Nil-Manel in abundance!

Flowers are a universal symbol in wishing good health and happiness…

Nil-manel is the national flower of Sri Lanka, which grows in water bodies throughout the country, just like the public health system that’s spread across the length and breadth of Sri Lanka with its diverse services and care giving.

When in bloom, Nil-manel is mostly seen in clusters, which adds to the beauty it emanates, just like the impact partnerships and team work bring out when working in unison towards a common goal.

Traditional art in Sri Lanka has numerous representations of the flower symbol, some of which has been captured in this publication as an appreciation of the local art and culture.
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Stronger Partnerships. Healthier Results.


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Printed in Sri Lanka
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The Year in Retrospect

Sri Lanka has achieved tremendous success in addressing communicable diseases. Many diseases, especially vaccine preventable diseases and some of the neglected tropical diseases are either eliminated or near elimination. Poliomyelitis was eradicated in 1993, while leprosy is no longer a public health problem since 1995. The last indigenous case of malaria was reported in 2012. Sri Lanka achieved elimination status for lymphatic filariasis at national and district levels in 2015. The country continues to remain in low prevalence status for HIV/AIDS.

With the advent of a new government in January 2015, Sri Lanka has reached a notable turning point in its history. The doors have been opened for even closer collaboration between WHO and the government in a successful relationship that has spanned 63 years. The environment, both locally and globally, was conducive for huge strides to be made in health in Sri Lanka. Many programmes initiated by President Maithripala Sirisena during his tenure as Health Minister in the previous government, have gained further traction due to his wholehearted support.

Upon my transfer to Colombo in June 2015, one of my first priorities was team building among the office staff of 36 members. An offsite Professional Development Training programme conducted in July proved very fruitful as a bonding exercise to enhance team work and create awareness of the role of each individual’s contribution to the success of the organization. Our team focused much of our energy during the latter half of the year preparing the next biennium work plan, which will continue to build on the impressive results outlined in this report.

Progressive Partnerships are Key

At WHO, we understand and appreciate that health is a multi-factorial, multi-sectoral and multi-stakeholder process. Ensuring that healthy communities go far beyond the mandate of the health sector, we continued to explore and engage in varied partnerships in-country and beyond. While the Ministry of Health, Nutrition and Indigenous Medicine (MoH) remains the main partner, provincial governments are gaining more autonomy with decentralization; therefore, the need to work with provincial ministries of health is increasingly being felt. In this regard, a number of initiatives were taken in 2015, which will be followed by policy level dialogue for more meaningful engagement at provincial levels.
Most health related achievements are the result of the influence of multiple socioeconomic factors; from agriculture policy to environmental decisions that put us at risk for disease, from transportation and education to energy and trade; every political decision has a health cost or benefit. It clearly implies that the stakeholders who have the primary responsibility of managing these external factors play an increasingly greater role in ensuring healthy communities. This multiplicity of stakeholders has introduced new requirements for effective management of these interactions through a multipronged approach.

Building on the existing strong partnership with the MoH, we engaged with other sectors and partners in 2015. The success of such collaborative mechanisms and partnerships can be seen from the commendable progress and achievement of health goals and the country’s ability to go beyond set boundaries and targets. Such partnerships cut across the government, private sector, NGOs, civil society organizations, academia, and fellow UN agencies. Professional colleges, universities and autonomous bodies of the MoH have a strong technical voice and influence. We strategically worked with and supported different professional colleges and optimally utilized them for advocacy and policy dialogue, promotion of evidence based practices and dissemination of WHO technical guidelines and norms. For our team, this is an ongoing process.

**Integrating with Sustainable Development Goals (SDGs)**

In 2015, WHO found itself not merely advocating a people-centered approach to eradicating poverty but also to save the planet, because healthier people equal a healthier planet. The MDG era ended, and the SDG agenda has expanded to 17 goals to be achieved by 2030. The unfinished agenda from the MDGs on maternal mortality, infant mortality and infectious diseases will continue to be addressed and monitored. Additionally, other sectors have an impact on health and WHO is currently involved in discussions on the various indicators to monitor such impact.

Moving forward, we will continue to facilitate technical cooperation and support to the Government of Sri Lanka by bringing in global and regional learning and best practices to achieve country specific health agendas, priorities and initiatives.

Dr Jacob Kumaresan
1. Mr Tirupathi Suveendran
2. Dr Nilmini Hemachandra
3. Dr Anuruddhe Thushara Ranasinghe
4. Dr Arturo Pesigan
5. Dr Jacob Kumaresan
6. Dr Nishirani Lanka Jaysuriya Dissanayake
7. Dr Janakan Navaratnasingam
8. Mr C P Jain
Get to Know our Team

Dr Jacob Kumaresan

Dr Jacob Kumaresan is WHO Representative to Sri Lanka. Previously he was Executive Director, WHO Office at the United Nations in New York from 2011-15. Earlier he was Director of WHO Centre for Health Development in Kobe, Japan from 2008-11 and President of the International Trachoma Initiative, a non-profit organization dedicated to eliminating the leading cause of preventable blindness from 2003-07. He joined World Health Organization headquarters in 1992 where he eventually headed the Stop TB Partnership. He worked with the governments of Zimbabwe and Botswana during the 1980s. Dr Kumaresan received his MD degree from University of Madras, India and MPH and DrPH degrees from Tulane University, USA.

Dr Arturo M Pesigan

Dr Arturo M Pesigan is Technical Officer of the WHO Sri Lanka Office. He has wide experience in the areas of health emergency management, environmental and occupational health, community medicine and health systems. He worked in WHO for more than 15 years, having been assigned to Timor-Leste, Western Pacific Regional Office (WPRO) and the WHO Centre for Health Development in Kobe, Japan. He received his BSc (with honors) and Doctor of Medicine degrees from the University of the Philippines. He also studied at the Johns Hopkins University (undergraduate) and at the Memorial University of Newfoundland (postgraduate studies in community medicine). His training on health emergencies and disaster management was from WHO/University of Geneva and IFRC/Fukuoka University. He served as Professor of Public Health at the University of the Philippines prior to joining WHO. Dr Pesigan was Chair of the Regional Staff Committee of WHO WPRO, and also served as Ombudsman at WHO WPRO.

Dr Janakan Navaratnasingam

Dr Janakan Navaratnasingam is a public health specialist/epidemiologist working as NPO Communicable Diseases and Immunization. He trained in "Food and Nutrition Programme Planning" at the University of the Philippines (Los Banos) and "Advanced Vaccinology and Immunization" at the Institute of Vaccinology, South Korea. In recognition of his services for internally displaced people during conflict times (2009-11), he was awarded a scholarship by the Bloomberg School of Public Health, Johns Hopkins University, USA. Dr Janakan is a medical graduate of the University of Jaffna; he received his postgraduate degree in public health from the Post-Graduate Institute of Medicine, University of Colombo. He specialized in international health and infectious disease epidemiology during his tenure as postdoctoral fellow at the University of Ottawa, Canada (2005/06).
Dr Lanka Jayasuriya Dissanayake

Dr Lanka Jayasuriya Dissanayake is the NPO Noncommunicable Diseases (NCDs) since 2008. She is the focal person responsible for NCDs, Elderly, Disability, Injury Prevention and Road Safety. She completed her undergraduate studies at Leeds University UK after which she obtained a MBA in Health Care Sciences from Manipal University, India. Her medical career commenced in the fields of Cardiology and Geriatrics in UK. She returned to Sri Lanka in 1998 after a period of 10 years and commenced working at the Medical Faculty, University of Colombo, National Hospital followed by Apollo Hospital. Soon after the tsunami in 2004 she joined the Sri Lanka Red Cross Society as Executive Director Health and worked there for four years.

