Embekke Devalaya

Embekke Devalaya, the celebrated ‘Wooden Temple’ was built over 650 years ago by King Vikramabahu III. It is situated in Kandy district, Sri Lanka.

UNESCO recognized the 514 wood carvings at Embekke Devalaya as one of the most outstanding collections of wooden pillar carvings to be found anywhere in the world.

The carvings feature intricate examples of ancient, Sinhalese art which have stood the test of time. They have been carved with commitment, passion and dedication by the most renowned artisans of their era.

The design for this Annual Report was inspired by this outstanding work of art because WHO Sri Lanka believes in upholding the values of commitment, passion and dedication when working in partnership with the Government of Sri Lanka.
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The Year in Retrospect

The year 2016 has joined the pages of the history books. The government’s priority has been to pave the way for sustainable growth and create a new economic and social order for the betterment of all its citizens. It has truly been a remarkable year for the health sector in Sri Lanka. In addition to reaching and maintaining health indicators on a par with high income countries, Sri Lanka received international accolades and recognition for eliminating malaria. This achievement is outstanding as the effort to reach the elimination status passed through decades of internal armed conflict, a testament to Sri Lanka’s strong leadership, political commitment, and dedication of the field health workers to eliminate this disease.

The Journey

Sri Lanka took concrete action to accelerate the transformative agenda of the Sustainable Development Goals. The country identified its baseline data, targets and indicators to ensure monitoring progress in the implementation of SDG 3, “to ensure healthy lives and promote well-being for all at all ages”. Sri Lanka further strengthened its Maternal and Child Health Programme and became the first country to introduce preterm growth charts in the WHO South-East Asia Region. This innovative method tracks and monitors the health and development of premature babies to identify undernourished preterm infants and take appropriate remedial measures.
New policies and initiatives were introduced which will bring major health benefits for the population. The results of the NCD Risk Factor STEPS Survey 2015 were launched providing important data to enable the government to deliver targeted responses towards NCD prevention and control. High level advocacy led to the increase of tobacco taxation and the introduction of additional alcohol control measures to reduce the burden of NCDs. A pharmaceutical price control was introduced which will ensure access to affordable medicine for all.

In 2016, Sri Lanka achieved the elimination of both malaria and lymphatic filariasis as public health problems. These achievements signify a major step forward in the global battle to eliminate vector borne and neglected tropical diseases, serving as an inspiration and model for other countries.

The country now has a road map on how best to tackle antimicrobial resistance (AMR) thanks to the development of the National Action Plan for AMR and the mobilization of increased funding to conduct research and advocacy campaigns on AMR nationwide.

Despite the many successes in the health sector, the country faced challenges. In May 2016, Sri Lanka experienced one of the worst flood and landslide disasters in living memory. WHO immediately mobilized resources to support the Ministry of Health, Nutrition & Indigenous Medicine (MoH) to deploy medical teams and supplies to disaster affected areas.

In September 2016, Sri Lanka hosted the 69th Session of the WHO Regional Committee for South-East Asia. Health Ministers from 11 countries joined over 200 delegates to set health policies and priorities for the region. Key resolutions were passed including the ‘Colombo Declaration’ to strengthen noncommunicable disease (NCD) service delivery at primary health care level. Sri Lanka’s public health successes in maternal and child health, immunization and NCD service delivery were lauded as exemplary for other countries throughout the region.

An important self-reflective exercise took place in 2016, with a thorough ‘Administration and Programme Review’. The review resulted in improved administrative procedures for increased efficiency and better results.

**Summary**

The provision of good quality health care to all citizens of the nation is the promise of the government. With the ageing of the population, increasing urbanization and globalized lifestyles, this is becoming a daunting challenge. Innovative approaches and evidence based solutions are the way forward. WHO is committed to supporting the government to embark on cost-effective strategies which will ensure that equitable, quality services are provided for all. Prosperity for every citizen is the goal of the nation; the extraordinary political and financial landscape for the health sector provides a unique opportunity to achieve a healthy and prosperous life for everyone.

Dr Jacob Kumaresan,  
WHO Representative to Sri Lanka
Get to Know our Team
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 Janakan Navaratnasingam
Dr Janakan Navaratnasingam is a public health specialist/epidemiologist working as the National Professional Officer (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. He specialized in international health and infectious disease epidemiology during his tenure as postdoctoral fellow at the University of Ottawa, Canada 2005-2006. In recognition of his services for internally displaced people during conflict times 2009-2011, 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.

Dr Belinda Loring
Dr Belinda Loring is the Medical Officer for Noncommunicable Diseases (NCDs). She is the team lead for Category 2 activities, including NCDs, violence and injuries, mental health and substance abuse, disability and rehabilitation and nutrition. She joined the WHO Sri Lanka Office in October 2016, from the Department for the Management of NCDs, Disability, Violence and Injury Prevention in WHO Headquarters. Prior to that, she worked in the WHO European Region on National Health Policies, and on Equity & Social Determinants of Health, and was Medical Officer for NCDs in the WHO Cambodia Office. With a background in clinical medicine in Australia and New Zealand, she has worked in public health roles at local, regional and national level for the New Zealand government. She has a medical degree from the University of Newcastle in Australia, a Masters in Public Health from the University of Auckland and is a Fellow of the Australasian Faculty of Public Health Medicine.

Dr Nilmini Hemachandra
Dr Nilmini Hemachandra is the NPO Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition. Previously she worked as the national programme manager for Maternal Care, Family Health Bureau, and Ministry of Health, Nutrition and Indigenous Medicine 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 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 and health sector financing. Dr 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 Nalika Gunawardena
Dr Nalika Gunawardena serves as the NPO Health Systems Analysis and Evidence. She obtained a Master’s Degree (1998) and a Doctoral Degree (2002) in Community Medicine from the Post Graduate Institute of Medicine, University of Colombo and a MPH in BioSecurity (2011) from the Massey University in New Zealand. She served in the University of Colombo as an academic in the field of Community Medicine from 1999 to 2016, prior to joining WHO. Her research interests include development and validating measures of health, health system strengthening, urban health and women’s health. She is an author of over 60 peer reviewed journal articles.

Dr Sugandhika Perera
Dr Sugandhika Perera serves as NPO Emergency Risk Management. Her areas of interest include emergency risk management, International Health Regulations and health planning and evaluation. She is a medical graduate of the Faculty of Medicine of the University of Colombo and she obtained her Master of Science and Doctorate in Community Medicine from the Post Graduate Institute of Medicine, University of Colombo. She completed her post-doctoral training at the Department of Public Health, Flinders University, Australia.

Mr Chandra Prakash Jain
Mr Chandra Prakash Jain is Administrative Officer of the WHO Sri Lanka Office. 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.

