

WHO Sri Lanka Biennium Report 2020-2021



WHO Sri Lanka

Biennium Report

2020-2021

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List of Abbreviations and Acronyms

ADB	Asian Development Bank
ADIC	Alcohol and drug information centre
AMR	Antimicrobial Resistance
AV	Audio visual
AYFH	Adolescent youth friendly health
CBO	Community based organization
CBRN	Chemical, biological, radiation and nuclear
CSO	Civil society organisation
CD	Communicable disease
CDC	Communicable diseases Control
CPD	Continuous professional development
DEOC	District emergency operational center
DFAT	Department of Foreign Affairs and Trade, Australia
DMC	Disaster management centre
ECHO	European Civil Protection and Humanitarian Aid Operations
EQAP	External quality assessment program
EU	European Union
FP	Family planning
GDP	Gross domestic product
GER	Gender equity and human rights
GPW	General Programme of Work
HCW	Health care workers
HEOCS	Health emergency operation centre
HR	Human resources

HRH	Human resources for health
ICOPE	Integrated care for older people
ICT	Information communication technology
IFI	International financial institution
IHR	International Health Regulations
ILO	International Labour Organization
IPC	Infection prevention and control
IT	Information technology
LTBI	Latent TB infection
MHPSS	Mental health and psychosocial support
MoH	Ministry of Health
MRI	Medical Research Institute
MTR	Mid-Term Review
NAPHS	National Action Plan for Health Security
NATA	National Authority on Tobacco and Alcohol
NCCP	National Cancer Control Program
NDC	Noncommunicable diseases
NDVP	National deployment and vaccination plan
NHA	National health accounts
NMRA	National Medicines Regulatory Authority
NNQS	National nutrition quality standards
NTD	Neglected tropical disease
PHC	Primary Health Care
PHSM	Public health and social measures
PPE	Personal protective equipment
PwD	People with disabilities

PwD	People with Disabilities
OECD	Organisation for Economic Co-operation and Development
RAT	Rapid antigens tests
RCO	Resident coordinator's office
RMNCAH	Reproductive, Maternal, Neonatal, Child, Adolescents Health
RWI	Respectful workplace initiative
SDG	Sustainable Development Goals
SEARO	WHO Regional Office for South-East Asia
SLAMAT	Sri Lanka army medical assistance team
SPAR	State Party Self-assessment Annual Report
SPRP	Strategic Preparedness & Response Plan
UHC	Universal Health Coverage
UNOPS	United Nations Office for Project Services
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDF	United Nation Sustainable Development Framework
UNV	United Nations Volunteers
USDA	Urban settlement development authority
WB	World Bank
WCO	WHO Country Office
WHO	World Health Organization
WSP	Water safety plans

FOREWORD

The 2020–2021 biennium has been one of the most challenging for the WHO Country Office for Sri Lanka as well as for the Organization globally. WHO has coordinated to support the Government of Sri Lanka's (GoSL) battle against the pandemic's health and social impact and its efforts to cope with the unpredictably large scale of the emergency. WHO interventions suffered delays due to the restrictions imposed by governments on account of the pandemic and the lockdowns that triggered disruptions and affected routine activities. Nevertheless, during these last two years, WHO has managed remarkably well in advancing its mandate in Sri Lanka.

Guided by the Country Cooperation Strategy (CCS) 2018–2023, the WHO Thirteenth General Programme of Work and the WHO Regional Flagship Priority Programmes, the WHO Country Office for Sri Lanka has succeeded in delivering on most of its health priorities for the nation, thanks to its innovative capacity to deliver the interventions and the high levels of competence and commitment on the part of its staff. This commitment has been recognized by government counterparts and health partners and highlighted in the Mid-term Review of the CCS conducted during the last quarter of 2021.

During the biennium, Sri Lanka sustained its rubella, measles and malaria elimination status and continued the reorganization of the primary health care (PHC) system, building synergies with the programmes run by international financial institutions, and with the different divisions within the Ministry of Health (MoH) for human resource reorganization and information health systems. The pandemic provided the opportunity to test the resilience of the health system and strengthen surveillance and contact-tracking by using new technologies. Capacity-building activities continued through hybrid and virtual modalities and training platforms, particularly for noncommunicable diseases (NCDs) and mental health. Emergency preparedness activities engaging the subnational level were prioritized. Importantly, WHO contributed critically to build health system resilience and support GoSL to maintain delivery of essential health services during the outbreak.

Nevertheless, the challenges ahead are numerous. Sri Lanka's public health system needs to recover the equitable access to essential services over and above tackling the consequences of COVID-19. Ensuring safe, equitable and widespread immunization remains critical to manage the pandemic and advance the country's health and economic recovery. Public health financing in Sri Lanka needs

to increase in real terms to respond to the increasing service demand, continue COVID-19 vaccination and strengthen preparedness and resilience of the health system for future emergencies. At the same time, the health system will face the effects of demographic and epidemiological transition that will lead to an increase in costs and complexity for health services for NCDs and the elderly, at the risk of decreasing investment in child and maternal health and mental health.

With generous levels of donor commitment, the support of GoSL and the valuable contribution of all health partners, WHO is ready to face the challenges and use its convening mandate to ensure that health stakeholders continue to work jointly while capitalizing on the COVID-19 lessons learnt. As Sri Lanka's health system resilience remains an example in the Region, WHO is committed to enhance its capacities and guide the country to meet the SDG 3 targets and leave "no one behind" in the years to come.

This document may serve as a valuable point of reference and source of information for all partners who support the strengthening of the health and well-being of the people of Sri Lanka.

A handwritten signature in black ink that reads "Alaka Singh". The signature is fluid and cursive, with a horizontal line drawn underneath the name.

Dr. Alaka Singh

WHO Representative to Sri Lanka

EXECUTIVE SUMMARY

The World Health Organization (WHO) in Sri Lanka has succeeded in delivering most of its country priorities, as indicated in the WHO Country Cooperation Strategy 2018–2023, guided by the WHO Thirteenth General Programme of Work and the South-East Asia Regional Flagship Priority Programmes. During the 2020–2021 biennium, work of WHO had been impacted by the unprecedented pandemic situation, during which some of the restrictions imposed, thanks to the COVID-19 crisis, affected routine activities and disrupted implementation of various programmes. However, an innovative capacity to deliver interventions and competencies and commitment of the WHO country office staff have significantly contributed to the management of the unpredictably large scale of the emergency.

The pandemic provided the opportunity to test the resilience of the health system and strengthen surveillance and contact-tracing by using new technology. An e-learning platform for continuation of the professional development of health personnel was established, with about 10 000 trainees and 77 000 health-care professionals as beneficiaries. The essential services package has been launched in five out of nine provinces.

The essential services package was introduced as a tool to achieve effective universal health coverage and is expected to support the current health delivery reforms by setting the standards for services to be delivered at the primary level and as a tool to guide resource allocation at the implementation

level. The availability of these services at primary-level institutions closer to home is expected to improve equitable access to health services and continuity of care for improved chronic disease management.

An integrated home-based isolation and management system for asymptomatic and mildly symptomatic COVID-19 patients was established.

By December 2021, 73% of the Sri Lankan population was vaccinated with a single dose of an anti-COVID-19 vaccine and 63% with two doses. An immunization tracker and smart vaccine certificate were developed by the WHO country office. A total of 4.3 million anti-COVID-19 vaccine doses were donated via the COVAX coordination.

During the 2020–2021 biennium, an analysis of maternal mortality was conducted. Furthermore, guidelines for antenatal and postnatal screening of danger signs of maternal psychological disorders were elaborated on, with about 350 000 women as beneficiaries.

In the area of noncommunicable diseases (NCD), guidelines on management of hypertension, diabetes, hyperlipidaemia, cardiovascular diseases and chronic respiratory diseases for secondary and tertiary health-care facilities were developed. WHO provided technical assistance to conduct 12 online self-learning training programmes for health workers, related to NCD and mental health services. The first round of

training was attended by 45 hospital health workers from all districts. A Suicide Prevention Strategy (2021–2030) was developed. The strategic implementation plan for national cancer control activities (2020–2024) and its monitoring and evaluation framework were elaborated on.

The prevention and control of communicable diseases has been bolstered, particularly the capacity for surveillance and response. The elimination status of mother-to-child transmission of HIV and syphilis was attained and validated while the elimination status of rubella, measles and malaria was sustained. The latent tuberculosis (TB) screening programme was available at 26 district chest clinics. Research on the prevalence of latent TB infection among health workers was conducted.

In the 2020–2021 biennium, WHO leadership and advocacy for health were even more dominant, particularly with regard to increasing the effectiveness of interventions within the framework of the COVID-19 response. Apart from the traditional coordination mechanism in health, led by WHO, and the convening power of WHO for enhancing multisectoral programme impact, there were many gains from WHO leadership in emergency response coordination, highly recognized by all partners. A total of 600 trilingual risk communication materials were developed and adapted. In collaboration with UNICEF, 10 million people were reached through three mass media campaigns. About 30 000 to 50 000 youths benefited from COVID-19 prevention awareness sessions.

Major challenges and lessons, learnt during the 2020–2021 biennium, were particularly related to the pandemic situation. They included adapting to a new way of working, shift in

focus to pandemic response needs, continuity of essential health services and adequate attention to other essential services and emergencies. Having processes in place and trained persons for performing administrative activities in emergency situations and having a roster of WHO technical officers/support institutions that can be displayed quickly in the country can speed up the response capacity of WHO.

Online training requires preparation, communication skills and IT knowhow; in addition, it is necessary to assess and expand the digital coverage to reach the expected audiences. Communications skills are very important to adapt the material and the activities to audiences, who are not familiar with online technologies. Effectiveness of delivery is strongly linked to human resource commitment as well as buy-in from the government. Involvement of government technical officers and decision-makers at the early stages of the planning and implementation phases has a leverage on buy-in by the government and to ensure sustainability.

For the next WHO biennium, 2022–2023, in Sri Lanka, sustaining WHO support in health systems, NCD and mental health, nutrition, health emergencies as well as emergent programmes, such as the elderly health and health promotion, as per the strategic priorities of the WHO Country Cooperation Strategy (CCS) for Sri Lanka, Regional Flagships and WHO Thirteenth General Programme of Work, would be prioritized. Ensuring that gender, equity and rights (GER) is mainstreamed in programmes and activities and sustaining partnerships and advocacy at the highest level to ensure the continuation of key routine activities with minimal disruption are also key priorities for the next biennium.





Accelerating progress to achieve universal health coverage (UHC)

Sri Lanka has reiterated its commitment to meeting the Sustainable Development Goal (SDG) 3 targets and achieving UHC. PHC provides the critical priorities and the roadmap to achieving UHC. It integrates traditionally separated services and vertical programmes into a common platform, ensuring comprehensive care close to people's homes and communities to address demographic and epidemiological transition of countries. PHC promotes multisectoral approaches and community empowerment, critical for increasing programme effectiveness.

During this biennium, the Ministry of Health (MoH) of Sri Lanka and WHO continued re-organizing PHC services and strengthening the health system to deliver 'Health for All' through operationalization of the essential service package (ESP), promoting continuity of care critical for NCD and elderly programmes, developing innovative mechanisms to strengthen the capacity of human resources for health (HRH) and committing to improve quality of care and safety of patients despite the consequences of the COVID-19 outbreak.