Dr Nilmini Hemachandra

Dr Nilmini Hemachandra is the NPO Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH). Previously she worked as the national programme manager for Maternal Care, Family Health Bureau, and Ministry of Health from 2009 to 2015. Dr Hemachandra obtained a Bachelor’s degree from the Faculty of Medicine, University of Colombo, a Master of Science degree in Community Medicine, from the Post Graduate Institute of Medicine, University of Colombo, and a Doctorate in Community Medicine from the Post Graduate Institute of Medicine, University of Colombo. She did her Post-Doctoral training at the Social Science and Health Research Unit, Department of Psychology, Psychiatry and Psychological sciences, Faculty of Medical Sciences, Monash University, Australia.

Mr Thirupathy Suveendran

Thirupathy Suveendran is a clinical psychologist and the NPO Mental Health at WHO, a position he has held since 2012. Previously he was a national consultant at WHO (2005 – 2012) and stress counselor to the UN Department of Safety and Security in the Eastern Province. He held the position of clinical psychologist in several institutions including Sahanaya, National Council for Mental Health; Lady Ridgeway Hospital for Children; the Child Behaviour Assessment Clinic; Child Learning Disability Clinic; Sri Lanka Air Force, Air Force Hospitals. He was a lecturer at the Department of Psychological Medicine, Faculty of Medicine, University of Colombo and a visiting lecturer at the Postgraduate Institute of Medicine. Mr Suveendran holds a BA in Psychology and a MA in Applied Psychology from P.S.G. College of Arts and Science, Coimbatore, India and a M. Phil. in Psychology from the University of Madras, South India.

Dr Thushara Ranasinghe

Dr Thushara Ranasinghe is a medical graduate of the Kasturba Medical College, Manipal Academy of Higher Education, India. He obtained a Masters Degree (2005) and a Doctoral Degree (2008) in Community Medicine from the Post Graduate Institute of Medicine, University of Colombo. Dr. Ranasinghe serves as NPO Planning and Management. His areas of interest include health sector planning and evaluation, primary health care, health systems strengthening, health sector disaster management, human resources for health (HRH) and health sector financing.

Mr Chandra Prakash Jain

Mr Chandra Prakash Jain is Administrative Officer of the WHO office in Sri Lanka. Previously he has served as the Administrative Officer of the WHO country offices in Nepal and Myanmar. He held various positions in the Budget and Finance Unit of the WHO SEAR Office. He graduated with a degree of Bachelor of Commerce from the University of Rajasthan. Chandra Prakash Jain is a Chartered Accountant and is a member of the Institute of Chartered Accountants of India.
1. Mr Joseph Perera    2. Mr A S M Azmi    3. Mr Ajith Hemantha Witharana

WHO Focus in Sri Lanka

The Six Pillars of Intervention

1. Communicable Diseases
2. Noncommunicable Diseases
3. Promoting Health through the Life-course
4. Health Systems
5. Preparedness Surveillance and Response
6. Corporate Services and Enabling Functions
Category 1 - Communicable Diseases

Overview

Sri Lanka has demonstrated tremendous success in addressing communicable diseases, in particular vaccine preventable diseases (VPDs). Acceptability and accessibility to childhood vaccines has resulted in sustained high vaccination coverage and many VPDs are near elimination today. The country maintained its polio-free status for over two decades (last case 1993), remains free of diphtheria since 1991, and maternal and neonatal tetanus (last case 2009), while steadily moving towards elimination of measles and congenital rubella syndrome. The following neglected tropical diseases are no longer or soon will no longer be public health problems in Sri Lanka: leprosy (since 1995), lymphatic filariasis (since 2015) and rabies (only 19 cases were reported in 2015).

WHO continues to remain a strong partner of the Government of Sri Lanka in their fight against communicable diseases, which includes HIV, hepatitis, tuberculosis, malaria, neglected tropical diseases, and VPDs. In terms of capacity development, WHO supported training for clinicians, public health and laboratory staff, nurses, physiotherapists and other staff involved in all levels of prevention and control of communicable diseases. As part of south-south cooperation, WHO also facilitated study tours for other countries to visit Sri Lanka and share the expertise and knowledge, particularly in the fields of immunization, malaria and rabies control.
Achievements

Global Fund to Fight AIDS, Tuberculosis & Malaria (GFATM)

As a member of the Oversight Committee and as a representative of international/bilateral partners in the Country Coordinating Mechanism, WHO continues to provide technical assistance for the effective implementation of GFATM funded activities in Sri Lanka. In 2015, the three disease control programmes, HIV, TB and malaria, applied for three year grants under the new funding model of the GFATM. WHO supported these applications, providing support in prerequisites (programme reviews, epidemiological analysis, revision/upgrading of national strategic plans) for grant and concept note preparation. The new grant documents (2016-18) will be signed between the Government of Sri Lanka and the GFATM shortly.

The country continues to maintain low prevalence status (< 0.1%) for HIV/AIDS despite the presence of high-risk and vulnerable populations. One of the achievements in this field has been the scaling up of the coverage of the elimination of mother to child transmission of HIV programme in Sri Lanka. In 2013, a pilot project began in high burden districts. In late 2015, screening services were scaled up to cover the Northern, North Central and North Western Provinces with almost 75% coverage achieved by the end of 2015. Further expansion of services is planned and expected to cover the whole country by 2016. It is hoped that Sri Lanka will soon achieve validation from WHO as the first country in Asia to eliminate mother to child transmission of HIV.

Tuberculosis (TB) continues to be a public health problem with 8 000-10 000 new cases reported each year. In 2015, the total number of TB cases detected amounted to 9 575. WHO provided financial and technical support for the revision of the National TB Manual and workshops on modular training, practical approach to lung health and programmatic management of drug resistant TB.

Sri Lanka has achieved remarkable success in combatting malaria. The last indigenous case of malaria was recorded in October 2012. Even though Sri Lanka occasionally reports cases of imported malaria, it has been free from indigenous cases for over three years. This qualifies the country to apply for the WHO certification for elimination of malaria in 2016.
Immunization and Vaccine Preventable Diseases

WHO supported consultative meetings, awareness programmes and reviews of surveillance activities at both hospital and field levels for acute flaccid paralysis (AFP), polio, measles, rubella and congenital rubella syndrome, with a special emphasis on sustaining polio eradication and working on measles elimination. WHO also provided technical assistance for the introduction of inactivated polio vaccine (IPV) and the switch from trivalent to bivalent oral polio vaccine following the announcement of global eradication of type II polio.