Karen Reidy
Karen Reidy is the Communications Officer of the WHO Sri Lanka Office. She spent 4 years in Timor-Leste working for UNFPA and WHO. She led communications campaigns to support national immunization and tobacco campaigns. She is keenly interested in emergency risk communications and behavioural change communications and has undertaken specialized trainings in these areas. She graduated with a Bachelors’ Degree in Media Arts with French from Dublin Institute of Technology and a Masters’ Degree in Development Studies from Dublin City University, Ireland.
14. Mr Ranjan Suriyabandara  15. Mr Ambawalage Asoka Silva  16. Mr Shane Errol Patrick Ferdinands  17. Mr John Peter Nelson
WHO Focus in Sri Lanka

The Six Pillars of Intervention

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

Overview

Sri Lanka achieved two major public health milestones in 2016 – eliminating both malaria and lymphatic filariasis. The country has battled both diseases for many centuries and the results demonstrate the strength of the country’s public health system, political commitment and dedicated health workers. The country has adopted well calibrated, responsive policies supported by WHO and other partners to combat both diseases. This success provides inspiration for the prevention, control and elimination of other communicable diseases which continue to pose threats to public health.

Sri Lanka’s robust surveillance system has ensured that the country remains unaffected by Ebola Virus Disease, MERS-CoV and Influenza A (H7N9). While overall HIV/AIDS prevalence remains low, 235 new cases were detected in 2015. Self-referral for HIV testing among vulnerable groups is a key area which needs to be strengthened. Tuberculosis continues to prove difficult to defeat in Sri Lanka. There is growing recognition that in order to control the disease, action is required on the social determinants of tuberculosis which involves inter-sectoral collaboration and engagement of stakeholders beyond the health system.
Malaria Elimination
WHO is a long standing partner of the Anti-Malaria Campaign (AMC) at the Ministry of Health, Nutrition and Indigenous Medicine (MoH) and supported many activities in areas of malaria policy formulation, surveillance, development of guidelines, capacity building and research.

After maintaining zero cases of indigenous malaria cases since November 2012, Sri Lanka applied for WHO certification of malaria elimination in 2015. Three missions were conducted in Sri Lanka as part of the certification process to review the AMC, the Regional Malaria Units, malaria control activities, documentation and surveillance status. The first and second assessments were carried out by WHO in October 2015 and May 2016. The third and final mission was an independent assessment conducted in July 2016 with the support of WHO. The missions found that Sri Lanka had satisfied all the criteria required to be officially declared and certified by WHO as having eliminated malaria. The official announcement was made by Dr Margaret Chan, WHO Director General and Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia during the Sixty-Ninth Session of the WHO Regional Committee for South-East Asia held in Colombo in September 2016.

To mark this achievement, a national ceremony was held to commemorate malaria elimination and honour the AMC staff, epidemiologists, laboratory personnel and field workers who contributed to this success in November 2016. To share knowledge and expertise, a national workshop on ‘lessons learnt during malaria elimination and steps for prevention of re-establishment’ was conducted by MoH with WHO support.
Preventing re-introduction of malaria is the next big challenge for the country. A high level of vigilance is needed given Sri Lanka’s high receptivity and vulnerability to malaria transmission. Importation of the disease from other countries poses a major threat while existence of potential breeding sites and vector mosquitoes indicates a high probability of spread should the disease be re-introduced.

The Anti-Malaria Campaign is working closely with security forces, airport authorities and international partners to screen high-risk populations entering the country to prevent importation of the disease. WHO is firmly committed to support MoH to keep Sri Lanka malaria free and maintain its hard-earned elimination status.
Lymphatic Filariasis Elimination

In yet another, landmark achievement for public health, Sri Lanka received WHO certification for having successfully eliminated Lymphatic Filariasis in 2016.

Sri Lanka’s history of lymphatic filariasis (LF) can be traced back to the 4th century. The Anti-Filariasis Campaign (AFC) was established in 1947 to combat LF. WHO has supported the AFC since the early 1950s, providing guidance on the best strategies to tackle the disease. The AFC intensified parasite and mosquito control efforts; increased access to health services and treatment for those affected; and strengthened surveillance in order to stop the spread of infection and alleviate the suffering caused by LF. These measures were instrumental in reducing the number of LF cases and improving the quality of life for those affected.

The National Programme for the Elimination of LF was launched in 2002 in line with WHO’s Global Programme to Eliminate Lymphatic Filariasis by 2020.

This programme covered eight endemic districts with a population of 11 million. WHO supported the AFC to conduct five consecutive annual rounds of mass drug administration (MDA) since 2002 which achieved over 80% coverage of the target population.

The targeted campaigns in endemic districts reduced the microfilaria rate to 0.03 % in 2008, allowing the country to target elimination status. In May 2016, WHO officially announced that Sri Lanka had achieved the elimination of lymphatic filariasis as a public health problem.

WHO Regional Director for South-East Asia, Dr Poonam Khetrapal Singh presented the Minister of Health, Nutrition and Indigenous Medicine, Dr Rajitha Senaratne with the WHO Certification of Elimination of Lymphatic Filariasis in a special ceremony held in Colombo in July 2016.
Emerging Infectious Disease Control
Globally, many countries were affected by epidemics of Ebola Virus Disease, MERS-CoV, Influenza A (H7N9) and Zika Virus. Sri Lanka continues to remain free of emerging and re-emerging diseases despite unrestricted international trade and travel. A significant amount of international travel is undertaken by Sri Lankans to Middle Eastern countries, especially for employment purposes and religious pilgrimages such as Hajj and Umrah. In spite of this, the country successfully prevented the introduction of MERS-CoV and other emerging infectious diseases (EIDs) to Sri Lanka.

WHO strengthened the surveillance capacity of MoH by conducting a series of trainings on surveillance and clinical management of EIDs for public health officials and medical officers in hospitals located near airports. Simulation exercises were held with high level airport officials to prepare for any future importation of EIDs. MoH disseminated circulars to all hospitals in Sri Lanka with guidelines on preventing and managing epidemics in the country.

Ending HIV/AIDS Epidemic and Eliminating Mother-to-Child Transmission of HIV
Sri Lanka has a low prevalence of HIV/AIDS. Targeted prevention activities directed towards high-risk and vulnerable population groups have ensured a low transmission rate of the disease. WHO supported the scaling up of activities across the island for the prevention of mother-to-child transmission of HIV/AIDS (PMTCT) with the National STD/AIDS Control Programme (NSACCP).
Sri Lanka’s goal is to achieve elimination of mother-to-child transmission of HIV by 2018. WHO conducted a review of the national programme to identify critical activities that NSACP needs to prioritize in order to ensure validation of the PMTCT certification process.

World AIDS Day was held on 1 December 2016. This year’s theme promoted HIV self-testing to identify HIV positive persons who are unaware of their status. Over 2000 people participated in a commemorative walk to increase awareness on HIV/AIDS led by MoH, UNFPA, WHO and key partners. WHO supported the Sri Lanka Medical Association (SLMA) to publish a national ‘Road Map to End AIDS Epidemic by 2025 in Sri Lanka,’ which was released on 1 December 2016.