I.1 Enhancing “Health for All” through primary health care (PHC)

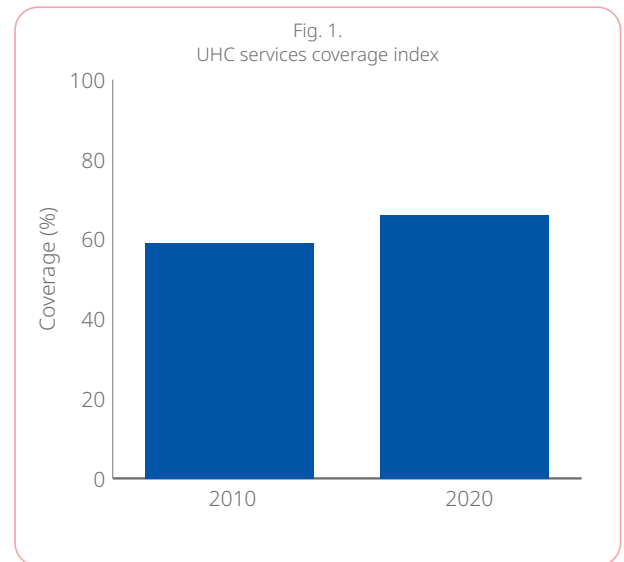
WHO provided technical assistance in the finalization of the PHC ESP, ensuring that pending programme interventions were incorporated:

For life-course programmes, the integrated care for older people package (ICOPE) was adapted to the Sri Lankan context and piloted at a hospital in the Colombo district.

For the NCD programme, WHO helped build a critical network, involving the central, provincial and regional health authorities, along with all secondary and tertiary care hospitals, to ensure continuous care for NCDs and facilitate online training modules on NCD case management.

Technical cooperation was expanded with international financial institutions (IFI) projects from the Asian

Development Bank and the World Bank to support the PHC re-organization and implementation of the ESP package. The planning and consultations for the delivery of ESP through the PHC cluster model were completed in five of the nine provinces.



Source: WHO-SEARO. Monitoring progress on UHC and the health-related SGD in the South-East Asia Region. 2020 update.

Dr. Nalika Gunawardena,

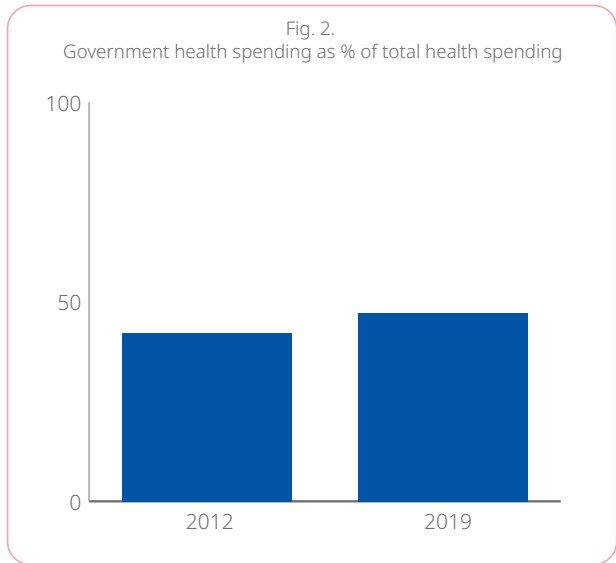
National Professional Officer, WHO country office, Sri Lanka,
explains why acting on NCD is important:

‘Noncommunicable diseases are an extremely pressing concern for our health. They are also a significant challenge to Sri Lanka’s development, with NCD being driven by underlying social, economic, political, environmental and cultural factors, broadly known as ‘social determinants’. Health-promoting partnerships are a vital way for Sri Lanka to address the social determinants of NCD. This project to train and mentor staff working in primary care to screen, diagnose, treat and refer for NCD is an extremely important partnership. WHO is committed to continued local support to ensure that the human and financial burdens of NCD do not undermine development gains.’

Advocating for equitable health financing strategies and reforms

The commitment of the country to achieving UHC generated a series of meetings, facilitated by WHO, to discuss whether the current funding mechanism for Sri Lanka’s public health system, which relies on a tax-based financial device through the national Budget, should be revised. Thus, the pandemic presented an opportunity to review the country’s health financing modalities, discuss additional options for sustainable health financing and argue in favour of developing a mixed funding mechanism to reach UHC.

WHO assisted in the finalization of the national health accounts (NHA) 2017–2018, which will provide policy-makers with critical information on the financial flows for funding and consumption of health care by citizens and health providers² and will also contribute to the current discussions on alternative funding modalities in the health sector:



Source: Global health expenditure database WHO.
2. Sri Lanka National Health Accounts Sri Lanka 2017.18. Ministry of Health. Sri Lanka. 2021



Catastrophic expenditure on health: 5.4% of people spent more than 10% of the total expenditure of their households on health care

Source: Global health expenditure database. WHO, accessed 22 April 2022



A commemorative stamp was released by Sri Lanka Post on the occasion of the International Year of Health and Care Workers 2021. Mr Jagath Wijeweera, Secretary, Ministry of Mass Media, presents the first day cover to Dr Alaka Singh, WHO Representative to Sri Lanka (left)

Strengthening human resources for health

Finalized the HRH strategic master plan (2020-2030) that accompanies the PHC reorganization. Several consultative meetings on planning, general HR functions and regulations, HR management, accreditation, standardization, HRH migration and social dispute resolution among others were conducted with a broad group of stakeholders, representing health and education sectors, the regulatory authorities, professional organizations, academia, UN Agencies and trade unions.

WHO provided technical assistance to develop an e-learning management system for all 48 MoH training facilities which incorporated the 13 categories of trainees including Nursing and Midwifery. The platform was expanded to all directorates undertaking in-service trainings, as well as the professional agencies providing continuous professional development (CPD). WHO provided MoH's research unit and peripheral

training schools with the necessary IT infrastructure, high speed connectivity and capacity development. A total number of 10,000 trainees and 77,000 health care professionals have benefitted from the e-learning platform to-date and the platform is expected to be used to facilitate HRH and CPD and as a critical MoH training tool in the future.



Health workers' density
(2018):
31.8/10,000 people

Source: Sri Lanka HRH profile.

Dr Chithramali Rodrigo

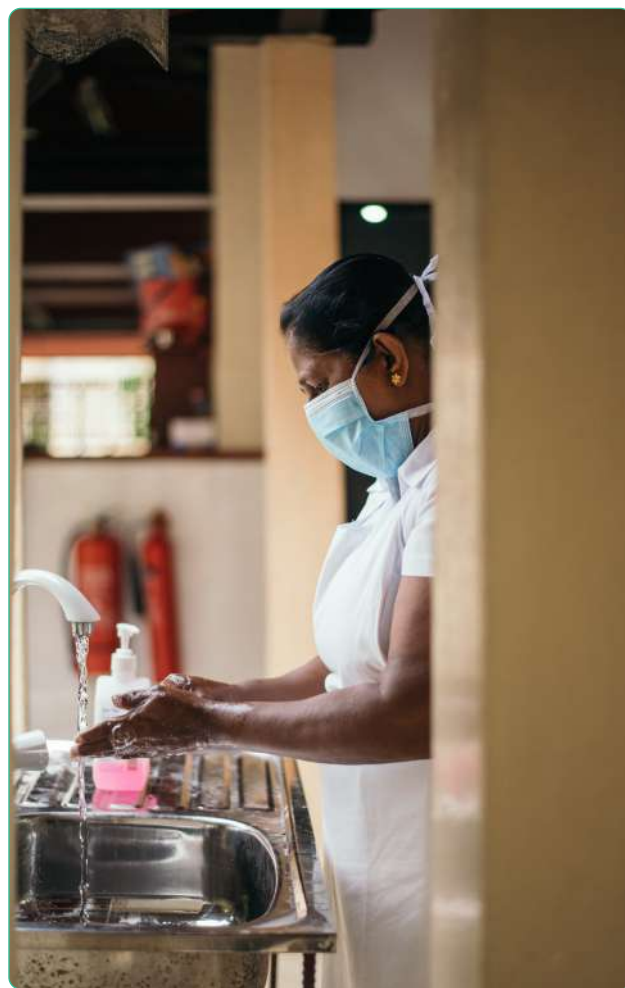
a postgraduate trainee in Community Medicine,
explains how the e-learning may help her:

'Undergoing online in-service training and participating in online review meetings are new experiences for me. Previously, all the trainings I had undertaken were conducted face to face. Due to the threat of COVID-19, we could not continue this. While adapting to the 'new normalcy', I consider the online mode of training to be very effective and efficient. It will help me keep myself updated on the latest evidence and guidelines and enhance my work on caring for the community.'

Providing quality care and patient safety

The Sri Lanka National Policy on Patient's Health-care Quality and Safety was first launched in 2015 with the vision of providing optimum quality and safe health-care services to the people of Sri Lanka. In view of the need for a policy revision to be adapted to the external and internal changes and challenges, during this biennium, MoH initiated the policy revision and the development and implementation of a Strategic Masterplan..

WHO supported the finalization of the Strategic Masterplan (2021–2025) for health-care quality and safety of patients. The plan provided a more operationalized version of the policy directives, identifying strategies for each key action area – customer/patient satisfaction and experience; leadership, governance and systems; clinical effectiveness; risk management and safety; enabling a culture for quality improvement; staff development and well-being; and research for quality improvement and patient safety.



A health-care worker demonstrating hand hygiene good practices at a clinic

WHO provided technical assistance to elaborate on the disease management guidelines to improve the quality-of-care services and case management with regard to liver disorders, hypertensive diseases and heart disease complications due to pregnancy, in collaboration with professional colleges and disease-related experts.

WHO strengthened the capacity for COVID-19 adverse events following immunization (AEFI) analysis including causality assessments. The support was extended to develop an immunization e-learning module and a learning management system to strengthen MoH staff capacity on AEFI which led to improvement of safety of patients with regard to vaccine quality and safety.

1.2 Improving access to essential medicines, vaccines, diagnostic and devices

WHO supported a situation analysis for local production of pharmaceuticals in Sri Lanka and conducted an advocacy session with WHO experts and high-level political leaders to discuss the policy options that could be adopted by the country to assist in the local production of pharmaceuticals.

WHO partnered in the development of the National Medicines Policy (2020–2025) and its strategic implementation plan (2020–2021) and advocated for obtaining their approval by the Cabinet. In addition, WHO was involved in facilitating the establishment of a drug quality assessment laboratory to further support the quality, safety and efficacy of drugs in the country.

Sri Lanka's National Medicines Regulatory Authority (NMRA) received technical assistance from WHO at three levels to fulfil and implement the NMRA institutional development plan to achieve the WHO benchmarking status in the following areas – the regulatory system, laboratory testing, regulatory inspections, licensing of establishments, clinical trial oversight and pharmacovigilance. By the end of 2021, NMRA progressed to complete 46 of the recommendations, with 96 moving closer to reaching the WHO benchmarking status. All trainings that took place were conducted on virtual platforms.

As part of the COVID-19 response, WHO strengthened NMRA staff capacity with regard to the evaluation of COVID-19-related products for diagnosis and vaccination.

1.3 Ensuring delivery of essential health services

1. *Sustaining management of communicable diseases (CD) and neglected tropical diseases (NTD) control*

The pandemic shifted MoH priorities to accelerate the diagnostics, management and prevention of COVID-19 cases. These critical efforts resulted in the strengthening of the CD and NTD surveillance and case management, and provided the opportunity to identify new mechanisms for integrated surveillance, training, monitoring and evaluation through virtual platforms. WHO supported the strengthening of divisional and district-level public health units and central-level disease control capacity to utilize real-time data monitoring and decision-making and improve laboratory diagnostic capacity and community-based surveillance.

Maintaining the elimination status of rubella and measles

As a result of the joint efforts of the country's health authorities and ground-level health workers and officials, Sri Lanka was verified as having eliminated both rubella (2018) and measles (2019) by the regional verification commission for rubella and congenital rubella syndrome. Despite the interventions getting disrupted by the pandemic, MoH and WHO showed commitment to sustaining the elimination status in 2021 and benefited from COVID-19 surveillance innovations.

WHO facilitated district reviews, expert committee consultations and capacity-building of health staff with regard to polio, measles and rubella.

IT equipment (75 laptops and 465 desktops) were distributed among the divisional, district, provincial and central epidemiology units, and among hospital infection control nursing officers to support disease surveillance.