WHO facilitated the accreditation of the measles and polio reference laboratories. The national committee for certification of polio eradication was expanded in 2015 to include verification of measles-rubella elimination also. Despite very high coverage of the measles vaccination, the country has been experiencing an outbreak of measles especially among adults and infants since 2013, with around 6000 measles cases notified. This is a setback to the goal of measles elimination by 2020. As a control measure, case-based surveillance was strengthened, especially laboratory diagnosis. The focus of the general public and health workforce has now turned to vaccine quality management. To meet this demand, WHO supported development of awareness materials and training tools to monitor adverse events following immunization (AEFI) surveillance, programmes on AEFI causality assessment, and cold chain monitoring.

A Joint National and International Expanded Programme on Immunization (EPI)/VPD Surveillance review was conducted in Sri Lanka in October 2015. A total of 11 teams, each consisting of national and international members conducted the review. The review was done to assess the functioning of the EPI and VPD surveillance activities at central level and in 20 districts throughout the country. The review concluded that VPD surveillance in Sri Lanka is strong enough to detect outbreaks and recommended that the following areas be strengthened: increasing specimen collection for suspected cases, strengthening links between epidemiologic and laboratory data, and utilizing surveillance data for decision making at district level.
The GAVI Alliance (GAVI) previously supported Sri Lanka for new vaccine introduction and strengthening of cold chain. This support ceased in 2015 as Sri Lanka is now recognized as a middle-income country. According to the Graduation Assessment Plan, GAVI will continue to support inactivated polio vaccine (IPV) procurement. If the human papillomavirus vaccine is introduced in 2016/17, the country will get the vaccine at GAVI negotiated prices.

**Diseases of Outbreak Potential (Dengue, Leptospirosis and Influenza)**

While 2014 recorded the highest number of dengue cases in the history of Sri Lanka with more than 46,000 cases, there was a significant drop in the number of cases in 2015 when the country reported only 29,969 cases. WHO provided equipment training programmes on clinical management for doctors and nurses. Effective clinical management reduced the case fatality rate drastically.

Leptospirosis is a disease of public health importance with a total of 4,424 cases reported in 2015. Available data suggests that more than 85% of cases were reported from 12 high endemic districts. WHO supported prevention and control activities in these districts with the involvement of non-health sectors such as agriculture, agrarian services and animal husbandry.

The country faced an outbreak of influenza mainly due to A (H1N1) in 2015, causing 74 deaths including 14 deaths among pregnant women. WHO supplied personal protective equipment for health workers and strengthened stocks of anti-virals (oseltamivir) for treatment and laboratory capacity for diagnosis (cell culture facility, primers and probes).

**Neglected Tropical Diseases (Filariasis, Leprosy, Rabies)**

Sri Lanka achieved elimination status (microfilaria rate < 1%) at national and district levels for lymphatic filariasis in 2015. WHO supported the establishment of a secretariat and recruitment of a consultant to prepare a dossier (a prerequisite for certification of elimination), recording the sequence of events related to the elimination of filariasis as a public health problem. The dossier has been submitted for review by the Regional Programme Review Group.

Leprosy is not considered a public health problem and is in elimination status. However, the number of new cases has been increasing in recent years. Awareness on this disease remains low resulting in delayed diagnosis. Sixty per cent of cases are in Colombo, with others reported in the Southern Province and Puttalam. Increasing proportions of child cases, visible deformities and relapses, indicate active transmission, late case detection and poor compliance to treatment. WHO supported training on disability care and rehabilitation for leprosy and continues to facilitate the supply of anti-leprosy drugs for the whole country as an in-kind donation. Sri Lanka is included in the global surveillance system for anti-leprosy drug resistance.

"Maintaining the above successes in the control of communicable diseases, amidst a growing epidemic of NCDs, resource constraints, demographic transition and changes in environment, is a great challenge to be dealt with."

*Dr Janakan Navaratnasingam*
In response to rabies, Sri Lanka spends a considerable amount of resources on injecting human post-bite vaccine (post exposure immunization). WHO supported training on disease prevention and control, diagnostic techniques, treatment, training on intradermal injection techniques (prophylactic treatment for rabies), dog sterilization and awareness programmes. The country aims for complete eradication of rabies by 2020 through mass vaccination and birth control of dogs.

**Emerging Diseases**

The country remains free of emerging diseases such as Ebola Virus Disease (EVD), MERS-CoV and influenza A (H7N9) in part due to the technical assistance and logistic/funding support from WHO, especially for epidemiological and lab surveillance, preparation of awareness materials and advocacy efforts. WHO supported preparedness and response activities at national level in light of the emergence of these diseases at global level. A risk communication workshop on media publicity with special emphasis on Ebola was conducted for doctors handling surveillance and health education with support from WHO South-East Asia Regional Office (SEARO). A team of experts from SEARO visited Sri Lanka in 2015 to assess the state of preparedness for emerging diseases.
The category of noncommunicable diseases (NCDs) encompasses cancer, cardiovascular disease, diabetes, respiratory disease as well as, healthy ageing, disability prevention, injury prevention, and the Tobacco Free Initiative. NCDs are currently the leading causes of death and disability in Sri Lanka. Globalization, rapid urbanisation and lifestyle changes are key contributory factors behind this epidemiological transition.

WHO worked very closely with several ministries and partners to ensure wide acceptance and coverage of NCD initiatives in the country. Sri Lanka achieved impressive progress in the area of NCDs over the past few years, mostly due to strong government support and commitment.

**Achievements**

In 2015 WHO supported the government in two important initiatives:

**Healthy Lifestyle Clinics** - Sri Lanka has adopted the WHO Package of Essential NCD Interventions (PEN), which aims to strengthen primary health care institutions to cater for increased numbers of NCD patients by providing equipment and training. There are now close to 700 healthy lifestyle clinics throughout the country with WHO providing technical support and seed funding.

**Multi-sectoral Action Plan** - WHO initiated a process of developing the National Multisectoral Action Plan for Prevention and Control of NCDs (2016 -2020). A draft plan was formulated which sets out a blueprint for all government stakeholders to work together with development partners to combat the NCD epidemic. In December 2015, WHO supported a mission to identify a set of actions to prioritize in 2016-2017 for a coordinated and effective response by the various stakeholders.
UN Inter-agency Task Force on NCDs

A Joint Mission of the United Nations Inter-agency Task Force on the Prevention and Control of NCDs was held in Sri Lanka in October 2015. Sri Lanka was the ninth country in the world to host the Joint Mission of the Task Force which was led by WHO. Ten other UN agencies participated in the Joint Mission including IOM, ILO, UNAIDS, UNDP, UNFPA, UNESCO, UNICEF, UNV, WFP and the World Bank.

The Joint Mission reviewed action across the UN system and government in Sri Lanka in scaling up national efforts to prevent and control NCDs and the response of non-government stakeholders. Progress was noted in a number of NCD policy and programming areas at national level, while some areas were identified as needing immediate attention. The Joint Mission made a series of recommendations in the following five areas: (i) governance, coordination and accountability; (ii) surveillance; (iii) focusing attention on costing, coordinating, implementing and monitoring a set of most cost-effective interventions; (iv) training and capacity building; and (v) raising awareness among the public. These areas must be strengthened in order for Sri Lanka to achieve its national multisectoral NCD targets and the Sustainable Development Goals.

Key Partnerships

WHO worked closely with key ministries on policy level work, and also supported training programmes and action on the ground.