Bending the Curve for Tuberculosis (TB)
Although Sri Lanka has been adept at combating several communicable diseases effectively, TB continues to pose several challenges to the country. Though the prevalence remains low compared to other countries in the WHO South-East Asia Region, there is wide district disparity with Colombo showing the highest rate of notified TB cases (95.9 per 100,000 population) and Moneragala showing the lowest (22.8 per 100,000 population) rate. Specific interventions to address TB-HIV co-infection, multi-drug resistant TB (MDR-TB) are needed in addition to the multi-pronged efforts by the National Programme for Tuberculosis Control and Chest Diseases of the MoH and other stakeholders.

WHO provided technical support to develop the National TB Manual which describes detailed protocols for early diagnosis, management and follow-up of patients with TB. Following the publication of this updated manual, which was revised after a decade, WHO also supported the training of Medical Officers working in the Central and District Chest Clinics.

World TB Day 2016 was celebrated on 24 March in Sri Lanka under the theme “Unite to end TB”. The day called for action to: renew political commitment; focus on better financing; upgrade care; ensure universal access to quality TB care; and address the social determinants of TB. Expanding diagnostic and treatment services for TB patients at the chest clinics is critical to improve the tuberculosis situation in the country. WHO will continue to provide the technical support required to ‘bend the curve’.

Renewed focus towards combatting leprosy
Sri Lanka eliminated leprosy in 1995 after having achieved the elimination target of less than one case of leprosy per 10,000 of the population. However, recent statistics reveal a rising trend in leprosy prevalence. There are three factors which are alarming to health authorities: detection of children with leprosy indicating active disease transmission; patients having visible deformities at the time of diagnosis indicating late detection; and finally, an increase in the number of relapses from 2013 which could be due to drug resistance. To investigate this trend WHO provided expert advice on drug resistance in leprosy leading to further investigation which is currently underway. Although Sri Lanka achieved elimination 21 years ago, much more needs to be done to sustain the progress achieved in this field. WHO is supporting MoH to implement the new national leprosy strategy using the Bangkok Declaration Special Fund in a final push to overcome the hurdles towards ending leprosy.
Curbing Recent Epidemics of Dengue
Frequent outbreaks of dengue continue to pose a significant burden to the country. In 2016, approximately 51,823 patients were diagnosed with the disease and 76 deaths were recorded. Although there have been improvements in the quality of care, more stringent prevention and control activities are required to tackle the growing challenge from the disease. Robust disease surveillance, effective vector control and community mobilization programmes to increase awareness of dengue will be necessary to support the country’s efforts in bringing down the dengue case load.

Looking Forward
Having made impressive public health gains in the area of communicable diseases, Sri Lanka must now focus on maintaining these achievements. Importation of malaria poses a very real threat to the country, especially given Sri Lanka’s high vulnerability and receptivity to the disease. Sustained political and financial commitment, robust surveillance and a well-trained workforce are needed to ensure success can be maintained.

Sri Lanka must remain vigilant when it comes to preventing the introduction of emerging and re-emerging infectious diseases.

With increased globalized trade and international travel, Sri Lanka is perpetually at risk. Continued preparatory measures, surveillance and resilience must be strengthened to protect the citizens of Sri Lanka from new diseases.

Sri Lanka’s public health achievements in 2016 demonstrate that the country is well placed to combat communicable diseases and provide inspiration for other countries who continue to struggle to eliminate vector borne and neglected tropical diseases.
Category 2 - Noncommunicable Diseases

Overview

Like many countries in the WHO South-East Asia Region, Sri Lanka is witnessing a shift in the disease burden from communicable diseases to noncommunicable diseases (NCDs). 103,500 people die in Sri Lanka each year due to NCDs, which accounts for 75% of all deaths in the country. The NCD epidemic poses a serious economic issue, as a significant proportion of the annual health budget is spent on NCD treatment. NCD prevention and control measures are a key priority for the government.

This year, the country conducted several NCD initiatives with support from WHO to advance the NCD agenda. Many targeted interventions and policies were developed to address this issue.
NCD Risk Factor STEPS Survey (2015)

Surveillance and monitoring of NCD risk factors is critical to develop targeted and evidence-based health interventions. Accordingly, the Ministry of Health, Nutrition and Indigenous Medicine (MoH) conducted the STEPS survey in 2014/15, under the guidance of WHO, to investigate the prevalence of risk behaviours for NCDs in Sri Lanka.

The “STEP-wise approach to NCD Surveillance” (STEPS) designed by WHO has been identified as the most appropriate and systematic method for identifying the prevalence of NCD risk factors. MoH conducted the population based survey with over 5000 adults aged 18-69 years. Data was gathered on key risk factors for NCDs such as tobacco use, alcohol consumption, diet and physical activity, weight, blood pressure, blood glucose and cholesterol levels. The results of the survey were launched in April 2016. The results provided new insights into the health status of the population. Furthermore, the survey generated rich data to evaluate, strengthen and improve NCD policies and programmes in the country.

The First NCD Alliance in South-East Asia

One of the challenges faced in addressing NCDs is the lack of an effective coordination mechanism for multi-stakeholder mobilisation in the different areas of NCD prevention and control. In September 2016, Sri Lanka launched South-East Asia’s first NCD Alliance with the objective of providing a platform for stakeholders to exchange knowledge and share expertise to advance NCD health care.

NCD Alliance Lanka was inaugurated by Dr Rajitha Senaratne, Minister of Health on the eve of the WHO Regional Committee for South-East Asia in the presence of Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia. The NCD Alliance is a collaboration between NCD affiliated organisations, namely the Diabetes Association of Sri Lanka, Sri Lanka Heart Association, Sri Lanka Cancer Society and Ceylon National Association for Prevention of Tuberculosis, to strengthen NCD prevention and management in the country. WHO will continue to provide technical support to the NCD Alliance to empower civil society to stimulate government response to address the growing NCD burden.
Promoting Healthy Lifestyles at Work

Strengthening awareness programmes on healthy lifestyles is a highly effective NCD preventative mechanism. Following the theme of World Health Day 2016 ‘Prevent. Treat. Beat Diabetes’, WHO conducted a series of sessions to promote healthy lifestyles in the workplace. The sessions empowered working professionals to take ownership of their own health, fostered healthy lifestyle values, and promoted positive changes in daily routines. The sessions spanned a range of workplace settings, including UN agencies, Parliament, Youth Parliament, Ministry of Social Empowerment and Welfare and the Ministry of Primary Industries.