Continued efforts to reduce dengue

Climate change effects have been partially responsible for the increased spread of dengue in all regions of the country in recent years. Following the 2017 severe dengue outbreak, during this biennium, WHO continued to support the strategic and operational plan to rapidly reduce dengue morbidity and mortality 2017-2020 and the National Action Plan on Dengue Prevention and Control (2019-2023) which provided a framework for the prevention, control and clinical management of dengue through an integrated approach.



Age-appropriate immunization coverage by vaccine (2020)

BCG: **99%**

DPT3: **96%**

Polio 3: **96%**

Tetanus toxoid: **96%**

Source: WHO/UNICEF estimates of national immunization coverage, July 2021. Available at [immunization_lka_2021.pdf](#) (who.int), accessed 24 April 2022

WHO assisted in the development of CPD online tools for integrated vector management. A total of 85 national and sub-national staff members were trained in vector surveillance and integrated vector management, in collaboration with the national dengue control unit.

A dengue burden estimation workshop was conducted by WHO HQ Vector Control Department and the London School of Hygiene & Tropical Medicine. The workshop helped national and sub-national technical officers to identify gaps in the current surveillance system to estimate clinical and community burden of dengue and capture the real burden of the disease.

Ending tuberculosis (TB) and AIDS by 2025

Even though TB and HIV incidence and prevalence rates remain low in Sri Lanka, renewed efforts are necessary to ensure that the ambitious country targets of ending TB and AIDS by 2025 are met. TB annual incidence has remained stagnant during the past 10 years. And although HIV prevalence remains around 0.1%,³ this figure is higher among specific risk groups. Therefore, to meet the country targets, Sri Lanka needs to prioritize fast-tracking evidence-based interventions that respond to the country bottlenecks, and WHO is committed to provide needs-based technical assistance.

Certification received for revalidation of elimination of mother-to-child transmission of HIV and syphilis in 2021.

Revised the training modules for HCWs to improve the quality of HIV-STI services and collaborated to organize 50 consultative meetings to identify the service gaps to access quality HIV testing in curative care institutions. User friendly guidelines for social and behavioural change and counselling in HIV testing were developed for HCW dealing with risk population groups to help reduce stigma and discrimination and provide an effective support network.

Conducted a district level advocacy meeting in 21 districts with the participation of 481 persons to sustain the political commitment at national and subnational level towards TB country elimination target. The events enabled the formation

3.UNAIDS. AIDSINFO. Online database. <https://aidsinfo.unaids.org>. Available at: https://www.unaids.org/sites/default/files/media_asset/JC3032_AIDS_Data_book_2021_En.pdf

TB treatment success rate (% of new cases): 85% (2019)

(Source: WHO. Global Health Observatory (GHO). www.who.int/gho/en and available at Tuberculosis treatment success rate (% of new cases) - Sri Lanka | Data

of a subnational level multi-stakeholder accountability framework for TB to ensure sustainable action on TB control. Developed six audio-visual clips (AV) for different target audiences (presumptive and diagnosed TB patients' family members and all risk groups) to enhance TB awareness and empowerment at community level. The AV addressed TB management on case finding; early treatment seeking; treatment adherence; infection prevention; stigma and discrimination, and TB infection among high-risk groups and were circulated through mass and social media.

Implementation of the latent TB screening and treatment. The main activities supported were capacity building of staff, laboratory strengthening, web-based information system development, and research on Latent TB Infection (LTBI).

Incidence of tuberculosis per 100,000 population: 66 (2013); 64 (2020)

Source: Global TB Report, available at Incidence of tuberculosis (per 100 000 people) - Sri Lanka | Data (worldbank.org), accessed on 24 April 2022

Accelerating the fight against leprosy

As Sri Lanka continues its engagement to reach the target of zero Leprosy by 2030 and pursue the NTD road map, WHO has been strongly engaged in supporting the MoH in the development of a National strategic plan for Leprosy elimination and its communication strategy (2021-2025) which will support the leprosy program implementation. Aligned with the WHO global leprosy strategy (2021-2030), the national plan outlined the strategic directions to strengthen the implementation of integrated leprosy services, scale up prevention and active case detection, manage leprosy and its complications to prevent disability and to combat stigma ensuring human rights are respected.

WHO assisted in analysing leprosy cases diagnosed and treated during the past five years, using quantitative, qualitative and laboratory collection tools to be used in formulating guidelines on case management and leprosy prevention and control specifics to the country.

Supported 240 prison staff capacity building on early diagnosis and referrals of suspected leprosy cases to ensure that priority is given to high-risk groups.

Ending rabies by 2025

Sri Lanka is heading towards the ambitious target of achieving zero dog mediated human rabies by 2025 advancing the global target year of 2030. To achieve this commitment, WHO and MoH have identified the need for a joint

multipronged approach, political leadership and engagement of all stakeholders representing animal and human health sectors.

Developed a multi-stakeholder strategic plan on elimination of dog mediated human rabies (2021-2025) with the contribution of international experts from the Mission Rabies organization⁴ and the national experts representing human and animal health sectors under a One Health approach.

Equipments have been provided (7 laptops and 26 tablets) to improve rabies field surveillance on data management, and more than 100 tool kits for rabies control activities.

Sustaining Sri Lanka's malaria-free status

Despite of the pandemic work's disruption of non-health essential services, Sri Lanka has managed to sustain the country's malaria-free status, achieved in 2016, thanks to the continuation of the malaria program activities during this biennium with WHO support.

Assisted the elaboration of a mid-term review on the prevention of re-introduction of malaria. Furthermore, WHO assisted in the strengthening of the MoH staff capacity for malaria outbreak response at central and regional level, by incorporating digital solutions and staff training in vector, entomological and parasitological surveillance activities.

Supported antimalarial drugs availability and the development of the country guidelines on "Malaria chemotherapy" and "Management of patients with malaria".

⁴Mission Rabies is a UK-based charity group/organization that assists the projects on elimination of dog mediated rabies. The organization works in the SEAR region. WHO received this technical assistance free of charge. The expert is from the Mission Rabies organization working in "Goa". Note from the writer.



Outpatient care-seekers at a government hospital in Colombo

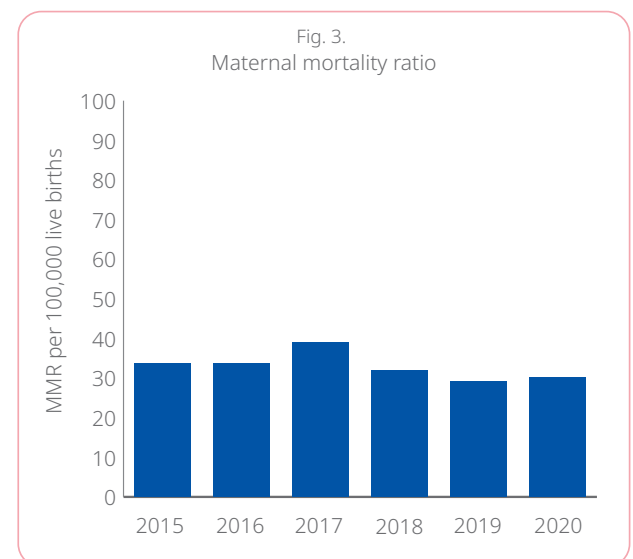
11. Addressing population health needs across the life course: maternal health and elderly

Innovation towards reducing maternal mortality

The Sri Lankan health system has shown a progressive high performance and impressive health outcomes on reducing the maternal mortality ratio, which was reported by the routine RHMSI system as 30.2 per 100,000 live births in 2020. However, renewed efforts are necessary to meet the country's aspiration to achieve a single-digit maternal mortality ratio by 2030 and evidence-based interventions tailor-made to country bottlenecks is a must. WHO is committed to continue supporting the National Strategic Plan on Maternal and Newborn Health (2017-2025).

Conducted an in-depth causal analysis on maternal deaths in the country. As a result, maternal suicide was identified as one of the top three preventable causes of maternal mortality which triggered WHO support in the revision of the existing psychological autopsy tools on maternal death investigation;

in collaboration on strengthening the maternal mental health screening during the ante natal and post-natal period introducing two additional mental health screenings (from one to three); and the development of a dedicated module on maternal mental health promotion and communication tools on danger signs of maternal psychological disorders. The intervention benefitted 350,000 mothers each year throughout the country.



Source: Family Health Bureau, Ministry of Health.
RHMSI routine data.

Virtual platforms were developed for 15 national program units to continue base program implementation, monitoring and capacity building and through strengthening IPC facilities at maternal child health delivery points. An operational assessment on RMNCAH services delivery during the pandemic was conducted which enabled MoH to identify and rectify service delivery gaps.

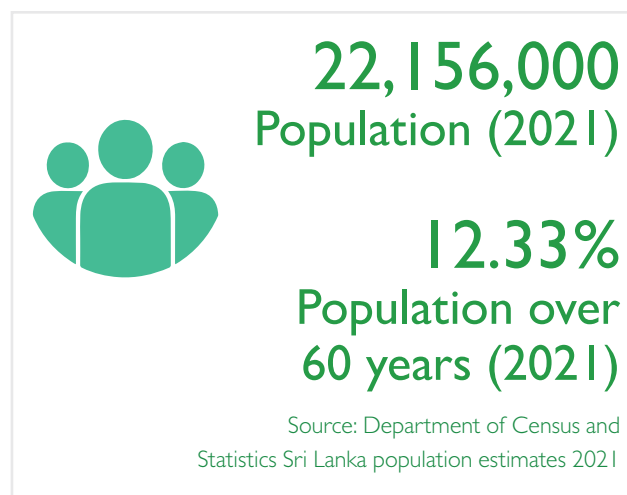
Following up on the findings from the Adolescent youth friendly health (AYFH) services rapid assessment and to support the adolescent health strategic plan (2018-2025), WHO contributed to the development of a costed implementation plan. It also participated in the piloting of an innovative service delivery model to incorporate a client-centred approach to the AYFH in collaboration with UNFPA and youth organizations, and on the adaptation of guidelines, protocols and standards for improving AYFH service quality.

Country Commitment to healthy ageing

Sri Lanka's population above 60 years is reported as 12.4% and is expected to double by the year 2040. WHO is committed to accelerate the health system shift to incorporate the increasing care needs for this vulnerable age-group and strengthening program implementation. During the biennium the following interventions were supported.

Conducted a situational analysis to better understand elderly care service gaps and incorporate the recommendations in the future elderly health strategic plan.

The directorate of youth, elderly and disabled and WHO developed guidelines to expand the caregiver's knowledge



and skills to improve elderly informal and formal quality of care, and 100 caregivers were trained in two health districts. WHO also contributed to initiate a program to promote intergenerational solidarity between youth and elderly to increase sensitivity and awareness of the elderly needs among the youth through an art competition and the use of the elderly diary/ journal.

A survey on "health system responsiveness for the elderly accessing primary care during COVID pandemic" was supported to generate local evidence of elderly service barriers.

(iii) *Reorganizing NCD and prioritizing mental health and cancer delivery services*

NCD case management

Developed guidelines on management of hypertension, diabetes, hyperlipidaemia, cardiovascular disease and chronic respiratory diseases for secondary and tertiary health care facilities.

WHO provided infrastructure for a “hub-spoke” model (NCD directorate and peripheral units), and the institutional arrangements between NCD Bureau and the nine country provinces, to establish a learning management system and a virtual capacity building program. In addition, WHO provided technical assistance to conduct 12 online self-learning training programs for health workers related to NCD and mental health services. The first round of training was attended by 45 hospital health workers from all districts.



Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70: 13.2% (2019)

Source: World Health Statistics 2021

Enhancing Mental health services

Developed the National Mental Health Policy (2020-2030) and its action plan (2021-2026) aligned with WHO priority to address mental health gaps and improve access to high-quality mental health services at all levels of health care facilities. The process counted with the participation of the caretakers and service users.