1) Sports - The Ministry of Sports initiated both a sports policy and a national programme for the prevention of NCDs with technical support provided by WHO. Collaboration between the Sports and Health Ministries on NCD prevention was strengthened through WHO involvement.

2) Education - The government instructed all schools to initiate 15 minutes of exercise every morning, which is not being fully practiced. WHO facilitated dialogue to initiate a comprehensive school programme to include diet and exercise. There are also initiatives to make at least one sport compulsory for school children.

3) Youth - The MoH has a Memorandum of Understanding with the Youth Ministry to utilize the youth structures for NCD prevention. The UN Inter-agency Task Force brought a renewed focus on collaboration with youth. In each Grama Niladhari Division there is a youth committee comprising several thousand youth who can be mobilised for NCD prevention work. Sustained advocacy is necessary to fully inform Sri Lankan youth about lifestyle issues and risk factors such as diet, physical inactivity, smoking and alcohol.

4) Buddha Sasana (Buddhist Affairs) - An assessment conducted three years ago in the Western Province revealed that 75% of monks have diabetes. The Medical Research Institute formulated a diet guideline for devotees with instructions on a healthy diet. The Ministry and the NCD unit of MoH launched the guidelines as a joint effort. This initiative is noteworthy because it is monk driven and it will be rolled out by the monks in each divisional secretariat.

“Earlier the Sports Ministry was concentrating more on producing sports men and women for competitive sports. The priority given to NCDs in their sports policy means that lifestyle changes are advocated for everyone. I am very pleased that this mental shift has already happened.”

Dr Lanka Jayasuriya Dissanayake
NPO NCDs
Another issue with the Buddhist monks is their high consumption of betel which causes cancer. The ‘Health Betel Leaf Basket’ programme substitutes the cancerous ingredients with spices, making it healthier. Further collaboration between the Ministry of Buddhist Affairs and Sports involves teaching the monks basic exercises which they can perform in their robes. This collaboration between the Buddhist monks and other elements of society is very unique to Sri Lanka.

5) Social Services - WHO conducted training on NCDs for over 300 social service officers, using a novel approach of trying to get non medical people to talk about health. This is a new initiative to strengthen community based rehabilitation committees.

Special Initiatives

Elderly

Sri Lanka has one of the first Disabled and Age Friendly cities in the South-East Asia region, initiated in Wellawaya in the Moneragala District. The guidelines of this city project combine the principles set out in the UN Convention on the Rights of Persons with Disabilities and the age-friendly city guidelines developed by WHO. WHO will continue to support this initiative by strengthening primary health care facilities in Wellawaya.

Disability

WHO works closely with the Ministry of Social Services on disability issues and supported training at the divisional level on the need for public facilities for the disabled. WHO advocated for the ratification of the UN Convention on Rights for UN Convention for the Rights of Persons with Disabilities.
Road Traffic Injuries

During the Second Global High-Level Conference on Road Safety in Brazil in November 2015, Sri Lanka pledged a 50% reduction in road traffic injuries by 2020. WHO works closely with the Transport Ministry and the National Road Safety Council for the development of the multisectoral Road Safety Action Plan that is due to be finalized in 2016, the midway point for the Global Decade of Road Safety (2011-2020).

Tobacco Free Initiative

WHO was integrally involved in the pictorial warnings campaign on cigarette packs, conducting parliamentary advocacy, and mobilizing civil society. WHO Framework Convention convened several discussions on reviewing tobacco legislation, especially focusing on smoke free public spaces. Sri Lanka has signed the WHO Framework Convention on Tobacco Control in 2005 and is steadily progressing to implement the articles of the convention. WHO continues to give technical support to the National Authority on Tobacco and Alcohol (NATA).

Mental Health

The WHO Mental Health Action Plan (2013-2020) calls for a change in attitudes that perpetuate stigma and discrimination, and promotes the expansion of services. Sri Lanka’s mental health services which were previously hospital-based, are now expanding into the community, a very welcome move. WHO supported the MoH with the expansion by conducting nine advocacy programmes, one in each province. With the help of the Provincial Director of Health Services, all stakeholders - social service, police department, and education department participated in the advocacy campaigns with the presence of the Provincial Health Ministers and Secretaries. The advocacy programmes were critical in ensuring cooperation among the various stakeholders for the expansion of community based mental health services in the country.

World Suicide Prevention Day was observed on 10 September 2015 with the theme “Preventing Suicide: Reaching out and Saving Lives.” The goal was to connect individuals, organizations, communities and health care groups across the globe to work towards preventing suicide. Workshops for media personnel on responsible reporting of suicides were held during the national event. WHO supported the MoH to raise awareness on suicide prevention strategies among service providers, using its strong relationships across the country.

Alcohol Prevention Programmes

Together with the MoH and NATA, WHO launched a Multi-sectoral Alcohol Prevention Programme in the Kilinochchi district in the north of the country. The community based programme incorporates: case detection and referral from the community; motivational support for client de-addiction and family support; clinical management at primary care level; rehabilitative care at regional alcohol rehabilitation centre; and a team dedicated for alcohol prevention activities in the community.

The alcohol rehabilitation programme is part of this prevention programme, which involves a two week intensive exercise (following detoxification) involving family members and a buddy system (usually among spouses). Monthly follow ups are conducted to ensure compliance and an occupational center is being established to support clients to develop life skills. Of the 96 clients with alcohol dependency issues registered since September 2014, only 10 have relapsed following the rehabilitation process.
Category 3 - Promoting Health Through the Life-course

Overview

WHO provided technical leadership for the Maternal, Newborn Child, Adolescent and Women’s health programmes in Sri Lanka, working with government, academic, professional and non-governmental counterparts to reduce maternal, newborn, child mortality and morbidity in Sri Lanka and to improve the health of adolescents and women.

WHO continued close collaboration with the Family Health Bureau (FHB) and strengthened other partnerships with the Sri Lanka College of Obstetricians and Gynecologists (SLCOG), the Perinatal Society of Sri Lanka, Sri Lanka College of Pediatrics and the Sri Lanka College of Community Physicians.

The main focus for 2015 was scaling up of evidence-based interventions and achieving universal coverage by addressing quality and equity to accomplish effective coverage. This concept was frequently discussed in all fora and the need for boosting evidence based interventions to achieve impact indicators including MDGs, was continuously emphasized.

Achievements

Maternal Health

Pre-Pregnancy Care Package for Newly Married Couples

Sri Lanka is among the few countries in the world that provides pre-pregnancy care for women. With the objective of further reduction of maternal mortality and morbidity, the country has developed its own service delivery model and package of interventions with necessary guidelines, tools and Information, Education and Communication (IEC) materials.

The pregnancy care service package delivers evidence based interventions such as folic acid supplementation, rubella vaccination, delaying of first pregnancy where needed by risk screening, nutritional assessment, immunization, awareness and counseling, and provision of services for newly married couples.
Confidential Enquiry into Maternal Deaths (CEMD)

Sri Lanka is a country with low maternal mortality with 112 maternal deaths recorded in 2014. Heart disease was the cause of 17 deaths, while respiratory disease caused 18 deaths, making it the leading cause of maternal deaths. Sri Lanka is currently in ‘obstetric transition’ where the causes of maternal deaths shift from direct causes and communicable diseases to a greater proportion of deaths from indirect causes and chronic diseases.