Situational analyses were conducted prior to the sessions to identify key areas for intervention. Advocacy sessions were held with administrators on the importance of addressing health in the workplace. Health screenings for major NCDs and risk factors were offered at the sessions. Practical guidelines and follow-up measures were put forward to promote physical activity and healthy diets. The ‘Eats@Meets’ guidelines for healthy food at meetings and the ‘Healthy Canteen Guidelines for Workplaces’ were shared during the sessions to encourage healthier choices at the workplace in future.
National Alcohol Summit
The harmful use of alcohol is a significant contributor to the
global disease burden. It is listed as the third leading risk factor
for premature deaths and disabilities in the world. According to
the STEPS survey, nearly 35% of males in Sri Lanka consume
alcohol, and 85% of the alcohol consumed is hard liquor.

MoH prioritised the development of the National Alcohol
Control Policy in 2015. This policy was launched at the
National Alcohol Summit organised by the National Authority
on Tobacco & Alcohol (NATA) and the Directorate of Mental
Health (Ministry of Health), with support from WHO in August
2016. The theme of the summit was ‘Towards Alcohol Free
Sri Lanka’ and key priorities of the National Alcohol Control
Policy were emphasised: control marketing and promotion of
alcohol products; regulate pricing and trade; limit availability
and accessibility; strengthen supportive and rehabilitation
services; prevent alcohol industry interference; and improve
surveillance, monitoring, evaluation and research activities
related to alcohol.

The WHO study on the ‘Economic Cost of Tobacco and Alcohol’
was highlighted at the summit which lent strong economic
justification for the alcohol control policy. The cost to the
health sector due to alcohol use in 2015 was US $ 940 million
whereas the income revenue from tax on alcohol in 2015 was
US $ 710 million.

Taxation to combat tobacco use
Every week, over 250 men and women are estimated to die
from tobacco-related diseases in Sri Lanka. Respiratory
diseases caused primarily by tobacco consumption, account
for the second highest reason for hospital admissions in the
country. Therefore, it is critical to control tobacco consumption
in order to reduce the risk of NCDs, reduce health-care costs
and increase life expectancy.

WHO commissioned five technical papers to investigate
affordability of cigarettes in Sri Lanka and to identify a
generalised pricing formula for cigarettes. The data conclusively
revealed that even though cigarette prices have risen since
2000, purchasing power parity has increased at a far higher
rate making cigarettes more affordable, leading to increased
consumption. The study also developed a systematic pricing
formula for cigarettes taking into account income, inflation,
affordability, and other parameters in order to ensure that
consumption of cigarettes would decrease over time. The
proposed tax system will have the greatest public health
impact, and simultaneously generate more revenue for the
government. WHO research provided the indisputable evidence
to support the government’s initiative to increase the tobacco
tax and counter the tobacco lobby.

“Since I assumed the Office of President in early 2015, tobacco & alcohol control has been at the top of my national agenda.
We have reviewed the tobacco taxation policies & just a month ago we have been able to increase tobacco taxes by nearly 10%.
My Minister of Health is proposing to introduce Plain Packaging.
We also…adopted very strict air pollution laws, banning smoking in public & closed spaces”

President of Sri Lanka,
His Excellency Maithripala Sirisena
**Nutrient Profiling Model**

Nutrient profiling is a scientific method to categorize foods and non-alcoholic beverages according to their nutritional composition aimed at preventing disease and promoting health. WHO’s nutrient profiling model provides the justification for implementing globally accepted recommendations and regulations on marketing of food and non-alcoholic beverages to children. This model can be utilized at a national level to combat obesity in children by creating healthy food environments in schools, implementing taxation on sugary drinks and introducing traffic light labelling for food and beverages. Nutrient profiling will be instrumental in implementing policies to regulate food marketing communications to children.

In August 2016, Sri Lanka became the first country in the WHO South-East Asia Region to successfully introduce a traffic light labelling system to warn consumers about high sugar levels in packaged food and beverages. Green, amber and red labels indicate low, medium and high levels of sugar content respectively. The traffic light labelling system will soon be extended to cover salt, fat and energy content. These measures provide an enormous boost to the country’s efforts to promote healthy diets and reduce childhood and adult obesity.

**CKDu**

Chronic kidney disease of unknown etiology (CKDu) is a serious public health problem in Sri Lanka and the lack of understanding and data on the disease is the one of the main obstacles preventing progress. It is estimated that thousands of Sri Lankans are affected by CKDu, mostly poor farmers living in remote areas. However, the true number of CKDu cases and the cause of the disease remain unknown. There is an increasingly urgent need to identify the cause of CKDu in order to prevent and treat the disease and save vulnerable lives.

In April 2016, WHO and the Presidential Task Force jointly convened a three-day international expert consultation to guide the future direction for addressing CKDu in Sri Lanka. The consultation brought together national and international experts on CKDu representing 10 different countries including Sri Lanka, India, United Kingdom, Australia, Cuba, El Salvador, Finland, Sweden, Canada and Costa Rica. The expert group consisted of clinicians, researchers, epidemiologists, toxicologists, agriculture scientists, social scientists, hydrologists and other leading authorities in their field.

The consultation was successful in prioritising an interdisciplinary collaborative research agenda and developing cost-effective interventions for prevention and management of CKDu in Sri Lanka. Another key recommendation from the consultation was to develop a case definition of CKDu and establish a robust surveillance system to investigate the burden, geographical distribution and time trends of CKDu in the country.

Taking the recommendations of the international expert consultation on CKDu forward, WHO in collaboration with the National Science Foundation held a two day workshop in October 2016 to design a community based surveillance system for CKDu. National and international expert nephrologists, physicians, epidemiologists, programme managers and researchers attended the workshop. National consensus was

![CKDu affects mostly farmers living in remote areas](image)
achieved on the case definition of CKDu in Sri Lanka at three levels: suspected CKDu, probable CKDu and confirmed CKDu.

The case definition can be used across all levels of the health system and will enable more accurate reporting of CKDu cases in future.

Looking Forward
Steadfast political commitment helped the country achieve major gains in 2016. Sri Lanka withstood pressure from the food and beverage industry and introduced traffic light labelling on sugary food and drinks. Tobacco taxation was increased significantly despite resistance.

There will be many challenges ahead as the country gears towards plain packaging, introducing stricter tobacco and alcohol control legislation and extension of the traffic light labelling system. WHO will continue to support the country in its mission to resist industry interference and address the growing challenge of NCDs.

Sri Lanka is one of six countries for targeted WHO support on NCD prevention and control from all three levels of the organization – WHO Headquarters, WHO Regional Office for South-East Asia and WHO Country Office for Sri Lanka. This will provide a major boost to the country’s efforts to reduce the NCD burden.
Category 3 - Promoting Health Through the Life-course

Overview

Sri Lanka boasts exemplary maternal and child health indicators, largely due to the robust investment in public health systems and access to free universal health care. The country has successfully reduced maternal, neonatal and infant mortality to levels on par with those of developed countries.

However, in the past few decades, demographic changes have posed new challenges for the maternal and child health sector. Women in the reproductive age group (15-49 years) make up 28% of the population, placing a considerable demand on the provision of quality reproductive health care services. Adolescents now comprise 22% of the population, highlighting the pressing need for more adolescent friendly health services.