Suicide mortality rate per 100,000 population: 14.0 (2019)

Source: World Health Statistics 2021

Accelerating cancer support

In 2018, it was estimated that nearly 23.4% of premature deaths in Sri Lanka were due to cancer. Over the fifteen-year period from 2005 to 2019 a total of 339,580 newly diagnosed cancer patients were reported to the national cancer registry. The overall crude incidence rate of all cancers doubled during this period .

Supported the elaboration of the strategic implementation plan for national cancer control activities (2020-2024) and its monitoring and evaluation framework. WHO provided technical support in the development of the strategic plan to reach the global targets of cervical cancer elimination in Sri Lanka (2021-2030), in the development of the national guidelines on breast and cervical cancer, and in elaborating the guidelines on radiation safety related to cancer care.



The iconic Colombo Town Hall is illuminated to raise awareness about cervical cancer on the Cervical Cancer Elimination Day of Action, 17 November 2021

During 2015-2019, the average annual number of childhood cancer cases detected in Sri Lanka was 828. The age standardized incidence rate of childhood cancers increased from 7.31 per 100,000 in 2005 to 10.84 per 100,000 in 2019.

In 2019, Sri Lanka was identified as a country to be supported under WHO Global Childhood Cancer Care initiative which aims to improve outcomes for children with cancer around the world. The goal is to give all children with cancer the best chance to survive, to live full and abundant lives and to live and die without suffering. Strengthening evaluation and monitoring of childhood cancer data with quality assurance and robust information systems is one area of support to countries through this global initiative.



25% of 30-49 years old females screened for cervical cancer

Source: Sri Lanka STEPs Survey 2015

Supported the design and sustainability of the Childhood Cancer Registry for Sri Lanka 2015-2020 to understand the country's disease burden and to monitor the progress. Importantly, WHO assisted in the elaboration of the National Strategic Plan on Childhood & Adolescent Cancer Care (2021-2025).

A training module on nursing care and childhood cancer management was elaborated and in-service training conducted for all nurses in the Paediatric Oncology unit. WHO provided technical assistance in establishing a paediatric early warning system in the National Cancer Institute of Sri Lanka, to detect early sepsis and organ dysfunction, thereby improving overall outcomes of children with cancer.

(iv) *Rehabilitation, palliative, and disability care*

Materializing the rights of people with disabilities and palliative care

As part of its commitment of leaving “No one behind” WHO has supported the strengthening and expansion of the rehabilitation and palliative services and service delivery for people with disabilities (PwD).

Assisted in the elaboration of a manual on “Palliative care for PHC professionals” focusing on the holistic approach to incorporate palliative care in PHC services.

WHO worked together with the directorate of youth, elderly and disabled to minimize the physical barriers for hand hygiene by providing disable friendly wash basins for all PHC institutions, all long-term care facilities for the elderly, and all institutions for PwDs; and advocated to improve the quality of life of people with disability by finalizing the assistive product devices list for Sri Lanka.

Supported two training of trainers for palliative care staff as an initial stage of establishing of palliative care consult services in Sri Lanka and a training on palliative care for medical officers.

Supporting rehabilitation services

In collaboration with the Sri Lanka Medical Association, WHO supported the development of a manual on rehabilitation of stroke patients and conducted a capacity building program for subnational clinicians to improve the rehabilitation.

Supporting the directorate of youth, elderly and disabled, WHO conducted a training on community-based rehabilitation services for 50 parents/guardians of children with intellectual disabilities to ensure the continuous service delivery using local resources, and promote the service use, without compromising the mental and physical wellbeing of the children and parents.

Five workshops on reproductive health in Mannar, Hambantota, Nuwaraeliya, Kurunegala and Matale were organized for disabled youth to increase their reproductive health knowledge and reduce sexual harassment. Additionally, WHO supported training of 100 informal care givers on reproductive health.

I.4. Research and health information systems

Continuous research support

Supported a study on the prevalence of LTBI among HCW to generate evidence so that HCWs are prioritized under the LTBI screening programme. The prevalence of LTBI among HCWs in selected government hospitals in Colombo district resulted on 15.2%.

WHO assisted to conduct a global adult tobacco survey.

A national study to assess the salt content of frequently consumed food items in the country was supported.

Provided technical assistance to complete the STEP survey for NCD risk factors.

Sri Lanka contributed to the global research agenda by conducting two unity sero-surveillance studies based on WHO established protocols. The studies aimed at generating scientific data on epidemiological parameters of COVID-19 (transmission patterns, immunity, severity, clinical features, and risk factors for infection).

Supported a prospective cohort study on risk factors for declining kidney functions and the analysis of clinical outcomes of COVID-19 patients.

Enhancing Health information systems

Provided technical assistance to setup the MoH National Data Center and link PHC services with the secondary and tertiary care facilities and provided interoperability solutions to health information systems within the MoH programs.

WHO supported the development of the digital COVID-19 surveillance system including laboratory information systems, COVID case mapping, high-risk population tracking, vaccination tracking and a national dashboard which overall strengthened the health information system.





Protecting people from health emergencies

Emergency preparedness and response has been a long-time priority in Sri Lanka to prevent, detect and respond to all public health threats. The vulnerability of the island to effects of climate change and rapid urbanization have made the country susceptible to natural disasters, such as droughts, floods, landslides and strong winds. Thus, during the past decade, the Government of Sri Lanka has committed to developing the country preparedness and response capacity for all hazards within the Framework of the International Health Regulations (IHR, 2005). Consequently, Sri Lanka developed the National Action Plan for Health Security (NAPHS) 2019–2023, which to date has guided MoH and its stakeholders to strengthen the country core capacities to prevent, detect and respond to emergencies.

During this biennium, following NAPHS, WHO continued to support MoH to strengthen its emergency preparedness and response capacity with the actions mentioned below:

2.1 Enhancing country preparedness for public health emergencies

Sri Lanka submitted the State Party Self-Assessment Annual Report (SPAR) 2020 with a score of 62% (vs. 54% in 2019). WHO assisted the review of SPAR 2019 with SEARO and generated key recommendations for the country, which were broadly shared with key stakeholders and used to identify priority actions.

**Average of 13 IHR
core capacity scores:
62 (2020)**

Source: World Health Statistics, 2021

WHO strengthened the search and rescue response capacity on chemical, biological, radiation and nuclear (CBRN) incidents in partnership with the international search and rescue advisory group. 40 master trainers and 80 emergency first responder were trained in CBRN.

The Sri Lanka's Army Medical Assistance Team (SLAMAT) completed all the training and logistics requirements to be certified as emergency medical team (EMT). The team was deployed to assist in managing the Sri Lanka Army's quarantine and isolation facilities during the pandemic.

Provided technical assistance to the disaster preparedness and response division of the MoH and of all the 26-health emergency operating centres at district level with IT equipment to share real time emergency information to the Disaster Management Centre (DMC).





Simulation search-and-rescue exercises being conducted in collaboration with the International Search and Rescue Advisory Group

2.2. COVID-19 emergency response

On March 2020 the COVID-19 outbreak in Sri Lanka tested and overstretched the country's emergency response capacity. Sri Lanka succeeded to provide a unified response, thanks to its political will, a resilient and high-performing health system, the government's commitment to provide free health care at the point of entry, the existing in-country emergency preparedness strategies and the Strategic Preparedness and Response Plans (SPRP) COVID-19 for 2020 and 2021. WHO played a vital role in issuing technical guidelines and communication materials, as well as facilitating the MoH to accomplish the dynamic changing needs of medical equipment and consumables at the initial stages of the pandemic.

Country-level coordination, planning, financing, and monitoring

Sri Lanka's response to the pandemic has been swift and coordinated through government and the whole population, and thanks to WHO and health partners engagement and support. WHO succeeded to enhance technical collaboration and mobilize resources through partnerships with other ministries, academic institutions, professional colleges, UN agencies, development partners, missions, and community-based organizations (CBO). WHO invested in ground level preparedness and empowering of the district units in the emergency response and strengthened the MoH response capacity with the below actions:

The Sri Lanka SPRP COVID-19 in 2020 and 2021 were developed based on WHO guidelines.

The WHO representative was designated as the chair of the health cluster, co-chaired by the MoH and a representation of the civil society, with the role to provide timely and

evidence-based advice on Sri Lanka's SPRP. A total number of 25 cluster meetings were held during the biennium with more than 30 organizations joining the virtual sessions.

List of donors who supported WHO Sri Lanka during COVID-19 pandemic

Supported directly to WHO Country Office

- Department of Foreign Affairs and Trade (DFAT), Australia
- UNDP Multi-partner Trust Fund (MPTF/DFAT)
- The Global Fund
- European Commission
- United States Agency for International Development (USAID)

Supported through WHO HQ and WHO SEARO

- Federal Republic of Germany
- Japan
- The Republic of Azerbaijan
- Directorate General for International Cooperation and Development (DEVCO), European Commission
- Directorate General for European Civil Protection and Humanitarian Aid Operations (ECHO), European Commission
- Department of Foreign Affairs, Trade and Development (DFATD), Canada
- Department for International Development (DFID), United Kingdom
- United States Agency for International Development (USAID)

Source: WHO Country Office, Sri Lanka, April 2022

Secured contributions from the European Union (EU) for case management, risk communications and community engagement and mental health; from the European Civil Protection and Humanitarian Aid Operations (ECHO) for personal protective equipment (PPE), rapid antigens tests (RAT), and case management; from Canada for PHC and resilient health systems; and from the Department of Foreign Affairs and Trade, Australia (DFAT), and the Government of Germany. More than USD 8 million additional resources were mobilized by WHO for COVID-19 response in Sri Lanka.

Advocated to shift the traditional top-down approach of an emergency response and worked extensively in strengthening the district level emergency response capacity. WHO provided IT hardware to the sub-national district emergency operational centers (DEOC) and the health emergency operation centers (HEOC) and contributed to strengthen the coordination among all the disaster preparedness and response units. Sub-committees were established at district level for better surveillance of COVID-19, monsoons, and other disasters. All 25 district disaster preparedness plans were activated and supported to respond rapidly to the COVID 19 pandemic.

Active participation in the elaboration of the UN advisory paper, "Immediate Socio-economic Response to COVID-19" in Sri Lanka developed by the wider UNCT where WHO took the lead in developing the health pillar: "Protecting health systems and services during the crisis"⁶. The paper was presented by UN to the presidential task force on economic recovery.

WHO provided technical assistance to the MoH to design, develop and implement the COVID-19 situation monitoring dashboards in the national COVID-19 surveillance system. This consists of regular updated information on COVID-19 cases, deaths, management, and vaccination coverage.

Risk communications and community engagement

Risk communications was a critical component of the COVID-19 response to reduce risks and manage vulnerabilities. It ensured a correct and consistent information flow about COVID-19 transmission, its effects, and effective prevention measures, as well as to monitor, identify, and analyze rumors and misinformation throughout the COVID-19 pandemic. In collaboration with MoH health promotion bureau and UNICEF, a country risk communication strategy for COVID-19 was developed in early 2020. An alliance was formed with district health officials including, mother support groups and civil society organizations (CSO) for the campaign to reach out different community groups, and guarantee correct and consistent information about COVID-19 at the community level. WHO continued to support risks communications and community engagement response capacity with the below actions.

WHO was heavily involved in developing risk communication materials and campaigns:

Initiated a series of evidence-based information events for the public in a simple and accessible format and regular situation reports on COVID-19 in Sri Lanka and the regions were made available on the WHO website.

Continuous collaboration with the MoH, the RCO, local fact checking organizations and the mainstream media, to help address the infodemic surrounding the pandemic. WHO supported the MoH to establish a 24/7 hotline to communicate accurate information about COVID-19 to the public; and importantly, assisted in the development of a COVID-19 website that displayed all information about COVID-19 in the country and provided the most up-to-date evidence-based disease-related information. WHO also collaborated with the MoH to disseminate key messages via ring tones and with news channels to provide content for their myth busting news sections.