WHO continuously advocated for the implementation of the CEMD initiative. Through symposiums with the participation of national and international experts, a mechanism for the implementation of CEMD was agreed upon with the major stakeholders. Reporting formats and investigation reports have been developed. The CEMD process will be tested in the Colombo district in 2016.

**Near Miss Enquiry System**

In a country where maternal death is a rare event, surveillance on near misses will give an adequate amount of information for further improvement of maternal health. Therefore, WHO advocated for the introduction of a maternal 'Near Miss Enquiry' or examination of severe morbidities in the surveillance system. The surveillance mechanism and data collection formats were finalized and country-wide implementation of the Near Miss Enquiry System will be carried out in 2016.

**Capacity Building in Maternal Care**

SLCOG carried out skill-based training for middle level health staff in the maternity unit supported by WHO. This is a critical area since the knowledge and skill level of staff handling obstetric emergencies determine the levels of maternal mortality and morbidity. An in-service training module on maternal health for field staff was developed in 2015 which will be scaled up next year.
Newborn and Child Care

Birth Defect Surveillance System

In Sri Lanka nearly 20% of infant deaths occur due to congenital malformation. It is estimated that every year about 6,000 children are born with such malformations. In order to monitor the prevalence and trends in birth defects, WHO advocated for the establishment of a web based Birth Defect Surveillance System in Sri Lanka. WHO supported the development of a national action plan on birth defect prevention and several capacity building programmes which led to the initiation of the Birth Defect Surveillance System.

Every Newborn Action Plan

Nearly 70% of infant deaths occur in newborns (first four weeks). Therefore, new strategies need to be identified to fill the gaps in newborn care to ensure further reduction of newborn and infant deaths. WHO together with UNICEF has advocated for the development and adaptation of the Every Newborn Action Plan to end preventable neonatal deaths with the objective of achieving SDGs.

In order to improve the quality of documentation of services and management provided for the newborns at the institutional level, newborn formats and obstetric formats have been developed and tested in collaboration with the SLCOG and WHO. These formats are entered into the hospital based Electronic Indoor Morbidity and Mortality Reporting (eIMMR). The eIMMR project is expected to cover 95% of all hospital data by the end of 2017. This will provide real time disaggregated data, which can be used for planning and decision-making.
Promoting Preterm Growth Charts

In Sri Lanka, 5-7% of infants are born preterm each year, approximately 24 500 infants. Therefore, preterm growth charts should be incorporated into Child Health Development Records (CHDR). The Oxford University project ‘Intergrowth 21st’ has developed preterm growth charts, which are compatible with the new WHO growth standards used in the CHDR. WHO supported the introduction of these charts in Sri Lanka, which will be scaled up in 2016.

Quality of Maternal, Newborn and Child Health Services

Although Sri Lanka has achieved most of its targets in the impact indicators related to maternal health, the quality of care is an issue to be addressed for further reduction of maternal mortality and morbidity. With the technical and financial assistance of WHO, standards for maternal care (2015) and neonatal care (2013) were published. WHO is providing technical and financial support for the adaptation of the WHO framework on quality of care, development/adaptation of quality of care assessment tools and introduction of a quality assurance system. The project will be continued in 2016.

Adolescent Health

Adolescent Friendly Health Services (AFHS) were established in the country nearly a decade ago. WHO published global standards on AFHS and related tools to assess these services. To identify strategies for further improvement of coverage and quality of AFHS, Sri Lanka needs to conduct a comprehensive programme review. In December 2015, quality and coverage assessment tools for AFHS were developed by WHO. WHO assisted the FHB to develop a website for teens to ensure easy access of information. Public Health Midwives (PHMs) have been identified as the main group who can provide services at the community level for adolescents. WHO supported FHB to develop a tool kit for PHMs to use in providing health services for adolescents in the community which is due to be rolled out in 2016.

“WHO focuses on adolescent health because this is a neglected area worldwide. We provide technical assistance to midwives to provide adolescent friendly health services.”

Dr Nilmini Hemachandra
NPO RMNCAH
Category 4 - Health Systems

Sri Lanka has a health system which is considered a model for most developing countries as it has achieved significant health gains with lesser expenditure. It is one of the few countries in the world that provides free health care to the people at the point of delivery. Health expenditure from GDP is 3.4% with government contribution of 1.5%. The largest component of the WHO Sri Lanka budget is health systems which works on all six building blocks of the health system: service delivery, health information, medical products, health workforce, health financing and leadership and governance. Today, the country faces the burden of demographic and epidemiological transition, as well as readiness for Universal Health Coverage.

Achievements

Health Financing and Accounting

In the area of health financing, Total Health Expenditure (THE) was LKR 243 billion or USD 93 per capita in 2012. The public sector contributed 38% and the private sector contribution was 62%. External funding of the total health expenditure was only 1.9% and out of pocket expenditure was relatively high at 49%. Sri Lanka’s public sector financing comprises 78% from the central government, while the rest comes from local governments and provincial authorities. There are hardly any disease/process specific accounting, costing or evaluations available.

The publishing of National Health Accounts was typically outsourced in the past, but for the first time in 2014, WHO trained Sri Lankan government officers and supported the establishment of a Health Economics Cell, that is now capable of producing its own National Health Accounts. The cell used the latest national health accounting tool to produce the report for 2013. Currently Thailand and Sri Lanka are the only SEAR countries producing their national health accounts in-house on a regular basis. Sri Lanka started using the new standard of reporting (System of Health Accounts 2011) in its health accounts study in 2015.

WHO’s target is to produce 2014 and 2015 health accounts in the year 2016 so that the country is reporting with a one year time lag (t-1) to be on par with the most recent data availability. Strengthening health financing is a priority area for WHO.
People Centered Health Services

Sri Lanka has 621 hospitals with beds, 487 primary care units and 337 Medical Officer of Health areas providing robust access to the population. The country has a health workforce of around 120,000, of which 20,000 are doctors including consultants, medical officers, dental surgeons, 40,000 are nurses, and the rest are 'other' categories. Community level health workers are the backbone of Sri Lanka’s successful health system. Citizens in this country have access to a health facility within a 3 km radius of their domicile.

A unique situation exists in Sri Lanka where, except for doctors, all other health professionals are trained by the MoH itself in 33 training schools islandwide. Medical officers and dental surgeons are trained in the universities by the Ministry of Higher Education. The advantage for the country is that if the government wants to carry out a transformative change in the field of education of its cadres it has a captive group of professionals except for the doctors.

Access to Medicines and Health Facilities

Sri Lanka depends on other countries (mostly India) for 85% of its drugs. The National Medicine Regulatory Authority (NMRA) established by the new government in 2015 ensures quality, safety and affordability of medicine and devices. There is however, a lack of capacity and human resources in the regulatory functions at all levels, and the country needs further help in developing best practices for manufacturing (medicines and medical devices), drug review, distribution, pharmacy and storage.

Information and Evidence

Sri Lanka has a robust paper based information system for preventive care services including child and maternal health services, immunization and communicable disease surveillance. Births and deaths are registered and morbidity and mortality registration is done in the government sector. However, old data is published, not real time data. WHO supported pilot projects on electronic data gathering. e-IMMR gives solid, real time data needed for planning. WHO provided the initial assistance and the World Bank is funding the expansion.

