016 | 414,175 | 0 | 414,175 |
| 2017 | 423,668 | 0 | 423,668 |

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

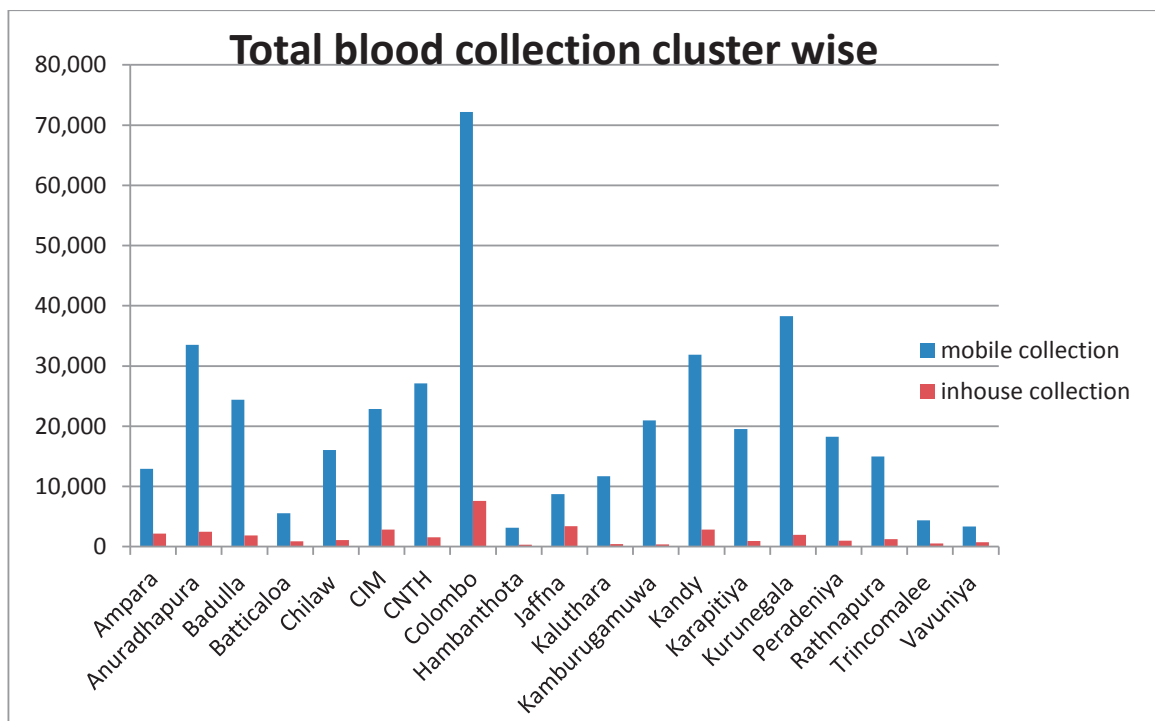




Distribution of total blood collection by mode of collection

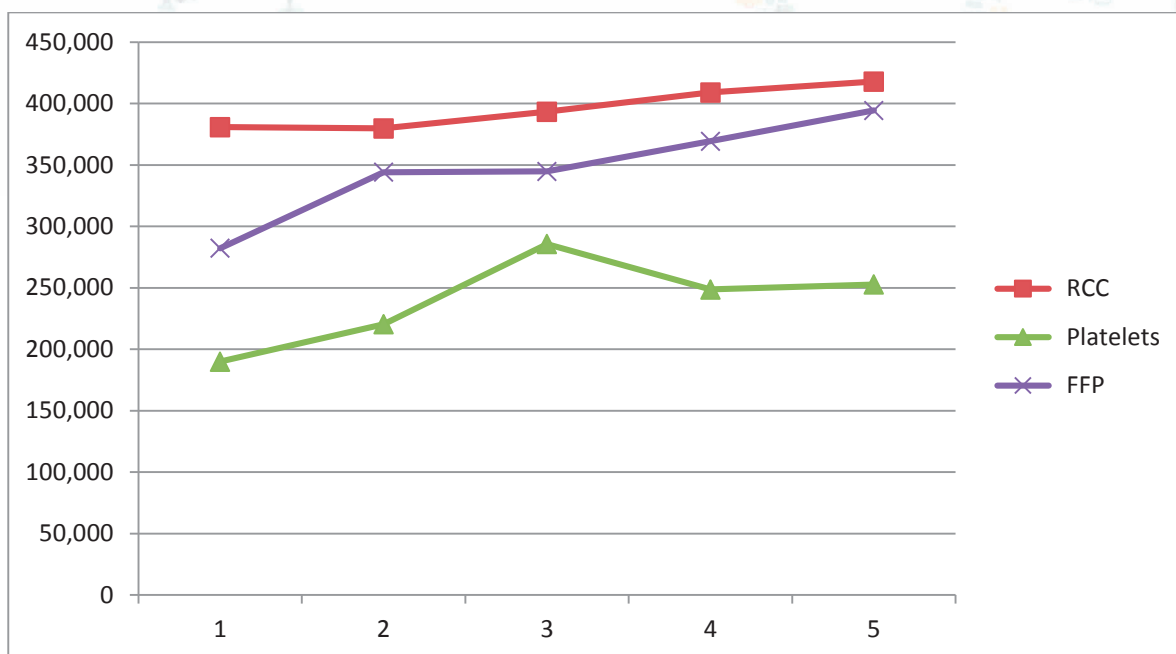


Blood Collection of 2017 - Cluster wise



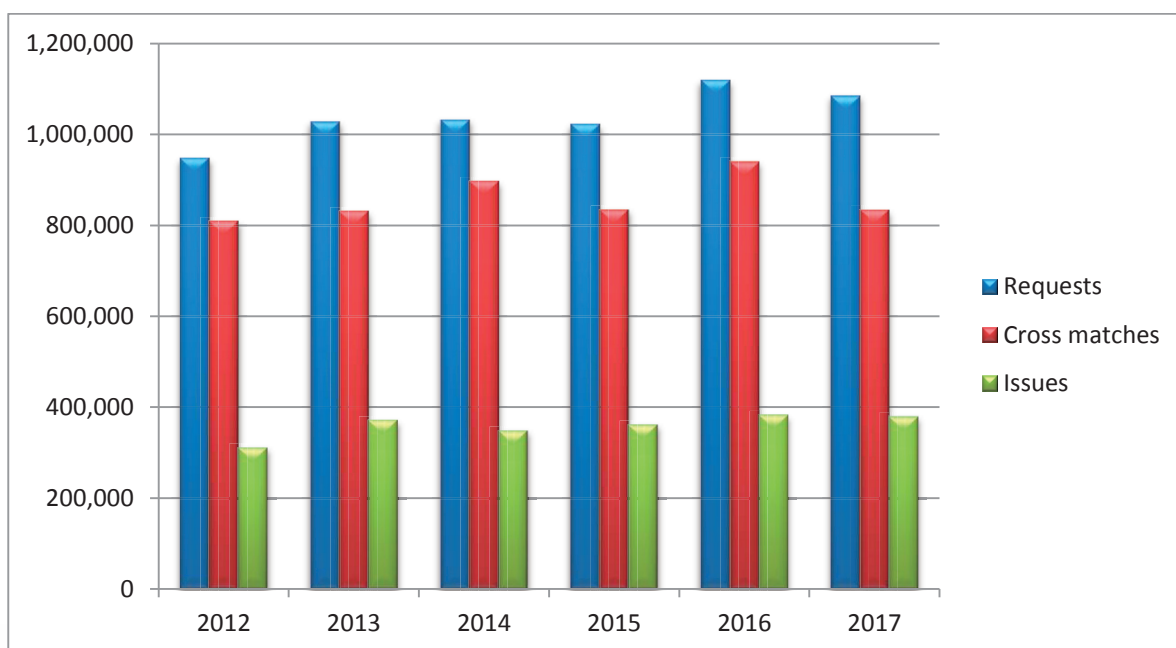
Blood component preparation

| Component | 2013 | 2014 | 2015 | 2016 | 2017 |
|-----------|---------|---------|---------|---------|---------|
| RCC | 380,760 | 379,774 | 393,348 | 408,959 | 417,792 |
| Platelets | 189,879 | 220,335 | 285,646 | 248,644 | 252,740 |
| FFP | 282,231 | 344,091 | 344,788 | 369,299 | 394,375 |



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

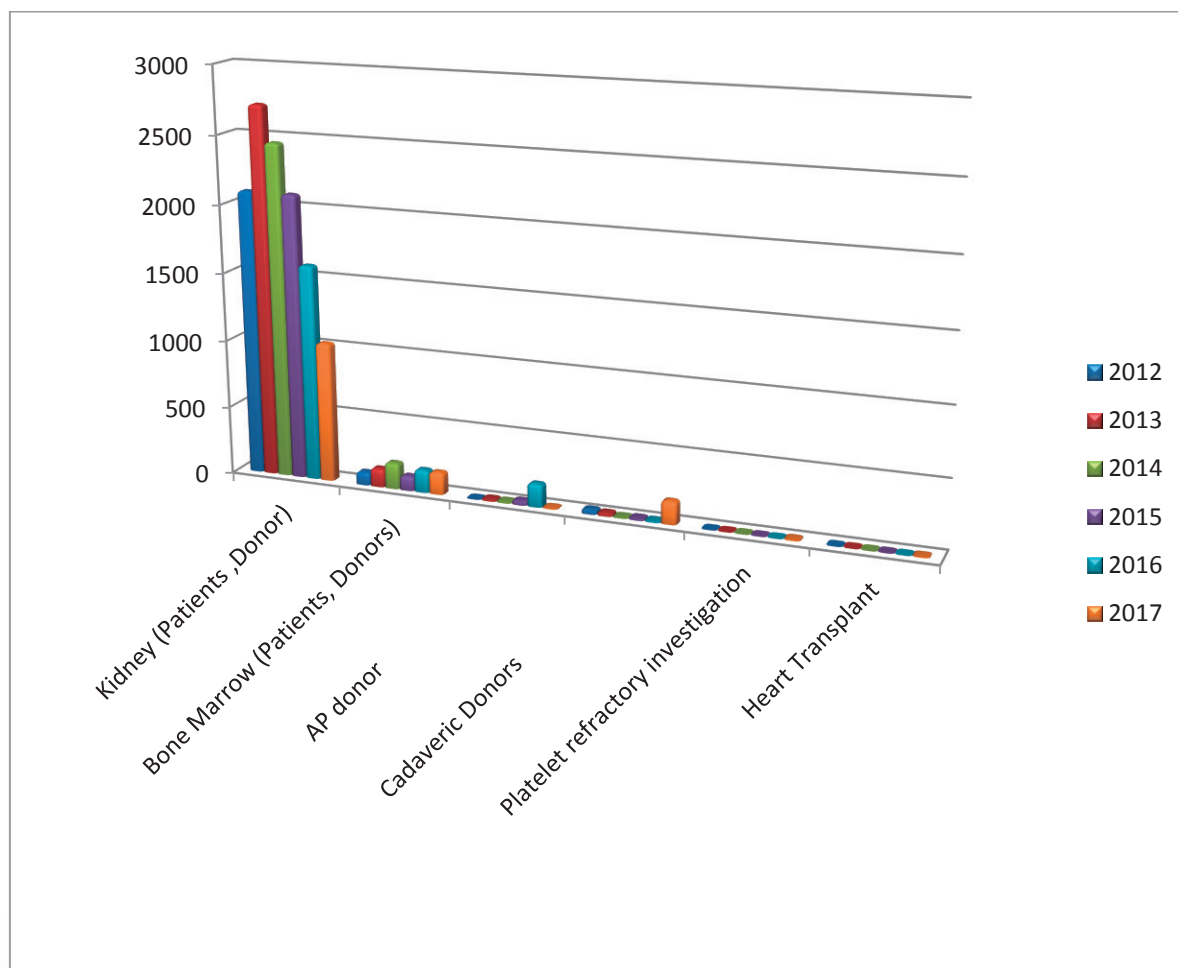
| | Requests | Cross matches | Issues |
|------|-----------|---------------|---------|
| 2012 | 947,650 | 808,978 | 310,539 |
| 2013 | 1,028,425 | 831,063 | 370,645 |
| 2014 | 1,031,895 | 896,997 | 347,668 |
| 2015 | 1,022,445 | 834,023 | 361,308 |
| 2016 | 1,118,987 | 940,777 | 382,907 |
| 2017 | 1,085,637 | 833,319 | 379,738 |





Performance of Histocompatibility testing laboratory (HLA)

| Typing and cross matches | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|-----------------------------------|------|------|------|------|------|------|
| Class 1 | 2195 | 2876 | 2293 | 2288 | 2015 | 1253 |
| Class 11 | 2188 | 2856 | 2297 | 2214 | 1777 | 1099 |
| Cross match | 1526 | 2076 | 1365 | 1471 | 2490 | 1954 |
| B27 | 187 | 194 | 352 | 194 | 319 | 492 |
| PRA (Class I , Class II) | 185 | 207 | 179 | 295 | 484 | 475 |
| Transplantation | | | | | | |
| Kidney (Patients ,Donor) | 2096 | 2721 | 2455 | 2094 | 1589 | 1027 |
| Bone Marrow (Patients, Donors) | 96 | 136 | 192 | 108 | 167 | 163 |
| AP donor | 0 | 14 | 11 | 32 | 171 | 7 |
| Cadaveric Donors | 34 | 22 | 7 | 15 | 11 | 169 |
| Platelet refractory investigation | - | - | - | - | - | 8 |
| Heart Transplant | - | - | - | - | - | 5 |





Performance of Reference Immunohaematology Laboratory

| Test category | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|-------------------------------------|------|------|------|------|------|------|
| Difficult compatibility testing | 3411 | 3263 | 2413 | 2656 | 2767 | 3003 |
| Antenatal Screening | 1012 | 1371 | 1640 | 1263 | 3266 | 1013 |
| Antibody titrations | 339 | 398 | 243 | 394 | 241 | 272 |
| DAT profile | 708 | 790 | 637 | 603 | 702 | 4440 |
| Extended phenotypes | 261 | 237 | 303 | 439 | 414 | 363 |
| Cold agglutination titration | 55 | 50 | 38 | 154 | 47 | 42 |
| Isohaemagglutination test | 36 | 43 | 80 | 54 | 97 | 53 |
| Haemolysin test | 36 | 26 | 26 | 55 | 97 | 156 |
| Confirmation of Bombay O | 22 | 13 | 111 | 22 | 15 | |
| Elution studies | 25 | 11 | 30 | 26 | 30 | 50 |
| Transfusion reaction investigations | 12 | 15 | 14 | 49 | 21 | 39 |

Performance of Reagent Laboratory

| Reagents prepared | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|---------------------------------|-------|--------|--------|--------|---------|---------|
| PBS working solution (L) | 5510 | 5730 | 5565 | 7785 | 3965 | - |
| PBS stock solution (L) | 520 | 610 | 620 | 810 | 3965 | - |
| Alsevers solution(l) | 108 | 116 | 148 | 172 | 274 | 396 |
| Antibody screening cells(mL) | 73114 | 66390 | 39,255 | 45,650 | 162,800 | 188,880 |
| Anti A1 (ml) | 1030 | 837.5 | 482.5 | 775 | 1450 | 906 |
| Anti H (ml) | 80 | 2475.5 | 327.5 | 475 | 1125 | 678 |
| ABO reverse grouping cells (ml) | 19280 | 21980 | 28,275 | 3,7625 | 120,200 | 132,330 |

Statistics of Nucleic Acid Testing - 2017

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

| Total number of tests performed in 2017 | Number of reactive samples |
|---|----------------------------|
| 90880 | 56 |



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

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

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

Statistics of Pathogen Inactivation (PI) of Platelets- 2017

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

| Duration | PIP Production |
|-------------------------|----------------|
| 2015/3/12 – 2015/11/06 | 523 |
| 2016/12/19 -2016/12/31 | 14 |
| 2017/01/01 – 2017/12/31 | 300 |

Statistics of FROZEN RED CELL (FRC) – 2017

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

| No of Red Cell Units Frozen | Units | No of Red Cell Units Deglycerolized | Units |
|------------------------------|-------|-------------------------------------|-------|
| Bombay O Rh D Positive units | 4 | O Rh D Positive Units | 40 |
| A Rh D Positive Units | 1 | | |
| A Rh D Negative Units | 4 | | |
| B Rh D Positive Units | 2 | | |
| B Rh D Negative Units | 3 | | |
| AB Rh D Negative Units | 3 | | |
| O Rh D Positive Units | 49 | | |
| Total | 66 | Total | 40 |



6.7 LABORATORY SERVICE

Laboratory service coordinated under Deputy Director General Laboratory Services plays a major role in Health care system in the country. Directorate of Laboratory Services is responsible for establishing and enactment of essential and relevant legislation and also for providing technical and managerial guidance for the maintenance of laboratories in compliance with nationally and internationally accepted standards.

Objectives

- I. To provide allocation for purchasing of laboratory equipments for enhance services
- II. To provide reagents without shortage for all laboratory hospitals in Sri Lanka
- III. To provide funding for proper maintenance of laboratory equipment
- IV. To improve the quality of laboratory systems in the country
- V. To ensure laboratory safety and security

Core functions

- I. laboratory improvement and regulation
- II. Combat Antimicrobial resistance
- III. Biosafety and Biosecurity
- IV. disease prevention, control, and surveillance
- V. integrated data management
- VI. environmental health and protection
- VII. policy development
- VIII. emergency response
- IX. training and education
- X. Partnerships and communication

6.7.1 Medical Supplies Division

The Medical Supplies Division (MSD) of Ministry of Health is the central organization responsible to supply all Pharmaceuticals, Surgical items, Laboratory items, Radioactive Items and Printed forms for the Government Sector healthcare institutions island-wide. Further to that, MSD is the sole supplier of dangerous drugs (narcotics to all hospitals in the country including the private sector. This is achieved through well managing all Supply Chain functions except procurement which is carried out by SPC- the procurement entity on behalf of MSD. MSD stores medical items until they are distributed among government healthcare institutions. It has a net work of stores comprising of, a central medical stores in Colombo (MSD) and 26 Regional stores at the district level (RMSD). The central medical stores consist of 18 Bulk warehouses at the main building, 3 bulk warehouses at Angoda, 5 bulk warehouses at Wellawatha, One warehouse at Kotikawatta one warehouse at Digana one warehouse at Welisara.

Following projects have been initiated based on National Planning and cabinet approval and allocated funds from budget 2018.

- 20 projects for Central level**
- 02 projects for RMSD & Institutions**
- 04 projects for Regional Stores**



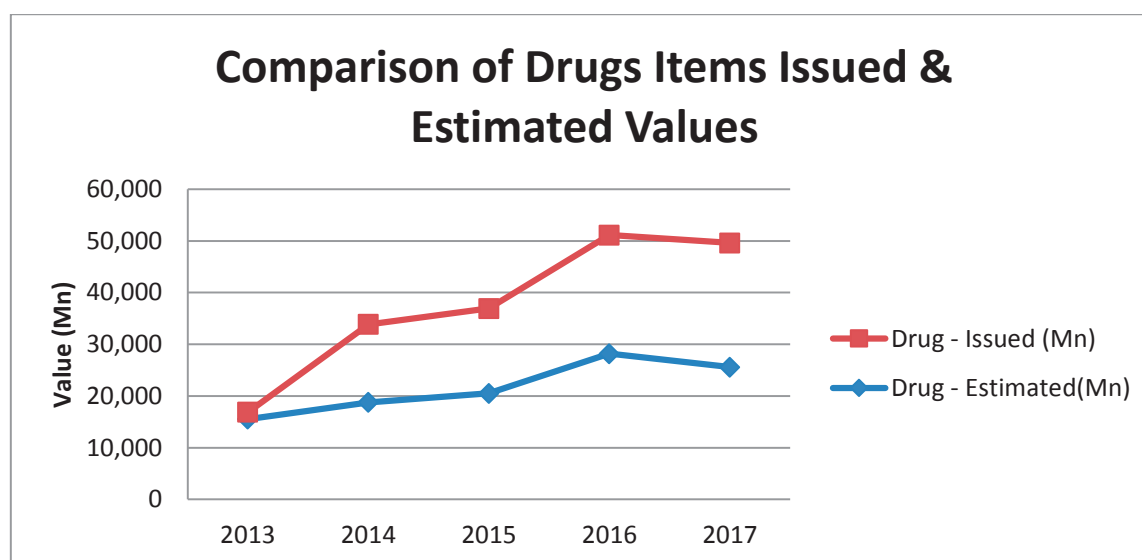
1. Establishment of Distance learning & Tele conferencing center at MSD and conducting DTC meetings using teleconferencing facility with assistance of institutions.
2. Establishing of New Quality Assurance and Pharmacovigilance Unit. Pre delivery sample testing mechanism was started though there are many obstacles. Discussions are continuing for establishing quality assurance laboratory with SPMC. Steps in quality improvement of process (storing, distribution etc.) have been initiated including protocol development.
3. The first round of destruction process has been completed in Colombo, Gampaha, Kalutara, Kururunegala, Puttalam, Anuradhapura, Polonnaruwa, Kandy, Monaragala, Nuwara Eliya, Jaffna, Vavuniya, Mullatiu, Galle, Matara, Hambnathota, Kegalle, Rathnapura, Batticaloa, Ampara, Kilinochchi, Trincomalee, Badulla and Kalmunai. It has to be extended to other two districts of Mannar & Matale.
4. As a responsibility of newly established monitoring unit regular weekly supply position review meetings have been held regularly with the participation of the representatives of all stakeholders including NMRA State Pharmaceutical Corporation and Ministry of Health, to minimize out of stock situation in the year 2017 and up to now.
5. Regular Drugs and Therapeutic Meetings (DTC) have been conducted by covering all districts with the assistance and supervision of relevant officers in Medical Supplies Division. With this effort now there are 80 institutions with functioning regular DTC meeting which are sending their reports regularly.
6. In-Service training for Public Management Assistants/Health Management assistants and Development Officers has been completed. Training for other staff at MSD (SCO, MSAs) and relevant paramedical officers in institutions was completed in the previous year and also fellowship for such officers.
7. It was initiated to expand MSMIS System even to provincial hospital with a view to provide to such health institutions the benefit and efficiency of Supply Chain Management obtained through MSMIS Which is fully functioned from 2015 covering from estimation to verification.
8. Expansion of the cold store facilities with digital temperature control and monitoring system has been completed, which will ensure continuous 24 hours surveillance and monitoring of cold chain maintenance of drugs and vaccines in a more reliable & safe manner.
9. Tender has awarded to construct a new pre-fabricated 40,00 sq feet store facility for MSD at the Welisara Hospital premises and construction initiated at Welisara.
10. Work has completed on Air conditioning the main pharmaceutical stores complex of MSD.
11. Improving in curative care institutions in (Line ministry, Base Hospitals & RMSDs) island as well as at MSD.
12. Establishment of CCTV camera system at central MSD.
13. Supply and installation of 2 no of 500 KVA generators for MSD.