Developed and adapted over 600 trilingual risk communication materials (e.g., infographics, videos, leaflets, guidelines, etc.) in partnership with the MoH and other key partners. A series of 10 tri-lingual animations that reinforced key prevention measures were developed and posted across social media platforms. These posts reached more than 6 million people in 2021. Additional materials were developed such as “I know my risk” booklet informing communities on the risk of COVID-19 in public situations (use of public transport, shopping, and religious and social activities); and material to inform preventive measures of those who were identified as first level contacts and were home quarantined.

Participated in the elaboration of the national campaign “Towards a New Normal” in collaboration with the

government medical officers’ association. The DReAM social marketing campaign was launched using different platforms like national television, billboards, radio, local public addressing systems, posters, and stickers with preventive measures. WHO collaborated in the printing of most of the printable materials.



DReAM poster developed by WHO and MoH

DReAM (s)



Distancing

(physical distancing)



Respiratory etiquette

(cough/sneeze using the inner side of your elbow and not directly in front of)



Aseptic measures

(handwashing, using hand sanitizer, avoiding touching your face)



Mask use

(proper wearing of a face mask and its proper disposal)



Ministry of Health



Supported the gremial groups in the following actions:

In partnership with MoH, Ministry of Rural Development, UNICEF and Rotary Club supported the development of advocacy materials to encourage plantation communities that often remain isolated, to get vaccinated, and address potential vaccine hesitancy. The joint efforts included the production of posters, audios for public announcements and videos for TV advertisement.

Collaborated with the Sri Lanka Press Institute to develop the health reporting guide for journalists, health journalism curriculum and monitoring criteria for health reporting to address stigma and discrimination in reporting, to be implemented in 2022.

Supported communities' education and engagement:

WHO collaborated with the CSO, Sarvodaya, which has a nationwide network of CBOs to effectively disseminate information and engage communities in preventing and controlling the pandemic. About 323 grass root organizations and 241 community and religious leaders were trained to address stigma and discrimination as well as prevention measures on COVID-19. The project covered 105 medical officer of health areas in 12 districts.

A truck mobile unit, called Suwodaya, was supported to create awareness and educate communities on public health social measures (PHSM) during the lockdown. The mobile unit moved across communities spreading messages using loudspeakers, screens and leaflets and reached about 2.1 million people.

With the support of the College of Community Physicians Sri Lanka, a CSO database was developed to map all the CSOs in the country with their capacity and area of work which will assist the MoH and other agencies in future emergency responses and community activities engagement.



Fig. 2. Three Cs poster developed by WHO and MoH



Facebook of WHO Sri Lanka

01 January
2020

1,928 followers

01 January
2021

23,866 followers

22 December
2021

47,873 followers

2,383% increase or a more than 25-fold increase



Over **11,000** followers



Over **14,000** followers

Currently the second biggest Instagram
following of UN agencies in Sri Lanka



Established an official
channel in 2020

Surveillance, rapid-response teams, and case investigation

National surveillance system strengthened through COVID-19 response

Sri Lanka's strong surveillance system overseen by the National epidemiology unit has proved successful in eliminating several communicable diseases to date. This capacity was critical to implement the COVID-19 surveillance mechanism across all 354 medical officer of health areas in the country and across the provincial and district epidemiologists, who supported the COVID-19 surveillance at provincial and district level.

Under the SPRP, the national surveillance program was upgraded to a real-time system. WHO strengthened the epidemiological surveillance system by providing technical and hardware support to the epidemiology unit, to all regional epidemiologists and 365 medical officers, and 100 secondary and tertiary hospitals, linking the surveillance system with quarantine centres.

WHO assisted the national intelligence services to identify the second and third circle of contacts of confirmed COVID-19 cases, which was very important for early case detection and to improve COVID-19 containment measures during the first wave (March 11 to October 4, 2020) and second wave (October 4 to April 15, 2021).



COVID-19 rapid antigen test-kits provided by WHO during the early phase of the pandemic response

National laboratories

Supported the design of an information-technology-based data system to capture the laboratory data of COVID -19 testing which contributed to the rapid development of laboratory capacity and increased the daily testing capacity to 3,000 tests per day and the shift from passive surveillance to active surveillance in May 2020.

Provided 200,000 RATs and 205,950 PCR tests in late 2020 and early 2021 to facilitate testing during the second wave.

7. Epidemiology unit website at https://www.epid.gov.lk/web/index.php?option=com_content&view=article&id=230&lang=en

WHO and the National Influenza Centre of the department of virology facilitated the Medical Research Institute (MRI) to initiate molecular test for SARS-CoV-2 virus within three weeks of the pandemic outbreak in Sri Lanka.

MoH produced guidelines on performing PCR tests at private sector laboratories in March 2020 and ensure that COVID-19 testing was available in 32 laboratories nationwide by June 2020. WHO collaborated with the MoH and the Sri Lanka College of Microbiologists to issue and disseminate a laboratory strategy for COVID-19 in May 2020. WHO has supported the MoH in elaborating laboratory testing guidelines for COVID-19 related on April-May 2020 which were updated on June 2021⁷.



A scientist with the University of Sri Jayewardenepura in a genomic surveillance research laboratory

Infection prevention and control

WHO and the Sri Lanka medical association conducted an awareness session on COVID-19 infection and case management and prepared a nine-module training package for health workers on COVID-19 IPC by adapting the WHO guidelines to Sri Lanka's context in the three official languages and to online learning.

Supported the National Institute of Mental Health (NIMH) to upgrade the IPC unit to provide quality services and manage the persons with a mental health condition infected with SARS CoV 2. As result, mental health wellbeing packages were offered to more than 2,000 frontline healthcare workers and their families.



A health-care worker in personal protective equipment inspects a health facility

To mark the international year of the health care workers (HCW) 2021, WHO and the MoH together with the Media Ministry released a commemorative postage stamp and a first day cover on 30 December 2021. This was to acknowledge and pay tribute to the untiring efforts and the continuous dedication of the health care workers in Sri Lanka in the fight against COVID-19. The campaign aimed to highlight the importance of protecting and investing in the health workforce to achieve UHC.

Case management

To improve the COVID-19 case management capacity, WHO conducted a comprehensive assessment of all the public secondary and tertiary care facilities to determine their capacity for effective screening, testing, isolation, and management of COVID-19 suspects/patients. The database and assessment outcomes were utilized in surge planning and addressing the equipment gaps for hospital case management of moderate to severe cases. The expanded capacity contributed to effective management of increasing cases during the third wave in April 2021.

Supported for establishing an integrated home-based isolation and management system for the management of asymptomatic and mildly symptomatic COVID-19 patients in April 2021 in collaboration with Sri Lanka Medical Association and MoH. At the peak of the third wave, a total of 165,483 patients were home supported with close medical supervision which contributed substantially to reducing the patients burden in health institutions and provided some psycho-social benefits to the patients and their family members for being managed at home, under a qualified medical professional.

Vaccination for COVID-19

Sri Lanka considered vaccination a top priority for the prevention and control of COVID-19; thus, MoH and WHO elaborated the national deployment and vaccination plan (NDVP) in early 2021. The plan was an essential tool to prioritize vaccination of target groups and provided overall guidance for the vaccination campaign. It clearly identified the necessity for collection of individual level information for planning and monitoring of the vaccination program through a robust online data management and monitoring system.

As part of the COVAX facility and through WHO coordination, Sri Lanka received 4.3 million doses of vaccines to augment the supply for the vaccination drive.

Procured 25 freezers (-20 Celsius) to health facilities for cold chain management, and 2 million AD syringes.

WHO assisted in the elaboration of a vaccine e-learning

module developed for training health workers in establishing a learning management system for the epidemiology unit.

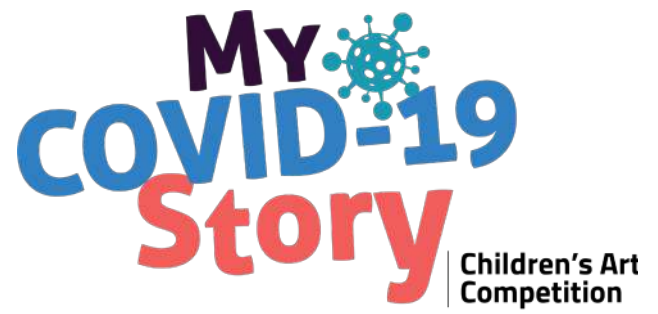
The COVID-19 immunization tracker (CIT) was developed by WHO Sri Lanka in partnership with the MoH, the Information and Communication Technology Agency and the health information system program to meet the NDVP requirements. It became the primary data source for COVID-19 vaccination information in the country which was used to capture, analyze, and monitor the progress of the vaccination drive. The CIT was further upgraded to issue a globally verifiable “smart vaccine certificate” that is mutually recognized by other countries. The metadata model of the Sri Lankan COVID-19 CIT was shared with other countries as a public good and adapted by Timor-Leste in developing their system.

Supported the scale-up of the CIT by providing IT equipment and connectivity support for six months to facilitate data entry at divisional level, and training for health administrators, the regional epidemiologists, and the medical officers of health (total of 790 trained) in all 26 districts.



Dr Ananda Wijewickrama, of the Infectious Diseases Hospital in Colombo, receiving the first dose of COVID-19 vaccine in Sri Lanka









Promoting better health and well-being

There is a range of social, economic and environmental determinants acting upon people's health that require multisectoral approaches with a human rights perspective to ensure that no one is left behind. WHO is committed to provide country guidance to ensure an integrated and multisector response to address the most critical health determinants faced by the Sri Lankan citizens.

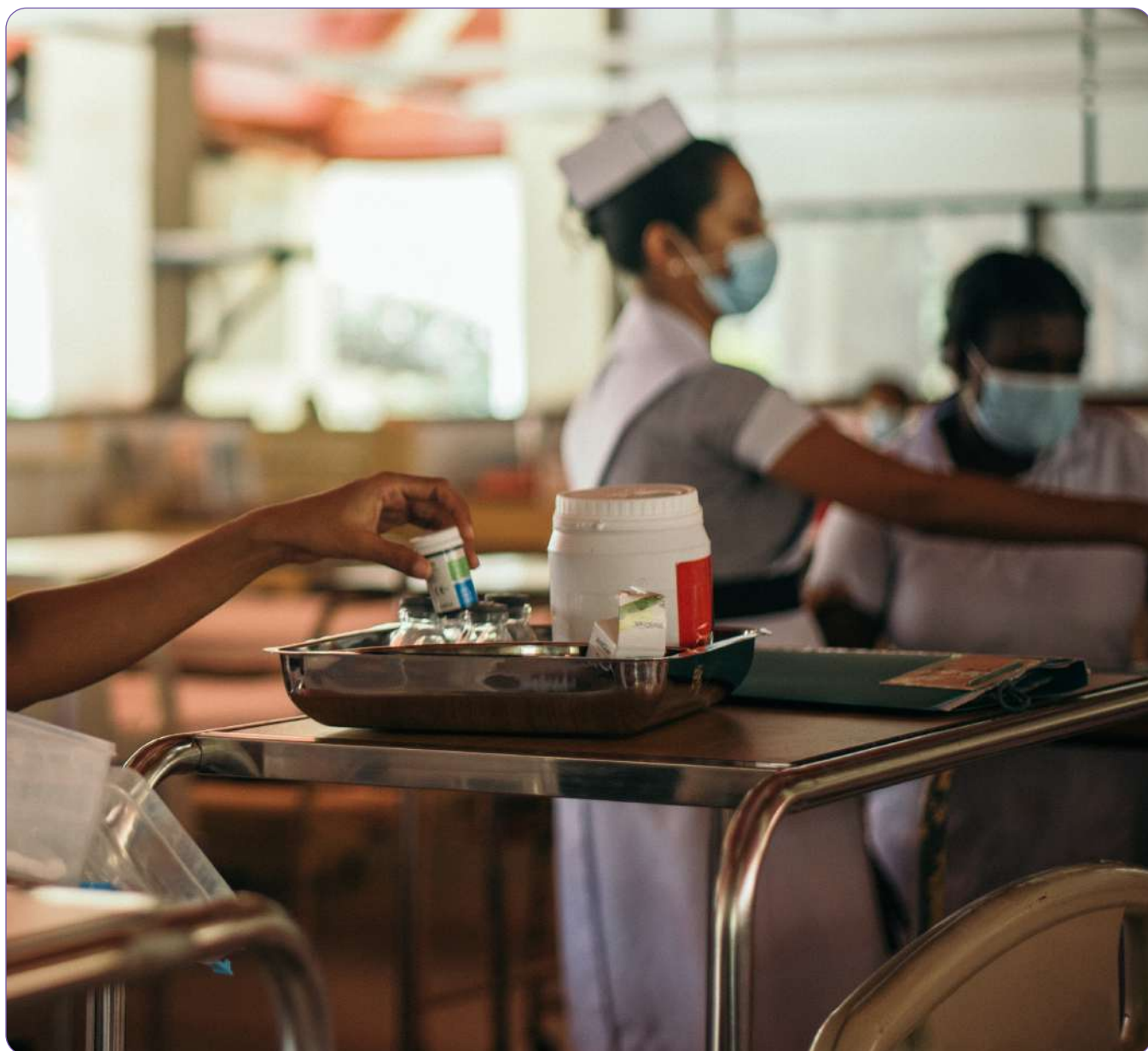
3.1. Supporting the fight against Antimicrobial Resistance (AMR)