(i) National Health Information Policy was drafted in 2015. This will regulate the data gathering in the health sector and facilitate the data sharing and ownership.

(ii) National Health Research Act is finalised and under review by the legal draftsman of the National Health Research Council. This is vital to prevent ad hoc research and clinical trials.

(iii) National Health Sector Performance Framework is drafted and ready for publication. There is a framework in which around 80 indicators have been identified and categorised.
**Special Initiatives**

**Health Intervention Technology Assessments (HITA)**

In collaboration with a team from HITA Programme of Thailand, WHO SEARO trained a team in Sri Lanka on how to use this tool to determine the cost benefits of an intervention. For instance, how many healthy lives can be saved by introducing a particular vaccination thereby determining if this is a cost effective intervention. In the first study using HITA, WHO calculated the cost of alcohol and tobacco to health, society and the economy. The results were presented to the President, Minster of Health and the government to inform future policy decisions. The study team found that the direct and indirect costs of tobacco and alcohol related cancers were USD 96 million and USD 48 million respectively in 2014. The highest costs were associated with cancers of the lip, oropharynx, larynx, esophagus and lungs. WHO is supporting the study team to scale up HITA with two more studies in 2016.

**Human Resources for Health (HRH)**

In line with the Decade of Health Workforce, WHO supported the establishment of the Human Resource Coordination Committee in 2015. Sri Lanka has adopted two streams for achieving HRH namely: 1) retention and 2) transforming education so people get good, quality care that is more community oriented. WHO developed a plan and identified six intervention areas as the initial activities to implement in the country.

**Transformative Education**

The curriculum for the majority of medical cadres has not changed in decades necessitating an urgent need for transformative education. WHO assisted in conducting a survey among all stakeholders including trade unions to find out what new knowledge health workers required. The results indicated that there are many areas health workers seek knowledge to address the challenges they currently face. These inputs will be considered during the revision of the curricula. The WHO key recommendations on transformative education were adopted into the Transformative Education Plan, which will be launched through the HRCC.

**National Health Policies, Strategies and Plans**

WHO continued to assist the government in 2015 with its national health policies, strategies and plans at different levels. During the next biennium, WHO will focus on the development of a Strategic Policy Framework for the country.

Sri Lanka has a network of primary health care institutions that are under-utilized due to lack of drugs, laboratory and diagnostic facilities, while bigger hospitals are overburdened. WHO is assisting the MoH to reform primary care and support the piloting of a cluster system. Under this scenario the country will have a referral base hospital with consultants and the smaller institutions will be clustered around them. People will be able to access their health care needs closest to their home.

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“Sri Lanka has a free health system but ‘out of pocket’ expenditure is high. This can sometimes impoverish people and families. National health accounts track both private and government health expenditure allowing sound judgments for planning.”

Dr Thushara Ranasinghe
National Professional Officer
Category 5 - Preparedness, Surveillance and Response

Overview

In the area of preparedness, surveillance and response much of WHO’s work in Sri Lanka is centered around risk reduction and risk management. Emergency health and response activities were at peak levels in 2015 due to landslides and floods throughout the country. In November 2015, flooding occurred in various parts of the country. The Government of Sri Lanka requested international assistance and WHO immediately mobilized resources to provide emergency relief items. WHO provided one hundred tents to the Mullaitivu District Secretariat Disaster Management Centre of the Ministry of Disaster Management. WHO SEARO provided assistance in procuring other emergency supplies, including one hundred additional family tents, emergency health kits, tarpaulin sheets for housing and hygiene kits.

Achievements

Emergency Assistance in Nepal

WHO Sri Lanka offered emergency assistance following the Nepal earthquake in April 2015, mobilizing support staff for the WHO response team. The WHO led health cluster was successful in bringing together over 170 health partner agencies to provide essential health services to the earthquake victims and offered support in the areas of coordination of foreign medical teams, water and sanitation, communicable diseases control, non-communicable diseases control, reproductive/maternal and child health, nutrition, mental health and environmental health.

Safe Hospitals Initiative in Sri Lanka

The National Strategic Plan for Health Sector Disaster/Emergency Preparedness and Response in Sri Lanka is currently being updated with the Safe Hospital Initiative as one of the priority areas. Following a request by the Ministry of Health, WHO supported a review of the Safe Hospitals Initiative in October 2015 in order to develop a strategic plan. The draft strategic framework on the safe hospital initiative in Sri Lanka was presented by WHO and further discussed at a consultative meeting with the participation of MoH, academia, Central Engineering Consultancy Bureau and other stakeholders.
Assessment of Health Emergency Preparedness and Response Capacity

In 2015, the Health Emergency and Disaster Management Training Center (HEDMaTC) of the University of Peradeniya was commissioned to conduct a review of the WHO SEAR Benchmarks which evaluate the emergency preparedness and response capacity of a country. This review resulted in recommendations on how benchmarks can be improved in order to better prepare health services and response to emergency and disaster situations.

Search and Rescue Training for Disaster Response

Responsibility for Sri Lanka’s disaster relief operations comes under the coordination of the Office for Chief of Defense Staff. A five-day training course was held on Search and Rescue Training for Disaster Response for the army. The objective of the training was to raise and maintain one platoon from each battalion for operations, initially forming 25 teams to cover all 25 districts. Selected army personnel were equipped with knowledge and skills required to become officers capable of rescuing and stabilizing an injured or critically ill person during any disaster, until full medical care can be provided at a hospital. The programme trained 100 members of the army.

Strengthening the Emergency Operations Centre

As part of the core capacities under International Health Regulations and the SEAR Benchmarks for Emergency Preparedness and Response, WHO supported the MoH in strengthening its national Emergency Operations Centre (EOC). The national EOC is hosted by the Disaster Preparedness and Response Division (DRPD) of the MoH. WHO provided camera and recording equipment, and also upgraded its resource base with the donation of library materials on health emergencies (guidelines, manuals, assessment tools, technical notes). For increased visibility of the DPRD, vests were also provided that can be used by the MoH staff during their operational activities for emergencies.

Public Health Emergency and Disaster Management

Sri Lanka was the first WHO SEAR Member State to start its own national Public Health and Emergency Management (PHEDMa) training course. The first PHEDMa was offered in December 2005 and has been held nine times since then. PHEDMa is offered by the University of Peradeniya with the support of the DPRD. A new curriculum was developed in 2015 and used for these training programmes.

The First National Refresher Training Course on PHEDMa was held in Colombo in July 2015, organised by WHO in collaboration with the DPRD. The training targeted graduates and resource persons of PHEDMa and the Public Health and Emergency Management for Asia and the Pacific training programmes. The training course covered the latest trends and skills in health emergency management relevant to Sri Lanka.

“Sri Lanka has made good progress in addressing areas covered by the SEAR Benchmarks for Emergency Preparedness and Response: the MoH emergency operations centre is better prepared to respond to acute emergencies, more health professionals trained on health emergency management and hospitals have been made safer to withstand disasters and emergencies.”