In recent years, progress on further reducing maternal and infant mortality has stagnated. Developments in maternal care services have led to a change in the cause of mortality from direct causes arising from complications in pregnancy, labour and delivery, to indirect causes such as pre-existing medical conditions. Furthermore, the main causes of infant deaths are due to prematurity and birth defects.

Consequently, Sri Lanka needs focused and targeted innovative approaches to overcome the remaining challenges in improving maternal and child health. WHO works closely with the Government to address these new challenges in reproductive, maternal, newborn, child and adolescent health (RMNCAH).
Tracking the Health of Premature Babies

In Sri Lanka, approximately 24,500 babies are born premature each year, which can negatively impact an infant’s growth and early childhood development. In October 2016, Sri Lanka became the first country in the WHO South-East Asia Region to introduce an innovative system to monitor the growth and development of premature babies – ‘preterm growth charts.’

Oxford University developed the preterm growth charts as part of its Intergrowth-21st Project. The study examined the growth, health, nutrition and neurodevelopment of babies from less than 14 weeks after conception up to 2 years. Based on the evidence gathered, the preterm growth charts were developed to monitor an infant’s weight, length and head circumference.

In Sri Lanka, the preterm growth charts will be used until the preterm infant reaches 6 months of age, at which point the new WHO growth charts will be applied and monitored. The charts will help to correctly identify undernourished preterm infants and take appropriate remedial measures to safeguard and improve infant health.

“[The use of international standards to assess and monitor growth of preterm babies is a big step forward for the country’s Maternal and Child Health Programme. It will help us to correctly identify undernourished preterm infants & take appropriate remedial measures”]

Dr Palitha Mahipala,
Director General of Health Services, Ministry of Health, Nutrition & Indigenous Medicine
Adolescent and Youth Friendly Health Services
There are an estimated 3.8 million adolescents in Sri Lanka, accounting for one fifth of the total population. Primary care services need to be adolescent friendly as adolescents require privacy and confidentiality due to stigma and other concerns. Utilization of health care services by the adolescent age category will be ensured by the provision of coordinated, integrated and high quality health services.

WHO works closely with the Adolescent and School Health unit of the Family Health Bureau (FHB) at MoH to develop and monitor improved adolescent and youth friendly health services (AYFHS). WHO developed a toolkit for adapting WHO global standards on AYFHS and assessment tools to the local Sri Lanka context. The toolkit includes standards, implementation guides, quality assessment tools and a supervision checklist for AYFHS. It will ensure that quality health care is provided to adolescents with special attention to reproductive health needs, counselling to address health concerns and manage this age transition. The implementation of the AYFHS standards in the country will boost adolescent health outcomes and subsequently contribute to adult health and economic development.

Improved Management of Medical Diseases Complicating Pregnancies
Sri Lanka has a low maternal mortality rate of 30 per 100 000 live births. 60% of maternal deaths are due to medical diseases which complicate pregnancies. Currently, heart diseases during pregnancy are the leading cause for maternal deaths. WHO together with MoH organised a training seminar for obstetricians and cardiologists in the country to address this issue.

Morbidity and mortality due to diabetes during pregnancy is a rising challenge in Sri Lanka. 5-7% of pregnant women suffer from pre-existing or gestational diabetes during pregnancy. WHO together with the Nirogi Lanka Project of the Sri Lanka Medical Association conducted workshops on the management of diabetes during pregnancy for field health workers.

To tackle the more indirect causes of maternal mortality, targeted initiatives such as these will be critical for the country to reduce maternal mortality rates further.

Maternal and Newborn Health Strategic Plan
As the first Maternal and Newborn Health (MNH) Strategic Plan for 2011-2016 drew to an end, WHO supported the FHB in reviewing the current epidemiology, clients’ requirements and health sector developments. This led to the development of the second MNH Strategic Plan 2016-2025, which outlines a strategic direction on further reducing maternal and newborn mortality rates with a focus on providing patient centred, higher quality care. The plan builds on the advances over the last five years and addresses some of the new challenges in this sector in order to achieve Sustainable Development Goal (SDG) health targets by 2030. The strategic plan will be launched in early 2017.

Promoting and Supporting Breastfeeding
Sri Lanka is the number one country for breastfeeding according to the World Breastfeeding Trends Initiative assessment. However, this status is being challenged by the milk food industry. Targeted interventions are needed to maintain and strengthen breastfeeding in the country.

The National Strategy for Infant and Young Child Feeding in Sri Lanka (2015-2020) was developed with the technical and financial support of WHO. The strategy will address gaps in tackling nutrition issues in early childhood and promote breast-milk as the ideal nutrition for infants.

WHO organized training for high-level ministry officials on ‘Monitoring and Enforcement of the Sri Lanka Code for the Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products.’ The training was conducted by the International Code Documentation Centre.
Additionally, WHO together with the Family Health Bureau launched World Breastfeeding Week in Sri Lanka with a large advocacy event which highlighted the risks of formula feeding.

**Looking Forward**

A robust and well organised public health care system, complemented with a cadre of committed, well trained midwives, has contributed to Sri Lanka’s significant reductions in maternal and infant mortality rates. However, the current status of the maternal and newborn health systems has not kept up with the advancements and technological progress that has taken place in this sector. Improved information systems, data collection and strengthening focus on target groups, such as adolescents, pregnant and post-menopausal women, will help the country further improve MNH indicators.

As the country continues to push for improved maternal and child health services, specialized approaches to address new challenges in reproductive, maternal, newborn, child and adolescent health will be required.

Breastfeeding promotes optimal infant development
Photo Credit: Family Health Bureau, MoH
Category 4 - Health Systems

Overview

Sri Lanka has a well-established, robust health system, offering access to primary health care services for each member of the population within a 2 kilometer radius. Health is considered a top priority for the Government. Currently the country spends 3.2% of GDP on the health sector. WHO works closely with MoH to find niche areas to further strengthen the health system in order to address the increasing demands on the health sector.

Sustainable Development Goals

In September 2015, the Sustainable Development Goals (SDGs) were adopted at an historic UN General Assembly Meeting by 193 UN Member States, including Sri Lanka. The 17 goals aspire to transform our world by 2030 through a sustainable development agenda. Health is centrally placed among the SDGs. The health goal ‘SDG 3’ is comprehensive. It strives ‘to ensure healthy lives and promote well-being for all at all ages’.

Throughout 2016, the priority shifted from commitment to the new health agenda towards practical action. WHO supported initiatives to assist the Government of Sri Lanka chart the way forward on how to measure, implement and achieve SDG 3.

Through a consultative process with MoH, WHO and key stakeholders, the SDG Core Health Indicators were identified and agreed upon in alignment with national health priorities. The criteria for target setting was discussed, baseline data sources were identified, potential pitfalls were highlighted and a monitoring framework was proposed. Sri Lanka selected 42 out of the 46 Core Health Indicators most relevant for the country to monitor and track in the future and assess progress towards achieving SDG 3.