Identified the implementation gaps in the National Strategic Plan 2017-2022 to optimize the use of WHO-NET software; conduct an external review of the AMR strategic plan; and develop an infection prevention policy and strategic plan as

well as an infection prevention hospital manual.

Launched a social media package during the AMR awareness week in 2020 and 2021.

Country AMR surveillance data for 2019 and 2020 were monitored and forwarded timely to the Global AMR surveillance system.



3.2 Reducing NCD and mental health risk factors

More than 83% of all deaths in 2016 in Sri Lanka were due to NCDs and there is an estimated amount of 120000 people who die prematurely each year from NCDs in the country. Cardiovascular diseases are reported as the leading cause of mortality, accounting for 34% of all deaths, followed by cancers (14%), diabetes (9%) and chronic respiratory diseases (8%). Probability of death due to an NCD between the ages 30-70 years is 13%.

Throughout this biennium, WHO has provided technical assistance to conduct a review of the NCD program to identify the implementation strengths, gaps and bottlenecks to propose actionable solutions. Equally, WHO kept committed to support the on-going peacebuilding process as well as support the population COVID-19 psycho-social effects through multi-sectoral approaches and a multi-stakeholder's response with the following interventions:

Progress towards eliminating transfat

Provided technical assistance in the implementation of the first step of the "REPLACE" step-by-step guide for the elimination of the industrially produced trans-fatty acids. The "R" in REPLACE implied to review the dietary sources of industrially produced transfat and define the scope of the future policy in order to agree on the transfat limits for Sri Lanka which will be used as the basis of the forthcoming regulation to eliminate industrially produced trans fats, drafted under the FOOD ACT, No. 26 of 1980.

Salt reduction and food security

Following the launch of Sri Lanka salt reduction strategy 2018-2022 with the ambitious goal of reducing sodium intake by 30% by 2025, throughout this biennium, WHO continued to assist in the implementation of the different strategy pillars.

To mobilize the industry to reduce salt content in foods and meals, WHO assisted in designing a strategic approach to reduce salt content of bread and bakery products, gaining support from the bakery industry and advocating with the key chain restaurants on reducing salt in restaurant foods.

To empower individuals to reduce salt consumption, WHO advocated to consume less sodium by supporting a national low salt cooking competition to make the public aware of low salt cooking methods.

To create an enabling environment to promote healthy eating through food health risks awareness, WHO participated in the design of a social media campaign to enhance knowledge and practices on how to interpret the food label front and back colour coding system in processed food.

**Obesity prevalence
(>18-years old
population - 2015):
7.3 (female); 2.9 (male).**

Source: WHO. Global Health Observatory.

MORE SALT LESS HEALTH

LESS SALT MORE HEALTH

Do you know?

We consume double the recommended amount of salt. More often than not, we do this unintentionally.

Ingesting more salt leads to a number of ailments such as heart disease and high blood pressure. So, to keep healthy, reduce your consumption of salt. Make sure you follow the salt formula when buying or adding salt to your food.



**MORE SALT
LESS HEALTH
LESS SALT
MORE HEALTH**



Tips for lifestyle modifications
to control high blood pressure



A media campaign in partnership with the Ministry of Health to encourage reduced salt consumption

Increase in physical activity

Supported the implementation of the ACTIVE package to promote physical activity among the Sri Lankan population. WHO worked in the formulation of the physical activity and sedentary behaviour guidelines for people with chronic NCDs; and assisted in adapting the WHO toolkit to promote physical activity in schools and other government institutions.

A situation analysis on the status of physical activity promotion was conducted to advocate and engage critical stakeholders in physical education promotion (Ministry of Sports, Ministry of Education, CSOs and local authorities).



50% of adults are either inactive or had very low levels of physical activity

Source: Sri Lanka STEPs Survey, 2015

Reduction of tobacco consumption

During the last decade, the GoSL and WHO have remained committed to support the implementation of a multisectoral approach to tackle the public health threat caused by tobacco consumption. During the biennium, WHO supported the framework convention for tobacco control (FCTC) and strategy for tobacco cessation (2020-2025) through its two complementary approaches of community and clinical cessation.

Supported the clinical tobacco cessation interventions by conducting a training of trainers for 50 medical officers on tobacco cessation and prevention measures. Importantly, WHO supported the Centre for Combating Tobacco of the University of Colombo in the development of an online course for medical students and medical officers, "Helping patients to quit tobacco (Help-Quit)", where 50 candidates completed the course and certificates were awarded.

Age standardized prevalence of tobacco use among persons 15 years and older: 22.9% (2018)

Source: World Health Statistics, 2021



Trilingual campaign material for World No Tobacco Day 2021 was produced in partnership with the Ministry of Health

WHO assisted the National Authority on Tobacco and Alcohol (NATA) in upgrading the existing “Quit line 1948” and training 100 volunteers on telephone counselling. Additionally, WHO collaborated with NATA to train 120 members from different multisectoral institutions to help patients quit tobacco.

Supported community cessation interventions to sustain the tobacco free zones initiatives through the training of 40 PHC staff to establish tobacco free zones within their health areas.

WHO supported the “No tobacco use” campaign to create awareness among the public and youth during the COVID-19 outbreak. Furthermore, WHO trained district level medical officers on management of substance use disorders.

WHO worked together with NATA in developing a “Tobacco taxation formula” where taxes are indexed to the sum of both inflation and GDP growth. The proposal was presented to MoH and a cabinet paper was prepared and submitted to the MoH.

Preventing the harmful use of alcohol

Through the biennium, WHO continued to support the implementation of the multisectoral alcohol prevention program (MAPP) which takes a holistic approach to reduce the prevalence of alcohol consumption and to manage alcohol dependence based on primary prevention, detection, referral treatment and rehabilitation services.

WHO trained 750 district level medical officers on basic treatment protocol and management of substance use disorders to prevent COVID-19 transmission among substance (drug) users. Importantly, WHO supported the national dangerous drug control board to train their staff on effective treatment, rehabilitation and prevention from substance use.

Reducing mental health risks factors

Despite the burden imposed by the COVID-19 outbreak to all health programs, WHO continued its engagement to address mental health determinants and support the on-going peacebuilding process. WHO worked in strengthening multi-sectoral stakeholders to reduce mental health risk factors through psychosocial support for lasting peace and reconciliation as well as for COVID-19 short-term psychological effects.

Supported the setting up of a multi-agency technical advisory committee for mental health and psychosocial support (MHPSS) with the directorate of mental health, MoH, Ministry of Social Services, National Institute of Mental Health, academia, consumer care network and CSOs.

The MHPSS “4W Tool” was adopted and translated to the local context.

As part of the COVID-19 psycho-social interventions supported and implemented together with the directorate of mental health:

In collaboration with the community of practitioners for MHPSS, WHO provided technical assistance in conducting community-based needs and vulnerability surveys at the community level in 21 districts.

Helped to organize the training of quarantine centres staff on providing MHPSS to the people in their facilities. The national mental health helpline 1926, limited to central level, was expanded nationwide covering all the 26 health districts in 2021.

Contributed to the development of a psychosocial well-being package to schools, including positive coping skill development for students, in collaboration with the Ministry of Education.

In collaboration with the MoH and the NIMH, WHO supported the training of a five-member mental health teams at district level in MHPSS. 130 members were deployed in the hospitals and in the RDHS office to provide community MHPSS.

3.3 Addressing the determinants of health

Reducing injury health burden

WHO supported a “safe city” demonstrative project in two health areas to reduce acute NCDs at workplace and

household level through accident and injury surveillance, risk identification and an awareness campaign.

With the increasing cases of drowning in the island, WHO made partnership with Sri Lanka Life Saving to document the sites with higher risks of drowning and road accidents and conduct a baseline assessment, a coordinating centre and a hotline in two health areas. As a result, 85 awareness sessions on prevention measures were conducted reaching 8,500 women. Warning sign boards have been displayed in and placed where a risk of drowning and road accidents were identified.

A drowning country situational analysis was commissioned as an advocacy tool to assess drowning burden and to strengthen drowning prevention initiatives. As a result, a national drowning report was issued in 2021. WHO further engaged in drowning prevention by improving the water competency skills of 675 school children in collaboration with the Sri Lanka Life Savings through 20 “Swim for Safety” programs.

Supporting road traffic injuries data generation

Road traffic-related incidents are the leading cause of death among young people in Sri Lanka . As part of tackling the problem, Sri Lanka police and WHO have worked to improve the quality and accessibility to road safety data to understand where, how, when and who are most affected by road traffic incidents and deliver joint critical interventions.

Worked in improving timeliness and completeness of road crash data through reviewing the Sri Lanka accident data management system and expanding the program to one additional province.

In collaboration with the road safety council, University of Moratuwa and the Sri Lanka Police, a capacity-building program for police officers on road safety legislation was conducted.

Understanding Sri Lanka malnutrition burden

Supported a national survey on “Assessment of the gaps in energy and nutrition consumption at household level” in collaboration with the MRI and a study to address the availability of national nutrition quality standards (NNQS) in residential care institutions. As a result, WHO assisted in the development of the NNQS for residential care for older people and the guidelines on nutrition for community dwelling older person and care givers.



**Prevalence of stunting in
children under 5:
16.0% (2020)**

Source: World Health Statistics, 2021

WHO upgraded the nutrient profile data base to promote consumption of healthy diets and contributed to upgrade the district nutrition monitoring system to capture the multisectoral interventions carried out at district level to reduce malnutrition.

As part of its country commitment to reduce micronutrient deficiencies, WHO supported a survey to identify “Gaps in energy and nutrient consumption at household levels”.

Improving water management

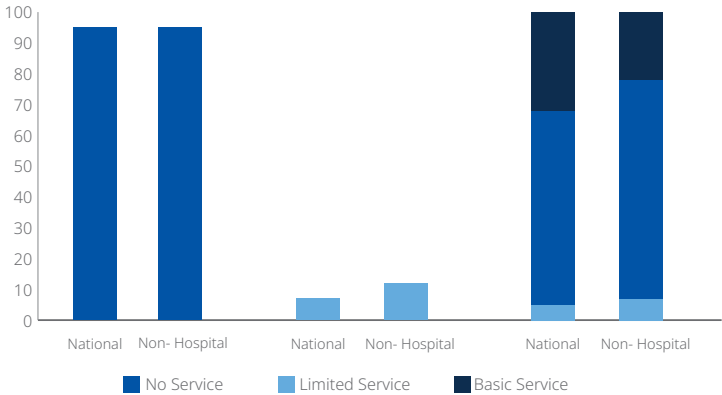
Improved the technical capacity of the national water drainage board training the national and district level staff on auditing of water safety plans (WSPs). In addition, a pool of external auditors was trained to conduct audits of water safety plans. As a result, seven internal formal audits and five external audits were conducted to assess the availability of safe drinking water in the country and findings presented and discussed to identify strategies to further increase the availability of safely managed drinking water. A WSPs report was elaborated and published with the main contents compiled.