Dr Arturo Pesigan
WHO Technical Officer
In 2015 WHO commemorated the tenth anniversary of PHEDMa in Sri Lanka, an important milestone for the health sector. As part of the tenth anniversary celebrations, an awards ceremony was held to honor ten outstanding Sri Lankans in health emergency management. This was the first event in the history of Sri Lanka to recognize health professionals who have significantly contributed to the development of health emergency management in the country.

**Food Safety**

World Health Day (WHD) 2015 served as a platform for high level advocacy on Food Safety in Sri Lanka. The day was marked by a series of events that took place between 30 March and 7 April 2015. The theme for WHD 2015 was 'From Farm to Plate, Make Food Safe.' A media seminar on ‘Safe Food’ was conducted by the Health Education Bureau featuring senior representatives from the Ministry of Health and the WHO Representative. This seminar gained extensive coverage on TV, radio and print media. An awareness programme for food handlers and consumers was conducted for the Provincial Director and Health Services staff in the Western Province highlighting WHO’s five keys to food safety. The National Institute of Health Sciences, Kalutarathe inspected eateries in the city of Kalutara, grading and certifying each eatery accordingly. The College of Community Physicians conducted a symposium on food safety for young community physicians.
Category 6 - Corporate Services and Enabling Functions

Strategic Planning, Resource Coordination and Reporting

WHO established a results-based management framework including an accountability system for its corporate performance assessment. Resource allocations were aligned with priorities and health needs, and timely implementations were conducted. WHO undertook and delivered the preparation and submission of the 2016-17 work plans.

Leadership and Governance

WHO has an effective leadership and management team in place. Various high priority global, regional and national meetings were attended throughout the year and there was a continuous exchange of information on WHO and Sri Lanka country priorities. WHO continued its effective engagement with other stakeholders in building a common health agenda that responds to Member States' priorities. WHO maintains an excellent working relationship and coordination channels with the MoH, professional bodies and UN agencies. A key achievement was the corporate communication package developed to facilitate information sharing with stakeholders.

Recent WHO reforms were integrated into the work of the organization. Capacity building and knowledge enhancement was supported through participation in meetings on health related and WHO programme implementation issues. In terms of transparency, accountability and risk management, accountability was ensured through strengthened corporate risk management and evaluation at all levels of the organization. The risk register and internal control framework were developed, and continued strengthening of compliance checks took place.
Human Resource (HR) Management

WHO has an effective and efficient HR management in place to recruit and support a motivated, experienced and competent workforce in an environment conducive to learning and excellence. Continued focus was placed on capacity building through information sharing, team work, guidance and participation in staff development and learning activities.

The WHO team comprising of 36 members attended the 'Outward Bound Professional Development Training' in July 2015. The objective was to enhance team work, while improving awareness of the role of each individual in contributing to the success of the organization.

WHO conducted an internal review on preparedness capacity for emergencies in July 2015. All staff members participated in the meeting, which reviewed recent emergencies in Sri Lanka and the region, followed by discussions on the procedures and guidelines to be followed during emergencies. Recommendations were developed to further strengthen emergency preparedness and response.

Information and Communications Technology (ICT) Administration

WHO achieved significant milestones in the journey towards ICT excellence by bringing infrastructure in line with WHO Headquarters and WHO SEARO policies and guidelines to achieve a state-of-the-art computing infrastructure, network and communications services, corporate and health-related systems and applications, with the provision of end-user support and training.

WHO migrated to global email, global private network and Cisco telephone systems, providing a platform for use of the latest available technologies. WHO video conference facilities were upgraded, and planning to migrate to the Global Synergy is underway in coordination with ICT/SEARO.

Library Services

WHO provides a package of health information which comprises of 10 000 medical/health scientific journals and information databases, provided free of charge on the request of health professionals. Health Literature and Library Information Service (HeLLIS) is a network that WHO SEARO formulated and funded in the 1970s. Today Sri Lanka’s HeLLIS network is one of the strongest in the region. HeLLIS contains 28 health/medical libraries in its network. WHO supports HeLLIS activities each year through strengthening the skills of HeLLIS librarians internationally and locally, to assist medical professionals in the country to access information from various resources by themselves.

"WHO Library Services gives its fullest support to provide health and scientific literature to health professionals, thereby contributing to the health system in Sri Lanka."

Shyamalie Thebuwana
WHO Library Services
WHO conducted user awareness seminars throughout the country for medical professionals to learn how to access information on their own. Since 95% of WHO publications are available free online, the user awareness seminars provide users with instructions to access publications by specific subject matter. In addition, awareness on PubMed and HINARI journal databases is also provided through the HeLLIS network. WHO continued its subscription to a 6,000 journal package called HINARI in 2015, a platform consisting of four databases offering research in health, agriculture, environment and innovation. During the year members of the medical faculty and government accessed a vast amount of information at no cost.

WHO conducts media monitoring on a daily basis and circulates updates on health related news both locally and regionally. This year WHO library services produced an electronic version of its biannual newsletter ‘WHO Sri Lanka’ and published this on the WHO website.

**Partnerships**

WHO engaged with the UN Country Team as it embarked on the Mid-Term Review of the UN Development Assistance Framework in 2015. WHO actively participated in the discussions on national unity and reconciliation. WHO developed a proposal under the aegis of UNDP for a psychosocial project to support the post-conflict communities of the country.

WHO engaged with the UN followed by In December 2015, WHO Sri Lanka sent a delegation of administrative staff to the WHO Country Office in Myanmar for horizontal collaboration. Staff exchanged experiences of WHO procedures, mechanisms of work and observed best practices of another country office.

**Financial Implementation**

WHO successfully implemented total allocated resources of USD 6.7 million for the 2014-15 biennium, which includes USD 65,500 provided for landslide and flood-related emergencies and USD 1.36 million voluntary contribution (VC) funds for flagship and priority programmes.

Assessed contribution (AC) funds remained at the same level for the past biennium. However, VC funds have decreased. This funding fluctuates on each year depending on donor priorities and the country situation.

WHO improved the overdue status of Direct Financial Cooperation, reducing this to zero by the end of 2015, in line with the directives of the Regional Director. WHO adopted a more stringent attitude towards quality deliverables and compliance, and has planned to restructure HR for greater efficiency. WHO looks forward to hosting a successful 69th WHO Regional Committee in Colombo from 5-9 September 2016.
**Looking to the future together**

In September 2015, Heads of State and Government adopted the Sustainable Development Goals (SDGs), at the UN Sustainable Development Summit in New York. A set of 17 SDGs and 169 targets replaced the Millennium Development Goals which will guide global development until 2030. The SDGs, which came into effect in January 2016, represent a valuable and exciting opportunity to achieve equity in health, universal health coverage and human development.

The third goal of the SDGs is to “Ensure healthy lives and promote well-being for all at all ages” which makes a firm commitment to halt a myriad of health issues including the epidemics of AIDS, tuberculosis, malaria and other communicable diseases by 2030. The goal aims to achieve universal health coverage, and provide access to safe and effective medicines and vaccines for all. Supporting research and development for vaccines is an essential part of this process as well as providing access to affordable medicines. An integrated approach is crucial for progress across the multiple goals and Sri Lanka has already made notable progress in many of the aforementioned areas.

A global indicator framework, under development by the UN Statistical Commission is to be released in March 2016. Subsequently each government is envisaged to set its own national targets guided by the global level of ambition, but taking into account national circumstances. In this context, our engagement with the Government of Sri Lanka will be guided by the 2016-17 work plan jointly developed by WHO, MoH and health partners.