Last Five year performance Trend

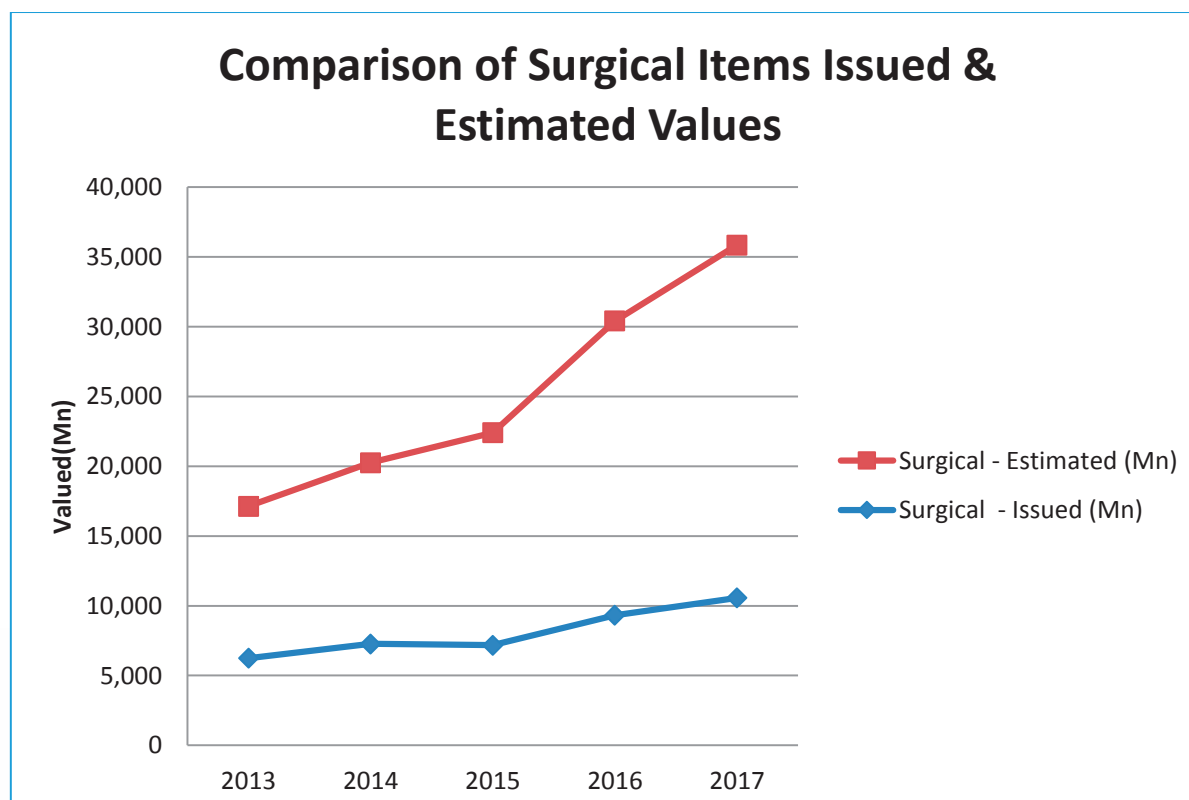
Comparison of drug items issued and estimated values

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|-----------------------|--------|--------|--------|--------|--------|
| Drug - Issued (Mn) | 1,313 | 15,104 | 16,428 | 22,932 | 24,017 |
| Drug - Estimated (Mn) | 15,545 | 18,759 | 20,513 | 28,196 | 25,596 |



Comparison of surgical items issued & estimated values

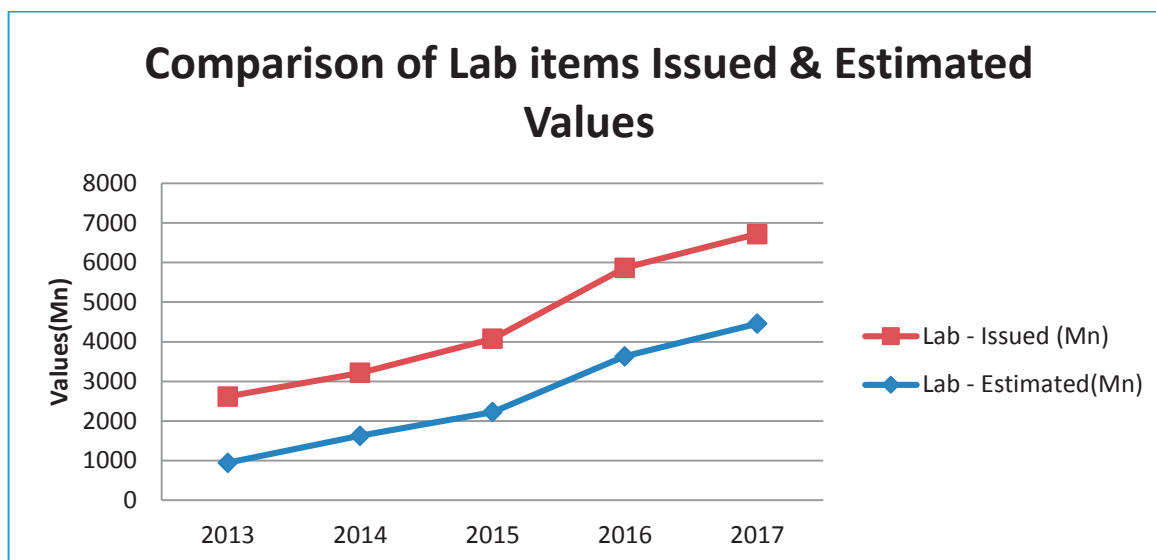
| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---------------------------|--------|--------|--------|--------|--------|
| Surgical - Estimated (Mn) | 10,886 | 12,982 | 15,230 | 21,080 | 25,281 |
| Surgical - Issued (Mn) | 6,252 | 7,274 | 7,179 | 9,329 | 10,570 |





Comparison of lab items issued & estimated values

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---------------------|-------|-------|-------|-------|-------|
| Lab - Issued (Mn) | 1,672 | 1,584 | 1,852 | 2,232 | 2,260 |
| Lab- Estimated (Mn) | 949 | 1,631 | 2,225 | 3,632 | 4,459 |



- Total quality of 2900 of drug eluting stents were issued for the year 2017. Cost for 168.2 million.
- Total quality of 9183 (19 D to 25 D lens range per month) of intra ocular lenses were issued for the year 2017 with a total cost of 139 million in addition to the number of lenses procured institutionally and fixed at institutions.
- Amount of 107 of Chochlear implant were issued with a total cost of 104.17 million for the year 2017.

Special Development Activities Planned for 2018

1. Expansion of infrastructure at MSD and refurbishment of office area (finance section and stock control unit, establishment branch etc.)
2. Construction of new office building for Supply Branch and Deputy Director General (Medical Supplies).
3. Renovation of toilet blocks in main building at MSD.
4. Construction of service room for cleaning service.
5. Improving storage capacity through construction of new store complex at Welisara and completion the work of Angoda surgical Store.
6. Completion of improving store facilities in curative care institutions & RMSDs Island wide.
7. Destruction of quality failed items in rest of the districts where the destruction have not been completed (Mannar & Mathale district).
8. Encourage research & surveys on developed research agenda and develop posters to be published on rational use of Drugs, Value & cost of Drug for public & Health staff. Stores survey island wide through newly developed software database.
9. Strengthening the Medical Supplies Chain by expanding MSMIS system up to peripheral hospitals.
10. Training programmes for drivers and miner staff.
11. Distance learning progress and DTC through Tele conferencing.



6.7.2 National Medicine Regulatory Authority (NMRA)

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

Responsibilities of the Authority

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

Major Achievements in 2017 / 2018

1. Implement Price Regulation for Intraocular Lenses: 38 widely used acrylic foldable lenses were reduced from 18th February 2017.
2. Implement Price Regulation for Stents: maximum retail price has been introduced for stents used for heart patients from 5th August 2017 and monitor the price regulation by the Authority.
3. There is a significant increase, in abusing of medicinal drugs by drug addicts in the country, when compared to the previous year. With the help of other law enforcement agencies like POLICE, NAVY, ARMY, PNB, Coastal Guard & Excise department, 70 court cases have been filed by Food & Drugs Inspectors (Authorized Officers under the NMRA Act) in 2017.
 - No of cases filed- 70
 - Total fines collected - Rs. 3,692,500.00
 - No of tablets/capsules seized

| | |
|-----------|-----------|
| Tramadol | - 241,764 |
| Pregablin | - 333 |
4. Implementation of the Cosmetic regulation.
The cabinet approval has been granted to regulate Cosmetics since 10.10.2017 to the NMRA and since then, cosmetics which have been imported in to the country are being registered and monitored.
5. A guideline has been introduced to regulate retail pharmacies in the country.
6. Preparation of five-year corporate plan for the National Medicines Regulatory Authority and implementing and monitoring the activities accordingly to achieve objectives of the Authority.
7. Crafting regulation for pharmaceutical regulations according to the National Medicines Regulatory Act No 15 of 2015.
8. Construction of a store complex at the NMRA to mitigate the problems due to delays in tracing the dossiers.



6.7.3 Medical Research Institute

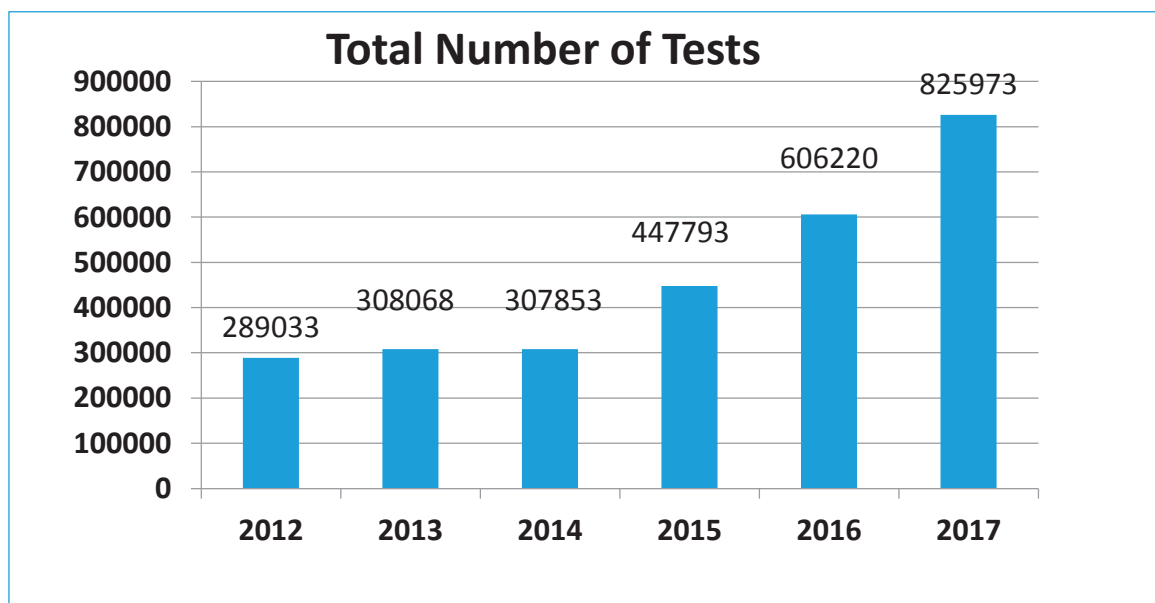
The medical research institute, in its capacity as the premier research institute for biomedical and allied fields is dedicated to the aim of improving health and wellbeing of the country. The MRI takes great pride in its contribution to the advancement of knowledge, through research and training. The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

Achievements in 2017

- Establishment of High Risk BSL 3 Laboratory at MRI
- New 10 story building for MRI

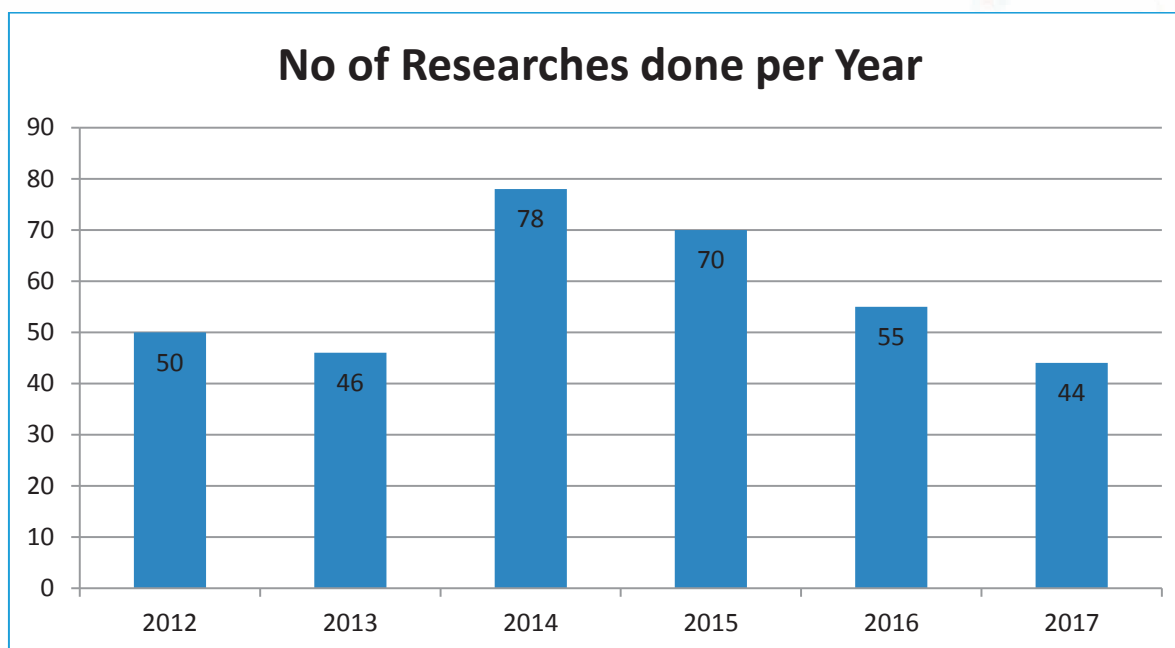
Last 5 years performance trends

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





Research activities over the last few years



Special Development activities planned for 2018

- a) Establishment of the BSL 3 High Risk Lab at MRI
- b) HSDP activities at MRI
Pathology lab Refurbishment
- c) New waste Incinerator plant to be established



7 Infrastructure Development

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

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

In 2016-2017, the government further continuing a number of new health projects directed at improving the wellbeing of the general public, while taking measures to enhance the quality of health care services. Other than the constructions, medical equipment base of the government health sector improved further during 2016 - 2017.

7.1 Bio Medical Engineering Services

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

The central unit of the Biomedical Engineering Services Division is located in Colombo which has workshop facilities, warehouse facilities for equipment and spare parts storage.

The main functions and responsibilities of the Biomedical Engineering Services (BES) are as follows.

1. Procurement of medical equipment
2. Repairs & maintenance of medical equipment
3. Training of end users and technical staff
4. Capacity building of the relevant technical staff through foreign technical expertise on medical equipment management.

BES also provides facilities for industrial training of engineering undergraduates at Peradeniya University and Sir John Kothalawala Defence University.

Vison

To achieve zero breakdowns and 100% availability of optimum level of equipment for patient care.

Mission

To be the organization that provides excellent services in procurement of medical equipment, planning, training and development of employees in order to provide the highest quantity Biomedical Engineering Services to the health sector of the country.



Objectives

1. To ensure availability of medical equipment of line ministry hospitals on time through procurement.
2. To ensure availability of spare parts and accessories through procurement.
3. Maintain of medical, dental and laboratory equipment in line ministry institutions on a regular basis and attend breakdowns within 24 hours.
4. To improve capacity of the technical staff and end users of medical equipment on operational aspects.
5. To provide technical guidance to the Line Ministry and Provincial Health Authorities.
6. To assist the provincial authorities on procurement of medical equipment.

Achievements/Special Events in 2017

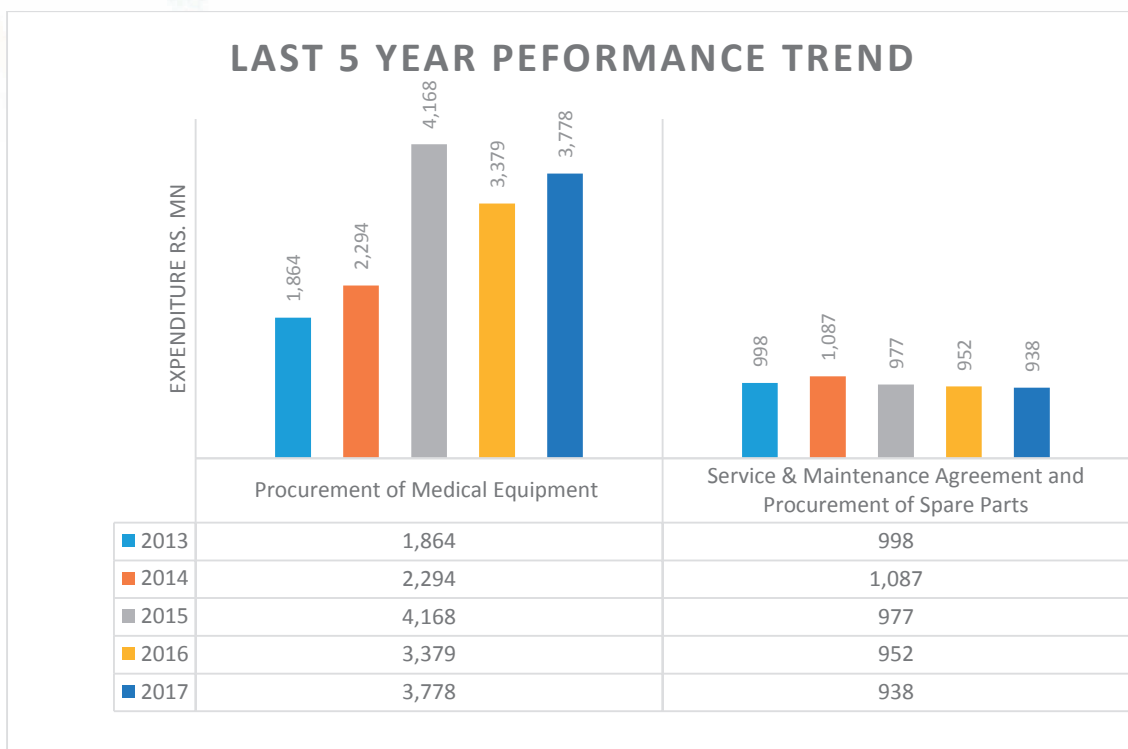
Following items/ equipment were procured during year 2017

| | Item/ Equipment | Qty | Cost/Rs (Mn) |
|----|---------------------------|-----|--------------|
| 1 | C-Arm X ray Machine | 10 | 116 |
| 2 | Cath lab | 3 | 270 |
| 3 | Central monitoring system | 1 | 17.8 |
| 4 | Dialysis machine | 50 | 68 |
| 5 | Fluoroscopy Machine | 2 | 90.6 |
| 6 | ICU Ventilator | 27 | 64.8 |
| 7 | Laparoscopy System | 4 | 50.4 |
| 8 | Mammography Machine | 5 | 141.9 |
| 9 | MRI Scanner | 1 | 237 |
| 10 | Multipara monitor (OT) | 149 | 76.9 |
| 11 | Heart lung Machine | 2 | 57.9 |
| 12 | OT Table | 41 | 127 |
| 13 | Endobronchial Ultrasound | 1 | 17.9 |
| 14 | Endoscopy System | 1 | 36.7 |
| 15 | CT Scanner | 3 | 250 |
| 16 | CT Simulator | 1 | 120 |
| | Total cost | | 1,697.95 |

Biomedical Engineering Service has expanded the service by establishing Regional Biomedical Engineering units at the hospitals in Anuradhapura, Badulla, Kandy, Jaffna and Batticaloa.



Last 5 Years Performance Trend



Availability of selected medical equipment in Hospitals under the Line Ministry

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



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



| | | | | | | | | | | | |
|--------------|--|-----------|-----------|-----------|------------|-----------|-----------|------------|-----------|-----------|-----------|
| 36 | B.H.Mullariyawa | | | 01 | | | | 01 | | | |
| 37 | National Institute of Mental Health – Angoda | | | 01 | | | | | | | |
| 38 | R.H.Ragama | | | 01 | 01 | | | | | | |
| Total | | 06 | 28 | 78 | 585 | 15 | 09 | 144 | 43 | 11 | 03 |

Development Activities Planned for 2018

All of the following activities planned for 2018 are already commenced.

- Provision of new CT Scanners for TH/Kandy, Apeksha Hospital ,GH/Ampara, GH/Batticaloa and GH Kaluthara - Rs. 350 Mn
- Provision of MRI Scanner for Apeksha Hospital - Rs. 150 Mn
- Provision of Cath lab for GH/Kaluthara - Rs 110 Mn
- Provision of Heart lung Machine for TH/ Karapitiya –Rs. 35.5 Mn
- Provision of 2 Nos. Digital Fluoroscopy Machines - Rs. 300 Mn
- Provision of 44 Nos Phacoemulsification Machines – Rs. 498 Mn

7.2 Construction

The logistic division is responsible for the provision of allocations for maintenance and services of the following activities and also for construction of new buildings as required by hospitals and institutions under the control of the Ministry of Health Nutrition and Indigenous Medicine.

| No | On-going Construction Projects - Local Funder | Total Cost Estimate (TEC) | Cumulative expenditure as at 31.07.2018 |
|----|--|---------------------------|---|
| 1 | Construction of Nursing Faculty/ Hostel | 7171.8 | 110 |
| 2 | Improvement of ETU Facilities under Line Ministry Hospitals | 9525 | 1,620 |
| 3 | Construction of Accident Ward Operating Theater & Intensive Care Unit at BH Gampola | 309 | 24 |
| 4 | Millennium Ward Complex at TH Kalubowila | 988.76 | 818 |
| 5 | Construction of Cardiology Unit, Catheter Lab, Laboratory Complex and Ward Complex at Teaching Hospital Batticaloa | 427 | 121 |
| 6 | Constructions of Staff Quarters for Medical Officers,Nurses& Others in Identified Hospitals | 200 | 150 |
| 7 | Development of Estate sector Hospitals | 200 | 329 |
| 8 | New Medical Ward Complex at DGH Chilaw | 311 | 23 |
| 9 | Development of District General Hospital- Polonnaruwa | 507 | 1,162 |
| 10 | Development of Karapitiya Hospital | 1024 | 146 |



| | | | |
|-----------|--|---------|-------|
| 11 | Construction of Ministry Building | 5979 | 1,275 |
| 12 | Construction of National Stroke Centre at Base Hospital Mulleriyawa | 543 | 210 |
| 13 | Provision of High Quality Radiotherapy for Cancer Patients in Sri Lanka With High Energy Radiation | 2150 | 2,299 |
| 14 | Extension of OPD, Laboratory and Radiology Unit at BH Angoda (IDH) | 830 | 78 |
| 15 | Construction of Cancer Hospitals at Thellipalei, Kandy and Galle-Karapitiya | 3000 | 871 |
| 16 | Emergency Pre Hospital care Ambulance service in sri Lanka | 675 | 225 |
| 17 | Development of Dental Institute Colombo (Stage11) | 1050 | 0.47 |
| 18 | Construction of New Theatre Complex with modern facilities at Base Hospital Horana | 1000 | 206 |
| 19 | Construction of Three Storied Building Consist of X-ray unit, OPD, Accident & Emergency Unit and Blood Bank at BH-Pimbura | 293.7 | 8 |
| 20 | Establishment specialized Pediatric care Complexes in Karapitiya, Ampara and Jaffna Hospitals | 4676 | 428 |
| 21 | Establishment of a Base Hospital in Nintavur | 878 | 380 |
| 22 | Establishment of an Oral Health Center in Karapitiya Teaching Hospital | 1076 | 161 |
| 23 | Establishment of a Bone Marrow Transplant Unit at Kandy General Hospital | 856.9 | 171 |
| 24 | Restoration of Hospitals Damaged by Floods and Landslides | 650 | 75 |
| 25 | Construction of Oral Health Complex including all Dental specialties in PGH Rathnapura | 340 | 42 |
| 26 | Upgrading of Drug Stores at Hospitals Medical Supply Division | 3988.6 | 19 |
| 27 | Establishment of Highly Specialized Centers in colombo, Kandy & Anuradhapura to manage Serve Obstetric Complications and Medical Diseases Complecating Pregnancies | 1844.78 | 190 |



2017.01.31 New Dental Building Oppining



Teldeniya Hospital Opining



Ampara Hospital Cardiology Unit Oppining



7.3 Special Foreign Funded project

| No | Name of the Project | Total Cost Estimate (TEC) | Cumulative expenditure as at 30.06.2018 |
|----|--|---------------------------|---|
| 1 | Development of District Hospital Kalutara as a Specialized Maternal and Children's Hospital (GOSL & Netherland) | | 931 |
| 2 | Epilepsy Unit at National Hospital Colombo (GOSL - Saudi Fund) | 4800 | 4,690 |
| 3 | Strengthening Patient Care Services by Establishing Clinical Waste Management Systems in the Needy Hospitals comes under the provincial councils in Sri Lanka (GSOL-Australia) | 2600 | 2,256 |
| 4 | Helmut Khol Maternity Hospital Karapitiya, Galle (GOSL -Germany - kfw) | 4480 | 2,664 |
| 5 | Development of DGH Hambantota and DGH Nuwara Eliya (GOSL-Netherland) | | 15,204 |
| 6 | Rehabilitation and Expansion of Production Capacity at State Pharmaceutical Manufacturing Corporation (SPMC) GOSL - JICA | 2007 | 897 |
| 7 | Construction and upgrading peripheral Blood banks Coming under the National Blood Transfusion Services of Ministry of Health in Sri Lanka (GOSL-Netherlands) | 3750 | 3,800 |
| 8 | Global Fund to Fight Against AIDS, Tuberculosis and Malaria (GFATM) | 3282 | 1,876 |
| 9 | Matara District Maternal and Newborn Health care Strengthening Project (GOSL-KOICA) | 1275 | 6 |
| 10 | Construction of a surgical unit and Procurement of Medical equipment at Teaching Hospital in Batticaloa (GOSL-India) | 275 | - |
| 11 | Ambulance Car Project (GOSL-Austria) | 1837 | - |
| 12 | A Neonatal and Obstetrics Reference Center for the De Zoyza Maternity Hospital (France-HNB) | 830 | - |
| 13 | Emergency Obstetrics and Newborn Care, Nutrition , Early Child care and Development (UNICEF) | 50 | - |
| 14 | Health Assistance Project-ADB | 10500 | - |
| 15 | Landscape Development of the Kandy Teaching Hospital (GOSL-Austria) | 5625 | - |
| 16 | Upgrading of Operation Theatres and ICU Equipment (GOSL-Austria) | 1700 | - |



7.4 Transport

Transport Unit

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

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

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

| Type of Vehicle | Over 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | Total |
|-----------------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| Ambulances | 529 | 26 | 52 | 43 | 52 | 30 | 12 | - | 250 | 87 | - | | | 3 | 1,081 |
| Double cabs | 267 | 13 | 65 | - | 58 | 9 | - | 92 | - | - | 5 | 35 | | 11 | 544 |
| Cars | 48 | - | - | - | - | - | - | 5 | - | - | - | | 3 | - | 56 |
| Lorries | 110 | - | 10 | - | - | - | - | - | - | - | - | | | - | 120 |
| Vans | 84 | - | 2 | 7 | - | 3 | - | 9 | - | - | 17 | | 48 | 7 | 170 |
| Mini Vans | - | - | - | 30 | - | - | - | - | - | - | - | | | - | 30 |
| Bauser | 9 | - | - | - | - | - | - | - | - | - | - | | | - | 9 |
| Jeeps | 78 | 27 | 13 | 4 | - | 1 | - | - | - | - | 2 | 2 | | 2 | 127 |
| Buses | 59 | - | 5 | 11 | 1 | - | - | - | - | - | - | | | 8 | 76 |
| Ref.Lorries | 2 | - | 2 | 3 | 4 | - | - | - | 10 | - | - | | | - | 21 |
| Three Weels | 49 | - | - | 3 | 1 | - | - | - | - | - | - | | | - | 53 |
| B/C Vehicles | 7 | - | - | - | - | - | - | - | - | - | - | | | - | 7 |
| Vans (Mobile) | 33 | - | - | - | 1 | - | - | - | - | - | - | | | - | 34 |
| X-ray Vehicles | 1 | - | - | - | - | - | - | - | - | - | - | | | - | 1 |
| Crue Cabs | 10 | - | - | - | - | - | - | - | - | - | 10 | | | - | 20 |



| | | | | | | | | | | | | | | | |
|--------------|------|----|-----|-----|-----|-----|----|-----|-----|----|----|----|----|--|-------|
| Motor Cycles | 1010 | - | - | - | - | 125 | - | 140 | 150 | - | - | | 5 | | 1,430 |
| Tractor | 2 | - | - | - | - | - | - | - | - | - | - | | | | 2 |
| Mini Truck | 2 | | | | | | | | | | | | | | |
| Total | 2297 | 66 | 149 | 101 | 117 | 168 | 12 | 246 | 410 | 87 | 34 | 37 | 56 | | 3,781 |



8 Human Resource Development



Education, Training and Research Unit of the Ministry of Health which functions under purview of Deputy Director General (ET&R) is the focal point in policy formulation, providing technical guidance related to training and also coordinating of basic training programmes for all staff categories except for basic degree programmes for Medical Officers and Dental Surgeons. Furthermore, the Unit is responsible for capacity building of the health work force through post basic and in-service training programmes. In addition, the Unit is responsible for developing policies and capacity in research related to health. Medical Research Institute (MRI) and National Institute of Health Sciences (NIHS) are two institutions, which come under the purview of the DDG (ET&R). Coordination and technical supervision of the work carried out by these institutions is a responsibility of the DDG (ET&R). Furthermore, ET&R Unit coordinates with Ceylon Medical College Council, University Grants Commission and other relevant academic and professional institutions and organizations in Sri Lanka with the objective of strengthening, human resource capacity of the health sector.