Proportion of population using safely managed drinking water services - at least basic service: 92.23% (2020)

Source: UN Report Progress on Drinking Water (SDG Target 6.1), available at <http://www.sdg6data.org/indicator/6.1.1> accessed on 25.4.2022

Fig. 4.
Basic WASH Services at Health Facilities



Source: WHO SEARO. Monitoring Progres on UHC and SDG, 2020 update

Sustaining Waste management

Provided technical support to improve the healthcare waste management skills through strengthening hospital waste segregation by providing colour code waste bins (2227 wastebins for 30 hospitals in 26 districts) and an incinerator to Chilaw district general hospital for final waste disposal.

In collaboration with the Ministry of Environment, WHO supported an agrochemical container recycling program in communities and awareness sessions for government officials and farmers to discourage “one single use” containers and promote proper methods of agrochemicals disposal in the Polonnaruwa and Anuradhapura districts.

3.4 Promoting healthy settings and youth

Promoting healthier populations through healthy settings

MoH and WHO continued their commitment to improve Sri Lankan citizens' wellbeing promoting “Health in All policies” and “healthy settings”. The settings approach to health promotion implies to work ‘through the setting’ to modify their multiple, interacting components and make them healthier for the population. WHO was involved in three demonstrative projects based on the “healthy settings” approach:

Provided technical assistance to establish a “Jaffna Healthy City” program to address the issues of waste management, physical inactivity, WASH facilities in schools and COVID-19 prevention through a multisector approach; A “healthy hospital” at Panadura Base Hospital; and a “healthy village” at Alawwa with community groups who were able to prevent the COVID-19 spread among their villages and create “drugs free” schools.

Empowering youth to improve adolescent health and well-being

WHO is committed to continue empowering youth and engage youth in their own health promotion, COVID prevention, and publicizing youth friendly health services (YFHS) centres among youth groups.

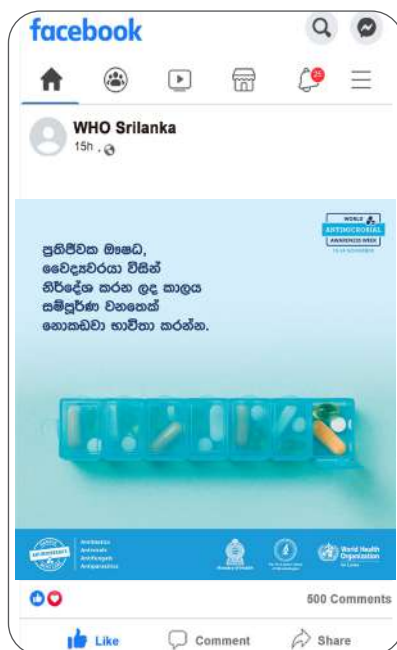
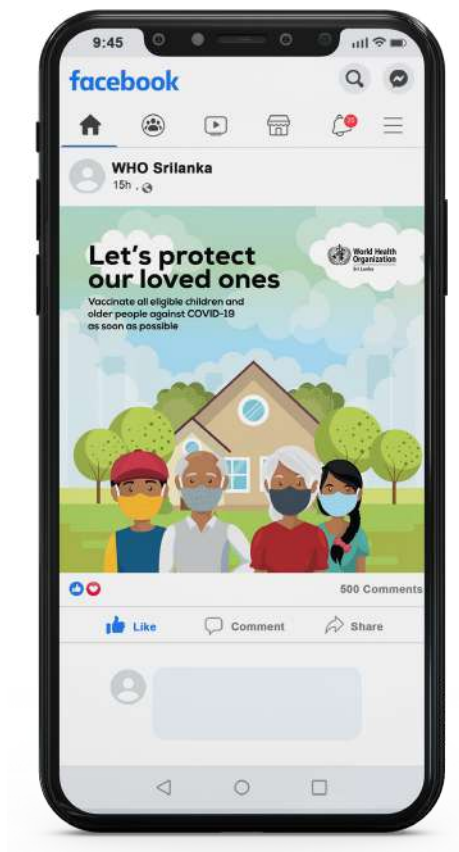
Supported youth mobilization and YFHS centres working together with the MoH and youth action network Sri Lanka, ADIC and UNFPA. UNFPA supported the refurbishment of YFHS centres, while WHO supported the youth mobilization component.

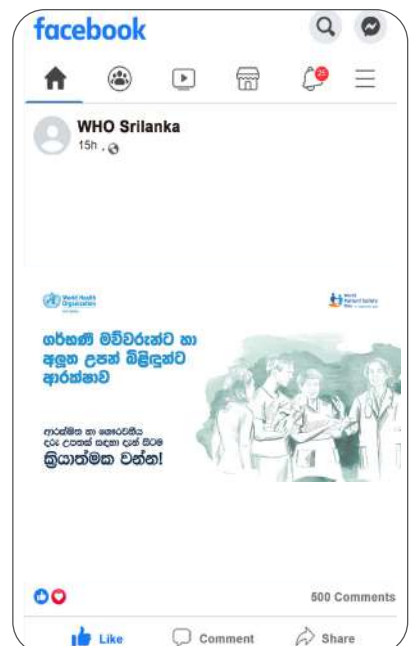
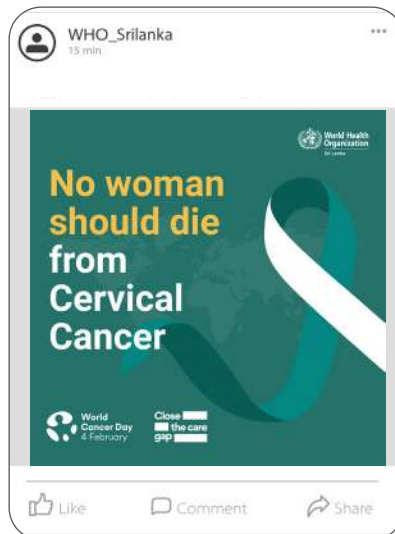
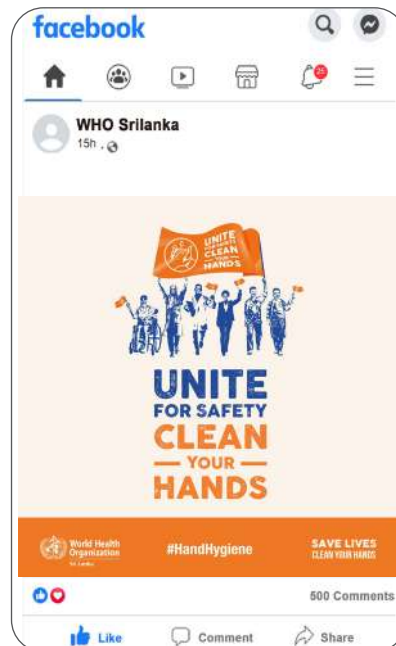
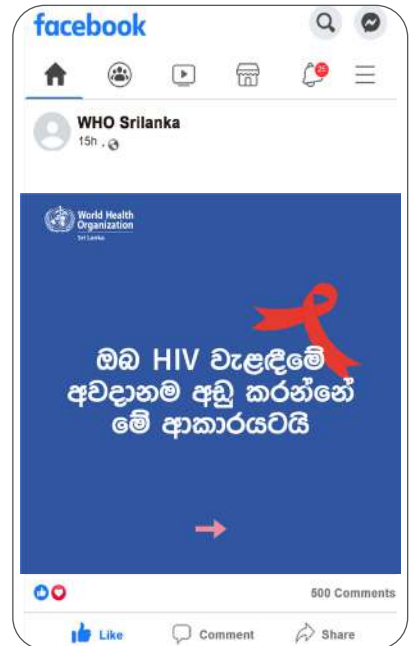
Built health promotion capacity of a youth leader's group (with 40+ youth leaders) and a youth network consisting of nearly 500 youth on COVID-19 prevention, gender, gender-based-violence (GBV) and tobacco and alcohol prevention. WHO collaborated with the Urban Settlement Development Authority (USDA) to enhance health and wellbeing of vulnerable youth in urban settlements on adolescent health reaching approximately 600 youth.

Supported several COVID-19 prevention and vaccination awareness sessions and publicizing youth friendly health services through YouTube drama, Facebook campaign, a Facebook quiz and webinars where 30,000-50,000 youth benefitted from these interventions.

WHO, UNDP, UNV and the national youth service council worked together to design an innovative youth health service delivery model, and a youth wellbeing promotion program which was jointly implemented through a settings approach with the support of the peacebuilding fund's youth promotion initiative. The ongoing program developed the capacity of 1,500 young leaders as community advocates for health and inclusive development.

Assortment of original trilingual information, education and communication material produced by WHO









WHO's leadership and advocacy for health

In 2020-2021, partnerships have become even more critical for WHO to increase intervention effectiveness within the framework of COVID-19 response. Besides the traditional coordination mechanisms led by WHO and WHO convening power for enhancing multi-sectoral programs impact, during the biennium there were many gains from WHO leadership in emergency response coordination highly recognized by all partners.

4.1 Partnerships and coordination

UN and the financial institutions. WHO has closely worked with MoH and a multitude of partners including other ministries, academic institutions, professional colleges, UN agencies, development partners, missions and CBO which enabled a coordinated and swift response to the country needs:

WHO chaired the UN technical team for COVID-19 preparedness and response and collaborated with United Nations Office for Project Services (UNOPS) and UNICEF to facilitate international and local procurements of goods and equipment for immediate COVID-19 response.

UNOPS and WHO jointly implemented the grant from the UN multi-partner trust fund DFAT to set up 3 oxygen plants and to strengthen the genomic sequencing country capacity of SARS COV 2 virus strains in four laboratories in collaboration with MRI and HKU and the center for dengue research at Sri Jayawardenepura University.

With UNICEF, joint proposals to support the vaccination

campaign were successfully funded by GAVI, resulting in accelerated coverage and effective implementation of the NVDP.

WHO, UNICEF and the RCO worked jointly on risk communication and development of communication materials on COVID-19.

WHO and WFP have worked to strengthen the coordination of generating real time data using DHSI2 platform and support the DMC. This complementary collaboration among the UN Agencies has proved to amplify the impact of the response: two WFP staff members were deployed for extreme weather forecasting and WHO supported the strengthening of DEOCs which resulted in a more resilient and responsive system to disasters/emergencies.

ADB provided a USD 4 million grant to increase the testing capacity, procurement of N95 masks, viral transport media and other urgently required medical equipment and consumables in selected hospitals. This is in addition to the \$10 million reallocated loan and \$5 million grant under the health system enhancement project.



The European Union and the World Health Organization joined hands to mitigate the impact of the pandemic in Sri Lanka.



A consignment of protective surgical masks donated by the Government of Germany to the Ministry of Health through the WHO Country Office

World Bank assisted Sri Lanka to prevent, detect, and respond to the pandemic and strengthen its public health preparedness (USD 80 million) and activities for preparing the health system for a future epidemic (USD 128.6 million).

Donors; A critical partners platform to map state and non-state stakeholders was developed and regularly updated to facilitate the implementation of the SPRP, harmonize assistance and to identify technical and financial gaps as well as the key country priorities. The MoH list of priorities was regularly communicated to donors such as EU, USAID,

DFID, Australia, Canada and Germany Government and cooperation agencies.