The indicators were categorized under four categories: noncommunicable diseases; communicable diseases; reproductive maternal and newborn health; and service capacity and access.

The establishment of a three tiered mechanism with a steering committee, technical working group and a secretariat to monitor the implementation of the SDGs at MoH was proposed. This mechanism will link effectively with relevant organizations to obtain the necessary data and track progress.
Global Health Diplomacy

Global Health Diplomacy brings together all disciplines of public health that shape global policy development including international affairs, law, economics and negotiations. Global Health Diplomacy is increasingly recognized as an important area by the Member States of the WHO South-East Asia Region. Strong Global Health Diplomacy enables developing nations like Sri Lanka to influence major policy decisions affecting global public health.

As Sri Lanka geared up to host the Sixty-Ninth Session of the WHO Regional Committee for South-East Asia in September 2016, WHO together with the Graduate Institute Geneva organized two trainings on Global Health Diplomacy for officials from MoH.

Strengthening Sri Lanka’s voice on international platforms such as the WHO Executive Board, World Health Assembly and WHO Regional Committee was a key objective.

The trainings focused on enhancing the skills of public health professionals in Sri Lanka to engage in global health diplomacy and address public health issues. During the WHO Regional Committee, Sri Lanka delivered many important interventions and shared key lessons from their public health successes which helped shape the region’s policies and priorities for 2017 and beyond.
Hospital Accreditation
To improve the accreditation standards for healthcare institutions across Sri Lanka, MoH, WHO and the Australian Council on Accreditation Standards (ACHS) initiated an ‘Accreditation Standards Development Process’.

The ‘Evaluation and Quality Improvement Program (EQuIP) developed by ACHS in 1996 was used as a model to assist healthcare organizations in Sri Lanka define targets, standards and achieve excellence. The pillars of EQuIP focus on: consumers, effective leadership, continuous improvement, evidence of outcomes, and striving for best practice.

The Accreditation Standards Development Process identified local limitations and gaps in the application of existing international standards and reviewed interpretation of standards with reference to the local context. 15 new standards were proposed for the Accreditation Standards Development which would be applicable for both the public and private sectors. The National Accreditation Council was formed under the guidance of MoH. This council will lead the development of the accreditation process in the future.
Pricing formula of medicine
The rising cost of medicine is a major concern in Sri Lanka. In 2003, the pharmaceutical price control was abolished which led to a notable increase in the price of medicine. The increasing burden of noncommunicable diseases, coupled with the high cost of medicine placed the issue of pharmaceutical price control back in the spotlight.

To support the government to choose the best pricing mechanism possible, WHO conducted a comprehensive analysis of Sri Lanka’s approach to pharmaceutical price control and explored alternative price control mechanisms.

The proposed price structure under consideration by the National Medicinal Regulatory Authority (NMRA) was assessed. This price structure is based on the Cost, Insurance & Freight (CIF) value of medicines. However, the CIF price of medicine is extremely difficult to verify and would therefore be vulnerable to exploitation by the pharmaceutical industry and importers. Based on the evidence gathered, WHO made a strong recommendation for Sri Lanka to employ a combination of pharmaceutical policies that address both supply and demand issues for pharmaceutical price control. Other recommendations included promoting the rational use of drugs; promoting generic prescription and substitution; banning inappropriate drug promotion; strengthening quality control and assurance; raising consumer awareness; and strengthening drug supply, procurement and forecasting.

WHO support provided valuable insights to the NMRA and other key stakeholders on the inappropriateness of the CIF based pricing formula. Dialogue among civil society organizations, the media and the general public on the consequences of the proposed pricing formula was generated. As a result, the Government of Sri Lanka issued a notice by an Extraordinary Gazette on 21 October 2016 setting a ceiling for 48 medicinal products based on a pricing formula derived through a maximum retail price. These 48 products are considered essential in treating NCDs and other common ailments. These medicines should be sold below the recommended maximum retail price at all times, and contravening this is a punishable offence. The revised pricing policy is a major victory in safeguarding patient’s rights to access affordable medicine in Sri Lanka.

“The price reductions on the 48 essential drugs, based on the maximum retail price formula, are expected to have a very positive impact on the cost of these essential medicines”

Prof. Asitha de Silva,
Chairman of National Medicines Regulatory Authority, Sri Lanka
**WHO Collaborating Centre on Medical Education Development, Research and Training**

The Department of Medical Education, Faculty of Medicine at the University of Colombo was officially designated as a WHO Collaborating Centre for Medical Education Development, Research and Training in October 2016. The department joins a network of over 700 WHO Collaboration Centres throughout the world, which brings together highly regarded academic and scientific institutions, to support WHO programmes and priorities with their time, expertise and funding.

The new collaborative centre at the University of Colombo will promote transformative education, serving as a training centre to develop and evaluate new modules for health professionals and community level health workers in both Sri Lanka and the WHO South-East Asia Region.

The designation of the WHO Collaborating Centre in Sri Lanka ensures that the country will play a significant role in the global development of transformative education in the health professions and influence the development of the health workforce in the WHO South-East Asia Region.

**Looking Forward**

The Sri Lankan health system is at cross roads today. It needs transformation to address the present day challenges faced by citizens due to economic, epidemiological, demographic and technological transitions. Sri Lanka looks forward to reforming its health system while safeguarding its core values to suit the emerging needs and aspirations of its people. The Sustainable Development Agenda for 2030 provides a strong opportunity for Sri Lanka, calling for enhanced partnerships and multisectoral action to combat noncommunicable diseases and achieve Universal Health Coverage.
Category 5 - Emergency Preparedness, Surveillance and Response

Overview

Historically, Sri Lanka has been vulnerable to floods and other hydrometeorological disasters on account of its geographic location and weather patterns. One critical aspect of WHO's programming is to strengthen emergency preparedness and response. WHO is supporting MoH to respond to crises and emergencies by ensuring effective, efficient and timely action to address public health priorities so that lives are saved and suffering is minimized.

Sri Lanka was affected by severe floods and landslides in May 2016. WHO and partners immediately mobilized resources to assist the government’s emergency health response. The renewed focus on health emergency management has provided the impetus for the country to make considerable progress in the areas of emergency management and response.
Emergency Response
On 15 May 2016, Sri Lanka was hit by a cyclonic storm, causing extensive flooding and landslides across 22 districts in the country. Over 400,000 people were affected by the floods that destroyed homes and entire villages. Over 200 people lost their lives or remain missing. The floods had a considerable impact on the health sector; a total of 90 healthcare institutions were either directly or indirectly affected.

The President of Sri Lanka declared a state of emergency in several districts. WHO worked with MoH to coordinate the public health response, maintaining critical services and surge capacity, and providing urgent assistance and relief to those affected.