Human Resource Situation

| Human Resources | 2011 | | 2014 | | 2015 | | 2016 | |
|-------------------------------------|--------|------------------------------|--------|------------------------------|--------|------------------------------|--------|------------------------------|
| | Number | Population per Health Person | Number | Population per Health Person | Number | Population per Health Person | Number | Population per Health Person |
| Total number of Medical Specialists | 1532 | 13,637 | 1,960 | 10,597 | 1,945 | 10,779 | 2,121 | 9,997 |
| Physicians | 188 | 111,128 | 251 | 82,753 | 218 | 96,174 | 247 | 85,842 |



| | | | | | | | | |
|--|--------|---------|--------|---------|--------|---------|--------|---------|
| Paediatricians | 147 | 142,122 | 190 | 109,321 | 176 | 119,125 | 172 | 123,273 |
| Obstetricians and Gynaecologists | 147 | 142,122 | 162 | 128,216 | 171 | 122,608 | 148 | 143,264 |
| General Surgeons | 121 | 172,661 | 169 | 122,905 | 151 | 138,848 | 160 | 132,519 |
| ENT Surgeons | 38 | 549,789 | 45 | 461,578 | 42 | 499,190 | 46 | 460,935 |
| Eye Surgeons | 54 | 386,889 | 57 | 364,404 | 55 | 381,200 | 65 | 326,200 |
| Radiologists | 72 | 290,167 | 103 | 201,660 | 108 | 194,130 | 118 | 179,686 |
| Cardiologists | 39 | 535,692 | 52 | 399,442 | 44 | 476,500 | 59 | 359,373 |
| Specialist Dental Surgeons - Maxillo Facial /Restorative | 24 | 870,500 | 31 | 670,032 | 37 | 566,649 | 28 | 757,250 |
| Psychiatrists | 57 | 366,526 | 78 | 266,295 | 60 | 349,433 | 67 | 316,463 |
| Consultant Judicial Medical Officers | | | | | | | 31 | 683,968 |
| Medical Officers | 15,273 | 1,368 | 17,615 | 1,179 | 18,243 | 1,149 | 18,968 | 1,118 |
| Dental Surgeons | 1,147 | 18,214 | 1,360 | 15,273 | 1,340 | 15,646 | 1,433 | 14,796 |



| | | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|--------|--------|
| Medical Officers of Health | 540 | 38,689 | 618 | 33,610 | 636 | 32,965 | 634 | 33,443 |
| Nursing Officers | 28,819 | 725 | 30,931 | 672 | 32,187 | 651 | 32,330 | 656 |
| Supervising Public Health Nursing Sisters/ Public Health Nursing Sisters | 349 | 59,862 | 277 | 74,986 | 290 | 72,297 | 277 | 76,545 |
| Public Health Inspectors attached to MOH Offices | 1,501 | 13,919 | 1,526 | 13,611 | 1,604 | 13,071 | 1,692 | 12,531 |
| Public Health Midwives attached to MOH Offices | 5,491 | 3,805 | 5,954 | 3,489 | 6,041 | 3,471 | 6,247 | 3,394 |

Source : Medical Statistics Unit

Following are the highlights of key activities carried out during 2017- 2018 by our unit.

1. Recruitment and Basic Training

1.1 Intake for basic training programmes

Intake for training is determined by the administrative sections of the Ministry of Health in consultation with ET&R Unit and Planning Unit.

Training profile from 1st January 2017 to 30th June 2018 are as follows

| S. No. | Category of staff | Number recruited | | Number passed out | | Number to be passed out* | |
|--------|-----------------------------------|------------------|------|-------------------|------|--------------------------|------|
| | | 2017 | 2018 | 2017 | 2018 | 2018 | 2019 |
| 1 | Nursing Officers (Basic Training) | 1383 | | 2947 | | 1736 | 786 |
| 2 | Medical Laboratory Technicians | 134 | | 11 | 230 | | 134 |
| 3 | Pharmacists | 221 | | | | | 221 |
| 4 | Physiotherapists | 30 | | | | | 30 |
| 5 | Occupational therapists | 33 | | | | | 33 |
| 6 | Radiographers | 50 | | | | | 50 |
| 7 | Public Health Midwives | 571 | | | | 654 | 571 |
| 8 | Public Health Inspectors | 285 | | 193 | | | 285 |
| 9 | Entomology Assistants | 24 | | 7 | 14 | | 24 |
| 10 | Cardiographers | 88 | | 1 | | 88 | |
| 11 | Electro-encephalograph Recordists | 16 | | | | 16 | |



| | | | | | | | |
|----|--------------------------------------|------|-----|------|-----|------|------|
| 12 | Ophthalmic technicians | 19 | | 42 | | | 19 |
| 13 | Dental Technicians | 4 | | 2 | | 3 | |
| 14 | School dental therapists | 52 | | 30 | 1 | | 52 |
| 15 | Public health laboratory technicians | | | | 87 | 17 | |
| 16 | Public Health Field Officers | | | | 214 | 25 | |
| 17 | Hospital attendants | 399 | 235 | 339 | 117 | | |
| | Total | 3309 | 235 | 3572 | 663 | 2539 | 2205 |

- In 2020, the number of nursing students expected to be passed out - 4163
Note – Up to 30th June 2018; *-by 1st of January

1.2 Orientation programme

Orientation programme of 6 months is conducted for the below mentioned categories graduates of the Universities in Sri Lanka. The number of participants in the programme is as follows:

| | Category | No | |
|---|------------------|------|------|
| | | 2017 | 2018 |
| 1 | Nursing Officers | 113 | |
| 2 | MLT | | 139 |
| 3 | Pharmacist | | 130 |
| 4 | Radiographers | | 51 |

2. Capacity Development of Services Providers of the Department of Health

The ET&R Unit plays the pivotal role in management of in-service training programmes in the health sector by providing the necessary technical and financial assistance. Depending on the institutional needs, during the year 2017 and 2018 funds were allocated for the training of many categories of the health workforce. The ET&R Unit reviews the training proposal for eligibility based on the training needs identified by the relevant institution of institutions and the approved ones get funded. Funds utilization is monitored and evaluated.

2.1 In-service Training Programme

A. Training Programmes conducted by the ET&R Unit

ET&R Unit itself, regularly carries out in-service training programmes for different staff categories based on the requests made by the heads of the institutions, professional organizations and post basic training programmes for nursing officers.

a. Local Training

In-service

With the intention of improving the quality of service, ET&R unit regularly provides financial assistance to the authorities of the health institutions, which functions under line ministry and provincial health service.

During the year 2017, 61.5mn was spent on in-service training programmes while during the 1st six months of year 2018, 129mn was already allocated.



PERFORMANCE AND PROGRESS REPORT 2017-18

| Year | Management | Technical | Soft skills | Total |
|-------|------------|-----------|-------------|-------|
| 2017 | | | | |
| 2018* | 2434 | 18084 | 11697 | 32215 |

*- 1st six months of the year

Table:

Funds allocation for in-service training programmes by type and the category of the health personnel for the 1st six months of 2018

| Category of Health Personnel | Type of Training | | | Total |
|------------------------------|------------------|-----------|-------------|-------|
| | Management | Technical | Soft skills | |
| Consultants | 88 | 307 | 30 | 425 |
| Medical Officers | | 6809 | 1702 | 8511 |
| Principals/Nursing Tutors | 70 | 255 | 16 | 341 |
| Nursing Officers | 1798 | 8879 | 972 | 11649 |
| PSM categories | 136 | 305 | 210 | 651 |
| Paramedical | 167 | 802 | 143 | 1112 |
| PPO/PPA/DO/HMA/MA | 175 | 502 | 215 | 892 |
| Health Assistants | | | 6701 | 6701 |
| Other staff | | 225 | 1708 | 1933 |
| | 2434 | 18084 | 11697 | 32215 |

Post Basic Training for nursing officers

Table:

Post basic training programmes (6 months duration) carried out for the nursing officers

| Training Programme | Number | |
|--|--------|------|
| | 2017 | 2018 |
| 1 Psychiatry nursing | 102 | 82 |
| 2 Emergency Care Training | 60 | 56 |
| 3 Intensive nursing care | 113 | |
| 4 Nursing care in Spinal cord injuries | 30 | |
| 5 Theater nursing | 30 | |
| 6 Midwifery | 864 | 784 |

In collaboration with the National Institute of Language Training education (NILET) training programmes were conducted for Medical Officers (including pre-intern) during the year 2017 and 2018 as of 476 and 446 respectively. During the year 2018 other staff also underwent the same training as follows.

| Category | Number (2018) up to June |
|-------------------|-----------------------------|
| Medical Officers | 446 |
| PSM Categories | 342 |
| MLT Students | 59 |
| Nursing Students | 53 |
| Health Drivers | 32 |
| Health Assistants | 159 |
| Total | 1091 |



3. Infrastructure Development

Funds were allocated for the training institutions for infrastructure facility development, i.e., construction & renovations and teaching & learning items and equipment necessary during the year 2017 and 2018. Based on the national standards for infrastructure facilities (construction & renovations and teaching learning equipment) for the training schools, funds were allocated as follows;

Funds allocated for construction and renovations by category of training institutions

| Training School | 2017 | 2018 |
|--------------------|------|--------|
| Schools of Nursing | 80.0 | 132.55 |
| PSM/Paramedical | 6.55 | 61.22 |

Items/funds allocated for teaching learning equipment

Distribution of teaching and learning equipment and other items were done for 17 Nurses Training Schools and 15 PSM & Paramedical Schools.

| Training School | 2017 | 2018 |
|--------------------|---------|--------|
| Schools of Nursing | 39.75mn | 24mn |
| PSM/Paramedical | 26.25mn | 20.2mn |

4. Research

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

National Health Research Symposium was held in 2017 December for which Professor Alan Lopez was the guest lecturer.

Two workshops were conducted for the members of the Ethical Review Committees of the Kurunegala Teaching Hospital and Office of the Provincial Director of Health/Kurunegala during the year 2017.

In 2017 November, a group of 10 health professionals, as of middle level Health Ministry Officials and representatives of the National Health Research Council have participated in international training programme on Research Ethics which was held in collaboration with the University of Monash, Australia. As an end product, the draft of the code of conduct for the Health Research prepared during the training, finalized after local stakeholder consultative meetings and published in 07th April 2018. The other end product, on Research Governance, undergoes the editing process.

A capacity building on health research was conducted at the provincial level for Medical Officers, Nurses, Aurvedic medical personnel and paramedical. Currently the Act for establishment of the National Health Research Council, which will be the apex body responsible for promoting health research in the National Health System is in the process of cabinet approval.

Research Allowance

According to the Management Services Circular No. 44 and 45 of 2010, introduced in 2011, payment of research allowances for executive grade officers is in process. Research subcommittee has been established in the Ministry of Health, under the



Chairmanship of the Secretary of Health and three senior officials as members, in order to facilitate the process of research proposal approval and payment of research allowance. To facilitate and streamline the process further, Guidelines for submission and evaluation of research proposals and for the functioning of Institutional Ethical Review Committee were formulated and made available.

| | 2017 | 2018 |
|--|------|------|
| No of New proposals submitted | 157 | 206 |
| No of proposals for Second six month with the Progress Reports | 68 | 114 |
| No of Publication with the Final Report | 127 | 110 |

Education, Training and Research Unit is the focal point for policy formulation, coordination and provision of technical guidance to conduct basic (except for basic degree programmes for Medical Officers and Dental Surgeons) and in-service training programmes for the staff. Also the Unit is responsible for policy formulation and capacity building on health research.

The unit and two institutions, namely the Medical Research Institute (MRI) and the National Institute of Health Sciences (NIHS) functions under the purview of the DDG/ET&R. Furthermore, the Unit coordinates with Ceylon Medical College Council, University Grants Commission and other relevant academic and professional institutions and organizations with the objective of strengthening, human resource capacity of the health sector.



9. Corporations & Board Managed Institutes

9.1 State Pharmaceuticals Corporation

State Pharmaceuticals Corporation is established by State Industrial Corporation Act. No: 47 of 1959 and presently functioning as an Institution coming under the Ministry of Health, Nutrition & Indigenous Medicine. Importing, distributing and Selling Western Medicine and Surgical Consumables is the main business of the Corporation. Apart from that it engages in manufacturing and re-packing of the items for the purpose of its own distribution.

In the year 2017 and first half of the year 2018, Corporation rendered its best services to the Nation whilst maintaining its profitability as a profit making Public Enterprise since its inception up to now.

Operational Results Of SPC

SPC recorded total turnover of Rs. 32,563 Million for the year 2017, Rs. 6,593 Million has recorded from the private market operations and Health Ministry supplies stood at Rs. 25,970 Million.

Net profit before tax from total operations is recorded as Rs. 1,560 Million. Contribution to the Net Profit from SPC private market is Rs. 610 Million and Rs. 949 Million has contributed from supplies to the Health Ministry.

Income Tax and Deemed Dividend Tax paid during the year is Rs. 659 Million and Dividend of Rs. 222 Million paid to the Treasury.

SPC recorded total turnover of Rs. 6,321 Million for the first quarter of the year 2018 as at month ended 30th March, 2018. Contribution from SPCs private market operations stood at Rs. 1,696 Million and Health Ministry supply contributed as Rs. 4,625 Million. Total Net Profit before Tax for this period is Rs. 72 Million.

Human Resources

The Corporation has a strength of 930 Employees and during the year 2017 and first part of the year 2018 it has generated 92 new job opportunities as direct recruitments.

DHS Supplies

Performing the duty as Procurement Agent of the Medical Supplies Division of the Ministry of Health, Nutrition and Indigenous Medicine Corporation made supplies worth of Sri Lankan Rs. 25,970 Million to the Medical supplies Division during the year 2018.

SPC Local Market Operations

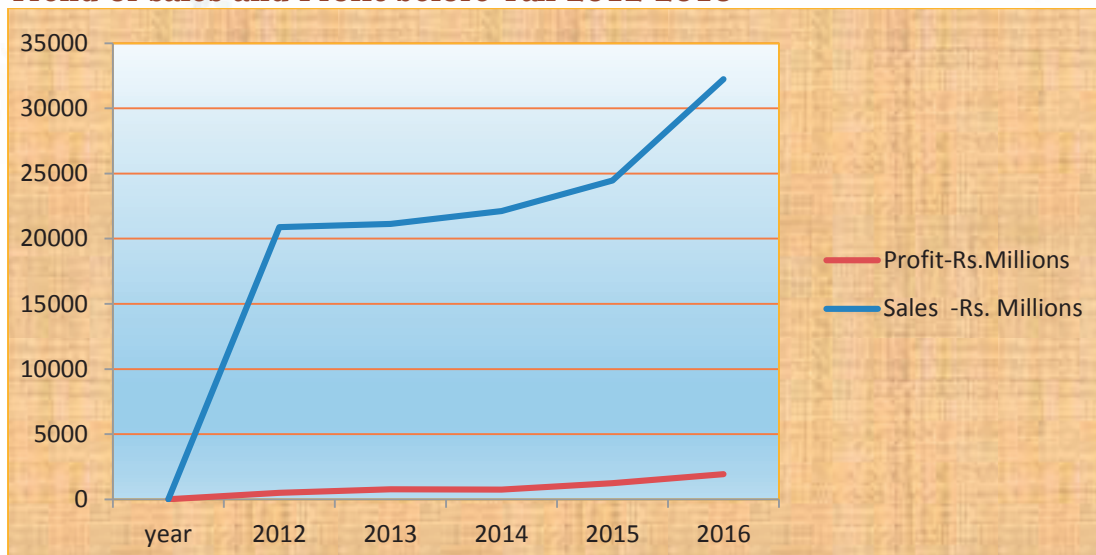
Pharmaceuticals and Surgical consumables worth of Rs. 6,593 sold and distributed at affordable prices in the open market through Rajya Osu Sala outlets and Corporations distribution network which covers every part of the country.

Corporation has achieved 8.6% sales growth in the year 2016.

Rajya Osu Sala network has been expanded by adding 3 new outlets in the year 2017 and 2 outlets during the first half of the year 2018.



Trend of sales and Profit before Tax 2012-2016



9.2 State Pharmaceuticals Manufacturing Corporation (SPMC)

State Pharmaceuticals Manufacturing Corporation (SPMC) was established in 1987 under the Industrial Corporation Act No. 49 of 1957. In 2017, SPMC has completed 30 years of commercial production of essential Medicinal Drugs for the Healthcare of Sri Lanka population. SPMC manufactures 73 drugs under the generic names, covering a wide range of pharmaceutical products.

The main functions of the SPMC are,

1. Manufacturing, processing, stocking, packing and re-packing of drugs.
2. Providing technical assistance for the manufacturing and processing of drugs.
3. Pharmacological and pharmaceutical research and the standardization of drugs.
4. Marketing drugs.

All products manufactured by SPMC have required quality as per British Pharmacopeia (BP) United State Pharmacopeia (USP) and SPMC standards. Implementation of current Good Manufacturing Practices (cGMP), regulation and procedures are constantly monitored through internal quality auditing and factory inspection.

SPMC strictly adheres to the requirements of Good Manufacturing Practices(GMP) as laid down by the World Health Organization(WHO)

Brief Description of services provided during the year

SPMC manufactures quality effective, solid dosage forms and supplies to Medical Supplies Division of Health Ministry, State Pharmaceuticals Corporation (SPC) and SPMC franchise dealers.



| Category | Numbers of Employees |
|-----------------|----------------------|
| Senior Manager | 21 |
| Junior Manager | 31 |
| Technical Staff | 124 |
| Non - Technical | 29 |
| Minor | 69 |
| Total | 274 |

Major Achievements

Sales and Performance up to 31st December 2017

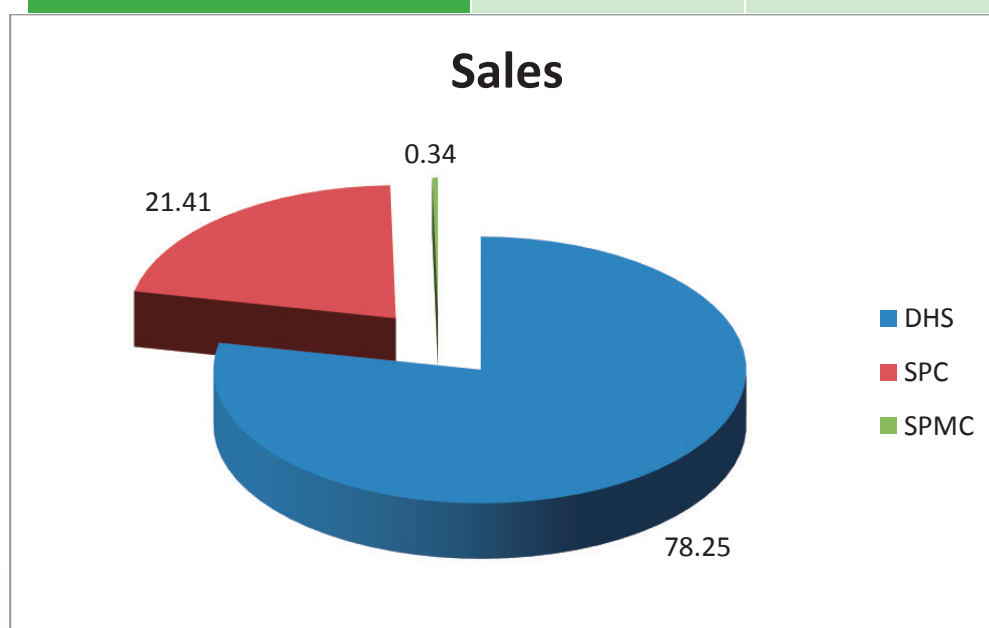
Rs. Million

| | |
|-----------------------|----------|
| Sales | 3,174.61 |
| Operating Profit | 244.78 |
| Net Profit before Tax | 321.98 |
| Net Profit after Tax | 223.90 |

The total output for the year 2017 was 1523 million unit tablets/capsules.

Sales Channel

| Sales Composition | Value (RS.m.) | % |
|-----------------------------------|---------------|-------|
| Department of Health Services | 2,484.44 | 78.25 |
| SPMC direct Distribution Network | 679.62 | 21.41 |
| State Pharmaceuticals Corporation | 10.77 | 0.34 |
| Total | 3,174.83 | |





Development Work

- Invited 31 potential investors to establish joint ventures with SPMC to manufacturer pharmaceuticals required by the state.
- Commenced construction of new buildings for Facility Building, Administration Building, Ware House and Cephalosporin facility building.
- Arranged to set up a modern laboratory for quality assurance and quality control to boost effectiveness and efficiency.
- Established a Pharma Training Institute, first of this kind in Sri Lanka, to train and improve the skills of peoples who working in the pharma manufacturing industry.

Expansion Project

SPMC has obtained a loan facility for the expansion work through JICA. The expected output will be 3500m unit tablets & capsules after the expansion project by 2018. From the expansion project, we are expecting to purchase new machines, renovation of existing buildings, construction of new storage building for raw material and finished goods etc.

Introduction of New Products in 2017

Ciprofloxacin Tablets USP 500 mg

9.3 Wijaya Kumaratunga Memorial Hospital

Wijaya Kumaratunga Memorial Hospital was established by an Act of Parliament referred to as “The Wijaya Kumaratunga Memorial Foundation Act No. 31 of 1998. Hospital was established in memory of late Mr. Wijaya Kumaratunga and located in a land area of 3 arcs in Katunayake Seeduwa Urban Council area. The Hospital was officially opened to the public by Her Excellency, the then President Chandrika Bandaranaike Kumaratunga on the 09th of October 1999, at the inception of this Hospital it consisted of an OPD and 02 wards and served as a Primary Healthcare Center. The Hospital is managed by a Board of Directors and the Director Board consists of Chairman and 6 Directors. Hospital serves mainly for Seeduwa, Ja Ela, Katunayake and BOI area. In 2017 the hospital consisted of an OPD , ETU , Eye , General Surgical as well as Medical Unit .

Hospital Details

Hospital

| Utilization & Facility Details | | |
|--------------------------------|----------------------------|--|
| | No of Wards | 05 Wards |
| | No of Beds | 124 |
| | No of Specialist Available | 1- Permanent 1- Secondment 2- Tempory Attachment |



Human Resource Details

| Category | | By December 2017 |
|----------|-------------------------|---------------------|
| 1 | Consultants/Specialists | 04 |
| 2 | Medical Officer | 19 |
| 4 | RMO | 03 |
| 5 | Nursing Officers | 73 |
| 6 | MLT | 3 |
| 7 | Pharmacists | 5 |
| 8 | Radiographer | 1 |
| | | |

Utilization Details

| Total Number Of Activities Done During The Year 2017 | | |
|--|-------------------------------------|-------|
| 1 | Lab tests | 90605 |
| 2 | X-Rays | 2796 |
| 3 | Special Radiological Investigations | Nil |
| 4 | CT Scans | Nil |
| 5 | Eye Surgeries : | |
| | Major | 1463 |
| | Minor | 126 |
| 6 | General Surgeries : | |
| | Major | } 889 |
| | Minor | |

Ongoing Development Project Details

| Project Description | Total Estimate Cost | Physical Progress By 31.12.2017 | Financial Progress 31.12.2017 |
|------------------------------|---------------------|---|-------------------------------|
| Construction of Ward Complex | 1,384.50 | 1. Changed the scope of the project (reduced the no of floors from 6 to 4) 2. Discussed the architectural drawings with Ministry officials and Board of Directors) | - |

Achievements/ Special Events in 2017, early 2018

1. Recruited Medical Director in June 2017.
 2. Procurement of Medical Equipment
 - a. ECG Machine -1
 - b. Infusion Pump -3
 - c. Diathermy Unit -1
 } Delivery completed
 - d. Potable Ventilator -1
 - e. Multi Monitors with Cardiac Output -1
 - f. Dental Chair -1
- } - Evaluation process completed



3. Training Programmes
 - a) Training given on Purchasing Procedures , Evaluation of IT products , Productivity concepts for staff
 - b) One Nursing officer released to Ministry of Health for 6 months training For “ Emergency Care Training”
4. Improvement of Community participation
 - a. Conducted Medical Camp on 14/10/2017 at Kevitigagala College.
 - b. Conducted first Aid Health Education Programmes at a company in Seeduwa area.
5. Established Hospital Library and purchased books.
6. Building Projects
 - a) Ward Complex
Approved the architectural drawings of Proposed Ward Complex Project in January 2018.
 - b) Renovation of Operating Theatre Building
It was decided that the contract be awarded on a turn-key basis to CECB. Tentative estimate was Rs. 75 Mn.

9.4 Sri Jayewardenepura General Hospital

Sri Jayewardenepura General Hospital was inaugurated on 17th September, 1984 and completed 33 years of excellence by the year 2018, established and empowered by the act of parliament, Sri Jayewardenepura Hospital Act No: 54 of 1983. Hospital was set up to supplement curative health services in Sri Lanka & to assist in the training of medical undergraduates, post graduates and other health care personnel. Highly qualified, experienced and competent medical, nursing and technical staff is engaged in patient care and other hospital activities. This hospital is a gift from the Government of Japan to the people of Sri Lanka. It has a well-designed building complex with provision for further expansion to meet future demands. Substantial financial contribution from the General Treasury is also provided to the hospital. There is a growing demand to expand the services of the hospital to meet the current needs of the public. SJGH has shown remarkable improvement in its services and revenue generation during the last three years. This document gives a summary of the current status of the hospital services and the progress recorded with a comparison to years 2012, 2014, 2015, 2016 and 2017.