Non state actors; WHO's collaboration with Sarvodaya, CSO collective, ADIC, Public Health Foundation and Community of Practice for MHPSS enabled further strengthening of COVID-19 response at the grass-roots level. Their network of community-based leaders has proactively disseminated COVID-19 information and supported the implementation of PHSM, including social and psychological support.



More than 4.3 million vaccine doses were received in Sri Lanka under the COVAX facility that promoted equitable access to COVID-19 vaccines across the globe

4.2 Staff development and learning

“A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace” (Source: WHO. Five Keys to Healthy Workplaces: No Business Wealth without Workers' Health).

Workplaces that support people to improve their wellbeing and promote mental health are more likely to reduce absenteeism, increase productivity and benefit from associated economic gains. Disease awareness, risk factors and mental wellbeing are tested during high stress situations, such as emergencies. Therefore, as an organization that has been at the forefront of the COVID-19 response, during this biennium, WHO has undertaken numerous activities to manage high stress situations, to increase staff awareness of preventable disease risk factors, build a supportive environment within the office team and to create a collaborative, respectful, productive, and positive work environment.

WHO interventions under the “Respectful workplace initiative” (RWI) aimed at enhancing the WCO team spirit while strengthening individual capacity to manage challenging situations in 2021.



A kiosk at the entrance to the WHO Country Office in Colombo offering sanitization and hand hygiene facilities during the pandemic wave in 2021



*The United Nations in Sri Lanka produced the mental well-being promotion booklet titled *Calm your mind* for staff and family members of UN Offices in the country during the pandemic wave*



WHO staff walked the talk by taking part in physical activity sessions during their work hours

A staff webinar related to “Managing yourself during difficult times” was conducted to improve the staff capacity in managing stress and high intensity emotional management, introducing techniques of self-management in difficult times. Together with the NCCP, WHO organized a breast cancer awareness session for all UN staff to increase the disease awareness and educate them on the importance of screening and early diagnosis. Warning signs for early detection, which can change dramatically the disease outcome and timely access to treatment, were discussed during two parallel sessions for male and female staff members. In addition, the male staff session focused on prevention of other cancers. IEC materials developed by the NCCP were distributed among the participants.

Under the RWI 2021 “We are Here for each Other”, a session for 8 weeks (10 sessions) was conducted among WHO staff to build trusting relationships, assertive communication, actions in creating a respectful workplace and self-compassion. These sessions helped staff improve their ability to face challenges in working from home and at office and adapting to the evolving COVID-19 environment; to improve team spirit and collaboration among staff; and

to provide practical support and tools for staff to maintain positive mental wellbeing.

Two training sessions were organized for WHO staff on “WHO’s evolution through the years and its critical role in public health”, and on how to build the capacity of WHO staff “to organize, lead and participate in meetings and workshops in the context of COVID-19”. A video clip also was produced to demonstrate the best “meeting organizing practices”, which will be shared as learning tool with other UN agencies and counterparts and other WCOs.

4.3 Fostering gender, equity, and human rights (GER) mainstreaming in health programs

WHO conducted a GER capacity building training that assisted staff to increase their understanding of GER concepts and their links to health; to improve the capacity to integrate GER issues more systematically in their daily activities; to learn about GER available tools and technical resources and how to put them in practice; and overall, to develop and implement GER-responsive and transformative programs and policies to ensure health equity and UHC.



WHO staff observe the ‘Orange the World campaign 2021’ in support of eliminating all forms of violence against women



Challenges and lessons learnt

5.1. Major challenges

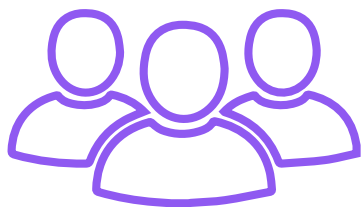
During the biennium of 2020–2021, the main challenges were related particularly to the pandemic situation. ***Adapting to a new way of working*** was both external and internal to WHO. Constraints on physical meetings, workshops and field visits challenged WHO work and timely implementation of the workplan. The new way of working was particularly limiting urgent support for capacity-strengthening for pandemic response.

The shift in focus to pandemic response needs was another challenge. The Ministry of Health/government priorities shifted exclusively to the COVID-19 response, resulting in substantial

additional requests, distinct from the workplan and mainly for procurement of essential supplies, which was not a comparative advantage of WHO. Moreover, these needs were difficult to plan for ahead of time and, therefore, not assessed systematically; these were subject to global market constraints.

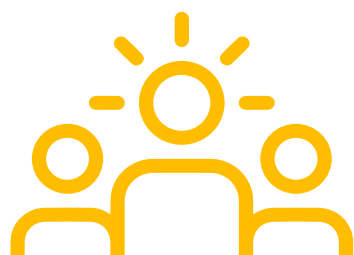
The ***continuity of other essential services*** was substantially disrupted and this led to reversed established health status, e.g. routine immunization, highlighting the importance of strengthening resilience in the health system to respond to public health emergencies.

5.2 Lessons learnt



Importance of motivated staff

Emergencies impact WHO country office staff as well. It is important to recognize this and keep up motivation to work together to support Ministry of Health.



WHO leadership

A key dimension of leadership means effectively drawing on strengths of all stakeholders for a consolidated response. Important here are actors at the sub-national and community levels who can impact at local level – non-state partners and development partners.

oneWHO

Significance of “one WHO”

Not everything needs to be re-done at country level, e.g., reliance was placed on regional office/ HQ communication materials including to tackle misinformation with advocacy-based on WHO’s technical and scientific advantage.



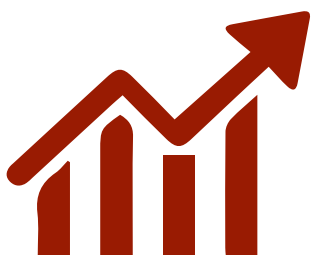
Multi-sectoral approach to health

The success of COVID-19 vaccination in Sri Lanka underlines the importance of reprioritizing health in Government across sectors in a whole of government and whole-of-society approach



The potential of digital technology

The use of innovative IT solutions in the COVID-19 response emphasize the important role it can play in improving access to services and evidence-based decision-making



Building back better

The success of COVID-19 vaccination was based on Sri Lanka sound PHC foundations underlining the importance of PHC-centred health systems for resilience going forward

5.3 Best practices

(i) WHO resources can be contextualized and enhanced.

- Risk communication campaigns based on WHO HQ guidelines were developed in Sri Lanka and adapted to the country culture, language, ethnicity, and religion which was critical to reach the population nationwide.
- WHO and UN collaboration has improved the efficiency of outputs delivery. The work with ILO on formation of inter-sectoral social dialogue mechanisms and the development of a framework for health worker mobility maximized the comparative advantages of each agency. Equally, the collaboration of WHO with UNICEF and UNV and youth to scale up health promotion across sectors has enhanced outcome effectiveness.
- The DHIS2 tracker for information management opened the opportunity of exporting Sri Lanka successes to other countries and proved global public goods value.

(ii) IPC measures should be enhanced through available resources.

- Socializing IPC trainings at all levels of the health sector proved to be a prevention mechanism to reduce CD infection transmission. It contributed to building health system capacity for epidemic preparedness and response and reduce COVID-19 and the CD infection rate among medical staff.

- Quarantine centres and factory focal points were critical to spread IPC measures.

(iii) Importance of international and national knowledge sharing opportunities and access to national and international experts.

- Virtual knowledge-sharing webinars imposed by the COVID-19 restrictions allowed to reach out the subnational and global levels and facilitated first-hand access of medical officers to learn from international experiences, as well to present theirs.

(iv) Use of digital health.

- COVID-19 accelerated the digitalization of the national surveillance system which was critical in improving COVID-19 response in terms of contacts tracing, and patient's and vaccination coverage follow-up. It will increase the country overall capacity for CD surveillance in the short and medium-term.
- Using of open-source platforms proved to be a cost-efficient digital solution to the rapid information needs of Sri Lanka.
- Incorporating telehealth options into service delivery models sustained service delivery.



The priorities for 2022-23

Sustain WHO's support in health systems, NCDs and mental health, nutrition, health emergencies as well as emergent programs such as the elderly health and health promotion. Ensure GER mainstreaming in programs and activities. Sustain advocacy at the highest level to ensure the continuation of key routine activities with minimal disruption.

Establish PHC as a health system foundation through the expansion of the ESP incorporating social determinants. The pilot implementation of an integrated, patient centered service delivery model for NCDs was tested in selected districts and should be scaled-up in other provinces shortly.

Sustain the technical support to finalize the HRH master plan (2022-2030) as basis for implementing strategic interventions and to strengthen the health workforce that is equitably distributed across the island to deliver required services, including emergency services.

Support the MoH planning and the health economics unit and build its capacity to perform the NHA, economic evaluation, trainings, health technology assessment and research.

Enhance multi-sector partnerships to address the determinants of health, including CSOs and other non-state actors to increase interventions effectiveness.

Sustain data, research, and digital health: establish a PHC knowledge hub to capitalize Sri Lanka's wealth of PHC experience; leverage digital technology and information systems for policy development and decision-making and enhance research through partnerships.

Strengthen emergency preparedness for all-hazards updating IHR, increase the country capacity for epidemiological modelling and advanced data analytics and incorporate district and subnational levels in emergency planning and response.

ANNEX I.

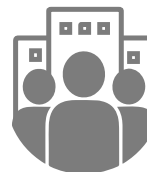
Sri Lanka at a glance



Population (000s)
(2017): 21,444¹²

60+

Population over 60
years (2017): 12.36%¹³



Urban population
(2018): 18.5%¹⁴



Life expectancy at birth¹⁵

Male (2016): 72

Female (2016): 78.6



Poverty (ppp < 1 USD
per day) (2016): 0.9%¹⁶



- GDP per capita (current USD) (2016): 3,835 (decreasing trend)¹⁷
- Current health expenditure as share of GDP: 3.8% (decreasing trend)¹⁸
- Out of pocket expenditure on health as a % of total expenditure on health (2017): 49.8% (increasing trend)¹⁹

Health SDG Goal: indicators of overall progress

Heathy life expectancy
Male : 64.4²⁰



Heathy life expectancy
Female : 69.3²¹

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20, 21 Global health estimates: life expectancy 2000-2016. World Health Organization. Geneva.2018

SDG target	Formulation	Base line	Country targets 2030
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	33.7 (2015)	20
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		
	HIV incidence rate per 1000	0.03% (2015)	<0.01%
	TB incidence rate per 100,000	65 (2015)	13
	Malaria incidence per 1000	0 (2017)	Maintain 0
	Dengue- Number receiving treatment for dengue per year	41,189 (2016)	20,000
	Rabies- Number of deaths due to human rabies	7 (2016)	Zero by 2030
	Filariasis - Number of new lymphoedema cases due to filariasis receiving treatment per year	753 (2016)	Zero by 2030
	Leprosy- Number receiving treatment for leprosy per year	1973 (2016)	1000 by 2030
	Leishmaniasis- incidence of reported cases of Leishmaniasis per year per 100,000	7.2 (2016)	<1 per 100,000
3.4	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	17.7 (2015)	13,2
	Suicide rate /100,000 population	14.5 (2015)	11,6/100,000
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 (baseline 2016)	13.43/100,000	11,4/100,000
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	UHC Index 66 (2020)	
	Age-appropriate Immunization coverage rate by vaccine for each vaccine in the national schedule (DTP3)	96% (2020)	100%
	Population using safely managed sanitation services	91.2% (2016)	98%
	Cervical cancer screening	24.5% (2015)	50%
	International Health Regulations (IHR) core capacity index	79.2% (2016)	100%
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	89 (2018)	79
	Tobacco use among persons aged 18-69 years	25.8% (2015)	10%



Our goal is to support the people of the country to attain the highest level of health through strengthening of the health system on the principles of equity, fairness and responsiveness with emphasis on the poor and marginalized.



**World Health
Organization**

Sri Lanka



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