Within the first 24 hours, WHO ensured the mobilization of funds required for the deployment of mobile medical teams to provide immediate life-saving medical care in disaster affected areas. Almost US $50,000 was donated by WHO Country Office for Sri Lanka to provide essential health services, strengthen health promotion activities and deliver mental health and psychosocial services.

Mental health and psychosocial support for people affected by the floods was a key priority for the country’s recovery and rehabilitation efforts. Mental health workers were deployed as

Houses submerged during flood disaster in 2016
WHO supports delivery of emergency supplies to affected areas

Strengthening the Emergency Response Capacity of the Health Sector
In the aftermath of the flood and landslide disaster, WHO worked closely with the government to strengthen the health sector’s emergency response capacity to mitigate the immediate negative impact of the disaster and reduce the impact of future disasters. WHO secured emergency funds of US $100,000 from the South-East Asia Regional Health Emergency Fund (SEARHEF) to support a rapid response to the immediate health and financial needs of the country. An additional US $559,000 was provided through the UN Central Emergency Response Fund (CERF) to deliver life-saving medical relief and humanitarian support.

WHO provided four Medical Camp Kits (MCK) which serve as mobile hospitals when health institutions are affected part of the mobile teams to provide psychological first aid and strengthen support services for the affected.

WHO also strengthened the government’s communication capacity by immediately providing essential telecommunication equipment, which proved critical for the coordination of the humanitarian relief effort across the island. Hygiene kits, search and rescue packs and emergency deployment kits were also provided to MoH to conduct urgent relief activities.

The Government of Sri Lanka embarked on a Post Disaster Needs Assessment with the UN, World Bank and European Union to identify the extent of damages caused by the floods and areas for intervention. WHO was a key partner in this exercise providing guidance and coordination between MoH and other stakeholders at national and field levels.
during emergencies. Each MCK consists of five tents, which are self-sufficient with power, water and sanitary facilities. Four Interagency Emergency Health Kits (IEHK) and six standard surgical kits were handed over to provide essential medical supplies and equipment required in disaster situations.

One IEHK can provide 10 000 people with health services for three months. Lifesaving equipment was provided for the management of critical patients, including ventilators, defibrillators, cardiac monitors and nebulizers. In addition, 170 deployment kits were given to medical staff to assist with field missions to the disaster affected areas.

Maternal and Child Health (MCH) clinics were among the health institutions directly affected by the floods. WHO provided 52 MCH clinic sets to replace the damaged equipment and supplies.

Preventative measures such as vector control are critical to counter the spread of diseases such as dengue in the aftermath of floods. WHO provided 50 fogging machines to MoH to eliminate mosquito breeding sites and reduce the caseload of vector borne diseases. Training programmes were conducted for MoH and Ministry of Defence staff on Infection Prevention and Control (IPC), safe use of Personal Protective Equipment (PPE) and how to conduct safe and dignified burials. 2500 PPE kits were provided to the government to boost the country’s emergency response capacity.

“In May 2016, Sri Lanka experienced one of the worst floods in our history, which affected over 400 000 people. Today WHO is handing over medical supplies including 4 mobile hospitals, strengthening our emergency medical response capacity. I wish to thank our WHO Country Office for working closely with the Ministry during our recent disaster and continuing to support our rehabilitation efforts”

Dr Rajitha Senaratne
Minister of Health Nutrition & Indigenous Medicine
National Action Plan on Antimicrobial Resistance

This year, Sri Lanka displayed significant commitment in accelerating action on antimicrobial resistance (AMR). AMR is a growing public health concern requiring urgent and coordinated action on a global and national scale. WHO conducted a situational analysis with partners from all sectors to review the status of AMR in Sri Lanka and identify gaps preventing progress in this field.

A key obstacle to combatting AMR was the lack of a coordination mechanism among the diverse stakeholders working in this field. WHO supported the establishment of a National Multi-sector Coordination Group (NMCG) between human, animal and plant health related stakeholders in both public and private sectors to facilitate improved communication and joint action on the issue. The National Action Plan (NAP) for AMR was formulated in line with WHO’s Global Action Plan for AMR through a consultative process led by the NMCG, with guidance from WHO. The NAP functions as a roadmap to combat AMR through several measures aimed at: improving public awareness of AMR; strengthening surveillance and research; developing sanitary and hygiene prevention measures to reduce infections; issuing guidelines on antimicrobial use in human and animal health; and driving investment in new tools and interventions to reduce dependence on antibiotics.

WHO supported MoH to develop the ‘National Guidelines on the Empirical and Prophylactic use of Antimicrobials’ to ensure rational prescription of antibiotics. The guidelines contain recommended antibiotic doses for common bacterial infections, which will significantly minimize resistance to antibiotics. Irrational use of antibiotics in healthcare settings is a lead contributor to AMR and these guidelines will serve to hold prescribers to account.

Additionally, WHO secured US$ 50 000 from the Fleming Funds to initiate an evidence-based and systematic national awareness campaign on AMR. The Fleming Fund is a £ 265 million pound (GBP) programme launched in 2015 by the UK Department of Health to support low and middle income countries combat AMR. With the Fleming Funds, research will be carried out to assess the public's awareness on AMR and the pattern of antibiotics use in Sri Lanka. A national communications campaign will also be developed to provide context specific advocacy materials on AMR.

Achieving International Health Regulations Core Competencies

Recent infectious disease outbreaks on a regional and international scale have led to a renewed emphasis on strengthening International Health Regulations (IHR) activities. IHR is aimed at helping the international community prevent and respond to public health emergencies of international concern and ensure global health security. Sri Lanka, as an IHR member state, has agreed to increase its capacity to detect, assess and respond to public health emergencies. WHO worked with MoH and the National Focal Points on strengthening its core capacity status. In 2016, Sri Lanka declared that it has achieved core capacity status and fulfilled the minimum requirements regarding surveillance, reporting, notification and response to public health threats. This was a major achievement for the country which will enhance the control and management of public health risks internally and externally. The MoH established an IHR National Advisory Committee to continue to monitor IHR capacities, WHO is a critical member of this committee. WHO assists in developing IHR capacities which include chemical, biological, radio-nuclear and food safety issues.

Looking Forward

Sri Lanka has come a long way in strengthening its emergency response capacity and disaster management in the aftermath of natural hazards. The country now needs to go beyond emergency response to developing and implementing strategic initiatives aimed at disaster preparedness, prevention and resilience. It is vital to align disaster risk reduction strategies to national planning and development guidelines to ensure that the island is better able to withstand emergency situations. Strong partnerships between the government, international organizations and civil society will be critical in bolstering the country’s emergency preparedness, surveillance and response and ultimately reduce the humanitarian and economic toll of disasters in the future.
WHO Regional Committee for South-East Asia

As host to the 69th WHO Regional Committee for South-East Asia (WHO RC), the WHO Country Office for Sri Lanka worked closely with MoH to plan, coordinate and deliver this high level conference. From 5-9 September 2016, Health Ministers and delegations from 11 Member Countries of the WHO South-East Asia Region gathered in Colombo to review progress and set the health policies and priorities for the forthcoming year. Over 200 delegates participated in this meeting.
The planning process to host the WHO RC commenced one year previously in September 2015. Continuous administrative, technical and logistical support was provided by WHO to MoH during the preparatory phase, which was fully supported by staff of the country office prior to, during and after the event. Staff members worked around the clock to ensure all tasks were successfully completed. This dedication and teamwork led to an exemplary WHO Regional Committee, which was commended by the highest levels of leadership within WHO.