Major Achievements / Special Events in 2017/2018

Infrastructure Developments

- Expansion and refurbishment of the main laboratory and expansion of its services
- Taking measures to combat the general ageing of the 32 year old buildings and accessories
- Improving the physical condition of the sanitary facilities (The management has been able to formulate a stepwise plan to renovate and refurbish the buildings. This onerous task has now begun and is in progress. The completion of this renovation will provide an edge to SJGH when competing with the modern private sector health facilities.)
- Following High Dependency Units were established. Pediatrics, Cardio- Thoracic Surgery, Medical Units, and NICU.



- Strengthened internal financial control system, billing procedures, improving the financial transparency(30% increase in the hospital income purely by increasing the accuracy of billing)
- New training and development programs were introduced and conducted covering all categories of staff during the year 2015,2016 ,2017& up to now
- Upgrading the main power system /Purchase and installation of two new 800KVA generators.
- Hospital information management system has been fully constituted.
- IT system of the hospital was further expanded to manage the stock control system, whereby drugs, dressings, surgical and other items could be managed by the system without paper works.
- Refurbishment of the main operation theater complex of the hospital. Whole OT complex was renovated, colour washed and the total floor area was re-carpeted.
- Replacement of the 33year old set of passenger / patient elevators.

Cardre Expansion

Hospital cardre has been revised and 219 new posts have been approved by the salaries and cardre commission.

Following new specialties have been initiated by recruitment of consultant specialists.

- Consultant Chemical Pathologist
- Consultant Chest Physician
- Consultant Endocrinologist
- Consultant Cardio - Electro Physiologist
- Interventional Radiologist

Following new recruitments have been made to existing specialties with a view of expanding the services

- Third Consultant Obstetrician & Gynaecologist
- 4th Consultant Anesthetist
- 4th Consultant Radiologist

Hospital Expansion Project

- Paying ward complex -Preliminaries
- Extension of OT complex - Preliminaries
- Expansion of CSSD – Final stage
 - Construction of new female nurses quarters -in progress
 - Construction of Administration and Financial Building -in progress
- Construction of work shop Building .- in progress
- Construction of Nurses (Male) quarters.-constructing in progress
- Construction of two story 3 wheel cycle park -completed

New Technology

- Purchase of new Medical equipment for 2017
 - New cardiac cath lab. -completed
(This is equipped with modern facilities to meet the latest standards in specialty)
 - Digital mammography facility –completed
 - Digital Lung Function Testing Machine- completed
 - 8 Colored Floorcytometer – completed
- Infra-Structure Development –(existing facility)*



PERFORMANCE AND PROGRESS REPORT 2017-18

- Renovation of exiting sanitary facilities (in progress)
(In all wards & rooms completed renovation and refurbishment of male/female toilet complexes in 12 wards. Rest of the 6 wards to complete by end of 2018. Wash rooms in paying wards also are seing renovated, 45% of the work completed.)
- Colour Washing of the master building (in progress)
- Updating the electrical & cabeling system (in progress)

Quality achievements

- Implemented 5S concept with the assistance of National Productivity Secretariat.
- Winners of the All Island Gold award in Service Sector (large scale) for Service Excellence and Social Dialog Present by the Department of Labour

Awards 2017

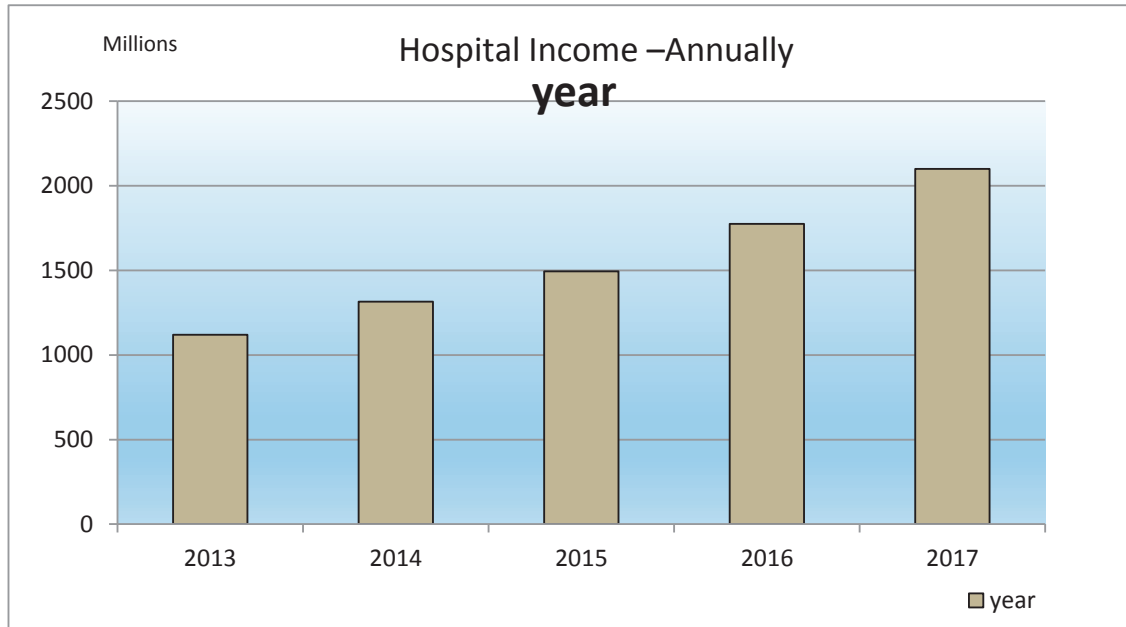
All Island Gold award in Service Sector (large scale) for Service Excellence and Social Dialog Present by the Department of Labour



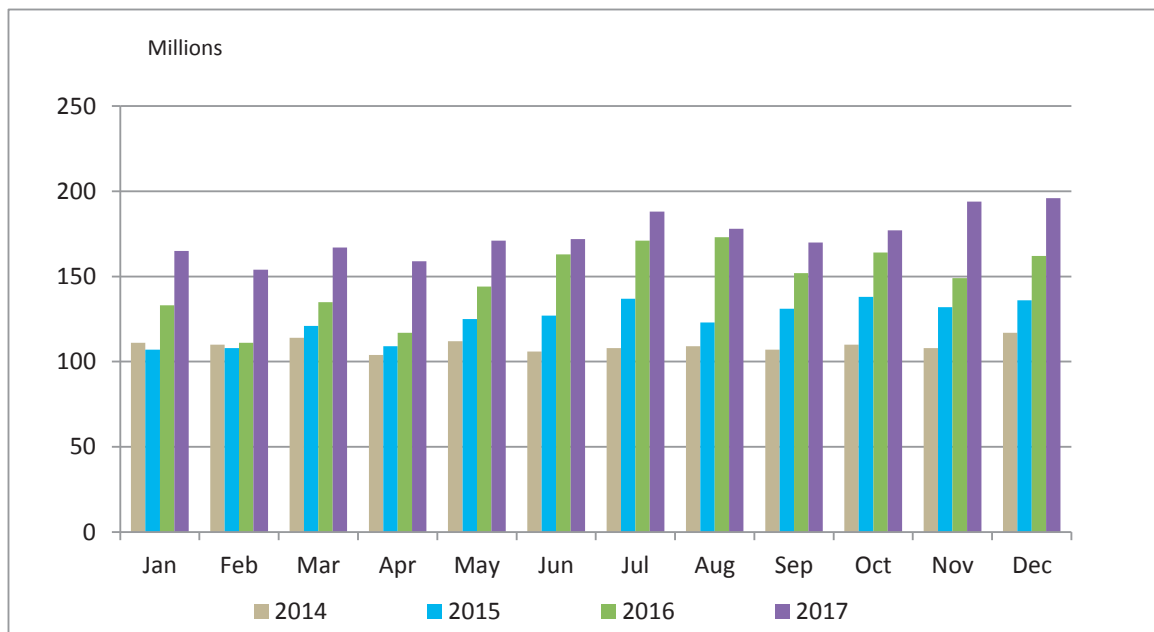


Financial performance

Comparative Analysis (income) Year 2013, 2014, 2015, 2016 & 2017



Year 2014, 2015, 2016 & 2017





10. Private Health Sector Development

Introduction

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

Vision

Safe, efficient and quality health services through Private Health Sector

Mission

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

Objectives

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

Achievements/ Special Events in 2017

- Coordination of the process of amending the existing Private Medical Institutions (Registration) Act with Legal Decision of the Ministry of Health, Nutrition and Indigenous Medicine and Legal Draftsman.
- Continuation of registration & renewal of Private Medical institutions' licensing
- Providing technical expertise in human resource development training programmes conducted by provinces and private health institutions
- Handling of complaints against Private Medical Institutions
- Inspection and observation visits to Private Medical Institutions
- Coordinating with other Directorates of Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka Medical Council, Health Sector Trade Unions and Professional Organizations if and when necessary



- Establishment of proper information system in Private Medical Institutions
- Granting preliminary approval to establish new private hospitals after evaluating the project proposals.
- Processing of documents pertaining to Kidney Transplants by private hospitals
- Processing of documents pertaining to Temporary Registration of specialists

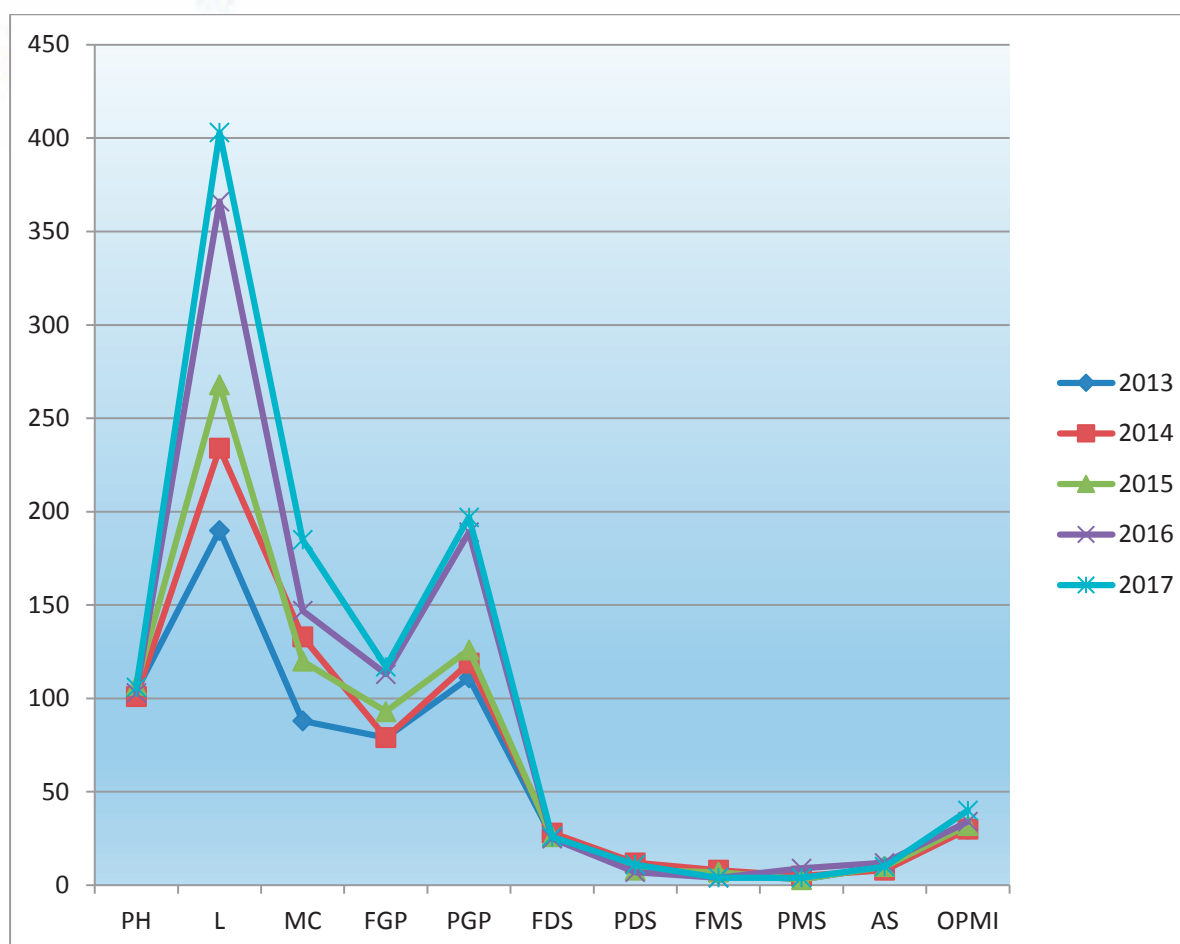
Last 5 year performance Trend

Registration of Private Medical Institute by Category

| Category | Abbrevia tion | Number of Registrations | | | | |
|---|------------------|-------------------------|------------|------------|-------------|-------------|
| | | 2013 | 2014 | 2015 | 2016 | 2017 |
| Private Hospitals and Nursing Homes & Maternity Homes | PH | 104 | 101 | 107 | 103 | 106 |
| Medical Laboratories | L | 190 | 234 | 268 | 366 | 403 |
| Medical Centers/ Screening Centers/ Day Care Medical Centers/ Channel Consultations | MC | 88 | 133 | 120 | 147 | 185 |
| Full Time General Practices/ Dispensaries/ Medical Clinics | FGP | 79 | 79 | 93 | 113 | 117 |
| Part Time General Practices/ Dispensaries/ Medical Clinics | PGP | 111 | 119 | 126 | 189 | 197 |
| Full Time Dental Surgeries | FDS | 26 | 28 | 26 | 25 | 26 |
| Part Time Dental Surgeries | PDS | 9 | 12 | 8 | 7 | 11 |
| Full Time Medical Specialist Practices | FMS | 6 | 8 | 7 | 4 | 04 |
| Part Time Medical Specialist Practices | PMS | 3 | 5 | 3 | 9 | 04 |
| Private Ambulance Services | AS | 10 | 8 | 10 | 12 | 10 |
| Other Private Medical Institutions | OPMI | 30 | 30 | 32 | 34 | 40 |
| Total Private Medical Institutions | | 656 | 757 | 800 | 1009 | 1103 |



Status of the Registration of Private Medical Institute by Category



Special Development activities planned for 2018

- Initiation of a survey in respect of private health sector with the help of PHI the MOH areas.
- Introducing Anti-Microbial Resistance (AMR) guideline to all Private Sector Hospitals
- Conduct of Inland wide survey on price charged by private health institutes for identified 51 medical and surgical procedures.





Section II

INDIGENOUS MEDICINE





1. Introduction

The system of medicine which existed in Sri Lanka prior to introduction of Ayurveda Medical System was the '**Indigenous Therapy**' or the Traditional Sinhalese practice of medicine. Ayurveda system of medicine was handed down to us from India as a result of the advent of Buddhism to Sri Lanka. As such the Indigenous system of medicine in Sri Lanka has been established at present as a combination of Ayurvedic medical system in Sri Lanka, Ayurvedic medical system in India, Siddha system of medicine in Southern India, Arabic Unani medical system and traditional indigenous systems of therapy in Sri Lanka. However, Sri Lanka has accepted its Ayurvedic System of Medicine as its own scientific methodology of treatment maintained in terms of a hereditary procedure of practice.

Ayurveda means the **science of maintaining life**. Ayurvedic system of medicine is one based on prevention of illnesses. There are methods of treatment as well as codes of practice and conduct and customary work to be observed and performed in it. Ayurveda seeks to ensure maintenance of a mentally as well as physically healthy life without contracting illnesses rather than a mere treatment to an ailment.

Historical writings as well as archeological findings bear evidence that Sri Lanka has maintained a developed and standard system of Ayurvedic medicine. **Mahawansa** reveals information on construction of hospitals and provision of medicines and foods etc. Further, remains of an age old hospital and medical tools and equipment have also been found from the locations such as Mihintale, Medirigiriya and Alabhana Pirivena.

Arrangements were made for promotion and expansion of this noble practice of medicine claiming a long history. This institution was developed to the level of a Cabinet Ministry by passing the junctures of amendment of Indigenous Ordinance by Article 49 of 1949, establishment of the Department of Indigenous Medicine in 1957, passing the Ayurveda Act No. 31 of 1961 and setting up a new Ministry for promotion of Indigenous Medicine in year 1980. This Ministry which functioned from there on under direct supervision of a Cabinet Minister and a Deputy Minister was taken over by the Ministry of Health on 18.01.2015 and is functioning from 21.09.2015 up to date in the name of the Ministry of Health, Nutrition and Indigenous Medicine.

The system of Indigenous Medicine has managed to provide remedies even for illnesses much difficult to cure. That is why this noble practice of medicine has turned out to be a system much recognized locally as well as internationally.

The Indigenous Medicine Sector has taken following measures for national health protection in pursuance of systems of modern research at present.

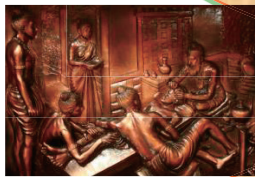
- Formulation of policies to promote the system of Indigenous Medicine
- Dissemination of the system of Indigenous Medicine to build a healthy Nation
- Protection and promotion of Indigenous Medical systems
- Increasing production of medicine by wider implementation of cultivation of indigenous herbs
- Improvement of Tourism Industry by creating a safe system of Ayurveda Medicine and thereby getting its contribution for development of the country.
- Bringing about a development in the system of Homeopathy medicine



2. Vision & Mission of Indigenous Medicine Sector

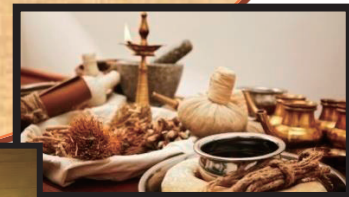
Vision

To deliver healthcare facilities to all Citizens through the system of Indigenous medicine



Mission

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





3. Priorities in the sector of Indigenous Medicine

| Prioritized areas drawing particular attention | Results generation index |
|---|---|
| 1. Strengthening legal framework on the systems of indigenous medicine | <ul style="list-style-type: none">• Minimum irregularities in the use of Ayurvedic medical system• Generation of professionally satisfied Ayurvedic Doctors• Strengthening Ayurveda Treatment Centers on a legal Foundation.. |
| 2. Empowering and improving Ayurvedic research | <ul style="list-style-type: none">• Quantitative rise in new quality Ayurvedic Products• Establishment of rights of Ayurvedic researchers• Widened recognition for Ayurvedic Medical System• Providing more opportunities for Ayurveda researches and researchers• Introduction of indigenous systems of medicine for controlling non-communicable diseases• Rise in the conserved traditional Ayurvedic documents• Protection and standardization of intelligent property rights of Ayurveda• Establishment of a satisfied Ayurveda medical service |
| 3. Utilizing Information Technology for Ayurveda | <ul style="list-style-type: none">• Creation of an updated information system• Creation of a systematic network operational system• Creation of an E-Ayurvedic system of medicine• Widening vistas of Indigenous Medicine |
| 4. Human resource development for updating and improvement of Ayurveda Health conservation | <ul style="list-style-type: none">• Quantitative rise in quality human resource• Increase in professionally satisfied human resource• Ability to satisfy global demand for systems of indigenous medicine <p>Updating knowledge and skills of traditional doctors for modern social requirements.</p> <p>Quantitative rise in skilled Indigenous Doctors</p> <p>Improvement of knowledge, attitudes and skills of users of the systems of Ayurvedic Medicine in Public and Private Sectors.</p> |
| 5. Improvement of production of Ayurveda medicines, cultivation of herbal plants, their improvement and opening herbal gardens | <ul style="list-style-type: none">• Rise in the amount of high standard quality medicines• Increase in income generation through Ayurveda• Increase in overseas market opportunities for Ayurveda medicines• Increase in production of easy to use medicines |
| 6. Commercialized maintenance of the Ayurveda | <ul style="list-style-type: none">• International propagation of traditional treatments, Ayurveda, Siddha and Unani systems of Medicine• Creation of hospitals with modern facilities enabling provision of special Ayurvedic treatment.• Standardization of existing and new herbal gardens. |

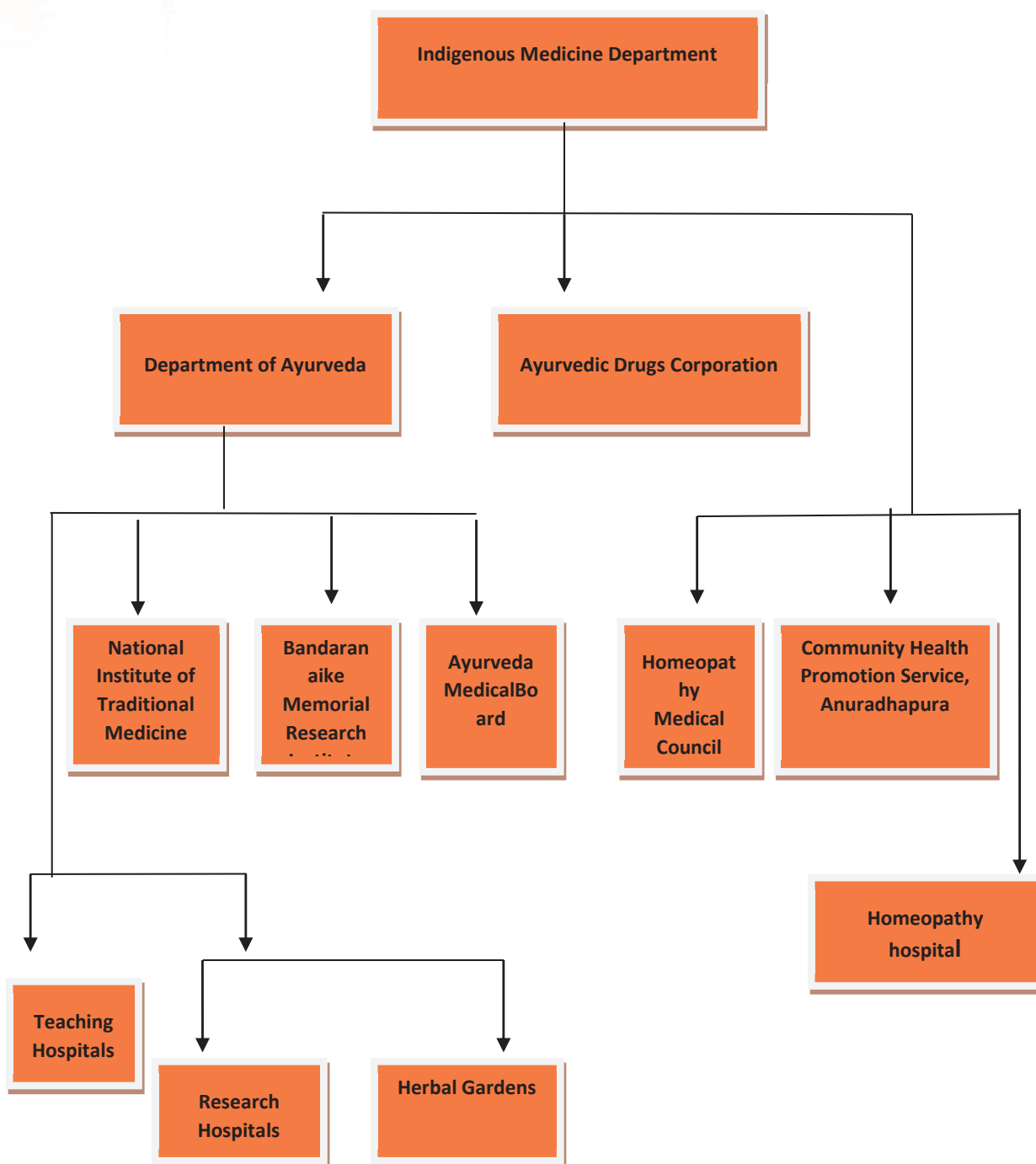


7. Promotion of the use of the systems of Homeopathy systems of medicine

- Establishment of a satisfied Homeopathy medical service for customers
- Standard establishment of institutions pertaining to the system of Homeopathy medicine.
- Generation of a professionally satisfied human resource of Homeopathy.



4. Institutions coming under Indigenous Medicine Sector





5. Indigenous Medical Sector - Financial Progress as at 30th June 2018

| Category/object/item | Allocation (Rs.) | Expenditure (Rs.) | Percentage of expenditure |
|--|-------------------------|---------------------------|---------------------------|
| Recurrent | 229,615,643.50 | 109,048,944.51 | 47.49 |
| General administration/other programs | 190,615,643.50 | 95,563,289.87 | 50.13 |
| <u>Establishment Services</u> | | | |
| • Homeopathy Medical Council | 16,000,000.00 | 7,334,068.26 | 45.84 |
| • Homeopathy Hospital | 18,000,000.00 | 5,969,161.38 | 33.16 |
| <u>Special Programmes</u> | | | |
| ✓ Nutrition Programme | 5,000,000.00 | 182,425.00 (Note 01) | 3.65 |
| Capital | 148,402,910.00 | 2,348,771.31 | 1.58 |
| General Administration | 1,902,910.00 | 750,550.00 | 39.44 |
| <u>Special Programs</u> | | | |
| • Construction in the Drugs Corporation | 100,000,000.00 | - | - |
| • Conservation Councils | 7,000,000.00 | 40,000.00 (Note 02) | 0.57 |
| • Homeopathic Medical Council | 2,500,000.00 | 3,800.00 (Note 03) | 0.15 |
| • Homeopathy System Development | 30,000,000.00 | - | - |
| • Establishment of Nutrition Houses | 7,000,000.00 | 1,554,421.31 (Note 04) | 22.21 |
| Grand total | 3,780,818,553.50 | 111,397,715.82 | 29.47 |

Notes

- Provisions of Rs. 189,875.00 have been released to District Secretariats for Nutrition Programs.
- Provisions of Rs. 1,020,000.00 have been released to District Secretariats for Libraries set up in Divisional Secretariats.
- District Secretariat, Gampaha - Rs. 528,859.72 for fixing Aluminium window in Divisional Secretariat, Wattala.
District Secretariat, Kalutara - Rs. 730,000.00 for renovation of Homeopathy clinic at Ingiriya - Padukka road.
- Provisions of Rs. 3, 610, 640.86 have been released for Nutrition Houses in Kurunegala, Kandy, Ampara, Matale and Kalutara.