**Our goals are to achieve:**

(i) A strategic health policy framework outlining the vision and policy direction of the health sector for the next decade, leading to the development of the National Health Master Plan 2017-2026

(ii) An innovative NCDs prevention and control programme that is a pathfinder in the SEA region and a model for low and middle income families

(iii) A WHO Country Cooperation Strategy 2018-2023 that supports and complements the national strategic health policy framework

There is potential to develop a health system on par with the best in the world, which requires evidence based changes to reduce inequity, improve quality and build a system that is geared to meet the needs and expectations of the new generation. This is the goal that WHO envisions to achieve for Sri Lanka by fostering appropriate partnerships across the government sectors, civil society, academia, private entities and the UN system.
## LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AC</td>
<td>Assessed Contribution</td>
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<tr>
<td>AEFI</td>
<td>Adverse Events Following Immunization</td>
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<td>AFP</td>
<td>Acute Flaccid Paralysis</td>
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<td>AIDS</td>
<td>Acquired Immune De-ficiency Syndrome</td>
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<td>APW</td>
<td>Agreement for Performance of Work</td>
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<tr>
<td>CEMD</td>
<td>Confidential Enquiry into Maternal Deaths</td>
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<td>CHDR</td>
<td>Child Health Development Records</td>
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<td>DRPD</td>
<td>Disaster Preparedness and Response Division</td>
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<td>eIMMR</td>
<td>Electronic Indoor Morbidity and Mortality Returns</td>
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<td>EOC</td>
<td>Emergency Operations Centre</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>FAO</td>
<td>Food and Agricultural Organization</td>
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<td>FHB</td>
<td>Family Health Bureau</td>
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<td>GAVI</td>
<td>Global Vaccine Alliance</td>
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<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>HeLLIS</td>
<td>Health Library Literature Information Service</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HRCC</td>
<td>Human Resource Coordination Committee</td>
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<td>HRH</td>
<td>Human Resources for Health</td>
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<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
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<td>IPV</td>
<td>Inactivated Polio Vaccine</td>
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<tr>
<td>LBW</td>
<td>Low Birth Weight</td>
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<td>MD</td>
<td>Doctorate of Medicine</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MERS-CoV</td>
<td>Middle East Respiratory Syndrome Coronavirus</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>NATA</td>
<td>National Authority on Tobacco and Alcohol</td>
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<td>NCD</td>
<td>Noncommunicable Disease</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>OIE</td>
<td>World Organization for Animal Health</td>
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<td>PHEDMa</td>
<td>Public Health Emergency and Disaster Management</td>
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<td>PHM</td>
<td>Public Health Midwife</td>
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<td>RMNCAH</td>
<td>Reproductive, Maternal, Newborn, Child and Adolescent Health</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SEAR</td>
<td>South-East Asia Region</td>
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<tr>
<td>SEARO</td>
<td>South-East Asia Regional Office</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNDSS</td>
<td>United Nations Department of Safety and Security</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UN OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<td>UNV</td>
<td>United Nations Volunteers</td>
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<td>VC</td>
<td>Voluntary Contribution</td>
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<td>VPD</td>
<td>Vaccine Preventable Disease</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</table>
Our Partner Universe

Category 1 - Communicable Disease

Points of Entry: International Organization of Migration (IOM), Civil Aviation, Airport Authority and private sector, World Organization for Animal Health (OIE)

Outbreak Control: Ministry of Foreign Affairs, Ministry of Defense, Sri Lanka Ports Authority, National Influenza Centre, Medical Research Institute (MRI), National Reference Laboratory, National TB Reference Laboratory

National Partners: Epidemiology Unit, Medical Research Institute, Anti Malaria Campaign, National Programme for TB Control & Chest Diseases, National STD/AIDS Control Programme, Anti Filariasis Campaign, Anti Leprosy Campaign, Public Health Veterinary Services, National Dengue Control Unit, Quarantine Unit

Professional Colleges: Sri Lanka Medical Association, College of Community Physicians, College of Venereologists, College of Microbiologists, College of Dermatologists, College of Pediatricians

Category 2 - Noncommunicable Diseases

Ministry of Health: Epidemiology Unit, MRI, Anti-Malaria Campaign, National Programme for TB Control & Chest Diseases, National STD/AIDS Control Programme, Anti-Filariasis Campaign, Anti-Leprosy Campaign, Public Health Veterinary Services, National Dengue Control Unit & Quarantine Unit

Professional Colleges: College of Community Physicians, College of Venereologists, College of Microbiologists & Sri Lanka Medical Association, National Authority on Tobacco and Alcohol (NATA), University of Moratuwa, College of Neurologists and Psychiatrists

Mental Health: Ministry of Health, Education, Social Services, Police Department, Sri Lanka College of Psychiatrists, Sri Lanka College of Child and Adolescent Psychiatrists, Sri Lanka Association for Child Development, Department of Psychological Medicine (Faculty of Medicine, University of Colombo), Alcohol and Drug Information Centre (ADIC), National Institute of Mental Health, Asia Foundation, Sumithrayo, Sahanaya, Ministries of Transport, Sports, Education, Youth, Buddha Sasana (Buddhist Affairs), Social Services, Disaster Management, Transport, National Road Safety Council, Road Traffic Police, Sri Lanka Life Saving Association, Life Saving Australia

Youth: Youth Mechanism

Category 3 - Promoting Health through the Life-course

**Nutrition:** Ministry of Health (Family Health Bureau, Nutrition Division, Nutrition Coordination Division, Health Education Bureau, Food Authority, NCD Unit), Ministry of Agriculture, Sri Lanka College of Obstetricians and Gynecologists (SLCOG), Perinatal Society of Sri Lanka, Sri Lanka College of Pediatrics, Sri Lanka College of Community Physicians, National Institute of Health Sciences (NIHS), Plantation Human Development Trust (PHDT), Women in Need (WIN), FAO, UNICEF, WFP

**Environmental and Occupational Health:** Ministry of Environment, Ministry of Water, National Water Supply and Drainage Board, University of Colombo, WHO Collaborating Centre for Occupational Health

**Gender:** UN Gender Thematic Group

**Youth:** Youth Mechanism

Category 4 - Health Systems

**Academic institutions:** Ministry of Planning, National Medicine Regulatory Authority (NMRA), Faculty of Medicine (Ragama), World Bank

Category 5 - Preparedness, Surveillance & Response

**Institutions:** Ministry of Water, National Water Supply and Drainage Board, Ministry of Disaster Management, Central Engineering Consultancy Bureau (CECB), Disaster Management Centre, University of Colombo, University of Peradeniya, UNOPS, UNDP, National Institute of Cooperative Development (NICD), Medical Education Development and Research Centre (MEDARC), Forum of Sri Lankan Medical Educationists (FOSME)

Category 6 - Corporate Services and Enabling Functions

**Institutions:** Sri Lankan academic institutions

**UN agencies:** UN OMT, UNOPS, UNICEF, FAO, ILO, UNV, UNAIDS, UNICEF, IOM, UNHCR, ADB, WB, UNESCO, WFP

**Communications:** UN Communication Group