During the meeting, key resolutions were passed to strengthen non-communicable disease (NCD) service delivery at the primary health care level, end preventable maternal, newborn and child mortality, promote physical activity, establish a fund for health emergencies preparedness and increase focus on migrant health.

A physical exercise programme called “Be the Change” was introduced to the WHO Regional Committee for the first time to promote healthy lifestyles and provide the opportunity for Health Ministers to lead by example and put their health advocacy into practice.

The President of Sri Lanka, Maithripala Sirisena, and the Ministry of Public Health of the Democratic People’s Republic of Korea were conferred Excellence in Public Health awards by WHO South-East Asia Region for their remarkable and sustained role in the public health gains of their countries.

Sri Lanka’s public health achievements were further honoured at the WHO Regional Committee. The country received three WHO certificates recognizing its elimination of malaria, lymphatic filariasis and maternal and neonatal tetanus. Sri Lanka’s elimination of malaria was lauded as a remarkable public health achievement which provides an impetus and inspiration for other countries in their battle against vector borne diseases. This success placed Sri Lanka firmly under the international spotlight and galvanized its place as a global leader in public health.
Human Resource Management
At the beginning of the year, WHO restructured the existing human resources in the country office to allocate human resources in alignment with emerging priorities and needs. New additions to the WHO team in 2016 include a Medical Officer for Noncommunicable Diseases (NCD), Communications Officer, IT Assistant and 3 National Professional Officers for Maternal and Neonatal Health, Health Systems Analysis and Evidence and Emergency Humanitarian Action. The welcome additions to the WHO workforce have ensured the achievement of major tasks and targets throughout the year.

Information and Communication Technology
Upon review of the telecommunications landscape, the potential for enhanced Information Communication and Technology services was identified. Broadband capacity was significantly increased to enable faster data processing for emails and GPN calls. The email infrastructure moved to Office 365, a Microsoft Cloud platform, facilitating a more cost efficient, secure accessible service with increased storage capacity.

"Sri Lanka is indeed a role model to other countries as it has successfully eliminated malaria, filaria, polio and neonatal tetanus. The national immunization programme is among the best in the world, and the free healthcare programme in the country is excellent"

Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia
New Office Premises

It was the end of an era when WHO Country Office for Sri Lanka finally closed its doors at Baudhaloka Mawatha, Colombo 07 after 20 years of being housed at this location. A new office premises was identified at Anderson Road, Colombo 05, a convenient location less than 2 kilometres distance from the previous office. Extensive renovation work was undertaken to upgrade the building, fit the office with modern office furnishings and create additional space for the WHO library and gymnasium. The new office will provide a healthy, harmonious environment for staff to work at optimal level. The office has been designed with an open seating plan which will facilitate enhanced communication and collaboration among staff. As one era ends, a new dawn begins. We look forward to warmly welcoming you soon in our new office location at Anderson Road.

Administration and Programme Management Review

As part of the ongoing WHO reforms, the effectiveness, efficiency, responsiveness and accountability of WHO country offices have been identified as key priorities for the Member States. To support the ongoing reforms, the WHO Office of Compliance, Risk Management and Ethics at Headquarters developed an Administrative and Programme Management Review for all WHO country offices.

In April 2016, an Administration and Programme Management (A&P) Review Mission was conducted in WHO Country Office Sri Lanka. The review team consisted of staff from WHO Headquarters and WHO Regional Offices and an independent consultant. The review focused on leadership, coordination with partners and stakeholders, internal controls, management of human and financial resources, risk and accountability. The review mission identified many best practices implemented at the country office, and identified a number of areas where adaptations can be made to enhance performance and achieve greater results. The recommendations of the A & P Review are already under implementation, with plans for an increased roll out during 2017.
Looking Forward

WHO is currently in the process of developing its fourth Country Cooperation Strategy (CCS) to articulate the next five year strategy for cooperation with Sri Lanka for the period 2017 to 2022. The framework will guide WHO on supporting the government to achieve national health priorities and overcome key challenges to advancing the health agenda. It will aim to provide comprehensive and strategic direction in line with WHO mandates and national health priorities as well as reflect the emerging health needs of the population.

Demographic changes and epidemiological transitions have influenced the disease burden and health challenges for Sri Lanka. An ageing population, urbanisation and lifestyle changes have resulted in a rising trend of NCDs. Migration and mobile populations increase the risk of infectious disease outbreaks. Sri Lanka will need to detect and respond to emerging global public health threats to ensure national health security. Additionally, citizens have increasing expectations from the health sector fuelled by social development as well as medical and technological advancements. Innovating and transforming public health care in order to meet these rising demands will be a key priority for the country. The CCS will provide an in-depth analysis of these challenges and the country’s key strengths to address them.

WHO has begun the process of engaging with national stakeholders as well as procuring international technical expertise to develop the CCS. It will be an intensive consultative process involving not only the MoH, but also developmental partners, UN agencies, non-governmental organisations, academia, the private sector and civil society. The resulting document will help cement the technical role of WHO and the collaborative partnership with the Government in generating improved health outcomes for the country.

Sustainable Development Goals

The Sustainable Development Goals form a blueprint for satisfying the needs of the present without jeopardizing the future. The transformative SDG agenda is based on social inclusion, shared prosperity and environmental stewardship. Understanding the fundamental role of health in development, centered on Goal 3 to “Ensure healthy lives and promote well-being for all at all ages”, but linked to all other goals, is a prerequisite for successful collective action on the social, economic and environmental determinants of health. This year important progress was made on defining national health indicators and targets for achieving SDG 3 by 2030. A blueprint has been laid out on key areas to prioritize in the health sector to realize Sri Lanka’s SDG ambitions. 2017 will see commitment to the achievement of the SDG 3 turn towards practical action. WHO stands ready to fully support the Ministry of Health, Nutrition and Indigenous Medicine in these efforts.
Our Team

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Mr Chandra Prakash Jain, Administrative Officer
Dr Nishirani Lanka Jayasuriya-Dissanayake (until May 2016), NPO Noncommunicable Diseases
Dr Belinda Loring (from October 2016), Medical Officer for Noncommunicable Diseases
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Mr Indika Widanage, Driver
Mr Ajith Witharana, ICT Assistant
Ms Meera Thayaparren, Logistics Assistant
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<td>A &amp; P</td>
<td>Administration and Programme Management</td>
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<td>AEFI</td>
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