Minister of Health, Nutrition and Indigenous Medicine receive WHO’s prestigious World No Tobacco Day Award

Tobacco will kill both the users and those exposed to tobacco smoke. It kills one person every six seconds. It kills half of its users. Worldwide, tobacco use causes nearly 6 million deaths per year, and it will increase to more than 8 million deaths annually by 2030, if nothing is done. There are around one billion smokers worldwide, with 80% of them living in low and middle income countries. The Ministry of Health estimates that around 20,000 persons die each in Sri Lanka from diseases caused by tobacco.

World No Tobacco Day Award - 2015

Every year, WHO recognizes individuals or organizations in each of the six WHO Regions for their accomplishments in the area of tobacco control. This recognition takes the form of WHO Director-General Special Recognition Awards, World No Tobacco Day Awards.

World Health Organisation (WHO) selected Dr Rajitha Senaratne, Hon Minister of Health and Indigenous Medicine of Sri Lanka and awarded the World No Tobacco Day Award 2015. This was awarded for the recognition of the effort and strengths the tobacco control infrastructure within the Ministry of Health and Indigenous Medicine, worked with civil society to build support for tobacco control among the public, and partnered with provincial to promote smoke-free environment.

More information ....

Ebola Preparedness Assessment in Sri Lanka

Sri Lanka has been fortunate to have been spared by major emerging diseases that had the potential to become a public health emergency of international concern for the past two decades (e.g., avian influenza viruses, coronaviruses and other emerging zoonotic diseases in the region). A very high proportion of in-patient care and approximately half of out-patient care services in the country are offered by the state sector and the private sector is not dominant.

The WHO Ebola preparedness checklist has been conceived with a primary focus on high risk countries. Given the low risk of EVD spread in South-East Asia, SEARO recognizes that Member States (MS) and many of their agencies cannot be in a full capacity mode to respond to an Ebola outbreak – particularly when resources are limited. Following a risk – based approach for managing major public health events, the assessment will focus on the readiness for a potential introduction of EVD and the capacity of surge to respond to a wider outbreak.

More information ....
Sixty-eighth Session of the WHO South-East Asia Regional Committee

The WHO meets annually to set the health agenda for the region. The 68th Session was held in Dili, Timor-Leste on 7 - 11 September. WHO presence was headed by South-East Asia Regional Director Dr Poonam Khetrapal Singh.

Five resolutions were adopted in the following areas: tobacco control, strengthening preparedness to respond to emergencies and outbreaks, anti-microbial resistance, strengthening community based health services and improving patient safety for sustainable Universal Health Coverage (UHC). Discussions also focused on prevention and control of cancer, expanding universal health coverage and elimination of neglected tropical diseases. 

More information ...

Consultancy on Safe Hospitals Initiative in Sri Lanka

During an emergency or disaster, hospitals and other health facilities must remain operational. Disruption of health services due to damage to hospitals and the lack of adequate preparedness to respond effectively are two major factors that can prevent people from receiving life-saving medical care and other essential health services.

Last year, the National Training Course on Safe Hospitals was held in Colombo. This year, an assessment was conducted in three major hospitals: Ratnapura, Nuwaraeliya and Kalmunai. Furthermore, the concepts for safe hospitals have already been incorporated in the training curriculum on disaster management by the Post Graduate Institute of Medicine, University of Colombo. The National Strategic Plan for Health Sector Disaster/Emergency Preparedness and Response in Sri Lanka is now being updated and the Safe Hospital Initiative is one of the priority areas. More information...

Joint Mission of the United Nations Inter-Agency Task Force on NCDs conducted in Sri Lanka

A Joint Mission of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (NCDs) to Sri Lanka was held in October 2015. Eleven UN agencies participated in the mission.

The focus of the mission was to promote consensed UN response for NCDs in Sri Lanka. Cardiovascular diseases, cancers, diabetes and chronic respiratory diseases are important causes of premature deaths, among persons between the ages of 30-70 years. These NCDs are linked to exposure to common risk factors, namely tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. Weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs also contribute to premature deaths from NCDs. The focus of the mission was on these premature deaths, and how they can be prevented by implementing a set of simple, effective and affordable solutions in Sri Lanka.

More information ...
Joint National and International EPI/VPD Surveillance Review conducted in Sri Lanka

The South-East Asia Regional Technical Advisory Group on Immunization (SEAR-ITAG) recommends periodic programme reviews in countries to strengthen their Expanded Programmes of Immunization (EPI), and to provide insight into the status of the National Immunization Programmes. This enables sharing of best practices with national EPI programmes in the region. The last review of the Sri Lanka EPI programme was conducted almost a decade ago. In light of above considerations, a joint review was conducted in Sri Lanka 16 - 26 October 2015.

The Expanded Programme of Immunization (EPI) in Sri Lanka has achieved considerable success in preventing and controlling vaccine-preventable diseases through sustaining high vaccination coverage and timely introduction of new vaccines based on scientific evidence, namely Haemophilus Influenza Type B (Hib) vaccine in 2008; live Japanese Encephalitis (JE) (2009); Measles, Mumps, and Rubella (MMR) (2011); and Inactivated polio vaccine (IPV) (2015).

HIV prevention services in Sri Lanka

The country’s HIV epidemic has been at a very low level since the first case was reported nearly three decades ago. The estimated HIV prevalence is below 0.1% and the estimated number of people living with HIV today is between 2000 and 5000 (3777). At the end of 2014 there were 644 people on antiretroviral therapy (ART). There has been a slow increase in the number of infections detected each year, but no change in overall prevalence.

Key and vulnerable populations
Female sex workers (FSWs) and their clients, men who have sex with men (MSM), people who use drugs (PWUD)/ people who inject drugs (PWID) and beach boys (BB) are the groups that have been identified as key affected populations (KPs) in Sri Lanka. HIV prevalence remains below 1% in all KPs.

Elimination of Mother to Child transmission of HIV in Sri Lanka

Every year, globally, an estimated 1.4 million women living with HIV become pregnant. The transmission of HIV from a HIV-positive mother to her child during pregnancy, labour, delivery or breastfeeding is called mother-to-child transmission. In the absence of any intervention, transmission rate from a HIV-positive mother to child ranges from 15-45%. Early identification and proper management of HIV among pregnant women plays a vital role in elimination of mother-to-child transmission (EMTCT). The prevention of mother to child transmission of syphilis programme in Sri Lanka was established in 1952. Under this programme blood samples of pregnant mothers were collected from field and hospital-based antenatal clinics and tested at the STD clinic laboratories for syphilis using VDRL tests. In 2007, WHO launched the Global elimination of congenital syphilis. The strategy aimed to increase global access to syphilis testing and treatment for pregnant women. In 2009, Sri Lanka was selected as a country with a high potential to eliminate congenital syphilis. Screening for syphilis among pregnant women was revamped with streamlining of activities and improved management of cases. At the same time, international community was also extensively discussing the possibility of universal antenatal screening for HIV.