6. Progress in Projects/ Programmes Operating Under Indigenous Medical Sector

6.1 Ayurveda Vision of Life and Nutrition - Awareness Program on Controlling Non -Communicable Diseases through Indigenous Food Patterns

Objectives

- Raising awareness on herbal quality of indigenous food items
- Raising awareness on maternal and child nutrition
- Preparation of programs targeting anticipated sound health behavioral Patterns of people and inter communication.
- Provision of sufficient knowledge to people for a self estimation in nutrition Requirements.
- Clarification of health protection strategies and contribution to save people From timely illnesses such as kidney troubles.
- Conducting practical programs for preparation of indigenous food items and Re-establishment of gradually disappearing indigenous food culture.

Action has been taken to release provisions of Rs. 1,918,741.00 from 01.07.2017 to 30.06.2018 for 163 programs in 77 Divisional Secretariats where provisions are allocated after a systematic evaluation conducted by calling project proposals to the Ministry through 200 Indigenous Medical Development Officers attached to Divisional Secretary's Divisions. These activities are conducted by Indigenous Medical Development Officers in sound collaboration with Ayurveda Community Health Medical Officers attached to the Division to raise awareness on nutrition and the Divisional Secretary supervised the relevant program. Further, progress review of these programs is made through Indigenous Medicine Sector of the Ministry of Health, Nutrition and Indigenous Medicine.

Benefits

It becomes clear in an in-depth analysis of researches and programs conducted in Sri Lanka on Child Nutrition & Adult Nutrition that reactive health conservation systems are not used and the general public has no sufficient knowledge on them. It may be pointed out that this problem was solved by the nutrition awareness programs conducted during the past period.

- Successful public awareness on protecting indigenous food culture.
- Success in providing a considerable contribution for protection of health by conducting a vast number of programs on the social crisis of Non-communicable diseases such as kidney trouble.





6.2 Nutrition House Programme

Rs. 7.0 million had been allocated for construction of nutrition houses by Budget - 2017 and following provisions have been supplied to establish 8 new nutrition houses during year 2017.

| S/No. | Nutrition House | Amount of provisions allocated (Rs.) | Amount spent (Rs.) |
|-------|-----------------|--------------------------------------|---------------------|
| 01 | Sevanagala | 849,133.90 | 835,621.83 |
| 02 | Ingiriya | 1,067,445.64 | 1,066,122.50 |
| 03 | Thihagoda | 1,093,381.16 | 999,112.67 |
| 04 | Malimbada | 552,760.31 | 552,233.35 |
| 05 | Negombo | 244,951.90 | 238,220.40 |
| 06 | Maharagama | 921,966.36 | 921,966.36 |
| 07 | Kuchchaweli | 412,000.00 | 105,517.64 |
| 08 | Ampara | 1,331,365.00 | 1,331,365.00 |
| | Total | 6,473,004.27 | 6,050,159.75 |

Following provisions have been allocated from provisions made during year 2017 for finalization of constructions of nutrition houses initiated to construct during previous years and to purchase required equipment.

| S/No. | Nutrition House | Subject | Amount of provisions allocated (Rs.) |
|-------|-----------------|---------------------------------|--------------------------------------|
| 01 | Pannala | To complete constructions | 420,310.45 |
| 02 | Galewela | To purchase required equipments | 13,950.00 |
| 03 | Rasnayakapura | To get electricity | 18,846.80 |
| 04 | Kotawehera | To complete constructions | 122,207.48 |
| | | Total | 575,314.73 |

Out of 08 nutrition houses whose construction works were initiated during year 2017, the nutrition houses in Ampara, Ingiriya, Malimbada, Maharagama have been opened and are operating successfully and construction works in the other nutrition houses are being finalized.

Progress upto 30th June 2018

Rs. 7.0 million has been allocated by the Budget for year 2018 for construction of nutrition houses. 50% of the estimated provisions have been released as follows for construction of 5 nutrition houses anew.



| S/No. | Nutrition house | Approved Provisions (Rs.) | Provisions granted (Rs.) |
|-------|---------------------|------------------------------|-----------------------------|
| 01 | Giribawa | 1,255,616.42 | 627,808.21 |
| 02 | Maspotha | 1,070,003.69 | 535,001.84 |
| 03 | Kuliyapitiya (West) | 1,231,685.22 | 615,842.61 |
| 04 | Wariyapola | 713,019.04 | 356,509.52 |
| 05 | Poojapitiya | 565,000.00 | 282,500.00 |
| | Total | 4,835,324'37 | 2,417,662.18 |

Financial and physical progress pertaining to above nutrition houses

| S/N o | Nutrition house | Date reporting progress | Total progress (Rs.) | Physical progress |
|----------|---------------------|-------------------------|---|-------------------|
| 01 | Giribawa | 12.06.2018 | Rs. Two hundred thousand paid. Bills of some Rs. Eight hundred thousand remain outstanding due to absence of imprest. | 85% |
| 02 | Maspotha | 14.06.2018 | Work of some Rs. 550,000 completed. | 70% |
| 03 | Kuliyapitiya (West) | 30.05.2018 | Rs. 398,292.04 paid | 50% |
| 04 | Wariyapola | 23.05.2018 | Rs. 160,000 paid for the first stage | 75% |
| 05 | Poojapitiya | 08.05.2018 | Constructions completed for provisions granted. | 90% |

Arrangements have been made by now to release the outstanding 50% of provisions approved for completion of above nutrition houses.

The provisions released by 30.06.2018 out of provisions granted for year 2018 for purchasing equipment required and completion of construction works in nutrition houses whose constructions were initiated during previous years are as follows.

| S.No. | Nutrition House | Subject | Provisions granted (Rs.) |
|-------|-----------------|---|--------------------------|
| 01 | Galewela | To prepare sign board | 5,500.00 |
| 02 | Kobeigane | To finalize constructions and to purchase required equipments | 443,948.68 |
| 03 | Ampara | To finalize constructions and to purchase required equipments | 318,030.00 |
| 04 | Ingiriya | To finalize constructions and to purchase required equipments | 425,500.00 |
| 05 | Borella | To purchase required equipments | 87,703.91 |



6.3 Ayurveda Conservation Councils

- An Ayurveda Conservation Council can be established in a Divisional Secretary's Division and it should consist at least of 15 Traditional Ayurveda Doctors.
- The relevant Divisional Secretary and Provincial Commissioner of Ayurveda have the authority to intervene in affairs of Ayurveda Conservation Council subject to approval of the Commissioner of Ayurveda and appointments to the posts of Chairman, Deputy Chairman, Secretary, Deputy Secretary and Treasurer are made from among registered Doctors.
- In order to make the public service rendered by Doctors of Ayurveda Conservation Council more efficient and systematic, financial provisions have been made at present on request of those Doctors and recommendation of relevant Divisional Secretary, to establish herbal gardens in state lands, for medicine manufacturing tools, construction of buildings and Library facilities for their common use.

Progress from 01.07.2017 to 30.06.2018

| S/No. | Div. Secretariat / Ayur. Con. Council | Date of release of provisions | Amount of provisions (Rs.) |
|-------|--|-------------------------------|----------------------------|
| 01 | Ganewatta Nikadalupotha | 22.08.2017 | 1,416,931.13 |
| 02 | Weeraketiya | 22.08.2017 | 195,710.00 |
| 03 | Panduwasnuwara (East) | 22.08.2017 | 1,139,502.60 |
| 04 | Completion of remaining work of Thissamaharama Building | 22.12.2017 | 185,905.51 |
| 05 | Purchasing equipments for Thissamaharama building | 22.12.2017 | 113,229.41 |
| 06 | Purchasing goods required for Ayur.Con.Council Center, Ganewatta | 26.12.2017 | 98,891.50 |
| 07 | Purchasing goods required for Ayur.Con.Council Center, Weeraketiya | 26.12.2017 | 14,100.00 |
| 08 | Purchasing goods required for Ayur.Con.Council Center, Panduwasnuwara | 26.12.2017 | 150,413.50 |
| 09 | Construction of a security fence and a gate for building of Panduwasnuwara Ayur.Con.Council. | 26.12.2017 | 454,558.87 |
| 10 | Koraleipattu South (Construction of a new building) | - | 2,000,000.00 |
| 11 | Ibbagamuwa (Construction of a new building) | - | 1,296,663.89 |
| 12 | Wellawaya (Construction of a new building) | - | 1,998,693.12 |

Progress 2017

- 25 new Libraries opened for 25 Ayurveda Conservation Councils and Rs. 50,000.00 allocated for each of them to purchase a steel cabinet and books of Indigenous Medicine.
- Rs. 15,000.00 each allocated again to purchase books of Indigenous Medicine for 23 Libraries already established.
- The amount of Rs. 23,540.00 spent on construction the fence around herbal garden of Karuwalagaswewa Ayurveda Conservation Council reimbursed.
- Rs. 15,849.99 provided to purchase an almirah for protection of old books and ola leave books in Ayurveda Conservation Council, Thissamaharama.



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- NURD institution was intimated to produce 19 medicine manufacturing machines for 19 Ayurveda Conservation Councils as follows.

| S/No. | Machines | Amount | Price per head (Rs.) |
|-------|---------------------------------|--------|-------------------------|
| 01 | Medicine crushers | 13 | 89,887.75 |
| 02 | Coconut oil extraction machines | 06 | 58,673'47 |

Progress - 2018

- 25 new Libraries opened for 25 Ayurveda Conservation Councils and Rs. 50,000.00 allocated for each of them to purchase a steel cabinet and books of Indigenous Medicine.
- Rs. 15,000.00 each allocated again to purchase books of Indigenous Medicine for 23 Libraries already established.
- An amount of Rs. 675,000.00 provided to Ayurveda Medical Council for the mobile workshop, Kalutara for appreciation of knowledge, attitudes, skills and service of Ayurveda Doctors.



Conservation Council Building, Ganewatta



Library, Yatiyantota

6.4 Young Herbal Farmer Programme

Provisions have been granted as follows for cultivations expected to be initiated in Divisional Secretary's Divisions of Alawwa and Polpithigama in Kurunegala District under Farmer Participatory Herbal Cultivation Program under Budgetary Provisions - 2017.

| Divisional Secretariat | Description | Provisions allocated (Rs.) | Provisions spent (Rs.) |
|------------------------|--|----------------------------|------------------------|
| Polpithigama | Clearing the land near Hakawatunawa and fixing the fence of Ayurveda Conservation Council in No. 369, Rawa Ela Division (part of the land in the extent of 30 acres) | 397,487.73 | - |
| Polpithigama | For clearing the land near Hakawatunawa Settlement College in No. 352, Bogolla Grama Niladhari Division and construction of Farm Well (4 acres) | 867,034.55 | - |



| | | | |
|---------------|---|---------------------|-------------------|
| Alawwa | Clearing the land near Galathara Primary School and fixing the fence (1 acre) | 153'960'00 | 153,960.00 |
| | Total | 1,418,482.28 | 153,960.00 |

Training Programs Conducted by Indigenous Medicine Sector

| S/ No. | Program | Attendance | Amount spent (Rs.) | Date |
|-----------|--|--|-----------------------|------------|
| 01 | Significance of Food and Nutrition on Efficiency of a Public Officer | Officers of Indigenous Medicine Sector | 8,185.00 | 30.01.2018 |
| 02 | Procedural Rules and Establishments Code | Officers of Indigenous Medicine Sector | 4,685.00 | 08.02.2018 |



7. Information Technology Approach of the Indigenous Medical Sector

Information Technology Division of Indigenous Medicine Sector functions under Policy Numbers 10101 and 10102 issued by Sri Lanka Information Technology Division under the national program for equipping public sector with computer literacy. This Sector performs the digital role of islandwide as well as worldwide dissemination of information on the knowledge of Indigenous Medicine, sound health habits, value of the use of indigenous medicine and herbal plants while also providing instructions and cooperation required for Information Technology purposes in Indigenous Medicine Sector and its affiliated institutions.

Additionally, following technical roles are also played by this Sector

- Maintaining e-mail of Indigenous Medicine Sector
- Maintenance and Updating of Computer Network in Indigenous Medicine Sector
- Repairing Computer Faults
- Graphic creations in Indigenous Medicine Sector (book covers, notices, banners, compact disks).
- Provision and operation of audio-visual facilities required for events and meetings.
- Maintenance and updating website of Indigenous Medicine Sector
- Provision of an efficient service by supplying wireless internet facilities.



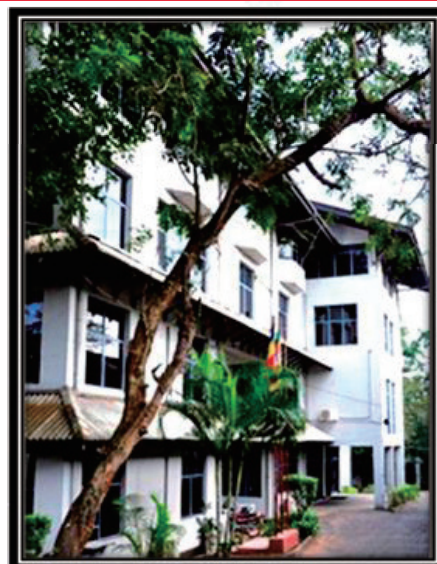


8. Department of Ayurveda



Vision

*Good health for all through
Ayurveda and systems of
indigenous medicine*



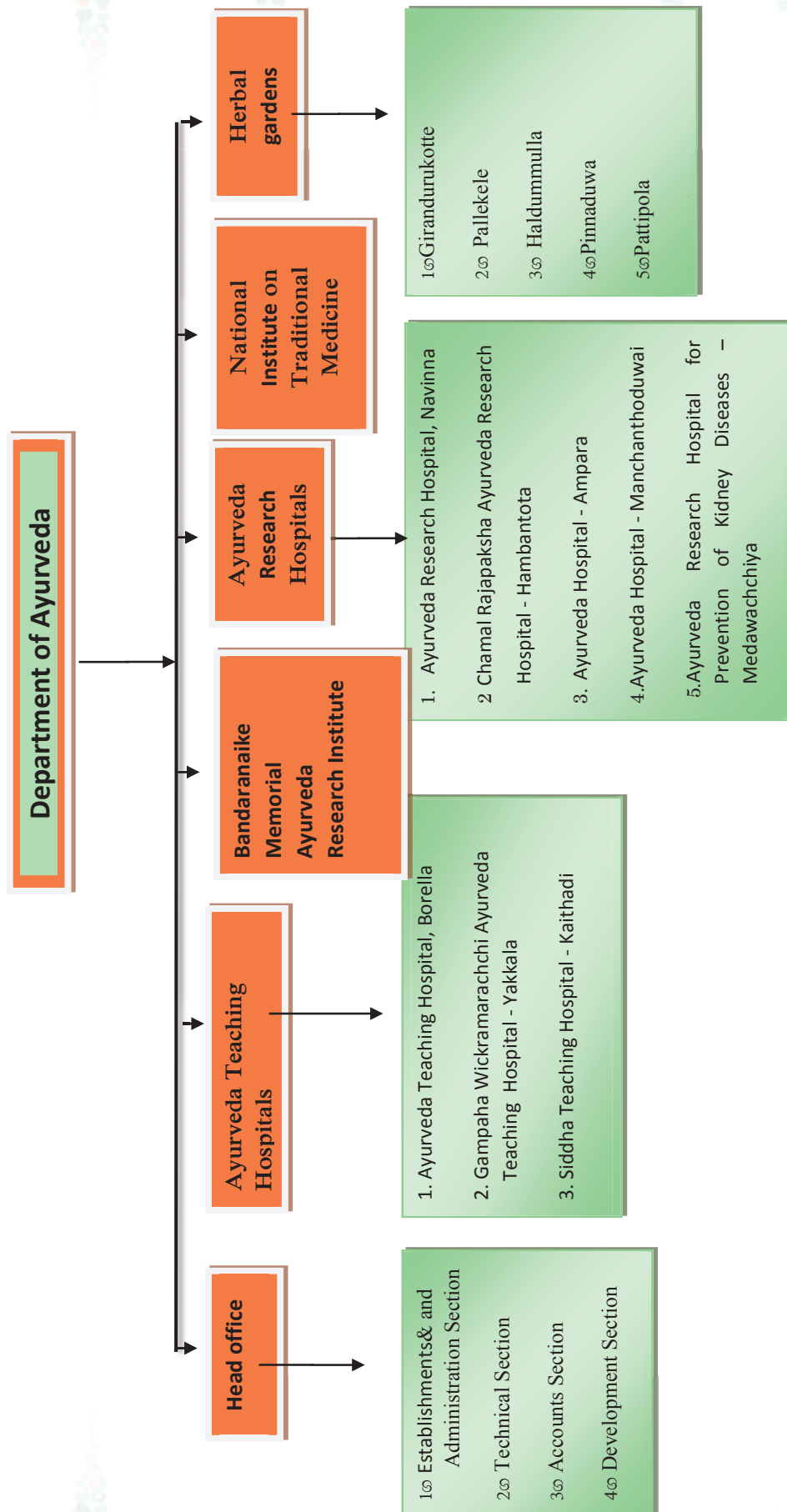
Mission

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

Department of Ayurveda is the key institution performing role and mission of Indigenous Medicine Sector and it has been established under Act No. 31 of 1961. Its key functions are as follows.

Key functions

- Establishment and maintenance of hospitals and other Divisions for research and teaching purposes.
- Conducting conferences, training classes and courses of study
- Conducting clinical medical services and literary research
- Cultivation, protection and propagation of herbal plants.
- Supervision and administration of all registered Ayurveda Medical Practitioners in the island.
- Formulation of rules and regulations for Ayurveda Hospitals, Central Dispensaries, Ayurveda Drugs Manufactories and Private Ayurveda Education purposes.





Progress as at 30.06.2018

1. Establishments and Administration Divisions

Corporate Activities

| S/No. | Function | Service category | Number |
|-------|--------------------|--|--------|
| 1 | Cadre recruitments | Ayurvedic Medical Officers (Recruitment) | 645 |
| | | Limited recruitments for PL -02 posts | |
| | | Electrician | 01 |
| | | Attendant | 23 |
| | | Food supervisor | 01 |
| | | Laboratory Worker | 04 |
| | | Dispenser | 03 |
| | | Ticket Clerk | 01 |
| | | Minor Supervisor | 02 |
| | | Circuit Bungalow Keeper | 03 |
| 2 | Promotions | Ayurvedic Doctor - Grade II | 94 |
| | | Ayurvedic Doctor - Grade I | 03 |
| 3 | Cadre approval | Scientist (<i>Vanaspathi</i>) | 01 |
| | | Cadre approved to be recruited on Contract Basis for BMARI Audio-Visual Unit | |
| | | Officer in Charge of Audio-Visual Unit | 01 |
| | | Program Producer | 01 |
| | | Technical Officer | 01 |
| | | Cameraman | 01 |
| | | Video Editor | 01 |
| | | Computer Operator | 01 |
| | | Ayurveda Service Assistant | 01 |
| | | Cadre approval for Traditional Ayurveda Research Hospital, Mihintale | |
| | | Ayurveda Medical Officers | 03 |
| | | Pharmacist | 01 |
| | | Dispenser | 01 |
| | | Ayurveda Service Assistant | 02 |



Training Programme

i. Local Training Programme

| S/No. | Venue and institution conducted | Training Program attended and Service Category | Duration |
|-------|--|--|----------|
| 1 | Gampaha Wickramarachchi College | Shakya Sandeepani 2017 08 Medical Officers | 03 days |
| 2 | Skills Development Fund Limited | Training programme on Law for Administrator part II 01 Medical Officer | 05 days |
| 3 | | Schemes of Recruitment 01 Public Management Assistant | 02 days |
| 4 | Official Languages Commission | Program on Official Language Policies 01 Accountant | 01 day |
| 5 | National Council of Sri Lanka for Development of Human Resources | Lecture on Good Governance and role of the public service 02 Staff Officers | 01 day |
| 6 | Department of National Archives | Book Binder Training 01 Ayurveda Service Assistant | 45 days |
| 7 | National Institute of Labour Studies | Training Course on Office Management and Financial Regulations 01 Public Management Assistant | 01 day |
| 8 | National Institute of Labour Studies | One day training program on Change Management 13 Officers of the National Institute on Traditional Medicine | 01 day |

ii. Overseas training

| S/N o. | Service category | Course attended | Number | Venue and institution conducted | Duration |
|--------|---------------------------|--|--------|---------------------------------|--------------------------|
| 1. | Ayurveda Medical Officers | Seminar on Chinese Medicine for Developing Countries From 7 th June to 6 th July 2017 – China | 08 | Xiyuan Hospital, China | 05.06.2017 06.07.2017 |
| 2. | Ayurveda Medical Officers | Second WHO Interrogational Training workshop on quality of Traditional and Complementary medicine | 01 | TMC – Macao SAR, China | 06 - 10.07.2017 |
| 3. | -do- | 2017 Seminar on Technology of Acupuncture & Chinese herbs for developing countries | 06 | China | 11 - 29.08.2017 |



| | | | | | |
|-----|---|--|----|-----------|-------------------------|
| 4. | Assistant Commissioner (Development) | Singapore's experience in Development and Human Resource Management Programme | 01 | Singapore | 15 - 21.10.2017 |
| 5. | Ayurveda Medical Officers | 2017 Training Course on Combination of Chinese Medicine and Western medicine for development | 05 | China | 27.10.2017 - 30.01.2018 |
| 6. | Assistant Commissioner (Administration) | Singapore's experience in Development and Human Resource Management Programme | 01 | Singapore | 05 - 11'11'2017 |
| 7. | Ayurveda Medical Officers | International Arogya 2017 from December 4-7 th 2017 at Vigyan Bhavan" New Delhi in India. | 01 | India | 03- 06.12.2017 |
| 8. | Director, Ayurveda Research Institute | 2018 Seminar on Traditional Chinese Medicine for Developing Countries | 01 | China | 27.03.2018 - 17.04.2018 |
| 9. | Ayurveda Medical Officers | | 05 | | |
| 10. | Ayurveda Medical Officers | Modernization of Traditional Medicine | 03 | Korea | 04.04.2018 - 26.04.2018 |
| 11. | Specialist Medical Officer | Sithargal Thiruvizha | 01 | India | 13.04.2018 - 17.04.2018 |
| 12. | Accountant (Accounts) | International programme on Management Auditing for the public sector Internal Auditors | 01 | Malaysia | 22.04.2018 - 29.04.2018 |
| 13. | Ayurveda Medical Officers | Training for Medical Workers from Developing countries | 01 | China | 16.05.2018 - 14.06.2018 |
| 14. | Assistant Commissioner (Technical) | 2018 Seminar on Traditional Chinese Medical Culture for countries under Belt & Road Initiative | 01 | China | 06.06.2018 - 26.06.2018 |
| 15. | Ayurveda Medical Officers | | 01 | | |



2. Development Division

Progress from 01.07.2017 to 30.06.2018

• State function of anointing oil - 16.04.2018

The state function of anointing oil designed to mark Sinhala and Hindu New Year Festival was conducted at the premise of Attanagalla Purana Rajamaha Vihara presided over by Deshabandu Karu Jayasuriya, Speaker of the Democratic Socialist Republic of Sri Lanka with attendance of the Hon. Rajitha Senaratne, Minister of Health, Nutrition & Indigenous Medicine.

• Programs of Development Division

- **Mobile Clinics** - 114 mobile clinics have been conducted by Ayurveda Hospitals and Provincial Departments of Ayurveda.
- **Indigenous Beverage Popularization Program** - 36 Indigenous Beverage Popularization Programs have been conducted on requests received by the Department.
- **Provision of Herbal Plants Free of Charge (for public institutions, schools, temples)** - the Department has provided 10,553 herbal plants free of charge.
 - **Provision of herbal garden sets** - the Department has provided a herbal garden set free of charge.
 - **Exhibitions** - the Department has participated in 11 exhibitions
 - **Visiting herbal gardens** - approval has been granted for 12 requests to visit Departmental herbal gardens.

✓Departmental representation for exhibition



Herbal garden development programs



✓ Field development programs



• **Training programs**

Making arrangements for participation of 20 officers for the program of Establishment and Maintenance of Seed Banks at Plant Genetic Resource Center, Gannoruwa and program of Preparation of Plant Samples at National Botanical Garden, Peradeniya on 06.09.2017



One Day Training Programs conducted in Plant Genetic Resource Center, Gannoruwa and National Botanical Garden, Peradeniya

• **Fields of cultivation: Economic and paternal-cultivations**

Economic and paternal cultivations have been initiated for 15 plant species in Pinnaduwa, Girandurukotte, Pattipola and Haldummulla herbal gardens



Economic and paternal cultivations in herbal gardens, Pattipola herbal garden



- **Farmer Participatory Herbal Cultivation Project**

- Conducting farmer awareness workshops and preparing cultivation plans.
- Preparing a common constitution for establishment of herbal farmer societies and establishment of herbal farmer societies.



- Selection of 7 government owned lands in six Divisional Secretary's Divisions in the three districts of Galle, Anuradhapura and Kurunegala and preparation of farming fields and completion of construction work of security fences and wells.



- Creation of nurseries in each field to process planting materials of 10 species of herbs selected for fields of cultivation.



*Plant nurseries,
Polpithigama and
Kahatagasdigiliya fields*

- Completion of the process of manufacturing planting materials of 22 species of herbal plant required for fields of cultivation in herbal gardens belonging to the Department of Ayurveda and provision of them to fields of cultivation.



- Presenting the three books titled "Formulae of Sinhalese Food and Beverages Enriched with Nutrition", "Technical Instructions Manual for Cultivation of Herbal Plants and Processing Standard Raw Materials" and "The Illustrative Manual on Sound Agricultural and Assembling Instructions for Cultivation of Herbal Plants" to the Hon. Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine at Provincial Convention for Indigenous Medicine held on 04.01.2018.



- Initiation of work on development of the 3 acre plot in the land proposed for Eco Tourist Village in Meddegadarawatta, Mathugama, and carrying out preparatory work for initiation of economic cultivations by selecting 08 farmers by Farmer Participatory Herbal Plant Cultivation Project.



Development of Meddegadarawatta, Mathugama as a herbal garden

Use of Sri Lankan ecological system for conservation of biodiversity and sustenance of life and Biodiversity and Adaptation to Climate Change Project - **BACC Project**

- Giving participatory contribution for "Biodiversity Fair" for public awareness on identification and use of herbal plants, conducted for Ududumbara Divisional Secretary's Division on 25.10.2017.



Biodiversity fair - Ududumbara



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- Finalization of compiling work for printing 03 books on "Common Availability and Use of Herbal Plants" for each Divisional Secretary's Division through home garden survey on herbal plants.
 - Initiation of compiling "Collection of Herbal Plants" gathering information of 50 valuable herbal plants in minimum use through surveys conducted in selected home gardens in all Divisional Secretary's Divisions.
-
- **Biodiversity for Food and Nutrition Project (BFN Project)**
 - Printing and launching the booklet titled "Formulae of Sinhalese Food and Beverages Enriched with Nutrition" at the "Food Fair - 2017" held on 06.10.2017 at Plant Genetic Resource Center, Gannoruwa and taking action to introduce some food and beverage formulae to the public at the exhibition conducted parallel to it.
 - Conducting "Sinhalese Food Exhibition and Fair - 2017" with participation of 10 self employed women as supervised by the Department of Ayurveda and sponsored by Biodiversity for Human Nutrition Project at Divisional Secretariat, Giribawa on 28.11.2017.
 - Conducting "Sinhalese Food Exhibition and Fair - 2017" with participation of 10 self employed women as supervised by the Department of Ayurveda for the exhibition held under the national program of "Official Mission - President's Public Service" held at Giribawa Maha Vidyalaya on 24.03.2017.



"Sinhalese Food Exhibition and Fair - 2017" Divisional Secretariat, Giribawa



"Sinhalese Food Exhibition and Fair" held at Giribawa Maha Vidyalaya



• Constructions

| Object | Constructions | Allocation of Financial Provisions (Rs. Millions) | | Progress | | |
|----------|--|---|--------|--------------------|---------|--|
| | | 2017 | 2018 | Financial (Rs. M.) | | Physical 30.06.2018 |
| | | | | 2017 | 2018 | |
| 2 - 2104 | Ayurveda Teaching Hospitals | | | | | |
| | Construction work in Ayurveda Hospital - Stage 2 - National Ayurveda Hospital (Teaching) - Borella | 487.283 | 168.8 | 392.352 | 124.274 | Construction work finalized |
| | Construction work of Pharmacy - Ayurveda Hospital - Kaithadi | 58.798 | 11.656 | 48.083 | 11.656 | |
| | Construction work in Hospital - Ayurveda Hospital, Manchanthoduwai | 20 | 53 | 36547 | - | Revised estimated amount has been referred for Cabinet approval |
| | Construction work in Hospital - Siddha Teaching Hospital, - Trincomalee | 238.328 | 50.144 | 8.864 | 1.144 | Revised estimated amount has been referred for Cabinet approval. Plan not supplied by Central Engineering Consultancy Bureau |
| 2-2104 | Construction of Community Health Offices | - | 35 | - | - | 20% |
| 3-2104 | Ayurveda Research Hospital, Minintale | 10.703 | - | 9.856 | - | 100% |
| 3-2104 | Sarathchandra Rajakaruna Memorial Traditional Research Hospital - Wedagama | 50 | 100 | 0.996 | - | Revised estimate referred for Cabinet approval. |
| 3-2104 | Government Ayurveda Research Hospital (Non-Communicable Diseases) - Ninthavur | | 60 | | - | Revised estimate referred for Cabinet approval. |
| 4 - 2104 | National Institute on Traditional Medicine | 0.15 | 2 | - | - | |
| I. | Preparing hand rails at the entrance and preparing entrance to the hostel - 2017 | | | | | Physical progress - 100%) relevant payments have been made under Object 2001 |



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| | | | | | | |
|-----------------|--|------|---|-------|-------|--|
| II. | Completion of new building construction work and fixing ceiling - 2018 | | | | | Department of Buildings has been informed to provide estimates |
| 5 - 2104 | Herbal gardens | 13.5 | 6 | 2.797 | 4.306 | |
| | i. Pattipola Herbal Garden | | | | | - |
| | ii. Girandurukotte Herbal Garden | | | | | - |
| | iii. Haldummulla Herbal Garden | | | | | - |
| | iv. Pinnaduwa Herbal Garden | | | | | 20 % |
| | v. Palkeleke Herbal Garden | | | | | - |
| 5 -2105 | Land and Land Development | | | | | - |

• Repairs

| Head of Expenditure | Repairs | Allocation of Financial Provisions (Rs. Millions) | Progress | |
|---------------------|---|---|--------------------------|------------|
| | | | Financial (Rs. Millions) | Physical % |
| 1-2001 | Head Office | 2.5 | 1.061 | 8 |
| 2-2001 | Ayurveda Teaching Hospitals | 26 | 4.1 | |
| | i National Ayurveda Hospital (Teaching) - Borella | | | 5 |
| | ii Gampaha Wickramarachchi Ayurveda (Teaching) Hospital - Yakkala | | | - |
| | iii. Ayurveda Teaching Hospital - Kaithadi | | | 20 |
| | iv. Ayurveda Hospital - Mananthoduwai Ayurveda Hospital | | | 25 |
| | v. Ayurveda Hospital - Ampara | | | 5 |
| 3-2001 | Research Hospitals | 10 | 7.5 | |
| | i Chamal Rajapaksha Ayurveda Teaching Hospital, Hambantota | | | 5 |
| | ii Bandaranaike Memorial Ayurveda Research Institute - Navinna | | | 5 |
| 4-2001 | National Institute on Indigenous Medicine | 2 | 0.083 | 5 |
| 5-2001 | Herbal Gardens | 6 | 5.33 | |
| | i. Pattipola Herbal Garden | | | 5 |
| | ii Haldummulla Herbal Garden | | | 25 |



| | | | | |
|--|----------------------------------|--|--|---|
| | iii. Pallekele Herbal Garden | | | 5 |
| | iv. Girandurukotte Herbal Garden | | | 5 |
| | v. kataragama Circuit Bungalow | | | 5 |

Special Projects implemented during year 2017

- **Government Ayurveda Research Hospital (Non-Communicable Diseases) - Nanthavur**

Cabinet approval has been received for implementation of the project proposal for Rs. 192 million prepared for construction of a Research Hospital on Non-Communicable Diseases. Foundation stone was laid in September, 2017 to construct that hospital in Nanthavur, Ampara. The revised estimate on construction work of the hospital has been referred back by now for Cabinet approval.

- **Ayurveda Research Hospital for Prevention of Kidney Diseases - Medawachchiya**

Ayurveda Research Hospital for Prevention of Kidney Diseases, Medawachchiya was opened for public use by the hands of Hon. (Dr.) Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine on 06.08.2017.

- **Sarathchandra Rajakaruna Memorial Traditional Research Hospital - Wedagama**

Foundation stone was laid under supervision of Hon. (Dr.) Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine for construction of Traditional Hospital at Wedagama, Dompe on 22.07.2017 on provisions of the Republic of Sri Lanka for bringing valuable benefits of Sinhalese Treatments to the public.

- **Mathugama Meddegedarawatta Village of Eco Tourism and Ayurveda Research Hospital**

Action taken to receive final evaluation reports on survey of the plot of land in extent of 3 acres for acquisition of the land allocated for herbal garden.

3. Technical Division -Progress as at 30.06.2018

Convening Yoga Feeds Committee and Sub-Committees and granting approval for, registration and charging relevant fees for indigenous and imported medicines

| | | | |
|-----|---|---|----|
| i. | No. of assemblies of the Yoga Feeds Committee | - | 08 |
| ii. | No of assemblies of the Sub-Committee | - | 20 |



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| S/No | Function | Number | Income received (Rs.) |
|----------|---|--------|-----------------------|
| 1 | Local Product Formula Committee | | |
| | No. of applications issued | 483 | 48,300.00 |
| | Sample test | 86 | 55,000.00 |
| 2 | Issuance of locally produced medicine permits | | |
| | No. of permits issued for first time registration | 34 | 72,000'00 |
| | Extention of registration of permits issued | 78 | 44,500'00 |
| 3 | Issuance of applications to present to Imported Drugs Formula Committee | | |
| | No. of applications issued | 154 | 77,000'00 |
| | No. of applications subjected to sample test | 90 | 254,000'00 |
| | No. of permits issued for first time registration | 61 | 636,000'00 |
| | No. of applications for extention of registration | 110 | 55,000'00 |
| | Total income received | | 1,241,800.00 |

| S/No. | Function | Number | Value (Rs.) |
|-----------|--|-----------------|------------------|
| 01 | Receiving approval for permitted medicines by forwarding them to Media Propaganda Advertisement Committee. | | |
| | Media Propaganda Advertisements | 02 | |
| 02 | Granting permission for duty free dry medicine importation | | |
| | Amount of dry medicine imported | 2,692,274.9 Kg. | 6,672,801.5 US\$ |

Following revenue generated under registration and renewal of registration of private hospitals, Panchakarma institutions and Dispensaries

| S/No | Institution | Registration revenue (Rs.) | |
|-----------|---|----------------------------|------------|
| | | First | Annual |
| 1. | Issuances of Private Hospital Licenses (04 first applications , annual 10) | 10,000.00 | 90,000.00 |
| | Entertaining Private Hospital applications (02 first applications , annual 14) | 6,000.00 | 45,000.00 |
| 2. | Checking Panchakarma institutions (81 annual applications) | | 243,000.00 |
| | Issuance of licenses for Panchakarma institutions (28 annual applications) | | 223,333.33 |
| 3. | Inspection of Hotel related Panchakarma institutions (07 first applications , annual 126) | 21,000.00 | 42,000.00 |



| | | | |
|----|--|-------------------|-------------------|
| | Issuance of licenses for Hotel related Panchakarma institutions (04 first applications, 08 annual) | 60,000.00 | 80,000.00 |
| 4. | Dispensaries (214 first applications, 73 annual) | 278,200.00 | 73,000.00 |
| | Total | 375,200.00 | 796,333.33 |

Registration of Ayurvedic Drugs Manufactories

| S/No. | Subject | Registration revenue (Rs.) | |
|-------|--|----------------------------|-------------------|
| | | First | Annual |
| 1. | Ayurvedic Drugs Manufactory licenses (68 first applications, 154 annual) | 340,000.00 | 462,000.00 |
| 2. | Issuance of license for transportation of raw and readymade drugs (07 first applications, 19 annual) | 7,000.00 | 9,500.00 |
| | Total | 347,000.00 | 471,500.00 |

Registration of Ayurveda drugs stalls / trade centers

| S/No. | Subject | Registration revenue (Rs.) | |
|-------|--|----------------------------|------------|
| | | First | Annual |
| 1' | Ayurveda Drugs Stall licenses (first 40, annual 210) | 52,000.00 | 193,669.00 |

Giving recommendations for Ganja, Paripaka Spirits for Ayurveda Drugs Manufactories

- i. Ganja powder - 110 Kgs
- ii. Paripaka spirits - 52,200 liters

Printing and islandwide distribution of *Ayurveda Sameeksha*.

- I. 750 copies of *Sameeksha* have been printed for years 2016 and 2017.
Designing, printing and islandwide distribution of the Ayurveda Calendar and New Year Book for state function of anointing oil for year 2018.

- i. Calendars

| | |
|----------------|----------|
| Sinhala medium | - 75,000 |
| Tamil medium | - 5,000 |
- ii. New Year Books

| | |
|----------------|---------|
| Sinhala medium | - 6,250 |
| Tamil medium | - 1,250 |

4. Accounts Division

Role of the Accounts Division

- Forecasting and management of funds required for satisfactory maintenance of patient treatment services.
- Financial management for physical and human resource development in order to maintain a high productivity in the Department of Ayurveda.
- Financial management for Community Treatment Services, state function of anointing oil and other religious and national festivals.
- Introduction of system, management and inquiry for productive and efficient maintenance of routine public services of the Department of Ayurveda.



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- Constant supervision for updated continuation of management functions and relevant activities and submission of relevant information and proposals to Commissioner of Ayurveda.
- Provision of required proposals and instructions for updated maintenance of routine work in herbal gardens, revenue - expenditure reporting and development.
- Updated review of total account work in the Department of Ayurveda.
- Co-ordination of activities pertaining to quantitative and qualitative adherence to national budgetary policies.
- Provision of information required for monthly and quarterly accounting in the General Treasury in terms of monthly, semi-annual and annual reports.

Department of Ayurveda - Financial Progress as at 30.06.2018

| Category/ object/ item | Provisions (Rs.) | Expenditure (Rs.) | Percentage % |
|---|----------------------|--------------------|--------------|
| Recurrent expenditure | 1,383,050,000 | 772,223,070 | 55.83 |
| 1. General Administration | 120,800,000 | 57,965,650 | 48 |
| 2. Disease Prevention Services | 942,250,000 | 551,612,046 | 59 |
| 3. Research | 203,100,000 | 108,607,549 | 54 |
| 4. Education and Training | 30,800,000 | 15,287,825 | 50 |
| 5. Herbal Cultivation and Conservation Project | 86,100,000 | 38,750,000 | 45 |
| Capital expenditure | 651,000,000 | 185,722,722 | 28.53 |
| 1. General Administration | 10,700,000 | 3,492,079 | 33 |
| 2. Disease Prevention Services | 370,100,000 | 143,926,070 | 39 |
| 3. Research | 217,900,000 | 13,501,160 | 6 |
| 4. Education and Training | 30,400,000 | 14,246,116 | 47 |
| 5. Herbal Cultivation and Conservation Project | 21,900,000 | 10,557,297 | 48 |
| Grand total | 2,034,050,000 | 957,945,792 | 47.10 |
| 1. General Administration | 131,500,000 | 61,457,729 | 47 |
| 2. Disease Prevention Services | 1,312,350,000 | 695,538,116 | 53 |
| 3. Research | 421,000,000 | 122,108,709 | 29 |
| 4. Education and Training | 61,200,000 | 29,533,941 | 48 |
| 5. Herbal Cultivation and Conservation Project | 108,000,000 | 49,307,297 | 46 |



Progress on purchase of fixed items - 30.06.2018

| S/No. | Subject | Particulars |
|-------|---|---|
| 01 | Purchasing computers and accessories | Order letters forwarded to purchase |
| 02 | Purchasing furniture and office equipment | Submitted to Technical Evaluation Committee to evaluate prices |
| 03 | Purchasing Air Conditioners | Submitted for approval of the Procurement Committee for purchasing items |
| 04 | Purchasing Electronic items | Submitted for approval of the Procurement Committee for re-calling quotations |

5. Examination Division

Conducting Examinations from 01.07.2017 to 30.06.2018

| No. | Activities | Attendance | Expenditure |
|-----|---|------------|-------------|
| | | | (Rs.) |
| 01 | Ayurveda related Astrology and Exorcism Certificate Course – July 2017 | 10 | 60,700.00 |
| 02 | Conducting Efficiency Bar Examination (Oral) for posts recruited under PL 02 in the Department of Ayurveda – July 2017 | 127 | 11,200.00 |
| 03 | Conducting Efficiency Bar Examination (Oral) for Ayurveda Medical Officers – July 2017 | 151 | 112,000.00 |
| 04 | Final Evaluation Examination of Ayurveda Masseur Three Month Training Course – (Sinhala Medium) August 2017 | 32 | 30,750.00 |
| 05 | Final Evaluation Examination of Ayurveda Dispenser Three Month Training Course – (Southern Provincial Council) August 2017 | 42 | 43,300.00 |
| 06 | First Efficiency Bar Examination for Posts Recruited under Management Assistant Non Technical Category 02 MN 01 of the Department of Ayurveda – November 2017 | 22 | 47,670.00 |
| 07 | Conducting Oral Test of the Ayurveda Shasthir Annual Examination – October 2017 | 527 | 68,045.00 |
| 08 | Final Evaluation Examination of Ayurveda Dispenser Three Month Certificate Course – (Northern Provincial Council) December 2017 | 45 | 52,120.00 |
| 09 | First Efficiency Bar Examination for Posts Recruited under Management Assistant Non Technical Category 02 MN 02 of the Department of Ayurveda – February 2018 | 10 | 48,320.00 |
| 10 | Conducting Efficiency Bar Examination (Oral) for Posts Recruited under PL 02 in the Department of Ayurveda – 2018 | 02 | 10,865.00 |



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| Payments for Colleges | | | |
|---------------------------|--|-------------------|---------------------|
| | Offering Grants for Ayurveda Shasthri Medical Colleges – for year 2017 | 17 establishments | 2,000,000.00 |
| Other functions performed | | | |
| I. | Payments for meetings of Ayurveda Education and Hospital Boards. 06 meeting for year 2017 and 03 meeting for year 2018 conducted. | | 1"42"700'00 |
| II. | Payments for Sub-Committee meetings 05 meetings have been conducted by Syllabi Preparation Committee while the Committee for Study of Measures taken for Registration of Private Ayurveda Education and Institutions has conducted 03 meetings. | | 40"485'00 |
| Total | | | 2,668,155.00 |

Ayurveda Teaching Hospitals

• Patient Treatment Services – from 01.07.2017 to 30.06.2018

| S/N o. | Treatment Service | Borella | Gampaha | Kaithadi | Manchanthoduwai | Trincomalee |
|--------|--|---------|---------|----------|-----------------|-------------|
| 1. | Outer Patients | 210,080 | 66,387 | 35,157 | 15,842 | 17,049 |
| 2. | Resident Patients | 2,059 | 988 | 1,236 | 128 | 48 |
| 3. | Clinical Patients | 178,130 | 53,674 | 12,162 | - | 6,394 |
| 4. | Panchakarma | 8,347 | 5,013 | - | - | - |
| 5. | Senior Citizen Clinical Patients | 1,303 | 830 | 4,394 | - | 649 |
| 6. | Special Clinical Patients (By Traditional Doctors) | 5,732 | 4,236 | - | - | - |
| 7. | Community Health Treatment Service Patients | 10,294 | 1,362 | 2,649 | 292 | - |
| 8. | Korean Acupuncture Clinic | 25,125 | 1,776 | 1,098 | - | - |

• Educational Services

| Service | Borella | Kaithadi | Trincomalee |
|--|---------|----------------------------|-------------|
| 1. Educational | | | |
| <ul style="list-style-type: none"> ❖ School Health Educational Services <ul style="list-style-type: none"> i Workshops ii Exhibitions ❖ Training Internal Medical Officers (3 months) ❖ Internal Medical Officers reporting to Traditional Medical Officers ❖ Participation in training programs conducted by National Institute on Traditional Medicine (Tamil Medium) | 03 | 11 students 13 students | |
| 2. Patient treatment services | | | |



| | | | |
|--|--|--------------------------|----------------------|
| ❖ Programs designed by Kaithadi Hospital to be conducted for Medical Students | | 10 Medical Student teams | 30 Medical Students |
| ❖ Providing teaching facilities for Medical Students, Lecturers | | | |
| 3. Other Internal Medical Officer Training Participation in trainings by National Institute on Traditional Medicine | | | 03 – 10 day training |

• **production and use of medicines – from 01.07.2017 to 30.06.2018**

| S/No | types of medicine | Borella | | Gampaha | | Kaithadi | | manch anthod uwai |
|------|---------------------------|------------|------------|---------------|--------------|------------|----------|-------------------|
| | | Production | Use | Production | Use | Production | Use | Use |
| | | Bottles | | | | | | |
| 1 | Arishta | 4.010 | 7,364 | - | 1,681 | - | 2,878 | 662 |
| 2 | Asawa | 3,390 | 5,864 | 180.00 | 799.6 | - | 3,015 | 665 |
| 3 | Ointments | 12,484 | 22,232 1/2 | 1,587.25 | 2000.25 | 1,486'95 | 5,817 | 1421 |
| 4 | Syrup | 945 | 948 | - | - | 102 | 427 | 219 |
| 5 | Decoctions | 61,000 | 61,055 | 9,680 | 11,313 | - | 841 | 562 |
| 6 | Other | 173 | 173 | 444 510 ml | 438 510ml | - | 5 1/4 | - |
| 7 | Brews | 22,666 | | 6007.92 | | 4172.52 | 4172.52 | - |
| 8 | Anupana | - | - | - | - | 808.74 | 808.74 | - |
| | | Kgs. | | | | | | |
| 9 | Pills | 679.08 | 1,053.097 | 45.396 | 94.634 | 19.87 | 144.19 | 84.2 |
| 10 | Paste | 747.700 | 1,771.755 | 98.6936 | 127.041 | - | 173.65 | 76.9 |
| 11 | coatings | 1,754.216 | 1,780.460 | 123.200 | 186.520 | 38.11 | 185.58 | 53 |
| 12 | Powder | 5,196.877 | 6,043.455 | 1162.3 | 1164.33 | 301.65 | 1142.645 | 191.05 |
| 13 | Panta | 61 | 75.6 | 2182.88 | 2737.78 | - | - | - |
| 14 | Paththu | 1,359.6 | 1,359.6 | 67.450 | 67.450 | 621.21 | 621.21 | - |
| 15 | Leha | - | - | 2.030 | 2.030 | - | - | 33.6 |
| | Other | 58.745 | 345.730 | 1072.51 | 1072.55 | 6.895 | 79.22 | 0.6 |
| 16 | Other | | | | | | | |
| 17 | Eye drops | - | - | 12 | 13.5 | - | - | - |
| 18 | Saline formulae (strings) | 766 | 814 | - | - | - | - | - |



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• Medical laboratory sample testing

| S/No. | Test | No. of tests | |
|-------|------------------|--------------|---------|
| | | Borella | Gampaha |
| 1. | Laboratory tests | 5181 | 644 |
| 2. | X-Ray tests | 2633 | - |

• Ayurveda Research Hospitals – from 01.07.2017 to 30.06.2018

| S/N o | Treatment Service | Ampara | Hambantota | medawachchiya | Ninthavur |
|----------|--|--------|------------|---------------|-----------|
| 1. | External patients | 27,740 | 29,422 | 6,452 | 24,171 |
| 2. | Residential patients | 271 | 505 | 62 | 1,087 |
| 3. | Clinical patients | 1,036 | - | 6,110 | 1,449 |
| 4. | Senior citizen clinical patients | 229 | - | - | - |
| 5. | Special clinics (clinics conducted by Traditional Doctors) | 3,426 | 1,775 | - | - |
| 6. | Community Health Treatment Service Patients | 807 | 1,083 | - | - |

• Production of medicines from 01.07.2017 to 30.06.2018

| S/No. | Types of medicine | Ampara | | Hambantota | | Medawachchiya | |
|-------|-------------------|---------|---------|------------|-------|---------------|-------|
| | | Product | Use | Product | Use | Product | Use |
| | | Bottles | | | | | |
| 1 | decoctions | 323 | | 8,851 | 2,004 | 20 | 20 |
| 2 | Beverages | - | - | 314 | - | - | - |
| 3 | Brews | 1200 | | 2,209 | - | - | - |
| 4 | Arishta | - | - | - | 1,403 | - | - |
| 5 | Asawa | - | - | - | 1,283 | - | - |
| 6 | Oils | 280 | 256 | - | 1,989 | - | - |
| 7 | Syrup | 99 | 39 | - | 99 | - | - |
| | | Kgs | | | | | |
| 8 | Pills | - | - | - | 84 | - | - |
| 9 | Paste | - | - | - | 94.75 | - | - |
| 10 | Ointments | 6.950 | 4.5 | - | - | - | - |
| 11 | Powder | 205,430 | 100,560 | - | 676 | 13,53 | 3.070 |



| | | | | | | | |
|----|----------|---|---|----|-------|---|---|
| 12 | Vati | - | - | - | 58.4 | - | - |
| 13 | Flavours | - | - | - | 24.25 | - | - |
| 14 | Leha | - | - | - | 14 | - | - |
| 16 | Paththu | - | - | 16 | - | - | - |
| 17 | Packages | - | - | 60 | - | - | - |



Siddha Teaching Hospital - Kaithadi
Siddha Teaching Hospital Trincomalee



Mananthoduwa Ayurveda Hospital

Chamal Rajapaksha Ayurveda Research Hospital



Borella Ayurveda Teaching Hospital

Gampaha Wickramarachchi Ayurveda Teaching Hospital



8.1 Bandaranaike Memorial Ayurveda Research Institute

Navinna Research Hospital



| | |
|--------------|------|
| Commencement | - |
| 14.10.1962 | |
| No. of wards | - 04 |
| Beds | - 67 |

Research institute

The hospital consists of Outer and Resident Patients' Divisions for patient treatments and additionally of Standardization, Botanical, Drugs Production, Literary Research Divisions.

Staff information

| | | |
|--------------------|---|----|
| Medical Specialist | - | 01 |
| Medical Officer | - | 54 |
| Nurse | - | 01 |
| Nursing Officer | - | 14 |
| Dispenser | - | 03 |
| Masseur | - | 02 |
| Attendant | - | 11 |
| Ancillary staff | - | 78 |

Progress from 01.07.2017 to 30.06.2018

| Month | Outer patients | | Clinics | | Resident | Panchakarma | |
|-----------|----------------|--------|---------|--------|----------------|-------------|-------|
| | Female | Male | Female | Male | Total patients | Female | Male |
| July | 2,888 | 1,964 | 1,892 | 1,072 | 87 | 116 | 76 |
| August | 2,600 | 3,258 | 2,040 | 1,298 | 97 | 124 | 66 |
| September | 2,896 | 1,880 | 1,813 | 1,052 | 90 | 114 | 96 |
| October | 2,630 | 1,966 | 1,904 | 1,126 | 82 | 102 | 91 |
| November | 2,736 | 2,041 | 1,491 | 1,184 | 97 | 128 | 105 |
| December | 3,201 | 2,014 | 1,617 | 1,083 | 76 | 103 | 100 |
| January | 2,851 | 2,022 | 1,906 | 1,145 | 112 | 151 | 117 |
| February | 2,726 | 1,828 | 1,904 | 987 | 103 | 138 | 114 |
| March | 2,654 | 1,793 | 1,816 | 1,046 | 93 | 155 | 111 |
| April | 2,155 | 1,590 | 1,356 | 746 | 121 | 81 | 44 |
| May | 2,634 | 1,802 | 1,662 | 974 | 116 | 126 | 74 |
| June | 2,610 | 1,747 | 1,651 | 924 | 100 | 169 | 64 |
| Total | 32,581 | 23,905 | 21,052 | 12,637 | 1,174 | 1,507 | 1,058 |

**Progress of Programms as at 30.06.2018**

| S/N o. | Program | Venue and date conducted | Resource persons | Expenditure (Rs.) |
|--------|---|--|--|-------------------|
| 01 | Diabetes Laboratory Test | Ayurveda Research Institute 18.06.2017 – 31.07.2017 | Diabetes Research Team | 10,892.00 |
| 02 | Laboratory test of Diabetes Research Project | Ayurveda Research Institute 01.08.2017 – 31.08.2017 | Senior Lecturer | 19,780.00 |
| 03 | Purchasing chemicals required for diabetes tests | Ayurveda Research Institute 27.12.2017 | Diabetes Research Team | 380,295.00 |
| 04 | Patient awareness program to mark World Diabetes Day | Ayurveda Research Institute 17.11.2017 | Diabetes Research Team /Doctors in Raigam Korale | 16,050.00 |
| 05 | Receiving medicines from herbal gardens for Diabetes laboratory tests | Haldummulla, Girandurukotte, Pinnaduwa 21/22/23.03.2018 | Diabetes Research Team | 36,500.00 |
| | Total | | | 463,517.00 |



Literary Research Division

Research Progress – Conservation of books

| Research topic | Anticipated output | Year of commencement | Progress (%) | Responsibility / research team |
|---|---|----------------------|------------------------------|--|
| Acc. No. - 139 ola leave book handscripting (boil treatment book) No. of extracts – 40 – length 22 cm. width 5 cm. | Preparation of the hand scripted ola leave book for printed media conservation | 2017 | 75% | Medical Officer in charge of Literature |
| Dictation of 4 ola leave books (Nos. 139-369-363-564) Literary research on powder referred to only in ola leave book No. 564 | 139 – Optical ailment therapy, 369 – boil therapy, 363 – puncture burn therapy | | Presenting 3 research papers | Dr. (Ms.) Chandrika Welivitigoda (Medical Officer in charge of Literature) and staff |
| Preparation of the collection of books according to Library Science | Upgrading book reception register | 2017 | | Dr. (Ms.) Chandrika Welivitigoda |
| Provision of library facilities for 03 teams of Medical Officers and Intern Medical Officers | No. of books fully classified - 3500 | | | |
| Increasing book collection in 5%. | Added number of Intern Medical Officer Research Projects is 32. No. of books newly purchased is 32. | | | |



Production of medicines

| S/No. | Type of medicine | Amount in bottles/ Kgs. |
|-------|------------------------|-------------------------|
| 1 | Types of ointment | 813 bottles |
| 2 | Kwatha | 26496 bottles |
| 3 | Eye drops | 164 bottles |
| 4 | Brews | 94694 bottles |
| 5 | Boiled water / Anupana | 5487 bottles |
| 6 | coatings | 174 Kgs. |
| 7 | Powder | 2209 Kgs. |
| 8 | Other | 75.520 Kgs. |
| 9 | Paththu | 50 Kgs. |
| 10 | Unani medicines | 155 Kgs. |
| 11 | Mallum | 17.2 Kgs. |

Medical Laboratory Sample Testing

9097 blood samples, 1511 urine samples, 2698 cholesterol samples tested.

Conservation of traditional medical know-how

| S/N o. | Description | Physical Progress | Financial progress% |
|--------|---|-------------------|---------------------|
| 1 | Updating software containing information of traditional doctors | 50% | 0 |
| 2 | Formulation of a methodology to establish intellectual property right on traditional medical knowledge. This project operates under assistance of Intellectual Property Bureau. Accordingly, establishment of a small Sub-Committee with expertise in Law and Medical Science to implement and to check legal background for its further progress by applying audio visual unit on recommendations received, by preparing further action after taking suggestions and comments of 02 panels of experts. | 20% | 0 |
| 3 | Further, properly filing the ola leave book collection in Bandaranaike Ayurveda Research Institute, black polishing, skirting and chemically conserving them and finalizing conservation work and creating new copies of medical handbooks by taking scanned copies of their hand scripts and continuation of their systematic filing through Audio Visual Unit under old book conservation program. | 70% | 0 |



| | | | |
|---|---|-----|-----|
| 4 | Collecting Ola leave books received as donations and conserving them as E-books. | 60% | 0 |
| 5 | Arrangements have been made to conduct conservation programs on methods of treatment of selected traditional doctors in their own premises. | 20% | 10% |
| 6 | Launching You Tube International Channel with a view to propagating systems of traditional medicine through the Internet and propagating such systems of medicine by exposure of information of research work and finalizing preparation of themes. Programs lined up for the purpose and submitted for approval. | 40% | 0 |
| 7 | The Traditional Medical Knowledge Conservation Project has been finalized in year 2016 and, hence preparing project proposals required for extension of that project. | 99% | 0 |
| 8 | Making arrangements for recruitment of staff. | 20% | 0 |

Targets achieved by the Project

Required action was taken to get the project approved for a period of 05 years to come from year 2017.

Special Projects

Ayurveda Tradmed Sri Lanka – 2017

Trad Med International – 2017 is the International Conference which is an initiative of Sri Lanka. Ministry of Health, Nutrition and Indigenous Medicine and Department of Ayurveda have jointly organized it in collaboration with University of Sri Jayewardenepura and World Health Organization.

The steering committee members of this Conference started to work for this project from February to December 2017. The detailed proposal with expected budgetary allocation was developed and submitted in March 2017. There were 11 committees formed as TEC Committee, Publication Committee etc.

Standardization Division - Establishments

| Area of research | Research topic | Anticipated production | Year of commencement | Progress (%) | Responsibility / research team |
|------------------|--|-------------------------------------|----------------------|--------------|--|
| 1. | Comparative study of finished product Quality- <i>Thalisadi</i> powder | | 2017 | 90% | Dr.Vajira Senevirathna Thamara Nawarathna Upeksha Erangika Deshika Gamage |
| 2. | <i>Thalisadi</i> powder in chewable dosage form- Development and SOP's | product development Chewable Tab | 2017 | 75% | Vajiras enavirathna Thamara Nawarathna Upeksha Erangika Deshika Gamage |



| | | | | | |
|----|--|------------------------|-----------|------|---|
| 3. | Comparative study of finished product quality of western; modernized Ayurvedic and classical Ayurvedic medicines | | 2017 | 100% | Dr.Vajira Senevirathna; IMO Group |
| 4 | Quantification of berberine content in selected menispermaceae species by HPLC | (With botany division) | 2016-2017 | 100% | |
| 5 | Quantification of Santalol content in market sample of sandalwood | | 2016-2017 | 40% | U.Lokutotahewa Deshika Gamage T.K.Nawarathna |
| 6 | Study on physio –chemical analysis of “Habb-E-voj” ; A Unani herbal Formulation | | 2017 | 100% | Dr.Nadee IMO Group T.K.Nawarathna |
| 7 | Comparative study of metal contamination in selected four herbal power form drugs by ICP-MS | | 2017 | 90% | U.Lokutotahewa DeshikaGamage T.K.Nawarathna |
| 8 | Physio –analysis of ingredients of “Nawaka Guggulu” | | 2017 | 100% | Dr.U.D.S.Sewwandi Dr.C.Welintagoda Dr.T.C.J.Senarathne Dr.M.H.NimalKaruna siri Mrs.T.K.Nawarathna IMO Group. |
| 9 | Physio-chemical evaluation of “Kakkubathy choorna”. | | 2107 | 100% | Dr.U.D.S.Sewwandi Dr.C.Welintagoda Dr.T.C.J.Senarathne Dr.S.G.Kishorlojan Dr.V.Senevirathne Mrs.Nawarathne IMO Group. |
| 10 | Standardization of Thripalakathakanpatadi (TKP) Kashaya used on Prameha. | | 2017 | 100% | Dr.RuwiniMendis Dr.SampathAththana yaka Dr.PushpaKahingala Mrs.T.K.Nawarathna IMO Group.Nov-2017 |
| 11 | Comparative study on the anti-oxidant activity in methanolic extractions of Madhumeha choorna. | | 2017 | 100% | Dr.A.M.H.S.Attanaya ke Dr.R.P.Mendis Mrs.T.K.Nawarathna IMO Group.Nov-2017. |
| 12 | Comparative analysis of Physio-chemical Parameters & Organoleptic evolutions of Mathumeha choornam. | | 2017 | 100% | Dr.R.PMendis Dr.A.M.H.S.Aththana yaka Dr.P.Kahingala Mrs.T.K.Nawarathna IMO Group October-2017. |



Botanical Division - Establishments

| Area of research | Research topic | Anticipated production | Year of commencement | Progress (%) | Responsibility / research team |
|--|--|--|----------------------|--------------|--------------------------------|
| Identifying herbal plants | 1) comparative study of Venivel and Levant berry plants | Proper identification of relevant plants | 2016 | 100% | 2 Research Assistants |
| Identification and confirmation of medicinal raw materials | 2) Molecular and chemical analysis of 5 selected herbal plants | Proper identification of relevant raw materials. | 2017 | 80% | 2 Research Assistants |
| Study of methods of herbal plant germination and propagation (tissue culture) | Preparing methodologies for tissue culturing selected rare and extinct herbal plants | Tissue cultured plants | 2017 | 25% | 01 Research Assistant |

External institutions

| No. | Research topic | Name of the external institution | Coordinating officer | | Relevant information |
|-----|-------------------------------|-----------------------------------|----------------------|------------------------------|----------------------|
| | | | Internal | External | |
| 1 | Tissue culture of Tulsi plant | University of Sri Jayewardenepura | Research Officer | University students (female) | Shows 75% progress |

8.2 National Institute of Traditional Medicine

This institution which can be introduced as a creative and effective center of study on Ayurveda and Traditional Medicine was initiated in 1987. This institution operates for promotion of understanding, skills and conduct of all stakeholders through training for a more efficient, quality and effective provision of Ayurveda treatment services. The institution also performs the functions of conducting *Sambhasha* and *gurukula* programs, giving direct intervention for enrichment and sustainable use of the systems of Indigenous Medicine through data so collected and also giving required knowledge to relevant parties. These courses are conducted for a wide array of target groups ranging from Doctor to the Attendant, school students, public officers, adults and beauticians etc.

Vision

A healthy society through excellence in Ayurveda

Mission

To become the leading institution in Ayurvedic Human Resource Development



Staff information

| | | |
|--------------------|---|----|
| Director | - | 01 |
| Assistant Director | - | 01 |
| Lecturer | - | 05 |
| Medical Officer | - | 09 |
| Other | - | 15 |
| No. of vacancies | - | 16 |



Progress from 01.01.2017 to 31.12.2017

| S/N o. | Program | No. of programs | No. of beneficiaries | Estimated amount (Rs.) | Expenditure (Rs.) |
|--------|---|-----------------|----------------------|------------------------|---------------------|
| 01 | Medical Officer training programs | 07 | 295 | 891,460.00 | 744,726.50 |
| 02 | Traditional Medical Officer training programs | 01 | 40 | 116,000.00 | 89,840.00 |
| 03 | Nursing and Medical Assistant Staff and other training programs | 05 | 264 | 470,455.00 | 328,867.05 |
| 04 | Community Health / Maternal and Child Nutrition Training Programs | 16 | 3,115 | 980,550.00 | 756,947.00 |
| 05 | Printing, Posters, File Covers | - | - | - | 709,655.00 |
| | Total | 29 | 3,714 | 2,458,465.00 | 2,630,035.55 |

Progress from 01.01.2018 to 30.06.2018

| S/N o. | Program | No. of programs | No. of beneficiaries | Estimated amount (Rs.) | Expenditure (Rs.) |
|--------|---|-----------------|----------------------|------------------------|-------------------|
| 01 | Medical Officer training programs | 08 | 509 | 652,040.00 | 532,791.40 |
| 02 | Traditional Medical Officer training programs | 01 | 33 | 59,600.00 | 50,582.00 |
| 03 | Nursing and Medical Assistant Staff and other training programs | 01 | 38 | 30,272.00 | - |



| | | | | | |
|----|---|-----------|--------------|---------------------|-------------------|
| 04 | Community Health / Maternal and Child Nutrition Training Programs | 12 | 2,452 | 401,300.00 | 355,095.00 |
| | Total | 22 | 3,032 | 1,143,212.00 | 938,468.40 |

Training programs designed for year 2019

| S/No. | Program | Estimated amount (Rs.) |
|-------|---|------------------------|
| 01 | Clinical training | 2,000,000.00 |
| 02 | Herbal cultivation and traditional medical training | 2,000,000.00 |
| 03 | Management training | 2,000,000.00 |
| 04 | Siddha, Unani training | 2,000,000.00 |
| 05 | Supplementary Medical training | 2,000,000.00 |
| 06 | Community health, maternal and child nutrition | 2,000,000.00 |
| | Total | 12,000,000.00 |

8.3 Ayurveda Medical Council

The Indigenous Medical Council established in 1928 on a Sub-Committee recommendation of the State Council of 1927 was the first legally authorized institution in the field of Ayurveda in Sri Lanka. Subsequently, the Ayurvedic Medical Council was established in terms of the Ceylon Ayurveda Medical Council Ordinance No. 46 of 1935 and was re-established under the provisions of the Indigenous Medical Council Ordinance No. 17 of 1941 (as amended by No. 49 of 1945 and No. 49 of 1949). The Ayurvedic Medical Council in operation at present is a corporate body established under Ayurveda Act No. 31 of 1961.

Functions

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



Vision

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

Mission

To preserve legal basis required for qualitative development in the field of Ayurveda by rendering a maximum public service in conformity with professional ethics.

Staff information

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

Ayurvedic Medical Council has registered 124 doctors during year 2017 consisting of 112 Physicians, and 12 doctors specialized in the areas of serpent venom and fractures etc.

24,825 doctors had been registered in Ayurvedic Medical Council by the end of year 2017. This number totaled to 24,923 by 30.06.2018 with addition of 98 doctors registered during this year. Registrations are made under the segments of Ayurveda Medical and Surgery degree holders in the Universities of Colombo and Kelaniya, Unani Medical and Surgery degree holders in the University of Colombo, Siddha Medical and Surgery degree holders in the University of Jaffna, Diploma holders in the University of Jaffna and Traditional Ayurveda Doctors (General and Special).

Ayurvedic Medical Council operated two standing sub committees.

1. Committee on Punitive Occasions
2. Board of Examinations – Standing Sub-Committees

Sub Committee on Determination of Registered Ayurveda Doctors' Additional Qualifications also functions in addition to them.

- Arrangements made to conduct the written examination for year 2017 during October this year.
- The Council has granted approval to include qualifications of two persons to Sub Committee on Determination of Registered Ayurveda Doctors' Additional Qualifications and certificates issued for two persons.

Programs conducted by Ayurveda Medical Council

Annual revenue and expenditure from year 2017 to 30.06.2018

| Item | Upto 30.06.2018 (Rs.) | 2017 (Rs.) |
|--|--------------------------|----------------|
| Total income | 5,348,427.00 | 10,063,718.00 |
| Expenditure | 5,379,443.00 | 11,540,622.00 |
| Surplus/deficit | (31,016.00) | (1,476,904.00) |
| Government provisions | 1,500,000.00 | 6,000,000.00 |
| Government provisions as a % of total revenue | 28.05% | 59.62% |

Other services of Ayurvedic Medical Council



| Item | 2017 | Up to 30.06.2018 |
|---|-------|------------------|
| No. of doctors reported to be dead | 23 | 25 |
| No. of Medical Boards conducted | 02 | 01 |
| No. of Medical Certificates confirmed | 1,080 | 177 |
| No. of identity cards issued | 227 | 163 |
| No. of vehicle logos issued | 76 | 40 |
| No. of Medical Certificates issued | 1,054 | 743 |
| No. of international certificates issued | 13 | - |

8.4 Ayurveda Harbal Gardens

Vision

To create a generation aware of identification, production and sustainable use of herbal plants and raw materials.

Mission

To ensure optimum utilization of physical resources and satisfy development requirements by development of skills and attitudes of Human Resources.

Objectives of establishment of herbal gardens

- To maintain as a live herbarium for conservation of herbal plant species including rare and hereditary herbal plants.
- To conduct research on herbal plants and raw materials
- To maintain herbal plant field extension services including identification of herbal plants and raw materials, systems of germination and cultivation.

Other functions performed

- Provision of herbal plants and technical know-how required for establishment of herbal gardens in schools, temples, public and private sector.
- Sale of herbal plants and publications.
- Conducting awareness programs on requests made by parties in public and private sectors.

| Herbal gardens | District | Acres of developed land | Acres of cultivated land |
|---|--------------|-------------------------|--------------------------|
| National Herbal Garden on Ayurvedic Research - Navinna | Colombo | 15 | 15 |
| National Herbal Garden on Research and Extension Services, Haldummulla | Badulla | 65 | 63 |
| Herbal Garden on Research and Extension Services, Pattipola | Nuwara Eliya | 32 | 32 |



| | | | |
|---|---------|------|------|
| Herbal Garden on Research and Extension Services, Girandurukotte | Badulla | 178 | 98 |
| Herbal Garden on Research and Extension Services, Pallekele | Kandy | 03 | 03 |
| Herbal Garden on Research and Extension Services, Pinnaduwa | Galle | 5.75 | 0.75 |
| Herbal Garden on Research and Extension Services, Kanneliya | Galle | 2 | 1.5 |

Conservation activities

- 100 feet long bio ranges , 300 square feet of land cover cultivations, 350 cubic feet stone bunds and drainage cutting land conservation have been operated during year 2017 and 500 feet long bio ranges, 0.5 acres of land cover cultivations, land conservation of 210 square feet of stone bunds have been operated during year 2018.
- Removing soil in drains in Pinnaduwa Herbal Garden has been advanced upto 500 meters during year 2017 and only 100 meter development in this act has been made during year 2018.
- 100 meter length of bio ranges has been constructed under land conservation in Kanneliya Herbal Garden during year 2017 consisting of 80 feet Khas-khas cultivation, 20 feet Heen Bovitiya cultivation, 20 feet porcupine flower and 20 feet Kapu Keeriya cultivation.
- 250 meters of bio ranges, stone bunds and drainage cutting for 150 meters and 200 meters of land cover cultivation have been made in Pattipola herbal garden.

Conservatory cultivations

| Herbal garden | Rare plants | Hereditary plants | Disappearing plants | Common plants |
|----------------------------------|-------------|-------------------|---------------------|---------------|
| 01.07.2017 – 31.12.2017 | | | | |
| Haldummulla Herbal Garden | 03 | 01 | 02 | 13 |
| Pinnaduwa Herbal Garden | 03 | 02 | 03 | 25 |
| Kanneliya Herbal Garden | 02 | 04 | - | 10 |
| 01.01.2018 – 30.06.2018 | | | | |
| Haldummulla Herbal Garden | 07 | 04 | - | 46 |
| Pinnaduwa Herbal Garden | 04 | 03 | 03 | 20 |
| Kanneliya Herbal Garden | 02 | 01 | 01 | 13 |



Sales activities (01.07.2017 – 30.06.2018)

| S/No. | Herbal Garden | No. of plants produced | Plant sales income | | Free provision of plants | |
|-------|---------------------|------------------------|--------------------|---------------------|--------------------------|-------------------|
| | | | No. of plants | Value (Rs.) | No. of plants | Value (Rs.) |
| 1. | Pinnaduwa | 24,178 | 9,059 | 475,800.00 | 5,486 | 303,215.00 |
| 2. | Pattipola | 5,717 | 1438 | 58,300.00 | 25 | 870.00 |
| 3. | Pallekele | 13,555 | 6,551 | 228,910.00 | 2,459 | 119,800.00 |
| 4. | Haldummulla | 22,105 | 13,456 | 655,510.00 | 10,026 | 310,030.00 |
| 5. | Navinna | 8,708 | 7,554 | 385,310.00 | 3,365 | 115,430.00 |
| 6. | Garandurukotte | 31,714 | 3,173 | 101,590.00 | 1,767 | 57,810.00 |
| 7. | Kanneliya ^2017& | 620 | - | - | - | - |
| | Total | 106,597 | 41,231 | 1,905,420.00 | 23,128 | 907,155.00 |

Miscellaneous income

| S/No. | | Value (Rs.) |
|-------|---|-------------|
| 1 | Giving on rent – circuit bungalows/ hostels/ lecture halls/ holiday homes (upto 16.07.2017) | 664,200.00 |
| 2 | Sale of by-products | 12,930.00 |

Social hospitality services

| S/No. | Activity | Haldummulla | Girandurukotte | Pattipola | Pinnaduwa | Pallekele |
|-------|------------------------------------|-----------------------|--------------------------|----------------------------|----------------------------|-----------|
| 1. | Awareness | 54 | 153 | 10 (2443 beneficiaries) | 07 (400 beneficiaries) | 1,848 |
| 2. | Technical cultivation instructions | Herbal Farmer Project | 04 (90 beneficiaries) | - | 09 (3250 beneficiaries) | 333 |
| 3. | New herbal gardens | 03 | 11 (200 beneficiaries) | | 08 (1960 beneficiaries) | 17 |

Economic and parental cultivations

- 308 plants belonging to 11 types of herbal plant species have been cultivated under parental cultivations in Haldummulla Herbal Garden from 01.01.2018 to 30.06.2018.
- Kollan kola, long pepper, snap ginger, deththa and Khas-khas have been established under parental cultivations in Pinnaduwa Herbal Garden.
- 1/2 acre of heen araththa, ¼ acre of Khas-khas plant and 1/8 acre of Kiratha have been cultivated in Girandurukotte herbal garden during final month in the year 2017 and 1/8 acre of wild eggplant, ¼ acre of prickly custard apple and Aloe Vera,



¼ acre of various types of plant in Gemi Gedara garden and students' herbal garden, 02 acres of lemon, ¼ acre of Khas-khas and Heen Araththa, 1/8 acre of malabar nut have been cultivated there during first 06 months in year 2018.

- ¼ acre of Heen Araththa and 1/20 acre of malabar nut have been cultivated in Pallekele Herbal Garden as conservation cultivations. Chinese chaste, country borage, Khas-khas, Javagalangal, fire plant, harankaha, Aloe Vera, Coral Bush, long pepper, maha araththa, sera, and Vishakumbha and canereed beds have been prepared there.



Girandurukotte



Pinnaduwa



Pattipola



Navinna



Haldummulla



Pallekele



8.5 Progress in Anuradhapura Ayurveda Community Health Promotion Service

The Ayurveda Community Health Promotion Service functioning under the Department of Ayurveda of the Ministry of Indigenous Medicine is a Disease Prevention Program functioning throughout all 22 Divisional Secretary's Divisions in Anuradhapura District. Having launched in Anuradhapura District as a Pilot Project in 2001, this has become a permanent service by now with a view to generate a Sri Lankan community prosperous physically, mentally, socially, spiritually and economically through Ayurveda vision of life.

Staff information

| | |
|--|-----|
| Director | 01 |
| Community Health Medical Officers | 24 |
| Development Assistant (Agri) Officers (attached) | 03 |
| Community Health Development Officers | 204 |
| Management Assistant | 01 |
| Driver | 01 |
| Ayurveda Service Assistant (attached) | 02 |

Special programs in operation during year 2017

Programs of proper tooth brushing, anti-drug leadership training and an Attitude Development and Productivity Development Program for Principals, Grama Niladharis in Horowpathana Division and a home garden program for kindergarten kids were conducted among special programs during this year. Also National Youth Health Promotion Programs for children training under National Youth Corps, a Lovely Meaning for the Youth Program, Controlling Non-Communicable Diseases through Spices, Introduction of Substitutes for Cancer Food, conducting sessions for Early Childhood Development for Pregnant Mothers and the Workshop of Positive Thinking called *Arunata Pera* to enable rendering an efficient public service by public servants were conducted.



Non-Communicable Disease Control Program



Nutrition Programs



Ayurveda Community Health Promotion Service – Anuradhapura
Monthly Progress Report Summary from 01.07.2017 to 30.06.2018

| S/No. | Program | Program Description | No. of Programs | Beneficiaries |
|----------|--|--|-----------------|---------------|
| 1 | Program for Non-Communicable Disease Control | 1. mobile medical clinics | | |
| | | I. Number | 256 | |
| | | II. No. of patients treated | 6611 | |
| | | III. No. of patients referred | 331 | 6611 |
| | | 2. Primary test for patient identification | 374 | 12278 |
| | | 3. official workplace based health promotion programs | 222 | 3707 |
| | | 4. Yoga and restraint exercise program | 234 | 2810 |
| | | 5. No. of awareness programs | 3594 | 67642 |
| | | 6.No. of patients checked | | 1208 |
| 2 | Non-Communicable Disease Control | Communicable disease control programs | 2765 | 43492 |
| 3 | Nutrition program | 1. Indigenous food propagation/ Promotion program on Nutrition concepts suitable for Sri Lankans | | |
| 3 | Nutrition program | 1. Indigenous food propagation/ Promotion program on Nutrition concepts suitable for Sri Lankans | | |
| | | 1. No. of practical programs | 2246 | |
| | | 2. No. of awareness programs | 2740 | 50951 |
| 4 | Juvenile Health Protection | 2. Child health protection – Pre-School hygiene Program | | |
| | | 1. No. of child hygiene promotion programs | 1633 | |
| | | 2. No. of child clinics | 5311 | |
| | | 3. No. of awareness programs | 1355 | 34156 |
| 5 | Community Based Adult Health Service Program | Adult health promotion program | | |
| | | No. of clinics | 620 | |
| | | No. of adults supervised | 20873 | |
| | | Beneficiaries | 16542 | |
| | | No. referred for further treatment centers | 610 | 20873 |
| 6 | Mental Health Promotion Program | Mental health promotion programs | 236 | 6548 |
| 7 | Maternal Protection | No. of maternity clinics | 152 | 3023 |
| 8 | School programs | 1. student and teacher awareness | 157 | 9518 |
| | | 2. year – 5 Scholarship assistance programs | 123 | 5532 |
| | | 3. school based clinical service program | 33 | 1354 |
| | | 4. Yoga and restraint exercise program | 370 | 3083 |



| | | | | |
|----|---|---|-------|-------|
| 9 | House units | Household unit awareness | 31266 | 44679 |
| 10 | Community Treatment Service Programs and other Programs | 1. communicable disease control / other special programs | 671 | 12009 |
| | | 2. special kidney clinic / non-communicable disease control | 151 | 1700 |
| | | 3. Spiritual development program | 40 | 1258 |
| 11 | Conservation and Sustainable Use of Herbal Plants | 1. model plant nurseries | 19 | |
| | | 2. Organic home gardening | | |
| | | 1. No. of programs | 626 | |
| | | II. No. of home gardens | 2922 | 5705 |
| | | 3. herbal gardens (schools/state institutions/ other) | | |
| | | 1. No. of herbal gardens | 201 | |
| | | II. No. of plants planted/ distributed | 1754 | |

Special programs conducted during year 2018

- Conducting nutrition and mental health programs for pregnant mothers
- School children and parent awareness programs conducted as a guideline for a quality education through a proper nutrition for school children in collaboration with all Divisional Education Offices, Sri Lanka Police, Child and Women's Bureau and Provincial Health Department.
- Raising awareness among school children on youth health
- School children awareness on repercussions and prevention of drugs
- Awareness of parents and teachers of pre-school children.
- Kidney disease prevention awareness
- Conducting programs for introduction and training of Yoga exercises
- Non-communicable disease control and adult treatment programs
- Conducting nutritional food and home garden cultivation programs for Samurdhi beneficiaries
- Introducing substitute food for food causing cancer

Projects scheduled for year 2019

- Awareness Program for people in the area on the Proper Use of Popular Medicines – it is expected to conduct an awareness program on matters such as preparation of selected popular medicines, their use and occasions improper for their use etc., and also to prepare a home garden (Your Medicine Your Garden) consisting of 25 herbal plants required for popular medicine by selecting 2,100 from each Divisional Secretary's Division.
- Cancer elimination awareness program – identification of cancerous tell tale signs, reference to proper medical centers in order to eliminate the threat of cancer aggravating day by day and taking action to facilitate checking 63,000 patients a year at the rate of 300 patients per doctor.



- Conducting a Kidney Disease Prevention Program jointly with Medawachchiya Kidney Hospital in collaboration with Navinna Ayurveda Research Institute – it is expected under this program to raise awareness on the factors of kidney failures occurring at household level, suitable drinking water, organic home garden cultivation, proper methods of cooking food, indigenous food pattern, consequences of using artificial flavors and colorings, minimizing the use of weedicides and pesticides and its danger etc.
- Household based Waste Management Program – it is expected to supervise operation of state institutions on waste management and thereby to conduct domestic waste management programs.
- Introduction of and training in Yoga programs designed for public officers and school children to enhance personal physical and mental health.



9. Ayurvedic Drugs Corporation of Sri Lanka

Vision

To become a leader prioritizing service supply by preserving identity of Indigenous Medicine while fulfilling local and international requirements for Ayurveda in building up a healthy community with a high standard.



Mission

To perform a leading role in creating a healthy community by bringing about worker wellbeing as well as social welfare while fulfilling public requirements through production, importation, distribution, supply of research services and conservation of high standard Ayurvedic Medicine.

The Ayurvedic Drugs Corporation of Sri Lanka was established in 1969 by the gazette extraordinary No. 14853/1 of 11th May 1969 as per provisions of State Industries Act No 49 of 1957 as the leading institution in manufacturing and selling Ayurvedic drugs required for government hospitals, Ayurveda Medical Practitioners and Private Sector and it continues to perform a leading role in the field of Health in Sri Lanka for a period of over 48 years by now.

- Approved cadre of the Corporation is 375 while the Permanent cadre is 295. There are 04 employees working on Contract Basis while 07 others are working on Casual Basis.
- De-centralizing financial powers – the financial powers entrusted to the post of Chairman of the Drugs Corporation under Financial Regulation 135 was de-centralized during year 2017 and it has smoothed functions in the institution by distribution of financial powers to lower ranks.
- Easing off administrative work – this was performed by establishment of North Central Province Divisional Office by undertaking Salusala building which remained so far abandoned in Anuradhapura to the Corporation on 18.12.2017. This has enabled punctual provision of medicines to people in the five districts of Vavuniya, Anuradhapura, Polonnaruwa, Trincomalee and Kurunegala. This renders a direct contribution to ease off institutional administration and for sustenance of owners of small and medium scale Ayurveda trade centers.



Types of medicine manufactured in the Corporation

| Products of the Corporation | | New Products of the Corporation | |
|-----------------------------|------------------|---------------------------------|-------------------------------|
| Types of decoction | Vatika | White Sandalwood Face Wash | Gurmar herbal tea |
| Types of powder | Types of Gugul | Aloe Vera Shampoo | Cinnamon tea |
| Types of paste | Types of Asawa | Papaya face wash | Cinnamon capsules |
| Types of Leha | Types of coating | Cucumber face wash | Indian Sarsparilla Herbal Tea |
| Types of ointment | Flavor products | Carrot face wash | Jeewalepa Balm |
| Types of Arishta | | Venivel Body Wash | Ayurveda oil cream |
| Types of syrup | | Gooseberry drink | Aloe Vera drink |

Diversification of products

6 new products are ready to be introduced to the market in addition to Ayurvedic medicines traditionally used as a result of consumer needs and patterns of consumption.





Establishment of sales branches

Expanding the sales branch network of the Corporation, the Aluthgama sales outlet was declared open by the Hon. Minister on 08.03.2018. Its net sales income by 30.06.2018 amounted to Rs. 592,731.00.

Other programs

Awards and certificates were offered to those who evinced skills in Production and Sales Divisions by the hands of the Hon. Minister of Indigenous Medicine on 20.07.2017 at Ministerial Auditorium, with a view to evaluating, promoting worker motivation and dedication to mark the event of the Corporation's monthly product value exceeding a sum of Rs. 35 million.

Conducting sales promotion workshops

Public officer awareness programs on Ayurvedic Drugs were conducted islandwide through District Secretariats and Divisional Secretariats with a view to increasing sales of the Corporation.

| Month | venue | Sales income (Rs.) |
|------------------|---|---------------------|
| July | Youth Service Council, Maharagama | 33,465.25 |
| August | Air Force Headquarters | 22,542.51 |
| August | Nallur kovil | 303,425.74 |
| August | Attanagalla Divisional Secretariat | 20,083.50 |
| September | Delkanda fair | 3,750.00 |
| September | Ratnapura Saman Devala | 65,695.00 |
| September | District Secretariat and all over the District of Polonnaruwa | 551,256.75 |
| September | The University of Ruhuna | 26,535.00 |
| September | Kadahatharapola, Galle | 26,047.50 |
| September | Fort Railway Station (Pas Panguwa, Jeewalepa, Body Wash) | 9,260.00 |
| October | Ceylon Shipping Corporation | 34,454.00 |
| October | The University of Ruhuna (Mapalana) | 10,426.50 |
| October | Ayurveda College, Rajagiriya | 5,310.00 |
| October | Covering Galle District | 245,537.50 |
| November | Simon Peiris Hall, Badulla | 29,65.50 |
| November | Water's Edge premises, Battaramulla - Tradmed International | 92,423.75 |
| November | Polonnaruwa District | 216,596.75 |
| | Total | 1,696,465.25 |



Development projects implemented in the Corporation – physical and financial progress as at 30.06.2018

| S/No. | Project | Estimated amount (Rs. M.) | Physical progress | Financial progress |
|-------|--|---------------------------|-------------------|--------------------|
| 01. | Construction of the four storied stores complex – extent = 28,500 square feet. It has been designed to store dry raw materials, empty bottles, sugar and Plastic packings etc. on the ground floor; to maintain the laboratory and to store readymade medicines on the first floor; to maintain 2 worker rest-rooms and the library on the 2 nd floor; and to establish multipurpose lecture hall and Accounts Division on the 3 rd floor. | 157.00 | 100% | 98% |
| 02 | Renovation of roof of the main manufactory- The main manufactory is some 50 years old and therefore, its roof is under renovation. It is expected to complete work within 60 day restoration period. | 34.78 | 20% | 30% |
| 03 | Laying Interlocks at Corporation premises – done for the purposes of maintaining cleanliness and good look of the main manufactory premises. | 5.8 | 100% | 80% |
| 04 | Creating a new system of electricity distribution - objective is to receive power required for the main manufactory, four storied stores complex and office buildings without any obstacle. The next step is to establish this system. | 0.96 | 100% | 20% |

Capital projects implemented during years 2017 and 2018

| S/No. | Program/Project | Investment (Rs.M.) | Physical progress | Financial progress |
|-------|--|--------------------|-------------------|--------------------|
| 01. | Purchasing 3 Electric Tray Driers- 02 machines fixed in the main manufactory while the other is installed in the new manufactory. This has met the required objective by increasing production capacity. | 4.14 | 100% | 100% |
| 02. | Purchasing 04 End Runner Mills- they have been added to increase production capacity of flavored drugs and they have already increased the production capacity. | 8.835 | 100% | 30% |
| 03. | Purchasing 2 Electric Stackers – This was purchased during year 2018 for easy material handling in the four storied stores complex in the manufactory and is successfully used for operational activities. Its production capacity is 1200 grams. | 2.53 | 100% | 80% |



| | | | | |
|-----|---|-------|-----|-----|
| 04. | Purchasing a Hydraulic Lift – This was purchased during year 2018 to lift two trolleys at a stretch upto a height of 6 feet from ground level since readymade drugs packed into trolleys have to be stored in the ground floor of the four storied building. This has raised efficiency. Its capacity is 1500 grams. | 4.134 | 90% | 20% |
| 05. | Purchasing a Material Hoist – this has been installed in the four storied store to carry items to any floor. It operates successfully. Capacity is 1000 Kgs. | 3.223 | 25% | 20% |
| 06 | Purchasing an Electric Fork Lift – this is an eco-friendly appliance with no smoke emission. This can be conveniently used for storing and handling raw materials on the ground floor of the four storied stores complex. Purchasing process in progress. Capacity = 1000 Kgs. | 4.134 | | |

Herbal garden projects

Ingiriya Herbal Garden Project

Preparatory work for taking over the 5 acre land in Ingiriya under Kalutara District Secretary's area to the Corporation is in progress having survey work completed. After taking over, the land is scheduled to be converted to a herbal garden by cultivation of herbal plants grown in wet zone. This will be an assured solution for the shortage of raw materials required for drugs manufacture.

Special projects

Dry Medicine Collection Center - Moneragala

A center for collection of dry medicines that can be purchased even from minor suppliers was initiated in Anuradhapura and, in consideration of its success, arrangements are in progress to officially establish a Dry Medicine Collection Center in Moneragala town for the purpose of collecting medicines such as Gall Nut, Myrabalans, Indian Gooseberry, Khas-khas, and King Bitter in abundant supply in Uva Province. Therefore, this will also be part of the Community Treatment Program for Elimination of Poverty under Sustainable Development by providing economic benefits to farmers by enabling Corporation to buy these items without intervention of intermediaries.

Renaissance – 60 day operation

This is a program initiated on functions to be performed by the Ayurvedic Drugs Corporation within coming 60 days as introduced by a press interview at the Waters' Edge Hotel on 25.06.2018 headed by the Hon. Rajitha Senaratne, Minister of Health, Nutrition & Indigenous Medicine.



Annual Production and sales Progress of the Corporation

| Description | 2017 ^Rs. M.& | 2018 ^Rs. M.& |
|--|------------------|------------------|
| Annual production | 342'296 | 198'401 |
| New factory production progress | 16'065 | 9'065 |
| Annual sales (Public Sector) | 466'954 | 257'436 |
| Annual sales (Open Market) | 126'408 | 76'251 |
| Sales progress of new products | 27'423 | 12'186 |

- Corporation's profitability during year 2017 was Rs. 19.77 Million.

Programs and projects anticipated to be performed in future

Programs pertaining to 60 day operation

- Launching a flavored medicines manufactory** – Although the Ayurvedic Drugs Corporation is the leading manufacturer of flavored medicines at present with a production of Rs. 10 million, it has failed in providing a supply to cater to the demand. Flavored medicines are manufactured by turning the elements of mercury, Sulphur, Realgar, vermillion, *Ranihiriyal* and gold into non-toxic medicines by using specific methodologies. Board approval has been received to launch this manufactory and the State Engineering Corporation has designed its plan and estimated its expenses.
- Launching a coconut oil manufactory** – The total demand for coconut oil in Sri Lanka has not yet been identified despite its daily use by Sri Lankans.

The corporation makes many coconut oil related products by taking coconut oil for such purposes from open market. A sum of around twenty million rupees is spent for this purpose annually and it has become difficult for the Corporation to bear these expenses by itself. As a remedy for this, the State Engineering Corporation has made arrangements by now to launch the coconut manufactory by renovating the old building in Pathiragoda Manufactory under approval of the Board of Directors. Technical instructions are being received from recognized institutions to complete the task before end of year 2018 (within 06 months). The objective is to cater to the coconut oil requirement in the Corporation while providing high quality pure coconut oil to the open market, thus making a direct contribution towards reaching sustainable development targets.

- Launching a Sales Center in Ja-ela** – the objective is to facilitate purchasing medicine thereby rendering benefits for people in the District of Gampaha, which is the district claiming the second highest number of residents.
- Sales promotion** –



A) Provincial awareness workshop for school children

The objective is to raise children's awareness on the Ayurveda and to train them to plant a herbal plant in home garden. Plants will be distributed among children at this program and it is scheduled to conduct large seminars at key school level in main cities and to raise awareness among teachers, parents and students. It is expected to introduce the medicine *Dharani* which enhances memory of children and *Saraswathi* ointment to the market. It has been scheduled to conduct the main plant distribution official function at Victoria Park open theatre in collaboration with the Ministry of Education.

B) Public officer awareness workshop

The entire public service structure starting from the chief administrative officer in the district is expected to be enlightened by this program scheduled to be operated in the districts such as Kalutara, Galle, Kegalle and Gampaha. It is expected to communicate to a maximum number of people for a period of 03 months at a minimum cost in terms of Electronic Mail, Facebook and Whatsapp catering to timely requirements.

C) Public awareness through electronic media

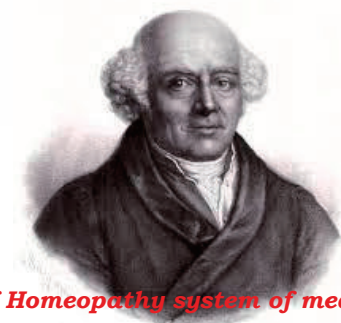
Objective is to raise public awareness through high rated state and private channels capturing the highest number of listeners, in collaboration with recognized doctors through programs such as *Nuga Sevana*, *Panhinda* and *Pethikada*.

D) Cordial meeting and discussion for Ayurvedic Doctors in the island

The objective is to raise awareness on quality of products of the Corporation among patients through doctors in terms of a conversational process of discussions and conferences by convening Ayurveda doctors scattered islandwide. The event is scheduled to be conducted at *Ape Gama* premises, Battaramulla.



10. Homeopathy system of medicine



Founder of Homeopathy system of medicine

Homeopathy system of medicine is a special system of medicine which also diagnoses the root cause of the disease and treats it in addition to treating the disease. This is a side-effectless system of medicine with a very easy-to-use methodology of taking medicines while also being economical. The use of these medicines produced out of natural substances such as parts of animals, plants and metals etc., increases natural immunity of the body. Therefore, the use of these drugs which cures illnesses by increasing natural immunity also strengthens one's natural resistance to diseases. The key body of maintaining and propagating the system of Homeopathy medicine founded by the German doctor Samuel Hahnemann is the Homeopathic Medical Council situated at No. 94, Welisara established under Homeopathy Act No. 07 of 1970 and the first and only hospital in the field is the Government Homeopathy Hospital situated in Welisara. The Government Homeopathy Hospital and Homeopathic Medical Council are administered by the Indigenous Medicine Sector.

10.1 Homeopathy Hospital

The Government Homeopathy Hospital was initiated in year 2003 by the Ministry of Health, Nutrition and Welfare. The Government Homeopathy Hospital is administered at present by the Ministry of Health, Nutrition and Indigenous Medicine and the Homeopathy Hospital has received capital provisions of Rs. 45 million and recurrent provisions of Rs. 18.5 million for year 2017 while recurrent provisions of Rs. 18 million and capital provisions of Rs. 30 million have been allocated for year 2018. In and Out patient treatments are offered free of charge in this Hospital which is the only Homeopathy Hospital owned by the government. Some 150-200 patients are treated per day by the Out Patients' Department while 20 patients can receive residential treatments in the In-Patients' Department.

Vision

To create a healthy community capable of giving contribution to development of entire Sri Lankan Populace.

Mission

To take an active program to people through Homeopathy Hospital, Welisara to popularize the system of Homeopathy Medicine as an economical system of medicine facilitating easy cure and prevention of diseases at low cost for all Sri Lankans.



Hospital staff and services

This has a staff consisting of two Homeopathy Medical Officers and 14 officers in the posts of Dispenser, Development Officer, Attendant and Homeopathy Service Assistant etc.

No. of patients treated during year 2017 (01.07.2017-31.12.2017)

| Month | Outer | In |
|------------------|---------------|-----------|
| July | 2278 | 11 |
| August | 2605 | 11 |
| September | 2251 | 14 |
| October | 2380 | 12 |
| November | 2334 | 11 |
| December | 2060 | 7 |
| Total | 13,908 | 66 |

Mobile clinics which provided treatment services under Government Homeopathy Hospital (01.07.2017-31.12.2017)

| Date | Venue | Female | Male | Total |
|-------------------|--|------------|------------|------------|
| 09.07.2017 | Old Divisional Secretariat - Chilaw | 70 | 35 | 105 |
| 13.08.2017 | Bishop Edmod Peiris College - Chilaw | 71 | 31 | 102 |
| 17.09.2017 | Bishop Edmod Peiris College - Chilaw | 63 | 23 | 86 |
| 08.10.2017 | Bishop Edmod Peiris College - Chilaw | 58 | 17 | 75 |
| 12.11.2017 | Bishop Edmod Peiris College - Chilaw | 93 | 23 | 116 |
| 26.11.2017 | Adippala Temple, Arachchikattuwa | 86 | 45 | 131 |
| 10.12.2017 | Bishop Edmod Peiris College - Chilaw | 108 | 18 | 126 |
| 16.12.2017 | Anamaduwa, Maha Uswewa, Labugala Purana Viharaya | 160 | 52 | 212 |
| | Total | 709 | 244 | 953 |

No. of patients treated during year 2018 (from January to June 2018)

| Month | Outer | In |
|-----------------|---------------|-----------|
| January | 2,368 | 4 |
| February | 2,658 | 7 |
| March | 2,502 | 13 |
| April | 2,377 | 4 |
| May | 2,363 | 8 |
| June | 2,348 | 10 |
| Total | 14,616 | 46 |



Mobile clinic treatment services of Government Homeopathy Hospital – 2018

| Date | Venue | Female | Male | Total |
|-------------------|---------------------------------------|------------|------------|------------|
| 21.01.2018 | Bishop Edmod Peiris College - Chilaw | 79 | 19 | 98 |
| 18.02.2018 | Bishop Edmod Peiris College - Chilaw | 103 | 33 | 136 |
| 11.03.2018 | Bishop Edmod Peiris College - Chilaw | 112 | 28 | 140 |
| 24.03.2018 | Siri Siddhartharama Temple - Panadura | 39 | 19 | 58 |
| 12.05.2018 | Masjid Mosque, Periyamulla, Negombo | 33 | 21 | 54 |
| 12.06.2018 | Mobile Police Post - Kurawalana | 30 | 16 | 46 |
| | Total | 396 | 136 | 532 |

Laboratory Service

Laboratory Service was provided to people 02 days a week to methodically maintain the treatment service and to facilitate identification of diseases at their early stage and service was supplied to 1102 patients in year 2017. Laboratory service was supplied to 500 patients upto June, 2018.

Homeopathy Medical Education

Ten students were referred to Homeopathy National Institute of India and 05 Graduate Doctors who have completed their education in that institution have started practicing Homeopathy Medicine. Clinical activities and required facilities have been provided for three Homeopathy Doctors during year 2017.

Construction and renovation work

Rs. 1.743 million has been allocated for renovation and reparation of the Outer Patients Department and Rs. 0.256 million was spent on construction of a new garage to the Homeopathy Hospital.

- The old dilapidated wall around the Hospital premises was removed and a new wall erected to a part of it at the expense of Rs. 6.2 million.
- Further, power supply was provided to the Outer Patients Department from the Generator in use at present in the Hospital enabling un-interrupted power supply at an emergency break down of the electricity supply at the cost of Rs. 0.65 million.
- Construction work of the official quarters of Rs. 76 million built under annual provisions is at its final stage and provisions of Rs. 15 million have been spent for the purpose during year 2017.
- Construction work of official quarters complex has been completed and Rs. 5.48 million has been estimated to prepare the compound and the floor and it is scheduled to hand over the official quarters complex to the hospital staff during this year.

Trad Med International Exhibition

This Exhibition was held by the Ministry of Health, Nutrition and Indigenous Medicine at Waters Edge Hotel Premise on 23.11.2017. A Homeopathy mobile clinic and an awareness program had been organized at the TadMed 2017 Exhibition by the Homeopathy Hospital. Awareness was raised of the visitors to this Exhibition held from 23rd to 25th November on the Homeopathy system of medicine and 124 patients were treated.



Importation of Homeopathy Medicines

Welisara Homeopathy Hospital also provides Homeopathy medicines for Homeopathy Clinics administered under the Medical Council and it is scheduled to import medicines worth of Rs. 1.393 million by the State Pharmaceuticals Corporation and its procurement work has been finalized.

10.2 Homeopathy Medical Council

Vision

To promote Homeopathy System of Medicine upto level of a National Health Service.

Mission

Popularization, promotion and development of Homeopathy system of medicine among the general public by formulating proper policies for development of its human and physical resources

Progress upto 01.07.2017 to 30.06.2018

➤ Registration of Graduate Doctors

six graduate doctors who pursued Homeopathy Medical Science in India under scholarships offered by the Ministry of Health, Nutrition and Indigenous Medicine were registered in Homeopathy Register and interviews were conducted to register other 4 graduate doctors.

➤ Propagation of Homeopathy Medical System as a Public Health Service

Giving treatments by Free Government Homeopathy Clinics maintained by the Medical Council with a view to preserving health of a highest number of patients through the Homeopathy system of medicine which has no side-effects and is capable of curing many diseases for good.

| Clinic | No. of patients treated |
|---------------------|-------------------------|
| Dehiwala | 16,012 |
| Parakaduwa | 10,283 |
| Matale | 10,009 |
| Palamunei | 10,814 |
| Kurunegala | 9,262 |
| Moneragala | 4,500 |
| Tholangamuwa | 12,754 |
| Total | 73,634 |



➤ **Mobile clinics**

14 mobile clinics were conducted in two districts in collaboration with Welisara Homeopathy Hospital where 1494 persons were treated. In addition to checking and giving medicines to patients free of charge at these clinics, action has also been taken to raise public awareness on the Homeopathy system of medicine by distribution of hand bills and exhibition of banners.

➤ **Launching new Homeopathy clinics**

it has been able to launch Homeopathy clinics in the 04 districts of Puttalam, Kalutara, Galle and Hambantota as a result of the attempt made even throughout the last year to find out proper locations to launch 07 new Homeopathy clinics.

➤ **Recruitment to posts**

Recruitments were made for the posts of Labourer fallen vacant for the 07 Homeopathy Clinics in operation at present. Arrangements are in progress to make recruitments for the posts of Medical Officer, Homeopathy Dispenser and Office Labourer for the new Homeopathy clinics.

➤ **Formulation of regulations for Homeopathy Act**

Formulation of regulations required to implement Homeopathy Act No. 10 of 2016 is being finalized at present and the regulations are scheduled to be presented to Parliament during the forthcoming couple of months.

➤ **Infrastructure facility development in Government Homeopathy Clinics**

07 sign boards were erected for the 7 clinics situated on either side of the road for easy identification of Government Homeopathy Clinics by the general public. Furniture and chemical equipment have been supplied for several clinics and arrangements are in progress to identify clinical equipment requirements including CDMA and provide them to clinics. Required arrangements have been taken to repair the building allocated for the Homeopathy Clinic to be launched in Ambalangoda and to purchase furniture and medical equipments needed for it.

➤ **Repairing Homeopathy Medical Council staff building**

Homeopathy Medical Council Office was repaired and air conditioned also enabling Chairman's Office to be established there at a cost of Rs. 528, 856. 72. Also a considerable amount of appliances required for the office including chairs and tables were purchased at a cost of Rs. 442,698.00.

➤ **Conducting an examination and registering in Homeopathy Register those who have practiced Homeopathy medicine for over five years**

A Board of Examiners has also been appointed having decided to conduct the examination for 185 applicants who have forwarded their applications and it is expected to conduct the examination soon after publication in a gazette notification by the Ministry the rules of examination already prepared and passed.









*Healthy nation, Healthy people
in a healthy community*

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